

HUMANITARIAN RESPONSE PLAN

YEMEN

HUMANITARIAN
PROGRAMME CYCLE
2024
ISSUED JANUARY 2024



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

Cover Photo: Adeeb shares a family lunch in their house at Al Jufainah IDP camp, Marib.
Photo: WFP/Sayed Asif Mahmud

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HADRAMAWT, YEMEN

Sahalah's family enjoys a lunch together at their house in the Al-Hassi area in Al-Mukalla, Hadramawt. WFP/Sayed Asif Mahmud

Foreword

After nine years of conflict, the needs in Yemen remain immense. As we enter 2024, over half of the country's population require humanitarian assistance and protection services. While a de facto continuation of the UN-brokered truce, which formally elapsed on 2 October 2022, provided some relief to civilians, the overall situation in Yemen remains dire. A political agreement, leading to sustainable peace, is the only long-term solution to the humanitarian crisis in Yemen.

In 2024, 18.2 million people need humanitarian assistance and protection services. 17.6 million people are facing food and nutrition insecurity. Yemen faces an alarmingly high malnutrition rate, with nearly half of all children under five suffering from moderate to severe stunting. 4.5 million people remain displaced, many of whom have experienced multiple displacements over several years.

Despite challenges, aid organizations reached an average of over 8.6 million people monthly in 2023. Insufficient funding and access constraints have led us to adapting our response. In 2024, regional conflict dynamics have introduced additional risks. The slight improvements in the humanitarian situation could easily be reversed if these risks are manifested and humanitarian assistance is further curtailed.

To build on the existing opportunities and mitigate mounting risks, the 2024 Humanitarian Response Plan (HRP) reflects a strengthened, targeted, prioritized, more risk-informed and bottom-up approach to programming in Yemen – in line with the continued implementation of the recommendations by the Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis. It is the result of extensive local-level and area-based consultations, including with affected people, and increased partnerships with authorities, humanitarian and development actors.

The HRP is more prioritized – targeting 11.2 million vulnerable individuals. It aims to enhance local prioritization and accountability. Integrated, multi-sectoral responses will address needs comprehensively and strengthen protection mechanisms against risks, including those posed by climate change. It further emphasizes collaboration with development partners to support livelihoods, basic services, and economic conditions for long-term solutions. Alignment with the UN Sustainable Development Cooperation Framework (UNSDCF) for Yemen 2022-2025 will foster integration and synergies between humanitarian and development efforts.

To fulfill these plans and provide humanitarian assistance and protection services to 11.2 million people, humanitarians are seeking US\$ 2.7 billion.

In 2024, Yemen has a unique potential to take a decisive step away from the humanitarian crisis that affected civilians have faced daily for over nine years. Doing so requires sustained immediate funding and while I am thankful to donors for their generosity over the years, I am appealing for their continued and urgent support. Funding must also go beyond humanitarian assistance. Fully funding the UNSDCF – estimated at US\$ 1.3 billion – should be a priority. Together we can continue to support the resilient people of Yemen take decisive steps towards resolving what remains one of the world's worst humanitarian crises.

Peter Hawkins

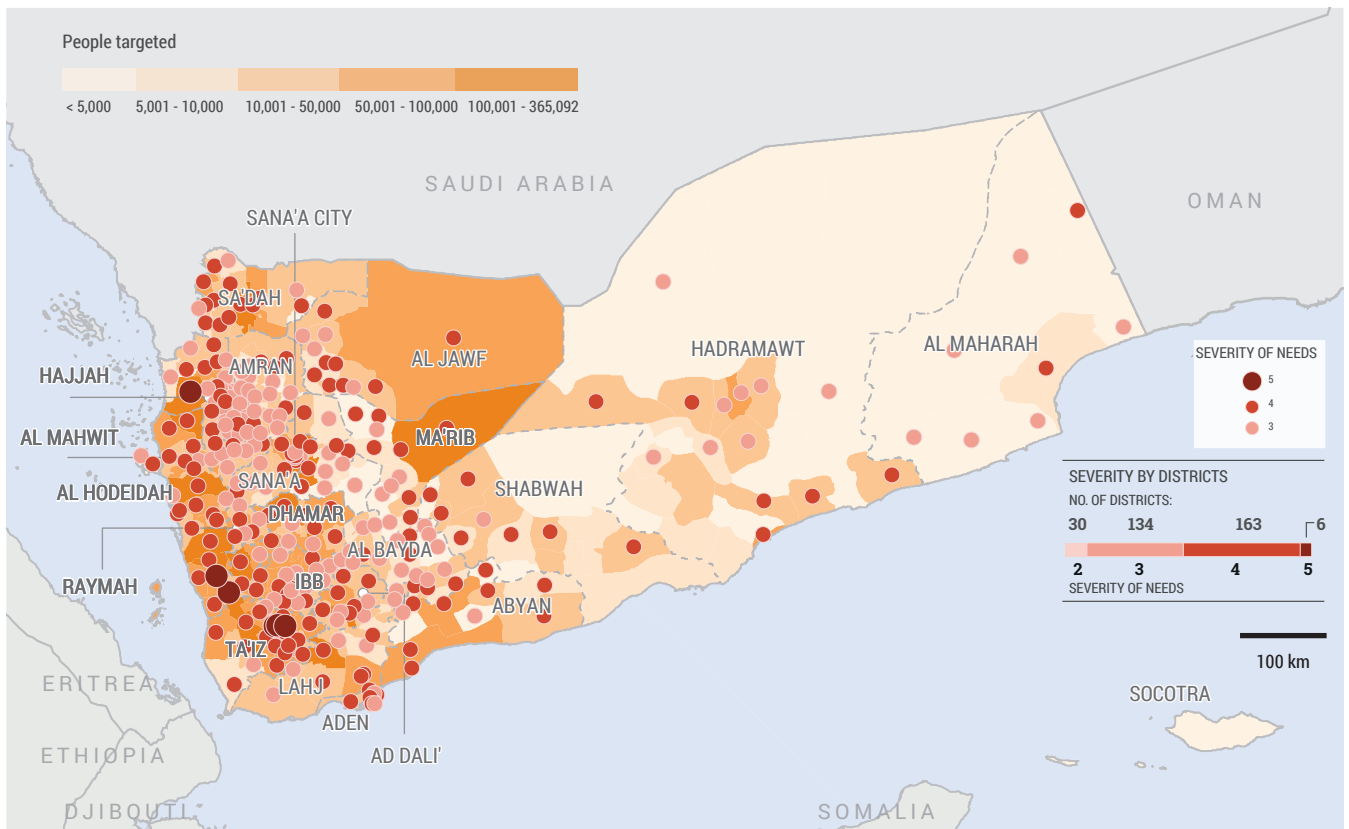
UN Resident and Humanitarian Coordinator, ad interim, Yemen

