

HUMANITARIAN RESPONSE PLAN

YEMEN

HUMANITARIAN
PROGRAMME CYCLE
2021
MARCH 2021



About

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

PHOTO ON COVER

Internally displaced woman with her child in an IDP site in Al Dhale'e Governorate, 23 February 2020. Photo: OCHA/Mahmoud Fadel

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fts.unocha.org/appeals/overview/2021



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ADEN, YEMEN

Since the escalation of the conflict in Yemen, over 4 million people have been internally displaced, more than 80 per cent of them are women and children, living in displaced camps or within host communities, June 2020. Photo: UNFPA Yemen

HC Foreword

At the start of 2021, Yemen is at risk of descending into deeper crisis. Recognized as the world's worst humanitarian crisis for the past four years, the country is now hurtling towards the worst famine the world has seen in decades. Unprecedented levels of humanitarian assistance helped to avert a famine and other disasters in 2019, yet the underlying drivers of the crisis persist. As the devastating armed conflict continues, vulnerable populations are increasingly unable to cope.

Today in Yemen, 20.7 million people, two out of every three Yemenis, need some form of humanitarian and protection assistance. Of these, 12.1 million people are in acute need. More than half of the population are facing acute levels of food insecurity. Cases of acute malnutrition among children under five are the greatest ever recorded. Preventable disease is pervasive, and morbidity and mortality are increasing. Health partners are doing everything they can to mitigate and address the spread of COVID-19, while safeguarding the existing health system from collapse. The conflict continues to devastate families, put civilians at grave risk and cause the death and injury of men, women, girls and boys. Since its start, the conflict has displaced over 4 million people, making Yemen the fourth biggest internal displacement crisis in the world.

The humanitarian situation was aggravated in 2020 by escalating conflict, the COVID-19 pandemic, disease outbreaks, torrential rains and flooding, a desert locust plague, economic collapse, a fuel crisis across northern governorates and reduced humanitarian aid. Alarming levels of food insecurity and acute malnutrition returned, exacerbated by the economic downturn spurred by COVID-19. The operating environment was extremely restricted, characterized by extensive access challenges and insecurity that hindered a principled aid operation. While system-wide efforts resulted in improvements,

work is ongoing to ensure a principled response and allow humanitarians to reach the people most in need. When principled delivery is at risk, agencies will continue to calibrate assistance to reduce risk levels and strengthen measures to ensure aid goes where it should.

Last year, the response was significantly underfunded, forcing key programmes to close or reduce. By the end of January 2021, only US\$ 1.9 billion, 56 per cent of the \$3.38 billion needed for the 2020 response, had been received. As a result, hungry families received only half as much food as they should have and facilities providing water, sanitation and health services stopped delivering. In past years, generous donor contributions enabled the massive scale-up of humanitarian assistance in Yemen and the rollback of catastrophic levels of food insecurity, cholera and other humanitarian needs. For 2021, indications are that with escalating conflict, a deteriorating economic situation and worsening livelihood, food insecurity and nutrition conditions, needs will only increase. Shocks such as disease outbreaks, natural hazards and a potential oil spill from the FSO Safer threaten to cause more suffering for millions of Yemenis. If adequate funding is not received this year, gains achieved will be reversed, and Yemen will plunge even further into crisis.

Despite immense challenges, partners delivered assistance and protection support to up to 10.7 million people per month in 2020. By the end of the year, after extensive advocacy with the authorities, humanitarian agencies were able to finalize some key needs assessments that had been long delayed. This made possible the generation of a strong evidence base for the 2021 Humanitarian Needs Overview, on which this Humanitarian Response Plan is based.

This plan is the first in Yemen to be based on the enhanced Humanitarian Programme Cycle approach,

which allows for stronger links between needs and response, increased focus on multi-sector challenges and the prioritization of inclusivity. The 2021 Humanitarian Needs Overview identified which groups face the highest risks and in which parts of the country people are suffering most. Recognizing that vulnerable groups are disproportionately affected by the crisis, this response plan puts their needs front and centre. Understanding that distinct groups are affected differently by the crisis, the plan also outlines response approaches targeted to address the specific needs and risks they face.

The 2021 HRP sets out humanitarian agencies' strategic objectives and funding requirements for the year. Collectively, the humanitarian community is seeking \$3.85 billion to provide principled assistance to 16 million people. The response in 2021 is centred around three strategic objectives: 1) preventing disease outbreaks and reducing morbidity and mortality, 2) preventing famine, malnutrition and restoring livelihoods and 3) protecting and assisting civilians. Frontline partners are the backbone of the operation and are included in the 167 partners who will implement the response, with a focus on displaced and marginalized communities. As the plan is implemented, enhanced partnership of the humanitarian community with the Government of Yemen and the Ansar Allah authorities will be essential.

Those reading this plan are encouraged to consider individual Yemenis, especially the country's most vulnerable, who are starving, suffering from disease and bearing the brunt of almost six years of protracted armed conflict. Without sufficient support, life-saving programmes will be cut, and the consequences for the people of Yemen will be devastating. While ultimately, the only way to end the crisis in Yemen is through a lasting and inclusive peace, right now there is an opportunity to make a difference. Donors are encouraged to seize the opportunity to contribute generously to meet the needs of Yemenis everywhere in the country and help them survive another year.

Response Plan Overview

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|----------------|-----------------|---------------------|----------------------|
| 20.7M | 16M | \$3.85Bn | 167 |

The 2021 Yemen Humanitarian Response Plan (HRP) requires US\$ 3.85 billion to reach 16 million people, 77 per cent of the 20.7 million people in Yemen who need some form of humanitarian and protection assistance due to protracted armed conflict, recurrent natural hazards, displacement, economic

collapse and the breakdown of infrastructure and basic services. This year's HRP is based on the 2021 Yemen Humanitarian Needs Overview (HNO), which outlines the causes, drivers and magnitude of the population's needs and identifies severity of need among people, groups and locations.

IBB, YEMEN

A displaced girl tries on a face mask during an IOM COVID-19 awareness raising activity in Ibb Governorate, 2020. Photo: IOM



The 2021 response has three overarching strategic objectives: 1) preventing disease outbreaks and reducing morbidity and mortality, 2) preventing famine, malnutrition and restoring livelihoods, and 3) protecting and assisting civilians. Humanitarian partners will prioritize fighting hunger by providing food assistance and supporting livelihoods; reducing outbreaks of cholera and infectious disease; providing basic services to internally displaced persons (IDPs) living in emergency conditions and sites; protecting civilians and advocating for adherence to international humanitarian law and international human rights law; and rehabilitating public infrastructure to enable the provision of life-saving basic services to the population. The response plan covers a period of one year. Given the severity of need in Yemen, interventions are time-critical, although their scale is dependent on funding levels.

The HRP was developed using the enhanced Humanitarian Programme Cycle approach, which facilitates intersectoral analysis and identification of needs severity.¹ The enhanced Humanitarian Programme Cycle approach facilitates an improved understanding of interlinking humanitarian conditions and needs, and the impact of these on different population groups and geographic locations.

This HRP is informed by the Joint Inter-Sector Analysis Framework (JIAF), a central element of the enhanced Humanitarian Programme Cycle approach.² The JIAF measures needs based on indicators related to humanitarian conditions, as defined by living standards, coping capacity and physical and mental well-being, as well as severity rankings ranging from one (none/minimal) to five (catastrophic).³ Based on this analysis, the HRP prioritizes the needs of men, women, boys and girls in geographical areas with severity rankings of three (severe), four (extreme) and five (catastrophic) and highlights vulnerable groups that are disproportionately in need of humanitarian assistance. This includes IDPs, refugees, asylum-seekers, migrants, people with disabilities and Muhamasheen.⁴

In 2020, despite serious access challenges arising from bureaucratic impediments and COVID-19 movement restrictions, humanitarian partners conducted more than 343 assessments, which provided the critical evidence base for the 2021 HNO and HRP. Key assessments included the country-wide district-level Food Security and Livelihoods Assessment conducted at the household level, 232 Water, Sanitation and Hygiene (WASH) assessments, and 15 health assessments. Integrated Food Security Phase Classification (IPC) analyses also provided key data on acute food insecurity and acute malnutrition. These fed into a combination of datasets, including 15 JIAF indicators and three critical indicators, which were used to determine severity of needs and the number of people in need.⁵

The current context in Yemen poses multiple challenges, including a protracted and devastating conflict, severe access impediments and the progressive deterioration of development assets. In response, the international community has innovated, combining the world's largest humanitarian operation with unprecedented levels of development financing in a conflict context to address urgent needs, preserve national institutions and mitigate vulnerability.⁶ This approach of integrating humanitarian, development and peace efforts is essential to addressing the systemic causes of conflict and vulnerability and in strengthening resilience against recurrent shocks. Integrated humanitarian, development, and peace approaches are key to the implementation of this plan.

Humanitarian partners adjusted operations in 2020 to respond to the global COVID-19 pandemic. Efforts to prevent, suppress and respond to COVID-19 are now built into cluster response plans and merged into overall response planning, which has taken the health and non-health impact of the pandemic into account. Additionally, COVID-19-sensitive mitigation measures and work modalities have been integrated across activities.

Protection needs are central and touch on every aspect of the crisis, ranging from civilian casualties to protection risks resulting from the lack of access

to food and income. Such concerns are heightened by the intersection of needs arising from conflict, protracted displacement, economic decline, depletion of resources and assets, food insecurity, malnutrition, disasters, limited access to basic services such as clean water, education and health and lack of recourse to harmful coping mechanisms.

In line with the Yemen Humanitarian Country Team Protection Strategy, the centrality of protection concept underpins this HRP and sets a foundation for aligned, strategic and directed decision-making and response. This HRP shows how protection mainstreaming, “do no harm” principles, gender equality, accountability to affected populations and the Prevention of Sexual Exploitation and Abuse (PSEA) are integrated into specific cluster plans and will be strengthened across the response. It also outlines how humanitarian partners will monitor community perceptions of humanitarian assistance and protection support provided, including the extent to which targeted populations feel consulted and informed about the process and delivery of assistance and whether complaints and feedback mechanisms are responsive to the concerns they have raised.

Gender is also mainstreamed throughout this HRP, which was developed recognizing that women, men, girls and boys experience crisis differently based on their gender roles and relations. Special attention has been paid to the multiple, intersecting gender factors influencing needs.

Specific coordination bodies such as the Gender Network, the Cluster Gender and Gender-Based Violence Focal Points Network, the Gender-Based Violence Sub-Cluster, the PSEA Network, the Community Engagement Working Group and the Inclusion Task Force will oversee the integration of these issues in the roll out of the response. Sex, age and disability disaggregated data will be considered in each stage of the response and the Inter-Agency Standing Committee Gender with Age Marker will be applied to ensure humanitarian action is responsive and inclusive for all affected people.⁷ In line with the Inter-Agency Standing Committee Policy on Gender Equality and Empowerment of

Women and Girls in Humanitarian Action, partners will enhance the integration of gender considerations into assessments, design, monitoring and review of all cluster activities and response. Related efforts include assisting clusters to apply gender equality measures in the design, monitoring and review phases of cluster activities.⁸

Given the multiple overlapping needs of Yemenis and non-Yemenis impacted by the crisis, especially the most vulnerable, the HRP identifies opportunities for strengthening inter-cluster response. Emphasis is placed on holistically identifying and addressing needs, multi-sector collaboration, converging approaches and leveraging resources. This HRP describes several examples of inter-cluster responses. One example is combined Food Security and Agriculture (FSAC), Protection, Shelter/Non-Food Items (NFI) and WASH assistance to populations experiencing housing, land and property challenges. Another is the combined approach of the Health, WASH, Nutrition and FSAC clusters to famine and acute malnutrition risk reduction. Further detail on multi-cluster approaches is included in the cluster chapters.

Humanitarian response modalities include services, in-kind assistance and cash and vouchers, including multi-purpose cash assistance (MPCA), used to support people with multiple needs, especially IDPs. Multi-sector emergency modalities provide immediate, life-saving assistance for newly displaced persons. For instance, the Rapid Response Mechanism (RRM) undertakes a rapid protection assessment and distributes immediate response rations, basic hygiene kits and transit kits to IDPs within 72 hours of displacement. Partners determine appropriate modalities based on considerations of market assessments, operational feasibility, contextual analysis and community preferences. Other MPCA interventions based on socio-vulnerability assessments target the most vulnerable IDPs and hosting communities (female-headed households, households headed by people with disabilities and other people with no community support), providing a lifeline to avoid recurrent harmful coping mechanisms.

This HRP was informed by the experience of implementing past response plans in Yemen and aims to build on past achievements while incorporating lessons learned from challenges faced.⁹ Aspects of this approach include the development of a stronger evidence base, strengthened accountability to affected populations mechanisms, prioritization of vulnerable groups and locations, flexible response modalities, improved risk mitigation measures, COVID-19 adaptations and enhanced preparedness measures.

It is important to note that comprehensive country-wide data are not available in Yemen. Displacement tracking has not been possible across the country and there are information gaps on sensitive issues such as exclusion, gender-based violence and PSEA. Access restrictions on conducting gender-sensitive assessments and collecting gender-related data

have affected data quality and compromised the systematic use of gender analysis throughout the humanitarian response in Yemen. Additional information gaps include mortality rate and the prevalence of disability and mental health support needs. In the absence of data and for the purposes of the 2021 HNO, the World Health Organization (WHO) global estimate of 15 per cent disability prevalence in all countries, including those outside of conflict, was applied; the actual number of people with disabilities in Yemen is widely expected to be much higher. The Nutrition Cluster estimated disability prevalence for children under five to be 10 per cent, based on Global Nutrition Cluster guidance. Where information gaps exist, estimates have been used for planning purposes and efforts have been made to collect data via specialized tools.

MA'RIB, YEMEN

Ma'rib desert IDP settlement, Ma'rib Governorate, December 2020. Photo: OCHA/Giles Clarke



Crisis Context and Impact

Yemen has been the world's worst humanitarian crisis for four consecutive years. Six years of devastating conflict have caused widespread death, injury and other serious harm to hundreds of thousands of civilians, the destruction of critical civilian infrastructure and the displacement of over 4 million people. The impact of the conflict has been compounded by severe economic crisis, disease outbreaks and natural disasters, driving humanitarian need to staggering levels. Alarming levels of food insecurity and acute malnutrition have returned, driven largely by conflict, a significant drop in humanitarian funding and an economic downturn exacerbated by COVID-19.

The ongoing conflict has had a devastating impact on civilians. Since its onset, the war has caused an estimated 233,000 deaths, including 131,000 from indirect causes such as complications arising from lack of food, health services and infrastructure.¹⁰ Armed violence has caused tens of thousands of civilian casualties. In 2020, more than 2,000 civilians were estimated to be killed or injured as a result of the conflict; 1 in 4 of them was a child.¹¹ Conflict had an enormous impact on civilians' freedom of movement, livelihoods, and access to infrastructure and basic services: in 2020 an estimated 1,000 incidents of armed violence took place against people's homes, 42 incidents occurred against marketplaces, and 26 affected transport infrastructure.¹² In addition, there were more than 374 attacks on schools and hospitals and 237 incidents of military use of education and health facilities.¹³ The impact of the conflict on civilians is aggravated by the use of heavy explosive weapons including in densely populated areas and mass casualty incidents that killed scores of people in 2020.¹⁴

Yemen is the fourth largest internal displacement crisis due to conflict in the world. There are at least 4 million people internally displaced in Yemen.¹⁵ Most

IDPs have been displaced for two years or longer, stretching their own resilience and resources and putting an additional burden on host communities, who also have humanitarian needs. Over 1 million IDPs are living in almost 1,600 IDP sites, with 48 per cent of IDPs in hosting sites living within five kilometers of active hostilities, most of which are informal settlements and lack basic services such as water, food and healthcare.¹⁶ In 2021, a staggering 670,000 more Yemenis are expected to be forced to flee their homes due to conflict and natural hazards.¹⁷

At the onset of 2021, conflict is intensifying. There are now 49 districts directly affected by active front lines in Yemen, up from 35 at the start of 2020. Hostilities are recurrent in Aden, Abyan and Ta'iz governorates and have escalated in border areas of Al Jawf, Ma'rib, and Sana'a and along existing front lines in Al Hodeidah, Hajjah, Ad Dali, Al Bayda, Sa'dah and Ta'iz governorates. Many of these areas of active hostilities encroach on densely populated areas and involve the use of wide impact explosive weapons. In some governorates, escalating hostilities have led to an increase in the number of civilian casualties including in Al Jawf, Al Bayda and Ma'rib, where shelling, rocket attacks and airstrikes caused an estimated 421 civilian casualties last year.¹⁸

A comprehensive political settlement remains elusive. Efforts to implement the Stockholm Agreement of 2018, which established a ceasefire in Al Hodeidah and introduced other measures intended to pave the way for a wider political solution, are ongoing. While most confrontations involve the Government of Yemen, supported by the Saudi-led coalition, and the Ansar Allah authorities, hostilities between the Government of Yemen and Southern Transitional Council erupted sporadically in 2020. In November 2019, Saudi Arabia mediated the Riyadh Agreement to end fighting between the Government of Yemen and the Southern Transitional Council, which is now

represented in the cabinet of the Government of Yemen formed in December 2020. Expectations are high on the Government of Yemen to promote stability and facilitate the principled delivery of humanitarian assistance.

The size of Yemen's economy has shrunk by more than half since the conflict began. More than 80 per cent of Yemenis now live below the poverty line. The collapse is most visible in loss of income, depreciation of the Yemeni rial, loss of government revenue, rising commodity prices and import restrictions, including for fuel. More than 40 per cent of Yemeni households are estimated to have lost their primary source of income. The COVID-19 global downturn caused a sharp drop in remittances from Yemenis working abroad – the largest source of foreign currency in Yemen and a lifeline to millions of families. Yemenis who still have a source of income have seen their purchasing power decline. With about 90 per cent of food and other essential commodities imported, the currency collapse has driven up prices leaving millions more people unable to meet their basic needs.

Famine is looming and malnutrition rates are at a record high. As the crisis continues, almost half of the population in Yemen are hungry; by June 2021 more than half are expected to be. Cases of acute malnutrition among children under five are at the highest ever recorded. In some areas, one child in four is acutely malnourished. Food insecurity is most severe in areas of active conflict or surrounding areas where humanitarian access is limited by the security situation. While the humanitarian situation in the country improved after food insecurity peaked in 2018, ongoing conflict, economic crisis and funding shortfalls have put millions of lives at risk. The IPC analysis of acute food insecurity projects that 16.2 million people will face high acute food insecurity (IPC Phase 3 and above) in 2021, driven by a range of factors including conflict, environmental shocks, and weak social, economic and governance systems.¹⁹ A caseload of nearly 2.3 million cases of children under the age of five and more than a million cases of pregnant and lactating women with acute malnutrition is projected in 2021, according to the IPC Acute Malnutrition analysis.²⁰

ADEN, YEMEN

Aden Governorate, March 2019.
Photo: OCHA/Giles Clarke.





ADEN, YEMEN

Two young boys in a street destroyed by conflict in Aden Governorate.

Photo: WFP/Reem Nada

High levels of communicable disease, food insecurity, poor infant and young child feeding practices, insufficient access to WASH services, the impact of COVID-19 and economic shocks are the major drivers of soaring malnutrition rates. Heightened famine risk underscores the need for a holistic approach to famine prevention that connects life-saving assistance with measures to strengthen resilience and end conflict.

Vulnerabilities are deepening as the conflict persists, while Yemen lacks the infrastructure to contain the spread of diseases and reduce morbidity and mortality. At least one child dies every ten minutes in Yemen because of preventable disease.²¹ There were six outbreaks of infectious disease in 2020 including cholera, dengue, diphtheria, malaria, vaccine-derived

poliovirus type 1 and COVID-19; conditions are not expected to change in 2021 due to the persistent, severe vulnerability of the population and lack of capacity to contain the spread of diseases and provide treatment. The health system is overwhelmed: only 51 per cent of health facilities in Yemen are functioning (many have been damaged or destroyed due to the conflict) and those that continue to operate are severely understaffed and unable to provide critical health services. Less than half of the Yemeni population and less than 10 per cent of IDPs living in hosting sites have access to safe water and adequate sanitation.²² Only half of all IDP sites are supported with nutrition services.²³ Despite overcoming the most significant cholera outbreak epidemic in recorded history, Yemen still suffers from the underlying conditions that

caused the outbreak and drive high morbidity and mortality levels.

COVID-19 exacerbated existing needs and stretched health and other basic services. In 2020, the virus placed additional pressure on existing facilities and resulted in the under-use of health services, as fear deterred people from seeking treatment for other conditions. The pandemic shocked Yemen's economy, leading to a loss in livelihoods, restricting access to services and reducing remittances, Yemen's largest source of foreign exchange. Other effects of the pandemic included a restricted operating environment as COVID-19 precautionary measures were implemented, creating challenges for humanitarian response planning and monitoring operations. In the absence of reliable epidemiological data caused by a lack of official reporting, a shortage of testing facilities, poor access to medical care and a fear of seeking treatment, health partners struggled to understand the full scale and scope of COVID-19 in Yemen. COVID-19 also resulted in increased protection risks, including a backlash against vulnerable and already marginalized groups, including migrants, refugees and asylum-seekers, many of whom were forcibly moved, detained and subjected to inhumane conditions during the pandemic.

In 2020, natural disasters devastated communities. Flash flooding killed and injured scores of people, destroyed the homes of thousands of families, fueled the spread of disease and exacerbated protection risks. In the south and east of Yemen, torrential rains and flooding caused more than 300,000 people, most of them IDPs living on sites, to lose their homes, incomes and livelihoods. The floods followed several years of abnormally intense cyclonic activity. Meanwhile, unprecedented swarms of desert locusts compromised agriculture-based livelihoods and food security, leaving households, especially agriculture- and livestock-dependent households, vulnerable to significant crop or pasture losses and food insecurity. Yemen is highly vulnerable to climate change-related effects such as drought, extreme flooding, pests, sudden disease outbreaks, changes in rainfall patterns, increased storm frequency and severity and sea-level rise. Another critical environmental risk is posed by the FSO Safer oil

tanker, which is moored off the coast of Al Hodeidah. If it leaks or explodes, coastal communities in Yemen and neighbouring countries would be devastated and the Al Hodeidah port – where most food enters the country – could be closed for up to six months.

The conflict has decimated public services. Conflict and economic collapse have significantly degraded the quality, quantity and accessibility of Yemen's public services and essential infrastructure. Only half of all health facilities and two-thirds of schools which were operating before the conflict continue to function. Water infrastructure is operating at less than 5 per cent efficiency.²⁴ Roads, including major truck routes between northern and southern Yemen, are closed or damaged, unable to support the tonnage required to keep basic goods moving swiftly to local markets. An estimated 90 per cent of the population lacks access to publicly provided electricity, with shortages due to chronic under-supply, lack of plant capacity, damage, inadequate maintenance and fuel shortages.²⁵ Reliable, secure telecommunications and internet services are also lacking, compounding economic challenges and constraining the ability of humanitarian agencies to operate.

The war has reversed development gains. Yemen was already considered the poorest country in the Middle East prior to the escalation of conflict, but progress made in key sectors by 2014 now have been erased. The need for recovery and development support has increased dramatically since 2015. Independent experts estimate that human development has already been set back by 21 years. If conflict persists through 2030, they estimate that development will be set back by nearly four decades.²⁶

Response by Strategic Objective

The Yemen Humanitarian Country Team has developed three strategic objectives to guide the 2021 response, informed by needs and priorities outlined in the 2021 Yemen HNO. The objectives encompass multiple and overlapping needs experienced by people in Yemen and aim to facilitate an integrated response across sectors.²⁷

Strategic Objective 1: Preventing disease outbreaks and reducing morbidity and mortality




Strategic Objective 1 aims to prevent disease outbreaks and reduce crisis-related morbidity and mortality among the most vulnerable by providing safe and dignified health and WASH assistance and services and maintaining essential infrastructure in areas of highest risk.

Strategic Objective 2: Preventing famine, malnutrition and restoring livelihoods

Strategic Objective 2 aims to help millions of destitute Yemenis overcome hunger by providing food, livelihoods and nutrition assistance, increasing household incomes and resilience to shocks and advocating for measures that bring economic stability.

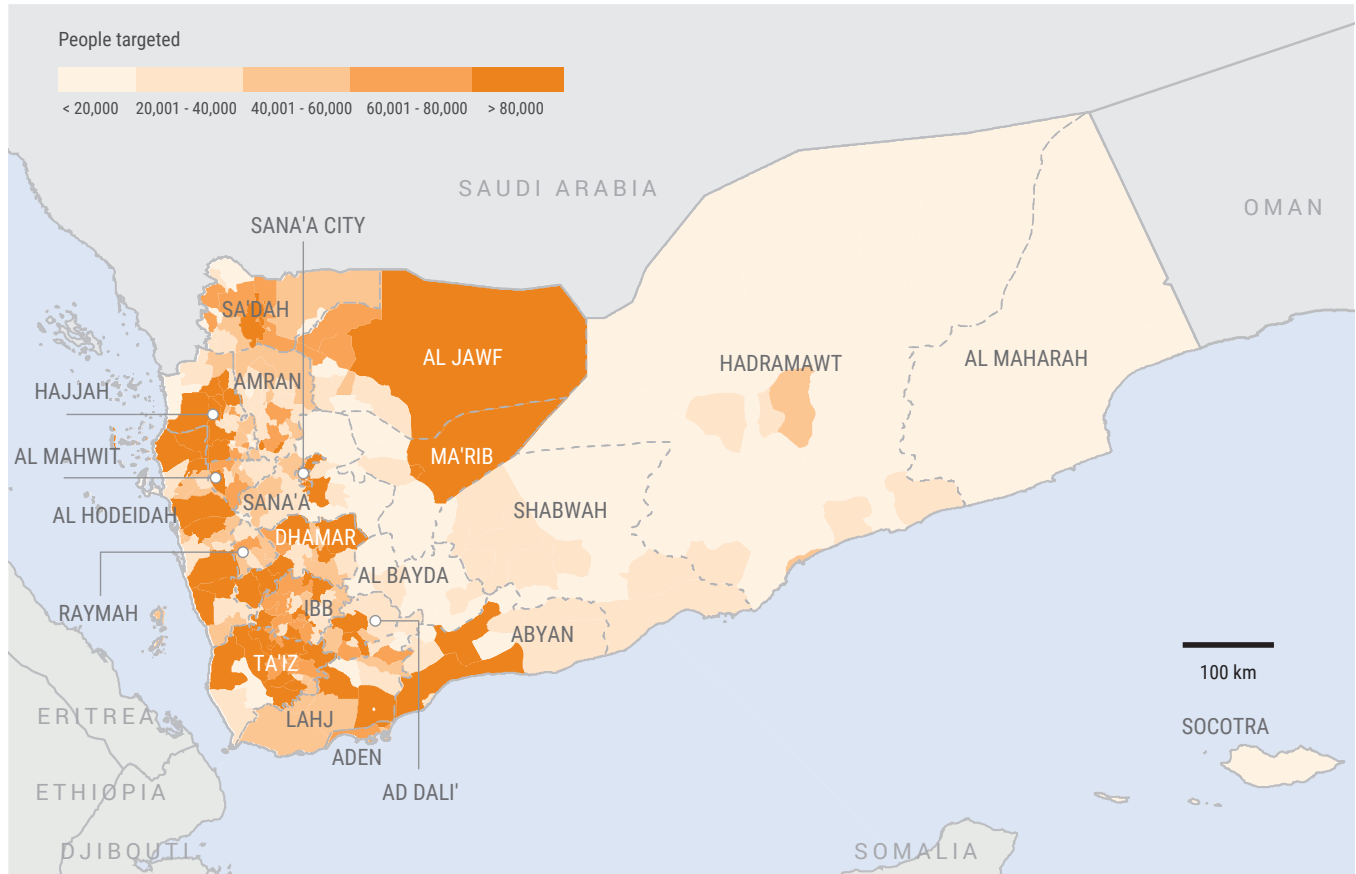
Strategic Objective 3: Protecting and assisting civilians

Strategic Objective 3 aims to prevent, mitigate protection risks and facilitate redress for women, men, girls and boys, especially the displaced and most vulnerable civilians through building their resilience, humanitarian assistance, specialized protection services and advocacy.

| STRATEGIC OBJECTIVE | | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|---------------------|---|---|---------------------|
| S01 | Preventing disease outbreaks and reducing morbidity and mortality | 11M  | \$1.02B |
| S02 | Preventing famine, malnutrition and restoring livelihoods | 16M  | \$2.26B |
| S03 | Protecting and assisting civilians | 6.9M  | \$576.9M |

Planned Response

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|-------------|-------------|-----------------|
| 20.7M | 16M | 4.3M | 8.8M | 2.4M |



HRP Key Figures

Humanitarian Response by Targeted Groups

| POPULATION GROUP | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGET |
|--|----------------|-----------------|----------------|
| Internally displaced people | 3.0M | 3.0M | |
| People with disability | 3.1M | 2.4M | |
| Children under 5 years old | 2.8M | 2.2M | |
| Pregnant and lactating women | 1.7M | 1.3M | |
| Refugees, asylum-seekers, and migrants | 275K | 275K | |

Humanitarian Response by Age and Gender

| GENDER | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGET | % TARGETED |
|--------|----------------|-----------------|----------------|------------|
| Boys | 5.8M | 3.8M | | 66% |
| Girls | 5.5M | 4.4M | | 80% |
| Men | 4.8M | 3.5M | | 73% |
| Women | 4.6M | 4.3M | | 88% |

Financial Requirements by Sector

| SECTOR/MULTI-SECTOR | FINANCIAL REQUIREMENTS (US\$) |
|--|-------------------------------|
| Food Security & Agriculture (FSAC) | \$1,708M |
| Nutrition | \$442.9M |
| Health | \$438.8M |
| Water, Sanitation and Hygiene (WASH) | \$330.7M |
| Education | \$257.8M |
| Protection | \$218.0M |
| Shelter/ Non-Food-Items (NFI) | \$207.6M |
| Camp Coordination and Camp Management (CCCM) | \$61.3M |
| Refugees and Migrants Multi-Sector (RMMS) | \$58.7M |
| Logistics | \$51.2M |
| Coordination | \$37.9M |
| Rapid Response Mechanism (RRM) | \$37.6M |
| Emergency Telecommunications (ETC) | \$3.3M |

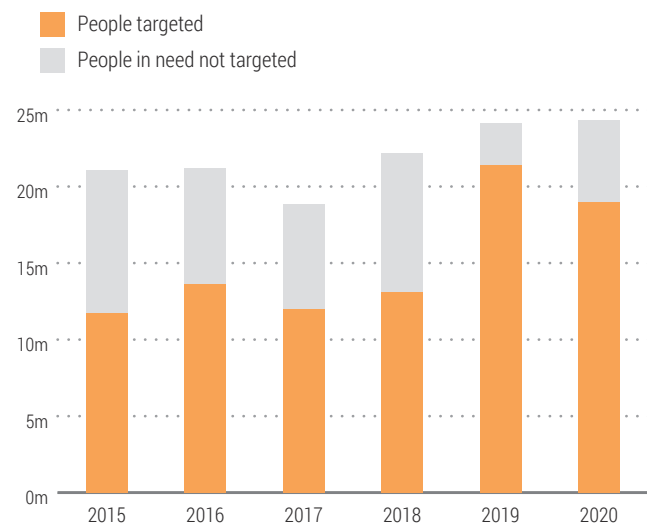
Historic Trends

Since Yemen was declared by the Inter-Agency Standing Committee to be a Level Three Emergency in 2015, funding for the humanitarian response increased year-on-year until 2019.²⁸ In 2019, generous donor contributions allowed humanitarian agencies to mount one of the largest and fastest scale-ups of assistance in recent decades, expanding services and support across all clusters. More than 208 partners and agencies delivered assistance to an average of 13.7 million people per month in 2019 (up from 7.5 million people in 2018) and provided support in every

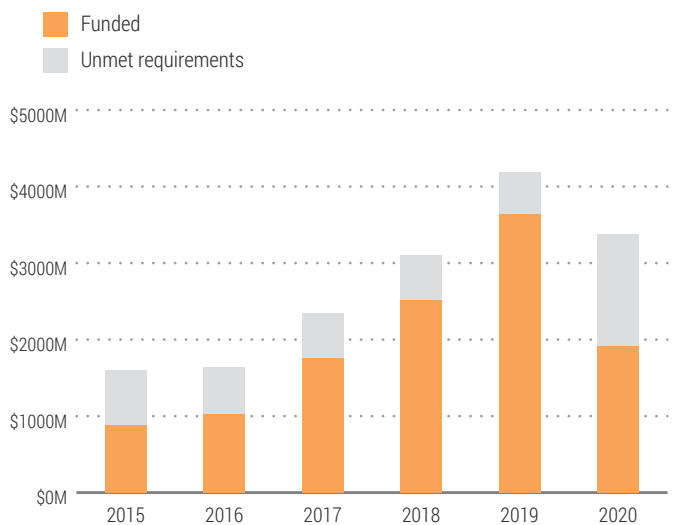
single one of Yemen’s 333 districts.²⁹ Millions of lives were saved and hundreds of thousands of families were provided with critical multi-sectoral assistance. As a result, the humanitarian community prevented large-scale famine and reversed the worst cholera outbreak in recent history in modern times, as well as a number of other achievements.

A major reduction in funding last year forced the closure or reduction of critical programmes and cut support to millions of people. Delivery of assistance

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



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

Source: Financial Tracking Service (FTS) as of 06 March 2021.

fell from a high of reaching 13.7 million people per month in 2019 to a low of 7.5 million in June 2020, before picking up again at the end of 2020 to reach around 10 million people. Partners were further constrained by a challenging operating environment, particularly in northern Yemen, where restrictions on principled aid delivery were commonplace. At the onset of 2021, the country is again facing alarming levels of food insecurity, acute malnutrition, disease and protection risks, and huge swathes of the population are in desperate need of assistance and protection. Without adequate funding and timely humanitarian interventions, the impact on Yemenis and future generations will be catastrophic.

Given the major methodological shifts in inter-sector and cluster analysis with the adoption of the enhanced Humanitarian Programme Cycle approach this year, a degree of caution should be exercised when comparing people-in-need and severity trends across years. However, funding and assistance trends outlined above may be taken into account when considering the evolution of needs in Yemen. Gains made in Yemen are fragile, and without sufficient funding for humanitarian aid, de-escalation in conflict and economic stabilization, they risk being reversed.

People Targeted and Financial Requirements by Sector

| SECTOR | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGETED | FINANCIAL REQUIREMENTS (US\$) |
|--|----------------|-----------------|------------------|-------------------------------|
| Food Security & Agriculture (FSAC) | 16.2 M | 16.0 M | | \$1,708 M |
| Nutrition | 7.6 M | 6.3 M | | \$442.9 M |
| Health | 20.1 M | 11.6 M | | \$438.8 M |
| Water, Sanitation and Hygiene (WASH) | 15.4 M | 11.2 M | | \$330.7 M |
| Education | 8.1 M | 5.5 M | | \$257.8 M |
| Protection | 15.8 M | 8.6 M | | \$218.0 M |
| Shelter/ Non-Food-Items (NFI) | 7.3 M | 3.8 M | | \$207.6 M |
| Camp Coordination and Camp Management (CCCM) | 1.2 M | 0.9 M | | \$61.3 M |
| Refugees and Migrants Multi-Sector (RMMS) | 0.3 M | 0.3 M | | \$58.7 M |
| Logistics | - | - | | \$51.2 M |
| Coordination | - | - | | \$37.9 M |
| Rapid Response Mechanism (RRM) | 0.7 M | 0.7 M | | \$37.6 M |
| Emergency Telecommunication Cluster (ETC) | - | - | | \$3.3 M |

Part 1: Strategic Response Priorities

ADEN, YEMEN

IOM migrant returns in Aden sea port, Aden Governorate,
16 March 2020. Photo: OCHA/Mahmoud Fadel



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The multi-year crisis has severely impacted most people in Yemen and caused widespread threats to people's **well-being, living standards and coping capacity**. Conflict and a complete lack of respect for international law and human life has exposed civilians to extreme physical and psychological harm, triggering a decline in **physical and mental well-being**. Civilian casualties remain high, and while they decreased in 2020 compared to 2019, they remain significant: on average armed violence killed or injured 174 civilians a month last year.³⁰ Civilians continue to be killed and injured by shelling, small arms and light weapons fire, air strikes, explosive remnants of war, landmines, unexploded ordnance and targeted explosive attacks. Children constituted almost half of the 216 estimated civilian casualties caused by air strikes and a third of the 284 civilian casualties caused by explosive remnants of war in 2020.³¹

The intersection between conflict and other drivers of need also affects civilians' **physical and mental well-being**. For instance, a tragic correlation between landmine casualties and heavy rainfall was observed last year, as flooding brought devices closer to the surface or into previously safe areas or forced civilians to take alternative, unsafe routes. The psychological toll of the conflict and other crisis factors is severe. It is estimated that one in five people in Yemen suffer mental health disorders, a situation that is likely to magnify due to years of protracted conflict and other crises.³²

Vulnerable groups face disproportionate and specific challenges to their **physical and mental well-being**. Women and girls' vulnerability have spiked due to the crisis, with risks ranging from domestic violence to grave violations committed against girl children. Yet most have no access to gender-based violence

services, seriously affecting their **mental and physical well-being** and typically also their **living standards**.

The displacement of over 4 million people since the start of the conflict, many of whom have been displaced multiple times, has further affected people's **mental and physical well-being**. In 2020, there were 13 IDPs to every 100 host community residents.³³ Eighty-eight per cent of all IDP hosting sites host four or more high-risk groups.³⁴ These sites often lack access to basic services, are overcrowded, have sub-standard shelter conditions and put IDPs at high risk of eviction. Such **living conditions** are another cause of declining **mental and physical well-being** among IDPs and other vulnerable populations and increase the likelihood that individuals will resort to negative **coping mechanisms** such as indebtedness, selling of assets, school dropouts, child labour, early and forced marriages, and the sale and exchange of sex.

