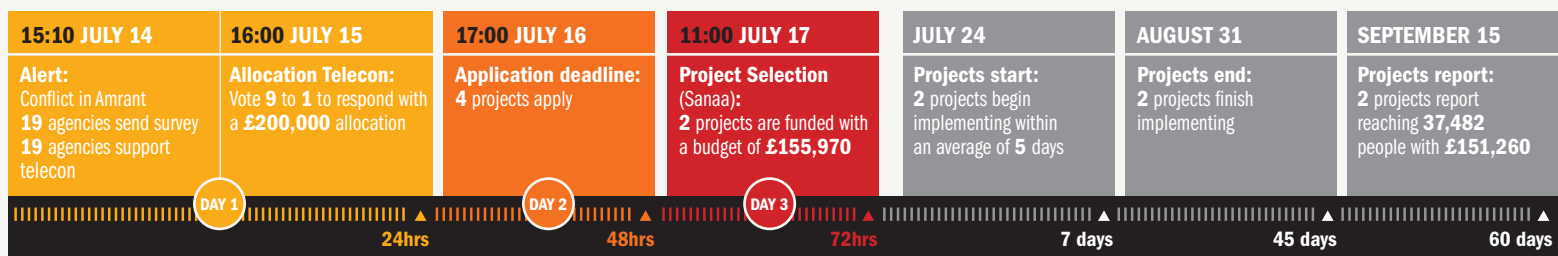
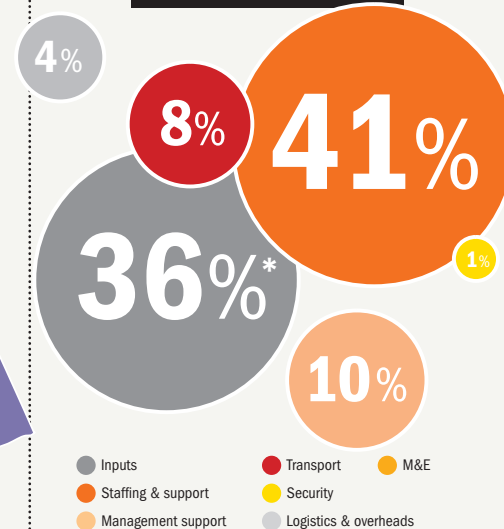


**RESPONSE TIMELINE**

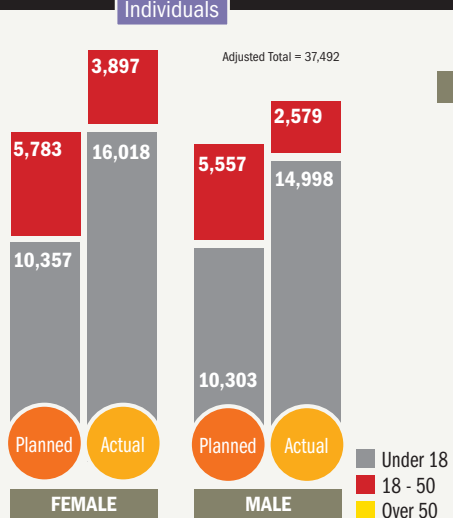


**BREAKDOWN OF FUNDS SPENT**

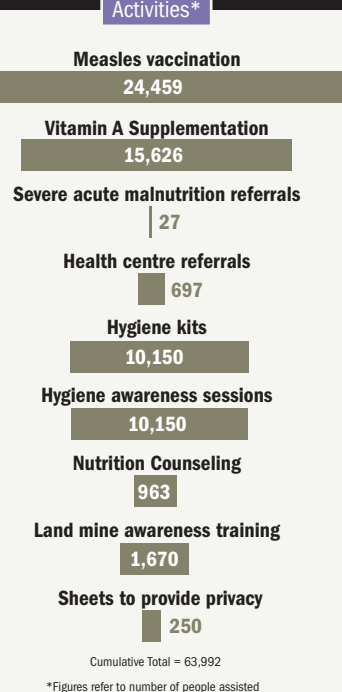


\*Input costs are low because IMC supplied all inputs for the project (worth \$25,000 (£14,706)) from an existing programme

