

2018

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2018 —

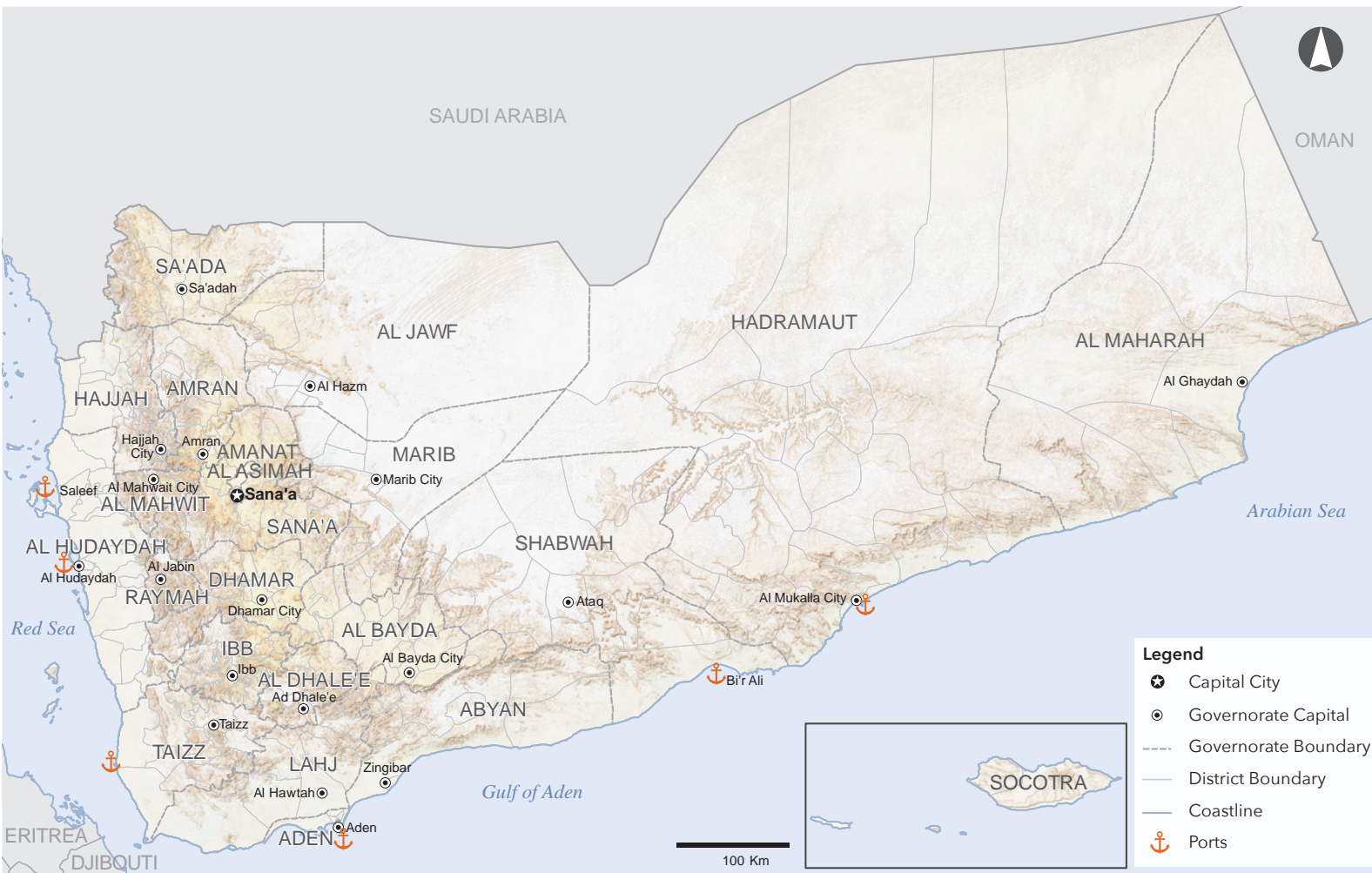
JAN 2018

YEMEN



Photo: Giles Clarke/UNOCHA

YEMEN REFERENCE MAP



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.



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TABLE OF CONTENTS

PART I: COUNTRY STRATEGY

Foreword by the Humanitarian Coordinator	2
The Humanitarian Response Plan at a Glance	3
Overview of the Crisis	4
Strategic Objectives	11
Response Strategy	12
Multi-Sector Integrated Response	19
Operational Capacity	23
Humanitarian Access	25
Response Monitoring	27
Summary of Needs, Targets & Requirements	29

PART II: CLUSTER PLANS

Food Security and Agriculture	31
Health	33
Water, Sanitation and Hygiene	35
Protection	37
Nutrition	40
Shelter, NFI and CCCM	42
Education	44
Emergency Employment and Community Rehabilitation	46
Refugee and Migrant Multi-Sector	48
Common Services	
ETC	50
Logistics	51
Coordination	52
Guide to Giving	53

PART III: ANNEXES

Strategic Objectives, Indicators and Targets	55
Operational Response Plans: Activities and Targets	57
Operational Refugee and Migrant Response Plan: Activities and Targets ..	61
Planning Figures: People in Need and Targeted	62
Endnotes	64
What if? ... We Fail to Respond	65

FOREWORD BY

THE HUMANITARIAN COORDINATOR

Since my arrival to Yemen more than two years ago, I have witnessed a country being torn apart by conflict, severe economic decline, collapsing public services, loss of livelihoods and other challenges, both chronic and acute. The rapidly deteriorating situation has pushed millions of people into a downward spiral into crisis and reliance on humanitarian assistance. Although humanitarian partners have progressively expanded their reach in the last two years, the needs have expanded and deepened at an even faster pace.

Our response to this crisis is based on a robust analysis of needs and solid evidence-based targeting at district level. The 2018 Humanitarian Needs Overview (HNO) outlines the human impact of the steady deterioration. An estimated 22.2 million people in Yemen now need some kind of humanitarian or protection assistance, including 11.3 million who are in acute need. Within this population, a staggering 8.4 million people are severely food insecure and at risk of starvation – a 24 per cent increase since April 2017. Partners estimate that 107 districts across the country now face a growing risk of sliding into famine. At the same time, Yemen is grappling with outbreaks of cholera – more than one million suspected cases in the largest-ever outbreak in a single year – and diphtheria. More than two million people remain displaced, straining their capacity to cope. Amid these and other challenges, essential services provided by public institutions have all but collapsed. Conflict also escalated at the end of 2017 and is having a heavy impact on civilians. The extended closure of key ports in November and December reduced the flow of basic commodities that Yemenis depend on for survival, pushing prices higher at a time when too many Yemenis already cannot afford basic necessities like food and water.

Recognizing the scale of this emergency and its underlying vulnerabilities, the Humanitarian Country Team (HCT) has designed the 2018 Yemen Humanitarian Response Plan (YHRP) to prioritize life-saving and protection response across the country, as well as to include a targeted set of “humanitarian-plus” activities to shore up essential services and livelihoods in the most severely affected districts. We are further ramping up our coordination with development actors, to maximize the impact of various funding streams on the most vulnerable. Only by working together can we have an impact in light of the monumental needs. For the first time, the 2018 YHRP also includes integrated response plans that seek to address key challenges, including famine prevention, displacement and cholera.

Altogether, the 2018 YHRP aims to assist 13.1 million people across the country and is seeking US\$2.96 billion to enable us to do so. Despite serious access restrictions by all parties to the conflict, including bureaucratic impediments, partners provided assistance that saved or improved the lives of more than 10 million people last year. I renew my call to parties to the conflict to create a conducive environment for humanitarian organisations by abiding their obligations under international humanitarian law to protect civilians and providing free and unimpeded access to deliver assistance to people in need. This includes ensuring a sustained and unconditional flow of commercial imports of essential basic goods. There is no alternative to commercial imports, and a further reduction of fuel or food stocks will accelerate needs and hardship across the country resulting in a complete catastrophe.

With continued generous support from our donors, we can maintain and surpass these achievements. As we seek to mitigate the devastating impact of conflict on Yemen’s most vulnerable, I look forward to working with all stakeholders inside the country and beyond to ensure that principled, effective humanitarian action reaches those who need it most. While humanitarian assistance is not the solution to the plight of the people of Yemen, it is the only lifeline for millions of people. Humanitarian partners remain committed to help the people of Yemen.

Jamie McGoldrick
Humanitarian Coordinator

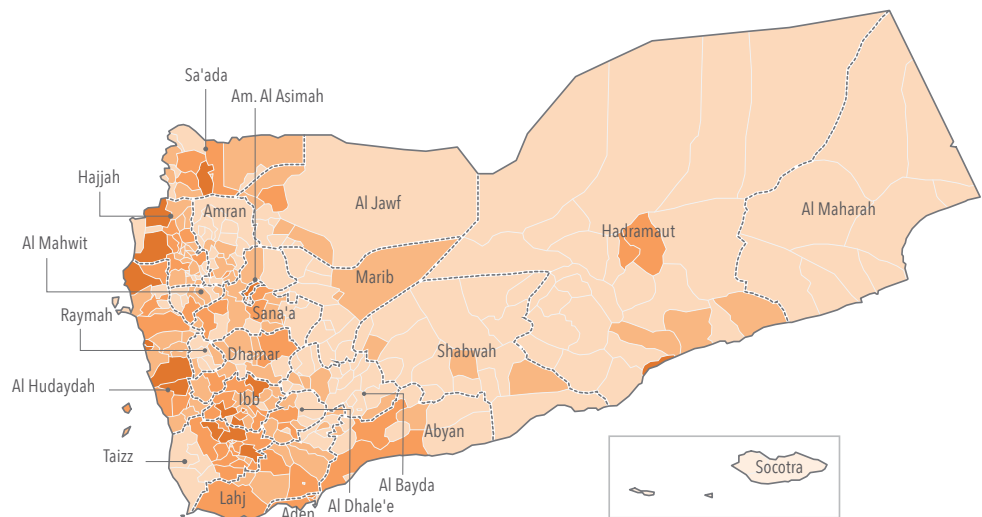
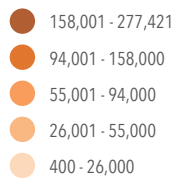
THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE



PEOPLE TARGETED BY DISTRICT

TOTAL PEOPLE TARGETED



STRATEGIC OBJECTIVES

1

Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.

2

Ensure that all assistance promotes the protection, safety & dignity of affected people, and is provided equitably to men, women, boys and girls

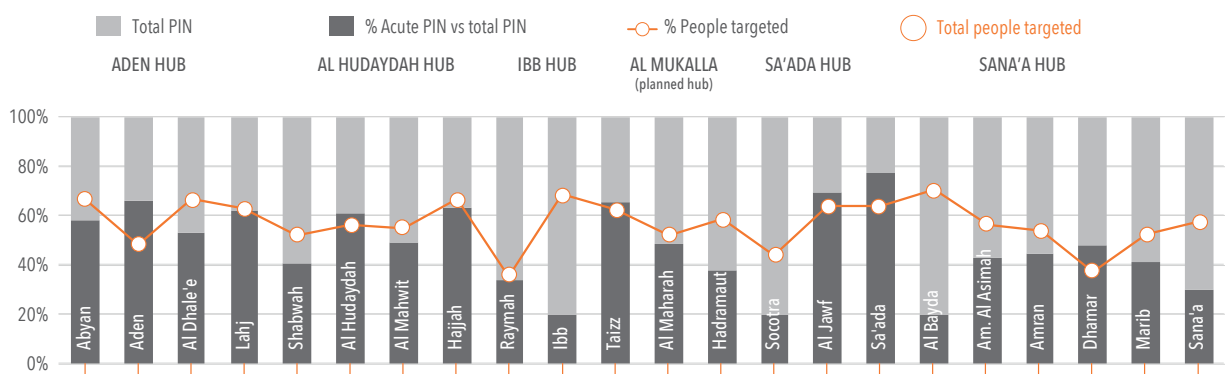
3

Support and preserve services & institutions essential to immediate humanitarian action & promote access to resilient livelihood opportunities.

4

Deliver a principled, multi-sectoral, coordinated and inclusive hum. response that is accountable to and advocates effectively for the most vulnerable people in Yemen with enhanced engagement of national partners.

PEOPLE TARGETED VS PEOPLE IN NEED AND PEOPLE IN ACUTE NEED BY GOVERNORATE



OVERVIEW OF THE CRISIS

Entering the third year of humanitarian crisis, conflict, severe economic decline, and collapsing essential public services have taken an enormous toll on the Yemeni population, exacerbating existing vulnerabilities.

Yemenis are facing multiple crises, including armed conflict, displacement, risk of famine and disease outbreaks that have created the worst man-made humanitarian crisis. Some 75 per cent of the population – 22.2 million people – are in need of humanitarian assistance, including 11.3 million people in acute need who urgently require immediate assistance to survive – an increase by one million since June 2017. Vulnerable populations in 107 out of 333 districts are facing heightened risk of famine and require integrated response efforts to avert a looming catastrophe.

This chapter briefly summarizes the overall impact of the crisis. More details and sector-specific needs analyses appear in the 2018 Yemen Humanitarian Needs Overview (HNO). The already dire humanitarian situation outlined in the 2018 HNO further deteriorated after its publication. During November and December 2017 hostilities escalated and the extended closure of Yemen's ports for commercial imports resulted in a sharp increase in prices of basic commodities, accelerating food insecurity and the collapse of already fragile basic services. For this YHRP, partners have revisited their planning assumptions to ensure that this aggravation of the situation is reflected.

KEY ISSUES



PROTECTION OF CIVILIANS



COLLAPSE OF BASIC SERVICES AND INSTITUTIONS



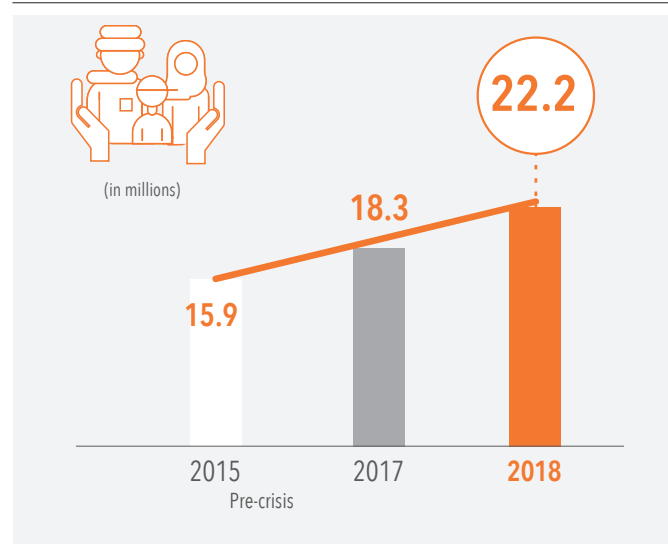
BASIC SURVIVAL



LOSS OF LIVELIHOODS

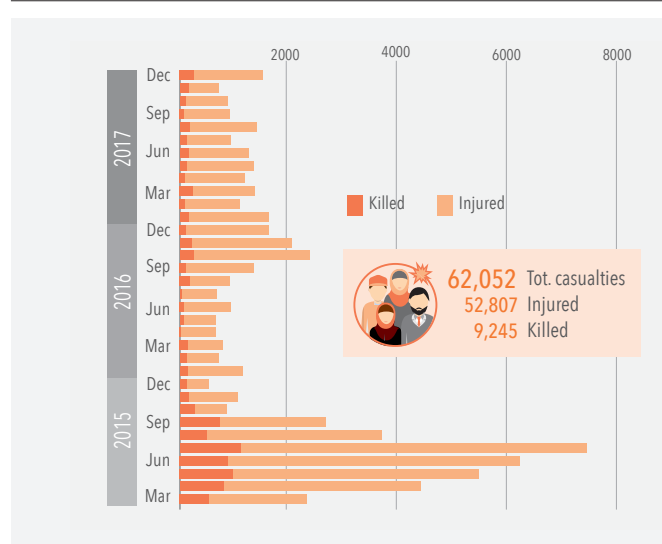
[For a more detailed overview of the crisis and its impact, see the 2018 Yemen Humanitarian Needs Overview.](#)

PEOPLE IN NEED OVER TIME



Source: HNO 2015; HNO 2017; HNO 2018

CASUALTIES REPORTED BY HEALTH FACILITIES PER MONTH¹



(1) Due to the high number of health facilities that are not functioning or partially functioning as a result of the conflict, these numbers are underreported and likely higher. Source: WHO (as of 31 December 2017).

One of the world's largest protection crises

Escalating conflict continues to inflict civilian casualties and cause extensive damage to public and private infrastructure. Half of the Yemeni population live in areas directly affected by conflict, many of whom are suffering from the deliberate targeting of civilians and civilian infrastructure, and other apparent violations of International Humanitarian Law (IHL). As of late December 2017, health facilities reported 9,245 conflict related deaths and over 52,807 injuries – meaning that an average of 60 people have been killed or injured every day in the past two and a half years. Given that only 50 per cent of health facilities remain functional, and acknowledging the limited reporting capacity across the country, this number is significantly underreported. Over three million people have been forced to flee from their homes since the escalation of conflict two and a half years ago, including 2 million who remain displaced. The intensification of the conflict since November has resulted in alarming levels of civilian impact including high level of casualties and additional displacements.

Collapse of basic services and institutions

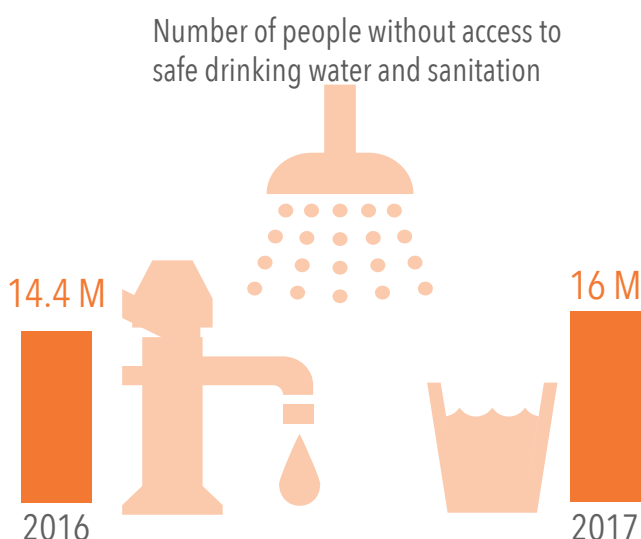
Essential basic services and the institutions that provide them are at the brink of total collapse. Conflict, economic decline and subsequent disruption of operational budgets and salary payments in public sector institutions have contributed to this collapse. In this situation, Yemen is increasingly becoming susceptible to disease outbreaks: crippled public health and WASH systems contributed to the unprecedented scale of the 2017 cholera outbreak, which is followed by a rapidly spreading suspected diphtheria outbreak attributed to low vaccination coverage. Only half of all health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff. Similarly, some 16 million

people lack adequate access to clean water, sanitation and hygiene, which is attributed to the physical damage to infrastructure, lack of resources (including fuel), and suspension of salaries. The deficit has also hampered agriculture extension and veterinary services with an estimated 90 per cent of animal health facilities either fully closed or functioning below their capacity due to non-payment of salaries and lack of operating budget¹. The system is increasingly depending on humanitarian aid stretching beyond its scope and remit to continue to provide minimum basic assistance, which cannot, however, compensate for collapsing systems.

Import Restrictions

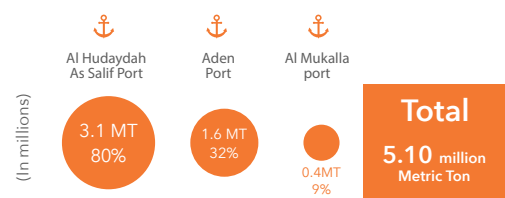
Before the escalation of the crisis, Yemen imported 80-90 per cent of its staple foods and required an estimated 544,000 metric tons of imported fuel per month for transportation and powering water-systems and health facilities, among other activities². Even before the imposition of complete and partial closure of ports through the final months of 2017, fluctuating restrictions on imports, damaged port infrastructure, insurance and banking hurdles, security risks and high transport costs were key factors negatively affecting imports and distribution of critical goods across Yemen. Damaged port infrastructure has further undermined the ability to import key commodities including food, fuel, and medical supplies at the scale required. Al Hudaydah port, which accounts for 70-80 per cent of commercial imports in Yemen, remains a critical lifeline, despite operating at reduced capacity after being hit by an airstrike in August 2015. The extended blockade imposed on Al Hudaydah and Salif ports on 6 November 2017 significantly threatened this lifeline of Yemenis. In the aftermath of the closure of these supply routes,

ACCESS TO WATER

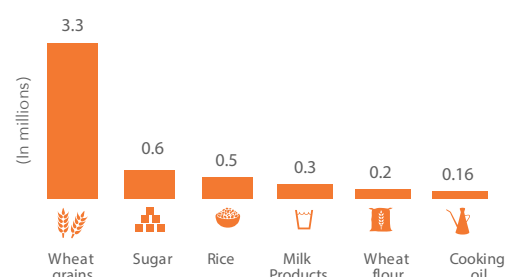


IMPORTED FOOD COMMODITIES (JAN - DEC 2017)

Sea port imports



Food commodities by type



Source: FAO, January - December 2017.

prices of basic commodities significantly increased, further accelerating food insecurity, loss of livelihoods and the collapse of basic facilities. The Saudi-led Coalition (SLC) announced a 30-day opening of Al Hudaydah and Salif ports to commercial imports on 20 December 2017, but only a sustained flow of imports of essential basic goods can avert further catastrophe.

Severe economic decline

Already ailing before the escalation of the conflict, the Yemeni economy is being willfully destroyed, facing an extraordinary fiscal challenge in 2018. Gross Domestic Product (GDP) declined by 41.8 per cent between 2015 and 2017 – equivalent to a loss of US\$32.5 billion, or US\$1,180 per capita³. The macro-economic situation in Yemen continues to deteriorate. The Yemeni Riyal depreciated by 13 per cent in parallel markets from 390 YER/US\$ in October to 441 YER/US\$ in December⁵, following a 28 per cent loss of its value between January to October and more than 100 per cent decrease when compared to 2015 (215 YER/USD)⁵. The alarming depreciation of the Yemeni Riyal is further undermining the Yemeni economy which heavily relies on imports paid for in US dollars and significantly contributed to the recent price spike of fuel and basic commodities. Furthermore, Yemen is experiencing a liquidity crisis in which people, traders and humanitarian partners struggle to transfer cash into and within the country.

Loss of livelihoods

The severe economic decline is driving significant losses of livelihoods. Private sector companies have reduced their operating hours and/or suspended activities due to a lack of inputs, especially fuel. Similarly, the agriculture sector has been severely constrained by a shortage of agricultural inputs such as vaccines, drugs, feeds and other essential commodities

for the livestock, fishery and poultry sector. The escalation of conflict along the coast has disrupted contributed to the disruption of fishing activities threatening the lives of 83,000 small-scale fisheries and their families⁶. This compounded with other socio-economic challenges has resulted in severe food insecurity and high levels of malnutrition in these areas. Approximately 1.25 million civil servants have not received salaries or received them only intermittently since August 2016. This salary gap is estimated to affect a quarter of the population – civil servants and their families. Ultimately, while basic commodities are becoming scarcer and more expensive, people's livelihoods opportunities and access to cash are diminishing. This has already resulted in negative coping mechanisms such as selling assets, reducing food consumption and clean water purchases and going into debt. The food security situation of millions of vulnerable Yemenis is expected to continue to further deteriorate rapidly, with a likely increase in the number of severely food insecure people⁷. As a result, even people not directly affected by the ongoing conflict have increasingly become more vulnerable, with those worst affected now also requiring humanitarian assistance.

Access to Markets

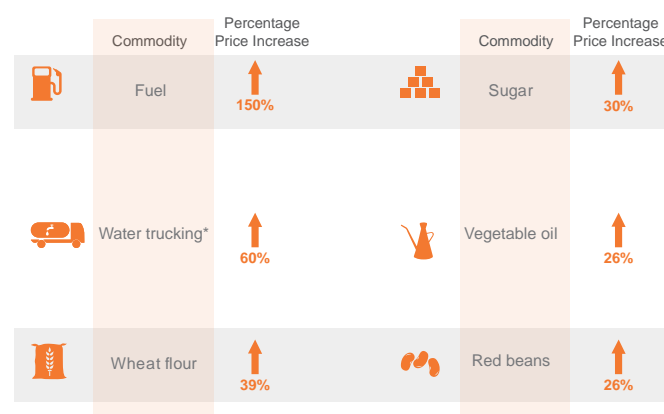
Economic decline and import restrictions are impacting the availability and price of basic goods in markets. Despite liquidity shortages, price inflation and increased costs of transport, markets remain mainly functional in most areas. According to WFP monthly bulletins, the domestic food prices are high, volatile, and likely to increase further throughout 2018. Following the closure of Yemen's port and depreciation of the Yemeni Riyal by 10 per cent in November, prices of key commodities soared. Price increases varied between various markets with up to 70 per cent increase in fuel prices when compared to October, and by more than 150 per cent when compared to pre-crisis period⁸. The average cost of the monthly minimum food basket increased by 12 per cent from

CURRENCY DEPRECIATION



Source: WFP Yemen Market Watch Report, December 2017

INCREASE OF PRICES OF BASIC COMMODITIES SINCE THE BEGINNING OF THE CRISIS



Source: *Cash and market working group price monitoring, December 2017; Prices increases since the blockade Nov 2017
WFP Yemen market watch, December 2017; FAO December 2017;

October to December - 47 per cent higher than in pre-crisis period⁹. Overall, compared to the pre-crisis period, food prices increased between 26 to 85 per cent in December 2017¹⁰. The availability and price of water across the country was severely affected by the fuel price spike due to the high reliance on fuel for pumping water. Consequently, the price of water trucking increased up to 60 per cent. Fuel costs significantly influence all areas of the market which leaves the economy highly vulnerable to fluctuations in supply and pricing of fuel¹¹. The situation is worse in active conflict areas where the formal market systems are disconnected, and commodity movements are disrupted, resulting in scarcity and escalation of prices of essential food and non-food commodities.

Intensified risk of Famine

Due to reduced availability and constrained purchasing power, a total of 107 of 333 districts are now facing heightened risk of sliding into famine, an increase by 13 per cent since April 2017¹². The majority of the 10.4 million individuals living in these 107 districts do not know where their next meal will come from, lack access to safe water for drinking and basic sanitation and hygiene facilities, require assistance to ensure adequate access to health care, and need nutrition assistance. Some 1.8 million children and 1.1 million pregnant or lactating women are acutely malnourished, including 400,000 children under age five who are suffering from severe acute malnutrition.

Increased volatility

The closure of Yemen's ports (sea, land and airports) on 6 November 2017 by the Saudi-led Coalition and subsequent

price hikes highlighted the volatility of the situation in Yemen as market disruptions directly translated into people losing access to basic services. The eruption of ground fighting in Sana'a during the first week of December 2017 and shifting political alliances has further added to the uncertainty and volatility, as has the intensification of airstrikes in some areas. The escalation of conflict along the western coast is leading to more displacements and civilians trapped in areas with active conflict.

