

IFRR

YEMEN

Operational Guidance on Yemen Integrated Famine Risk Reduction Programming

Final guidance for pilot July 2018





Annex 2

Minimum IFRR package with cross-sectoral linkages and beneficiary selection criteria

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
Household level								
FSAC	HH1	Emergency food assistance (through in-kind, n, cash transfers, or voucher transfers)	FSAC criteria (see note below the table), including HHs with children under 5 with SAM or MAM, vulnerable HHs with children under five years old and/or pregnant women and/or lactating women		MUAC screening and referral of malnourished children aged 6-59 months and PLW Distribution of micronutrients of BSFP to children 6-23 months old	Information education and communication (IEC), awareness creation, home visits screening and referral, iCCM (integrated community case management for treatment of minor ailments),	Distribution of CHKs & WMKs if appropriate; Hygiene awareness (including cholera prevention when needed), chlorination of water tanks and jerry cans	Distribution points should be implemented in safe and accessible area with enough space for women, elderly and disabled persons. The distribution should take place in daylight to minimize safety risks Issue ration cards to female-headed households, child-headed households and unaccompanied children in their own name Distribution process should prioritise pregnant and lactating mothers, the elderly, people living with disabilities, chronically ill and unaccompanied and separated children Provision of information to the beneficiaries on selection criteria, targeted assistance and related procedures
FSAC	HH2	Provision of agricultural inputs (e.g. seeds, tools), livestock support (e.g. vaccination, feed/concentrate) and fishery inputs support (e.g. fishing nets, cooler boxes etc.)	Vulnerable farming, pastoralist, or agro-pastoralist households (for vulnerable farming households they should have access to productive resources/assets e.g. land and labour Vulnerable fishermen		N/A	N/A	Provision of water should consider agricultural needs (if possible based on the context)	Ensure both male headed, female headed and all categories of households have equal and fair access to agriculture and livestock support Involve and consult all categories of the affected population in identifying and responding to FSAC needs. (Special needs of all vulnerable segments of the population e.g. Youth must be put into account

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
FSAC	HH3	Agricultural related Income generating activities	Vulnerable IDPs and Host communities (as per FSAC vulnerability and targeting criteria))		N/A	N/A	Cash for work should prioritize water and sanitation interventions	<p>Ensure attention to the special role of women and youth in income generating activities and plan according.</p> <p>Promote active participation of women, and other at risk groups in all IGA.</p> <p>Ensure IGA design minimises the risk of GBV</p> <p>Offer livelihood opportunities that are suitable for persons with disabilities and older persons – these groups are often excluded from such projects and find it difficult to source funds or other inputs.</p> <p>Ensure that marginalised and disenfranchised groups have equal and fair access to income generating activities</p>
NC	HH4	Screening and referral of children with severe or moderate acute malnutrition and PLW with acute malnutrition	All children aged 6-59 months and all PLW	Emergency Food Assistance (in-kind, cash transfers or voucher transfers)		Information education and communication (IEC), awareness creation, , iCCM (integrated community case management for treatment of minor ailments),	<p>Distribution of CHKs &WVKs for referred children and PLW with MAM/SAM;</p> <p>Hygiene awareness during screening (including cholera prevention when needed)</p>	<p>Ensure child-headed households, unaccompanied and separated children as well as older persons receive special distribution of nutrition items as necessary</p> <p>Ensure children have access to nutrition services such as children living or working on the streets, children with disabilities, children living in collective centres,</p> <p>Ensure referral mechanisms between child protection and nutritional programmes are in place</p>

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
NC	HH5 (see also HH8 and HH13)	Infant and young child feeding messaging (and IEC distribution)	PLW and caregivers of children 0-24 months	Include information on hygienic food handling and proper food preparation methods		Information education and communication (IEC), awareness creation, iCCM (integrated community case management for treatment of minor ailments)	Hygiene awareness (including cholera prevention when needed)	Communicate information through various means to reach the broader community and to account for different literacy levels and age groups, (eg. door-to-door, poster, radio, social media, use of pictograms).
HC	HH6	Immunisation	Children aged 0-59 months Women of reproductive age	N/A	MUAC screening and referral of children aged 6-59 months and PLW Distribution of micronutrients IYCF messaging		Hygiene awareness (including cholera prevention when needed)	Communicate information through various means to reach the broader community and to account for different literacy levels gender and age groups (eg. door-to-door, poster, radio, social media, use of pictograms, use of child friendly messages). Ensure all children have access to vaccination such as children disabilities, children living in collective centres
HC	HH7	Outbreaks management	All Population	Include information on hygienic food handling and proper food preparation methods	Ensure identification and referral of children with SAM/MAM and PLW with acute malnutrition		If waterborne, include hygiene awareness (including cholera prevention when needed), hygiene kits distribution, chlorination of water tanks and jerry cans	Communicate information through various means to reach the broader community and to account for different literacy levels gender and age groups (eg. door-to-door, poster, radio, social media, use of pictograms). Ensure all children have access to vaccination such as children disabilities, children living in collective centres
HC	HH8 (See also HH5 and HH13)	Health education	All population	Include information on hygienic food handling and proper food preparation methods	Nutrition education, IYCF messaging		Include hygiene awareness (including cholera prevention when needed) and environmental health messaging	Communicate information through various means to reach the broader community and to account for different literacy levels gender and age groups (eg. door-to-door, poster, radio, social media, use of pictograms). Involve and consult all categories and layers of the affected population in identifying and responding to health needs.