Response plan overview

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
18.2M	11.2M	23%	54%	15%
REQUIREMENTS (US\$)	OPERATIONAL PARTNERS			
\$2.7Bn	219			

<p>STRATEGIC OBJECTIVE 1:</p> <p>Decrease crisis-related morbidity and mortality through prioritized, targeted, integrated and multisectoral life-saving assistance and services for those most in need ensuring safety, equity, and inclusivity.</p>	<p>STRATEGIC OBJECTIVE 2:</p> <p>Improve and maintain non-discriminatory access to basic services, build resilience and advance sustainable solutions for vulnerable people through safe, inclusive, and integrated responses that promote system strengthening through humanitarian-development-peace nexus interventions.</p>	<p>STRATEGIC OBJECTIVE 3:</p> <p>Improve the protection and dignity of the most vulnerable crisis affected population, by ensuring timely, principled, and non-discriminatory humanitarian assistance and solutions by promoting international norms and standards.</p>
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People targeted and severity of needs



2024 Planning assumptions



CONFLICT



RETURNEES



DISPLACEMENT



OUTBREAKS



CLIMATE CHANGE



PRICES OF BASIC COMMODITIES



ECONOMY



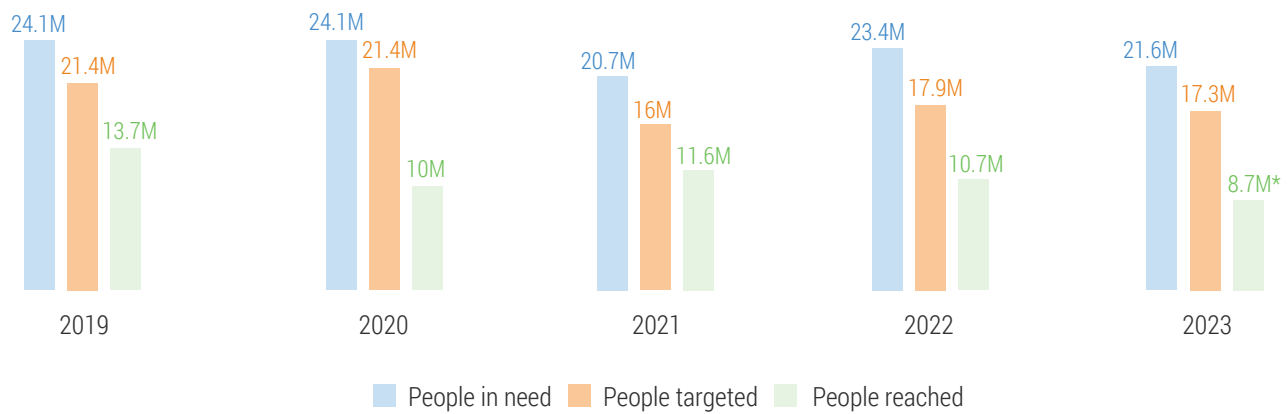
ACCESS



REGIONAL DYNAMICS

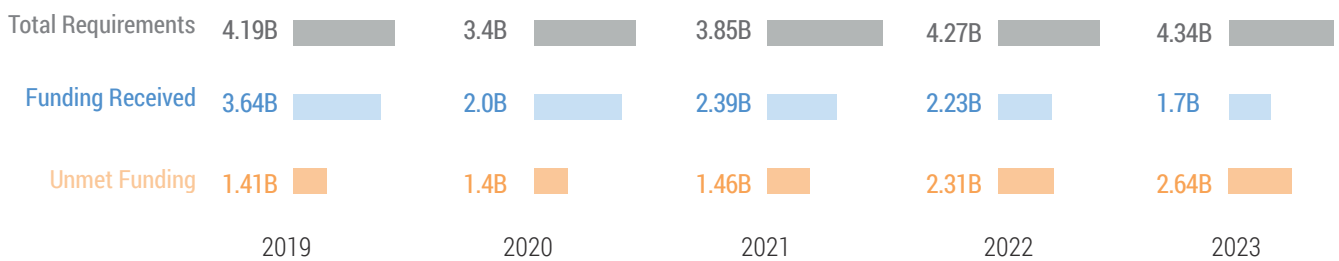
For more details, please refer to the 2024 Yemen Humanitarian Needs Overview.

Yemen HRP trends (2019 - 2023)

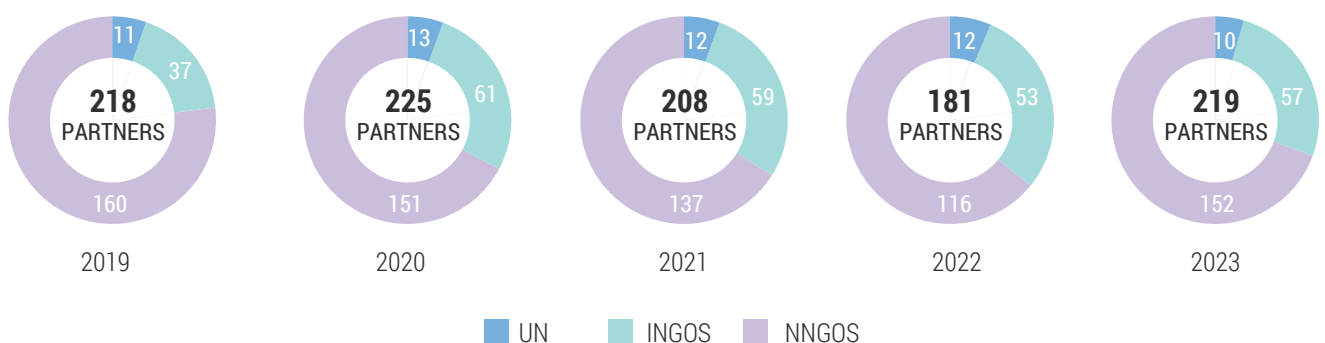


As of December 2023

Funding requirements and funding received (2019 - 2023)



Humanitarian Actors in the HRP (2019 – 2023)