While the new political situation has an effect on humanitarian partners working in Sana'a, it has not translated into a significant increase of humanitarian needs at the time of the publication of this YHRP. Where applicable however, partners activated the necessary contingencies and have updated the sectoral information on moderate and acute needs to inform the planning process.

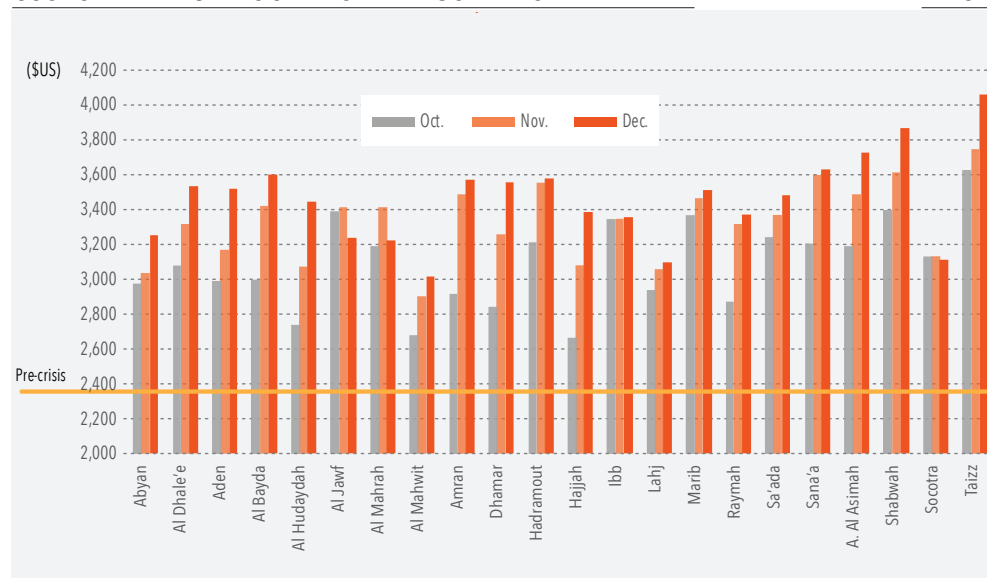
Growing needs in key humanitarian sectors

Two and a half years of conflict have left 22.2 million people in need of humanitarian assistance, 11.3 of which are in acute need¹³, requiring immediate humanitarian assistance to survive. This increase is driven by a deterioration of the situation in key humanitarian sectors. The blockade and escalated conflict in the last two months of 2017 caused new displacements and have further intensified the severity of needs of vulnerable households.

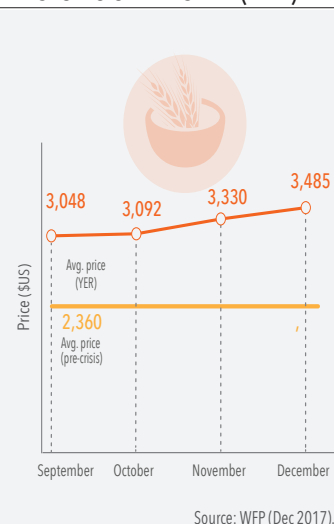
Food Security and Agriculture

17.8 million people in Yemen are food insecure. Out of this, approximately 8.4 million people are severely food insecure and at risk of starvation - a worrying increase of 24 per cent since April 2017. The conflict has destroyed people's

COST OF MINIMUM FOOD BASKET BY GOVERNORATE



PRICE OF BASIC FOOD BASKET (YER)



livelihoods and reduced their purchasing power, making it difficult for many Yemenis to meet minimal food needs.









Health

With only 50 per cent of health facilities fully functional, and a disruption of salaries paid to health personnel, 16.4 million people in Yemen require assistance to ensure adequate access to healthcare – 9.3 million of whom are in acute need. Access to minimum healthcare is paramount for people whose lives are at risk due to illness or injury. The latest cholera and diphtheria outbreaks have underscored the detrimental impact of the failing health system.

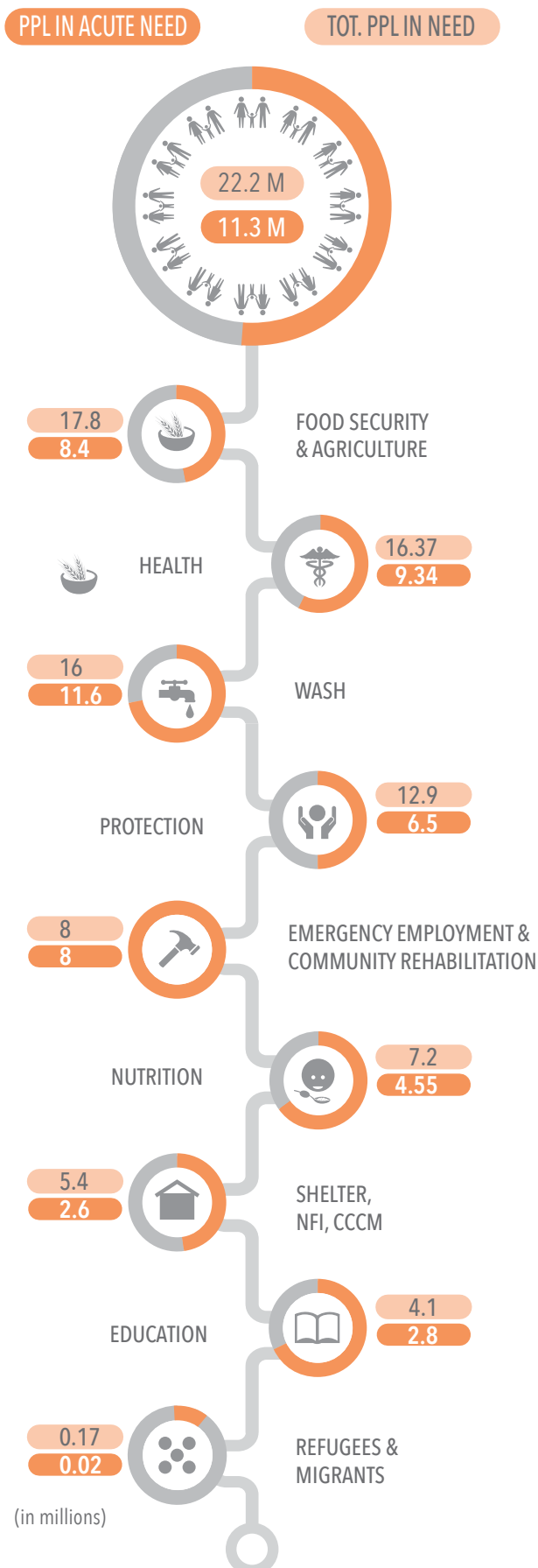
Water, Sanitation and Hygiene

An estimated 16 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million are in acute need. Collapsing urban water and sanitation systems, deteriorating

TOTAL PEOPLE IN NEED BY SEX AND AGE

	Women	Men	Girls	Boys
TOT. PPL IN NEED				
	4	4	4.1	4.3
	3.9	3.95	3.99	4.16
	4.4	4.4	4.4	4.65
	3.12	3.21	3.19	3.34
	2.30	0	2.3	2.4
	0	0	1.84	2.3
	0.05	0.08	0.02	0.02
	1.3	1.4	1.3	1.4

PEOPLE IN NEED BY SECTOR



Source: HNO 2017

water and sanitation conditions in rural areas, and a lack of means to maintain personal hygiene and to purchase safe drinking water all contributed to one of the worst cholera outbreaks.

Malnutrition

Some 1.8 million children and 1.1 million pregnant or lactating women are acutely malnourished, including 400,000 children under the age of five who are suffering from severe acute malnutrition. An estimated 7.5 million people are in need of nutrition assistance, with 2.9 million people who will require treatment for acute malnutrition in 2018.

Shelter and essential non-food items

An estimated 5.4 million people require emergency shelter or essential household items, including IDPs, host communities and initial returnees. Ongoing conflict-related displacements, as well as initial returns to some areas, are driving these needs. 2.6 million people are in acute need of this type of assistance.

Protection

Unabated and escalating conflict in parts of the country has turned Yemen into one of the world's largest protection crises. About 12.9 million people need assistance to protect their safety, dignity or basic rights, from violations of IHL, grave violations of children's rights and gender-based violence. Displacement and conflict has impacted vulnerable households and persons with specific needs, resulting in negative

coping mechanisms and mounting psychosocial support needs. 6.5 million people are living in acutely affected areas.

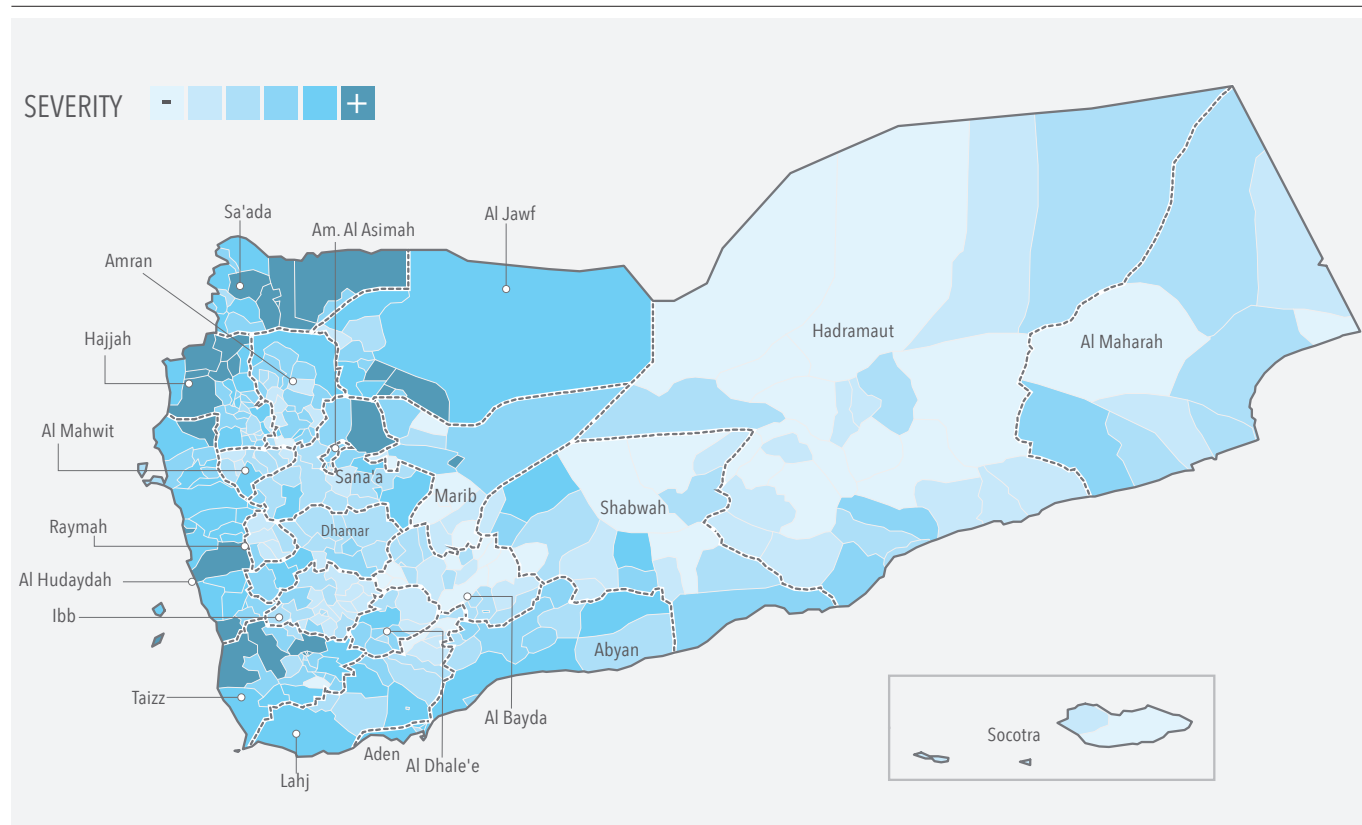
Education

The 2017/2018 school year started with delays in 13 out of 22 governorates due to the extended period of non-payment of salaries for teachers. 21 per cent of schools across the country are unfit for use for educational activities due to conflict-related damage, hosting of IDPs, or occupation by armed groups. An estimated 4.1 million school-aged children require assistance to continue their education.

Livelihoods and community resilience

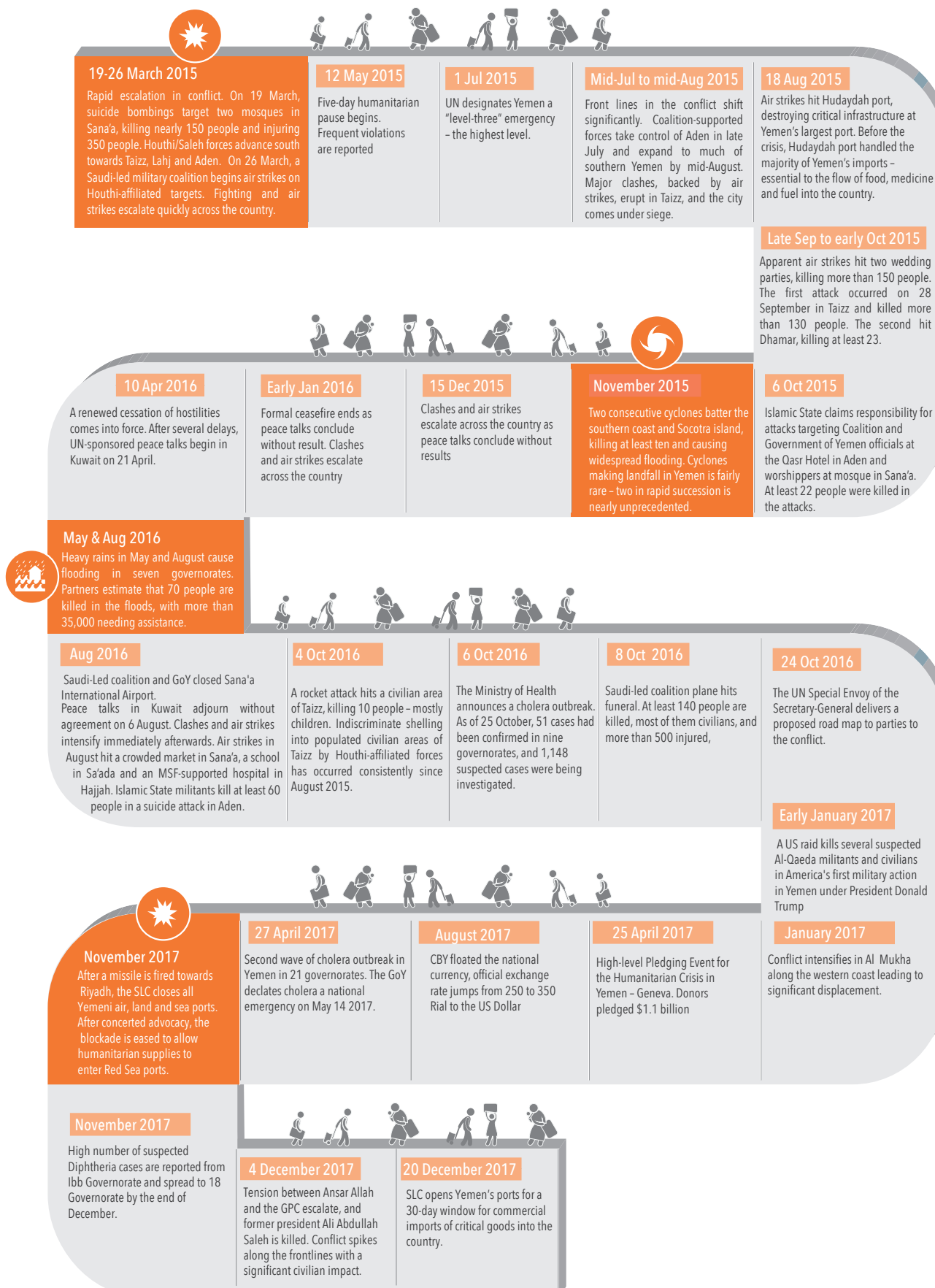
Around eight million conflict-affected individuals require livelihoods assistance to enhance their self-reliance to address basic needs and reduce dependency on relief assistance. Communities require support to promote resilience, including clearance of landmines and other explosives in various locations.

2018 SEVERITY OF NEEDS BY DISTRICT



Source: HNO 2017

TIMELINE



STRATEGIC OBJECTIVES

In 2018, partners will continue to deliver life-saving assistance and protection to address the most acute needs identified in the HNO. All activities will promote the safety, dignity and equitable access of affected people to principled humanitarian assistance. Partners will also seek to support the delivery of basic services and work to preserve the institutions that provide them. The coordinated response will be accompanied by improved coordination, accountability mechanisms and advocacy.



1

Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.

Growing numbers of people in Yemen need humanitarian assistance to ensure their basic survival, as illustrated by major increases in severe food insecurity, acute malnutrition, lack of clean water, displacement and declining health services. In 2018, partners' primary objective will remain the provision of life-saving assistance.



2

Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.

Intensified conflict and violations of IHL have resulted in massive protection needs, particularly for women, children, displaced and persons with specific needs, which underscores the criticality of strengthening efforts for the protection of civilians. In 2018, assistance will promote the safety and dignity of those it serves, and all people – men, women, boys and girls from all population groups – will have equitable access to aid based on their needs. Partners will incorporate protection and gender analysis across all sectors of the response in line with HCT Protection and Gender action plans.



3

Support and preserve services and institutions essential to immediate humanitarian action and the promotion of livelihoods and resilience.

Partners will promote targeted support to key public services and will provide minimum assistance packages to complement continuity of these basic services and prevent further collapse. Enhanced emphasis will also be placed to support access to livelihoods opportunities, economic recovery processes, community asset rehabilitation and reintegration of displaced populations and returnees in order to restore self-reliance and minimize negative coping mechanism.



4

Deliver a principled, integrated, coordinated and inclusive humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen with enhanced engagement of national partners.

The humanitarian response in 2018 will strengthen integrated multi-sectoral approaches and move closer to affected people. For the first time, the 2018 YHRP presents a multi-sector response on key thematic areas – famine prevention, cholera, as well as a comprehensive response to IDPs/returnees/host communities in addition to individual cluster response plans. Partners will strengthen coordination by increasing staff presence in and decision making from field hubs. Building on successes in the last two years, enhanced effort will be placed to build capacities of national partners and reinforce their engagement to ensure wider coverage and sustainability of response efforts.

RESPONSE

STRATEGY

Humanitarian partners aim to reach 13.1 million people in Yemen with life-saving or protection assistance in 2018. Clusters prioritized populations and geographical areas in acute need where access and operational capacity permits and have included targets in areas where the populations in moderate need are at risk of slipping into acute need. Further, partners will be working with and through public institutions providing essential basic services to prevent their collapse.

Planning Assumptions

While only an end to the conflict will lead to a gradual reduction in humanitarian needs across the country, there is currently no concrete indication that this scenario will materialize in 2018. The 2018 planning scenario anticipates that conflict will continue at a similar scale to 2017 and that the deterioration of economic, security and social conditions will accelerate.

- **Humanitarian needs:** Significant humanitarian needs will persist in all sectors due to ongoing conflict, insecurity, economic collapse and chronic under-development. An estimated 22.2 million people will require assistance in at least one sector in 2018, including 11.3 million people who will require immediate assistance to save or sustain their lives. A considerable gap will remain between the emergency requirements identified in the YHRP and the total needs of the entire country, and an increasing number of people in moderate need will fall into acute need.
- **Conflict dynamics:** After more than two and a half years of conflict, dynamics shifted in late 2017. The ground fighting in Sana'a in early December was followed by intensified conflict in other parts of the country. In addition to the political ramifications, fighting between the Ansar Allah-GPC alliance and the internationally recognized government and SLC forces have flared up along the western coast and other front-line areas. The intensity of conflict will continue to vary considerably by region, with localized areas including front-lines experiencing intense ground clashes or air strikes. In calmer areas, support to community resilience and recovery programming will be explored.
- **Protection concerns:** The escalating conflict and increased impact on civilians will continue to pose serious risks to civilians' safety, well-being and basic rights and cause extensive damage to public and private infrastructure. Parties to the conflict will continue to violate international humanitarian law and international human rights law in the absence of more robust accountability mechanisms. Protection needs of vulnerable population groups will increase, including risks of gender based violence. Tensions within communities may increase as resources become scarcer, with IDP host communities particularly at risk as the length of displacement and burden on hosts grow. Domestic violence may increase as families and communities grapple with accumulated stress and shortages.
- **Internal displacement and return:** Displacement and return patterns will vary based on prevailing local levels of conflict and insecurity. Escalating conflict in various areas is likely to continue to cause additional displacements. Humanitarian partners will continue to monitor the situation and offer rapid humanitarian relief based on existing and new contingency plans. Returns will remain precarious in many areas due to ongoing insecurity and active conflict.
- **Refugees and migrants in Yemen:** In spite of the challenges and increasing insecurity, migrants and asylum seekers, particularly from the Horn of Africa, are expected to continue coming to Yemen as it remains a major transit route. Authorities in Yemen may be unable to respond to the humanitarian needs of refugees and asylum seekers due to the protracted conflict situation and economic constraints.
- **Public institutions:** Fuel-shortages due to the current closure of and restrictions on ports continue to undermine weakened public-sector institutions and further accelerate their collapse. The ability of public-sector institutions to provide, maintain or restore basic services will further decrease if not diminish, requiring humanitarian partners to continue filling critical gaps, which is beyond their capacity and remit. The health, nutrition, education, food security and agriculture and WASH sectors will be particularly affected. Malnutrition and communicable disease outbreaks are likely to increase. Maternal, newborn and child mortality and morbidity will increase due to failure to access emergency health care.
- **Disease outbreaks:** With collapsing health and WASH facilities, communicable disease outbreaks will continue to pose a significant threat to the lives of millions. Yemen faced the worst cholera outbreak in 2017 with more than one million suspected cases reported by the end of December; a resurgence of a spike in the outbreak is likely 2018 due to prevalence of risk factors. Preparedness and

prevention activities for cholera are required, but may not be sufficient to prevent a third wave of cholera, especially if public water and sanitation services continue to deteriorate, and the price of water continues to increase. Additionally, a diphtheria outbreak, the country's first outbreak since 1982 is rapidly spreading, with suspected cases reported in 19 Governorates by 16 January 2018, attributed to low vaccination coverage and poor access to medical care.

- **Economic outlook:** Already ailing before the escalation of the conflict, the Yemeni economy has contracted sharply since the conflict erupted and Yemen will be facing an extraordinary fiscal challenge in 2018, including an ongoing liquidity crisis. The response is based on the premise that markets remain functioning in some areas of the country, but will fail in others, accelerated by fluctuating restrictions on imports imposed by the SLC. Foreign banks will be reluctant to transact with Yemeni banks due to classification of the country as "high risk", affecting businesses, importers and the general populations. Shortages of foreign exchange reserves and a rapidly depreciating Yemeni Rial in 2017 will continue to translate into higher prices for almost all commodities, putting them increasingly out of reach of vulnerable populations. Humanitarian partners will face increasing pressure to compensate for a faltering commercial sector.
- **Imports of critical supplies:** Yemen relies on imports for approximately 90 per cent of its staple food and nearly all fuel and medical supplies. The closure of ports in November and December 2017 underlined the vulnerability of the country to disruptions of imports. The 2018 HRP is based on the assumption that commercial imports, including fuel, will remain possible. From a humanitarian perspective, there is no alternative to commercial imports, and a further reduction of fuel stocks will accelerate needs and hardship across the country resulting in a complete catastrophe. Humanitarian partners will maintain high

levels of advocacy to keep critical ports open to all imports. Should these efforts fail, the lack of basic goods, particularly fuel, will result in a crisis of dimensions that would be beyond the humanitarian community's response capacity

- **Livelihoods:** Two and a half years of crisis have brought rising unemployment, loss of urban and rural livelihoods, and interruptions in public sector salary payments, which in turn are compounding the impact of higher commodity prices and localized commodity shortages. As a result, more people will struggle to meet their needs as livelihoods opportunities erode or vanish and prices continue to rise. Poverty rates will rise, meaning that people not directly affected by the crisis will need humanitarian assistance.
- **Humanitarian Access:** Access restrictions by all parties to the conflict is likely to continue to impact timely delivery of humanitarian aid, particularly in areas close to the front-lines. A growing lack of coherence between the entities that are key counterparts to humanitarian partners will continue to result in bureaucratic and operational impediments.

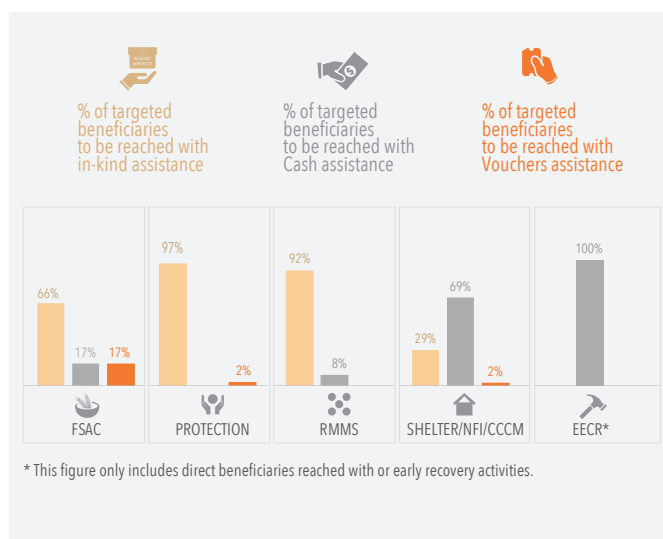
Defined scope and priorities

The sheer scale of the humanitarian needs across the country demands a strategic decision on a realistic scope of the humanitarian response, taking into account the severity of needs, geographical spread of needs and the capacity of partners to deliver.

Geographical scope

The response will be strategically prioritizing districts with populations in acute need as defined by the individual clusters in the Humanitarian Needs Overview. Additionally, the response will expand to address moderate needs in areas where the population is at risk of slipping into acute need, which is critical given the rapidly deteriorated humanitarian situation during

PLANNED RESPONSE MODALITIES IN 2018



BREAKDOWN OF YHRP ACTIVITIES BY TYPE



the last quarter of 2017. At the same time, the fluid situation, shifting front-lines and recurrent outbreaks of disease, such as cholera and diphtheria in 2017, require continuous monitoring of emerging needs and a flexible approach that allows partners to shift operational focus and financial resources to affected areas assessed to suffer from the highest severity of need.

Programmatic scope

Humanitarian needs across the country are driven as much by ongoing conflict and displacement as by underlying economic crisis and collapsing life-saving public services. Even before the escalation of the crisis, Yemen was one of the poorest countries in the region and the conflict further exacerbated chronic vulnerabilities. The cholera outbreaks in 2016 and 2017, and the collapsing health system underline the need to protect institutions providing critical basic services. Out of the functioning 50 per cent health facilities, only 74 per cent provide some kind of nutrition services, and 46 per cent provide treatment for both severe and moderate acute malnutrition.

After two and a half years of violent conflict and spiralling economic hardship, many individuals and communities have exhausted all available coping mechanisms, pushing them into destructive negative coping mechanisms and into dependence on humanitarian support. The significant loss of livelihoods and eroding purchasing power is accelerating food insecurity contributing to the worrying increase of 24 per cent in severely food insecure people from April 2017 rising to 8.4 million people at risk of starvation.

