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In 2019, Yemen remained the world’s worst humanitarian crisis with 24 million people or 80 per cent of the population in need of some form of assistance. Humanitarian partners managed one of the fastest and largest scale-ups in recent UN history to address this crisis, making notable achievements and reaching an average of 13.7 million people each month, despite an increasingly difficult operating environment.

This report presents the achievements by the humanitarian community against the objectives and targets in the 2019 Yemen Humanitarian Response Plan (YHRP). It highlights progress made by clusters against the strategic objectives outlined in the YHRP and the impact of each cluster response, based on a standardized methodology. It also details response gaps and the evolving humanitarian situation in Yemen.

The report builds on monitoring information collected every month and an end-of-year analysis of humanitarian needs and priorities. Further information is available at: Yemen Humanitarian Response Plan and Response Monitoring Dashboard.
ACHIEVEMENTS

IN 2019

During the year, humanitarian partners comprising 11 UN agencies, 160 national NGOs and 37 international NGOs managed one of the fastest and largest scale-ups in recent UN history reaching an average of 13.7 million people each month, compared to 7.5 million people in 2018 (a 83 per cent increase).

CLUSTER RESPONSE ACHIEVEMENTS (JAN-DEC 2019)

**FOOD SECURITY AND AGRICULTURE**

- **77%** increase in people reached
- 13.3M People reached on average with food and livelihood assistance

**NUTRITION**

- **21%** increase in people reached
- 7.3M People reached

**HEALTH**

- **46%** increase in medical consultations provided
- 8.8M People reached

**WATER, HYGIENE AND SANITATION**

- **9%** increase in people reached
- 12.6M People reached

**SHELTER, NON-FOOD ITEMS (NFI), CAMP COORDINATION AND CAMP MANAGEMENT**

- **66%** increase in people reached
- 2.1M People reached

**REFUGEE AND MIGRANT MULTISECTOR**

- **45%** increase in people reached
- 0.2M People reached

**EDUCATION**

- **58%** increase in people reached
- 2.9M People reached

**RAPID RESPONSE MECHANISM (RRM)**

- **103%** increase in people reached
- 1.2M People reached

**CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)**

In recognition of the growing need to improve standard service delivery in more than 1,636 IDP sites identified across the country, CCCM was established as a standalone cluster.

*In 2019, the Health Cluster revised its methodology to calculate reach. The percentage reflects the updated methodology.*
The number of people in need in 2019 was higher and more people were targeted for assistance than at any other year in the conflict. The response was enabled by the largest amount of funding received since the conflict began: a total of US$3.6 billion.

2015-2019 TRENDS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
<th>INTERNAL DISPLACEMENT</th>
<th>FUNDING RECEIVED</th>
<th>NUMBER OF PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>24.1 M</td>
<td>21.4 M</td>
<td>13.7 M</td>
<td>3.3 M</td>
<td>3.6 B (87%)</td>
<td>208</td>
</tr>
<tr>
<td>2018</td>
<td>22.2 M</td>
<td>13.1 M</td>
<td>7.5 M</td>
<td>3.4 M</td>
<td>2.5 B (81%)</td>
<td>254</td>
</tr>
<tr>
<td>2017</td>
<td>18.8 M</td>
<td>12.0 M</td>
<td>6.0 M</td>
<td>3.0 M</td>
<td>1.7 B (75%)</td>
<td>192</td>
</tr>
<tr>
<td>2016</td>
<td>21.2 M</td>
<td>13.6 M</td>
<td>5.6 M</td>
<td>3.1 M</td>
<td>1.1 B (63%)</td>
<td>120</td>
</tr>
<tr>
<td>2015</td>
<td>15.9 M</td>
<td>11.7 M</td>
<td>8.8 M</td>
<td>2.4 M</td>
<td>885 M (55%)</td>
<td>106</td>
</tr>
</tbody>
</table>

Source: FTS as of 14 August 2020
Despite an increasingly difficult operating environment, humanitarian partners managed to provide food, health, nutrition, protection, shelter, education, water and sanitation and livelihood support.

**Food insecurity levels decreased.** Humanitarian partners reached 13.3 million people in 2019 with emergency food assistance, representing an 80 per cent increase from 2018 when partners reached 7.5 million. As a result, catastrophic levels of food insecurity were rolled back in at least 29 of 45 districts with IPC 5 conditions.

**Millions of vulnerable Yemenis received livelihoods assistance.** FSAC partners supported an estimated 4.7 million people with emergency agricultural, livestock or fisheries kits, cash for work and longer-term livelihoods activities. This represents a 102 per cent increase in beneficiaries reached with livelihoods-related programming in 2019 compared with 2018, when 2.3 million beneficiaries received livelihoods support. Partners provided in-kind, cash and voucher-based assistance modalities; with a flexible approach, they were able to assist more people in need in locations where in-kind assistance was not possible.

**Nutrition support reached more vulnerable people, including children, in 2019.** A total of 7.3 million people received nutrition support in 2019. The number of children under five treated for severe acute malnutrition increased by 3.4 per cent, children under five treated for severe acute malnutrition with complications increased by 32 per cent, and children under five with moderate acute malnutrition admitted to targeted supplementary feeding programmes increased by 13 per cent. The number of districts covered by the blanket supplementary feeding programme increased from 89 in 2018 to 151 in 2019 and reached 143 per cent more children under two and 98 per cent more pregnant and lactating women than in 2018.

**Partners rolled-back cholera, reaching 10 million people with life-saving interventions.** Overall diarrheal disease reduced in 2019, comprising 9.3 per cent of total morbidities compared to 11.6 per cent in 2018. Over 25 health partners provided preventative and treatment interventions through 264 diarrhoea treatment centres and 1,085 oral rehydration centres in 243 priority districts of 21 governorates. A total of 29 WASH partners delivered cholera-specific interventions in 165 priority districts. Oral cholera vaccination campaigns reached more than 3 million people in seven priority districts in four governorates with more than 91 per cent coverage.

**Millions of vulnerable Yemenis received health support.** Health Cluster partners reached more than 8.8 million people with 17.5 million medical consultations in more than 3,117 supported health facilities across Yemen. A total of 105,141 trauma cases were treated, 390,259 surgeries were conducted, 12,771 mental health consultations were provided, and 466,291 deliveries were conducted. Antenatal and postnatal services were provided to 1.5 million women. In addition, 9,277 health providers were trained on the minimum service package and 6,130 midwives were trained on safe motherhood by 4,506 community health workers.

**WASH provided lifesaving water and sanitation support to millions.** Over 5 million vulnerable Yemenis received emergency water supply, safe water trucking, household water treatment and filtration and quality monitoring at household level. Emergency sanitation support reached 400,000 vulnerable people, including in internally displaced persons (IDP) sites. Hygiene-enabling materials reached 5.5 million people, including IDPs, those in areas impacted by suspected cholera and acute watery diarrhoea, and households and communities with severe acute malnutrition.
2.1 million IDPs, returnees and vulnerable host community members received shelter assistance. A total of 5,142 individuals received support to upgrade their shelters and 8,681 individuals benefited from the rehabilitation of their damaged homes. Almost 1 million people had their essential NFI needs met, 260,000 people received emergency shelter support, and 600,000 received rental assistance. Transitional construction benefitted 30,444 individuals.

CCCM was activated as a standalone cluster. In recognition of the growing need to improve standard service delivery in more than 1,636 verified IDP sites identified across the country, the Humanitarian Coordinator, with endorsement from the Humanitarian Country Team, recommended to the Emergency Relief Coordinator the establishment of the CCCM Cluster, which had previously been part of the Shelter/NFI Cluster. The cluster was activated in July 2019.

Protection support reached 4.2 million people. Of those, 2.8 million were children. A total of 645,232 individuals received protection cash-based interventions, 81,248 received legal services and 38,171 received dignity kits. Mine Risk Education reached more than 2 million people. More than 3 million meters squared of land were cleared of landmines and explosive remnants of war.

2.9 million children accessed education services. Education partners provided school feeding meals to 1.1 million children, temporary learning classrooms to 94,302 children, and education supplies to 499,150 children. Cluster partners also provided 204,258 hygiene kits at school level, provided teacher training on psychosocial support to 451,207 teachers, and restored damaged and destroyed schools affecting 461,584 beneficiaries.

The Rapid Response Mechanism was faster and more effective. In 2019, RRM was fully operational nationwide and reached 1.2 million people. Partners reached over 247,000 beneficiaries with RRM multi-purpose cash assistance in conflict-affected areas in nine governorates across Yemen. The mechanism itself was improved, with new enrolment modalities introduced and mainstreamed, significantly reducing the timeline of RRM support.

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1. The number of beneficiaries reached by the Protection Cluster with cash assistance has been updated since the publication of the 2019 Yemen Cash and Voucher Assistance Snapshot.

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The humanitarian crisis in Yemen remained the world’s largest, driven by conflict, economic collapse and the continuous breakdown of public institutions and services. Despite huge challenges, the humanitarian community responded in 2019, meeting targets in some cases by over 100 per cent and reaching millions with lifesaving support.

### PEOPLE TARGETED AND REACHED BY CLUSTER IN 2019

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>PEOPLE IN NEED (PIN)</th>
<th>PEOPLE TARGETED</th>
<th>PEOPLE REACHED</th>
<th>REACHED VS TARGETED</th>
<th>REACHED VS PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Agriculture</td>
<td>20.1 M</td>
<td>18.8 M</td>
<td>13.3 M</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Water, Hygiene and Sanitation</td>
<td>17.8 M</td>
<td>12.6 M</td>
<td>12.6 M</td>
<td>100%</td>
<td>71%</td>
</tr>
<tr>
<td>Health</td>
<td>19.7 M</td>
<td>15.8 M</td>
<td>8.8 M</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Protection</td>
<td>14.4 M</td>
<td>4.8 M</td>
<td>4.2 M</td>
<td>88%</td>
<td>29%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7.4 M</td>
<td>6.0 M</td>
<td>7.3 M</td>
<td>+100%</td>
<td>99%</td>
</tr>
<tr>
<td>Shelter/NFI/CCCM</td>
<td>6.7 M</td>
<td>3.0 M</td>
<td>2.1 M</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Education</td>
<td>4.7 M</td>
<td>2.8 M</td>
<td>2.9 M</td>
<td>+100%</td>
<td>61%</td>
</tr>
<tr>
<td>Refugee and Migrant Multi-Sector</td>
<td>0.17 M</td>
<td>0.17 M</td>
<td>0.24 M</td>
<td>+100%</td>
<td>-100%</td>
</tr>
<tr>
<td>Rapid Response Mechanism</td>
<td>1.2 M</td>
<td>1.12 M</td>
<td>1.2 M</td>
<td>+100%</td>
<td>100%</td>
</tr>
<tr>
<td>Inter-cluster</td>
<td>24.1 M</td>
<td>21.4 M</td>
<td>13.7* M</td>
<td>64%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*An average monthly reach across clusters

Note: Percentage calculations are based on figures before rounding.

Source: cluster 4Ws (Jan – Dec 2019)
PART I: CHALLENGES IN 2019

CHALLENGES

In 2019, partners managed the fastest and largest scale-up of assistance in recent UN history to a population of over 24 million people in need. However, over the course of the year, the operating environment deteriorated rapidly in northern Yemen, making it increasingly difficult for partners to manage the risks associated with the scale-up. In northern Yemen, hundreds of directives and instructions were issued affecting assessments, delivery and monitoring. Access-related incidents affected close to 8 million and bureaucratic impediments cut off 6.7 million extremely vulnerable people from assistance. More than 750 separate incidents of interference, a 15-fold increase from 2018, were reported in 2019.

Displacement remained high in Yemen. Over 3.3 million civilians were displaced in 2019, and during the year 375,000 fled their homes due to conflict. One in six members of the IDP household displayed vulnerability, mostly a chronic medical condition. Some of the highest levels of vulnerability were concentrated in IDP sites with very few services. The migrants, asylum-seekers and refugees in Yemen were at extreme risk; many were subjected to shocking, inhumane conditions that violated international norms. Access to registration and documentation, a critical protection response, was suspended in northern Yemen, leaving most refugees and asylum-seekers without documentation.

Although localized assessments were carried out, the number of successfully completed planning assessments decreased by 60 per cent. Three crucial UN-led, countrywide assessments – the Food Security and Livelihoods Assessment (FSLA), Standardised Monitoring and Assessment of Relief and Transitions (SMART) survey, and Multi-Cluster Locations Assessment (MCLA) – were unable to progress in northern Yemen. Other assessments were affected, including the Initial Situation Tool (IST) for rapid-onset emergencies and the food security biometric registration and targeting mechanism.

Anti-UN and humanitarian campaigns through social, print and electronic media contributed to the deteriorating environment. In December, international NGO facilities were attacked and civilians injured by unknown armed actors in Al Dhale’e Governorate, leading to temporary suspension of activities.

In addition to operational challenges, in 2019 Yemen faced a series of natural hazards. A total of 0.8 million suspected cholera cases were reported. Dengue and vector-borne disease caused yet another epidemiological threat and affected around 154 districts, due to an increase in rainfall including as a result of the Kyar and Maha cyclones. The case fatality rate for dengue was particularly high in Hudaydah Governorate.

A deserted oil tanker, the FSO Safer floating storage and offloading terminal, had the potential to create an environmental disaster. The tanker, closed since the start of the conflict in 2015, deteriorated and risked spilling over 1 million barrels of oil off the coast of Hudaydah Governorate.

The challenges in the health cluster were enormous, with only half of all health facilities functioning or partially functioning. Three out of ten births took place in health facilities, one in 37 new-born babies died in their first month of life, and one out of every 260 women died in childbirth. Attacks on health facilities and workers and two severe fuel crises in northern governorates further affected health access and operationality.
Recognizing the magnitude of the crisis, but working with only limited capacity and confronted by multiple obstacles, humanitarian partners adopted a high-impact strategy with five priority strategic objectives for 2019. Clusters measured progress against each of the five strategic objectives through impact indicators, based on standardized methodologies.

