

HUMANITARIAN RESPONSE PLAN YEMEN

HUMANITARIAN
PROGRAMME CYCLE
2022

APRIL 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

An IDP site in Khanfar District, Abyan Governorate. © Rania Abdulraheem/UNOCHA

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ABYAN, YEMEN

IDP children in an IDP site in Khanfar District, Abyan Governorate.
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Foreword

Over seven years of conflict, millions of people in Yemen have suffered the compounded effects of the war, ongoing economic crisis and disrupted public services. Escalating conflict in 2021 resulted in civilian casualties, increased displacement and further disruption of public services, pushing humanitarian needs higher. Yemen's collapsing economy – itself a product of the conflict – exacerbated vulnerabilities among poor families. More than 23.4 million people - almost three-quarters of the population- need humanitarian assistance and protection in 2022; an increase of 13 per cent from what was already a frightening figure in 2021.

Prolonged conflict and the use of the economy as a tool of war have taken a devastating toll on Yemenis. A record 19 million people now need of food assistance. Extreme hunger looms for 161,000 people by the end of 2022. Children continue to stand front and center in this conflict as some 2.2 million are acutely malnourished, including nearly more than half a million children severely so. Their predicament is grim, as limited access to critical services continues to worsen the conditions of the most vulnerable groups, mostly women and children.

Since 2017, fighting has left 14,000 civilians dead or injured. More than 4.3 million people have fled their homes since 2015, making this the fourth largest internal displacement crisis on the planet. Preventable disease and natural hazards continue to place additional burdens on people, and while advocacy efforts with authorities have resulted in some improvements, the operating environment remains unnecessarily challenging with solutions for restrictive bureaucratic impediments always just out of reach. The absence of macro-economic stability has resulted in significant loss of employment as well as price increase that are driving families into food insecurity.

The protracted fuel crisis, which started in June 2020, also worsened in the north, compounding an already difficult humanitarian situation.

Despite massive challenges, Yemenis continue to show incredible resilience. Aid agencies are committed to build up on that resilience even further through programmes which allow families to make their own choices and buy their own food. This is also in line with the localization agenda which recognizes that increased local partnership and leadership guarantee a sustainable and resilient aid operation that places affected populations at the heart of the response while anticipating the future.

The humanitarian community stands ready to work with all stakeholders to alleviate the suffering of millions of women, children, men, elderly people and persons with disability and remain committed to ensuring that the aid operation is as effective, accountable and principled as possible. In 2022, the humanitarian community is seeking \$4.27 billion to provide principled assistance to 17.3 million people.

Based on three nationwide needs assessments reflecting the most pressing needs across sectors, the 2022 Humanitarian Response Plan (HRP) sets out three strategic objectives: to reduce morbidity and mortality; improve living standards and resilience; and prevent, mitigate and respond to protection risks faced by crisis-affected people, with an increased focus on multi-sector challenges. Recognizing that vulnerable groups and displaced populations are disproportionately affected by the crisis, this response plan puts their needs front and centre. To enhance accountability to affected people, management objectives have been introduced into the response plan to ensure effective implementation of strategic objectives. Some 200 frontline humanitarian

organizations will implement activities under these objectives and enhanced partnership with the Government of Yemen and the Ansar Allah authorities will be essential.

As part of efforts to shift towards more sustainable assistance, including long-term action to tackle the underlying drivers of this crisis, particularly the economic crisis, this response plan is aligned with the new economic framework which maps out a series of initiatives, which, if implemented, would have a real and immediate impact on Yemen's economy. These include easing import restrictions, providing foreign currency injections and investing in key infrastructure. Ensuring the regular payment of public sector salaries and incentives is also critical, both in the short-term (by preventing people from falling deeper into poverty) and in the long-term (by preserving the country's civil

service – a crucial element for Yemen's recovery and development).

There are a lot of competing crises for the world's attention. Yemenis, especially the most vulnerable, count on continued support at this crucial moment. Thanks to generous donors who have stood by Yemen since 2015, we have saved millions of lives, and we know this because when funding has been generous, needs reduce. When donor support falls, we see the severity of needs grow. As efforts towards peace have borne fruit with the declaration of a truce on April 1, aid agencies -with adequate funding- are ready to save lives alongside tackling the underlying drivers of this crisis.

William David Gressly
United Nations Resident and
Humanitarian Coordinator
Yemen

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
23.4M	17.9M	\$4.27BN	208

Strategic Objective 1

Reduced morbidity and mortality of crisis-affected women, girls, boys and men through life-saving multi-sectoral humanitarian assistance

Strategic Objective 2

Improved living standards and resilience of crisis-affected vulnerable women, girls, boys and men through timely and safe provision of assistance

Strategic Objective 3

Prevent and mitigate protection risks and facilitate redress for women, girls, boys and men, especially the displaced and most vulnerable civilians, through building resilience, provision of humanitarian assistance, specialized protection services and advocacy

People Targeted and Financial Requirements by Sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	FINANCIAL REQUIREMENTS (US\$)
Food Security & Agriculture (FSAC)	19.1 M	17.5 M	<div><div></div><div></div></div>	\$2,100 M <div></div>
Nutrition	8.1 M	6.5 M	<div><div></div><div></div></div>	\$442.9 M <div></div>
Health	21.9 M	12.6 M	<div><div></div><div></div></div>	\$398 M <div></div>
Water, Sanitation and Hygiene (WASH)	17.8 M	13.1 M	<div><div></div><div></div></div>	\$302 M <div></div>
Education	8.5 M	5.6 M	<div><div></div><div></div></div>	\$275 M <div></div>
Protection	17.2 M	11.2 M	<div><div></div><div></div></div>	\$202 M <div></div>
Shelter/ Non-Food-Items (NFI)	7.4 M	3.1 M	<div><div></div><div></div></div>	\$224.9 M <div></div>
Camp Coordination and Camp Management (CCCM)	1.8 M	1.2 M	<div><div></div><div></div></div>	\$86 M <div></div>
Refugees and Migrants Multi-Sector (RMMS)	0.3 M	0.3 M	<div><div></div><div></div></div>	\$55.8 M <div></div>
Logistics	-	-		\$45.6 M <div></div>
Coordination	-	-		\$47.3 M <div></div>
Rapid Response Mechanism (RRM)	-	0.6 M	<div><div></div></div>	\$20 M <div></div>
Emergency Telecommunication Cluster (ETC)	-	-		\$3.41 M <div></div>

Crisis Context and Impact

In March 2022, the people of Yemen entered their eighth year of war. As a result of the escalation of the conflict in 2021, civilian casualties and displacement increased, with an extensive damage to civilian homes and properties. More than four million Yemenis remain internally displaced. The conflict has exacerbated pre-existing food insecurity, widespread humanitarian and development crises and resulted in significant damage to the economy, physical infrastructure, service provision, health and education systems, as well as the social fabric. While many of these are the direct impacts of war, others are due to the conflict's indirect effects, including a lack of food supply and degraded living conditions.

Recognized as the world's worst humanitarian crisis for the past half a decade, Yemen entered 2021 at high risk of descending into a deeper crisis. Donor funding received in mid-2021 enabled aid agencies to scale up the humanitarian response, reaching nearly 11.6 million people with life-saving food assistance every month – 3 million people more, compared with the first quarter of 2021. Aid agencies were able to resume the distribution of full rations to some of the most food-insecure people in Yemen. The funding came at a critical time and made a huge difference, enabling aid agencies to push back once again the risk of famine and scale up nutrition support for women and children. However, the underlying drivers of the crisis persist. As the devastating armed conflict and economic deterioration intensified, particularly in the last quarter of 2021, vulnerable people have become increasingly unable to cope. The situation was worsened by the recurring seasonal torrential rains, which caused extensive flooding and property damage, devastating communities and increased the threat of diseases, such as cholera, dengue, malaria and diphtheria.

Escalating hostilities continue to take a toll on civilians

In 2021, the conflict intensified in Ma'rib, Al Jawf, Al Bayda, Shabwah, Ta'iz and Al Hodeida governorates,

along with continued clashes in Hajjah, Ad Dali', Ta'iz city and adjacent areas, which challenged sustained humanitarian response and resulted in aggravating protection risks and in further displacement. By the end of the year, some 45 districts across Yemen were directly affected by active frontlines, down from 49 districts at the end of 2020, but substantially higher than the last quarter of 2019, when 35 districts were affected.¹ In 2021, armed violence resulted in 2,508 civilian casualties, including 769 fatalities and 1,739 injuries, an average of nearly seven civilian casualties a day.² Over 25 per cent of all casualties were children and women – 130 children and 57 women killed and 291 and 155 injured respectively, according to the Civilian Impact Monitoring Project (CIMP). According to a United Nations Development Programme (UNDP) report, by the end of 2021, Yemen's conflict had witnessed up to 377,000 deaths since fighting broke out in March 2015 – nearly 60 per cent of which were caused by the indirect effects of conflict, such as lack of access to food, water and health care.³ These deaths are overwhelmingly made up of young children, who are especially vulnerable to undernourishment and malnutrition. The report noted that in 2021, a Yemeni child under the age of five died every nine minutes because of the conflict – a significant increase since the release of a previous version of the report in 2019, which found this to be approximately every 12 minutes.

New dimensions of the war

In the last quarter of 2021, the Yemen conflict witnessed yet another worrying development in the form of increasing cross-border attacks not only from but into neighbouring countries such as the Kingdom of Saudi Arabia and the United Arab Emirates. These escalations raise fears that the conflict could spiral out of control and destabilize regional peace and stability. There was also an alarming increase of airstrikes by 19 per cent with 6,810 airstrikes in 2021 compared to 5,726 airstrikes in 2020, targeting residential areas and civilian infrastructure, particularly in the cities of Sana'a and Al Hodeida.

Conflict remained the main driver of displacement in 2021

With more than 4.3 million internally displaced people, Yemen remained the fourth largest internal displacement crisis globally. By December 2021, some 286,700 people were estimated to have been displaced in 2021. More than one-fifth of these displacements were driven by developments in Ma'rib Governorate,⁴ due to escalating hostilities and areas along Yemen's west coast. Fighting and shifting frontlines in the Ma'rib Governorate caused the highest rate of displacement in February 2021, worsening the vulnerability and precarious living conditions faced by thousands of displaced people, including refugees and migrants and the host communities. Many of the civilians who were forced to flee this surge in violence had been displaced multiple times. Towards the end of 2021, people living along Yemen's west coast were also further impacted by escalating conflict. Humanitarian partners estimate that some 45 per cent of informal settlements hosting displaced persons in mostly inadequate shelters are within 5 kilometres of an active frontline,⁵ indicating heightened protection risk for the displaced people.

The operating environment remained highly compromised throughout 2021

Although humanitarian partners were active in all of Yemen's 333 districts, access-related constraints continued to impede the ability of humanitarians to reach people in need in a timely and principled manner. Bureaucratic impediments, especially movement restrictions, delays or selections of project sub-agreements and to a lesser extent, incidents of aid interference continued to be reported by humanitarian organizations in 2021. Operational space was also impacted by attempts to tax humanitarian incentives, fragmentation of clearance procedures and regional imposition of mahram on women in Ansar Allah (AA) controlled areas, affecting both the delivery and reception and monitoring of aid. Ongoing hostilities had, at times, impeded access to people in need living in areas close to active frontlines.

Efforts towards comprehensive political settlement ongoing

Despite escalating hostilities in 2021, efforts to implement the Stockholm Agreement of 2018, which established a ceasefire in Al Hodeidah and introduced other measures intended to pave the way for a broader political solution, are ongoing. While most confrontations involve the Government of Yemen (GoY) supported by the Saudi-led Coalition (SLC) and AA, hostilities between the GoY and the Southern Transitional Council (STC) erupted sporadically in 2021. In November 2019, Saudi Arabia mediated the Riyadh Agreement to end fighting between the GoY and the STC, which is now represented in the cabinet formed in December 2020. The formation of the government was seen as a positive development before Yemen plunged into further military escalations and appalling record numbers in civilian casualties. The UN, via the Office of the Special Envoy of the Secretary-General for Yemen, continues to engage parties to the conflict to bring them back to the negotiation table. A new framework is being developed to move peace negotiations towards an inclusive political settlement, including through establishing a multi-track process whose consultations began in March 2022.

Economic decline pushed half the population into extreme poverty

The last quarter of 2021 saw efforts to resuscitate the economy in GoY-controlled areas, including through the appointment of the new Central Bank leadership to spearhead a new monetary policy direction to stabilize the currency. This was followed by the commitment of the Quad - Kingdom of Saudi Arabia (KSA), United Arab Emirates (UAE), United Kingdom (UK) and United States of America (USA), to offer support to rebuild the economy. Nonetheless, macro-economic stability remained absent. In 2021, three issues combined to further destabilize Yemen's macro-economic position and push the prices of food upwards by 11 per cent in GOY controlled areas and 3 per cent in AA controlled areas. In addition, the currency collapse in GoY-controlled areas, escalating economic warfare over monetary policies between the GoY and the AA and restrictions on workers in KSA. Before marginally improving in December, the value of the Yemeni Riyal (YER) in GoY-controlled areas reached an all-time

low of YER 1,600 per US\$ in November 2021, down from YER 717 per US\$ in January 2021.⁶ As a result, food prices more than doubled across much of the country, making basic food items unaffordable for ordinary people. With some 90 per cent of food and other essential items imported, the currency collapse has driven up prices, leaving millions more people unable to meet their basic needs. Meanwhile, the protracted fuel crisis, which started in AA areas in June 2020, further worsened in the last quarter of 2021. Yemen's economy has shrunk by more than half since the conflict began, with 80 per cent of people now living below the poverty line.⁷ According to the UNDP, the conflict has cost Yemen \$126 billion in lost production by the end of 2021, pushed 15.6 million people into extreme poverty.⁸ With restricted imports to AA controlled areas and lack of efforts to induce macroeconomic stability, the socio-economic environment is expected to decline further in 2022, increasing humanitarian needs.

Food insecurity and malnutrition remain high

The situation in 2022 is not expected to improve as hostilities intensified in the last quarter of 2021, while the economy continued to slump. With the continued loss of livelihoods and income opportunities due to conflict and economic decline, the latest data shows food security effect in Yemen plateaued at very high levels in December 2021, with nearly half of households across Yemen reporting inadequate food consumption, significantly above the "very high" threshold of 40 per cent.⁹ In addition, food affordability, as measured by the average cost of the minimum food basket (MFB), worsened significantly in 2021. Between January and December 2021, the average cost of the MFB had increased by 119 per cent in areas under GoY control and by 41 per cent in areas controlled by the AA, forcing people to work more days to meet the minimum cost of food.¹⁰ The new conflict in Ukraine is also expected to directly impact purchasing power and food insecurity for civilians in Yemen.

The purchasing capacity of the most vulnerable households – like agricultural wage labourers (an important livelihood for a majority of Yemenis) – has dropped, compared to 2020, with households having to work more days in 2021 to meet their basic food needs.

GoY-controlled areas were worst affected, although food prices also increased in AA-controlled areas, largely due to higher fuel prices. Food insecurity and malnutrition remain key challenges and they are most severe in areas of active conflict or surrounding areas, where the security situation limits people's access to humanitarian assistance and services. Latest IPC analysis released in March shows that the dire food insecurity crisis was teetering on the edge of outright catastrophe, with 17.4 million people in need of food assistance. Unless funding is secured to scale up aid, the situation will worsen in the second half of the year, with a record 19 million people expected to be food insecure. A surge in donor funding in mid-2021 enabled partners to scale up the humanitarian response, reaching an average of 11.3 million people every month. This helped to avert a further deterioration. However, by December, aid agencies were warning that funding shortages threatened to cut life-saving assistance for millions of vulnerable people. Almost two-thirds of major United Nations (UN) aid programmes had already been reduced or closed due to funding gaps. Further cuts were expected in the first quarter of 2022, leaving over 11 million people without access to life-saving assistance.

Malnutrition has continued to be prevalent, caused by high levels of communicable disease, food insecurity, poor infant and young child feeding practices, insufficient access to Water, Sanitation and Hygiene (WASH) services, the impact of COVID-19 and economic shocks. In February 2021, aid agencies warned they were seeing some of the highest levels of severe acute malnutrition recorded in Yemen since the escalation of conflict in 2015. Some 2.2 million children are acutely malnourished, including nearly more than half a million children facing severe acute malnutrition, a life-threatening condition, according to IPC analysis released in March. Heightened famine risk underscores the need for a holistic approach to famine prevention that connects life-saving assistance, with measures to strengthen resilience and end the conflict.

Disease amid a collapsed public health system

Less than half of Yemen's population and lower than 10 per cent of internally displaced people living in hosting sites for displaced persons have access

to safe water and adequate sanitation. Despite overcoming the most significant cholera epidemic in recent history (2017-2019), Yemen still suffers from the underlying conditions that caused the outbreak and continue to drive high morbidity and mortality levels. The ongoing COVID-19 pandemic continues to place additional pressure on Yemen's already fragile health system, in which only 51 per cent of health facilities are functional. Between April 2020 when the first case of COVID-19 was announced and the end of 2021, nearly 11,000 cases of COVID-19 were reported in GoY areas, including nearly 2,000 deaths.¹¹ These figures greatly underestimate community spread, given the lack of testing capacities across the country. They also exclude cases in AA areas. While vaccination campaigns are ongoing, there are not enough vaccines. As of December 2021, less than 3 per cent of the population is vaccinated, mostly people in GoY areas. Overall, access to health services remains limited, a situation made worse by the conflict, which led to damage of nearly 50 per cent of health care facilities according to the 2020 Health Resources and Services Availability Monitoring System (HERAMS), and the lack of other essential services.

Impact of climate change exacerbates vulnerabilities

Yemen is highly vulnerable to climate change-related effects such as drought, extreme flooding, pests, sudden disease outbreaks, changes in rainfall patterns, increased storm frequency and severity, and sea-level rise. The convergence of conflict, environmental degradation and climate risks has wide-ranging and far-reaching humanitarian consequences. They exacerbate food insecurity and health disparities, restrict access to essential services and weaken the ability of governments and institutions to assist or build resilience. Flash flooding in 2021 devastated communities and fueled the spread of diseases such as cholera, dengue, malaria and diphtheria. More than 34,000 families, most of them internally displaced people who fled conflict areas, lost their shelters, incomes and any form of livelihood. The flooding followed several years of abnormally intense cyclonic activity. While the 2021 agricultural seasons did not experience significant locust outbreaks, swarms of desert locusts are a recurrent threat to agriculture-based livelihoods and food security. This makes

households, especially agriculture- and livestock-dependent households, vulnerable to significant crop or pasture losses and food insecurity. With the increase in flooding incidents in recent years, the effect of climate change is evident in Yemen. Large-scale support is needed to address these immense challenges to enable communities to adapt and build resilience in the face of any future climate shocks.

Limited access to essential services erodes resilience

Lack of basic services and destruction of public institutions is further eroding the resilience of people. People who have already been experiencing heightened vulnerability, including women and children, persons with disabilities, older persons, internally displaced people, migrants, asylum seekers, refugees and marginalized groups such as the Muhamasheen, are disproportionately impacted. Meanwhile, a challenging operating environment and funding shortfall continue to challenge a principled aid operation. Shelter remains significantly underfunded and caught in a continuing cycle of emergency type response. Water infrastructure is operating at less than five per cent efficiency, with the ongoing fuel crisis threatening to slow what remains. An estimated 90 per cent of the population lacks access to publicly provided electricity, with shortages attributed to chronic under-supply, lack of plant capacity, damage, inadequate maintenance and fuel shortages. Reliable, secure telecommunications and internet services are also lacking, compounding economic challenges and constraining the ability of humanitarian agencies to operate. Roads, including major trucking routes between northern and southern governorates, are closed or damaged and unable to support the tonnage required to sustain the flow of basic goods into local markets.

HRP Key Figures

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
23.4M	17.9M	4.3M	9.1M	2.7M

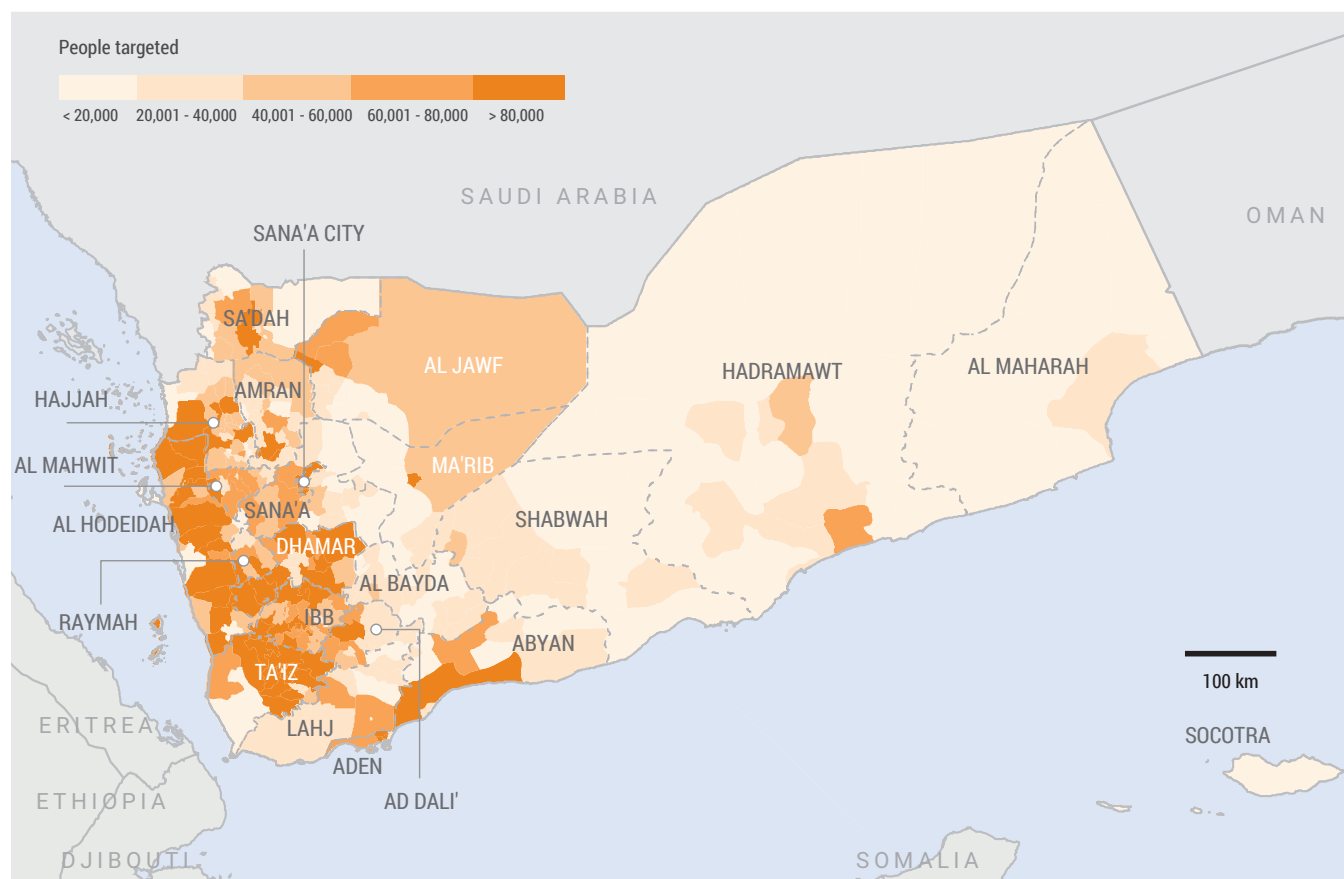
Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Internally displaced people	4.3M	4.3M	<div><div></div></div>
People with disability	3.5M	2.7M	<div><div></div></div>
Children under 5 years old	4.1M	3.1M	<div><div></div></div>
Pregnant and lactating women	1.9M	1.4M	<div><div></div></div>
Refugees, asylum-seekers, and migrants	0.29K	0.29K	<div><div></div></div>

Humanitarian Response by Age and Gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Boys	6.6M	4.7M	<div><div></div></div>	80%
Girls	6.3M	4.6M	<div><div></div></div>	82%
Men	5.3M	4.2M	<div><div></div></div>	72%
Women	5.2M	4.3M	<div><div></div></div>	74%

Planned Response

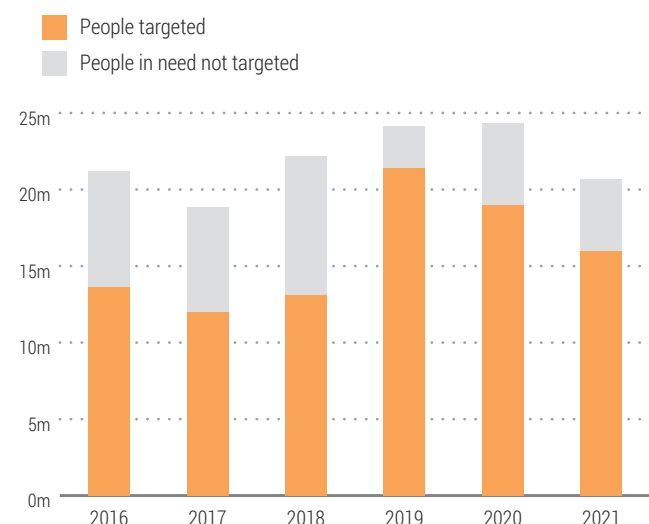


Historic Trends

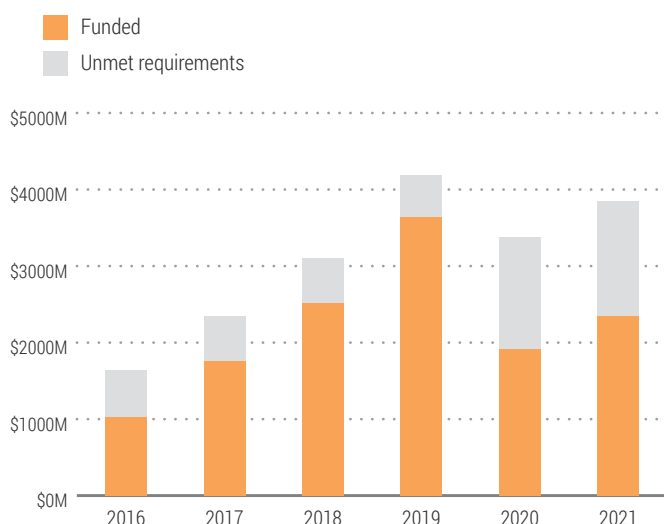
Yemen was declared by the Inter-Agency Standing Committee (IASC) a Level 3 Emergency in 2015 when conflict arose across the country and is currently in its eighth year. Through the generous contribution from donors, funding for the humanitarian response continued to increase year on year until 2019, enabling the humanitarian organizations in Yemen to scale up the response to the most in need populations through all clusters. The number of people in need (PiN) has progressively increased from 21.1 million people in

January 2015 to 23.4 million people (nearly three-quarters of the entire population) in 2022. Since 2015, more than \$14 billion has been provided to support the UN-led humanitarian response in Yemen. More than 200 humanitarian organizations delivered aid and protection support to an average of 11.6 million people each month in 2021 (up from 7.5 million people in 2020), despite a restricted operating environment that was characterized by extensive challenges and insecurity. As a result of the interventions, the

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	21.1M	11.7M	1.60B	0.89B	55%
2016	21.2M	13.6M	1.63B	1.03B	63%
2017	18.8M	12.0M	2.34B	1.76B	75%
2018	22.2M	13.1M	3.11B	2.51B	81%
2019	24.1M	21.4M	4.19B	3.64B	87%
2020	24.3M	19.0M	3.38B	1.91B	56%
2021	20.7M	16M	3.85B	2.35B	61%

Source: Financial Tracking Service (FTS) as of 31 December 2021.



HADRAMAWT, YEMEN

Children receive explosive ordnance risk education in Ghail Bawazzer following community consultations which identified high-risk areas exposed to explosive hazards.

© Gabreez/ UNDPYemen

humanitarian organizations prevented large-scale famine, the effects of COVID-19, as well as the massive cholera outbreak among other key achievements.

In 2021, Yemen experienced a sharp decline in funding, the HRP was only 60 per cent funded, not meeting many acute needs and forcing many significant relief programmes of the aid agencies to close or reduce. This led to significant reduction in food assistance received, with people in need receive barely half of the standard daily minimum food basket. People's food security status has further deteriorated, pushing families with emergency acute food needs (IPC Phase 4) into catastrophic acute food needs (IPC Phase 5), with a threat of loss of life among affected people. The ability of humanitarian organizations to deliver essential assistance will continue to be limited if donors do not enhance their funding commitments to the country. Thanks to generous donors who have stood by the people of Yemen since 2015, their support

has saved millions of lives; when funding has been generous, the severity of needs dissipated and when donor support reduced, the severity of needs grew with catastrophic conditions. Challenges to effectively prevent and mitigate the effects of disease outbreaks, including cholera, will remain unchanged, noting the stretch on the health systems and infrastructure worsened by the burden of COVID-19 and looming famine. A historic deficit in humanitarian-development and peace integration is being addressed through a new economic framework.

For the second consecutive year, the Yemen HRP adopted the enhanced Humanitarian Planning Cycle (HPC) approach and the corresponding IASC and Joint Inter-sector Analysis Framework (JIAF) global guidance. Gains made in Yemen on averting famine are fragile and without sufficient funding for humanitarian aid, de-escalation in conflict and economic stabilization, they risk being reversed.

Part 1:

Strategic Response Priorities

LAHJ, YEMEN

November 2020, On a notorious smugglers beach on Yemen's remote southern coast, an Ethiopian migrant stands facing the sea. Many migrants are now desperate to return home as hostility grows, forced detentions for ransoms increase and the foreign governments tighten border controls.

© Giles Clarke/UNOCHA



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The crisis in Yemen has led to widespread civilian casualties, massive internal displacement, acute food insecurity and malnutrition, suffering due to disease outbreaks and undignified living standards due to lack of access to essential basic services.

According to the CIMP 2021 report, over 2,500 civilians were killed or injured by armed violence in Yemen in 2021, marking a 20 per cent increase from 2020.¹² Armed violence was directly responsible for a reported 2,500 civilian casualties in Yemen in 2021, breaking a two-year downward trend in civilian casualty numbers in the country. Shelling was responsible for the highest number of civilian casualties in Yemen in 2021, at 850. With 358 civilian casualties reported by shelling, October saw the highest monthly civilian casualty count in the country since September 2019. Remnant explosive ordnance, including landmines and unexploded ordnance (UXO), was responsible for 338 civilian casualties in 2021, including 129 fatalities, also an increase from 2020. Landmines specifically were responsible for 252 civilian casualties in the past year. Almost a third of the civilian landmine casualties were reported in Al Hodeidah.

The Integrated Food Security Phase Classification (IPC) analysis in March 2022¹³ estimates 17.4 million people—54 per cent of the population—are experiencing high levels of acute food insecurity (IPC phase 3 and above. This number is projected to increase to 19 million by the end of 2022. About 31,000 people living in three districts are facing catastrophic acute food insecurity (IPC phase 5) and this is likely to rise 161,000 by June. Two districts, namely Abas and Hayran, in Hajjah are classified as IPC phase 5 by June. Compared to 2021, the result shows further deterioration in food security, particularly in Abs, Haradh and Midi districts in Hajjah Governorate

and Al Hali and Al Hawak districts in Al Hodeidah Governorate. In 2022, over 8 million people—a quarter of the Yemeni population—require life-saving curative and preventive nutrition services. An estimated 2.28 million children under the age of 5 years are estimated to be acutely malnourished, out of which more than 632,000 are severely malnourished. Stunting is a huge risk, threatening the future of children in Yemen. About 2.42 million children under the age of 5 years are suffering from chronic malnutrition, putting them at significant risk of losing their future development and learning opportunities. Stunted children have a sixfold increase in mortality and those who survive will never reach their full potential as adults. In addition, 650,459 pregnant and lactating mothers need treatment for moderate acute malnutrition.

The conflict contributed to significant outbreaks of communicable diseases including vaccine-preventable diseases, such as cholera, diphtheria, dengue, measles and the resurgence of vaccine-derived polio viruses. Moreover, the COVID-19 pandemic has further worsened the health situation.

Over 2.4 million school-aged girls and boys are out of school, and many of the 870,000 displaced Yemenis¹⁴ have had their education abruptly cut due to multiple displacements. Some 8.5 million school-aged boys and girls will require support to continue their education. Over 2,900 schools were destroyed, damaged or are now being used for non-educational purposes, such as providing temporary shelter for internally displaced people.

All groundwater sources in Yemen are estimated to dry in less than 20 years if the current groundwater exploitation continues. The protracted conflict caused infrastructure damage and fuel import disruption,

further hampering Yemeni’s access to water. About 19.5 million or 61 per cent of Yemenis have no access to safe water and 11.4 million people or 42 per cent of the population have no adequate sanitation.¹⁵

An estimated 6.8 million people require shelter and non-food item (NFI) support in Yemen, including 1.7 million women and 1 million people with disability.¹⁶ Out of the over 4 million internally displaced people, two-thirds live in rental accommodation or host arrangements. About 1.6 million internally displaced people reside in last-resort informal and spontaneous settlements in sub-standard shelters with poor access to basic services and critical infrastructure and are exposed to protection risks. Over 82 per cent of sites lack formal tenancy agreements increasing the risk of eviction and compromising living standards. Almost all camp-like settings (95 per cent) across Yemen lack basic services such as food, protection services, WASH, shelter and NFIs, health and education. More than 1.8 million internally displaced people living in such settings and their immediate host community will require assistance in site management and provision of essential and basic services.