The Humanitarian Country Team (HCT) is hence widening the scope of the HRP to include a limited range of “humanitarian plus” activities and to enhance support to resilient livelihoods. These activities include:

- More systematic support to lifesaving basic public facilities (health and WASH) in priority districts to ensure minimum functionality. This encompasses provision of incentives for key staff and operational costs; rehabilitation and equipping lifesaving facilities to ensure minimum functionality.
- Livelihood support: activities that help to recover vulnerable households’ livelihoods. Partners will include critical enablers that will enhance or enable livelihood activities.

By including such activities that are deemed critical to enable the humanitarian response, humanitarian partners will be able to address humanitarian needs in a more sustainable manner. These activities continue to be based on evidence and follow humanitarian principles.

Response Priorities

Driven by the scale of the crisis, operational needs, and scarcity of humanitarian funding the HCT agreed on a

rigorous prioritization approach to address the most severe needs. Humanitarian partners shifted from Governorate level needs analysis and targeting to district level targeting in the 2018 HRP. This has allowed partners to identify and target the most vulnerable communities in a much more granular manner, and has helped the HCT to narrow the scope of this plan to focus on the people in most severe needs. In light of the broadening of the programmatic scope of the HRP, and escalating needs across the country, partners have further prioritized their activities at cluster level. Building on the analysis in the HNO, activities were prioritized that are most urgently required to save lives or are critically enabling.

Priority activities are highlighted in the Logical Framework in Annex II of this document.

Market Based Response Modalities

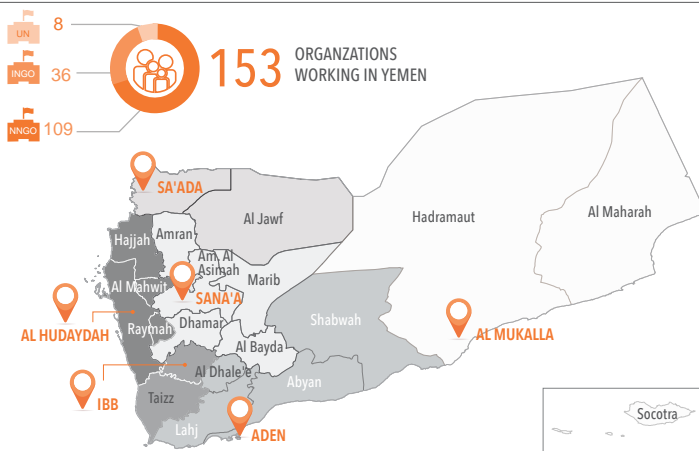
Cash and market-based interventions were implemented in Yemen before the current crisis, mainly with a development focus through the Social Welfare Fund (SWF), which delivered unconditional cash transfers to 1.5 million vulnerable households. The Food Security and Agriculture Cluster partners have also been providing unconditional cash assistance to vulnerable households since 2012¹⁴, which expanded over the years to reach 900,000 beneficiaries on monthly basis in 2017¹⁵. As the conflict escalated in March 2015, humanitarian partners increased both unconditional and conditional¹⁶ cash and vouchers modalities as a potential tool for scaling up the emergency response recognizing its immense potential within the Yemen context in stimulating local demand and market functioning¹⁷.

To gauge the appropriateness of multi-purpose cash-based interventions, the Yemen Cash and Markets Working Group (CMWG) conducted a study looking at the functionality of different types of Yemeni market systems and the communities’ preference for various response options. The study explored the market functionality and analyzed the market systems for food, water, NFIs, hygiene items, shelter items and diesel and petrol. In total 103 districts across 13 governorates within Yemen were covered with a total of 1,399 vendors providing information. The study found that, based on availability, pricing, and restocking times, food commodities, cooking gas, water trucking and hygiene items are suitable candidates for an unrestricted cash-based intervention across the country. Markets for other commodity groups (houseware, building materials, and wheelchairs and crutches) were found to be not consistently functioning well at the district level and that a cash-based programming for these items is likely not a suitable response option in remote areas. Fuel costs significantly influence markets, as the price of goods is heavily influenced by the cost of transportation.

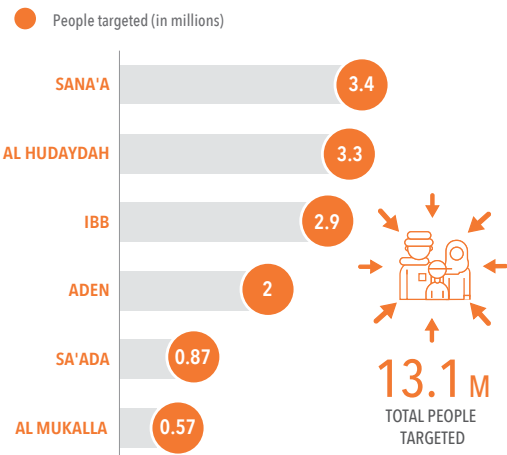
The study on Community Access to Market, Acceptance, Safety and Risks, explored the perceptions of communities towards different assistance and delivery mechanisms and investigated how individuals’ access to markets has varied since the outbreak

HUB OVERVIEW: PEOPLE TARGETED AND ACTIVE CLUSTERS

HUBS AND GOVERNORATE COVERAGE



BREAKDOWN OF TOTAL PEOPLE TARGETED BY HUB



International and national humanitarian staff have worked in all areas of Yemen throughout the crisis. Following the declaration of an L3 Emergency in July 2015, the HCT agreed to establish six humanitarian hubs to coordinate humanitarian assistance in different areas. Humanitarian hubs are currently active in Sana'a, Aden, Hudaydah, Sa'ada and Ibb, with partners working in all governorates of Yemen. A sixth hub in Mukalla is planned, pending improvement of the security situation; Mukalla relief operations are currently coordinated from Aden or Sana'a. Field humanitarian hubs are intended to facilitate logistical operations and aid coordination in different areas of a united Yemen.

TOTAL PEOPLE TARGETED AND ACTIVE CLUSTERS BY HUB

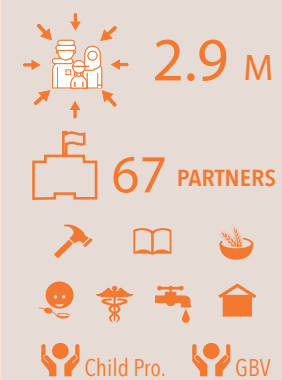
ADEN HUB



AL HUDAYDAH HUB



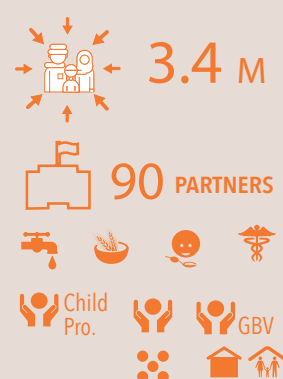
IBB HUB



SA'ADA HUB



SANA'A HUB



MUKALLA HUB*

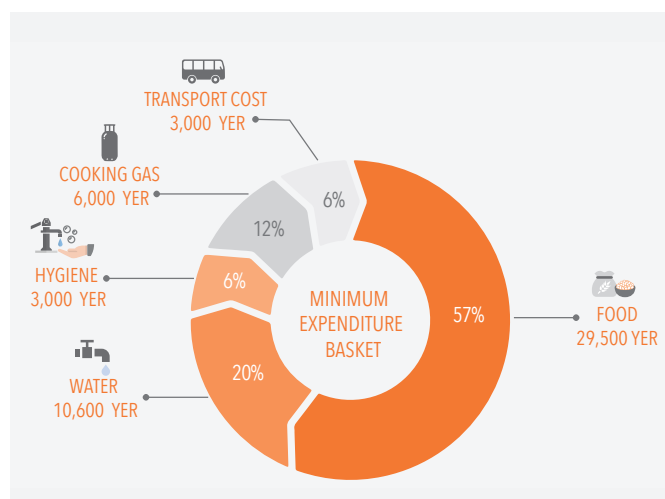


of the current conflict. 114 Focus Group Discussions (FGD) were conducted across 11 governorates, concluding that any cash-based intervention must prioritize flexibility and convenience to recipients. FGD participants indicated that their access to markets and financial services had decreased significantly due to falling purchasing power and rapidly increasing costs of public transportation. Participants in the study of all population groups expressed a preference for multi-purpose cash grants, which would enable them to acquire products such as clothing and medicine in addition to food products.

The Yemen Cash and Markets Working Group (CMWG) developed a Survival Minimum Expenditure Basket (SMEB)¹⁸ that defines the basic recurrent needs of the most vulnerable households targeting food, cooking gas, hygiene items and water trucking. The Multi-Purpose Grant (MPG) transfer value to cover the set of basic survival needs stands at YER 52,000 per month as of December 2017¹⁹. This is to be complemented by additional one-off support to save and sustain the lives of households as requiring including due to a recent displacement or disruption due to conflict.

In light of ongoing fluctuations of the prices of basic goods due to import restrictions and ongoing currency depreciation, the feasibility of cash based modalities need to be carefully monitored to ensure that the operational environment continues to allow for the intended impact to materialize based on further market and contextual analysis. FSAC partners (WFP, FAO, INGOs, NNGOs, FSTS) have been providing the humanitarian community with regular monthly market monitoring bulletins that have been critical in informing various actors on the evolving situation, price trends, and appropriateness of market based modalities. To complement, CMWG rolled out water price monitoring in 2017, which will be taken forward by WASH cluster in 2018.

CASH: MINIMUM EXPENDITURE BASKET



Source: CMWG, December 2017.

Centrality of protection

The scope and complexity of the crisis in Yemen are impacting population groups differently, with some at greater risk than others. Within the total 22.2 million people in need, the most vulnerable can often be found among people affected by displacement, women, children, minorities, and refugees and migrants. Operating in one of the world's largest protection crises, the HCT is committing to place protection at the center of the humanitarian response in 2018. All assistance under the umbrella of this HRP will be planned and implemented so as to promote the safety, dignity and rights of affected people. These efforts are guided by the HCT Protection Strategy, the joint protection analysis as published in the 2018 HNO. The HCT has worked with a dedicated Protection Advisor throughout 2017, to strengthen protection analysis and mainstreaming through the cluster system, both in Sana'a and in the operational hubs. The HCT assumed the common responsibility to ensure that the most vulnerable groups in Yemen receive due consideration, and the response takes into account their respective needs and vulnerabilities. The inter-cluster analysis and response considerations for IDP populations further underlines the commitment of jointly responding to the needs of this vulnerable population group.

Clusters have mainstreamed protection considerations through all stages of the programme cycle. The more detailed cluster-based considerations are presented in part II of this document, under the respective cluster sections.

Gender

Women and children, particularly girls are among the most vulnerable. The HCT will build on two years of dedicated capacity to strengthen the understanding of gender considerations throughout the project cycle. Gender focal points have been identified and trained in all clusters and will continue to play a central role supported by an inter-cluster focal point, including training for partners on gender equality programming, reporting on gender throughout the programme cycle and providing guidance on achieving more equitable benefits. The HCT has worked to identify, analyze, address and respond to gender inequality. Based on this investment, clusters and partners have reviewed their response considerations to ensure these considerations are duly reflected. Section II of this document highlights these commitments and activities at cluster level.

The joint HCT Protection and Gender Strategies²⁰ continue to guide the humanitarian community. Strategic Objective 4, Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls, highlights the centrality of protection and gender concerns in the coordinated response, and the HCT will report back on the achievements and gaps in the response in the Periodic Monitoring Review.

Accountability and community engagement

Strengthening communication with communities remains an important focus of the humanitarian community in 2018. In 2017, each cluster developed an accountability framework, taking stock of activities undertaken to better involve the beneficiaries in the response, committing to increase accountability at cluster level²¹. Regular community perception surveys are undertaken to gauge the overall satisfaction of beneficiaries and to highlight shortcomings to be addressed collectively. Accordingly, in 2018, the humanitarian community will focus on enhanced implementation of the Accountability to Affected People (AAP) commitments throughout the Humanitarian Programme Cycle outlined in the cluster accountability framework including providing information to the public; involving community in decision making; learning from feedback and complaints. This will be supported by a proposed common service to further boost the cluster and agency level efforts of engaging with affected communities to ensure effective communication between affected communities, their representatives and humanitarian organizations. This common service will ensure the flow of information between responders and beneficiaries in both directions, which will allow for system-wide learning, and an improvement of humanitarian action based on communities' views, integrated throughout the Humanitarian Programme Cycle.

Stronger Partnerships and local empowerment

In the last two years, the HCT has been putting significant efforts into enhancing engagement with national NGOs to ensure a wider coverage and increased sustainability of humanitarian actions. This is marked by the two-fold increase in the number of national partners involved in the coordinated response from 59 in 2015 to 109 in 2017. Similarly, in 2017, the number of eligible national partners to apply for funding from the Yemen Humanitarian Fund (YHF) increased to 34 from 19 the year before.

National partners are of paramount importance to the humanitarian response, particularly in view of the access constraints that exist in Yemen. The HCT recognizes the need to further utilize the full capacity of national NGOs, and plans to further strengthen inter-agency collaboration

in 2018 to help to enhance national NGOs' capacities to operate effectively and based on humanitarian principles. The capacity building efforts under this HRP will be informed by the capacity needs identified through surveys conducted by the clusters. Collectively, partners will focus on cross-cutting and core management skills, to complement the technical capacity building strategies by the respective clusters.

The YHF 1st and 2nd Standard Allocation allocated US\$3.3 million in 2017 towards training and capacity building, constituting three per cent of each project proposal. The package encompasses a series of trainings for technical staff, and local and partner staff implementing the project covering Core Humanitarian Standards (CHS), humanitarian principles, monitoring, and protection mainstreaming. This significantly contributed to improving capacities of national partners and the quality of the response, including fully embracing the principles of "do no harm" and "accountability towards the affected population", well reflected in the quality of the proposal received over the last quarter of the year.

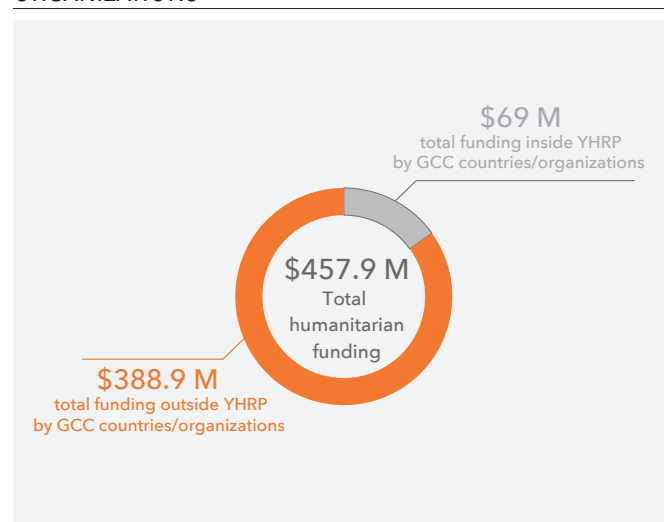
The inter-agency comprehensive capacity building strategy builds on existing capacity building initiatives by the Yemen Humanitarian Fund and encompasses trainings, mentoring and partnership. Emphasis will be placed on peer-mentoring by capable humanitarian partners to support national actors implement acquired skills through the Humanitarian Programme Cycle (HPC). This approach extends beyond training staff and focuses on strengthening the national NGO systems and institutional knowledge. This will be complemented by encouraging enhanced partnerships with new local partners.

The HCT also continues to strengthen coordination with Gulf-based organizations working in Yemen as a way to support HRP implementation and enhance coordination with activities outside the HRP. In 2017, donors from Gulf Coordination Council (GCC) countries contributed US\$458 million to humanitarian activities in Yemen, including US\$69 million for the 2017 YHRP. Gulf-based humanitarian partners are

THREE ELEMENTS OF CAPACITY BUILDING STRATEGY



2017 FTS CONTRIBUTIONS BY GCC COUNTRIES/ ORGANIZATIONS



Source: FTS, 16 January 2018

increasingly engaging in cluster coordinating mechanisms and implementing aid activities in Yemen directly or by supporting Yemeni organizations, particularly in Government-controlled areas. Some Gulf-based organizations took part in the hub-level HNO workshops that contributed to the 2018 HRP.

In addition, the ICCM and the HCT is coordinating with humanitarian partners that are not part of the coordinated response as appealed for under this YHRP, and is liaising with relevant partners on specific issue areas, such as the Cholera response, with the aim of avoiding duplication and closing potential gaps in the response. Working through the technical line ministries, the humanitarian clusters are ensuring coordination and information sharing with technical government counterparts.

Linking Relief to Development and Application of the New Way of Working

Recognizing the immensity of critical life-saving needs for the majority of affected populations, and the underlying structural issues that are deepening various vulnerabilities, the HCT expands the scope of this YHRP to include a strategic selection of “humanitarian plus” activities aimed to maintain minimum lifesaving critical services and livelihoods in the most severely affected priority districts.

Currently, more than US\$ 1.3 billion of development funds have been invested in multi-year humanitarian plus projects in Yemen to prevent further collapse and to maintain basic service provision in key sectors including health, WASH, education and to support people’s livelihoods through income generation projects and social protection. World Bank Group’s IDA-funds represent more than 90 per cent of “humanitarian plus” funding in the country, channeled through UN agencies and help transcend humanitarian-development divides. These programmes build on two decades of the World Bank’s experience and partnerships in Yemen to support the capacity of local institutions that provide essential services

and to strengthen the resilience of the most vulnerable.

In order to galvanize the impact of these resources, the HCT and ICCM are working closely with the UN Country Team (UNCT) to ensure activities are aligned, complementary, and coordinated, based on a common understanding of critical needs and response priorities across the country. “Humanitarian plus” funding that will enable activities included in the YHRP will be tracked by the Financial Tracking Service to provide timely information on available resources.

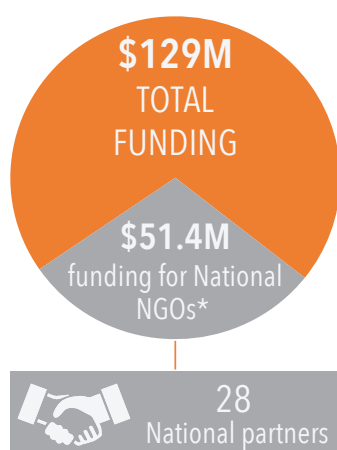
This is in-line with the 2016 World Humanitarian Summit commitment to a New Way of Working to transcend the artificial divisions between humanitarian and development work in crisis settings. It is based on the premise of using resources and capabilities better, and exploring new partnerships to provide extra capacities and resources to support communities.

Strategic use of pooled funds

Pooled funding was critical in addressing critical humanitarian priorities including for an integrated famine prevention, cholera and IDPs response in 2017. The Yemen country-based pooled fund allocating a total of US\$129 million in 2017 to the coordinated response, making it the largest such funds in the world in terms of allocations. Additionally, the Central Emergency Response Fund (CERF) allocated US\$24.8 million to Yemen in 2017.

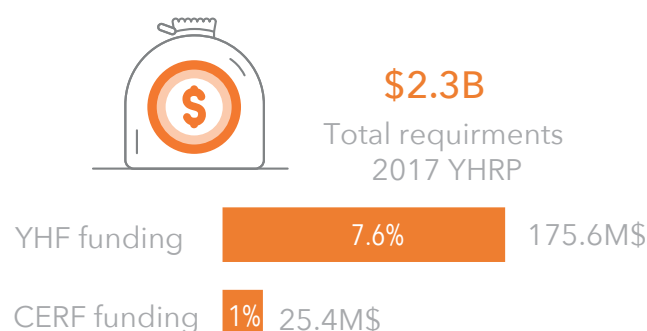
Pooled funding will continue to be used to address urgent gaps in the HRP, and to kick-start immediate response to unforeseen crises. This has already been activated for 2018 with the allocation of US\$ 50 million through the CERF Rapid Response window to respond to the rapidly deteriorating humanitarian situation during the last two months of 2017, targeting priority districts with integrated multi-sector response.

YHF FUNDING TO NATIONAL PARTNERS



* An additional \$ 22,9 was awarded to National NGOs through sub-grants.

YHF AND CERF FUNDING 2017



This graph shows the amount and percentage of YHF and CERF funding to the total YHRP requirements.

MULTI-SECTOR

INTEGRATED RESPONSE

The 2018 HRP includes integrated multi-sector response plans to address intensified risk of famine, disease outbreaks and protracted displacement to address the inter-sector life-saving and livelihood needs in a holistic and complementary manner for a more effective response.

Multi-sector integrated response

The 2018 HNO inter-sector needs analysis for famine prevention, cholera, and for displacement/ IDPs has identified the most severely affected districts in the country. These districts will be prioritized for multi-sector integrated response efforts by relevant clusters. Based on geographic level prioritization, targets will be identified at household, individual, community, and health facility level, depending on the type of response in the multi-sector response package. This aims to address the priority needs of the different target groups within an identified geographic area to maximize synergies and ensure complementarity among the sector interventions for a more effective response. This will be supported by integrated assessment and monitoring tools.

Famine prevention

There has been a clear shift in Yemen towards integrated (multi-sectoral) programming in 2017 following the Integrated Food Security Phase Classification (IPC) results on acute food insecurity in Yemen in March 2017. As the risk of famine rose, there was widespread realization of the complexity of the situation that is not only related to malnutrition and food insecurity, but also to underlying causative factors emanating from other sectors. Subsequently, the WASH and Health were also integrated due to the criticality of these sectors in any famine response actions in Yemen. Advocacy was stepped up on the need for enhanced collaborative strategies which culminated in integration being an integral theme for the 2017 HPF Standard Allocations.

During the first half of 2017, an initial list of 95 districts were identified as high priority districts based on international thresholds and cut-off points from all the four clusters. Towards the end of 2017 based on new data, an additional 12 districts were added by the WASH, Nutrition, Health, and FSAC clusters to the initial list of 95 districts resulting to an expanded list of 107 districts at risk of famine. These 107 districts have been earmarked as requiring integrated programming by the four clusters in 2018. Nonetheless, based on the current resource shortfalls, capacities of partners, access challenges, almost collapsed systems, the four clusters are kickstarting the integrated famine prevention

model of programming in an initial 27 districts²². This list will be expanded gradually to accommodate all the 107 districts during 2018 contingent on successful implementation, appropriate funding levels and building on lessons learnt in the piloting phase.

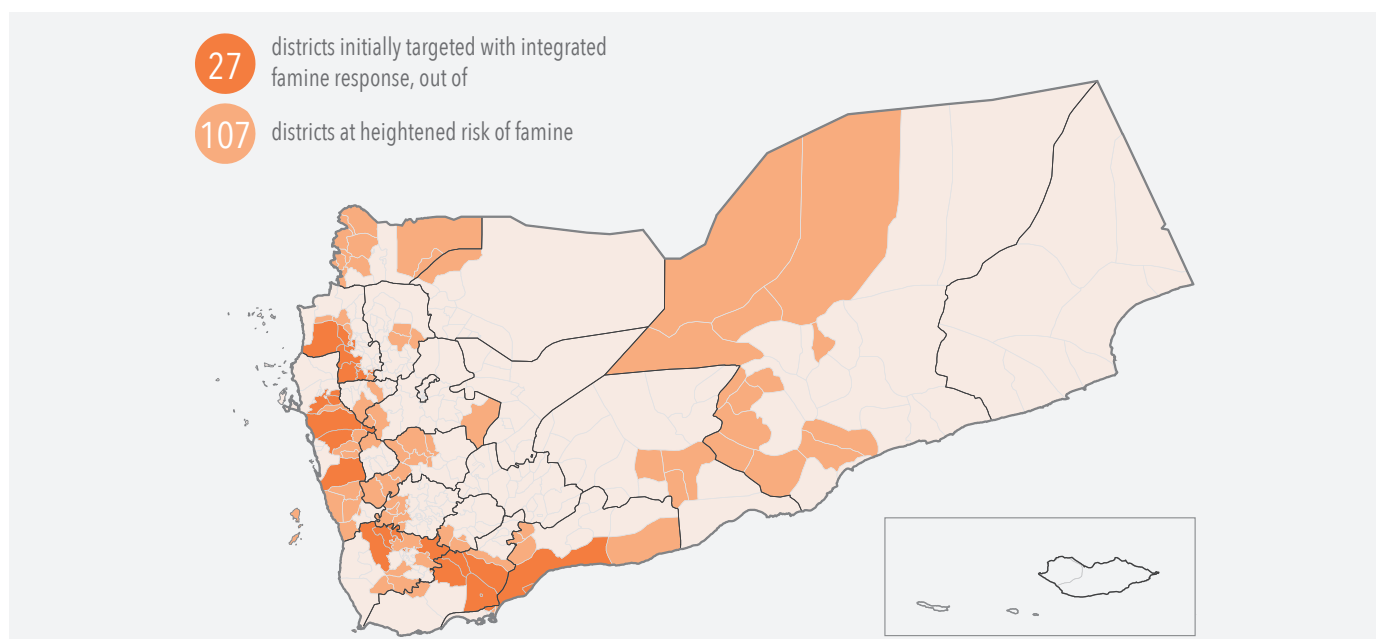
A standard integrated programming response package will be implemented in the 27 districts by the four clusters at the household, health facility (HF), and community levels. It is noteworthy though that varying levels of integration will also be ongoing in all the other remaining 80 districts (at least either two or three clusters integrated responses contingent on the context).

Participating partners are mindful of potential constraints in rolling out the integrated package. These include different priorities by authorities, lack of guidance available

At the household level the package will include

- emergency food assistance (through either general food distribution, cash or voucher transfers);
- provision of emergency agricultural (seeds, farm implements etc.), livestock (feed blocks, feed concentrates, dry fodder, restocking etc.) and fishery inputs support (nets, cooler boxes etc.);
- income generating activities;
- implementation of the minimum health service package (pre-natal and post-natal care, messaging, child vaccination, response to outbreaks, management of sick);
- providing consumable hygiene kits, jerry cans, ceramic filters;
- providing sustainable access to safe potable drinking water;
- latrine construction through community mobilization approaches;
- screening and referral of children with severe or moderate acute malnutrition and PLW with acute malnutrition.
- The possibility of providing the FSAC and WASH components through a multi-purpose cash grant will be explored.

DISTRICTS AT HEIGHTENED RISK OF FAMINE



Source: HNO, December 2017

At health facility level the package will include

- treatment of the acute malnutrition in children and women through the community management of acute malnutrition;
- targeted food distribution to care givers of malnourished children, primary and secondary health care;
- ensuring sustainable access to safe water and functional and appropriate sanitation services;
- maintenance of WASH services;
- distribution of the consumable hygiene kits and ceramic water filters to caregivers of malnourished children along with health and hygiene education.

internationally on the opportunities for integration between the clusters within the standard integrated response package, lack of existing integrated monitoring and reporting tools, community engagement strategy, protection mainstreaming in all aspects of the integrated model, strengthening referral systems between the clusters, designing capacity building package for integrated response, defining harmonized beneficiary selection criteria for integrated response at household and community level; and development of the road map to increase sustainability of WASH services in health facilities, among others. It is envisaged that the piloting will provide a platform and opportunity to showcase how the aforementioned potential challenges can be surmounted within the Yemeni context.