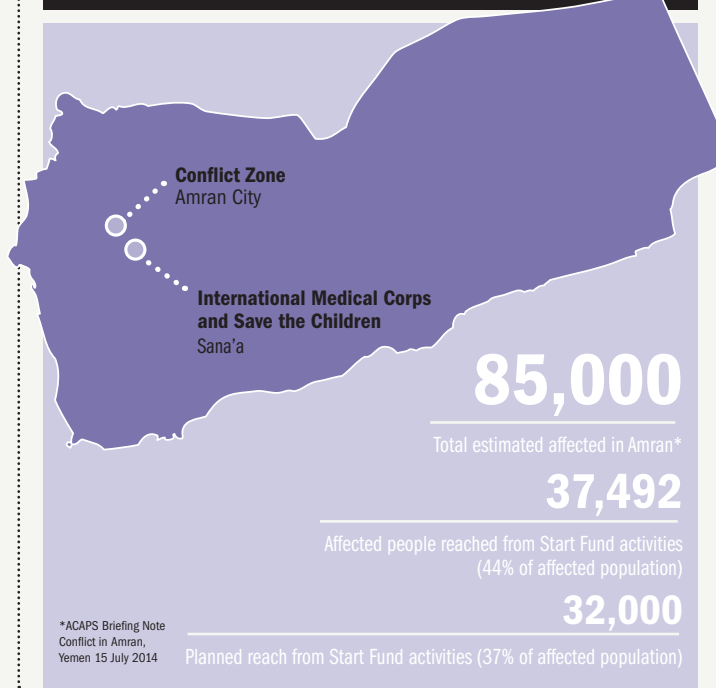
**BREAKDOWN OF PEOPLE REACHED**



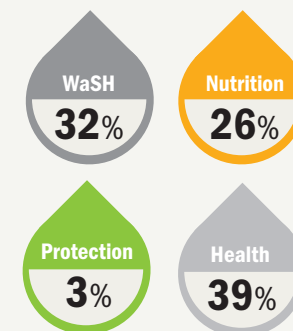
**ACTIVITIES\***



**COVERAGE**



**SECTORS OF INTERVENTION**



**PROJECT TIMELINE**





LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE

|                                |  |  |
|--------------------------------|--|--|
| Pre-Start Fund                 |  |  |
| During Start Fund              | £14,706 (USAID OFDA)   |  |
| Post-Start Fund                |  |  |
| Details of additional response | These funds were used for procurement (from UNICEF/WHO) of health and nutrition supplies for the Start Fund project. |  |



**Intervention Summary:**

Conflict in Yemen between government forces and Al-Houthi militia in Amran City intensified after five months of ongoing clashes. On 12 July, the Al-Houthi insurgents seized control of Amran City. The fighting affected up to 85,000 people inside the city and resulted in over 200 civilian deaths. An estimated 70,000 people fled the Amran governorate into neighbouring districts. The Start Fund was activated two days after the Al-Houthi took control of Amran City.

Relief efforts were strained by lack of information and inaccessibility into the conflict affected areas. Two agencies responded in the Sana'a governorate where a majority of the IDPs fled. The agencies carried out a multi-sector (WaSH, nutrition, protection) and a health focussed intervention to address the immediate needs of the IDPs. They needed to focus extra effort in negotiating with both sides of the conflict and with community partners to ensure humanitarian access.

Hygiene kits and hygiene promotion trainings were given to IDP households in two districts in Sana'a and landmine risk education sessions were held for children. Nutrition counselling on IYCF was conducted at health facilities for pregnant and lactating women. A measles outbreak was discovered around the conflict affected area, and a vaccination campaign was immediately launched in partnership with the Sana'a governorate health office. The agency also used the campaign as an opportunity to vaccinate children for polio, distribute vitamin A supplements and make health referrals to a paediatric hospital and outpatient therapeutic programmes.

The responses exceeded their targets and reached 44% of the conflict affected population with £151,260. Only 36% of Start Fund grants were spent on inputs because an additional £14,706 was leveraged from existing programmes for procuring aid. A national project selection process was successfully made for the third time in country, and a light-touch model was tested within the central Start Team.

PROJECT DETAILS

|                           |   |  |
|---------------------------|---|--|
| Funds spent/funds awarded | £82,820 out of £82,820  | £68,440 out of £73,150   |
| Implementing Partner      | Direct implementation   | Direct implementation  |
| Existing presence         | Pre-existing programmes   | Pre-existing programmes  |
| Procurement               | Vaccination supplies were procured from WHO & UNICEF  | 20% of kits from pre-positioned supplies and 80% procured with established supplier in-country   |
| Activities                | <ul style="list-style-type: none"> <li>24,459 children (under 5) inoculated with measles vaccine</li> <li>15,626 children received vitamin A supplementation</li> <li>691 children admitted and treated at health facilities in Sana'a district</li> <li>27 children admitted to outpatient therapeutic programme facility to treat severe acute malnutrition</li> <li>6 children admitted to isolation centres in the paediatric hospital</li> </ul> | <ul style="list-style-type: none"> <li>1,450 households received hygiene kits and hygiene promotion trainings in Jebel Eyal Yazeed and Eyal Sorayh districts</li> <li>963 women attended nutrition counselling sessions on infant and young child feeding (IYCF) at health facilities in Al Souda, Alsoud, Maswar and Eyal Sorayh districts</li> <li>1,670 children attended landmine awareness sessions</li> <li>1,000 sheets distributed to 500 pregnant or lactating women for privacy</li> </ul> |
| Additional Information    | IMC is considering expansion of the Extended Program of Immunization services to the Arhab district and working with the Sana'a Governorate Health Office, UNICEF and WFP to integrate nutritional services into health facilities.   | Save the Children International is planning to access the Start Fund learning budget to conduct an evaluation of their emergency response and identify recommendations for future interventions through interviews and focus groups with affected communities and other stakeholders.  |



**Lessons from the Response:**

Communicating humanitarian principles and projects' intentions required great effort but increased access.

- Speed of implementation was seriously affected by difficulties in coordinating with the two groups with power in Amran. Great effort in communicating the project's intent and commitment to neutrality and impartiality allowed projects to get the required approvals to implement according to the original plans.
- Describing the evidence and consequences of the measles outbreak by showing examples of child deaths to both parties of the conflict led to access in districts close to the fighting.
- Some community leaders were used as team supervisors to assist with accessing the population during the vaccination campaign and easing parents' concerns about the measles vaccine.
- To spread word about nutrition awareness sessions, pregnant and lactating women were informed in health facilities in four districts, and these women passed the message on to other women who came.

Addressing particular contextual factors improves the effectiveness of future responses.

- Stationing teams at two access points where displaced people moved out of the conflict zone (Amran) increased coverage of the targeted population with immediate vaccinations and nutrition supplements.
- Perceptions of insecurity affected movement of people as much as actual insecurity. This reduced the number of successful referrals to health facilities.
- During the nutrition awareness sessions, one agency learned that some mothers were using Breast Milk Substitution (BMS) already and will factor this into future design of nutrition projects.

Start team project selection can serve as a light touch option.

- In this response, the central Start Team reviewed project applications in parallel with the national project selection committee to test a back-up and light touch option for the future. Although this was not a peer-review process, the Start team came to similar selections as the national committee. A national review process is the preferred option, but the Start team can fill the gap if needed.