In 2022, more than 293,900, including 191,800 migrants and 102,110 refugees and asylum-seekers,¹⁷ will require basic humanitarian assistance and protection services. Yemen is a transit country for migrants as well as some refugees en route to Gulf states in search of economic opportunities, mostly Ethiopian nationals, comprised largely of young males, among whom 15 per cent are women and

10 per cent are unaccompanied children. Asylum-seekers, refugees and migrants remain among the most vulnerable, exposed to multiple life-threatening situations including risks of smuggling, trafficking and exploitation in the hands of criminal networks, arbitrary arrest and detention, forced transfers from the north to the south and discrimination. They have no access to local services and support and for those living in Yemen, rather than in transit, limited or no access to livelihood opportunities to achieve minimum living standards. Since 2016, persons in need of international protection have no effective opportunity to apply for asylum if present in the north of Yemen.

The humanitarian conditions described above come at the backdrop of a collapsed economy, import restrictions, public infrastructure and public institutions. This not only serves as an underlying cause to humanitarian needs but also a challenge for effective aid delivery.

To better understand the consequences of these humanitarian conditions and underlying causes, the JIAF was used. The JIAF helped to identify the effects of these humanitarian conditions on the physical and mental well-being, living standards and coping mechanisms of the selected population groups and geographic locations. The JIAF not only helps to identify the humanitarian needs but also the severity of these needs, using agreed inter-sectoral indicators. Based on the JIAF analysis, a total of 23.4 million people will require humanitarian assistance in Yemen in 2022.

Internally Displaced Persons (IDPs)

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN GIRLS BOYS (%)			
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC					
0.4M	0.5M	1.3M	1.1M	0.9M	3.3m	23	24	26	27

Non-Displaced Population

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN MEN GIRLS BOYS (%)			
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC					
3.8M	4.0M	9.2M	6.4M	4.5M	20.1m	22	23	27	28



MA'RIB, YEMEN

May 2021, A newly displaced woman collects water from an IOM water tank in Ma'rib.

© Elham Al-Oqabi /IOM

Most vulnerable groups

Internally Displaced Persons

About 43million people have been displaced due to the crisis in Yemen since 2015. In 2021, 491,000 people have been displaced¹⁸ due to protracted and intensified conflict. Most of the internally displaced people have been displaced for over two years and often more than once. These protracted and multiple displacements have eroded resilience of internally displaced people and exacerbated their vulnerability. Conflict remains the main driver of displacement in Yemen, while other natural hazards such as floods contribute to displacement. Al Hodeida, Hajjah and Ma'rib governorates host the largest share of internally displaced people who are living in hosting sites. Over one-third of the internally displaced people have settled in over 2,300 spontaneous and unplanned camps in sub-standard shelters with poor access to basic services.

Internally displaced people continue to face higher

levels of needs than non-displaced households due to protracted displacement, multiple displacements and lack of access to basic services. Food remains the highest priority for internally displaced people living in sites followed by the provision of adequate shelter, water and protection.

Within the internally displaced people, various groups are affected differently. Existing vulnerability and marginalization factors coupled with displacement put some groups more at risk than others. More than 77 per cent of the internally displaced people in Yemen are women and children who experience a heightened risk of gender-based violence (GBV), including sexual exploitation and abuse as well as child marriage. Boys and men are most at risk for arbitrary detention and forced conscription. The Muhamasheen who comprise 3.2 million or 10 per cent of Yemen people face specific challenges, including accessing basic services.



MA'RIB, YEMEN

July, 2021. A displaced family whose house temporary shelter caught fire at an IDP camp wait for emergency relief in Ma'rib, Yemen.

© UNFPA Yemen

Internally Displaced Returnees

According to the Shelter and NFI Cluster, 1.3 million returnees in their areas of origin are struggling to rebuild their houses, access to basic services and sustain their living situation, which created additional challenges and could lead to secondary displacement. In addition, the presence and exposure to explosive hazards in some of the returnee areas pose further obstacles impacting their return. Those who return to their areas of origin face immediate housing, land and property (HLP)-related challenges, such as secondary occupation, missing ownership certificates or lack of property ownership. If these issues are not addressed, these families may end up in overcrowded hosting arrangements or inadequate shelter as they do not

have the means to sustain their lives or due to the protracted disputes over competing land and property claims. Negative coping strategies would often be adopted by the most socioeconomically vulnerable, female-headed households and large families.



MA'RIB, YEMEN

A migrant woman carries a food basket during emergency aid distribution in Ma'rib.

© Elham Al-Oqabi/IOM

Refugees, Asylum Seekers and Migrants

By the end of 2021, Yemen hosted more than 293,900 refugees, asylum seekers and migrants. Over 90 per cent of migrants¹⁹ in Yemen are of Ethiopian origin while most refugees and asylum seekers are from Somalia, with others from Eritrea, Ethiopia, Iraq and Syria.

Refugees, asylum seekers and migrants are among the most marginalized and vulnerable groups in Yemen and are largely dependent on humanitarian assistance by a very small number of humanitarian actors to meet their basic needs while in transit through Yemen or, in the case of asylum seekers and refugees in a protracted situation, if living in the country. They also

face acute threats to their safety and dignity in Yemen, including GBV, arbitrary and prolonged detention, forced labour, indiscriminate violence, trafficking, lack of civil documentation and restrictions on movements. Migrants are also particularly vulnerable to the effects of the conflict, frequently falling victim to conflict-related injuries at flashpoints and border areas. The COVID-19 pandemic has also caused further stigmatization of refugees, asylum seekers and migrants due to perceptions that they are carriers of the disease.



ADEN, YEMEN

October 2021, An IOM doctor treats an ill migrant in a home where a family in Aden hosts him.

© Rami Ibrahim/IOM

Muhamasheen

The Muhamasheen constitutes 3.2 million or 10 per cent of the Yemen population. They are largely settled in conflict-affected cities such as Aden, Ta'iz and Al Hodeida. Muhamasheen have long suffered from discrimination, social exclusion and reduced access to public services. This is further exacerbated by denial of documentation such as birth certificates. Muhamasheen women are often further marginalized, especially those who are unmarried, elderly or disabled. Nearly 40 per cent of Muhamasheen women have never attended school and nearly 2.4 million children are often out of or not attending school. In case of

displacement, the Muhamasheen are more likely to find shelter either on farmland, in public spaces or other sub-standard living conditions due to discrimination by communities hosting them.



TA'IZ, YEMEN

November 24, 2021, Ahmed*, 16 lost both of his legs, his left hand, and the sight from his left eye after he was hit by shelling in Ta'iz, Yemen.

© Albara'a Mansoor/Save the Children

Persons with Disabilities

Globally, the World Health Organization (WHO) reports that persons with disabilities comprises 15 per cent of any country's population. In Yemen, this would mean that around 4.78 million people have some form of disability. However, given the ongoing conflict in Yemen, pervasiveness of improvised explosive devices (IEDs) and explosive remnants of war (ERW), and the impact of widespread food insecurity and health problems, the actual number of persons with disabilities in Yemen is estimated to be much higher. Food insecurity and health epidemics further exacerbate the incidence of disability, in addition to the heightened and specific risks faced by persons with disabilities. During surges in conflict and displacement, persons with disabilities are often left behind, without a critical support of their families and other caregivers

in the community. People with disabilities have reduced access to information and they face additional barriers to access to Yemen's limited public services, which also inadequately address their specific needs. Persons with disabilities and their families also suffer from stigmatization and discrimination, including in equitably accessing humanitarian assistance.

1.2

Strategic Objectives, Specific Objectives and Response Approach



TA'IZ, YEMEN

Hateem and Amal, both 9, at a school in Mokha, Ta'iz Governorate, March 2021. © WFP

Strategic Objective 1

Reduced morbidity and mortality of crisis-affected women, girls, boys and men through life-saving multi-sectoral humanitarian assistance

PEOPLE TARGETED	WOMEN	CHILDREN	DISABLED	REQUIREMENT
16.7M	4.0M	8.7M	2.5M	\$2.69BN

Specific Objectives

The response under this objective will focus on life-saving interventions. Food insecurity and malnutrition, epidemics and vaccine-preventable diseases, child and maternal deaths and trauma as well as protection risks (addressed under SO3) are identified as the major life-threatening conditions in the 2022 Humanitarian Needs Overview (HNO). Under this strategic objective, partners aim to tackle these life-threatening conditions through both sectoral and multi-sectoral interventions.

1.1. Improved food security and malnutrition through timely and integrated multi-sectoral life-saving response targeting women, girls, boys and men.

Under this specific objective, 16.7 million people are targeted with humanitarian food assistance, nutrition services, emergency WASH provision. The response will focus on geographic areas and population groups that were identified as having high severity of food insecurity (IPC 3 and above) and high malnutrition prevalence. Under the Integrated Famine Risk Reduction (IFRR) initiative, Health and WASH clusters will join hands in prioritized geographic locations to provide an integrated response to address life-threatening conditions driven by acute food insecurity and malnutrition.

Food insecurity and malnutrition in Yemen is attributable to multiple and inter-connected underlying causes. Therefore, the solution to food insecurity and malnutrition goes beyond a humanitarian response. Under the first outcome of the United Nations Sustainable Development Cooperation Framework (UNSDCF), development and peace partners in Yemen will implement various activities to address some

of these underlying causes. These activities include investment in livestock, agriculture and fisheries to support local food production, water management and water infrastructure development, and sustainable environmental management.

1.2 Prevent, mitigate, and respond to epidemic-prone and vaccine-preventable diseases; improve reproductive health and reduce maternal, newborn and child deaths; respond to trauma victims of war, including landmines and explosive remnants of war; mental health and psychosocial support through multisectoral response among the affected population.

Epidemic and vaccine-preventable diseases continue to threaten lives in Yemen. Outbreak surveillance, prevention and treatment activities will be implemented. Response under this specific objective includes reproductive health and other health activities, aiming at reducing maternal, newborn and child deaths. An integrated response under Mental Health and Psycho-social support (MHPSS) will also include interventions from Education, Protection and Health clusters. Activities to mitigate risks of civilian casualties due to landmines and ERW will be undertaken, including victim assistance for conflict-related injuries.

1.3 Reduced morbidity and mortality among newly displaced women, girls, men and boys affected by natural and human-made disasters by providing a timely life-saving multi-sectoral response.

Timeliness of response is key to saving lives. Displacement either due to floods or conflict will

require a timely response under the Rapid Response Mechanism (RRM). The RRM will ensure the delivery of the life-saving multi-sectoral intervention to newly internally displaced people, especially the most

vulnerable. The Shelter and NFI Cluster will support with life-saving emergency shelters and NFI support to people who are newly displaced by conflict and natural disasters.

Strategic Objective 2

Improved living standards and resilience of crisis-affected vulnerable women, girls, boys and men through timely and safe provision of assistance

PEOPLE TARGETED	WOMEN	CHILDREN	DISABLED	REQUIREMENT
3.5M	0.85M	1.82M	0.52M	\$1.11BN

Specific Objectives

The response under this strategic objective will focus on essential service provision, livelihoods and other activities that will contribute to building the resilience of affected people.

2.1. Improved living standards and resilience of crisis-affected vulnerable women, girls, boys and men through the provision of multi-sectoral, inclusive and quality basic services and assistance ensuring safe access.

Under this objective, multi-sectoral assistance will be provided to ensure safe and quality basic services to internally displaced people, especially those living in camp-like and non-camp settings, the non-displaced crisis-affected people, refugees and migrants. Intervention under this specific objective will aim to provide basic services such as WASH, shelter and NFI (emergency shelter, rental subsidies, maintenance and upgrades, transitional-shelter, house rehabilitation and reconstruction), education, health and camp coordination and camp management (CCCM). The response aims to improve the living standards of the affected people.

Response under this specific objective will benefit from development and peacebuilding activities as outlined under the UNSDCF's second outcome. Activities on strengthening national institutions, women's

empowerment and civil documentation support for internally displaced people will increase vulnerable people's access to basic services and facilitate humanitarian service delivery.

2.2. Strengthened resilience of vulnerable women, girls, boys and men through improved access to sustainable livelihoods and provision of sustainable livelihoods assistance.

More than seven years of protracted conflict and multiple displacements have eroded people's assets and coping capacity. Response under this specific objective will target the most vulnerable, crisis-affected people with activities, contributing to sustainable livelihoods and resilience, such as agriculture, livelihoods and WASH.

Activities implemented under the third outcome of the UNSDCF, such as micros, small and medium size enterprises (MSME) employment creation, the inclusion of refugees and asylum seekers into the labour market, strengthening infrastructure services and promotion of payment of civil servant salaries, offer an enabling platform for the realization of this specific objective.

Strategic Objective 3

Prevent and mitigate protection risks and facilitate redress for women, girls, boys and men, especially the displaced and most vulnerable civilians, through building resilience, provision of humanitarian assistance, specialized protection services and advocacy.

PEOPLE TARGETED	WOMEN	CHILDREN	DISABLED	REQUIREMENT
4.7M	1.13M	2.47M	0.71M	\$469.4M

Specific Objectives

The response under this strategic objective will aim to ensure the protection of civilians.

3.1 Protection risks are mitigated and protection incidents addressed through safe and inclusive access to and provision of quality, safe and integrated protection and humanitarian services and assistance to people at risk with due account to age, gender, disability and social status.

Immediate protection needs of people with specific vulnerabilities including children, survivors of gender-based violence, people with disabilities and those at risk of exclusion will be addressed through direct protection programming along with a multi-sectoral humanitarian response to ensure holistic assistance. Additionally, vulnerable households will receive protection from natural hazard risks and support achieving relative security of tenure.

3.2 The human rights, inclusion, safety and dignity of all vulnerable groups without discrimination, with due account to age, gender, disability and social status, are promoted and protection risks identified and addressed through protection monitoring, child protection case management, mental health and psychosocial support, mine risk education, community-based mechanisms and targeted humanitarian responses.

Protection monitoring and community-based protection structures will be used to promote human

rights, inclusivity, safety and dignity. Improved monitoring and reporting of protection incidents and trends, timely and targeted responses to protection incidents, information sharing and awareness-raising will be used along with other protection measures to mitigate protection risks and respond to actual protection incidents and concerns.

3.3 Provide safe, dignified and meaningful access to life-saving quality humanitarian services, ensuring public service strengthening to the most at-risk groups, with due account to age, gender, disability and social status.

3.4 The risk from GBV for vulnerable women, girls, boys and men is addressed through safe, specialized GBV services, while a lasting, safe environment for the provision of and access to services, including through awareness raising and risk mitigation in other sectors, is promoted.

Women and girls are disproportionately affected by the crisis in Yemen and have specific needs. Some 77 per cent of Internally displaced people are women and children, of whom 47 per cent of the school-aged girls are more likely than boys to not be in school. Child marriage of boys and girls below 18 is commonplace, increasingly used as a harmful coping mechanism for families under severe financial strain. Partners will work to increase the availability of safe access to case management, legal counselling and representation, and economic opportunities and services.

1.3 Management objectives

With the aim of accomplishing these three strategic objectives and effective implementation of the 2022 HRP and a range of issues concerning it, the following management objectives have been developed to set out priorities of the Humanitarian Country Team (HCT) under the leadership of the Humanitarian Coordinator. These management objectives are meant to align with some of the Humanitarian Coordinator/HCT commitments that will be key to

the full implementation of the HRP objectives. These management objectives are complementary to the HCT Terms of Reference (TOR) and the Yemen HCT Compact that was developed earlier in 2022. Through the performance indicators mentioned for each of these objectives, the HCT will continually monitor progress against each of these objectives and will operationalize them, with the support of these forums in the proposed timeline.²⁰

Overall objective: Enhanced leadership on strategic areas of focus in order to achieve desired impact

1. Lessons learned are continually integrated into the ongoing response to ensure accountable and effective humanitarian assistance.

The steering group of the Inter-Agency Humanitarian Evaluation (IAHE) commissioned an evaluation of the outcomes of the collective humanitarian response from 2015 to 2021 by members organizations of the IASC in Yemen.

IAHE findings provide thoughtful insights into the humanitarian operations in Yemen, highlight gaps in collective response and provide recommendations to strengthen the collective response in Yemen. Along with this, the HCT will conduct a regular review of the progress against the HCT accountability areas, while clusters and agencies conduct performance monitoring. The HCT will ensure the integration of lessons learned to improve the effectiveness of humanitarian response, once final recommendations are made available.

PERFORMANCE INDICATOR	FORUM	TIMELINE
Action plan for IAHE recommendations is developed and implementation is monitored.	HCT	Q2-Q4, 2022

2. Enhanced Accountability to Affected Population (AAP) into response planning, delivery and monitoring.

The HCT will support the Inter-Cluster Coordination Mechanism (ICCM)-led inter-agency Community Engagement and Accountability to Affected Population Working Group (CEAAP WG) to ensure strong inter-agency technical coordination on AAP. A framework for Collective Feedback Mechanism (CFM) and perceptions surveys to inform cohesive approach to community engagement and AAP will be developed by CEAAP WG in the second quarter of 2022. The HCT will periodically review progress made by the CEAAP and provide strategic guidance on areas of improvement.

PERFORMANCE INDICATOR	FORUM	TIMELINE
Yemen HRP Community Engagement and Accountability to Affected People (AAP) Working Group is operational	CEAAP WG	Q2, 2022
Response-wide Collective Feedback Mechanism System framework is established to collect, analyse and report agencies/clusters' complaints and feedback for the HCT overview and guidance and perception surveys are undertaken	CEAAP WG	Q2-Q4, 2022

3. Improved inter-linkage of humanitarian, development and peace programming.

Strengthening linkages between humanitarian-development-peace actors, addressing the structural issues and increasing the resilience of communities, including for the purpose of pursuing solutions will remain a priority for the HCT. The 2022 HRP identified resilience building as one of the key strategic objectives. The HCT, under the leadership of the UN Resident and Humanitarian Coordinator, will revitalize initiatives and pilots them, some of which have started in 2019 and 2020. A Working Group on Durable Solutions will be operationalised during the second half of 2022. The humanitarian-development-peace nexus (HDPN) strategy that was drafted in 2019 will be used as a building block to progress further. Sector-specific collaborations that are outlined under the cluster chapter in the HRP will benefit from a development of a broader framework to inform further work and revisions of the HDPN strategy.

PERFORMANCE INDICATOR	FORUM	TIMELINE
HDPN forum²¹ is operational in Yemen and HDPN strategy is developed and endorsed	HDPN Forum	Q2- Q4, 2022
Durable Solution Working Group is operationalized	Durable Solutions WG	Q2, 2022

4. Improve the quality of humanitarian response and oversight.

The HCT is committed to improve the quality of humanitarian response throughout the HPC. This will be achieved through the timely collection of credible data, evidence-based planning and tailored programming, including the promotion of integrated response. In addition, adherence to the minimum standards and continuous and direct oversight, combined with collective feedback mechanism on crisis-affected people's feedback on the quality of assistance, will remain key drivers that the HCT press upon to improve quality of response.

Evidenced-based planning through quality assessments

In line with the progress in 2021, the HCT will continue to advocate and promote quality data collection through assessments. Quality programming is contingent on the availability of independent and neutral humanitarian assessment data. In 2022, the HCT will work to improve coverage, quality, principledness and timeliness of assessments. The four nationwide assessments—food security and livelihood assessment (FSLA), multi-cluster location assessment (MCLA), multiple indicator cluster survey (MICS) and standardised monitoring and assessment of relief and transition (SMART)—will continue in 2022. Under the leadership of the Humanitarian Coordinator, the HCT will continue to advocate for better access and mobility of assessment teams. The HCT will draw lessons from the implementation of the MCLA in 2021 and develop a plan of action to ensure timely completion of the assessment to feed into the 2023 HNO timeline.

Better displacement tracking of the displaced people and returnees to inform response

The HCT will focus on strengthening the coordination and policies around inter-operability of data, data sharing, analysis and overall information management. Along with nation-wide assessment, area-based assessments and monitoring missions will be encouraged and supported. Specifically, the HCT will aim to systematically track displacement and returnee movements across the whole country, including in the north-west of Yemen through re-starting of the displacement tracking mechanism for more reliable data on displaced people and returnees to inform the response.

Integrated and multi-sectoral response approach

Integrated response will be promoted to foster a system that is delivering collectively and needs are well addressed. The aim is to build further on current initiatives (the first two from the list below) and a blueprint is set for the remaining three through inter-cluster and inter-agency collaboration that focuses on thematic and geographical areas with acute needs.

- The Integrated Famine Risk Reduction (IFRR)
- Mental Health and Psychosocial Support (MHPSS)
- An integrated response to prioritized hosting sites

- Multi-Purpose Cash Assistance (MPCA)
- Public health integrated response

There is a recognition that a joint initiative targeting suitable spontaneous settlements to enhance standards and quality of service for both internally displaced people and the host communities is needed through an integrated multi-sectoral approach, promoting longer-term resilient outcomes.

PERFORMANCE INDICATOR	FORUM	TIMELINE
Nation-wide assessments are conducted and form the basis for the HPC 2023	ICCM, Information Management and Assessment Working Group	Q3-Q4, 2022
2022 HRP monitoring framework is developed and implemented	ICCM	Q2- Q4, 2022

5. Strengthen collective response and advocacy

A collective approach to response and advocacy will be strengthened by the HCT. To ensure that system is delivering collectively, the HCT will strengthen clear accountability lines between coordination structures, promote integrated response and monitoring, improve common tools and strengthen area-based approaches. The HCT will also coordinate and foster collective deliberation of key advocacy messages and advocacy strategies. The collective advocacy is geared towards increasing the humanitarian space in Yemen, addressing the impediments facing to and resource mobilization for an effective response.

PERFORMANCE INDICATOR	FORUM	TIMELINE
HCT Advocacy strategy is developed and implemented	HCT	Q2/Q2-Q4, 2022
HCT Access strategy is updated and implemented	HCT/ HAWG	Q2/Q2-Q4, 2022

6. The Centrality of Protection

In line with the IASC policy on Protection in Humanitarian Action, the IASC principals' statement on the Centrality of Protection and the UN Secretary-Generals' call to action for human rights, the HCT will ensure the Centrality of Protection in the HPC. The HRP will use the four pillars of protection mainstreaming: 1) prioritize safety and dignity and avoid causing harm; 2) meaningful access; 3) accountability; and 4) participation and empowerment. With technical guidance of the Protection Cluster, the HRP outlines how protection will be mainstreamed in each of the clusters. During the year, the HCT will regularly monitor progress on Centrality of Protection with the Centrality of Protection strategy and work plan as reference.

PERFORMANCE INDICATOR	FORUM	TIMELINE
HCT Centrality of Protection strategy and work plan are developed and implementation is monitored at least on a quarterly basis if not more regularly	HCT/ Protection Cluster (potential Implementation Support Group)	Q2-Q4, 2022



WFP, in partnership with UNICEF and UNFPA, distribute emergency assistance to IDPs in Ma'rib Governorate, May 2021. © WFP

1.4 Response Approach

In complementarity with the Management Objectives outlined above, the humanitarian response will be guided by the following collectively agreed and prioritized approaches.

Principled humanitarian action: Promoting and ensuring compliance with the humanitarian principles (humanity, neutrality, impartiality, and independence), are essential elements of effective humanitarian response. Under the Humanitarian Coordinator leadership, the humanitarian community will continue to promote principled humanitarian action.

Targeted humanitarian response: the scope of the HRP will be determined by the following factors;

- PiN identified in the HNO;
- Review of the various population and sub-population groups;
- Priority locations, based on the severity of need;
- the analysis in the HNO of the severity, magnitude, underlying causes, trends and projection of humanitarian needs
- people's own priorities

Integration of cross-cutting issues: Various working groups and networks, and Cash Working Group will extend their support to ensure meaningful integration of cross-cutting issues into the 2022 HRP. Per the IASC Protection Policy, the Protection Cluster and its specialized Areas of Responsibilities (AoRs) support protection mainstreaming by other clusters, with support from the Inclusion Task Force (ITF) on issues of disability, older persons and Muhamasheen.

During the implementation of this HRP, partners will consider conflict sensitivity and localization as key response approaches.

Integrated response: In 2022, the below five integrated response initiatives will be strengthened:

The Integrated Famine Risk Reduction (IFRR)

The IFRR in Yemen is supported by the Nutrition, Food Security and Agriculture, Health and WASH clusters. The overall objective is to prevent famine and mitigate hunger by increasing access to food, lifesaving supplies and services, increasing purchasing power and advocating for the measures that bring economic stability. The IFRR identifies priority areas of interventions, using the IPC classification and other jointly agreed-upon criteria, such as disease outbreak. The IFRR will continue to be an instrument for a multi-sectoral response for the non-displaced crisis-affected population. Food Security and Agriculture, Nutrition, Health and WASH clusters will further outline the priority targeted locations and selection criteria in the cluster strategy sections of this HRP.

Mental Health and Psychosocial Support (MHPSS)

The MHPSS technical working group facilitates an integrated MHPSS response. Health, Education and Protection clusters together with the Child Protection and GBV Areas of Responsibility constitute the MHPSS Technical Working Group.

The technical working group works to provide comprehensive support to around 8 million people in need, requiring direct access to mental health treatment while more than 90 per cent of the population require some form of MHPSS due to the harsh living conditions. The MHPSS technical working group will continue working with relevant partners, coordination bodies and local authorities to ensure that the response is comprehensive with MHPSS being integrated as an essential part of the humanitarian response. The four main priorities are: 1) provision of MHPSS services at community-based level; 2) capacity building of partners with a focus on frontline workers and first responders; 3) service mapping; and 4) referral pathway.

An integrated response to prioritized internally displaced persons hosting sites

A joint initiative by CCCM, Shelter and NFI and WASH clusters seek to identify priority hosting sites and pilot integrated multi-sectoral responses. This joint initiative targets suitable spontaneous settlements to enhance standards and quality of service for both internally displaced people and the host communities through an integrated multi-sectoral approach, promoting longer-term resilient outcomes. The approach will start with implementation and support from multi-sectoral partners and will also provide capacity building training in order to make them able to self-manage situations related to CCCM, shelter and NFI, and WASH issues.

Public Health integrated response

Health, Nutrition and WASH clusters co-locate priority response areas based on the number of acute people in need, cross-sectoral severity scores and latest findings from surveillance data to extend effective multi-sectoral response activities. They also engage other clusters including CCCM, Education and Protection clusters wherever applicable so that multi-sectoral needs can be collectively addressed.

Multi-Purpose Cash Assistance (MPCA)

MPCA is instrumental in promoting an integrated response strategy. Details are provided in the MPCA chapter in this HRP.

1.5

Costing Methodology

The 2022 HRP will continue to follow the activity-based costing methodology. Activity-based costing uses average costs for the delivery of different units of humanitarian goods or services. This calculation allows an aid operation to focus its HRP on the overall estimated cost for the planned response, in line with the HNO analysis and the HRP's strategic objectives and using harmonized cost per sectoral activity, the person served or item delivered. This approach is aligned with the previous years' practice as well as consistent with the project planning and monitoring mechanism in place in Yemen.

Clusters follow a consultative process to agree on the costing approach and calculations. This includes revisiting 2021's costing, recording the key factors and challenges, agreeing on approach and methodology through Strategic Advisory Groups and related technical working groups, and harmonizing the overall approach through ICCM.

Based on the previous years' experiences, clusters considered the inflation factor to estimate the costs for the 2022 HRP. Estimating the inflation factor for 2022 was a cumbersome task due to varying prices between the GoY and AA areas. Furthermore, unforeseen changes in exchange rates and multiple exchange rates in the country make it difficult to estimate the cost of imported items. Clusters also considered the scale of response and the specific geographical coverage of the planned activities. Challenges related to transportation to far-flung areas, specifically to hard-to-reach areas, increased the implementation cost. Increased costs of rent and locally available shelter materials require constant monitoring. In addition, rising fuel prices significantly affect transportation cost estimation. Another layer of complexity is related to the anticipated increase of fuel and food prices due to the Russia-Ukraine war and its impacts are yet to unfold.

Clusters follow the globally agreed standards in designing the activities but are also adapted according to the local context.

In some cases, bringing necessary expertise and technical skills outside of Yemen affected the cost manifold as is the case with specialized humanitarian mine action interventions.

Clusters also tried to be cost-efficient while ensuring the quality of services. For example, Emergency Telecommunication Cluster (ETC) will reduce the connectivity costs by using the alternate means of reliable communication available in the local market. Capacity building initiatives for national staff will also help efficient utilization of resources. Another way to ensure cost-effectiveness, support local markets and safeguard the dignity of affected people is to adopt the most suitable response modality, including cash and voucher-based interventions. The use of multi-purpose cash will be increased in 2022, in addition to the conditional cash and voucher programmes. Maintaining multiple response modalities is a risk averting approach, however, it makes costing more complex.

In addition, suggested programmes capitalize on existing infrastructures, ensure quality with specialized agencies and increase the speed of delivery, while endeavouring to use resources efficiently. Clusters also considered integrated response planning to ensure synergies and increase impacts, as well as to keep the response resource-efficient.

1.6

Planning Assumptions, Operational Capacity and Access

Planning assumptions

Current trends associated with the conflict, including ongoing displacement and violations of international humanitarian law and international human rights law, the socio-economic environment, epidemics and pandemics, natural and environmental hazards and underfunding of the response, are expected to further deteriorate in 2022.

The protracted armed conflict is likely to continue as a key driver of humanitarian needs and impediment to aid delivery. Despite the UN-led peace process, a renewed offensive and escalation of conflict is expected along the same frontlines as 2021, for example, in the northeast—particularly Ma'rib and its surroundings. Due to its strategic gas reserves and oil fields, the fight over Ma'rib and its surroundings is likely to intensify, leading to further displacement and deterioration of the humanitarian situation. Conflict is also likely to escalate across the southwest and people are likely to suffer from increased instability with potential displacements.

The conduct by the parties concerning their obligations under international humanitarian law is unlikely to change and the devastating impact on civilians and challenges in reaching them will continue or worsen. In addition, the continued conflict coupled with bureaucratic impediments, especially movement restriction and aid interference, will remain to pose an access impediment.

Yemen's economy is expected to further deteriorate. The Yemeni rial continues to depreciate at a faster and higher rate in the GoY areas. This will further drive food insecurity as Yemen relies on importation for 90 per cent of its food needs. This can be exacerbated by the recent war in Ukraine, which is likely to disrupt the largest wheat supply to Yemen, due to a shortage of supplies and an increase in global wheat prices, as

well as fuel and commercial shipping costs. Rising costs coupled with minimal income opportunities are likely to affect Yemeni households' purchasing power. Among women and girls, this will have a knock-on effect and increase the risk of GBV and other abuses. Children will encounter diminished access to education and greater instances of family separation, child recruitment, child marriage, child trafficking and exploitative forms of labour. Other groups such as internally displaced people, refugees, asylum seekers, migrants, people with disabilities, older persons and the Muhamasheen are likely to see their vulnerabilities increase and marginalization deepen.

Fuel shortage and increase in prices are expected to pose further challenges to the logistical and operational capacity of humanitarian organizations as well as further diminish household resilience and purchasing power. Prices of petrol, diesel and cooking gas are likely to increase further in both formal and non-formal markets. This will hamper transportation of essential supplies and commodities, delivery of essential services, such as health and referral services and water provision, and the ability of households to feed themselves and ensure transportation for employment, health or education.

Given these planning assumptions and as the context further deteriorates, humanitarian needs in Yemen are expected to increase and intensify in 2022. Ongoing displacement increased protection risks, food insecurity and malnutrition, recurrent epidemics and the COVID-19 pandemic, compounded by lack of essential basic services will affect millions of women, girls, boys and men, especially the most vulnerable. In addition to the conflict and economic deterioration, other natural hazards such as heavy rains, floods and locust infestation remain a threat. If maintenance and oil transfer plans of the FSO SAFER is not carried out immediately, an oil spill or explosion will have immense

impacts on hundreds of thousands of people, fisheries, the environment and several countries' coastal areas.

The planning assumptions above underscore the criticality of sustaining humanitarian funding and assistance in 2022 that is flexible and responsive to developing needs. Under the leadership of the Humanitarian Coordinator, the humanitarian community will continue to advocate for and explore ways for effective aid delivery.