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
HC	HH9	Reproductive health services (distribution of safe delivery kits)	Women (15-49) Males	N/A	Nutrition Education, including infant and young child feeding Screening and referral of malnourished children and pregnant and lactating women		Hygiene awareness (including cholera prevention when needed)	Ensure that the health services are respectful and inclusive of cultural and religious practice. Have a proportionate number of female health staff. Introduce special arrangements for persons unable to access health facilities e.g mobile health services and etc. Involve and consult all categories and layers of the affected population in identifying and responding to health needs. Put into consideration the needs of children and adults living with disabilities.
WC	HH10	Provide sustainable access to safe drinking water	Same beneficiaries as FSAC and NC are targeting; households without access to safe drinking water	Work with farmer households to address irrigation and water conservation issues aligned with agricultural support provided by FSAC	N/A	N/A		Locate water sources in visible, central locations and not more than 500 metres from settlement. If overcrowding at water points is reported, consider scheduling time shifts for water collection in consultation with the beneficiaries and in recognising that different people have different work schedules – women and girls who are most often the water collectors have specific times when they are busy making meals.

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
WC	HH11	Latrine construction through community mobilization approaches (which can include a subsidy component or cash for work approaches)	Same beneficiaries as FSAC and NC are targeting; households without access to improved latrine	Conditional Cash for Assets (CFA)/ Conditional Food for Assets (FFA)	N/A	N/A		<p>Build separate toilet and bathing facilities for males and females. Make sure they are clearly marked in pictorial form for illiterate users and work with community to ensure they are used by the indicated sex.</p> <p>For privacy, provide secondary enclosures around facilities or put locks on the doors to latrines and bathing houses. Discuss this with beneficiaries to consider their preferences.</p> <p>Consider lighting systems around latrines to minimise risk of GBV</p> <p>Build latrines that put into consideration the needs of those with physical disabilities</p>
WC	HH12	Provide consumable hygiene kits (CHKs) and water management kits (WMKs) (water storage containers and household water treatment options)	Children and PLW with MAM/SAM	Can be coordinated and included as a part of the emergency food assistance and emergency livelihoods assistance kits	Awareness campaign (C4D)	Information education and communication (IEC), awareness creation, home visits screening and referral, iCCM (integrated community case management for treatment of minor ailment)		<p>Consider safety risks to children e.g. size of drop hole; provide smaller jerry cans for children to collect water to avoid potential injury and consider their physical capacity in designing water pumps.</p> <p>Involve and consult all categories and layers of the affected population in identifying and responding to WASH needs. Different criteria may affect the power dynamics</p>
WC	HH13 (see also HH5 and HH8)	Inter personal communication on hygiene and environmental health	Same beneficiaries as FSAC and NC are targeting	Include information on hygienic food handling and proper food preparation methods	Awareness campaign (C4D)	Information education and communication (IEC), awareness creation, home visits screening and referral, iCCM (integrated community case management for treatment of minor ailments)		<p>Provide information through various communication means to reach the broader community and to account for different literacy levels, age and gender differences eg. door-to-door, poster, radio, social media, use of pictograms).</p> <p>Promote simple hygiene messages for children using child-friendly information (ie. Cartoons).</p>

