

Yemen / ADRA CANADA

ADRA MHNIR III Yemen Interim Narrative Report



Interim Report	
Section 1: Basic Information	
Name of Partner:	ADRA Canada
Project Name and number:	Marib Health & Nutrition Integrated Response (MHNIR) III 2022/2024 P011430
Project Country:	Yemen
Project Area:	Bidbidah district, Marib governorate, Yemen
Reporting Period:	Apr 2022 to Jan 2023
Project Start Date:	01 April 2022
Project Planned End Date:	31 March 2024
Total Project Budget:	\$3,529,481 (From GAC-MHD is \$3,500,000)
Total Project Budget spent to date:	\$1,282,513
Burn rate of funds received to date (%):	36%
Section 2: The 8 Core Questions	
2.1 Context Analysis	
<p>Yemen remains in the middle of a humanitarian crisis, driven by the conflict between the Houthis and the International Recognized Government (IRG), who are supported by a Saudi-led Arab Coalition. Although military hostilities have subsided, courtesy of the April 2022 UN-initiated ceasefire, the peace is an uneasy one. Sporadic fighting in major frontlines of Taiz, Marib and Hodeidah is occasionally reported. Other than improved humanitarian access and reduced fatalities, injuries and displacement, the ceasefire has not translated into any significant socio-economic gains for 80% of the country's population, which struggles to access food. Publicly provided social services (including health and education) remain unavailable, and humanitarian actors remain the main providers of social services, with the limited funding they receive from donors¹. The war and its attendant economic impacts have eroded the fiscal capacities of the governments in both the North and South to provide social and other public services like water and electricity.</p> <p>The conflict-induced macro-economic instability remained rampant over the reporting period. This was further compounded by the outbreak of war in Ukraine with its attendant disruptions on global supply chains, particularly for food, fuel, and fertilizer. The impact on net importers of food like Yemen were significant, including rising costs of basic food and essential supplies. This further restricted access to basic goods and services for a population whose income-earning capacities have already been eroded by the war.</p> <p>Structural inequalities between men and women remain entrenched. The movement of women, including female humanitarian workers, remains severely restricted, particularly for inter-governorate travel. The maharam (requirement for male accompaniment each time females are travelling) restricts women access to services and income earning opportunities. These restrictions are particularly pronounced in areas under the control of the Houthi authorities, and this is a collective concern for the entire humanitarian collective. Advocacy efforts are underway at various levels (and ADRA is participating) for the authorities to reduce restrictions.</p>	
2.2 Overall Performance	
<p>The MHNIR III project has reduced suffering, increased and maintained human dignity and lives saved for the conflict affected communities in Bidbidah district, Marib Governorate, Yemen by providing free health and nutrition services to women, girls, boys and men during the reporting period. Services include emergency medical services, EPI (Expanded Programme on Immunization), emergency obstetrics, newborn and maternal reproductive health, prevention and control of communicable and non-communicable diseases, and secondary health referrals. These services are offered at 7 health facilities (Bidbidah rural hospital, Al-Hanaya Health Unit (HU), Al-Thoailah HU, Najd Al Mosala, Al Oklah, Al Majza'a and Al Matha'af health units.) ADRA is also supporting the targeted health facilities with medical, nutritional-medical supplies as well as health and nutrition personnel.</p>	

¹ Only 52.3 % of the Yemen HRP Budget was funding according to the financial tracking by OCHA

Over 59,000 health and nutrition services have been provided by the project.