**Strategic Objective One: Help millions of destitute Yemenis overcome hunger**

- Moderate improvement in food insecurity in 29 of the 45 high severity districts
- An 80 per cent increase in humanitarian food assistance from 7.5 million people reached in 2018 to 13.3 million people reached by the end of 2019
- Reduction in the number of individuals facing food insecurity from 1.5 million to 1.2 million people

**Outlook for 2020**

- Humanitarian partners will face challenges to sustain the significant gains made, especially considering emerging challenges caused by COVID-19 and desert locust infestation
- Continued uninterrupted assistance is required
- Similar targets to be rolled over

- 55% increase in people reached with food assistance
- 88% increase in number of under-five children reached with micro-nutrient powder
- 28% decrease in the number of districts with critical acute malnutrition
- 64% reduction in districts with IPC 5

- Moderate improvement in food insecurity in 29 of the 45 high severity districts
- An 80 per cent increase in humanitarian food assistance from 7.5 million people reached in 2018 to 13.3 million people reached by the end of 2019
- Reduction in the number of individuals facing food insecurity from 1.5 million to 1.2 million people

**Strategic Objective Two: Prevent large-scale outbreaks of cholera and infectious diseases**

- Containment of cholera outbreak
- Increased efficiency of humanitarian response and precision in targeting high impact communities
- Stabilized the cholera mortality rate at 0.1 per cent
- Enhanced early warning systems and detection of cases

**Outlook for 2020**

- Partners will face significant challenges in the year ahead to manage disease outbreaks including COVID-19, environmental hazards and locusts

- 11.3M people benefited from provision, rehabilitation and maintenance of water supply systems for affected populations
- 3M reached with four rounds of oral cholera vaccination campaigns
- 860K suspected cholera cases were successfully managed
- 0.1 stable low cholera mortality rate

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2. Based on the results of the IPC hotspot analysis conducted in 29 of the 45 districts with populations in IPC phase 5.
### Strategic Objective Three: Promote the dignity of displaced families living in emergency, transit and hosting sites

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outlook for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nationwide response to 1.2 million displaced people&lt;br&gt;• Better understanding of the situation of the displaced population</td>
<td>• Displacement is likely to remain high, with levels of displacement increasing from the 375,000 people displaced in 2019 living in more than 1,636 IDP sites</td>
</tr>
<tr>
<td></td>
<td><strong>3.3M</strong> IDPs, of which 375,000 were displaced in 2019</td>
</tr>
<tr>
<td></td>
<td><strong>52.5K</strong> Individuals displaced in the first quarter of 2020 (1 Jan – 21 Mar 2020)</td>
</tr>
<tr>
<td></td>
<td><strong>2.1M</strong> IDPs, returnees and vulnerable host community members were assisted in 2019</td>
</tr>
<tr>
<td></td>
<td><strong>1.2M</strong> IDPs reached with RRM first line assistance in 330 districts to meet basic needs of displaced populations</td>
</tr>
</tbody>
</table>

### Strategic Objective Four: Reduce the risk of displacement and violence against civilians and facilitate the recovery of people traumatized by the conflict

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outlook for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A 6 per cent decrease in civilian impact incidents&lt;br&gt;• Decrease in civilian causalities and impact of airstrikes&lt;br&gt;• Decrease in incidents of armed violence</td>
<td>• The protection situation will continue to remain volatile throughout 2020. Recognizing that millions of civilians across the country are subject to armed conflict and violence on a daily basis, partners will continue to track the impact of the conflict on civilians and civilian infrastructure.</td>
</tr>
<tr>
<td></td>
<td><strong>62%</strong> decrease in civilian casualties in Hudaydah governorate</td>
</tr>
<tr>
<td></td>
<td><strong>34%</strong> decrease of total reported civilian casualties</td>
</tr>
<tr>
<td></td>
<td><strong>71%</strong> decrease in airstrikes</td>
</tr>
<tr>
<td></td>
<td><strong>6%</strong> decrease in civilian impact incidents</td>
</tr>
</tbody>
</table>

### Strategic Objective Five: Preserving the capacity of public sector institutions to deliver life-saving basic services by rehabilitating public infrastructure, providing key inputs and helping to cover priority operational costs

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outlook for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incentives or allowances to almost 50,000 health, WASH and education workers&lt;br&gt;• Over 33 million litres of fuel delivered to hospitals, immunization centres and local WASH facilities&lt;br&gt;• Almost 2,400 health facilities, schools, water and sanitation systems, and health facilities rehabilitated, refurbished to fully restored</td>
<td>• Intensified and expanded conflict is likely to cause further damage to infrastructure, including schools, WASH systems and health facilities and disrupt supply chains. Communities already struggling from the lack of basic services and public goods in Yemen are likely to be further destabilized.</td>
</tr>
<tr>
<td></td>
<td><strong>25K</strong> health workers received incentives or allowances</td>
</tr>
<tr>
<td></td>
<td><strong>544</strong> schools were rehabilitated or refurbished</td>
</tr>
<tr>
<td></td>
<td><strong>11K</strong> WASH workers received incentives or allowances</td>
</tr>
<tr>
<td></td>
<td><strong>33M</strong> litres of fuel were delivered to hospitals, immunization centres and local WASH facilities</td>
</tr>
</tbody>
</table>
Humanitarian partners developed a nationwide contingency plan to address rapid, large-scale displacement and other emergencies based on prevailing conflict dynamics and working humanitarian projections. The plan ensured the provision of critical life-saving humanitarian assistance within 72 hours and up to 30 days in cases where resources are not available through regular programming. The plan was coordinated through the newly established Operations Centre, which decides on the release of contingency stocks with Regional Coordination Teams.

In 2019, Yemen Humanitarian Fund launched multiple reserve allocations in response to emerging needs and to cover gaps of around US$46.3 million and standard allocations of US$192 million benefiting 11.2 million people. The November 2019 Standard Allocation funded the contingency plan and enabled the prepositioning of critical emergency items. The Fund provided US$15.2 million to IOM as the partner responsible for procuring, warehousing and releasing four core emergency pipelines including non-food items, enhanced emergency shelter kits, hygiene kits and fuel to be placed in target locations in Aden, Hudaydah, Ibb, Marib, Hajjah, Sa’ada and Sana’a hubs in coordination with the Operations Centre.

The Humanitarian Country Team introduced an accountability framework that offers cluster-specific guidance for each component of the programme accountability chain. Through an online tool, clusters tracked constraints that prevented partners from adhering to guidance for each first and second line activity in the 2019 YHRP. The mapping of non-compliance trends, thematic and geographic, are used to inform Humanitarian Country Team advocacy measures.

A strategy for strengthening humanitarian, development and peace efforts in Yemen was developed with the aim of reducing inequalities, vulnerability and fragility while projecting Yemen’s development assets. The strategy further aims to: 1) reduce multi-dimensional vulnerability; 2) preserve Yemen’s development capital and revive national institutions to resume social services; 3) move towards sustainable peace and development; and 4) establish a workable governance structure.
CROSS CUTTING THEMATIC EFFORTS

ACCOUNTABILITY TO AFFECTED POPULATIONS

Beneficiaries of humanitarian assistance are the primary stakeholders in the response. They have a right to participate in the decisions that affect their lives, to receive information necessary to make informed decisions and to voice their concerns if they feel assistance programmes are not adequate or have unwelcome consequences.

A community engagement perception survey undertaken by the Community Engagement Working Group in early 2019 entailed more than 1,200 quantitative household-level surveys in 26 districts distributed across 13 governorates. The survey enhanced understanding of communities’ priority needs, satisfaction with assistance, perceptions of humanitarian assistance and preferred methods for communication to inform humanitarian programming. Overall, health services, food and nutrition services were the most commonly reported priority needs. Respondents indicated that face-to-face consultations continue to be the preferred method for dissemination of information, however, public broadcasting channels such as radio were welcomed. Overall 44 per cent of respondents indicated that they were likely to raise their concerns directly with representatives of humanitarian organizations. Complaints mechanism modalities favoured by IDP respondents include face-to-face/in-person, call centres, SMS or phoning into radio stations. Female respondents preferred face-to-face communication, phone calls and SMS messages to provide their complaints and feedback.

A Community Engagement Working Group Retreat held in December 2019 was attended by 31 participants representing UN agencies, INGOs, NGOs and cluster coordinators. Participants reviewed results of community engagement interventions and achievements, assessed strengths and weaknesses in implementing the plans, and developed a strategic plan for 2020. The Working Group developed a 2020 workplan, including five key recommendations for moving forward.

GENDER

The Gender Network relaunched in August 2019 with regular meetings, during which the Gender Network Terms of Reference and Gender Network Co-Chair Terms of Reference were agreed. The Gender Network provided technical support and set strategic direction on gender equality and the empowerment, integration of gender in response planning, and advocating for emerging gender equality-related issues in Yemen. The WASH cluster also launched a Gender and Inclusion Working Group to support gender mainstreaming in all stages of programme design and implementation. In late 2019, cluster gender and focal points networks were established to support cluster coordinators to strengthen gender and Gender-based Violence (GBV) integration into response plans.

CASH

Cash and Market-Based interventions in Yemen began before the current crisis, mainly with a development focus through the Social Welfare Fund. As the conflict escalated in March 2015, Social Welfare Fund payments were suspended, and humanitarian partners increasingly looked to cash and vouchers as a potential emergency response tool. While these efforts were primarily concentrated in the Food Security and Agriculture Cluster, smaller-scale humanitarian cash activities were also seen in the response plans of Shelter/NFI/CCCM, WASH, and Protection clusters. The use of cash transfer programming increased in humanitarian response efforts in Yemen in 2019. Cash and voucher modalities reached some 5.5 million beneficiaries in 2019. Most cash assistance was cluster specific in 2019, however in some cases, particularly in cases of displacement, multi-purpose cash assistance would have more effectively targeted the multiplicity of needs faced by those who had to flee their homes because of conflict.
PART I: RESPONSE MODALITIES

RESPONSE MODALITIES

The humanitarian response made a difference in the lives of millions of Yemenis through various modalities, including in-kind, vouchers and cash.

International support to Yemen during 2019 was significant, with humanitarian organizations delivering a massive humanitarian response to people in need. This was only possible by leveraging various response modalities.

The response modalities were based on an analysis of varying humanitarian needs, priorities expressed by beneficiaries, population movements, and the operational environment. The in-kind response increased as compared to 2018.

In 2019, the use of cash and voucher assistance for first line and second line emergency response increased across Yemen, reaching 18 per cent more districts (from 257 in 2018 to 303 in 2019) with 103 humanitarian partners. Cash and voucher assistance reached 5.5 million beneficiaries under FSAC, RRM, RMMS, Shelter/NFI/CCCM, Protection and WASH clusters, compared with 2.1 million in 2018. FSAC alone reached 2.1 million beneficiaries with cash and 2.9 million beneficiaries with vouchers. The Shelter/NFI/CCCM Cluster reached 907,000 beneficiaries and the WASH Cluster reached 632,000 beneficiaries through cash and voucher assistance. The Protection Cluster reached 645,232 beneficiaries with cash assistance, which helped to mitigate protection risks.

In 2019, 103 partners responded to crises using cash and voucher assistance, 17 of which were multi-purpose cash assistance implementing partners. Partners using multi-purpose cash assistance included 15 governmental agencies, three international NGOs, 11 national NGOs and three UN agencies operating in 76 districts across Yemen.

In 2019, two cash consortiums operated in Yemen: a consortium led by the INGO Action Against Hunger funded by UNICEF and the World Bank for RRM cash support and another led by CARE funded by the European Commission providing multi-purpose cash grants for conflict affected people. A Cash and Market Working Group convened monthly to share technical guidance, lessons learned and best practice as well as to discuss market issues affecting cash programming. The Group operationalized the United Nations Common Cash System, a shared platform for cash programming initiated by the principals of OCHA, UNHCR, WFP and UNICEF in December 2018.

Most cash assistance was cluster specific. In some cases, particularly in cases of displacement, beneficiaries received in-kind assistance. However, multi-purpose cash assistance would have more effectively targeted the multiplicity of needs faced by those who had to flee their homes because of conflict. Reporting posed another challenge in 2019, as partners sometimes reported multi-purpose cash assistance to individual clusters and not to the Cash and Market Working Group or reported to both cluster and the Cash and Market Working Group, leading to double counting.

NUMBER OF ORGANIZATIONS USING CASH AND VOUCHER MODALITIES BY DISTRICT

2018: 257 districts covered
106 total organizations

2019: 303 districts covered
103 total organizations

Source: cluster 4Ws (Jan – Dec 2018-2019)

3. The number of beneficiaries reached by the Protection Cluster with cash assistance has been updated since the publication of the 2019 Yemen Cash and Voucher Assistance Snapshot.
Across the response, clusters scaled up in-kind assistance. At the same time, several clusters also scaled up cash assistance, with significant increases observed for FSAC, RRM, Shelter/NFI/CCCM, and WASH. FSAC also scaled up voucher assistance by 100 per cent. In 2020, the scale and scope of cash and voucher assistance are projected to increase further in recognition of the benefits of these modalities to beneficiaries. The below table indicates number of people reached by modality by cluster.

