

Annex B: Simplified Humanitarian Programme Document

PART 1: SIMPLIFIED PROGRAMME DOCUMENT FOR RAPID ONSET (**MAXIMUM 3 MONTHS**) OF HUMANITARIAN RESPONSE – TO BE DRAFTED AND FINALIZED WITH THE CSO

Section 1. Humanitarian response & CSO overview			
1.1 Humanitarian action reference	UNICEF Office	Taiz Field Office, Yemen Country Office	
	Programme Title	WASH Cholera Response at Households level in 12 districts in Taiz Governorates	
	Submission date	12.03.2018	
1.2 Organization information	Organization	Hemmat Shabab Foundation for Development-HSF	
	Focal point	Mofeed Al Shaibani	
	Title	Executive Director	
	Email	mofedalshaibani@gmail.com	
	Telephone	+967 712 015 907	
1.3 Programme budget	From CSO	8,449,688 YER	%2.1
	From UNICEF	389,252,506 YER	%97.9
	Total	397,702,194 YER	%100

2. Humanitarian situation and response overview		
2.1 Overview of humanitarian situation	Type of emergency	Cholera Outbreak / Preparedness Plan
	Location	Al Mudhaffar, Al Qahirah, Salh, Ash Shamayatayn, Al Misrakh, Al Ma'afer, Hayfan, Sabir Al Mawadim, Sama and Mashra'a Wa Hadnan Districts in Taiz Governorate.
	Population affected	The total number of Cholera cases reported in the affected districts in Taiz is 63,679 cases since the first wave of Cholera outbreak. While the total number of deaths in Taiz is 188 cases. The Attack Rate AR is 0.0030. Almost, all districts in Taiz Governorate was affected by Cholera outbreak. Therefore, Hemmat Shabab Foundation HSF will be target 10 districts under these project/Contingency Agreements/ stand-by Agreements.
2.2 Overview of	Expected result	This Programme Document will remain dormant outside of any emergency and will only be activated by the Representative writing an activation letter to the CSO when an emergency occurs.



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humanitarian response	Target population/group(s)	The project is targeting 10 Priority districts in Taiz. A total of 317,077 people will be reached as follows.					
		District(s)	Girls	Boys	Women	Men	Total
		Al Mudhaffar	8,417	8,699	11,806	12,008	40,930
		Al Qahirah	6,177	6,384	8,664	8,812	30,038
		Salh	5,449	5,632	7,643	7,774	26,498
		Ash Shamayatayn	12,196	12,605	17,107	17,400	59,309
		Al Misrakh	6,774	7,001	9,501	9,663	32,939
		Al Ma'afer	7,669	7,926	10,758	10,941	37,295
		Hayfan	5,943	6,142	8,336	8,478	28,899
		Sabir Al Mawadim	7,671	7,928	10,760	10,944	37,303
		Sama	3,065	3,167	4,299	4,372	14,903
		Mashra'a Wa Hadnan	1,844	1,905	2,586	2,630	8,965
	Total	65,204	67,390	91,461	93,022	317,077	
Intervention area	10 districts in Taiz Governorate						
High-frequency indicator/s from the Humanitarian Response Plan to which the programme contributes	Baseline	Target		Monitoring frequency ¹			
# of people provided with access to safe water through bulk chlorination	0	6,342 individuals (2% of targeted population) (Girls: 1,304, Boys: 1,348, Women: 1,829, Men: 1,861)		Programmatic field visits/report (UNICEF or TPM), Weekly updates and monthly progress reports			
# of individuals received hygiene message on	0	317,077 individuals (100% of targeted population) (Girls: 65,204, Boys: 67,390, Women: 91,461, Men: 93,022)		Programmatic field visits/report (UNICEF or TPM), Weekly updates and monthly progress reports			

¹ As a standard practice, reporting in humanitarian action is monthly, unless a more frequent reporting schedule is established at local level.