- 16,000 beneficiaries benefited from health and nutrition awareness sessions delivered through video, print and face to face. Key messages on handwashing, personal hygiene, disease prevention, balanced diet and gender equality were delivered by the health and nutrition staff at the different health facilities.
- 6,824 beneficiaries were treated for communicable diseases (Malaria, diarrhea).
- 5,327 for non-communicable diseases (heart diseases, diabetes, chronic pulmonary diseases).
- 10,316 patients had medicines prescribed.
- 300 pregnant and lactating women and 683 children were screened for malnutrition. 96 boys and 97 girls were admitted to the MAM program. 17 boys and 33 girls were admitted to the severe acute malnutrition program (SAM).
- The infant and young child feeding program (IYCF) had a total of 660 women.
- 41 MAMA² kits have been distributed to women who have conducted delivery at one of the targeted health facilities as part of after birth child care and to encourage women to choose the health facility for delivery under skilled birth attendants instead of home delivery. 64 delivery kits were distributed at the health facilities by the midwives to pregnant women who are in their last month of pregnancy during their last ANC (Antenatal care) visit to ensure that they are well prepared for a safe delivery at home in case they face any challenges to have the delivery at the health facilities.
- The project also commemorated the breastfeeding week campaign by distributing 100 awareness posters, 100 recyclable bags and 100 cups displaying messages about the importance of breastfeeding of infants, young children and mothers.

Project activities could not start in April 2022 as planned. The Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) did not provide field access permits. They only granted the ADRA Yemen team access after the Eid holidays in May, which facilitated the resumption of activities at Bidbidah Hospital. In May, SCMCHA, in concurrence with the Ministry of Health (MoH), requested modifications to the project design (They wanted the medical team to be recruited by the MoH and serve under the government work conditions. They also made requests for an ambulance and increasing the number of health facilities served from the originally proposed four (4) to Seven (7). Meanwhile, the project management team requested a two-month field access pending the finalisation of the modifications to the project design. Although the National Security were reluctant to grant the two months temporary access before the project modification and sub-agreement approval, they eventually agreed with persuasion from ADRA, MoH and SCMCHA. They national security insisted on ADRA obtaining a formal sub-agreement before they could grant field access.

On June 23rd, a shooting incident occurred where a member of the community opened fire at the hospital residence during midnight because of frustrations over recruitments of incentive workers (the perpetrator felt he had been unfairly excluded, the MoH, from the list of incentive health workers). The ADRA team was safely evacuated to Sana'a. The incident triggered program activity suspension in July, while ADRA sought to manage the security situation and provide psychosocial support, and trainings on security management and humanitarian access. The first two months temporary access expired during this period of instability and ADRA negotiated for yet another extension to facilitate resumption of activities from end of July through to the beginning of September 2022.

The team went back to the field in August and activities resumed with the authority's accepting that ADRA could continue, albeit temporarily, with their team as the MoH finalised their recruitment processes. The resumption of activities in August coincided with the rain season leading to challenges with field travels as roads leading to Bidbidah were usually flooded. Alternative routes were found and teams, sometimes had to walk to reach the hospital.

In August, the ADRA field team assessed the additional health units that the authorities requested the project to support. The assessment identified gaps and needs in health infrastructure and services in order to determine the level and nature of support required.

² <https://innov.afro.who.int/emerging-technological-innovations/mama-kit-3139>

Another security incident occurred on 19 October when three local armed men stormed the hospital residence where the ADRA team was staying and threatened to open fire if they did not leave the district immediately. This was in protest to their exclusion, by the Governorate Health Office (GHO) from the recruitment list of health workers. ADRA coordinated internally and with the authorities to ensure the team's safety overnight and eventual safe evacuation in the morning on 20 October. This incident led to yet another activity suspension in October and November to give MoH time to complete their recruitment process, which was contributing to all the security incidents. During the period of suspension, ADRA also sought to secure security guarantees from the different arms of government to ensure safe resumption of activities. The authorities on the other hand replaced the district security manager with another and arrested the armed men as well as officially and in writing restated, to ADRA, their commitment to team and beneficiary security.