Conflict is the key driver of food insecurity. It has caused mass displacement, public service disruptions, import restrictions, fuel shortages and economic collapse. Associated economic contraction has disrupted livelihoods and decreased incomes leading to low purchasing power and inability of families to afford critical items such as food. With 16.2 million people expected to experience high acute food insecurity by June 2021, a dramatic decrease in **living standards** is expected. Any shocks or conditions that affect the ability of Yemenis to afford essential goods or constrain them from accessing essential services will exacerbate the situation. The corresponding impact of food insecurity on **physical and mental well-being** is evident with 5.1 million people experiencing acute food insecurity and food consumption gaps and almost 2.3 million cases of children under five and

1.2 million cases of pregnant and lactating women predicted to experience acute malnutrition in 2021.³⁵ Most hungry and malnourished people are only able to meet minimum food needs by adopting **coping mechanisms**, which are often negative including child labour, child marriage and forced recruitment and which increase their exposure to protection risks.

The 12.1 million people in Yemen with the highest levels of needs severity – especially people with specific needs such as children, people with disabilities and older people – experience extreme lack of food and are unable to meet their basic needs even after adopting all available **coping mechanisms**. Without assistance, these people risk extremely critical acute malnutrition levels, destitution, starvation and death. Their situation is characterized by a serious deterioration in **living standards** and **physical and mental well-being**, as observed in increased morbidity and mortality, malnutrition outcomes and stress.

Protracted crisis has reduced access to safe and dignified health services and WASH services and to essential infrastructure, with a corresponding effect on **living standards**. The majority of households lack soap and cannot treat water at home due to lack of supplies.³⁶ Almost 3 million individuals have severe shelter- and non-food item-related needs; many lack essential items such as blankets, mattresses and sleeping mats.³⁷ Poor **living conditions** expose populations to disease, compounding **physical and mental well-being** challenges. In 2020, a total of 51,455 suspected dengue fever cases and 229,877 suspected cholera cases were reported.³⁸ With a struggling health system, a dearth of health workers and a lack of facilities capable of providing basic obstetric and other care, challenges to **living standards** and **physical and mental well-being** are severe. The cumulative effect of these challenges is a widespread decline in **physical and mental well-being**, which forces vulnerable Yemenis to adopt harmful **coping mechanisms**.

Humanitarian partners aim to improve people's **physical and mental well-being, living conditions and coping capacities** through a range of activities

outlined in this response plan. These are outlined in the specific cluster chapters and throughout this document.

People in need prioritized for response

The protracted crisis in Yemen has had a devastating impact on most of the population. Of the estimated 20.7 million people, two-thirds of the population, who require some form of humanitarian assistance and protection support, 4.6 million are women, 5.5 million are girls, 4.7 million are men, and 5.7 million are boys. Of the total number in need, 1.8 million are pregnant and lactating women, 2.8 million are children under five years old, 3.1 million are people with disabilities and 925,420 are older people above 60 years of age. A total of 12.1 million people are in acute need. This high level of need, which affects vulnerable groups disproportionately, is a result of a severe deterioration in **living standards, physical and mental well-being and coping capacity** caused by the crisis in Yemen.

The 2021 HNO reveals that severe needs exist across multiple sectors in the same locations in Yemen. Millions of Yemenis face compounding challenges related to food insecurity and malnutrition, displacement, disease and protection risks. Increased hostilities, economic decline, flooding, locust swarms and a significant drop in funding for humanitarian assistance deepened vulnerabilities in 2020. Areas with the highest inter-sector needs require urgent and integrated life-saving assistance and protection services. In line with humanitarian principles, priority will be given to the most vulnerable and highest priority groups based on their needs, regardless of where they are located.

According to the 2021 HNO, more than half of the country lives in areas with severity rankings of three, four and five (severe, extreme and catastrophic). A total of 65 of Yemen's 333 districts are categorized as catastrophic severity (severity ranking five), 164 are categorized as extreme severity (severity ranking four), and 103 are categorized as severe severity (severity ranking three). Conflict is driving needs throughout the country, with the highest severity of needs in areas close to front lines.

Of the 20.7 million people in need, an alarming 3.3 million people are identified to be in catastrophic need, the highest severity, indicating a total collapse of living standards, exhaustion of last resort coping mechanisms and excess mortality. Urgent assistance is required in these districts to save lives and prevent the collapse of livelihoods. More than 17 million people in need fall under the severe and extreme severity categories (severity rankings three and four) because of a deterioration in living standards and basic services, increased reliance on negative coping strategies and the significant impact of the conflict on physical safety and mental harm.

The People-in-Need figures detailed above are based on the findings of the 2021 HNO which, as is outlined, employed the JIAF approach to measure needs severity. The HNO also provided a disaggregated analysis of two categories of population groups in need, IDPs and non-displaced Yemenis, with additional analyses for key vulnerable groups including refugees, migrants, and asylum-seekers, Muhsheen and people with disabilities. As this report details, the most vulnerable are bearing the brunt of this crisis. The situations of these groups are outlined below.

Internally Displaced Persons (IDPs)

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN GIRLS BOYS (%) | | | |
|---|--------|--------|---------|--------------|----------------------|---------------------------------------|----|----|----|
| MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC | | 23 | 24 | 26 | 27 |
| 0.34M | 0.66M | 0.99M | 1.56M | 0.46M | 3.0m | | | | |

Non-Displaced Population

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN GIRLS BOYS (%) | | | |
|---|--------|--------|---------|--------------|----------------------|---------------------------------------|----|----|----|
| MINIMAL | STRESS | SEVERE | EXTREME | CATASTROPHIC | | 22 | 23 | 27 | 28 |
| 3.56M | 5.79M | 7.45M | 7.33M | 2.92M | 17.7m | | | | |



AMRAN, YEMEN

Saeeda and her friend. Saeeda, originally from Al-Jawf, fled shelling with her family. She is now seeking shelter at an IDP camp in Amran Governorate, 2020. Photo: UNHCR/Rawan Shaif

Internally Displaced Persons

Currently there are more than 4 million IDPs in Yemen, of whom nearly 500,000 have experienced displacement for more than two years. Living conditions for many IDPs are dire: over a million IDPs live in sites where shelter conditions are inadequate, overcrowding is commonplace, protection risks are severe and basic services are limited. Assessments indicate that only 9 per cent of IDP hosting sites have adequate WASH services, and only 6 per cent have waste disposal. About 35 per cent of sites report open defecation due to lack or inadequacy of WASH

facilities.³⁹ In these settings, IDPs face high risks of water contamination and infectious disease.⁴⁰ Sites often lack gender-segregated facilities, putting women and girls at particular risk of gender-based violence. Moreover, IDP sites are often concentrated in areas vulnerable to flooding or close to active front lines. At the same time, many IDPs do not have a home to return to: a 2020 World Bank Group study found that 40 per cent of all housing assets in cities had been damaged since the start of the conflict and 2 per cent had been destroyed beyond repair.⁴¹

COVID-19 has had a major impact on IDPs and displacement-affected communities. According to a 2020 countrywide survey by the UN Refugee Agency (UNHCR), 78 per cent of IDPs, returnees and host families reported being unable to purchase required COVID-19 hygiene products due to high costs; such products are critically important as most of this population lives in crowded conditions where COVID-19 is likely to circulate. Half of the respondents to the survey indicated that COVID-19 had disrupted their livelihoods, and 40 per cent said they did not have a source of income even before the pandemic.⁴²

Food security assessments confirm that IDP households face higher food insecurity levels than non-displaced households, a situation which often results in harmful coping strategies that exacerbate protection challenges. Around 43 per cent of displaced households are unable to meet their minimum food needs.⁴³ According to an analysis cross-referencing IDP populations with IPC levels, over 67 per cent of IDPs (2.6 million people) are in an emergency food insecure situation and two out of every three displaced Yemeni lives in a district categorized as IPC Phase 4 or higher. IDPs are four times more at risk of falling into hunger than non-displaced persons.⁴⁴ IDPs experience similar disparities in other sectors.

Regardless of where they live, IDPs often experience exclusion. This is often attributed to tensions between IDPs and host communities over access to resources. Lower education levels, discrimination and limited access to income and aid are additional factors. IDPs are often threatened with or face eviction, as they commonly lack security of tenure, especially during displacement, and relations between tenants and landlords are often highly informal. Threats include physical and verbal intimidation and harassment, destruction of IDPs' and humanitarian property, restrictions on humanitarian access and denials of critical shelter, WASH and health infrastructure assistance and supplies.⁴⁵ Lack of identification documents further compound IDPs' limited access to critical services. For those who are able to return home, the challenges continue. According to the Shelter/

NFI Cluster, around 1.3 million IDP returnees are experiencing difficulty rebuilding their houses and sustaining their livelihoods.⁴⁶ Returnees also often continue to be exposed to insecurity due to the conflict and other protection risks. Explosive hazard contamination also affects IDPs' prospects for return.

Women and children comprise more than 70 per cent of IDPs.⁴⁷ Approximately 30 per cent of displaced households are female-headed (compared to 9 per cent before the conflict escalated in 2015), including many headed by female children. Female-headed and child-headed households face higher eviction risks, protection risks and other obstacles than male-headed households and are more at risk of gender-based violence and of being compelled to resort to harmful coping mechanisms, which only exacerbate their exposure to protection risks. Displaced members of historically marginalized populations also face disproportionate challenges, including restricted access to mechanisms to raise complaints and resolve disputes.

Displacement has a devastating impact on children, with repercussions for future generations. Displaced boys and girls face challenges accessing education and other services, often because they or their caregivers lack civil documentation such as birth certificates. Education facilities for IDP children are often limited and damaged by the conflict, with insufficient room in temporary learning spaces, overcrowding in existing schools and the closure of schools for use as shelters. About one in five displaced girls aged between ten and 19 are married, in contrast with host communities, where one in eight girls are married.⁴⁸ Children in IDP settings are exposed to significant protection risks, including gender-based violence, forced recruitment, family separation, domestic violence and child labour.

Displacement has occurred across the country, with the highest concentrations of IDPs currently found in Al Hodeidah, Dhamar, Hajjah, and Ma'rib governorates. Across northern governorates, more than 900,000 IDPs live in camp-like settings, with the majority in Al Hodeidah, Al Jawf, Hajjah and Ma'rib governorates. According to the International

Organization for Migration (IOM), more IDPs reside in Ma'rib City than in any other district: nearly one million civilians have fled to Ma'rib Governorate in recent years; IDPs in the governorate live in more than 125 displacement sites. Since fighting escalated in Ma'rib and neighbouring governorates in January 2020, an additional 113,500 people have been displaced to and within Ma'rib. As conflict escalates at the start of 2021, IDPs are increasingly exposed to fighting; any further displacement would be catastrophic as humanitarian partners are already overstretched, struggling to respond to the needs of those already displaced.

Given the scale and severity of their needs, the response to IDPs and in particular IDPs located in displacement sites will require the combined programmatic and operational capacities of the UN and international and national NGOs (INGOs and NNGOs), and therefore sustained and unhindered access by partners to IDP populations wherever they are located. A key emergency response to the newly displaced is the RRM which aims to meet the urgent basic needs of newly displaced people by providing ready-to-eat food, family basic hygiene kits and female transit kits. This assistance covers basic needs for five to seven days, plus a preliminary, rapid assessment of protection risks. FSAC partners provide immediate life-saving emergency food assistance to the most vulnerable and acutely food insecure IDPs living in collective sites or with host families each month, allowing them to meet their basic food needs. All IDPs meeting the FSAC's vulnerability criteria are incorporated into regular food assistance programmes after completion of the RRM phase.

The WASH Cluster, for its part, will continue to support IDPs in sites with inadequate WASH conditions with durable solutions and connection to water networks.⁴⁹ The Nutrition Cluster will scale up the provision of life-saving and preventive nutrition interventions to IDP sites, including through increasing awareness of access to services in nearby facilities and scaling up mobile teams. The Camp Coordination Camp Management (CCCM) Cluster will deliver assistance to strengthen access of IDPs to critical services where IDP hosting sites are underserved. The Shelter/NFI Cluster will provide life-saving and mid- to long-term shelter assistance, durable shelter solutions, essential non-food items and cash assistance including through its cash-for-rent programme to assist IDPs. The Protection Cluster uses MPCA to provide an essential lifeline and bring immediate support to families to meet basic needs, mitigate harmful coping mechanisms, and contribute to the local economy. Post-distribution monitoring has shown that the overwhelming majority of MPCA recipients use it to cover food and health needs. Other responses planned to target IDPs are detailed in the cluster chapters.



LAHJ, YEMEN

Somali refugees, Sara, 9 and Leila, 9 sitting/playing in the playground of the early intervention centre in Kharaz Refugee camp in Lahj Governorate, February 2020. Photo: UNHCR/Marie-Joelle Jean-Charles

Refugees, Asylum-Seekers and Migrants

Migrants, refugees and asylum-seekers are among the most vulnerable, marginalized and excluded groups in Yemen. As of late 2020, Yemen hosted approximately 138,000 migrants and 178,000 refugees and asylum-seekers. Over 90 per cent of migrants are of Ethiopian origin and are mostly in transit to Gulf countries to seek livelihood opportunities. They are predominantly young males; the remaining are 18 per cent women and 11 per cent unaccompanied children.⁵⁰ Refugees and asylum-seekers are mainly Somali with some Ethiopians and a small number of individuals from Eritrea, Syria and Iraq. About 40 per cent of the refugee and asylum-seeker population are women and 20 per

cent are children. The refugee population is primarily concentrated in urban areas, such as in Aden and Sana'a cities, while the Kharaz refugee camp in Lahj Governorate in south eastern Yemen hosts 9,250 refugees (predominately Somali).

Migrants, refugees and asylum-seekers are all highly vulnerable during their time in Yemen and in their journeys to and from their countries of origin, asylum and final migration. On route to Yemen, migrants, refugees and asylum-seekers face serious protection risks including death, sometimes at the hands of smugglers who organize their travel to and passage through Yemen. A reported 60 per cent of migrants

are subjected to some form of sexual violence and exploitation and maltreatment by smugglers.⁵¹

Once in Yemen, migrants, refugees and asylum-seekers face high levels of discrimination and exclusion, with little access to basic services or support. Stigmatization restricts access to services and livelihood opportunities. They often live in dire, overcrowded conditions and undignified spaces and are subject to severe protection threats including gender-based violence, forced labour, violence, movement restrictions, and arbitrary and prolonged detention, in violation of their freedom of movement and right to seek asylum. In detention, migrants, refugees and asylum-seekers are subject to poor and unhygienic conditions and lack access to basic services or legal support. Children face disproportionate risk; an alarming number are subjected to prostitution, abuse and forced labour.

Reports indicate that the majority of migrants, asylum-seekers and refugees in Yemen have more than one specific need. Challenges include disability, serious medical conditions, legal and physical risks and lack of access to food, water and healthcare.⁵² In a 2020 migrant registration exercise, 5,000 migrants reported risks to their safety in Yemen and appealed for a safe and dignified return home.⁵³ The situation of the group worsened in 2020 as a result of COVID-19. Economic decline restricted income generating activities, the population struggled to afford rented accommodation, and there was widespread adoption of harmful coping mechanisms including debt, early marriage, child labour, and gender-based violence. A COVID-19 backlash resulted in thousands of migrants and some refugees being stranded, trapped and forcibly transferred across front lines to hard-to-reach areas, and there were reports of detention in inhumane conditions. In 2021, it is expected that the protection and humanitarian needs of refugees, migrants and asylum-seekers will increase.

Refugees and asylum-seekers often have better access to legal status and support than migrants, but still face severe challenges, particularly in northern Yemen. Authorities in northern Yemen have suspended since August the registration and documentation of refugees and asylum-seekers. This has increased the challenges faced by refugees and asylum-seekers to access services and exposed them to higher risks of detention, exploitation by smuggling and trafficking rings and forced transfers. Durable solutions and resettlement opportunities for refugees are limited. The Assisted Voluntary Return Programme for Somali refugees is currently on hold due to COVID-19 and voluntary repatriation to Ethiopia is pending reassessment, in light of the situation in the country. Yemen is a signatory of the United Nations Convention Relating to the Status of Refugees of 1951, however there is no comprehensive national legal framework on asylum or on migratory issues. There is a lack of prospects for durable solutions, legal frameworks, or anti-exploitation for migrants in Yemen.

The response to migrants, refugees and asylum-seekers will be coordinated through the Refugee and Migrant Multi-Sector (RMMS), but efforts will be made with other clusters to strengthen synergies, enhance reach and facilitate a joined-up approach. For instance, the Education Cluster will work with RMMS and other clusters to complement responses to refugee and migrant school children. Other examples of response activities for this population group include support for migrants, refugees and asylum-seekers to meet their basic needs along migratory routes, in urban centres and in the Kharaz refugee camp. This includes the provision of food, water, non-food items, cash and voucher assistance, shelter, healthcare, legal, counselling and other specialised protection services.



AMRAN, YEMEN

Suad, aged 18, begs in the middle of the road between Sana'a and Sa'dah with her 4-year-old nephew. Suad now takes care of her nephew following the death of her sister. Photo: UNOCHA/Giles Clarke

Muhamasheen

Muhamasheen have suffered discrimination, exploitation and poverty for centuries in Yemen.⁵⁴ The group had only limited access to education, livelihoods opportunities and basic services before the conflict escalated in 2015; since then, their needs have only deepened. Muhamasheen are excluded from public sector jobs except in waste management, and in the private sector, they are typically engaged in low-paid, stigmatized work.⁵⁵ They usually live in slums and

on the outskirts of cities, in makeshift shelters, often without electricity or clean water, which heightens their exposure to evictions and limits their access to services.⁵⁶ It is estimated that they represent a significant part of the population in the IDP sites.

Muhamasheen report exclusion from humanitarian services and aid, due to a combination of factors including their Muhamasheen status and

historic marginalization, ongoing discrimination, displacement, and lack of networks that would help them secure better livelihoods.⁵⁷ A major obstacle to their inclusion is that many lack education, with literacy levels reported as low as 20 per cent before 2015.⁵⁸ They report discrimination and a lack of attention to their assistance needs and to related complaints they report.⁵⁹ Their exclusion is compounded by a widespread lack of identification documents, which limits their access to public services, can impede their freedom of movement and heightens their exposure to a range of protection risks.

Women in this group face extreme marginalization, especially those who are widowed, unmarried, have disabilities or are older, and thus face multiple levels of discrimination. Reports of exploitation and violence, including gender-based violence, are common. Women Muhamasheen are also more likely to have experienced displacement as a result of the conflict, and once displaced are more likely to encounter hostility from host populations due to pervasive stigmatization and discrimination.

As this population group experiences high levels of multi-sectoral needs, a range of support will be provided to them under the HRP, including food, WASH, health, nutrition, shelter and other assistance as well as protection services. Understanding exclusion risks and the disproportionate discrimination and marginalization that this group faces, the specific needs and access requirements of this population are taken into account by all sectors of response. For example, the Nutrition Cluster plans to scale up nutrition service delivery points through static and mobile teams in order to reach more displaced Muhamasheen communities. FSAC will target vulnerable socially and economically marginalized communities who face comparatively worse food security conditions. As another example, the Protection Cluster will provide MPCA to those facing specific protection risks such as Muhamasheen, following socio-vulnerability assessments that indicate that in the absence of such support, they may be exposed to increased risks and resort to negative coping mechanisms. The Health Cluster, for its part, prioritizes health support and the promotion of a holistic approach to humanitarian assistance to reach and protect vulnerable groups including Muhamasheen.



ADEN, YEMEN

An internally displaced person with a disability in Dar Sa'ad IDP site in Aden Governorate, 22 February 2020. Photo: OCHA/Mahmoud Fadel.

People with Disabilities

WHO estimates that 4.5 million Yemenis have at least one disability, however the actual figure is likely to be much higher, including as a result of the conflict.⁶⁰ People with disabilities face specific challenges including difficulties fleeing violence, accessing aid, benefiting from sanitation facilities and accessing adequate living conditions.⁶¹ Their access to aid and services is often restricted and investment in interventions that take into account their specific needs is extremely limited in Yemen. People with physical disabilities face higher risks of

exclusion from humanitarian aid due to discrimination, difficulties accessing information, family separation, loss of assistive and mobility devices, mobility issues and other barriers.⁶²

The needs of people with disabilities are exacerbated by displacement, as most IDP sites lack adequate basic services, let alone services that take account their specific needs, and because displacement increases their risk of being separated from their support networks.⁶³ People with disabilities may even

have been left behind while the rest of the family fled. They often face mobility challenges or experience a worsening of their disabilities during displacement.⁶⁴

The protracted crisis in Yemen has exacerbated rates of physical and psychological distress, as years of conflict and humanitarian need have exposed millions of civilians to trauma and violence. This is compounded by limited access to psychosocial support services and a dearth of mental health services throughout the country, with primary healthcare centres lacking capacity to offer any psychosocial or mental health. The toll is more pronounced for women, who bear a disproportionate burden of care for their families and communities and who are more likely to experience gender-based violence.⁶⁵

Humanitarian partners are intensifying their focus to ensure that assistance and protection services reach people with disabilities. Partners are also increasing efforts to ensure the specific needs of people with disabilities are taken into account in response planning. For instance, Shelter/NFI Cluster programmes are prioritizing improved accessibility for people with disabilities. Under this HRP, WASH Cluster partners will provide gender-appropriate WASH facilities and services with equitable and safe access for all, including people with disabilities. FSAC partners are prioritizing the most vulnerable groups

and will offer livelihood opportunities accessible to people with disabilities. The Education Cluster's efforts to rehabilitate damaged schools and establish temporary/alternative learning spaces will be undertaken through a disability-friendly approach. The Protection Cluster will ensure the provision of specialised protection services, including through outreach programmes and mobile teams, to reach people with limited mobility. The Nutrition Cluster will focus on raising awareness on the need for children and pregnant and lactating women with disabilities to have equal opportunity to access services. Each cluster has included specific targeting figures for people with disabilities in this HRP, as indicated in the cluster chapters.

1.2

Strategic Objectives, Specific Objectives and Response Approach

This HRP is centred on three strategic objectives designed to address humanitarian conditions and needs identified in the 2021 HNO. The objectives were developed by the Yemen Humanitarian Country Team and prioritize conditions that affect mental and physical well-being, living standards and coping capacity. They are accompanied by corresponding specific objectives and cluster objectives, which provide further detail and direction to humanitarian actors implementing this plan. As humanitarian partners pursue the strategic objectives, they will apply response approaches that prioritize protection, gender and disability mainstreaming; humanitarian, development and peace linkages; COVID-19 sensitive measures; informed selection of response modalities; incorporation of lessons learned; and multi-sector collaboration.

The below provides an overview of the three overarching strategic objectives of this response plan, the specific objectives underpinning them and the objectives that each cluster will pursue to ensure they are delivered. Intersectoral response is essential to this plan and elaborated upon throughout the document, including in the cluster chapters. As the plan is implemented, clusters will regularly engage including through the inter-cluster coordination mechanism to identify opportunities to pursue integrated response modalities that target vulnerable populations living in the areas with the highest severity of needs. The response will be adjusted as required to respond to evolving needs and area-specific needs, such as through contingency planning and operational footprint reviews.

Strategic Objective 1: Preventing disease outbreaks and reducing morbidity and mortality

Strategic Objective 1 aims to prevent disease outbreaks and reduce crisis-related morbidity and mortality among the most vulnerable by providing safe and

dignified health and WASH assistance and services and maintaining essential infrastructure in areas of highest risk.

PEOPLE TARGETED

11M

REQUIREMENTS

\$1.02B

Strategic Objective 2: Preventing famine, malnutrition and restoring livelihoods

Strategic Objective 2 aims to help millions of destitute Yemenis overcome hunger by providing food, livelihoods and nutrition assistance, increasing household incomes and resilience to shocks and advocating for measures that bring economic stability.

PEOPLE TARGETED

16M

REQUIREMENTS

\$2.26B

Strategic Objective 3: Protecting and assisting civilians

Strategic Objective 3 aims to prevent, mitigate protection risks and facilitate redress for women, men, girls and boys, especially the displaced and most vulnerable civilians, through building their resilience, humanitarian assistance, specialized protection services and advocacy.

PEOPLE TARGETED

6.9M

REQUIREMENTS

\$576.9M

Strategic Objective 1

Preventing Disease Outbreaks and Reducing Morbidity and Mortality



HADRAMAWT, YEMEN

Pharmacy students at the University of Hadramawt produce hand sanitizer with IOM support in Hadramawt Governorate, 2020. Photo: IOM

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|-----------------|-------|----------|-----------------|
| 11M | 2.5M | 6M | 1.5M |

Under **Strategic Objective 1**, partners will pursue *Specific Objective 1.1* to mitigate and address protection risks due to epidemics through the provision of quality and integrated protection and humanitarian services to 250,000 vulnerable boys, girls, men and women. Support will include the provision of health assistance to vulnerable refugees, asylum-seekers and migrants through the RMMS. Protection Cluster partners will advance this specific objective by providing protection services to boys, girls, men and women to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, while prioritizing

the most vulnerable Yemenis. Related activities including providing MPCA, child protection services, family and transit kits, multi-sectoral gender-based violence response services and mine action support. The Protection Cluster will also support community-based mechanisms that promote human rights, inclusiveness, safety and dignity to help identify and address protection risks.

Under **Strategic Objective 1**, partners will also pursue *Specific Objective 1.2* to further mitigate, prevent and respond to epidemic-prone diseases and vaccine-preventable diseases through multisectoral response,

targeting 11 million people including 3 million IDPs by the end of 2021. Education actors will work to prevent infectious disease outbreaks in schools and learning environments by providing health and hygiene packages and increasing awareness on health and hygiene. Health actors will strengthen preparedness and surveillance to detect and respond to communicable diseases, outbreaks and epidemics including COVID-19. They will also work to increase access for vulnerable populations to health services and support, such as through assistance to health facilities and mobile care at the community, primary, secondary and tertiary levels. The Health Cluster will further aim to increase vulnerable populations' access to the Minimum Service Package and care related to reproductive health, mental health and psychosocial support, severe acute malnutrition and noncommunicable diseases. Health facilities will also be supported with assistance such as fuel, water, oxygen, advanced care, information management and financial support to health workers.

The Shelter/NFI Cluster will also support these efforts, including by delivering life-saving assistance to populations affected by conflict and natural hazards and by providing mid- and long-term shelter solutions to people in need. This will include the distribution of essential non-food items; emergency and transitional shelters; cash assistance for rental subsidies, winter and summer support, and house rehabilitation; shelter maintenance and upgrade kits; and flood mitigation solutions. WASH response will be key: in 2021 WASH partners will support integrated public health approaches that identify and address risk factors contributing to disease transmission and will systematically update outbreak preparedness plans. RMMS will also provide WASH assistance for refugees, asylum-seekers and migrants. The Nutrition Cluster, for its part, will contribute to prevention and response to epidemic-prone and vaccine-preventable diseases through enhanced and expanded nutrition service delivery. Nutrition partners will work to increase sites and mobile sites, their supplies, and the capacity and numbers of their staff.

Specific Objective 1.1 and coordinated response approach

Objective: Protection risks due to epidemics are mitigated and addressed through the provision of quality and integrated protection and humanitarian services to vulnerable women, men, boys and girls including IDPs and people with disabilities

Groups targeted: Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities and refugees, asylum-seekers and migrants

Number targeted 2.4M

Timeframe: January – December 2021

Specific Objective 1.2 and coordinated response approach

Objective: Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11 million people including 3 million IDPs by end of 2021

Groups targeted: Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers and migrants

Number targeted 8.8M

Timeframe: January – December 2021

Strategic Objective 2

Preventing Famine, Malnutrition and Restoring Livelihoods



LAHJ, YEMEN

A boy waits in the car after his family received their food package at a distribution point supported by WFP in Lahj Governorate, 28 February 2020. Photo: WFP/Ayman Fuad

PEOPLE TARGETED

16M

WOMEN

3.7M

CHILDREN

8.8M

WITH DISABILITY

2.4M

Under **Strategic Objective 2**, partners will pursue *Specific Objective 2.1* to improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions. A total of 16 million vulnerable boys, girls, men and women will be targeted under this objective. At risk groups facing the most severe forms of food insecurity will be targeted. These include Muhamasheen, female-headed households, people with disabilities, landless daily labourers, urban households with no source of income, and households headed by people with disabilities, older

people or the chronically ill. Specific activities to achieve this objective include the provision by FSAC partners of life-saving emergency food assistance to the most vulnerable food insecure households and the distribution of emergency agricultural, livestock or fisheries kits to severely food insecure households. Education partners will support by providing feeding and nutrition services to the most vulnerable students and learners, such as through fortified meals to students. RMMS partners will provide food aid in Kharaz refugee camp and in migrants' settings. Considering the inter-linkages between WASH-related

disease and food utilization, WASH cluster partners will provide timely, life-saving WASH assistance and services to vulnerable populations with inadequate food consumption and who are facing IPC Phase 3, 4 and 5 conditions. This includes providing support to repair water and sanitation systems; enabling access to safe water through water trucking and community tanks; providing assistance to disinfect, treat and survey the quality of water; enabling solid waste collection, disposal and community-led cleaning; expanding the provision of hygiene items and awareness; and providing safe gender-appropriate sanitation options. WASH partners will also provide or restore sustainable and safe access to WASH services, with the aim of reaching populations experiencing acute need and at high risk of disease and protection challenges.

Also under **Strategic Objective 2**, *Specific Objective 2.2* aims to increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes and targets 16 million vulnerable men, women, boys and girls. At risk groups facing food insecurity – landless daily laborers, rural farming dependent households, urban households with no source of income, female-headed households, and households headed by people with disabilities, older people or people with chronic illnesses – will be targeted. To do so, FSAC partners will improve access to livelihood opportunities, increase household incomes, and rehabilitate food security assets and infrastructure in areas with high levels of food insecurity. Specific activities include distributing conditional and season-specific cash transfers, employing adults in public works schemes, and providing targeted households with livelihood assets, restoration support and assistance in establishing micro businesses. Complementary efforts to strengthen emergency preparedness and response capacity of partners, communities and authorities will also be pursued by FSAC partners. Shelter/NFI cluster partners will provide mid- and long-term shelter solutions to improve sub-standard conditions, while ensuring that structures are durable, use local materials and enable disaster risk reduction. Also under this specific objective, RMMS partners will

provide livelihood opportunities to refugees, asylum-seekers and migrants.

To mitigate the dire nutrition situation faced by millions of Yemenis, partners will pursue *Specific Objective 2.3* under **Strategic Objective 2** to decrease the prevalence of global acute malnutrition among children under the age of five by 2 per cent by the end of 2021. *Specific Objective 2.3* targets 4.6 million boys and girls, and involves the provision by Nutrition Cluster partners of life-saving and preventative nutrition services to girls and boys under five in all of Yemen's 333 districts by the end of 2021. Nutrition partners will also support pregnant and lactating women. Activities include support for procuring, distributing and monitoring supplies, assisting nutrition facilities and mobile services, and providing performance-based payments to nutrition workers. The Nutrition Cluster will also work to scale up geographical coverage of nutrition services by 21 per cent across the country, with a focus on priority districts. In doing so, nutrition partners will also provide cash to vulnerable households and discharged severe acute malnutrition and moderate acute malnutrition cases.

Specific Objective 2.4 under **Strategic Objective 2** is to mitigate and address protection risks due to food insecurity by providing support to 2.4 million vulnerable men, women, boys and girls including IDPs, Muhamasheen, people with disabilities and asylum-seekers, refugees and migrants. Protection Cluster partners will deliver on this specific objective by providing protection services to women, men, girls and boys to mitigate and address protection risks and by supporting community-based mechanisms to identify and address protection risks. Related activities include provision of protection assistance and services through community centres, support for community-based protection networks, critical protection services to children, MPCA to households following socio-economic and protection needs assessments, mine risk reduction, and support for livelihoods and skill-building for gender-based violence survivors as well as increased awareness on gender-based violence.

Specific Objective 2.1 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions. |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 16M |
| Timeframe: | January – December 2021 |

Specific Objective 2.2 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 16M |
| Timeframe: | January – December 2021 |

Specific Objective 2.3 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Decrease the prevalence of global acute malnutrition among children under age 5 in Yemen by 2 per cent by end of 2021 |
| Groups targeted: | Vulnerable boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 6.4M |
| Timeframe: | January - December 2021 |

Specific Objective 2.4 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Protection risks due to food insecurity are mitigated and addressed |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 2.4M |
| Timeframe: | January – December 2021 |

ADEN, YEMEN

An internally displaced woman with her child in Dar Sa'ad IDP site in Aden Governorate, 22 February 2020.
Photo: OCHA/Mahmoud Fadel.



Strategic Objective 3

Protecting and Assisting Civilians



MA'RIB, YEMEN

A displaced girl stands in the entry to the shelter that she shares with her family in Ma'rib Governorate, 2020. Photo: IOM.

PEOPLE TARGETED

6.9M

WOMEN

1.5M

CHILDREN

3.8M

WITH DISABILITY

1M

Under **Strategic Objective 3**, partners will pursue *Specific Objective 3.1* to mitigate and address specific protection risks due to conflict and natural disasters through the provision of quality and integrated protection and humanitarian services to 2.6 million vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities and asylum-seekers, refugees and migrants. Education partners will protect the most vulnerable school-aged girls and boys from risks of violence by ensuring access to safe and inclusive learning environments

that promote well-being and resilience. The RRM will provide immediate, life-saving emergency assistance to families who are newly displaced because of armed conflict or natural hazards, as well as those in hard-to-reach areas. CCCM partners will strengthen safe access to multi-sectoral services through improved site supervision and coordination and enhance community organization and cohesion. Additionally, CCCM partners will strengthen access to information as well as feedback and complaints mechanisms for IDPs. Protection partners will also provide protection

support through protection capacity building and the provision of protection cash assistance.

To further assist vulnerable migrants, refugees and asylum-seekers, the RMMS will provide multi-sector life-saving assistance including by supporting registration, documentation and refugee status determination, providing legal assistance and detention monitoring, and providing specialized services for children and women at risk. The RMMS will also assist voluntary and dignified returns, where conditions in countries of origin allow, for migrants, refugees and asylum-seekers. Shelter/NFI partners will deliver life-saving assistance such as essential non-food items, emergency and transitional shelters, and cash assistance to support vulnerable people in emergencies or extreme protracted living conditions. Supporting the resilience of affected populations is another element of Shelter/NFI Cluster support under this specific objective, namely through providing shelter maintenance and upgrade kits, flood mitigation solutions, cash for house rehabilitation, and housing, land and property support.

Under **Strategic Objective 3** through *Specific Objective 3.2*, partners will also promote human rights, inclusiveness, safety and dignity and identify and address protection risks through protection monitoring, community-based mechanisms and humanitarian response. Under this objective, partners will target 2.4 million vulnerable women, men, boys and girls, including IDPs, Muhamasheen, people with disabilities and refugees, asylum-seekers and migrants. Specific efforts include RMMS' facilitation of solutions for migrants and refugees to address risks through the strengthening of community empowerment and social cohesion, and the Protection Cluster's efforts to provide protection services to Yemenis in need through releasing contaminated land, disposing of unexploded ordnance and raising awareness of risks posed by mines. Protection Cluster partners will also support community-based mechanisms to further carry out this strategic objective, including to carry out protection monitoring, assist community protection initiatives, support livelihoods for gender-based violence activities, raise awareness of gender-based violence, and deliver

explosive ordnance risk education to vulnerable populations.

To protect and assist civilians, partners will provide safe, dignified and meaningful access to life-saving and quality humanitarian services, enabling the provision of public services to people in need while prioritizing the groups with the highest needs under **Strategic Objective 3, Specific Objective 3.3**. Partners will target 6.9 million vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities and refugees, asylum-seekers and migrants under *Specific Objective 3.3*. For its part, RMMS will provide core relief items such as shelter and non-food items to vulnerable refugees, asylum-seekers and migrants. WASH Cluster partners will provide or restore sustainable and safe access to WASH services in areas of acute need and with high risks of disease and protection challenges and deliver life-saving WASH assistance to reduce acute needs and protection risks of IDPs affected by conflict and natural hazards. This includes expanding or developing water and sanitation systems to improved sustained conditions for IDPs.

Partners will aim to reduce vulnerability through creating an enabling environment, enhancing access and increasing resilience under *Specific Objective 3.4* linked to **Strategic Objective 3**. A total of 250,000 vulnerable women and girls including IDPs, Muhamasheen, people with disabilities and refugees, asylum-seekers and migrants will be targeted under this objective. Protection Cluster partners will deliver on this objective by providing protection services and supporting community-based mechanisms to mitigate and address protection risks, including through the provision of multi-sectoral gender-based violence response services and support for livelihoods and skill building for gender-based violence survivors.

Specific Objective 3.1 and coordinated response approach

| | |
|-------------------------|--|
| Objective: | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable women, men, boys and girls including IDPs and people with disabilities |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 2.6M |
| Timeframe: | January – December 2021 |

Specific Objective 3.2 and coordinated response approach

| | |
|-------------------------|--|
| Objective: | Human rights, inclusiveness, safety and dignity are promoted and protection risks identified and addressed through protection monitoring, community-based mechanisms and humanitarian response |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 2.4M |
| Timeframe: | January – December 2021 |

Specific Objective 3.3 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Provide safe, dignified and meaningful access to live saving and quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021 |
| Groups targeted: | Vulnerable women, men, boys and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 6.9M |
| Timeframe: | January – December 2021 |

Specific Objective 3.4 and coordinated response approach

| | |
|-------------------------|---|
| Objective: | Women and girls' vulnerability to gender-based violence is reduced through creating an enabling environment, enhanced access and resilience |
| Groups targeted: | Vulnerable women and girls including IDPs, Muhamasheen, people with disabilities, and refugees, asylum-seekers, and migrants |
| Number targeted | 250K |
| Timeframe: | January – December 2021 |

1.3

Planning Assumptions, Operational Capacity and Access

Planning assumptions

Planning for 2021 assumes that current trends associated with the conflict, violations of international humanitarian law and international human rights law, the socio-economic environment, epidemics and pandemics, and natural and environmental hazards will continue.

Despite efforts to implement the Stockholm Agreement and other efforts by the United Nations to promote a nationwide ceasefire, the prospects for peace in the next year are considered to be slim. A marked deterioration in the conflict and intensifying hostilities are expected. The conduct by the parties with respect to their obligations under international humanitarian law is unlikely to change, and the devastating impact on civilian populations and challenges in reaching them will continue or worsen. Tensions in areas controlled by the Government of Yemen in southern, central and eastern Yemen will remain, although progress in the implementation of the Riyadh Agreement between the Government of Yemen and Southern Transitional Council is possible and could result in increased stability in these areas. External support for parties to the conflict is likely to continue, although recent policy reversals by some countries regarding the sale of arms for use in the conflict may decrease this support. Conflict and associated political instability and insecurity are likely to continue to deter investment in Yemen and prolong import restrictions, with negative implications for the stability of the Yemeni rial and economic improvement. The repercussions of the COVID-19 pandemic, which led to a contraction in Yemen's economy and in the purchasing power of many Yemenis, will continue to be felt in 2021.