Operational Capacity

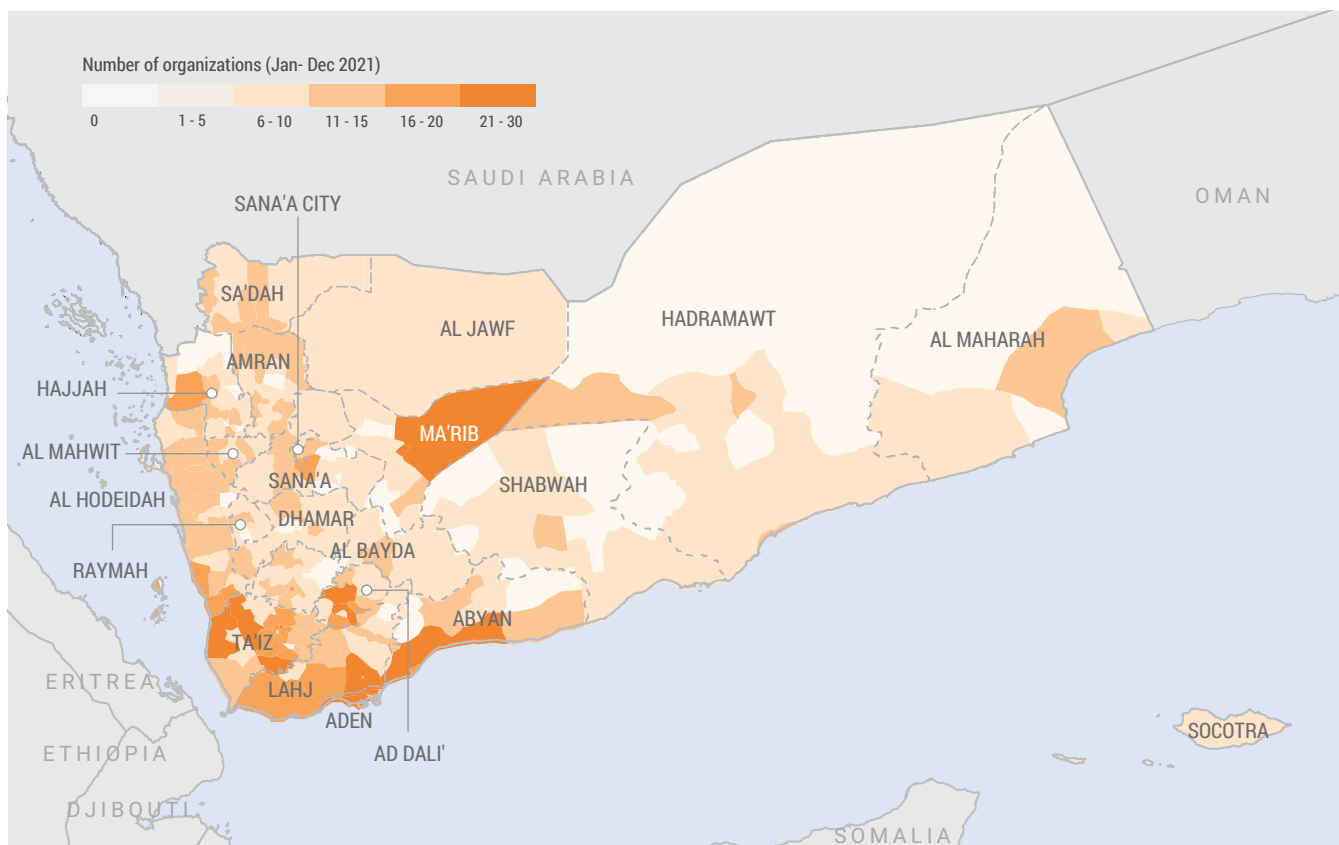
In the face of increasing needs due to intensifying armed conflict on various frontlines, throughout 2021, humanitarians stayed and delivered in Yemen, maintaining functional presence and expanding overall capacity to reach the people in need. In 2021, 208 humanitarian organizations (12 UN agencies, 59 international NGOs, and 137 national NGOs) supported interventions across all the 333 districts in Yemen. The same number of partners is expected to continue providing life-saving aid in 2022.

The humanitarian response will continue to rely significantly on local humanitarian organizations

to assist the most in need people who are living in harsh conditions, such as in remote, hard-to-reach and desert areas. In 2021, 24 per cent of the total funding provided through the Yemen Humanitarian Fund (YHF) was allocated to national humanitarian organizations, as part of the Localization of aid agenda under the Grand Bargain commitment. Despite the ongoing support to local humanitarian organizations, operational capacities and funding remain overstretched and under-supported, due to the operational and security risks that humanitarian organizations need to adhere to.

Major obstacles to the humanitarian response include frequently changing front lines, COVID-19, global and local inflation, increasing prices, especially of food and fuel, and the cumulative deterioration and breakdown of basic services. The effects of climate events witnessed through the repeated flooding in recent years will likely trigger new displacement and compound humanitarian needs.

Humanitarian workers continuously shoulder an increasing burden of risk in delivering aid in newly opened areas that were not previously accessible in



a sustainable manner, such as the Red Sea Coast, in the north of Mokha and south of Al Hodeidah, Al Jawf and Al Bayda, where operational challenges mainly involve explosive remnants of war. Particularly in these areas, landmines are considered a major challenge for the humanitarian workers to reach the people in need and for the affected and internally displaced people to access humanitarian assistance or utilize available land for agricultural or other commercial use.

The operational capacity and access at the hub levels are regularly realigned according to changes and conflict environment in the areas of responsibility.

Through increased and sustained advocacy, the humanitarian community remains dedicated to protecting aid workers. At both the HCT and ICCM forums, humanitarians aim to ensure that local, national and international organizations' response on the ground is better supported and coordinated between themselves and with local authorities so as to deliver assistance in a principled, efficient, safe and context-appropriate manner.

In some regions where needs are severe, such as Al Bayda, Al Jawf, Shabwah, the west coast and the south of Al Hodeida, an inadequate presence of humanitarian partners remain a challenge. Joint efforts, including inter-agency missions to identify gaps in response, develop area-focused response plans to address humanitarian needs in these areas and advocate for stronger crossline response, have been underway since 2021. Additional, targeted funding from the Central Emergency Response Fund (CERF) and the YHF were also used in 2021 by the Humanitarian

Coordinator and organizations to target specific areas where enhanced operations or time-sensitive critical response was necessary. Hence, some of the humanitarian agencies are expanding their presence to meet the rising needs with coordination capacity in areas, such as Al Hodeidah, Sana'a, Ibb, Sa'dah, Aden, Ma'rib, Mokha and in-field locations in Turbah and Mukalla, as well as Ta'iz, including the establishment of the Regional Coordination Team (RCT) in Ma'rib.

In 2021, the humanitarian community responded to people affected by the floods following heavy rains. In view of the recently released climate outlook, there is anticipated above normal rainfall levels, which will significantly impact the humanitarian situation and response in 2022. In this regard and following the flood events in 2020 and 2021, more than 54,000 households, mainly internally displaced people, are projected to be affected by the floods in 2022 and will need humanitarian assistance. A national-level exercise to develop a flood preparedness plan, which has been driven from the field level to estimate numbers of potentially affected people and activities and stocks to be needed in each location to support flood response, will be undertaken as part of the HRP.

Access

The operating environment in Yemen remains extremely challenging although noticeable progress was made in mitigating humanitarian access challenges in 2021. The three main types of constraints/restrictions—armed conflict, logistical constraints and bureaucratic impediments—are still hindering the delivery of timely and principled humanitarian assistance.

Most challenges to sustained and principled access for humanitarian organizations remain in AA areas of Yemen, but access constraints have increased steadily in the GoY-controlled areas as well.

Out of 2,148 sub-districts in Yemen, 1,011 sub-districts, where over 10 million people in need are living, are considered hard-to-reach for humanitarian organizations due to bureaucratic impediments. The second most frequent access constraint, representing five per cent of reported incidents, is a combination of intense armed conflict with bureaucratic issues. Three per cent of the sub-districts that were badly affected by at least one or two of the three constraints. The hard-to-reach areas are predominantly in AA-areas where the majority of people are in acute need of humanitarian assistance. Despite these challenges, humanitarians have been able to deliver life-saving support across the country. In 2021, partners delivered assistance in all 333 districts of the country, reaching up to 11.6 million people each month.

The conflict creates complex challenges for humanitarian delivery, owing both to insecurity and arbitrary regulations and restrictions imposed by local authorities. In 2021, active front line hostilities affected 62 districts, a decrease from 74 districts affected at the end of 2020, due to the withdrawal of the GoY supported forces from the coastal line in Al Hodeidah Governorate.

Since January 2021, intense hostilities have continued in border areas of Ma'rib, Al Jawf, Sa'dah governorates, with frontlines encroaching on populated areas in the Ma'rib Governorate. Moreover, in 2021, hostilities along existing frontlines, notably in Al Hodeidah, Hajjah, Ad Dali', Al Bayda and Ta'iz governorates, continued

and intermittently escalated during the year. In Aden, Abyan and Ta'iz, there were recurring tensions and armed clashes.

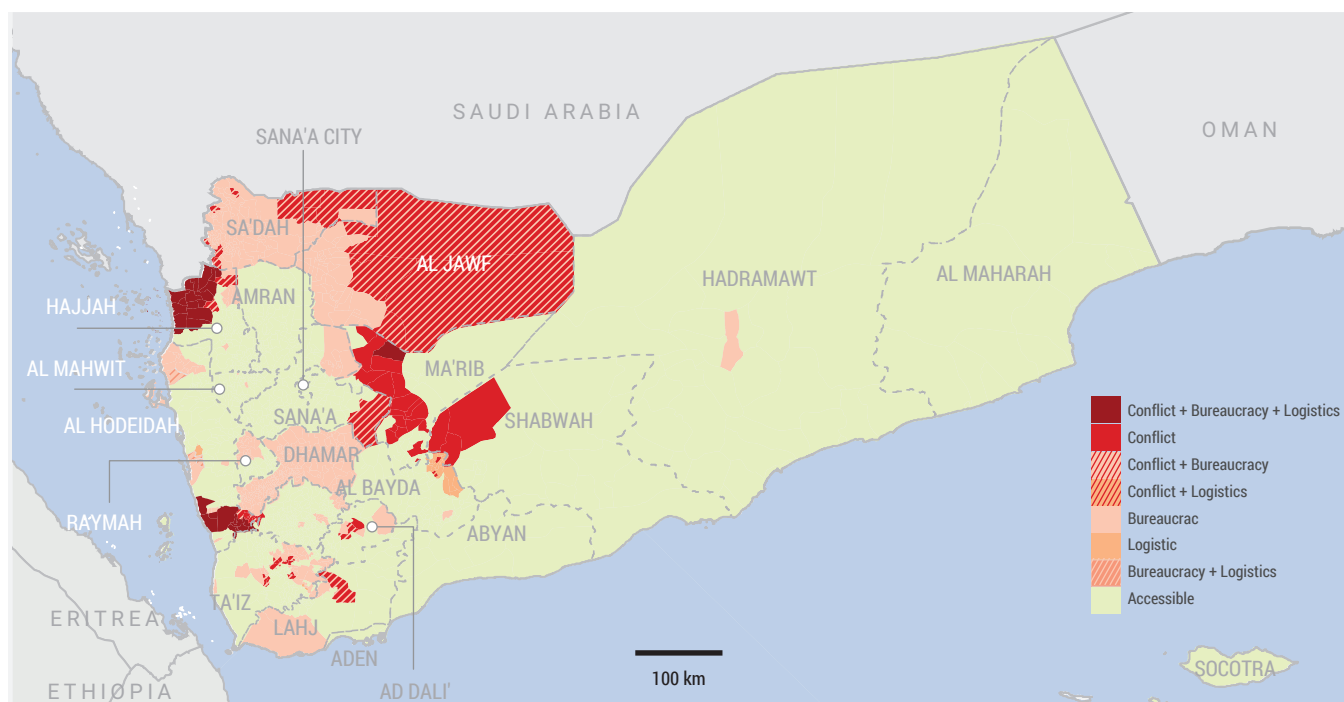
Last year, humanitarian partners reported more than 2,900 access incidents across 48 districts in 11 governorates in Yemen.²² This is a considerable decrease from 2020, when 4,268 incidents were reported, with worsening access trends having begun in the second half of 2020, although this was partly attributed to increased reporting from major operational partners.

In 2021, bureaucratic impediments imposed by the authorities were the most widely reported access constraint for the humanitarian operation, accounting for over 68 per cent of incidents. The humanitarian programming and operations are dramatically affected, in possible contravention of obligations to facilitate unimpeded humanitarian access under international humanitarian law and relevant United Nations Security Council resolutions. Humanitarian partners reported 890 incidents in 2021 where authorities attempted to interfere in humanitarian activities, breaching humanitarian principles, as well as the organization and donors' rules and regulations. Particular challenges pertained to delays and rejections of project sub-agreements, and attempts by authorities to interfere in project design, activities, targeting, budgeting, staffing and other elements of the programming process. Up to 7.2 million people in need of assistance were estimated to have been affected by delayed and interrupted assistance in 2021 due to pending or refusals of NGO project sub-agreements by authorities.

Restrictions on humanitarian movements were widespread and systematically imposed in 2021. Partners reported some 1,114 incidents associated with restrictions on the movement of humanitarian organizations,²³ personnel and goods within and into Yemen. These include denials of travel permits for humanitarians to deliver assistance, delays and blockages at road checkpoints and the increased insistence in several locations on Mahram which impedes the movement of female humanitarian personnel. The movement of humanitarian supplies

OPERATIONAL PARTNERS	ACCESS INCIDENTS (JAN - DEC)	% OF PEOPLE IN NEED IN HARD-TO-REACH AREAS
208	2,928	49%




Hard-to-reach map

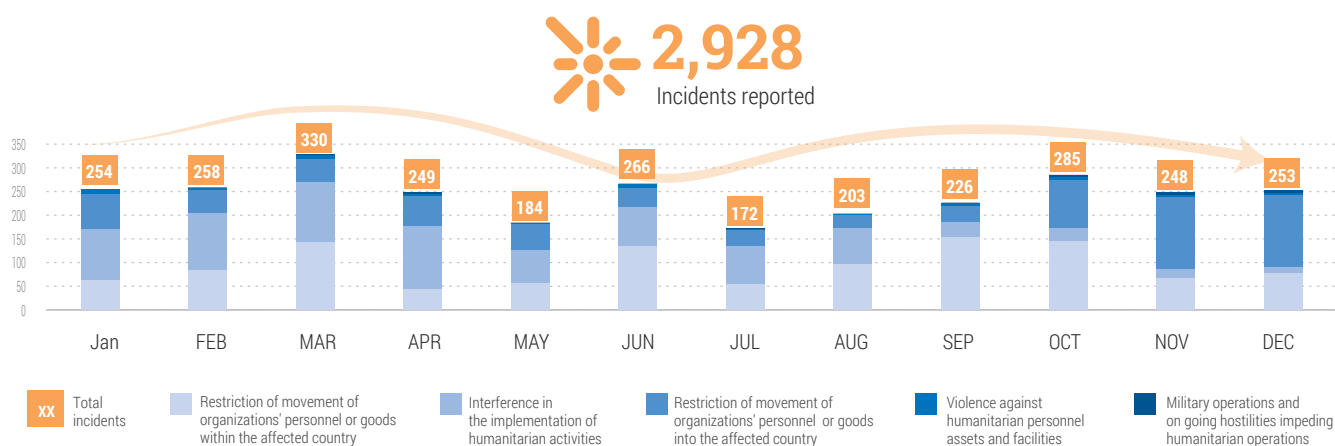


Partners by Cluster/Sector

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Food Security & Agriculture	17.5 M 	92 
Health	12.6 M 	53 
Water, Sanitation and Hygiene	13.1 M 	77 
Protection	11.2 M 	74 
Nutrition	6.5 M 	41 
Education	5.6 M 	69 
Shelter/ Non-Food-Items (NFI)	3.1 M 	44 
Camp Coordination and Camp Management	1.2 M 	19 
Rapid Response Mechanism	0.6 M 	15 
Refugees and Migrants Multi-Sector	0.3 M 	11 

Partners by Type in 2021

TYPE	NO. PARTNERS
NNGO	137 
INGO	59 
UN	12 



into and within Yemen was constrained by irregular clearances, taxes and transportation restrictions. Together, these restrictions severely hindered the timely and efficient delivery of lifesaving supplies and assistance in the whole of Yemen.

Violence against humanitarian organizations and personnel continued in 2021, with some 70 incidents reported.²⁴ While this represents a decrease from 2020, when 96 incidents were reported, the violence that occurred remained severe. Incidents included physical assault, detention, intimidation and other forms of mistreatment of humanitarian personnel, confiscation of humanitarian assets and occupation of humanitarian premises.

In 2022, the HCT in Yemen will continue its dedicated and coordinated engagement with authorities in Yemen and donors to advocate for and ensure a safe, sustained and principled humanitarian response across the country. OCHA will monitor the access environment and provide analysis on restrictions on behalf of the humanitarian community to inform evidence-based advocacy. This will also include providing regular access updates and reporting on operational developments and situational analysis across the country to inform strategic and operational decision-making.

The Yemen Humanitarian Access Working Group and sub-national working groups will continue to inform humanitarian operations based on a common approach and analysis of access challenges and will provide strategic advice, technical support and operational guidance to the HCT. Civil-military coordination with the parties to the conflict will continue to facilitate safe and principled humanitarian operations across the country. OCHA will facilitate coordination of the Humanitarian Notification System for Yemen, operationalized with the Evacuation and Humanitarian Operations Committee (EHOC), to ensure the safety and security of humanitarian facilities and movements that are protected under international humanitarian law. OCHA will lead on communication and coordination with relevant actors affiliated with the Government of Yemen and the Ansar Allah, advocating for systematic adherence to their obligations under the international humanitarian law, including to enable safe, sustained and principled humanitarian deliveries across Yemen.

1.7

Accountability to Affected Populations (AAP)

The 2022 HRP prioritizes strengthening the system-wide response for listening to and acting upon the voices of the people affected by the crisis. The HCT is committed to strengthening its AAP in 2022, as is highlighted in the Management Objectives. To operationalize this as a collective responsibility, humanitarian partners will strengthen existing beneficiary complaint and feedback mechanisms (BCFMs) as an integral part of the response to ensure all aspects of Community Engagement-AAP are mainstreamed in the humanitarian operations through a beneficiary-centered approach.

The Community Engagement and Accountability to Affected Populations Working Group (CE-AAP WG) will be reactivated in the second quarter of 2022, for an all-inclusive membership from the HCT and wider humanitarian community. OCHA and UNICEF will continue to co-chair the working group, facilitate the regular convening of the working group and ensure adequate information sharing with all the constituents of the wider humanitarian community in Yemen.

AAP efforts will promote respect for the rights of women, girls, men and boys who need of humanitarian assistance by ensuring a non-discriminative delivery of aid, considering the specific needs of affected people, including people with disabilities, displaced populations and marginalized groups and older persons. In 2020, a research study on risks of exclusion from humanitarian aid conducted revealed the extent to and the ways in which vulnerable groups of people in need, particularly internally displaced people, Muhamasheen, people with disabilities, older persons and women are at risk of exclusion from humanitarian aid.²⁵ In addition, the study documented widespread perceptions among people in need of a lack of responsiveness to concerns that they reported via complaints and feedback mechanisms (CFMs)

and their fear of retribution and other protection risks if they used these mechanisms. The study found that 76 per cent of respondents surveyed believed that humanitarian agencies are unable to determine their actual needs and respond to their requirements in an adequate manner. Some of the key recommendations of the study, which were presented to the HCT, ICCM and ITF, are the establishment of safe, meaningful and accessible feedback and complaint mechanisms designed with a affected people-centred approach through a consultative process and ensuring that humanitarian actors increase direct and effective communication with groups at risk of exclusion. In 2021, the ITF urged each cluster to report on their efforts, and the challenges faced, to mitigate each of the exclusion barriers identified in the study. Building upon this initiative, national clusters will undertake similar analysis to complement, complete and identify priority areas to collectively reducing exclusion barriers in 2022.

In line with the IASC 2017 commitments to AAP, the Yemen CE-AAP WG will focus on to improving 'information, feedback and action' in the collective humanitarian systemwide response. This will be realized through supporting the monitoring of community perceptions about the efficiency and effectiveness of the humanitarian response; strengthening the implementation and coordination of existing beneficiary feedback and complaints mechanisms and bridging the gaps in the humanitarian partners' commitment to establish and learn from those mechanisms; and ensuring information-sharing on activities, surveys and policies regarding the implementation of the AAP commitments, including the provision of need-based trainings. To enhance the development of a stronger evidence-based and a strengthened AAP mechanism, the humanitarian partners in Yemen will sustain timely access to

information by crisis-affected people, ensure that they are aware of responses and have opportunities to provide feedback through complaints and feedback mechanisms, and active community awareness and engagement.

The main modes of collecting feedback/complaints will be through dedicated call centres; key informant

interviews and focused group discussions, including through the Yemen Humanitarian Fund beneficiary complaints and feedback mechanism, use of anonymous suggestion boxes, and face to face drop-in centers. The humanitarians will collate the feedback received through these mediums and integrate into program monitoring and review for improvement in service delivery.

1.8

Protection from Sexual Exploitation and Abuse (PSEA)

PSEA as part of country operation's mainstreaming and AAP strategy/policies

Sexual exploitation and abuse (SEA) against people who need humanitarian aid is the worst form of a breach and harm that humanitarians can commit against the very people that they are supposed to protect and serve. The Yemen HRP takes PSEA as a priority to continuously work on and integrate across all interventions.

Addressing underreporting of SEA

SEA is largely and persistently under-reported in Yemen – disproportionately compared with a large presence of humanitarian and development workers working in the country. The reasons why SEA allegations hardly come forward vary – social pressure and fear of stigmatization and reprisal, with which victims of SEA are forced to give up searching for support/response, lack of knowledge of SEA and of reporting channels, lack of services that are available for survivors, impunity and the limited coordination between aid organizations. Addressing the above-mentioned gaps is the key to assure the prevention of SEA and response to survivors. Yet the PSEA activities will not be sufficient unless they are collectively addressed in a coordinated manner.

Inter-agency PSEA Network in Yemen

The inter-agency network is co-chaired by UNICEF and UNHCR under the oversight of the Humanitarian

Coordinator. The network developed its strategy, action plan as well as ToRs to guide the coordinated PSEA activities in 1) prevention and risk mitigation; 2) accessible complaint and reporting mechanism; 3) quality survivor assistance; and 4) accountability and investigation. The progress on PSEA network work is regularly monitored by the HCT.

To assure humanitarian actors have the required capacity to manage PSEA, the network made available a series of training courses for its members' focal points. Training for Trainers (ToTs) for cascading in member organizations and training on SEA allegation handling standard operation procedures will be conducted with package resources/materials. The network also supports humanitarian organizations to adhere to institutional policy and related regulations, reporting mechanisms and defining PSEA related roles and responsibilities.

Mapping on the existing complaint and feedback mechanism and SEA survivor service providers will be conducted, through close collaboration with Protection and Health clusters, GBV AoR, as well as AAP and Cash Working Groups. Based on the mapping and analysis, gaps to be identified will be addressed. Awareness raising and sensibilization towards affected people will be also conducted to inform what is not acceptable, and what and where to report if any incident and concerns arise.

To integrate PSEA into response activities, the network will closely work with different clusters, working groups and stakeholders to ensure PSEA is incorporated into each sector response as part of the risk analysis and mitigation, referral mechanisms and systems, and reporting mechanism and survivor assistance.

1.9 Disability

In the absence of official statistics on the number of persons with disabilities in Yemen, the global WHO guideline indicates that persons with disabilities comprise 15 per cent of any country's population, amounting to 4.78 million people in Yemen.²⁶ However, given the ongoing conflict and pervasiveness of IEDs and ERWs causing civilian casualties, and the impact of widespread food insecurity, displacement and health epidemics, the actual number of persons with disabilities in Yemen is likely to be much higher.

Despite growing calls for improving disability inclusion in humanitarian action, persons with disabilities still face significant barriers to enjoy their rights²⁷ and largely remain excluded from the humanitarian response and decision-making processes.²⁸ Major barriers include physical access to services, communication barriers, stigma and discrimination, availability of tailored support (e.g., assistive devices) to address their specific requirements and capacity of humanitarian personnel. The conflict has compelled over 300 local NGOs who had been providing services to persons with disabilities in the areas of care, training and rehabilitation to suspend their activities.²⁹

Conflict-related injuries and disability have increased, adding to the number of persons with disabilities and people facing more than one impairment, and consequently the demand for both general services and specialized ones, targeting their specific requirements, have grown. Exacerbating their situation

Mainstreaming of PSEA

The network will impart all-out efforts for integrating PSEA in the implemented interventions and modalities of assistance.

is the limited availability or even total lack of basic services, especially the ones that are considered their specific requirements, in some areas. Moreover, displacement increases the risk among persons with disabilities of separation from caregivers and support networks, and even abandonment, while the vast majority of persons with disabilities have to flee without any assistive devices, such as wheelchairs and crutches,³⁰ worsening their impairments during displacement. In addition to all the challenges faced by civilians in the conflict, persons with disabilities face a heightened risk of discrimination, abuse and even violence.³¹

Their access to aid and services is often restricted and investment in interventions that consider their specific requests is extremely limited in Yemen. The lack of updated and quality data is a major gap. While there have been improvements in reporting the number of persons with disabilities assessed or reached by humanitarian programmes, more efforts are still needed to report and respond to the specification of their disability, and needs and the barriers they face in accessing the assistance. Moreover, humanitarian assistance needs to be inclusive in design, adapting the interventions and programmes for persons with disabilities. In addition to limited disability-inclusion data collection and monitoring, there is a limited meaningful engagement by humanitarian organizations and partners with persons with disabilities or organizations of persons with disabilities.

In 2019, the WHO estimated that 1 in 5 people living in areas affected by conflict is living with some form of mental disorder, from mild depression or anxiety to psychosis, while 1 in 10 is living with a moderate or severe mental disorder.³² However, there is a limited access to psychosocial support services in Yemen and a dearth of mental health services throughout the country, with primary healthcare centres lacking the capacity to offer any psychosocial or mental health services. The toll is more pronounced for women, who bear a disproportionate burden of care for their families and communities and who are more likely to experience gender-based violence.³³

In 2022, humanitarian partners will intensify efforts to ensure that assistance and protection services reach persons with disabilities and that they obtain the specific assistance they require. As a first step, clusters will increase efforts to collect data inclusive

of disability, as well as age and gender, including information not only on the number of persons with disabilities but their specific individual needs. The clusters will also work to ensure that assistance is designed to support and address the specific needs of all vulnerable groups, including persons with disabilities. With the support of the ITF, few clusters, including Shelter and NFI and WASH clusters, and the GBV AoR, are convening training and awareness-raising sessions on disability inclusion. Trainings on disability inclusion will be undertaken for the YHF applicants and YHF monitors. The WASH Cluster plans to intensify the operationalization of the tip-sheet on disability inclusion in WASH response that was produced with the support of ITF. Increased direct representation of the organizations of persons with disabilities in the ITF in 2022 will strengthen the voices of persons with disabilities in humanitarian coordination forums and overall response.

1.10

Gender Equality and Women Empowerment

Due to the prolonged conflict, women, girls, boys and men have faced different risks and accordingly, are victimized in different ways. When humanitarian organizations do not recognize the different needs, vulnerabilities and capacities of women, girls, boys and men, they run the risk of delivering inequitable assistance and might reinforce pre-existing inequalities.

Gender is a complex yet key dimension in the crisis in Yemen.³⁴ The country remained at the bottom of the World Economic Forum's Global Gender Gap index for more than 13 consecutive years.³⁵ Gender inequalities are deeply rooted in a patriarchal society with rigid gender roles. The cultural and traditional norms are put at the forefront and feed the attitudes that have a negative impact on the physical and mental wellbeing of women and girls. Led by such principles, the protection of women is often assumed and informed by men, while the direct data collection and ensuring participation of women in decision-making processes

at any level is deemed unnecessary. Thus, it remains a challenge to obtain legitimate information through the engagement of women and girls and any effort to collect information related to gender equality is observed as a potential threat to tradition and culture. This is equally affecting the work of humanitarian organizations and the overall protection and humanitarian environment in Yemen.

The IASC policy and Accountability Framework on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2017) emphasizes the centrality of gender equality and the empowerment of women and girls in humanitarian action, requiring humanitarian response to be grounded in comprehensive gender analysis. The policy clearly states that it is the responsibility of the HCT, ICCM and clusters in the implementation of the strategy. In 2022, to operationalize these accountability commitments, improve its engagement with affected people and centre gender equality in the Yemen humanitarian

response, the HCT and ICCM will integrate gender equality as per the IASC **2018 Gender Handbook for Humanitarian Action** as follows:

- **Gender analysis:** clusters to improve periodic **collection** and **analysis** of sex, age, disability and diversity disaggregated data as evidence to the differential impact of conflict as well different needs and capacities.
- **Tailored activities:** ensure activities are tailored to the different needs of the gender and age population groups; measures are in place ensuring safe access to assistance by different gender and age population groups.
- **Meaningful participation:** different gender and age groups influence decisions throughout the project/programme response (participate in needs assessment, design of the response, monitoring and peer review of the response).
- **IASC Gender with Age Marker:** clusters will apply the IASC Gender with Age Marker tool to the design and monitoring phase.
- Clusters' gender and GBV focal points will systemically support clusters by building the capacities of national and international humanitarian actors on Gender in Humanitarian Action handbook and ensure application of GAM in clusters by facilitating training on GAM with the support of the GenCap for clusters and partners.
- Facilitate at least one rapid inter-cluster gender assessment to collect gender disaggregated data on different needs of the affected people across clusters.
- Clusters' gender and GBV focal points and Gender Network participate in monitoring with local partners to gather information on issues related to access to services by sex and age groups across clusters. Then, present findings and advocate on issues with the HCT and ICCM.
- Engage with women-led NGOs to facilitate participation of affected people in assessments/ design, feedback and complaints, and response monitoring.

As part of the commitment towards this work and to support the HCT and ICCM to achieve gender equality, the Gender Network in 2022 will continue to promote the participation and empowerment of women, girls, boys and men of all diversities in the cross-sectoral humanitarian response to bring targeted assistance to the most vulnerable and marginalized. A "do no harm approach" will be adopted, while applying a gender perspective that can have unintended negative impact on women and girls.

Recognizing the need to further strengthen meaningful gender mainstreaming throughout the response, the Gender Network, with support of the GenCap assigned to Yemen and hosted by OCHA, will support gender mainstreaming across clusters through:

- Strengthening the capacities of the Gender Network, especially the YHF partners and cluster gender and GBV focal points on Gender in Humanitarian Action handbook, gender analysis and advocacy and Gender with Age Marker (GAM) application, while facilitating interagency rapid gender analysis in the field.

The Gender Network, which was established in 2020 and chaired by UN Women, will maintain relations with regional and international gender working groups for collaboration, experience sharing, and lessons learned. Moreover, the Gender Network will continue providing support to the YHF, as well as be the first point of reference of gender in Yemen and always discuss and advocate for any gender issues.

1.11

Multi-Purpose Cash Assistance

In 2022, the Cash and Market Working Group (CMWG) will reinforce the linkages with the 51 Grand Bargain commitments and build on the foundations set in 2021. The top three priorities—1) greater transparency, 2) more support and funding tools to local and national responders and 3) increased use and coordination of cash-based programming—will be the focused priority areas within the Yemen Humanitarian Cash and Voucher Assistance (CVA) community, including CMWG and United Nations Common Cash Statement (UNCCS). Moreover, practical efforts will be deployed to implement the IASC Cash Caucus for Cash Coordination approved on 18 February 2022. A targeted approach will be set in 2022 in motion for enhanced integration among humanitarian and development organizations to create and strengthen the pledge towards the humanitarian-development-peace nexus. This will set the basis for a more cohesive and collaborative approach across the international humanitarian aid and development sector, which is crucial to help drive forward systemwide humanitarian reforms and enhance social protection linkages. Collaboration among cash coordination forums including CMWG, UNCCS, Cash Consortium Yemen (CCY), Donor Cash Working Group (DCWG) on CVA tools, processes, guidelines and approaches will reinforce complementarities, synergies and accountabilities among UN agencies and other organizations, focusing on all types of cash and voucher transfers, including multi-purpose and sector-specific transfers.

In 2022, the humanitarian community, including donors and partners, are committed to supporting the vulnerable people to continue to receive cash and voucher assistance and maintain their dignity in line with the 'do no harm' principles. The CMWG, clusters and other stakeholders will collaborate to scale up Multipurpose Cash Assistance (MPCA) and

sector specific CVA to support the target population through various delivery mechanisms. In 2022, following up from 2021, the CMWG has harmonized the survival minimum expenditure basket (SMEB) and corresponding transfer values for the whole of Yemen and developed guidance notes on utilization of SMEB based transfer values for determining the MPCA packages. In 2022, the CMWG members and partners will be trained on MPCA package designing, using SMEB based transfer values. MPCA post distribution indicators were harmonized along with analysis of the impact of exchange rates on local economy and markets in 2021 and a comprehensive study conducted in Yemen regarding the financial service providers and cash distribution mechanisms. In 2022, key tools, such as selection and contracting checklists for financial service providers, implementing partners, checklist for protection concerns in CVA programmes and guidance on integrated CVA and MPCA programmes will be developed.