### PEOPLE REACHED BY MODALITY BY CLUSTER 2018-2019

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>IN-KIND</th>
<th>VOUCHER</th>
<th>CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>2.9M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1.8M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Food Security and Agriculture</strong></td>
<td>11M*</td>
<td>2.9M</td>
<td>2.1M</td>
</tr>
<tr>
<td></td>
<td>6.1M</td>
<td>1.2M</td>
<td>0.25M</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>8.8M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>12.0M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>7.3M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>6.0M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>3.8M</td>
<td>0</td>
<td>0.65M</td>
</tr>
<tr>
<td></td>
<td>4.7M</td>
<td>0</td>
<td>0.06M</td>
</tr>
<tr>
<td><strong>Refugee and Migrant Multi-Sector</strong></td>
<td>0.24M</td>
<td>0.01M</td>
<td>0.006M</td>
</tr>
<tr>
<td></td>
<td>0.33M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Rapid Response Mechanism</strong></td>
<td>1.0M</td>
<td>0</td>
<td>0.2M</td>
</tr>
<tr>
<td></td>
<td>0.68M</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Shelter/NFI/CCCM</strong></td>
<td>1.2M</td>
<td>0.04M</td>
<td>0.9M</td>
</tr>
<tr>
<td></td>
<td>1.02M</td>
<td>0.03M</td>
<td>0.35M</td>
</tr>
<tr>
<td><strong>Water, Hygiene and Sanitation</strong></td>
<td>12.4M</td>
<td>0.04M</td>
<td>0.6M</td>
</tr>
<tr>
<td></td>
<td>11.4M</td>
<td>NA</td>
<td>0.12M</td>
</tr>
</tbody>
</table>

Note: Percentage calculations are based on figures before rounding.

*Based on FSAC’s global methodology, this figure represents maximum reach of beneficiaries with in-kind assistance attained per district in 2019 by FSAC partners.

**This decrease is due to a revision in the Health Cluster’s methodology for calculating reach from 2018 to 2019.

***The number of beneficiaries reached by the Protection Cluster with cash assistance has been updated since the publication of the 2019 Yemen Cash and Voucher Assistance Snapshot.

Source: cluster 4Ws (Jan – Dec 2018-2019)
FUNDING

ANALYSIS

In 2019, the Yemen operation received US$3.65 billion. The largest donors included the Kingdom of Saudi Arabia, the United States and the United Arab Emirates. The highest funded cluster, FSAC, received US$1.6 billion. UN agencies received 74 per cent of total funding while NGOs received 26 per cent.

The Yemen Humanitarian Fund supported over 11 million people with US$240 million allocated to 54 humanitarian organizations implementing 154 life-saving projects.

By late 2019, donors expressed concerns that the challenging operating environment was putting the accountability of the response at risk. In a letter to de facto authorities in November, more than ten donors highlighted issues of immediate concern and called on the authorities to address key issues impacting the effectiveness of the humanitarian operation.

### 2019 FUNDING REQUIRED/FUNDING RECEIVED BY CLUSTER (AS OF 14 AUGUST 2020)

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>FUNDING REQUESTED</th>
<th>FUNDING RECEIVED</th>
<th>UNMET FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$ 4.19 Billion</td>
<td>US$ 3.64 Billion</td>
<td>US$ 0.55 Billion</td>
</tr>
<tr>
<td>Food Security and Agriculture</td>
<td>2,209</td>
<td>1,646.6</td>
<td>562.4</td>
</tr>
<tr>
<td>Health</td>
<td>627.2</td>
<td>290.8</td>
<td>336.4</td>
</tr>
<tr>
<td>Nutrition</td>
<td>320.3</td>
<td>287</td>
<td>33.3</td>
</tr>
<tr>
<td>Water, Hygiene and Sanitation</td>
<td>285.5</td>
<td>154.2</td>
<td>131.3</td>
</tr>
<tr>
<td>Shelter and Site Management</td>
<td>221.8</td>
<td>70.8</td>
<td>151</td>
</tr>
<tr>
<td>Protection</td>
<td>153</td>
<td>102.2</td>
<td>50.9</td>
</tr>
<tr>
<td>Refugee and Migrant Multi-Sector</td>
<td>121.6</td>
<td>45.1</td>
<td>76.5</td>
</tr>
<tr>
<td>Education</td>
<td>105.4</td>
<td>42.8</td>
<td>62.7</td>
</tr>
<tr>
<td>Logistics</td>
<td>68.5</td>
<td>47.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Rapid Response Mechanism</td>
<td>48.6</td>
<td>57</td>
<td>NA</td>
</tr>
<tr>
<td>Coordination</td>
<td>26.2</td>
<td>52.1</td>
<td>NA</td>
</tr>
<tr>
<td>Emergency Telecommunications</td>
<td>5.5</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Multiple Clusters</td>
<td>N/A</td>
<td>NA</td>
<td>188</td>
</tr>
<tr>
<td>Not yet specified</td>
<td>N/A</td>
<td>NA</td>
<td>660</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,193 M</strong></td>
<td><strong>3,647 M</strong></td>
<td><strong>1,428 M</strong></td>
</tr>
</tbody>
</table>

Source: FTS as of 14 August 2020
Throughout 2019, humanitarian partners faced significant challenges to conduct independent, impartial humanitarian needs assessments in Yemen. While localized and smaller scale assessments were carried out, three crucial UN-led, countrywide assessments, namely the FSLA, SMART, and MCLA were delayed, impacting the 2020 Humanitarian Needs Overview and the Humanitarian Response Plan.

2019 ASSESSMENTS COVERAGE
Throughout 2019, humanitarian assessments were impacted by authorities, resulting in a significant decrease in understanding of the scale and scope of humanitarian needs across Yemen. Some localized cluster-specific and multi-cluster rapid needs assessments were conducted in limited geographic areas. The majority of the assessments conducted utilized key informant, direct observation and focus group discussion methodologies. The below table details the number of assessments conducted in Yemen for each quarter of 2019.

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>NUMBER OF ASSESSMENTS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD SECURITY &amp; AGRICULTURE</td>
<td></td>
<td>25</td>
<td>4</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td>15</td>
<td>2</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td>18</td>
<td>8</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td>16</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>PROTECTION</td>
<td></td>
<td>17</td>
<td>6</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>SHELTER/NFI</td>
<td></td>
<td>14</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>CAMP COORDINATION &amp; CAMP MANAGEMENT</td>
<td></td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>RAPID RESPONSE MECHANISM</td>
<td></td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>EDUCATION</td>
<td></td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>
# PART II: CLUSTER PLANS

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD SECURITY AND AGRICULTURE</td>
<td>21</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>23</td>
</tr>
<tr>
<td>HEALTH</td>
<td>25</td>
</tr>
<tr>
<td>WATER, SANITATION AND HYGIENE</td>
<td>27</td>
</tr>
<tr>
<td>PROTECTION</td>
<td>29</td>
</tr>
<tr>
<td>SHELTER, NON-FOOD ITEMS (NFI) AND CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)</td>
<td>31</td>
</tr>
<tr>
<td>RAPID RESPONSE MECHANISM</td>
<td>33</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>35</td>
</tr>
<tr>
<td>REFUGEE AND MIGRANT MULTI-SECTOR</td>
<td>37</td>
</tr>
<tr>
<td>LOGISTICS</td>
<td>39</td>
</tr>
<tr>
<td>EMERGENCY TELECOMMUNICATIONS (ETC)</td>
<td>40</td>
</tr>
<tr>
<td>COORDINATION</td>
<td>41</td>
</tr>
</tbody>
</table>
Progress Towards Cluster Impact Indicators

The 2019 Food Security and Agriculture Cluster (FSAC) indicators were, for First Line Response, percentage of targeted households with Food Consumption Score (FCS) greater than 42, and for Second Line Response, percentage decrease in the number of households selling assets to buy food. The below indicates progress towards the cluster objectives:

The 2019 FSAC strategy was to (i) Increase access to food for highly vulnerable families across the country and (ii) Increase household incomes and rehabilitate food security assets in areas with high levels of food insecurity.

A 100 per cent fully dedicated cluster coordination team with presence in all hubs enabled FSAC to provide a timely, coherent, effective and efficient coordination of the largest food security operation in the world.

Progress Towards Cluster Objectives

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATOR</th>
<th>BASELINE</th>
<th>TARGET</th>
<th>REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage of targeted households with FCS greater than 42</td>
<td>33%</td>
<td>50%</td>
<td>66%</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage decrease in the number of households selling assets to buy food</td>
<td>31%</td>
<td>16%</td>
<td>28%</td>
</tr>
</tbody>
</table>

2019 CLUSTER PROGRESS AGAINST OBJECTIVES, INDICATORS AND TARGETS

YHRP MONITORING INDICATORS

<table>
<thead>
<tr>
<th>TARGET TYPE</th>
<th>TARGET</th>
<th>REACHED</th>
<th>REACHED/TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>12,301,748</td>
<td>13,266,867*</td>
<td>108%</td>
</tr>
<tr>
<td>Individuals</td>
<td>8,000,000</td>
<td>2,919,566</td>
<td>36%</td>
</tr>
<tr>
<td>Individuals</td>
<td>4,500,000</td>
<td>1,622,395</td>
<td>36%</td>
</tr>
<tr>
<td>Individuals</td>
<td>2,000,000</td>
<td>150,687</td>
<td>8%</td>
</tr>
</tbody>
</table>

* FSAC partners progressively scaled up their assistance throughout the year from 9.3 million in January reaching a maximum of 13.3 million in November and constantly reaching over 12 million beneficiaries from August onwards.
FSAC and its partners accomplished the following in 2019:

- The FSAC response targeted households facing IPC phase 3 and above with life-saving emergency food assistance, emergency livelihoods assistance, cash for work and other forms of livelihoods restoration activities in all 333 districts.

- FSAC partners delivered emergency food assistance to an average of 11.7 million individuals on a monthly basis, reaching 13.3 million by the end of 2019, and provided livelihoods support to an estimated 4.7 million individuals. For emergency food assistance, this represents a 108 per cent increment compared to 7.4 million individuals assisted in 2018, and 102 per cent increment for livelihoods assistance compared to 2.3 million in 2018. Overall, FSAC partners assisted 13.3 million vulnerable Yemenis against the target of 18.8 million (71 per cent reach against target). This figure includes only unique beneficiaries benefitting from different activities and assistance, without double counting.6

- As a direct result of the massive, synchronized and very rapid scale-up of emergency food and livelihoods assistance achieved during 2019, 29 of the 45 districts with populations in IPC phase 5 and facing extreme food insecurity from December 2018 are no longer pre-famine.

- The cluster partners provided in-kind, cash and voucher-based modalities of assistance based on market, contextual, and operational feasibility. This allowed access and scaling up in locations where in-kind assistance would not have been possible due to commodity flow impediments.

**Key Gaps**

Livelihoods activities were grossly under-funded in 2019 leading to significant response gaps in most of the IPC phase 3 and above priority districts. Combining short-term assistance with longer-term strategies is critical for sustainable and enhanced food security and lessening the humanitarian caseload in the medium to longer term.

Emergency food assistance gaps existed in in Habur Zulaymah district of Amran and Al Wazi’iyah district in Taiz because of a pull-out of cluster partners due to continued interference from local authorities. It was not possible to conduct a fully-fledged district-level IPC analysis for all the 333 districts of Yemen in 2019 due to access issues and administrative and bureaucratic impediments. Nonetheless, a hotspot IPC analysis was conducted for 29 districts out of the 45 that had populations in IPC phase 5 catastrophe in 2018. The results indicated an improvement in food security where no pockets of population remained in IPC phase 5 as a result of the huge scale-up in humanitarian assistance.

**Key challenges**

Lack of funding for livelihoods activities prevented sustainable solutions.

- Lack of funding for livelihoods activities prevented sustainable solutions and the humanitarian caseload.

- Increasingly restrictive operational environment with cumbersome bureaucratic and administrative impediments hindered access, movement and activities and delayed and limited delivery of assistance.

- An escalation of the conflict in hotspot locations led to a high influx of IDPs and hindered access, assistance and monitoring.

- Noticeable increment in interference by authorities in critical cluster activities.

- Volatile and fluctuating exchange rate of the YER to USD led to liquidity issues that impacted FSAC partners’ market-based programmes and led to huge financial shortfalls for partners.

- Multiple checkpoints and shifting front lines caused continuous disruptions to the commodity (food and livelihood inputs) supply chain and movement of commodities across the country.

- Visa constraints led to lean staffing levels.

- Import restrictions reduced flow of commercial products.

5. Includes beneficiaries provided with emergency livelihoods kits, cash for work, and longer term livelihoods restoration activities.

6. The cluster’s total number of people assisted excludes those provided with Emergency Livelihoods kits, an activity that is directed to the same household benefiting from Emergency Food Assistance.
Progress Towards Cluster Impact Indicators

The number of districts with critical levels of acute malnutrition decreased by 28 per cent in 2019. There were a total of 28 districts with critical acute malnutrition in 2019, compared with 39 districts in 2018. These figures are based on 2016 to 2019 SMART/EFSNA governorate level survey results extrapolated to the district level.

The number of children in need of micronutrient powder supplementation increased by 208 per cent from 1.5 million in 2018 to 4.8 million in 2019. The age group of those accessing micronutrient powders expanded from 6 to 23 months to 24 to 59 months. The number of under-five children reached with micronutrient powder supplementation increased by 88 per cent from 855,054 in 2018 to 1.6 million in 2019.

An additional 300 outpatient therapeutic programme sites reached 100 per cent of the caseload for individuals with severe acute malnutrition, compared with 90 per cent in 2018. Therapeutic feeding centre sites increased from 83 in 2018 to 104 in 2019, contributing to an increase of 52 per cent in the enrolment of children with severe acute malnutrition with complications compared with the 30 per cent in 2018. An increase in the number of reporting sites by 37 per cent, reporting rates and availability of supplies at site level contributed to a 44 per cent increase in the caseload of under-five children with moderate acute malnutrition enrolled in target supplementary feeding programmes, up from 34 per cent in 2018.

Progress Towards Cluster Objectives

The 2019 Nutrition Cluster’s strategic objectives aimed to 1) reduce the prevalence of and prevent acute malnutrition among children under five, pregnant and lactating women and other vulnerable population groups and 2) expand coverage of nutrition services and remove barriers that prevent families from using them.