Given this context, Yemen is likely to remain the world's worst humanitarian crisis with a devastating impact on the physical and mental well-being, livelihoods and coping capacities of millions of women, men, girls and

boys, especially those most vulnerable. Livelihoods are expected to continue to decline, food insecurity to rise and malnutrition to grow. The vulnerability of Yemenis to disease outbreaks and crisis-related morbidity and mortality will continue in the absence of adequate health services for vast swathes of the population. Other shocks and stresses which have regularly beset the country should be anticipated. These include extreme weather events such as heavy rains and flooding, and locust infestations. An oil spill from or explosion on the FSO Safer poses an additional and critical risk.

Planning assumptions outlined above underscore the criticality of increased humanitarian assistance in 2021 that is flexible and responsive to developing needs. Efforts have been made by partners to prepare for a deteriorating situation in a variety of areas. As the plan is implemented, partners will engage in a range of activities to monitor the changing situation and develop required responses.

Operational Capacity

In 2021, 167 partners will implement activities approved under the 2021 Yemen HRP. This includes United Nations agencies, INGOs and NNGOs. Partners aim to work in all of Yemen's 333 districts. The number of partners operating in each cluster or sector range from 11 (RRM) to 167 (Shelter/NFI Cluster).

Given the high needs projected across the country for 2021, continued and scaled-up partner presence will be essential. In 2020, partners were forced to reduce assistance to people in need due to funding shortages and the implementation of risk mitigation measures in response to a non-permissive operating environment. This year, increased funding and an easing of access restrictions will be critical to the response. The humanitarian community will continue to work with the Government of Yemen and areas

controlled by Ansar Allah authorities to expand delivery of principled assistance to the people who need it most. Vigorous advocacy efforts will be undertaken to enable access and assistance to areas with the highest needs, including those that are hard-to-reach or to which humanitarians have not had sustained presence or access.

The humanitarian community is ready to deliver at scale based on the experience of and lessons learned from 2019 when aid agencies increased FSAC, nutrition, WASH, Shelter/NFI, CCCM, Education, RRM, RMMS and health assistance to reach 83 per cent more Yemenis than in 2018 (from 7.5 million people in 2018 to 13.7 million people in 2019). Capacity has also been strengthened by lessons learned regarding risk; having strengthened risk mitigation measures in response to increased access restrictions, aid agencies are better able to deliver programming in a way that manages risk

and enables principled delivery of assistance.

Capacity challenges are ongoing, underscoring the need to build local and national response capacity in Yemen. In this regard, all clusters have incorporated strategies for strengthening the capacity of partners who implement the response. For instance, FSAC aims to strengthen the emergency preparedness and response capacity of partners, communities and authorities through capacity-building activities and the development of contingency plans. Similarly, the Nutrition Cluster will continue to enhance the quality of and scale up access to nutrition services for the most vulnerable children and women in need. The Protection Cluster plans to continue technical capacity-building initiatives for protection actors, including duty-bearers, to improve the quality of interventions and enable strengthened protection and gender mainstreaming.⁶⁶

OPERATIONAL PARTNERS

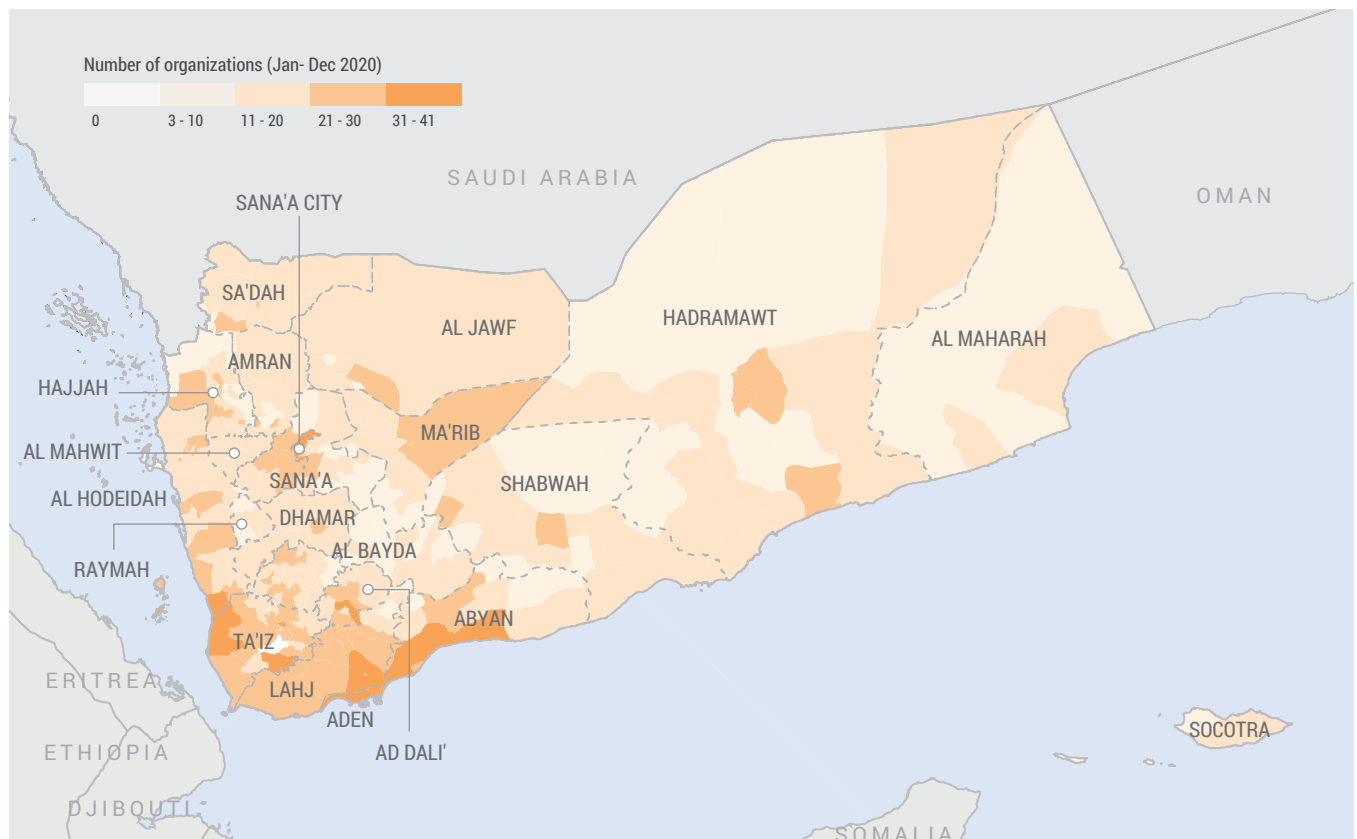
167

ACCESS INCIDENTS
(JAN - DEC)

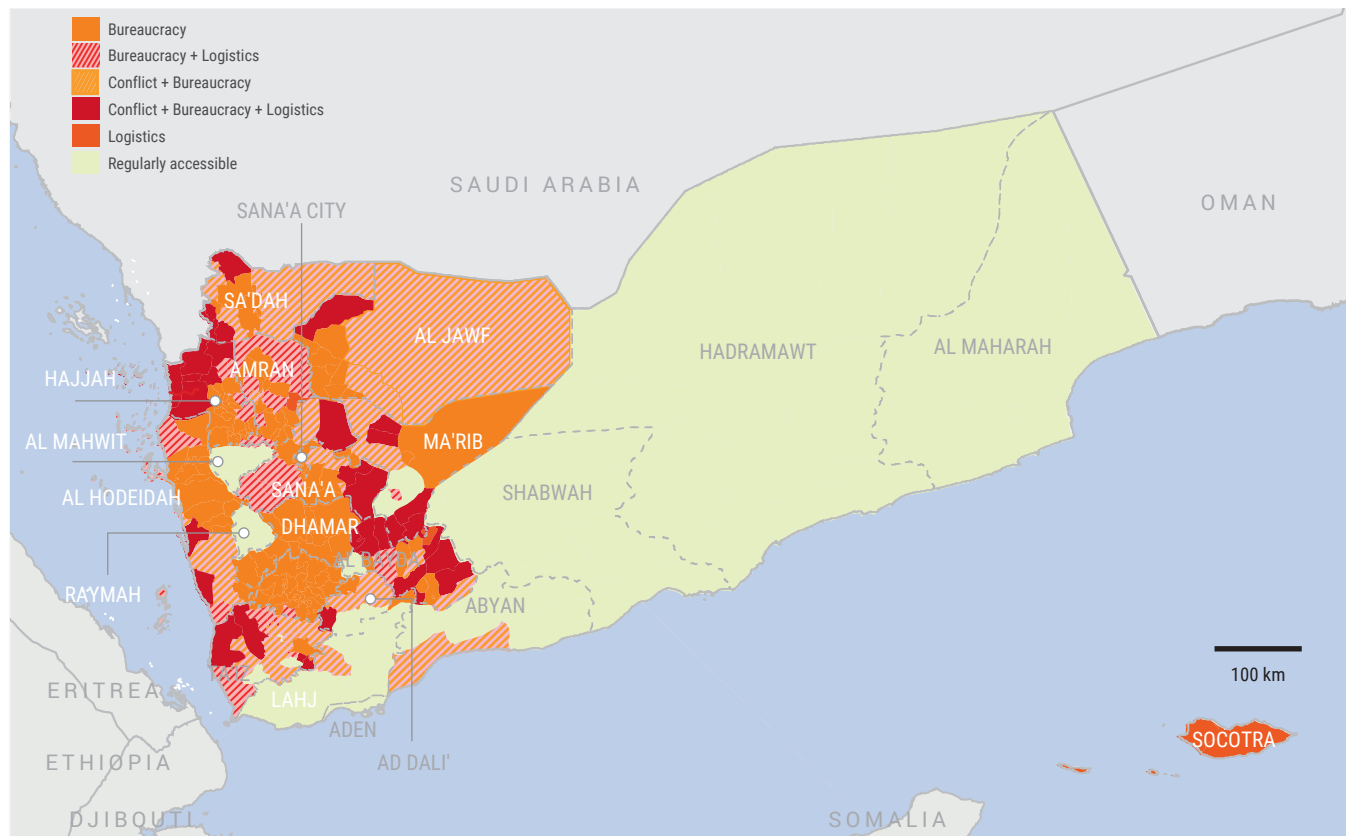
4,484

% OF PEOPLE TARGETED IN
HARD-TO-REACH AREAS

78.7%



Hard-to-reach map



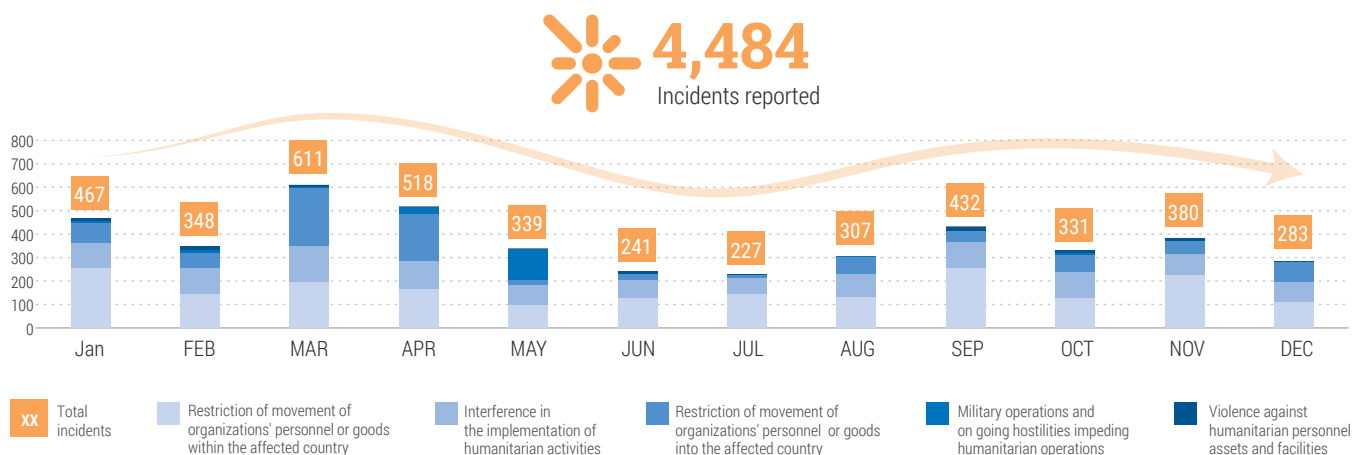
Partners by Cluster/Sector

| SECTOR | PEOPLE TARGETED | NO. PARTNERS |
|--|-----------------|--------------|
| Food Security & Agriculture (FSAC) | 16.0 M | 90 |
| Health | 11.6 M | 45 |
| Water, Sanitation and Hygiene (WASH) | 11.2 M | 80 |
| Protection | 8.6 M | 73 |
| Nutrition | 6.3 M | 43 |
| Education | 5.5 M | 70 |
| Shelter/ Non-Food-Items (NFI) | 3.8 M | 176 |
| Camp Coordination and Camp Management (CCCM) | 0.9 M | 21 |
| Rapid Response Mechanism (RRM) | 0.7 M | 11 |
| Refugees and Migrants Multi-Sector (RMMS) | 0.3 M | 12 |

Partners by Type in 2020

| TYPE | NO. PARTNERS |
|------|--------------|
| NNGO | 151 |
| INGO | 46 |
| UN | 12 |

Type of incidents by month in 2020



Access

The operating environment in Yemen remains extremely challenging. While significant progress was made in mitigating humanitarian access challenges in 2020, bureaucratic impediments hindering the delivery of principled humanitarian assistance continue. Most challenges to sustained and principled access for humanitarian organizations remain in northern Yemen, but access issues have increased steadily in southern Yemen as well.

Over 16.5 million people in need, located in 220 districts out of the total 333 districts in Yemen, are considered hard-to-reach for humanitarian organizations, up from 5 million in 2019.⁶⁷ In these areas safe, sustained and principled delivery of assistance and of protection services are challenged by bureaucratic impediments, armed conflict and insecurity and logistical constraints, often by all these factors combined. The hard-to-reach areas are predominantly in northern Yemen where most people in acute need of humanitarian assistance are located. Despite challenges, humanitarians have been able to deliver life-saving support across the country. In 2020, partners delivered assistance in all 333 districts of the country, reaching up to 10 million each month.

Conflict creates complex challenges for humanitarian delivery owing both to insecurity and arbitrary regulations and restrictions imposed by local authorities. In 2020, active front line hostilities affected 49 districts, an increase from the 35 districts affected at the end of 2019. Since January 2020,

intense hostilities have continued in border areas of Ma'rib, Sana'a and Al Jawf governorates, with front lines encroaching on densely populated areas in Ma'rib Governorate. Moreover, in 2020, hostilities along existing front lines, notably in Al Hodeidah, Hajjah, Ad Dali', Al Bayda, Sa'dah and Ta'iz governorates continued and intermittently escalated during the year. In Aden, Abyan and Ta'iz there were recurring tensions and armed clashes throughout 2020.

Last year, humanitarian partners reported some 4,848 access incidents across 119 districts in 20 governorates in Yemen. This is a considerable increase from 2019, when 2,380 incidents were reported, with worsening access trends having begun in the second half of 2019, although this can in part be attributed to increased reporting from major operational partners. In 2020, bureaucratic impediments imposed by the parties were the most widely reported access constraint for the humanitarian operation, accounting for over 93 per cent of incidents.⁶⁸ These affected humanitarian programming and operations dramatically, in possible contravention of legal obligations to facilitate humanitarian access under international humanitarian law and relevant United Nations Security Council resolutions.

Partners reported 1,216 incidents in 2020 where the authorities attempted to interfere in humanitarian activities in contravention of humanitarian principles as well as organization and donor rules and regulations. Particular challenges pertained to delays and rejections of project sub-agreements and

associated attempts by authorities to interfere in project design, activities, targeting, budgeting, staffing and other elements of the programming process. Up to 9 million people in need of assistance were estimated to have been affected by delayed and interrupted assistance in 2020 due to delays or refusals of NGO project sub-agreements by authorities.

Restrictions on humanitarian movements were widespread and systematically imposed in 2020. Partners reported some 2,960 incidents associated with restrictions on the movement of humanitarian organizations, personnel and goods within and into Yemen. These include denials of travel permits for humanitarians to deliver assistance and delays and blockages at road checkpoints. The movement of humanitarian supplies into and within Yemen was constrained by irregular clearances, taxes and transportation restrictions. Together these restrictions severely hindered the timely and efficient delivery of

life-saving supplies and assistance in both north and south of Yemen.

Violence against humanitarian organizations continued in 2020, with some 96 incidents reported. While this represents a decrease since 2019, when 539 incidents were reported, the violence that occurred remained severe. Incidents included physical assault, detention, intimidation and other forms of mistreatment of humanitarian personnel, confiscation of humanitarian assets and occupation of humanitarian premises.

Constraints linked to COVID-19 obstructed humanitarian activities for much of 2020, but by September most of these restrictions had been lifted. Access incidents in 2020 peaked in March and April when COVID-19 restrictions were at their tightest. Rotations of humanitarian personnel were essentially halted when operations at international

SA'ADA, YEMEN

Children in Al-Mazrak IDP camp in Hajjah Governorate. Photo: OCHA.



airports in Aden and Sana'a were suspended. Within Yemen, humanitarians were blocked from delivering assistance and implementing other activities due to movement restrictions, mostly in the north of the country. Cargo movements by air, land and sea were also severely delayed and disrupted due to enforced quarantine measures for goods.

Senior humanitarian officials met in Brussels on February 2020 to discuss the rapidly deteriorating access environment in Yemen. The officials called for the lifting of all restrictions, obstructions and interference violating humanitarian principles and agreed to re-calibrate humanitarian aid activities where principled delivery was not possible, to adopt enhanced measures to assess operational restrictions, and to intensify engagement with all parties to enable the delivery of assistance to people in need. After the meeting, they established a Technical Monitoring Group to review progress in lifting restrictions identified at the meeting. The officials met again on November 2020 and welcomed improvements in some areas, notably in the approval of NGO project sub-agreements and INGO principal agreements, the implementation of coordinated needs assessments, the rescinding of problematic regulations, and the launch of the long-delayed World Food Programme (WFP) pilot of biometric registration for food aid recipients in Sana'a. However, they noted that more needed to be done and again called for the full removal of all restrictions and obstructions to humanitarian operations.

In 2021, the Humanitarian Country Team in Yemen will continue its dedicated and coordinated engagement with authorities in Yemen to improve safe, sustained and principled humanitarian response across the country. OCHA will monitor the access environment and provide analysis on restrictions on behalf of the humanitarian community to inform evidence-based advocacy. This will also include providing regular access updates and reporting on operational developments and situational analysis across the country to inform strategic and operational decision-making. The Yemen Humanitarian Access Working Group and sub-national working groups will continue to inform humanitarian operations based on a

common approach and analysis of access challenges, and will provide strategic advice, technical support and operational guidance to the Humanitarian Country Team.

Civil-military coordination with the parties to the conflict will continue to facilitate safe and principled humanitarian operations across the country. OCHA will facilitate coordination of the Humanitarian Notification System for Yemen, operationalized with the Evacuation and Humanitarian Operations Committee, to ensure the safety and security of humanitarian facilities and movements that are protected under international humanitarian law. OCHA will lead on communication and coordination with relevant actors affiliated with the Government of Yemen, promoting systematic adherence to their obligations under international humanitarian law, including to enable safe, sustained, and principled humanitarian deliveries across southern governorates.

1.4

Accountability to Affected Populations

This plan prioritizes strengthening the response-wide system for listening to and acting upon the voices of the people affected by the crisis. Accountability to affected populations efforts will promote respect for the rights of women, girls, men and boys in need of humanitarian assistance by ensuring that the humanitarian response is delivered without discrimination and in consideration of the specific needs of affected people, including people with disabilities, marginalized groups and older people.

Efforts to strengthen accountability to affected populations will build on progress made in 2020. Last year the Community Engagement Working Group developed 1) an online tool to collect information on feedback and grievances; 2) a mechanism for monitoring and reporting on partners' implementation of accountability and PSEA commitments; 3) guidelines on establishing and strengthening community-based feedback mechanisms; and 4) a shared repository for relevant materials. Community engagement approaches were also mainstreamed in messages and materials for response to cholera, diphtheria, dengue, flooding and COVID-19.

In 2020, members of the Community Engagement Working Group and other partners used existing mechanisms to seek feedback and complaints from local communities through community committees, complaints boxes, question desks or through direct communication with programme staff or community volunteers. Members also helped to harmonize COVID-19 messages across the response and trained 400 volunteers in the south on accountability to affected populations principles and complaints and feedback mechanisms. The volunteers supported a telephone-based system to gather and address feedback on COVID-19 and to disseminate key information on the virus to the public. These efforts allowed for strengthened community engagement by partners throughout the year.

Several studies have been conducted that highlight how community engagement can be improved; they have informed this response plan. A research study conducted for the Inclusion Task Force by the Danish Refugee Council and the Protection Cluster in 2020 revealed the extent to which vulnerable groups, particularly IDPs, Muhamasheen, people with disabilities, older people and women are at risk of exclusion. It also documented widespread perceptions of a lack of responsiveness to concerns reported by people in need to complaints and feedback mechanisms, and their fear of retribution and other protection risks if they used these mechanisms. The study found that 76 per cent of respondents surveyed believed that humanitarian agencies are unable to determine their actual needs and respond to their requirements in an adequate manner. The study recommended the establishment of safe, meaningful and accessible feedback and complaint mechanisms are designed based on a consultative process with communities. It also recommended that humanitarian actors increase direct and effective communication with groups at risk of exclusion.⁶⁹

A September 2019 rapid needs assessment of older people in Yemen by HelpAge International, the International Youth Council – Yemen and Prodigy Systems underscored the need for humanitarian actors to strengthen consultations with older people in needs assessments, response planning and throughout project implementation.⁷⁰ Another study conducted by the Overseas Development Institute for OCHA, the United Nations Children's Fund (UNICEF) and WHO in 2020 recommended greater investment in taking into account local realities and priorities, including those of marginalized groups, and enhanced knowledge and capacity to ensure adherence to humanitarian principles.⁷¹

A UNHCR study on communication with communities conducted in June 2020 highlighted the need for enhanced outreach and diversified modalities of communication with communities, mainly through community structures; strengthened complaints and feedback mechanisms; and the application of an age, gender and diversity approach.⁷² An assessment conducted by the Community Engagement Working Group identified key capacity gaps related to accountability to affected populations and PSEA.

These studies reveal that more work needs to be done in 2021 to understand the needs of affected populations, particularly vulnerable populations, and to ensure their specific needs, concerns, capacities and suggestions are taken into account in humanitarian programming and response. Priorities for 2021 will include strengthening engagement with affected populations and the mechanisms by which those populations can provide information on their needs, concerns and preferences.

Partners will pursue new and additional approaches to address exclusion, including improving proximity to beneficiaries and reviewing the humanitarian operational footprint so that it allows for enhanced targeting of populations in need. The Community Engagement Working Group will be a key forum for inter-sector collaboration to improve accountability to affected populations. The Group's key actions planned for 2021 include 1) strengthening of humanitarian actors' capacity especially at the community level on accountability to affected populations principles and guidelines; 2) conducting at least one perception survey to assess community perceptions of humanitarian services; 3) carrying out a media landscape study to assess media availability, preferences and use of affected populations; 4) harmonizing and disseminating critical life-saving information to affected groups; and 5) strengthening community engagement especially around disease outbreaks. In addition, an online tool for centrally collating and analyzing information on feedback and grievances received from implementing

SANA'A, YEMEN

Abu Bakar School in Sana'a Governorate, 05 September 2018.

Photo: OCHA/ Muath Algabal.



partners is being tested for a full rollout in 2021. This will help to obtain insights into complaints received from communities through partners' complaints and feedback mechanisms.

Community engagement approaches are central to many of the specific cluster plans outlined in this document. For instance, the Protection Cluster plans to facilitate community-based initiatives by enhancing the capacity of community volunteers and networks to identify protection risks and provide referrals to services. Mine Action partners will provide explosive ordnance risk education to communities. Nutrition Cluster partners will depend on community mobilization and engagement to conduct their responses. For the CCCM Cluster, community mobilization and participation programming are foundational to the cluster response plan: community structures will have a liaison role between IDPs living on sites and authorities/humanitarian partners and will work to safeguard of common facilities and alert relevant stakeholders on health and safety concerns.

Clusters and their partners will adjust programming based on community feedback. For example, FSAC partners will monitor community perceptions of, and satisfaction with, service provision and support the collective monitoring about whether a targeted population feels consulted and informed throughout the response. Several partners are providing MPCA or other forms of cash assistance and routinely carrying out post-distribution monitoring exercises to evaluate the effectiveness and impact of the cash assistance. The RMMS plans to use participatory monitoring as a systematic feedback mechanism on its interventions and programmes. Cluster partners implementing HRP activities funded by the Yemen Humanitarian Fund will use the Beneficiary Feedback and Complaints Mechanism, launched by the Fund in February 2020, which allows beneficiaries to directly call or send a text message to a dedicated toll-free phone number and provide complaints or feedback regarding Fund-supported projects. Cluster use of accountability chains to track the impact of the operating environment on the principled delivery of cluster response plans is detailed below.



Preventing Sexual Exploitation and Abuse

Accountability to affected populations will be strengthened in 2021 through enhanced efforts to prevent sexual exploitation and abuse, building on the Yemen PSEA Network's work last year to strengthen prevention approaches. In 2020, partners 1) developed and implemented a PSEA workplan for Yemen; 2) delivered PSEA trainings to 1,054 humanitarian personnel, including partners of the Yemen Humanitarian Fund; 3) harmonized PSEA messages across the response; 4) incorporated PSEA measures in COVID-19 prevention and response activities; 5) strengthened PSEA complaints mechanisms; 6) developed common procedures for recording and processing complaints; and 7) promoted access to safe services for SEA survivors.

PSEA is a cornerstone of the humanitarian response and has been considered throughout this plan. In 2021, efforts will be made to strengthen PSEA through the establishment of hub coordination forums, strengthening of existing community-based SEA complaints mechanisms, improving reporting by integrating information on where and how to report SEA allegations in all community consultations, and enhanced monitoring and oversight of the provision of survivor assistance. PSEA approaches have been considered by all clusters and are integrated into cluster chapters in this HRP.

1.5 Centrality of Protection

In a conflict defined from the outset by widespread violations of international humanitarian law and international human rights law as well as high levels of internal displacement, the protection of civilians remains a paramount concern. Moreover, protection risks also arise as result of natural hazards, disease outbreaks, food insecurity and economic downturn simultaneously occurring in Yemen. Preventing, reducing, and ensuring effective response to protection risks and concerns to civilians therefore must be central to the humanitarian responses.

In 2021, humanitarian partners in Yemen will intensify efforts to operationalize the Yemen Humanitarian Country Team's Protection Strategy adopted in 2018, which has three objectives:

1. Promoting respect for international humanitarian law, international human rights law and refugee law by all parties to the conflict through collective advocacy and prioritization of humanitarian response activities which contribute to the protection of civilians.
2. Ensuring safe and equitable access to protection and assistance, including for the most vulnerable and people with specific needs, while mitigating the repercussions of the risk of famine, disease outbreaks and collapsing livelihoods on individual and community coping capacities and the potential for violence, coercion or deliberate deprivation.
3. Ensuring prevention and mitigation of, and response to, the protection concerns of affected populations through mainstreaming and integration of protection across the humanitarian response.

The Protection Cluster, including its Child Protection, Mine Action and Gender-Based Violence specialized Areas of Responsibility, will work closely with other sectors of humanitarian response to enhance understanding of protection risks and strengthen prevention and mitigation measures to identified protection risks. In tandem, all sectors of humanitarian response will work to ensure that all humanitarian activities mainstream the following four core elements of protection mainstreaming:

- Prioritize affected populations' safety and dignity and avoid causing harm.
- Facilitate meaningful and non-discriminatory access to assistance and services.
- Ensure accountability to affected populations by establishing feedback mechanisms through which they can measure the adequacy of interventions and address any concerns and complaints.
- Promote participation and empowerment by supporting community-based protection strategies and assisting affected people to claim their rights.

1.6

Humanitarian-Development-Peace Nexus

Since the start of the conflict, the international community has provided a range of support across the humanitarian-development-peace nexus in Yemen. Humanitarian aid is a substantial element of the supported provided, however development partners have also invested significantly in Yemen over the past six years. Priorities of development actors have included preserving basic services and key institutions, supporting livelihoods and promoting economic recovery.

In 2019 and 2020, humanitarian, development and peace actors worked together to determine ways to strengthen collaboration across the nexus. They determined the following areas of focus for further enhancement of the nexus approach:

1. Preventing the worsening of the humanitarian situation by enhancing delivery of assistance, mitigating risks, strengthening coping capacities and addressing underlying drivers of vulnerability.
2. Strengthening Yemen's development assets, including social and economic capital and institutional capacities, as foundations for recovery and development and ensuring sustainability of humanitarian response projects.
3. Supporting peacebuilding and transition in Yemen with a focus on governance and state-building, improving security and rule of law, protecting vulnerable and at-risk populations, economic recovery and reconstruction and initiating long-term development reforms in line with sustainable development goals.⁷³

This HRP is informed by the above focus areas. Humanitarian partners understand that humanitarian assistance alone cannot fully address vulnerabilities and that life-saving assistance must enable long-term, sustainable approaches. To this end, interventions detailed in this HRP incorporate, where possible, mid- to long-term approaches and resilience-oriented interventions. Activities that support livelihoods, improve

food security and expand access to basic services are examples of this approach. Other examples include efforts to ensure the sustainability of interventions. For instance, Shelter/NFI Cluster partners are adopting durable shelter solutions, understanding that they are key to building the resilience of affected populations; this includes addressing housing, land and property rights, facilitating housing repairs necessary for IDPs to return voluntarily where safe to do so, and core housing projects including for those IDPs opting for the durable solution of integration in their place of displacement, among local communities.

Humanitarian partners also recognize the importance of protecting Yemen's human and social capital to enable development outcomes. Capacity building and support in all sectors are thus key themes throughout this document. An example in this plan is the commitment of the RRM to enhance the technical capacity of partners, including by providing protection mainstreaming trainings for implementers and conducting training of the trainers workshops on safe RRM programming. The Protection Cluster, for its part, plans in 2021 to help national, local and other institutions to prevent, mitigate and address protection issues by supporting capacity building of social services institutions and housing, land and property dispute resolution mechanisms. The Protection Cluster's Mine Action Area of Operations is supporting the development of national mine action frameworks, including through training demining field operators and strengthening quality assurance with third party monitoring, to ultimately ensure compliance with international mine action standards.

This HRP is grounded in the understanding that that sustainable, inclusive peace is a prerequisite for ending the Yemen crisis. Humanitarian actors understand that humanitarian action may feed into efforts to build sustainable peace and have adopted conflict sensitive approaches including the "do no harm" approach. These are expanded upon throughout this document.

1.7

Consolidated Overview of the Use of Multi-Purpose Cash

MPCA ASSISTANCE SPECIFIED IN THE 2021 HRP



\$95.3M

A comprehensive assessment of MPCA is planned for this year

Participants at the World Humanitarian Summit in Istanbul in May 2016 launched a Grand Bargain between humanitarian donors and organizations. The Grand Bargain sets out 51 commitments distilled in nine thematic workstreams, of which the top three priorities are 1) greater transparency, 2) more support and funding tools to local and national responders and 3) increased use and coordination of cash-based programming.⁷⁴ Enhanced engagement between humanitarian and development actors is a cross cutting commitment. Similarly, the United Nations Common Cash Statement recognizes the need for collaboration on cash and voucher assistance and to improve complementarities, synergies and accountabilities among United Nations agencies and other organizations focusing on all types of cash and voucher transfers, including multi-purpose and sector-specific transfers.⁷⁵ The UN Common Cash Statement and Grand Bargain provide the basis for a more cohesive and collaborative approach across the international humanitarian aid sector, which is crucial to help drive forward system-wide humanitarian reforms and enhance social protection linkages.

The use of cash and voucher programmes began in Yemen before the current crisis, mainly by development actors delivered through the Social Welfare Fund. As the conflict escalated, Social Welfare Fund payments were suspended, and humanitarian partners increasingly used cash assistance as an emergency response tool.

As affected populations continue to face a multiplicity of needs, humanitarian actors are using cash and

voucher interventions to a greater extent than ever in the Yemen humanitarian response. Humanitarian partners are aware that, despite the multitude of challenges any modality would encounter; with functioning markets, cash and voucher assistance programmes have the potential to address immediate and/or long-term needs and support the livelihoods of vulnerable families with the added benefit of offering flexibility, choice, dignity and empowerment to recipients. While MPCA is not a universal solution, it is seen by partners as a complement and/or core aspect of the response to the most vulnerable groups including IDPs, women, children, older people and people with disabilities. The overarching essence of cash and voucher assistance programmes including MPCA programmes is to address beneficiaries' needs in a dignified manner and support the local economy. MPCA is unconditional and unrestricted by nature, however conditions may apply in certain situations depending on the programme design.

From January to September 2020, 60 humanitarian partners distributed \$307.7 million in cash and voucher assistance to 6.1 million beneficiaries in 304 districts in all of Yemen's 22 governorates. Cash distributions comprised 39 per cent and vouchers comprised 61 per cent of the \$307.7 million that was disbursed. Partners consisted of three UN agencies, 20 international NGOs and 37 national NGOs. Twenty humanitarian partners used MPCA as one of the assistance modalities assisting 434,100 beneficiaries and distributed \$6.1 million across Yemen.

While cash and voucher assistance may be used to deliver single sector or multi-sector activities, MPCA aims to address the basic humanitarian and/or early recovery needs of households in a holistic manner. MPCA can be delivered to affected populations through periodic installments or as a one-off package of assistance. Its package design can be informed by Minimum

Expenditure Basket or Survival Minimum Assistance Basket commodity costs, household vulnerability and basic needs, and household economic gap analyses.

MPCA programmes do not undermine response modalities, but add to the range of interventions available to address basic needs and contribute to building resilience. MPCA programmes also offer cost efficiency and fast deployment as well as regular cash and voucher assistance benefits including support to local economies and a multiplier effect translated into the 'modality of choice'. For instance, partners can transition from delivering in-kind response to delivering MPCA; MPCA can also be used for rapid response and then transitioned into sector-specific cash and voucher assistance programmes that support and enable resilience. Moreover, MPCA enables integrated efforts and approaches and requires effective coordination throughout the project lifecycle, including during the monitoring and evaluation phases.

Humanitarian partners have found MPCA to be efficient and effective in meeting multiple needs, including because MPCA allows beneficiaries to decide on their priorities for spending the assistance. In 2021, the Yemen Cash and Markets Working Group will work with the cash and voucher assistance community, clusters and other stakeholders to address various gaps and challenges voiced at various discussion forums and take available evidence and relevant information from partners into account when implementing MPCA programmes.

The Cash and Markets Working Group supports partners to plan and deliver cash and voucher programming including MPCA programmes. The Group is committed to enhancing strategic, technical, and operational collaboration on cash and market interventions in Yemen. The Group is also working to scale up cash and voucher assistance through sectoral interventions, multipurpose cash assistance and hybrid approaches with the overarching aim of harmonizing interventions, tools, and approaches across the humanitarian response. Advocacy will be conducted at various levels to ensure consistency and sustainability in coordination mechanisms and to strengthen links between sector specific cash and voucher assistance, MPCA and social protection. The Cash and Markets Working Group is also linked to

a sub-national working group in Aden; the groups collaborate to ensure regular information flow at all levels and complementarity at the national and local levels. In addition, cash focal points from the various clusters have been formally nominated to participate in the Cash and Markets Working Group, enabling better collaboration and coordination across the response.

The Cash and Markets Working Group recommends that partners segregate planning and reporting on MPCA from other cash and voucher assistance, share rationales for choosing different transfer modalities, and differentiate between sector-specific and multi-sector response. Such approaches will enable humanitarian coordination forums to better track and monitor the use of cash transfers in the response and support harmonized and integrated approaches. The Group also recommends that the humanitarian community and donors commit to stable, predictable, and flexible funding streams including to allow room for evidence generation and the piloting of new initiatives using MPCA and cash and voucher assistance.

In 2021, the Cash and Markets Working Group will work with clusters and partners to finalize guidelines and streamline reporting for cash and voucher assistance. It will also continue to enhance collaboration among actors and various coordination structures in the response, including with social protection actors, with the aim of increasing the use of cash and voucher assistance in Yemen.⁷⁶

1.8 Costing Methodology

This response plan employs an activity-based costing approach, using harmonized costs per sectoral activity, person served, or item delivered. This approach allows for improved strategic coordination and alignment with the 2021 HNO and strategic objectives outlined in this response plan. Clusters have taken into account people in need by cluster, major response activities, and estimated numbers of people targeted for each activity in costing the plan and considered a range of data sources, including globally agreed costs per activity, contextually appropriate costs, and studies by various actors on the ground.⁷⁷ Specific costing methodologies differ across sectors and are detailed under each cluster or sector plan. Efforts have been made to enable the efficient use of funds, reduce costs where possible and find a sound balance between operational and support costs.

Most clusters identified challenges associated with the increased costs of key services and items arising from the weakened economy, import restrictions, fuel shortages, loss of government revenue, rising commodity prices and increased response and transport costs. Some clusters noted increased costs of integrating COVID-19 programming and capacity building into cluster response plans. For instance, Education Cluster costing is informed by the costs of providing personal hygiene and COVID-19-related kits for children.

The above economic and contextual factors have caused the cost of key services and items to increase, for instance increasing water costs for WASH Cluster partners. For the Nutrition Cluster, challenges detailed above have caused transportation costs for severely malnourished children with medical complications to increase by 100 per cent compared to last year and for the treatment of cases of severe acute malnutrition without complications to increase by 10 per cent

compared to last year. For FSAC, the depreciation of the Yemeni rial has led to the increased price of commodities, the minimum food basket and livelihoods inputs.

