

2018

# HUMANITARIAN RESPONSE PLAN END OF YEAR REPORT

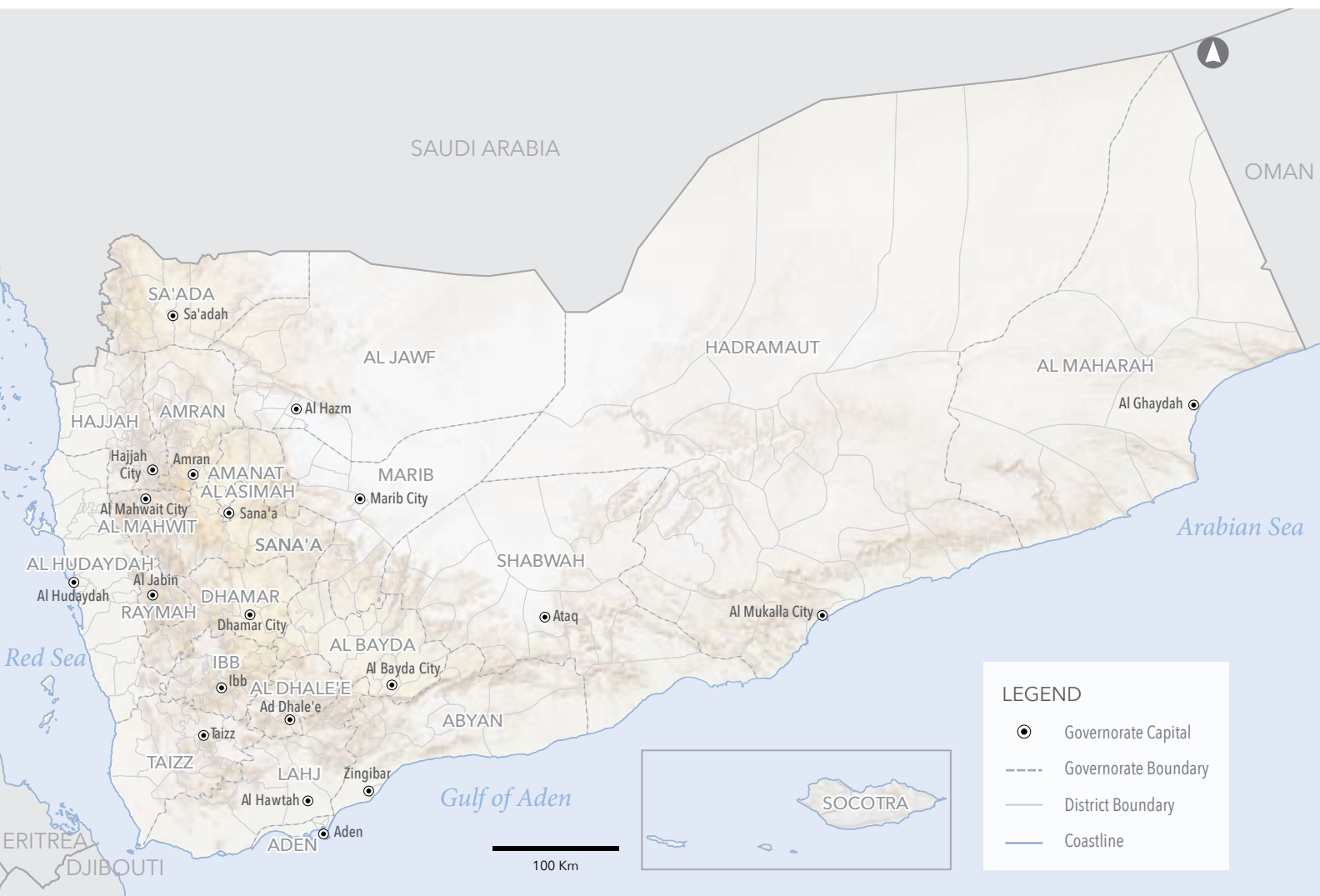
AUGUST 2019

## YEMEN







Photo: OCHA/ Charlotte Cans

# YEMEN REFERENCE MAP



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Creation date: 28 November 2018. Sources: GoY/MoLA/CSO.

-  [www.unocha.org/yemen](http://www.unocha.org/yemen)
-  [www.ochayemen.org/hpc](http://www.ochayemen.org/hpc)
-  [www.humanitarianresponse.info/en/operations/yemen](http://www.humanitarianresponse.info/en/operations/yemen)
-  @OCHAYemen

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## INTRODUCTION

Over the past year, the humanitarian operation in Yemen has undergone a step-change, becoming the largest operations worldwide. This review presents the achievements of the humanitarian community against the objectives and targets of the 2018 Yemen Humanitarian Response Plan (YHRP) and the evolving humanitarian situation in Yemen.

It builds on monitoring information collected every month and an end-of-year analysis of humanitarian needs and priorities. Complementary information is available at: [Yemen Humanitarian Response Plan](#) and [Response Monitoring Dashboard](#)





## ACHIEVEMENTS

# IN 2018

### CLUSTER RESPONSE ACHIEVEMENTS (JAN-DEC 2018)



#### FOOD SECURITY AND AGRICULTURE



**27%**

increase in people reached

**7.5M** people reached on average with food and livelihood assistance



#### NUTRITION



**255%**

increase in people reached

**6.03M** People Reached



#### HEALTH



**40%**

increase in people reached

**12M** People Reached



#### WATER, HYGIENE AND SANITATION



**29%**

increase in people reached

**11.5M** People Reached



#### PROTECTION



**109%**

increase in people reached

**4.8M** People Reached



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



**56%**

increase in people reached

**1.4M** People Reached



#### EDUCATION



**80%**

increase in people reached

**1.8M** People Reached



#### RAPID RESPONSE MECHANISM



**0.68M**

newly displaced people received emergency assistance within days for the first time through RRM support



#### EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION



**14%**

increase in people reached

**0.33M** People Reached



#### CHOLERA



**79%**

decrease in suspected cholera cases



During 2018, working under increasingly difficult conditions, 254 international and national partners delivered food assistance, health care, nutrition support, protection, shelter, education, water and sanitation and livelihood support. Major achievements are summarized below:



**Humanitarian partners managed one of the largest, fastest and most difficult scale-ups of food assistance.** The number of people provided with food and livelihood assistance each month increased from 5.9 million to 7.5 million, a 27 per cent increase. As a result, the food and nutrition situation has improved in more than half of the 107 districts at-risk of famine, and as of today one-fifth are no longer at risk of famine.



**Millions of destitute families benefited from direct support including agricultural, livestock and fisheries assistance to improve their livelihoods.** FSAC partners reached a total of 2.26 million people and 160,000 people were provided with longer-term livelihoods support. Similarly, Emergency Employment and Community Rehabilitation (EECR) Cluster partners reached a total of 331,912 people, with emergency employment opportunities in 102 districts in 19 governorates. This represents a 14 per cent increase from 2017, when 290,000 people were reached by the cluster.



**6.03 million people received nutrition support.** This represents a 255 per cent increase from 2017, when 1.7 million people received nutrition support. The nutrition operation expanded considerably in 2018 and a higher percentage of ill and malnourished children are surviving in Yemen than at any time since the conflict started. The number of children treated for SAM increased by 31 per cent, up from 263,313 in 2017 to 345,661 in 2018. Similarly, the number of children with moderate acute malnutrition (MAM) admitted to Therapeutic Supplementary Feeding programmes (TSFP) supported by partners increased by 58 per cent from 360,163 in 2017 to 568,332 by the end of 2018. In addition, a total of 413,277 pregnant and lactating women (PLW) were admitted to TSFPs.



**The largest cholera outbreak in modern history was contained.** Health and WASH partners, working closely with local institutions, dramatically reduced the number of suspected cholera cases between from 1.5 million in 2017 to 311,000 before 2018 year-end, through improving the efficiency of responsible modalities, including of WASH and Health Rapid Response Teams, as well as targeted high impact community level interventions to prevent onward transmission. This represents a 79 per cent decrease in suspected cholera cases from 2017 to 2018.



**Millions of people were reached with safe drinking water and sanitation support thanks to the considerable scale up of WASH service provision and rapid response teams (RRTs).** WASH cluster partners reached an estimated 11.5 million people, compared with 8.9 million in 2017, representing a 29 per cent increase in people reached. WASH cluster partners also addressed increasing emergency needs including the cholera epidemic, displacement and the risk of famine as well as sustaining essential infrastructure. This involved restoring and repairing water and sanitation systems such as water treatment units and sewage disposal sites.



**Millions of ill and suffering Yemenis were being treated at health facilities throughout the country.** Health Cluster partners worked through more than 2,200 health facilities, provided over 12 million consultations, delivered 16,616 mental health consultations, and treated 36,491 trauma cases. Skilled birth attendants assisted 255,172 deliveries and more than a million women received antenatal and postnatal care. More than 488,000 surgeries were performed. Vaccination campaigns for diphtheria, measles, rubella and polio reached 13.2 million people. Overall, the Cluster reached 12 million people in 2018, compared with 8.6 million people reached in 2017, representing an increase of 40 per cent.



**1.4 million people received Shelter/NFI/CCCM Support.** The Shelter/NFI/CCCM Cluster assisted 1.4 million people, despite limited funding and operational challenges. This represents a 56 per cent increase in people reached compared to 2017, when the cluster assisted 0.9 million people. Implementation improved from the third quarter when additional funding became available.



**More than 4 million people received protection services.** During the year the Protection Cluster, including Child Protection and Gender-Based Violence (GBV) Sub-Clusters, reached 4.8 million people, despite serious operational constraints. This represents a 109 per cent increase from 2017, when the cluster reached 2.3 million people. The assistance included psychosocial support, mine risk awareness, assistance with civil documentation, legal services and comprehensive case management services for children and survivors of sexual and gender-based violence.



**Although nearly 25 per cent of all students remain out of school, millions of children are able to learn because of the support provided by humanitarian partners.** Education Cluster partners delivered education services to 1.8 million students. The Cluster reached 429,640 children with school meals. People reached increased by 80 per cent, from 1 million in 2017 to 1.8 million in 2018.



































**The response to displacement improved with the establishment of a Rapid Response Mechanism (RRM) to assist people in the immediate aftermath of a crisis.** An RRM for newly displaced families was introduced in 2018 in response to escalation of hostilities in Al Hudaydah. Some 680,000 newly displaced people received emergency assistance within days, and sometimes within hours of their displacement, following the launch of RRM. Hundreds of humanitarian staff, remained in Al Hudaydah despite conflict and bombardment, helping to keep the port open, and storing, loading and dispatching nearly half of million metric tons (MT) of wheat to districts across the country.



**Overall, despite an increasingly difficult operating environment, the structure and the functioning of the humanitarian operation has improved.** The humanitarian operation is better run, better monitored and more efficient. For the first time, partners developed a comprehensive contingency plan and pre-positioned emergency supplies in hubs near areas where mass displacement is expected. An Emergency Concept of Operations plan, detailing assessments and targeting and monitoring protocols, was developed for Al Hudaydah, which contributed to a more principled response even at the height of the fighting.

PEOPLE TARGETED AND REACHED BY CLUSTER IN 2018

CLUSTER 	 PEOPLE IN NEED (PiN)	 PEOPLE TARGETED	 PEOPLE REACHED	 % REACHED VS TARGETED	 % REACHED VS PiN
Food Security and Agriculture 	17.83 M	8.8 M	7.5 M	85% 	42% 
Health 	16.37 M	12.3 M	12 M	98% 	73% 
Water, Hygiene and Sanitation 	16.00 M	11.1 M	11.5 M	>100% 	72% 
Protection 	12.86 M	5 M	4.8 M	96% 	37% 
Nutrition 	7.02 M	5.6 M	6.03 M	>100% 	86% 
Shelter/NFI/CCCM 	5.37 M	3 M	1.4 M	47% 	26% 
Education 	4.15 M	1.9 M	1.8 M	95% 	43% 
Refugee and Migrant Multi-Sector 	0.17 M	0.17 M	0.2 M	100% 	100% 
Emergency Employment and Community Rehabilitation 	-	1.2 M	0.33 M	28% 	
<b>TOTAL</b>	<b>22.20 M</b>	<b>13.1M</b>			

source: cluster 4Ws (Jan - Dec 2018)



## CHALLENGES

The humanitarian operation faced daunting, multi-faceted challenges throughout the year, having to navigate one of the most complex and difficult operational environment globally.