The number of under-five children treated for severe acute malnutrition increased by 3.4 per cent to 357,224 in 2019, up from 345,661 in 2018. A total of 18,659 severe acute malnutrition cases with complications were treated in therapeutic feeding centres, accounting for 5 per cent of the total severe acute malnutrition cases treated across the country in 2019. This low level of coverage is partially due to lower geographical coverage of therapeutic feeding centres, which are often embedded in static facilities and thus exposed to shutdowns due to violence. In 2019, 32 per cent more cases of severe acute malnutrition with complications were treated in therapeutic feeding centres than in 2018, due to the expansion of therapeutic feeding centres from 83 to 104. A total of 300 new outpatient therapeutic programme sites were opened and services for treating children with severe acute malnutrition with medical complications were scaled up, from 83 sites in 2018 to 104 in 2019.

The number of under-five children with moderate acute malnutrition admitted to targeted supplementary feeding programmes, up from 34 per cent in 2018...

---

**YHRP Monitoring Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target Type</th>
<th>Target</th>
<th>Reached</th>
<th>Reached/Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of boys and girls aged 6-59 months admitted for severe acute malnutrition treatment without complications</td>
<td>Children</td>
<td>285,985</td>
<td>343,875</td>
<td>100%</td>
</tr>
<tr>
<td>Number of children under five years with moderate acute malnutrition newly admitted for treatment</td>
<td>Children</td>
<td>937,890</td>
<td>639,794</td>
<td>68%</td>
</tr>
</tbody>
</table>

---
programmes increased by about 13 per cent from 568,332 in 2018 to 639,791, achieving 68 per cent of the 2019 target in 277 districts. A total of 645,978 pregnant and lactating women were admitted to targeted supplementary feeding programmes during the year, 81 percent higher compared to those reached in 2018 and representing 101 per cent of the 2019 target.

The number of under two children reached with the blanket supplementary feeding programme increased by 143 per cent from 345,096 in 2018 to 838,798 in 2019. The number of pregnant and lactating women reached in 2019 was 898,306, representing 126 per cent of the annual target. The number of districts implementing the blanket supplementary feeding programme increased from 89 in 2018 to 151 in 2019. The increase in blanket supplementary feeding programme coverage was associated with the significant scale up of districts providing the programme, from 89 in 2018 to 151 in 2019, and the provision of the blanket supplementary feeding programme along with general food distribution in the first quarter of 2019 in the 45 districts at risk of famine.

The number of children under five reached with micronutrient powder supplements increased by 88 per cent from 855,054 in 2018 to 1,607,551 in 2019. Vitamin A supplements dropped by 23 per cent from 3,424,667 reached in 2018 to 2,624,294 in 2019, partly because the vitamin A campaign was implemented in northern governorates only. Iron-folic acid supplements were provided to 2,044,754 pregnant women while 2,937,137 caretakers of children under five received counselling on infant and young child feeding practices, representing over 200 per cent of the target.

The Nutrition Cluster tracked core nutrition supplies at facility level reported through third party monitoring. Most partners reported good availability of ready-to-use therapeutic food supplies at nutrition sites with 98 per cent of the sites having adequate supplies throughout the year. Therapeutic feeding centre supplies ranged from 60 per cent in March 2019 to 100 per cent from March to December 2019. Ready-to-use supplementary food unavailability ranged from 78 per cent in March to over 95 per cent in the last quarter of 2019.

Further challenges were presented by the prolonged approval process by the authorities, slowed by the requirement that nutrition project development and proposals be coordinated at the Ministry of Health rather than the governorate health office level.

Key Gaps
Restriction of transportation of partners’ supplies during the first quarter of 2019 limited the availability of therapeutic feeding centre supplies for severe acute malnutrition with complications and delayed access to life-saving services.

Insecurity and access challenges led to limited nutrition services: 20 districts prioritized for target supplementary feeding programmes and five districts requiring outpatient therapeutic programmes were not covered. Without updated nutrition SMART survey data to describe the nutrition situation at governorate level in 12 governorates, the Nutrition Cluster continued using 2018 and older SMART survey data. This may have resulted in the underestimation of caseload in those governorates.

Coverage for under-five children receiving micronutrient powders, the provision of nutrition support for children under two, and technical support on assessment and implementation for infant and young child feeding for children under two years were key gaps.

Lack of detailed nutrition coverage and quality gap analysis at nutrition site level represented a significant gap and constrained the cluster from prioritizing sites requiring support.

Key Challenges
Challenges facing Nutrition Cluster in 2019 included:

- Insecurity, limited access and restrictions on the movement of partners.
- Shortage of supplies in some health facilities due to insecurity, complex logistics, accessibility of warehouses and delayed clearance of supplies.
- Bureaucratic delays and restrictions in approval for projects, clearances, assessments including SMART surveys.
- Funding shortfalls for partners, including for support to governorate health offices.
- Absence of a facility-level mapping tool to guide prioritization and allocation of resources to fill gaps at the nutrition site level.
- Unrealistic expectation by local authorities that partners should provide impossible levels of financial support.
- Limited coordination with local authorities especially governorate health offices and ministry of public health.

Changes in Context
Restrictions on the implementation of SMART surveys in the northern governorates impaired the capacity of the Nutrition Cluster to understand the evolving nutrition situation and delayed the projection of the 2020 caseload. Increase in household food insecurity, disease outbreaks, the collapse of the health system, economic decline, and high inflation contributed to the deterioration of the nutrition situation in some of the locations.

A directive by authorities to health facility personnel not to accept nutrition supplies with less than six months shelf life posed a key challenge to the implementation of the nutrition response in some districts. Restrictions by authorities affected the movement of supplies, delayed clearances, and obstructed movement, contributing to the short shelf life of supplies.
Progress Towards Cluster Impact Indicators

The Health Cluster made significant progress in percentage decrease in number of cholera cases. While cases in 2019 rose due to the increase in the sensitivity of surveillance for detection of cases, the ongoing preventive measures in place by the Health Cluster and its partners ensured successful case management and a stable low mortality rate of 0.1 per cent. A total of 861,096 patients received treatment at 264 Diarrhoea Treatment Centres and 1085 Oral Rehydration Centres in all governorates.

The Cluster also recorded a large increase in the number of targeted minimum service package-supported health facilities. As of December 2019, Health Cluster partners supported 3,117 health facilities providing the minimum service package, representing an increase of 1,297 health facilities and 71 per cent of the target.

The Health Cluster recorded a 30 per cent increase in beneficiaries targeted by the minimum service package in priority districts. Cluster partners reached 10.4 million people through 17.5 million medical consultations in more than 3,117 supported health facilities across Yemen. This represents an 11 per cent increase against the target number. Cluster partners treated 105,141 trauma cases, conducted 390,259 surgeries and provided 12,771 mental health consultations. A total of 466,291 deliveries and 1.5 million women received antenatal and postnatal services. In addition, 9,277 health providers were trained on the components of the minimum service package and 6,130 midwives were trained on safe motherhood by health partners and 4,506 community health workers.

Health partners expanded immunization coverage, with more than 574,600 children under the age of one year receiving the Penta-3 vaccine. About 4.5 million children under five received the polio vaccine in one nationwide campaign and 11,959,569 people were vaccinated against measles and rubella in another nationwide campaign. In response to the diphtheria outbreak, two campaigns reached 3,788,899 people with 3.7 million doses of diphtheria vaccine administered to targeted children.

In 2019, more than 25 health partners fought the cholera by providing preventative and treatment through activating diarrhoea treatment centres and oral rehydration centres in tertiary health care, including district hospitals, in high priority districts; (ii) Help ensure that health facilities in priority districts are able to respond to epidemics and outbreaks; and (iii) Help restore functionality of the closed or damaged health facilities in high priority districts.

Progress Towards Cluster Objectives

The 2019 Health response strategy focused on three main objectives: (i) Improve access to primary, secondary and tertiary health care, including district hospitals, in high priority districts; (ii) Help ensure that health facilities in priority districts are able to respond to epidemics and outbreaks; and (iii) Help restore functionality of the closed or damaged health facilities in high priority districts.

The Health Cluster and its partners reached more than 8.8 million people through 17.5 million medical consultations in more than 3,117 supported health facilities across Yemen. This represents an 11 per cent increase against the target number. Cluster partners treated 105,141 trauma cases, conducted 390,259 surgeries and provided 12,771 mental health consultations. A total of 466,291 deliveries and 1.5 million women received antenatal and postnatal services. In addition, 9,277 health providers were trained on the components of the minimum service package and 6,130 midwives were trained on safe motherhood by health partners and 4,506 community health workers.

Health partners expanded immunization coverage, with more than 574,600 children under the age of one year receiving the Penta-3 vaccine. About 4.5 million children under five received the polio vaccine in one nationwide campaign and 11,959,569 people were vaccinated against measles and rubella in another nationwide campaign. In response to the diphtheria outbreak, two campaigns reached 3,788,899 people with 3.7 million doses of diphtheria vaccine administered to targeted children.

In 2019, more than 25 health partners fought the cholera by providing preventative and treatment through activating diarrhoea treatment centres and oral rehydration centres in tertiary health care, including district hospitals, in high priority districts; (ii) Help ensure that health facilities in priority districts are able to respond to epidemics and outbreaks; and (iii) Help restore functionality of the closed or damaged health facilities in high priority districts.
243 priority districts of 21 governorates. Four rounds of oral cholera vaccination campaigns conducted in seven priority districts in the four governorates of Aden, Taiz, Amanat Al-Asimah and Al-Dhale reached about 3,134,565 people with more than 91 per cent coverage.

More than 391 health facilities were rehabilitated and/or refurbished in 2019, in addition to 102 non-functional and partially functional health facilities restored to full functional capacity. Progress was also made in the surveillance system with more than 90 per cent of all sentinel sites submitting weekly surveillance reports.

The Mental Health and Psychosocial Support Technical Working Group met monthly and involved 50 partners in the coordination process. The Group held a series of workshops and trainings on mental health and psychosocial support-related topics. The Cluster also activated the Technical Working Group on WASH in Healthcare Facilities to address the need for a WASH in healthcare facilities action plan, to map available resources and partners and identify and address needs and gaps. The Group, comprised of 16 partner members, finalized facility-based WASH indicators, a dashboard with monitoring indicators for progress of WASH in health facilities, resource mapping of partners conducting WASH activities in health facilities and guidelines on healthcare waste management.

Changes in Context

The escalation of the conflict in many parts of the country resulted in significant displacement. The health needs increased in those areas and health facilities were overburdened in the already strained health system. Attacks on health care – a total of 22 in 2019 – increased the strain on health facilities, particularly the burden on health facilities in neighbouring areas. An increasing number of vector borne diseases were reported in Al-Hudaydah, Taiz, Hajjah and Aden governorates, presenting health challenges. Two severe fuel crises in northern governorates during the year affected access to and operability of health facilities. Natural resource events, such as Cyclone Kyarr in Socotra in November 2019 with localized small flooding recorded, also affected the health response. Health Cluster contingency plans were updated for waterborne disease, vector-borne diseases, winterization and cyclone response.

Key Gaps

Although Health Cluster partners achieved significant success in meeting 2019 targets, some health partners experienced difficulties in sustaining access to hard to reach areas. This included frontlines, conflict affected districts and very remote areas.

The low percentage of health facility functionality remained the main gap in health response. In 2019, 14 per cent of all health facilities were non-functional and another 35 per cent were partially functional due to lack of operational funding, lack of medical personnel or lack of equipment, medicines and medical supplies.

As a first line response, Health Cluster partners focused on ensuring provision of essential health services as per the minimum service package, modality however the need to focus on non-communicable diseases including mental health increased significantly.

Referral from the primary healthcare level to the secondary healthcare level remained a gap in health partners’ response especially for specialized health needs of IDPs for cardiac, orthopaedic and nephro surgeries. Referrals for trauma cases to trauma stabilization points was also a significant gap.

Fewer specialized personnel were present in district, inter-district and tertiary hospitals. According to the WHO Health Resources Availability Monitoring System of 2018, 53 per cent of all health facilities in Yemen lacked general practitioners and 45 per cent of functional hospitals lacked specialists. There are ten health workers per 10,000 people in Yemen – less than half the WHO minimum benchmark of 22. Lack of comprehensive emergency obstetric and newborn care in all districts and inter-district hospitals was another key gap.

Key Challenges

The funding gap for the Health Cluster response remained at 53.9 per cent of the US$627 million required to reach the targets. A disrupted health system with limited capacity and poor accessibility of the population due to conflict and deteriorated socioeconomic status compounded challenges. The numbers of health care staff in functional health facilities were insufficient: health facilities lacked specialised staff and public health workers did not receive salaries for the third consecutive year. An anti-humanitarian media environment, as exhibited by attacks on partners in Al Dhale and northern Yemen in 2019, further inhibited the delivery of health care.

Access to conflict areas remained one of the most challenging issues faced by the health cluster partners due to restrictions throughout Yemen and the continuous change in the geographical borders of the conflict areas.

The fragmented government structure, multiple coordination layers and severe restrictions on movement and transferring medical supplies presented a major challenge in 2019. Partners struggled to ensure continuous and sufficient supply of medicines and supplies. Project implementation and provision of health services to beneficiaries were delayed as a result. Multiple epidemics and disease compounded by weak water and sanitation infrastructure posed additional challenges. Limited capacity and staff at health facilities presented additional gaps. An increase in displacement further strained health service delivery.
Progress Towards Cluster Impact Indicators

The WASH Cluster first line response targeted vulnerable women, men, boys and girls in priority areas to address immediate, lifesaving WASH needs to reduce risk of outbreaks and contribute to famine prevention through reduction of diarrheal disease. The target impact was a 20 per cent reduction in cases of suspected cholera/acute watery diarrhoea from 369,000 in 2018 to 295,200 in 2019. Overall diarrheal disease reduced in 2019, comprising 9.3 per cent of total morbidities compared with 11.6 per cent in 2018. However, in 2019 there were 861,096 suspected cases of acute watery diarrhea/cholera, with 1,025 associated deaths. This increase is attributed to access constraints, lack of preparedness measures and challenges in gathering reliable epidemiological data.