Other clusters have highlighted the impact on costs of delays and restrictions on the entry of essential goods and medicines to Yemen's Red Sea ports, an impact compounded by a dearth of availability in the local market of essential supplies and medicines. Without major changes to the economic situation in Yemen, such trends are likely to continue. Escalating conflict, insecurity, bureaucratic impediments, access challenges and poor infrastructure could also increase the costs of delivering assistance in 2021.

For several clusters, costing is affected by strategic considerations to adopt new – or a variety of – interventions to respond to existing needs. For example, activities to provide cash assistance to pregnant and lactating women included in the Nutrition Cluster's 2021 plan have contributed to an increase in funding requirements compared to 2019 and 2020. The need to maintain multiple modalities of interventions, including emergency response capacity and medium- and long-term programming to respond to increasing protection needs, have driven up costs for the Protection Cluster. For several clusters, costing considerations have also been affected by increased beneficiary targets, developed based on rising cluster-specific needs.

Clusters have incorporated cost-saving measures in their cluster plans where possible. For instance, the Shelter/NFI Cluster has introduced a common pipeline, which includes locally available items as well as internationally procured items from the global stockpile; the pipeline will save up to 20 per cent of last year's costs. RMMS have streamlined support packages to reduce assistance costs. Clusters

have also considered approaches that take limited resources into account: the CCCM Cluster is targeting 21 districts in five governorates with the highest concentrations of IDPs to better and more efficiently use limited resources.

In 2021, FSAC partners aim to scale-up market-based interventions where markets are fully integrated and functional to increase cost effectiveness and efficiency. Despite such efforts, it is envisaged that the cost of delivering market-based interventions will face an upward trajectory due to Yemen's economic crisis and the depreciation of the local currency, leading to increments in prices of commodities, the cost of the minimum food basket and livelihoods inputs.

Some clusters have adjusted their costing methodology from previous years. The Protection Cluster's Mine Action Area of Operation previously based mine action targets on estimated area in square metres of land cleared or surveyed. For the 2021 HRP, the cluster based mine action targets on beneficiaries affected by mine clearance activities. In 2021, UNHCR costed its HRP budget based on updated needs assessments and a further prioritization of the most critical activities, addressed through cost effective interventions.

ADEN, AL-DHALE'E

Internally displaced child in an IDP site in Al-Dhale'e Governorate, 23 February 2020.
Photo: OCHA/Mahmoud Fadel.



Part 2:

Response Monitoring

SANA'A, COUNTRY

Abu Bakar School in Sana'a Governorate, 05 September 2018.

Photo: OCHA/ Muath Algalal.



2.1 Monitoring Approach

As noted above, the humanitarian community faced serious obstacles in 2020 in gaining the necessary approvals from authorities to conduct monitoring and needs assessments. Delayed approvals for key assessments frustrated efforts to develop a 2020 humanitarian needs overview. Progress was made in the second half of 2020 in gaining approval of the authorities on key assessments, enabling the consolidation of a solid evidence base for the 2021 HNO and this HRP. It is hoped that the environment in 2021 will allow for enhanced assessments, which are key to fostering a shared understanding of the impact of the crisis and informing operational response planning, and will allow for the development of a stronger evidence base for the 2022 HNO and corresponding HRP.

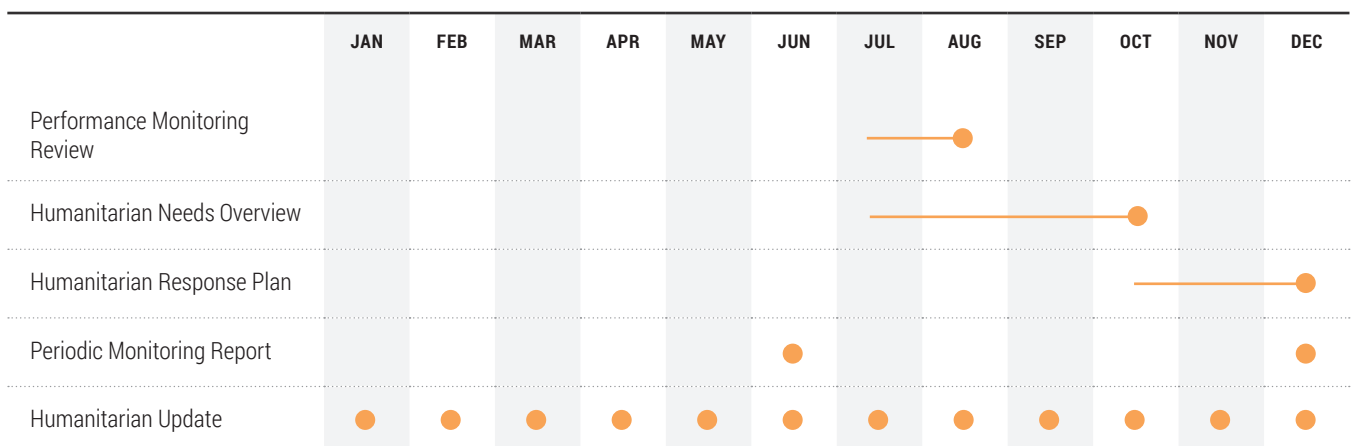
In 2021, humanitarian partners will prioritize improved data collection disaggregated by sex, age and disability to inform a more effective and inclusive response. Major assessments planned for 2021 include the IOM- and OCHA-led Multi-Cluster Locations Assessment (MCLA) aimed at providing a household level evidence base for the 2022 HNO as well as governorate level Standardized Monitoring

and Assessment of Relief and Transitions (SMART) surveys, UNICEF Multi-Indicator Cluster surveys, the district-level Food Security and Livelihoods Assessment (FSLA) and IPC Analysis.

The implementation of this HRP will be monitored by the Inter-Cluster Coordination Mechanism, with a focus on the outputs of the humanitarian response. The Humanitarian Country Team will also monitor the implementation of the HRP, with a focus on impact measured against the three HRP strategic objectives. The Information Management Working Group, Assessment Working Group, the Humanitarian Access Working Group and other technical working groups will continue to provide support. Coordination mechanisms at the hub level will also be engaged in monitoring efforts. In doing so, the humanitarian community will seek to adhere to Inter-Agency Standing Committee guidance on data responsibility in humanitarian action, including through the implementation of an information sharing protocol.⁷⁸

Monthly response monitoring will measure progress against the HRP's three strategic objectives and specific objectives, as well as cluster objectives.

Humanitarian Programme Cycle Timeline



Clusters will continue to track the progressive steps being taken to reach the targets in each cluster strategy. In addition, cluster partners will continue to conduct response monitoring using relevant field tools. Clusters will continue to report monthly to OCHA on the status of response targets, disaggregated by geographic area as well as by sex, age and disability. OCHA will use these inputs to produce monthly 4W databases detailing humanitarian coverage across the country.⁷⁹ Cluster inputs will be collated into monthly dashboards and an end-of-year report on the implementation of the 2021 HRP.

Situation monitoring, which tracks developments and trends across the country that affect core humanitarian programming, is critical in the Yemen context given the high volatility of the crisis and conflict-related developments. To this end, regular monitoring reports such as dashboards will be disseminated throughout the year covering country and hub-level organizational presence, COVID-19, access, humanitarian updates and response gaps. These are aimed at strengthening monitoring at the operational and strategic levels and strengthening the accountability and transparency of the response.

Concurrently, humanitarian partners will continue to closely monitor macroeconomic and conflict trends and their impact on civilian populations and infrastructure, displacement patterns, access constraints, food insecurity, malnutrition rates, disease prevalence, and flood susceptibility throughout the year to guide preparedness and response. A Joint Monitoring Framework to monitor key drivers of food insecurity as identified in the IPC analysis, and whenever certain set thresholds are passed, will trigger actions such as rapid assessment and analysis, an IPC update or in some instances appropriate direct response will be initiated in 2021. The proposed system will act both as an early warning system that identifies areas where food insecurity drivers are quickly deteriorating (hotspots) and require rapid assessment and analysis. It will serve as an information system that is constantly monitoring and providing frequent updates on the evolution of food insecurity drivers. Examples of tracking

tools include IOM's Displacement Tracking Matrix, WFP's market Vulnerability Analysis and Mapping (mVAM) monitoring system, the Food and Agriculture Organization's Food Security Information System (FSIS), WHO and the Ministry of Public Health and Population's Electronic Disease Early Warning System (eDEWS), rainfall data, the Protection Cluster's Civilian Impact Monitoring Project and other mechanisms.

Each cluster has defined throughout this document a cluster-specific monitoring approach which it will adopt. These include outcome monitoring through random household surveys to measure the impact of food security interventions among targeted communities, monthly monitoring of severely and moderately malnourished children under five years old and of pregnant and lactating women newly admitted into treatment and supplementary feeding programmes, collection of monthly response monitoring data against 27 core indicators linked to safe access to WASH, and participatory and post-distribution monitoring for targeted interventions to asylum-seekers, refugees and migrants. Clusters will work with their respective cluster gender focal points to apply the Gender with Age Marker to ensure humanitarian action is responsive to and inclusive for all affected people. Further detail of each cluster's monitoring approach is set out in the cluster chapters.

Agencies, funds and programmes also have their own monitoring frameworks. For instance, the Yemen Humanitarian Fund, which operates within the parameters of the HRP to expand the delivery of humanitarian assistance by focusing on critical priorities and needs, will continue to conduct monitoring visits, undertake beneficiary verification surveys, and share the findings of monitoring exercises with cluster coordinators and humanitarian partners to enhance humanitarian assistance delivery in Yemen. Multi-agency forums will facilitate the sharing of results from various agency-specific monitoring exercises to enrich a shared understanding of the evolving humanitarian situation and to raise issues of importance for joined up humanitarian action.

A number of monitoring mechanisms were developed last year in response to the challenging operating environment in Yemen. These include enhanced measures to monitor constraints, manage risks and improve accountability. For instance, a Technical Monitoring Group convened by the Government of Sweden with the participation of United Nations agencies and humanitarian partners was established to track progress on seven areas which parties to the conflict must respect in Yemen to enable access and allow accountable, efficient, effective and principled assistance.⁸⁰ In 2021, the Group will continue to meet monthly to monitor obstacles impeding access and hampering the principled delivery of aid.

In response to increased difficulties for agencies in managing the risks associated with delivering their programmes in an increasingly non-permissive environment, in 2020 United Nations agencies in Yemen adopted a risk management strategy aimed at identifying, mitigating and managing risks. As part of this strategy, agencies calibrated specific programmes until the level of risk faced for that programme was reduced to manageable levels. In 2021, agencies will continue to monitor risk and recalibrate humanitarian aid activities if and where principled delivery is impossible. In doing so, humanitarian actors will focus on life-saving activities as a priority, striving to mitigate risk, optimize programming efficiency and effectiveness and target the most vulnerable.

In 2020, clusters monitored the impact of the operating environment on the principled delivery of cluster response plans through accountability tracking. This monitoring approach entailed tracking of the implementation by partners of cluster guidance for activities for each component of the programme chain: assessments, beneficiary selection, beneficiary verification, beneficiary information, registration, delivery, partner selection and monitoring. Implementing partners were encouraged to follow guidance to enable stronger, more accountable programming. Accountability tracking involved the use of an online tool, cluster analyses and a survey involving nearly 100 partners. Based on the findings of these exercises, clusters developed mitigation

measures to respond to deficits identified. Examples of cluster specific mitigation measures include building an institutionalized cluster assessment strategy with tools developed with and endorsed by authorities; strengthening verification mechanisms to ensure that payments reach intended recipients; enhancing beneficiary enrollment processes; pursuing advocacy at the national level to overcome sub-national-level constraints; and providing partners with tools, training and capacity building to enable them to better implement guidance and overcome constraints.⁸¹

In 2020, at the inter-sector level, the Inter-Cluster Coordination Mechanism reviewed tracking outcomes and developed common mitigation measures for cross-sectoral challenges. Findings were shared with the Humanitarian Country Team, which engaged with authorities and pursued advocacy to unblock identified constraints. Clusters will continue to track and report on accountability chain deficits in 2021; the Inter-Cluster Coordination Mechanism and Humanitarian Country Team will continue to review related findings.

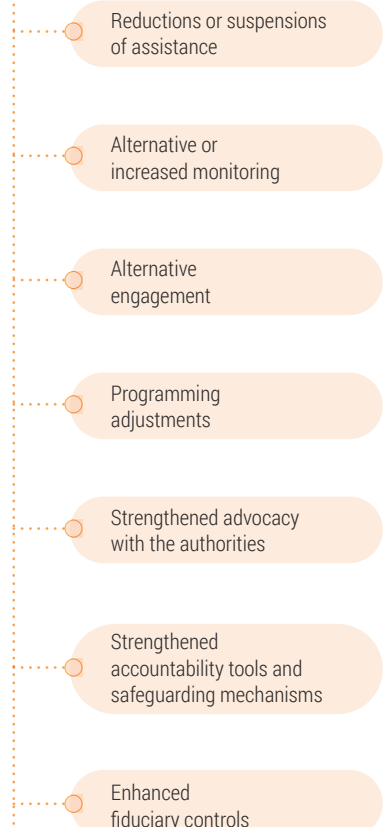
In September 2020, partners reported steps in the accountability chain that faced the most challenges⁸²



Partners highlighted the following effects of the constraints



Clusters developed the following inter-cluster measures to mitigate accountability challenges⁸³



2.2 Indicators and targets

Strategic Objective 1

Preventing disease outbreaks and reducing morbidity and mortality

| | SPECIFIC OBJECTIVE | PEOPLE TARGETED | WOMEN | CHILDREN |
|------|---|-----------------|-----------|-----------|
| 01.1 | Protection risks due to epidemics are mitigated and addressed through the provision of quality and integrated protection and humanitarian services to vulnerable women, men, boys and girls including IDPs and people with disabilities | 2,400,000 | 528,000 | 1,320,000 |
| 01.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021 | 8,800,000 | 1,936,000 | 4,840,000 |

Strategic Objective 2

Preventing famine, malnutrition and restoring livelihoods

| | SPECIFIC OBJECTIVE | PEOPLE TARGETED | WOMEN | CHILDREN |
|------|---|-----------------|-----------|-----------|
| 02.1 | Improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions. | 16,000,000 | 3,680,000 | 8,800,000 |
| 02.2 | Increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes | 16,000,000 | 3,680,000 | 8,800,000 |
| 02.3 | Decrease the prevalence of global acute malnutrition among children under age 5 in Yemen by 2 per cent by end of 2021 | 6,388,314 | 1,752,105 | 4,636,209 |
| 02.4 | Protection risks due to food insecurity are mitigated and addressed | 2,400,003 | 1,752,105 | 1,320,002 |

Strategic Objective 3

Protecting and assisting civilians

| | SPECIFIC OBJECTIVE | PEOPLE TARGETED | WOMEN | CHILDREN |
|------|---|-----------------|-----------|-----------|
| 03.1 | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable women, men, boys and girls including IDPs and people with disabilities | 2,600,000 | 572,000 | 1,430,000 |
| 03.2 | Human rights, inclusiveness, safety and dignity are promoted and protection risks identified and addressed through protection monitoring, community-based mechanisms and humanitarian response | 2,400,000 | 528,000 | 1,320,000 |
| 03.3 | Provide safe, dignified and meaningful access to life saving and quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021 | 6,887,421 | 1,515,233 | 3,788,082 |
| 03.4 | Women and girls' vulnerability to gender-based violence is reduced through creating an enabling environment, enhanced access and resilience | 250,000 | 55,000 | 137,500 |

Part 3:

Cluster/Sector Objectives and Response

LAHJ, YEMEN

Child receiving treatment at the Al-Fayoush nutrition centre in Lahj Governorate, 6 February 2020. Photo: WFP/Mohammed Awadh.



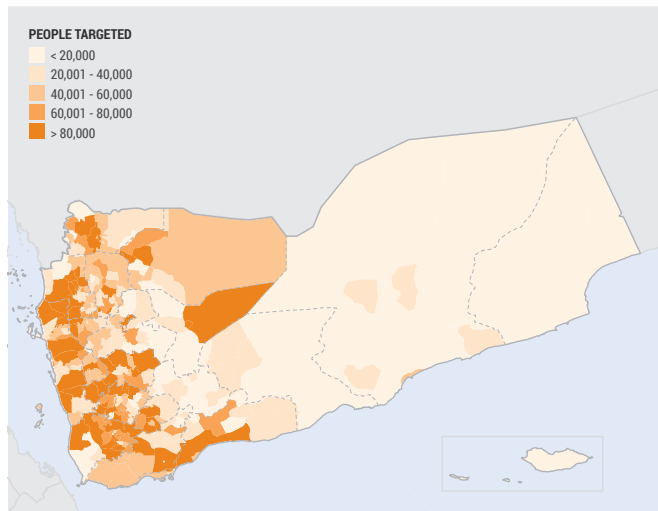
Overview of Sectoral Response

| SECTOR | FINANCIAL REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGETED |
|--|--|----------------------|----------------|-----------------|---|
| Food Security & Agriculture (FSAC) | \$ 1,708.0 M  | 90 | 16.2 M | 16.0 M |  |
| Nutrition | \$ 442.9 M  | 43 | 7.6 M | 6.3 M |  |
| Health | \$ 438.8 M  | 45 | 20.1 M | 11.6 M |  |
| Water, Sanitation and Hygiene (WASH) | \$ 330.7 M  | 80 | 15.4 M | 11.2 M |  |
| Education | \$ 257.8 M  | 70 | 8.1 M | 5.5 M |  |
| Protection | \$ 218.0 M  | 73 | 15.8 M | 8.6 M |  |
| Shelter/ Non-Food-Items (NFI) | \$ 207.6 M  | 167 | 7.3 M | 3.8 M |  |
| Camp Coordination and Camp Management (CCCM) | \$ 61.3 M  | 21 | 1.2 M | 0.9 M |  |
| Refugees and Migrants Multi-Sector (RMMS) | \$ 58.7 M  | 12 | 0.3 M | 0.3 M |  |
| Logistics | \$ 51.2 M  | 99 | - | - | |
| Coordination | \$ 37.9 M  | 121 | - | - | |
| Rapid Response Mechanism (RRM) | \$ 37.6 M  | 11 | 0.7 M | 0.7 M |  |
| Emergency Telecommunication Cluster (ETC) | \$ 3.3 M  | 41 | - | - | |



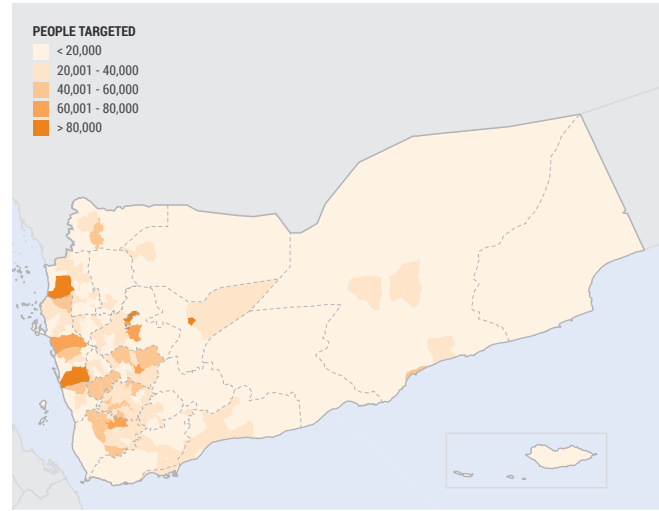
3.1 Food Security & Agriculture (FSAC)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 16.2M | 16M | \$1.71B |



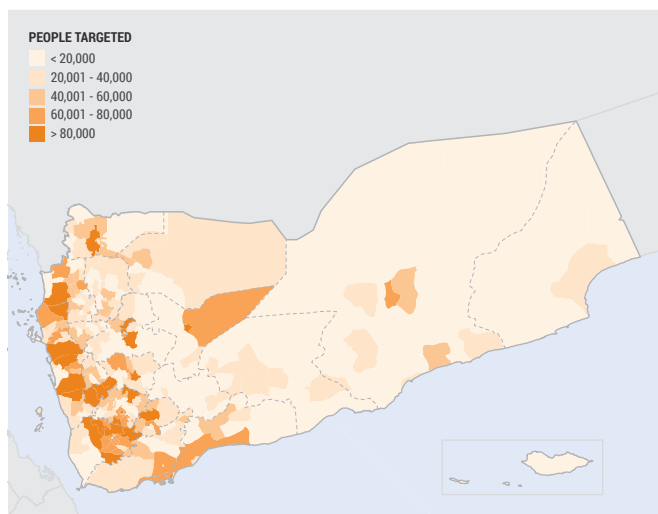
3.2 Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 7.6M | 6.3M | \$442.9M |



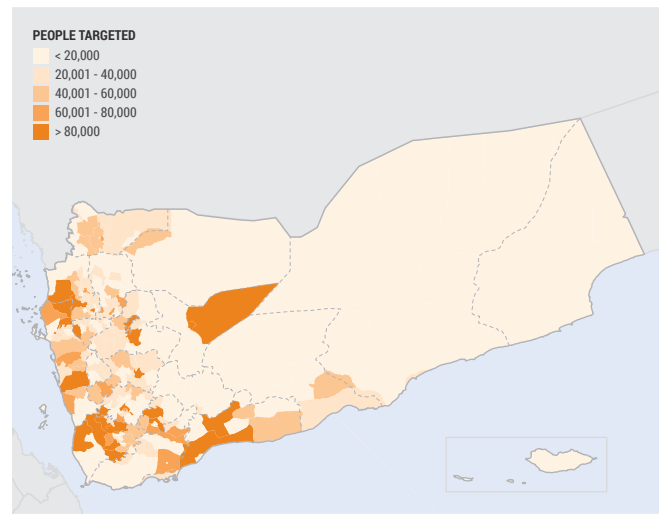
3.3 Health

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 20.1M | 11.6M | \$438.8M |



3.4 Water, Sanitation and Hygiene (WASH)

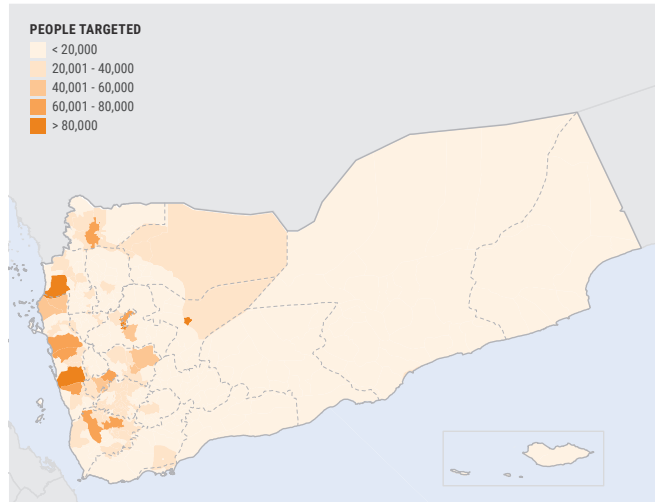
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 15.4M | 11.2M | \$330.7M |





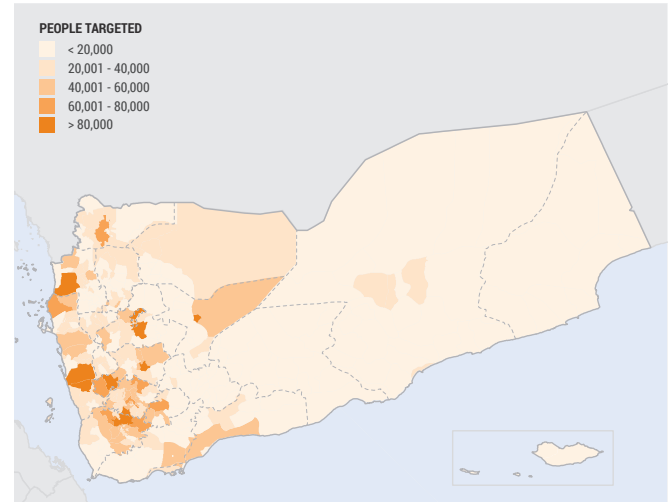
3.5 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 8.1M | 5.5M | \$257.8M |



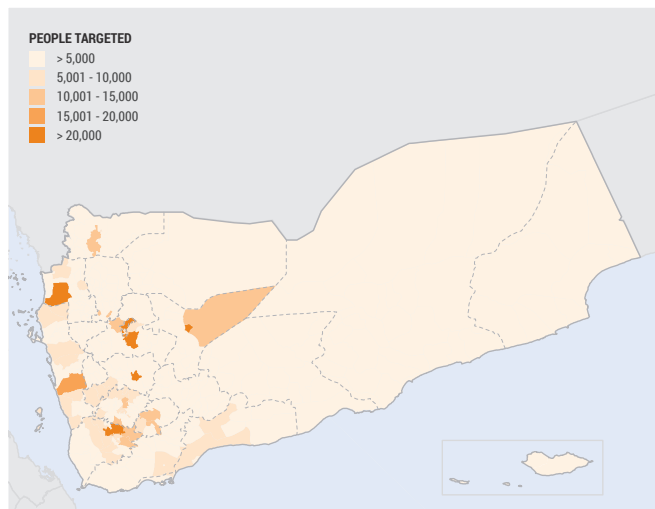
3.6 Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 15.8M | 8.6M | \$218M |



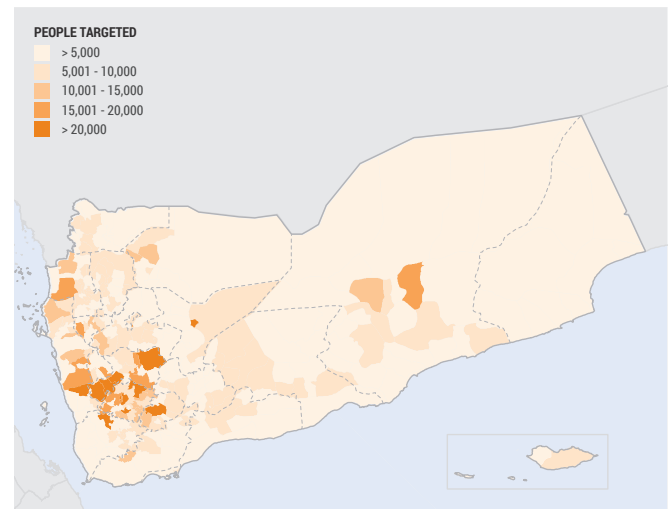
3.6.1 Protection: Child Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 8.6M | 1M | \$30.7M |



3.6.2 Protection: Gender-Based Violence

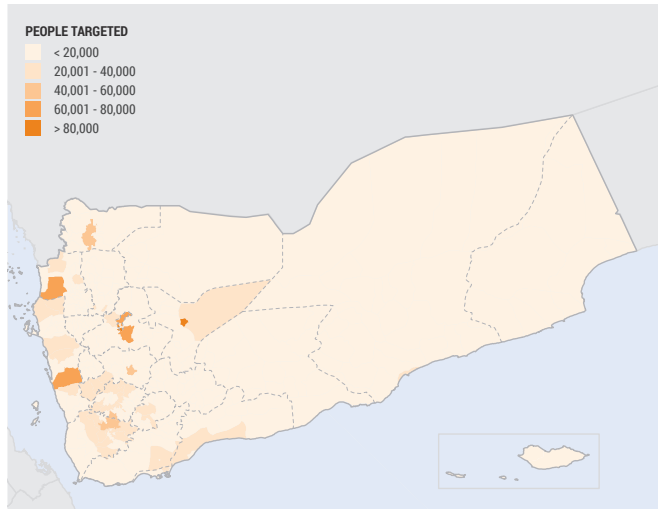
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 6.3M | 1.92M | \$46.7M |





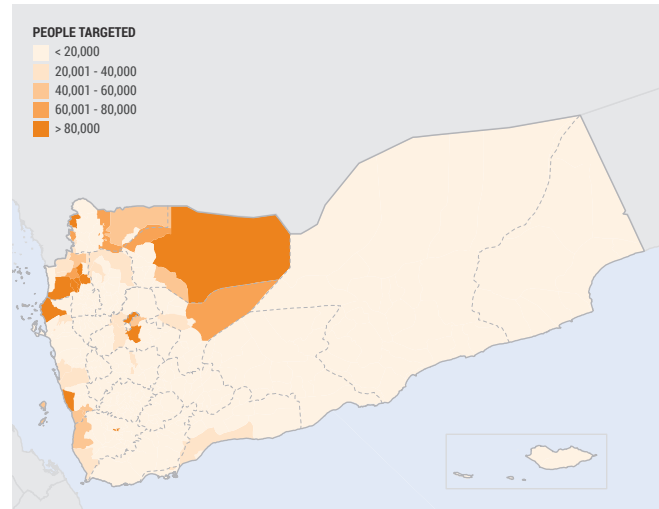
3.6.3 Protection: Mine Action

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 12.4M | 3.9M | \$25.6M |



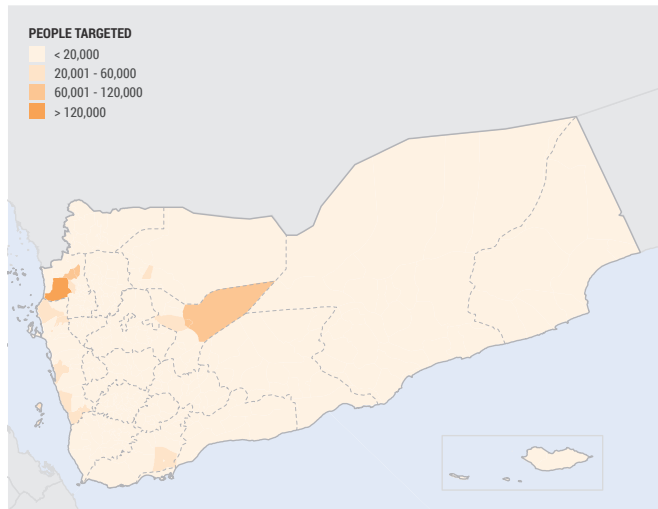
3.7 Shelter and Non-Food-Items (NFI)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 7.3M | 3.8M | \$207.6M |



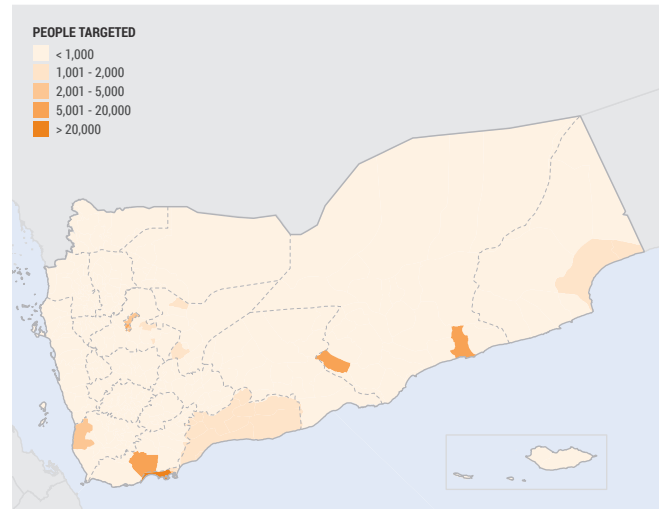
3.8 Camp Coordination and Camp Management (CCCM)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 1.19M | 0.85M | \$61.34M |



3.9 Refugees and Migrants Multi-Sector (RMMS)

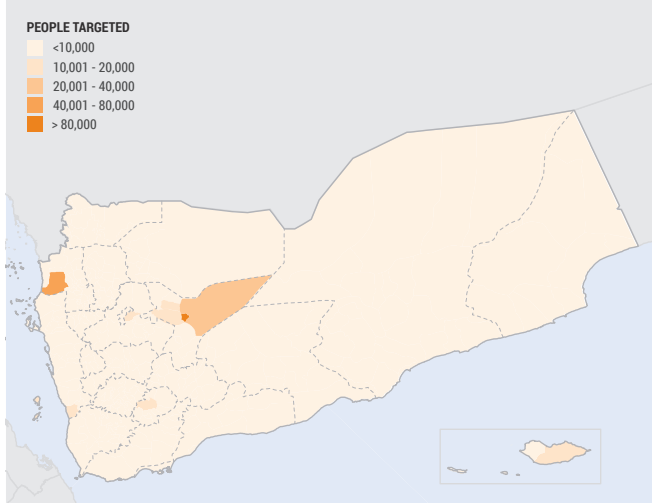
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 275k | 275k | \$58.7M |





3.10 Rapid Response Mechanism (RRM)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|----------------|-----------------|---------------------|
| 672.5k | 672.5K | \$37.6M |



MA'RIB, YEMEN

A displaced boy carrying a bottle of water back to his family's tent in a displacement site in Ma'rib Governorate, 2020. Photo: IOM/Olivia Headon



3.1 Food Security & Agriculture (FSAC)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 16.2M | 16M | \$1.7B | 90 | 3.9M | 8.4M | 2.4M |

Objectives

FSAC partners will contribute to zero hunger and strengthen household resilience to shocks through the following cluster objectives:

1. Increase availability and access to food for highly vulnerable households across the country
2. Improve access to livelihoods opportunities, increase household incomes and rehabilitate food security assets and infrastructure in areas with high levels of food insecurity
3. Enhance emergency preparedness and response capacity

FSAC partners will target the most food insecure and vulnerable groups facing IPC Phase 3 and above conditions through the twin track approach of “saving lives and livelihoods”. This strategy combines the provision of immediate life-saving emergency food assistance to the most vulnerable food insecure households allowing them to meet their basic food needs, and the provision of emergency livelihoods support and season specific cash transfers to protect, strengthen and restore rural and urban livelihoods while stimulating economic recovery. Integration of food assistance and livelihoods support activities is key to ensuring that households’ coping capacity is maintained, and that they can generate enough income to improve their food security, lessening humanitarian needs in the long-term.

Response

FSAC partners will provide immediate life-saving emergency food assistance to 12.7 million most vulnerable food insecure households allowing them to meet their basic food needs on a monthly basis. Targeting will be based on harmonized selection criteria that take into account vulnerability and food insecurity indicators to meet monthly food needs through the most viable and contextually appropriate modality, including in-kind food rations or equivalent cash or voucher transfers where feasible. Partners will aim to assist the same household for twelve months, depending on access and resource constraints. Approximately 30 to 40 per cent of the emergency food assistance response will be provided through cash or voucher transfers, contingent on an in-depth market assessment and operational feasibility analysis.

FSAC partners will provide tiered assistance based on the vulnerability levels of the targeted severely food-insecure population. Partners will assist the 12.7 million beneficiaries with a minimum food assistance ration of 1,153 kcal (55 per cent of the minimum daily calorie requirements). Approximately 50 per cent of the emergency food assistance beneficiaries considered the most vulnerable will receive supplementary assistance equivalent to about 692 kcal per person per day totaling 1,845 kcal per person per day (88 per cent of the minimum daily calorific requirements), in line with FSAC’s recommended minimum ration. Recent assessment and monitoring data indicates that the most vulnerable and at-



LAHJ, YEMEN

Fatima, 13 years old, collects food assistance from a WFP distribution point in Lahj Governorate. Photo: WFP/Mahmoud Fadel.

risk groups are IDPs, socially and economically marginalized communities, female-headed households, people with disabilities, landless daily labourers, older people, and households with acutely malnourished children under five years of age and pregnant and lactating women. The supplementary assistance will enhance dietary diversity and will be provided through cash-based transfers in line with the cluster recommendations on the prevailing minimum food basket value. The transfer modality for supplementary assistance will be reviewed based on the evolving food security situation.

Given that food assistance meets the immediate needs of household food security, FSAC through its “twin track” integration approach will ensure that approximately 500,000 people will progressively be moved from emergency food assistance support to conditional cash transfers and other livelihoods programmes. This will enhance the positive impact of emergency food assistance with additional livelihoods oriented outcomes.

Based on the needs established through the Food security and Livelihoods Assessment (FSLA) and subsequent IPC analysis, FSAC partners will provide sustainable assistance to enhance the investment of available resources to rehabilitate and protect damaged critical community infrastructure and livelihood services. This will stabilize local food production, improve food availability and food access, and increase the self-reliance and resilience of Yemenis. The provision of emergency livelihoods inputs and trainings will increase the availability of food and create employment opportunities as well as enhance communities’ capacity to sustain their productive assets. Partners will also institute appropriate actions to ensure that returnees are integrated into sustainable livelihood programmes to ensure that they become increasingly self-reliant.

A total of 3.3 million beneficiaries will be targeted through various forms of livelihoods assistance activities. Emergency agricultural, livestock and fisheries kits will be provided to 1 million individuals to ensure that the most vulnerable households

receive timely inputs aligned to the seasonal calendar and contribute to improved agricultural productivity. A total of 1.9 million individuals will be targeted to support the rehabilitation and protection of damaged critical community infrastructure and livelihood services in order to boost household food production, increase household incomes, restore, and create employment opportunities. Approximately 420,000 individuals will be supported with livelihoods asset-building support, vocational trainings, and income generation related to small businesses and enterprises. Vocational training will enhance people's employability through the provision of professional skills to partake in income generation. Local procurement will be encouraged to create demand, where markets have sufficient capacity.

Considering the fluid and evolving situation in Yemen, in 2021 FSAC partners priority will be to review and update needs periodically and continue to harmonize all aspects of the response such as assessments, analysis, geographical targeting, household selection and targeting criteria, verification of target households and needs, and continuous monitoring.

Prioritization Approach

FSAC has undertaken a prioritization approach to ensure that the most vulnerable segments of the targeted population receive assistance. The objectives of the prioritization are to 1) ensure that those most in need receive assistance within given resource constraints (minimize exclusion errors); 2) minimize the unintentional distribution of assistance to the non-vulnerable (minimize inclusion errors); 3) accurately determine who should receive assistance; and 4) maintain transparency and integrity throughout the process in accordance with humanitarian principles to secure community trust and local engagement in the approach taken.