Conflict and insecurity greatly complicated humanitarian operations in many areas of the country. 17,181 security incidents were recorded throughout the year, over 94 percent of which were conflict related, with 80 percent of the reported incidents airstrikes (5,870), and armed clashes (8,059). Many more instances of conflict-related constraints likely go unreported due to sensitivities surrounding the armed conflict and staff safety.

Above and beyond insecurity, humanitarian actors faced a multitude of bureaucratic impediments, particularly in the North of the country, ranging from delayed program approvals, difficulties in securing visas for staff or securing permits for monitoring.

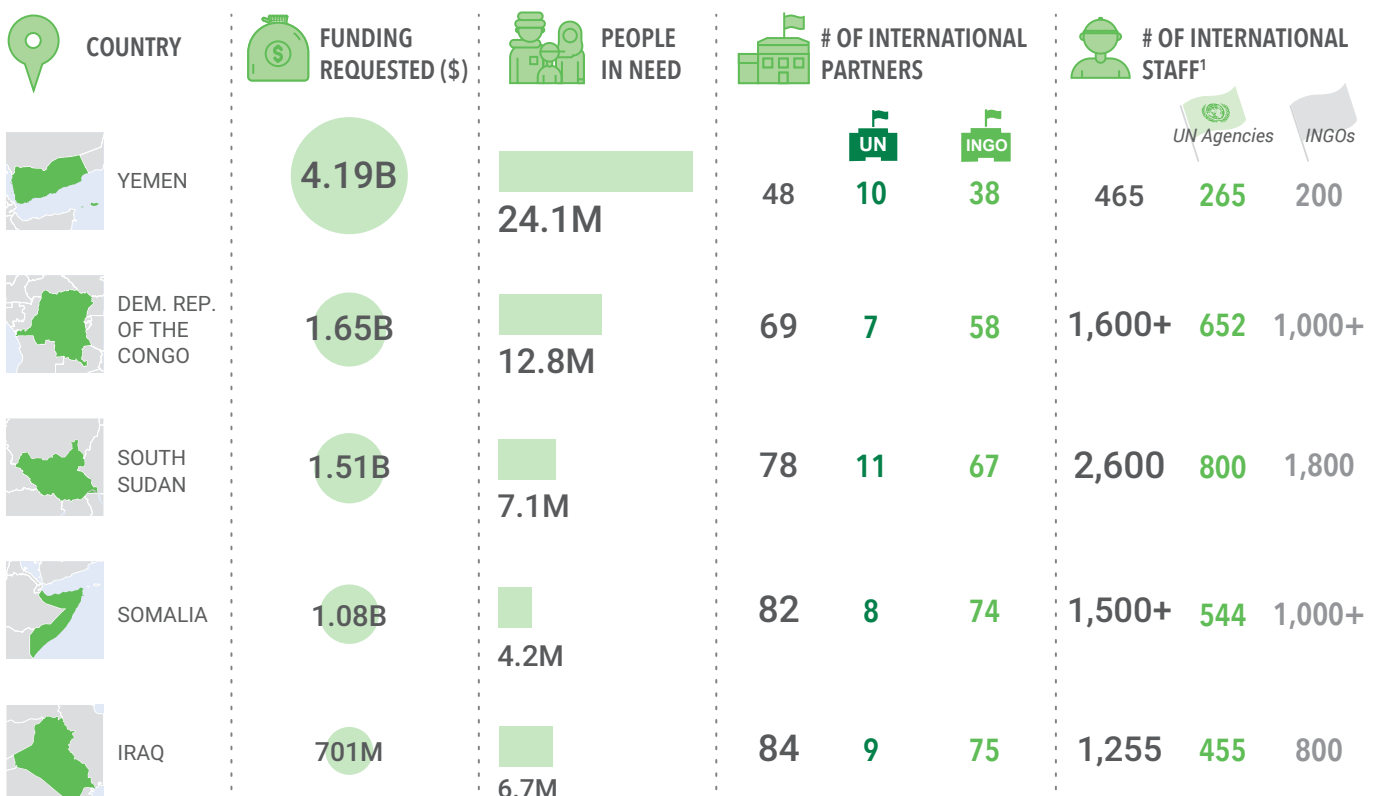
In 2018, OCHA recorded more than 420 access-related incidents that delayed or prevented assistance reaching a cumulative total of more than 2.74 million people in need. Given gaps in reporting, this arguably represents a fraction of the incidents that took place. More than two-thirds of the reported constraints from UN and NGOs were related to restrictions in the movement of humanitarian organizations and personnel

across 18 governorates. These restrictions affected all phases of the response, from needs assessments to assistance delivery to post-distribution monitoring. Movement restrictions and other bureaucratic constraints were concentrated in conflict-affected areas, particularly Sa'ada, Al Hudaydah, and Taizz governorates.

In addition, and despite considerable and sustained efforts to scale-up capacity, the humanitarian team in Yemen responded to the largest crisis worldwide with comparatively fewer staff and partners than in other comparable crisis (see chart below), complicating all phases of the response, from planning, assessments, response to monitoring.

The lack of sufficient data on the scale and scope of the access and other operational challenges faced by the humanitarian team was identified as a key gap hampering efforts to effectively inform decisions and advocate to address these problems. As a result, the Humanitarian Country Team (HCT) developed a more rigorous, evidenced-based approach to make the operating environment in Yemen more permissive for humanitarian operations, with UN and INGO partners launching a countrywide tracking system to monitor the status of visas requests and imports of humanitarian cargo and strategic assets. The results continue to inform the humanitarian leadership's engagement with the authorities in an operational environment that is becoming increasingly constrained in many areas.

### TOP 5 LARGEST HUMANITARIAN CRISES OPERATIONAL OVERVIEW IN 2019



<sup>1</sup> Does not include UN peacekeeping missions personnel (except for Somalia).

## YEMEN HRP

## STRATEGIC OBJECTIVES



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

Humanitarians saved lives across Yemen throughout the year. Simultaneous scale up of multi-sector responses, facilitated by block-grant funding to the YHRP, maximized the reach of the response and the impact on vulnerable groups while humanitarian needs continued to grow.

During the year, FSAC partners assisted more than 7.5 million people, with regular monthly emergency food assistance (in-kind, cash transfers and voucher transfers). WASH cluster partners reached 11.5 million people with at least one form of assistance. Significant achievements arose from the integrated WASH and health response to cholera through 750 WASH rapid response teams (RRTs) and 333 district and 22 Governorate

Health RRTs and the mobilization of quick impact projects in cholera priority districts. As a result, 1.3 million people were provided with emergency water supplies, 921,036 people with emergency sanitation provisions and 6.7 million people with hygiene items. In 2018, approximately 345,661 children with SAM over 568,332 children with MAM and 413,277 PLW with acute malnutrition were admitted for treatment. Essential household items were distributed to 104,561 families in urgent need during the year. Emergency shelter assistance was provided to 29,381 families and cash-for-rental subsidies were given to 67,575 families.

INDICATOR	TARGET	REACHED	PERCENTAGE ACHIEVED
% of targeted people receiving emergency food assistance (in kind, cash transfers or voucher transfers) each month	8.4 M	7.4 M	86%
% of targeted people with access to safe water supply (WSH2/TA3 + RAM3)	2.6 M <sup>1</sup>	1.6 M	61%
# of medical consultations conducted	12.3 M	12 M	98%
% of targeted children (6-59 months) and PLW provided with nutrition services	5.6 M	5.7 M	102%
% of targeted people receiving emergency shelter and NFI support	1.6 M	880 K	55%



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

Despite gaps in funding and serious operational constraints on protection services, as of December 2018, Protection Cluster partners had reached about 81,000 people with life-saving protection services including psychosocial support, legal assistance, and clinical care. Over 2 million children and community members received information on how to minimize the risk of mines and explosive remnants of war (ERW). Moreover, 63 per cent of the land targeted for clearance was cleared of contamination from mines and other

ERWs allowing displaced people who wanted to return to their place of origin to return safely.

Community-based responses continue to be strengthened through protection network volunteers, community protection initiatives and community centers serving the needs of IDPs and conflict-affected populations.

Protection considerations were firmly embedded into the integrated planning, response and monitoring efforts of

<sup>1</sup> Target was revised in Q4 due to inflation of target. The original target for the indicator included activities related to water supply and chlorine tablets, while the response was for water supply only.

clusters. All Yemen Humanitarian Fund (YHF) projects were disaggregated by gender and age in 2018 and data on gender considerations was collected and monitored. 81 per cent of projects were disaggregated at the district level and

all project proposals indicated Accountability to Affected Populations (AAP) and monitoring included consultation with beneficiaries.

INDICATOR	TARGET	REACHED	PERCENTAGE ACHIEVED
% of targeted people receiving direct protection assistance (Protection Cluster total target + RAM5 + RAM6 + RAM 9)	5.2 million	5 million	97%
% of projects funded through humanitarian pooled funds (YHPF, CERF) reporting monitoring results from the IASC Gender and Age Marker for Monitoring	80%	N/A <sup>2</sup>	
% targeted square metres of land cleared of contamination by mines or other explosive remnants of war	10 million Sq.m	6.3 M Sq.m	63%



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

By the end of 2018, FSAC partners had reached a total of 2.26 million people with livelihoods assistance. The relatively low percentage achievement relates to constraints on essential livestock vaccines imports which is a substantial component of livelihoods activities. Similarly, Emergency Employment and Community Rehabilitation (EECR) Cluster partners reached 47,498 households (301,629 people) with emergency employment opportunities in 102 districts in 19 governorates. Overall, the achievements against livelihood and resilience targets have lagged behind other life-saving components of the YHRP. This reflects higher funding priority being given to other lifesaving interventions. In addition, with the escalating conflict and high levels of displacement, partners were not able to implement activities in some areas and shifted their focus to immediate critical life-saving interventions. Given that the risk of famine is mainly driven by eroding purchasing

power among vulnerable households, there is a need for an increased focus on livelihoods.

A significant proportion of humanitarian programming directly supported institutions. For instance in 2018, Health Cluster partners supported more than 2,200 health facilities and renovated or rehabilitated more than 806. More than 488,000 surgical operations were performed and approximately 13,000 health staff were trained on the multi-sector Minimum Service Package (MSP). During the year, school repairs, including rehabilitation of WASH facilities, benefitted over 406,617 children.

Meanwhile, due to limited funding received Shelter/NFI/CCCM partners provided support for rehabilitation of house to only 120 families, while 374 families benefited from the reconstruction of their house.

INDICATOR	TARGET	ACHIEVEMENT	PERCENTAGE ACHIEVED
% of targeted individuals benefitting from rapid emergency agricultural, livestock & fisheries kits; and longer-term livelihoods support	6.1 M	2.3 M	37%
% of targeted people benefitting from emergency non-agricultural livelihoods or business support	1.2 M	331K	27%
% of health facilities renovated or rehabilitated and / or refurbished	653 facilities	806 facilities	>100%
% of damaged schools rehabilitated	1,412 schools	709 schools	50%
% of targeted families benefited from the rehabilitation or reconstruction of their house	15,055 HHs	494 HHs	3%

2 100 per cent of projects were disaggregated by gender and age, but the Gender and Age Marker (GAM) was not rolled out in 2018.



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

Displacement tracking continued to be a top priority in the rapidly evolving situation, providing evidence-based data to inform emergency response efforts. In 2018, the Displacement Tracking Matrix (DTM) covered all 22 governorates and 333 districts in approximately 41,000 locations, including villages and neighbourhoods, across Yemen. In 2018, the DTM tracked an estimated 685,000 newly displaced people who fled the intensive conflict mainly from Al Hudaydah Governorate.

The 2018 Multi-Cluster Locations Assessment (MCLA) was designed and implemented based on the imperative to address information gaps and improve evidence-based humanitarian resource allocation across geographical areas, sectors, and population groups. The national, countrywide data collection exercise covered all population groups (IDPs, returnees, host community, non-host community, refugees and migrants) in 331 out of 333 districts in 6,791 locations, providing a strong evidence base for the 2019 Humanitarian Needs Overview (HNO). More than 8,000 questionnaires were completed through approximately 21,000 Key Informant Interviews (KIIs) conducted between September and November 2018.