In 2022, the CMWG will continue to harmonize tools and approaches, foster complementarities, and build synergies and a common strategic and operational vision to promote joint accountability and coordination among all the CVA actors. The need for building linkages among the various CVA coordination forums and platforms has gained momentum in the past year. Donors are receptive to the interoperability of systems and operations, which also provides a base for integration among beneficiary information and assistance management systems in Yemen. Same has been recognized as a key recommendation from the Management Information System Inter-operability study conducted in 2021 by UNCCS Yemen. Recommendations from the UNCCS Inter-operability study will be focused and built on in 2022.

The context in Yemen is recognized as a feasible ground for the new initiatives, which can support the rapid scale-up of MPCA laterally and vertically. This is evident in the collaboration among the national and sub-national CMWG, clusters, CCY, UNCSS and DCWG. In 2022, the CMWG will develop a five-year Humanitarian Cash Strategy for Yemen, which will focus on key areas, including i) supporting the use of CVA as default modality (where feasible); ii) supporting scaleup of MPCA; iii) strengthening the operational environment of CVA/MPCA; iv) promoting the integration and strengthen the humanitarian-social protection linkages; and v) identifying avenues for collaboration among agencies and clusters with shared accountabilities through strengthening of CVA and MPCA in the HPC processes. In 2022, the CMWG will support clusters for developing policy documents and designing of integrated multi-sectoral CVA and MPCA programmes.

Three-year trend analysis of MPCA in Yemen (2019-2021) shows that 2019 set a growing pace for the MPCA programmes in Yemen. In 2019, approximately 293,400 people were assisted through 17 humanitarian partners in 76 districts of 15 governorates through

MPCA assistance. The MPCA programmes gained momentum and in 2020, with 20 organizations implemented MPCA programmes in 108 districts of 15 governorates and assisted approximately 429,700 people and distributed \$17.1 million. In 2021, according to the CMWG dashboard from January to September, the MPCA programmes in Yemen assisted 635,000 people with \$73.8 million through 14 humanitarian partners in 248 districts of 25 governorates.

Planning and Reporting

In 2022, the MPCA portal will be improved for enhanced reporting and partners will be trained on its utilization. From 2022 and onwards, the MPCA planning numbers, including planned beneficiary target and the U.S. dollar value of planned assistance, will be extracted from the cluster/ organization portfolio and reported separately as part of the MPCA chapter. The MPCA financial requirements is reflected under the overall HRP ask and planned number of people to be assisted as a MPCA target.

ROW LABLES	PLANNED CASH (USD)	HOUSEHOLDS	BENEFICIARIES
RRM	\$27,000,000	84,000	588,753
Others	\$41,850,897	67,689	473,823
TOTAL	\$68,850,897	151,689	1,062,576

MPCA Plan for the 2022 HRP

In 2022, the CMWG will work with clusters and partners to adapt the global guidance at the country level simultaneously focusing on the development of strategic and programmatic guidance documents for CVA. Additional details about CVA and MPCA in Yemen along with supporting documents for the HRP 2022 MPCA/ CVA narrative and other work of the CMWG Yemen are available at <https://www.humanitarianresponse.info/en/operations/yemen/cash-and-marketing>

Part 2:

Response Monitoring

AL HODIEDAH, YEMEN

Juma'ah is looking out of the shelter's window in the internal displaced people camp in Al-Mansuriyah, Al-Hodiedah. © UNHCR



2.1 Monitoring Approach

To assess the effectiveness and efficacy of humanitarian response, the humanitarian community will adopt a robust monitoring mechanism for the 2022 HRP. This will include regular reporting on the achievements against strategic and cluster-specific objectives, humanitarian assessment to assess the needs, monitoring mission by the aid agencies, clusters-led monitoring and reporting mechanisms and third-party monitoring and evaluations.

Response monitoring remains a challenge in the fragile operating environment in Yemen due to access constraints, bureaucratic impediments, capacity limitations and procedural barriers. In 2021, however, some good progress was observed in nationwide assessments, including MCLA) FSLA, IPC analysis and governorate-level SMART surveys. In 2022, the humanitarian community will aim to further strengthen and improve access to primary data for situation monitoring, response monitoring and evaluations.

Monitoring and Reporting

The implementation of the 2022 HRP will be monitored by the ICCM, with a focus on the outputs of the humanitarian response. Monthly response monitoring will measure progress against the HRP's three strategic objectives and specific objectives, as well as cluster objectives.

Clusters will continue to track the progressive steps taken to reach the targets in each cluster and report on the status of response targets, disaggregated by geographic area as well as by sex, age and disability, on a monthly basis. Key reporting tools include Response Planning and Monitoring Module (RPM), 3W dashboard, organizational presence maps, monthly humanitarian updates and quarterly response gap analysis. The Humanitarian Insight, a publication platform for the HPC data, will be used to generate monthly response dashboard on needs, response and gaps. This monitoring information will be used periodically for an operational and strategic discussion at the ICCM and HCT. The Financial Tracking Service (FTS) will continue to be used to track funding towards the HRP. Funding snapshot will be regularly shared with the HCT to inform advocacy and strategic discussions. OCHA will also regularly share the analysis of

organizational presence in Yemen.

To monitor the changing situation and emerging needs, inter-cluster and cluster-specific monitoring missions along with needs assessment will be carried out to adapt and improve the response strategy. In 2021, the humanitarian community developed a specific operational response plan for Ma'rib, Shabwah, Al Jawf and Al Hodeidah due to escalating emergencies in those areas. The practice will be continued in 2022. In addition, nationwide and localized assessments will also feed into the situation monitoring. To follow the track on assessments, OCHA will maintain an assessment registry and conduct the analysis of assessment gaps on a quarterly basis. Assessment reports, operational plans and assessment registry will be some of the reporting tools in this regard.

Humanitarian partners will continue to closely monitor macroeconomic and conflict trends, and their impact on civilians and infrastructure, displacement patterns, access constraints, food insecurity, malnutrition rates, disease prevalence and flood susceptibility throughout the year to guide preparedness and response. The IOM's Displacement Tracking Matrix (DTM) is in

place in the GoY-controlled areas to monitor the displacement and identify the pressing humanitarian needs. In 2022, the humanitarian community aims to extend the DTM activities to northern Yemen as well. The Rapid Response Mechanism (RRM) is also effectively operational in whole Yemen and will continue to provide up-to-date information on displacement dynamics. WFP's market Vulnerability Analysis and Mapping (mVAM) monitoring system is also in place and will continue to provide a real-time update on household-level food security and nutrition situation and market trends. FAO-led Food Security Information System (FSIS) regularly monitors the food security situation in the country. WHO and the Ministry of Public Health and Population maintain electronic Disease Early Warning System (eDEWS) to detect the potential outbreaks in a timely way. The Protection Cluster's Civilian Impact Monitoring Project (CIMP) provides a regular update on the civilian impact from armed violence. The Yemen CMWG, with the help of partners, will continue to manage Joint Market Monitoring Initiative (JMMI) to monitor the commodity prices and market functionality to facilitate the cash-based programming. The CMWG will also publish a quarterly dashboard to report the cash-based interventions. A CFM Technical Working Group under the CE-AAP Working Group will be established to streamline the complaint and feedback mechanism for humanitarian programming. Along with the above-mentioned mechanism, clusters also have a well-established situation and monitoring and reporting mechanisms.

Each cluster has defined a specific monitoring approach which will be adapted throughout 2022.

To evaluate the outcome and impact of the humanitarian interventions, aid agencies have monitoring frameworks in place. Implementing agencies will conduct regular monitoring visits to observe the programme implementations and conduct baseline, mid-line and end-line monitoring studies, impact evaluations and third-party monitoring studies, under the overall monitoring framework of the 2022 HRP. The YHF will expand the delivery of humanitarian assistance by focusing on critical priorities and needs continue to conduct monitoring visits, undertake

beneficiary verification surveys and share the findings of monitoring exercises with cluster coordinators and humanitarian partners to enhance the humanitarian assistance delivery in Yemen.

In addition to regular monitoring mechanisms, donors have established a Technical Monitoring Group (TMG) to strengthen the oversight for principled humanitarian response. The TMG will continue to track progress on seven areas that parties to the conflict must respect in Yemen to enable access and allow accountable, efficient, effective and principled humanitarian aid.

Overall, the ICCM will take lead on the monitoring of the 2022 HRP. Individual clusters, agencies and implementing partners will ensure direct monitoring mechanisms which will be regularly reported through the 4Ws (Where, What, Who, and When) on a monthly basis. Along with the monthly humanitarian updates, the ICCM will conduct a Periodic Monitoring Review and prepare the HRP End of Year report. The Information Management and Assessment Working Group, Humanitarian Access Working Group and other technical working groups will continue to provide support to the ICCM. Coordination mechanisms at the hub level, including the Regional Coordination Teams and Inter-Cluster Working Groups will also be engaged in monitoring efforts. The HCT will oversee the monitoring and reporting process and provide strategic level guidance in this regard. The YHF will conduct periodic monitoring in the field directly as well as through third-party monitoring mechanisms.

Risk mitigation for response monitoring

As situation and response monitoring remain a challenge in Yemen, the humanitarian community will take risk-mitigating measures to overcome the obstacle in response monitoring. A high-level engagement with authorities to facilitate the assessment and monitoring missions and to negotiate access will be continued. The humanitarian community along with donors will continue to move forward on the TMG benchmarks and pre-conditions. Monitoring and oversight mechanisms will be enhanced in line with the recommendations of Inter-Agency Humanitarian Evaluation to strengthen the quality assurance in humanitarian assistance delivery.

Part 3:

Cluster/Sector Objectives and Response

ADEN, YEMEN

IDP girl in an IDP site in Dar Sa'ad District, Aden Governorate, May 2021.

© Rania Abdulraheem/OCHA



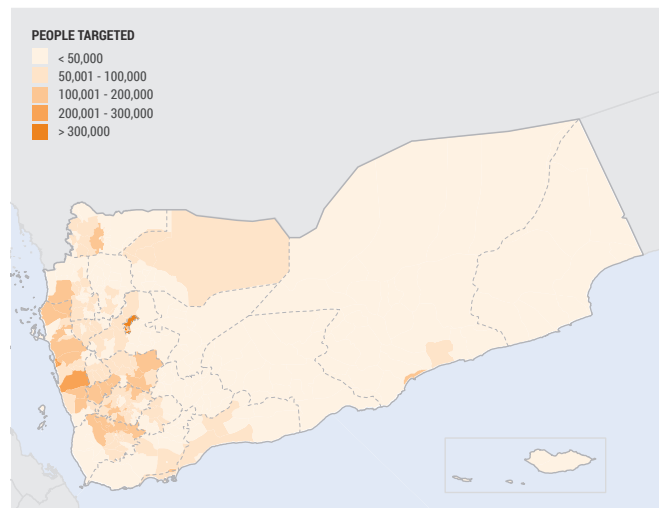
Overview of Sectoral Response

SECTOR	FINANCIAL REQUIREMENTS (US\$)		OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	■ IN NEED ■ TARGETED
Food Security & Agriculture (FSAC)	\$ 2.100 M		92	19 M	17.5 M	
Nutrition	\$ 442 M		41	8.1 M	6.5 M	
Health	\$ 398 M		45	20.1 M	12.6 M	
Water, Sanitation and Hygiene (WASH)	\$ 302.2 M		77	17.8 M	13.1 M	
Education	\$ 275.7 M		69	8.5 M	5.6 M	
Protection	\$ 202.9 M		74	17.2 M	11.2 M	
Shelter/ Non-Food-Items (NFI)	\$ 224.9 M		44	7.4 M	3.1 M	
Camp Coordination and Camp Management (CCCM)	\$ 86 M		19	1.8 M	1.2 M	
Refugees and Migrants Multi-Sector (RMMS)	\$ 55.8 M		15	0.3 M	0.3 M	
Logistics	\$ 45.6 M		92	-	-	
Coordination	\$ 47.3 M		208	-	-	
Rapid Response Mechanism (RRM)	\$ 20 M		15	-	0.6 M	
Emergency Telecommunication Cluster (ETC)	\$ 3.4 M		47	-	-	



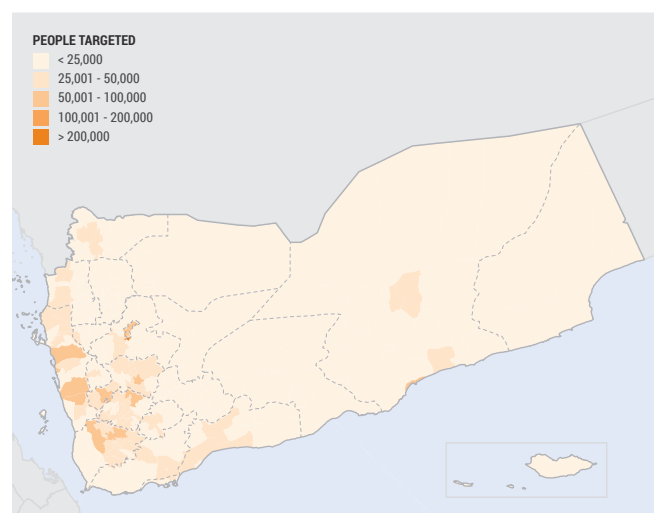
3.1 Food Security & Agriculture (FSAC)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
19M	17.47M	\$2.1Bn



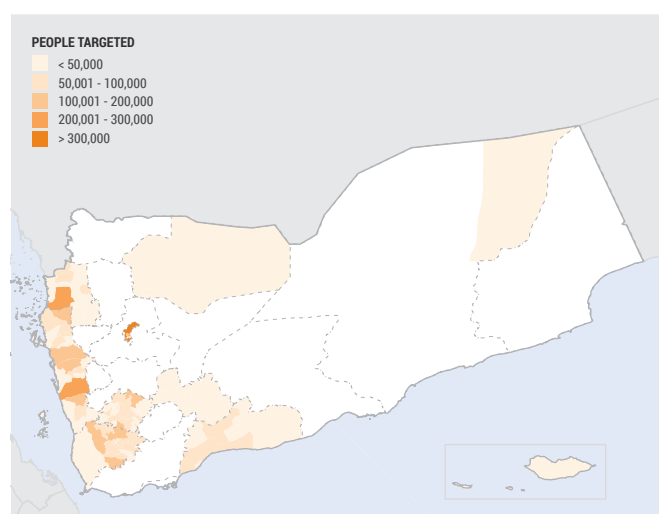
3.2 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.1M	6.5M	\$442M



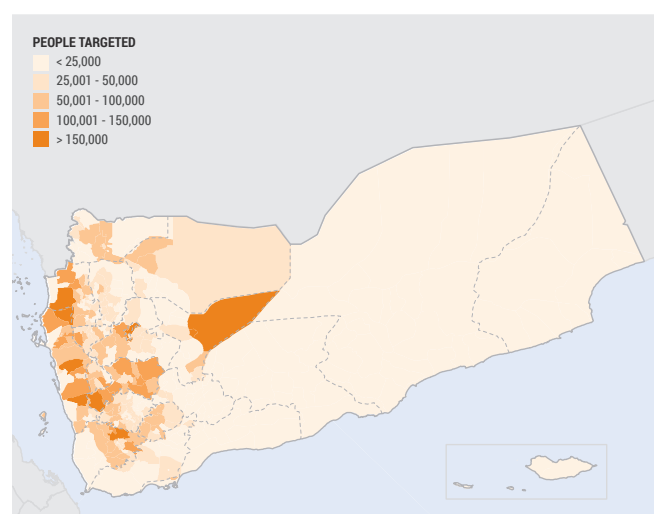
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
20.1 M	12.6M	\$398M



3.4 Water, Sanitation and Hygiene (WASH)

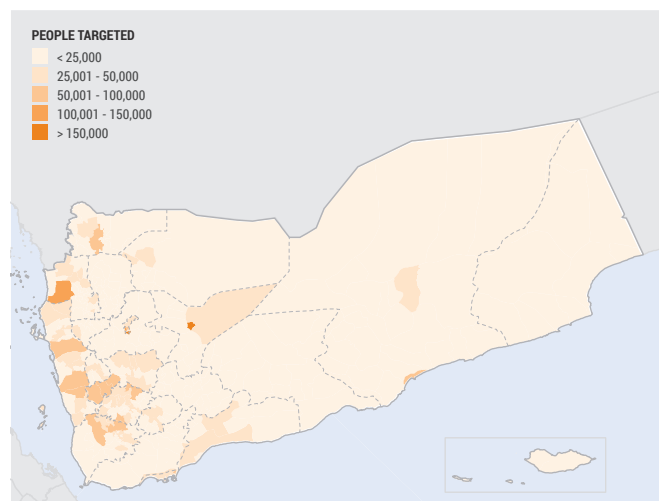
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
17.8M	13.1M	\$302.2M





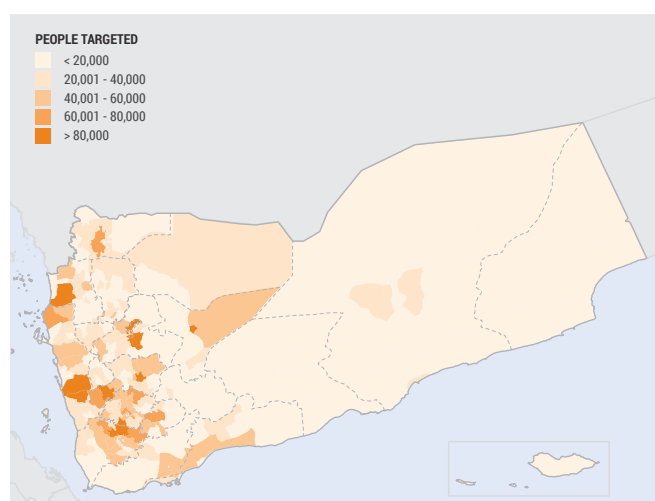
3.5 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.5M	5.6M	\$275.7M



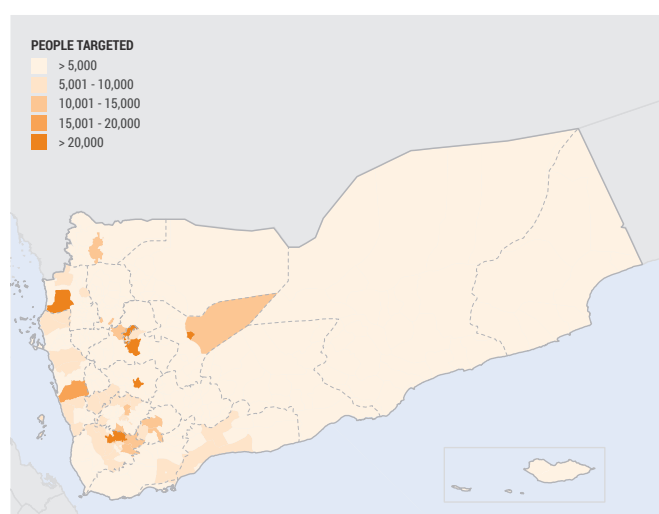
3.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
17.2M	11.2M	\$202.9M



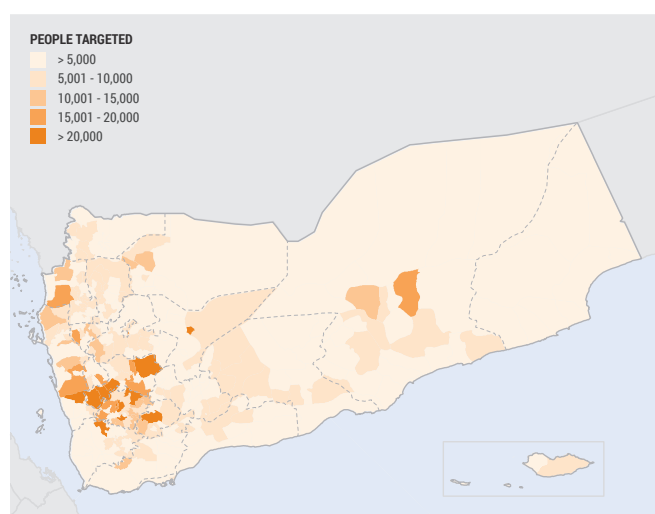
3.6.1 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.8M	1.2M	\$51.5M



3.6.2 Protection: Gender-Based Violence

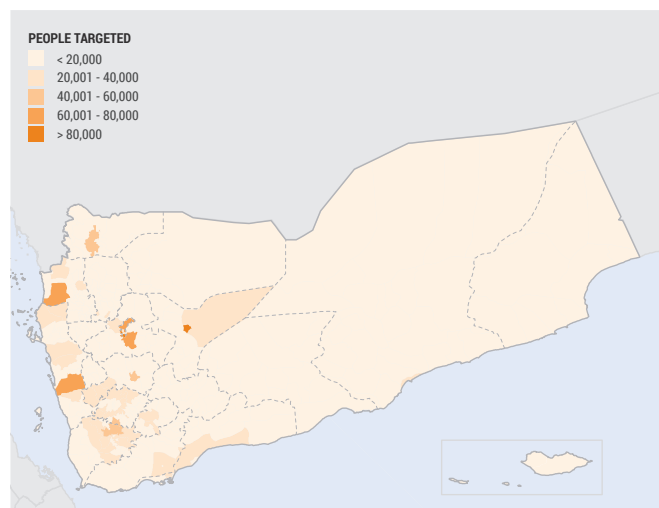
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.9M	2.4M	\$61.4M





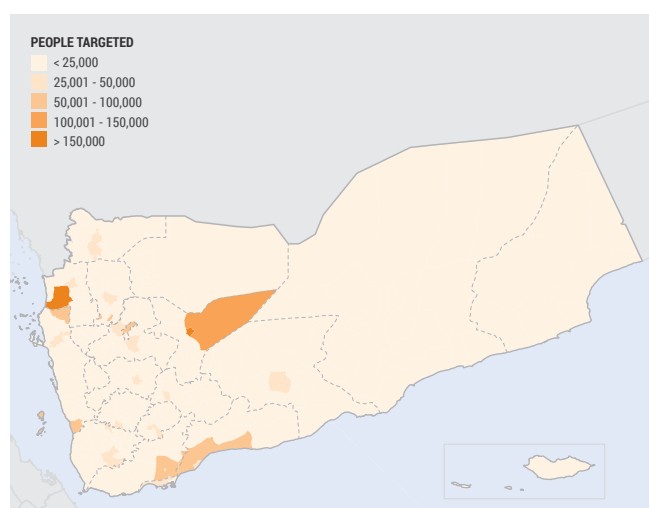
3.6.3 Protection: Mine Action

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.3M	5.3M	\$1.2M



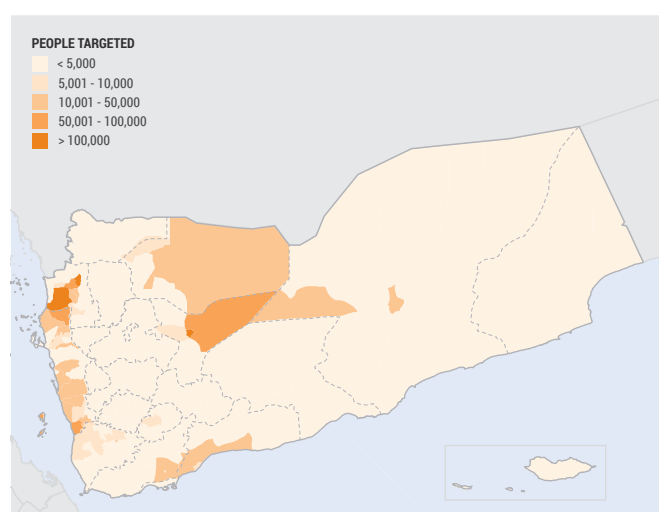
3.7 Shelter and Non-Food-Items (NFI)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.4M	3.1M	\$224.9M



3.8 Camp Coordination and Camp Management (CCCM)

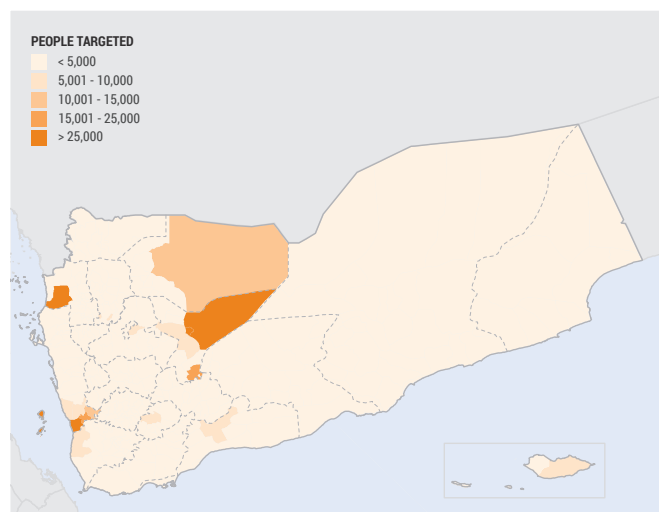
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.8M	1.2M	\$86M





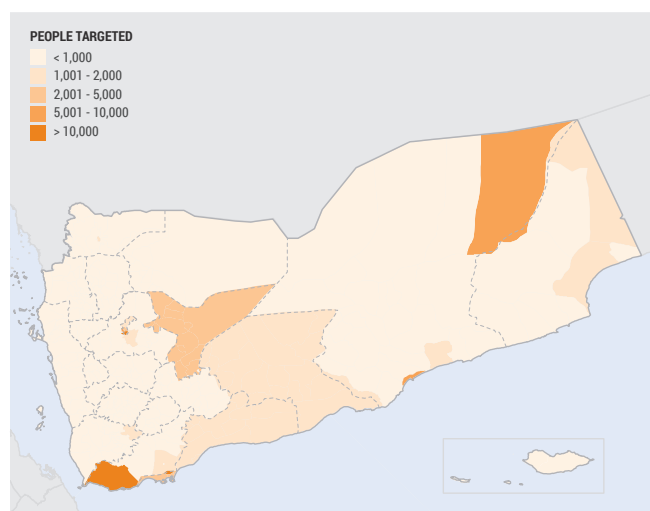
3.9 Rapid Response Mechanism (RRM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
N/A	588K	\$20M



3.10 Refugees and Migrants Multi-Sector (RMMS)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
293.9K	293.9K	\$55.8M



3.1 Food Security & Agriculture (FSAC)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
19M	17.47M	4.02M	9.26M	2.62M
REQUIREMENTS (US\$)	PARTNERS			
\$2.1Bn	92			

Objectives

The Food Security and Agriculture Cluster (FSAC) and partners will contribute towards zero hunger and strengthen household resilience to shocks through the following cluster objectives:

1. Increase availability and access to secure, safe and life-saving food for the most vulnerable households through the provision of emergency assistance.
2. Protect and promote livelihoods and build assets to enhance resilience.

FSAC partners will target the most food-insecure and vulnerable groups - facing IPC Phase 3 and above conditions - through the twin-track approach: the delivery of immediate life-saving emergency food assistance, allowing them to meet their basic food needs, and the emergency livelihoods support and season-specific cash transfers to protect, strengthen and restore rural and urban livelihoods, while stimulating economic recovery. This will improve household coping capacities, while lessening humanitarian needs and expanding sustainable interventions to build on the Humanitarian Peace Development Nexus approach. The proportion of the population in IPC Phase 3 or above is projected to be highest in the governorates of Al Hodeidah, Raymah, Hajjah, Amran and Al Jawf. In terms of absolute numbers, population-dense governorates facing conflict and increased displacement such as

Al Hodeidah, Hajjah, Ta'iz and Sana'a City host about half of the total population in IPC Phase 3 or above. Recent assessments and monitoring data indicate that the most vulnerable and at-risk groups targeted for assistance in 2022 include internally displaced people, socially and economically marginalized communities, including Muhamasheen, female-headed households, people with disabilities, landless casual labourers, the elderly and households with acutely malnourished children under five years of age, and pregnant and lactating women.

Response Strategies and Modalities

FSAC partners will provide immediate life-saving emergency food assistance, including in-kind food and cash or voucher transfers, to 16.7 million people. Approximately 30 to 40 per cent of the emergency food assistance response will be provided through cash or voucher transfers, contingent on in-depth market assessments and operational feasibility analyses.

Based on assessed needs, 55 to 100 per cent of the minimum daily food requirements will be provided for 12 months, depending on access and resource constraints. The "twin-track" approach allows the transition from emergency food assistance to livelihoods programmes. Based on the needs established through the Food Security and Livelihoods Assessment (FSLA) and the subsequent IPC analysis, FSAC partners will provide assistance to enhance the investment of available resources to rehabilitate and



MARIB, YEMEN

Displaced children carry WFP food rations in a makeshift camp for new IDPs in Ma'rib Governorate, Yemen, May 2021. © WFP

protect damaged critical community infrastructure and livelihood services. Priorities will include the stabilization of local food production, the improvement of food availability and access, the enhancement of self-reliance and the support to investments in the resilience of Yemenis. The provision of emergency livelihoods inputs and trainings will increase the availability of food and create employment opportunities as well as strengthen community capacities to sustain their productive assets. FSAC partners will also institute appropriate actions to ensure that returnees are integrated into sustainable livelihood programmes. A total of 4.7 million people will be assisted with various forms of livelihoods activities, with the provision of emergency agricultural, livestock and fisheries kits to 1.8 million people to ensure that the most vulnerable households receive timely inputs for growing season and contribute to improving agricultural productivity. To boost household food production, increase household incomes, restore and create employment opportunities, the rehabilitation and protection of damaged critical community infrastructure and livelihood services will be provided to some 2.3 million people. Approximately 600,000

people will be assisted with livelihoods asset-building support, vocational trainings and income generation related to small businesses and enterprises. Vocational training will strengthen employability through the provision of professional skills. Local procurement will be encouraged to create demand, where markets have sufficient capacity.

Through a prioritization approach, the most vulnerable segments of the targeted population receive assistance that is principled, minimizes the risk of doing harm and ensures a community-wide approach to the provision of assistance that reinforces existing social solidarity mechanisms.

FSAC targeting follows a four-step analysis combining geographic and household vulnerability analyses. The IPC geographic prioritization, based on the proportion of people in IPC Phase 3 and above, will be used to identify areas of intervention under the different FSAC objectives. The FSLA vulnerability analysis will promote intra-community targeting by identifying priority groups based on food security outcome indicators, economic and social vulnerability. Interventions undertaken

by FSAC partners will follow the level of need as defined by the IPC. Combined findings from IPC and FSLA – coupled with other sources of information and consultations with local authorities, community leaders, crisis-affected people, resource partners and other relevant stakeholders – will contribute to prioritizing households to be assisted.

FSAC activities are implemented through principled and people-centred approaches, promoting the safety, dignity and integrity of people receiving assistance and equally considering the different needs of women, men, girls and boys. FSAC partners mainstream protection throughout their interventions by implementing food assistance and livelihood activities in non-discriminatory and impartial ways. Equality, accountability to affected populations, participation and empowerment of people in need are principles incorporated in any food security intervention. This is achieved through the provision of information, consultation, enactment of beneficiary complaints and feedback mechanisms. FSAC partners prioritize the most vulnerable groups while ensuring that men and women have equal access to work opportunities and receive the same benefits for their input and work. FSAC partners will also offer livelihoods opportunities that are suitable for persons with disabilities and elderly people. Delivery modalities are chosen according to analyses of local contexts and consultation with beneficiaries. FSAC partners will monitor their programmes by collecting disaggregated data by age, gender and location.

Cost of Response

Costs related to the provision of emergency food assistance and livelihoods support are based on a full cost recovery model which includes the procurement of in-kind food rations and livelihoods inputs on local and international markets as well as costs related to port charges, airfreight, warehousing, transportation, insurance, distribution and monitoring. While local procurement could minimize costs for certain items, local markets are unable to consistently meet demands at scale due to limited local production, COVID-19 impact affecting main local importers, port restrictions and current macro-economic challenges. Where markets are fully integrated and functional, FSAC partners will scale up market-based interventions

(cash and/or vouchers) to increase cost efficiency and ensure adequate procurement quality standards. That notwithstanding, it is envisaged that the cost of delivering interventions is likely to face an upward trajectory due to the Yemen economic crisis and the depreciation of the local currency (leading to increments in prices of commodities) and the cost of the minimum food basket and livelihoods inputs (especially in the south). Escalation in the conflict, insecurity, bureaucratic impediments, access and poor infrastructures in some districts as well as recent global food, fuel and shipping cost increases are also estimated to drive up costs of delivering assistance using both market-based and in-kind modalities. While FSAC encourages the use of cash and voucher transfers, this has to be rooted in in-depth market assessments and feasibility analyses with the aim of minimizing costs and improving the efficiency and timeliness in the delivery of food, agriculture and livelihoods assistance and coordinated with the Cash and Market Working Group.

Linkages with development programming

Humanitarian needs resulted from food insecurity, economic shocks, climate change and reduced access to basic services need both immediate humanitarian response and development interventions to address the underlying causes. The FSAC will engage with the emerging frameworks in Yemen, including the Yemen Economic Framework (October 2021) and associated implementation paper, and the draft United Nations Sustainable Development Cooperation Framework 2022–2024, that seek to operationalize the humanitarian-development-peace nexus approach.