2.3 Changes and Amendments

	Changes in the plan	Original plan	Reason for the change
1	Include the remaining 3 health units in the district. Increasing the total number of supported health units from 4 to 7.	Bidbidah rural hospital, Al Hanaya HU, Al Thoailah HU, and Al Majza'a HU with primary health care & nutrition services (minimum service package) including Basic Emergency Obstetric and Newborn Care.	As Bidbidah is an extremely remote area with a complex community tribe structure, the MoH and the authorities pushed to establish the Comprehensive Emergency Obstetric and Newborn Care sector (CEmONC) in Bidbidah hospital and support the remaining health units in the district.
2	Recruit all medical staff on an incentive basis ³ as they should be given priority as long as they are qualified.	The medical and nutrition team were to be regular ADRA staff, employed directly by ADRA and governed by the institution's policies and procedures.	The change was at the insistence of the MoH, ostensibly to ensure sustainability of the health and nutrition activities after the project ends.
3	Purchase an ambulance instead of renting private vehicles.	The project proposed the use private or public transportation for the referral system.	To guarantee transport availability for referral cases. To support sustainability.
4	Install the Health Information System (HIS) for the hospital and connect it to the ministry, to enable direct ministry supervision and quality control. ADRA will have access to the same.	ADRA had a simplified system based on manual registration records and soft copy databases, mostly for internal use.	An electronic system tied to the MoH health information management system. It displays patients' data directly to the MoH and enhances electronic data management.
5	Conduct a refresh training for specific MoH staff based on needs and certain sectors.	Conduct a refresh training for the whole MoH staff during the project.	MoH requested ADRA avoid duplication as UNICEF is supporting a training project for the whole health and nutrition sector in Marib governorate.

³ The government has no capacity to pay salaries since the outbreak of conflict in 2015, leading to the closure of many health facilities as many health workers left their post. To attract them back and NGO, donors, health cluster and the MoH agreed that humanitarian organizations could pay incentive based on a grid agreed nationally. What the health workers get from NGOs is an incentive rather than a salary.

2.4 Participation of and Accountability to Affected Population

Participation and accountability to affected population is demonstrated through the commitments and mechanisms that ADRA is putting in place to ensure that the communities and relevant stakeholders are meaningfully and continuously involved in decisions about the project activities.

ADRA's services are ensuring patient privacy and security; adherence to acceptable community customs while providing multiple mechanisms for feedback, hence providing the highest quality of health care at the targeted health facilities.

The feedback and complaint mechanisms include suggestion boxes, a hotline number, access to field-based project staff, senior project management team, district authorities and other community representatives. All the complaints, cases and requests submitted through these mechanisms are addressed and feedback is provided to the complaints. Most complaints are reported via the suggestion box and phone.

The project has not had many complaints most probably because of the delayed and interrupted start, which also affected the roll-out of accountability mechanisms, especially project staff who could not travel to the field. Three (3) complaints have been received through the hotline number to request information regarding the services provided. All complaints were from men. There were 9 complaints (8 from women) referred to Al Thawra Hospital because of the delays with the administrative procedures related to referral admissions. The project team has since attended to these complaints, and they have been resolved. ADRA was able to discuss the complaints related Al Thawra Hospital referral hospital with hospital management. The hospital management committed to improving their administrative procedures to allow for timely admissions and service provision.

The project is conducting an informal post service evaluation survey for the referral program by interviewing selected cases and visiting them at the hospital.