The 2018 HRP included integrated multi-sector plans to provide a coordinated and improved response to the increased risk of famine, disease outbreaks and protracted displacement. Simultaneous scale-up of the response in the 107 famine at high risk priority districts was carried out by the four clusters - Food Security and Agriculture (FSAC), Nutrition, WASH and Health. The concentration of multi-sector response improved food security and nutrition levels in these districts. More than 50 per cent of the districts have shown an improvement either in food security and/or nutrition situation. The Integrated Famine Risk Reduction (IFRR) joint programming was planned to be first implemented in the 27 districts. However, a lack of dedicated funding to support this approach hindered the impact and ability to jointly monitor and implement the strategy. Additionally, many of

the most severe districts faced significant access constraints, especially 14 districts in Al Hudaydah hub, where IFRR pilots and programming were put on hold after the escalation of conflict in and around Al Hudaydah. As such, response priorities shifted to displacement, and humanitarian access became extremely challenging. Despite this, food security improved in 21 of the 27 pilot districts (78 per cent of all districts), whilst the districts with SMART surveys, 24.5 per cent saw improved nutrition situation, and 63 per cent showed improved WASH conditions.

Through an integrated cholera response in cholera high priority districts, Health and WASH partners, working closely with local institutions, managed to reduce the number of new suspected cases from 1.5 million in 2017 to 311,000 before the 2018 year-end. On the other hand, only 113 of the IDP hosting sites were covered with the provision of the multi-sector MSP. The low achievement is attributed to limited funding and partners' capacity, compounded with limited access to IDP hosting sites in some locations due to insecurity, and bureaucratic and administrative access challenges.

In late 2018, the Community Engagement Working Group (CEWG) developed and implemented the Community Engagement Perceptions Survey (CEPS). The CEPS conducted a total of 1,212 quantitative household-level surveys in 26 districts distributed across 13 governorates. CEPS key findings include priority needs, satisfaction with assistance received, perceptions of humanitarian assistance and preferred methods for communication.

Concrete steps were taken by the Humanitarian Country Team to further decentralize the response and realign activities based on accessibility. This included plans to establish sub-hubs in Al Mokha and Al Turba as well hubs in Al Mukalla and Marib.

INDICATOR	TARGET	REACHED	PERCENTAGE ACHIEVED
# of districts tracked via the Task Force on Population Movements (IDP tracking)	333	333	100%
% of clusters reaching their accountability targets as stated cluster AAP Framework	10 clusters	1 cluster	10%
% of priority districts reached with integrated famine response	27 (pilot districts)	The integrated famine response project was not rolled out as such and therefore could not be monitored	N/A
# of public information products issued in Arabic	60	77	>100%
% of IDP hosting sites covered with integrated response	80%	113	17%



## PREPAREDNESS

# EFFORTS

During 2018, partners developed two comprehensive inter-sectoral contingency plans - one national, countrywide plan and one area-based plan for Al Hudaydah. Both plans were based on planning assumptions and scenarios agreed by the humanitarian community. The plans outlined preparedness steps for an effective and timely humanitarian response to developments that were likely and expected to have an impact on needs and present specific challenges to humanitarian partners.

The national contingency plan presented the projected scenarios and outlined the analysis of risks and humanitarian consequences of a 'worst case scenario'. The plan projected displacements of upwards of 1.2 million people due to increased armed conflict along major front-lines and in urban centres, specifically in Al Hudaydah governorate. The plan focused on a decentralized operational approach to ensure continuity of response interventions by empowering and prioritizing support to frontline humanitarian partners.

In response, a YHF Reserve Allocation was launched aimed at boosting countrywide immediate response capacity focused on Hudaydah preparedness. This enabled to timely address the needs of newly displaced people in the months that followed. The allocation funded twenty-seven projects totaling approximately US\$90 million benefiting more than 2.5 million people with health, WASH, nutrition, food, shelter and other forms of assistance.

In November 2018, a preparedness plan was developed for Al Hudaydah city to address the emergency needs of people for one month in the event the city would become encircled, putting the most vulnerable civilians at grave risk. In response, partners prepositioned essential life-saving supplies in Hudaydah city including 40,000 food rations, 15,000 rapid response mechanism kits, 5,000 non-food items (NFI), 2,000 tents and other emergency shelter kits, and 34,000 hygiene kits. Medicines, trauma kits and nutritional supplies in health facilities were also stockpiled. A remote management plan was designed in the event that the security situation did not allow for maintaining core-staff implementing life-saving activities.





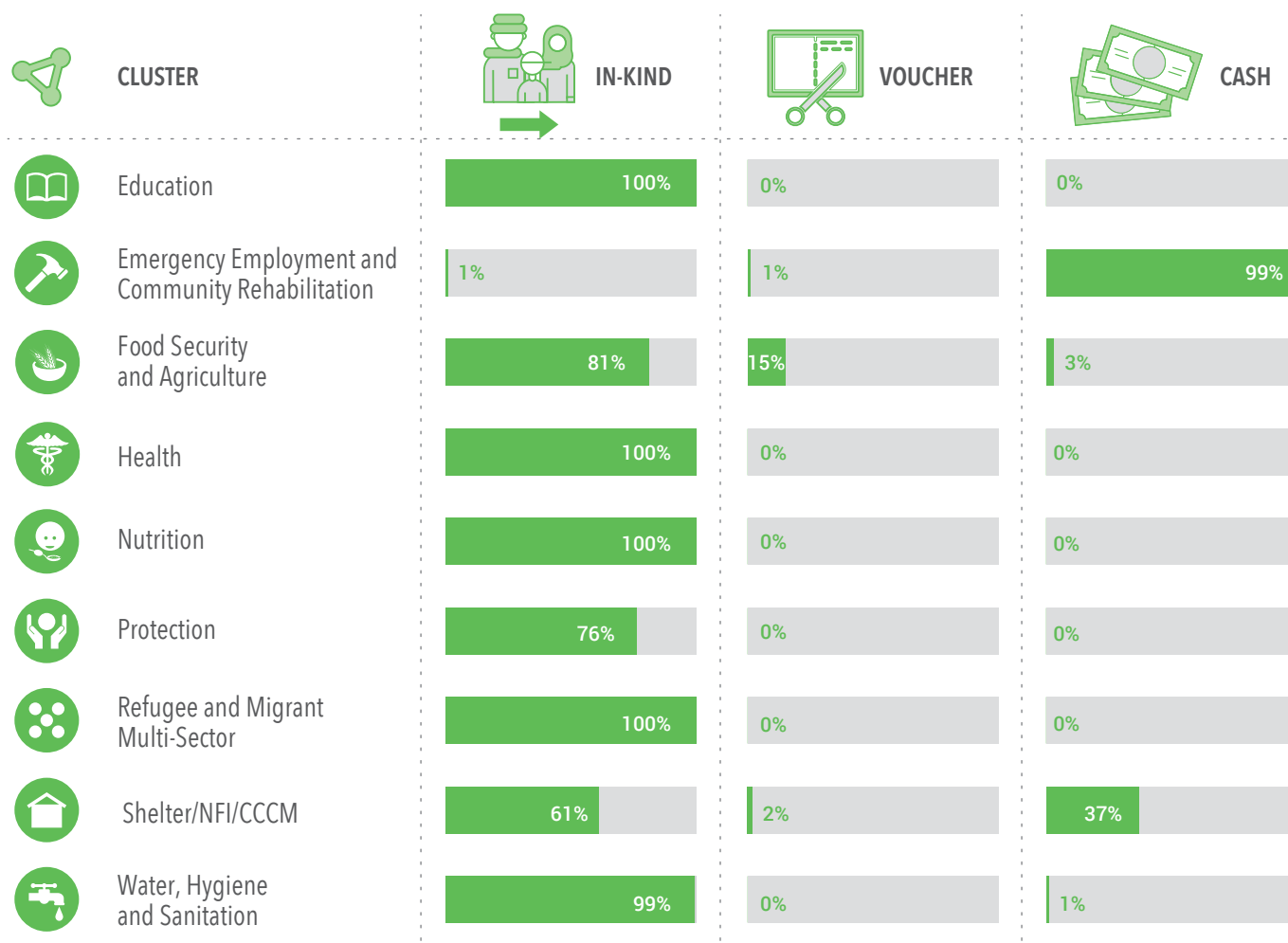
**RESPONSE**

# MODALITIES

The humanitarian response made a difference in the lives of millions of Yemenis through various modalities, including in-kind, vouchers and cash. The vast majority of the response continues to be based on in-kind assistance; however, market-based responses significantly increased in 2018. FSAC partners used cash and voucher modality the most, covering 1.4 million people across 17 governorates, an increase of 46

per cent from 2017 when only 948,000 people were provided with cash or vouchers. Cash and voucher modalities were also increasingly used by Shelter, Non-food Items (NFIs) and Camp Coordination and Camp Management (CCCM), Protection, RRM, and RMMS partners.

PEOPLE REACHED BY MODALITY BY CLUSTER 2018



source: cluster 4Ws (Jan - Dec 2018)

# FUNDING ANALYSIS

## 2018 FUNDING REQUIRED/FUNDING RECEIVED BY CLUSTER



FUNDING  
REQUESTED

US\$ **3.11** billion



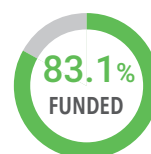
FUNDING  
RECEIVED

US\$ **2.58** billion



UNMET  
FUNDING

US\$ **525** Million



CLUSTER		REQUESTED	FUNDED	UNMET
Food Security and Agriculture		1,351.2	1133.2	218
Health		593.6	272.7	320.9
Water, Hygiene and Sanitation		298.8	157.3	141.5
Nutrition		210.3	163.8	46.5
Shelter and Site Management		195.3	75.7	119.6
Refugees and Migrants		106.7	42.3	64.4
Protection		130.5	78.8	51.7
Emergency Employment and Community Rehabilitation		59.5	25.8	33.7
Education		75.3	49.3	26
Logistics		61.7	36.7	25
Coordination		22.9	28.6	0
Emergency Telecommunications		2.2	0.7	1.5
Multiple Clusters		N/A	61.6	N/A
Not yet specified		N/A	488.8	N/A
<b>TOTAL</b>		<b>3,108.1M</b>	<b>2,583.1M</b>	<b>525M</b>

# PART II: CLUSTER CHAPTERS



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## FOOD SECURITY AND AGRICULTURE

### Progress towards cluster objectives

The 2018 Food Security and Agriculture Cluster (FSAC) strategy aimed to (i) increase access to food for highly vulnerable families across the country; and (ii) increase rural household incomes and rehabilitate food security assets in areas with a high level of food insecurity.

Between January and December 2018, FSAC partners consistently assisted an average of 7.5 million people with regular monthly emergency food assistance through in-kind, cash transfers and voucher transfers, reaching 88 per cent of their target. The Cluster coordinated the largest emergency food assistance operation in the world - reaching over 8 million beneficiaries in July for the first time ever - thereby averting the potential of widespread famine. In addition, by the end of December 2018, a total of 2.26 million people, 37 per cent of the target, had been provided with livelihoods assistance, 2.1 million people received emergency agricultural, livestock and fisheries kits, and around 160,000 people had received longer-term livelihoods support.

In addition, food insecurity estimates were provided based on real time and robust market monitoring data that was critical to the development of the Famine Road Map. The first ever district-level Integrated Phase Classification (IPC) analysis and famine risk monitoring (FRM) assessments were carried out for all 333 districts in Yemen, improving the FSAC capacity to target the most affected communities across Yemen.

### Changes in context

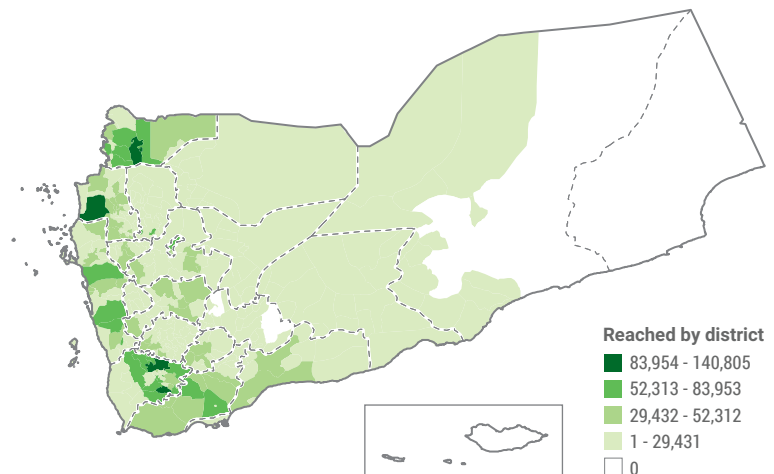
With two-thirds of the population food insecure in 2018, Yemen was the world's largest food security crisis. The ongoing conflict and the resultant economic crisis were the main drivers of food insecurity. Between August and October 2018, the Yemeni rial lost nearly 65 per cent of its value against the US dollar compared with the previous year. As a result, the price of basic commodities soared. Despite some recovery towards the end of the year, exchange rates remained volatile.