Monitoring

FSAC partners will employ a combination of various output and outcome monitoring approaches, both through face-to-face and remote monitoring methods. Response data, including both planned and actual implementation, will be collected and monitored on a monthly basis through district-level “Who does What, Where, When and for Whom (5W)” interactive dashboards, which provide FSAC partners and stakeholders with real-time data, to adequately inform response options in a timely fashion, and allow them to visualize gaps and potential overlaps,

to avoid duplication of interventions. In addition, there will be interactive dashboards covering the FSAC objectives, indicators, and targets, to monitor monthly achievements against the HRP Sub-district level response monitoring is undertaken at the sub-national level.

As part of the accountability to affected populations, FSAC partners continue to monitor the community perception of and satisfaction with service provision and support the collective monitoring of whether the targeted population feels consulted and informed throughout the entire response cycle. FSAC partners also conduct outcome monitoring, through random

household surveys, to measure the impact of food security interventions among targeted communities. Assessments focus on food security outcome indicators such as food consumption score, household hunger scale, household dietary diversity score, reduced coping strategy index and livelihood coping strategies. Results are compared with historical trends from previous food security assessments. Special emphasis is given to districts projected to have pockets of the population experiencing catastrophic conditions (IPC Phase 5).

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP 1.1	Increase availability and access to secure, safe and lifesaving food for the most vulnerable households through the provision of emergency assistance	Number of individuals receiving emergency food assistance (in-kind, cash or voucher transfers) on a monthly basis	19,000,000	16,700,000
			Number of individuals provided with emergency agricultural, livestock, and fisheries kits	19,000,000	1,800,000
S02	SP 2.2	Protect and promote livelihoods and build assets to enhance resilience	Number of individuals benefiting from conditional and season-specific cash transfer to rehabilitate community assets and infrastructure	19,000,000	2,300,000
			Number of individuals provided with livelihoods assets restoration support, assistance in establishing micro-businesses, and skills in enhancing employability	19,000,000	600,000

3.2 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
8.1M	6.5M	1.8M	4.7M	1M
REQUIREMENTS (US\$)	PARTNERS			
\$442M	41			

Objectives

In 2022, the Nutrition Cluster will continue addressing the acute and chronic malnutrition needs of 6.6 million people—1.8 million women, 2.5 million boys and 2.3 million girls. The Cluster will aim to achieve this overall goal using nutrition-sensitive and nutrition-specific strategies and actions, while focusing on the provision of life-saving curative treatment and preventive nutrition services in all the 333 districts in Yemen based on the SMART survey and IPC acute malnutrition findings.

Nutrition interventions will be scaled up in 122 districts facing acute needs and 166 districts showing moderate needs. Special attention will be provided to districts health, nutrition, water, sanitation and hygiene, and food security and livelihoods acute needs. The Nutrition Cluster aims to:

- ensure timely and quality life-saving preventive and curative nutrition services through strengthening local/district-level health system, integration with the relevant nutrition-sensitive interventions and emphasizing the use of existing health and community service delivery platforms.
- provide quality and timely life-saving curative nutrition services targeting 504,000 severely malnourished girls and boys, including 43,540 severely malnourished girls and boys with complications, 1.14 million moderately

malnourished girls and boys, and 773,186 pregnant and lactating mothers, including 80,801 boys and girls with disability.

- provide quality and timely life-saving preventive nutrition services, targeting 2.4 million boys, 2.3 million girls and 1.8 million pregnant and lactating mothers

Through these cluster-specific objectives, the Nutrition Cluster will address heightened nutrition needs among mothers and children in a comprehensive approach, while tackling various causes of malnutrition and providing both prevention and treatment of acute malnutrition in Yemen.

Response Strategies and Modalities

The Nutrition Cluster and partners will utilize the existing and functional static and ambulatory health facilities, while increasing its reach through existing and functional entry points such as community health workers, antenatal and postnatal care, as well as immunization.

Some 460,460 boys and girls under the age of 5 years who are estimated to suffer uncomplicated severe acute malnutrition (SAM), including 47,000 girls and boys with disability, will be provided nutritional services through 4,528 outpatient treatment programs, which correspond to 90 per cent geographic and availability coverage.



HAJJAH, YEMEN

A child is being fed with RUTF in the mobile clinic in Mabyan district, Hajjah governorate, Yemen. 2021. © UNICEF.

Through 151 therapeutic feeding programmes, which cover 3.4 per cent of the functional health facilities, nutritional services will be provided to 43,540, boys and girls under the age of 5 years who are estimated to suffer complicated SAM, including 4,400 girls and boys with disability.

An estimated 557,950 boys, 580,724 girls and 773,186 pregnant and lactating mothers who are with moderate acute malnutrition (MAM) will be provided nutritional services through 4,083 targeted supplementary feeding programs in 328 districts. Management of MAM will be scaled up geographically to cover all the 333 districts, with increasing the reach and coverage of Targeted Supplementary Feeding Programs (TSFP through mobile teams, which can provide treatment of SAM and MAM in an integrated way.

Given the importance of the early case finding of acutely malnutrition children and mothers using mid-upper circumference (MUAC) and referral of the identified acutely malnourished children and mothers to the appropriate care timely, early case finding will

be implemented at static health facilities, mobile and outreach health services through community health and nutrition volunteers, community health workers and community midwives, as well as using other community-based structures such as child-friendly spaces (CFS) and reproductive health services. Early case findings will not only prevent the potential mortality and morbidity but will also help in proxy indicating the nutrition situation in all districts. The WASH cluster will support the implementation through the provision of minimal water and sanitation at the nutrition facilities.

The Nutrition Cluster and its partners will also scale up life-saving preventive nutrition activities in close integration with Health, WASH, FSAC, Protection and Education clusters, targeting the first 1,000 days of the child's life as a window of opportunity to prevent acute and chronic malnutrition as well as preventing inter-generational cycle of malnutrition. The cluster will work with the FSAC to enroll vulnerable households with children and pregnant and lactating women discharged from the community-based management of acute

malnutrition programme in food security and livelihood interventions such as general food distribution, food-for-assets and other cash-based interventions in priority districts. The Nutrition Cluster will work in close coordination with the Education Cluster to provide nutrition education for school-going children and share key nutrition messages in schools. The Nutrition Cluster will collaborate with FSAC, Health, WASH and Education clusters as well as the child protection AoR, in areas affected by the convergence of food security, nutrition and public health severity using the public health and integrated famine risk reduction approaches/strategies as strategic entry points.

Prevention of acute and chronic malnutrition will include improving mothers' knowledge and practice of how they can appropriately feed their children and care for them via one-to-one counseling at facility and community levels and in close collaboration with antenatal care, postnatal care and the community health system, targeting 1.8 million mothers and caregivers.

Pregnant and lactating mothers and children under the age of 2 years will be also targeted with blanket supplementary feeding to prevent acute malnutrition in areas with global acute malnutrition (GAM) rates over or equal to 15 per cent, IPC acute food insecurity (IPC-AFI) level 4 with GAM over 10 per cent, or IPC-AFI level 5, or pockets. Currently, there are 179 districts covered with blanket supplementary feeding programmes (BSFP), which will be increased to 207 districts in 2022, targeting 531,861 boys, 525,517 girls and 1.07 million pregnant and lactating mothers.

About 1.3 million pregnant and lactating mothers will be targeted for micronutrient supplementation including iron and folate. The Nutrition Cluster and its partners will also provide cash and voucher assistance to at least 550,000 pregnant and lactating mothers/ mothers of children younger than two years to improve dietary diversity among mothers and children under the age of two years and mothers' capability of identifying acute malnutrition among their children through the family MUAC approach. Infant and young child feeding and BSFPs would serve as the entry points for this cash assistance. Acutely malnourished mothers and

those of acutely malnourished children will receive minimal hygiene promotion packages and training on caring practices, in coordination with Health and WASH clusters as well as child protection AoR.

Prevention of acute and chronic malnutrition among children under the age of five years will include the provision of age-appropriate micronutrients supplementation to children of the age of 6-59 months, including the provision of vitamin A supplementation at facility levels and through immunization campaigns to 4.8 million children of the age 6-59 months. An estimated 2.7 million girls and boys will be reached with micronutrient supplementation in 2022. Prevention of worms' infestations will be implemented, targeting 3.1 million children of the age of 12-59 months.

The nutrition services will be equally accessible to boys, girls, children with special needs and women. Nutrition services will adhere to the 'do no harm' approach including preventing the risks of sexual abuse and exploitation as well as gender-based violence. Identified cases of violations will be reported through established channels. The Nutrition Cluster and its partners will strengthen engagement with communities in programme design and will collect community feedback in an integrated way, using real-time innovative technology such as the KoBo toolbox. The feedback will be used to inform and adjust programming, where necessary.

The Cluster and its partners will ensure real-time information on children and mothers through SMART surveys, nutrition causality analysis, nutrition surveillance system and the contribution into the IPC-acute malnutrition analysis and reports. The nutrition program's quality and coverage will be monitored through routine monitoring data collection and proper nutrition coverage surveys such as Simplified LQAS1 Evaluation of Access and Coverage and Semi-QU entitative Evaluation of Access and Coverage.

Cost of Response

The Nutrition Cluster will require \$450 million to provide nutrition services to 2.5 million boys, 2.3

million girls and 1.8 million women in 2022.

The cost of nutrition cluster activities will likely be impacted by insecurities and conflict, scarcity of fuel as well as the ongoing economic impact of the COVID19 pandemic and the emerging impacts of the Ukraine crisis. Effective preventive programmes will reduce the later costs of treatment and early funding is critical in the light of the progressive deterioration of the security, international and local economical situations.

Cost efficiency will be achieved through:

- integration of nutrition activities with other clusters.
- focusing on prevention to reduce the caseloads of acute malnutrition requiring treatment.
- utilization of the conditional cash programming to help reduce the levels of malnutrition through improving the dietary diversity and reducing the duration of treatment and treatment through improving mothers' health and nutrition-seeking behaviours.

In 2021, the Nutrition Cluster was 53 per cent funded. With this level of funding, the Cluster and its partners achieved 142 per cent compared to the 2021 target. Despite the increase in costs, the cluster maintains the same level of financial appeal for 2022.

Linkages with development programming

The nutrition crisis in Yemen is multi-faceted and affect the survival of mothers and children as well as the future learning and development of children. The results of the recently conducted SMART survey as well as the IPC analysis show that most of the immediate and underlying causes of malnutrition are evident in Yemen, hence, a multi-sectorial response within both the humanitarian and the development agenda is necessary beyond the provision of food. The Nutrition Cluster's plan will complement the ongoing efforts of the Yemen multi-sectoral plan for nutrition 2020-2023 in line with the scaling up nutrition movement as well as the Grand Bargain commitments of 2016. The Cluster will ensure a multi-sectoral response to prevent

acute and chronic malnutrition in 2022, aiming to improve the household economy through a community-based integrated approach and the cash-vouchers programming to improve nutrition outcomes, which will be a step toward building resilience and achieving the humanitarian-peace-development nexus.

Monitoring

The Cluster's response will be monitored using 4Ws and various cluster data analysis tools, with a focus on:

- monitoring cluster response reach per activity per month against planned targets and measure coverage in terms of geographic and availability coverages. Response reach will also be monitored against severity and all data will be disaggregated by gender and age.
- monitoring response quality in accordance with the available national guidelines and/or SPHERE standards.
- monitoring nutrition situations through nutrition-specific assessments, surveillance and nutrition-sensitive assessments.
- monitoring multi-sectoral and inter-sectoral convergence.
- causality and outcome level monitoring.
- cross-sectoral monitoring includes monitoring accountability to the affected population and gender-based violence, using innovative approaches such as real-time monitoring and in accordance with the AAP framework developed by the global nutrition cluster. All response monitoring and reporting will involve disability as a principal monitoring and reporting area; and
- monitoring cluster funding levels against the cluster financial appeal for 2022.

The Nutrition Cluster database and dashboard will be produced on a monthly basis and the nutrition bulletin will be published on a quarterly basis. Cluster coordination performance monitoring will be conducted at least once during 2022. The Nutrition cluster will ensure its technical support to both the IPC-acute malnutrition and the SMART surveys.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.2 SP1.3	Ensure timeliness and quality life-saving preventive and curative nutrition services	Number of health and nutrition facilities staff trained on CMAM program	8,762	8,762
			Number of outpatient treatment sites with defaulting rates less than 15 per cent	4,528	4,528
			Number of targeted supplementary feeding programs with defaulting rates less than 15 per cent	4,083	4,083
			Number of therapeutic feeding centres with death rates less than 10 per cent	151	151
			Percentage of TFC sites with trained staffs and using adapted TFC Infection Prevention Control (IPC) guidance	100%	75%
			Percentage of nutrition surveillance sites operational with trained workers on IPC guidance	100%	75%
			Percentage of nutrition sites provided with PPEs supplies	100%	75%
			Number of functional mobile teams providing integrated package of primary health care (IMCI, nutrition, ANC, management of SAM/MAM, etc.)	217	217
			Number of high severity districts reached by integrated nutrition, FSL, WASH, health, and protection services.	50	50
S01	SP1.2 SP1.3	Provision of quality and timely life-saving curative nutrition services	Number of CHNVs trained on infection prevention and control	26,374	4,044
			Number of severely malnourished children enrolled in OTP services against the annual target	600,000	460,460
			Number of SAM with medical complications enrolled in TFC against the annual target	63,000	43,540
			Number of moderately malnourished under-five children enrolled in TSFP against the annual target	1.63 M	1138674
			Number of children under five screened for acute malnutrition	5,325,413	4,792,871
			Number of moderately malnourished PLWs enrolled in TSFP against the annual target	1,300,000	773,186
S01	SP1.2 SP1.3	Provision of quality and timely life-saving curative nutrition services	Number of TSFP sites planned to be scaled up in 2022	4,528	4,754

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
SO1	SP1.2 SP1.3	Provision of quality and timely life-saving preventive nutrition services	Number of mothers reached with IYCF individual/group counselling	2,500,000	1,800,000
			Number of girls and boys aged 6-59 months receiving multiple micronutrient Powder (MNP)	5,300,000	2,700,000
			Number of children, girls and boys aged 6-59 months receiving Vitamin A supplementation	5,300,000	4,800,000
			Number of boys and girls aged 6-23 months at risk of malnutrition reached with Blanket Supplementary Feeding Programme (BSFP)	1,100,000	1,100,000
			Number of pregnant and lactating women at risk of malnutrition reached with BSFP	1,100,000	1,100,000
			Number of children under five screened through Nutrition Surveillance System	1,400,000	1,200,000
			Number of PLWs supported with cash assistance	300,000	300,000
			Number of new NSS sites opened based on the scale-up plan	400	380
			Number of SMART surveys conducted	43	43

3.3 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
21.9M	12.6M	2.8M	6.9M	3.3M
REQUIREMENTS (US\$)	PARTNERS			
\$398M	53			

Objectives

The Health Cluster and partners in 2022 aim to strengthen, sustain and expand quality minimum service package (MSP) of health services at the community, primary and secondary levels, and to improve services at tertiary care levels. MSP is essential to meet the needs of the most vulnerable people in Yemen, including internally displaced people, women and children, older persons, persons with disabilities, migrants, refugees and asylum seekers, GBV survivors. Aligning with the strategic objective 1 and specific objectives 1.2 and 1.3, the Cluster and partners will provide health support through the below cluster objectives:

Cluster Objective 1: To strengthen health system capacity to prepare, prevent, detect and timely respond to epidemic-prone and endemic diseases, all-hazards emergency risk management and manage the health information system.

Cluster Objective 2: To ensure access to safe, equitable and inclusive humanitarian life-saving and life-sustaining health services to the most vulnerable at all levels of service delivery, through a quality MSP package with a stronger focus on primary and secondary health care.

Cluster Objective 3: To sustain the functionality of health system through the provision of operational cost

(i.e. electricity, water and oxygen), medicines, medical equipment and supplies, structural rehabilitation/revitalization, capacity building and financial support of Health Care Workers (HCW), referral between the care levels and provision of rehabilitative, advanced trauma and Intensive Care Unit (ICU) at tertiary care level to improve the resilience of health system and people.

Response Strategies and Modalities

The Health Cluster partners will enhance the availability and accessibility of health care at all levels through the MSP service provision model to expand community, primary and secondary level care to meet the increased needs for health assistance in 2022. This will also increase accessibility by the most vulnerable groups, including persons with disabilities, older persons and Muhamasheen, who need health care. The Health Cluster and partners will scale-up the response through increasing the capacity of existing health partners, expanding coverage, sustaining the health system and introducing durable solutions and long-term interventions, linking with humanitarian-development-peace nexus and developmental partners. The MSP support for community-based, primary and secondary levels entails provision of trauma and emergency care, reproductive, maternal, neonatal and child health care, mental health and psychosocial support (MHPSS), communicable disease control, enhanced surveillance, early detection and response to epidemic-prone and endemic diseases; and non-communicable diseases



ADEN, YEMEN

September, 2021. Midwife holds a newborn baby following a successful cesarean section at a supported health facility in Aden, Yemen. © UNFPA

(NCDs) management based on the MSP. Advanced tertiary/surgical and trauma care and physical rehabilitation including the provision of assistive devices for early mobility will be strengthened in the conflict-affected areas to minimize the long-term complications.

To enhance the equitable coverage of services, more attention shall be paid to community and primary level care. The key strategies to reach remote and marginalized people, including displaced people, persons with disabilities, older persons, refugees, migrants, asylum seekers and Muhamasheen, would be through integrated outreach (IOR) visits and through the medical mobile teams (MMTs), and enhancement of MSP service provision in the primary care level to include NCD and MHPSS and enhance the referral across different service delivery levels.

COVID-19 had a major impact on health service delivery in Yemen. The Health Cluster partners will continue to work towards strengthening coordination; surveillance, prevention and early detection of suspected cases, promoting behaviour change through

risk communication and community engagement (RCCE), identification and removal of barriers for high-risk groups including NCD patients, older persons and people with disabilities, raising public awareness, supporting laboratory testing capacity, sustaining and protecting essential health services in the non-COVID-19 health facilities and supporting COVID-19 case management, including advanced critical care in isolation units. The Cluster will also facilitate and promote COVID-19 vaccination together with the Ministry of Public Health and Population (MoPHP), WHO and UNICEF at the community and health facility levels for the frontline health care workers, elderly people, those with chronic underlying conditions, displaced people, migrants and refugees. Specific focus will be given to enhancing the equality in accessing the vaccination opportunity through enabling gender-segregated spaces for vaccination and safe access to the facilities in coordination with the relevant clusters.

The Health Cluster partners have an operational presence across the entire country. The districts with the health vulnerability/severity 4 and 5 and

frontline districts will be targeted primarily for humanitarian assistance. Other districts will be the initial target for durable and sustainable solutions, including operationalizing the non/partially functional health facilities, in coordination with developmental organizations to restore health system capacity and functionality of health facilities to deliver services in remote/inaccessible areas.

The Health Cluster partners will adapt integrated and intersectional inclusive programming wherever possible with WASH, Nutrition, FSAC, Protection and Education clusters to jointly respond to the critical needs impacting the health of the vulnerable people. Priority interventions identified include epidemic-prone and endemic diseases preparedness and response, MSP components with emphasis on reproductive, maternal, newborn and child health care (RMNCH), NCD, MHPSS, WASH in health facilities and rehabilitation support, referrals to higher care levels, while sustaining the structural and operational capacity of the health care system. Simultaneously, improved food security, water availability and quality, and environmental sustainability will positively impact the health of the vulnerable communities and will reduce outbreaks incidents. Women and child protection interventions and improved access to health care will contribute to improved health outcomes among the most vulnerable people. The Cluster will work closely with the Protection Cluster, Reproductive Health Inter-Agency Working Group (RHIAWG), and GBV partners to ensure health providers are equipped to prevent, detect and offer survivor-centred, right-based, non-discriminatory, quality health services for survivors of GBV. Training of health staff on first line GBV management and clinical management of rape (CMR) will be conducted in coordination with the Protection, RHIAWG and GBV partners. The Cluster will integrate AAP in health interventions, through involving the communities at different stages of the project management cycle, needs assessment, project design, implementation, and reporting and evaluation. Information sharing with the communities and availability of feedback and complaint mechanism will be ensured during the response.

Cost of Response

In 2022, the financial requirement to enable 12.6 million people to access lifesaving and life-sustaining primary and secondary health services is \$398 million. The response cost will cover activities, including protection against communicable diseases outbreaks through enhanced outbreaks preparedness, prevention and response support and sustaining health system services' accessibility and availability.

Linkages with development programming

In 2022, synergies will be sought between health humanitarian interventions and development and peacebuilding programmes. While ensuring the continuity of lifesaving and life-sustaining assistance for the most vulnerable people remains critical, the Health Cluster partners will strengthen investment in sustainable development and long-term solution for health system functionality improvement and improved capacities for health system resilient. These investments will be concentrated in more stable areas away from the conflict lines where there are huge gaps in the availability of health services in non-functional and partially functional health facilities, through an integrated manner with other clusters. Special attention from the Health Cluster and its allied working groups will be given to prioritizing medium- and long-term capacity building for more health care workers availability and health facilities renovation and rehabilitation to safeguard women, children, persons with disabilities, elderly people and protection of health care workers.

Monitoring

The Health Cluster's core function of information management and monitoring such as analysis of 4Ws, monthly achievements reporting through the District Health Information System (DHIS2), continuous monitoring of early warning systems for incidents of epidemic-borne disease (through eDIEWS), vaccination coverage monitoring (through Expanded Programme of Immunization (EPI), and annual tracking of health system functionality via Health Resources and Services Availability Monitoring System (HeRAMS) are critical to ensuring a rapid and flexible response according

to needs and severity and to ensure the consideration of emerging threats.³⁶ In addition to the monitoring mechanism required for each health project at the programmatic level, monthly and quarterly reports drawn from data recorded through these tools will be the basis to monitor health situations across Yemen to help health partners address existing gaps and mobilize resources effectively. The data collection mechanism and tools, including data management system and rapid needs assessment would further need to be updated and to disaggregate the data by sex, age and disability and to have a clear picture of the burdens of diseases including disabilities, NCD& mental health disorders on the crisis-affected people.

Coordination between the health cluster and its partners/members will continue through the various communication mechanisms already in place to ensure regular information exchange, consolidate health interventions and sustained updating of all the stakeholders. This exchange will be maintained through the regular national and sub-national cluster coordination meetings, periodic updating of the partners' contact list, phone calls, remote/virtual consultations, chat groups and email. Technical guidance, collaboration and feedback mechanism will be ensured with technical working groups under the umbrella of the Health Cluster, including RHIAWG, MHPSS Working Group, WASH in health facilities and other groups.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.2 SP1.3	To strengthen health system capacity to prepare, prevent, detect and timely respond to epidemic-prone & endemic diseases, all-hazards emergency risk management and manage the health information system.	Number of consultations for communicable diseases	8,600,000	5,000,000
S01	SP1.2 SP1.3	To ensure access to safe, equitable and inclusive humanitarian lifesaving and life-sustaining health services to the most vulnerable at all levels of service delivery, through a quality MSP package with a stronger focus on primary & secondary health care.	Number of total out-patient consultations	21,900,000	12,600,000
			Number of antenatal care visits	5,300,000	2,000,000
			Number of total deliveries assisted (Normal & C-Section)	892,000	625,000
S01	SP1.2 SP1.3	To sustain the functionality of health system through the provision of operational cost (electricity, water & oxygen); medicines, medical equipment and supplies, structural rehabilitation/ revitalization, capacity building and financial support of Health Care Workers (HCW), referral between the care levels and provision of rehabilitative, advanced trauma and Intensive Care Unit (ICU) at tertiary care level to improve the resilience of health system and people.	Number of health facilities with operational support	5,200	3,500

3.4 Water, Sanitation and Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
17.8M	13.1M	3.2M	6.7M	2M
REQUIREMENTS (US\$)	PARTNERS			
\$302.2M	77			

Objectives

The Water, Sanitation and Hygiene Cluster will respond to both survival and resilient WASH needs of 13.1 million out of 17.8 million people in need to preserve life, well-being and dignity, and reduce the risk of WASH-related disease through timely and resilient interventions.

In line with Strategic Objectives and Specific Objectives, the WASH aims to:

1. Address acute WASH needs to reduce related disease and malnutrition among vulnerable girls, women, boys, and men at risk through timely provision of life-saving assistance and services, which contributes to the first strategic objective and its specific objective 1.1, targeting 13.1 million people.
2. Deliver life-saving WASH assistance to reduce acute needs and protection risks to displaced girls, women, boys and men affected by conflict and natural disaster, which contributes to specific objective 1.3 under the to the first strategic objective and specific objective 2.1 of the strategic objective 3, targeting 7.4 million people.

The first Cluster Objective contributes to improving public health, well-being and reducing loss of life from disease, including diarrheal disease, a major

driver of malnutrition through both life-saving emergency response activities as well as resilient WASH interventions in close coordination with Health and Nutrition clusters. Most people are targeted with in-kind support, including emergency water trucking, distribution of hygiene kits, chlorination of water sources and water quality surveillance, and rehabilitation of existing WASH facilities where applicable. In reference to Cash4WASH Guideline and Tool, cash transfer and vouchers will be also applied to enable people to access water, hygiene kits and other WASH NFIs.

The second Cluster Objective specifically targets 2.6 million displaced girls, women, boys and men with life-saving WASH assistance to reduce acute needs and protection risks. This includes preparedness to the new displacement, providing integrated assistance to improve services and mitigate floods risks for internally displaced people in sites, and improving WASH access for stretched communities to strengthen well-being, improve dignity and reduce protection risks such as conflict over resources.

The third Cluster Objective captures efforts to restore and maintain water and sanitation infrastructure at minimum levels of operation to enable sustained access to safe WASH services, targeting 8.1 million people, as well as institutions. This focuses on areas of acute WASH need, including those with severe



TA'IZ, YEMEN

Two and a half years old child, in Al Nusayria Neighbourhood - Al Mudhaffar District -Ta'iz Governorate is happily drinking and celebrating water arrival in his neighbourhood. © UNICEF

water scarcity, significant displacement, high disease prevalence and protection risks, expanding climate-resilient approaches to ensure continuity of services to sustain lives and prevent disease. Following the findings of the WASH FIT analysis by the Health Cluster, the WASH Cluster prioritize resilient WASH intervention at healthcare facilities. WASH in schools is also prioritized in close coordination with the Education Cluster.

Response Strategies and Modalities

The Cluster prioritizes the timely provision of WASH services and facilities to save lives and mitigate risks as per minimum response standards, including necessary preparedness to an anticipated emergency situation, such as displacement and natural disaster. Flexible preparedness and response arrangement needs to be strengthened to deliver timely survival WASH assistance; therefore, the WASH Cluster will further advocate predictable and risk-based response arrangements to WASH partners and donors.

Conflict, economic collapse, and fuel crises have

significantly degraded the quality, quantity and accessibility of WASH services. The WASH Cluster will support water systems, focusing on areas largely dependent on water trucking in efforts to stabilize and reduce systems decline and increase water quality control, while minimizing financial burdens on families and service providers by installing more energy-efficient systems. The Cluster will explore options for minimum cost recovery through repairs, provision of spare parts and disinfection products, and capacity building and support for the operation and maintenance of WASH facilities.

WASH assistance is an integral part of multi-sectoral response needs which contribute to maximizing the effectiveness of life-saving support to girls, women, boys and men at risk. WASH contributes to the Integrated Famine Rapid Response (IFRR) framework by providing both survival and resilient WASH assistance in close coordination with FSAC, Nutrition and Health clusters following common criteria and methodologies. To address public health needs, the WASH Cluster co-prioritizes and co-locates

target areas with Health and Nutrition clusters as 54 districts fall under severity 4 and 5 across 3 clusters. WASH services at health care facilities and schools are fundamental to providing quality services and ensuring the dignity and safety of users. Together with Health and Education clusters, the WASH cluster strategically address institutional WASH needs. Acute and protracted needs among the displaced people will be addressed in close coordination and co-location with Shelter and NFI and CCCM clusters by sharing existing data.

Beyond meeting basic sanitation needs and preventing disease, access to adequate and appropriate WASH facilities play a vital role in the protection and dignity of affected people, particularly girls and women. For WASH programmes to have a positive public health impact, they should ensure that the safety, dignity and needs of all groups are understood and considered through inclusive and consultative processes. The WASH Cluster applies a “do no harm” principle and the WASH minimum commitments for the safety and dignity of the affected population to limit potential protection risks that may arise from interventions, including exclusion from services and gender-based violence. To this end, the WASH Cluster strengthens an inclusive consultation with the target population in the process of assessment, designing and implementation of activities, response activities with complaint and feedback mechanism, especially in the interest of girls, boys, women, people with disability and other vulnerable groups.

The WASH response is guided by assessed needs in accordance with WASH severity analysis together with detailed assessment findings by partners. The WASH Cluster applies the WASH minimum commitments to ensure consultation with and inclusion of girls, women, boys and men, including elderly people, persons with disabilities and minority groups across all processes of WASH response activities, including needs assessment, designing and planning, implementation and monitoring, which is to ensure people-centred and needs-based WASH response.

Cost of Response

The total requirement for WASH response activities is estimated at \$366 million. Some \$31.7 million is required to provide life-saving WASH activities for 4.8 million people with acute WASH needs and services include water trucking, construction of emergency latrines, distribution of hygiene kits, hygiene promotion, cleaning campaign and capacity building for WASH committees on operation and maintenance of WASH facilities. To sustain existing WASH services in communities, \$31 million is needed, including fuel support. For rehabilitation and solarization of existing WASH facilities, \$88.8 million is estimated as part of resilient WASH activities, which enable to reduce recurrent response costs and its average cost per person at \$19.3. Though the cost per person for durable and resilient activity is almost doubled, it is more cost-effective as per cost comparative analysis, which the WASH cluster conducted in 2021. The analysis revealed that the cost of water trucking for a year is close to standard rehabilitation work. It thus makes more sense to rehabilitate the existing water system is more durable and cost-effective in a long run.

Linkages with development programming

As 85 per cent of the population in need (15.1 M) is non-displaced, sustaining and improving existing water supply services by municipal water service providers is critical to meet acute water needs and improve public health in light of nutrition and health response needs. There are several groundwater assessment studies being carried out by development actors which shed light on effective humanitarian WASH response activities in severely water-scarce communities. Having a long-term strategy to address water scarcity in Yemen is a key linkage between development and humanitarian actors because extraction of limited water resources by humanitarian actions is potentially creating a negative environmental impact.

According to the Damage Assessment Report (GIZ, 2018), the average water consumption in urban areas decreased from 62 litres per capita per day in 2009 to

46 litres per capita per day in 2016, which is expected to be worsened by now due to the failure of existing generators and pumps, lack of fuel and increased leakages. Since the majority of the population in need requires durable WASH services under humanitarian WASH activities, more complementary planning and implementation are expected to happen to holistically address infrastructure investment needs.

Sanitation and solid waste management are areas that require significant financial investment and strengthening the governance and linkage with development organizations.

The capacity of municipal WASH service providers needs to be strengthened to sustain the current WASH services including tariff collection, regular operation and maintenance of facilities, which significantly support acute WASH needs where the WASH severity is high. During the course of the humanitarian WASH response, the WASH Cluster will extend its support towards a concerted effort made by development organizations.

Monitoring

The WASH Cluster will monitor response against identified needs, targets and activities through agreed cluster standards and indicators. Monthly response monitoring data will be collected against 27 core indicators linked to safe access to WASH conditions reflecting sex, age and disability and capacity building activities to WASH committees. Monthly response data will be compiled as a dashboard for continuous

and collective analysis against targets and overlaid with WASH-related disease indicators, population data, displacement data and access-related data. The WASH Cluster has established the WASH Assessment and Needs Tracking System (WANTS) to harmonize WASH needs assessments and analyses against other relevant sectoral indicators to enable a continuous WASH needs analysis, trigger alerts and identify emerging needs, gaps and trends, that complement monthly response monitoring. Physical monitoring by the WASH Cluster will be organized periodically by cluster coordinator and hub coordinators in collaboration with partners using monitoring forms developed in Kobo tools.