2.5 Measuring Results

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS ⁴	PROGRESS/ ACHIEVEMENT TO DATE	EXPLANATION OF VARIANCE	DATA SOURCES
Ultimate Outcome						
1000 Reduced suffering, increased and maintained human dignity and lives saved for the conflict affected communities in Bidbidah district, Marib Governorate, Yemen.	# of health facilities supported/established by ADRA Yemen	0	4	7	Added 3 an additional health facilities	MoU with the Ministry of Health/Governorate Health Office/District Health Office
	# of households benefiting from nutrition sensitive interventions	0	4,800 HH	2,401 HH MHH: 2,161 FHH: 240		Attendance records of awareness sessions and counselling logs
	# of people reached through community outreach activities/ awareness raising on SRHR services or SGBV prevention and response services	0	Male: 75,713 Female: 106,037	Male: 7,615 Female: 9,189		Attendance records of awareness sessions and focus group discussions
Intermediate Outcomes						
1100 Increased protection and use of gender responsive health services by people affected by the Yemen crisis, including IDPs, particularly women, children (boys and girls), elderly, and PSNs.	# of patients provided with primary care consultations	0	Total: 72,125 Men: 22,516, Women: 20,473 Boys: 16,042 Girls: 13,094	Total: 12,515 Men: 3,683 Women: 3,788 Boys: 2,564 Girls: 2,116		Beneficiary register/Cards Monthly statistical report
	# of health care staff trained in Integrated Management of Childhood Illnesses (IMCI), and Infection Prevention and Control (IPC) (Annex 10)	0	Total: 33 Male: 17 Female: 16 (Include disability status)	Total: 0 Male: 0 Female: 0	Training has not been conducted yet.	Attendace sheet, monthly report
	# of patients referred for secondary health care services.	0	Total: 200 Men: 45 Womene: 45 Boys: 50 Girls: 50 Disability: 10	Total:52 Men:15 Women: 19 Boys: 11 Girls: 7 Disability: 0		Referral cards, Monthly statistical report.
1200 Reduced prevalence of acute malnutrition in children under 5 and pregnant	# and % of rates of cured, default, death, and relapse of moderate/severe acute malnutrition sites	NA	Cured rate >75% Defaulter rate <15% Death rate <10%	Cured: 10% Default: 0 Death: 0		Monthly Reports CMAM database

⁴ Where possible, disaggregate data by gender and age.

and lactating women affected by conflict.	# of girls and boys screened for acute malnutrition and women of reproductive age as applicable	NA	Total: 2,136 Men: 0 PLW: 810 Boys: 649 Girls: 677	Total: 1,003 PLW: 320 Boys: 320 Girls: 363		Monthly Reports, CMAM database, CNVs reports
Immediate Outcomes						
1110 Increased equal access for women, men, girls and boys to culturally appropriate preventive medical and health services.	# of people who have received sexual and reproductive health services including ANC & PNC. (Annex 10)	0	Consultations Male: 0 Female: 1,628	Female: 635		Beneficiary card/register SRHR Data base Monthly qltv reports
	# and % of women received family planning materials.	0	Women: 384 >65 % of women received FP materials	Women: 150 45% of women received FP materials		Beneficiary card/register SRHR data base Monthly quantitative reports
	# of pregnant women and CU5 girls and boys received routine vaccination according to their appropriate age.	0	Total: 1,160 Women: 200 Pregnant: 144 Boys: 406 Girls: 410	Total: 239 Women: 36 Pregnant: 43 Boys: 81 Girls: 79		Beneficiary card/register EPI Data base Monthly quantitative reports
	# of patients identified as suspected COVID-19 cases in supported facilities.	0	Total: 519 Men: 187 Women: 108 Boys: 131 Girls: 93	Total: 2,864 Men: 719 Women: 681 Boys: 841 Girls: 623	Since the Covid-19 has become an endemic, there is no segregation between covid cases and the nosocomial infections.	Beneficiary card/register PHC Data base Monthly quant reports
	# of consultations for any mental health condition.	0	Total: 54 Men: 27 Women: 11 Boys: 9 Girls: 7	Total: 35 Men: 33 Women: 2 Boys: 0 Girls: 0		Beneficiary card/register PHC Data base Monthly qnt rpts
1120 Increased equal access for women and men, girls and boys to culturally appropriate curative medical supplies and services	# of integrated management of common illnesses consultations and treated at health facility	0	Consultations: 4,800 Boys: <5 yrs: 2,400 Girls: <5 yrs: 2,400	Consultations: 889 Boys <5 yrs: 500 Girls: <5 yrs: 389		Beneficiary card/register IMCI database Monthly qnt rpts
	# and % of births assisted by a skilled attendant at birth.	0	# Of pregnant visit for ANC: 685	# Of pregnant visit for ANC: 318		Beneficiary card/register Midwifery database