By the end of 2018, slightly more than 20 million Yemenis - 67 per cent of the population - were food insecure; this is unprecedented

### 2018 CLUSTER PROGRESS AGAINST OBJECTIVES, INDICATORS AND TARGETS



#### Food Security and Agriculture



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of individuals receiving regular emergency food assistance (in kind, cash transfers, or voucher transfers)	Individuals	8,404,167	7,371,828*	88%
Number of individuals provided with access to emergency agricultural, livestock or fisheries kits and longer-term livelihoods restoration support	Individuals	6,100,000	2,256,970	37%

\*monthly average

and there was a 13 per cent increase over the course of the year. Of the 20 million people who were food insecure, 9.6 million were facing emergency food insecurity conditions and were one step away from famine (IPC Phase 4) – a 14 per cent increase in a year and almost twice the pre-conflict figure. For the first time, assessments have confirmed that close to a quarter of a million people (238,000 individuals) are facing catastrophic levels of hunger (IPC Phase 5) and are barely surviving. Any change in their circumstances, including any disruption in their ability to access food on a regular basis, will bring them to the brink of death.

### Key gaps

Food insecurity was most severe in areas where there was active fighting and particularly affected IDPs, communities hosting IDPs, marginalized groups, fishing communities and landless wage labourers. At least 2 million IDPs, 60 per cent of the total number of IDPs, faced worse food security outcomes than other sections of the population; IDPs living in collective centres are particularly affected. Female-, elderly- and disabled-headed households were also seriously affected. All these groups have virtually exhausted their coping strategies and have limited social support.

The worst affected areas are in Al Hudaydah, Amran, Hajjah, Taizz and Sa'ada governorates. In terms of magnitude, Al Hudaydah, Amanat Al Asimah, Dhamar, Hajjah, Ibb and Taizz governorates each have more than 1 million people in IPC Phase 3 in crisis conditions and above. Thirteen governorates had pockets where the population experienced catastrophic conditions (IPC Phase 5): Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Mahwit, Amran, Hadramaut, Hajjah, Ibb, Lahj, Sa'ada and Taizz. The IPC Phase 5 population was spread across 45 districts within these governorates. Conflict meant there was limited or no access in Hays, Ad Durayhmi and Al Tuhayta districts in Al Hudaydah; in Aslem, Haradh, Midi, Kushar, Aflah al Yemen districts in Hajjah; or in Damt district in Al Dhale'e. In Taizz, where the parties controlled different areas, the scale-up of emergency food assistance was seriously hampered by security issues.

The low reach of agricultural livelihoods assistance was caused by constraints on the import of livestock vaccines,

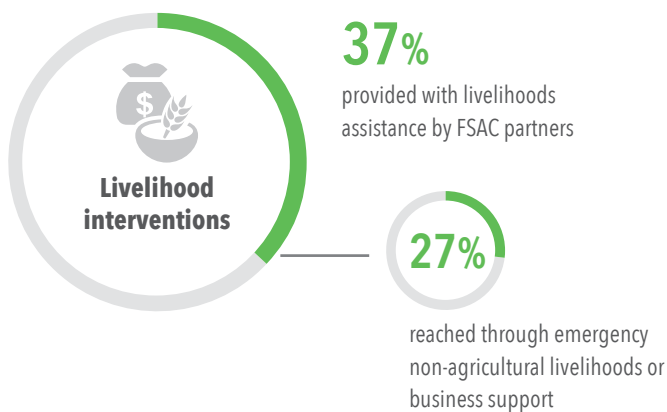
a critical component in livelihoods activities. Additionally, access restrictions caused by the escalation of the conflict in districts targeted for livelihoods activities meant work had to be suspended in Ad Durayhmi, Zabid, Al Garrahi, and At-Tuhayta districts in Al Hudaydah, and Aslem District in Hajjah. In some cases it was possible to re-direct livelihood interventions to different areas with high needs but this resulted in delays and lower beneficiary numbers in Al Hudaydah and Hajjah.

### Key challenges

- Access impediments - conflict and administrative - restricted monitoring of programmes and obstructed the delivery of assistance in some locations.
- Interference by the authorities in critical cluster activities, for example in the selection of implementing partners and targeting of beneficiaries.
- Fluctuation and depreciation of the Yemeni rial leading to liquidity issues that affected market-based programmes. This also eroded enormous gains made in improving food security.
- Visa constraints leading to low staffing levels.
- Import restrictions leading to a reduced flow of commercial products.
- Redirecting all containers to Aden during the escalation of the conflict in Al Hudaydah leading to congestion at the port of Aden.
- Incessant delays in custom clearances resulting in a reduced flow of humanitarian cargo.
- Multiple checkpoints and shifting front lines causing disruptions to the food supply chain.

In 2019, the focus will be on strengthening capacities and increasing partnerships. The Cluster will undertake a significant scale up of market-based interventions and re-target households aided by biometric registration. A key priority for FSAC, working with the Nutrition, Health and WASH clusters, will be to build on the 2018 IFRR programming to reduce the risk of famine.

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## NUTRITION

### Progress towards cluster objectives

The 2018 Nutrition Cluster strategy aimed to (i) reduce the prevalence of acute malnutrition among children under age 5 and PLW; and (ii) strengthen preventative nutrition services for vulnerable population groups.

The number of children admitted and treated for severe acute malnutrition (SAM) increased by 31 per cent up from 263,313 in 2017 to 345,661 in 2018, and the Cluster achieved 129 per cent of its target. Over 4 per cent (14,252) of children with SAM were admitted to Therapeutic Feeding Centres (TFCs) as they were suffering from SAM with complications, 82 per cent more than in 2017.

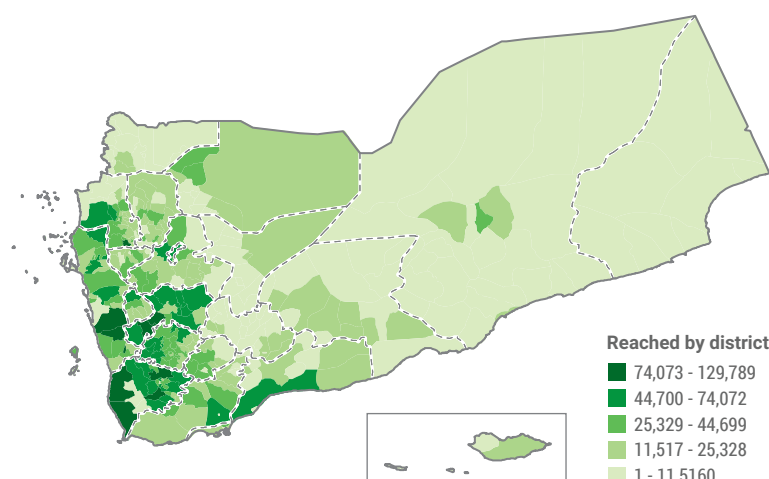
The number of children with moderate acute malnutrition (MAM) admitted to targeted supplementary feeding programmes (TSFPs) increased by 57 per cent, up from 360,163 in 2017 to 568,332 in 2018, meeting 77 per cent of target. A total of 408,148 PLW were admitted to TSFPs during

the year, meeting 72 per cent of target. Nutrition services were scaled up considerably in 2018: 319 new outpatient treatment programmes (OTP) sites were opened, which brought the total number of OTPs across the country to 3,623 and geographical coverage to 83 per cent.

A total of 345,096 children under age 2 and 454,225 PLWs were included in blanket supplementary feeding programmes (BSFP), meeting 81 and 123 per cent of target respectively. Multiple micronutrient powder supplements were provided to 855,054 children under age 2, surpassing the target by 29 per cent. Vitamin A supplements were provided to 3,424,667 children under age 5; 738,865 children between age 2 and age 5 were dewormed; and iron-folic acid supplements were provided to 1,191,017 pregnant women. Seventeen SMART surveys were conducted at the governorate level; 15 of them were used in the 2019 HNO analysis and caseload projections.



#### Nutrition



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of children (aged 6-59 months) treated for Severe Acute Malnutrition (SAM)	Individuals	267,913	345,661	>100%
Number of children (aged 6-59 months) treated for Moderate Acute Malnutrition (MAM)	Children	734,749	568,332	77%

## Changes in context

Increases in household food insecurity, disease outbreaks, the collapse of the health system, economic decline, and high inflation contributed to the deteriorating nutrition situation. In 2018, the number of districts with critical levels of acute malnutrition increased from 79 districts to 91 districts, the equivalent of 27 per cent of all districts across the country. The number of people in need of nutrition services increased by 5 per cent over the same period. Stunting increased from 46.5 per cent in 2015 to 48.2 per cent in 2018.

The number of people in need of nutrition services increased by 5 per cent over the same period. Stunting levels remained very high at 46 per cent with no significant change between 2011 and 2018.

This implies that, while the nutrition situation remained relatively stable at the national level, in some areas there was a significant deterioration and 12 districts moved from serious to critical levels. OTP admissions have increased by 70 per cent since 2014, with reporting rates and geographic coverage increasing from 50 per cent in 2015 to 83 per cent in 2018. This is attributed to the scale-up of nutrition programmes especially the active case finding interventions in the community such as mass screening campaigns and regular outreach activities.

TSFP admissions increased by more than 200 per cent during the same period. Altogether, national-level GAM rates have remained stable, barely moving from 12.7 per cent in 2014 to an estimated 12 per cent in 2018.

Economic collapse and resulting inflation affected families' purchasing power, including the ability of some families to pay for transport to take children suffering from SAM with complications for treatment. As a result, UNICEF and other stakeholders funded transport costs to TFCs for children in this situation.

Nutrition Cluster partners continued to provide nutrition services to IDP settlements through deployment of mobile teams which provide integrated health and nutrition services. Additionally, IDP sites were part of a mass screening campaign for active case finding in Hajjah, Aden, Dhamar, Amran and Abyan governorates. However, it was difficult to track whether all IDP sites were covered with these services because of the very different nature of nutrition and health interventions which were not provided together. Nutrition interventions were community-based allowing one mobile team to cover more than 10 IDP sites situated close to each other.

## Key gaps

Interruptions in MAM supplies due to insecurity, restrictions on partners transporting supplies, delayed approval of partners' projects and other movement restrictions delayed the scale up of MAM and BSFP services. Additionally, the geographic coverage of nutrition services varied considerably. Al Maharah Governorate had the lowest <sup>3</sup> OTP coverage while six governorates had very low coverage for TSFP<sup>4</sup> partly due to the fact that the OTP scale-up in Al Maharah began late in 2017 while some of the districts were not prioritized for a TSFP response in 2018. Fifteen districts (in Hadramaut, Dhamar, AlJawf, Taizz, Al Bayda, Shabwah, Al Mawit and Rayman) were prioritized for TSFP but this was not implemented due to access issues and insecurity.

## Key challenges

- Supply chain interruptions when Al Hudaydah port stopped being used, mainly for nutrition supplies procured by WFP, and access to almost 900 metric tons (MT) of nutrition commodities was lost.
- Bureaucratic delays in getting the authorities' approval for nutrition cluster partner projects
- Restrictions on the movement of partners which limited project monitoring and the quality of projects in some areas.
- Though the Nutrition Cluster succeeded in implementing SMART surveys in 17 governorates across the country, there were delays in conducting some surveys due to bureaucratic delays by government institutions in the approving survey results.
- The new strategy from the authorities to restrict the implementation of outreach services and mobile nutrition teams limited response coverage in remote areas.

3. In Al Maharah Governorate, less than 50 per cent of health facilities provided OTP and TSFP services

4. Al Jawf, Al Maharah, Al Mahawit, Rayaman, Amanat Al Asma and Sana'a rural coverage where less than 50 per cent of health facilities provided TSFP services.