The FSAC targeting followed a four-step analysis, considering geographic targeting based on the IPC January – June 2021 projected needs, household vulnerability analysis deploying FSLA data, combining these two steps, and undertaking a final contextual review. For the IPC driven geographic targeting, proportions of populations in IPC Phase 3+ were

considered depending on the district classification, while the vulnerability analysis defined the highest priority groups by analyzing food security outcome indicators, economic vulnerability and social vulnerability. Needs were estimated based on an analysis of comprehensive household data, using proxy indicators for economic capacity, adequacy of household food consumption as well as household coping capacity. Combined findings of the FSLA, IPC and other sources highlighting food security gaps will inform the high priority households to be supported through a consultative process involving local authorities, community leaders, beneficiaries, resource partners and other relevant stakeholders. The FSAC household-level targeting will identify the most vulnerable households prioritized for each FSAC activity through the application of vulnerability approach based on a food security lens, complemented by socio-economic indicators.

Protection mainstreaming

All FSAC activities are implemented in principled and people-centred approaches that promote the safety, dignity, and integrity of the people receiving assistance, and equally consider the different needs of women, men, girls and boys. FSAC partners mainstream protection in their food security interventions by implementing food assistance, agricultural and livelihood activities in non-discriminatory and impartial ways. Equality, accountability to affected populations, participation, and empowerment of beneficiaries are principles incorporated into all stages of implementing any food security intervention. This is achieved through information provision, consultation, and enactment of beneficiary complaints and feedback mechanisms across all programmes.

FSAC partners are responsible for ensuring that beneficiaries safely access services without causing harm, and for promoting meaningful access, accountability and participation of beneficiaries in the provision of food security assistance. This is achieved through ensuring that the location of and access routes to distribution points and services are safe with enough space for orderly distribution, and that assistance and services are reaching the most vulnerable. FSAC partners identify and prioritize the

most vulnerable groups while ensuring that men and women have equal and fair access to work opportunities (including cash-for-work activities), and that they receive the same benefits for their input and work. Partners also offer livelihood opportunities that are suitable for people with disabilities and older people. The choice of delivery mechanisms or modalities of assistance are based on assessment of options and consultation with beneficiaries. FSAC partners also assess and monitor access to food security programmes by collecting disaggregated data by age, gender, and location or specific community.

Cost of Response

Costs related to the provision of emergency food and livelihoods assistance, and other forms of livelihoods support are based on a full cost recovery model that includes the procurement of in-kind food rations and livelihoods inputs on the local and international markets, as well as costs related to port charges, airfreight, warehousing, transportation, distribution and monitoring. While local procurement could minimize costs for certain items, local markets are unable to consistently meet demands at scale due to limited local production, COVID-19 impact affecting main local importers, port restrictions, and current macro-economic challenges. The reliance on local commercial imports also needs a careful consideration to ensure that local markets are not distorted for the Yemeni population not reliant on humanitarian assistance.

FSAC partners will scale-up market-based interventions (cash and/or vouchers) where markets are fully integrated and functional to increase cost effectiveness and efficiency. That notwithstanding, it is envisaged that the cost of delivering interventions is likely to face an upward trajectory due to Yemen's economic crisis and the depreciation of the local currency leading to increments in prices of commodities, the cost of the minimum food basket and livelihoods inputs (especially in the south). Escalation in the conflict, insecurity, bureaucratic impediments, access and poor infrastructure in some districts could also drive up the cost of delivering assistance using both market-based and in-kind modalities. While FSAC will encourage the use of

cash and voucher transfers, this has to be rooted in in-depth market assessments and feasibility analysis with the aim of minimizing costs and improving the effectiveness as well as efficiency and timeliness in the delivery of food, agriculture and livelihoods assistance.

Monitoring

FSAC partners will employ a combination of various output and outcome monitoring approaches both through face-to-face and remote monitoring methods in cognizance of the current difficult operational environment. Response data including both planned and actual implementation will be collected and monitored on a monthly basis through the district-level "Who does What, Where, When and for Whom (5W)" interactive dashboard. Sub-district level response monitoring will be undertaken at the subnational level. The interactive dashboard will enable partners to view detailed district level data regarding number of people assisted, modality by partner type, and will provide FSAC partners with real time data to adequately inform response options in a timely fashion. It will help partners to visualize gaps and potential overlaps of assistance leading to avoidance of duplication of food security-related humanitarian assistance. Furthermore, it will cover the cluster's main objectives, indicators and targets, and enable key stakeholders to monitor monthly achievements in relation to the cluster HRP targets. As part of the accountability to affected populations, FSAC partners will monitor the community's perception of and satisfaction with service provision and support the collective monitoring of whether the targeted population feels consulted and informed throughout the entire cycle of the response.

FSAC partners will also conduct outcome monitoring through random household surveys to measure the impact of the food security interventions among the targeted communities. The assessment will utilize key food security outcome indicators: Food Consumption Score, Household Hunger Scale, Household Dietary Diversity Score, reduced Coping Strategy Index, Livelihood Coping Strategies. Results will be compared to long-term trends from previous food security assessments. Special emphasis will be given towards monitoring the evolution of the food security situation in

the 11 districts projected to have pockets of population experiencing catastrophic (IPC phase 5) conditions. The food security assessments will culminate in an IPC analysis that will provide an overview of the impact of the food security programs on the proportion of populations facing IPC Phase 3 and above conditions.

Through the Joint Monitoring Framework, FSAC partners will monitor key drivers of food insecurity as identified in IPC projection analysis and whenever

certain set thresholds are passed, trigger actions such as rapid assessment and analysis, an IPC update or in some instances appropriate direct response. The monitoring system will act both as an early warning system to identify areas where food insecurity drivers are quickly deteriorating (hotspots) and require rapid assessment and analysis, and as an information system that will be constantly monitoring and providing frequent updates on the evolution of food insecurity drivers.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|---|--|---|---|
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 16.2 million | 16 million |
| Specific Objective 2.1 | Improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions | | | 16.2 million | 12.7 million |
| Cluster Objective 2.1.1 | Increase availability and access to food for highly vulnerable households across the country | Provide immediate life-saving emergency food assistance to the most vulnerable food insecure households allowing them to meet their basic food needs | Number of individuals receiving emergency food assistance (in kind, cash transfers, or voucher transfers) on a monthly basis | 16.2 million men, women, boys and girls | 12.7 million men, women, boys and girls |
| | | Distribute emergency agricultural, livestock or fisheries kits to severely food insecure households to increase food availability and enhance capacity to sustain productive assets | Number of individuals provided with emergency agricultural, livestock, and fishery kits | 16.2 million men, women, boys and girls | 1 million men, women, boys and girls |
| Specific Objective 2.2 | Increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes | | | 16.2 million | 1.9 million |
| Cluster Objective 2.2.1 | Improve access to livelihoods opportunities, increase household incomes and rehabilitate food security assets and infrastructure in areas with high levels of food insecurity | Rehabilitate community assets and infrastructure, provide seasonal employment opportunities and increase household incomes through conditional and season specific cash transfers | Number of individuals benefiting from conditional and season specific cash transfers to rehabilitate community assets and infrastructure | 16.2 million men, women, boys and girls | 1.9 million men, women, boys and girls |
| | | Provide targeted households with livelihoods assets restoration support, assistance in establishing micro businesses, and skills in enhancing employability | Number of individuals provided with livelihoods assets restoration support, assistance in establishing micro-businesses, and skills in enhancing employability | 16.2 million men, women, boys and girls | 420,000 men, women, boys and girls |
| Cluster Objective 2.2.2 | Enhance emergency preparedness and response capacity | Strengthen emergency preparedness and response capacity of partners, communities and authorities through capacity building activities and development of contingency plans | Number of early preparedness capacity building trainings conducted Number of contingency plans developed | N/A | N/A |

3.2 Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 7.6M | 6.3M | \$442.9M | 43 | 1.7M | 4.6M | 0.8M |

Objectives

In 2021, the Nutrition Cluster will work with 43 partners to provide nutrition services to 6.3 million women and children. There are about 7.6 million people in need of nutrition support in the country, all are children under five or pregnant and lactating women; 4.7 million are in acute need including over 2.25 million cases of acutely malnourished children aged 0 to 59 months and 1.2 million cases of malnourish pregnant and lactating women. In view of the multiple drivers of malnutrition, the Nutrition Cluster will focus on implementing an overarching response strategy focused on 1) scaling up availability and access to treatment and preventive services, 2) improving the quality of nutrition services, and 3) enhancing the timeliness of response. This will be achieved through an inter-sectoral approach guided by the HRP strategic objectives to reduce disease outbreaks, morbidity and mortality and prevent famine and malnutrition through multi-sectoral integration of nutrition activities. Response modalities will include nutrition assistance and services at static sites and through outreach and mobile teams, including the provision of cash assistance to vulnerable households with pregnant and lactating women in prioritized districts. The Nutrition Cluster response plan is based on evidence generated through SMART surveys and the outcomes of the IPC Acute Malnutrition analysis.

The Nutrition Cluster will address the heightened nutritional needs of children under five and pregnant and lactating women through the following objectives in 2021: 1) enhanced quality nutrition service delivery in 78 per cent of nutrition sites across the 333 districts

in Yemen; 2) provision of life-saving and preventive nutrition services among girls and boys under five and pregnant and lactating women in 333 districts; and 3) scale up geographical coverage of nutrition services by 21 per cent across the country with a focus on priority districts.

Response

The Nutrition Cluster response will prioritize life-saving treatment and preventive acute malnutrition services targeting children under five years of age and pregnant and lactating women. Prevention activities that address the immediate and underlying causes of malnutrition will be enhanced. The cluster will also address key drivers of malnutrition through scaling up geographic availability of nutrition services and programme coverage, specifically in IDP sites, host communities and hard-to-reach areas. Nutrition partners will also focus on supporting the integration of COVID-19 adapted responses in nutrition sites.

Multi-sectoral approaches

Based on the recommendations of the IPC Acute Malnutrition analysis to implement multi-sectoral responses in districts where the nutrition situation is projected to deteriorate, multi-sectoral responses will be scaled up and will address the key drivers of malnutrition including food insecurity, sub-optimal childcare and feeding practices, morbidity and lack of safe water and sanitation. The Nutrition Cluster will work with other clusters through a two-pronged approach: 1) Scaling up multi-sectoral responses in Nutrition Cluster-prioritized districts, as guided by the IPC Acute



MA'RIB, YEMEN

A pediatrician checks a baby for signs of malnutrition in the WHO-supported therapeutic feeding center in Ma'rib General hospital in Ma'rib Governorate. Photo: OCHA /Giles Clarke.

Malnutrition analysis results (focus is placed on districts where the nutrition situation is projected to deteriorate and scale-up from other clusters will be limited to filling localized gaps in respective clusters), and 2) Scaling up multiple integrated responses guided by inter-sector analysis of multiple vulnerabilities such as related to WASH, Health, FSAC needs in prioritized districts. The proposed integration and linkages of the respective clusters is summarized below.

Targeting

Cluster partners will target the most vulnerable children and pregnant and lactating women who face increasing nutrition needs, including 2.27 million girls and 2.36 million boys under age five, as well as 1.72 million pregnant and lactating women. The Nutrition Cluster's targeting approach is guided by an analysis of nutrition severity in accordance with the cluster's severity categorization against key nutrition indicators, including global acute malnutrition, severe acute malnutrition and stunting. The Nutrition Cluster will prioritize response to children under five and pregnant and lactating women

residing in districts classified with severe and extreme nutrition needs (severity rankings three and four).

Geographically, the cluster will focus on districts with high and very high levels of acute malnutrition resulting in high numbers of people with nutritional needs due to population size, low treatment coverage (where treatment coverage is less than 49 per cent) and multiple vulnerabilities (districts classified with severity rankings four and five for health, WASH and food insecurity). IDP sites will also be prioritized. Districts where the IPC Acute Malnutrition analysis projected the nutrition situation to deteriorate will be prioritized for response scale up.

Response modalities

Malnutrition treatment and prevention services will be delivered through integrated responses at static nutrition sites, mobile and outreach teams and at the community level such as through community health and nutrition volunteers. Outreach and mobile teams currently account for about 30 per cent of all outpatient

therapeutic treatment programme and targeted supplementary feeding programme enrollment. Outreach and mobile teams will be used to target IDPs and populations in hard-to-reach areas. These efforts will be supported through enhanced capacity strengthening efforts at facility and community levels, including through community mobilization and engagement.

Accountability to Affected Populations and Gender and Age Considerations

The Nutrition Cluster will continue to undertake people-centred approaches with the goal of mainstreaming AAP and gender and age considerations into programming and improving programme responsiveness to evolving and varied needs of the affected population. The Nutrition Cluster is implementing the HRP accountability chain as part of collective efforts by the humanitarian community in Yemen to improve accountability to affected populations. The cluster measures the delivery of programmes and their design through seven key components agreed jointly with other clusters. The cluster will also engage cluster partners to monitor these components; associated feedback will inform mitigation measures and cluster strategies to improve accountability. Nutrition programme data will be captured, clearly indicating gender disaggregation at the service provision and national level when the data is summarized for reporting.

Nutrition Cluster Contributions to the HRP Strategic Objectives

The cluster aims to contribute to the prevention of disease outbreaks through capacity building on infection, prevention and control and the provision of relevant supplies and equipment to nutrition workers in nutrition sites and facilities, mobile teams and community health and nutrition volunteers. In addition, systematic screening and the timely implementation of life-saving and preventive nutrition response packages will improve the overall nutritional status of children under five in the community, increase immunity, and in turn reduce morbidity and mortality associated with childhood illnesses.

The Nutrition Cluster will integrate WASH approaches such as providing WASH kits at nutrition sites to children aged 0 to 59 months with medical complication, children

aged 6 to 59 months with severe acute malnutrition without complications and children aged 6 to 59 months with moderate acute malnutrition. The cluster will also work with the WASH Cluster to decrease WASH-related risk factors for acute malnutrition through hygiene promotion in outpatient therapeutic feeding programmes and targeted supplementary feeding programmes and through the provision of other technical support for nutrition partners. Moreover, the cluster will work with the WASH Cluster to prioritize WASH interventions in areas with high global acute malnutrition, including increasing access to clean and safe water, scaling-up hygiene and sanitation services at the community level, and strengthening infection, prevention and control measures.

Nutrition partners will contribute to reduction and prevention of malnutrition for the most vulnerable Yemeni children under five years old and pregnant and lactating women through treatment for and prevention of acute malnutrition as well as scaling up of nutrition services.

The cluster will support treatment of acute malnutrition through identification and referral of children under five with acute malnutrition, treatment of 320,108 cases of children under five with severe acute malnutrition without complications in outpatient treatment programmes and treatment of 27,664 cases of children under five with severe acute malnutrition with complications in therapeutic feeding centres. Cash and vouchers will also be provided to cover transport costs for children suffering from severe acute malnutrition with complications and those admitted into outpatient therapeutic programmes. Food rations will also be provided for carers.

In addition, cluster partners will focus on treating 998,395 cases of children under five and 720,877 pregnant and lactating women suffering from moderate acute malnutrition in priority districts. The cluster will train frontline nutrition and health workers, community workers and partners on quality improvement using both preventive and treatment protocols and guidelines.

Nutrition partners will aim to strengthen preventive interventions including promotion of adequate infant

and young child feeding practices. In prioritized districts, 712,713 targeted children under two and 658,695 pregnant and lactating women will benefit from blanket supplementary feeding programmes. In addition, 4.6 million targeted children under five will be provided Vitamin A supplements and 1.7 million pregnant and lactating women will be provided with micronutrient supplements. Cash assistance will also be provided to about 300,000 pregnant and lactating women and girls, infants and young children in vulnerable households, blanket supplementary feeding programmes and prioritized districts, linking with food security and livelihood interventions.

In order to achieve the above targets, the Nutrition Cluster will scale up geographical coverage of nutrition services with an additional of 845 outpatient therapeutic feeding programme and infant and young child feeding sites, 34 therapeutic feeding centres, 113 nutrition surveillance sites and 229 mobile teams.

The cluster will work with FSAC to enroll vulnerable households with children and pregnant and lactating women with acute malnutrition in food security and livelihood interventions such as general food distribution, food for assets and other cash-based interventions in priority districts. It will work with the Education Cluster to provide nutrition education for school children and share key nutrition messages in schools on the importance of early detection and treatment of malnutrition, use of nutrition supplies for malnourished children and provision of micronutrients to adolescents.

Nutrition-specific protection needs have been heightened in the Yemen crisis. Recognizing that marginalized groups experiencing displacement such as Muhamasheen, people with disabilities, women and girls in IDP settings are more likely to be excluded than other IDPs, the cluster will scale up nutrition service delivery points through both static and mobile teams. These will enhance access to information for women and facilitate referrals for gender-based violence services from protection experts. Applying the “do no harm” principle, cluster partners are establishing nutrition delivery sites in locations that do not put women and children at increased gender-based violence risks. Through

partners, the cluster will make efforts to enhance gender mainstreaming that may include consultations with women on site selection, increased efforts to recruit female staff at nutrition sites to ensure gender parity and efforts to build understanding and staff capacity on gender issues.

Cost of Response

Funding requirements for the response have been estimated based on unit costs for each of the activities that will be implemented. The unit costs were provided by nutrition partners for the different components of the interventions they lead. The unit costs were multiplied by number of beneficiaries targeted for each intervention. Due to increased response and transportation costs as well as the need to incorporate new components related to COVID-19 during trainings, unit costs of some of the interventions have increased.

For example, unit cost for treatment of severe acute malnutrition without complications increased by 10 per cent compared to 2020, while costs for management of moderately malnourished pregnant and lactating women increased by 8 per cent of 2020 levels. Transportation costs for severely malnourished children with medical complications increased 100 per cent, while training costs for inpatient management of severe acute malnutrition that incorporates a COVID-19 training package increased by 25 per cent. Increased beneficiary targets and new interventions to be implemented such as cash assistance to pregnant and lactating women contributed to an overall increase in funding requirements, compared to 2019 and 2020.

Monitoring

The Nutrition Cluster will employ various mechanisms for monitoring evolving needs and ongoing responses. First, the cluster will collect routine programme data through the Nutrition Information System to monitor admissions of children under five and pregnant and lactating women with acute malnutrition in nutrition programmes, as well as treatment outcomes (including cure rates, death rates, defaulter rates and non-recovery rates) on a monthly basis. The Nutrition Information System allows for a comparison between months, years and districts. Second, the cluster will monitor the evolving nutrition situation in sites, districts and

governorates through the nutrition surveillance system implemented by the Ministries of Public Health and Population in collaboration with WHO in secondary health facilities.

Third, mid-upper arm circumference screening integrated with the FSLA will be conducted to understand the nutrition situation in districts, to complement assessments at district level and to feed into nutrition data for the 2021 IPC Acute Malnutrition analysis. Fourth, field-level monitoring through supportive supervision and monitoring visits will be conducted to monitor nutrition programmes and enhance the community understanding and

other stakeholders of evolving needs and response implementation challenges.

Fifth, the cluster will also focus on gathering evidence. At the population level, the nutrition SMART surveys based on adapted COVID-19 guidance will be conducted in prioritized governorates to determine the prevalence of acute malnutrition among children and women and to gather information on factors associated with acute malnutrition. The cluster will also support the IPC Acute Malnutrition analysis at least once in 2021 and coordinate partner trainings on the nutrition information system, SMART surveys and nutrition surveillance.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|---|---|--|-------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 7.6 million | 6.3 million |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11 million people including 3 million IDPs by end of 2021 | | | 7.6 million | 6.3 million |
| Cluster Objective 1.2.1 | Enhanced quality of nutrition service delivery in 78 per cent in prioritized districts Yemen by 2021 | Capacity building and nutrition system strengthening. | Number of nutrition sites/health facilities with trained staff on community-based management of acute malnutrition | 4,883 | 4,883 |
| | | Conducting progress and system review | Number districts with defaulter rates maintained at below 15 per cent for outpatient therapeutic feeding programmes | 331 | 260 |
| | | | Number of districts with defaulter rates maintained to be below 15 per cent for target supplementary feeding programmes | 323 | 284 |
| | | Monthly monitoring of performance indicators | Number of districts with defaulter rates maintained to be below 15 per cent for target supplementary feeding programmes | 154 | 154 |
| | | Mid- year and annual reviews of nutrition responses and cluster work plan | Percentage of therapeutic feeding centre sites with trained staffs and using adapted therapeutic feeding centre infection prevention control guidance | 300 | 260 |
| | | | Provision of supplies and logistics for capacity building | Percentage of Nutrition Surveillance sites operational with trained workers on infection prevention control guidance | 4,883 |
| | | | Number of nutrition sites provided with personal protective equipment supplies | 380 | 380 |
| | | | Number of mobile team applying adapted infection prevention control guidance measures | 380 | 380 |
| | | | Number of functional mobile teams proving integrated package of primary health care | 24,000 | 8,000 |
| | | | Number of community health network volunteers trained on infection prevention and control | 49,414 | 49,414 |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|---|--|-------------|--------------|
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 4.8 million | 4.6 million |
| Specific Objective 2.3 | Decrease the prevalence of global acute malnutrition among children under age 5 in Yemen by 2 per cent by end of 2021 | | | 4.8 million | 4.6 million |
| Cluster Objective 2.3.1 | Provide life-saving and preventive nutrition services among girls and boys under five and pregnant and lactating women in 333 districts by the end of 2021 | Supplies forecasting, procurement, pre-positioning and distribution and monthly stock availability monitoring. | Percentage reduction in prevalence acute malnutrition among under-five children among the governorates surveyed/estimated from IPC-acute malnutrition Source: SMART surveys/IPC-acute malnutrition | 11 per cent | <10 per cent |
| | | Facility based responses, integrated mobiles health and nutrition services, Community Health and Nutrition volunteer platform | Number of SMART surveys conducted | 22 | 22 |
| | | Ensuring continuum of care through maintaining health/nutrition work force including provision performance-based payments (incentives) | | | |
| Cluster Objective 2.3.2 | Scale up geographical coverage of nutrition services by 21per cent across the country with focus in priority districts by end of 2021 | Programme performance monitoring on monthly basis | Percentage of severely malnourished children enrolled in outpatient therapeutic feeding programme services against the annual target | 355,675 | 320,108 |
| | | Timely implementation of population level nutrition assessments | Percentage of severe acute malnutrition with medical complications enrolled in therapeutic feeding centre against the annual target | 39, 519 | 27,664 |
| | | Provision of cash to vulnerable households and discharged severe acute malnutrition and moderate acute malnutrition cases will contribute to the prevention of acute malnutrition | Percentage of moderately malnourished under-five children enrolled in target supplementary feeding programme against the annual target | 1,652,058 | 998,395 |
| | | | Percentage of pregnant and lactating women enrolled in target supplementary feeding programme against those targeted | 1135,027 | 720, 877 |
| | | | Percentage of mothers reached with infant and young child feeding individual/group counselling | 2,459,095 | 1,721,337 |
| | | | Number of girls and boys aged 6-59 months receiving multiple micronutrient powder | 4,038,80 | 2,827,161 |
| | | | Number of children girls and boys aged 6-59 months receiving Vitamin A supplementation | 4,877, 308 | 4,633,443 |
| | | | Number of boys and girls aged 6-23 months at risk of malnutrition reached with the blanket supplementary feeding programme | 838,507 | 712, 713 |
| | | | Number of pregnant and lactating women at risk of malnutrition reached with the blanket supplementary feeding programme | 1,268,304 | 658, 695 |
| | Number of children under five screened through the Nutrition Surveillance System | 539,000 | 431,800 | | |

| OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|-----------|-----------------|---|-----------|-----------|
| | | Number of pregnant and lactating women supported with cash assistance | 658,696 | 300,000 |
| | | Number of outpatient therapeutic feeding programme sites planned to be scaled up in 2021 | 845 | 845 |
| | | Number of children of admitted in outpatient therapeutic feeding programme/therapeutic feeding centre supported with referral arrangement | 27,664 | 11,065 |
| | | Number of mobile teams to be scaled up | 229 | 229 |
| | | Percentage of therapeutic feeding centre of to be scaled up in 2021 | 34 | 34 |
| | | # of new Nutrition Surveillance System sites opened based on the scale up plan | 113 | 113 |
| | | # of children under five screened for acute malnutrition in health/nutrition facilities | 4,877,308 | 2,926,385 |
| | | Number of infant and young child feeding sites scaled up | 845 | 845 |

SANA'A, YEMEN

A health worker provides nutrition treatment for a baby laying in the incubator in Al-Gumhori Hospital within the emergency health and nutrition project implemented by UNICEF, WHO, and the World Bank in Sana'a Governorate, July 2019. Photo: WHO/Ahmed AbdulHaleem.



3.3 Health



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 20.1M | 11.6M | \$439M | 45 | 2.8M | 5.9M | 1.7M |

Objectives

In 2021, the Health Cluster will work with 45 partners to provide health assistance to 11.6 million people in need. After more than six years of conflict, the already weak health system in Yemen deteriorated further in 2020 due to the COVID-19 pandemic and economic crisis. This year, the Health Cluster aims to strengthen the health system in Yemen to improve the health outcomes of people in need affected by the crisis through predictable, appropriate and coordinated health response. Priorities include saving lives, relieving suffering, preventing excess mortality, morbidity and disabilities caused by the crisis and enhancing the dignity and safety of affected people through coordinated, integrated, timely and quality humanitarian health interventions targeting vulnerable groups and host communities. Women, children, IDPs and people with disabilities are among the most vulnerable groups that will be prioritized for health support, with protection mainstreamed.

Response

Strengthening the health system and operational support to health facilities including through fuel, water, oxygen, In 2021, the Health Cluster will focus on reducing risks to physical and mental well-being and enabling access to essential and critical services to reduce the prevalence of infectious diseases and ensure a protective environment for the most vulnerable populations. The Health Cluster aims to sustain the public health system and improve its capacity – not to create a parallel system. It will focus on sustaining and expanding essential, quality

health services at the community, primary, secondary and tertiary care levels, ensuring the availability and accessibility of emergency, routine and specialized health services required to meet the needs of the most vulnerable groups in the country.

The cluster response is centered around three objectives: 1) strengthening preparedness and surveillance including early detection and response measures to communicable diseases, outbreaks and epidemics including COVID-19; 2) increasing access of vulnerable populations including IDPs to the Minimum Health Service Package, supporting the health system and community resilience at all levels, and prioritizing reproductive health, mental health and psychosocial support, severe malnutrition response and management of non-communicable diseases; and 3) strengthening the health system and operational support to health facilities including through fuel, water, oxygen, health information management, financial support to healthcare workers and the provision of essential support to critically needed advanced care (such as renal dialysis centres, cancer care facilities and intensive care units) in priority districts.

While all people have been affected by the crisis in Yemen and have a right to receive health care, certain groups and locations have particularly high needs. Cluster partners will target 11.6 million people with health assistance, including 2.9 million men, 2.8 million women, 3 million boys, 2.9 million girls and 1.7 million persons with disabilities.



MA'RIB, YEMEN

Midwives providing life-saving reproductive health services in displaced camps following intense fighting in Ma'rib Governorate, April 2020. Photo: UNFPA Yemen.

The Health Cluster's prioritization approach is guided by an analysis of health severity and categorization of needs against key access, availability, quality and system-related indicators. The cluster has prioritized districts with severity rankings of three, four and five and the most vulnerable groups, including women of reproductive age (15 to 49 years), children under five years of age, older people (60 years and above), IDPs, Muhamasheen, and people with disabilities. Areas of active hostilities and IDP sites will also be prioritized.

The cluster will promote an holistic approach to humanitarian health assistance to enable the health system to perform its essential functions, respond to emergencies, and protect vulnerable populations including, women, children, IDPs, older people, Muhamasheen, refugees and survivors of gender-based violence. It will also aim to prevent, detect and respond to outbreaks of diseases of epidemic potential.

COVID-19 continues to have a major impact on people in Yemen. The Health Cluster will continue to work towards increasing surveillance through prevention and early detection, promoting behaviour change through risk communication and community engagement, expanding testing capacity, sustaining and protecting essential health services and supporting COVID-19 case management including advanced critical care in isolation units. The cluster will also promote COVID-19 vaccination, drawing on the global COVAX facility to vaccinate priority groups such as frontline health care workers, older people, those with chronic underlying conditions, IDPs, migrants and refugees.

Health Cluster Contributions to the HRP Strategic Objectives

The Health Cluster will continue to seek to reduce the prevalence of infectious disease through critical life-saving interventions and increased health system functionality. This will include efforts to

improve access to primary, secondary and tertiary healthcare services and to strengthen the emergency care and referral system, as well as trauma, triage and emergency services. Preventing, detecting and responding to epidemic-prone diseases such as COVID-19, cholera, vector-borne diseases such as dengue fever and malaria and other prevalent communicable diseases in Yemen, including through support to rapid response teams and pre-positioning outbreak supplies, will be prioritized. The cluster will work to strengthen epidemiological and laboratory surveillance systems at all levels. It will also improve infection prevention and control measures within communities and health facilities by supporting risk communications and community engagement activities and WASH in health facilities. Health partners will engage in operational support activities such as refurbishing and providing essential equipment to public health facilities, training of health-care workers, community health workers and community midwives and expanding community health programming, particularly to vulnerable and high-risk populations in addition to financial support to the health care workers considering salary shortages and economic crisis in Yemen.

The cluster will establish and expand specialized services, such physical rehabilitation, renal dialysis, cancer care, severe acute malnutrition with complications interventions and burn treatment for affected populations. It will also aim to strengthen linkages between levels of care, as well as between general and specialized care providers through comprehensive service mapping, improved patient tracking and training of health care workers. Efforts will be made to ensure reliable supply of safe, quality medicines and medical supplies and to deploy mobile medical teams and units, particularly to displaced populations and underserved areas with non-functional or partially functional facilities.

The Health Cluster will work to expand mental health and psychosocial support services, capacity and coverage, including training of health care workers and provision of psychotropic medicines to certified professionals and hospitals. It will also strengthen child health services, including integrated

management of childhood illness and ensuring routine vaccination for children, including through immunization campaigns as well as catch-up activities in low coverage areas. Targeted vaccination campaigns for cholera, measles, polio and diphtheria will be pursued in priority districts and sub-districts.

The cluster will coordinate with Ministries of Public Health and Population to ensure coherence of priorities, data sharing, response to people in need and the functionality and sustainability of the public health system. Inter-cluster coordination with WASH actors is essential for community-level outbreak preventive activities, infection prevention and control measures within health facilities, including medical waste management. Integrating hygiene promotion as part of the community health worker core curriculum will help to reduce incidence of epidemic-prone disease such as waterborne disease (cholera) and vector-borne disease (dengue fever and malaria) and encourage timely health-seeking behaviours. Coordinated water testing among vulnerable populations – particularly in camps and last resort sites reliant upon water trucking – is essential for the prevention of waterborne illness.

The cluster aims to contribute to the prevention of famine and malnutrition through its active engagement in the integrated programming for Integrated Famine Risk Reduction approach. Health services are inherently cross-cutting, intersecting with the FSAC, Nutrition and WASH clusters through the inter-cluster approach. Where feasible, health actors will mainstream key services such as malnutrition screening and micronutrient supplementation for children under five years old and pregnant and lactating women, to support referrals from outpatient therapeutic programmes and therapeutic feeding centres and to scale up the health response in IPC priority districts.

The cluster aims to enable a protective environment through the mainstreaming of key services, such as through referrals to specialized services including gender-based violence case management, in coordination with the Protection Cluster. The Health Cluster will also expand the availability of

the Minimum Service Package, a health delivery mechanism aimed at strengthening access and availability of healthcare services, and therefore strengthening the health system in Yemen. Emphasis will be placed on gaps such as availability of essential medicines and diagnostic services, as well as treatment of non-communicable disease, including renal diseases, cancer and advanced care in intensive care units. Providing basic and comprehensive reproductive health services, including through the Minimum Initial Service Package for sexual and reproductive health, first-line care for gender-based violence survivors and tailored services for adolescents is a priority. Protection of health care remains a critical concern for the sector and necessitates risk mitigation measures, reporting on attacks on health care and advocacy at all levels.

Cost of Response

A unit-based costing methodology has been consistently used to estimate the cost of the response over the past years. For the 2021 HRP, cost estimates are based on health partners' planned health projects in 2021, analysis of the Yemen Humanitarian Fund's 2020 first standard allocation and operating costs for health facilities supported by partners in 2019 and 2020. The total requirement for the Health Cluster in 2021 is an estimated \$438.8 million. This would enable 11.6 million people to access life-saving and life-sustaining humanitarian health assistance and outbreak prevention, mitigation and response support.

The fuel crisis and rapid depreciation of the Yemeni rial is expected to exacerbate the volatility of market prices hence affecting unit costs of essential supplies, supply chain costing, availability and cost of essential medications and supplies in the local market and access to health care due to increase of cost of transportation. The cluster's costing plan takes these challenges into account.

Monitoring

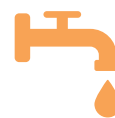
The coordination of the health response and adequate contingency and transition planning remain critical. Core functions of information management and monitoring such as analysis of 4Ws, continuous monitoring of early warning systems for incidents of epidemic-borne disease and annual tracking of health system functionality via Health Resources and Services Availability Monitoring System (HeRAMS) are critical to ensuring a rapid and flexible response according to needs and severity and to ensure the consideration of emerging threats.

In addition to the monitoring mechanism required for each health project at the programmatic level, the Health Cluster will monitor the response throughout 2021 against a set of strategic and activity-based indicators utilizing monitoring tools such as 4Ws (monthly), HeRAMS (annual), the Electronic Diseases Early Warning System (eDEWS, weekly), Expanded Programme of Immunization (EPI, monthly), Health Cluster District Health Information System-2 (DHIS2, monthly) and the surveillance system of attacks on healthcare.⁸⁴ Monthly and quarterly reports drawn from data recorded through these tools will provide updated information on the health situation across Yemen to help health partners to address existing gaps and mobilize resources effectively. Figures related to cluster achievements, people in need and geographical severity will be updated quarterly as and when new data are received.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|---|---|-------------------------|-------------------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 20.1 million | 8.8 million |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021. | | | 20.1 million | 8.8 million |
| Cluster Objective 1.2.1 | Strengthening preparedness and surveillance including early detection and response measures to communicable diseases, outbreaks and epidemics including COVID-19 | Outbreak and communicable disease surveillance, preparedness and response through the Early Warning, Alert and Response System, laboratory, the Early Warning, Alert and Response System and community & health care facility -based response | Number of suspected cholera cases reported and responded to Number of communicable disease cases (not including cholera) | 20.1 million | 2.8 million |
| Cluster Objective 1.2.2 | Increasing access of vulnerable populations including IDPs to the Minimum Service Package, supporting the health system and community resilience at all levels, and prioritizing reproductive health, mental health and psychosocial support, severe malnutrition response and management of non-communicable diseases | Health service provision and support with Minimum Service Package, Minimum Initial Service Package, mental health and psychosocial support and non-communicable disease care through community, primary, secondary and tertiary level care in public health facilities and outreach/mobile care | Number of consultations | | 8.8 million people |
| Cluster Objective 1.2.3 | Strengthening the health system and operational support to health facilities including through fuel, water, oxygen, health information management, financial support to healthcare workers and the provision of essential support to critically needed advanced care in priority districts | Primary, secondary, tertiary, and specialized care functional and partially functional health facility support | Number of health facilities supported with operational costs (fuel, water / oxygen / rehabilitation) | 4,700 Health Facilities | 3,500 Health Facilities |

3.4 Water, Sanitation and Hygiene (WASH)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 15.4M | 11.2M | \$331M | 80 | 2.4M | 6.3M | 1.7M |

Objectives

In 2021, the WASH Cluster will work with 80 partners to preserve life, well-being and dignity and reduce risk of WASH-related disease through timely, sequenced interventions to vulnerable populations, as well as preparedness to respond to shocks. Significant humanitarian WASH needs are projected in 2021, with an estimated 15.4 million people in need of assistance, including 8.7 million people in acute need. Without humanitarian assistance, those falling into acute need could increase.

The WASH strategy has four core pillars 1) embed WASH as integral to public health, 2) make inclusive WASH a priority, 3) build predictable, risk-based response and 4) reduce negative environmental impact. The strategy is driven by comprehensive need assessments and analysis of WASH risks and vulnerabilities. It prioritizes populations in acute need in areas severely affected by WASH-related disease, and critical malnutrition and food security levels, including for IDPs, returnees and vulnerable host communities.

Response

The WASH Cluster strategy is centred on three cluster objectives contributing to the prevention of disease outbreaks, famine and malnutrition, as well as ensuring a protective environment.

The first addresses acute WASH needs to prevent and respond to outbreaks and reduce WASH related morbidity and mortality amongst vulnerable and

at-risk populations, targeting 6.6 million people. This objective contributes to improving public health, well-being and reducing loss of life from disease, including diarrhoeal disease, a major driver of malnutrition.

The second focuses on delivering life-saving assistance to reduce acute needs and protection risks of Yemenis displaced by conflict, natural disaster and the effects of climate change targeting 3.4 million people. This includes readiness to respond to new displacement, providing integrated assistance to improve services and mitigate flood risk for IDPs in sites, and improving WASH access for stretched communities to strengthen well-being, improve dignity and reduce protection risks such as conflict over resources.

The third captures efforts to restore and maintain water and sanitation infrastructure at minimum levels of operation to enable sustained access to safe WASH services, targeting 6.1 million people, as well as institutions. This focuses on areas of acute WASH need, including those with severe water scarcity, significant displacement, high disease prevalence and protection risks, expanding climate resilient approaches to ensure continuity of services to sustain lives and prevent disease.

The WASH Cluster approach is guided by needs analysis, in accordance with the cluster severity categorization, prioritizing Yemenis in acute need in areas with severe, extreme and catastrophic conditions (severity rankings three, four and five).



TA'IZ, YEMEN

A displaced girl in an IDP site in Ta'iz Governorate, 24 February 2020. Photo: NOCHA/Mahmoud Fadel.

The analysis is based on access to WASH services and how access is linked to risks and vulnerabilities including negative health and protection outcomes. Partners will consider where WASH conditions lead to protection risks and drive malnutrition and WASH-related disease for vulnerable IDPs, host communities, including those at risk of severe COVID-19 infection, with attention to marginalized groups. The WASH Cluster approach incorporates inclusion and protection analysis to ensure the specific needs and unique vulnerabilities of different groups, such as older and people with disabilities. The WASH Cluster has adapted approaches and is guided by COVID-19-sensitive standard operating procedures to enable the continuity of WASH service provision to prepare for and during COVID-19 transmission.