Overview of sectoral response 2023-2024

	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US\$)
	■ 2024 ■ 2023	■ 2024 ■ 2023	■ 2024 ■ 2023
Camp Coordination & Camp Management	1.8M 1.9M	0.8M 1.1M	47.2M 78.5M
Education	6.2M 8.6M	3.0M 5.7M	104.5M 278.9M
Food Security & Agriculture	17.6M 17.4M	12.8M 14.8M	1,363M 2,200M
Health	17.8M 20.3M	9.0M 12.9M	249.4M 392.0M
Nutrition	7.7M 11.9M	6.9M 8.8M	193.6M 398.0M
Protection	16.4M 17.7M	4.6M 8.1M	168.1M 225.6M
Child Protection AoR	7.4M 9.0M	0.9M 1.3M	39.3M 49.6M
Gender Based Violence AoR	6.4M 7.1M	1.0M 1.0M	56.0M 60.3M
Mine Action AoR	7.0M 7.0M	0.5M 3.4M	10.9M 31.0M
Refugees and Migrants	0.4M 0.3M	0.4M 0.3M	78.3M 70.2M
Rapid Response Mechanism	0.2M 0.4M	0.2M 0.4M	19.2M 14.7M
Shelter/NFIs	6.7M 7.5M	1.7M 3.3M	160.5M 250.0M
WASH	17.4M 15.4M	7.3M 9.9M	192.4M 270.9M
Coordination	NA NA	NA NA	20.1M 22.4M
Emergency Telecommunications	NA NA	NA NA	2.7M 3.6M
Logistics	NA NA	NA NA	41.3M 41.3M
Multi-Purpose Cash Assistance	NA NA	0.8M 2.5M	63.5M 98.0M

Part 1: **Strategic response priorities**

LAHJ, YEMEN

A child receiving nutritional supplement for prevention of malnutrition in Tuban, Lahj Governorate. Photo: ADRA/Ahmed Maher



A BOTTOM-UP, AREA-BASED AND INCLUSIVE APPROACH TO BUILD OUR RESPONSE

To define the 2024 humanitarian response strategy, OCHA led 10 area-based consultation workshops covering all governorates with active participation of local authorities and institutions, humanitarian actors, including the UN, national and international NGOs, women-led organisations (WLOs), the Red Crescent Movement, and development partners, such as UNDP and the UN Resident Coordinator’s Office.

Area-based consultations

Objectives:

- Foster local ownership and understanding of humanitarian needs and enhance local-level coordination.
- Discuss priorities and response modalities for 2024, enhancing accountability to affected populations and local level prioritization.
- Build trust and acceptance, reflecting on lessons learned.
- Identify development opportunities to improve advocacy and build synergies with development actors .

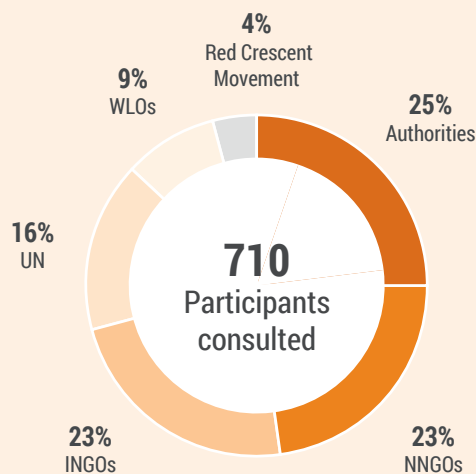
Participation



Female
15%



Male
85%



In multiple locations, participants underscored the importance of strengthening multi-sectoral and integrated programming, as well as emergency preparedness and response to onset displacement due to conflict, natural disasters and disease outbreaks. Key priorities were supporting resilience and livelihood projects, including through cash-based assistance, for vulnerable groups and improving quality and access to basic services. Participants emphasized the link between de-mining activities and durable solutions, particularly in the most contaminated districts, noting durable solutions for the IDP population remain contingent on de-mining..

In areas particularly affected by the adverse effects of climate change, participants raised the establishment of an early warning system and building capacity to respond to disasters at the local level. Participants underscored the criticality of rehabilitating public infrastructure and sustaining services beyond the short-term humanitarian response. Enhancing coordination with local authorities to streamline cumbersome bureaucratic procedures was raised as a key challenge. Physical access and insecurity constraints, particularly in districts close to the frontlines, pose a significant threat to the safety of both humanitarian workers and local communities.

More details and information about each governorate can be found using the following link. [Annex: Area Based Consultation.](#)

The outcomes of the consultations enabled the humanitarian community to develop a country-wide response strategy, localised and tailored at the district level within an area-based approach. Consultations in the field were further complemented with extensive and active engagement of clusters with relevant line ministries and authorities in Aden and Sana’a.

1.1

Scope of the HRP

Strategic Objective 1

S01: Decrease crisis-related morbidity and mortality through prioritized, targeted, integrated and multi-sectoral life-saving assistance and services for those most in need, ensuring safety, equity, and inclusivity.

Under this objective, humanitarian partners aim to provide targeted lifesaving assistance to prevent the loss of lives. Food insecurity and malnutrition, coupled with disease outbreaks and heightened protection risks including ERWs, are leading causes of morbidity and mortality. Humanitarian actors will prioritize their response through multi-sectoral integrated life-saving interventions in areas where humanitarian needs are converging and more severe.

Guided by Integrated Famine Risk Reduction (IFRR) initiative, an integrated, multi-sectoral package of assistance and services, that include nutrition, health, food security and agriculture (FSA) support, WASH, and protection services. This will aim to decrease morbidity and mortality associated with extreme hunger, starvation and malnutrition levels, and the number of malnourished children under five and pregnant and lactating women. This will take place in host communities and in IDP sites in high priority under-served areas.

Similarly, clusters will jointly address the humanitarian needs of the most vulnerable including IDPs, host communities, returnees, migrants, and refugees, by providing multi-sectoral integrated life-saving food security and agriculture, health, nutrition, WASH, protection, education, CCCM and Shelter/ Non-Food Items (NFIs) assistance that is informed by comprehensive needs assessments and post-distribution monitoring to improve the response.

CCCM will coordinate with the Shelter/NFIs, Protection, WASH, Health, Nutrition, and FSA clusters to collectively identify priority IDP hosting sites to fill urgent gaps through integrated service provision and assistance. The primary focus of these responses is to enhance standards and service quality in spontaneous settlements, benefiting both internally displaced people and host communities. Additionally, collaboration between CCCM, Education, Protection, mental health and psychosocial support (MHPSS) and Mine Action will be pursued as needed, to effectively address diverse multi-sectoral needs. The identification of priority response areas considers factors like the number of individuals in acute need, under-served areas, severity scores across sectors, and the most recent surveillance data, all with the aim of expanding the reach and impact of the multi-sectoral integrated response activities.

Strategic Objective 2

S02: Improve and maintain non-discriminatory access to basic services, build resilience and advance sustainable solutions for vulnerable people through safe, equitable and integrated responses that promote system strengthening through the humanitarian-development-peace nexus approach.