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
Community level								
FSAC	C1-2	Basic agro-processing (e.g. sesame oil extraction), rehabilitation and resilience building through cash for work, food for work, cash for assets, food for assets schemes	As per FSAC's vulnerability and targeting criteria		N/A	N/A	N/A	Ensure both men and women, youth and all groups have equal and fair participation and access to agriculture and livestock support Involve and consult all categories of the affected population in identifying and responding to FSAC needs
FSAC	C3	Demonstration plots	As per FSAC's vulnerability and targeting criteria		N/A	N/A	Consider this when providing sustainable community water source	Ensure that assistance and services are reaching the most vulnerable - Identify and prioritise the most vulnerable groups in the community and prevent discrimination or exclusion of marginalised groups
FSAC	C4	Mass livestock vaccinations	As per FSAC's vulnerability and targeting criteria and Livestock Emergency Guidelines and Standards (LEGS)		N/A	Reporting of suspected disease outbreaks, follow up of cases and contact tracing.	Hygiene awareness (including cholera prevention when needed), waste/ cadaver disposal	Involve and consult all categories of the affected population in identifying and responding to FSAC needs
NC	C5	Blanket Supplementary Feeding programme (BSFP)	Children aged 6-23 months without SAM or MAM, PLW without acute malnutrition	BSFP to be implemented through General Food Distribution points		IEC, immunization Distribution of clean delivery kits, dignity kits etc. Education and issuance of basic family planning methods, referral linkages, treatment of minor ailments and referral of complicated cases	Hygiene awareness (including cholera prevention when needed)	Ensure that assistance and services are reaching the most vulnerable children such as children living or working on the streets, children with disabilities, children living in collective centres, unaccompanied and separated children
NC	C6	Mother to mother support groups (infant and young child feeding)	Mothers with children aged 0-23 months	Education on home based income generation, food handling and proper food preparation methods		IEC, immunization Distribution of clean delivery kits, dignity kits etc. Education and issuance of basic family planning methods, referral linkages, treatment of minor ailments and referral of complicated cases	Hygiene awareness (including cholera prevention when needed)	Ensure that services are respectful and inclusive of cultural and religious. Give special attention to adolescent mothers due to their age and specific needs

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
HC	C7	Health education and issuance of basic family planning methods	Women of child bearing age	Include information on hygienic food handling and proper food preparation methods	Include IYCF education		Hygiene awareness (including cholera prevention when needed)	<p>Communicate information through various means to reach the broader community and to account for different literacy levels and age groups (eg. door-to-door, poster, radio, social media, use of pictograms).</p> <p>Involve and consult all categories (i.e. adolescent boys and girls, pregnant and lactating adolescents, people living with disabilities) and layers of the affected population in identifying and responding to health needs.</p>
HC	C8	Limited curative care	All population	N/A	Include screening and referral of children with SAM/MAM and PLW with acute malnutrition		Hygiene awareness (including cholera prevention when needed)	<p>Consult women, men, boys, girls, youth, persons with disabilities, chronically ill, older persons, pregnant and lactating women and marginalised persons to collect accurate information about their specific needs and preferences for health centre location, design and services.</p> <p>Engage the community and committee representative to play an active role in identifying solutions and in the decision-making processes that affect them, so as to promote a sense of ownership, build their self-esteem and improve the relevance and sustainability of the response</p> <p>Create health committees to help maintain health structures and encourage representatives to be involved in the design of facilities and services</p>

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
WC	C9	Provide sustainable access to safe drinking water	Whole community, HH without access to safe drinking water	Work with farmer households to address irrigation and water conservation issues aligned with agricultural support provided by FSAC	N/A	Outbreaks disease reporting system – follow up and contact tracing		Locate water sources in visible, accessible and safe location. If overcrowding at water points is reported, consider scheduling time shifts for water collection in consultation with the beneficiaries and in recognising that different people have different work schedules – women and girls who are most often the water collectors have specific times when they are busy making meals. Involve and consult all categories and layers of the affected population in identifying and responding to WASH needs.
WC	C10	Latrine construction through community mobilization approaches (which can include a subsidy component or cash for work approaches)	Whole community, HH without access to improved latrine	Cash for Work, Food for Work, Food for Assets	N/A	Outbreaks disease reporting system – follow up and contact tracing		Build separate toilet and bathing facilities for males and females. Make sure they are clearly marked in pictorial form for people living with disabilities and young children, those that cannot read and/or write users and work with community to ensure they are used by the indicated sex. Engage the community and committee representatives to play an active role in identifying solutions and the decision-making processes that affect them, so as to promote a sense of ownership, build their self-esteem and improve the relevance and sustainability of the response. Build community capacities to maintain WASH structures and ensure sustainable provision of WASH services eg. establish WASH committees, provide tools for minor repairs to infrastructure