## HEALTH

### Progress towards cluster objectives

The 2018 Health Cluster response strategy aimed to (i) improve access to primary, secondary and tertiary health care, including district hospitals, in high priority districts; (ii) help ensure that 70 per cent of health facilities in 149 high priority districts were able to respond to epidemics and outbreaks; and (iii) help restore the functionality of at least 50 per cent of closed or damaged health facilities in 149 high priority districts.

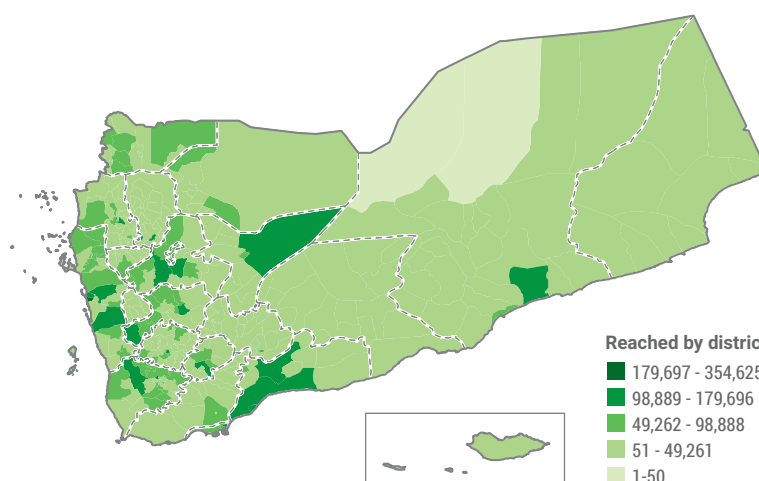
Health Cluster partners reached over 98 per cent of the targeted population through more than 2,200 health facilities supported by partners; over 12 million consultations were provided; 36,491 trauma cases were treated; and 16,616 mental health consultations were provided. Skilled birth attendants conducted 255,172 deliveries and more than a million women received antenatal and postnatal care. More than 488,000 surgical operations were performed and approximately 13,000 health staff were trained on the Minimum Service Package, whilst 2,042 midwives were trained on safe motherhood.

The WHO and Health Cluster partners made significant progress in expanding immunization coverage through routine immunization and vaccination campaigns. Slightly over half a million children under age of 1 were given the Penta 3 vaccine. About 5 million children under age 5 received the polio vaccine in two nationwide campaigns. In response to the diphtheria outbreak, two campaigns were conducted in 62 high priority districts targeting the most affected age group – children between the ages of 6 weeks and 15 years. During these campaigns over 3 million doses of diphtheria vaccine were administered. In other campaigns, more than 1 million children aged between 6 months and 15 years were vaccinated against measles/rubella in 50 districts where the incidence of measles was high.

Improved coordination between the Health and WASH clusters was instrumental in stopping the transmission of cholera and decreasing the number of suspected cholera cases from over a million in 2017 to 371,000. More than 23 health partners responded to the cholera outbreak by activating over 500 cholera treatment facilities -151 Diarrhoea Treatment



### Health



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of children under one year received penta 3 vaccine	Children	700,055	567,413	81%
Number of deliveries assisted by a skilled birth attendant	Individuals	300,000	255,172	85%

Centres and 353 Oral Rehydration Corners - across Yemen in 192 priority districts. Four oral cholera vaccination campaigns were conducted in eight priority districts in Al Hudaydah, Aden and Ibb governorates, with more than 70 per cent coverage.

More than 806 health facilities were renovated or rehabilitated and/or refurbished in 2018. The Disease Early Warning System (eDEWS) was strengthened with more than 90 per cent of sentinel sites (1,982) submitting weekly surveillance reports, exceeding the 80 per cent target. The eDEWS is essential to preventing, investigating and responding to disease outbreaks.

The Health Cluster enhanced health coordination in 2018, working with more than 70 health partners. In addition, there were active sub-national health clusters in Aden, Sana'a, Al Hudaydah, Ibb and Sa'ada. During the year, a health assessment was conducted using the Health Resources Availability Mapping System (HeRAMS) tool in all the governorates. The Health Cluster has five technical working groups including the Mental Health and Psychosocial Support (MHPSS) working group shared with the Protection Cluster.

## Changes in context

Health needs increased during the year with conflict induced displacements mainly in Al Hudaydah and Hajjah. Health systems and services were strained in districts receiving IDPs and more than a dozen health facilities closed in conflict-affected districts. Attacks on health facilities and health services continued and there were seven such attacks during the year, increasing the pressure on other health services. Other pressures included the need to respond to civilian casualties from ongoing hostilities.

The Health Cluster regularly updated contingency and preparedness plans for Al Hudaydah and other governorates in coordination with other clusters. It mobilized more than 10 health partners to provide life-saving health services in Al Hudaydah Governorate and City, Bayt Al-Faqiah, Ad Durayhimi, At-Tuhayta, Zabid, and Al-Garrahi. More than 20 emergency medical and surgical teams were deployed in Al Hudaydah to support the response to escalated health needs resulting from conflict and displacement.

The Luban Cyclone which hit the south coast in October 2018 affected four districts in Al-Mahrah -Al-Ghaidha, Al-Masila, Qishen and Shehen - and Al-Raidha Wa Qasiaer in Hadramaut. The Cyclone led to the disruption of health services in more than 15 facilities causing damage to equipment, laboratories, cold chain for vaccines and drugs, and medical supplies. The Health Cluster provided 30 MT of essential medicines and supplies, cholera and malaria kits, and generators, and supported health authorities with operational costs, and helped to conduct vector control campaigns.

The year ended with an almost 20 per cent increase in the number of people in acute need of health assistance. Priority target groups for health response were IDPs, people living with disabilities, women of reproductive age, children under age 5, and the elderly. The Health Cluster considers these groups to be in acute need (severity levels 4-6). There were almost 9.3 million people in this category, and during the year a million displaced people were added to the caseload.

## Key gaps

Health Cluster partners faced difficulties in maintaining unhindered access to conflict-affected districts. Reports from health partners in these areas indicated that the availability of life-saving and life-sustaining medicines and medical supplies was unpredictable in most health facilities. About 14 per cent of health facilities were non-functional and another 35 per cent were partially functional due to a lack of funding for operational costs, a lack of medical personnel and lack of equipment, medicines and medical supplies (HeRAMS 2018).

Fewer specialized staff remained in district and tertiary hospitals: 53 per cent of health facilities lacked general practitioners, and 45 per cent of functional hospitals lacked specialists. Nationally, there were 10 health workers per 10,000 people – less than half the WHO minimum benchmark of 22 per 10,000 of the population. Many health personnel have not received regular salaries for two years. Training remained a critical need for health workers, and qualified professionals required continued support with incentive payments to ensure that the health system remained functional.

Immunization coverage dropped by 20 per cent to 30 per cent in 2018 as compared to pre-crisis coverage mainly in remote and conflict-affected areas, resulting in the re-emergence of vaccine preventable diseases such as diphtheria and measles.

There was a major gap in provision of reproductive health services, with only about 20 per cent of health facilities offering integrated maternal and child health care.

Non-communicable disease (NCD) needs remained high, while limited resources were allocated for the treatment of NCDs such as cancer and renal failure. Less than 40 per cent of secondary health facilities provided services for non-communicable diseases or mental health.

Health facilities will require continuous, dependable stocks of medicines, equipment and medical supplies, with support for supply chain management, while damaged and closed facilities need urgent repair, renovation and/or rehabilitation.

## Key challenges

- Ensuring the continuity of health care at all levels remained a huge challenge, mainly due to insufficient and strained human and financial resources, disrupted health systems, poor accessibility and insecurity.
- Epidemic management remained a challenge especially for cholera due to poor sanitation and dilapidated water infrastructure.
- The provision of medicines and medical supplies in various locations across the country affected by conflict and/or import challenges, resulting in health facilities running low or out of supplies.
- Operational impediments arising from administrative delays by the authorities in approving projects were a constant challenge in 2018. This frequently affected the capacity of partners to effectively address critical health needs in a timely manner.
- The increase in the number of IDPs and frequent displacements placed a strain on the delivery of health services. Attacks on health care facilities was a threat to the sustainable delivery of health services, as the health staff and beneficiaries left for safer areas. The rise in vaccine preventable and non-communicable diseases placed an additional burden on already strained health systems. Coordinating and containing multiple disease outbreaks was another challenge.
- Funding gaps remained a major issue affecting the provision of health care services across the country. In 2018, only 47 per cent of essential health care services were funded.





## WATER, SANITATION AND HYGIENE

### Progress towards cluster objectives

The Water, Sanitation and Hygiene Cluster (WASH) reached 7.3 million people under its strategic objective focused on first line activities providing emergency and life-saving WASH assistance to the most vulnerable to reduce excess morbidity and mortality.

Over 9 million people were reached through cholera response interventions, including through Rapid Response Teams (RRTs), the provision of water disinfectants, hygiene awareness and quick impact infection control interventions. In addition, 1.3 million people were reached through temporary and emergency water and sanitation interventions. For second line and full cluster response, 80 per cent of the targeted 7.5 million people were reached. This includes 6 million people supported with sustained safe water through infrastructure operations, rehabilitation and maintenance interventions and 3.8 million through sanitation systems.

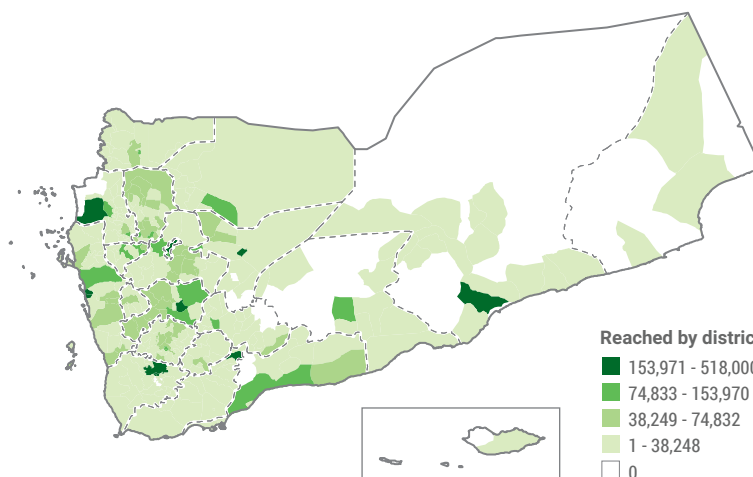
WASH Cluster capacity continued to grow in 2018, with an increased number of WASH actors, particularly national organizations. Continued emergency needs, including the cholera outbreak, increased conflict and famine risks, triggered a WASH response scale-up. Overall WASH Cluster partners reached an estimated 11.5 million people compared with 8.9 million in 2017. This involved a considerable scale up in support for systems, emergency WASH service provision and RRTs.

As of December 2018, 67 WASH partners were working in all 22 governorates, compared with 47 in 2017. The majority (41) are national actors, including NGOs and local authorities. WASH coordination mechanisms were in place across the country, including dedicated coordination and information management capacity at the national level, and coordination capacity at the sub-national level. A dedicated WASH Cluster advisor will lead the development of the WASH Cluster capacity-building strategy in 2019, to strengthen the capacity of partners at national and sub-national levels.

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### Water, Hygiene and Sanitation



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of people served by support to operation, maintenance and rehabilitation of public water systems	Individuals	7,288,599	6,046,407*	83%
Number of people provided with hygiene kits (basic and consumable)	Individuals	6,090,431	6,622,308*	>100%

\*monthly average

## Changes in context

WASH needs significantly increased in 2018, due to the ongoing conflict, insecurity, economic collapse and chronic under-development. Deteriorating sanitation conditions across the country arising from a lack of development and displacement had a huge impact on diarrhoeal disease and the risk of malnutrition, which was a major contributor to famine risk, especially for children under age 5 and PLW. Moreover, the natural disasters such as cyclones in the south also resulted in new displacements, damage to the water supply and sanitation facilities.