			# Of newborns that received attendant at birth: 275 40 % of newborns that received attendant at birth	# Of newborns that received attendant at birth: 53 19% of newborns that received attendant at birth		Monthly quantitative reports
	# and % of newborns that received postnatal care within three days of delivery.	0	# Of pregnant visit for ANC: 685 # Of newborns that received care: 343 >50% of newborns that received care	# Of pregnant visit for ANC: 318 # Of newborns that received care: 451 100% of newborns that received care		Beneficiary card/register Midwifery database Monthly quantitative reports
	# of patients provided with care for trauma-related injuries	0	Consultations: 168 Men: 28 Women: 40 Boys: 45 Girls: 45 Disabled: 10	Consultations: 33 Men: 19 Women: 6 Boys: 4 Girls: 4 Disabled: 0		Beneficiary card/register PHC Data base Monthly quantitative reports
	# Of patients provided with primary care consultations including communicable and non-communicable disease consultations.	0	Consultations: 41,620 Male: 11,843 Female: 11,100 Boys: 10,093 Girls: 8,584 Disability status	Total: 12,515 Male: 3,683 Female: 3,788 Boys: 2,564 Girls: 2,116		Beneficiary card/register PHC Data base Monthly quantitative reports
1130 Increased knowledge of gender transformative behavior practices	# Of women received family planning awareness.	0	Women: 515	Women: 145		Beneficiary card/register RH data base Monthly reports
	# Of community health workers/volunteers trained in SRHR or SGBV services (Annex 10)	0	Total: 35 Male: 0 Female: 35	Female: 0	Training not yet conducted	Attendace sheet Monthly report
	# Of women and men reached through community outreach activities/ awareness raising on gender equality (joint decision making, shared HH responsibility on health and nutrition, men engagement in health, nutrition and GBV and or SGBV prevention and response services.	0	Total: 59,863 Male: 25,971 Female: 33,892	Total: 16,804 Male: 7,615 Female: 9,189		Attendance records of awareness sessions and focus group discussions, CHNVs and community mobilizer reports

1210 Increased equal access for women and men, girls, and boys to culturally appropriate and community-based lifesaving nutrition interventions	# Of Therapeutic Feeding Programme sites (OTPs) supported, and number of clients (if available) (Annex 10)	0	4	7	Added 3 an additional health facilities	MoU with the Ministry of Health/Governorate Health Office/District Health Office
	# Of girls, boys and women of reproductive age treated for severe (without medical complications) or moderate acute malnutrition. (Annex 10)	0	SAM: 607 Boys: 252 Girls: 355 MAM: 3318 Boys: 735 Girls 918 PLW: 1,171	SAM: 50 Boys: 17 Girls: 33 MAM: 476 Boys: 96 Girls: 97 PLW: 283		Beneficiary card/register CMAM database Monthly quantitative reports
	% Of infants 0-5 months of age who are fed exclusively with breast milk.	0	# of infants <5months attend HFs: 79 # of infants <5 exclusively breast fed: 36 >45% of infants exclusively breastfed	# of infants <5months attend HFs: 309 # of infants <5 exclusively breast fed: 303 841% of infants exclusively breastfed		Beneficiary card/register HFs database Monthly quantitative reports
1220 Increased knowledge on nutrition practices among boys and girls, pregnant and lactating women, and other vulnerable groups.	# Beneficiaries attended awareness raising sessions/trainings on good nutrition, infant and young child feeding, care practices and gender	0	Total IYCF: 1,113	Total IYCF: 660		Attendance records of awareness sessions and focus group discussions, CNVs and community mobilizer reports
	# Of health care staff trained in the prevention and management of acute malnutrition (CMAM, IPC & IYCF-E training). (Annex 10)	0	Total: 8 Male: 4 Female: 4	Total: 0 Male: 0 Female: 0	Training not yet conducted	Attendace sheet, monthly report
	# of Female HW and Community Health & Nutrition Volunteer CHNVs trained in CMAM and BCC.	0	Total: 47	0	Authorities have postponed nominating the CHNVs till they finalize the health workers nominations	Attendace sheet, monthly report
	# of people receiving behavior change interventions to improve infant and young child feeding practices through CHNVs	0	Total: 1,113 Male: 0 Female: 1,113	Female: 0		Attendance records of awareness sessions and focus group discussions, CNVs and community mobilizer reports