WASH Cluster Contributions to HRP Strategic Objectives

WASH Contributions to Strategic Objective 1

WASH conditions continue to be major drivers of communicable disease and outbreaks, including cholera, dengue and COVID-19. WASH partners will

increase efforts to support integrated public health approaches that identify and address risk factors contributing to disease transmission, targeting 6.6 million people in areas of high WASH-related disease incidence. The cluster will systematically update outbreak preparedness plans, coordinated through lead agencies in collaboration with the Health Cluster. Plans will include hotspot identification, capacity mapping, alerts for response and prepositioning of critical supplies, such as water treatment chemicals. Six emergency operations rooms across Yemen will support joint analysis and coordination. A total of 250 rapid response teams will operate in hotspots for immediate first line response, including provision of hygiene items and water disinfection. Community-based second line response will continue in priority areas, based on risk assessments and surveillance data to reduce transmission. This includes quick repairs of water and sewage systems, covering cesspits and mass awareness campaigns and support for vulnerable and at-risk families with improved access to hygiene items and awareness of hygienic practices. As part of prevention efforts, in areas with

the highest disease prevalence, cluster partners will improve safe WASH conditions for high-risk communities through quick repairs and support to water systems and sewage networks.⁸⁵ The WASH Cluster aims to strengthen sanitation in areas of high WASH-related disease prevalence and reduce open defecation.⁸⁶ Vector-control activities including waste management, particularly in coastal areas such as Aden and Al Hodeidah where dengue is prevalent, will be scaled up.

WASH Contributions to Strategic Objective 2

Poor WASH conditions are contributing to high rates of disease diarrhoeal morbidity that drive acute malnutrition and increasing famine risk.⁸⁷ Through integrated approaches, the cluster will target 3.4 million individuals in areas with critical malnutrition and IPC Phases 4 and 5. This prioritizes 2.5 million people requiring treatment for acute malnutrition, including 2.3 million children under five, and 426,352 individuals with acute WASH needs in IPC 5 areas, including 108,000 IDPs. The integrated model includes joint needs and risk analysis, monitoring and alert mechanisms to inform joint action that focuses addressing drivers. The WASH cluster will improve WASH conditions to reduce diarrhoeal disease, supporting households in areas of critical global acute malnutrition with sanitation improvements, including expanding community-led total sanitation approaches to enable participation and ownership. In areas experiencing critical global acute malnutrition, cluster partners will provide hygiene items and action to enhance hygienic practices and safe water to families with severe acute malnutrition cases through water filters and high-risk communities through water supply systems.⁸⁸ Collaboration will be enhanced with FSAC on water use for irrigation and agriculture, expanding integrated water resource management to reduce negative environmental impacts on groundwater, including through rainwater harvesting. As cost is a major barrier for families to access safe water and soap, and economic conditions are a major driver of food insecurity, WASH partners will expand cash and market-based programming to mitigate decreased household purchasing capacities. Tools, guidance and capacity building will be provided through the CASH4WASH Working Group.

WASH Contributions to Strategic Objective 3

Conflict and natural hazards, such as floods and cyclones, will continue to impact access to WASH services as well as the safety and resilience of Yemenis. Associated interventions will target 4.4 million individuals. The WASH Cluster will target newly displaced individuals through rapid, life-saving assistance, and IDPs in sites through sustained support as well as rehabilitation of infrastructure for potential returns. Assistance to IDPs in sites is a priority to address the 91 per cent of sites with inadequate WASH conditions, with a focus on durable solutions such as connection to water networks.⁸⁹ Efforts will be made to improve the availability and quality of sanitation facilities for IDPs, with the aim of reaching SPHERE standards with inclusive approaches for gender, age, disability and protection.⁹⁰ Jointly, WASH, CCCM and Shelter/NFI clusters have established a flood susceptibility analysis of Yemen. Integrated approaches to preparedness and disaster risk reduction for flood risk will be scaled up, targeting IDP sites in flood-prone areas, including activities such as improving storm-water drainage and protection for WASH infrastructure in at-risk sites.

Preventing Systems Collapse

Conflict, economic collapse and fuel crises have significantly degraded the quality, quantity and accessibility of WASH services. Associated interventions will target 6.1 million individuals. The WASH Cluster will support water systems, focusing on areas largely dependent on water trucking in efforts to stabilize and reduce systems decline and increase water quality control, while minimizing financial burdens on families. The cluster will explore options for minimum cost recovery through repairs, provision of spare parts and disinfection products, and capacity building and support for the operation and maintenance of WASH facilities. In the areas with limited or no grid power supply, partners will provide generators and fuel to provide at least partial coverage. Meanwhile, WASH partners will continue to expand use of renewable energy sources such as solar to provide more economically viable and reliable solutions. The private water market meets water demands but is largely unregulated, contributing to unsafe water use.

Water quality assurance will be scaled up to at least emergency standards alongside water safety planning and water quality monitoring. Sewage treatment plants require improvements to prevent water and soil contamination. Wastewater infrastructure and solid waste management systems will be supported through capacity building for staff, operations and maintenance, and provision of materials to reduce public health risks and environmental pollution caused by systems degradation.

Inclusive WASH

Beyond meeting basic sanitation needs and preventing disease, access to adequate and appropriate WASH facilities play a vital role in the protection and dignity of populations, particularly girls and women. For WASH programmes to have a positive public health impact, they should ensure that the safety, dignity and needs of all groups are understood and considered through inclusive and consultative processes. The WASH Cluster applies a “do no harm” principle to limit potential protection risks that may arise from interventions, including exclusion from services and gender-based violence. The WASH Gender and Inclusion Working Group will provide analysis, tools and support capacity development to inform inclusive programming. WASH partners will continue to work towards provision of gender-appropriate facilities and services with equitable and safe access for all, including people with disabilities and older people. The cluster will strengthen engagement with Protection Cluster to improve referral and monitoring mechanisms, and to identify and address protection and gender-based violence concerns relating to WASH services. The WASH Cluster continues to promote the minimum commitments to safety and dignity for affected people, operationalized in the accountability framework and monitored through a self-reporting tool and field visits.

Cost of Response

WASH partners identified WASH cost drivers, which were analyzed against average expenditure incurred in previous years per activity and calculated costs per beneficiary for each activity. Past responses,

the current context and 2021 scenario planning were factored into the joint identification of drivers, activities and costing. The cost of WASH services and items increased in 2020, due to the weakened economy, fuel crisis, import restrictions, and increased transportation costs. The WASH survival minimum expenditure basket reached YER 12,315 in 2020, a 7.4 per cent increase on 2019, while the cost of water increased by 15 per cent. Unless a major shift takes place to stabilize the economy and fuel imports, such trends are likely to continue.

Monitoring

The WASH Cluster will monitor response against identified needs, targets and activities through agreed cluster standards and indicators. Monthly response monitoring data will be collected against 27 core indicators linked to safe access to WASH conditions, reflecting sex, age and disability. Monthly response data will be analyzed against targets and overlaid with WASH related disease indicators, population data, displacement data and access-related data. In addition, specific cholera response indicators will be collected on a bi-weekly basis and overlaid with cholera case reporting to identify coverage and gaps. Specific monitoring on WASH response for IDPs in hosting sites will also be continuously updated at the hub level in coordination with CCCM. Further, the WASH Cluster has established the WASH Assessment and Needs Tracking System to harmonize WASH needs assessments and analyses against other relevant sectoral indicators to enable a continuous WASH needs analysis, trigger alerts and identify emerging needs, gaps and trends.

Cluster Objectives:

1. Address acute WASH needs to reduce WASH-related disease amongst vulnerable and at-risk populations through timely provision of life-saving WASH assistance and services.
2. Deliver life-saving WASH assistance to reduce acute needs and protection risks to displaced women, men, boys and girls affected by conflict and natural disaster
3. Provide or restore sustainable access to safe WASH services in areas of acute need and high risk of disease and protection concerns.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|--|---|--------------|-------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 14.8 million | 6.9 million |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021 | | | 14.8 million | 6.9 million |
| Cluster Objective 1.2.1 | Address acute WASH needs to reduce WASH Related disease amongst vulnerable and at-risk populations through timely provision of life-saving WASH assistance and services. | Provision of operational support, spare parts and quick repairs to water and sanitation systems | Number of women, men, boys and girls served by safe water and sanitation systems | 6,276,549 | 4,581,935 |
| | | Provision water disinfecting agents, support for water supply treatment and water quality surveillance | Number of women, men, boys and girls with access to sufficient safe water provisions | 4,023,619 | 2,937,277 |
| | | Provide access to safe water through water trucking and community tanks | Number of women, men, boys and girls with access to at least 15 lpd of safe water | 3,572,804 | 2,608,178 |
| | | Provide household level water treatment options through chlorine tablets | Number of women, men, boys and girls with provisions of household water treatment / purification for safe water | 2,830,855 | 2,066,549 |
| | | Provision of safe gender appropriate household sanitation options | Number of women, men, boys and girls with access to a safe, gender appropriate and functioning latrine | 1,903,047 | 1,389,241 |
| | | Provide support for solid waste collection and disposal and community Led cleaning campaigns | Number of women, men, boys and girls with improved environmental sanitation | 3,968,606 | 2,897,117 |
| | | Provision of hygiene items (including cholera kits and IPC kits) and Hygiene promotion and awareness | Number of women, men, boys and girls with access to appropriate hygiene items and awareness | 9,434,712 | 6,887,421 |
| Cluster Objective 1.2.3 | Provide or restore sustainable access to safe WASH services in areas of acute need and high risk of disease and protection concerns. | Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk | Number of women, men, boys and girls served by safe water and sanitation systems | 8,671,488 | 6,330,261 |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|---|--|--------------|-------------|
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 14.8 million | 6.9 million |
| Specific Objective 2.1 | Improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions | | | 14.8 million | 6.9 million |
| Cluster Objective 2.1.1 | Address acute WASH needs to reduce WASH Related disease amongst vulnerable and at-risk populations through timely provision of life-saving WASH assistance and services. | Provision of operational support, spare parts and quick repairs to water and sanitation systems | Number of women, men, boys and girls served by safe water supply systems | 6,276,549 | 4,581,935 |
| | | Provision water disinfecting agents, support for water supply treatment and water quality surveillance. | Number of women, men, boys and girls reach through safe water provisions | 4,023,619 | 2,937,277 |
| | | Provide access to safe water through water trucking and community tanks | Number of women, men, boys and girls served by Sanitation systems | 3,572,804 | 2,608,178 |
| | | Provide household level water treatment options through chlorine tablets and water filters | Number of women, men, boys and girls provided with household water treatment / purification provision for safe water | 2,830,855 | 2,066,549 |
| | | Provision of safe gender appropriate household sanitation options | Number of women, men, boys and girls with access to a safe, gender appropriate and functioning latrine | 1,903,047 | 1,389,241 |
| | | Provide support for solid waste collection and disposal and community Led cleaning campaigns | Number of women, men, boys and girls with improved environmental sanitation | 3,968,606 | 2,897,117 |
| | | Provision of hygiene items (including cholera kits and IPC kits) and Hygiene promotion and awareness | Number of women, men, boys and girls with access to appropriate hygiene items and awareness | 9,434,712 | 6,887,421 |
| Cluster Objective 2.1.3 | Provide or restore sustainable access to safe WASH services in areas of acute need and high risk of disease and protection concerns. | Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk | Number of women, men, boys and girls served by safe water and sanitation systems | 8,671,488 | 6,330,261 |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|---|--|--------------|-------------|
| Strategic Objective 3 | Protecting and assisting civilians | | | 12.7 million | 6.9 million |
| Specific Objective 3.3 | Provide safe, dignified and meaningful access to life saving & quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021 | | | 12.7 million | 6.9 million |
| Cluster Objective 3.3.2 | Deliver life-saving WASH assistance to reduce acute needs and protection risks to displaced women, men, boys and girls affected by conflict and natural disaster. | Provision water disinfecting agents, support for water supply treatment and water quality surveillance. | Number of women, men, boys and girls with access to sufficient safe water provisions | 4,023,619 | 2,937,277 |
| | | Provide access to safe water through water trucking and community tanks | Number of women, men, boys and girls with access to at least 15 lpd of safe water | 3,572,804 | 2,608,178 |
| | | Provision of safe gender appropriate household sanitation options | Number of women, men, boys and girls supported with access to a safe, gender appropriate and functioning latrine | 1,903,047 | 1,389,241 |
| | | Community-led cleaning campaigns for IDPs and vulnerable groups | Number of women, men, boys and girls with improved environmental sanitation | 2,580,080 | 1,883,481 |
| | | Provision of hygiene items (including cholera kits and IPC kits) and hygiene promotion and awareness | Number of women, men, boys and girls with access to appropriate hygiene items and awareness | 9,434,712 | 6,887,421 |
| Cluster Objective 3.3.3 | Provide or restore sustainable access to safe WASH services in areas of acute need and high risk of disease and protection concerns. | Expand and / or develop water and sanitation systems to improve sustained conditions for IDPs | Number of women, men, boys and girls served by safe water and sanitation systems | 8,671,488 | 6,330,261 |

3.5 Education



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | IDP CHILDREN | CHILDREN WITH DISABILITIES | TEACHERS/CAREGIVERS |
|----------------|-----------------|---------------------|----------|--------------|----------------------------|---------------------|
| 8.1M | 5.5M | \$258M | 70 | 1.6M | 825K | 270K |

Objectives

In 2021, the Education Cluster will work with 70 partners to provide education assistance to more than 5.5 million children in need. Approximately 10 million school-aged children, one third of the total population, are affected by the crisis. Of those 10 million children, estimated 8.1 million school-aged girls and boys are in need of education assistance.

The education response strategy is an evidence- and needs-based plan designed to respond to educational needs as identified in the 2021 HNO. Capitalizing on the ongoing efforts and continuous response of education partners despite difficult and complex conditions posed by the prolonged crisis in Yemen, the Education Cluster adheres to a needs-based approach to programming. This entails identification and prioritization of populations in need within the framework of the 2021 HNO and relies on severity analysis to target the most disadvantaged population groups, including those in areas of high severity of need at the sub-district, community and school levels. The cluster plans to ensure that school safety protocols are in place and that students, caregivers and education personnel receive needed psychosocial support with referral pathways to specialised protection services. Cluster partners will aim to increase the engagement and involvement of caregivers in learning.

Response

In 2021, the Education Cluster aims to ensure access to educational services that contribute to

the prevention of infectious disease outbreaks and famine reduction in schools AND learning centres while ensuring a protective environment for the most vulnerable school-age population.

The response is centred around three cluster objectives: 1) preventing infectious disease outbreaks in schools and learning environments through increasing awareness on hygiene practices and provision of equitable services; 2) contributing to famine prevention of the most vulnerable Yemeni students and learners through ensuring access to feeding and nutrition services, and supporting increasing caregivers' resilience; and 3) preventing the most vulnerable school-age girls and boys from risks of violence by ensuring access to safe and inclusive learning environments that promote well-being and resilience.

Cluster partners will target the most vulnerable school-aged population, who face a wide range of risks of violence, including 2.65 million girls and 2.9 million boys. Cluster partners aim to reach children who are out of school, internally displaced, have disabilities and are at risk of dropping out with protective learning opportunities in formal and non-formal inclusive education settings.

The Education Cluster's prioritization approach is guided by an analysis of education severity in accordance with the cluster's severity analysis and categorization against key access, quality and systems-related indicators. The education sector



ADEN, YEMEN

IDP girls in a lesson at a school in Aden Governorate, 21 November 2018. Photo: OCHA/Giles Clarke.

will prioritize the response to the education needs of 5.1 million children and adolescent girls and boys in areas with severe to catastrophic education needs (severity rankings three to five). Further priority is given to geographic areas with the largest gap between needs and response. Within these areas, the cluster pays specific attention to groups that are disproportionately in need of emergency education services. This includes children who are out of school, children living in acute and protracted displacement, children living in areas with no accessible education services and adolescents and children with specific physical and psychological needs.

Education Cluster Contributions to HRP Strategic Objectives

The cluster intends to focus on increasing awareness of health and hygiene practices and safe school protocols while providing equitable services and enhancing the prevention of infectious disease outbreaks in schools and learning environments.

The partners' interventions will focus on raising children's and teachers' awareness of hygiene practices while providing them with personal hygiene kits and ensuring that schools are cleaned with the provided cleaning materials. To prevent COVID-19 risks, students and teachers in schools or learning centres will be provided with masks, sanitizers and thermometers.

While providing school feeding, healthy meals and awareness of good nutrition practices, Education Cluster partners will contribute to famine prevention for the most vulnerable Yemeni students and learners. Education Cluster partners will provide fortified snacks and school meals in formal and non-formal learning facilities and awareness sessions about good nutrition practices to learners and caregivers.

Access to safe educational opportunities remains a challenge for children in Yemen. The protracted crisis has left an estimated 2.05 million children without

access to the education system.⁹¹ The cluster will continue to reach out-of-school children in all 22 governorates using life-saving protection-oriented implementation modalities. Access strategies will include small-scale rehabilitation of damaged schools and establishment of other safe temporary/alternative learning spaces through a gender-sensitive and disability-friendly approach. It is critical to improve access to quality education services for IDPs in camps and within communities and ensure that these services are sufficiently linked to child protection interventions including the integration of mental health and psychosocial support and other specialized protection services. It is increasingly important to expand access to psychosocial support and recreational activities for vulnerable children, particularly in areas of high severity of need. Teachers and students suffer from stress and psychosocial disorders due to the protracted nature of the crisis, and teachers require support to address their own and their students' psychosocial support needs. The cluster will ensure coordination with other relevant clusters or sectors such as RMMS, to strengthen synergies and complement the response to other vulnerable children including refugee and migrant school children.

With 2.05 million girls and boys out of school and many living in areas with acute and immediate humanitarian education assistance needs, the overall cluster approach is focused on providing access for children to schools and learning centres that provide quality education in a protective and welcoming environment and ensuring that those students remain in school. Therefore, non-formal education opportunities and pathways back to inclusive education at age-appropriate levels are increasingly required to address the complex learning needs of children, including children and adolescent girls and boys whose education has been disrupted for years, as well as children with specific physical and psychological needs. It is assumed that many of the internally displaced children are out-of-school due to displacement. To address equity gaps in access to quality learning opportunities for those who miss out on years of schooling due to the crisis, including those living in camps and hard-to-reach

areas, the Education Cluster will further expand existing non-formal education learning programmes such as the accelerated learning programme, which combines two academic years into one, and the basic literacy and numeracy programme, to bring children to age-appropriate educational levels. Non-formal education learning programmes give children who have no access to formal education opportunities to an alternative education in line with the national curriculum.

Quality teaching is often not available to children accessing formal and non-formal education. They are often prevented from attaining foundational literacy and numeracy skills as well as those skills relevant to cognitive, social and economic empowerment. Concerted investment is required to expand and sufficiently develop the teaching force to deliver quality education. The shortage of teachers in Yemen results in a high student-teacher ratio and irregular payments to teachers of stipends and incentives do not meet their families' basic needs. Thousands of teachers continue to work voluntarily, or take second jobs, which makes it harder for them to concentrate on teaching. The Education Cluster thus aims to equip teachers with skills for teaching in formal and non-formal education modalities such as accelerated learning, remedial teaching, child-centred pedagogy and positive classroom management to cope with overcrowded classrooms, address and accommodate host community, displaced and returnee children within their classes.

The cluster plans to provide learning materials to children as they are often learning without learning materials in very poor learning spaces for only few hours a day, especially in hard-to-reach areas.

Cost of Response

The Education Cluster, in consultation with partners, has based its costing on the average activity costs of partners over the past two years. A set of standards and definitions has been developed to guide in detail the expected results and associated costs pertaining to specific activities. In developing activity-based costing, the cluster has taken economic decline,

Yemeni rial depreciation and rising prices especially for imported commodities into consideration.

Costing also considers response modalities for educational services, including specialized services such as for teachers and other education personnel. Other costs relate to procurement of supplies and distribution services such as for school stationary, school feeding, personal hygiene kits for children and COVID-19-related preventive kits.

Monitoring

An estimated 70 cluster members, 35 of whom are actively engaged, as well as additional sub-cluster members, contribute to reaching the Education Cluster's targets. Cluster members commit to attending coordination meetings, submitting

comprehensive monthly 4W reports, contributing to cluster processes and sharing assessments and studies. Their inputs contribute to monitoring, readiness and response efforts. The cluster is working on better ensuring that analysis promotes informed planning and response. In 2021, specific efforts will be made to track reach to underserved groups of children, adolescents, IDP children and children with disabilities and areas experiencing the highest gaps between severity of need, number of people in need and response. The cluster will monitor outcome indicators, number of school-aged children with access to formal and non-formal education, and the four key indicators on access, quality and systems. The cluster also proactively coordinates with development actors to promote sustainable development while addressing humanitarian need.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|---|-------------|-------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 3.4 million | 2.3 million |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021. | | | 3.4 million | 2.3 million |
| Cluster Objective 1.2.1 | Prevent infectious disease outbreak in schools and learning environment through increasing awareness on hygiene practices and provision of equitable services | Provision and dissemination of health and hygiene Education packages. | Number of children with increased awareness on health and hygiene practices in a safe, functional and healthy learning environment. | 3.4 million | 2.3 million |
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 1.6 million | 1.1 million |
| Specific Objective 2.1 | Improve the food consumption status of vulnerable populations and decrease the proportion of populations facing IPC Phase 3 and above conditions. | | | 1.6 million | 1.1 million |
| Cluster Objective 2.1.1 | Contribute to famine prevention of the most vulnerable Yemeni students and learners through ensuring their access to feeding and nutrition services, and support increasing caregivers' resilience | Provision of fortified snacks and/or meals to students Provision of meals to teachers and school administration in targeted schools Provide awareness sessions about good nutrition practices. | Number of students, teachers and school administration benefitting from school feeding program in formal and non-formal learning facilities | 1.6 million | 1.1 million |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|--|---|-------------|-------------|
| Strategic Objective 3 | Protecting and assisting civilians | | | 3.1 million | 2.1 million |
| Specific Objective 3.1 | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable women, men, boys and girls including IDPs and people with disabilities. | | | 3.1 million | 2.1 million |
| Cluster Objective 3.1.1 | Prevent the most vulnerable school-aged girls and boys from risks of violence by ensuring access to safe and inclusive learning environment that promotes well-being and resilience. | Provide children with non-formal education programs, including catch-up classes, Accelerated Learning Program, remedial education, literacy and numeracy classes Support the provision of formal education to school-age children | Number of school age children enrolled to non-formal protective education Number of children supported to enroll in formal general education | 3.1 million | 2.1 million |

MA'RIB, YEMEN

Pupils preparing for exams on the sand in an IDP settlement school in Ma'rib Governorate, December 2020.

Photo: OCHA/Giles Clarke





3.6 Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 15.8M | 8.6M | \$218M | 73 | 2.6M | 4.6M | 1.3M |

Objectives

Protection of civilians remains a critical priority in Yemen, where the conflict continues unabated. Yemen remains the fourth largest IDP crisis in the world due to conflict. Natural hazards, especially floods, cause additional displacement. Over four million women, men, girls and boys have been displaced in the last six years. Indiscriminate attacks and the use of explosive weapons near densely populated areas continue to threaten the physical safety and mental wellbeing of civilians. Ongoing conflict, widespread displacement, severe food insecurity, economic downturn, collapse of state institutions, declining rule of law and restricted humanitarian access, coupled with national hazards and the spread of COVID-19 has provoked a dire humanitarian and protection crisis.

The Protection Cluster will work with 73 partners to target response to address the needs of civilians who continue to face serious protection risks to their safety, wellbeing, realization of their basic rights and access to effective redress. In particular, the cluster will focus on IDPs, women, men, boys and girls, older people, people with disability and marginalized groups such as Muhamasheen as well as those facing risks of eviction or lacking civil status documentation. In 2021, the Protection Cluster, including its child protection, gender-based violence and mine action areas of responsibility, will provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disaster, looming famine and epidemics and will support community-based mechanisms to identify, refer and respond to protection needs amongst communities.

Response

In 2021, the Protection Cluster aims to contribute to a more protective environment for the most vulnerable populations through the prevention and mitigation of protection risks for women, men, girls and boys, especially the displaced and most vulnerable civilians.

The response is centred around two cluster objectives: 1) to provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons, and 2) to support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks.

Response will focus on districts and governorates with severity rankings of three to five, with established humanitarian access and operational capacity of protection actors based on the cluster’s 4W map, mapping of hard-to-reach areas and analysis of priority gaps for protection services. The targeted population will include the displaced population (including over one million IDPs dispersed across 1,600 IDP hosting sites) and civilians in the vicinity of the estimated 49 districts affected by frontline hostilities in the country. These civilians suffer the immediate consequences of war, including mines and explosive remnants of war. They are being killed, injured and displaced on a daily basis particularly in Al Hodeidah, Tai’z, Al Jawf, Sa’dah, Al Bayda and Ma’rib



AL-DHALE'E, YEMEN

An internally displaced woman in an IDP site in Al-Dhale'e Governorate, 23 February 2020.
Photo: OCHA/Mahmoud Fadel.

governorates which were heavily affected by conflict in 2020. Partners will also prioritize rural areas where active hostilities continue; more than 58 per cent of civilian casualties countrywide were reported in these locations in 2020, the majority in Al Mudhaffar and Salh districts in Ta'iz Governorate and Al Tuhayat and Hays districts in Al Hodeidah Governorate.

Capacity building of protection actors, including duty bearers, on protection concepts, gender, inclusion, child protection, mine action and gender-based violence inclusion will continue to improve quality of interventions. The Protection Cluster will promote inter-sectoral synergies, aimed at a more holistic approach to addressing the multiple effects of the protracted crisis for groups with specific needs. Emphasis will be put on housing, land and property issues, such as unresolved disputes regarding housing, land, and natural resources as well as increasing threats of, or actual evictions, including in IDP hosting sites, which often undermine people's access to their basic needs including shelter, water

and food. In this regard, the Protection Cluster will collaborate with the Shelter/NFI, CCCM and other clusters and stakeholders in raising awareness, as well as providing legal support and in advocacy.

Due attention will continue to be given to COVID-19 protocols and preventative measures in providing protection services to IDPs and host communities.

The Protection Cluster will provide multi-purpose cash assistance prioritising those facing specific protection risks identified through socio-vulnerability assessments, where in the absence of such support, they may be exposed to increased risks and resort to negative coping mechanisms. Demographic profiles will be considered such as female-headed households or older people with no family support while also considering presence of specific needs within the household such as disability, age and other concerns.

Protection Cluster Contributions to HRP Strategic Objective

In 2021 the Protection Cluster will contribute to address the immediate protection needs of highly vulnerable people, arising from displacement, conflict, disasters, food insecurity and epidemics by directly serving people in need with critical protection services, particularly the most vulnerable including children, survivors of gender-based violence and people with disabilities. Partners will focus on maintaining a network of community centres as a critical one-stop-hub offering a range of protection services for IDPs and host communities with a focus on vulnerable populations. The cluster aims to strengthen efforts to identify and refer people with specific needs, including women, children, older people and people with disabilities to service providers, through protection monitoring and referral mechanisms through community centres and community-based protection networks.

At the same time, partners will ensure continuity of women and girls' safe spaces and provision of referrals for comprehensive services. Additional support to address protection needs will include the provision of cash and legal assistance. Cash support will be provided as part of multipurpose cash assistance, case management and victim assistance as well as targeted and gender sensitive in-kind assistance such as transit, family and protection kits. Legal assistance, awareness and individual counselling will be provided, including 1) facilitated issuance of civil status documentation, in particular identity cards, birth and marriage certificates to facilitate freedom of movement and access to remedies, humanitarian assistance and public services; and 2) legal counselling and mediation for families facing threats of eviction and other housing, land and property issues. Additional assistance related to conflict includes releasing contaminated land, disposing of explosive remnants of war and explosive ordnance risk education. Referral and specialized protection services for civilians injured as a result of armed conflict will be provided as will physical and functional rehabilitation for people with disabilities. Protection partners will continue efforts to ensure the unimpeded movement of people and goods and humanitarian assistance though targeted

mine action activities. The cluster will also strengthen capacity of local and international mine action implementing partners.

The Protection Cluster intends to facilitate community-based initiatives by enhancing the capacity of community volunteers and community-based protection networks to detect protection risks, identify individuals with specific needs and support referrals to protection services. The cluster will continue its support to community programs, focusing on durable solutions including building skills and livelihood initiatives, as well as social cohesion and community resilience. Partners will strengthen community-based awareness raising on gender-based violence, including with community leaders.

The Protection Cluster will help national, local and other institutions to prevent, mitigate and address protection issues by supporting capacity building of social services institutions and housing, land and property dispute resolution mechanisms. Partners will conduct prevention activities including through awareness raising on topics such as child protection and gender-based violence. The cluster will continue to support the development of national mine action frameworks to better facilitate this critically important and quickly developing sector, including the training of demining field operators and quality assurance with third party monitoring, to ultimately ensure compliance with international mine action standards.



Child Protection

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|-----------|
| 8.6M | 1M | \$30.7M | 28 |

The Child Protection Area of Responsibility aims to support over one million boys and girls and their caregivers with preventive and responsive activities for child protection. Priority in the response will be given to the most vulnerable boys and girls including those displaced and in host communities who are at risk of violence, neglect, abuse and exploitation based on their needs and levels of vulnerability.

The child protection response will focus on comprehensive case management services including family tracing and reunification for unaccompanied and separated children, assistance to children victims of violence and provision of alternative care. Child protection partners aim to increase capacity building of child protection actors to respond and refer cases to specialized child services. Partners will support the building of community resilience to increase the physical and psychological wellbeing of children

and their caregivers and strengthen the capacity of communities to prevent and respond to violence, exploitation and abuse of children through trainings and awareness raising activities. In 2021, increased efforts will be made to strengthen coordination with humanitarian sectors to ensure that boys and girls, particularly those who are affected by the conflict such as children heads of household and IDPs, are included in humanitarian programming and have access to basic humanitarian assistance including food, education, health, CCCM and WASH services. Coordination will also be ensured with the RMMS, to strengthen the response for other vulnerable children including refugees and migrant unaccompanied and separated children. Partners will work to ensure the provision of, and advocacy for, children's civil documentation, including birth certificates, at governorate and national levels.



Gender-Based Violence

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|-----------|
| 6.3M | 1.92M | \$46.7M | 31 |

The Gender-Based Violence Sub-Cluster response in 2021 aims to reduce suffering and address the needs of women, girls, boys and men who have experienced various forms of gender-based violence by addressing multilayer vulnerabilities and enhancing accessibility to critical gender-based violence services. Women and girls have become particularly vulnerable to gender-based violence since the crisis began. Conflict has exacerbated pre-existing gender-based discrimination and heightened risks of gender-based violence within communities. Concerns are pronounced in IDP settings, which frequently lack gender-segregated facilities and adequate lighting, putting women and girls at risk of gender-based violence. Women and girls are often forced

to employ negative coping mechanisms during crisis, such as child marriage, which plays a major role in the incidence of gender-based violence in Yemen.

The gender-based violence response will include enhanced service delivery through multiple entry points including reproductive health integration, as an important entry point for survivors, integration of services in women and girls' safe spaces and mobile team responses. Gender-Based Violence Sub-Cluster partners will support efforts to build the capacity of reproductive health service providers to detect needs and refer gender-based violence cases for further specialised support. Partners will also distribute

protection and post exposure prophylaxis treatment kits, and support the provision of protection kits, which contain personal hygiene items, culturally appropriate clothing and other emergency supplies. The response will also work to increase community awareness on gender-based violence issues and services, including through educational materials, and pursue livelihood opportunities for gender-based violence survivors and women and girls at risk.

Gender-based violence prevention and mitigation measures will be enhanced through continuous mainstreaming across the clusters, and through a male engagement strategy implemented at national,

governorate and community levels. Partners will also focus on engaging men and boys in economic and mental resilience activities and encouraging men and boys to reduce gender-based violence and support related interventions.

Gender-based violence mainstreaming across humanitarian programs and clusters will also be prioritized, facilitated through the Cluster Gender and Gender-Based Violence Focal Points Network. This includes the launch of the Aden-based Gender-Based Violence Network and continued capacity building for network members.



Mine Action

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|----------|
| 12.4M | 3.9M | \$25.6M | 9 |

In 2021, the Yemen Humanitarian Mine Action Area of Responsibility aims to ensure coordination of operational activities aimed at reducing and, to the extent possible, eliminating the threats posed by explosive ordnance to civilians, including people with disabilities, humanitarian workers and other relevant aid and development partners, through mine action activities.

The most urgent needs are to release land of explosive ordnance through survey and clearance activities, provide Explosive Ordnance Risk Education to communities and victim assistance support to survivors either directly or indirectly through a referral system in partnership with the Health Cluster and government counterparts. Attention will be given to providing specific support for women, men, girls and boys.

The Mine Action Area of Responsibility works within a multi-sector approach to facilitate the free movement of populations and goods and ensure access to humanitarian actors who provide life-saving activities. The Mine Action Area of Responsibility will focus on expanding non-technical and technical survey

activities by providing equipment and training to national and international implementing partners, in line with Yemen’s national commitment to the Anti-Personnel Mine Ban Convention (Ottawa Treaty). Mine Action will also increase efforts to coordinate with the National Mine Action Authority to provide the required resources, conditions and access to facilitate the safe disposal of explosive ordnance.

Partners will prioritize, and ensure the timely, safe and efficient release of land, especially in high density populated areas. The Mine Action Area of Responsibility will continue to provide Explosive Ordnance Risk Education sessions, while developing alternative methods of delivery where access and movement is restricted. Efforts will be made to expand explosive ordnance disposal training of demining operators to include improvised explosive device disposal, which addresses trends developing in explosive ordnance incidents. This will improve achievements related to land release, the process of identifying, defining and removing all presence and suspicion of explosive ordnance through surveys or clearance.

In 2021, partners aim to reduce the threat posed by improvised sea mines, by developing mapping and clearing of Yemen coastal areas. Sea mines have become a perennial issue in Yemen and have the potential to disrupt shipping in the Red Sea and approaches to seaports along Yemen's western and southern coastline.

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

Cost of Response

The Protection Cluster has applied an average unit cost for each of its identified activities against targets. Main cost drivers include provision of specialised protection services such as victim assistance, legal services, case management, physical and mental wellbeing, and other interventions which imply higher costs due to necessity of expert staff and specialized modalities. Specialized humanitarian mine action interventions, particularly explosive hazard survey and clearance operations, also require significant financial costs and technical resources to ensure continuous capacity of the sector to mitigate the threat posed by explosive hazards to people in need and enable the safe delivery of aid.

Static modalities, such as community centres and women and girls' safe spaces, are necessary to guarantee an adequate environment for the sustained delivery of a number of protection services, some of which are specialised. Mobile service delivery and outreach activities are better suited to responding to emergency situations and particular categories of needs of vulnerable groups. The volatile environment, with unpredictable humanitarian access and sudden changes in context, including COVID-19 related restrictions, result in a constant necessity of adapting programs and interventions within project cycles, resulting in additional costs for ongoing activities.

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

Monitoring

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

Gender-based violence trends, survivors' needs and gaps in services and access will be monitored through a gender-based violence dashboard. The Gender-Based Violence Sub-Cluster will continue to provide technical support for partners to enhance their capacity for assessments and will continue to advocate for the use of gender-based violence observation-based assessment tools across clusters to monitor the upcoming needs based on the changing situation, field visits from the coordination team when possible and third-party monitoring in coordination with the United Nations Population Fund (UNFPA).

Mine Action will monitor impact through analysis combining density of population with density of contamination data. In the absence of country wide assessments, Mine Action will continue to use primary sources such as Civilian Impact Monitoring Protection, Armed Conflict Location and Event Data

Project, the Information Management System for Mine Action, community consultation and Yemen Executive Mine Action Centre data. Mine Action will also utilize the extracted information from the prioritisation matrix that is communicated by humanitarian workers on the ground and will continue to proceed with Rapid Assessments.