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	safe water chain and better knowledge of hygiene practices at household and community level			
	# of people have improved access to sanitation facilities	0	15,854 individuals (5% of targeted population) (Girls: 3,260, Boys: 3,370, Women: 4,573, Men: 4,651)	Programmatic field visits/report (UNICEF or TPM), Weekly updates and monthly progress reports
	# of individuals reached with consumable hygiene kit (soaps and washing powder), Aqua Tabs and Jerry Cans.	0	317,077 (100% of targeted population) (Girls: 65,204, Boys: 67,390, Women: 91,461, Men: 93,022)	Programmatic field visits/report (UNICEF or TPM), Weekly updates and monthly progress reports
2.3 Other partners supporting the intervention	Government	Local Authorities LWSC, NWRA and GARWSP		
	CSO(s)	WASH Partners under WASH Sub National Cluster (Oxfam, MSF, Care, IMC)		
	UN agencies	WHO, IOM, UNOCHA		
2.4 Activation protocol	Geographical areas	This Programme Document will remain dormant outside of any emergency and will only be activated by the Representative writing an activation letter to the CSO when an emergency occurs. This Program Document will be valid for the period of Aug 2018 – Aug 2019 to be activated.		

3. Humanitarian response Work plan and Budget

Needs Overview:

Yemen has experienced a cholera outbreak of unprecedented scale in 2018 with a cumulative number of cases reaching 1,059,970 and 2,258 associated deaths, (CFR 0.21%). Currently and thanks to the intervention of Health and WASH partners, the number of acute watery diarrhoea cases has significantly decreased with only 3,886 suspected cases and 3 associated deaths were reported in week 6 of 2018. However, it is expected that cholera cases will start to increase again in the summer of 2018 with increase in



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3. Humanitarian response Work plan and Budget

temperature and pluviometry. Accordingly, UNICEF is engaged in preparedness planning activities to cover at least a case load of 500,000 suspected cases in 2018.

Cholera is spreading against the backdrop of a major humanitarian crisis because of ongoing violence. The resurgence of current cholera outbreak is potentially linked primarily to contaminated water sources in the affected communities in addition to inability to treat sewage, unhygienic and uncollected garbage as well as unsafe hygiene practices at household level. Other risk factors include disruption of public health and WASH services. Basic infrastructure and systems are on the verge of near total collapse, while salaries for providers of essential services have not been paid for more than eight months.

Response Strategy:

WASH cluster and UNICEF has prepared an integrated comprehensive response plan for addressing the dire situation in different phases for containing and preventing cholera in Yemen. The first phase concentrates on containing the ongoing outbreak in the 85 districts that were prioritized by the WASH Cluster including the above-mentioned locations in Taiz and Ibb. Given the need to contain the outbreak, the phase I will focus at household level and will include the following general activities:

- Provide gender responsive emergency life-saving safe drinking water supply, to IDPs and host community.
- Improvement of hygiene practices at HH level.

Planned WASH Interventions:

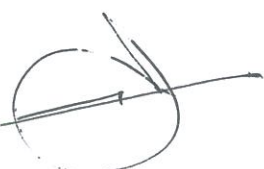
Water availability: UNICEF to engage in provision of gender responsive safe drinking water, only if water availability is the limiting factor, to affected communities to meet the basic water needs of people. Water trucking needs to be considered as the mean of last resort. Water quantities delivered should conform to the WASH Cluster agreed standards in line with SPHERE standards in the targeted locations.

Household water treatment: UNICEF and the partner to provide gender responsive household water treatment agents (Aquatabs) with required education sessions conducted by hygiene promoters on proper use. In the event of lack of Aquatabs, bleach liquid can be used on temporary basis.

Sanitation related Activities: UNICEF and the partner to make sure that all these ten districts are free from exposed sanitation taking into consideration the gender responsive/gender aspects. This can be achieved by dislodging overflowed cesspits, septic tanks, and swamps. The construction of emergency latrines can be explored on a case by case basis.