This objective aims to improve access to, and the quality of, essential service delivery such as health and nutrition, CCCM, WASH, shelter, protection and education services, including in host communities and IDP settlements. Through inclusive programming with community-based activities, humanitarian actors will ensure that marginalized groups have access to essential services. Activities under this objective will be implemented adopting a Humanitarian -Development- Peace nexus approach. This will aim to build the resilience of affected communities

against recurrent shocks and sustain the lives of vulnerable people to avoid a further deterioration in the humanitarian situation using a conflict-sensitivity lens as well as engagement of relevant actors in social cohesion and peace building efforts. In addition, humanitarian partners will work closely with development partners and national and local authorities to promote system-strengthening and facilitate a shift towards sustainable development and long-term solutions. Emergency livelihoods interventions, targeting the most vulnerable households will contribute to strengthening self-reliance and addressing the food needs sustainably through increasing agricultural production and creating income generating opportunities.

Humanitarian actors, through enhanced collaboration with development actors, will aim to overcome obstacles to advance a durable solutions agenda to alleviate the protracted nature of displacement in Yemen. Activities include mine action monitoring and analysis in displacement and return areas, social cohesion interventions, local governance building with authorities/communal actors, advocacy and engagement on violations associated with Housing, Land and Property (HLP), including evictions, and by creating sustainable livelihood opportunities. Given the adverse and significant impact of climate risks and hazards to the vulnerability of households particularly in rural areas, humanitarian and development actors will also promote climate-resilient and environment friendly interventions through innovative approaches, such as improved on-farm and off-farm water resource management, climate-smart agriculture, solarization of health and education services, and other cost-effective solutions.

Strategic Objective 3

S03: Improve the protection and dignity of the most vulnerable crisis-affected population, by ensuring timely, principled, and non-discriminatory humanitarian assistance and solutions by promoting international norms and standards.

Under this strategic objective, humanitarian actors aim to strengthen protection-related mechanisms, enhance principled vulnerability identification and targeting as well as inter-sectoral referrals that strengthen prevention and the mitigation of protection risks. This entails ensuring the well-being of women, children, displaced individuals, and marginalized communities, facilitating access to essential services, including through a range of protection and non-protection services, strengthening community-based protection initiatives, including in hard-to reach areas as well as displacement, settlement and return areas, and actively collaborating with local authorities and partners.

The ultimate objective is to create an enabling environment that improves access for marginalized groups and persons with specific needs to humanitarian and protection services in a safe, dignified, and accountable manner, and where individuals can live with dignity and without fear of physical harm, violence, exploitation, discrimination, or displacement, thereby fostering a sense of security and stability within their communities.

Response Approach

The humanitarian community in Yemen remains committed to a principled, effective, and inclusive humanitarian response. The strategic objectives for the 2024 HRP have been developed to reflect a change in needs and targeting by humanitarian actors, while ensuring a prioritized response approach that puts protection at its core in line with the endorsed HCT Centrality of Protection Strategy for Yemen and its Action Plan.¹

For more details, refer to [Annex: Centrality of Protection Strategy – HCT Protection Priorities](#) and [Annex: Centrality of Protection Action Plan](#).

Humanitarian actors in Yemen will combine life-saving assistance with targeted efforts to improve access to basic services and livelihood opportunities. This will include a particular focus on supporting the most vulnerable individuals in the short to long-term. The humanitarian response will be sensitive to the unique needs of women, girls, children, persons with disabilities, marginalized groups and other populations of concern and will ensure that effective accountability measures are in place across all locations where assistance is being provided.

While prioritizing cross-sectoral planning and complementarity of response approaches, the response strategy will also continue building on the achievements and system-wide changes implemented by the Humanitarian Country Team in 2023 as part of the Management Response Plan to the Inter-Agency Humanitarian Evaluation (IAHE). The approach will focus on improving the quality and efficiency of the humanitarian response, while strengthening linkages with development partners, and fostering long-term solutions.

A response as local as possible

The Yemen HCT will continue advancing the localisation agenda in 2024 and improve the humanitarian response quality by transforming leadership and ownership by the affected communities. Some practical measures have been introduced in

2023 to promote inclusion, participation, leadership and funding of local and national partners. However, more work is needed in line with the HCT-endorsed localisation Strategy (2024-2026). The strategy, which was developed by national NGOs in consultation with a broad variety of interlocutors, aims to achieve collective ownership, transparency, and accountability of humanitarian action, building a mutual collaboration between national and international actors. It will also promote gender equity and social inclusion to ensure that the needs of disadvantaged groups are well integrated into response design, implementation, and decision-making. In 2024, the HCT, through the localisation Monitoring Working Group, will start monitoring the progress made against four main pillars: capacity development, coordination, leadership/influence, and funding. The OCHA Yemen Humanitarian Fund (YHF) will continue implementing key actions in accordance with the localisation strategy.

Use the following link for [Annex: Localization Strategy and Action Plan](#)

A response closer to the choices and preferences of those in need

Community perception surveys indicate that 58 per cent of the communities were satisfied with the services provided by the humanitarian community. However, additional efforts are needed to increase the quantity and quality of humanitarian and development assistance as well as its accessibility. Strengthened community engagement and enhanced communication channels have been identified as key to addressing these problems. In 2024, the Accountability to Affected People (AAP) strategy will focus on enhancing the capacity of the UN and other humanitarian actors to systematically respond to mis/dis-information, expanding community feedback mechanisms, disseminating life-saving information, and monitoring community perceptions about the type of assistance received and the efficiency and effectiveness of the humanitarian response in Yemen.

Through the Community Engagement and AAP working group (CEAAP WG), humanitarian partners contributing to the Collective Feedback Mechanisms (CFM), will raise awareness with communities on the use and accessibility of feedback mechanisms, by expanding individual Beneficiary Collective and Feedback Mechanisms channels.² The CEAAP WG will continue to work closely with humanitarian partners to diversify the countrywide CFM through partners' existing CFM systems and agree on new parameters to enhance the overall countrywide CFM analysis. These improvements will enable humanitarian actors to collect actionable data to support principled humanitarian decision-making. The management and analysis of complaints submitted through countrywide CFMs will also be used to ensure appropriate program adjustments.

In addition, the CEAAP WG will conduct the annual Community Perceptions Survey, utilizing quantitative and qualitative research methodologies to track progress on perceptions against findings of 2023. Community engagement will be integrated into emergency preparedness and response actions, including by disseminating early warning and behavioural change messages to mitigate risk for communities.

In 2024, the Gender Network will further continue operationalising the Gender Roadmap. This includes ensuring transformative results in addressing and strengthening gender equality across all stages of programming, from designing and participation to assessment, monitoring and review. The network will also increase engagement with civil society organisations, including WLOs.