Multi-sector response to idps/returnees/host communities

This Response Plan outlines multi-sector response to IDPs/returnees/host communities in 61 high priority districts where the highest inter-sector needs severity scores converge²³. While all IDPs/returnees/host communities are affected by the crisis and need some sort of humanitarian assistance, the most severe inter-sector needs converge mostly in Governorates that have districts with ongoing conflict, and districts that are hosting highest proportion IDPs and returnees.

The multi-sector response aims to provide targeted assistance to address specific needs and vulnerabilities taking into account duration of displacement and living conditions, in a manner that ensures their survival, prevents erosion of assets and upholds their dignity and self-reliance. The response will be guided by the multi-sector integrated minimum assistance package for the most vulnerable IDP/returnees and host community, which includes Shelter/NFI/CCCM, food security and agriculture/livelihood, WASH, health, nutrition, education and protection services.

At community level the package will include

- mother to mother support groups for the behavior change communication on infant and young child feeding;
- blanket supplementary feeding programmes;
- sustainable access to safe drinking water and appropriate sanitation solutions (including solid waste and sewage services);
- community-based health interventions;
- mass livestock vaccinations;
- basic agro processing (e.g. sesame oil extraction), rehabilitation and resilience building through cash for work, food for work, cash for assets, food for assets schemes;
- community plots.

The interventions in the minimum assistance package²⁴ encompass a multi-sector minimum set of emergency assistance for newly displaced including distribution of life saving food and non-food items. The multi-sector response further expands to a more medium-term support that aims at harnessing and strengthening the resilience and self-reliance of both IDPs and their host communities. This includes enhancing access to livelihoods and income generating activities to prevent further depletion of assets and to relieve the burden on host communities including through Cash for Work (CFW), Cash for Assets (CFA), and Food for Assets (FFA) activities.

As part of ensuring enhanced access to basic services including health, WASH and education, efforts will be scaled up to support existing public services in areas of displacement. Activities in IDP Hosting Sites will also shift to more targeted support to identify sustainable shelter solutions and improving basic facilities including WASH services. People living in insecure housing arrangements will be assisted by upgrading safety and habitability of spaces through cash/vouchers for shelter upgrades and rental support. Such a holistic approach aims to preserve the dignity of IDPs; improve their lives and self-reliance; while also benefiting their host communities.

The Shelter/NFI/CCCM, Health, Nutrition, Protection, Food Security and WASH Clusters, as part of an effort to systematize a more collaborative approach to assistance provision are piloting an 'integrated response' in IDP Hosting Sites. A pilot project targeting 44 districts promotes a collaborative beneficiary engagement, gap identification and response methodology in IDP Hosting sites. This will ensure that Clusters holistically and collaboratively work together to develop a response that targets the improvement of the overall wellbeing and resilience of the community and results in decreased vulnerability²⁵.

Out of the 61 high priority districts, high severity of needs for returnees is identified in Aden and Amanat Al Asimah

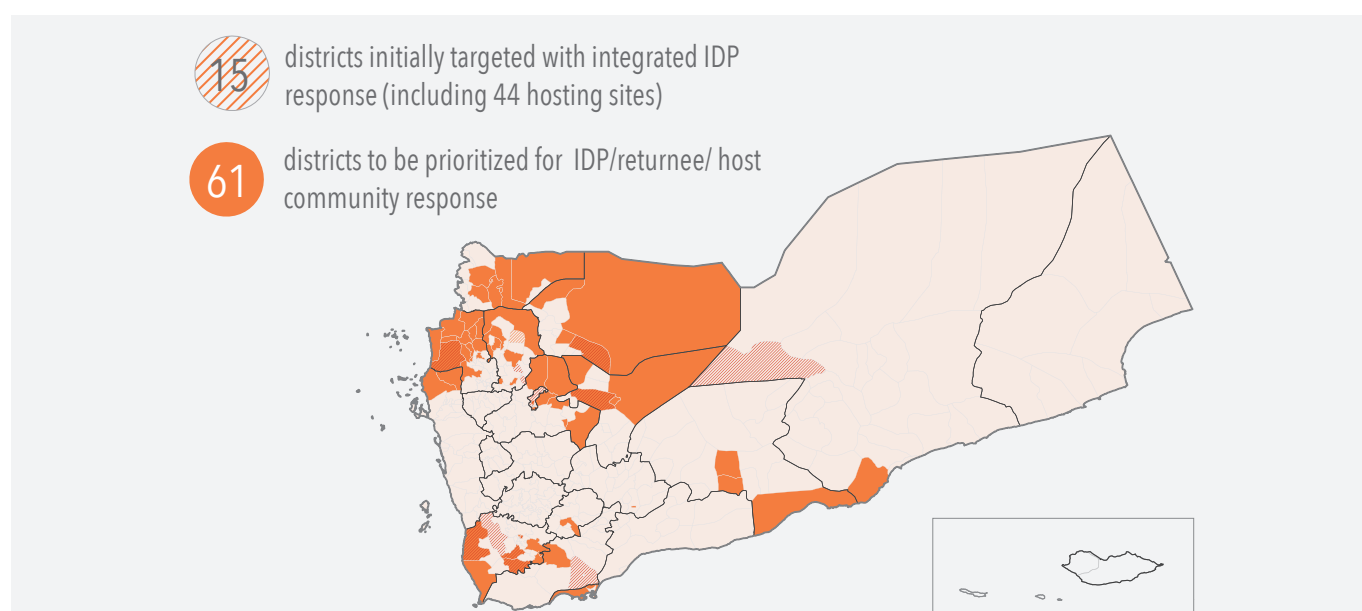
Governorates. More than 50 per cent of the returnees (an estimated 1 million) are located in these Governorates. Immediate lifesaving and humanitarian plus assistance will be provided to returnees guided by the integrated minimum assistance package to enable them to have access to livelihoods and basic services that will ensure that their return is sustainable.

In 2018, displacement and return patterns will continue to vary based on prevailing local levels of conflict and insecurity. Escalated conflict in some parts of the country including along the west coast is likely to continue to cause additional displacements. Returns will remain precarious in many areas due to ongoing insecurity.

Gender, Age and Protection

The integrated response involves provision of life-saving protection services for vulnerable groups, including pregnant or lactating women, children and GBV survivors, in IDP hosting sites, private settings and returnee locations. Integrated with the minimum assistance package, protection in public buildings, spontaneous settlements and collective centres will focus on avoiding exposure to further harm, particularly for women and children who are the most adversely affected by issues such as lack of privacy and higher risks of gender-based violence, child abuse and exploitation as well as integration and coordination between Community-Based Protection Networks (CBPNs) and CCCM to address privacy, safety and security risks. Protection in private settings will include protection monitoring and referral of persons with specific needs to specialized protection assistance, including psychosocial support, legal assistance on civil registration, critical child protection services such as family tracing and victim assistance as well as awareness-raising in communities. Protection in returnee locations will include facilitating reintegration and durable solutions, including issues of housing, land and property.

DISTRICTS WITH HIGH INTER-CLUSTER SEVERITY SCORE FOR IDPS, RETURNEES AND HOST COMMUNITIES



Source: HNO, December 2017

Integrated cholera response

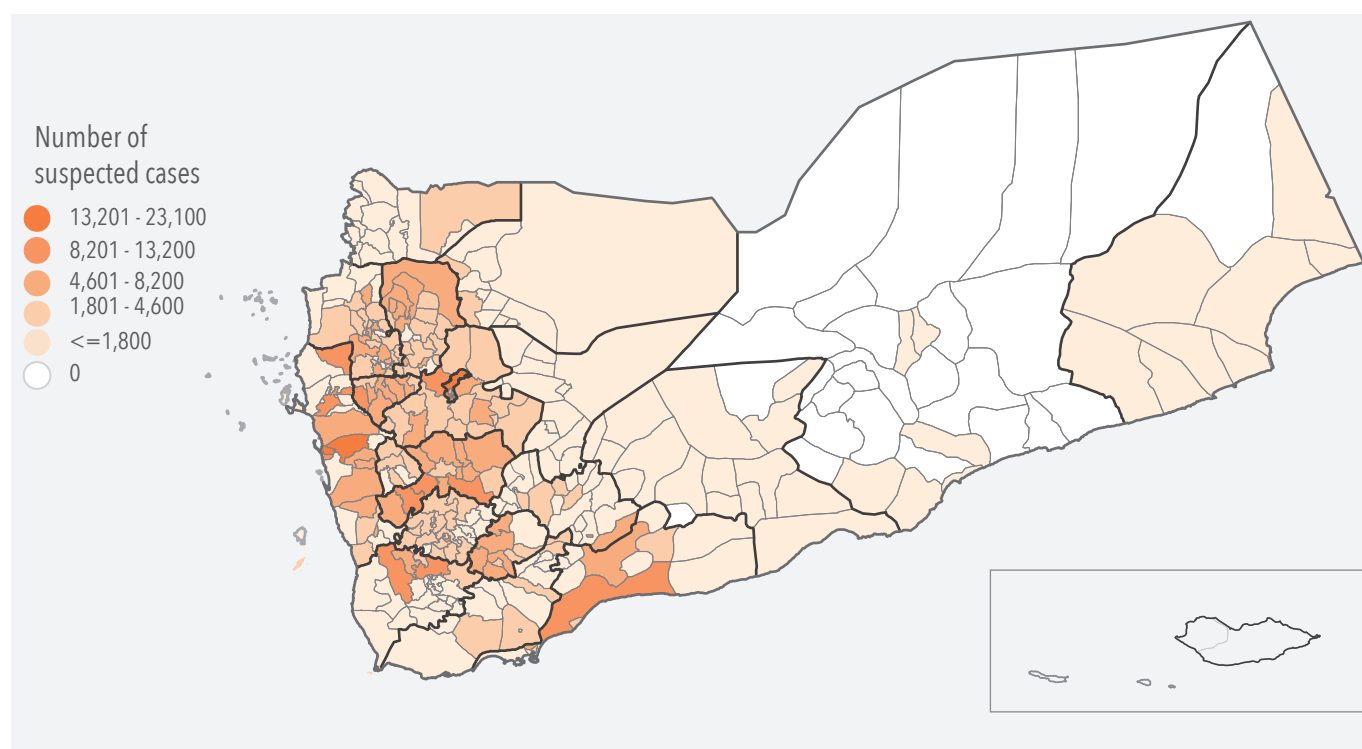
In late December 2017, the number of suspected cholera cases exceeded one million with 2,228 deaths. The epidemic spread to almost all Governorates affecting 305 of the 333 districts in Yemen. With the deterioration of public services in health, WASH and other services, the disease could not be contained early in the course of the epidemic. Humanitarian partners, led by the health and WASH clusters, implemented an integrated response to the epidemic. The integrated response included nutrition and protection clusters as well. Joint meetings and updated guidelines to support the integrated response were developed and adopted for the response.

For 2018, there are about 11.3 million people living in areas affected by cholera who need preventive services for cholera in the form of access to a sustainable source of safe water, sanitation infrastructure and services, and hygiene materials and awareness. In addition, new cholera cases would need medical care. Children with malnutrition who may contract cholera need special consideration. Other target groups will include women in reproductive age and elderly. These vulnerable group were most affected by the outbreak in 2017. All target population should have equal access to preventive interventions and medical care. Target population will be distributed over 289 districts in 21 Governorates.

Given the significant need to invest in appropriate and adequate WASH prevention measures, WASH partners will prioritize their activities in 95 priority districts that have been worst affected by cholera in 2017 (identified as districts with highest severity scores for cholera). With humanitarian plus resources, it is expected to support longer term solutions for safe water supply and sanitation for the Yemeni population in the priority districts. In addition, those resources will help prepare cholera treatment facilities and make them ready for any possible surge in cholera. Preventive and response activities will target the most vulnerable population including IDPs, returnees and host communities in the priority districts.

With the ongoing deterioration and collapse of public services mainly for water and sanitation and health, cholera continues to pose a threat in 2018 exacerbated by rain, eruption or escalation of conflict or any other factor resulting in large population movements on top of lack of safe water and sanitation. Consequently, a third wave of cholera outbreak is likely to affect mainly the districts severely affected in 2017 due to prevalence of risk factors. Preventive and response efforts should, therefore, continue to be scaled up in 2018.

NUMBER OF SUSPECTED CHOLERA CASES BY DISTRICT (UNTIL 25 OCTOBER 2017)



Source: HNO, December 2017

OPERATIONAL CAPACITY

As of December, the humanitarian community counted 153 active national and international partners managing or implementing projects through the coordinated response in every governorate of the country.

Number of humanitarian partners

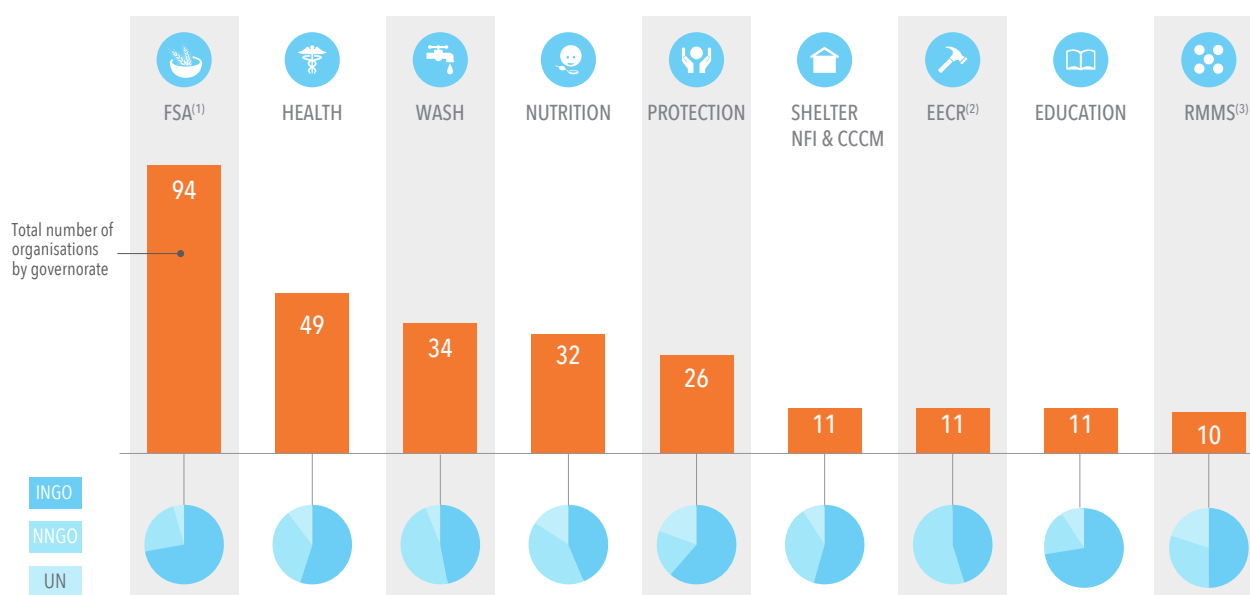
153 national non-governmental organizations (NNGOs), UN agencies and international NGOs (INGOs) have worked together throughout the crisis to deliver life-saving assistance and protection across Yemen. International staff presence will continue to fluctuate depending on the security situation across the country and due to changes in the operational environment. Consequently, international partners may rely to a greater extent on national staff and strategically invest in stronger partnerships with national NGOs. Two-thirds of active organizations in the coordinated response are NNGOs. Strengthening partnerships between national and international partners and systematically engage in capacity-building is a

central priority for 2018 (See Response Strategy chapter). The Humanitarian Country Team will further strengthen inter-agency national partners capacity building efforts through a comprehensive package of training, mentoring, and partnership.

Delivery in 2017

Delivery results in 2017 are a reflection of strong and improving capacity. In 2017, partners have reached more than 10 million people with direct humanitarian assistance during the year with 70 per cent of required funding.

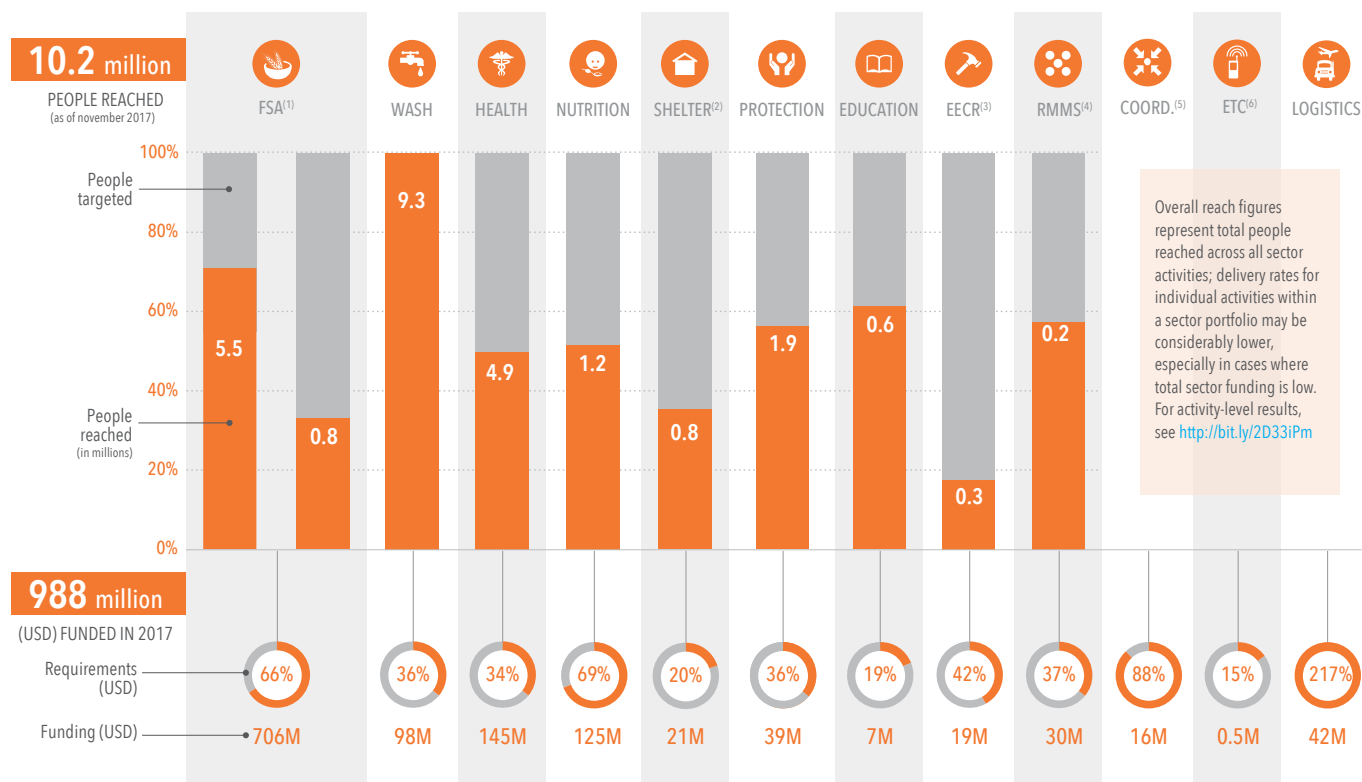
NUMBER OF ORGANIZATIONS BY CLUSTER (TOTAL) AND TYPE



⁽¹⁾ Food Security & Agriculture; ⁽²⁾ Emergency Employment and Community Rehabilitation; ⁽³⁾ Refugees & Migrants Multi-Sector.

DIRECT REACH* VS TARGET AND FUNDING PER CLUSTER

^(*) Women, children and men directly assisted with some form of humanitarian support in all 22 governorates of Yemen from January to November 2017.



⁽¹⁾ Food Security and Agriculture; ⁽²⁾ Shelter/Non-food Items/Camp Coordination and Camp Management; ⁽³⁾ Emergency Employment and Community Rehabilitation; ⁽⁴⁾ Refugees and Migrants Multi-sector; ⁽⁵⁾ Coordination; ⁽⁶⁾ Emergency Telecommunication.
Source: Clusters (Nov 2017); FTS (Jan 2018).

HUMANITARIAN ACCESS

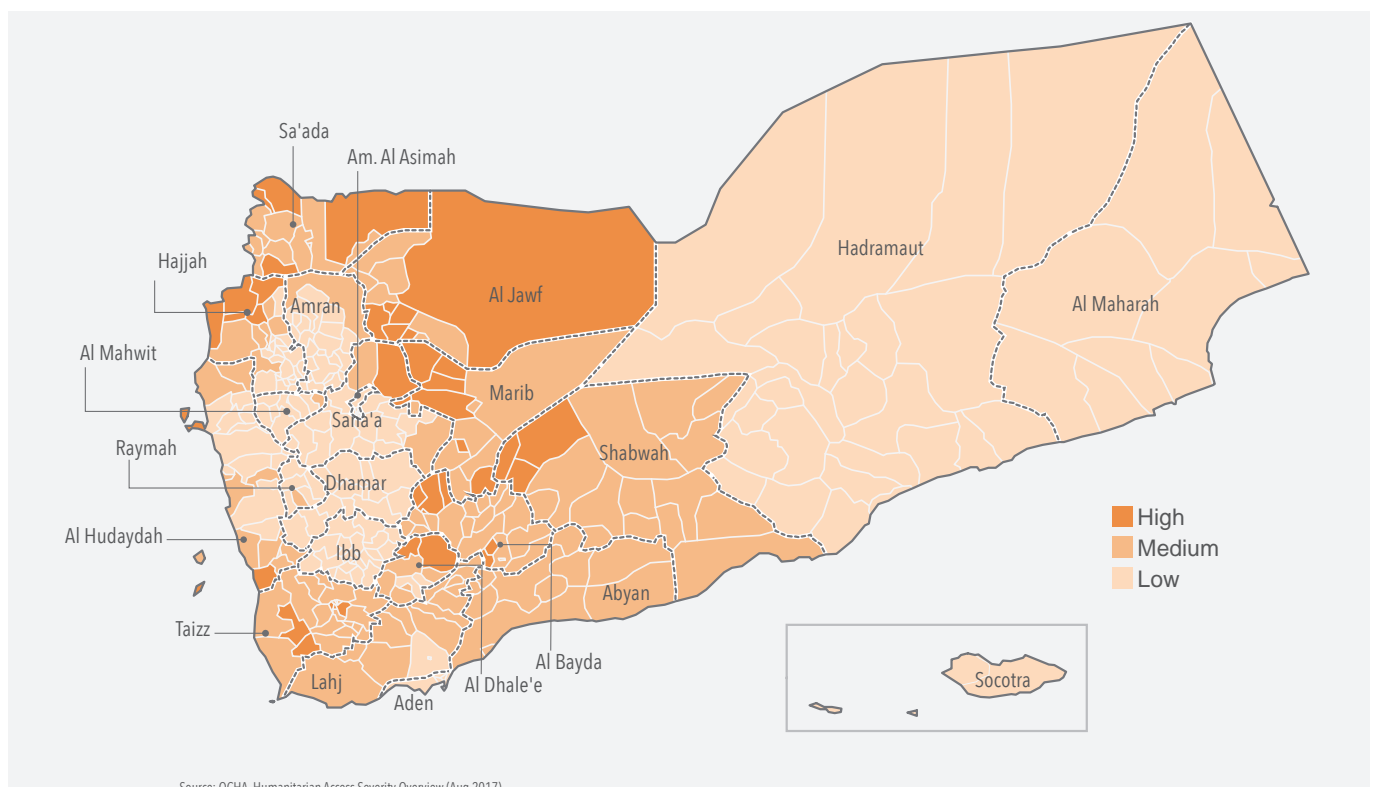
Access restrictions by all parties to the conflict continue to hamper humanitarian reach. Of the 22.2 million people in need of assistance in Yemen, approximately 1.5 million people live in districts with the high access constraints, of whom 700,900 people are in acute need of assistance.

In the third quarter of 2017, humanitarian partners held a series of focus group discussions to determine the accessibility of Yemen's 333 districts to humanitarian aid workers. The participants evaluated access constraints throughout the country, taking into consideration various factors such as conflict-related constraints, physical difficulties, restriction of movements, violence against humanitarian personnel, goods and/or premises, relations with the authorities; presence of armed groups and on-going clashes. The results were applied to a three-point severity scale. (See Table 1 herein) In the areas covered by the Ibb, Al-Hudaydah, Sana'a and Sa'ada hubs, and although factors affecting access are highly contextual, impediments to humanitarian access reported by humanitarian organizations fall under four broad categories: bureaucratic

constraints and restriction of movements within or into the country; violence against humanitarian personnel, assets and facilities (included threat and/or arbitrary arrest of staff); interference in the implementation of humanitarian activities and conflict-related constraints. The districts with high access constraints by Sana'a authorities generally fall in the front-line conflict-affected governorates of Marib, Al Jawf, Sa'ada, Hajjah, and Taizz. governorates. Moreover, humanitarian organisations often experience denials or long delays for visa applications for foreign humanitarian staff, as well as difficulties in obtaining custom clearances for the import of medical supplies and equipment, telecommunications equipment, vehicles, flak jackets and helmets by the Sana'a authorities.

Areas covered by the Aden hub are reported to be generally

PERCEIVED LEVELS OF ACCESS CONSTRAINTS BY DISTRICT

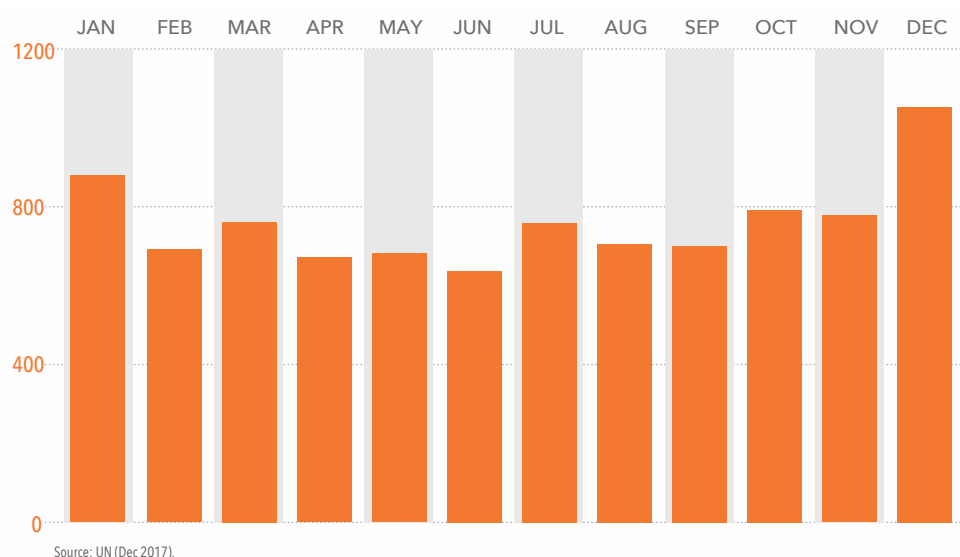


accessible to NGOs. However, unpredictable acts of violence and heightened levels of insecurity present a challenge for the delivery of humanitarian aid by the UN.