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
WC	C11	Health and hygiene awareness	Whole community	Include information on hygienic food handling and proper food preparation methods	Including nutrition messaging	Outbreaks disease reporting system – follow up and contact tracing		Communicate information through various means to reach the broader community and to account for different, gender, age groups and literacy levels (eg. door-to-door, poster, radio, social media, use of pictograms).
Health facility level								
NC	HF1	Referral of children with SAM and complications to the nearest TFC	Children aged 0-59 months with SAM with complications	Inclusion of households with children admitted in TFCs in the emergency food assistance programmes		Limited curative care including IMCI (intergrated management of childhood illnesses, ANC (Antenatal care/ PNC (postnatal care, EPI (Expanded programme on immunisations, FP (family planning (short-acting methods), IEC. Refill of NCD (non-communicable diseases) prescriptions, provide incentives for HCWs, formal trainings and on job trainings, referral of complicated cases to next level of care	Distribution of CHKs & WMKs for referrals (if not provided in the TFCs – need to check before)	Ensure referral mechanisms between child protection and nutrition programmes are in place Ensure all nutrition staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries, including the confidentiality of patients.
NC	HF2	Treatment of children with SAM (Outpatient treatment centres)	Children aged 0-59 months with SAM without complications	Inclusion of households with a child admitted in a SAM programme in the emergency food assistance programmes Inclusion of HHs with a child admitted in the SAM programme in the emergency livelihoods assistance (in case they have productive assets)		Limited curative care including IMCI (integrated management of childhood illnesses, ANC (Antenatal care/ PNC (postnatal care, EPI (Expanded programme on immunisations, FP (family planning (short-acting methods), IEC. Refill of NCD (non-communicable diseases) prescriptions, provide incentives for HCWs, formal trainings and on job trainings, referral of complicated cases to next level of care	Distribution of CHKs & WMKs for children with SAM	Ensure referral mechanisms between child protection and nutrition programmes are in place Include a PSS component in the treatment of children with SAMs. Ensure all nutrition staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries, including the confidentiality of patients. Ensure that assistance and services are reaching the most vulnerable children

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
NC	HF3	Treatment of children with MAM and PLW with acute malnutrition (targeted supplementary feeding programme)	Children aged 6-59 months with MAM PLW with acute malnutrition	Inclusion of households with a child admitted in a MAM programme in the emergency food assistance programmes Inclusion of HHs with a child admitted in the MAM programme in the emergency livelihoods assistance (in case they have productive assets)		Limited curative care including IMCI (intergrated management of childhood illnesses, ANC(Antenatal care/ PNC(postnatal care, EPI(Expanded programme on immunisations, FP(family planning (short-acting methods), IEC. Refill of NCD (non-communicable diseases) prescriptions, provide incentives for HCWs, formal trainings and on job trainings, referral of complicated cases to next level of care	Distribution of CHKs &WMKs for children with MAM and PLW with acute malnutrition	Ensure all nutrition staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries, including the confidentiality of patients. Ensure child-headed households, unaccompanied and separated children receive special distribution of nutrition items as necessary, and children with MAM have access to PSS through liaison with child protection actors
NC	HF4	Health education (including IYCF counselling) for pregnant and lactating women and caregivers of children 0-24 months	PLW and caregivers of children 0-24 months	Include information on hygienic food handling and proper food preparation methods		Limited curative care including IMCI (integrated management of childhood illnesses, ANC (Antenatal care/ PNC(postnatal care, EPI(Expanded programme on immunisations, FP(family planning (short-acting methods), IEC. Refill of NCD (non-communicable diseases) prescriptions, provide incentives for HCWs, formal trainings and on job trainings, referral of complicated cases to next level of care	Hygiene awareness (including cholera prevention when needed)	Communicate information through various means to reach the broader community and to account for different literacy levels, age and gender (eg. door-to-door, poster, radio, social media, use of pictograms). Consult women, men, boys, girls, persons with disabilities, chronically ill, older persons, pregnant and lactating women and marginalised persons to collect accurate information about their specific needs and preferences for health services.