Second line response targeted vulnerable women, men, boys and girls with enhanced and expanded WASH services with the aim of decreasing the number of people in acute need of safe water and sanitation from 12.6 to 11 million (14 per cent). The WASH Cluster reached 12.6 million people to cover immediate and acute WASH needs.

WASH cluster response activities targeted women, men, boys and girls in high and medium need to identify durable solutions. The WASH Cluster aimed to increase the number of upgraded water and sanitation systems from 522 in 2018 to 1,247 (a 138 per cent increase) in 2019. WASH Cluster partners upgraded 1,143 water systems and 217 sanitation systems, benefitting 11.3 million people (a 161 per cent increase).

Progress Towards Cluster Objectives

In 2019, 79 active WASH cluster partners contributed to the cluster response objectives, working across 22 governorates and 317 districts across Yemen. Under Strategic Objective 1, WASH Cluster partners reached over 5 million of the most vulnerable Yemenis with emergency and lifesaving WASH assistance to reduce excess morbidity and mortality. This included the provision of emergency water supply to 2.7 million out of a targeted 2.8 million individuals with at least 7.5 litres of safe water per person per day through trucking of safe water, household water treatment and quality monitoring at household level. Cluster members reached 400,000 vulnerable families in IDP sites and affected by WASH-related morbidities with emergency sanitation support, out of a targeted 800,000.

Provision of hygiene awareness at communal and household level, with adapted messaging for children and women as well as distribution of hygiene enabling materials, reached 5.5 million women, men, boys and girls including provision of menstrual hygiene items and ‘baby wash kits’. Such interventions targeted IDPs, areas impacted by suspected cholera/acute watery diarrhoea and households and communities with severe acute malnutrition cases and critical global acute malnutrition. Under this objective, 29 WASH partners were also active in cholera specific response interventions in 165 cholera priority districts.

The second WASH cluster strategic objective was to restore or maintain sustainable water and sanitation systems to improve public
health and resilience of Yemeni populations. Cluster members reached 11.3 million women, men, boys and girls out of a targeted 10.8 million individuals with sustained water safe and sufficient water supply. To ensure the functionality of critical water supply systems, partners supported communities and water authorities with fuel, equipment, treatment chemicals, incentives, solar pumping systems, repairs and rehabilitation to networks and wells. WASH partners also reached 4 million women, men, boys and girls with support for the operation and functionality of sanitation systems, including sewage networks and solid water management, fuel and incentive provisions, and repairs, rehabilitation and augmentation.

Changes in Context

Despite years of humanitarian assistance, continued conflict, economic decline and access impediments affected service delivery and reduced community coping capacities. Families faced heightened exposure to disease outbreaks and critical undernutrition. In 2019 over two thirds of Yemenis required support to meet basic WASH needs. Water infrastructure was damaged in 11 incidents. Natural hazards including cyclones and floods also disrupted access to safe water and environmental sanitation, increasing the risk of WASH-related diseases. Limited revenues and fragile fuel imports left many water and sanitation systems partially functional, with several major cities going days without water supply, leaving the population to resort to unsafe sources.

Economic deterioration and lack of livelihoods increased barriers to access safe water and hygiene items. The cost of trucked and bottled water doubled. An estimated 375,000 women, men, boys and girls faced new displacement which heightened WASH needs and related protection concerns, disproportionately affecting the poor, persons with disabilities, elderly and marginalised groups.

Most significantly, the operational access environment deteriorated significantly with an increase in bureaucratic restrictions, including restrictions on movement, assessments, and programme design. This specifically affected response to outbreaks, limiting partners ability to contain the spread of cholera.

The number of active cluster partners, mostly national NGOs, increased from 67 in 2018 to 79 in 2019. However as compared to 2018 response data, response by NGOs decreased by 20 per cent, while interventions by authorities increased by 20 per cent, representing 78 per cent of the total response. Response increased in Aden Hub, with partners reaching 116 per cent of targeted needs, compared to 82 per cent in 2018.

Key Gaps

Inclusive WASH assistance was a significant gap. An estimated 81 per cent of the most vulnerable reported that they were unable to reach and use services and 50 per cent reported that service delivery did not respect their dignity or opinions. Field monitoring visits found that WASH services, particularly sanitation services, did not adequately consider the needs of persons with disabilities. The focus on infrastructure in the WASH response (at 82 per cent) reduced focus on public health and vulnerability approaches to targeting and thus limited prioritization of vulnerable people. Limited interaction with end users prevented partners from ensuring appropriate design for specific needs. As such, targeting and design of WASH facilities resulted in exclusion of certain groups, disproportionately affecting persons with disabilities and the elderly.

Meeting minimum standards in IDP sites was a notable gap. Of 198,632 IDPs in 102 sites in Hajjah, 50 per cent practiced open defecation and 48 per cent used open rainwater as their main water source. Many sites relied on water trucking due to lack of ground water and ability to connect to networks. Emergency sanitation was one of the biggest gaps in IDP sites, as construction was delayed and operation and maintenance to ensure functionality and cleanliness was lacking. Across registered IDP sites, only an estimated 30 per cent had sustained WASH response and only an estimated 14 per cent met minimum standards.

Containing outbreaks such as cholera/acute watery diarrhoea and other vector borne disease was a significant gap. Despite improvements in capacities, the operating environment and challenges in developing a credible evidence base hindered timely response to contain WASH-related morbidities. Only 86 per cent of cholera priority areas had a WASH response and only 43 per cent considered sanitation in their response. Environmental sanitation and waste management contributed to increased breeding sites for disease-carrying vectors.

Key Challenges

Restrictions on assessments and engaging communities throughout the programme cycle posed a significant challenge in ensuring inclusive WASH response and constrained partners from targeting the most vulnerable. Limited beneficiary participation and feedback hindered partners from protection and dignity of communities and increased risks of excluding certain groups.

IDP sites had many unmet WASH needs due to humanitarian access impediments, continuous displacement and sporadic, unplanned sites. Sites on private land (a total of 79 per cent of all sites) faced restrictions of permissions to construct sanitation facilities and connect to water networks. Scattered small and unplanned sites across large areas hindered WASH service provision. Many were in areas with water scarcity or prone to flooding, hindering the delivery of quality services and increasing the risk of WASH-related disease. Authorities’ limited acceptance of emergency interventions, including latrines and water trucking, significantly delayed the response.

Access affected the timeliness and relevance of response to floods, IDPs and outbreaks. Shrinking humanitarian space due to bureaucratic impediments resulted in lack of supervision and monitoring and compromised relevance and quality standards. By the end of 2019, 49 WASH projects of US$ 12.4 million for 2.5 million people were pending approvals, some delayed over nine months. This affected response to outbreaks and limited partners’ ability to contain the spread of cholera, contributing to the increased transmission of WASH-related disease, including cholera/acute watery diarrhoea, dengue, and severe acute malnutrition in children under five.
Progress Towards Cluster Impact Indicators

The Protection Cluster and its Child Protection, Gender-based Violence (GBV) and Mine Action Areas of Responsibility reached 126 per cent of its first line impact indicator. Percentage increase in the number of at-risk people who receive protection assistance or specialized services. Women, men, boys and girls were assisted by multi-sectoral services that aimed to reduce the impact of violence, harmful coping mechanisms, and vulnerabilities caused by the conflict in Yemen. Protection partners identified and referred people to GBV and child protection specialized services to respond to their immediate needs and to support their resilience. The first line also included provision of cash, legal services and family/transit kits in addition to mine risks education.

Overall, the progress in the 2019 first line impact indicator decreased by 3 per cent from 2018 due to the increase in the number of people in acute need from 6.5 million to 8.2 million individuals from 2018 to 2019.

Progress towards the second line impact indicator, percentage increase in the number of volunteers trained, was 52 per cent. This indicator reflects the holistic efforts in capacity building and building individuals’ and communities’ resilience through psycho-social support, awareness raising, community-based networks and other initiatives.

The full cluster response impact indicator, ‘Percentage increase in the number of priority communities where specialized services are available’, was achieved by 99 per cent with 307 districts reached out of 309 targeted.

Progress Towards Cluster Objectives

In 2019, the Protection Cluster and its Child Protection, GBV and Mine Action Areas of Responsibilities aimed to provide specialized assistance to people with specific protection needs, including victims of violence and supporting community centres, programmes and protection networks. During the year and despite impediments to protection programmes, 4.2 million of the 4.8 million people targeted were reached, of which 2.76 million were children (1.4 million girls and 1.36 million boys). GBV programming reached 405,950 women and girls in 2019.

Under the first line of response, which aimed to respond to immediate protection needs of vulnerable people, protection cash-based interventions reached 378,644 individuals and an additional 9,430 survivors of GBV. Legal aid services were provided to 81,248 people and dignity kits were provided to 38,171 people, mostly women. Mine risk education reached more than 2 million people (0.84 million girls, 0.87 million boys, 0.16 million women and 0.21 million men). More than 3 million meters squared of land were cleared of landmines and explosive remnants of war.

<table>
<thead>
<tr>
<th>YHRP MONITORING INDICATORS</th>
<th>TARGET TYPE</th>
<th>TARGET</th>
<th>REACHED</th>
<th>REACHED/TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals benefiting from protection cash assistance*</td>
<td>Individuals</td>
<td>115,356</td>
<td>645,232</td>
<td>+100%</td>
</tr>
<tr>
<td>Number of children and community members reached with life-saving mine risk education messaging</td>
<td>Individuals</td>
<td>1,684,113</td>
<td>2,086,486</td>
<td>+100%</td>
</tr>
<tr>
<td>Number of GBV beneficiaries reached with lifesaving GBV multi-sectoral services and cash support</td>
<td>Individuals</td>
<td>53,744</td>
<td>85,943</td>
<td>+100%</td>
</tr>
</tbody>
</table>

*The number of beneficiaries reached by the Protection Cluster with cash assistance has been updated since the publication of the 2019 Yemen Cash and Voucher Assistance Snapshot.
The Protection Cluster and its Areas of Responsibility under the second line of response aimed to promote and facilitate community-level capacity building and community-based protection initiatives to increase solidarity and resilience among community members. In 2019, Protection partners trained 5,775 people from communities and service providers and supported more than 1.27 million people (0.35 million women, 0.41 million girls, 0.15 million men 0.36 million boys) through community programmes and initiatives.

Protection services were offered in 35 community centres, 54 women and girls’ safe spaces and hundreds of child friendly spaces. In addition, comprehensive protection interventions were scaled up in more than 90 IDP hosting sites across the country.

Changes in Context

The protection situation in Yemen in 2019 remained volatile despite the 34 per cent decrease in total reported civilian casualties from 4,836 in 2018 to 3,217 in 2019. Casualties were the highest in Sā'āda, Hajjah, Hudaydah, Al Dhale, Taiz and Aden governorates. Al Dhale and Hajjah witnessed new escalation in Al Dhale/Qatabah and Kushar frontlines respectively. Home city districts were impacted by the conflict in the second half of the year following a long period of stability. Hudaydah saw a 62 per cent decrease in civilian casualties between 2018 and 2019 but it continued to have the highest number of casualties in Yemen. The southern part of the governorate was mostly affected in comparison to Hudaydah City which had considerable reduction in hostilities from October. Taiz City remained one of the most volatile areas in the country due to the multiplicity of armed actors in the governorate. Shu'āub and Ma‘āín districts in Amanat Al Asimah Governorate and Dhamar City in Dhamar Governorate suffered from three mass incidents with almost 400 civilian casualties, many of which were children. More than 150 civilians were killed in one incident in Dhamar alone.

Mines, unexploded ordinances and improvised explosive device incidents increased by 22 per cent in 2019, contributing to a 16 per cent increase in total number of casualties.

Grave violations against children remained high in 2019 across Yemen. Urgent needs persisted for mine risk education for civilians were killed in one incident in Dhamar alone.

Mines, unexploded ordinances and improvised explosive device incidents increased by 22 per cent in 2019, contributing to a 16 per cent increase in total number of casualties.

Grave violations against children remained high in 2019 across Yemen. Urgent needs persisted for mine risk education for children, care management and mental health and psychosocial support for children and adolescents. Child Protection services met only the minimum quality standards and child protection actors were prevented from fully responding to children’s protection needs in a comprehensive and continuous manner due to access constraints, lack of partners in some governorates, lack of technical capacity and continued fighting.

Survivors’ need for multi-sectoral GBV services and interventions remained a priority. Women and girls’ economic empowerment was particularly critical, with many female-headed households and child marriage survivors facing higher risks and increased vulnerabilities. The GBV case referral system required strengthening. Integrated mobile teams providing life-saving services and screening for GBV survivors were needed. In 2019, GBV services were concentrated at the central district level while most GBV survivors were from rural areas.

Key Gaps

Land clearance under humanitarian mine action was the main programme impacted under the first line of response, reaching only 30 per cent of its target. Dignity kits and legal assistance reached only 27 per cent and 67 per cent, respectively, of the targets.

A total of 73 per cent of those targetted by second line response activities were reached, mainly due to insufficient psychosocial support programmes across the country. GBV prevention and awareness activities were among the most complex to implement (only 17 per cent of those targeted were reached) due to cultural barriers and the lack of capacity to calculate the number of people reached with awareness via social media.

Only 25 per cent of targeted community centres (37 out of 150) were established in 2019 due to lack of funding, access constraints and capacity of partners. Restrictions on conducting trainings in northern Yemen prevented partners from reaching more than 25 per cent of the capacity building target.