Planned C4D Interventions:

- Behavioral change: UNICEF will focus on 3 key behaviors, namely: water disinfection (including Wash facility hygiene), handwashing with soap at critical times and appropriate food handling. The NGO will carry out a quick pre-KAP to identify underlying reasons/triggers for change key messages, channels, etc. UNICEF and partners will limit message dissemination to maximum 3 at any geographic area at any given time. Any emerging issues will be clarified/explained during the face to face engagement. The gender aspect will be respected during the implementation.
- Hygiene promotion and awareness raising sessions: Health and Hygiene promotion teams along with community health volunteers will conduct hygiene promotion and awareness raising sessions and



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3. Humanitarian response Work plan and Budget

conduct door to door visits and other interpersonal channels in the targeted communities. The gender aspect will be respected during the implementation.

- Distribution of hygiene items: Distribution of soap (consumable hygiene kit) will be undertaken for 45,297 the most in need families/vulnerable persons to the extent possible. Every opportunity should be explored to avoid creating tensions through targeted distribution. Nonetheless, priority should be given to families of admitted/discharged patients from the Diarrhea Treatment Centers/ORS Corners. The gender aspects will be taken into consideration and respected during the distribution.
- Printing and dissemination of IEC: Provide gender responsive Information, Education and Communication materials already developed in line with the key hygiene messages and based on AWD risks will be disseminated to beneficiaries.
- Mass and social media campaigns: To reinforce messaging and public awareness, Radio and TV health and hygiene promotion campaigns will be conducted through major channels accessible to beneficiaries in the targeted locations. These will be reinforced with social media and community media interventions
- Working with Community Influencers and Religious leaders: Identifying these individuals / institutions would need to be done and used strategically for community mobilization as well as need-based family –level engagement. Religious leaders such as Imams and Priests could also be motivated to include discourses on water and sanitation/AWD in their religious preaching.

Expected Result:

The proposed activity is designed based upon the above rationale and aims to reduce morbidity and mortality resulting from the cholera and acute watery diarrhea and other diarrhea epidemics among members of the community through effective and targeted response.


Total of 317,077 beneficiaries that will be reached and potentially benefit from the live saving assistance to the most vulnerable people in the twelve districts of Taiz governorate, those as 25% of 1,268,307 people dis-aggregated as the following:

Girls: 65,204 **Boys:** 67,390 **Women:** 91,461 **Men:** 93,022

Monitoring and Quality Assurance

The planned project intervention for integrated WASH and C4D activities will be monitored by:

- 1- Conducting weekly monitoring and update report to the stockholders especially the WASH cluster and Ibb Hub sub-cluster.
- 2- Collecting weekly and monthly gender and age dis-aggregated statistics of the number of people benefited from the chlorination activities and interventions provided in the AWD/Cholera affected areas/villages.



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3. Humanitarian response Work plan and Budget

- 3- Coordination with the related stakeholders and ensure their participation in monitoring visits.
- 4- Submit weekly reports, monthly reports and final reports for UNICEF's review and for coordination purposes at Health & WASH sub clusters level.
- 5- Use the Gender and Age Marker for Monitoring (GAMM) throughout the project cycle.
- 6- The intervention team including Monitoring and Reporting team is also formed of males and females staff to better enable collections of data and dealing with communities and complains as needed.
- 7- Unicef will implement two programmatic visits and one audit to the partner.

Total programme costs	357,007,026 YER		
Operations & management costs*	40,695,168 YER		
HQ support costs **	0		
Total costs	397,702,194 YER		

* Refer to the list of allowable operations & management costs.


** Applicable to international CSOs

Result Level	Result/activity	Timeframe (quarters/year(s))					Total (CSO+UNICEF)		CSO contribution		UNICEF contribution				
		Q 1	Q 2	Q 3	Q 4	Year 2	USD	YER	USD	YER	Cash USD	Cash YER	Supply USD	Supply YER	
1	WASH Intervention Improvement of water quality and quantity at HH level							58,651,498					55,560,000		3,091,498
1.1	P Provision of water trucking services to affected people	x	x					21,612,464					18,529,965		3,091,498
1.2	Sanitation Related Activities:	x	x					37,030,035					37,030,035		
2:	Behavioural Change in Cholera affected areas							298,355,528					43,347,04		255,008,523

² The budget is prepared in the currency of implementation. Most generally, this correspond to the local currency in the country.