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

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|--|--|-------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 15.8 million | 2.4 million |
| Specific Objective 1.1 | Protection risks due to epidemics are mitigated and addressed through the provision of quality and integrated protection and humanitarian services to vulnerable women, men, boys and girls including IDPs and people with disabilities | | | 15.8 million | 2.4 million |
| Cluster Objective 1.1.1 | Provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons. | Provide multipurpose cash assistance through socio-economic and protection needs assessments | Number of households benefiting from multipurpose cash assistance | 15.8 million | 285,000 |
| | | Community centres | Number of community centres providing protection assistance and services supported | N/A | 40 |
| | | Provide critical child protection services, including case management, tracing and reunification and victim assistance | Number of children reached with critical child protection services | 8.6 million | 19,800 |
| | | Distribute family and transit kits | Number of transit kits distributed Number of post rape treatment kits | 6.3 million | 100,000 |
| | | Provide multi-sectoral gender-based violence response services | Number of gender-based violence beneficiaries reached with lifesaving gender-based violence multi-sectoral services and cash support | 6.3 million | 250,000 |
| | | Carry out capacity building and mitigation on gender-based violence | Number of service providers trained | N/A | 1,500 |
| | Releasing contaminated land, disposing unexploded ordnance | Estimated area, in square meters, of land cleared or surveyed | 12.4 million | 1.5 million (5,000,000m ²) | |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|---|--------------|--|
| Cluster Objective 1.1.2 | Support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks | Support community protection initiatives on information and awareness, safety, and strengthening resilience | Number of persons benefiting from community-based initiatives on protection | 15.8 million | 161,422 |
| | | Support community-based protection networks | Number of persons engaged as members of community-based protection networks and committees | 15.8 million | 1,408 |
| | | Support livelihood and skills building for gender-based violence survivors | Number of vulnerable women, girls, men and boys access alternative income generating activities and skills building | 6.3 million | 80,000 |
| | | Conduct gender-based violence prevention activities | Number of vulnerable women, girls, men and boys reached with awareness about gender-based violence issues | 6.3 million | 1,486,615 |
| | | Raising awareness of risks posed by mines and provide Explosive Ordnance Risk Education activities | Number of people reached with life-saving mine risk education messaging | 12.4 million | 2,400,000 |
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 15.8 million | 2.4 million |
| Specific Objective 2.4 | Protection risks due to food insecurity are mitigated and addressed | | | 15.8 million | 2.4 million |
| Cluster Objective 2.4.1 | Provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons. | Provide multipurpose cash assistance through socio-economic and protection needs assessments | Number of households benefiting from multipurpose cash assistance | 15.8 million | 285,000 |
| | | Community centres | Number of community centres providing protection assistance and services supported | N/A | 40 |
| | | Provide critical child protection services, including case management, tracing and reunification and victim assistance | Number of children reached with critical child protection services | 8.6 million | 19,800 |
| | | Carry out capacity building and mitigation on gender-based violence | Number of service providers trained | N/A | 1,500 |
| | | Releasing contaminated land, disposing unexploded ordnance | Estimated area, in square meters, of land cleared or surveyed | 12.4 million | 1.5 million (5,000,000m ²) |
| | | Support the coordination of the victim assistance sector | Number of people reached with victim assistance Activities | 12.4 million | 1,000 |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|--|--------------|-------------|
| Cluster Objective 2.4.2 | Support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks | Support community-based protection networks | Number of persons engaged as members of community-based protection networks and committees | 15.8 million | 1,408 |
| | | Support livelihood and skills building for gender-based violence survivors | Number of vulnerable women, girls, men and boys access alternative income generating activities and skills building | 6.3 million | 80,000 |
| | | Conduct gender-based violence prevention activities | Number of vulnerable women, girls, men and boys reached with awareness about gender-based violence issues | 6.3 million | 1,486,615 |
| | | Raising awareness of risks posed by mines and provide explosive ordnance risk education activities | Number of people reached with life-saving mine risk education messaging | 12.4 million | 2,400,000 |
| Strategic Objective 3 | Protecting and assisting civilians | | | 15.8 million | 2.4 million |
| Specific Objective 3.1 | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable women, men, boys and girls including IDPs and people with disabilities. | | | 15.8 million | 1 million |
| Cluster Objective 3.1.1 | Provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons. | Conduct capacity building on protection | Number of persons benefiting from protection training or capacity-building | 15.8 million | 6,096 |
| | | Provision of protection cash assistance through protection programming and case management | Number of individuals benefiting from protection cash assistance | 15.8 million | 125,000 |
| | | Provide multipurpose cash assistance through socio-economic and protection needs assessments | Number of households benefiting from multipurpose cash assistance | 15.8 million | 285,000 |
| | | Community centres | Number of community centres providing protection | N/A | 40 |
| | | Support community resilience psychosocial support for adults | Number of persons benefiting from community resiliency support (not including child protection or gender-based violence) | 15.8 million | 100,000 |
| | | Provide legal assistance, legal advice, counselling, and awareness, including on civil documentation | Number of persons benefiting from legal assistance | 15.8 million | 122,739 |
| | | Strengthen community resilience for children and caregivers by accessing physical and mental well-being activities | Number of children and caregivers in conflict-affected areas receiving psychosocial support. | 8.6 million | 990,000 |

| OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED | |
|--------------------------------|--|--|---|--------------|------------------|
| | Provide critical child protection services, including case management, tracing and reunification and victim assistance | Number of children reached with critical child protection services | 8.6 million | 19,800 | |
| | Distribute family and transit kits | Number of transit kits distributed Number of post rape treatment kits | 6.3 million | 100,000 | |
| | Carry out capacity building and mitigation on gender-based violence | Number of service providers trained | N/A | 1,500 | |
| Specific Objective 3.2 | Human rights, inclusiveness, safety and dignity are promoted and protection risks identified and addressed through protection monitoring, community-based mechanisms and humanitarian response. | | 15.8 million | 2.4 million | |
| Cluster Objective 3.2.1 | Provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons. | Releasing contaminated land, disposing unexploded ordnance | Estimated area, in square meters, of land cleared or surveyed | 12.4 million | 1.5 million |
| Cluster Objective 3.2.2 | Support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks | Support community protection initiatives on information and awareness, safety, and strengthening resilience Support community-based protection networks | Number of persons benefiting from community-based initiatives Number of persons engaged as members of community-based protection networks and committees | 15.8 million | 161,422 1,408 |
| | Conduct protection monitoring and community needs assessments | Number of persons directly consulted or assessed through protection, human rights and international humanitarian law monitoring | 15.8 million | 1,154,381 | |
| | Support livelihood and skills building for gender-based violence survivors | Number of vulnerable women, girls, men and boys access alternative income generating activities and skills building | 6.3 million | 80,000 | |
| | Conduct gender-based violence prevention activities | Number of vulnerable women, girls, men and boys reached with awareness about gender-based violence issues | 6.3 million | 1,486,615 | |
| | Support livelihood and skills building for gender-based violence survivors | Number of targeted women and girls safe centres /spaces to be established | N/A | 75 | |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|--|--------------|-----------|
| | | Raising awareness of risks posed by mines and provide explosive ordnance risk education activities | Number of people reached with life-saving mine risk education messaging | 12.4 million | 2,400,000 |
| Specific Objective 3.4 | Women and girls' vulnerability to gender-based violence is reduced through creating an enabling environment, enhanced access and resilience. | | | 6.3 million | 250,000 |
| Cluster Objective 3.4.1 | Provide protection services to women, men, girls and boys to mitigate and address protection risks due to conflict, disasters, food insecurity and epidemics, ensuring attention to specific needs and prioritizing the most vulnerable including displaced persons. | Provide multi-sectoral gender-based violence response services | Number of gender-based violence beneficiaries reached with lifesaving gender-based violence multi-sectoral services and cash support | 6.3 million | 250,000 |
| Cluster Objective 3.4.2 | Support community-based mechanisms that promote human rights, inclusiveness, safety and dignity and help to identify and address protection risks | Support livelihood and skills building for gender-based violence survivors | Number of targeted women and girls safe centres /spaces to be established | N/A | 75 |

3.7 Shelter and Non-Food-Items (NFI)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 7.3M | 3.8M | \$208M | 167 | 0.8M | 2M | 0.6M |

Objectives

In 2021, the Shelter/NFI Cluster will work with 167 partners to deliver life-saving assistance to populations that are displaced, experiencing extreme, protracted living conditions, and affected by armed violence and seasonal or natural hazards.⁹² The approach will also include a predictable and adequate response focusing on healthy and safe living conditions. The targeted population is comprised of 1) newly displaced populations; 2) populations with needs from previous years that have not been addressed; and 3) populations with recurrent needs related to the renewal of key items. Immediate emergency response will continue to be critical in light of protracted conflict and recurrent flooding events and will require the repositioning of contingency stocks of non-food items and emergency shelter kits in key governorates. The cluster will support the newly displaced and the needs of those experiencing protracted displacement. In urban environments, provision of cash assistance such as rental support through cluster partners will prevent evictions and degradation of living conditions.

The Shelter/NFI Cluster will also build the resilience of the affected population through mid- and long-term shelter solutions aimed at improving sub-standard conditions, the durability of structures and disaster risk reduction while promoting the use of local materials. Durable shelter solutions are key to building the resilience of affected populations and break the cycle of emergencies; this includes facilitating the

house repairs necessary for displaced persons to return and core housing projects including for those opting for integration with local communities. Efforts will be made to ensure ecologically sound approaches and focus on locally-produced construction materials in the implementation of housing improvement and disaster risk mitigation activities.

Response

In 2021, the Shelter Cluster/NFI aims to address shelter and NFI needs contributing to the reduced prevalence of infectious diseases, prevention of famine and malnutrition, and ensuring a protective environment for the most vulnerable population groups. The response strategy is holistically addressing all these goals and is articulated around two cluster objectives: 1) maintaining and increasing sufficient capacities to handle critical and immediate emergency needs for 2.6 million individuals, and 2) scaling-up the resilience of over 1.2 million affected individuals.

Overall response strategy

Given the likelihood of worsening conflict and displacement in 2021, the Shelter/NFI Cluster response will prioritize reinforcing response capacity for immediate and emergency assistance.⁹³ In August 2020, the Shelter/NFI Cluster introduced the #72hoursresponse for emergency referral, streamlining in 72 hours the verification of needs and release of goods from contingency stocks through a coordinated distribution.⁹⁴ In parallel, the cluster plans



MA'RIB, YEMEN

A child in a desert IDP settlement in Ma'rib Governorate, December 2020. Photo: OCHA/Giles Clarke.

to address uncovered needs from previous years and recurrent needs linked to the protracted situation, which represents a considerable part of Shelter/NFI Cluster assistance. With the cost optimization in mind, the Shelter Cluster plans to set up a common pipeline in 2021, serving regular response and contingency, to ensure the best balance between cost efficiency, local procurement, and proper monitoring to support regular and emergency needs.

The targeted population composed of men (892,860), women (877,805), boys (1,053,606), girls (1,003,185) and populations with disability (574,118) will benefit from improved accessibility in their shelters or collective centres. The cluster will develop specific solutions and constantly review them based on the feedback from beneficiaries through the two active technical working groups dedicated to shelter and NFI. In 2020, the NFI Technical Working Group strengthened sourcing, cost and quality to better meet the specific needs of families, shifting from a one-size-fits-all to a more flexible approach. An example of

this is the introduction of a solar lamp in the basic household kit, which contributes to the reduction of gender-based violence inflicted on women and girls living in IDP sites. The cluster will also consider which modalities, cash/voucher or in-kind, maximize the impact of assistance on the lives of people of concern, considering inflation, economic decline, market access, urban and rural divides, procurement constraints and existing accommodation type. Recognizing the need for an exit strategy beyond emergency assistance, the cluster will increase support for house repairs, pilot core housing projects, provide shelter upgrades, and support activities linked to local material production, disaster risk reduction and housing land tenure and property.

Shelter Cluster Contributions to the HRP Strategic Objectives

Specifically, cluster objectives will contribute to the reduced prevalence of infectious diseases by setting up minimum adequate living conditions for affected populations to reduce their exposure to weather or

harmful temperatures which could severely affect their health.⁹⁵ Furthermore, family members with health issues often recover at home and require decent and clean environments to avoid further deterioration. In terms of risk, health conditions are often aggravated by various factors such as cold, damp or exposed shelters, which can expose people to respiratory and cardiovascular diseases, and crowded dwellings which can expose people to infectious disease including COVID-19. Families using scavenged or improper materials often struggle to maintain or properly clean them, directly affecting the hygiene of their living spaces.

Also cluster objectives will support prevention of famine and malnutrition, including by improving household income and resilience. This entails development of livelihoods and resilience of 23,333 displaced people and host communities with the promotion of locally-produced construction materials, such as vegetal panels, necessary to build more durable shelters. Fuel-efficient cooking and heating stoves will reduce expenditure and create local employment for displaced and host communities. The cluster's large cash-for-rent programme aims to directly alleviate the financial burdens of very vulnerable families, including those who employ the negative coping mechanism of reducing food consumption.

Cluster objectives aim to ensure a protective environment for the most vulnerable population groups with immediate life-saving support in case of new human-made or natural crises by providing emergency shelter to 381,520 people and essential household items, bedding kits and seasonal kits to 1.13 million people. The response takes into account the volatility of the situation and likelihood of further displacement for vulnerable groups. As the crisis continues, cluster partners will address recurrent needs for humanitarian assistance with transitional shelter solutions for 165,463 people and improve living spaces for 793,148 individuals targeted-, ensuring the adequacy of housing for the population of concern. Cash assistance is vital in supporting roughly 300,631 vulnerable people with protection during extreme weather conditions. Rental support

for 621,032 people will prevent immediate evictions for those living in urban settings. Further, partners will provide house repairs for 53,191 vulnerable individuals to sustain their returns. Partners will also provide disaster risk reduction support for 344,534 individuals at the community level, including displaced populations, to facilitate early warning, prevention and response measures.

To address tensions caused by protracted displacement, including disputes regarding housing, land, and natural resources, access challenges related to individuals meeting their basic needs including shelter, water and food, and increasing actual or threats of eviction, the Shelter/NFI Cluster will pursue a tri-cluster approach for housing, land and property support. This will entail collaboration with the Protection, CCCM and other clusters and stakeholders to provide technical support to ensure that housing and access to land challenges are identified, addressed and the subject of advocacy.

Cost of Response

The overall budget requirement of the Shelter Cluster is \$207.6 million. The emergency response aims to support 68 per cent of the people targeted with 77 per cent of the cluster appeal. Thirty-two per cent of people targeted with mid- to long-term shelter solutions will require 32 per cent of the total budget requirement, which covers a wide range of interventions.

Further economic decline, including depreciation of the Yemeni rial and related price rises in addition to the worsening fuel crisis, has affected cost considerations.⁹⁶ These factors are likely to cause the prices of household items and shelter materials to inflate, making them unaffordable in local markets and causing loss of livelihoods and rent increases.

The distribution of NFI, including contingency stocks, requires \$48 million, or 23 per cent of the overall cluster budget requirement. Emergency and transitional shelter assistance is estimated to cost up to \$40.5 million, or 19 per cent of the overall budget requirement, and includes repositioning for unexpected emergencies. The introduction of a

common pipeline supporting regular and contingency distributions, which includes locally available and internationally procured items from the global stockpile, will streamline the supply, standardize and uplift the quality of the items and ensure cost effectiveness resulting in savings of up to 20 per cent.⁹⁷

Cash assistance, mainly dedicated to cash for rent, will cost \$71.3 million or one third of the total sectoral appeal. A total of \$16.7 million is designated for shelter maintenance and upgrades to improve living conditions for over 807,148 individuals.

A total of \$4 million is required to support flood mitigation works at the community level, income generating activities for locally-produced materials and house, land and property support for more than 1 million beneficiaries displaced as well as local communities. House repairs and reconstruction activities costing \$27.2 million. Cash programmes

could increase significantly from initial projections if home reconstruction and repair activities are sufficiently funded, which will lead to the scale up of the implementation of these projects especially if there are relative changes of the context towards durable solutions.

Monitoring

The Shelter/NFI Cluster will monitor all response indicators and perform a regular gap analysis to measure progress against HRP objectives. The cluster activity reporting tool will allow for monitoring of response at the district, sub-district and site level. In 2021, the Shelter Cluster will explore strengthening baseline and key indicators nationwide. The stock and pipeline tool will continue to track the NFI and emergency shelter stock inventories (including contingency stocks from partners) to ensure oversight at the stock level.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|---|---|-------------|-------------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 5.3 million | 2.6 million |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021 | | | 5.3 million | 2.6 million |
| Cluster Objective 1.2.1 | To deliver life-saving assistance for emergencies and extreme protracted living conditions linked to armed violence and seasonal or natural hazards, for the displaced and affected populations including consistent and predictable prepositioning of contingency stocks. | In-kind distributions of essential NFIs, emergency and transitional Shelters Cash assistance for rental subsidies, winterization and summarization support | Percentage of targeted newly displaced or protracted households have access to lifesaving NFI and shelter support | 5.3 million | 2.6 million |
| Cluster Objective 1.2.2 | To develop the resilience of the affected population through mid and long-term shelter solutions to improve sub-standard conditions considering also the durability of structures and strengthening the use of local materials, and disaster risk reduction. | In-kind distribution of shelter Maintenance and upgrades kits, flood mitigation solutions. Cash assistance for the house rehabilitation and reconstruction | Percentage of targeted households with improved resilience through mid and long-term shelter solutions | 3 million | 1.2 million |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|---|-------------|-------------|
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 295,000 | 20,000 |
| Specific Objective 2.2 | Increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes | | | 295,000 | 20,000 |
| Cluster Objective 2.2.1 | To develop the resilience of the affected population through mid and long-term shelter solutions to improve sub-standard conditions considering also the durability of structures and strengthening the use of local materials, and disaster risk reduction. | Cash grants for shelter-related livelihood support and cash for work (flood mitigation) | Percentage of targeted households with improved resilience through mid and long-term shelter solutions | 295,000 | 20,000 |
| Strategic Objective 3 | Protecting and assisting civilians | | | 5.3 million | 2.6 million |
| Specific Objective 3.1 | Provide safe, dignified and meaningful access to life saving & quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021. | | | 5.3 million | 2.6 million |
| Cluster Objective 3.1.1 | To deliver life-saving assistance for emergencies and extreme protracted living conditions linked to armed violence and seasonal or natural hazards, for the displaced and affected populations including consistent and predictable prepositioning of contingency stocks. | In-kind distributions of essential NFIs, emergency and transitional shelters Cash assistance for rental subsidies, winterization and summerization support | Percentage of targeted newly displaced or protracted households have access to lifesaving NFI and shelter support | 5.3 million | 2.6 million |
| Cluster Objective 3.1.2 | To develop the resilience of the affected population through mid and long-term shelter solutions to improve sub-standard conditions considering also the durability of structures and strengthening the use of local materials, and disaster risk reduction. | In-kind distribution of shelter maintenance and upgrades kits, flood mitigation solutions Cash assistance for the house rehabilitation and reconstruction Housing, Land and Property Support | Percentage of affected population resilience developed or strengthen through mid and long-term shelter solutions | 3 million | 1.2 million |

3.8

Camp Coordination and Camp Management (CCCM)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 1.2M | 850K | \$61.3M | 21 | 190K | 450K | 130K |

Objectives

In 2021, the CCCM Cluster will work with 21 partners to provide assistance to 852,000 people in underserved IDP hosting sites across Yemen to strengthen their safe access to critical services and safeguard their physical and mental wellbeing. The cluster will work closely with Protection, Shelter/ NFI and other clusters to address the dire conditions in which displaced families live by ensuring that the sites they live in are safer, more habitable and better organized. This multi-cluster approach aims to prevent fires and violence, and put people at lesser risk of contracting communicable or water-borne diseases including COVID-19. The cluster will also address critical risks such as evictions, flooding and critical service gaps through the CCCM Cluster's Referral and Escalation System. Furthermore, the cluster will address unmet safety and infrastructure gaps through maintenance and community-led projects in 756 sites and camp-like settings across Yemen. The implementation of the cluster response strategy will take a people-centred approach by mobilizing displaced families living on such sites as well as host communities to strengthen self-organization and community cohesion. In addition to supporting the formation of community committees, the cluster will ensure the participation of IDPs and host communities in site upkeep activities.

Response

The cluster aims to improve the condition of people in IDP hosting sites, contributing to the reduction of infectious disease prevalence and prevention of

famine and malnutrition, while ensuring a protective environment for vulnerable displaced populations.

The CCCM response is centered around three cluster objectives: 1) strengthening safe access to multi-sectorial services at the site level through improved site supervision and coordination, 2) strengthening community self-organization and community cohesion, and 3) establishing access to information for displaced populations.

Cluster partners will target the most vulnerable IDPs with the most severe needs (severity rankings four and five), including 212,476 men, 192,768 women, 229,464 boys and 217,172 girls.

The CCCM approach is guided by analysis of the severity of needs of displaced populations in Yemen. While conducting needs assessments for IDPs in hosting sites has been problematic due to access constraints, last year CCCM cluster partners were able to collect site-level information for 892 sites, covering 74 per cent of the site population. In 2021, if necessary permits are granted by authorities for assessments, the CCCM Cluster plans to expand its reach and capacity to conduct data collection to all accessible locations in the country, thus enhancing the evidence base and reliability of information.

The CCCM Cluster has integrated COVID-19 mitigation measures into response planning. Cluster activities in 2021 will incorporate measures to suppress the spread of COVID-19 and to account for the non-health impacts of the pandemic.



AL-DHALE'E, YEMEN

IDP site in Al-Dhale'e Governorate, 23 February 2020.

Photo: OCHA/Mahmoud Fadel.

CCCM Contributions to HRP Strategic Objectives

The cluster aims to ensure a protective environment for IDP populations through continued implementation of site and area-based supervision and coordination. With this approach, the most vulnerable populations who resorted to living in unsafe sites and camp-like settings will have both access to public services and humanitarian response and will be protected from discrimination because of their displacement or other status. This includes vulnerable and marginalized groups, such as the Muhamasheen, who are most prone to stigmatization and socioeconomic exclusion. Site supervision and coordination will also include multi-sectoral profiling of needs and vulnerabilities, service delivery monitoring, identification of gaps at site and area levels, referral of gaps to partners, institutional capacity building on site management guidelines and adherence to humanitarian principles and standards.

Implementation of community mobilization and participation in programming will also contribute

to enhancing protection environments. This programming will facilitate the development of community structures that have a liaison role between IDPs living on sites and authorities/humanitarian partners, safeguard common facilities and alert relevant stakeholders of health and safety concerns. The cluster will prioritize community incentive modalities for maintenance activities to strengthen community ownership and resilience. A community-led approach will also aim to improve relationships and cohesion between IDPs and host communities through coordination meetings involving community representatives of the displaced and host communities, and implementation of community projects that aim to improve infrastructure and reduce site and surroundings risks. The cluster will continue working with the Yemen Gender Network and the Inclusion Taskforce to improve the intersectional participation of the most at-risk populations in IDP hosting sites (mainly women, children, older people, people with disabilities, people with specific needs and marginalized populations).

Site improvements and maintenance that respond to unmet critical gaps in infrastructure will enhance protection for IDPs in sites. The majority of hosting sites require major improvements to reach adequate standards and more than a third of IDP sites are at risk of recurrent flooding, which can destroy IDP's limited assets and can be fatal. The cluster will also improve facilities and access to services for people with specific needs and those who require special assistance.

The cluster will collaborate with Protection, Shelter and other relevant clusters and stakeholders to provide technical support for disputes regarding housing, land and natural resources. Such disputes generally remain unresolved in IDP hosting sites and often undermine people's access to basic needs including shelter, water and food and expose them to eviction or threats of eviction. Land ownership issues affect 86 per cent of people living in sites without verbal or written tenancy agreements. Multi-sectoral engagement, including through the tri-cluster approach with Protection and Shelter clusters, aims to ensure that housing and land tenure challenges are identified and addressed including through advocacy. Housing, land and property solutions will also facilitate infrastructure improvements particularly in sites that lack minimum facilities and are highly prone to flooding. Due to the nature of CCCM programmes, collaboration with affected communities and authorities at all levels is critical for cluster implementation. The cluster has identified measures to enable and institutionalize effective collaboration structures, which require resources and capacity support.

Cost of Response

For 2021, the cluster revised its costing guidance which is based on the CCCM minimum activities. After activity-based costing consultations with partners and the CCCM Strategic Advisory Group, the cluster has developed a total budget of \$61.34 million required to meet the acute needs of 852,000 people in 1,561 sites and camp-like settings across Yemen.

Due to the informal nature of sites in Yemen, a high proportion of sites are located in remote areas and/or near active hostilities. Therefore, and to best utilize limited resources, the cluster will target 21 districts (in five governorates) with the highest concentrations of IDPs in reachable hosting sites. The main cost drivers will remain human resources that form the CCCM teams that monitor sites regularly and coordinate multi-sectoral response with humanitarian partners as well as critical infrastructure maintenance to enhance safety and dignified access to common facilities.

Monitoring

The CCCM Cluster will continue to monitor the activities of partners based on a set of agreed indicators and through regular reporting in the cluster's ActivityInfo database. The database includes an eviction tracker which regularly reports on and monitors active eviction threats. The CCCM Site Report will be regularized in 2021 as a monitoring tool that is updated on a bi-monthly basis and available publicly to service providers and stakeholders. In addition, the CCCM Referral and Escalation System will involve different layers of coordination including at the area, sub-national, and national levels to escalate gaps that CCCM partners could not resolve at the site level. These tools form a monitoring system that was developed with inter-cluster participation. This monitoring system will have different mechanisms of verification through direct site presence and feedback mechanisms, coordination structures and sectoral partners.

Given that CCCM activities require systematic site presence, communities are trained on the role of CCCM teams and their relationships and responsibilities toward the people they serve. Community engagement and participation is a core element of CCCM's implementation and accountability standards.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|--|---|-------------|----------|
| Strategic Objective 3 | Protecting and assisting civilians | | | 1.2 million | 852,000 |
| Specific Objective 3.3 | Provide safe, dignified and meaningful access to life-saving and quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021 | | | 1.2 million | 852,000 |
| Cluster Objective 3.1.1 | Strengthen safe access to multi sectorial services at site level through improved site supervision and coordination | CCCM structures in IDP sites will be established, supported, and coordinated in order to facilitate access to basic services to the most vulnerable people in IDP hosting sites. Through site area-based monitoring, major gaps in response will be escalated through the CCCM Referral and Escalation System. The Cluster will work with other sectors to mobilize response accordingly. For critical infrastructure and safety gaps that other sectors cannot respond to, the CCCM will implement last-resort upkeep and community-led projects to address these gaps. | Number of IDPs living in managed and supervised sites | 1.2 million | 851,880 |
| | | | Number of people whose needs and vulnerabilities are assessed through service monitoring systems | 1.2 million | 851,880 |
| | | | Number of sites receiving maintenance to address critical safety and infrastructural gaps | 1,589 | 756 |
| Cluster Objective 3.1.2 | Strengthen community self-organization and community cohesion | The cluster will support and train inclusive community structures who will be essential in site organization and community mobilization. For maintenance and community-led projects, the cluster will prioritize cash for work and incentive modalities to strengthen community's ownership and resilience. | Number of members of the community self-organizing committees in IDP sites | 3,407 | 2,435 |
| | | | Percentage of site maintenance projects that are implemented through cash for work and community incentive modalities | 100% | 80% |
| Cluster Objective 3.1.3 | Establish access to information and feedback and complaint mechanisms for displaced populations | The cluster will conduct information campaigns in the sites to raise community's awareness about the services available to them. CCCM will work closely with other clusters to support the spread of key messages among site populations, particularly on infectious disease prevention, fire safety, and preparedness to natural disasters. The cluster will establish and maintain complaint and feedback mechanisms that are accessible to all site residents and are regularly collected, analyzed and referred for action. | Number of site residents receiving information about available services and relevant issues | 1,192,424 | 851,880 |
| | | | Percentage of complaint or feedback investigated, resolved or escalated (i.e. Referral and Escalation System) and results fed back to the complainant within agreed timeframe | 100% | 80% |

3.9

Refugees and Migrants Multi-Sector (RMMS)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 275K | 275K | \$59M | 12 | 72K | 39K | 22K |

Objectives

In 2021, the RMMS will work with 12 partners to oversee humanitarian responses for migrants, refugees and asylum-seekers arriving at, transiting through and settling in Yemen. The intended outcome is to ensure that migrants, refugees and asylum-seekers have reduced protection risks in Yemen and have access, where possible, to sustained support to enhance safety, well-being and dignity.

Response

In 2021, RMMS partners will contribute to ensuring a protective environment by addressing the multiplicity of threats, risks, vulnerabilities and overall needs of migrants, asylum-seekers and refugees in Yemen, through a multi-sector approach.

The response is centred on two cluster objectives:

- 1) providing multi-sector life-saving assistance and specialised protection services to vulnerable refugees, asylum-seekers and migrants, and 2) facilitating solutions for migrants and refugees to address risks and promote self-reliance, community cohesion and resilience to shocks and support voluntary return. Because of the multi-sector nature of RMMS, the response contributes to the three HRP strategic objectives.

The RMMS targeting approach is guided by an analysis of refugee and migrant severity of needs in accordance with categorization against key access and availability indicators. RMMS target

reach is based on an analysis of high severity areas, mobility patterns and protection trends that provide a mechanism for identification of priorities. Furthermore, the RMMS target reach is based on a comprehensive capacity and resource understanding of actors engaged in the sector. RMMS partners will prioritize response to refugees and migrants in areas with severe to catastrophic needs (severity rankings three to five). District level targeting of migrants, refugees and asylum-seekers is difficult to ascertain due to the high mobility patterns of the population concerned. The main governorates of focus, owing to trends from 2020, and severity of risks, needs and capacities will be Sa'dah, Sana'a, Lahj, Aden, Hadramawt, Shabwah and Ma'rib. This will not be to the neglect of other locations where needs may become acute and RMMS will mobilise capacity in a coordinated manner as needs arise. Severity is based on locations through which population migrates, where the highest protection risks have been observed.

The impact of COVID-19 has been considered in the RMMS response by analyzing impact on migrants, refugees and asylum-seekers in terms of protection risks such as discrimination, stigmatization, increased arrest, forced transfers and challenges in accessing services. Also, partners' work modalities continue to be adjusted in line with prevention measures.

The RMMS will deliver a multi-sector response aimed at reducing morbidity, improving food security and



AL-DHALE'E, YEMEN

IDP site in Al-Dhale'e Governorate, Yemen, 23 February 2020. Photo: OCHA/Mahmoud Fadel.

reducing protection risks across the key objectives and corresponding activities. RMMS partners will aim to meet the core/ basic needs of individuals newly arrived, in transit and settled, along migratory routes, urban centres where the main density of the targeted population lives and in the Kharaz refugee camp. The RMMS also aims to address protection risks and threats through the provision of protection specialised services and advocacy and engagement with duty bearers and other key stakeholders. Migrants, refugees and asylum-seekers are reliant on humanitarian actors to provide all their basic needs owing to ongoing barriers to accessing national support systems and services. Specific activities will include provision of food, water, non-food items, cash support, shelter, health care, legal support, counselling, psychological support, civil documentation, information on access to services, registration and determination of refugee status, referrals and attention for unaccompanied and separated children, victims of trafficking, survivors of gender-based violence and other extremely vulnerable people through a case management approach.

RMMS partners will aim to ensure long-term solutions and social cohesion for refugees, migrants and asylum-seekers. Refugees and asylum-seekers will benefit from activities such as provision of education, community empowerment and self-reliance support through community mobilization activities and livelihoods opportunities. Voluntary return through the assisted spontaneous return programme for Somali refugees is also intended to facilitate solutions for refugees. Migrants face different circumstances in Yemen to refugees and asylum-seekers; for them, the only durable solution on offer is facilitated safe, voluntary return to countries of origin and onward resettlement and reintegration. Collaboration with several actors including duty bearers and relevant authorities is essential to achieve the sector's objectives. Capacity building and advocacy with the duty bearers will continue in 2021.

The activities described above will be delivered through multiple modalities to address risks and meet needs. This includes direct service provision through dedicated facilities such as health clinics, mobile response delivery and provision of in-kind and cash

assistance. Key delivery actors include lead service delivery United Nations agencies (IOM and UNHCR) and implementing partners (INGOs and NNGOs). A multi-sector approach and lens is critical to meet the overlapping needs of the populations in need. An integral part of providing comprehensive assistance will include efforts to strengthen capacities and knowledge of existing partners and stakeholders. IOM and UNHCR will also work to ensure integration of migrant, refugee and asylum-seeker needs into the response of key clusters to maximize the response and align it further with an area-based approach. This will involve targeting and utilizing existing cluster interventions to enhance reach to migrants.

RMMS will ensure accountability to affected populations, gender sensitivity and the principle of “do no harm” are integrated into and across responses, partner engagement and monitoring. Each response actor is required to fulfil minimum conditions to meet these commitments. This includes ensuring affected people have access to timely information, are aware of responses and have opportunities to provide feedback through complaint and feedback mechanisms and community outreach and engagement. It also includes efforts to ensure participatory needs assessments and follow up are conducted on a regular basis, access permitting, and that activities involve staff training and capacity building on core protection principles and are carried out by staff appropriately composed to address needs of the affected population, taking into account gender balance, language skills and non-discrimination.

Without minimum humanitarian and protection assistance, migrants, refugees and asylum-seekers, the vast majority of whom fall under the category of extremely vulnerable, will face grave risks to their safety, well-being and dignity in Yemen. Limitations to assistance will expose these populations to communicable and infectious disease, malnutrition and concomitant preventable morbidity and mortality, physical safety risks including injury and death, arbitrary detention and mistreatment, and labour and sexual exploitation including child labour, sale and sex exchanges and begging.

Cost of Response

RMMS financial needs for 2021 are based on a sound costing methodology and comprehensive needs assessments conducted throughout the year in coordination with all relevant stakeholders. They are also influenced by the capacity of partners to respond assessments and develop needs-based budgets. RMMS will be requesting \$58.7 million based on the rationale that IOM, UNHCR and partners have a multi-sector response modality, and are the sole humanitarian actors providing direct service delivery support to migrants, asylum-seekers and refugees. This requires significant financial investment to ensure effective and adapted responses. The main cost drivers are correlated with high operational, transportation and production costs and fluctuation of prices in the market. Restrictions and delays on the entry of essential goods and medicines into Yemen's Red Sea ports also contribute to higher costs as Yemen is almost entirely reliant on imported food, medicines and fuel. Depreciation and volatility of the Yemeni riyal negatively impact the purchasing power of persons of concern and the humanitarian response as a whole.

IOM has developed a Regional Migration Response Plan with the same partners that will be supporting the delivery of the HRP. Coherence between the HRP and Regional Migration Response Plan is critical to ensure effective interventions that address the complex regional and Yemen-specific drivers of migration. For the refugee response the resulting needs-based budget for all planned activities will be implemented directly and through partnerships that UNHCR may implement in a given annual budget cycle, if all necessary funding has been received. The budget comprises the total resources required to implement the totality of interventions required to meet the needs of persons of concern, including direct assistance, human resources and operational costs.

Monitoring

IOM and UNHCR have in place a comprehensive framework for monitoring of activities and regularly develop with key agencies and partners internal monitoring tools to enable oversight of activities against planned targets, performance and utilization of funds.

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

Facilitating the participation of beneficiaries in monitoring is a critical part of the RMMS participatory approach. Participatory monitoring and post-distribution monitoring provide data directly from the beneficiaries targeted for interventions and can be used to validate data received from partners. At the same time, participatory monitoring can be used as a systematic feedback mechanism on interventions and programmes. Tools for participatory monitoring include one-to-one consultations, group interviews and focus group discussions.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|---|---|---------|----------|
| Strategic Objective 1 | Preventing disease outbreaks and reducing morbidity and mortality | | | 275,010 | 275,010 |
| Specific Objective 1.1 | Specific protection risk due to conflict disasters food insecurity and epidemics mitigated and addressed through the provision of quality and integrated protection and humanitarian services. Ensuring, attention to specific needs and prioritizing the most vulnerable including displaced persons. | | | 275,010 | 103,000 |
| Cluster Objective 1.1.1 | Provide multi-sector lifesaving assistance and specialized protection services to vulnerable refugees, asylum seekers and migrants | Provision of health assistance | Number of migrants, refugees and asylum-seekers supported with health care | 275,010 | 103,000 |
| Specific Objective 1.2 | Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11.6 million people including 3 million IDPs by end of 2021 | | | 275,010 | 21,600 |
| Cluster Objective 1.2.1 | Provide multi-sector lifesaving assistance and specialized protection services to vulnerable refugees, asylum seekers and migrants | Provision of WASH services including water and sanitization | Number of migrants, refugees and asylum-seekers benefitting from enhanced water and sanitation services | 275,010 | 21,600 |
| Strategic Objective 2 | Preventing famine, malnutrition and restoring livelihoods | | | 37,400 | 37,400 |
| Specific Objective 2.1 | Improve the food consumption status of vulnerable populations/ Decrease the proportion of populations facing IPC Phase 3 and above conditions. | | | 37,400 | 37,400 |
| Cluster Objective 2.1.1 | Provide multi-sector lifesaving assistance and specialized protection services to vulnerable refugees, asylum seekers and migrants | Provision of food in Kharaz camp and in migrants' settings | Number of migrants, refugees and asylum-seekers receiving food aid (in-kind) | 37,400 | 37,400 |
| Specific Objective 2.2 | Increase the resilience of vulnerable households to shocks by improving access to livelihood opportunities and increasing household incomes | | | 2,000 | 2,000 |
| Cluster Objective 2.2.1 | Facilitate solutions for migrants and refugees to address risks and promote resilience to shocks, self-reliance and community cohesion and support voluntary return | Provision of livelihood opportunities | Number of refugees and asylum-seekers enrolled in formal vocational training | 2,000 | 2,000 |

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|--|--|--|---------|----------|
| Strategic Objective 3 | Protecting and assisting civilians | | | 102,120 | 102,120 |
| Specific Objective 3.1 | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable women, men, boys and girls including IDPs and people with disabilities. | | | 102,120 | 102,120 |
| Cluster Objective 3.1.1 | Provide multi-sector lifesaving assistance and specialized protection services to vulnerable refugees, asylum seekers and migrants | Ensure registration, documentation and Refugee status determination | Number of refugees and asylum-seekers receiving identity documentation | 111,720 | 111,720 |
| | | Provision of legal assistance and detention monitoring | Number migrants, refugees and asylum-seekers receiving legal assistance | | |
| | | Provision of specialised protection services children and women at risk | Number of migrants, refugees and asylum-seekers receiving specialised protection service | | |
| | | Provision of cash assistance to the families in critical socio-economic situation and with specific needs | Number of migrants, refugees and asylum-seekers receiving cash grants | | |
| | | Provision of psychosocial support to the most vulnerable people including elderly and people with disabilities | Number of migrants, refugees and asylum-seekers with specific needs receiving psychosocial support | | |
| | | Support education enrollment | Number of refugee and asylum-seekers children enrolled in education programs | | |
| Cluster Objective 3.1.2 | Facilitate solutions for migrants and refugees to address risks and promote resilience to shocks, self-reliance and community cohesion and support voluntary return | Support assisted spontaneous return | Number of migrants and refugees supported with voluntary return | 9,360 | 9,360 |
| Specific Objective 3.2 | Human rights, inclusiveness, safety and dignity are promoted, and protection risks identified and addressed through protection monitoring, community-based mechanisms and humanitarian response. | | | 8,500 | 8,500 |
| Cluster Objective 3.2.1 | Facilitate solutions for migrants and refugees to address risks and promote resilience to shocks, self-reliance and community cohesion and support voluntary return | Strengthen community empowerment and social cohesion | Number of refugees and asylum-seekers involved in community network | 8,500 | 8,500 |
| Specific Objective 3.3 | Provide safe, dignified and meaningful access to live saving and quality humanitarian services ensuring public service strengthening to people in need ensuring prioritizing the most needed groups with due account to age, gender, disability, and social status by the end of 2021. | | | 48,000 | 48,000 |
| Cluster Objective 3.3.1 | Provide multi-sector lifesaving assistance and specialised protection services to vulnerable refugees, asylum seekers and migrants | Provision of shelter and essential NFIs | Number of migrants, refugees and asylum-seekers receiving core relief items | 48,000 | 48,000 |

3.10 Logistics



REQUIREMENTS (US\$)

\$51M

PARTNERS

99

Objectives

In 2021, the Logistics Cluster will work with 99 partners to provide logistics coordination and information management in order to maximize the use of available resources in country and avoid duplication of efforts within the humanitarian community.