In addition to access impediments within Yemen itself, there are impediments to the delivery of aid into the country, the closure of ports in November 2017 being merely the most recent and extreme form. During the blockade, life-saving medical equipment and vaccines, food and fuel for humanitarian partners could not enter the country, depriving

people in need of much needed assistance. The closure of Sana'a International Airport by the Saudi-led Coalition and the Government of Yemen since August 2016 had already limited humanitarian modalities for moving goods into the country. The humanitarian community remains dependent on the availability of humanitarian flights and boats, as well as clearances from the Saudi-led Coalition.

NUMBER OF SECURITY INCIDENTS BY MONTH (JAN - DEC 2017)



RESPONSE

MONITORING

Response monitoring in 2018 will build on solid practice in 2017 and gauge progress against HRP targets throughout the year. Based on monitoring information, the ICCM and HCT decide on periodic programme adjustments as appropriate. The increased volatility in many parts of the country makes regular and robust monitoring even more important to ensure the response is aligned with the needs on the ground.

Monitoring Framework

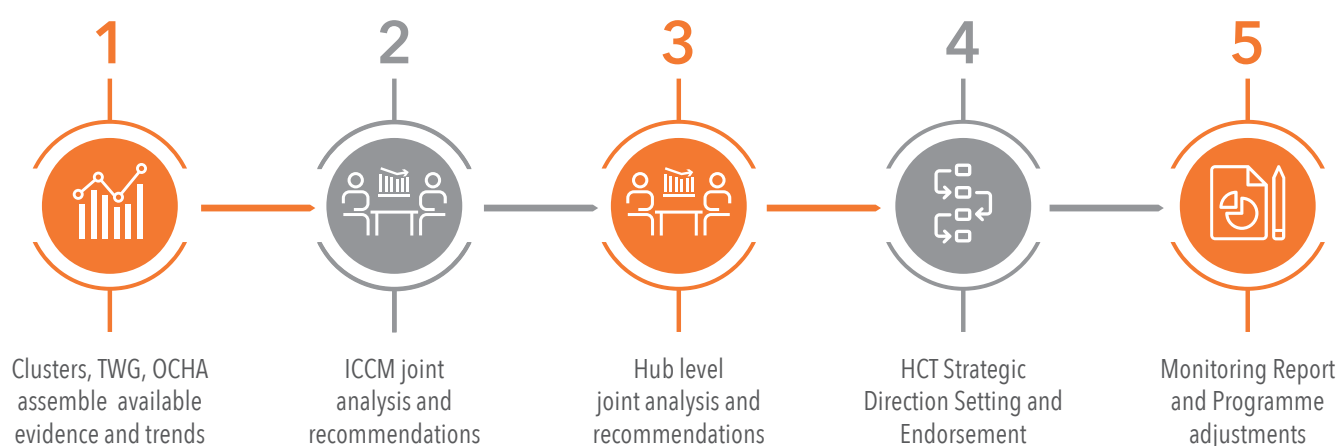
The 2018 Response Monitoring Framework lays out the mechanics, frequency and responsibilities of monitoring HRP strategic objectives and activities. It covers the entire year and forms the basis of the Periodic Monitoring Report (PMR) that will be published as the outcome of a joint periodic review and analysis process. Based on reporting by humanitarian partners and joint analysis, this review will allow humanitarian partners to answer the following questions:

1. How has the situation and the needs of affected populations changed since the last coordinated review?
2. What progress has been made against HRP targets?
3. Is the response appropriate (i.e., in line with funding levels, identified needs and operational context, as well as contributing to equality)?
4. What adjustments are needed in the HRP, if any?

As the first step in the periodic review, clusters, technical working groups (TWGs) and OCHA will assemble available evidence based on agreed indicators. This evidence will include reporting against YHRP targets, funding levels and available new information on the needs indicators in the HNO, as well as information on risks and operational conditions. The ICCM and hub-based coordination bodies will then review the consolidated information and put forward recommendations for adjustments in the operational response. As a last step, the HCT will review the analysis and endorse recommendations, including any adjustments to HRP targets or financial requirements. The final Periodic Monitoring Report will synthesize the inputs and outcomes of these discussions.

Partners are scheduled to produce one periodic review in mid-2018. In addition, and in light of the increased fluidity in the operational environment, partners avail themselves to update the needs analysis and planning figures before that date, should a major shift occur that would demand a review of the key figures and planning assumptions.

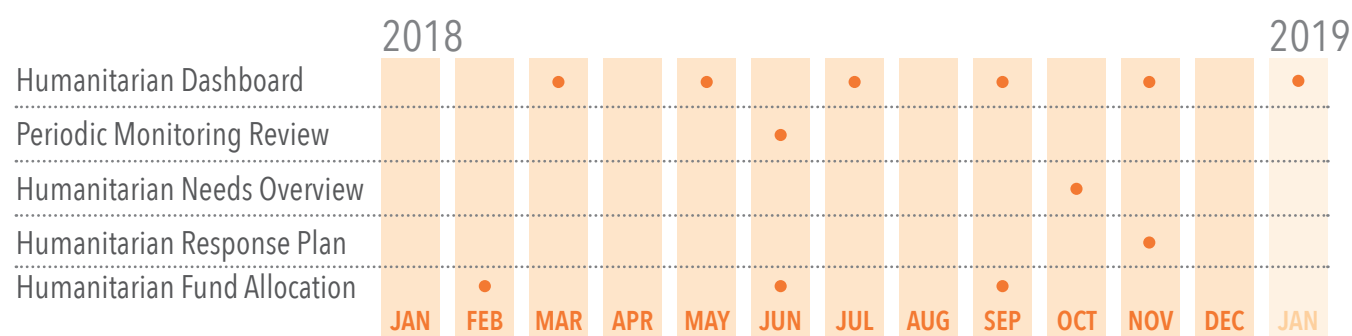
PERIODIC OPERATIONAL REVIEW PROCESS



Humanitarian Dashboard

Clusters will also monitor a limited set of HRP activities and targets every month. Clusters have selected these activities from within their overall activity portfolios to illustrate the impact of activities with the widest direct delivery of assistance. This information will be used as a proxy for overall response progress on a continuous basis and will be published in the Humanitarian Dashboard and associated products every other month. The first Humanitarian Dashboard covering the 2018 response will be published in February and will include results achieved against selected activities in January and February. Dashboard data will also be incorporated into the periodic review described above.

HUMANITARIAN PROGRAMME CYCLE CALENDAR



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

Humanitarian partners in 2018 will provide direct, lifesaving assistance and protection. At all stages of the response, partners will work to ensure that women, men, boys and girls have equitable access to assistance, and that response activities promote sustainable recovery. Activities included in the 2018 HRP are based on wide consultation with humanitarian partners and have been scrutinized to ensure the activities are critical to the plan's strategic objectives and within current implementation capacity. Altogether, the 2018 HRP is comprised

of 86 sectoral activities that will reach 13.1 million people.

Achieving all targets set out in the plan will require almost US\$2.96 billion. Driven by the enormous needs across the country, and severity of need of large population groups and affected areas, partners have designed a prioritization methodology to direct financial resources and operational focus to the most critical activities.

PEOPLE IN NEED



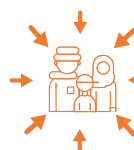
22.2 M

PEOPLE IN ACUTE NEED



11.3 M

PEOPLE TARGETED



13.1 M

REQUIREMENTS (USD)



2.96 BN

CLUSTERS/SECTOR	BREAKDOWN OF PIN & PPL TARGETED			TOTAL PIN & PPL TARGETED		TOTAL REQUIREMENTS	
	People in acute need	Ppl targeted (Cluster)	Ppl targeted (RAM)*	People in need**	targeted/PIN	Cluster	RAM
Food Security & Agriculture	8.4M	8.8M	0.45M	17.8M		1270.7M	9.6M
WASH	11.6M	11.1M	0.37M	16M		298.8M	2.9M
Health	9.34M	12.3M	0.16M	16.37M		572.4M	14.9M
Nutrition	4.55M	5.6M	NA	7M		195.4M	NA
Shelter/NFI/CCCM	2.6M	3.0M	0.04M	5.4M		195.3M	18.1M
Protection	6.5M	5.0M	0.16M	12.9M		104.1M	52.6M
Education	2.8M	1.8M	0.05M	4.1M		53.4M	8.2M
Emergency Employment & Community Rehab.	8M	1.3M	NA	8M		99.1M	NA
Logistics	NA	NA	NA	NA		33.3M	NA
Emergency Telecomm.	NA	NA	NA	NA		2.2M	NA
Coordination & Safety	NA	NA	NA	NA		22.9M	NA
Refugees & Migrants Multi-sector	0.02M	0.17	0.002M	0.17M		106.7M	0.5M
OVERALL	11.3M	13.1M	0.17M	22.2M		2.96B	106.7M

* RAM refers to refugees and migrants, who will be covered by the Refugees and Migrant Multi-Sector Response Plan. For sector requirements are approximations only as many services are provided as part of a multi-sector package.

**Total people in need" and "total people targeted" refer to the sum of Yemeni nationals in need and targeted, as identified by the humanitarian clusters, and refugees, asylum seekers and migrants identified and targeted through the Refugee and Migrant Multi-Sector Response Plan (RMMS). People in need figures are taken from the 2018 HNO.

PART II: CLUSTER PLANS



 Food Security and Agriculture

 Health

 Water, Sanitation and Hygiene (WASH)

 Protection

 Nutrition

  Shelter, Non-Food Items (NFI) & Camp Coordination and Camp Management

 Education

 Emergency Employment and Community Rehabilitation

 Refugee and Migrant Multi-Sector Response Plan

    Common Services



PEOPLE IN NEED

17.8M

PEOPLE TARGETED

8.8M

REQUIREMENTS (US\$)

1.27BN

OF PARTNERS

94

FSA OBJECTIVE 1

1 Improve immediate household availability of and access to food for the most vulnerable

FSA OBJECTIVE 2

2 Ensure equitable access to assistance and protection for the most vulnerable.

FSA OBJECTIVE 3

3 Improve household food security for at risk groups by supporting agricultural, livestock and fishery systems and assets

FSA OBJECTIVE 4

4 Strengthen emergency preparedness and response capacity of partners, communities and authorities

CONTACTS

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FOOD SECURITY AND AGRICULTURE CLUSTER (FSAC)

2018 Response Plan And Changes Since Last Year

In 2018 FSAC humanitarian partners require US\$ 1.27 Billion to assist 8.8 million beneficiaries facing various forms of vulnerability and precarious food insecurity levels in “emergency IPC phase 4” and “crisis IPC phase 3” governorates. 8.4 million severely food insecure Yemenis will require immediate lifesaving emergency food assistance either as in kind/relief food, voucher transfers, or as cash based transfers. It is envisaged that some vulnerable households (especially drawn from IPC Phase3 governorates) will also access food through involvement in conditional Cash for Work (CFW) or Food for Work (FFW) programmes, Food for Assets (FFA), voucher schemes, public works schemes and input trade fairs. Vulnerable households’ livelihood assets are at near collapse and coping strategies are almost exhausted leading to spiralling extreme coping behaviours like sale of houses, land, productive assets, and livestock which is greatly compromising their household food security status. The livestock mortality rate increased by 20 per cent compared to pre-crisis and livestock production decreased by (25 per cent). This was due to the absence of public services in particular the disease control campaigns including disease surveillance and vaccination and destruction of infrastructure of veterinary services²⁶. This thus necessitates emergency livelihoods assistance through agricultural, livestock, and fishery inputs support to 5.7 million individuals. To further arrest the down-ward spiralling of the food security levels, 400,000 individuals will also need longer term livelihoods support to recover,

restore and rebuild their livelihoods through activities that will generate regular income e.g. agro-processing. Community rehabilitation and resilience activities through asset transfers will also be employed in relevant districts.

Almost three years into the conflict, it has become evident that short-term assistance modalities need to be combined with longer term strategies. Combining these efforts to restore and support resilient livelihoods is critical for sustainable development and food security. For increased impact, these mainstay FSAC activities will be further integrated and synchronized with the nutrition, WASH, and health cluster activities at the relevant delivery platform (household, community or health facility levels). It is envisaged that this approach will save lives and lessen the humanitarian caseload in the short term, while at the same time building the road towards recovery in the medium to long term.

Capacity to implement

FSAC currently has 94 active partners all over the country representing a 21 per cent increase in membership since 2017. The cluster partners are diverse and varied drawn from International and National NGOs, UN and related Agencies, the International Red Cross/ Red Crescent Movement, humanitarian donor agencies, Community based Organizations, and relevant government institutions. Since the advent of the conflict, there has been an on-going capacity building of implementing partners, national organizations, and relevant government agencies to strengthen the response capacity at local level which has allowed more adequate implementation and targeted response, especially in light

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE						
	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED	4.4M	4.4M	4.6M	4.4M	17.8M	
PEOPLE TARGETED	2.18M	2.17M	2.27M	2.18M	8.8M	0.04M
REQUIREMENTS					\$1,270.7M	\$9.6M

of the difficult operating environment. With sufficient funding, the cluster partners can adequately respond to the huge, growing and unmet needs on the ground as clearly demonstrated by the response in 2017 when a total of 7.7 million individuals were able to be reached with emergency food assistance in August for the 1st time ever in Yemen.

Response modalities

FSAC's assistance modalities will vary between provisions of emergency food assistance (in kind), unconditional cash/ voucher transfers, conditional cash/voucher transfers, and cash for work initiatives. It is envisaged that cash/voucher modalities will further empower communities through offering wider choice, while at the same time providing multiplier effects by revitalizing and strengthening local economies.

Approximately 36 per cent of all the FSAC targets will be undertaken through cash/voucher transfers. This will involve the provision of cash/vouchers to households, either as emergency relief intended to meet their basic food needs, or to buy assets essential for the recovery and restoration of their livelihoods. It is noteworthy though that the use of cash/vouchers will only be undertaken only after a thorough market and contextual analysis to determine the appropriateness of such modalities. This will take into consideration beneficiary preferences, vulnerabilities, coping strategies, inherent risks (including protection) associated with the use of such modalities, humanitarian impact on local contexts and communities as determine the feasibility of such modalities as part of the cluster's "do no harm approach".

Gender and age

FSAC partners ensure the effective integration of gender analysis into food security and vulnerability studies, by exploring how gender and gender relationships are causally related to food insecurity and vulnerability. Gender specific needs are taken into account during all phases of the programme design and implementation. Moreover, FSAC partners regularly assess and monitor access to food security and agriculture programmes by collecting disaggregated data by age, gender, and location or specific community.

Protection

FSAC partners regularly seek feedback from affected communities which has led to the identification of protection threats enabling partners to harmonize and fine-tune food security activities in order to address, mitigate or reduce these threats, and ensure that what is done does not generate disagreement or conflict. It also ensures that beneficiaries can safely access assistance without cause of harm while maintaining their dignity. Cluster partners are responsible for promoting protection mainstreaming into food security programmes being implemented on the ground, avoid or minimize the unintended negative consequences of any assistance, and are committed to a 'do no harm' approach to programming. Meaningful access, equality, accountability to affected populations, participation and empowerment of beneficiaries are principles incorporated into all stages of implementing any food assistance and/or livelihoods activity.

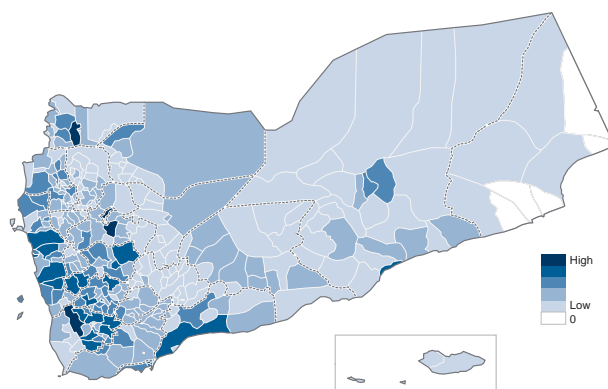
Programmes are also in place to ensure income-generation activities and economic options for women and girls so they do not have to engage in unsafe practices - or are exposed in other ways to GBV because of being economically dependent on others. Sensitization of women and men in the community, on violence against women and girls (including domestic violence) is an integral part of the FSAC partners' response.

Accountability

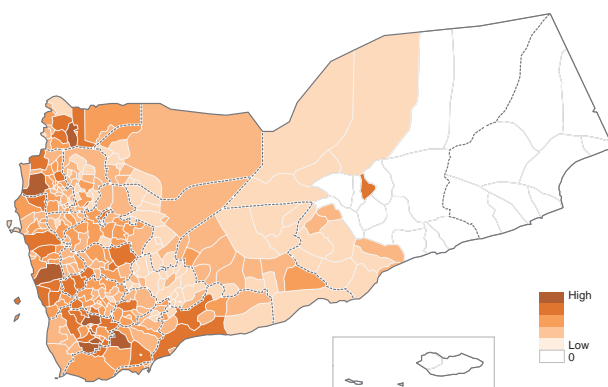
All Cluster partners have built and maintain channels for constant communication with affected communities. They pay special attention to the needs of vulnerable populations and take into account the different layers of vulnerabilities and coping strategies within a community and within specific vulnerable groups (men, women, age, education, socio-economic status, disabilities, etc.)

For distribution of food and inputs, partners ensure that information regarding the distribution is available in public places, distribution points are not too far away or difficult to reach, and that beneficiaries receive information related to the distribution with enough time to prepare for it. Necessary information includes (where distribution will take place, when distribution will happen, what will be distributed, who is entitled to receive the inputs, etc.). Cluster partners have a robust complaints and feedback mechanism that ensures that feedback and complaints received from beneficiaries are dealt with and that a timely response is given to the complainant. The cluster aggregates best practices which facilitates information sharing, exchange and adoption by other partners.

PEOPLE IN NEED



PEOPLE TARGETED





PEOPLE IN NEED



16.37M

PEOPLE TARGETED



12.3M

REQUIREMENTS (US\$)



572.4M

OF PARTNERS



49

HEALTH OBJECTIVE 1

1 Increase access of vulnerable populations including IDPs to Minimum Health Service Package through support to health system and community resilience.

HEALTH OBJECTIVE 2

2 Strengthen preparedness, surveillance and response to communicable diseases outbreaks and epidemics, including immunization for vaccine preventable diseases.

HEALTH OBJECTIVE 3

3 Improve access to reproductive, maternal, newborn, child and adolescent health services for vulnerable populations, including IDPs and the poorest and deprived segments in the society.

HEALTH OBJECTIVE 4

4 Deliver a principled and coordinated health response and promote an integrated approach with other sectors for a comprehensive response focused on the most vulnerable districts.

CONTACTS

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HEALTH

2018 Response Plan And Changes Since Last Year

The Health Cluster has identified 12.3 million people to be targeted with health services in 2018. The targeted population are distributed over all districts in Yemen but with larger proportion of population to be targeted in districts with more severe needs. This represents an 18 per cent increase in target as compared to 2017. Out of 333 districts in Yemen, 125 districts were identified with population in acute need for health and 158 districts as of moderate need for health. With the biggest cholera epidemic, lack of salaries for health staff, 50 per cent of health facilities either non-functional or partially functional, and lack of medicine and medical supplies; the severity index reflected an aggravated situation for 2018.

Capacity to implement

As of November 2017, 49 active partners were coordinating with the Health Cluster, an increase of more than 48 per cent since the 2017 YHRP. Health cluster partners are covering areas in 22 out of 23 Governorates in Yemen and supporting health care provision through 1158 fixed facilities and 143 mobile medical teams. This represents almost 50 per cent of the fixed fully functional health facilities in Yemen. Despite localized access constraints, limited funding, bureaucratic impediments to importing and transporting medicines and supplies, partners have the capacity to reach the targeted life-saving services. Until November

2017, Health Cluster partners reached 4.5 million people which health services which represents 43 per cent of the 2017 target, with 31 per cent of funding requirements met.

Response modalities

The Health Cluster response includes services and in-kind support to increase access to life-saving minimum health service packages. The provision of operational costs to health facilities and incentive for the health service providers, where appropriate, will contribute to ensure service continuity. Other in-kind support include material such as medicines, medicinal supplies, equipment (both medical and non-medical – including for strengthening the surveillance system. The Health Cluster will primarily operate from fixed health facilities and through outreach rather than through mobile medical teams. Market-based response modalities require further discussion and exploration before implementation.

Gender and age

The Health Cluster ensures that partners mainstream gender in all aspects of the programme cycle. During assessments, program design and implementation, the perspectives and different needs of women, men, girls and boys are given due consideration including provision of services through male and female health workers. Gender and age specific and disaggregated data and indicators are

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE						
	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED	4M	4M	4.3M	4.1M	16.4M	
PEOPLE TARGETED	3.0M	3.0M	3.2M	3.1M	12.3M	0.16M
REQUIREMENTS					\$572.4M	\$14.9M

part of the monitoring and evaluation. Tailored service provision, including reproductive health services and supplies, adolescent health care, trauma care will be available.

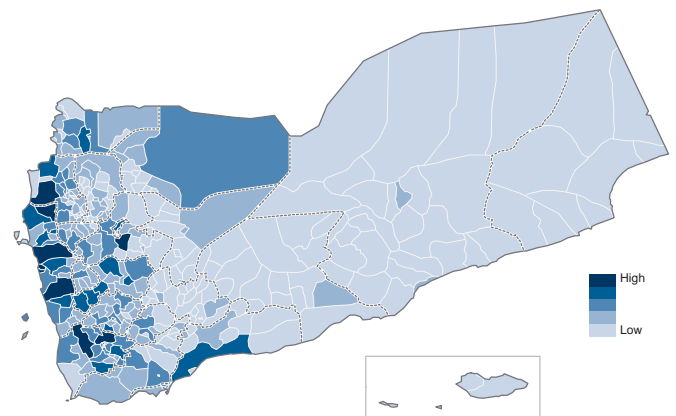
Protection

The Health Cluster recognizes the rights of every individual to health care, including reproductive health. Specifically, the poorest, vulnerable, female-headed households, pregnant and lactating women, people with disability, sufferers of chronic or critical illnesses, and GBV survivors need special attention and services. The Protection Cluster is providing Health Cluster partners with tools and guidance to mainstreaming protection and gender throughout the program cycle.

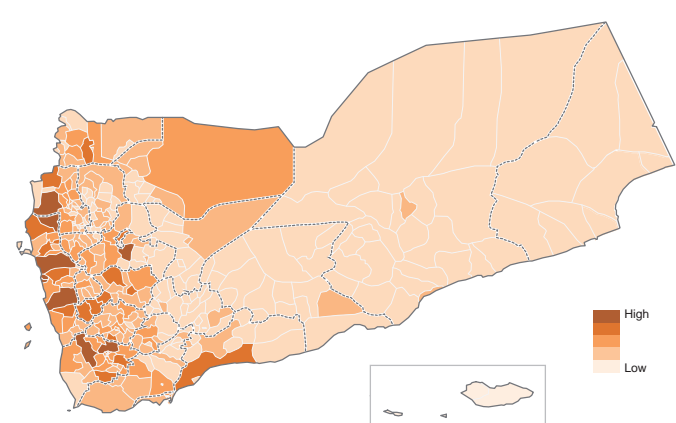
Accountability

The Health Cluster will ensure the participation of all partners in the accountability framework. In addition, it will hold partners accountable to: (i) have assessment, including community and stakeholder consultation during project design; (ii) bi-lateral feedback mechanisms; (iii) complaints and response mechanisms to have clients' perspectives; (iv) client satisfaction assessment; (v) post-service monitoring or evaluation; and (vi) learning and reflection workshop. Further, partners will be asked to comply with the common commitments on health accountability.

PEOPLE IN NEED



PEOPLE TARGETED





PEOPLE IN NEED

16M

PEOPLE TARGETED

11.1M

REQUIREMENTS (US\$)

298.8M

OF PARTNERS

34

WASH OBJECTIVE 1

1 Restore or maintain sustainable water and sanitation systems to improve public health and resilience.

WASH OBJECTIVE 2

2 Provide emergency and lifesaving WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality.

WASH OBJECTIVE 3

3 Ensure sufficient sectoral and inter sectoral coordination and capacity to respond at the national and sub-national levels

CONTACTS

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WATER, SANITATION AND HYGIENE (WASH)

2018 Response Plan And Changes Since Last Year


WASH Cluster partners are targeting 11 million people with emergency water, sanitation and hygiene assistance in 2018. These targets prioritize the 11.6 million people identified as facing acute needs in the 2018 HNO. Driven by integrated needs severity analysis, targets are further prioritized in districts that are at high risk of famine and malnutrition, districts that are severely affected by cholera, and district where IDPs and returnees have prioritized WASH needs. The broader WASH response strategy remains focussed on supporting existing WASH infrastructure and systems combined with direct provision of WASH services to most affected communities. These strategies will be tailored to ensure a minimum WASH package (including water, sanitation and hygiene) will be delivered to meet the needs of the three key target beneficiary groups: 1) displaced population and host communities, 2) people at risk of famine and malnutrition, and 3) people living in cholera affected areas. WASH cluster partners will work on a combination of cholera response activities in areas with active transmission, and cholera preparedness and prevention activities in areas that were highly affected by cholera in 2017 and prioritized in the HNO.

Capacity to implement

WASH Cluster capacity continued to grow in 2017, with more organizations deploying (international) WASH experts and local

organizations starting to work under the cluster umbrella and develop their WASH capacity. The unprecedented scale of the cholera outbreak encouraged partners to scale up their response and employ additional staff, and the overall WASH cluster response further grew as compared to last year. Cluster partners reached an estimated 8.9 million people, either through supporting systems or direct provision of WASH services. As of December 2017, the cluster counted 43 partners working in 21 governorates across the country, the majority local NGOs. Although access has become more challenging in 2017 due to both bureaucratic and security impediments, partners continue to work through local organizations to reach those most in need. Emergency WASH supplies are mostly available in the local market, but the massive scale of the cholera response has resulted in pressure on the market, causing increase in prices, decrease in availability and therefore the need to scale up importation of supplies. 39 partners participated in the HRP planning process, including local organizations and implementing partners. All hubs have WASH coordination mechanisms in place, and dedicated coordinators will be leading the cluster at national level and at the four subnational hubs. A dedicated WASH Cluster technical advisor will lead the development of the WASH cluster capacity building strategy with the aim to strengthen the capacity of partners at national and subnational levels. The cluster will also develop a quality assurance framework to guide the monitoring of the quality of WASH services provided by partners.

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE						
	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED	3.95M	3.9M	4.16M	3.99M	16M	
PEOPLE TARGETED	2.8M	2.7M	2.9M	2.7M	11.1M	0.04M
REQUIREMENTS					\$298.8M	\$2.9M

Response modalities

WASH cluster partners are mainly providing in kind support, such as provision of water through water trucking or rehabilitating of water systems, distribution of hygiene kits and chlorine tablets, and hygiene promotion. In addition, partners work with local authorities to support existing systems and infrastructure, through provision of fuel or electricity to operate pumps. The use of cash or vouchers is used sporadically and only on smaller scale. Partners have piloted a feasibility study to understand better the potential of market based programming for WASH in Yemen and lessons learned from this pilot will be used to inform WASH partners of opportunities to use cash and voucher response modalities in the future. The cluster will work closely with the EERC and FSAC clusters to ensure that coordination of cash for work activities is smooth. The WASH cluster will further engage with the Cash and Market Working Group to regularly update the minimum expenditure basket and on price monitoring and technical guidance.