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Result Level	Result/activity	Timeframe (quarters/year(s))					Total (CSO+UNICEF)		CSO contribution		UNICEF contribution			
		Q 1	Q 2	Q 3	Q 4	Year 2	USD	YER	USD	YER	Cash ^{h2} USD	Cash YER	Supply USD	Supply YER
2.1	Mobilize community for changing 3 main hygiene practices and follow up behavioural change of affected cholera people	x	x					3,840,000				3,840,000		
2.2	Conduct door to door visits by Health and Hygiene promotion teams along with community health volunteers covering hygiene promotion and awareness raising sessions and other interpersonal channels in the targeted communities	x	x					15,778,343				15,778,343		
2.3	Distribute soap (consumable hygiene kit) to the most-in-need families/vulnerable persons prioritizing families of admitted/discharged patients from the Diarrhea Treatment Centres/ORS Corners.	x	x					274,434,000				23,728,661		250,705,339



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Result Level	Result/activity	Timeframe (quarters/year(s))					Total (CSO+UNICEF)		CSO contribution		UNICEF contribution				
		Q 1	Q 2	Q 3	Q 4	Year 2	USD	YER	USD	YER	Cash ² USD	Cash YER	Supply USD	Supply YER	
2.4	Print and disseminate Information, Education and Communication materials to beneficiaries.	x	x					4,303,184							4,303,184
Total Program Cost								357,007,026				98,907,004		258,100,022	
Direct Management Cost								34,959,288		4,747,808		30,211,480			
Indirect Management Cost								5,735,880		3,701,880		2,034,000			
HQ costs ³	HQ technical support ⁴ (7% of the cash component)														
Total programme document budget								397,702,194		8,449,688		131,152,484		258,100,022	

4. Status of Capacity Assessments (To be completed by UNICEF as part of finalization of the programme document)		
4.1 Core values and integrity ⁵	Date	4-Aug-16
	Results	micro assessed with moderate rate,
4.2 CSO selection analysis	Rationale for selection	Direct Selection based on partner presence in affected area, already having permission from Govt. authorities to work in Taiz Governorate, local knowledge and male and female local staff.
	Date planned/ completed	4-Aug-16

³ Only payable to organizations with headquarters outside of the country of implementation.

⁴ Amount is an estimate. Amount paid is a standard 7% on actual expenditures subject to calculation exclusions as per [Annex H](#) of the CSO Procedure.

⁵ The assessment of core values and integrity must be conducted before finalizing the partnership. International CSOs are assessed by HQ and the full list of partners assessed is available [at this link](#). National CSO are assessed by local offices using checklist xxx.

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4.3 Financial management (if applicable) ⁶	Risk rating ⁷	<u>Moderate</u>
4.4 Observations/ Risk management measures (if any)	<ul style="list-style-type: none"> • Programme under implementation of HSF is subject to third-party monitors and UNICEF monitoring. At least, 2 spot check and 2 programmatic visits will be conducted. • Intervention will focus on cholera confirmed cases HHs and adjacent HHs to deliver the response activities. • We will be flexible to adopt to the high-risk locations to be targeted in case of change of cholera reported cases. • Assessments are to be conducted by the partner to identify the possible causes/sources of the cholera infection so that we can reinforce the response with other interventions. • To decrease the environmental impact, the partner will respond to the affected overflow cesspits, swamps, septic tanks to be emptied/ sucked. In parallel, UNICEF will be working on improvement the sanitation through other governmental partners such as LWSCs, GARWSPs and CFs. • Team members (CVs) will be mainly aimed to be selected from the targeted districts to enable easier access to deliver the activities. <p>We will follow up with supply section to provide the needed supplies requested in the PCA</p>	
4.6 PRC Ref.# ⁸	YEMA/PRC/2018/35/WASH	

5. Signatures and date

  Head of CSO name, signature and date	    UNICEF Representative name, signature and date
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⁶ As per [UNICEF HACT Procedure](#), para.21 b.

⁷ Ibid, para 21c. High risk is assumed for an implementing partner requiring a micro assessment until the assessment is completed. If the partner does not require a micro assessment, the risk rating is "non-assessed" unless the financial management checklist is used to determine a risk rating.