1111 Capacity building training provided to health care workers in identification and treatment of IMCI and IPC.	# Of health care worker trained of IMCI & IPC	NA	Health care workers: 37 Male: 20 Female: 17	Health care workers: 0 Male: 0 Female: 0	Training not conducted yet	Training report Participant attendance
1112 Capacity building training provided to midwives and female health care workers in identification and treatment of SGBV, PNC & ANC, as well as BCC, EmONC and neonate care.	# of health midwives and female HW trained of SGBV, PNC & ANC, BCC, EmONC and neonate care.	NA	Midwives & FHW: 17 Male: 0 Female: 17	Midwives & FHW: 0		Training report Participant attendance
	% of trainees who get more than 70% score of post training test in AGBV, ANC, PNC, BCC and BCC	NA	>85% of trainees have > 70% score	0	Training not conducted yet	Training report Post test score
1113 Culturally appropriate Clean Delivery Kits (CDKs) provided to pregnant women.	# Of pregnant women receive delivery kits during antenatal care visit to nearest health facility.	NA	Women: 145	Women: 64		Beneficiary register/card Monthly reports
1114 Routine vaccination provided for CU5 girls and boys.	# of CU5 boys & girls receive routine vaccine in the health units or by mobile team or during national campaign	NA	Total: 781 Boys: 396 Girls: 385	Total: 160 Boys: 81 Girls: 79		Beneficiary EPI register/card Monthly reports
1115 Health facilities provided with essential and life-saving medications and services for women, men, boys, and girls.	# of functional and supported health facilities on supplies chain, medicines, equipment, provide life-saving management and refer of cases need secondary care.	NA	4	7	Added 3 an additional health facilities	Referral form/beneficiary card Logistic warehouse report Consumption register
1116 Environment friendly and culturally appropriate basic maintenance and non-medical equipment and supplies provided to health facilities.	# of Heath facilities supported through non-medical equipment and supplies	NA	4	7	Added 3 an additional health facilities	Work complétion reports, photo documentation
1117 Gender responsive and culturally appropriate reproductive healthcare services through counseling of	Number of women received family planning awareness & materials.	NA	Women: 515	Women: 295		Beneficiary register/card Monthly reports