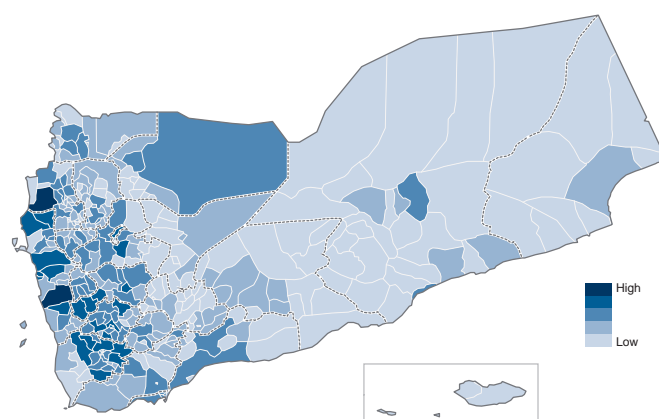
Gender and age

The cluster has existing gender and protection guidelines for Yemen, developed in consultation with partners and the HCT Gender Advisor. Capacity building for partners on gender mainstreaming will continue in 2018, and the cluster has identified two gender focal points to assist partners in gender-related programming. The cluster actively monitors its commitments to give priority to girls (particularly adolescents) and women's participation in programme consultations, as well as to demonstrate attention to equity. These issues are especially relevant when activities target communities or households.

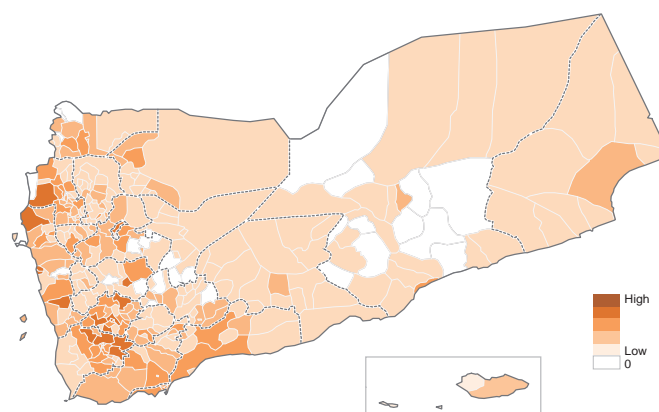
Protection

The WASH Cluster is strengthening its incorporation of protection considerations across the programme cycle. Partners have received training on mainstreaming protection across WASH activities, and an inclusion advisor will be available for the WASH cluster in 2018 to advise partners on addressing any protection, gender or disability issues in their WASH program. The cluster is working closely with the GBV sub-cluster to provide dignity kits with hygiene kits and to address WASH needs where GBV incidents are reported and may be linked to poor WASH services. The cluster will engage stronger with the protection cluster to ensure the use of the referral forms by WASH partner to address any protection concerns, and will further liaise for a similar system to understand if WASH services are causing any protection related issues. WASH cluster partners will continue to work towards provision of gender-sensitive facilities and services with equitable and safe access for all.

PEOPLE IN NEED



PEOPLE TARGETED



Accountability

The WASH Cluster continues to promote the minimum commitments to safety and dignity for affected people, following the guidance of the Global WASH Cluster and the HCT. The minimum commitments are operationalized in the accountability framework developed by WASH partners, which guides partners to 1) provide minimum information to the public, 2) involve community in decision making, 3) learn from feedback and complaints, 4) encourage appropriate staff attitude and behaviours, 5) use information from project learning, and 6) develop programs based on participatory assessments. The WASH cluster will continue to guide partners in adopting the framework through sharing of best practices and peer learning. The implementation of the framework will be monitored through a self-reporting mechanism, while the cluster will also advise partners on relevant indicators they can include in their monitoring efforts (including post distribution monitoring).



PEOPLE IN NEED

12.9M

PEOPLE TARGETED

5M

REQUIREMENTS (US\$)

104.1M

OF PARTNERS

26

PROTECTION OBJECTIVE 1

1 Monitor and assess protection risks and violations to identify persons in need, inform the humanitarian response and advocate for protection of civilians

PROTECTION OBJECTIVE 2

2 Deliver protection assistance and services to vulnerable, conflict-affected and displaced individuals, including children and GBV survivors

PROTECTION OBJECTIVE 3

3 Support and strengthen community-based responses that prevent, mitigate or address protection needs and risks, including child protection and GBV, through awareness, empowerment and conflict resolution / peace-building

PROTECTION OBJECTIVE 4

4 Strengthen national and local capacities to mainstream, integrate and directly provide protection and solutions, including child protection and GBV

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PROTECTION

2018 Response Plan And Changes Since Last Year

Intensified conflict and violations of IHL have resulted in massive protection needs, particularly for women, children, displaced and persons with specific needs, which underscores the criticality of strengthening efforts for the protection of civilians. Since 2017, the number of persons in acute need has more than doubled, due to significant increases in conflict incidents, combined with mounting losses which create or exacerbate vulnerabilities. As a result, in 2018 the Protection Cluster (including its Child Protection and GBV Sub-Clusters) will be targeting 5 million persons for protection interventions and assistance, an increase of 44 per cent from 2017. Total financial requirements have increased by 44 per cent compared to 2017, reflecting a scaling up of direct protection assistance and services, as well as community-based protection and GBV prevention activities, to meet critical protection needs.

As part of the Protection Cluster response, 389,271 persons will be targeted for protection and IHL/human rights monitoring in order to identify protection needs and refer for assistance, assess civilian impact and better ensure protection of civilians. In a significant scale up from 2017, 442,783 persons will be targeted for direct protection assistance and services, including psychosocial support to address resort to harmful coping mechanisms or risks of exploitation and violence, legal assistance to facilitate access to civil status documentation as well as formal and informal

justice, and cash assistance to help meet life-saving gaps linked to protection risks or violations. Community-based response targets will include establishing or strengthening 150 community centers for service provision, 5,000 members of community based protection networks for mobilization and two-way communication, and 128,602 for community-based initiatives such as awareness raising of issues such as safety in conflict as well as conflict resolution and peaceful co-existence.

Child protection

In light of continuing grave violations of children's rights, 2.7 million children will be targeted for coverage under the Monitoring and Reporting Mechanism for both evidence-driven advocacy and referrals for services such as medical and rehabilitation for injured children. 682,268 children will be targeted for psychosocial support activities. 1.7 million children will be targeted for life-saving mine risk education messaging. 12,932 children and community members will be targeted for critical child protection services, which includes family tracing and reunification services for unaccompanied and separated children, victim assistance as well as case management.

Gender-based violence

With an increase in GBV incidents reported, 31,567 survivors of GBV will be targeted for multi-sectoral response services and support, while 1.5 million persons will be targeted for awareness of GBV issues and prevention

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE						
	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED	3.21M	3.12M	3.34M	3.19M	12.9M	
PEOPLE TARGETED	0.8M	0.9M	1.8M	1.6M	5M	0.16M
REQUIREMENTS					\$104.1M	\$52.6M

through various media, outreach and in-person sessions. 26,827 GBV survivors will be targeted for cash assistance as well as livelihoods and skills building. 78,917 will be targeted to receive dignity kits and post-rape treatment kits to mobile clinics and health facilities. 1,000 service providers will be targeted for, among others clinical management of rape (CMR), case management, GBV, psychosocial support and safe referrals.

Capacity to implement

In 2017, the Protection Cluster, including the Child Protection and GBV Sub-Clusters, comprised some 26 UN, international and national NGOs, actively reporting in the 3W, as well as other national and local NGOs contributing through their civil society networks and technical and local expertise. Protection Cluster requirements for 2018 anticipate increases in both international and national partners delivering protection and assistance in line with the Protection Cluster Strategy, revised in September 2017. With increased targets in 2018, a scale up is required and planned, particularly in the field hubs of Ibb, Hudaydah and Sa'ada, in addition to a modest increase in the number of international NGOs and more sustained funding for national NGOs to program for year-long activities. Meanwhile, a robust capacity-building strategy, involving coaching and placement of specialists in local partners, is planned for 2018. UN agencies have and will continue critical activities according to their mandates in, among others, human rights, IDP protection, monitoring and reporting mechanisms, together in partnership with international and national NGOs. At the same time, direct protection assistance and services through international and national partners have been prioritized based on available funding. Community-based responses across the Protection Cluster (including its Child Protection and GBV sub-clusters) require significant strengthening in order to reach the vast scope of acute needs and result in sustainable protection outcomes.

Response modalities

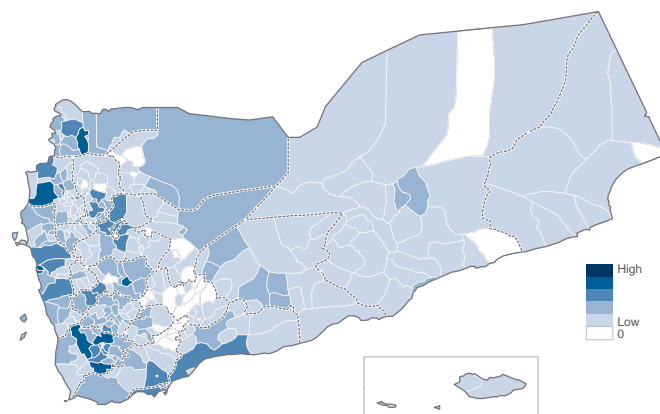
The Protection Cluster response (including its Child Protection and GBV Sub-Clusters) broadly comprises activities which identify and assess protection needs, including human rights/IHL violations, grave violations of children's rights, GBV incidents, and overall civilian impacts, in order to monitor, advocate and refer for intervention or assistance. Provision of direct protection and assistance activities include psychosocial support tailored to adults, children and GBV survivors, as well as other critical protection services such as legal assistance, family tracing and reunification, case management, survivors assistance, referral pathway and multi-sectoral GBV response, as well as cash assistance to address and remedy specific protection incidents or situations. Community-based protection is a core pillar of the response, including the establishment of community centers, which may include IDP centers, child-friendly spaces, safe spaces for women and girls and a variety of community protection initiatives ranging from awareness

raising to peaceful co-existence. Community-based protection networks and other community committees, including for women and youth, also represent a core modality for mobilization and two-way communication on protection issues.

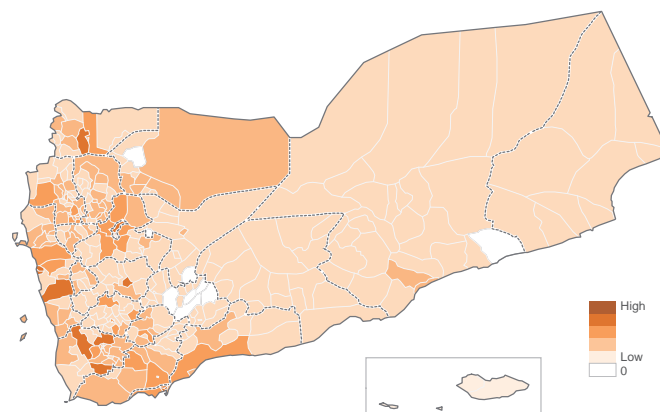
Gender and age

Age, gender and diversity are central components for the response strategy of the Protection Cluster and as part of its protection mainstreaming efforts with other clusters. In order to ensure that response efforts are tailored to the unique profile and capacities of beneficiaries and promote their safety, dignity and rights, the Protection Cluster and its sub clusters assists agencies in conducting protection assessments of their response plans to help to identify potential gaps and risks for the most vulnerable including women, children and persons with disabilities. The Protection Cluster has also developed an inter-agency referral form to assist humanitarian agencies and frontline workers in identifying and referring persons, including persons with specific needs. Sex- and age-disaggregated data

PEOPLE IN NEED



PEOPLE TARGETED



collected by partners involved in, among others, protection monitoring, MRM, GBV IMS and other mechanisms are relied on to design protection and other humanitarian programming, monitoring and advocacy, including child protection and GBV activities, as well as those tailored to women, girls, boys, men, older persons and persons with disabilities.

Protection

In line with the IASC policy on the Centrality of Protection, the Protection Cluster supports other clusters and humanitarian partners across all sectors to ensure that the humanitarian response and all assistance is planned and implemented so as to promote the safety, dignity and rights of affected people. Support from the Protection Cluster includes working with the clusters on the development of protection mainstreaming commitments and, where feasible, integrated protection activities to ensure that protection is the outcome of response planning. The child protection minimum standards in humanitarian contexts will be a key guiding tool and yardstick while the GBV Sub-Cluster will also roll out the IASC Guidelines on GBV Prevention and Response in Emergencies throughout the affected areas in Yemen. This will include sector-specific roll out, ensuring that minimum standards are met across clusters strategies and response plans, with the aim of mitigating GBV risks and vulnerabilities.

Accountability

The Protection Cluster (including its Child Protection and GBV Sub-Clusters) emphasizes accountability and communication with affected populations as a pillar of its response strategy as well as in its protection mainstreaming efforts with other clusters. As part of its community-based response, protection partners engage and involve affected populations through, among others, establishing community centers and community-based protection networks and committees, including IDPs, women and youth, in order to foster two-way communication and feedback with the humanitarian community and mobilize capacities toward the protection of all members of the community, particularly the vulnerable. Community protection initiatives also involve the participation of the community to raise awareness on key protection issues relevant to women, girls, boys and men to prevent or resolve conflicts and foster peaceful co-existence. Protection partners have also established various feedback and complaint mechanisms, such as protection hotlines that provide information on services, suggestions boxes in child friendly spaces, safe spaces for women and regular trends analysis. Other accountability mechanisms include the Accountability and Impact Assessment Framework of the GBV Sub-Cluster, as well as Child Protection Minimum Standards, which supports accountability between partners and meaningful child participation in programme implementation.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



NUTRITION OBJECTIVE 1

- 1 Reduce the prevalence of acute malnutrition through systematic identification, referral and treatment of acutely malnourished boys, girls under five and PLWs

NUTRITION OBJECTIVE 2

- 2 Strengthen humanitarian life-saving preventive nutrition services for vulnerable population groups focusing on appropriate IYCF practices in emergency, micro-nutrient, BSFP interventions and optimal maternal nutrition

NUTRITION OBJECTIVE 3

- 3 Strengthen capacity of national authorities and partners to ensure effective decentralised nutrition response

NUTRITION OBJECTIVE 4

- 4 Ensure a predictable timely and effective nutrition response through strengthening robust evidence based system and nutrition needs analysis and advocacy, monitoring and coordination

CONTACTS

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NUTRITION

2018 Response Plan And Changes Since Last Year

The Nutrition Cluster aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of vulnerable groups (children aged 0-59 months and pregnant and lactating women (PLW) among refugees, IDPs and host populations) through treatment and prevention of acute malnutrition and micronutrient deficiencies. Partners will target 840,000 children with acute malnutrition, including 275,000 with severe acute malnutrition (SAM), and 525,000 pregnant and lactating women with acute malnutrition. While SAM treatment is planned to scale up in all 333 districts of Yemen, reaching 70 per cent of people in need, the targeted supplementary feeding programmes (TSFP) will only be undertaken in 212 districts reaching 60 per cent of children and women in need, and only in 120 of them a number of HFIs providing MAM treatment will be scaled up to match SAM treatment geographically. The decrease in targets compared to 2017 is based on the analysis of the response in 2017 and capacity of partners to scale up. Additionally, nutrition cluster plans to reach 1.4 million PLW and caregivers of children 0-24 months with infant and young child feeding (IYCF) counselling (60 per cent of need) throughout the country; 360,000 children aged 0-23 months and 240,000 PLW (60 per cent of in need) in the 120 districts will enrol in the blanket supplementary feeding programmes; 730,000 children will receive

multiple micronutrient powders; 4.1mln of children under the age of 5 will receive vitamin A supplementation throughout the country.

Capacity to implement


The Nutrition Cluster has 32 active partners, which is a 34 per cent increase compared to 24 partners at the beginning of 2017. Most nutrition interventions are implemented through the GHQ/MoPHP despite increasing risk of health system collapse (as of 31 October 2017, 92 per cent of outpatient treatment programmes (OTPs), 53 per cent of TSFPs and 81 per cent of IYCF programmes, as well as 32 of 65 mobile teams, were implemented directly by GHQ/MoPHP).

Response modalities

The delivery of interventions will focus on the scaling up CMAM response and prevention activities through the health facilities, mobile teams in priority districts and increased community outreach. No cash/voucher modalities are planned in 2018 for nutrition-specific interventions due to nature of services provided. Nonetheless, the Nutrition Cluster will work with other clusters to ensure that nutritionally vulnerable groups are included through cash/vouchers modalities as nutrition-sensitive interventions.

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL
PEOPLE IN NEED	0	2.3M	2.3M	2.4M	7.0M
PEOPLE TARGETED	0	1.4M	2.1M	2.1M	5.6M
REQUIREMENTS					\$195.4M

Gender and age

The specific needs of women, girls and boys are identified using techniques and tools based on international and national guidelines, including sex and age disaggregated data from needs assessments, programme data, as well as focus group discussions in the communities. Appropriate referral mechanisms have been established to treat boys, girls and women with acute malnutrition or in need of prevention activities. Special attention is given to men within the community through general advocacy and outreach in order to promote understanding of nutrition issues and facilitate access of women and children to nutrition services. Regular analysis of programme data at partners' and cluster level allows to analyse the disparities and correct interventions as needed.

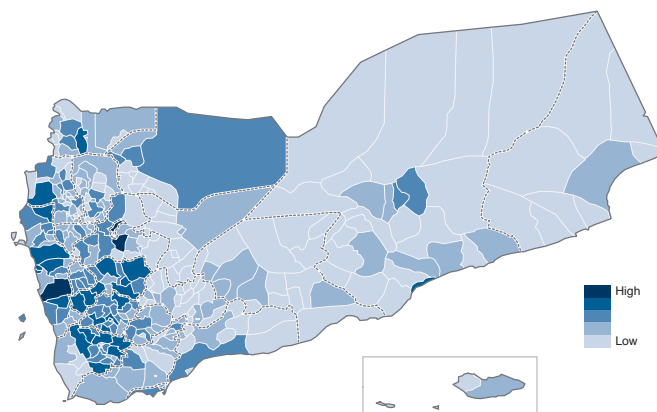
Protection

Nutrition partners will ensure that protection is mainstreamed across all the phases of the programme cycle. These efforts will strengthen the establishment of nutrition centres close to the community, (including outreach activities and strengthening community mobilisation through Community Health Volunteers and Community Health Workers), where both treatment and prevention services are easily accessible equally to boys, girls and pregnant or lactating women, including those with disabilities. Nutrition treatment centres will also be "child- and women-friendly spaces" that are safe and non-stigmatizing. The Cluster is scaling up Infant and Young Child Feeding corners in health facilities to ensure they will deliver appropriate nutrition care for and provide space for women to conduct a variety of activities, including breastfeeding their children, learning about nutrition and discussing issues related to well-being. Partners will always consult the local population in planning the location of nutrition centres in order to address potential safety concerns, including the risk of GBV.

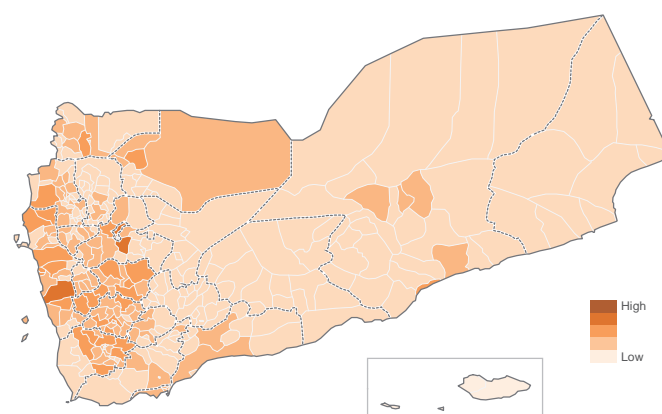
Accountability

The nutrition cluster operates within the Yemen Accountability framework and is currently developing context and cluster-specific AAP guidance and a toolkit based on the current best practices, to ensure that all partners implement all AAP commitments throughout the project cycle for all projects. This would allow to standardise approaches within the cluster to accountability during assessments, providing information to public, engaging community in decision making, learning from feedback and complaints, improving staff attitudes and behaviours and using information from project learning.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

 5.4M

PEOPLE TARGETED

 3M

REQUIREMENTS (US\$)

 195.3M

OF PARTNERS

 11

SHELTER/NFI OBJECTIVE 1

1 Provide life-saving and life-sustaining shelter solutions and non-food items to the most vulnerable in liveable and dignified settings.

SHELTER/NFI OBJECTIVE 2

2 Ensure access to basic services for the most vulnerable women and men living in collective centres and spontaneous settlements.

SHELTER/NFI OBJECTIVE 3

3 Strengthen accountability to affected people by seeking feedback and addressing concerns.

SHELTER/NFI OBJECTIVE 4

4 Strengthen capacity of authorities, communities and partners in Shelter, NFI & CCCM programmes.

CONTACTS

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SHELTER & NON-FOOD ITEMS

CAMP COORDINATION &

CAMP MANAGEMENT (CCCM)



2018 Response Plan And Changes Since Last Year

The Shelter/NFI/CCCM Cluster PIN saw a 17 per cent increase from 4.5 million in 2017 to 5.4 million, with the number of people targeted increasing from 2.2 million to 3 million. The priority districts shifted and expanded from Taizz, Aden, Hajjah, Raymah and Al Mahwit last year to Al Dhale'e, Ibb, Hadramaut, Al Hudaydah Sa'ada, Al Jawf, Lahj and Amanat Al Asimah.

The Shelter/NFI/CCCM Cluster will refocus its response to include support to new IDPs and integrate more cash based support in emergency with a longer term transitional and permanent shelter response for families that are in protracted displacement and return situations. Activities in IDP Hosting Sites will also shift to more targeted support to identify longer term shelter solutions. Coverage will also expand to IDPs living in host communities which accounts for some 77 per cent of the displaced population.

Capacity to implement



The Cluster membership has grown by 13 per cent to 155 partners although the number of active Partners decreased from 76 in December 2016 to 56 in December 2017. In 2017, Cluster Partners covered 41 per cent

(130) of the 317 districts planned while in 2018, 162 districts are targeted. In 2017, with 20 per cent of the funds received, 35 per cent of the targeted populations have been assisted with Shelter, NFI and CCCM activities. In 2018, the technical capacity of the Cluster will be improved with the development of a comprehensive capacity building strategy and the engagement of two technical support staff, one for Shelter in the South and one for CCCM in the North. Rationalisation of capacity and reach meant that primarily locations in the severe needs category would be targeted.

Response modalities

As part of its strategy to improve reach and increase coverage, the Shelter/NFI/CCCM has developed cash for shelter guidelines in 2017 and will systematically promote the use of CBI (Cash Based Interventions) in its activities from emergency to permanent shelter solutions. In 2018, the use of cash assistance in emergency shelter response will be promoted where it is feasible and safe to use. Since CBI is not always viable in some remote locations, in-kind distribution will complement CBI assistance modalities. The scope and protracted nature of the conflict clearly impacts different groups of population depending on their situation, putting some at higher risk than others and the support modality will

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE							
		MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED		1.4M	1.3M	1.4M	1.3M	5.4M	
PEOPLE TARGETED		0.79M	0.7M	0.78M	0.74M	3.01M	0.04M
REQUIREMENTS						\$195M	\$18.1M

seek to address this issue. The Shelter/NFI/CCCM Cluster plans to provide 71 per cent of its assistance using CBI in 2018.

Gender and age

The Shelter/NFI/CCCM Cluster will continue to implement its 2017 Age and Gender inclusion commitments in 2018. The Cluster at the National and Sub-National level will identify Gender Focal points to review and update the commitments, implement and report on them. Specific Cluster commitment include ensuring Cluster Partners are trained on AGD (Age, Gender and Diversity) approaches, ensuring that assessments and responses take into consideration different needs of men, women, boys and girls. Assessments teams are equitably represented by male and female and an equitable beneficiary participation and engagement in projects.

Protection

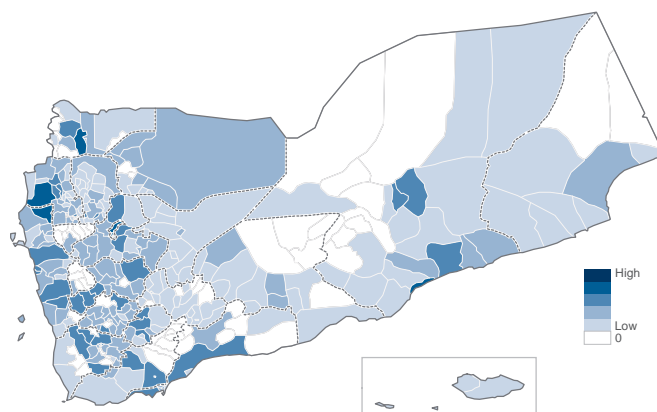
The Shelter/NFI/CCCM Cluster protection mainstreaming commitments agreed in 2017 will be strengthened in 2018 through enhanced collaboration with the Protection Cluster. The Shelter/NFI/CCCM Cluster at the national and sub-national level will identify protection mainstreaming focal points to train and support Cluster Partners to ensure protection principles are integrated into shelter response planning. Most importantly, shelter responses will include integrated assessments by the Protection Cluster to mitigate any risk of SGBV.

Referral mechanisms will be established including vulnerability assessments in IDP Hosting Sites in collaboration with the Protection Cluster.

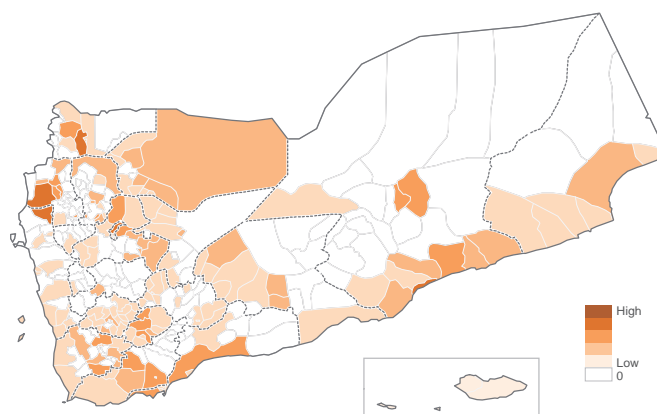
Accountability

The Cluster 2017 AAP commitments which will be continued in 2018, support the establishment of complaints and feedback mechanisms through provision of adequate guidance. Beneficiary participation in the design of shelter, NFI and CCCM projects will be enhanced in addition to the guidance and benchmarks provided to Partners. Guidelines on standard project messaging would also be defined with support of the AAP Focal point in each Sub National Cluster as there is need for more focus on outreach and messaging about the types of assistance available, by who and targeting mechanism.

PEOPLE IN NEED



PEOPLE TARGETED





PEOPLE IN NEED

4.1M

PEOPLE TARGETED

1.8M

REQUIREMENTS (US\$)

53.4M

OF PARTNERS

11

EDUCATION OBJECTIVE 1

1 Providing affected girls and boys with equitable access to safe, protective child friendly learning spaces and alternative learning opportunities

EDUCATION OBJECTIVE 2

2 Enhancing capabilities of affected girls, boys and teachers to cope with emergency and maintain positive resilience

EDUCATION OBJECTIVE 3

3 Maintaining the continuity & functionality of the education system - including school feeding support for students - as well as enhancing

EDUCATION OBJECTIVE 4

4 Promotion of Epidemic response of high risk districts as well as promotion of Health\ Hygiene practice including provision of hygiene kits to affected Girls and Boys in schools.