Enhancing multi-sectoral approaches to promote a protective environment

Clusters will increasingly join forces to collectively identify humanitarian priorities and implement multi-

sectoral responses to ensure holistic and protective improvement and foster resilient outcomes, notably through the Integrated Famine Risk Response (IFRR) initiative to prevent extreme hunger and soaring malnutrition levels.

CCCM, FSAC, WASH, RRM, Shelter, Health and Protection Clusters will continue cooperating to mitigate various risks that threaten IDPs, including protection risks, food insecurity and malnutrition, flooding, fire incidences, disease outbreak, and eviction.

Multi-purpose Cash Assistance (MPCA) partners will engage with the Protection Cluster and AoRs to enhance targeting and referral mechanisms, in line with the updated **CASH for Protection and Vulnerability Guidance notes** issued by the National Protection Cluster and Areas of Responsibilities (AoRs) to enhance targeting and referrals using a protection lens. These joint efforts will revolve around addressing key areas identified in 2024: i) targeting, ii) identification and referral, iii) transfer values, iv) geographical coverage, v) coordination and information sharing.

CCCM will be actively engaged in monitoring incidents impacting the safety and dignity of the affected population and civil documentation gaps in IDP sites and referring cases to Protection/AoR partners. CCCM will also focus on inclusion by monitoring the participation of women and persons with disabilities in site committees, site maintenance, and community-led projects. Furthermore, CCCM will update and maintain service maps at managed sites, strengthen the CCCM Referral and Escalation System for service gaps, and collaborate with the Housing, Land, and Property Working Group in responding to eviction threats and supporting land suitability assessments in cases of relocation **in line with the Framework for Voluntary Relocations**.

WASH and Protection/AoRs will collaborate on several key initiatives including focusing on conflict sensitivity and mitigation measures, as well as the development of the WASH safety index and safety audits.

Education and Protection/AoRs will strengthen the coordination, especially with Child Protection through information sharing, decision making and common assessment/evaluation and response planning. Joint and integrated programming will be developed and reinforced to allow a holistic response and improve the well-being of children.

The Shelter/NFIs Cluster will carry out continuous monitoring for Protection/CP/GBV risks, complementing the overall protection mainstreaming approach. It will engage with the Protection Cluster, AoRs, and authorities to address protection risks in the shelter and NFI distributions and will guide shelter partners on reducing these risks. This will be complemented by training and capacity building well as updating tipsheets on gender, protection mainstreaming, Child Protection (CP) mainstreaming, GBV, and HLP. Shelter and Protection will also collaborate to address forced evictions and assistance for vulnerable persons and during relocations [in line with the Framework for Voluntary Relocations](#).

In addition to integrating protection considerations into all aspects of health programming, providing training and guidance to healthcare providers on protection principles, gender-sensitive and child-friendly services, as well as establishing inter-sectoral referral mechanisms for survivors of gender-based violence, the Health Cluster will conduct a comprehensive analysis of the health needs and protection risks in Yemen, considering factors like displacement, conflict-related injuries, limited healthcare access, and vulnerabilities of women and children. The Health Cluster will collaborate with the Protection Cluster/AoRs and key stakeholders to identify key protection priorities within the health sector, such as addressing gender-based violence, ensuring healthcare access for vulnerable populations, and protecting healthcare facilities across Yemen.

Education, Nutrition and FSA Clusters will target crisis-affected children and youth in prioritized schools within districts with Global Acute Malnutrition above the emergency thresholds with nutrition sensitive interventions, including school feeding programs. Such FSA programs will be complemented by protection actors to ensure referral of malnourished families and their children to protective services to address vulnerabilities including of caregivers.

The WASH, Health, FSA and nutrition clusters will prioritise areas where the intersectoral severity is high in terms of malnutrition and or with health outbreaks, particularly hard-to-reach, remote rural areas and crowded urban or peri-urban IDP settings.

FSAC, Nutrition, WASH and Health clusters will integrate interventions and leverage synergies towards the prevention of extreme hunger, soaring malnutrition levels and associated mortality through the IFRR initiative, promoting an integrated package of assistance and services.

The Protection Cluster and AoRs will enhance monitoring and assessment in displacement and return areas in collaboration with CCCM and Shelter as well as other key clusters and contribute to informed advocacy and analysis. Efforts will also include providing legal assistance and capacity building to improve access to civil documentation, a crucial element tied to achieving durable solutions. Additionally, Protection and AoRs will collaborate with other clusters to address HLP challenges effectively including with respect to relocations and evictions.

All Clusters with the technical support of the Protection Cluster and AoRs will be guided by the [Vulnerability Criteria issued by the National Protection Cluster and engage in an intersectoral referral mechanisms and pathways to address the different needs of the affected population](#). The GBV AoR will ensure [integration of IASC Guidelines \(2015\) across all clusters](#), besides, tailored responses that will aim to prevent, mitigate and respond to the life-threatening consequences of gender-based violence. Additionally, women's economic empowerment interventions will contribute to the resilience of the survivors. Income

generating and skills building activities, reproductive health, and mental health and psychosocial support will aim to ensure survivors' access to critical reproductive health response, and trauma-informed care, counselling and emotional support to heal and recover.

The Protection Cluster and AoRs will continue to provide regular training, sessions and support on protection mainstreaming for all actors.

The migrants' and refugees' specific vulnerabilities will be addressed through the provision of targeted, multi-sectoral life-saving assistance and specialized protection as well as the delivery of basic services including health assistance. While Refugees and Migrants Multi-sector (RMMS) partners will deliver a multi-sector response, working in collaboration with UN Migration Network, the sector will encourage the further integration of its populations of concern into the wider response.

The Rapid Response Mechanism (RRM) will ensure a timely delivery of in-kind lifesaving assistance to people affected by conflict and natural disasters, covering the main needs in food, NFIs, protection and WASH. The RRM will be on high alert, ready to respond to the needs of conflict-affected, disaster-displaced, and climate change-induced displaced families by delivering life-saving supplies within the 72-hour window following their displacement. This will be complemented through a scaling up of multi-purpose cash.

*For more details, refer to **Annex: Attaining Protection outcomes: a holistic quality response that promotes a protective environment.***

A more timely and effective emergency response

Anticipating and responding to crises stemming from conflict and climate remains pivotal. In 2024, efforts will be based on the investments made in 2023 towards improved risk analysis and area-based planning across hubs.