Although 50 per cent of people were reached in 2019 in the six governorates most affected by conflict (Sā'āda, Hajjah, Hudaydah, Al Dhale, Taiz and Aden), gaps remained in Hudaydah, Taiz and Al Dhale due to access constraints and lack of or limited presence of protection partners. The response in Hajjah was extremely limited in comparison to the needs after mass displacement in early 2019 due to access constraints especially in Abs District.

Key Challenges

The main challenges encountered by protection partners included:

- Interference from local authorities, including insistence on involvement in operational details such as beneficiary selection and project design. Authorities also refused to grant movement authorizations, suspended projects, required onerous daily clearances for work in the field, mistreated staff at checkpoints and delayed signing sub-agreements.

- Insufficient and short-term funding aggravated the challenges faced by protection partners, resulting in the closure of community centres and safe spaces vital to the protection response.

- Low capacity in specialized protection programming in Yemen and constraints made providing support programmes across the country. GBV prevention and awareness activities were among the most complex to implement (only 17 per cent of those targeted were reached) due to cultural barriers and the lack of capacity to calculate the number of people reached with awareness via social media.

- Attempts by multiple actors with limited understanding of protection practices to interfere in protection programmes and supervise protection interventions.

- Integrating protection analysis into different sectors in Yemen to inform response and analysis.
Progress Towards Cluster Impact Indicators

In July 2019, due to high volume of CCCM activities, CCCM was activated as a standalone cluster. The below report summarizes the activities of Shelter and Site Management in 2019.

The Shelter, Non-Food Items and Camp Coordination and Camp Management Cluster in first line response activities focused on the provision of immediate emergency supplies to newly displaced families and helped coordinate basic services, particularly at underserved IDP hosting sites which reached nearly 2.1 million people, representing 75 per cent of the target. The Cluster also:

- Distributed household and emergency shelter kits and where appropriate winterization grants, reaching 82 per cent of the target of 1.84 million people.
- Managed and coordinated 406 of the targeted 489 IDP hosting sites identified in early 2019 (84 per cent).
- Provided 72 per cent of the 0.86 million people planned with rental subsidies and, where appropriate, with cash grants to rehabilitate damaged houses.
- Constructed and rehabilitated transitional shelters in areas where families require protection and additional support reaching 37 per cent of the 83,546 people planned to be assisted.

Second line response activities were to help upgrade living conditions for families living in IDP settlements and transitional shelter arrangements. The cluster supported 5,142 individuals to upgrade their shelters (reaching 2 per cent of the target).

The full cluster response focused on increasing the sustainability of shelter arrangements in support of IDPs returning to their place of origin. The cluster provided cash grants to reconstruct damaged houses, reaching 26 per cent of the target.

Progress Towards Cluster Objectives

The Shelter, Non-Food Items and Camp Coordination and Camp Management Cluster response strategy for 2019 in the first objective aimed to provide safe, appropriate shelter and essential household items to displaced and highly vulnerable families. Nearly 2.1 million IDPs, returnees and vulnerable host community members were assisted in 2019, representing 69 per cent of the overall cluster target. About 0.9 million people had their essential non-food item needs met, approximately 96 per cent of the target. The cluster scaled-up its winterization programmes mainly through the cash modality, reaching 0.36 million people, approximately 87 per cent of the target. Emergency shelter support, including the distribution and installation of emergency shelter kits, was provided to over 0.26 million people, approximately 52 per cent of the target. Rental assistance was provided to 0.6 million people, 100 per cent of the target, while livelihood support was provided to 8,681 individuals, almost 8 per cent of the target. Transitional shelter construction benefited 30,444 individuals, around 38 per cent of the target, while rehabilitation of transitional shelters was provided for 644 individuals, 16 per cent of the target.

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<tr>
<th>YHRP MONITORING INDICATORS</th>
<th>TARGET TYPE</th>
<th>TARGET</th>
<th>REACHED</th>
<th>REACHED/TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people assisted through cash for rental subsidies</td>
<td>Individuals</td>
<td>597,764</td>
<td>598,617</td>
<td>100%</td>
</tr>
<tr>
<td>Number of IDP sites where the minimum service package is provided</td>
<td>Sites</td>
<td>498</td>
<td>408</td>
<td>82%</td>
</tr>
</tbody>
</table>
target. Emergency upgrades to the shelters were provided to 5,142 individuals, approximately 5 per cent of the target.

In support of IDPs returning to their places of origin, 8,681 individuals benefited from the rehabilitation of their damaged homes, approximately 8 per cent of the target, while 4,243 individuals benefited from the reconstruction of their destroyed homes, around 26 per cent of the target.

To achieve the second cluster objective, to coordinate the delivery of a minimum service package in under-served emergency and IDP settlements, 60,000 households were reached in 406 IDP hosting sites across Yemen out of the target of 489 sites. These sites were monitored against CCCM-Integrated Assistance in IDP Hosting Sites in order to provide minimum multi-sectoral services.

**Changes in Context**

The continuous shift in conflict frontlines and increase in hostilities affected the response. IDP hosting sites saw irregular fluctuations both in the number and population. Particularly the continuous conflict in Hajjah and Al Dhale‘e, coupled with insecurity and recurrent natural disasters such as floods, have exhausted shelter actors’ capacity.

In March 2019, conflict in Abs Governorate alone caused the displacement of over 36,000 families. Increased displacement resulted in a significant increase of shelter and non-food item needs. Also increased demand for rental support caused additional pressure. Protracted displacement has been straining the ability of IDPs and their hosts to cope, making them increasingly vulnerable.

The operational environment became increasingly challenging with continued blockages and delays in getting permits for movements of humanitarian actors and implementation of activities, and the restrictions to access numerous geographical locations, especially those close to the frontlines, while the number of people in need continued to increase.

In July 2019, the CCCM cluster was activated as a standalone cluster and has built its separate organizational capacity in all the humanitarian hubs. As of the end of 2019, the CCCM had 13 Area-Based coordinators covering 14 areas. Due to high needs, the cluster also established a subnational cluster in Marib in November 2019. Furthermore, the Cluster standardized a minimum set of activities to ensure that sites covered by CCCM projects are provided with comprehensive general CCCM activities, including mobilization and participation and two-way communication with site inhabitants, and basic infrastructure maintenance.

**Key Gaps**

Due to the insufficient funding and operational challenges, the cluster experienced the following gaps:

- 329,049 individuals were still in need of household and emergency shelter kits and winterization grants
- 612,957 individuals or 92 per cent remained in need of cash grants to rehabilitate damaged houses
- 31,088 individuals were still waiting for construction and rehabilitation of transitional shelters in areas where families require protection and additional support
- 5,142 individuals were waiting for maintenance support and shelter upgrades
- 4,243 individuals or 74 per cent required cash grants to reconstruct damaged houses
- Lack of income-generating activities challenged the sustainability of the self-shelter solutions and limited opportunities to promote economic self-reliance of affected populations and reduce their vulnerabilities.
- While the CCCM Cluster reached 84 per cent of its target of 489 IDP hosting sites throughout Yemen, over 300,000 IDPs inhabiting 1,636 sites remain largely unsupported by CCCM activities.

**Key Challenges**

The deterioration of the country’s economy, the depreciation of the local currency, and the shortage of fuel negatively impacted people’s lives, especially for those living in extreme poverty. This had a direct impact on humanitarian assistance in terms of accessibility, affordability of commodities and services and capacity to deliver efficiently and in a timely manner. In the field, and especially close to the frontlines, humanitarian space was often severely restricted.

Despite the growing needs, the funding levels for the Shelter Cluster remained critically low, which has severely hampered the response towards the vulnerable families in need of immediate life-saving assistance.

The scarcity of countrywide prepositioned critical stock of Non-Food Items and Emergency Shelter Kits affected the capacity of the Shelter Cluster to provide an effective and timely response in unforeseen emergencies.

Humanitarian assistance was affected by blockage and delays in getting permits for movements and project implementation, hindering a principled response. Bureaucratic access impediments as well as physical access issues, mainly in cases of active conflict, have intermittently restricted CCCM partner’s movements. Only a limited number of capacity building programmes were implemented due to the restrictions on organizing events. The authorities’ capacity and willingness to support housing land and property issues were minimal.

Many eviction threats were reported and tracked by the cluster’s eviction tracker. The CCCM Cluster devised technical guidance to address eviction threats and notices which include guidelines for forming eviction taskforces, identification of alternative solutions, and relocation.
Progress Towards Cluster Impact Indicators

Sudden displacement triggers a wide range of critical humanitarian needs for immediate assistance and medium to long term support at individual, household and community level. The most critical immediate needs of newly displaced persons are usually food and basic personal effects for hygiene and dignity as families are forced to flee suddenly from their homes without having a chance to bring their belongings. Given the protracted nature of the conflict, the scale and magnitude of the displacement in Yemen, the key performance indicator for RRM is the timeliness of assistance and inter-agency capacity to activate first line response.

As result of the new enrolment modalities piloted in the second half of 2019, the following improvements to RRM effectiveness were acheived:

• Reduction of time from alert to assistance from 16 five average days (a 60 per cent reduction in time).
• Tracking and triangulation of displacement alert from different sources.
• A new IDPs list with more consistent and reliable information for improved outreach.

Progress Towards Cluster Objectives

The RRM aimed to provide a minimum package of immediate and critical lifesaving assistance to newly displaced families on the move, in collective sites or in hard-to-reach areas such as near frontlines or areas affected by man-made or natural disasters until first line cluster responses kick in. The RRM entailed the distribution of immediate response rations, basic hygiene kits and transit kits within 72 hours of a displacement alert.

In 2019, RRM was fully operational in 330 of the 333 districts nationwide. This assistance, which covers basic needs for five to seven days, is provided on a no regrets basis and is followed by multi-purpose cash assistance based on verification of need and by one-off emergency food distribution.

In 2019, the mechanism reached 176,937 households (1,238,559 individuals) with RRM first line assistance, resulting in an over 100 per cent achievement rate against the RRM targets in the 2019 YHRP.

Achievements in 2019 include qualitative improvements to the RRM response. Respondents to post distribution monitoring reported an increase in overall satisfaction with RRM from 83 per cent in April 2019 to 96 per cent in December 2019. The critical reduction of the time from alert to assistance was reported as one of the most important achievements for UNFPA RRM 2019.

In addition to in-kind assistance, the second line response of multi-purpose cash assistance provided by the RRM consortium supported by UNICEF reached 273,137 individuals from over 39,000 vulnerable displaced families with RRM multi-purpose cash assistance in conflict-affected areas in nine governorates across Yemen. Cash provided displaced families with the ability to meet immediate basic needs and offered the flexibility and dignity to choose how to cover their needs.

<table>
<thead>
<tr>
<th>YHRP MONITORING INDICATORS</th>
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<th>TARGET</th>
<th>REACHED</th>
<th>REACHED/TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of newly displaced people reached with RRM</td>
<td>Individuals</td>
<td>1,199,307</td>
<td>1,238,559</td>
<td>+100%</td>
</tr>
<tr>
<td>Number of newly registered displaced people reached with multi-purpose cash assistance</td>
<td>Individuals</td>
<td>479,876</td>
<td>247,336</td>
<td>52%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>RESPONSE GAP (BENEFICIARIES TARGETED - BENEFICIARIES REACHED)</th>
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</thead>
<tbody>
<tr>
<td>Response Gap</td>
</tr>
<tr>
<td>Vry High (120,001 - 200,000)</td>
</tr>
<tr>
<td>High (60,001 - 120,000)</td>
</tr>
<tr>
<td>Medium (25,001 - 60,000)</td>
</tr>
<tr>
<td>Low &lt; 25,000</td>
</tr>
<tr>
<td>Reached exceed targeted beneficiaries</td>
</tr>
</tbody>
</table>
Changes in Context

The escalation and geographical shift of more than thirty military frontlines where heightened levels of conflict resulted in new patterns of displacement throughout 2019, particularly in Hajjah, Al Dhale‘e, Al Hudaydah and Taiz governorates. The number of IDPs increased, particularly in conflict-affected locations experiencing shifting or escalation of military confrontation lines.

In 2019, displacement was more localized than in 2018, with households staying closer to their usual place of residence and placing a burden on smaller population centres within the same governorate of origin. In 2019, more displaced families were living in informal settlements, whereas in 2018 the largest proportion of displaced families stayed in rented accommodation or with host families.

Key Gaps

Although critical improvements were reported within RRM response and cluster coordination, gaps remained including:

- Inconsistent and unpredictable RRM assistance sequencing and referral from first line response to multi-purpose cash assistance and general food assistance for newly displaced families.
- Delays in supply chain and prepositioning of RRM kits at implementing partner warehouses.
- Persistent risk of exclusion and access barriers for marginalized and neglected groups.
- Varying degrees of interference by local authorities in the process of registration and generation of beneficiary lists.

Key Challenges

The implementation of RRM process, methodology and sequencing varied significantly across districts given the diverse operational contexts. The main factors affecting the RRM process and delivery timeline were time between displacement and triggering of the response through registration reliability and quality of alert information; time between registration and immediate response assistance; access constraints and bureaucratic impediments; degree of interference from the local administrations; availability of prepositioned stocks; and capacity of RRM, multi-purpose cash assistance and general food distribution partners in terms of delivery of assistance, information management, access negotiation and coordination.

Key challenges for RRM assistance can be summarized as follows:

- National and local authorities’ insufficient capacity to identify and refer new IDPs to relevant stakeholders in line with humanitarian principles and standards.
- Effectiveness of emergency response sequencing across RRM, multi-purpose cash assistance and general food distribution.
- Heightened protection risks for excluded and marginalized displaced populations.
- A volatile security situation in some targeted areas, enforced bureaucratic procedures required by local authorities, interference in the verification of beneficiary lists and the vulnerability criteria, and delayed approvals of sub-agreements.
Progress Towards Cluster Impact Indicators

To ensure schools remained operational and functional in 2019, the Education Cluster reached 97 per cent of its target, reaching 2.9 million beneficiaries against a target of 2.7 million (a 57 per cent increase). The cluster’s activities included providing school meals to boys and girls, establishing temporary learning classrooms for displaced children, distributing kits, texts, hygiene materials, furniture and supplies, providing specialized child-centred programmes in hard-hit areas, and facilitating national exams. Through funding received in 2019 (US$42.6 million), partners improved the learning environment of schools and by extension the lives of vulnerable children.