The estimated number of people in need of WASH assistance increased from 16 million to 18 million people in 2018. In parallel, there was a significant shift from people in moderate need to acute need. While the population in moderate need reduced by 600,000, an additional 2.7 million fell into acute need the number of people in acute need rose from 11.6 million to 14.3 million people and the number of districts in acute need rose from 222 to 236. Critically, the number of districts in acute need of sanitation support increased over four-fold from 36 to 167 districts, of which 86 districts were at the highest severity, and under 15 per cent of the population had safe access to sanitation. The number of districts with cholera attack rates exceeding 200 suspected cases per 10,000 of the population increased from 95 to 188 districts. Despite an overall decrease in the total number of suspected cases, the geographical spread of cholera has increased.<sup>5</sup>

## Key gaps

In 2018, key gaps in the WASH Cluster response arose in two key areas. Firstly, there was a significant gap in the response to IDPs, for both immediate and sustained needs. This was a concern for IDPs in collective centres and spontaneous settlements. Over 50 per cent of IDP hosting sites lacked basic services and do not meet minimum WASH standards. This reflected the focus of WASH partners on cholera control and highlighted a lack of emergency capacity and flexible modalities to respond to new and emerging needs.

Secondly, sanitation interventions remained a significant gap. Areas with poor sanitation conditions, including overflowing sewage or septic tanks and homes without latrines are at significantly greater risk of cholera. In 2018, only an estimated 58 per cent of IDP sites had access to sanitation facilities. In cholera high risk districts, WASH analysis showed 161 of 192 (84 per cent) cholera hotspot districts and 72 out of 107 (67 per cent) famine risk districts have no active sanitation partner or response. With regard to sanitation, the response plan for 2018 targeted 5.1 million people out of 11.6 million in acute need of WASH assistance. Thirty-four per cent of those targeted were supported at the systems level, including solid waste collection, whilst 20 per cent were targeted with

household level interventions. In 2018 only 27 per cent of the target for household emergency sanitation was met.

## Key challenges

- INGOs and NNGOs faced the most challenges, mainly as a result of the security and travel permits required within the country and visas required to bring international staff into the country.
- One of the most significant impediments was, and remains, the slow process of getting approval from the authorities for project sub-agreements. This causes delays in implementation and prevents rapid response.
- An additional challenge facing partners was the lack of emergency WASH expertise in-country. Despite the high technical capacity of staff, emergency WASH interventions are limited due to the gap in knowledge and expertise in-country. Human resource capacity and recruitment processes have been cited by partners as a major barrier to the provision of an effective response.
- WASH agencies also indicated that supplies are a challenge in Yemen, particularly the time lag time for releasing core pipeline supplies, and that international procurements and tendering procedures significantly delay programmes. In addition, the strain on local supplies and the increasing cost of items, including fuel, affected programme delivery.
- Lack of partners for scaling-up prevention-related WASH projects in high-risk areas. Most of organizations were addressing first line response needs except UNICEF, which expanded on prevention-related interventions.
- Public sector employees have worked without salaries for the last two years and there was no budget for operation and maintenance of facilities.
- Energy crises were a concern for operating water supply and waste water systems, which are dependent on high value fuel assistance.



## PROTECTION

### Progress towards cluster objectives

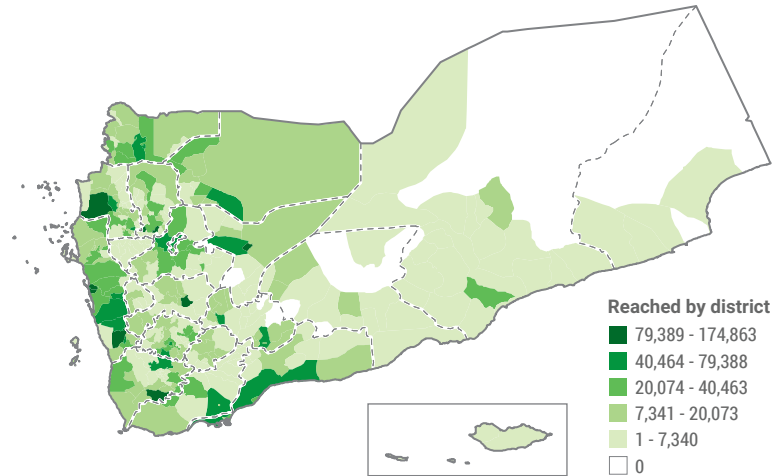
The 2018 Protection Cluster strategy aimed at (i) providing specialized assistance to people with specific protection needs, including victims of violence; and (ii) supporting protection community centres, programmes and protection networks. During the year, the Protection Cluster, including its Child Protection and Gender-Based Violence (GBV) Sub-Clusters, were able to reach 4.8 million people of the 5 million targeted, despite serious operational constraints. In its first line response, to provide for the immediate protection needs of highly vulnerable people, cluster partners identified, referred or provided specialized services for more than 142,000 people with specific needs, including women and children; provided more than 60,000 households with protection cash assistance to address or mitigate protection incidents or situations; distributed more than 120,000 family, transit and dignity kits; provided mine risk awareness to more than 2.1 million people, and surveyed and cleared more than 6.3 million

square metres of contaminated land. Eighty per cent of grave child rights violations were and documented for response and advocacy. First line responses integrating protection, child protection and GBV activities were significantly strengthened through 33 community centres, women and girls' safe spaces and multi-sectorial services, most of which were set up in 2018.

With its second line response of facilitating the work of community-level solidarity initiatives, Protection Cluster partners trained more than 13,000 community volunteers and service providers and supported community programmes and initiatives for more than 1.1 million people. Cluster partners also helped communities prevent and address protection issues by building the capacity of national, district and community partners and institutions to promote safety, support survivors of violence, and help resolve local level disputes. The number of Protection Cluster partners increased from 26 to 49 in 2018. In addition to embarking on its integrated strategy focused on community centres providing



### Protection



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of individuals benefiting from psychosocial support (not including CP or GBV)	Individuals	259,514	81,066	31%
Number of children reached with critical child protection services (family tracing and reunification, case management, victim assistance)	Children	12,932	15,846	>100%
Number of GBV beneficiaries reached with life-saving GBV multi-sectoral services and support	Individuals	31,567	51,500	>100%

a range of protection responses, including child protection and GBV services, the Cluster invested in strengthening key priority activities, such as victim assistance and case management, civilian impact monitoring, mental health and psychosocial support, and a GBV mainstreaming programme covering all clusters across the country.

## Changes in context

Conflict, indiscriminate attacks and violations of international humanitarian law continued unabated throughout the reporting period, highlighting the paramount importance of the protection of civilians and assisting victims of conflict. According to the Protection Cluster's Civilian Impact Monitoring Project, there were an average of 45 incidents a week affecting civilians and almost 100 civilian casualties per week. Civilian casualties verified by OHCHR increased 11 per cent year-on-year between September 2017 and August 2018. More than half of the casualties occurred in victims' own homes, at markets or in cars and buses. Following a 64 per cent increase in displacement, protection needs for IDPs and IDP returnees have risen including the need to access services, civil documentation, family reunification; and housing, land and property needs.

Grave violations against children remained high, there was a 51 per cent increase in verified cases of killing and maiming of children compared to the previous year. Urgent needs persisted for mine risk education for children, and for mental health and psychosocial support for children and adolescents. As reports of GBV continued to increase, survivors need multi-sectoral GBV services. Women and girls' economic empowerment continued to be a priority, with a large number of female-headed households and early marriage survivors facing higher risks and increased vulnerabilities than the average in terms of poverty and deprivation.

The number of people in need of protection assistance increased by 12 per cent in 2018, up from 12.9 million to 14.4 million people, as the conflict continued to have a serious impact on civilians, including women and children, heightening the vulnerabilities of the displaced and the conflict-affected population. The most significant increases in severity were seen in Al Hudaydah, as a result of the military escalation on the western coast, as well as in Amanat al Asimah, Marib, Al Jawf, Al Bayda and Al Dhale'e governorates. Decreases in the number of people in need of protection assistance were documented in Shabwah, Maharah, Hadramaut, Aden and parts of Taizz, reflecting a lower level of conflict compared to last year. The number of people in acute need increased by 27 per cent to 8.2 million people compared with 6.5 million last year. This reflects a deepening of the protection crisis, particularly in areas where intense conflict occurred last year, mainly in Al Hudaydah, Amanat al

Asimah, Al Dhale'e and Hajjah governorates.

## Key gaps

The Protection Cluster reached 97 per cent of its targets in most of its first line responses. The exception was protection cash assistance to address and mitigate protection incidents or situations; under-performance in this area was due in part to limited funding and operational constraints. More than 50 per cent of the people reached by the Protection Cluster were in Al Hudaydah, Hajjah, Amanat Al Asimah, Ibb and Taizz, while there were gaps in provision in some governorates including Sa'ada, Al Jawf, and Marib, mainly because of a lack of protection partners. Major gaps remained in almost all second line responses, including community-based protection networks, community protection initiatives, GBV prevention and community resilience for adults. This was also due to limited funding, as well as operational and access constraints which blocked activities. Overall, key gaps related to the need to strengthen programmatic focus in providing victim assistance and mental health and psychosocial support, as well as continuing the integration of protection- including child protection and GBV - through additional community centres and providing minimum protection services at IDP collective sites.

## Key challenges

- A key challenge was the shortage of technical protection specialists, particularly among international NGOs, to provide guidance and capacity-building for the increasing number of national NGOs providing protection services. The number of national NGOs in the Protection Cluster almost tripled in 2018, highlighting the vast need for technical support among partners implementing new programmes.
- Humanitarian access remained a key challenge, including for certain activities which experienced blockages during the year.
- Sub-national coordination capacity remained a key challenge, requiring further focus in 2019.



# SHELTER, NON-FOOD ITEMS AND CAMP COORDINATION AND CAMP MANAGEMENT

## Progress towards cluster objectives

The Shelter, Non-food Items (NFI) and Camp Coordination and Camp Management (CCCM) Cluster response strategy for 2018 aimed to (i) provide safe, appropriate shelter and essential household items to displaced and highly vulnerable families; (ii) help to ensure that hosting, emergency and transit sites meet minimum standards for safety and dignity; and (iii) identify gaps in service provision in hosting, emergency and transit sites and facilitate actions to address these.

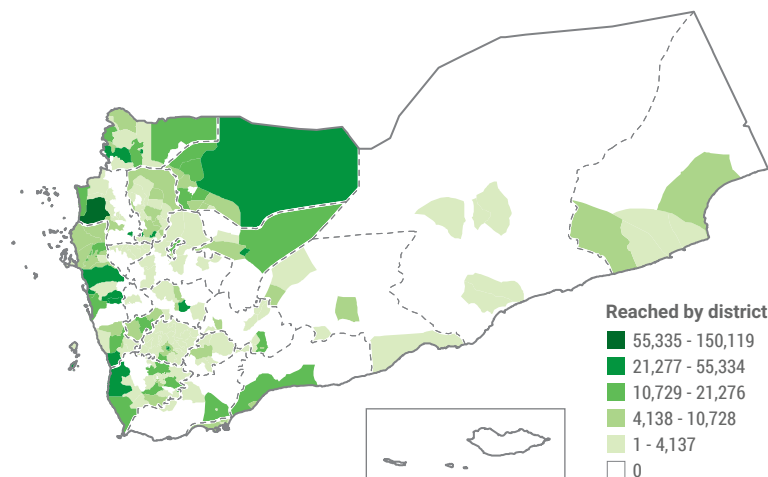
In 2018, the Cluster received \$75.7 million, approximately 39 per cent of the \$196 million budget requested. The Cluster assisted 1.4 million people of the 3 million people targeted, achieving 46 per cent of the cluster target despite limited funding and operational challenges. Implementation was low in the first

quarter of the year but improved during the third quarter when additional funding became available. The first line response included NFI distributions for 104,560 families in urgent need of essential household items. Emergency shelter assistance was provided to 29,381 families. Cash-for-rental subsidies was provided to 67,568 families, which exceeded the 2018 target due to the high number of vulnerable families who were under the threat of eviction as they were unable to pay rent. About 120 families benefited from the rehabilitation of their houses. These distributions and cash grants ensured that families had adequate individual, general household and shelter support to ensure their health, dignity, safety and well-being.

Site management activities covered 8,100 IDPs, improving living conditions in 113 priority IDP settlements in Amran<sup>6</sup>, Hajjah, Dharmar, Marib, Al Hudaydah, Lahj, Aljawf, Taizz and Ibb governorates – 17 per cent of the cluster target and 13 per cent of the overall number of sites countrywide. Of the \$75.7 million funding for the Shelter/NFI/CCCM Cluster, only \$1.5 million covered Site Management and Coordination (SMC)

6. Sites were prioritized based on accessibility, partner presence and the criticality of needs as per the 2018 HNO results.