married women seeking family planning services provided.						
1118 Gender responsive, environmentally friendly and culturally appropriate health awareness IEC materials provided to women, men, boys, and girls	Number of IEC different health messages distributed or hanging in easy to reach zones by beneficiaries.	NA	IEC Messages: 7	IEC Messages: 9		Copy of messages/photos Monthly reports
1119 WASH facilities and services are enhanced for women, men, boys, and girls in the supported health facilities	# Health facilities rehabilitated with WASH activities.	NA	4	7	Added 3 an additional health facilities	Rehabilitation report Monthly program report
1121 Emergency mobile medical teams (EMMT) providing integrated health services established and operated.	# Of Emergency mobile medical teams (EMMT) which operation in daily basis and reached limited access community.	NA	1	0	EMMT was cancelled due to the MoH requests in modifying the project and include the new health units. Indicator no longer relevant.	Activities report Monthly program report
1122 Supported reproductive health services including emergency obstetrics, newborn and sexual or gender-based violence care	Number and percentage of births assisted by a skilled attendant at birth.	NA	# of pregnant visit for ANC: 685 # of newborns that received care: 343 >50 % of newborns that received care	# Of pregnant visit for ANC: 318 # Of newborns that received care: 451 131% of newborns that received care		Beneficiary card/register Midwifery database Monthly quantitative reports
1123 Consultation and treatment provided in a gender responsive way to women, men, girls and boys for control of communicable and non-communicable diseases,	# of CU5 boys & girls received integrated management of common illnesses services by trained staff	NA	Consultations: 4,800 Boys: 2,400, Girls: 2,400	Consultations: 889 Boys: 500 Girls: 389		Beneficiary register/card IMCI database Monthly reports
	# Of communicable disease consultations.	NA	Consultations: 30,273 Men: 8,336 Women: 8,152 Boys: 7,527	Consultations: 6,824 Men: 1,804 Women: 1,969 Boys: 1,680		Beneficiary card/register PHC Data base

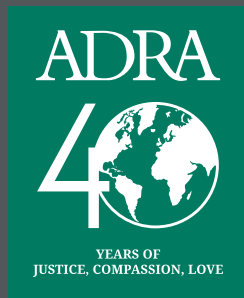
including curative care like IMCI, and EPI.			Girls: 6,258	Girls: 1,371		Monthly quantitative reports
	# Of non-communicable disease consultations including trauma related injuries.	NA	Consultations:12,622 Men: 4,097 Women: 3,348 Boys: 2,721 Girls: 2,456	Consultations: 5,327 Men: 1,879 Women: 1,819 Boys: 884 Girls: 745		Beneficiary card/register PHC Data base Monthly quantitative reports
1124 Culturally appropriate secondary health care referral vouchers provided for severe cases.	# of referral cases for secondary health care services	0	Total: 200 Men: 50 Women: 50 Boys: 50 Girls: 50	Total: 52 Male: 15 Female: 19 Boys: 11 Girls: 7 Disability: 0		Referral cards, Monthly statistical report.
1131 Gender transformative key messages shared with women and men during awareness sessions and focus group discussions.	# and % of community members who attend health education sessions and can recall gender transformative messages	NA	Total attendance: 26,379 Men: 7,709 Female: 8,831 Boys >5years: 5,132 Girls >5years: 4,707 50% who recall message correctly	Total attendance: 6,052 Men: 1,686 Women: 1,975 Women Boys >5years: 1,152 Girls >5years: 1,239 x% who recall message correctly	KAP survey for % recall not yet conducted.	Copy of messages/photos Health educator & CHNVs reports Monthly reports
1132 Gender transformative key messages shared through printed awareness materials	# of IEC health messages distributed or hanging in easy to reach zones by beneficiaries.	NA	IEC Messages: 9	IEC Messages: 6		Copy of messages/photos Monthly reports
1211 CU5 girls and boys screened for SAM and MAM using MUAC and Z-Score	# of <5 years children screened by female Community health and Nutrition Volunteers or mobile team.	NA	Children <5 Years: 1,326 Boys: 649 Girls: 677	Children <5 Years: 0 Boys: 0 Girls: 0	EMMT has been canceled due to the MoH request. The authorities have postponed nominating the CHNVs	Monthly Health facility report
1212 CU5 girls and boys with MAM enrolled in Target Supplementary Feeding Program (TSFP).	# of <5 years children received TSF in the targeted area	NA	Children <5 Years: 1,653 Boys: 735 Girls: 918	Children <5 Years = 193 Girls=97 Boys=96		Monthly Health facility report
1213 CU5 girls and boys with SAM enrolled in	# of <5 years children admitted and treated in CMAM (SAM) program	NA	Children <5 Years: 2,260 Boys: 987	Children <5 Years: 50 Boys: 17 Girls: 33		Monthly Health facility report