Specific monitoring on WASH response for internally displaced people in hosting sites will also be continuously updated at the hub level in close coordination with the CCCM Cluster. Through a Joint Technical Working Group with the Health Cluster on WASH in healthcare facilities, the WASH Cluster monitors WASH response gaps at healthcare facilities with the WASH FIT assessment tool and trigger alerts in coordination with the Health Cluster.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.1	Address acute WASH needs to reduce WASH-related disease and malnutrition concern among vulnerable women, girls, boys and men at risk through timely provision of life-saving WASH assistance and services	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk	6,059,936	4,288,476
			Provide support for solid waste collection and disposal	2,551,152	1,805,391
			Provision of operational support, spare parts and quick repairs to water and sanitation systems	6,540,194	4,628,344
			Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	1,465,318	1,036,971
			Provide access to safe water through water trucking and community tanks	3,447,524	2,439,733
			Provide household level water treatment options through chlorine tablets	1,584,190	1,121,095
			Provision of safe gender appropriate household sanitation options	1,672,977	1,183,927
			Provide support for solid waste collection and disposal and community-led cleaning campaigns	3,665,652	2,594,097
S01 S02	SP1.3 SP2.1	Deliver life-saving WASH assistance to reduce acute needs and protection risks to displaced women, girls, boys and men affected by conflict and natural disaster	Provision of hygiene items (including cholera kits and IPC kits) and Hygiene promotion and awareness	5,766,678	4,080,944
			Provide access to safe water through water trucking and community tanks	3,447,524	2,439,733
			Provision of operational support, spare parts and quick repairs to water and sanitation systems	6,540,194	4,628,344
			Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	1,465,318	1,036,971
			Provide household level water treatment options through chlorine tablets	1,584,190	1,121,095
			Provision of safe gender appropriate household sanitation options	1,672,977	1,183,927
			Provide support for solid waste collection and disposal and community-led cleaning campaigns	3,665,652	2,594,097
			Provision of hygiene items (including cholera kits and IPC kits) and hygiene promotion and awareness	5,766,678	4,080,944

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
SO2	SP2.1	Sustain and restore inclusive WASH services by improving existing WASH systems in areas of acute needs and high risk of disease outbreak and nutrition concern	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk	6,340,836	4,487,263
			Provision of operational support, spare parts and quick repairs to water and sanitation systems	6,540,194	4,628,344
			Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	1,465,318	1,036,971
			Provide support for solid waste collection and disposal	2,551,152	1,805,391

MA'RIB, YEMEN

Displaced children fetching water for their families in Ma'rib.
June 2021. © YPN/UNHCR



3.5 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
8.5M	5.6M	0.08M	5.4M	0.84M
REQUIREMENTS (US\$)	PARTNERS			
\$275.7M	69			

Objectives

In 2022, the Education Cluster will work with 80 partners and aims to provide educational services and assistance to about 5.6 million children of the 8.5 million people in need.

The Education Cluster aims at safety and an inclusive learning environment that promotes the well-being and resilience of the most vulnerable girls, boys, internally displaced children, children with disability, out-of-school children, caregivers and education personnel. This requires supporting the education system to deliver quality, inclusive and relevant education, that protects diverse learners and empowers their caregivers.

Aligning with the strategic objectives, the Cluster aims to:

1. Increase access to safe and inclusive learning opportunities for the most vulnerable school-aged girls and boys which will promote well-being and resilience, contributing to specific objectives 2.1, 3.1 and 3.2.
2. Support the system to deliver quality, inclusive and relevant education in an enabling and protective environment, contributing to specific objectives 1.2, 2.1, 3.1 and 3.2.

Response Strategies and Modalities

In 2022, the Education Cluster aims to target the most vulnerable school-aged girls and boys and their caregivers and teachers of all diversities and genders. It will focus on those in acute need, in areas where the severity of needs means there is a complex combination of the absence of learning facilities, higher displacement, lack of teaching staff and proximity with conflict lines.

Capitalizing on the ongoing efforts and continuous response of education partners in the difficult and complex conditions posed by the prolonged crisis in Yemen, the Education Cluster adheres to a needs-based approach to programming.

The Education Cluster's prioritization approach is guided by the cluster's severity analysis and categorization against key access, quality and systems-related indicators. The Cluster will prioritize the response to the education needs of more than 5.6 million children and adolescent girls and boys in areas with severe to catastrophic education needs (severity rankings three to five). A further priority is given to geographic areas with the largest gap between needs and response. Within these areas, the cluster pays specific attention to groups that are disproportionately in need of emergency education services. This includes children who are out of or not attending school, children living in acute and protracted displacement,



LAHJ, YEMEN

Children study in the fourth grade at Al Zyadi School in Al Zyadi Village, Lahj Governorate, Yemen. © UNICEF

children living in areas with no accessible education services and adolescents and children with specific physical and psychological needs.

The Education Cluster and partners will support the most vulnerable school-aged children, including 2.65 million girls and 2.99 million boys, who face a wide range of risks of violence. The Cluster and partners aim to reach 2.4 million children out of or not attending school, internally displaced, who have disabilities and are at risk of dropping out with protective learning opportunities in formal and non-formal inclusive education settings.

The Cluster developed a response framework that intends to focus on increasing demand through awareness-raising and outreach activities and refer children to available learning opportunities. The Cluster will support children with educational supplies, while expanding, establishing or rehabilitating schools or learning facilities through a gender-sensitive and disability-friendly approach, to provide educational services and decrease the barriers for them to

access formal and non-formal education. In terms of increasing awareness, interventions will include raising children's and teachers' awareness on hygiene practices, while providing them with personal hygiene kits.

As many of the internally displaced children are estimated to be out-of-school, the cluster will further expand existing non-formal education learning programmes such as the accelerated learning programme. Non-formal education, that provides the basic literacy and numeracy programme to bring children to age-appropriate educational levels, will be further framed to provide children who have no access to formal education opportunities with alternative education in line with the national curriculum.

Social protection is a fundamental area to education; therefore, the Education Cluster will provide fortified snacks and school meals in formal and non-formal learning facilities and will ensure children are safely commuting from and back to school, especially girls, younger children and children with disabilities.

The shortage of teachers in Yemen results in a high student-teacher ratio and irregular payments of stipends to teachers that do not meet their families' basic needs. Thousands of teachers continue to work voluntarily or take second jobs, which makes it harder for them to concentrate on teaching. Teachers will be provided with monthly attendance-based allowance and teaching and learning materials, and trained on socio-emotional learning, teaching in crisis contexts and inclusive education in emergencies, child safeguarding protocols, school-based risk reduction and safety, and some on accelerated learning to adequately expedite the re/integration of out-of-school children into certified education.

Working with the Child Protection AoR sub-cluster, the Cluster will deploy and operationalize the jointly developed framework, providing guidelines on how to implement an integrated response to children. Collaborating with the WASH cluster, a joint technical working group will finalize the standards of WASH in Education and complementarity intervention to improve the living standards and resilience of crisis-affected people in target areas. With the Health cluster, the Education Cluster engages within the IASC mental health framework and MHPSS Yemen working group to train school-based social workers on the identification and referral of cases requiring specialized mental health services to nearby public health centres. Working with the Nutrition Cluster, the Education Cluster will capitalize on the cash nutrition strategy in high severity areas to support school-level fathers-mothers- councils and teachers.

In addition to the developed strategies and inter-sectoral framework, the Education Cluster integrated the rapid response mechanism and will provide education learning material to school-aged displaced boys and girls to connect them with education and give them a sense of normalcy while they wait for more structured and organized learning opportunities in a formal or non-formal setting.

Furthermore, since there are no joint frameworks yet, the Education Cluster will further strengthen the close coordination with the CCCM Cluster and the Shelter/NFI Cluster.

Cost of Response

In 2022, the estimated cost of providing assistance to 5.6 million school-aged children and education personnel is \$275 million. The average cost per person amounts to \$49 over one calendar year.

Costing also considers response modalities for educational interventions, including structured education services, especially in non-formal education sets of programmes, focusing interventions for teachers and other education personnel, school-aged children and their caregivers. Other costs relate to procurement and distribution of supplies, such as stationary, recreational kits and school feeding.

In developing activity-based costing, the cluster has taken into consideration the economic decline, the Yemeni Rial depreciation and rising prices, especially for imported commodities.

Linkages with development programming

The Yemen protracted crisis requires coherence with national actors, contribution to sustainability and continued access to learning for children and young people. Education in Emergencies responses are linked with plans of national authorities, development partners and local actors. The Education Cluster has a strong engagement with development partners such as the Global Partnership for Education and the World Bank as well as agencies and international and national NGOs with a dual mandate. Working together towards uninterrupted education for children and youth and bridging data gaps by sharing updated needs overviews with development partners ensure complementarity, continuity of learning and referral of school-aged girls and boys from emergency education response to the development program. The Cluster's needs, achievements and gaps will be presented at the development partners group's monthly discussions for joint evidence-based advocacy and fundraising.

As part of the nexus and the global agenda, the Cluster will continue its commitment to developing the capacity and leadership of local partners, whenever possible to contribute to a more equitable and sustainable education response.

Furthermore, the cluster will continue to work with education authorities to build their capacity in line with the development partners to ensure the greater capacity of strategic planning, policy, data collection and fundraising.

Monitoring

Eighty cluster partners are actively engaged, as well as additional sub-cluster members provide inputs, including monthly 4Ws reports, to monitoring, readiness and response efforts. In 2022, the Cluster will track underserved groups of children, adolescents, internally displaced children and children with disabilities, and areas experiencing the highest gaps between severity of need, number of people in need

and response. The Cluster will monitor outcome indicators, the number of school-aged children with access to formal and non-formal education, and the five key indicators on access, quality and systems.

In addition, the Cluster will collect school-based data on enrolment from the Ministry of Education and that analysis and enrolment trends are captured by sex-age disaggregated data. The Cluster will continue to monitor the information related to the school-aged population collected from relevant clusters such as CCCM and RRM clusters.

ADEN, YEMEN

Students in Aden learn about the importance of regular hand washing and wearing masks to protect themselves from COVID-19 and other diseases. © Bassam Saleh/CARE



Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S02	SP2.1	Increase	Number of girls and boys, caregivers and community members who received awareness sessions activities		150,000
S03	SP3.1	access to safe			
	SP3.2	and inclusive learning opportunities for the most vulnerable school-aged girls and boys which will promote well-being and resilience	Number of girls and boys who were referred to formal or non-formal learning opportunities		50,000
			Number of children provided with remedial classes		30,000
			Number of children enrolled in accelerated learning programme		30,000
			Number of children provided with Basic Literacy and Numeracy (BLN)		30,000
			Number of children provided with catch-up-classes		30,000
			Number of children (5-17 years, girls/boys) benefiting from expanded temporary semi-structured new classrooms and gender-sensitive and disability sensitive WASH facilities		130,000
			Number of children (5-17 years, girls/boys) benefiting from established, temporary classrooms (tents) and gender-sensitive and disability sensitive WASH facilities		75,000
			Number of children (5-17 years, girls/boys) benefiting from established, expanded, or rehabilitated classrooms and gender-sensitive and disability sensitive WASH facilities		300,000
			Number of children benefiting from furniture and equipment, including desks, boards, solar power systems and with safety and security equipment in formal and non-formal		250,000
			Number of children (5-17 years, girls/boys) receiving school supplies (stationery, school bags)		350,000
			Number of children provided with recreational kits		50,000
			Number of children (5-17 years, girls/boys) provided with school transportation		20,000
			Number of students (5-17 years, girls/ boys), teachers and school administration benefitting from school feeding in formal and non-formal learning facilities		,800,000
			Number of children (5-17 years, girls/boys) supported by cash transfer		20,727

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.2	Support the system to deliver quality, inclusive and relevant education in an enabling and protective environment	Number of children (5-17 years, girls/boys) receiving textbooks		800,000
S02	SP2.1				
S03	SP3.1		Number of children (5-17 years, girls/boys) provided with supplementary materials in formal and non-formal settings		200,000
	SP3.2		Number of teachers/facilitators (female/male) trained on Teaching in Conflict Context - TICC		10,000
			Number of teachers/facilitators (female/male) trained on active learning		10,000
			Number of teachers/facilitators (female/male) trained on Inclusive Education in Emergencies training		10,000
			Number of teachers/facilitators (female/male) trained on accelerated learning programmes		10,000
			Number of teachers/facilitators (female/male) trained on child-safeguarding policies and protocols		10,000
			Number of teachers/facilitators (female/male) trained on Mental Health, PSS, and referral mechanisms sessions		10,000
			Number of teachers/facilitators (female/male) trained on school-based risk reduction and safety		10,000
			Number of teachers benefitting from monthly attendance-based allowances		100,000
			Number of teachers/educators (female/male) receiving teaching materials		10,000
			Number of children in formal and non-formal education who benefit from the provision of hygiene kits and cleaning materials		400,000
			Number of students/learners who received Hygiene awareness sessions and campaigns		40,000
			Number of students and teachers are provided from Mental Health PSS sessions		70,000
			Number of students whose learning outcome are monitored		5,000
			Number of education actors (female/male) trained on national standards and EiE		500
			Number of education actors (female/male) trained on advocacy of the needs and rights of children in crisis contexts		500
			Number of education actors (female/male) trained on Emergencies (EiE) and national/INEE minimum standards training		500
			Number of Father-Mother Council members trained		6,000
			Number of students trained to play an active role in their school		6,000
			Number of children supported to sit for national exams		600,000

3.6 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
17.2M	11.2M	3.2M	5.9M	1.7M
REQUIREMENTS (US\$)	PARTNERS			
\$202.9M	74			

Objectives

Yemen remains a protection and displacement crisis. Protection of civilians remains a critical priority, as the conflict continues unabated, with parties adopting harmful tactics and often disregarding the basic principles of International Humanitarian Law (IHL) and international human rights law. With some 4.3 million women, men, girls and boys have been displaced in the last seven years, with more than 250,000 in 2021 alone, particularly in Ma'rib, Al Hodeidah, Hajjah and Ta'iz, Yemen is world's fourth largest internal displacement crisis. Indiscriminate attacks, lack of precaution and the use of explosive weapons near densely populated areas continue to threaten the physical safety and mental wellbeing of civilians. Ongoing conflict, protracted displacement, severe food insecurity, economic downturn, the collapse of state institutions, declining Rule of Law and restricted humanitarian access, have eroded the coping mechanisms of millions of Yemeni and exposed them to heightened protection risks. The Protection Cluster and its Areas of Responsibility (AoRs) centred around two cluster objectives:

1. To provide specialized protection services to mitigate and address protection risks, ensuring attention to specific needs and prioritizing the most vulnerable and particularly displaced persons, and

2. To support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks.

The Protection Cluster will work with 72 partners, largely representing the local civil society, to address the needs of civilians who continue to face serious protection risks to their safety, wellbeing, a realization of their basic rights and access to services. The Cluster will focus on displaced and conflict-affected women, men, boys and girls, older people, people with disability and marginalized groups such as Muhamasheen. The Cluster will also devote attention to people with specific needs, such as those facing eviction, lacking civil status documentation or in distress and need of psychosocial support.

Response Strategies and Modalities

In 2022, the Protection Cluster aims to focus on the most vulnerable people through activities aimed at preventing, mitigating and responding to protection risks for women, men, girls and boys, especially the displaced and most vulnerable civilians. The Cluster will contribute to addressing the immediate protection needs of highly vulnerable people arising from displacement, conflict, disasters, food insecurity and epidemics. It will directly support people in need with critical protection services, particularly the most vulnerable, including children, survivors of gender-



SANA'A, YEMEN

A displaced girl plays with a cat in a site hosting displaced people in Sana'a. © Reem Al Wajih/UNHCR

based violence, people with disabilities, and make concerted efforts to reach out to people at risk of exclusion or subject to discrimination, including those at hosting sites. The Cluster and partners will focus on maintaining a network of community centres as a critical one-stop hub, offering a range of protection services for displaced people and host communities, including psychological first aid and psychosocial support, legal assistance and specialized services for women and children in need. Considering the remoteness of areas of displacement, the Cluster will reinforce its mobile activities and will maintain outreach interventions through community-based protection networks. Those interventions will aim to strengthen efforts to identify and refer people with specific needs to service providers, including women, children, elderly people and people with disabilities.

The Cluster and partners will ensure continuity of women and girls' safe spaces and referrals for comprehensive services. Additional support to address protection needs will include the provision of cash assistance. Cash support will be specifically aimed at addressing immediate protection needs, linking to case

management and victim assistance or will be provided as on an exceptional or emergency basis to respond to critical situations, including those linked to conflict-related incidents.

Static modalities, such as community centres and women and girls' safe spaces, are necessary to guarantee an adequate environment for the sustained delivery of several protection services, some of which are specialized. Mobile service delivery and outreach activities are better suited to responding to emergency situations and particular categories of needs of vulnerable groups. The volatile environment, with unpredictable humanitarian access and sudden changes in context, results in a constant necessity of adapting programs and interventions within project cycles, resulting in additional costs for ongoing activities.

Legal assistance, consisting of awareness raising, individual counselling and representation, will be provided, with a focus on facilitation of the issuance of civil status documentation, freedom of movement and access to remedies, humanitarian assistance and

public services. Legal counselling and representation in judicial or administrative structures will be focused on civil issues. Informal dispute resolution, largely through mediation, will be employed in those situations of threats of evictions and other housing, land and property issues.

Additional assistance related to conflict includes releasing contaminated land, disposing of exposing explosive remnants of war and explosive ordnance risk education, which will be the focus of the Mine Action AoR. Referral and specialized protection services for civilians injured in armed conflict will be provided as well as physical and functional rehabilitation for people with disabilities. Mine Action partners will continue efforts to facilitate the unimpeded movement of people and humanitarian assistance through targeted mine action activities and will strengthen the capacity of local and mine action implementing partners.

The response will focus on districts and governorates with severity rankings of three to five, through established humanitarian access and operational capacity of protection actors based on the cluster's 4W map, mapping of hard-to-reach areas and analysis of priority gaps for protection services. The targeted population will include internally displaced people (including over one million and a half-displaced persons dispersed across 2,360 hosting sites). The Cluster will focus on areas particularly affected by new displacement in late 2021 and early 2022, notably Ma'rib, Al Hodeidah, Ta'iz and Shabwah, where civilians suffer the immediate consequences of active conflict and need immediate protection support. The Cluster will respond to protection needs in areas where the displacement has become increasingly protracted, such as Hajjah, Al Hodeida. Sana'a', Ibb, Sa'dah and Aden, and where protection risks are often stemming from the negative coping strategies that families and individuals have to resort to because of such precarious socio-economic conditions and that affect particularly women, children, persons with disabilities.

Community-based initiatives will remain a cornerstone in the approach to protection interventions. Community outreach will be carried out by enhancing the capacity of community volunteers and community-based protection networks to detect protection risks,

identify individuals with specific needs and support referrals to protection services and by establishing two-way communication with communities. Partners will strengthen community-based awareness-raising on gender-based violence, including with community leaders.

The Cluster will enhance its support to durable solutions to displacement through interventions. Vulnerability and protection assessments will be structured in a way to include intention and existing obstacles to return. Static facilities and the protection services are designed as interventions that can benefit various communities, including returnees. Mobile activities will expand to areas where the return of displaced people is reported. Legal assistance, particularly if devoted to civil status documentation, will be of support to the sustainable return and reintegration, while more focused attention on housing, land and property (HLP) issues will be instrumental in better understanding the measure in which HLP is also a challenge to solutions.

Capacity building of protection actors, including duty bearers, on protection concepts, gender, inclusion, child protection, mine action and gender-based violence inclusion will continue to improve the quality of interventions, also considering the prevalence of national partners. The Protection Cluster will help national, local and other institutions to prevent, mitigate and address protection issues by supporting capacity building of social services institutions on various protection topics. Partners will conduct prevention activities, including awareness-raising on topics such as child protection and gender-based violence. The Protection Cluster will continue to support the development of national mine action frameworks to better facilitate this critically important and quickly developing sector, including the training of demining field operations and quality assurance with third party monitoring, to ultimately ensure compliance with international Mine Action Standards (IMAS).

The Protection Cluster will promote inter-sectoral synergies, aimed at a more holistic approach to addressing the multiple effects of the protracted crisis for groups with specific needs. Emphasis will be put on HLP issues, such as unresolved HLP disputes,

increasing threats of, or actual evictions from hosting sites, which often trigger secondary displacement, and heighten the socio-economic vulnerabilities of the affected households. In this regard, the Protection Cluster will collaborate with the Shelter/NFI, CCCM and other clusters and stakeholders under a dedicated

forum on HLP issues. Through its legal assistance programs, the Protection Cluster will also raise awareness, as well as provide legal support to affected displaced families.

Child Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
8.8M	1.2M	\$51.5M	19

The Child Protection Area of Responsibility aims to support over 1.2 million boys and girls and their caregivers, with preventive and responsive activities for child protection. The main focus for child protection's strategy will be based on responding through child protection specialized case management and psychosocial support response at an individual as at the community level.

Priority in the response will be given to the most vulnerable boys and girls, including those displaced and in host communities who are at risk of violence, neglect, abuse and exploitation based on their needs and levels of vulnerability.

The child protection AoR will focus to increase adequate services to boys and girls with special needs and at risk of exclusion from enjoying their basic rights due to discrimination. Inclusion of children with special needs and disabilities will be discussed and addressed in an integration and coordination manner with other clusters such as Education, Mine Action and Health, particularly in response to boys and girls affected by unexploded war ordnances.

The child protection response will focus on comprehensive case management services, including family tracing and reunification for unaccompanied and separated children, assistance to children's victims of violence and provision of alternative care, including

children victims of landmines and explosive remnants of war. Under the case management response, cash for protection addressing families with vulnerable and at-risk children will be encouraged.

The child protection AoR aims to increase capacity building of child protection practitioners to respond and refer cases to specialized child services or other specialized services such as health, food security, or nutrition. Partners will support the building of community resilience to increase the physical and psychological wellbeing of children and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation abuse of children through trainings and awareness-raising activities. In 2022, increased efforts will be made to strengthen coordination with humanitarian sectors to ensure that boys and girls, particularly those who are affected by conflict such as children heads of household and displaced children, who are included in humanitarian programming and have access to basic humanitarian assistance including food, education, health, CCCM and WASH services. The child protection AoR will coordinate with the mine action AoR to ensure that the risk of injury from mines/unexploded ordnance for children is reduced by raising awareness and promoting behavioural change. Coordination will also be ensured with the refugees and migrants multi-sector (RMMS), to strengthen the response for other vulnerable children including refugees and migrant

unaccompanied and separated children. Partners will work to ensure the provision of, and advocacy

for, children's civil documentation, including birth certificates, at governorate and national levels.



Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
6.9M	2.4M	\$61.4M	30

Women and girls who are disproportionately affected by the crisis in Yemen³⁷ are facing violations of their human rights, in the public and/or private spheres, too often evidenced as GBV. The GBV AoR will address the most pressing needs of GBV survivors and those at risk of GBV in 2022, including case management, mental health and psychosocial support, legal and other needs for the protection of the physical and mental integrity of women and girls. Such essential, life-saving services are limited across the country, and even where they are available, access is constrained by insecurity and limited response capacity.

Members of the GBV AoR will work to increase the availability of, and safe access to, case management, health, MHPSS, legal and economic opportunities and services. This includes promoting the availability and accessibility of safe services in remote areas of the country by increasing the number of service points and adapting delivery modalities. Mobile and remote services will be increased, and partners will facilitate safe transportation for women and girls to service points, while also working to improve the quality of life-saving services through continuous capacity building.

Targeted, structured and phased capacity-building approaches in GBV case management and MHPSS services, including training and ongoing coaching, will be undertaken in cooperation with the MHPSS

technical working group and other related sectors. Providers of legal aid, safety/security, and health services will be trained on GBV fundamentals and psychosocial first aid approaches and integrated into functional, safe referral pathways. Sustainability of service provision will be a central focus, including through engaging the relevant ministries in capacity building and the development of key guidance.

The GBV sub-cluster will promote a stronger understanding of GBV in the formal and traditional or informal justice systems, and work to challenge harmful norms that traditionally blame the survivor – most commonly women and girls – for the GBV they experience. This work will facilitate safe disclosures for survivors of GBV, increasing access to essential services. Awareness-raising with families and communities will also provide an opportunity to address negative practices such as child marriage and female genital mutilation, as well as denial of access to education and other services due to gender.

GBV sub-cluster partners will engage community leaders and related structures, especially in hard-to-reach areas, working towards the end goal of establishing sustainable community-based GBV prevention and response mechanisms.

Mine Action



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.3M	5.3M	1.2M	7	5K
REQUIREMENTS (US\$)	PARTNERS			
\$25M	11			

In 2022, the Yemen Humanitarian Mine Action Area of Responsibility (AoR) plans to ensure coordination of operational activities aimed at reducing and where possible eliminating the threats posed by explosive ordnance to civilians, including people with disabilities, humanitarian workers and other relevant aid and development partners, through mine action activities.

The most urgent needs are to release land contaminated with explosive ordnance, through comprehensive mapping, survey and clearance activities. It is critical to provide explosive ordnance risk education (EORE) to communities and victim assistance support to survivors either directly or indirectly through a referral system in partnership with the Health Cluster and government counterparts. Attention will be given to providing support tailored to the needs of women, girls, boys and men.

The Mine Action AoR works within a multi-sector approach to facilitate the free movement of people and goods and ensure access to humanitarian actors who provide life-saving activities. The sub-cluster will focus on expanding non-technical and technical survey activities by providing equipment, training and information management tools to national and international implementing partners, in line with Yemen's national commitment to the Anti-Personnel Mine Ban Convention (Ottawa Treaty).³⁸ Mine Action will also increase efforts to coordinate with the National Mine Action Authority to provide the required resources, conditions and access to facilitate the safe disposal of explosive ordnance.

Partners will prioritize and ensure the timely, safe

and efficient release of land, especially in areas with high incident rates, such as Al Hodeidah, Tai'z and Ma'rib. The Mine Action AoR will continue to provide coordinated EORE sessions, while developing alternative methods of delivery where access and movement are restricted. Efforts will be made to expand explosive ordnance disposal training of demining operators, which addresses an increasing trend in explosive ordnance incidents. Partners will also expand the delivery of safety awareness trainings to humanitarian workers, ensuring the safe provision of humanitarian aid.

In 2022, partners aim to reduce the threat posed by improvised sea mines, by developing mapping and clearing of Yemen coastal areas. Sea mines have become a perennial issue in Yemen and have the potential to disrupt shipping in the Red Sea and approach to seaports along Yemen's western and southern coastline.

The Mine Action Area of Responsibility will work to improve national capacity development through the implementation of recommendations based on the capability maturity model assessments conducted in 2020 and 2021, including strengthening the coordination on assistance provided to survivors by developing National Mine Action Standards on victims' assistance and strengthening existing capacities.

Cost of Response

The Protection Cluster and its AoRs need \$202 million in 2022. The Cluster has applied an average unit cost for each of its identified activities against targets. Main cost drivers include the provision of specialised

protection services such as cash assistance, legal services, case management, physical and mental wellbeing, and other interventions. These imply higher costs due to the increase of prices and necessity of expert staff and specialized modalities. Specialized humanitarian mine action interventions, particularly explosive hazard survey and clearance operations, require significant financial costs and technical resources to ensure the continuous capacity of the sector to mitigate the threat posed by explosive hazards to people in need and enable the safe delivery of aid.

Overall costs have increased due to continued economic decline, depreciation of the Yemeni Rial, loss of government revenue and rising commodity prices. The cost of the response is also increased by the strategic necessity to maintain multiple modalities of interventions, emergency response capacity to address the protection needs stemming from new displacement, as well as medium- and long-term programming, targeting protracted displacement and the extended effects of the conflict on hosting communities. Procurement and distribution of dignity kits to women and girls are also costly.

Linkage to Development Programming

In 2022, the Protection Cluster and its AoRs will continue its support to help national, local, and other institutions to prevent, mitigate, address, report and refer protection issues by supporting capacity building of social services institutions, government and local authorities on key protection issues and facilitate prevention activities to raise awareness on child protection and gender-based violence. Moreover, the Protection Cluster will support the development of national mine action authorities with capacity development and training, limited provision of equipment and support to their daily operations. The Protection Cluster will promote inter-sectoral synergies, aimed at a more holistic approach to addressing the multiple effects of the protracted crisis for groups with specific needs, such as HLP issues, which often trigger secondary displacement and heighten the socio-economic vulnerabilities of the affected households. Following recommendations of the Interagency Humanitarian Evaluation, the Protection

Cluster will engage more prominently supporting other clusters and humanitarian actors to effectively localize and mainstream protection into all humanitarian interventions.

Monitoring

The Protection Cluster, through its Civilian Impact Monitoring Project (CIMP), monitors the impact of the conflict on civilians and civilian infrastructure across Yemen. The Cluster will provide regular information to feed into the joint inter-sectoral analysis, through periodical and thematic reports. Furthermore, cluster partners will be encouraged to regularly share the outcomes of their quantitative assessments (at individual and household levels) and qualitative monitoring such as rapid protection assessments in situations of new displacement, to inform the cluster's analysis, programming and evidence-based advocacy.

The Child Protection AoR will continue to monitor needs and gaps for children in Yemen through its reporting mechanism system 5Ws, victim assistance, case management database, monitoring and reporting mechanism (data, partners assessment reports as well as inputs and feedback from Child Protection AoR coordination groups in the field. The coordination team will also conduct monitoring field missions.

GBV trends, survivors needs and gaps in services and access will be monitored through the GBV dashboard. The GBV AoR will continue to provide technical support for partners to enhance their capacity for assessments and will continue to advocate for the use of GBV observation-based assessment tools across clusters to monitor the upcoming needs based on the changing situation, field visits from the coordination team when possible and third-party monitoring in coordination with UNFPA.

Mine Action will monitor impact through analysis combining density of population with a density of contamination data. In the absence of countrywide assessments, Mine Action AoR will continue to use primary sources such as CIMP, Armed Conflict Location and Event Data Project), the Information Management System for Mine Action, community consultation and Yemen executive mine action

centre data. Mine Action AoR will also utilize the extracted information from the prioritization matrix that is communicated by humanitarian workers on the ground and will continue to proceed with rapid assessments.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP2.1	Provide protection services to women, girls, boys and men to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons.	Number of individuals benefiting from protection cash	11,200,000	100,000
S02	SP2.2				
S03	SP3.1		Number of community centres providing protection assistance and services supported	N/A	25
	SP3.4		Number of children reached with critical child protection services	8,800,000	27,303
			Number of dignity kits distributed	6,900,000	150,000
			Number of health facilities with available Post-Rape Treatments (PRT)	333	19
			Number of GBV beneficiaries reached with lifesaving GBV multi-sectoral services and cash support	6,900,000	250,000
			Number of service providers trained in GBV response, prevention, and risk mitigation	6,900,000	2,000
			Number of persons benefiting from community resiliency support (not including CP or GBV)	11,200,000	92,105
			Number of persons benefiting from legal assistance	11,200,000	143,813
			Number of children and caregivers affected by the conflict and natural disasters reached with physical and mental wellbeing activities in conflict-affected	11,200,000	1,218,253
			Estimated area, in square meters of land cleared or surveyed	N/A	1,500,000 (6,000,000m)
			Number of persons benefiting from protection training or capacity-building	11,200,000	5,952

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.1	Support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks.	Number persons benefiting from community-based initiatives on protection, including community development, awareness-raising, conflict prevention/resolution and peaceful co-existence	11,200,000	114,267
S02	SP2.1				
S03	SP2.2				
	SP3.2				
	SP3.4				
			Number of persons engaged as members of community-based protection networks and committees	11,200,000	1,400
			Number of vulnerable women, girls, men, and boys access alternative income-generating activities and skills building	6,900,000	80,000
			Number of people reached with life-saving mine risk education messaging	11,200,000	3,800,000
			Number of persons directly consulted or assessed through protection, human rights, and IHL monitoring	11,200,000	1,721,682
			Number of vulnerable women, girls, men, and boys reached with awareness about GBV issues	6,800,000	2,000,000
			Number of women and girls' safe centres /spaces to be established	75	13

3.7 Shelter and Non-Food-Items (NFI)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
7.4M	3.1M	0.76M	1.51M	0.46M
REQUIREMENTS (US\$)	PARTNERS			
\$224.9M	44			

Objectives

In 2022, the Shelter and Non-Food Items Cluster plans to reach 3.1 million people in 289 districts through a network of over 200 partners. The Cluster objectives will ensure the most vulnerable Yemeni population have access to essential non-food items (NFI) and benefit from adequate, sustainable shelter solutions enhancing their physical living space.

The first cluster objective is aligned to the first strategic objective and focuses on delivering life-saving shelter/NFI assistance to newly displaced people who are affected by the ongoing conflict and emerging natural disasters, as well as the prepositioning of NFIs and emergency shelter kits (ESKs) contingency stocks in key governorates.

The second cluster objective, which is aligned to the second strategic objective, focuses on enhancing the affected people's resilience through medium- and long-term shelter solutions, improving sub-standard conditions through the provision of sustainable and accessible shelter and NFI options to people affected by protracted crises, returnees and the vulnerable host community. This includes accessible NFIs, emergency shelters, maintenance and upgrades. In urban environments, rental subsidies will prevent evictions and degradation of living conditions for reasonable accommodation. Durable shelter solutions are key to building the affected population's resilience and

breaking the continual emergency cycle. This includes providing transitional shelter solutions, housing rehabilitation or reconstruction, and promoting a greener response.

Contributing to the third strategic objective, the Cluster's third objective aims to ensure the affected people are protected from climate-related and other environmental hazards, including winterization, natural hazard mitigation, and advance relative security of tenure.

Response Strategies and Modalities

The 3.1 million targeted population composed of 790,000 men, 760,000 women, 770,000 boys and 730,000 girls (0.73M), including 400,000 persons with disabilities.