The humanitarian community will continue to strengthen conflict and climate risk mapping, while retaining flexibility for contingencies in areas most at risk. It will ensure a further decentralization of supplies and warehousing capacities and better involve community networks and first responders. HCT members will also deploy rapid response teams of WASH and Health in addition to RRM partners. Such efforts aim to ensure a more comprehensive and qualitative emergency response package (in-kind or cash) tailored to the needs, the type of shock and its seasonality. The humanitarian community will improve the identification of robust forecast-based triggers and better capitalize on proposed anticipatory actions.

Strengthening humanitarian-development collaboration

While addressing urgent lifesaving needs, as part of the response strategy, humanitarian actors recognize the importance of **working closely with development partners to prevent a broader collapse of basic services and economic conditions.** As such, the Humanitarian Country Team will strengthen the complementarity between the implementation of the HRP and the UNSDCF for Yemen. The UNSDCF is organized and implemented around four pillars that align with the SDGs to improve people's lives and build resilience that is equitable, inclusive, people-centered, gender-responsive and human rights-based. The four pillars focus on a) food security, livelihoods and employment; b) local development systems strengthening; c) inclusive economic structural transformation; and d) social services and protection. Humanitarian and development actors will ensure coordination and work towards greater coherence, particularly on issues related to durable solutions for displacement-affected communities, social protection, sustaining services, improving the resilience of affected people and disaster risk reduction. Conflict sensitive programming will be encouraged.

During the UNSDCF mid-term review, the UN reported that since 2022, more than USD 1.3 billion has been invested to support sustainable development in Yemen. Various UN activities under the Cooperation Framework comprise access to social services, cash assistance under 'cash for work' and social protection schemes and essential service provision that build resilience. While over 26 million people have been reached directly under different development programmes, an additional US\$1.3 billion is required for programming under the UNSDCF in 2024. In 2024, humanitarian and development actors will continue to engage in coordinated action under the strategic umbrella of the Yemen Partnership Group (YPG) and the Yemen Partners Technical Team (YPTT).

Beyond the UNSDCF, linkages between humanitarian response and development/peace interventions need to be operationalized at the sub-national level by strengthening local authorities and actors capabilities to empower vulnerable host communities. Humanitarian response activities thus need to be closely linked with ongoing area-based interventions of development actors under the UNSDCF (for instance UNDPs Approach to Area-Based Development (ABD)).

Prevention from sexual exploitation and abuse (PSEA)

Sexual Exploitation and Abuse (SEA) is persistently underreported in Yemen. Reasons vary from social pressure and fear of stigmatization and reprisal to a lack of awareness of reporting channels, scarcity of services and fragmented coordination among aid organizations. Addressing the gaps in a collective and coordinated manner is the only way to assure the prevention of SEA and an appropriate response to survivors.

In 2024, the PSEA network (UN, INGOs, local and national NGOs) will focus on the **capacity building of humanitarian actors with emphasis on investigations, training and sensitization initiatives for partners and communities**. Key priorities will be the roll-out of the Victim Assistance Protocol to ensure access to survivor-centered quality services, related SOPs and improved community awareness. The PSEA network will continue to actively engage with clusters to mainstream PSEA across the humanitarian response and continue providing technical guidance for capacity assessment for humanitarian actors.



LAHJ, YEMEN

A child is provided with nutrition medical services at a WHO-supported therapeutic feeding center at Ibn Khaldoon General Hospital. This is one of the hospitals prioritized by WHO for essential support to treat SAM cases. Photo: WHO

Response approach - Key achievements 2023

Localisation

In 2023 and in line with commitments under the localisation agenda, the HCT expanded its membership of local and national NGOs, increasing the number of local NGOs from three to six, including two national women-led organizations and one focusing on inclusion. Local NGOs led the development of the endorsed HCT localisation strategy, in consultation with a broad variety of partners.

The YHF has championed localisation, with short to long-term commitments to increase access to funding, training and learning opportunities for local and National Non-Governmental Organisations (NNGOs), while maintaining a balanced approach toward risk management. The YHF has prioritized quantity and quality of funding, governance and partnership, as well as capacity strengthening. In 2023, the NNGOs received 43.7% of the total YHF funding (US\$37 million out of US\$84.4 million). YHF partnered with 33 women-led/women's rights organizations in 2023. National YHF partners are equally presented in the Advisory Board and in the allocation Review Committees to strengthen the representation and participation of NNGOs in the governance of YHF. The YHF also endorsed one per cent of the project budget for key capacity enhancement activities for each funded project while the YHF team continued supporting the capacity-building sessions to NNGOs.

AAP

The HCT, under the leadership of the Humanitarian Coordinator (HC), established a nation-wide and system-wide CFM in 2022 with a roll-out in 2023. The CFM serves as a critical platform for affected people to share their needs, preferences, and challenges regarding the humanitarian response in Yemen. In 2023, 40 humanitarian partners (6 UN Agencies, 15 INGOs, and 19 NNGOs) reported to the CFM, with over 147,000 cases reported between January and October. Along with the comprehensive CFM, the needs of people across Yemen are also assessed through the CCCM Cluster Site Monitoring Tool (SMT), during monitoring missions, and in post-distribution monitoring. Between November 2022 and January 2023, under the leadership of the CEAAP WG co-chair, UNICEF conducted a community perception survey on the humanitarian response in Yemen.

PSEA

In 2023, the PSEA interagency network, co-chaired by UNICEF and UNHCR under the leadership of the Humanitarian Coordinator, has developed a PSEA Action Plan in line with the IASC Strategy for Prevention from Sexual Exploitation and Abuse. Focus of this action is on 1) prevention and risk mitigation; 2) accessible and safe complaint and reporting mechanism; 3) quality survivor assistance; and 4) accountability and investigation.

To ensure the mainstreaming of PSEA across all humanitarian programmes/sectors, PSEA has been integrated in country coordination mechanisms. The PSEA interagency network has also led the development of key tools and documents such as the SOP on handling SEA allegations (including referral procedures, information sharing, etc), standardizing communication materials, strengthened the capacity of humanitarian actors including network members and focal points and creating linkages with the GBV AoR to improve the quality of survivor assistance.

Gender

In 2023, a comprehensive strategy and road map for advancing equality across humanitarian, peace and development actors was developed. Key achievements include:

- Inclusive Gender network (14 UN agencies, 19 INGOs and 92 local NGOs, including Women-led organizations countrywide)
- Strengthen data and analysis disaggregated by gender in the 2024 HNO
- Formulation of gender-sensitive indicators to clusters
- GenCap advisor conducted two 3-day trainings on gender induction, inclusion and advocacy. Six capacity-building trainings, two online and four offline trainings were conducted in coordination between GenCap and ACAPS on gender analysis and Gender and Age Marker (GAM)
- Core gender team developed a monitoring framework for the gender roadmap and its implementation is ongoing.