### Shelter and Site Management



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of families received Non-Food-Items (NFIs)	Households	142,466	104,560	73%
Number of families received Emergency Shelter (ES)	Households	83,640	29,381	35%



activities, which focused on site monitoring and identification of gaps in WASH, Shelter/NFI, food, nutrition, health, education, coordination and capacity-building. In 2018, the Cluster also focused on capacity building of NGOs and authorities on SMC to address gaps. Second line response focused on the provision of winterization assistance for 20,409 families to protect them from the harsh weather during the winter months. Under the full cluster response, the Cluster assisted 374 families to reconstruct their destroyed and damaged houses.

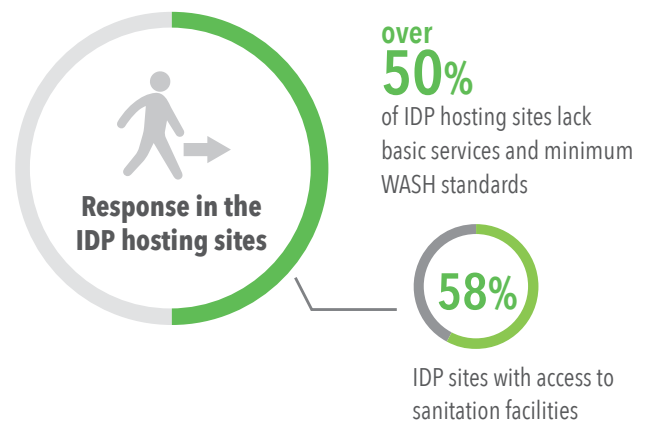
During 2018, the Shelter/NFI/CCCM Cluster embarked on a capacity enhancement strategy to improve and expand its coverage and reach. By the end of 2018, there were 90 partners - 2 UN agencies, 82 NNGOs and 6 INGOs - actively implementing and engaged in the Cluster, an increase of 50 partners from the beginning of the year, as a result to of the expansion in membership among NNGOs who can access hard-to-reach areas such as Al Hudaydah, Hajjah, Taizz, Al Jawf and Al Bayda governorates.

## Changes in context

A total of 6.7 million people needed shelter, NFI and CCCM support by the end of 2018, a 24 per cent increase on the previous year. The deterioration of the Shelter/NFI/CCCM situation was a result of the intensified conflict and shifting frontlines, coupled with insecurity and recurrent natural disasters. High numbers of newly displaced people contributed to increased needs in displacement locations. The alarming deterioration of the Yemeni economy compounded the situation, including the depreciation of the local currency, unprecedented increases in the price of fuel and high inflation rates leading to higher prices of basic commodities in local markets including household items and shelter materials. A multi-sector response is needed to provide targeted assistance to address specific needs and vulnerabilities.

## Key gaps

The Shelter/NFI/CCCM Cluster reached 46 per cent of the 3 million people targeted, with only 39 per cent of the \$195 million funding requested for 2018. Lack of funding was the key factor that prevented the Cluster achieving more. In terms of gaps, within the first line response, 69 per cent of the planned construction of transitional shelters was not met, 65 per cent of the emergency shelter target was not met, 27 per cent of the planned NFI target were not distributed and 35 per cent of those requiring site management structure support did not receive this. Integrated multi-sector response was also provided in only 113 priority IDP settlements (17 per cent). In terms of the Cluster's second line response, the main gaps were the complete lack of progress in implementing maintenance or upgrading shelters and a 64 per cent gap in the provision of winterization support. With regard to the third line response, 87 per cent of the planned target for the reconstruction of destroyed houses was not met. Geographical gaps were mainly in Hadramaut, Raymah, Amanat



Al Asimah, Sana'a and Al Dhale'e where implementation was 15 per cent below target, mainly due to lack of funding.

## Key challenges

- Operational challenges were mainly due to the ongoing conflict and further deterioration of the Yemeni economy. These conditions put further strain on the already dire situation of the affected population, hindered partners' access and doubled the costs of procurement and transport costs.
- Effective delivery of assistance was hampered by limited access to IDP hosting sites in some locations, insecurity, roadblocks and check points and poor road networks.
- The Shelter/NFI/CCCM Cluster was underfunded by 61.2 per cent which prevented a timely response to people with increasing needs and led to accumulated gaps in services.
- Information management and harmonization of data remained a challenge with some SMC partners using different reporting tools.
- Use of the outdated 2017/2018 baseline assessment results affected systematic evidence-based planning.
- SMC capacity building plans were affected by the complex authorization process from different authorities in southern and northern governorates.

To scale-up response in IDP settlements, an SMC expansion plan has been developed which focuses on the existing 1,345 sites, which have an estimated population of 440,000 (cluster data). Of these, 1,107 sites countrywide, with an estimated population of 228,000, require funding to meet the minimum standard package. The expansion plan takes into consideration the possibility of an increase in the number of sites in developing a phased expansion plan covering 2019 to 2021. The Cluster has initiated an online site profiling and reporting mechanism which will ensure real time updates of site information.



## EDUCATION

### Progress towards cluster objectives

The Education Cluster’s overall objective was to help to maintain basic education services, particularly in areas where schools are damaged, closed or unable to fully operate because of budget constraints, teachers not on Ministry of Education (MoE) payroll and other conflict-related constraints i.e. schools occupied by IDPs or armed groups or/and forces. In 2018, Education Cluster partners provided an education service to 1.8 million children, 95 per cent of its target. Despite the challenges faced with implementation of some activities, the 95 per cent reach is due to over achievements of some activities such as provision of school snacks to students by WFP, hygiene, education and school rehabilitation activities.

During 2018, Education Cluster partners provided meals

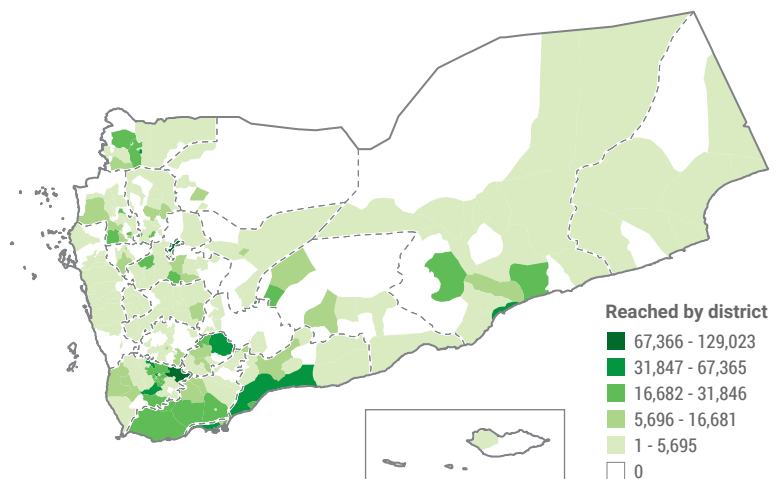
to 429,640 children, well over the target of 35,200. The provision of meals exceeded the target due to the high level of need, and because WFP received additional funds to reach more vulnerable children. Similarly, the Education Cluster was able to provide 118,328 hygiene kits in schools, 124 per cent of its target. By end of December 2018, 709 schools were rehabilitated including with WASH facilities (including provision of cleaning materials and hygiene promotion) benefitting 477,120 children – reaching over 100 per cent of the cluster target of 465,550 children.

Education Cluster partners provided Temporary Learning Classrooms for 72,009 children. In terms of education supplies, distribution was 155,209 (125,375 bags and essential learning materials and 29,834 textbooks), only 10 per cent of the cluster target. The low achievement was due to procurement related administrative access challenges causing implementation delays. Similarly, the achievement for the provision and repair of school desks was only 29 per cent of the target, reaching 51,618 children, and was due to administrative access challenges.

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### Education



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of students benefitted from schools with partial damage rehabilitated (including WASH)	Children	71,800	406,617	>100%
Number of students receiving school bags and essential learning materials	Children	1,200,000	130,132	11%

## Changes in context

With the escalation in the conflict in Al Hudaydah and other governorates, a significant number of people took shelter in schools. Some schools were unfit for use due to the conflict, and parents had concerns about sending their children, generally girls, to school due to security issues. Girls who are out of school face a higher risk of early marriage. Boys face a higher risk of recruitment by armed groups or/and forces. Displacement also put an additional strain on schools at destination points. Approximately 10,000 schools in 11 governorates were seriously affected by the non-payment of teachers' salaries. Support for teacher incentives was included as a first line activity in the revised YHRP in August 2018.

The number of children who need education assistance has increased, rising from 2.2 million in 2017 to 4.1 million by the end of 2018. The sharpest increase in severity of needs occurred Al Hudaydah and Hajjah, due to escalation of conflict, followed by Taizz, Amanat al Asimah, Marib, Al Jawf, Al Bayda and Al Dhale'e governorates. There was a decrease in the number of children in need of education assistance in Shabwah, Maharah, Hadramaut, Aden and parts of Taizz, where the level of conflict had subsided compared with 2017. Overall, the number of people in acute need increased by 253 per cent to 2.8 million people, compared to 1.1 million in 2017.

## Key gaps

Due to the effects of the conflict, displaced school-age children were particularly affected. Education personnel in general, and teachers in particular, stopped working due to non-payment of their salaries. Reduced household incomes affected families' ability to send their children to schools. Administrative and bureaucratic impediments resulted in delays in the implementation of some activities including the provision of school supplies. There were minimal achievements in providing support for national exams due to limited funding for this activity. Lack of up-to-date MoE data meant it was difficult to get data on needs and response.

## Key challenges

- A key challenge was the need to provide capacity-building for the increasing number of NNGOs providing education services. There were 52 organisations in the Education Cluster in 2018: 3 UN agencies, 10 INGOs and 39 NNGOs.
- Access remains a key challenge, some activities were blocked during the year.
- Sub-national coordination capacity is another key challenge, requiring further investment in 2019.
- MoE education data remains out of date.
- Procurement challenges and the lack of funding continue to be key challenges to the operation.



# EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

## Progress towards cluster objectives

The Emergency Employment and Community Rehabilitation (EECR) Cluster strategy for 2018 aimed at increasing peri-urban household incomes and rehabilitating community assets in areas with high levels of food insecurity. During 2018, EECR partners reached 47,490 vulnerable households (about 301,656 individuals) with cash for work opportunities in 102 districts across 19 governorates. Achievements were 35 per cent of target. In addition, 4,344 households, 10 per cent of the target, received assistance for small and micro business creation and recovery in 45 districts across 11 governorates. Around 5,409 households (34,524 individuals) benefitted from livelihoods skills reprofiling and vocational training in 58 districts across 15 governorates. New skills were based on the job market and were focused on helping families gain income reducing their dependency on assistance.

## Changes in context

In 2018, the major change in the context was the escalation of the conflict in Al Hudaydah, which led partners to redirect most of their livelihood interventions to other locations for security reasons. The conflict displaced many beneficiaries of livelihood interventions and shifted the focus to critical life-saving interventions.

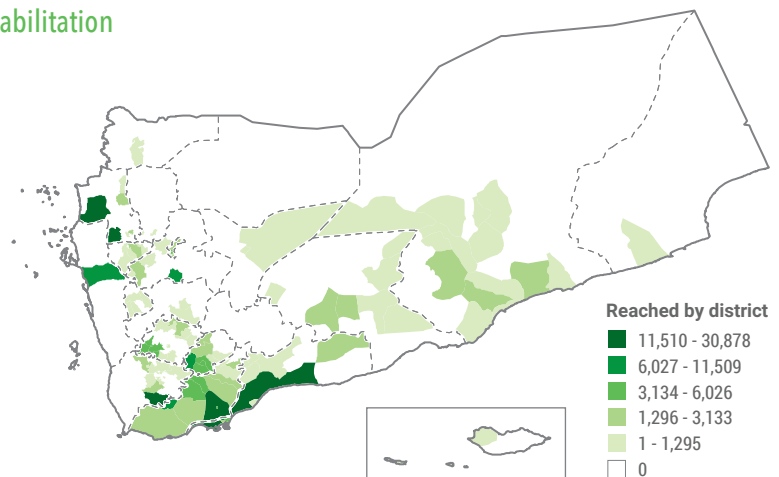
Based on global guidance, the Cluster transitioned at the end of 2018. Some functions were transferred to the FSAC and Protection Cluster, others to different parts of the UN system.