The response strategy will balance strengthening capacities to support urgent critical emergency needs of 580,000 newly displaced people, scaling up the resilience of over 2.3 million people, through the provision of more sustainable solutions, and 700,000 people requiring protection from climate-related and other environmental hazards. The beneficiary selection criteria are based on shelter-related vulnerabilities, such as sub-standard shelter living conditions, inability to afford rent, the threat of eviction, at risk of, or in, secondary displacement, living in precarious hosting arrangements. This includes persons with specific



AL HODIEDAH, YEMEN

Ahmed is 6 and he wants to be a pilot in the future. He lives with his family in a hosting site in Az Zurah in Al-Hodiedah. July 2021. © Shadi Abusneida/UNHCR

needs and large families particularly those with children living in overcrowded conditions, female-headed households, children headed households, people with disabilities, those at greater risk of COVID-19 and marginalized groups with prioritization conducted according to established vulnerability criteria. The Cluster develops and reviews specific shelter solutions based on engagement with the affected people through two active shelter / NFI dedicated technical working groups. The modality of selected sectoral interventions is based on a market assessment to maximize the impact of assistance on people's lives. Recognizing the need to shift from the recurrent cycle of emergency assistance, the Cluster at the national and sub-national levels through partners will increase support for house repairs, provide shelter maintenance and upgrade assistance, and deliver activities linked to disaster risk reduction and legal support for housing, land and property disputes.

The cluster-led response will prioritize enhancing capacity for critical emergency assistance through the 72 hours response benchmark for emergency

referral, streamlining in 72 hours the verification of needs, the release of shelter/NFI from the common pipeline contingency stocks and distribution in a coordinated manner. The remarkable success of the Shelter/NFI Cluster common pipeline since 2018 in addressing the needs of newly displaced households will be enhanced in 2022. In parallel, the Cluster plans to address significant sectoral response gaps linked to the protracted nature of the ongoing crisis.

Linking with the first strategic objective, the Cluster will contribute to the reduced morbidity and mortality by promoting minimum adequate physical living conditions for newly displaced families and minimizing exposure to natural or climatical hazards and to violence, neglect, abuse and exploitation. Furthermore, family members with health issues often require decent and clean environments to avoid further deterioration. Overcrowded dwellings expose households to infectious diseases, including COVID-19. Ensuring minimum density standards will alleviate this risk. This requires prepositioning contingency stocks, including 53,700 NFI kits and 29,600 emergency

shelters in key governorates.

Relating to the second strategic objective, the Cluster aims to improve living standards and resilience through the provision of non-food items to 591,000 people, emergency shelters to 142,000 people, transitional shelter solutions for 235,000 people and enhanced living spaces for 690,000 individuals. This considers regular replacing damaged shelter materials and replenishing missing or worn-out NFIs. The Cluster will provide house rehabilitation and reconstruction to 71,000 vulnerable individuals to sustain their returns. The Cluster's cash for rent program will be provided to 643,000 people to directly alleviate the financial burdens of vulnerable families, preventing evictions and resorting to negative coping mechanisms.

The Shelter Cluster will address enhanced intersectoral coordination through the Tri-Cluster—Shelter/NFI, Protection and Camp Coordination and Camp Management clusters and other relevant stakeholders—approach for an integrated response and targeting. Initiatives with CCCM, WASH and Protection clusters will continue in 2022 to improve integrated settlement planning responses in selected spontaneous sites. This will be aligned with national, sub-national, and local development plans to facilitate linkages between multi-sectoral humanitarian responses and long-term development efforts. A key consideration will be given to greening the shelter response in the supply chain and encouraging localized, and environmentally friendly solutions.

Concerning the third strategic objective, the Cluster will ensure the affected people is protected from natural hazards and achieves relative security of tenure. Winterization support is vital in the winter season (October to February) to support about 380,000 people. Partners will also provide natural hazard mitigation support for 329,000 people at the community level, including displaced people, to facilitate early warning, prevention, and response measures. This objective also aimed to provide HLP support to ensure households progressing to more durable shelter solutions can achieve secure-enough tenure, allowing them to remain in safe and adequate locations while transitioning to longer-term shelter arrangements.

In 2022, the Shelter/NFI Cluster will develop a new multi-year strategy to provide direction to partners and other stakeholders, outlining technically suitable approaches to maintain emergency response capacity, consolidate shelter and settlement conditions for protracted displacement and promote a progressive shift to sustainable, integrated longer-term solutions. With a network of over 200 partners, the Cluster has competent capacity to respond nationwide when well-resourced and when access allows. Given the widespread availability of items on the local market, the use of conditional cash-based interventions is foreseen for activities that can also be self-implemented by beneficiaries (e.g., rental support, rehabilitation or reconstruction of houses). The in-kind modality will be maintained for programs that require technical supervision (e.g. critical shelter maintenance and upgrades) and for areas with difficult access to markets and families expressing such preference (e.g., female-headed households, older people and people with disabilities).

Cost of Response

The Shelter/NFI Cluster response in 2022 requires \$225 million, estimated based on unit costs and targets proposed for NFI (\$42.1 million), emergency shelters (\$21.5 million), winterization kits (\$12 million), critical shelter maintenance and upgrades (\$17.7 million), rental support (\$47.5 million), natural hazard mitigation (\$4.7 million), transitional shelters (\$36.3 million), house rehabilitation and reconstruction (\$42.6 million), and legal support for HLP disputes (roughly \$0.5 million). The response cost per households varies depending on the different stages of response, i.e., emergency response is roughly \$800 per family, mid-term response \$1,400, and long-term solutions approx. \$4,500.

Using different modalities of implementation will have variations in terms of cost. Shelter/NFI conditional cash responses are value for money, improving humanitarian outcomes and reducing the cost of the response, especially for programs such as rental support, house rehabilitation or reconstruction. It also provides greater choice and dignity while stimulating local markets and economies. Delivering the response through vouchers has obvious advantages in

enhancing the local economy and is worth exploring further in 2022. In-kind, when compared to cash approaches, consistently emerges as more efficient to deliver, especially in rural and remote areas due to issues with the functionality of local markets, availability and affordability of appropriate quality items, particularly blankets and plastic sheeting.

Linkages with development programming

To strengthen longer-term preparedness and response capacity in line with the humanitarian- peace-development nexus initiative and to decrease reliance on the short-term humanitarian surge and response patterns, the Cluster will advocate with development partners to enhance attention towards longer-term cooperation, resilience, programmatic support and funding in the following areas:

- Durable solutions support for displaced people and returnees with the provision of sustainable solutions such as transitional shelters accessible to displaced families with and without disabilities intending for local integration or house rehabilitation/reconstruction to returnees, in addition to investment in basic service infrastructures such as roads, drains, water networks, energy and waste facilities.
- Providing support to address HLP disputes with longer-term housing development agencies.
- Ongoing shelter response profile for Yemen

looking at localized durable shelter possibilities and connection with developing local building good practices to inform sustainable housing.

Monitoring

The Shelter/NFI Cluster partners have internal monitoring frameworks and reporting templates. At the cluster level, four main tools will generally be used throughout the programme cycle:

- Monthly 5Ws, which partners report on completed activities,
- 4Ws reporting on planned activities, funding mapping and regular and contingency stock tracking. This enables the Cluster to track progress monthly towards achieving targets and outcome-level objectives.
- The Cluster will undertake fund mapping exercises on a quarterly basis.
- Post Distribution Monitoring to help assess beneficiaries' satisfaction and measure the impact of the response. Results will help inform lessons learned and adjustments to future strategies.

The Cluster also plans to conduct a market assessment to have regular updates on geographical rental markets and the cost of shelter materials and NFIs.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP 1.3	Provide life-saving emergency shelter and Non-Food Item (NFI) support to persons newly displaced by conflict and natural disasters	Number of contingency NFI kits pre-positioned	489,000	374,000
			Number of contingency emergency shelter pre-positioned	489,000	250,000
S01	SP 2.1	Improved living conditions for persons affected by protracted crises, returnees, and vulnerable host communities by providing sustainable shelter and NFI solutions and promoting a greener shelter response.	Number of HHs receiving Non-Food Items (NFI)	5,400,000	601,000
			Number of HHs assisted with emergency shelter	840,000	117,000
			Number of HHs assisted with rental subsidies	2,900,000	629,000
			Number of HHs assisted with shelter maintenance and upgrade	1,000,000	875,000
			Number of HHs receiving transitional shelter	830,000	248,000
			Number of HHs assisted with house rehabilitation and reconstruction	1,100,000	55,000
S03	SP 3.1	Ensure affected populations are protected from natural hazards and achieve relative security of tenure	Number of HHs assisted with natural hazard mitigation	1,250,000	337,000
			Number of HHs receiving winterization support	658,000	357,000
			Number of HHs provided with Housing, Land and Property support		

3.8

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
1.8M	1.2M	270.4K	662.0K	180K
REQUIREMENTS (US\$)	PARTNERS			
\$86M	19			

Objectives

In 2022, the CCCM Cluster will work with 20 partners to provide assistance to 1.2 million people in all supported and prioritized sites, including the underserved hosting sites across Yemen to strengthen their safe access to critical services and safeguard their physical and mental wellbeing.

The Cluster aims to improve the living conditions of people in hosting sites, according to humanitarian and cluster standards. This approach includes the reduction and prevention of risks in an integrated approach, from eviction or security threats, famine and malnutrition, and flooding, while ensuring a protective environment for vulnerable displaced populations.

The CCCM response is centred around three cluster objectives:

1. Strengthening safe and inclusive access to multi-sectorial services at the site level through improved site supervision and coordination,
2. Strengthening community self-organization and community cohesion, and
3. Ensuring access to information for displaced populations, including specific measures required to facilitate access to information by older persons and persons with disabilities.

Response Strategies and Modalities

The Cluster and partners will target 1.2 million people, the most vulnerable internally displaced people with the most severe needs, including 266,607 men, 272,456 women, 342,237 boys, 318,700 girls and 180,000 persons with disabilities. Specific sectoral needs and protection risks will be coordinated with the relative sectors through the CCCM referral and escalation system.

The Cluster will work closely with Protection, including the GBV, Child Protection, Mine Action AoRs, Shelter/ NFI, WASH and other clusters to address the dire living conditions of displaced families. This multi-cluster approach, especially under the Tri-Cluster coordination, aims to prevent fires, violence, flooding and put people at lesser risk of contracting communicable or water-borne diseases. The Cluster will also address critical risks such as evictions, GBV, flooding and critical service gaps through the CCCM Cluster's referral and escalation system and track the site sectoral situation through the site monitoring system. The cluster will address unmet safety and infrastructure gaps through maintenance and community-led projects in 577 sites and camp-like settings across Yemen and aim to expand the coverage to reach an additional 984 sites currently uncovered and unmanaged. The implementation of the cluster response strategy will take a people-centred approach by mobilizing displaced families living on



AL HODIEDAH, YEMEN

November 2021, Displaced people and UNHCR partners install a new tent in Marib. So far in 2021, we distributed more than 8,000 tents in Marib. . @ SHS/UNHCR

such sites as well as host communities to strengthen self-organization and community cohesion with an inclusive approach, facilitating their meaningful participation in camp management decisions. In addition to supporting the formation of community committees, with representation of women, youth, older persons, minorities and persons with disabilities, the Cluster will ensure the participation of internally displaced people and host communities in site upkeep activities. In 2022, the Cluster will focus also on the capacity building of partners, including the site administration authorities.

The information of sites, including population figures, gaps and needs have been improved for the benefit of the response based on the coordination activities with the cluster partners, but also through coordination with other clusters (Protection, Shelter / NFI, WASH). This allowed to reach a coverage of 25 per cent of the sites (representing 42 per cent of the total populations) with site management by the end of 2021. The site is providing a set of activities and services agreed

and endorsed by all the CCCM members. Due to the complex situation in Yemen, the nature of the sites makes site management more costly or hard to reach. The site management approach is therefore conducted through a mobile team set-up. From the CCCM analysis, 12 per cent of the sites (representing 10 per cent of the internally displaced people living in sites) are 15 kilometres from hostilities areas. Those sites are not covered by CCCM site management or by partners.

The CCCM approach is guided by an analysis of the severity of the needs of displaced people in Yemen, while the Cluster's strategy is to strengthen the data collection for accurate and targeting and response. To achieve this, information management system will be coordinated between partners and the coordination teams at all levels to ensure timely reporting, capacity building and tracking of response to address gaps and needs. Conducting needs assessments for internally displaced people in all hosting sites is a challenge due to access constraints or lack of partners capacity

related to resources constraints. In coordination with other sectors, the Cluster aims to address this issue in 2022, through engagement with other stakeholders, including the authorities. In 2022, in coordination with all partners, including the authorities, the CCCM Cluster plans to expand its reach and capacity to conduct data collection disaggregated by sex, age and disability to all accessible locations in the country and increasing the frequency of data collection.

The CCCM Cluster, in coordination with the tri-cluster and the authorities, will support additional assessments such as site planning assessment and floods assessments to respond to security issues, and evictions, and the risk of flooding.

Cost of Response

For 2022, the Cluster revised its costing guidance which is based on the CCCM minimum activities. After activity-based costing consultations with partners and the CCCM Strategic Advisory Group, a total budget to meet the acute needs of 1.2 million people in 1,561 sites and camp-like settings across Yemen is \$86.4 million. The sites include 577 currently managed sites and 984 uncovered sites, which will be covered through a mobile team approach.

Linkages with development programming

The activities of the CCCM Cluster and partners focus on providing and improving living conditions, which is mainly an emergency response. However, the approach with development programming is part of the strategy.

The Cluster aims to ensure a protective environment for internally displaced people through continued implementation of site and area-based supervision and coordination. By providing an integrated approach and community capacity building, the CCCM Cluster is building the linkages with the development activities to strengthen the resilience of people and to include host communities. Through improved information sharing related to existing analysis, studies and mappings in camps and camp-like settings, the humanitarian-development-peace nexus will be strengthened. The CCCM Cluster will make information products available to humanitarian and development partners, and

potentially analyse products to be incorporated in the Yemen Development Partners' Dashboard.

Implementation of community mobilization and participation in programming will also contribute to enhancing protection environment to ensure the sustainability of development programmes. This programming will facilitate the development of community structures that have a liaison role between internally displaced people living on sites and authorities/ humanitarian partners, safeguard common facilities and alert relevant stakeholders of health and safety concerns. A community-led approach will also aim to improve relationships and cohesion between internally displaced people and host communities and implementation of long-term community projects.

Monitoring

The CCCM Cluster will monitor the activities based on a set of agreed indicators and through a regular reporting mechanism in the cluster's database. The database includes an eviction tracker which regularly reports on and monitors active eviction threats. The CCCM site report will be modified in 2022 as a complete monitoring tool updated on a monthly basis. The monitoring products will be made available publicly to service providers and stakeholders, and to support better inter-cluster coordination. The new approach will allow tracking evolution, analyse gaps and needs, and score the indicators per sectors to identify priority sites for intervention. In addition, the CCCM referral and escalation system will involve different layers of coordination to escalate gaps that CCCM partners could not resolve at the site level. and support coordination between clusters. These tools form an inter-cluster monitoring system and have different mechanisms of verification through direct site presence and feedback mechanisms, coordination structures and sectoral partners.

Given that CCCM activities require systematic site presence, communities are trained on the role of CCCM teams and their relationships and responsibilities toward the people they serve. Community engagement and participation, including of women, youth, older persons, minorities and persons with disabilities, are a core element of CCCM's implementation and

accountability standards.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.1 SP1.2	Strengthening safe access to multi-sectorial services at the site level through improved site supervision and coordination	Number of sites with functional site management teams	2,286	1,561
			Number of CCCM staff trained in gender, GBV, PSEA and GBV risks mitigation	200	40
			Number of CCCM staff and authorities with strengthened capacities in site management (disaggregated)	5,944	4,059
			Number of referrals tracked and addressed using the Area Based Approach		
S02	SP2.1 SP2.2	Strengthening community self-organization and community cohesion	Number of people incentivized through cash for work for site maintenance (disaggregated)	9,200	6,005
			Number site tool kits and material for maintenance, safety and hazard prevention	1,372	937
			Number sites with safety and risk prevention community-led projects	2,286	1,561
S03	SP3.1 SP3.2	Establishing access to information for displaced populations	Number of members of functional community self-organizing committees with inclusive, gender-balanced participation of both men and women	6,133	4,000
			Number of community-based projects aimed at site management and community ownership	2,286	1,561
			Number of mass information campaigns conducted	6,627	4,527
			Number of sites with functional Complaints and Feedback Mechanisms established	2,286	1,561

3.9 Refugees and Migrants Multi-Sector (RMMS)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
293.9K	293.9K	63.6K	42.3K	44.1K
REQUIREMENTS (US\$)	PARTNERS			
\$55.8M	15			

Objectives

In 2022 the RMMS will work through 12 partners to implement and oversee humanitarian responses for migrants, refugees and asylum-seekers arriving in, transiting through and already settled or settling in Yemen. RMMS will strive to ensure that migrants, refugees and asylum seekers have less exposure to protection risks; strengthen mechanisms for response and redress and facilitate safe, reliable and dignified access to services and to other forms of support to reduce vulnerability and enhance wellbeing. RMMS partners will contribute to ensuring a protective environment by addressing the manifold threats, risks, vulnerabilities and overall needs of migrants, asylum-seekers and refugees in Yemen, through a multi-sector approach.

This will be achieved through 1) the provision of multi-sector life-saving assistance and specialized protection services to vulnerable people on the move and those in need of international protection, and 2) the facilitation of solutions for migrants and refugees by promoting self-reliance, resilience to shocks and by support voluntary return to countries of origin and by advocating for resettlement opportunities.

Morbidity and negative coping mechanisms will be reduced through the timely delivery of basic services with a specific focus on extremely vulnerable persons, and through advocacy for the integration of refugees

in existing public services. Protection risks will be mitigated and – where possible - prevented by providing specialized protection services to survivors of GBV, unaccompanied and separated children, victims of trafficking, persons with disabilities, persons with special needs, and marginalized and excluded groups. Registration and documentation of refugees and asylum seekers will be supported as a tool for protection. The longer-term self-reliance of populations on the move will be promoted, including through avenues for durable solutions.

Because of the multi-sector nature of RMMS, the response contributes to all three HRP strategic objectives.

Response Strategies and Modalities

The RMMS will deliver a multi-sector response aimed at reducing morbidity, improving food security and access to basic services, mitigating protection risks, and facilitating solutions, in line with all key objectives of the 2022 HRP. RMMS partners will aim to meet the basic needs of individuals newly arrived, in transit and settled, including those in need of international protection. Activities will be carried out along migration routes including border areas; in urban centres, where most of the targeted population reside, particularly refugees and asylum seekers; and along frontlines including in Ma'rib, where many migrants are stranded. RMMS also aims to address protection risks and



ADEN, YEMEN

August 2021, Stranded Ethiopian migrants prepare for their journey home from Aden. IOM has supported the voluntary return of more than 2,000 migrants in 2021 through its Voluntary Humanitarian Return programme, a lifeline for migrants stranded in Yemen. © Majed Mohammed/IOM

threats through the provision of specialized protection services and to strengthen the protective environment through sustained advocacy and engagement with duty bearers to ensure compliance with human rights norms and international obligations stemming from the 1951 Convention on Refugees, of which Yemen is a part.

Migrants, refugees and asylum-seekers are entirely reliant on humanitarian actors to meet their basic needs, owing to ongoing legal barriers to accessing national support systems and services. Specific activities will include the provision of food, water, non-food items, and shelter support, specifically to migrants and to refugees in Kharaz camp, hosting 9,600 Somali refugees. RMMS partners will also provide cash support to the most vulnerable refugees, asylum seekers and migrants. They will support health care services, directly (including emergency services and victim assistance) or through partners operating in public structures and supporting primary health services for registered refugees and asylum seekers as well as Yemen citizens. The RMMS sector will provide a wide range of of specialized protection

services such as legal assistance on civil and criminal issues, including the registration of vital events; counselling and psychological support to individuals in distress; information on access to services and safe routes; best interest determination and fostering arrangements for unaccompanied and separated children; support to victims of trafficking, survivors of gender-based violence and other extremely vulnerable people through a case management approach. Refugees and asylum-seekers will be supported in accessing education, particularly primary education, will benefit from community empowerment and self-reliance support through community mobilization activities and livelihoods opportunities, where feasible. UNHCR will continue to carry out registration and refugee status determination under its mandate for non-Somali refugees in the areas under the control of the Government of Yemen and will provide technical support to the authorities in Sana'a and Aden for the registration and documentation of other refugees. RMMS partners will aim to ensure long-term solutions for refugees, migrants and asylum seekers, including through resettlement opportunities, and voluntary

repatriation to the country of origin according to minimum standards of safety and with dignity.

Migrants face different circumstances in Yemen to refugees and asylum-seekers; for them, the only durable solution available is facilitated safe and voluntary return to countries of origin and onward resettlement and reintegration. This will be facilitated according to agreed minimum standards and conducted in safety, with dignity and on the basis of voluntariness.

Cooperation and coordination with numerous stakeholders across the humanitarian response as well as with relevant authorities are essential to achieving the sector's objectives. The activities described above will be delivered through multiple modalities to address risks and meet needs. This includes direct service provision through dedicated facilities such as health clinics, mobile interventions along transit routes, delivery and provision of in-kind and cash assistance and offer of protection services. Other modalities will also include the support to public services, specifically health and education, and the offer of technical support to authorities to fulfil their international human rights obligations.

An integral part of providing holistic assistance includes efforts to strengthen the capacities and knowledge of partners and stakeholders. The Sector and partners will work to ensure the inclusion of migrants into the response of key clusters to maximize the efficiency of the response. This will involve targeting and utilizing existing cluster interventions to enhance reach to migrants, including through a newly launched UN Network on Migration that will build consensus on and direct the migrant response across Yemen. The Sector and partners will support authorities, particularly in the registration and documentation of refugees and asylum seekers and will advocate with authorities to maintain asylum space. The Sector will continue to advocate with other UN agencies and donors for cooperation and support in line with the goals of the Global Compact on Refugees.

The RMMS targeting approach is guided by an analysis

of refugee and migrant severity of needs in accordance with categorization against key access and availability indicators. RMMS target reach is based on an analysis of high severity areas, mobility patterns and protection trends, and comprehensive capacity and resource understanding of actors engaged in the sector.

RMMS partners will prioritize response to refugees and migrants in areas with severe to catastrophic needs (severity rankings three to five), and with areas at high density of migrants, refugees and asylum seekers, notably urban areas. District level targeting is difficult to ascertain due to the high mobility patterns of the population concerned, particularly in the case of migrants. The main governorates of focus, owing to trends from 2021, and severity of risks, needs and capacities will be Sa'dah, Abyan, Sana'a, Aden, Hadramout, and Ma'rib. Additional locations where needs may become acute will be served through RMMS capacity and resource mobilization in a coordinated manner as needs arise. Severity is based on locations along the migratory route where the highest protection risks have been observed, as well as on the population density, specifically for refugees and asylum seekers.

Cost of Response

RMMS financial needs for 2022 are based on a sound costing methodology and comprehensive needs assessments conducted throughout the year in coordination with partners and other relevant stakeholders. They are also influenced by the capacity of partners to respond and based on the assumption that partners will be able to operate without hindrances imposed by authorities. RMMS will be requesting \$56 million based on the rationale that the Sector and partners have a multi-sector response modality and are the sole humanitarian actors providing direct service delivery support to migrants, asylum-seekers and refugees. This requires significant financial investment to ensure effective and adapted responses. Some of the cost drivers are correlated with high operational, transportation and production costs and fluctuation of prices in the market, while most of the protection services, including registration and documentation, are human resource intensive. Restrictions and delays on the entry of essential goods and medicines into Yemen's Red Sea ports also contribute to higher costs

as Yemen is almost entirely reliant on imported food, medicines and fuel. Depreciation and volatility of the Yemeni Riyal negatively impact the purchasing power of persons of concern, and the humanitarian response as a whole, particularly cash-based interventions, which will need to be adapted, in connection with the survival minimum expenditure basket devised by the inter-agency Cash Working Group.

Linkages with development programming

The RMMS strategy aims to integrate migrant, refugee and asylum seeker responses into development efforts in line with the goals of the Global Compact on Migration and the Global Compact on Refugees. RMMS seeks to contribute to strengthening the resilience of communities and empowering migrants, refugees and asylum seekers to actively engage in peace and development. The integration and inclusion of migrants and refugees should be an important component of peace and development plans, with efforts focused on supporting social cohesion to ensure the needs of all vulnerable and at-risk groups are addressed. RMMS advocates for refugees, migrants and asylum seekers to obtain equitable access to public services and to the initiatives of support included in development programmes. In this respect, the Sector made concrete efforts to include the dimensions of asylum and migration in the UN Sustainable Development and Cooperation Framework.

Monitoring

The RMMS will undertake regular vulnerability analysis as well as monitoring the context and the protection dynamics. RMMS is also cognizant of the operational constraints and political sensitivities present in Yemen, especially in supporting protection-sensitive activities in hard-to-reach areas. RMMS has in place modalities for monitoring of activities and regularly develop internal monitoring tools with operational partners to enable oversight of activities against planned targets, performance and utilization of funds.

The RMMS measures progress towards targets for outputs and objectives using performance and impact indicators from its results framework, as well as proxy indicators outside the results framework, to provide complementary information on the context-

specific objectives and the associated targets. RMMS monitoring responsibility applies equally to activities implemented through partnership and those undertaken directly. The monitoring methodology employed by partners is based on agreed project performance monitoring plans included in partnership agreements. Each plan details the content and timing of specific monitoring activities during the year including monthly qualitative and quantitative updates and periodical verification exercises. This allows for course correction and activity revision should it be required.

Facilitating the participation of migrants, refugees and asylum seekers in monitoring and evaluating sector activities through complaints and feedback mechanisms is a critical part of the RMMS participatory approach. Participatory approaches involving targeted populations provide information and feedback directly and the information will be used to validate information received from partners and inform programming. Participatory approaches can be used as a systematic feedback mechanism on interventions and programmes and ensure that accountability, gender sensitivity and the principle of “do no harm” are mainstreamed across responses. Each response actor is required to fulfil minimum conditions to meet these commitments. This includes ensuring affected people have access to timely information, are aware of the available assistance and services and have opportunities to provide feedback through complaint and feedback mechanisms, community outreach and engagement.

The RMMS measures progress towards targets for outputs and objectives using performance and impact indicators from its results framework, as well as proxy indicators outside the results framework, to provide complementary information on the context-specific objectives and the associated targets. RMMS monitoring responsibility applies equally to activities implemented through partnership and those undertaken directly. For activities implemented through partners, the monitoring is based on agreed project performance monitoring plans established for each partner. Each plan details the content and timing of specific monitoring activities during the course of a year including monthly statistical updates and

quarterly verification exercises.

Facilitating the participation of beneficiaries in monitoring is a critical part of the RMMS participatory approach. Participatory monitoring and post-distribution monitoring provide data directly from the beneficiaries targeted for interventions and can be used to validate data received from partners. At the

same time, participatory monitoring can be used as a systematic feedback mechanism on interventions and programmes. Tools for participatory monitoring include one-to-one consultations, group interviews and focus group discussions.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S02	SP2.1	Facilitate solutions for migrants and refugees to address risks and promote resilience to shocks, self-reliance and community cohesion and support voluntary return	Number of migrants and refugees supported with voluntary return	6,600	6,600
	SP2.2		Number of refugee and asylum-seekers children enrolled in education programs	8,300	8,300
			Number of refugees and asylum-seekers involved in community network	16,068	16,068
S01	SP1.1	Provide multi-sector lifesaving assistance and specialized protection services to vulnerable refugees, asylum seekers and migrants	Number of migrants, refugees and asylum-seekers benefitting from enhanced water and sanitation services	29,600	29,600
S03	SP1.2				
	SP3.1		Number of migrants, refugees and asylum-seekers receiving cash grants	32,150	32,150
	SP3.2				
	SP3.3		Number of migrants, refugees and asylum-seekers receiving core relief items	29,860	29,860
	SP3.4				
			Number of migrants, refugees and asylum-seekers receiving food aid (in-kind)	19,600	19,600
			Number of refugees and asylum-seekers Individually registered and documented	27,400	27,400
			Number of migrants, refugees and asylum-seekers receiving specialized protection services (focus on children and women)	59,015	59,015
			Number of migrants, refugees and asylum-seekers supported with health care	128,489	128,489
			Number of migrants, refugees and asylum-seekers receiving legal assistance	3,000	3,000
			Number of migrants, refugees and asylum-seekers with specific needs receiving PSS	11,650	11,650
			Number of migrants, refugees and asylum-seekers enrolled in formal vocational training	1,000	1,000

3.10 Logistics



REQUIREMENTS (US\$)	PARTNERS
\$45.6M	92

Objectives

Based on the needs expressed and identified by the humanitarian community, the Logistics Cluster aims to provide logistics coordination among the humanitarian community to facilitate access to sufficient and reliable logistics services and operationally relevant information and to ensure a timely and uninterrupted supply of life-saving relief items to affected people. Furthermore, the United Nations Humanitarian Air Service (UNHAS) aims to provide safe and reliable humanitarian air passenger transport to and from Yemen.

Response Strategies and Modalities

The Logistics Cluster will continue to provide coordination and information management services to support an effective and efficient logistics response. It will act as a liaison between humanitarian actors to promote regular consultations and logistical information sharing with and among humanitarian organizations. The Logistics Cluster will hold regular coordination meetings to address common logistics gaps and constraints, and to avoid duplication of efforts while ensuring the optimal use of resources. The Logistics Cluster will continue to produce and share information products such as standard operating procedures, forms and guidance documents, UNHAS flight schedule, to facilitate operational decision-making among the humanitarian community.

Subject to availability of funding, common logistics services will be provided on a free-to-user basis. Access permitting, humanitarian organizations will

continue to be able to rely on two temporary common storage facilities in Aden and Sana'a. Common storage capacity may be increased, reduced or established in new locations, based on humanitarian organizations clearly identified gaps and needs. Mobile storage units will continue to be made available to humanitarian organizations for temporary loans, for increased storage capacity when and where needed, notably in remote field locations.

Ad-hoc airlift service facilitation to Yemen will be activated in the event of a rapid onset emergency, strictly for the air transport of multiple humanitarian organizations' urgent life-saving items and commodities (in accordance with the priorities set by the Humanitarian Country Team).

UNHAS will continue to provide humanitarian actors with air transport services as well as vital medical and emergency relocation capacity. UNHAS will operate via three main international hubs: Addis Ababa, Amman and Djibouti. UNHAS will continue to serve five key locations across Yemen: Aden, Ma'rib, Al Mukalla, Sayun and Sana'a. The destinations and frequency of flights will continue to occur according to operational needs and in line with decisions taken by the UNHAS Steering Committee.

Cost of Response

In 2022, the Cluster needs an estimated \$45.6 million. Of which, 84 per cent is needed for UNHAS to provide air transport services to and from Yemen. The main cost driver for this essential service consists of the

aircraft and associated contractual costs, along with landing and ground handling fees in Yemen. A fluctuating cost factor is represented by the volatile price of fuel. The remaining 16 per cent is required to fund the Logistics Cluster activities both across coordination and information management, as well as the provision of temporary common storage facilities for the humanitarian community.

Monitoring

The Logistics Cluster carries out a mid-year and end-of-year user feedback survey to track quality and effectiveness. In addition to coordination meetings, which act as a platform for organizations to raise concerns and provide feedback, gaps and needs analysis are also carried out through consultations at both global and local levels with humanitarian organizations operating in Yemen. Common logistics

services are recorded and monitored through the Relief Item Tracking Application, which provides users with key information regarding the status of items, stocks in storage, and produces customized reports.

Services provided through UNHAS are regularly monitored through diversified systems, which include but are not limited to, the WFP Aviation Quality Assurance Unit project oversight, the UNHAS Quarterly Steering Committee Meetings and the UNHAS customer satisfaction survey. The customer satisfaction survey provides UNHAS with feedback on service delivery reliability and its quality that results in the calculation of a service satisfaction rating. Through the same survey, UNHAS access engagement evaluates key elements, such as the need to increase or decrease flight frequency and the opening of new locations, to evaluate possible gaps in service delivery.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
		To maintain a platform for logistics information sharing and coordination	Number of user feedback surveys conducted		2
			Logistical gaps and needs analysis conducted		1
			Number of coordination meetings held		12
		To facilitate common logistics services (temporary common storage) to support humanitarian organisations operating in Yemen.	Percentage of ConOps cargo services requested and accepted are fulfilled		80%
		To maintain a safe and reliable common air passenger transport service for humanitarian staff to travel to and from Yemen.	Number of passengers transported		N/A
			Percentage of persons evacuated/relocated due to medical or emergency need		100%
			Number of user surveys conducted during 2022		4



3.11 Rapid Response Mechanism (RRM)

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
N/A	588K	147K	284K	88K
REQUIREMENTS (US\$)	PARTNERS			
\$20.0M	15			

Objectives

In 2022, the Rapid Response Mechanism (RRM) aims to:

- Provide immediate life-saving emergency assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas
- Provide immediate life-saving cash assistance to households who are newly displaced because of armed conflict or Climate Change disasters and in hard-to-reach areas
- Provide timely education learning material to households with school-age children who are newly displaced because of armed conflict.
- Provide two rounds of immediate life-saving emergency food assistance to newly displaced households that have received RRM kits.