Outpatient Therapeutic Program (OTP).			Girls: 1,273			
1214 Malnourished PLW enrolled in Supplementary Feeding Program.	# of women enrolled in supplementary Feeding Program.	NA	Women: 1,171	Women: 283		Monthly Health facility report
1215 SAM cases with complications referred to TFC for treatment.	# of referral SAM cases for secondary health care services	NA	Total: 10 Boys: 5 Girls: 5	Boys: 0 Girls: 0	No cases with complications that requires hospitalization	Referral cards, Monthly statistical report.
1221 Gender responsive nutrition awareness IEC material provided to women, men, boys and girls through focused awareness session on community and health facility levels	# of IEC nutrition messages distributed or hanging in easy to reach zones by beneficiaries.	NA	IEC Messages: 7	IEC Messages: 7		Copy of messages/photos Monthly reports
	# Of nutrition awareness sessions or FGD holding in the community or health levels	NA	Total sessions: 1200 Total FGD: 789	Total sessions: 566 Total FGD: 0	Authorities have postponed nominating the CNVs till they finalize the health workers nominations	Monthly reports
	# Of beneficiaries attending nutrition awareness sessions or FGD in the community or health levels	NA	Total attendance : 25,292 Men: 5,999 Women: 9,643 Boys >5years: 4,827 Girls >5years: 4,823	Total attendance : 8,702 Men: 2406 Women: 2,969 Boys >5years: 1,573 Girls >5years: 1,754		Monthly reports
1222 Gender responsive and culturally appropriate IYCF corners established in targeted health facilities.	# Of functional IYCF corners at the health facilities	NA	4	7	Added 3 an additional health facilities	Monthly report Health facility report
1223 Female health workers and community nutrition volunteers trained in Behaviour Change Communication (BCC)	# Of CHVs and female health worker trained and involved in BCC.	NA	CHVs and FHW: 52 Men: 0 Women: 52	0	Training not yet conducted	Training report Participant attendance
1224 Female community volunteers trained in community management of malnutrition (CMAM).	# Of CHVs trained and involved in CMAM activities	NA	CHVs: 35 Men: 0 Women: 35	0	Training not yet conducted	Training report Participant attendance

Services and Recipients

The following table displays the number of recipients and services provided:

Health Activities		Men 18+	Women 18+	Boys <18	Girls <18	Total
1	Medical & Nutrition Awareness	4,517	5,727	3,098	3,462	16,804
2	Treating Communicable Diseases	1,804	1,969	1,680	1,371	6,824
3	Treating non-Communicable Diseases	1,879	1,819	884	745	5,327
4	ANC & PNC	-	635	-	-	635
5	Vaginal Deliveries	-	47	-	-	47
6	Vaccination	-	79	81	79	239
7	Family Planning Materials	-	150	-	-	150
8	Family Planning Awareness	-	145	-	-	145
9	Laboratory Services	539	1,291	155	358	2,343
10	Nursing Services	5,581	5,011	2,060	1,858	14,510
11	Medical Referrals for Severe Cases	15	19	11	7	52
12	Medications (prescriptions)	-	-	-	-	10,316
13	Delivery Kits	-	64	-	-	64
14	Mama kits	-	41	-	-	41
Total # of affected persons that received medical services		14,335	16,997	7,969	7,880	57,497
Nutrition Activities		Men 18+	Women 18+	Boys <18	Girls <18	Total
1	Enrolled MAM	-	283	96	97	476
2	Enrolled SAM	-	-	17	33	50
3	Screened for MAM/SAM	-	320	320	363	1,003
4	Infant and Young Child Feeding Program	-	660	-	-	660
Total # of affected persons received nutrition services		0	1,263	433	493	2,189
Total # of affected persons received Health & Nutrition services		14,335	18,260	8,402	8,373	59,686



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