To achieve impact on the second line response, through the percentage of children accessing and remaining in formal education, the Education Cluster reached 461,584 beneficiaries out of 472,947 targeted, a 98 per cent achievement, and an increase of 17 per cent compared with 2018. Vulnerable children accessed rehabilitated schools, including with WASH facilities.

The number of teachers present on at least 80 per cent of school days increased by 17 per cent. Teachers improved children’s learning, yet to be measured through appropriate tests on learning achievement.

Progress Towards Cluster Objectives

The main cluster objective was to help maintain basic education services, particularly in areas where schools were damaged, closed or unable to fully operate because of budget, payroll and other conflict-related constraints. In 2019, Education Cluster partners provided education service to 2.8 million children, 100 per cent of the target.

The Education Cluster was also able to provide school feeding meals to 1,124,557 beneficiaries. A total of 1,124,316 children benefited (55 per cent boys and 45 per cent girls) and 241 teachers (79 per cent male teachers and 21 per cent female teachers).

The provision of meals by partners fed 950,000 children, exceeding the target by 118 per cent. The cluster also provided temporary/alternative learning classrooms for 96,366 beneficiaries: 94,302 children benefited (47 per cent boys and 53 per cent girls) and 2,064 teachers benefited (53 per cent male and 47 per cent female). The provision of temporary/alternative learning classrooms exceeded the target of 63,500 children, representing a 152 per cent increase.

The Education Cluster reached 504,225 beneficiaries with education supplies including school bag kits, teacher kits and textbooks: 499,150 children benefited against a target of 1.5 million children (54 per cent boys and 46 per cent girls), as well as 5,075 teachers benefited (56 per cent male teachers and 44 per cent female teachers). Cluster partners reached
231,588 beneficiaries with school desks, with 228,450 children benefitting (52 per cent boys and 48 per cent girls) and 3,138 teachers (63 per cent male and 37 per cent female).

Education Cluster partners provided 204,258 hygiene kits at school level benefiting 201,982 children (52 per cent boys and 48 per cent girls) and 2,276 teachers (72 per cent male teachers and 28 per cent female teachers).

In addition, the Education Cluster reached 451,207 people with training on psychosocial support services, benefitting 437,034 children (49 per cent boys and 5 per cent girls) and 14,173 teachers (48 per cent male teachers and 52 per cent female teachers). The cluster also reached 3,387 beneficiaries with support to national exams, benefitting 3,353 children (51 per cent boys and 49 per cent girls) and 34 teachers (68 per cent male teachers and 32 per cent female teachers).

For the second line response objective, to help to restore damaged and destroyed schools, the cluster reached 461,584 beneficiaries. The cluster rehabilitated 544 schools and 232 WASH facilities. A total of 449,764 children (57 per cent boys and 43 per cent girls) and 11,820 teachers (75 per cent male and 25 per cent female teachers) benefited.

To help strengthen teaching and the management of schools and education services as part of the full cluster response, the Education Cluster provided training for teachers on education in emergencies, life skills, and disaster risk reduction. Trainings benefitted 203,968 children (52 per cent boys and 48 per cent girls) and 22,255 teachers (40 per cent male teachers and 60 per cent female teachers).

Key Gaps
The provision of school supplies was slow, with only a 34 per cent achievement rate due to logistical problems. Impediments such as interference by the Ministry of Education in procurement processes of implementing agencies resulted in slow procurement. Difficulties related to the security situation, customs clearance and movement of imported goods into Yemen affected the timely delivery of school supplies.

Data collection represented a key gap. Ministry of Education data collection has not been undertaken in Yemen since 2016 but is key to the provision of evidence-based data to identify needs and inform response planning.

Key Challenges
Access remained a challenge for key activities, such as psychological support which experienced blockages during the year. The cluster also faced challenges in providing capacity building for the increasing number of national NGOs delivering education services and in sub-national coordination. Further investment for capacity building for partners, including for the Ministry of Education to conduct education data collection, is essential for the Education response in 2020.

Changes in Context
The escalation of conflict in Aden, Hajjah, Al-Dhale, Al Jawf, Marib and other governorates resulted in an increase in displacement. This situation highlighted the importance of providing education assistance to the IDPs and returnees, particularly teachers and children of school age. Teachers’ incentives were recognized as a first line activity in the 2019 YHRP; teachers had not been paid for more than two years, affecting the continuation of the education process and students’ enrolment in schools. Donors and development partners recognized the importance of supporting the functionality of the education system through the provision of teachers’ incentives. The need to bring children back to school and maintain the functionality of the education system were prioritized.
Progress Towards Cluster Impact Indicators

The first line response indicator for the sector related to the number of persons of concern who returned to their country of origin. In 2019, 1,682 Somali refugees who were willing to return home benefitted from UNHCR’s Assisted Spontaneous Return Programme.

Through the IOM-led Voluntary Humanitarian Returns Programme, 3,785 migrants were assisted to return to their home countries in 2019. Voluntary Humanitarian Returns Programme beneficiaries were primarily Ethiopians, but also small numbers of other nationals, including individuals from North Africa, Bangladesh and Pakistan. Priority was given to the most vulnerable migrants, including unaccompanied and separated children, women, the elderly, medical cases, and persons who have experienced grave violations.

The total number of persons of concern, especially migrants, who returned to their country of origin increased compared to 2018. However, the 2019 target of 13,000 people could not be reached due to logistical impediments.

As second line response, the sector prioritized the delivery of specialised assistance and targeted 10,250 beneficiaries. UNHCR provided a protection response through specialised assistance to children and women at risk as well as elderly, people with disabilities and survivors of torture or trauma. In 2019, 1,194 survivors of sexual and gender-based violence received assistance including medical, legal and psychosocial support. UNHCR partners provided case management for children and conducted 383 best interest assessments. In total, 3,617 children received specialised assistance including legal, medical, psychosocial support and care arrangements.

In 2019, IOM and partners provided protection and life-saving humanitarian assistance including access to medical care, the voluntary return mechanism, relief items, food and water through fixed migrant centres and mobile medical teams along the main migrant arrival and transit points. IOM and its partners provided over 49,000 migrants with counselling, psychosocial first aid and support, and legal awareness in 2019. A total of 69,881 migrants were provided with primary healthcare consultations; 1,767 of those were provided with referrals for further care.

IOM, UNHCR and their partners strengthened and diversified the provision of specialised assistance resulting in a significant increase of beneficiaries compared to 2018 baseline of around 2,200 persons of concern.

Progress Towards Cluster Objectives

UNHCR continued to provide technical and financial support to all registration centres in Yemen (The Bureau of Refugee Affairs in Sana’a Governorate, Al-Basateen in Aden Governorate, Al-Mukalla in Hadhramaut Governorate, and Kharaz camp in Lahj Governorate) to ensure quality registration and individual documentation for all refugees and asylum seekers. In 2019, 24,686 refugees and asylum seekers
received documentation including 7,775 new arrivals. The IOM Migrant Response Point in Sana’a and Aden, IOM mobile medical teams and IOM and partners’ protection mobile teams were located in Lahj, Aden and Shabwah governorates, mainly along the coast, where the IOM Displacement Tracking Matrix Flow Monitoring observed the highest numbers of arrivals into Yemen, from Djibouti and Somalia.

Migrants routinely arrived traumatized and having experienced human rights abuses. IOM and partners prioritized provision of food and material assistance in key areas benefiting more than 90,000 vulnerable migrants with immediate support through relief items, food, and information — including legal awareness — as well as health assistance and referrals in 2019 (providing health assistance is part of the sector’s first line response). UNHCR-supported health facilities and medical partners facilitated access to primary care for 87,169 refugees in Yemen. Health facilities were also available for vulnerable host community members. UNHCR partners provided psychosocial support and practical trainings to 324 parents to improve their caregiving skills and facilitate inclusion of children with disabilities in daily activities.

A total of 11,220 refugees and/or asylum seekers received monthly cash assistance to cover basic expenses such as food and rent and to mitigate protection risks as part of the objective related to materiel and cash assistance.

Finally, as education was identified as a main objective for child protection, UNHCR supported the education of 7,148 children refugees in urban areas of Aden and Sana’a and in the Kharaz refugee camp.

Changes in Context

Ongoing conflict and the political insecurity continued to negatively affect the protection environment for refugees, asylum seekers and migrants. Despite the humanitarian crisis and risks of facing human rights abuses along the migratory journey, the rate of refugees, asylum-seekers and migrants’ arrival in Yemen spiked in 2019. IOM estimated that some 138,000 individuals arrived in 2019. UNHCR and governments entities registered 7,775 new asylum seekers. The deteriorating political and security crisis increasingly enabled smuggling and trafficking networks to operate, leaving migrants and refugees exposed to protection risks such as violence and torture, sexual abuse, abductions for ransom, arrest and detention in inhumane conditions, exploitation and forced labour.

Migrants and unregistered refugees are at heightened risk of arbitrary arrest and detention as well as threat of removal or deportation and challenges in provision of services and assistance.

There was a strong anti-refugee and anti-migrant sentiment among the general public. Moreover, the government policies became more restrictive, which further hampered migrants, refugees and asylum-seekers’ access to rights, including freedom of movement, health care, education and livelihood opportunities.

The economic crisis and decreased purchasing power greatly hampered refugees’ and asylum-seekers’ economic resilience, resulting in the increased use of negative coping mechanisms, including begging, recruitment, early marriage and child labour, exposing them to heightened protection risks.

Key Gaps

In 2019, given continuous challenges in implementing individual-level assessments and accessing remote and insecure areas, needs and vulnerabilities of refugees, asylum seekers and migrants could not be properly determined and addressed. This significantly jeopardized humanitarian actors’ ability to provide access to essential services and specialized protection assistance.

The limited funding and low visibility given to the refugee and migrant crisis prevented expansion of assistance programs to cover all the needs of beneficiaries, especially the most vulnerable. Increased partnerships and collaboration with key humanitarian and development organizations would have made the response more comprehensive and sustainable.

Key Challenges

- The non-permissive operating environment in northern governates limited access, operational space, assessments, trainings with partners and key stakeholders and delivery of the assistance and protection response to persons of concern, especially in areas where needs were acute.
- Restrictive policies and intolerant attitudes towards refugees, asylum seekers and migrants heightened protection risks and risks of refoulement and deportation. Moreover, registration activities for asylum seekers and refugees were not conducted continuously in northern governates.
- Durable solutions remained limited. Voluntary repatriation, assisted spontaneous returns, and returns were delayed, and in some cases hindered, due to political and logistical restrictions.
- Livelihoods opportunities were limited due to the economic and political crises. Persons of concern relied on humanitarian assistance, particularly cash assistance, while funding remained limited.
PART II: LOGISTICS

LOGISTICS

Progress Towards Cluster Impact Indicators

In 2019, the Logistics Cluster saw an increase in the number of humanitarian organizations that accessed common services to ensure a timely and uninterrupted supply of life-saving relief items to the affected population in Yemen. A total of 109 humanitarian organizations, a 121 per cent increase from 2018, were supported with coordination, information management and facilitation of access to common logistics services provided free-of-cost to users (through WFP as lead agency), as well as air passenger transport through the United Nations Humanitarian Air Service (UNHAS) and provision of fuel to health and WASH facilities through the WFP Bilateral Service Provision.

Common services included air cargo transport, sea cargo and passenger transport, inland road transport, storage of relief items and provision of fuel. Operating across four main hubs in Aden, Djibouti, Hudaydah and Sana'a, the cluster maximised the use of available logistics resources in-country for the timely and effective delivery of humanitarian aid and avoiding duplication of efforts.

The Logistics Cluster expanded warehousing capacity in Aden including increase of temperature-controlled and cold-chain storage and initiated works in Sana'a, increasing the total common storage space accessible through the cluster by 54 per cent to 17,640 m2. In Hudaydah port, the Logistics Cluster helped to dismantle unused cranes to free up important space for cargo handling.

Changes in Context

During 2019, a new customs requirement brought inland road transport between north and south of Yemen to a near halt. This constituted a radical logistical change in the operating environment that severely impacted the downstream supply chains of Logistics Cluster partners. Aden port initially witnessed congestion and storage pressures as cargo originally destined for northern Yemen could not be dispatched. As a result, Logistics Cluster partners adapted upstream supply chains to ensure that cargo destined for northern Yemen primarily entered via Hudaydah port, and through Aden port for southern Yemen. To ease the congestion of cargo that had amassed in Aden port, the Logistics Cluster also organised multiple ad-hoc rotations to transport cargo by sea from Aden to Hudaydah.

The fluid security situation in Aden during the second half of the year meant that one of the two vessels used for sea passenger and cargo transport was required by the Security Management Team to stand-by off the coast of Aden as a contingency measure. Therefore, Logistics Cluster shipping services for passengers and cargo were reduced in favour of maintaining the contingency resource off the coast of Aden.

Key Gaps

- Finite transport options for delivering to Yemen, particularly by air.
- Congestion at main entry points.
- Limited suitable in-country storage capacity in some key locations leading to congestion.
- Limited temperature-controlled storage capacity in-country.

Key Challenges

- The absence of commercial liner services to Hudaydah port, which complicates the delivery of containerised cargo into northern Yemen.
- Restricted inland road transport of humanitarian aid between southern and northern Yemen due to conflict dynamics and multiple clearance processes. The Cluster has worked with partners to support them in adjusting upstream and downstream supply chains accordingly.