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
HC	HF5	Integrated management of childhood illnesses	Children 0-59 months old	N/A	Referral of children 6-23 months (without acute malnutrition) and PLW to BSFP or distribution of the multiple micronutrients, screening and referral of children 6-23 months (with acute malnutrition) to OTP/TSFP		Hygiene awareness (including cholera prevention when needed)	<p>Reinforce the capacity of the community to provide sustainable health care (eg. engage and support health community workers/volunteers in vaccination campaigns; hire and train local midwives)</p> <p>Coordinate with civil society specialising in working with persons with impaired mobility or disabilities to help identify such individuals and use them as a resource to improve service delivery, train staff and for the referral of cases.</p>
HC	HF6	Ante-natal care and post-natal care (ANC/PNC)	Pregnant and lactating women	Inclusion of households with PLWs in the emergency food assistance programmes	<p>Screening of mothers for acute malnutrition and referral to TSFPs</p> <p>IYCF consultations</p>		Hygiene awareness (including cholera prevention when needed)	<p>Reinforce the capacity of the community to provide sustainable health care (eg. engage and support health community workers/volunteers, hire and train local midwives)</p> <p>Involve and consult all categories and layers of the affected population in identifying and responding to health needs. Different criteria may affect the power dynamics.</p>
HC	HF7	Family planning services (short acting methods)	women of child bearing age	Include information on hygienic food handling and proper food preparation methods	IYCF education		Hygiene awareness (including cholera prevention when needed)	<p>Ensure that the health services are respectful and inclusive of cultural and religious practice.</p> <p>Have a proportionate number of female health staff.</p> <p>Introduce special arrangements for persons unable to access health facilities e.g mobile health services and etc.</p> <p>Involve and consult all categories (most especially people living with disabilities, adolescent boys and girls, youth) and layers of the affected population in identifying and responding to health needs</p>

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
HC	HF8	Expanded programme on immunization (EPI)	Children 0-59 months old, women of reproductive age	N/A	Referral of children 6-23 months (without acute malnutrition) and PLW to BSFP or multiple micronutrient programme, screening and referral of children 6-23 months (with acute malnutrition) to OTP/TSFP		Hygiene awareness (including cholera prevention when needed)	Reinforce the capacity of the community to provide sustainable health care (eg. engage and support health community workers/volunteers in vaccination campaigns; hire and train local midwives)
HC	HF9	Communicable and non-communicable diseases management	All	Include information on hygienic food handling and proper food preparation methods	Nutrition education		Hygiene awareness (including cholera prevention when needed)	<p>Have a proportionate number of female health staff.</p> <p>Ensure that beneficiaries know of available health services and assistance where/how to obtain it.</p> <p>Ensure all health staff, implementing partners and volunteers working with affected populations understand, sign and adhere to a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries, including the confidentiality of patients.</p>
HC	HF10	Provide access to a sustainable and safe water source and functional and appropriate sanitation services (latrines, solid waste management, sewage) in the HF and ensure operation and maintenance (O&M)	Targeted health facility	Inclusion of HFs rehabilitation as Cash for work, Food for Work or Food for Assets programmes	N/A		Provide technical support when relevant	<p>Make infrastructure adaptations to WASH structures to make them accessible to persons with reduced mobility (eg. persons with physical disability, older persons).</p> <p>Ensure the mode and frequency of distribution minimises exposure to safety threats – be aware that beneficiaries may face theft, intimidation, sexual assault and extortion whilst taking their hygiene kits home.</p> <p>Ensure the location and access routes to WASH facilities and distribution points are safe.</p>

Leading cluster	#	Activity	Beneficiary selection	Linkage with FSAC	Linkage with Nutrition	Linkage with Health	Linkage with WASH	Protection considerations
WC	HF11	Providing consumable hygiene kits (CHKs) and water management kits (WMKs) (water storage containers and household water treatment options)	Children aged 0-59 months with SAM or MAM	Can be coordinated and included as a part of the emergency food assistance and emergency livelihoods assistance	Kits provided to children with SAM or MAM	Limited curative care including IMCI (integrated management of childhood illnesses, ANC (Antenatal care/ PNC (postnatal care, EPI(Expanded programme on immunisations, FP(family planning (short-acting methods), IEC. Refill of NCD (non-communicable diseases) prescriptions, provide incentives for HCWs, formal trainings and on job trainings, referral of complicated cases to next level of care		<p>Involve and consult all categories and layers of the affected population in identifying and responding to WASH and hygiene needs.</p> <p>Build separate toilet and bathing facilities for males and females putting into consideration the needs of people living with physical disabilities Make sure they are clearly marked in pictorial form for illiterate users?? and work with community to ensure they are used by the indicated sex.</p> <p>Engage the community and committee representatives to play an active role in identifying solutions and the decision-making processes that affect them, so as to promote a sense of ownership, build their self-esteem and improve the relevance and sustainability of the response.</p> <p>Ensure equal representation and participation in the WASH structures.</p> <p>Build community capacities to maintain WASH structures and ensure sustainable provision of WASH services eg. establish WASH committees, provide tools for minor repairs to infrastructure</p>