CONTACTS

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EDUCATION

2018 Response Plan And Changes Since Last Year

- 7.5 million school aged children
- 1.9 million Children out of school
- 523,164 IDP School aged children
- 4.1 million children need help to continue their education

The collapse of the education system impacted the delivery of the education services at all levels. The start of the school year witnessed a major setback and led to the disruption and functioning of public education establishments in 75 per cent of the governorates. Irregular payment of civil servants has led to a high rate of poverty among the population and impacted education opportunities for children. Unabated conflict and internal displacement is further aggravating the situation. 2017 targets thus had to be increased in light of the larger number of governorates affected by the war.

In 2018, education cluster partners therefore intend to reach 1.8 million school aged children out of 4.1 million children in need, in addition to teachers, educators, Fathers and Mothers Councils (FMCs) and school committees with emergency education services in 21 governorates. To mitigate the impact of conflict on children's rights to education, partners will prioritize classroom rehabilitation and WASH facilities, provision of school furniture, school supplies, textbooks, temporary or alternative classrooms for children or adolescents affected by the crises,


psychosocial support for children and teachers. Other interventions will involve school feeding and hygiene promotion in schools, in line with Education Cluster Strategic objectives 3 & 4 to mitigate malnutrition among children and support cholera response through schools in districts with high risks of epidemics.

Capacity to implement

The Education cluster partners consists of UN Agencies, INGOs, NGOs and the Ministry of Education (MoE) in Sana'a and Aden and its branches in the governorates and districts, FMCs and school committees. The cluster will ensure strong partnership with both government and non-government organizations. The capacity of the subnational cluster will be strengthened in all hubs. Building capacities of the MoE and civil society organizations at the central and local levels in the fields of planning and response to the provision of quality education in the state of emergency will be prioritized. Education cluster members will be encouraged to support the MoE at all levels to keep education institutions functional. Cluster partners will also support community participation through training of Fathers and Mothers councils on EIE to better deal with the emergency situation in conflict-affected areas.

Cluster performance in 2017 demonstrated partners' delivery capacity as they reached 66 per cent of targeted beneficiaries. These achievements included provision of school

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE						
	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS
PEOPLE IN NEED	0.0	0.0	2.3M	1.8M	4.1M	
PEOPLE TARGETED	0.01	0.01	0.97	0.79M	1.8M	0.05M
REQUIREMENTS					\$53.4M	\$8.2M

supplies for nearly 470,000 children and psychosocial support for 430,000 while repair of classrooms facilitated access to education for approximately 418,000 children.

Gender and age

In conflict affected areas, girls are higher risk of losing access to primary or secondary education. The right of girls and boys to access education is fundamental to the work of the Education Cluster. The IASC Gender Marker will be considered in all phases of the programme cycle, including project design, implementation and monitoring. Indicators for all activity targets and reporting will be disaggregated by gender, school age range and geographical areas. The Cluster will also provide support to partners to ensure they carry out gender-sensitive programmes, and will work with communities to raise awareness on the importance of girls' education.

Girls are reported to be more likely to drop out of schools due to lack of WASH facilities for girls. Therefore, special focus in 2018 YHRP was given to rehabilitation of WASH facilities to encourage girls to stay in schools. Hygiene promotion in schools located in the districts of high risks of Epidemic was added in the plan. Data breakdown by sex and age (SADD) will be emphasized.

Protection

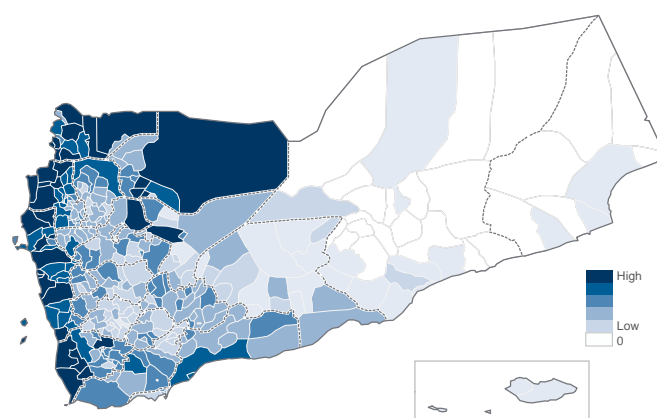
In events of war and conflict, children in general and girls in particular are more affected and exposed to denial of education due to several factors, including the risk of recruitment. The 2018 YHRP aims at providing education opportunities to affected boys and girls. Education Cluster members will raise community awareness on the importance of sending children to schools, especially girls and marginalized groups and children with special needs through enhancing capacities of schools, FMCs and communities to respond to the needs and requirements of vulnerable groups. The education cluster will advocate with its partners to include marginalized groups in their interventions and to take necessary measures to improve their education environment. The education cluster members will provide training on PSS to student and teachers and education personnel. The cluster is committed to monitor that all partners' programs and facilities provide appropriate, equitable access and safe and protective environment for boys and girls and have mitigation measures against violence. All partners are urged to have education interventions that are safe, accessible, and responsive and child friendly.

Accountability

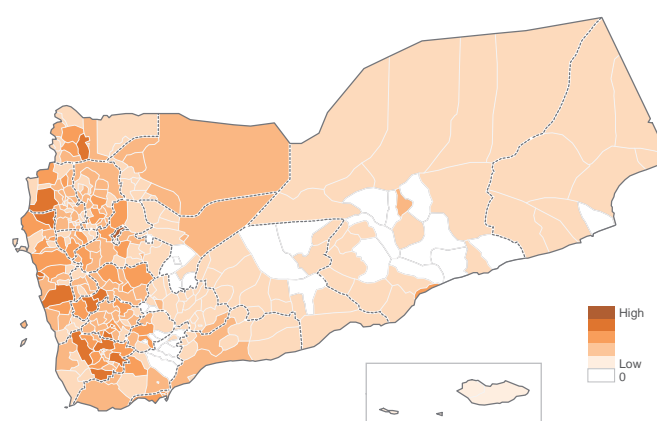
Community engagement is key in the accountability strategy of the Education Cluster. The local communities will be involved through Fathers & Mothers councils and leaders of the local authorities to monitor the accountability and the performance of the relevant actors and implementers of the education interventions. Together with partners, the cluster will ensure the accountability through sharing information with stakeholders

in all phases of activities with clear complaint mechanisms and feedback, either through complaints boxes or hot lines and billboards at the sites of interventions. Regular field visits will improve performance and trigger corrective measures as necessary. The cluster will be obliged to orient more partners around the accountability system and ensure they apply these commitments. The cluster will ensure that partners include the accountability framework in their proposals and in all stages of the program cycle. The Accountability framework will be followed up in the cluster meetings. Partners will be requested to report on this issue in the cluster meetings regularly.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

 8M

PEOPLE TARGETED

 1.3M

REQUIREMENTS (US\$)

 99.1M

OF PARTNERS

 11

EECR OBJECTIVE 1

1 Assist in the Restoration of normal services; allow access to infrastructure; reduce injuries and fatalities, all of which are pre-requisite to the normalization of economic activity of the most impacted regions in the country

EECR OBJECTIVE 2

2 Support the revitalization of basic services in affected districts and villages.

EECR OBJECTIVE 3

3 Enhance the self-reliance of affected people through access to livelihoods opportunities, economic recovery processes, community asset rehabilitation and reintegration IDPs

EECR OBJECTIVE 4

4 Enhance the resilience of local actors & service providers through capacity building & partnering with more experience partners (e.g. UN, INGOs) to increase programming & financial management experience & confidence

CONTACTS

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EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION



2018 Response Plan And Changes Since Last Year

EECR cluster partners will target overall 1.25 million people across 22 Governorates. This target includes populations at risk of injury and death from landmines, UXOs and AXOs, crisis-affected economically vulnerable population, including those living in 107 FSAC and Nutrition priority districts, socio-economically empowered IDPs, sustainably reintegrated returnees.

Mine Action partners are planning to release around 10,000,000 sq. m of land through survey and clearance operations and dispose around 400,000 mines and unexploded and abandoned explosive ordnances across 19 Governorates. Cluster partners also plan to reach around 1,240,000 people (177,143 households) through non-agricultural livelihoods, including emergency and post-cash for work employment opportunities, particularly in the informal sector, which employs the majority of Yemenis. Partners also target 14,000 IDPs (2,000 households) in collective centers and private setting with socio-economic empowerment initiatives to increase their self-reliance and pave the ground for longer term recovery and reintegration. They also plan to support around 10,000 returnees in sustaining their return and achieving durable solutions. Cluster partners will also support local authorities in preserving basic service delivery from collapsing and support national actors' capacities to shape and enhance their resilience.

Capacity to implement

Around 24 active operational cluster partners will contribute to the achievement of the above targets. This includes UN agencies, International NGOs and local NGOs and Civil Society Organizations. The cluster will also rely on the partnership with the private sector actors members of various regional chambers of commerce and industry and the Microfinance Network.


In 2017, Cluster 17 partners reached overall 238,497 crisis affected people. Around 5,595,351 sq. m. of land 47 per cent (3,492,551 sq. m. cleared and 2,102,800 sq. m.) were released through clearance and survey operations. Around 23,711 conflict-affected people were reached through non-agricultural livelihoods (emergency employment and small business recovery). In addition, around 500,000 crisis affected people had access to emergency employment opportunities through humanitarian-plus activities across 300 districts, including the 95 famine-prone districts.

Response modalities

EECR Cluster partner's activities include a variety of approaches and modalities. Some are cash-based as they provide income to affected populations in exchange of completion of micro-projects (cash for work) and labor. Some of the interventions include grants for small business recovery. These activities contribute to laying foundations for longer term recovery from earlier stages of the crisis.

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL
PEOPLE TARGETED	0.3M	0.3M	0.3M	0.3M	1.3M
REQUIREMENTS					\$99.1M

The protracted nature of the crisis in Yemen justify a stronger emphasis on Early Recovery to link relief to development. Other activities (Mine Action, support to basic services and capacity enhancement) create an enabling environment for critical lifesaving and recovery activities to take place.

Gender and age

Cluster partners will strengthen progresses made on Gender Mainstreaming during previous years. The cluster will facilitate the sector-specific capacity enhancement of partners in integrating gender-specific considerations in their projects from design to evaluation. The following are actions the EECR intends to undertake to strengthen gender mainstreaming in its activities:

- **Program Planning and Implementation:** Development of sector-specific tip-sheets to guide partners integrate gender in their projects across the humanitarian program cycle.
- **Participation and Information-sharing:** The cluster will ensure that activities, assessments and data collection conducted by partners contribute to reducing gender-related inequalities. Information-sharing with and participation of women, youth, minorities and marginalized group at all stages of the project.
- **Monitoring and Reporting:** Monitoring and reporting will ensure that reports include sex and age disaggregated data (SADD) as a standard practice. Gender analyses, best practices, lessons learned, progress reports on the mainstreaming of gender and sector-specific gender issues, including vulnerabilities specific to sex and age groups will be included in regular cluster bulletins. Cluster response monitoring will include criteria and indicators to track the progress on Gender mainstreaming and finally, a Gender Impact Analysis on non-agricultural livelihoods will be conducted.

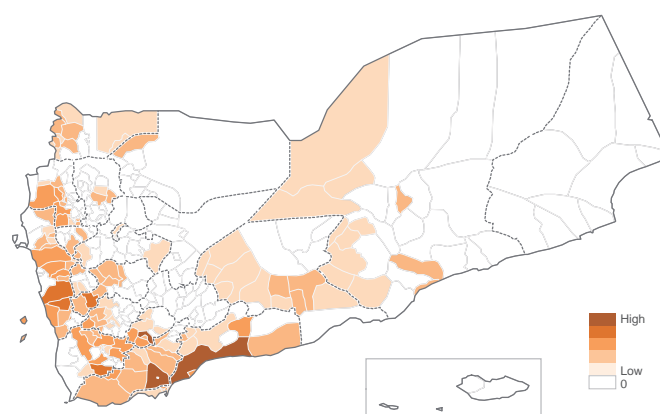
Protection

Cluster partners will collaborate with the Protection Cluster to coordinate and synergize mine risk education with clearance (and survey), removal and disposal of landmines, UXOs and AXOs, particularly in return locations. Partners contribute to reducing the prevalence of exploitation, child labor, child marriage and recruitment in armed and extremist groups, exploitation of vulnerable people (including sexual exploitation) resulting from the lack of income opportunities through joint advocacy with the Protection Cluster and referrals to respective institutions. Special considerations will be given to women and youth in the targeting for income generation opportunities to ensure that the economic empowerment of women and distribution of assignments and micro-projects do not contribute to a spike in cases of intimate partner violence and other Gender-Based Violence issues. EECR Cluster will work with the GBV sub-cluster to sensitize partners on GBV risks related to implementation of livelihoods projects in a crisis and fragile setting and equip them with tools to prevent, report and refer GBV cases to relevant actors.

Accountability

All partners to participate in the 2018 accountability framework and uphold the 5 IASC commitments on AAP. The cluster engages with affected communities in Arabic on cluster priorities, objectives and activities, and provide opportunities to contribute and offer feedback. The cluster promotes consultations with and active participation of affected people by sex and age groups in the design, implementation and monitoring of cluster activities. Best practices and lessons learned will be regularly released in the cluster bulletin.

PEOPLE TARGETED





PEOPLE IN NEED

 0.17M

PEOPLE TARGETED

 0.17M

REQUIREMENTS (US\$)

 106.7M

OF PARTNERS

 10

EECR OBJECTIVE 1

1 Ensure life-saving, multi-sectoral assistance is provided to refugees, asylum seekers and migrants with acute needs;

EECR OBJECTIVE 2

2 Strengthen response services including access to basic needs, capacity development & coordination as well as identification & referral pathways to provide

EECR OBJECTIVE 3

3 Enhance the availability of durable solutions for refugees, including through the Assisted Spontaneous Return Programme, & for vulnerable migrants to access voluntary humanitarian return programmes.

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RMMS

Due to the ongoing conflict in Yemen, the numbers of newly arrived persons of concern have slightly decreased in 2017. However, Yemen remains a major transit route due to its long porous border coastline, lax border management as well as economic and political/security situations in the Horn of Africa pushing people outward. In 2018, approximately 420,000 refugees, asylum seekers, and migrants are expected to remain in Yemen. The majority of refugees and asylum seekers continue to live in the south, with significant concentrations also living in Sana'a. Of the total population of concern, approximately 39% are in need of some form of assistance. The rise is due to the effect of the protracted conflict with an increase of food prices, fuel and other basic essentials. The severity needs for 2017 is concentrated in the northern and central part of Yemen, which remains unchanged for 2018, with additional acute needs having been identified along the western and southern coast in Governorates of Lahj, Shabwa and Hadramout. Refugees and asylum seekers in these areas report having to skip meals, resort to begging and other negative coping mechanisms due to decreased livelihood opportunities and rampant inflation.

In 2018, the Multi-Sector for Refugees and Migrants aims to reach approximately 168,833 vulnerable asylum seekers, refugees and migrants with lifesaving and protection services, building on programmes implemented last year. It will also seek to expand its presence in these areas as well as strengthen existing service provisions in Lahj,


Kharaz refugee camp, Aden and Sana'a. The Multi-Sector's objectives remain similar to those of last year: provide life-saving, multi-sectoral assistance to persons of concern; strengthen the response services as well as capacity development, coordination and identification; and enhance the availability of durable solutions, with a renewed emphasis on expanding the Assisted Spontaneous Return (ASR) programme for Somalis and voluntary humanitarian return for vulnerable migrants.

Capacity to implement

A shrinking protection space due to the volatile security situation has negatively impacted the operating environment and will remain a challenge for partners to access beneficiaries. The RMMS has no presence in some governorates where people of concern live. Capacity remains similar to last year and the RMMS has the same number of partners (14). Some partners will expand presence in the central part of Yemen to carry out relief activities for migrants, particularly in Rada'a, while two other partners will expand their presence in Hadramaut, Shabwa, and Lahj, to respond to increasing needs of refugees and asylum seekers. If full funding was available, expansion for new arrival registration and improved reception conditions for refugees and asylum seekers would have been initiated in Mukallah given that this is a concentration area for refugees, asylum seekers and migrants. Along the coastline, more IPNA offices would have been opened to help receiving refugees, asylum seekers and migrants.

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL
PEOPLE TARGETED	0.81M	0.51M	0.19M	0.19M	1.7M
REQUIREMENTS					\$106.7M

Response modalities

The work of the RMMS for migrants relates primarily to direct provision of basic services such as food, water and shelter, which are vital protection interventions, through partners at services locations. The cash modality is limited to one activity (#8, Material and cash assistance), according to strict SOPs, and based on assessments of vulnerability. Other provisions are distributed in kind. The rationale behind the low cash modality relates to the high mobility of the migrant population. Moreover, cash puts migrants at heightened risk of criminal attacks and thefts.

For refugees and asylum-seekers, the modalities for response are holistic. They encompass capacity building of national institutions to ensure sustainability integrating response within existing national system, such as support of hospitals and schools to absorb refugees and asylum-seekers. This will also help reduce duplication and running parallel humanitarian support system. Direct interventions such as multi-purpose cash assistance for protection outcomes are also used and target vulnerable persons who fall within vulnerability criteria through a vetted protection monitoring mechanism.

Gender and age

The RMMS works through the lens of Age, Gender and Diversity throughout all its activities and programmes. Disaggregated data by sex, age and country of origin is systematically collected for refugees and asylum seekers during refugee status determination for refugees, and registration for asylum-seekers, and migrants. The refugee population is diversified and often composed of families on the move, including unaccompanied women with their children. A large proportion of the migrants coming to Yemen are unaccompanied males between 14 and 17. In addition, 59% of refugees and migrants are males, and 22% of the population are children.

Partners are trained on inclusion and representation principles to ensure that assessments and responses take into consideration the different and various needs of people. Assessments are planned using sex and age disaggregated data and programmatic responses are tailored to address the various specific needs based on the information collected. Additionally, systematic post distribution monitoring is conducted on the basis of the disaggregated data to ensure that programmatic responses have benefited populations according to their specific needs.

Protection

Providing protection to refugees, asylum seekers and migrants is the essence of the RMMS programmes and interventions, and programmes are all designed to comprehensively address the protection needs of the population of concern. The 10 activities chosen for 2018 are all customised to respond to beneficiaries' needs. Standard Operating Procedures (SOPs) have been developed to define specific conditions governing the provision of assistance. Vulnerable cases are assessed on a strict needs-driven basis. In addition, the RMMS is multi-

sectoral in nature because most of the refugees and migrants need a wide range of services, being on the move and having arrived in Yemen without belongings or resources. They often have great difficulties in accessing services. Sexual and gender-based violence is prevalent and affects all populations including women, men, girls and boys. Some male migrants have reported that they are also sexually violated when abducted and smuggled.

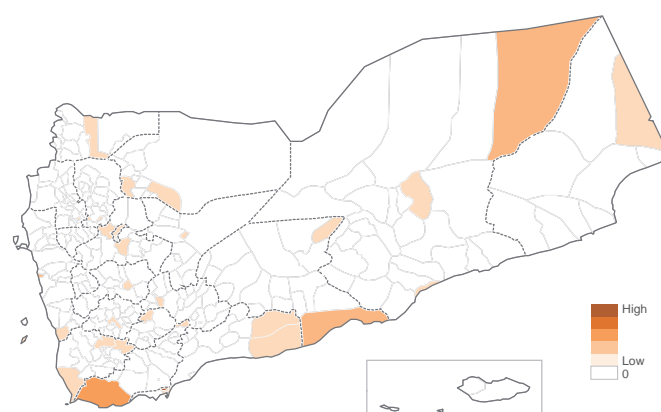
Based on previous needs assessments, specific programmes, such as those targeting persons with disabilities or other specific needs, are implemented to ensure that different needs of vulnerable groups identified are included. Examples include tailored activities for children with learning disabilities, shelter and counselling for unaccompanied children, day care centres for working single mothers and financial assistance for elderly persons with no family support.

Accountability

The RMMS partners aim to have efficient communication channels with beneficiaries through meetings, dissemination of information through community leaders, complaint feedback mechanisms, focus group discussions, etc. The training of refugees, asylum-seekers, migrants, community leaders, host communities, government officials, is also a strong aspect of direct interaction with population of concern.

In a joint effort with its partners, UNHCR organises two participatory assessments per year, in order to obtain direct information from refugees and asylum-seekers in age and sex disaggregated focus group discussions, about a wide range of topics including protection risks and challenges, access to services and living conditions. A 24-hour protection hotline is also in place for urgent cases needing immediate interventions, and brochures about services are distributed among the concerned communities. Complaint feedback mechanisms have been established to receive feedback from the population of concern and ensure follow-up. To ensure accountability to its population of concern, IOM also organises face-to-face interviews with migrants to get feedback on the quality of services provided, on a monthly basis. Post-distribution monitoring mechanisms are reinforced to ensure that the provision of assistance matches the needs of the vulnerable individuals.

PEOPLE TARGETED



REQUIREMENTS (US\$)

 2.2M

ETC OBJECTIVE 1

- 1 Support effective response through timely and reliable ETC services and information sharing.

ETC OBJECTIVE 2

- 2 Coordinate security telecommunications and IT emergency response activities.

ETC OBJECTIVE 3

- 3 Provide reliable Internet for the humanitarian community in common operational areas.

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ETC



Response summary

The Emergency Telecommunications Cluster (ETC) is a global network of humanitarian, government and private sector organizations working together to provide shared telecommunications services even in the most challenging emergency situations like Yemen.

ETC service provision:

- Security telecommunications: Round-the clock radio rooms, radio network coverage and user training
- Data connectivity: Internet services
- Reliable power: Power charging stations
- Inter-agency coordination & MI: Coordination meetings, updated website, information products, contingency planning
- Accountability: Support for telecommunications-based mechanisms for accountability to affected people.

The ETC operation and service provision

are progressing despite of challenges such as restriction on importation and usage of telecommunication equipment, limited local market resources and dependencies on a single ISP such as TeleYemen.

ETC service provision, in Yemen, includes but not limited to security communications such as HF and VHF radios through UNDSS common radio rooms, internet services on the WFP-chartered vessel for passenger transport between Djibouti and Aden. In addition, Internet connectivity is provided in five common operational areas and four Communications Centres (COMCEN) namely Sana'a, Sa'ada, Al Hudaydah, Ibb and Aden.

In 2018, ETC is planning to expand its service provision and open a dedicated ETC service desk in Sana'a that will provide IT user support to humanitarian community and INGOs. Establish beneficiary feedback mechanism to link the community with humanitarian organizations.



REQUIREMENTS (US\$)

 33.3M

LOGISTICS OBJECTIVE 1

- 1 Support and enhance coordinated, effective and efficient logistics services.

LOGISTICS OBJECTIVE 2

- 2 Facilitate access to common services (cargo and passengers transport, storage, fuel) to support humanitarian organizations.

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LOGISTICS

Response summary

In 2017 in Yemen, the humanitarian community continued to face a number of critical logistics challenges including damaged road infrastructure, disruptions in access to many parts of the country in terms of both cargo and staff and fuel shortages.

Therefore, in 2018, the Logistics Cluster will continue to ensure coordination and information management services in Sana'a, Aden, Al Hudaydah and Djibouti. Pending availability of resources, the Logistics Cluster will facilitate access for humanitarian organizations to common logistics services such as surface transport, air cargo transport from Djibouti to Sana'a, and sea cargo transport from Djibouti to Aden and Hudaydah; sea passenger transport between Djibouti and Aden; and air passenger transport through UNHAS between Sana'a, Djibouti and Amman. In addition, UNHAS may provide transport of light cargo on the aircraft traveling from Djibouti and Amman to Yemen. Access to temporary storage facilities is also planned as follows: Aden (5,740 m²), Sana'a (320 m²), and Hudaydah (3,640 m²). The above services will be provided at no cost to users, except for the fees involved in the passenger's transport services.

The Logistics Cluster will also support rehabilitation of Hudaydah port in order to increase berth capacity and augment the discharge rate, thereby facilitating movement of humanitarian cargo.

In addition, in light of the severe scarcity of fuel in local markets as a result of the blockade imposed in November 2017, the Logistics Cluster alongside its lead agency

WFP, aim to to set up an integrated supply chain mechanism to ensure the supply of diesel to the humanitarian actors on a partial cost-recovery basis, as another interruption of fuel imports may critically hamper humanitarian activities in Yemen. This facility aims to secure the minimum monthly requirements of fuel stocks in Yemen to meet the urgent fuel needs of both the humanitarian response and to ensure that critical public services will not be disrupted.

Provision of air services to facilitate the movement of humanitarian staff to Yemen remains of utmost importance in 2018. The United Nations Humanitarian Air Service (UNHAS) is the only common air service transporting passengers to Yemen due to the lack of commercial airlines and the continued closure of Sana'a air space. The UNHAS fleet consists of two aircraft, one based in Amman, and one based in Djibouti: in 2018, UNHAS will continue to operate from Amman, with flights to Sana'a, and from Djibouti with flights to both Sana'a and Aden. In addition, UNHAS may provide transport of light cargo on the aircraft traveling from Djibouti and Amman to Yemen.

REQUIREMENTS (US\$)

 22.9M

COORDINATION OBJECTIVE 1

- 1** Support humanitarian leadership and coordination to ensure an effective response.

COORDINATION OBJECTIVE 2

- 2** Promote common understanding of context, needs, priorities and response progress, and lead advocacy and resource mobilization efforts.

SAFETY OBJECTIVE 3

- 3** Provide safety services to minimize risk and promote operational expansion into field locations.

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COORDINATION

Coordination and safety are essential to an effective, evidence-based response that minimizes risks to humanitarian staff and will allow the international humanitarian community to stay and deliver. To support effective coordination, it is critical to build a common situational awareness, manage and analyze information, strengthen assessments and planning, monitor response progress and impediments, and advocate effectively.

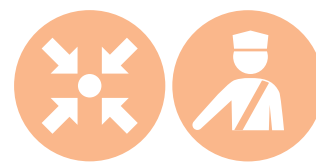
All partners equally rely on timely and reliable information on population movements, prices and availability of basic goods and services, as well as community preferences and perceptions. By further strengthening the mechanisms providing this information, humanitarian partners in Yemen are moving towards a better-informed response, more integrated planning and stronger prioritization. Based on the commitment to continuously move planning and services closer to people in need, the HCT and the ICCM are working to raise the profile of the humanitarian hubs. Common safety services and robust information on the security environment and access issues are needed to support a sustainable scale-up in humanitarian operations and continued presence of field locations.