Progress Towards Cluster Objectives

The Logistics Cluster facilitated transport of a total of 9,128 mt against an estimated 10,000 mt of cargo by air and sea into Yemen and by land across the country. It transported 50,648 m3 of relief items by road on behalf of 31 organizations to over 216 locations across 95 districts and 20 governorates, 2,203 m3 of lifesaving and urgent cargo by air, and 21,049 m3 of humanitarian cargo by sea. The cluster facilitated the common storage of 50,457 m3 (8,678 mt) of cargo against the predicted 10,000 mt in Aden, Hudaydah and Sana’a Governorates and loaned 15 mobile storage units to eight organizations to be managed as common storage, further increasing the storage capacity for the humanitarian community in Yemen.

In 2019, coordination and information management services were provided through 20 coordination meetings across Sana’a and Aden and 131 information updates published on the dedicated operation webpage, which received 19,000 pageviews.

UNHAS provided humanitarian actors with a critical transport link to and from Yemen, serving Sana’a from Amman and Djibouti, Aden from Djibouti and Aden to Sana’a. In November UNHAS established a new air route between Aden and Mukalla. A total of 18,498 passengers were transported by air against the 12,000 foreseen at the beginning of the year. The cluster also facilitated the transport of 344 passengers from 15 organizations by sea vessel between Djibouti and Aden; the vessel was also used as accommodation for 95 humanitarians in 2019.
Progress Towards Cluster Impact Indicators

The ETC continued to provide coordination, information management, ETC Helpdesk, security telecommunications, internet connectivity and capacity building support in six common operational areas across Yemen in 2019, namely in Aden, Al Hudaydah, Al Mukha, Al Mukalla, Ibb and Sana’a Governorates.

With the local telecommunications infrastructure severely damaged by the ongoing conflict, the ETC established 11 connectivity hubs to provide critical connectivity to the response community to enable them to carry out their work efficiently, ultimately ensuring lifesaving assistance gets to those who need it most.

By the end of December 2019, the ETC provided connectivity to 935 humanitarian responders and security telecommunications support to 1,913 responders, the majority of which were based in Aden, Sana’a and Al Hudaydah. The ETC Help Desk resolved more than 6,031 incidents across operational areas during the year. To continue its support of the cholera response, the ETC established and maintained 25 emergency operations centres.

Building local capacity was a key focus of the ETC in Yemen with a total of 22 humanitarian staff trained on ETC services during two information technology capacity building training sessions in Aden and Sana’a to emergency operations centre information technology staff.

In 2019, the ETC had 41 partners, higher than the 38 anticipated, from 17 UN agencies and 24 International NGOs. The results of its annual user satisfaction survey found an average satisfaction rate of 82 per cent among users of ETC services, an increase on the 80 per cent target.

To support coordination and share key operational information with partners and strengthen advocacy efforts, the ETC held 15 global and local meetings and produced 65 information management and communications documents.

Key Gaps

Restrictions on the importation of telecommunications equipment in the north impacted the ETC’s ability to provide critical services especially in areas where the UN scaled-up such as Bajil, Hajjah and Marib governorates.

A lack of information-sharing and public awareness is among the key contributors to nationwide disasters such as cholera outbreak expansion. The telecommunications infrastructure in the country has been extensively damaged since the beginning of the conflict in 2015. Satellite internet service remained the only source of reliable access to the internet. Affected communities and individuals are unable to access and afford this service.

Key Challenges

Restrictions remained on the importation and deployment of necessary telecommunications equipment and services including high frequency/very high frequency radios, satellite phones and satellite terminals, mainly in the north. The ETC thus had to rely on an inadequate local information technology market and local service providers with limited availability of services. Due to restrictions on the deployment of very high frequency radios, the very high frequency coverage remained limited in most cities.

Progress Towards Cluster Objectives

The ETC continued to ensure the safety and security of humanitarians by providing technical support and maintenance of security communications infrastructure and services. Three self-supported telecommunications towers were installed in Aden, Tourba and Al Mokha to facilitate communication and ensure the safety and security of staff, as per the recommendations from the telecommunications security standards assessment. The ETC and the UN Department of Safety obtained license approval for ultra high frequency, which was requested for the expansion of very high frequency coverage in Aden. The ETC and UN agencies sought approval from authorities to install and use telecommunications equipment in Marib and Al Tourba.
In 2019, Coordination facilitated principled evidence-based humanitarian planning, action and advocacy. Coordination provided secretariat support to the Humanitarian Coordinator, Humanitarian Country team and the Inter-Cluster Coordination Mechanism, facilitating 30 meetings of the Humanitarian Country Team, and 30 meetings of the inter-cluster coordination mechanism. Coordination supported continued focus in the HCT on evidence base, assessments and protection.

While operational challenges obstructed key assessments, and as a result delayed the development of the 2020 Humanitarian Needs Overview and Humanitarian Response Plan, Coordination was engaged in humanitarian response planning where possible. In 2019, the Multi-Cluster Location Assessment transitioned from key informant to household level interviews to better understand household level vulnerabilities across Yemen. The MCLA directly informs needs analysis for seven clusters (Shelter/NFI, CCCM, Education, Health, WASH, Protection and RMMS) and includes inter-cluster components such as demographic information, displacement trends, priority needs, livelihoods and community engagement. Despite the improved methodology, the MCLA could not be implemented due to numerous obstacles, including obstructions by authorities and interference attempts.

A national contingency plan was developed for 2019 to address rapid, large-scale displacement and other emergencies based on prevailing conflict dynamics and working humanitarian projections. The plan ensured the provision of critical life-saving humanitarian assistance within 72 hours and up to 30 days in cases where resources were not available through regular programming.

During the year, Coordination established the Operations Centre, responsible for the real time tracking of sudden onset emergencies and response through an operations room. The Centre conducted situational analysis and awareness and served as the first port of call for Regional Coordination Teams and agencies/agencies to raise and solve operational challenges that could not be solved locally. In close coordination with the UNDSS and operational agencies, the Operations Centre acted as coordination point for operational issues related to UN internal policies where they affected operational delivery. The Centre also designed and oversaw the emergency response mechanism.

Despite significant challenges faced by the humanitarian community to effectively monitor programmes, Third Party Monitoring was conducted in 104 districts in 17 governorates identified in the Humanitarian Needs Overview as priority districts. Third Party Monitoring systematically and independently verified progress in achieving the 2019 YHRP strategic aims. As a result of administrative and access obstacles, data collection was delayed until the first quarter of 2019. Despite these difficulties, third party monitoring clearly found that UN agency reporting was largely consistent with humanitarian assistance delivered on the ground.

OCHA continued to facilitate the deconfliction mechanism with the Emergency Humanitarian Operations Centre in Riyadh and to facilitate all aspects of the block grant on behalf of the UN Emergency Relief Coordinator.
To measure the impact of each cluster’s first-line, second-line and full cluster response, clusters monitored progress for each of the 29 impact indicators outlined in the 2019 HRP. To enable benchmarking, each indicator includes the 2018 baseline and 2019 target, 2019 reach by cluster, and funding requirement.

### WASH

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage decrease in the number of outbreaks of infectious diseases, including cholera</td>
<td>369,000 cases</td>
<td>295,200 cases (20% reduction)</td>
<td>$162 mil</td>
<td>861,096 cases</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of people in acute need with access to safe water and sanitation services</td>
<td>12.6 million in acute need</td>
<td>11 million (14% reduction)</td>
<td>$73 mil</td>
<td>12.6 million</td>
</tr>
<tr>
<td>Full Cluster Response</td>
<td>Percentage increase in the number of upgraded water and sanitation systems</td>
<td>522</td>
<td>1,247 (138% increase)</td>
<td>$50 mil</td>
<td>1,360 (161% increase)</td>
</tr>
</tbody>
</table>

### HEALTH

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage decrease in the number of reported cases of cholera</td>
<td>369,900 cases</td>
<td>295,200 cases (20% reduction)</td>
<td>$493.5 million</td>
<td>861,096 cases</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of targeted health facilities providing the Minimum Service Packages (MSP)</td>
<td>1,400 health facilities</td>
<td>1,820 health facilities (30% increase)</td>
<td>$72.2 million</td>
<td>3.117 health facilities (71% increase)</td>
</tr>
<tr>
<td>Full Cluster Response</td>
<td>Percentage increase in the number of targeted people benefitting from the Minimum Service Package at all levels of care in priority districts</td>
<td>8 million</td>
<td>10.4 million (30% increase)</td>
<td>$61.5 million</td>
<td>30%</td>
</tr>
</tbody>
</table>

### FOOD SECURITY AND AGRICULTURE

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage of targeted households with Food Consumption Score (FCS) greater than 42</td>
<td>33%</td>
<td>50%</td>
<td>$1.7 billion</td>
<td>66%</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage decrease in the number of households selling assets to buy food</td>
<td>31%</td>
<td>16%</td>
<td>$491.4 million</td>
<td>28%</td>
</tr>
</tbody>
</table>
## Protection

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
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<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of at-risk people who receive protection assistance or specialized services</td>
<td>36%</td>
<td>26%</td>
<td>$98.6 million</td>
<td>126%</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of volunteers trained</td>
<td>17%</td>
<td>30%</td>
<td>$50.9 million</td>
<td>52%</td>
</tr>
<tr>
<td>Full Cluster Response</td>
<td>Percentage increase in the number of priority communities where specialized services are available</td>
<td>93%</td>
<td>93%</td>
<td>$3.5 million</td>
<td>98%</td>
</tr>
</tbody>
</table>

## Shelter / NFI/CCCM

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
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<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of under-served collective sites where the minimum service package is available</td>
<td>11%</td>
<td>51%</td>
<td>$206 million</td>
<td>54%</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of families benefitting from upgraded shelter</td>
<td>0%</td>
<td>36%</td>
<td>$2 million</td>
<td>2%</td>
</tr>
<tr>
<td>Full Cluster Response</td>
<td>Percentage increase in the number of returnees living in adequate housing</td>
<td>1%</td>
<td>10%</td>
<td>$14 million</td>
<td>26%</td>
</tr>
</tbody>
</table>

## Rapid Response Mechanism (RRM)

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of newly displaced IDP and returnee households receiving RRM kits</td>
<td>167,000 households</td>
<td>380,000 households (127% increase)</td>
<td>$48.6 million</td>
<td></td>
</tr>
</tbody>
</table>
### NUTRITION

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage decrease in the number of districts with critical acute malnutrition</td>
<td>91 districts</td>
<td>45 district (50% decrease)</td>
<td>$145.7 million</td>
<td>28 districts (30% decrease)</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of children under-five receiving micronutrient powders</td>
<td>48.6% (1.5 million)</td>
<td>60%</td>
<td>$149.9 million</td>
<td>208% (4.8 million)</td>
</tr>
<tr>
<td>Full Cluster</td>
<td>Percentage increase in coverage rates for inpatient and outpatient treatments and targeted supplementary feeding programmes.</td>
<td></td>
<td></td>
<td>$24.7 million</td>
<td></td>
</tr>
</tbody>
</table>

- *90% for SAM without complications; 30% SAM with complications; 38% for MAM *
- *95% for SAM without complications; 60% for SAM with complications; 62% for MAM *

### EDUCATION

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
<th>2018 BASELINE</th>
<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of functioning schools</td>
<td>35%</td>
<td>60%</td>
<td>$64 million</td>
<td></td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of children accessing and remaining in formal education</td>
<td>75%</td>
<td>80%</td>
<td>$33 million</td>
<td>92%</td>
</tr>
<tr>
<td>Full Cluster Response</td>
<td>Percentage of teachers actively teaching at least 80% of school days</td>
<td>65%</td>
<td>70%</td>
<td>$8.4 million</td>
<td>82%</td>
</tr>
</tbody>
</table>

### REFUGEES AND MIGRANTS MULTI-SECTOR (RMMS)

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
<th>INDICATORS</th>
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<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Number of persons of concern who returned to their countries of origin</td>
<td>3,548</td>
<td>13,000 (266% increase)</td>
<td>$91 million</td>
<td>5,714 (61% increase)</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in persons of concern that benefited from at least one form of specialized assistance</td>
<td>2,223</td>
<td>10,256 (361% increase)</td>
<td>$30.5 million</td>
<td>10,250 (361% increase)</td>
</tr>
</tbody>
</table>
### LOGISTICS

<table>
<thead>
<tr>
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<th>REQUIREMENTS ($)</th>
<th>2019 REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of humanitarian organizations using common logistics services</td>
<td>80%</td>
<td>90%</td>
<td>$58.5 million</td>
<td>109 partners (121% increase)</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the volume of cargo handling capacity at key entry points</td>
<td>NA</td>
<td>30%</td>
<td>$10 million</td>
<td>54%</td>
</tr>
</tbody>
</table>

### EMERGENCY TELECOMMUNICATIONS

<table>
<thead>
<tr>
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<th>REQUIREMENTS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in number of users reporting favourably on ETC services</td>
<td>87%</td>
<td>90%</td>
<td>$3.8 million</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of critical incidents reported to ETC help desk resolved within 24 hours</td>
<td>70%</td>
<td>80%</td>
<td>$1.7 million</td>
</tr>
</tbody>
</table>

### COORDINATION

<table>
<thead>
<tr>
<th>RESPONSE TYPE</th>
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<th>2019 TARGET</th>
<th>REQUIREMENTS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Line Response</td>
<td>Percentage increase in the number of regularly accessible areas</td>
<td>TBD based in March 2019 based on latest available data</td>
<td></td>
<td>$25 million</td>
</tr>
<tr>
<td>Second Line Response</td>
<td>Percentage increase in the number of national partners receiving funding through YHRP</td>
<td>40%</td>
<td>45%</td>
<td>$1 million</td>
</tr>
</tbody>
</table>