The United Nations Humanitarian Air Service (UNHAS) will also work to ensure safe and reliable humanitarian air passenger transport to Yemen as well as uninterrupted delivery of life-saving relief items to the affected population. Through the facilitation of a range of logistics support and services, the cluster will enable humanitarian organizations to meet their programmatic objectives throughout Yemen.

Response

The Logistics Cluster will continue to provide coordination and information management services to enable an effective and efficient logistics response, acting as a liaison between humanitarian actors to promote regular consultations and logistical information sharing with and amongst humanitarian organizations. The Logistics Cluster will organize coordination meetings to address common logistics gaps, streamline activities, avoid duplication of efforts while ensuring the optimal use of resources. It will also maintain representation within key humanitarian decision-making forums, including within the Inter-Cluster Coordination Mechanism. The cluster will continue to produce and share information products with the humanitarian community including through

the maintenance of a dedicated mailing list and webpage, to facilitate operational decision-making amongst the humanitarian community.

Subject to available funding, common logistics services will be provided on a free-to-user basis. Humanitarian organizations' operational logistical gaps and needs will be addressed by – access permitting – facilitating cargo transport and storage, providing WFP-chartered sea asset(s) for stand-by capacity and providing air passenger transport through UNHAS.

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

UNHAS continues to represent the only regular and reliable common air service for the humanitarian community to Yemen. Air passenger transport services will continue to be run according to operational needs, along with provision of indispensable medical and emergency relocation capacity.

Facilitation of inland road transport from Aden, Bajil, Al Hodeidah and Sana'a cities to any accessible location in Yemen will continue, based on organizations' needs and requests.



SANAA, YEMEN

Medical supplies cargo in Sana'a International Airport, 17 June 2020. Photo: OCHA/Ahmed Haleem

The Logistics Cluster will continue to cover the costs for the Jeddah - Al Hodeidah leg of transport on behalf of humanitarian organizations, in recognition of the existing gap in containerized sea transport options serving Al Hodeidah seaport. It will also continue to coordinate WFP-chartered sea asset(s) standby capacity for the humanitarian community, in accordance with requests of the Yemen Security Management Team.

Temporary common storage capacity will continue to be made available to the humanitarian community across Aden, Bajil and Sana'a districts. Common storage capacity may be increased, reduced or established in new locations, based on humanitarian organizations' clearly identified gaps and needs. Temperature-controlled storage capacity will be increased during 2021 across key locations, as required. Mobile Storage Units (MSU) are available to humanitarian organizations for temporary loan, for increased storage capacity when and where needed.

Cost of Response

The great majority of the overall funding requirement is needed to ensure the provision of air passenger transport services provided through UNHAS. The main cost driver for this essential service consists of the aircraft charters along with landing and ground handling fees in Yemen. Furthermore, a fluctuating cost factor is represented by the volatile price of fuel.

The largest amount of the remaining funding requirement – dedicated to Logistics Cluster services – is represented by the sea asset(s) for stand-by capacity. Over recent years the Logistics Cluster's overall annual funding requirement has seen a sharp decrease. This positive contraction is the result of three main elements: 1) the gradual strengthening of commercial services availability and the consequent reduction of organizations' reliance on Logistics Cluster facilitated services; 2) the absence in 2021 of large ticket items such as procurement of highly technical logistics equipment or rehabilitation activities; and 3) the previous

close down of specific activities as well as the adoption of more cost efficient strategies and services within the cluster itself (for example, favouring sea cargo transport over air cargo transport for the regular supply chain). Despite the reduction in required funding, the Logistics Cluster continues to fill key persisting logistical gaps and will continue to focus on core services in support to the humanitarian community.

Monitoring

The Logistics Cluster carries out a mid-year and end-of-year user feedback survey amongst the organizations it supports to track quality and effectiveness. In addition to coordination meetings, which act as a platform for organizations to raise concerns and provide feedback, Gaps and Needs Analysis (GNA) are also carried out through consultations at both global and local levels with humanitarian organizations operating in Yemen.

Furthermore, common logistics services are recorded and monitored through the Relief Item Tracking Application (RITA), which provides users with key information regarding the status of items, stocks in

storage, modes of transport and expected arrival dates, and produces customised reports which are summarized in monthly operations overviews and published on the dedicated Logistics Cluster operation webpage.

Services provided through UNHAS are regularly monitored through diversified systems, which include but are not limited to the WFP Aviation Quality Assurance Unit project oversight, the UNHAS Quarterly Steering Committee Meetings and the UNHAS monthly User Group Meeting (UGM). The UGM is the entry platform for UNHAS access engagement which evaluates key elements such as the need to increase or decrease flight frequency and the opening of new locations. In addition, UNHAS will conduct a quarterly customer survey to evaluate possible gaps in service delivery and to calculate a service satisfaction rating.

Objectives, Indicators and Targets

| | OBJECTIVE | INDICATOR | TARGETED |
|---------------------------------|--|--|--------------|
| All Strategic Objectives | | | |
| All Specific Objectives | | | |
| Sectoral Objective | To maintain a platform for logistics information sharing and coordination. | Number of user feedback surveys conducted | 2 |
| | | Logistical Gaps and Needs Analysis conducted | 1 |
| Sectoral Objective | To facilitate common logistics services (including the storage and transport of cargo) to support humanitarian organizations operating in Yemen. | Percentage of ConOps cargo services requested and accepted, are fulfilled | 80 per cent |
| Sectoral Objective | To maintain a safe and reliable common air passenger transport service for humanitarian staff to travel to and from Yemen. | Number of passengers transported | 18,000 |
| | | Percentage of persons evacuated/relocated due to medical or emergency need | 100 per cent |
| | | Percentage of requests for light air cargo transportation fulfilled | 100 per cent |
| | | Number of user surveys conducted during 2021 | 4 |

3.11 Rapid Response Mechanism (RRM)



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS | WOMEN | CHILDREN | WITH DISABILITY |
|----------------|-----------------|---------------------|----------|-------|----------|-----------------|
| 672K | 672K | \$38M | 11 | 153K | 353K | 101K |

Objectives

In 2021, the RRM will work with 11 partners in 330 districts to provide immediate, life-saving emergency assistance to families who are newly displaced and in hard-to reach areas. The RRM is fully operational nationwide to meet the basic needs of newly displaced people by providing immediate ready-to-eat rations, basic hygiene kits and transit kits to families within the first 72 hours of their displacement. This assistance, which covers basic needs for five to seven days, it is followed by MPCA for the most vulnerable IDPs to cover basic needs and services for one month, allowing sufficient time for other clusters to respond.

Response

In 2021, the RRM aims to address the needs of newly displaced IDPs with urgent, life-saving assistance that mitigates protection, hunger and hygiene risks, ensuring a protective environment for this vulnerable population group.

The RRM aims to provide a minimum package of immediate and critical life-saving assistance for newly displaced households who are on the move due to conflict or natural disasters in collective sites, hard-to-reach areas or stranded on or near frontlines to prevent or mitigate protection risks for IDPs and minimize their vulnerabilities and needs. In-kind assistance is provided on a blanket basis to all newly displaced households and is followed by MPCA based on vulnerability to meet basic needs.

The RRM will continue working with the Protection Cluster to enhance the capacity of partners on the integration and mainstreaming of protection principles in their day-to-day work. The protection mitigation measures are already in place: the RRM has established protection desks to identify cases with protection concerns and refer them to the relevant service providers throughout the RRM enrollment/registration, verification and distribution process. Additionally, RRM conducted a training of the trainers workshop on safe RRM programming with the objective of enhancing technical capacity for protection mainstreaming in close coordination with the Protection Cluster for all RRM partners and RRM coordinators in each hub. A refresher training for technical capacity building is planned twice per year. The RRM assistance package content was also reviewed based on community feedback mechanism outcomes. In 2021, further improvement is necessary and contextualized and more effective community feedback mechanism tools will be factored to RRM operations, in coordination with the Community Engagement Working Group. RRM will prioritize the safety and dignity of the beneficiaries, adhere to "do no harm" principles and promote meaningful access to existing protection services including gender-based violence services.

UNFPA now applies an enrollment modality in areas with active front lines where the RRM partners take the lead in generating beneficiary lists of new IDPs instead of receiving lists from local authorities. The modality has proved to reduce the assistance delivery



AL JAWF, YEMEN

Sisters with their RRM kits in Al Jawf Governorate, 2020.

Photo: UNFPA/YARD

timeline, address inclusion and exclusion concerns, strengthen the engagement of active and broad networks on the ground, and improve the quality of information collected.

The RRM entails procurement, storage and pre-positioning of RRM supplies across the country, verification of new displacement alerts and triangulation through diverse information sources, mobilization of RRM within 72 hours in referred locations, enrollment of displaced families, distribution of the RRM package and disbursement of cash assistance to the most vulnerable families and referral to other clusters for further response.

The RRM defines newly displaced persons as families and/or individuals fleeing their habitual place of residence in the previous month due to conflict, natural hazards or a sudden deterioration of humanitarian situation. Based on new displacement alerts from local authorities, rapid displacement

tracking and information provided by CCCM partners and the RRM Key Informants Network, the RRM will target 672,459 newly displaced persons including people with disabilities with in-kind and cash assistance. The majority (403,475 IDPs) will be targeted with cash assistance. During enrollment and distribution, RRM teams have adapted new COVID-19 preventive measures in compliance with WHO standards and Inter-Agency Standing Committee guidelines to ensure the protection of beneficiaries by maintaining social distance and to foster awareness through sharing information, education and communication materials at the distribution points.

Cost of Response

In order to meet the basic needs of the anticipated 672,459 people who will be displaced in 2021 due to conflict or natural disasters, the RRM requires \$37,623,360 for emergency life-saving in-kind and cash assistance. The \$37.6 million will cover the cost of warehouses across Yemen to preposition

assistance in 300 districts, procure assistance such as transit kits, ready-to-eat food rations, hygiene kits, and cash assistance, and enable implementing partners to verify and register beneficiaries and distribute assistance. The RRM will use existing infrastructure, ensure quality with specialized agencies and increase speed of delivery while endeavouring to use resources efficiently. UNICEF and WFP supply hygiene kits and food rations, while the United Nations Common Cash System will be used to channel cash assistance. The RRM also works closely with other clusters and United Nations agencies to align partners on the ground.

Based on the above, partners will collect IDP data using harmonized household registration forms and will monitor displacement alerts from sources such as the Displacement Tracking Matrix and information provided by international NGOs, community-based organizations and local authorities, with information triangulated with relevant sources. Household data will be uploaded on the RRM online central database for further sharing with humanitarian stakeholders.

Monitoring

The RRM targets 672,459 newly displaced persons in 2021, who will be reached with RRM in-kind and multi-purpose cash assistance. Post-distribution monitoring will be conducted on RRM project implementation, impact and appropriateness and use of the assistance delivered.

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | IN NEED | TARGETED |
|--------------------------------|---|---|--|---------|----------|
| Strategic Objective 3 | Protecting and assisting civilians | | | 672,459 | 672,459 |
| Specific Objective 3.1 | Specific protection risks due to conflict disasters, food insecurity, and epidemics mitigated and addressed. Through to the provision of quality and integrated protection and humanitarian services. Ensuring, attention to specific needs and prioritizing the most vulnerable including displaced persons. | | | 672,459 | 672,459 |
| Cluster Objective 3.1.1 | Provide immediate live saving emergency assistance to families who are newly displaced because of armed conflict or natural disasters and in hard-to-reach areas | Provision of the emergency RRM kits to newly displaced families | Number of RRM kits distributed to the newly displaced families | 672,459 | 672,459 |
| | | Provision of MPCA to the newly displaced families | Number of families received multi-purpose cash assistance | 403,475 | 403,475 |

3.12 Coordination



| REQUIREMENTS (US\$) | PARTNERS |
|---------------------|----------|
| \$38M | 109 |

Objectives

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

Response

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

Regular information management products and analysis including in the form of reports, datasets, dashboards, snapshots and bulletins will inform decision-making across the response.

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

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



AMRAN, YEMEN

Khamir IDP settlement in Amran Governorate, 14 April 2017.
Photo: OCHA/Giles Clarke.

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

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

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

Cost of Response

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

Monitoring

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

Objectives, Indicators and Targets

| | OBJECTIVE | SECTOR APPROACH | INDICATOR | TARGETED |
|---------------------------------|---|---|---|-------------|
| All Strategic Objectives | | | | |
| All Specific Objectives | | | | |
| Sectoral Objective | Promote a coordinated, accountable, inclusive and effective humanitarian response | <p>Provide humanitarian actors with coordination support, including through the inter-agency and inter-cluster coordination mechanisms</p> <p>Promote the consideration of protection, gender and other concerns in general humanitarian coordination mechanisms and specific working groups</p> | Number of meetings conducted by formalized multi-agency coordination fora to facilitate a coordinated, accountable, inclusive and effective humanitarian response | 300 |
| Sectoral Objective | Support evidence-based and informed decision-making, planning and action | <p>Provide information management support, including data and regular information products and analysis</p> <p>Support coordinated needs assessments</p> | Number of information management products developed and disseminated. These are to include information products covering country and hub-level organization presence, COVID-19, access, humanitarian updates, response gaps and maps. | 700 |
| Sectoral Objective | Enhance operational impact and humanitarian access of humanitarian organizations operating in Yemen | <p>Provide evidence-base on the access and operating environment and associated key constraints,</p> <p>Provide technical and strategic advice to the humanitarian leadership and humanitarian organizations,</p> <p>Support coordination via chairing the Humanitarian Access Working Group or at other coordination mechanisms to ensure coherent and strategic operational approaches,</p> <p>Provide targeted advocacy and operational support to expand humanitarian access,</p> <p>Provide support on civil-military coordination and contact with the parties to the conflict to ensure safe and principled humanitarian response.</p> | Percentage of districts identified as regularly accessible as per the Hard-to-Reach Access Monitoring and Classification Framework | 40 per cent |
| Sectoral Objective | Channel resources to humanitarian partners to respond to people in need by mobilizing funding. | <p>Provide resources to humanitarian partners through the Yemen Humanitarian Fund</p> <p>Track contributions to the humanitarian operation</p> | Percentage amount of Yemen Humanitarian Fund funding going to frontline NGO partners | 60 per cent |

3.13

Emergency Telecommunications Cluster (ETC)



| REQUIREMENTS (US\$) | PARTNERS |
|---------------------|-----------|
| \$3.3M | 41 |

Objectives

In 2021, ETC will support the Yemen humanitarian operation by providing emergency telecommunications services to partner organizations in common hubs throughout the country, including through the provision of secure connectivity, HelpDesk rapid user response and capacity building of information technology infrastructure and personnel.

Response

Since its activation in 2015, the ETC has provided common telecommunications and data connectivity services to the humanitarian community responding to the crisis in Yemen. In 2021, the cluster will sustain levels of support in line with expanded ETC service provision, which was scaled up in 2019 to ensure response to increased demand.

Building on achievements in 2020, this year around 2,500 humanitarians from 41 humanitarian organizations will have access to ETC services provided from 12 ETC sites and security operation centres, as well as eight United Nations Department of Safety and Security-managed radio rooms across the country in Sana'a, Al Hodeidah, Ibb, Sa'dah, Aden, Al Mokha, Al Mukalla and Tur Al Bahah and Ma'rib cities. A dedicated ETC HelpDesk based in Sana'a will receive and resolve incidents reported by members of the humanitarian community.

In 2021, following feedback from the cluster's December 2020 user satisfaction survey, the ETC will prioritize enhancing existing service provision with an emphasis on improved internet connectivity, reducing costs of

service provision without compromising service quality, expanding services, building the local capacity of information technology staff and providing services to local communities where possible and in compliance with grant conditions and local regulations. The opening of two new ETC sites in Ma'rib and Hajjah are in progress and will be activated after the deployment of internet service in those sites. The cluster will work to improve user satisfaction, building on an overall user satisfaction rate of 91 per cent as determined by the December 2020 user feedback survey, and plans to undertake a technical assessment of ETC site infrastructure and service provision.

The ETC will focus on maintaining the 11 existing ETC sites and opening new sites according to operational needs, providing learning opportunities to build the information technology capacity of partner organizations, and providing services such as internet, solar charging and training for communities and affected populations based on their needs and in compliance with requirements.

Cost of Response

The ETC budget requirement includes connectivity service, staffing, projected community services, supplies and equipment and capacity building. The majority of the budget is allocated to satellite communication, which is commissioned either from local or overseas suppliers due to lack of local infrastructure. To reduce connectivity costs in 2021, the cluster will consider alternate means of reliable communications available in the local market that do not compromise the quality and

security of the service. In addition, the cluster will invest in building the local capacity of national staff so that local expertise is strengthened, and resources are used more efficiently.

Monitoring

The ETC will implement three monitoring tools to assess ETC performance in 2021: a user feedback survey, a helpdesk analysis and an infrastructure assessment. The user feedback survey, conducted annually in December, assesses the quality of ETC service provision with a focus on internet connectivity, security telecommunications and helpdesk services in the common areas where the ETC operates. The survey seeks responders' feedback on the quality of coordination and the usefulness of information management products. The results of the survey enable the ETC to assess its performance against agreed targets and identify areas of improvement in line with evolving needs on the ground.

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

The monitoring plan enables review of the ETC's key performance indicators including 1) number of common operational areas covered by security telecommunication and data communications services (monthly); 2) number of humanitarian staff using ETC services (monthly); 3) percentage of users reporting delivery of the service as "satisfactory" and within a "satisfactory" timeframe (annual); 4) number of humanitarian staff trained (annual); and 5) number of people who used the service (quarterly).

Objectives, Indicators and Targets

| | OBJECTIVE | INDICATOR | TARGETED |
|---------------------------------|--|--|---|
| All Strategic Objectives | | | |
| All Specific Objectives | | | |
| Sectoral Objective | Provide emergency telecommunications services to Humanitarian partners in common hubs throughout the country | Maintenance of the existing 11 ETC sites and opening of new sites in response to Humanitarian Operations needs | 39 partners |
| Sectoral Objective | Build the information technology technical capacity of the Humanitarian partners | Provision of learning opportunities to partner organizations | 41 partner organizations, 72 information technology staff |
| Sectoral Objective | Provide information technology service to humanitarian community and affected population | Provision of services e.g. internet, solar charging, and training, based on needs | 2,500 humanitarians |

Part 4:

Annexes

MARIB, YEMEN

A girl in a desert IDP settlement in Ma'rib Governorate, December 2020.

Photo: OCHA/Giles Clarke.



4.1

What if We Fail to Respond?

The country will descend into famine. When funding for the aid operation drastically reduced in 2020, the risk of famine returned to Yemen. The December 2020 IPC report projects that 16.2 million people – more than half the country – will go hungry this year (IPC Phase 3 and above) with 47,000 people projected to experience famine-like conditions (IPC Phase 5) in the first half of 2021 even if current levels of assistance are maintained. Without assistance, the number of people, especially children, experiencing acute food insecurity and facing famine will soar. More than 320,000 cases of children suffering from severe and about 1,000,000 cases of moderate acute malnourished children will not receive life-saving treatment. An additional 2.8 million children will not receive micronutrient powders and 4 million children will not receive Vitamin A supplementation, drastically increasing their vulnerability to malnutrition.

More women, men, girls and boys will face death, injury or displacement due to conflict. Active ground hostilities, shelling, air strikes, landmines and explosive remnants of war will cause more civilian deaths and injuries and compel more civilians to flee in search of safety. Exposure to conflict will cause long-term physical and psychological harm. The vulnerability of IDPs and other populations in severe need will increase as a result of reductions to specialized protection, health, CCCM, shelter, nutrition, WASH, education and other services. More than 500,000 vulnerable displaced Yemenis will lose access to shelter, exposing them and their families to increased protection risks, and will not receive immediate and life-saving assistance such as hygiene kits and clean water. More than 100,000 vulnerable displaced Yemenis will not have access to critical assistance and protection services such as legal assistance, psychosocial support, prevention and response to gender-based

violence, child protection, and referral of people with specific needs to specialized services. More than 135,000 refugees and asylum-seekers will lose access to regular food, health and education services. Migrants, asylum-seekers and refugees rely entirely on humanitarian assistance and without support, numbers of deaths will increase and their health conditions will drastically deteriorate, their socio-economic situation will be affected leading to harmful coping mechanisms and high risks of exploitation and abuse.

Disease outbreaks, morbidity and mortality will rise. Water and sanitation services will be cut for millions of people who will no longer have regular access to clean drinking water. Millions of Yemenis will be at heightened risk of dying of cholera and other water-borne disease. The risk of multiple deadly disease outbreaks, including cholera, measles, COVID-19 and dengue will increase. Testing and treatment for COVID-19 will be constrained even further, enabling the virus to spread around the country and affect more people, including those already vulnerable to hunger, malnutrition and other infectious diseases. More than 2.5 million people and nearly 150 health facilities will lose support provided by the minimum service package. Incentive payments for 4,000 health workers will be suspended. WHO will be unable to distribute fuel to 206 health facilities across the country, which will lead to the stoppage of life-saving services such as emergency rooms and intensive care units, including COVID-19 intensive care units, affecting 9 million people. As many as 1.3 million children under the age of five will not be reached with life-saving preventive and curative child health services. More people will become sick and die of preventable diseases without access to treatment. Preparedness, surveillance and prepositioning of supplies for response to disease outbreaks, including COVID-19, will stop. This

will contribute to increased prevalence of acute malnutrition and associated mortality levels that may hit both emergency and famine thresholds.

Women and girls will suffer disproportionately.

Without funding, reproductive health support will stop. This will immediately increase the probability that morbidity and mortality rates among the country's most vulnerable women and girls will reach emergency levels and thousands of women will develop obstetric complications due to maternal-health-related causes. Seventeen hospitals in Yemen will not be able to provide maternal health services, affecting up to 100,000 people. Lives of 5.2 million women of childbearing age will be in grave danger and as many as 3,000 women could die because of complications during childbirth. Safe spaces for survivors of sexual violence and

gender-based violence will be closed and hundreds of thousands of women and girls will no longer have access to the specialised services they require. More than a million of the most vulnerable women will lose access to gender-based violence and mental health services, increasing their risk to life-threatening violence and exploitative practices for survival. The Monitoring and Reporting Mechanism on grave violations of children's rights, which is the only timely, objective, accurate and reliable information pertaining to grave violations committed against children in conflict available in the country, will be suspended.

LAHJ, YEMEN

Asma came to receive WFP food assistance at a distribution site in Lahj Governorate, 10 September 2020.
Photo: WFP/Mahmoud Fadel.



4.2

How to Contribute

Contribute to the country's Humanitarian Response Plan

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

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

Contribute through the Central Emergency Response Fund (CERF)

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

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

Contribute through the Yemen Humanitarian Fund

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

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

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

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

Report contributions through the Financial Tracking Service

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

<https://fts.unocha.org>

4.3 Acronyms

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

4.4 End Notes

- 1 The enhanced Humanitarian Programme Cycle approach was developed through an extensive consultation process, which began in late 2017 and early 2018 to review the main achievements and constraints to Humanitarian Programme Cycle processes and products, including timing, relevance and quality. The enhanced approach was endorsed by the Inter-Agency Standing Committee in 2019.
- 2 The main objective of the JIAF is to provide country teams and humanitarian partners with a common framework, tools and methods to conduct intersectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring. The JIAF offers a methodological approach and a structured sense-making process to support regular joint needs analysis. For more information, visit <https://reliefweb.int/sites/reliefweb.int/files/resources/JIAF%20Guidance.pdf>
- 3 The analysis relies on the JIAF severity scale, which ranks needs as follows: one, none/minimal; two, stress; three, severe; four, extreme; and five, catastrophic. Further information on the severity scale can be found here: <https://reliefweb.int/sites/reliefweb.int/files/resources/JIAF%20Guidance.pdf>
- 4 The Mumahsheen are a marginalized group in Yemen, constituting about 10 per cent of the population. More information on the group is available in this document, in the section entitled “People Prioritized for Response”.
- 5 For more information, see Methodology, 2021 Humanitarian Needs Overview. Critical indicators are based on IPC analysis outcomes, water and vector-borne disease prevalence, and civilian casualty rates.
- 6 The World Bank through its International Development Association mechanism provided over \$1.77 billion from 2017 to 2020 and an additional \$300 million in 2020.
- 7 The Inter-Agency Standing Committee Gender with Age Marker (GAM) looks at the extent to which essential programming actions address gender- and age-related differences in humanitarian response. For more information, see “IASC GAM Information Sheet 2018,” available at <https://interagencystandingcommittee.org/system/files/iasc-gam-information-sheet.pdf>
- 8 For more information on the Inter-Agency Standing Committee Policy (and Accountability Framework) on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, 2017, see <https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-policy-and-accountability-framework-gender>.
- 9 For a comprehensive report on achievements and challenges of the last HRP in Yemen, see the “2019 Yemen Humanitarian Response Plan End of Year Report,” June 2020, available at https://reliefweb.int/sites/reliefweb.int/files/resources/YHRP_2019_End%20of%20year%20report.pdf
- 10 “Assessing the Impact of War on Development in Yemen,” 22 April 2019. An independent report commissioned by the United Nations Development Programme (UNDP) in Yemen, available at <https://www.ye.undp.org/content/yemen/en/home/library/assessing-the-impact-of-war-on-development-in-yemen.html>.
- 11 Civilian Impact Monitoring Project data is collected via systematic, open-source data on all incidents of armed violence. Data is filtered to evaluate incidents with possible civilian impact and those incidents are then further researched and cross-referenced via multiple sources and graduated based on level of credibility. Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>.
- 12 Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>.
- 13 Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict. Updated 30 November 2020. These figures only include independently recorded and verified figures; the true numbers are almost certainly higher.
- 14 Twenty mass casualty incidents killed more than 10 people in a single incident in 2020. Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>
- 15 2021 Population Baseline, Population Task-force.
- 16 UNHCR, 2021.
- 17 The RRM projects this figure in its chapter in this HRP.
- 18 Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>.
- 19 For more information, see the IPC Yemen Acute Food Insecurity analysis <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/?iso3=YEM>.
- 20 For more information, see the IPC Yemen Acute Malnutrition analysis <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1153006/?iso3=YEM>.

- 21 UNICEF. For more information, see <https://www.unicef.org/yemen/>.
- 22 2021 Yemen Humanitarian Needs Overview.
- 23 Nutrition Cluster, 2020 End of Year reporting.
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- 25 2021 Yemen Humanitarian Needs Overview.
- 26 "Assessing the Impact of War on Development in Yemen," 22 April 2019. An independent report commissioned by the United Nations Development Programme (UNDP) in Yemen, available at <https://www.ye.undp.org/content/yemen/en/home/library/assessing-the-impact-of-war-on-development-in-yemen.html>.
- 27 Each strategic objective is linked to corresponding specific objectives, which correspond to cluster objectives. Strategic objective targets are based on specific objective and cluster objective targets. To avoid double-counting, strategic objective targets are informed by the highest specific objective target.
- 28 Level Three Responses are activated in the most complex and challenging humanitarian emergencies, when the highest level of mobilization is required, across the humanitarian system, to ensure that the right capacities and systems are place to effectively meet needs.
- 29 See 2019 Yemen Humanitarian Response Plan End of Year Report: https://reliefweb.int/sites/reliefweb.int/files/resources/YHRP_2019_End%20of%20year%20report.pdf.
- 30 Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>
- 31 Civilian Impact Monitoring Project, 2020 Annual Report, February 2021 available at <https://civilianimpactmonitoring.org/onewebmedia/2020%20CIMP%20Annual%20Report.pdf>
- 32 UNFPA Yemen Response: Mental Health and Psychosocial Support - Update: January - September 2020 available at <https://reliefweb.int/report/yemen/unfpa-yemen-response-mental-health-and-psychosocial-support-update-january-september#:~:text=In%20Yemen%2C%20an%20estimated%20one,nearly%20six%20years%20of%20conflict>
- 33 The ratio of IDPs to host population totals 13 per cent. 2021 Population Baseline, OCHA Yemen.
- 34 CCCM Cluster, 2021 Yemen Humanitarian Needs Overview.
- 35 For more information, see the IPC Yemen Acute Food Insecurity analysis <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/?iso3=YEM> and the IPC Yemen Acute Malnutrition analysis <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1153006/?iso3=YEM>.
- 36 A total of 55 per cent of households lack soap, and 80 per cent of households do not treat water at home due to lack of supplies. WASH Cluster, 2021 Yemen Humanitarian Needs Overview.
- 37 Shelter/NFI Cluster, 2021 Yemen Humanitarian Needs Overview.
- 38 For more information, see World Health Organization Situation Report December 2020 Issue No. 12, Yemen Update, available at https://reliefweb.int/sites/reliefweb.int/files/resources/WHO%20December%20Situation%20Report_28.01.2021.pdf.
- 39 WASH Cluster, 2021 Yemen Humanitarian Needs Overview.
- 40 Infectious disease (45 per cent) and water contamination (34 per cent) are the highest reported threats reported in IDP sites. WASH Cluster, 2021 Yemen Humanitarian Needs Overview.
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- 42 UNHCR Operational Update, 10 September 2020, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen%20OPERATIONAL%20Update%20-10%20September%202020.pdf>.
- 43 WFP Market Vulnerability Analysis and Mapping (VAM) report, September 2020 available at <https://reliefweb.int/report/yemen/yemen-mvam-bulletin-no54-july-august-september-2020>.
- 44 UNHCR, 2021.
- 45 "CCCM Note on Evictions in IDP Hosting Sites," September 2020, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Evictions%20of%20IDP%20Hosting%20Sites%20-%20Contextual%20Brief.pdf>
- 46 Shelter Cluster, 2021 Yemen Humanitarian Needs Overview.
- 47 2021 Yemen Humanitarian Needs Overview.
- 48 Protection Cluster, 2021 Yemen Humanitarian Needs Overview.
- 49 According to the WASH cluster, 91 per cent of IDP sites lack adequate WASH conditions. WASH Cluster, 2021 Yemen Humanitarian Needs Overview.
- 50 "Protection Context for Migrants Passing Through Yemen," Merakai Labs, 2019, and RMMS migrant partner monitoring. For more information, see RMMS, 2021 Yemen Humanitarian Needs Overview.
- 51 Figure derived from general interviews, counselling and anecdotal information collected by RMMS partners. For more information, see RMMS, 2021 Yemen Humanitarian Needs Overview.
- 52 It is reported that over 80 per cent of the migrant caseload have more than one overlapping need including for access to food, water, and health support at all points of their journeys. Most of the 9,000 refugees and asylum-seekers' households assessed in 2020 have one or multiple specific needs including serious medical conditions (13 per cent) and disabilities (12 per cent). RMMS, 2021 Yemen Humanitarian Needs Overview.
- 53 Migrant registration exercise, October 2020. RMMS, 2021 Yemen Humanitarian Needs Overview.
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- 56 Danish Refugee Council and Yemen Protection Cluster, "For Us but Not Ours: Exclusion from Humanitarian Aid in Yemen" and The Historic and Aisha Al-Warraq, "The Historic and Systematic Marginalization of Yemen's Muhamasheen Community," Sana'a Centre for Strategic Studies, 4 June 2019, available at <https://sanaacenter.org/publications/analysis/7490>.
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- 60 "Excluded: Living with Disabilities in Yemen's Armed Conflict," 2019, Amnesty International: <https://www.amnesty.org/download/Documents/MDE3113832019ENGLISH.PDF>.
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- 64 "Excluded: Living with Disabilities in Yemen's Armed Conflict", Amnesty International, 2019, <https://www.amnesty.org/download/Documents/MDE/3113832019ENGLISH.PDF>
- 65 "From the Ground Up: Gender and Conflict Analysis in Yemen," Research Report, CARE, Inter-Agency Standing Committee Gender Standby Capacity Project and OXFAM, October 2016, available at https://reliefweb.int/sites/reliefweb.int/files/resources/rr-yemen-gender-conflict-analysis-201016-en_0.pdf.
- 66 Duty-bearers are those actors who under international law have a particular obligation or responsibility to respect, promote and realise human rights and to abstain from human rights violations. The term is commonly used to refer to state actors, but non-state actors can also be considered duty-bearers.
- 67 Hard-to-reach refers to areas where safe, sustained and principled humanitarian access for the delivery of assistance and services at a scale commensurate with the assessed needs were challenged by bureaucratic impediments, armed conflict and insecurity and logistical impediments.
- 68 Bureaucratic impediments included demands by the authorities for sensitive and protected information; attempts to restrict programmes or change project design; interfering in beneficiary targeting and registration; impeding needs assessments and monitoring; restricting or suspending programme delivery; obstructing movements; imposing levies on United Nations and NGO operations; interfering in the contracting of cargo transporters, office locations and warehouses; and interfering in tendering and procurement processes
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- 70 HelpAge International, International Youth Council – Yemen and Prodigy Systems, "Rapid Needs Assessment of Older People in Yemen," September 2019. Available at <http://iycy.org/ar/node/686>.
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- 73 "Strengthening Collaboration Across the Humanitarian, Development and Peace Nexus in Yemen," Options Paper, 2020 and "Exploring Peace Within the Humanitarian-Development-Peace Nexus (HDPN)" Inter-Agency Standing Committee Results Group 4 on Humanitarian- Development Collaboration, October 2020.
- 74 For more information on the Grand Bargain, please see "About the Grand Bargain," Inter-Agency Standing Committee, available at <https://interagencystandingcommittee.org/about-the-grand-bargain>.
- 75 The United Nations Common Cash System was launched in December 2018. Signatories include OCHA, UNICEF, UNHCR and WFP.
- 76 Additional details about MPCA in Yemen along with the detailed MPCA document supporting the HRP 2021 narrative and other work of the Yemen Cash and Markets Working Group are available at <https://www.humanitarianresponse.info/en/operations/yemen/cash-and-marketing>.
- 77 "HRP Costing Methodology Options," available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_costing_methodology_options.pdf
- 78 See Inter-Agency Standing Committee Operational Guidance on Data Responsibility in Humanitarian Action, 3 February 2021, available at <https://interagencystandingcommittee.org/operational-response/iasc-operational-guidance-data-responsibility-humanitarian-action>.
- 79 The 4W database is designed to provide key information regarding which organizations (Who) are carrying out which

- activities (What) in which locations (Where) in Which period (When). This information allows cluster coordinators and organizations to coordinate their activities effectively, reach their targets on a timely manner and ensure that humanitarian needs are met without gaps or duplication.
- 80 The seven areas tracked by the Technical Monitoring Group convened by the Government of Sweden with the participation of United Nations agencies and humanitarian partners are to 1) Avoid taxation of humanitarian aid through levies or any other form of tax; 2) Implement WFP biometrics and re-targeting pilot project and bring it to scale; 3) Approval of Principle Agreements avoiding clauses in breach of humanitarian principles; 4) Facilitate the timely approval of project sub agreements; 5) Allow unrestricted needs assessments so aid can be allocated based on needs without exclusion of marginalized populations; 6) Respect humanitarian actors' independence and accountability in managing donors' grants and; 7) Facilitate humanitarian staff entry into Yemen, operational movement across the country and monitoring.
- 81 Examples of cluster-specific mitigation measures highlighted are measures taken by the WASH, CCCM, Shelter/NFI clusters and the RRM.
- 82 The infographic highlights results of the HRP Accountabilities Survey September 2020. The survey found accountability constraints to be more pronounced in hard-to-reach areas and areas affected by conflict.
- 83 The infographic highlights inter-cluster mitigation measures identified as part of an Inter-Cluster Coordination Mechanism and Humanitarian Country Team analysis exercise in April 2020.
- 84 The monthly Health Cluster DHIS2 collects, analyses and reports data against 40 indicators from health facilities supported by partners. Reports are comprised of consultation and hospitalization data.
- 85 According to the WASH Cluster, in districts of high cholera priority, 62 per cent of households are without a safe water source. Only 48 per cent of households in cholera priority areas have access to improved sanitation, 2021 Yemen Humanitarian Needs Overview.
- 86 According to the WASH Cluster, open defecation has been observed in 88 per cent of all cholera prioritized districts.
- 87 Diarrhoeal disease is reported as a leading morbidity in Yemen, comprising 7 to 12 per cent of total reported morbidities, according to WHO's and the Ministry of Public Health and Population's Electronic Disease Early Warning System (eDEWS).
- 88 According to the WASH Cluster, 74 per cent of households in IPC Phase 4 and above areas report not having access to soap. A total of 75 per cent of households spend more than 30 minutes a day collecting water, and only 13 per cent treat water at home, 2021 Yemen Humanitarian Needs Overview.
- 89 A total of 30 per cent of sites are dependent on water trucking, according to CCCM Cluster Site Monitoring, 2020.
- 90 Sphere standards are a set of humanitarian standards in four technical areas of the response: Water supply, sanitation and hygiene promotion, food security and nutrition, shelter and settlement, and health. For more information, visit spherestandards.com.
- 91 Ministry of Education enrollment data and 2021 Population Baseline, OCHA Yemen
- 92 The Shelter/NFI Cluster has 45 active partners plus a network of 122 local organizations.
- 93 The 2021 Yemen Humanitarian Needs Overview determined that the humanitarian situation in Yemen is likely to worsen in 2021. In the first six months of 2021 a marked deterioration in quantitative and qualitative metrics of the conflict and civil unrest are predicted due to compounding, reinforcing, and overlapping geopolitical, security and monetary developments. Ongoing hostilities as well as the absence of a political settlement are projected to increase displacement and vulnerabilities and set the stage for a further deterioration of the situation.
- 94 In the rollout of the Shelter/NFI Cluster's #72hoursresponse, scarcity of stocks unfortunately did not allow a full response, leaving 67 per cent of needs uncovered and 51 per cent of needs for flood related incidents uncovered.
- 95 "WHO Housing and Health Guidelines," 23 November 2018, <https://www.who.int/publications/i/item/9789241550376>, and James Krieger, MD, MPH and Donna L. Higgins, PhD, "Housing and Health: Time Again for Public Health and Action," May 2002, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>.
- 96 The Shelter/NFI Cluster estimates that fuel shortages in 2020 contributed to an increase of 5 to 10 per cent, affecting the overall cluster budget.
- 97 Internationally procured items are obtained through the Shelter/NFI global stockpile and are comprised mainly of blankets and plastic sheeting, which are costly and not available from local market at the minimum standards required. The Shelter/NFI Cluster's overall budget is calculated with an active pipeline. The absence of such a pipeline will increase the overall cost by about 20 per cent.

**HUMANITARIAN
RESPONSE PLAN**
YEMEN

MARCH 2021