In 2018, coordination and safety activities will focus primarily on the following:

- Support HCT and ICCM efforts to take decisions on key policy, security and operational challenges;
- Manage the humanitarian programme cycle: assessments, strategic planning (including contingencies), and response

and needs monitoring

- Monitor and analyse access constraints, and engage relevant stakeholders to address them
- Manage data and information in support of humanitarian decision-making, advocacy and public information, resulting in regular information products.
- Work with clusters and humanitarian partners to strengthen accountability and understanding of community capacities and preferences
- Build the capacity of national partners to ensure sustainability of the response
- Galvanize agency and cluster capacity in gender and protection to ensure the mainstreaming across clusters during all stages of the HPC
- Liaise with key stakeholders inside and outside Yemen, including humanitarian partners, donors, authorities and representatives of neighboring countries, with a view to mobilize resources, promote humanitarian access, facilitate de-confliction of humanitarian operations and advocate respect for international humanitarian law.
- Develop and implement security risk mitigation measures to minimize risks while allowing aid workers to stay and deliver.



GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To download the Yemen humanitarian needs overview, humanitarian response plan and monitoring reports, or to donate directly to organizations participating to the plan, please visit:

<https://ochayemen.org/hpc/>

CONTRIBUTING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, 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 crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

<http://www.unocha.org/cerf/our-donors/how-to-donate>

CONTRIBUTING THROUGH YEMEN HUMANITARIAN FUND (YHF)



The Yemen Humanitarian Fund is a country-based pooled fund (CBFP). CBFPs are multi-donor humanitarian financing instruments that receive unearmarked funds for allocation in response to humanitarian needs prioritized in the field through joint planning and an inclusive decision-making process. The YHF promotes coordinated humanitarian response and supports the implementation of the Yemen Humanitarian Response Plan. For more information on CBFPs please visit:

<https://www.unocha.org/our-work/humanitarian-financing>

IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:


logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



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 and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

PART III: ANNEXES

- 
1. Strategic objectives, indicators and targets
 2. Operational response plans: Activities and targets
 3. Operational Refugee and Migrant response plan: Activities and targets
 4. Planning figures: People in need and targeted
 5. Endnotes
 6. What if? ... we fail to respond

1. STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

All indicators related to direct delivery of goods or services will be disaggregated by sex and age in monitoring reports. Targets are based on operational activity targets and have been set at 100 per cent for the year based on clusters' confirmation that targets are entirely achievable if adequate resources are available. Please refer to ochayemen.org/hpc for more detailed information and monitoring products.

1 Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people receiving emergency food assistance (in kind, cash transfers or voucher transfers) (FSA1 + RAM2)	TBD	100% 8,449,039	Food Security and Agriculture Cluster, RMMS
% of targeted people having access to safe water supply (WSH2/TA3 + RAM3)	TBD	100% 5,383,445	WASH Cluster RMMS
Number of medical consultations conducted (HEA1)	TBD	100% 12,276,416	Health Cluster
% targeted children (6-59 months) and pregnant or lactating women provided nutrition services (Nutrition Cluster total target)	TBD	100% 5,594,127	Nutrition Cluster
% targeted people receiving emergency shelter and NFI support (SNC1 + SNC2 + RAM4 + RAM8)	TBD	100% 1,623,712	Shelter, NFIs & CCM Cluster RMMS

2 Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people receiving direct protection assistance (Protection Cluster total target + RAM5 + RAM6 + RAM 9)	TBD	100% 5,156,397	Protection Cluster RMMS
% projects funded through humanitarian pooled funds (YHPF, CERF) reporting results from the IASC Gender & Age Marker for Monitoring	TBD	80%	YHF Clusters OCHA

3 Support and preserve services and institutions essential to immediate humanitarian action and the promotion of livelihoods and resilience.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people benefiting from emergency and longer term agricultural, livestock and fisheries assistance (FSA3)	TBD	100% 6,100,000	Food Security and Agriculture Cluster
% targeted people benefiting from emergency non-agricultural livelihoods or business support (ECR4)	TBD	100% 1,240,309	EECR Cluster
% targeted square metres of land cleared of contamination of mines or other explosive remnants of war (ECR1)	TBD	100% 10 M Sq. m	EECR Cluster
% of health facilities renovated or rehabilitated and / or refurbished (HEA10)	TBD	100% 653 facilities	Health Cluster
% damaged schools rehabilitated (EDU1)	TBD	100% 1412 schools	Education Cluster
% targeted families benefited from the rehabilitation or reconstruction of their house (SNC4)	TBD	100% 15,505 HHs	Shelter, NFI & CCM Cluster

4 Deliver a principled and coordinated humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen.

INDICATORS	BASELINE	TARGET	MONITORED BY
# districts tracked via Task Force on Population Movements (IDP tracking)	333	333	TFPM
% of clusters reaching their accountability targets as stated cluster AAP Framework	NA	100%	Clusters OCHA
% of priority districts reached with integrated famine response	0	TBD	WASH, Food Security and Agriculture, Health and Nutrition Clusters
# public information products issued in Arabic	0	60	OCHA
% of IDP hosting sites covered with integrated response	0	80% TBD	Shelter, NFI & CCM Cluster

2. OPERATIONAL RESPONSE PLANS

ACTIVITIES AND TARGETS

The tables below summarize activities, targets and financial requirements aggregated for all clusters.

For more detailed information, including targets by location, indicators and SADD, please refer to ochayemen.org/hpc



FOOD SECURITY AND AGRICULTURE

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provision of emergency food assistance (in kind, cash transfers, or voucher transfers)	8,404,167	Individuals	1,198,457,705
High	Livelihoods Assistance (Short-term Emergency Livelihoods support)	5,700,000	Individuals	31,292,000
	Livelihoods Assistance (Longer term Livelihoods Restoration support)	400,000	Individuals	39,766,082
High	Cluster Coordination	NA	NA	1,200,000



HEALTH

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide primary, secondary health care and referral services through implementation of Minimum Health Service Package, provide operational cost and support to ensure functionality of selected health facilities in priority districts in Yemen.	12,276,416	Individuals	127,764,170
Critical	Prevent and respond to communicable diseases outbreaks including cholera	NA	NA	100,000,000
Critical	Vaccinate children and pregnant women through routine EPI, conduct outreach activities and vaccination campaigns.	700,055	Children	70,000,000
Critical	Provide reproductive health services based on MISRP, including emergency obstetric care services.	3,069,104	Women	37,800,000
Critical	Early diagnose, properly manage, provide medicines and refer non-communicable diseases such as diabetes, hypertension and mental disorders.	1,227,642	Adults	61,382,005
Critical	Establish and offer trauma care, including life-support, referral, management and rehabilitation.	NA	NA	16,000,000
High	Provide medicines, medical supplies and equipment to enable implementation of minimum service package	1,945	HF	122,764,170
High	Conduct priority capacity building activities, develop, update and disseminate guidelines and protocols to adopt and scale up implementation of minimum service package.	1,945	HF	10,000,000
High	Conduct assessments to feed into cluster information systems and strengthen coordination of health and inter-clusters interventions.	1,750	HF	2,175,000
High	Renovate, rehabilitate and equip selected health facilities in priority districts to make them fully functional.	653	HF	24,552,834



WATER, SANITATION AND HYGIENE (WASH)

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide, rehabilitate and maintain water supply systems for affected populations	7,288,599	Individuals	93,344,395
Critical	Provide emergency safe water supply to IDPs, vulnerable groups and other affected people	1,703,359	Individuals	35,524,189
Critical	Household latrine construction / rehabilitation / desludging	1,223,908	Individuals	31,059,307
Critical	Provide standard hygiene kits (basic and consumable)	6,090,431	Individuals	87,666,435

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide, rehabilitate and maintain sanitation systems for affected populations	5,149,859	Individuals	48,150,450
Critical	Reinforce coordination and information management capacity within the relevant national and sub-national structures to respond effectively and efficiently to acute and structural emergencies	NA	Assessment and partners	3,048,400



PROTECTION

PRIORITY*	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Carry out protection, human rights and IHL monitoring and assessments	389,271	Individuals	5,839,059
Critical	Provide Psychosocial support	259,514	Individuals	3,114,165
Critical	Provide legal assistance, including legal advice, legal counselling, representation and alternative dispute resolution	66,488	Individuals	2,127,611
Critical	Provide Cash assistance through protection programming and case management	116,781	Individuals	17,517,176
Critical	Support Community-based protection networks	5,000	Individuals	7,500,000
Critical	Support Community protection initiatives	128,602	Individuals	5,015,052
Critical	Carry out capacity building	8,000	Individuals	3,000,000
Critical	Carry out Monitoring and Reporting Mechanism	2,743,920	Children	5,378,083
Critical	Carry out mine risk education	1,684,106	Individuals	7,525,933
Critical	Provide psychosocial support for children	682,268	Individuals	8,604,218
Critical	Provide critical child protection services	12,932	Children	13,136,843
Critical	Provide GBV services including referral for GBV survivors (health, legal, psychosocial, shelter and income generating skills)	31,567	Individuals	13,274,400
High	Conduct GBV capacity building and mitigation	1,000	Partners	350,000
High	Conduct awareness raising activities with individual and households to prevent and mitigate GBV	1,505,447	Individuals	7,620,236
High	Provide income generating activities and life skills to the most vulnerable of women, girls, men and boys	26,827	Individuals	1,341,343
Critical	Procure and distribute dignity kits to the most affected displaced people of women and girls and Post Rape Treatment to the health facilities	78,917	Kits	2,762,079



NUTRITION

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Treat severe acute malnutrition in children 0-59 months	289,364	Children	86,034,800
Critical	Treat moderate acute malnutrition in children 6-59 months	842,275	Children	25,192,445
Critical	Treat acute malnutrition in pregnant and lactating mothers	527,487	Pregnant or lactating women	28,484,298
Critical	Provide health education for mothers/caregivers of infants children aged 0-23 months	1,404,260	Individuals	2,808,520

*The Protection Cluster has further refined priorities at district level. Please refer to ochayemen.org/hpc for more detailed information.

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide micronutrient supplementations for girls and boys (6-24 months) not enrolled in community-based management of acute malnutrition(CMAM) or BSFP	4,176,839	Children	5,106,080
High	Prevent acute malnutrition in children 6-24 months (boys and girls) and PLW	596,590	Children/ Pregnant or lactating women	24,833,136
Critical	Provide iron-folic supplementation to PLW	1,043,678	Pregnant or lactating women	7,305,746
Critical	Screening of children aged 6-59 months and referral of children with acute malnutrition to the treatment programs	2,784,559	Children	4,500,000
Critical	Train CHVs, HWs, cluster partners, local authorities, etc. in different aspects of NiE	1,5000	Partners	2,445,320
High	Conduct needs assessment and analysis	NA	Surveys and assessments	8,704,290



SHELTER AND NON-FOOD ITEMS / CAMP COORDINATION AND CAMP MANAGEMENT

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide essential Non-Food Items (NFI)	142,466	HHs	31,655,945
Critical	Provide Emergency Shelter (ES)	83,640	HHs	24,464,700
Critical	Provide cash assistance for rental subsidies (for 9 months)	55,757	HHs	57,708,495
Critical	Provide cash grants for rehabilitation/reconstruction of damaged/destroyed houses	15,505	HHs	43,469,180
Critical	Site Management and Coordination Support and monitoring	123,895	Individuals	5,307,019
High	Conduct CCCM Baseline Assessment	151,589	Individuals	285,042
High	Upgrade / Basic Shelter Maintenance	21,674	HHs	2,722,867
Critical	Provide Winterization Support	74,683	HHs	20,425,801
High	Conduct capacity building programs (Shelter / NFI / CCCM / IM / Etc.)	2,137	Individuals	107,450
Critical	Conduct Post Distribution Monitoring (PDM)	385,954	Individuals	126,813
High	Construction / Rehabilitation of Transitional Shelter	13,252	HHs	8,651,217
High	Conduct Needs Assessment	367,753	HHs	76,964



EDUCATION

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Rehabilitate Schools and WASH facilities	465,550	Schools	10,093,500
Critical	Provide new and repaired desks	178,125	Desks	13,737,000
Critical	Provide schools supplies, basic learning materials and textbooks	1,500,000	Students	16,500,000
Critical	Establish/support temporary learning supplies and/or alternative learning opportunities	99,301	Students	3,588,571
High	Train students/teachers in emergency related areas	1,000,000	Students	5,000,000
High	Train education staff/FMCs/schools' clubs on emergency in education	24,148	Individuals	141,250
High	Provide hygiene kits/cleaning materials and hygiene promotion activities	85,768	Students	335,188
High	Provide school food to students	35,200	Students	2,710,400
High	Support MoE to administer national exams for grades 9 and 12	600,000	Students	1,319,034



EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Clear Land of Mines and explosive ordnances (survey and clearance)	10,000,000	Square meter	8,333,000
High	Dispose of explosive ordnances	400,000	UXOs	6,800,000
High	Provide technical and operational capacity for the maintenance and restoration of critical services in affected districts	489,449	HHs	24,472,450
Critical	Provide access to business recovery and alternative income sources	177,150	HHs	54,700,250
High	Provide opportunities for Durable Solutions and sustainable reintegration to IDPs and returnees	2,295	HHs	3,662,000
High	Conduct capacity-building of LNGOs, CSOs, leading Private Sector actors and local authorities that leads to better implementation of activities and leading to the strengthening of their crisis-related resilience	4,507	Partners	1,181,000



LOGISTICS

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
High	Logistics Cluster coordination and information management	NA	NA	1,722,500
High	Provide cargo transport to and across Yemen	3,000	Metric Tonns	6,000,000
High	Provide temporary cargo storage	6,000	Metric Tonns	648,000
Critical	Provide Passenger Sea Transport	1,300	Passengar	4,200,000
Critical	Provide Fuel	5,000,000	Litres	13,000,000
Critical	Provide passenger Air Transport	10,000	Passenger	10,585,158
High	Hodeidah Port rehabilitation	NA	NA	3,383,333



EMERGENCY TELECOMMUNICATIONS

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
High	Telecommunication/data connectivity provision in 5 Humanitarian Hubs	5	Hubs	974,400
High	ETC Service Desk	NA	Staff	72,000
Critical	ETC Link Improvement	100	Staff	770,000
High	Establish and maintain community engagement platform	100	Users	200,000



COORDINATION AND SAFETY

ACTIVITY	REQUIREMENTS(US \$)
Provide capacity building for national NGOs	2,000,000
Coordination of assessment activities	500,000
Operation-wide coordination services	11,425,390
Operation-wide security services	1,485,000
Operation-wide Information Management services	526,000
Provide Common Service for community engagement and accountability	2,000,000
Provide system-wide information on displacement (TFPM)	5,000,000

3. OPERATIONAL REFUGEE AND MIGRANT RESPONSE PLAN























ACTIVITIES AND TARGETS

All activities and targets included in the Refugee and Migrant Multi-Sector Response Plan (RMMS) are summarized below.
















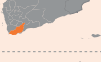








REFUGEE AND MIGRANT MULTI-SECTOR RESPONSE PLAN (RMMS)

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Provide health assistance (emergency, primary, MISP – including HIV management, psychosocial counselling and services, health education)	163,714	Individuals	14,879,923
Critical	Provide food and drinking water	44,872	Individuals	9,567,331
Critical	Provide WASH services	37,122	Individuals	2,912,077
Critical	Provide of shelter	11,922	Individuals	5,170,280
high	Carry out screening, registration and documentation	136,283	Individuals	4,430,906
Critical	Provide child protection services for unaccompanied/separated migrant/refugee/ asylum seeker children	12,302	Individuals	5,515,285
High	Provide of education services	49,248	Children	8,174,632
Critical	Provide material and cash assistance	29,048	Individuals	12,935,644
High	Provide durable solutions, including voluntary return, assisted spontaneous return and resettlement	11,000	Individuals	42,620,586
High	Conduct capacity building and sensitization of stakeholders	2,350	Individuals	508,204

POPULATION OVERVIEW (in millions)			POPULATION BY TYPE ²				PEOPLE IN NEED AND ACUTE NEED		
	GOVERNORATE	CURRENT ESTIMATED POPULATION ¹	IDPs	RETURNEES	REFUGEES and MIGRANTS	NON-DISPLACED	PEOPLE IN NEED	% PEOPLE IN ACUTE NEED	
	Abyan	0.58	0.02	0.01	0.002	0.56	0.5	<div><div>58%</div></div>	
	Aden	0.96	0.04	0.33	0.15	0.58	0.9	<div><div>66%</div></div>	
	Al Bayda	0.77	0.03	0.01	0.01	0.73	0.5	<div><div>20%</div></div>	
	Al Dhale'e	0.75	0.03	0.03	0.00	0.70	0.5	<div><div>53%</div></div>	
	Al Hudaydah	3.32	0.11	0.005	0.005	3.21	2.7	<div><div>61%</div></div>	
	Al Jawf	0.59	0.05	0.01	0.001	0.53	0.5	<div><div>70%</div></div>	
	Al Maharah	0.16	0.004	0.01	0.01	0.14	0.1	<div><div>49%</div></div>	
	Al Mahwit	0.75	0.04	0.001	0	0.71	0.5	<div><div>49%</div></div>	
	Am. Al Asimah	2.96	0.16	0.19	0.10	2.62	2.4	<div><div>43%</div></div>	
	Amran	1.17	0.16	0.02	0	1.00	0.9	<div><div>44%</div></div>	
	Dhamar	2.06	0.12	0.03	0.003	1.91	1.4	<div><div>48%</div></div>	
	Hadramaut	1.47	0.02	0.04	0.04	1.42	0.9	<div><div>38%</div></div>	
	Hajjah	2.44	0.38	0.04	0.03	2.03	1.9	<div><div>63%</div></div>	
	Ibb	3.02	0.14	0.01	0.003	2.87	2.0	<div><div>20%</div></div>	
	Lahj	1.03	0.06	0.07	0.04	0.90	0.9	<div><div>62%</div></div>	
	Marib	0.37	0.07	0.02	0.01	0.28	0.3	<div><div>41%</div></div>	
	Raymah	0.62	0.04	0.00	0	0.58	0.4	<div><div>34%</div></div>	
	Sa'ada	0.96	0.11	0.03	0.01	0.82	0.9	<div><div>77%</div></div>	
	Sana'a	1.50	0.13	0.003	0.002	1.37	1.1	<div><div>30%</div></div>	
	Shabwah	0.65	0.02	0.07	0.01	0.56	0.6	<div><div>40%</div></div>	
	Socotra	0.07	0.002	0.003	0	0.06	0.03	<div><div>20%</div></div>	
	Taizz	3.06	0.32	0.09	0	2.65	2.6	<div><div>65%</div></div>	
TOTAL		29.3	2	1	0.44	26.2	22.2	<div><div>51%</div></div>	

¹ CSO Population estimates for 2018 (excludes migrants); ² TFPM 16th Report and RMMS, October 2017.

PEOPLE TARGETED		PEOPLE IN ACUTE NEED VS PEOPLE IN NEED		PEOPLE TARGETED (CLUSTERS)	PEOPLE TARGETED (RAM)*	TOTAL PEOPLE TARGETED VS PEOPLE IN NEED
(in millions)		Acute PIN	Total PIN			
	Abyan	0.29	<div><div>58%</div></div> 0.51	0.34	0.001	<div><div>67%</div></div>
	Aden	0.60	<div><div>66%</div></div> 0.91	0.44	0.06	<div><div>49%</div></div>
	Al Bayda	0.09	<div><div>20%</div></div> 0.45	0.32		<div><div>71%</div></div>
	Al Dhale'e	0.27	<div><div>53%</div></div> 0.52	0.35		<div><div>67%</div></div>
	Al Hudaydah	1.67	<div><div>61%</div></div> 2.74	1.56	0.005	<div><div>57%</div></div>
	Al Jawf	0.34	<div><div>69%</div></div> 0.50	0.32	0.001	<div><div>65%</div></div>
	Al Maharah	0.05	<div><div>49%</div></div> 0.10	0.05	0.002	<div><div>52%</div></div>
	Al Mahwit	0.23	<div><div>49%</div></div> 0.48	0.27		<div><div>55%</div></div>
	Am. Al Asimah	1.01	<div><div>43%</div></div> 2.36	1.34	0.06	<div><div>57%</div></div>
	Amran	0.40	<div><div>44%</div></div> 0.89	0.49		<div><div>55%</div></div>
	Dhamar	0.65	<div><div>48%</div></div> 1.35	0.51		<div><div>38%</div></div>
	Hadramaut	0.33	<div><div>38%</div></div> 0.86	0.51	0.01	<div><div>59%</div></div>
	Hajjah	1.27	<div><div>63%</div></div> 2.02	1.36		<div><div>67%</div></div>
	Ibb	0.38	<div><div>20%</div></div> 1.90	1.32		<div><div>69%</div></div>
	Lahj	0.55	<div><div>62%</div></div> 0.88	0.56	0.02	<div><div>64%</div></div>
	Marib	0.11	<div><div>41%</div></div> 0.27	0.14		<div><div>53%</div></div>
	Raymah	0.13	<div><div>34%</div></div> 0.39	0.14		<div><div>36%</div></div>
	Sa'ada	0.66	<div><div>77%</div></div> 0.86	0.55	0.001	<div><div>64%</div></div>
	Sana'a	0.32	<div><div>30%</div></div> 1.05	0.61	0.001	<div><div>58%</div></div>
	Shabwah	0.22	<div><div>40%</div></div> 0.55	0.29	0.01	<div><div>53%</div></div>
	Socotra	0.01	<div><div>20%</div></div> 0.03	0.01		<div><div>45%</div></div>
	Taizz	1.68	<div><div>65%</div></div> 2.56	1.62	0.004	<div><div>63%</div></div>
TOTAL		11.3	22.2	13.1	1.7	<div><div>59%</div></div>

* RAM refers to refugees and migrants, who will be covered by the Refugees and Migrant Multi-Sector Response Plan. RAM figures are included in the totals by governorate.

ENDNOTES

1. FAO-EFRLP Food Security update - December 2017
2. 2017 YHRP
3. YESU— July 2017
4. WFP YEMEN Market Watch Report, December 2017
5. WFP YEMEN Market Watch Report, December 2017
6. FAO—EFRLP Food Security update June 2017
7. WFP YEMEN Market Watch Report, October and 1st half of Nov. 2017
8. FAO—FSIS and Food Security Technical Secretariat (FSTS) Monthly Market Monitoring Reporting (November 2017). In some market the price of fuel increased by 90 per cent.
9. WFP YEMEN Market Watch Report, October and 1st half of Nov. 2017
10. WFP YEMEN Market Watch Report, October and 1st half of Nov. 2017
11. Inter-Agency Cash Study, CMWG December 2017
12. The multi-cluster (FSAC, Nutrition, Health and WASH) analysis results indicate that the number of districts that are at risk of famine increased from 95 in April 2017 to 107 in December 2017.
13. Please refer to the 2018 Yemen HNO for definition of and methodology to determine acute need and overview of geographic distribution of populations in acute need.
14. Increased food insecurity and vulnerabilities majorly due to the Yemen Arab Spring in 2011
15. In 2016, WFP launched the Cash Voucher through the Traders Network (CV-TN), targeting food - insecure populations residing in urban and peri urban areas.
16. Cash for Work (CFW), or Food for Work (FFW), and Food for Assets (FFA) programmes.
17. In 2016, WFP launched the Cash Voucher through the Traders Network (CV-TN), targeting food - insecure populations residing in urban and peri urban areas.
18. <https://www.humanitarianresponse.info/en/operations/yemen/document/survival-minimum-expenditure-basket-yemen-november-2017>
19. The MPG is calculated by subtracting from the MEB the amount that beneficiaries are calculated to be able to cover themselves
20. http://fscluster.org/sites/default/files/documents/16-06-13_annex_hct_protection-gender_strategy_action_plans_merged_2016_endorsed.pdf
21. See the framework at <https://reliefweb.int/report/yemen/yemen-2017-yhrp-accountability-framework-enar>
22. Abyan, Aden, Al Hudeidah, Hajjah, Lahj, and Taizz
23. The list of indicators can be found in the methodology annex.
24. Minimum assistance package could be found on <https://www.ochayemen.org/hpc/>
25. See the Integrated Response methodology in <https://www.ochayemen.org/hpc/>
26. FAO—FSIS livestock study report November 2017.

WHAT IF?

...WE FAIL TO RESPOND

UNABATED RISK OF FAMINE



With 107 districts identified to be at risk of famine, a failure to respond would deprive millions of people of lifesaving food and livelihoods assistance, WASH support and Health and Nutrition services. With no mitigation to the losses of livelihoods encountered, people's vulnerability will increase. Across the country, approximately 17.8 million Yemenis (61 per cent of the population) struggling to feed themselves and not sure of where their next meal will come from. Millions risk starvation without urgent assistance.

FAILING HEALTH SYSTEMS AT A TIME OF UNPRECEDENTED NEED



With almost full collapse of the health system in Yemen, a lack of funding to health partners will result in the closure of 50 per cent of functional health facilities providing life-saving and basic health services. Life-saving trauma care, reproductive health services for mothers, newborn babies and children will not be available with expected outbreaks of communicable diseases and sharp rise in avoidable morbidities and mortalities affecting the most vulnerable segment of population.

MILLIONS WILL LACK ACCESS TO BASIC WATER AND SANITATION



Without assistance, more than 11 million people will be unable to meet their basic WASH needs. Failing water and sanitation systems will increase the risks of another public health crisis. Prevention of cholera through provision of safe water, sanitation and hygiene awareness is key to abort the possibility of a future outbreak. A new wave may impact hundreds of thousands of people who may contract the infection which may lead to the loss of thousands of lives.

THOUSANDS OF CHILDREN AT RISK OF DYING FROM MALNUTRITION



Lack of nutrition services will cost the lives of children and stunt their future. If untreated, 100,000 children under 5 in Yemen are estimated to die from causes related to malnutrition in 2018, meaning that if treatment and prevention of all forms of malnutrition in Yemen stops, an estimated 272 children under age of 5 years would die every day from related causes.

MILLIONS FACE GRAVE THREATS TO THEIR BASIC RIGHTS



A failure to uphold the responsibility to protect would be catastrophic for an already vulnerable population. Violations of IHL, human rights and the rights of children and women would go unmonitored and protection needs not identified for assistance, weakening efforts for the protection of civilians. Conflict-affected and displaced individuals, women, men, boys and girls, would not receive needed life saving assistance.

THE MOST VULNERABLE WILL NOT RECEIVE ASSISTANCE



Without emergency life-saving response to newly displaced persons, consequences could lead to death in the worst case or negative coping strategies leading to high risk and incidences of gender-based violence in overcrowded IDPs Hosting Sites and IDPs living with host families.

INCREASED DEPENDANCE ON HUMANITARIAN ASSISTANCE



Failure to deliver early recovery activities will contribute to the increase of dependency on relief assistance and perpetuate vulnerabilities. Early recovery is critical to humanitarian response, particularly in the context of protracted crisis that Yemen is experiencing. It is also essential to build the resilience of institutions and affected populations and to promote economic self-reliance of affected populations to gradually reduce humanitarian needs.

A GENERATION OF CHILDREN DEPRIVED OF EDUCATION



Without adequate funding, more than 4 million children will be deprived of their right to education. Children and adolescents will become vulnerable to recruitment of radical groups. Girls will face higher risk of being held back from school and forced into early marriage. A whole generation will be lost.

REFUGEES AND MIGRANTS



If we fail to respond, Yemen would not meet its international obligations and refugees and asylum-seekers would not be protected. With the continued flow of new arrivals and increasing burden on services in a country already impoverished and embroiled in civil war, our failure to respond to the needs of new arrivals will result in a deterioration in social dynamics and increased indigence.