⁸ Partnership Review Committee Reference number.



PART 2: SIMPLIFIED REPORT AGAINST HIGH-FREQUENCY INDICATORS IN HUMANITARIAN ACTION

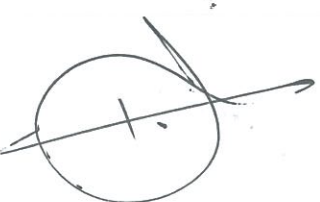
Section 1. Humanitarian response overview		
1.1 Humanitarian action reference	UNICEF Office	
	Programme Title	
	PRC Ref. # ⁹	
1.2 Organization information	Organization	
	Focal point	
	Title	
	Email	
	Telephone	
1.3 Budget information	Programme budget	
	UNICEF contribution	% of total
	Funds received to date	% of total
1.4 Reporting information	Programme start date	DD/MM/YYYY
	Reporting period	From DD/MM/YYYY to DD/MM/YYYY
	Next report submission	DD/MM/YYYY
1.10 Signature of Head of organization		Date:

2. Reporting on results achieved				
The table below provides an overview of progress towards achievement of programme targets during the reporting period and cumulatively since the onset of the programme.				
Performance indicator*	Targets*	Achievement in reporting period**	Cumulative progress to date**	Narrative assessment/ summary of progress**
Challenges / bottlenecks faced in the reporting period				
Proposed way forward				

* Information directly extracted from Section 2.2 of the signed simplified programme document.

** Information to be updated upon submission of the report

⁹ Partnership Review Committee Reference number (refer to Section 4.5 of the signed Simplified programme document).



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Item No.	Item Description	Unit	Quantity	Unit price in YER	Cash in YER	In kind in YER	Sub total in YER	Total in YER	Remarks
Targeted People		317,077							
1	WASH Intervention Improvement of water quality and quantity at HH level				55,560,000	3,091,498	58,651,498	-	
1.1	Provision of water trucking services to affected people				18,529,965	3,091,498	21,621,464		Water availability: UNICEF to engage in provision of safe drinking water, only if water availability is the limiting factor, to affected communities to meet the basic water needs of people. Water trucking needs to be considered as the mean of last resort. Water quantities delivered should conform to the WASH Cluster agreed standards in line with SPHERE standards in the targeted locations.
1.1.1	Water Trucking for cholera affected communities (people x 15 liters * 2 YER) only 2% of the targeted people This activity is preferably to be replaced by connecting the tanks to some nearby wells if available.	liters	95,123	2	11,414,763		11,414,763		Provision of water trucking for two months and then the community will take over.
1.1.2	Provision and installation of communal 2000L Tank for cholera hotspot areas that have no available tanks. Only 2% from the load case was considered.	No.	48	120,800	5,745,431	3,091,498	8,836,929		This shall include the formation of water user committee who should be clearly informed that UNICEF and CSO will cover only the period agreed upon. Therefore, the community shall take over when unicef exit this temporary intervention.
1.1.3	Rehabilitation of water distribution points. Only 2% from the load case was considered.	No.	48	28,800	1,369,772		1,369,772		
1.2	Sanitation Related Activities:				37,030,035	-	37,030,035		
1.2.1	Dislodging of overflowing cesspits that cause a major trail to neighborhood. Only 5% from the load case was considered.	No.	2,265	4,350	9,852,028		9,852,028		On average the sewage waste tanker costs 10,000 and can dislodge cesspits of 2.3 houses. One HH costs 10,000/2.3
1.2.2	Construction of Emergency Latrines	No.	453	60,000	27,178,007		27,178,007		
2	Behavioural Change in Cholera affected areas				43,347,004	255,008,523	298,355,528		