## Key gaps

Lack of income for civil servants and lack of job opportunities in the private sector due to the conflict were the main risk factors affecting vulnerable households' access to a livelihood. The absence of sustainable income opportunities remains a major challenge to the socio-economic recovery of Yemen. Studies show that casual labour was the primary source of



### Emergency Employment and Community Rehabilitation



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of Square meters of land surveyed and cleared	Square meters	10,000,000	6,309,783	63%
Number of households having access to alternative income sources/employment (through Cash for Work schemes)	Households	135,499	47,498	35%

income for most households. Casual labour opportunities are either seasonal or project based. It has been found that the household food consumption score drops when casual labour opportunities end. In the absence of income opportunities, communities will continue disposing of their assets and borrowing to access food. This has been the most frequently used coping mechanism to meet the cost of survival, and funds are most often and significantly used to purchase food.<sup>7</sup>

## Key challenges

- As needs continued to increase, access restrictions were the top operational challenge ECCR partners faced. These challenges included bureaucratic restrictions including delays in the authorities signing sub-agreements, approving locations and caseloads, and issuing visas. Security challenges also affected the implementation of activities.
- Underfunding was the other key challenge. Although cluster partners received \$20 million under the block grant, many livelihoods interventions remained unfunded.

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7. ERMSA, Jul 2018, Pp22-23



## REFUGEE AND MIGRANT MULTI-SECTOR

### Progress towards the sector objectives

UNHCR and IOM prioritized access to durable solutions for vulnerable individuals willing to return to their countries of origin. In 2018, 2,591 Somalis benefitted from UNHCR's Assisted Spontaneous Return Programme (ASR) for returns to Somalia, and 114 refugees of various nationalities were resettled in Sweden, exceeding the target of 100 in very challenging circumstances. Through the IOM-led Voluntary Humanitarian Returns (VHR) Programme, 1,040 migrants were assisted to return to their home countries, primarily Ethiopians but also small numbers of other nationalities, including individuals from North Africa, Sudan and Egypt.

All 8,627 refugees living in Kharaz camp in Lahj Governorate were provided with shelter, food and drinking water, and with education and medical services, throughout 2018.

UNHCR-supported health facilities provided 30,192 medical consultations to persons of concern in Sana'a. UNHCR funded the resumption of registration activities by the Bureau of Refugee

Affairs (BRA) in Sana'a in November 2018 and has continued to provide ongoing technical support and guidance since this time. A total of 991 documentation renewals have been issued for refugees, and 631 asylum claims have been registered.

Monthly cash assistance was provided to 6,551 persons of concern to cover basic expenses, such as food and rent, and to support protection outcomes by mitigating protection risks. In Aden, the Immigration, Passports and Naturalisation Authority (IPNA) registered 4,236 Somali refugees, and 1,966 asylum-seekers of other nationalities were registered and issued with documents by UNHCR.

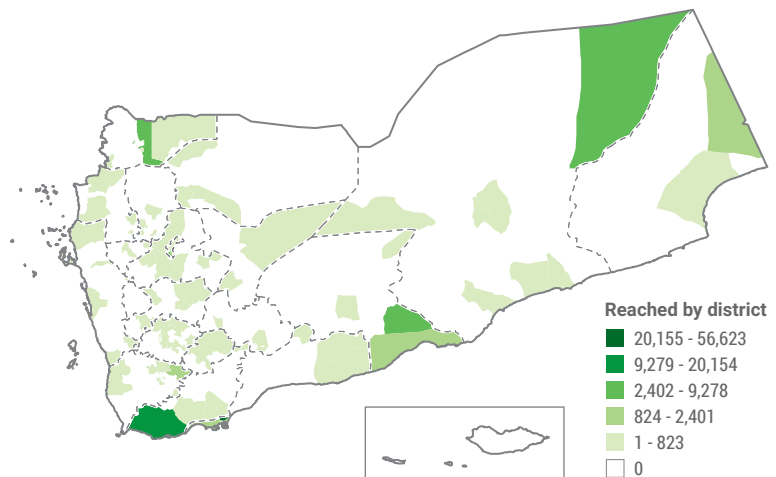
Three UNHCR partners conducted case management for unaccompanied minors providing care arrangements and other support through partners. UNHCR supported the education of 9,540 refugee and host community children in urban areas of Aden and Sana'a and in Kharaz refugee camp.

IOM and other partner humanitarian agencies assisted migrants at arrival and transit points through the provision of basic services and protection. Over 57,000 vulnerable migrants received health services from migrant response partners. Mobile clinics were established along migratory routes in

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### Refugee and Migrant Multi-Sector



YHRP MONITORING INDICATORS	TARGET TYPE	TARGET	REACHED	REACHED/TARGET
Number of beneficiaries received NFI kits (hygiene, dignity, etc) or cash grants	Individuals	29,048	25,198	87%
Number of beneficiaries provided with safe and dignified returnee transport or received voluntary humanitarian return	Individuals	11,000	3,745	34%



order to provide primary health care services and referrals for migrant communities on the move. In addition, IOM provided food and water to newly arrived migrants, reaching 44,884 individuals in 2018.

Migrant assistance partners provided cash and rental subsidies, as well as specialized services for vulnerable migrant groups; such as unaccompanied minors and migrants with limited mobility.

## Changes in context

The protection environment for refugees, asylum-seekers and migrants continued to deteriorate in 2018. Even though registration resumed in November 2018 after a two-year hiatus, most persons of concern to UNHCR still held expired documentation or no documentation at all at the end of 2018 while the BRA finalized procedures to issue documentation. Refugees and asylum-seekers therefore remain at risk of arrest and detention and continued to encounter challenges in accessing services and assistance.

Limitations on freedom of movement between governorates impeded refugees' and migrants' access to livelihoods opportunities and, as with other vulnerable households, the depreciation of the Yemeni rial eroded the purchasing power of refugees and migrants, increasing their reliance on humanitarian assistance, and leading to increased levels of impoverishment and destitution. The ongoing conflict, severe economic hardship, and the collapse of services and institutions combined to increase vulnerability among asylum-seekers, refugees and migrants and gave rise to a propensity to resort to ever more negative coping strategies for survival. According to IOM, there were an estimated 150,000 new arrivals to Yemen in 2018, of which less than 5 per cent approached either the IPNA or UNHCR for registration.

## Key gaps

Despite increasing needs, the limited funding received in 2018 did not allow for the expansion of eligibility criteria for multi-purpose cash assistance to include more categories of persons of concern. Challenges in the implementation of the ASR programme for Somalis wishing to return home meant that the pace of returns was slower than it should have been. A lack of countries willing to offer resettlement places reduced resettlement opportunities for extremely vulnerable refugees who met UNHCR's resettlement criteria.

Restricted air movements from Yemen have resulted in limited VHR Programming for vulnerable migrants caught up in the crisis in Yemen. While IOM was able to negotiate chartered air returns for vulnerable Ethiopian migrants in late 2018, other nationalities have few options for returning home safely.

## Key challenges

- The non-permissive operating environment prevailing in the northern governorates hindered the delivery of workshops and training, and severely limited opportunities for much-needed capacity-building initiatives for Refugee and Migrant Multi-Sector (RMMS) partners throughout the year.
- Increasingly intolerant attitudes towards refugees, asylum-seekers and migrants have had a negative impact on the wellbeing of persons of concern and have in some cases restricted access to services. Only two countries offered resettlement places to refugees in Yemen, thereby limiting the number of cases that UNHCR could submit to only the most vulnerable individuals.
- The implementation of the UNHCR-led ASR programme, with operational support provided by IOM, has been affected by various factors including rough seas resulting in cancellations or postponement of planned boat journeys to Somalia, lack of requisite civil documentation among individuals interested in returning to Somalia, and the absence of a Somali consulate in Sana'a to facilitate ASR for Somalis in the northern governorates was a further complicating factor.
- Discussions between UNHCR and the de facto authorities in relation to the registration of refugees and asylum-seekers concluded in February 2018 and was only put into operation in November 2018. Registration resumed in November, however the renewal of documentation remains a key challenge and will have to be closely monitored and addressed in 2019 to ensure that all persons of concern receive adequate and updated documentation in accordance with UNHCR's international registration standards.
- Persons of concern continue to face challenges in accessing livelihood opportunities, thus increasing their reliance on humanitarian assistance, in particular cash assistance, while funding remains a challenge. This in turn led to the increasing need for UNHCR to continue to provide services in order to address the protection and assistance needs of persons of concern, when funding for refugees and asylum-seekers is severely limited.
- The nature of migration in Yemen, wherein many vulnerable persons are the victims of trafficking, or subject to abuse by smugglers, means that the population of concern is often on the move and unable to access services due to fear of identification. Coupled with the volatility of the security situation, migrant response partners faced challenges in accessing migrants in many areas, especially in border regions.



## LOGISTICS

### Response summary

In 2018, the Logistics Cluster supported an efficient humanitarian logistics response through coordination and information management. The Cluster also facilitated access to common logistics services: cargo transport from Djibouti to Sana'a by air, and to Aden and Al Hudaydah by sea; overland transport and storage in Yemen; fuel provision and distribution to humanitarian organizations; and sea passenger transport between Djibouti and Aden. In addition, the United Nations Humanitarian Air Service (UNHAS) connected Amman to Sana'a, Djibouti to Sana'a and Aden, and Sana'a and Aden. Key achievements include:

- Transportation of 9,653 MT of cargo by sea on behalf of 15 organizations, 4,910 MT of cargo by air on behalf of 13 organization and 50,352 MT of cargo by road on behalf of 25 organizations.
- Storage of 62,435 MT of cargo in Aden, Sana'a and Al Hudaydah on behalf of 17 organizations and managing three storage hubs including 15 mobile storage units.
- Distribution of 1,667,721 litres of fuel to 32 organizations from Sana'a, Al Hudaydah/Bajil and Aden hubs.
- Transportation of 537 passengers between Djibouti and Aden on behalf of 26 organizations.
- UNHAS transported 12, 078 passengers on behalf of 72 organizations.



## EMERGENCY TELECOMMUNICATIONS (ETC)

### Response summary

In 2018, despite restrictions on the imports of telecommunication equipment and a limited local information technology (IT) market, the Emergency Telecommunications Cluster (ETC) managed to establish six new ETC hubs in Al Hudaydah, Sa'ada and Aden in response to operational needs. In Al Hudaydah the local internet service was shut down at the beginning of the conflict in June 2018, thus ETC service provision remains critical in supporting the humanitarian operation. The service provided by the ETC hubs includes but was not limited to coordination, information management, security, telecommunication, data connectivity/internet service, user support/helpdesk provision, and training and technical assessments. In addition, the Cluster organized technical capacity building training sessions in Aden and Sana'a. The ETC team continued to support the WHO response to the cholera

outbreak by setting up the ICT infrastructure for the Emergency Operation Centre in 25 locations. A dedicated ICT helpdesk was also established which recorded and resolved approximately 2,081 incidents. Key achievements include:

- Achieving an overall satisfaction rate of 85 per cent among users of ETC services.
- ETC partners reached 32 agencies, approximately 500 staff used the services.
- Five common radio rooms provided with a security telecommunications system.
- Eight common hubs equipped with 24x7 internet service.
- A total of 2,081 helpdesk ticket registered and resolved.
- Fifty-two inter-agency IT staff trained.
- Ninety-three information management and communications products developed and shared.



## COORDINATION

### Response summary

In 2018, significant efforts were made to expand primary data collection and enhance evidence-based needs analysis to inform the Yemen response. For the first time, the MCLA covered all population groups (IDPs, returnees, host community, non-host community, refugees and migrants) in 331 out of 333 districts in 6,791 locations. Partners developed a comprehensive contingency plan and pre-positioned emergency supplies in hubs near areas where mass displacement was expected. An Emergency Concept of Operations detailing assessment,

targeting and monitoring protocols has been developed for Al Hudaydah, helping to ensure a more principled response even at the height of the fighting. A Rapid Response Mechanism for reaching newly displaced families within hours was introduced for the Al Hudaydah operation and has now been expanded nation-wide. Third-party monitoring was expanded across eight sectors and for the first time, was undertaken across the HRP. 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.

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