RRM and its 12 partners in 328 districts will provide immediate, life-saving emergency assistance to households who are newly displaced and in hard-to-reach areas. The RRM is fully operational nationwide to meet the basic needs of newly displaced people by providing basic hygiene, female dignity/transit, learning material and immediate ready to eat ration kits to households within the first 72 hours of their displacement. However, Midi, Harad, and Heryun districts in Hajjah Governorate and Harib and Jabalmurad districts in Ma'rib Governorate are not

accessible for RRM partners.

Response Strategies and Modalities

The Rapid Response Mechanism (RRM) will provide a variety of solutions that prioritize the newly displaced households through:

- Provision of the emergency RRM kits (basic hygiene, female dignity/transit and immediate ready to eat ration kits) to the newly displaced people. This assistance, which covers basic needs for five to seven days, is provided on a blanket, zero regret basis.
- Provision of education learning material to the school-aged boys and girls to connect them with education and give a sense of normalcy while they wait for more structured and organized learning opportunities in a formal or non-formal setting.
- Provision of one-off multi-purpose cash assistance (MPCA) to the newly displaced households, 10-14 days after the provision of emergency RRM kits, to cover the basic needs of displacement households for one month, until further cluster-based response kicks in. The social-economically vulnerable displaced households will receive an additional two rounds of MPCA over the following two months, using the cash consortium of Yemen's vulnerability analysis framework. Provision of two rounds of emergency monthly food assistance to newly displaced households who have received RRM kits.³⁹



MA'RIB YEMEN

Households receive WFP food rations in Marib Governorate, May 2021. © WFP

RRM response modality entails procurement, storage and pre-positioning RRM supplies across the country, verification of new displacement alerts and mobilization of RRM team within 72 hours in the referred locations, enrollment of new displacement persons, distribution of RRM package, disbursement of cash assistance to the most vulnerable displaced persons and provide educational materials to the newly displaced children and adolescent, with and without disabilities and referral of newly displaced persons for any other required cluster responses.

In 2022, RRM will address the needs of newly displaced people through urgent, life-saving assistance that mitigates protection, hunger and hygiene risks. Ensuring a protective environment for this vulnerable population group with particular attention for women and children head of households, people with disability and elderly.

The RRM aims to provide a minimum package of immediate and most critical life-saving assistance to newly displaced households on the move due to

conflict or climate-related emergencies, in collective sites, hard-to-reach areas or are stranded on or near frontlines, to prevent or mitigate exacerbating protection risks for the internally displaced people and minimize their vulnerability needs. RRM provides an in-kind package of hygiene items, women dignity items, ready-to-eat food and learning materials. In-kind assistance is provided on a no regret, blanket basis to all newly displaced households and is followed by MPCA to meet basic needs and as well as two rounds of emergency food assistance to the newly displaced households that have received RRM kits.

RRM serves as an entry point to newly displaced families and a basic source of information management for first-line data, thus all enrolled new internally displaced people will be referred twice per week to all clusters for sequencing cluster-based response.

In collaboration with the Protection Cluster and its areas of responsibilities, RRM will continue working to enhance the capacity of the partners on the

integration and mainstreaming of protection and gender principles in their day-to-day work, referral to protection partners of identified protection cases, as well as collaborate with the inclusion task force to mainstream an inclusive approach addressing the specific needs of persons with disabilities, older persons, and Muhamasheen. The protection mitigation measures are already in place by setting up protection desks to identify cases with protection concerns and refer them to the relevant service providers throughout the RRM enrollment/registration, verification and distribution process. In addition, Training of Trainers workshops for RRM safe programming to enhance technical capacity for protection mainstreaming was provided in close coordination with protection clusters to all RRM partners and RRM coordinators in each hub and refresher workshops of such technical capacity building are planned twice per year. Moreover, the RRM assistance package content was reviewed based on the community feedback mechanism (CFM) outcomes and further improvement to have contextualized and more effective CFM tools will be factored into RRM operations, in coordination with the community engagement working group. RRM will prioritize the safety and dignity of the beneficiaries, avoid doing harm to beneficiaries and will ensure to promote meaningful access to the existing protection services including GBV services.

In the Yemen context, newly displaced persons are defined as households and/or individuals fleeing their habitual place of residence in the last month due to conflict, climate-related disasters or a sudden deterioration of the humanitarian situation. Based on new displacement alerts from local authorities, rapid displacement tracking mechanism (DTM), or information provided by CCCM partners and the RRM key informants network, the RRM will target 588,753 newly displaced persons, including people with disabilities with in-kind, cash assistance and two rounds of emergency monthly food assistance. In line with the blanket approach, all registered internally displaced people will be provided with a one-off MPCA transfer, with a further 16,800 households (117,600 Individuals) targeting multi-month MPCA. During the enrollment and distribution, RRM teams have adapted the new COVID-19 preventive measures in compliance with the WHO standard to ensure the protection of

beneficiaries by maintaining social distance and to foster awareness through information, education and communications materials at the distribution points.

Cost of Response

The required funding for high priority life-saving intervention is calculated by unit cost against the target population with individuals and household applies as a unit of measure, as appropriate. The RRM has experienced sustained underfunded for multiple years. With the intensification of armed conflict throughout the country, the financial requirements in order to meet the basic needs of the anticipated 588,753 people who will be displaced in 2022 due to conflict or climate-related disaster, the RRM in-kind requires \$20.025 million for emergency life-saving in-kind and cash assistance. Targeting takes into account RRM needs, as well as the presence and capacity of current partners.

The RRM capitalizes on existing infrastructures, ensures quality with specialized agencies and increases the speed of delivery while endeavouring to use resources efficiently. UNICEF and WFP supply hygiene kits/learning material and food rations respectively, while the UN Common Cash System (UNCCS) will be utilized to channel cash assistance. The RRM also works closely with other clusters and UN agencies to align partners on the ground to ensure synergy.

The entire cost per person for the RRM in 2022 is given below in comparison to 2021.

- By integrating the educational kit with the RRM kit for an immediate response, the unit cost of the kit per household has increased from \$122 to \$144.
- Similarly, the general food basket cost per household has increased from \$66 in 2021 to \$77 per household in 2022 while the cost per metric ton (MT) of food is \$1,032/MT.
- The per-household unit cost of warehousing, transportation, and implementing partners has been reduced from \$130 to \$94.40
- In comparison to 2021, the unit cost of MPCA support per household has reduced from \$260 to \$230.

Linkages with development programming

RRM goes beyond the provision of in-kind and multipurpose cash assistance and explores its impact; thus the RRM overall goal is to strengthen the integration of subsequent response. The RRM will collaborate with authorities to strengthen the beneficiary's data collection disaggregated by sex, age and disability through enrollment modality and partners will collect internally displaced people data using harmonized and updated household registration forms that capture initial disaggregated data and information related to CCCM, WASH, Protection, Education and other clusters. This will ensure better planning and informed decision making on the subsequent cluster-based response and monitoring displacement alerts from sources, such as the Data Tracking Matrix and information provided by international NGOs, community-based organizations and local authorities, with information triangulated with relevant sources. Household data will be uploaded on the RRM online central database for further regular sharing with

humanitarian stakeholders twice a week.

Monitoring

RRM targets to reach 588,753 newly displaced persons in 2022, who will be reached with RRM in-kind and multi-purpose cash assistance. The post-distribution M=monitoring (PDM) will be conducted through a third-party monitoring agency on RRM project implementation, impact and appropriateness of the assistance delivered and the use of the assistance.

All RRM partners are required to adapt and ensure a monitoring and evaluation framework during the project life cycle for accountability. In addition, RRM will conduct periodic monitoring and field visits to the project sites across the country.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
SO1	SP 1.3	Provide immediate lifesaving emergency assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas	Number of RRM kits distributed to the newly displaced households.	588,753	588,753
		Provide immediate lifesaving emergency cash assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas.	Number of households received one-off multi-purpose cash assistance	588,753	588,753
			Number of households received multi-month cash assistance	117,600	117,600
		Provide timely education learning material to households with school-aged children who are newly displaced because of armed conflict.	Number of education learning material distributed to the newly displaced school-age children	284,863	284,863
		Provide immediate lifesaving two rounds of emergency food assistance to newly displaced households that have received RRM kits.	Number of internally displaced households that have received rounds of emergency food assistance	588,753	588,753

3.12 Coordination



REQUIREMENTS (US\$)	PARTNERS
\$47.3M	208

Objectives

In 2021, Coordination will support humanitarian actors to deliver principled humanitarian planning, action and advocacy. Coordination aims to ensure that the humanitarian response is coordinated, accountable, inclusive and effective. Given the profound humanitarian challenges in Yemen that cut across sectoral lines, Coordination is focused on enabling effective, principled multi-sector approaches. It will also facilitate evidence-based humanitarian decision-making, planning and action. In a challenging and dynamic context, it will enhance operational access and scope by facilitating access, safety and security for humanitarian workers operating in Yemen. Coordination will channel resources to humanitarian partners to respond to people in need by mobilizing funding, including through the Yemen Humanitarian Fund and Central Emergency Response Fund. Coordination will also support subnational capacity and partners to ensure harmonization and joint approaches across different locations and programmes. It will also build on linkages with resilience-based programming and actors to support efforts to decrease vulnerabilities for targeted populations and locations.

Response

Coordination will provide humanitarian actors with coordination support, including through the inter-agency and inter-cluster coordination mechanisms such as the Humanitarian Country Team and Inter-Cluster Communications Mechanism as well as

other coordination mechanisms at the sub-national level. Regular information management products and analysis including in the form of reports, datasets, dashboards, snapshots and bulletins will inform decision-making across the response.

Coordination will play a key role in the facilitation of the Humanitarian Programme Cycle, including needs assessment and analysis, strategic response planning, resource mobilization, implementation, monitoring, operational review and evaluation to enable and inform the response. Recognizing the disproportionate impact of conflict and crisis on vulnerable groups, including women, children and people with disabilities, Coordination will support the integration of protection, gender, disability and other considerations into response planning and action. This will include ensuring the consideration of protection and other concerns in overarching humanitarian coordination mechanisms as well as supporting specific working groups focused on gender, inclusion, accountability to affected populations and PSEA. These include the Gender Network, the Community Engagement Working Group, the Inclusion Taskforce, the Trauma Working Group and the Disability and Physical Rehabilitation Working Group. Support for other thematic areas such as cash and voucher assistance will be facilitated by Coordination, including through the engagement of the Cash and Market Working Group.

In efforts to enable humanitarian action and expand its scope, Coordination will provide support to build, maintain and improve safe, sustained and principled



MA'RIB, YEMEN

September, 2021. Displaced family after collecting emergency relief items distributed through the UN Rapid response mechanism in Ma'rib, Yemen. © UNFPA

humanitarian access and an enabling operational environment. This will entail maintaining an evidence base on the access and operating environment and associated key constraints, providing technical and strategic advice to humanitarian leadership and partners, supporting coordination by chairing the Humanitarian Access Working Group and other coordination mechanisms to ensure coherent and strategic operational approaches, and providing targeted advocacy and operational support to expand humanitarian access. Moreover, Coordination will facilitate civil-military coordination and maintain contact with the parties to the conflict to ensure safe and principled humanitarian response. Coordination will also enable effective and timely emergency operations, including through supporting emergency modalities and mechanisms.

The Yemen Humanitarian Fund will continue to mobilize and channel resources to humanitarian partners to respond to people in need, with the objective of expanding delivery of humanitarian assistance by focusing on critical priorities and needs.

The Fund will support key cross-cutting issues along with the Central Emergency Response Fund, as they did in 2020 to support priority underfunded areas such as 1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; 2) programmes targeting disabled people; and 3) education in protracted crises; and 4) other aspects of protection. Coordination will also track contributions to the humanitarian operation and set standards for donor reporting. Coordination will also facilitate the implementation of an inter-agency humanitarian evaluation, which will help to further promote learning, accountability and effectiveness in the overall humanitarian response.

Cost of Response

The cost of Coordination is estimated at \$37.9 million. It supports the work of approximately 121 organizations across the country. Key funding outputs include operation-wide coordination, security and information management services, common services for community engagement and accountability, and system-wide information on displacement.

Monitoring

To measure progress against objectives, Coordination will track indicators outlined below on a regular basis.

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01 S02 S03		Promote an efficient, coordinated, accountable, inclusive, and effective humanitarian response	Number of meetings conducted by formalized multi-agency coordination fora to facilitate an effective, well-coordinated, accountable, inclusive, and effective humanitarian response.		350
		Support evidence-based and informed decision-making, planning and action	Number of information management products developed and disseminated:		500
			Number of IMAWG meetings conducted		12
			Timely preparation of, undertaking and completion of MCLA by December 2022.	1	1
			Population data set updated.		1
		Enhance operational impact and humanitarian access of humanitarian organizations operating in Yemen	Percentage of notification processes through the Humanitarian Notification System with EHOC.		100%
			Percentage of security approvals for movements from local authorities in north Yemen.		100%
			Number of HAWG meetings conducted in Aden and at national level (Sana'a)		48
			Number of SRM provided.		7
			Number of road assessment missions conducted by UNDSS and/or in coordination with OCHA.		12
		Channel resources to humanitarian partners to respond to people in need by mobilizing funding.	Percentage amount of Yemen Humanitarian Fund funding going to front-line NGO partners.		70%
			Number of FTS reports produced and shared with the Yemen humanitarian community.		40

3.13 Emergency Telecommunications Cluster (ETC)



REQUIREMENTS (US\$)	PARTNERS
\$3.4M	47

Objectives

In 2022, ETC will provide telecommunications services and capacity building opportunities to support the Yemen humanitarian operation in common hubs throughout the country. Additionally, the ETC plans to explore the potential opportunities of extending its tailored services to the affected population where feasible.

Response Strategies and Modalities

In 2022, the Cluster will explore additional feasible options to sustain levels of support in line with expanded ETC service provision, which was scaled up in 2019 to ensure a response to increased demand.

Building on achievements in 2021, about 2,600 humanitarians from 47 humanitarian organizations will have access to ETC services provided from 17 ETC sites and security operation centres (SOCs) in 2022. There are eight UNDSS-managed radio rooms across the country in Sana'a, Al Hodeidah, Hajjah, Ibb, Sa'dah, Aden, Mokha, Mukalla, Turbah and Ma'rib governorates. A dedicated ETC Help Desk, based in Sana'a, will receive and resolve incidents reported by members of the humanitarian community.

Following the user satisfaction survey feedback provided in December 2021, the ETC will prioritize improving existing service provision mainly: stable internet connection; reducing costs of service provision without compromising service quality; expanding service; building the local capacity of information technology staff; and providing services to local communities where possible and in compliance with

grant conditions and local regulations. The opening of the ETC new site in Sa'dah is in progress and will be activated deployment of the internet service. The Cluster will undertake a technical assessment of ETC site infrastructure and service provision.

In particular, the ETC will focus on maintaining the 17 existing ETC sites and opening new sites according to operational needs and providing learning opportunities to build the information technology capacity of partner organizations. The Cluster will provide services, such as internet, solar charging and training for communities and affected people, including increased outreach to persons with disabilities, older persons and minorities based on their needs and in compliance with requirements. In coordination with the relevant AoRs, the ETC will promote training and engagement of female staff, especially in the provision of internet services to enhance the environment and women from the humanitarian community seeking support.

Cost of Response

The Cluster needs \$3.41 million in 2022 for connectivity service, staffing, projected community services, supplies and equipment, and capacity building. Out of the total amount required, 53 per cent is for telecommunication services. Within these telecommunication services, 43 per cent is for satellite communication, which is commissioned either from local or overseas suppliers due to a lack of local infrastructure. To reduce connectivity costs in 2022, the Cluster will consider alternate means of reliable communication available in the local market that do not compromise the quality and security of the service.

In addition, the Cluster will invest in building the capacity of national staff to strengthen their expertise and ensure resources are more efficiently utilised.

Linkages with development programming

In 2021, the ETC assisted with the renovation of Aden airport IT infrastructure and restoration of the internet service that provides service to approximately 144,000 humanitarian and commercial passengers per annum.

In 2022, the ETC plans to support the expansion of fibre internet services to humanitarian and local communities through a 5 km fibre link extension in 90 districts, Aden City and a 2 kilometres fibre link extension in Mokha City.

Monitoring

The ETC will continue to implement three monitoring tools to assess ETC performance in 2022: an annual user feedback survey, a help desk analysis and an annual infrastructure assessment. The user feedback survey, conducted annually in December, assesses the quality of ETC service provision with a focus on internet connectivity, security telecommunications and helpdesk services in the common areas where the

ETC operates. The survey seeks responders' feedback on the quality of coordination and the usefulness of information management products. The results of the survey enable the ETC to assess its performance against agreed targets and identify areas of improvement in line with evolving needs on the ground.

The ETC helpdesk data analysis reviews the efficiency of ETC service provision, the performance of service providers and helpdesk response time. The annual infrastructure assessment of the ETC sites serves as a performance review of the services provided by ETC, and their availability.

The monitoring plan enables review of the ETC's key performance indicators, including a number of common operational areas covered by security telecommunication and data communications services (data/monthly); a number of humanitarian staff using ETC services (data/monthly); percentage of users reporting delivery of the service as "satisfactory" and within a "satisfactory" timeframe (data/annual); a number of humanitarian staff trained (data/annual); and a number of people who used the service (data/quarterly).

Objectives, Indicators and Targets

STRATEGIC OBJECTIVES	SPECIFIC OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
S01	SP1.1 SP1.2	Provide emergency telecommunications services to Humanitarian partners in common hubs throughout the country	Provision of services to Humanitarian partners in common premises	47 partners	47 partners
S02	SP2.1 SP2.2	Build the IT technical capacity of the Humanitarian partners	Provision of learning opportunities to partner organizations focus on female staff training	45 partners	40 partners
S02	SP3.1 SP3.3	Provide IT service to Humanitarian community and affected population	IT service provision for community Training of ETC and other humanitarian community on prevention of digital/online sexual exploitation and abuse	3,000 users 160	3,000 users 84

Part 4:

Annexes

WEST COAST, YEMEN

September 2021. IOM staff hand hygiene materials to displaced communities on the west coast. ©Rami Ibrahim/IOM.



4.1

What if We Fail to Respond?

In 2021, the humanitarian community delivered life-saving assistance to 11.6 million people across Yemen every month. However, after more than seven years of crisis, humanitarian needs remain intractably high, as millions of people continue to face the risks of hunger, disease, displacement and violence. For many, the situation will soon become much worse, as funding shortages are forcing humanitarian organizations to cut vital programmes.

While essential, the humanitarian response alone cannot end suffering or solve this crisis. In addition to supporting the provision of life-saving assistance, investment in sustainable solutions that address the underlying drivers of humanitarian crises needs to be prioritized, especially for the country's rapidly deteriorating economy and collapsing basic services.

According to the 2022 HNO analysis, 23.4 million people in Yemen are estimated to require humanitarian assistance in 2022, of whom 12.9 million people are assessed to be in acute need. Humanitarian needs are expected to increase and intensify in 2022 as the context deteriorates further, at least in the absence of a de-escalation of the conflict and significant improvements to the economy as well as funding for humanitarian and development partners.

The latest IPC results show worrisome levels of acute food insecurity. For the period January to May, 151 out of 333 districts (45 per cent) are classified in IPC Phase 4 (emergency), representing a staggering 5.6 million people a step away from famine. This may increase to 233 districts (70 per cent) from June, representing 7.1 million based on the assumption of a strong reduction (75 per cent) of food assistance. In addition, 3 districts are currently identified to have pockets of population in IPC phase 5 (catastrophe), with 31,000 people, increasing to 161,000 people in 23 districts during the second half of 2022.

Millions of people will face hunger, avoidable diseases, displacement and death. Millions more will not be able to rebuild their shattered livelihoods. More than 4 million internally displaced people will go without support, including families living in hazardous and undignified conditions. More families will be forced to turn to negative coping strategies, raising the specter of child labour, child marriage and other protection risks. Fewer children will attend school and a generation will increasingly be left behind.

The cost of inaction is exponentially high

- Up to 17.4 million people in acute need are at **risk of starvation, death, destitution** and extremely critical acute malnutrition levels.
- Nearly 2.2 million **acutely malnourished children will go without treatment** - including more than 500,000 severe cases who will face imminent death if they don't receive care.
- **Outbreak of diseases especially cholera and other water-borne diseases** are triggered by a lack of safe drinking water and sanitation facilities. High levels of morbidity and mortality as a massive population will be unable to access basic services, including life-saving health assistance.
- The ongoing economic crisis compounded by COVID-19 and lack of resources will continue to **negatively impact household resilience** through all areas, further reducing families' ability to pay rent, address shelter issues, meet their basic needs and sustain hosting arrangements, potentially causing more households to move to the multitude of spontaneous settlements.
- Lack of coping mechanisms, security conditions, and limited resources of internally displaced people may put them at **further risk of secondary**

displacement and increase their vulnerability.

In often cramped and difficult conditions and without adequate shelters, the rising internal family pressures which, paired with a lack of privacy for both men and women, can **lead to more frustration and violence against their family members.**

- The relationship between **internally displaced people and host communities 'peaceful co-existence may continue to be strained** due to increasing tension over the sharing of limited resources as well as access to suitable land for shelter and settlement. Housing land and property support has become critical as a catalyst to shift to more durable shelter and settlement arrangements.
- Threat to the lives of displaced people, who will no longer have access to safe water, increases. An inability to carry out the much-needed humanitarian assistance **would reduce the sustainability of return and further deteriorate the shelter conditions for internally displaced people** in the protected displacement, who are living in inadequate and often overcrowded shelters.
- There will be overall deterioration of the humanitarian situation, the resilience of people and living standards of women, persons with disabilities, older persons, children, migrants, refugees, asylum seekers and other most vulnerable groups. As a result, **these people will be increasingly exposed to significant protection risks, sexual exploitation, physical and psychological harm and reduced access to essential services**, such as health and education among others, which will restrict them from seeking redress to violations of their human rights. These will seriously jeopardize the dignity of people's living conditions and wellbeing.
- **Women and girls will be particularly disadvantaged**, further exposed to violations as prevention efforts will fail and this will contribute to the **adaption of negative coping mechanisms** and strategies and exploitative situations, including child labour, sale and sex exchanges and begging, and forced recruitment.
- In the absence of adequate response, including in support to the authorities, coupled with the dire humanitarian situation in Yemen, **the migrants, refugees, and asylum-seekers will be increasingly perceived as "foreigners" and a burden to the country. The asylum space will shrink**, and the human rights of migrants will be increasingly disregarded and violated.
- The cost of inaction in support of education in Yemen is enormous. The fragility of the context and its volatility in some areas are putting at risk the lives of children and their prospects for a hopeful future. Access to, continuity and quality of education services are challenged. **Without humanitarian support and critical education response, an entire generation will not be able to contribute to any human capital, economic growth and sustainability of the current interventions for future reconstruction and peacebuilding.**
- **RRM in-kind is running out of resources**; current resources will last until the end of March 2022, and if no further resources are mobilized, **RRM may be suspended in April 2022.** If a limited amount of funds is provided, the RRM will continue to carry out only all vital activities while reducing its geographical presence from 328 districts to a small number of governorates, as well as the number of newly displaced persons reached who are in desperate need of life-saving assistance.
- Underfunding will **limit the Shelter/NFI from undertaking emergency response and those activities intended to provide more durable solutions**, such as transitional shelters or repair to damaged homes and infrastructure, which address the underlying drivers of needs.
- UNHAS is the only regular and reliable common air service for the humanitarian community in Yemen. Without sufficient funding predictability and availability, **the delivery of services to continue supporting the humanitarian community will be inadequate and largely compromised.**



HAJJAH, YEMEN

A displaced family in Abs camp in Hajjah governorate, Yemen. May 2021. © WFP

- Meagre resources into Yemen since 2021 has necessitated a **well-coordinated response** to effectively utilize the available funds, including prioritization, integration and channelling of funds to the most lifesaving activities. Without funds being to facilitate efficient coordination, information management and advocacy for a safe operating space for the humanitarian community, there will be duplication of services, underserving, more pressure by the authorities and worsening of the already fragile situation.
- PSEA is protecting fundamental human rights and making sure the humanitarian aid, corresponding programmes and their presence are safe to people affected by crises. If we fail to sufficiently address the vulnerability of the affected people to SEA, humanitarian aid will be unable to adhere to the principles of neutrality and do-no-harm, losing the accountability towards the affected people.

Resultantly, the most vulnerable people not only lose access to humanitarian aid and assistance but also confidence in the humanitarian support systems. Moreover, we may be looking into the humanitarian's worst breach, forcing the extremely vulnerable people into bearing the life-long devastating impacts caused by SEA. This not only reflects negatively on the consistency, justification and humanitarian mission/ mandate, but also the credibility, reputation and trust of humanitarian aid.

4.2

How to Contribute

Contribute to the country's Humanitarian Response Plan

To see Yemen's HNO, HRP and monitoring reports, and to donate directly to organizations participating in the HRP, please visit the following link.

<https://www.unocha.org/yemen>

Contribute through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for life-saving actions at the onset of an emergency and for underfunded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crisis anywhere in the world. To find out more about the CERF and how to donate, visit the CERF website.

<https://cerf.un.org/donate>

Contribute through the Yemen Humanitarian Fund

The Yemen Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator. Find out more about CBPFs and how to contribute through the following link.

<https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>

Information about the Yemen Humanitarian Fund and how to contribute is available through the following link.

<https://www.unocha.org/yemen/about-yhf>

Report contributions through the Financial Tracking Service

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding for the response, and to expose gaps in humanitarian plans. Donors are encouraged to report contributions to FTS, either by email to fts@un.org or through the online contribution report form available on the below website.

<https://fts.unocha.org>

4.3 Acronyms

CBPF	Country-Based Pooled Fund	MVAM	Market Vulnerability Analysis and Mapping
CCCM	Camp Coordination and Camp Management	NFI	Non-Food Item
CERF	Central Emergency Response Fund	NNGO	National Non-Governmental Organization
COVID-19	Corona Virus Disease 2019	NGO	Non-Governmental Organization
DHIS2	District Health Information System-2	PiN	People in Need
eDEWS	Electronic Disease Early Warning System	PSEA	Protection against Sexual Exploitation and Abuse
ETC	Emergency Telecommunications Cluster	RITA	Relief Item Tracking Application
EPI	Expanded Programme of Immunization	RMMS	Refugee and Migrant Multi-Sector
FSAC	Food Security and Agriculture Cluster	RRM	Rapid Response Mechanism
FSIS	Food Security Information System	SEA	Sexual Exploitation and Abuse
FSLA	Food Security and Livelihoods Assessment	SMART	Standardized Monitoring and Assessment of Relief and Transition
FTS	Financial Tracking Service	UGM	User Group Meeting
GNA	Gaps and Needs Analysis	UNHAS	United Nations Humanitarian Air Service
HC	Humanitarian Coordinator	UNHCR	United Nations Refugee Agency
HeRAMS	Health Resources Availability Monitoring System	UNFPA	United Nations Population Fund
HNO	Humanitarian Needs Overview	UNICEF	United Nations international Children's Emergency Fund
HRP	Humanitarian Response Plan	YER	Yemeni Rial
IASC	Inter-Agency Standing Committee	WASH	Water, Sanitation and Hygiene
IDP	Internally Displaced Person	WHO	World Health Organization
IFRR	Integrated Famine Risk Reduction	WFP	World Food Programme
INGO	International Non-Governmental Organization		
IOM	International Organization for Migration		
IPC	Integrated Food Security Phase Classification		
JIAF	Joint Inter-Sector Analysis Framework		
MCLA	Multi-Cluster Location Assessment		
MSU	Mobile Storage Units		
MPCA	Multi-Purpose Cash Assistance		

4.4

End Notes

- 1 For comprehensive analysis of impact of armed conflict and active frontlines, see "Yemen Analysis on humanitarian access to Hard-to-Reach areas in 2021", available at Analysis on humanitarian access to 'Hard-to-Reach' areas in 2021.pdf (reliefweb.int)
- 2 Yemen Humanitarian Update, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/January%202022%20Humanitarian%20Update.pdf>
- 3 Assessing the impact of war in Yemen: Pathways for Recovery
- 4 2022 Yemen Humanitarian Needs Overview
- 5 2022 Yemen Humanitarian Needs Overview
- 6 "Yemen 2021 in review" UNOCHA. Available at <https://reports.unocha.org/en/country/yemen/card/4C8PObZqXF/>
- 7 <https://www.worldbank.org/en/country/yemen/overview#1>
- 8 "Assessing the Impact of War in Yemen - Pathways for Recovery" an independent report commissioned by UNDP. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Assessing%20the%20impact%20of%20war%20in%20Yemen%20-%20Pathways%20for%20recovery.pdf>
- 9 <https://reliefweb.int/sites/reliefweb.int/files/resources/2022%2001%20Yemen%20Country%20Brief.pdf>
- 10 "WFP Yemen Country Brief, January 2022". Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/2022%2001%20Yemen%20Country%20Brief.pdf>
- 11 "Yemen - WHO Coronavirus Dashboard" Available at <https://covid19.who.int/region/emro/country/ye>
- 12 Detailed analysis of CIMP can be assessed at <https://civilianimpactmonitoring.org/>
- 13 "Yemen Food Security & Nutrition Snapshot" March 2022. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Yemen_Food_Security_Nutrition_2022March_Snapshot_English.pdf
- 14 2022 Yemen Humanitarian Needs Overview
- 15 Yemen Food Security and Livelihood Assessment 2021
- 16 Yemen 2022 Humanitarian Needs Overview
- 17 Yemen 2022 Humanitarian Needs Overview
- 18 2022 Yemen Humanitarian Needs Overview
- 19 2022 Yemen Humanitarian Needs Overview
- 20 All new policy initiatives will be accompanied by a workplan starting in Q2 of 2022
- 21 Yemen was one of the seven pilot countries in the World Bank (WB)-UNDP HDP Initiative, including creation of a HDP Platform, chaired by the Humanitarian Coordinator (HC) while UNDP and Germany co-chair the Yemen HDPN Forum
- 22 Yemen 2021 Annual Humanitarian Access Overview. UNOCHA
- 23 Yemen 2021 Annual Humanitarian Access Overview. UNOCHA
- 24 Yemen 2021 Annual Humanitarian Access Overview. UNOCHA
- 25 CITE STUDY: "For Us, but Not Ours....." DRC (2020). ONLY CITE SHORT VERSION (LONG ONE IS NON-PUBLIC, AT DRC's REQUEST, BUT WAS SHARED WITH HCT).
- 26 Excluded: Living with Disabilities in Yemen's Armed Conflict," 2019, Amnesty International: <https://www.amnesty.org/download/Documents/MDE3113832019ENGLISH.PDF>
- 27 Excluded: Living with Disabilities in Yemen's Armed Conflict', 2019, Amnesty Interantional: <https://www.amnesty.org/download/Documents/MDE3113832019ENGLISH.PDF>
- 28 Disabilities. Needs Assessment Report 2021' AOBWC, 2021.
- 29 'Civilians with disabilities cause by the armed conflict in Yemen: evaluating the impact of disability and related accessibility problems through documented field cases', Mwatana for Human Rights, February 2021.
- 30 Disabilities. Needs Assessment Report 2021' AOBWC, 2021.
- 31 'Excluded: Living with Disabilities in Yemen's Armed Conflict', 2019, Amnesty Interantional: <https://www.amnesty.org/download/Documents/MDE3113832019ENGLISH.PDF>
- 32 'Mental Health Conditions in Conflict Situations are much more widespread than we thought. But there's a lot we can do to support people', 11 June 2019. Dr Mark van Ommeren. <https://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought>
- 33 "From the Ground Up: Gender and Conflict Analysis in Yemen," Research Report, CARE, Inter-Agency Standing Committee Gender Standby Capacity Project and OXFAM, October 2016, available at https://reliefweb.int/sites/reliefweb.int/files/resources/rr-yemen-gender-conflict-analysis-201016-en_0.pdf.
- 34 FROM THE GROUND UP: GENDER AND CONFLICT ANALYSIS IN YEMEN. https://reliefweb.int/sites/reliefweb.int/files/resources/rr-yemen-gender-conflict-analysis-201016-en_0.pdf
- 35 FROM THE GROUND UP: GENDER AND CONFLICT ANALYSIS IN YEMEN. https://reliefweb.int/sites/reliefweb.int/files/resources/rr-yemen-gender-conflict-analysis-201016-en_0.pdf

- 36 DHIS2 is a reporting platform maintained by IMMAP for the health cluster.
 - 37 Joint statement by the Yemeni civil society organizations to the United Nations General Assembly, 21 September 2021. Available at: <https://reliefweb.int/report/yemen/joint-statement-yemeni-civil-society-organizations-united-nations-general-assembly-enar>
 - 38 Convention accessible here: <https://new.apminebanconvention.org/en/resources/publications/>
- RRM In-Kind requirements are reflected here while RRM-MPCA requirements is reflected in the MPCA HRP chapter
- 39 Cost of two rounds of emergency food assistance is reflected in FSAC Cluster HRP Chapter.

HUMANITARIAN RESPONSE PLAN

YEMEN

APRIL 2022