2.1	Community mobilization for changing 3 main hygiene practices and follow up behavioural change of affected cholera people							3,840,000		3,840,000										Behavioral change: UNICEF will focus on 3 key behaviors, namely: water disinfection (including Wash facility hygiene), handwashing with soap at critical times and appropriate food handling. UNICEF will carry out a quick Pre-KAP to identify underlying reasons, triggers for change, key messages, channels, etc. UNICEF and partners will limit message dissemination to maximum 3 at any geographic area at any given time. Any emerging issues will be clarified/explained during the face to face engagement
2.1.1	Carry out a quick assessments to identify underlying reasons for bad hygiene practices, triggers for change, key messages, channels, etc.	No.	1.00					3,840,000		3,840,000										Lump Sum
2.2	Hygiene promotion and awareness raising sessions: Health and Hygiene promotion teams along with community health volunteers will conduct hygiene promotion and awareness raising sessions and conduct door to door visits and other interpersonal channels in the targeted communities.							15,778,343		15,778,343										
2.2.1	Training of community volunteers (each 2 CVs male and female will cover 20 HH and duration of the project is 45 days)	CV	101					2,189,339		2,189,339										
2.2.2	Implementing of hygiene Promotion at HH level (each 2 CVs male and female will cover 20 HH and duration of the project is 45 days)	CV	4,530					13,589,004		13,589,004										
2.3	Distribution of hygiene items: Distribution of soap (consumable hygiene kit) will be undertaken for the most in need families/vulnerable persons to the extent possible. Every opportunity should be explored to avoid creating tensions through targeted distribution. Nonetheless, priority should be given to families of admitted/discharged patients from the Diarrhea Treatment Centres/ORS Corners.							23,728,661		23,728,661										
2.3.1	Provision of consumable HKs for targeted families	CHKs	45,297																	
																				6 \$ is the cost of HK

Code	Description	CHKs	45,297	265	11,997,822	122,844,592	11,997,821.85	0.6 \$ is the transportation and distribution cost
2.3.2	Transportation and distribution of the hygiene kits to HHs level comprises all expenses required to deliver this item to the HHs such as but not limited to warehouse rent and supporting staff.	CHKs	45,297	265	11,997,822	122,844,592	11,997,821.85	0.6 \$ is the transportation and distribution cost
2.3.3	Provision of two jerry cans per HH	JC	90,593	1,356	11,301,702	122,844,592	11,301,702.49	0.28 \$ is the transportation and distribution cost from warehouse and to the households
2.3.4	Transportation and distribution of the jerry cans to HH level comprises all expenses required to deliver this item to the HHs such as but not limited to warehouse rent and supporting staff.	JC	90,593	125	11,301,702	122,844,592	11,301,702.49	0.28 \$ is the transportation and distribution cost from warehouse and to the households
2.3.5	Provision of water disinfecting agents (chlorine) 33 mg (each box 10000 tablets) (each HH will get 50 tablets, 10 strips)	box	226	22148	429,137	5,016,154	5,016,154	4.19 \$ is the transportation and distribution cost from warehouses to the HHs
2.3.6	Transportation and distribution of water disinfecting agents (Chlorine) 33 mg (each box 10000 tablets) (each HH will get 50 tablets, 10 strips)	Box	226	1894,784	429,137	5,016,154	429,137	4.19 \$ is the transportation and distribution cost from warehouses to the HHs
2.4	Printing and dissemination of IEC: information, Education and Communication materials already developed in line with the key hygiene messages and based on AWD risks will be disseminated to beneficiaries.							
2.4.1	Design and printing IEC materials	No.	45,297	95	4,303,184	4,303,184	4,303,184	
TOTAL PROGRAMME COSTS					258,100,022	357,007,026	357,007,026	
	Direct Management Cost				34,959,288	34,959,288	34,959,288	
	Indirect Management Cost				5,735,880	5,735,880	5,735,880	
	Total Cost				139,602,172	258,100,022	397,702,194	
	Average cost per person							

TOTAL PROGRAMME COSTS	UNICEF Contribution	Partner Contribution	UNICEF Contribution	Partner Contribution	Sub total in YER
1 WASH Intervention Improvement of water quality and quantity at HH level	100%	0%	58,651,498	-	-
2 Behavioural Change in Cholera affected areas	100%	0%	298,355,528	-	-
3 Operational Cost	79%	21%	32,245,480	8,449,688	-
Total Cost	97.88%	2.12%	389,252,506	8,449,688	397,702,194

Total Cost in YER