Emergency Preparedness and Response

In 2023, OCHA, in collaboration with clusters, chose a new approach to preparedness. With support of UNDRR, OCHA conducted a systematic mapping of both conflict and climate induced risks, as well as of operational capacities. To supplement preparedness efforts, the YHF allocated resources in advance of anticipated disasters, working with its implementing partners to provide additional life-saving aid and reinforce preparedness efforts. This change enabled a more immediate and effective response, e.g. for floods.

Furthermore, in AA-controlled areas, coordination was strengthened with civil defence authorities and frontline responders, such as the Yemeni Red Crescent, to enable a timely response. This resulted in over 90 per cent of affected people due to floods to be reached within 72 hours during the 2023 rainy season. In addition, the RRM and its implementing partners conducted capacity building activities to support emergency preparedness and response.



AL HOIDEIDAH, YEMEN

DRC staff support IDPs with cash assistance in Al Hodeidah Governorate. Photo: DRC Yemen

1.3 Operational capacity and access

OPERATIONAL PARTNERS	ACCESS INCIDENTS (JAN-DEC 2023)	% OF PEOPLE IN NEED IN HARD-TO-REACH AREAS	PEOPLE AFFECTED BY ACCESS INCIDENTS
219	1,448	23%	4.9M

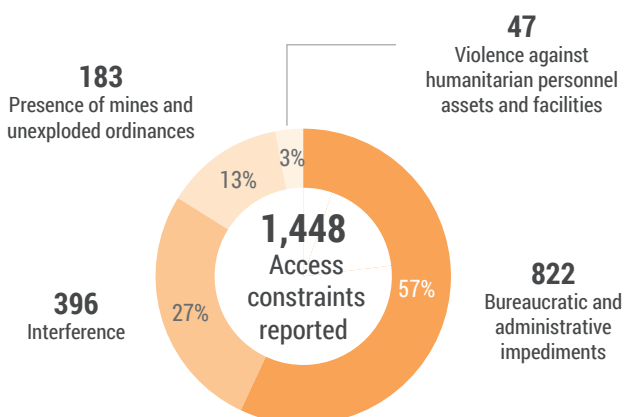
In 2024, 18.2 million people in Yemen need humanitarian assistance and protection. Of these, an estimated 4.9 million people in need (27 per cent of the PiN) have been impacted by access constraints.

In 2023, the most common access constraints reported through the AMRF were: i) cumbersome administrative requirements for the implementation of humanitarian activities; ii) insecurity; iii) restrictions on the freedom of movement, including of Yemeni female aid workers in Ansar Allah (AA)- controlled areas; iv) presence of explosive remnants of war; v) programme level implementation (needs assessments, targeting, qualitative response, tendering, monitoring and evaluation, and reporting, among others).

In 2023, two humanitarian workers were killed. One humanitarian worker died while in detention and four UN personnel are still detained.

Throughout 2023, the Humanitarian Country Team, supported by the Access Working Group, has sustained engagement with authorities and partners to maintain and expand the operational space. This has led to: i) the establishment of a trouble-shooting system for NGOs sub-agreements in AA-controlled areas, which led to a 30 per cent reduction in the time of sub-agreements approvals; ii) in collaboration with the Ministry of Social Affairs and Labor, obstacles related to work permits for INGOs international staff were solved; iii) in cooperation with the Ministry of Planning and International Cooperation (MoPIC), streamlined visa processes and fast-track procedures for sub-agreements were obtained.

Furthermore, throughout 2023, the humanitarian community in Yemen strengthened its common positions by developing the Yemen Access Strategy and Joint Operating Principles and by increasing its footprint and presence. 295 UN missions, including 86 joint missions, were undertaken to hard-to-reach areas; in collaboration with UNDSS, 7 road assessments took place to open access to key hard-to-reach communities and revise the SRMs countrywide. Through OCHA, over 12,414 Humanitarian Notifications for air, sea and land movements were submitted to EHOc. As part of the Senior Official Meeting on Yemen, sustained advocacy with donors and monitoring on access benchmarks continued, through the Technical Monitoring Group.



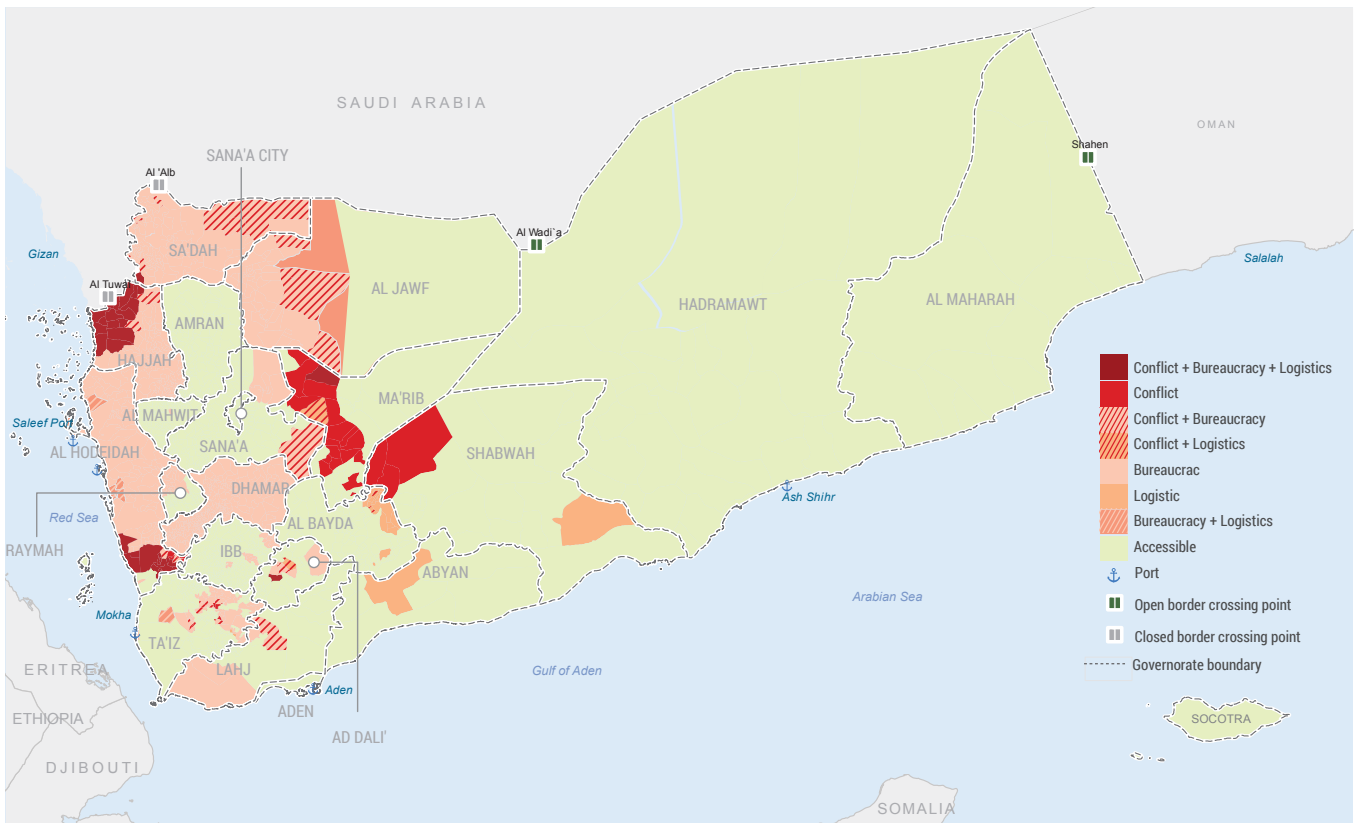
In 2024, the HCT in Yemen remains committed to uphold humanitarian principles and collectively focus on four main objectives:

1. Simplifying cumbersome administrative procedures and reducing interference in aid delivery, programming and response monitoring;
2. Ensuring the protection of humanitarian personnel and assets; including through strengthened civil-military coordination, collective context-analysis and adjusting risks and mitigation measures according to the context;

3. Ensuring the freedom of movement of personnel, organizations, and goods into and within Yemen, specifically female aid workers;
4. Scaling up aid and services in physically hard-to-reach areas.

The HCT will also re-double its engagement with affected communities to strengthen local acceptance, address mis/dis-information and ensure the Centrality of Protection.

Hard-to-Reach Areas



Part 2:

Response monitoring

TA'IZ, YEMEN

An IOM water point provides clean and safe potable water to communities displaced in an overcrowded urban settlement in Ta'iz city located a few kilometers from an active frontline. Photo: IOM/Angela Wells



2.1 Monitoring approach

Severe challenges remain to ensure effective monitoring in Yemen, particularly due to bureaucratic impediments, constraints and delays in country-wide and localised assessments. Despite these challenges, humanitarian actors can uphold effective monitoring systems that ensure aid is delivered to the people most in need. As part of the HRP monitoring, humanitarian partners will provide regular updates on their progress towards achieving strategic and cluster objectives. Ongoing sectoral and multi-sectoral assessments will support our response monitoring.

Partners will submit monthly reports on the status of response targets, broken down by geographic areas, sex, age, and disability. Key reporting tools include ActivityInfo, Response Planning and Monitoring Module (RPM), the 3Ws dashboard, the Area Assessment, organizational presence maps, monthly humanitarian updates, and quarterly response gap analyses. Funding snapshots from the Financial Tracking Service (FTS) will be provided to the Inter-Cluster Coordination Group (ICCG) and HCT. Live data on the progress against the HRP indicators and activities can be accessed at Humanitarian Action.

Area Assessments will be carried out to understand the trends in displacement and return movements. The RRM will continue to provide updated information on displacement dynamics. Two country-wide Integrated Phased Classification for Acute Food Insecurity (IPC AFI) will take place to evaluate the current and forecasted food insecurity status, while SMART surveys will be implemented to understand the trend in the malnutrition prevalence. Clusters will actively monitor the evolving situation and emerging needs. OCHA will regularly update the assessment registry to track assessment gaps. Overall, the ICCG, supported by the Information Management and Assessment Working Group (IMAWG), will assume the responsibility of monitoring the 2024 HRP. The ICCG will conduct quarterly analyses to gain in-depth insights into needs, response gaps, and challenges in the humanitarian response. In line with the gender equality approach, the monitoring system will track changes in gender roles and relations, advancements in women's empowerment, and safety and security risks for people of all genders and ages.

Humanitarian Programme Cycle timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs Overview											●	
Humanitarian Response Plan												●
Monthly Dashboard/ Humanitarian Action	●	●	●	●	●	●	●	●	●	●	●	●

2.2 What if we fail to respond?

- **More than half of the population**, around **17.6 million people**, will continue to **suffer from acute food insecurity**. This may lead to widespread hunger and malnutrition, especially among the six million people in IPC Phase 4 (Emergency). **Pockets of IPC Phase 5 could emerge.**
- Without support for agriculture and income generating opportunities, the **ability of vulnerable communities to earn income and sufficiently provide for themselves will plummet.**
- **2.4 million children and 900,000 Pregnant and Lactating Women (PLWs)** will face an **elevated risk of morbidity and mortality resulting from malnutrition-related complications**. Survivors will face long-term consequences including developmental delays and reduced cognitive function and productivity in adulthood.
- Inaction in the shelter and NFI sector means that **952,000 will continue to live in makeshift shelters, 381,000 will remain homeless, 112,000 will remain at high risk of eviction** due to unaffordable rent, **1.4 million** will reside in **high-hazard flood-prone sites**, and **1 million returnees** will continue to live in partially **damaged houses**. This will expose vulnerable groups, including women, children, people with disability, the elderly, and minority groups, to extreme hardship and protection risks.
- Without a prompt multi-sectoral RRM, **over 232,000 individuals displaced by conflict or climate-induced disasters will face heightened risks of exploitation, harm, and health issues.**
- The absence of **civil documentation** will impact people's ability to move and/or integrate into communities, preventing them from accessing essential humanitarian and lifesaving services and livelihood opportunities. **Lack of legal identification will undermine people's efforts to resolve their HLP issues and obstruct access to other rights**, undermining prospects for durable solutions, and will have reverberating effects for future generations.
- Lack of **GBV response** will exacerbate **life-threatening GBV consequences**, including physical injuries, psychological consequences and other long-term conditions.
- Without improved access to clean water and hygiene, outcomes of nutrition programs will not be sustained, and about **1.7 million children will continue to face high risk of exposure to infectious diseases**, contributing to or aggravating under-nutrition. In IDP sites, **about 1.5 million people will practice open defecation, drink contaminated water and walk long distances to reach water points**, resulting in high risk of disease outbreak, loss of dignity and increased risk of GBV.
- Over **4.5 million children will remain unable to attend school, jeopardizing their futures, increasing protection risks and reversing gains in the education system**. The **1.3 million displaced children will continue to be forced to cope with overcrowded classrooms and overburdened and unequipped teachers**. The 600,000 children with disabilities who suffer from a lack of trained teachers, adapted learning/teaching materials, and physical accessibility will face further vulnerabilities.
- Without camp coordination and management, **living conditions for IDPs will deteriorate even further, exposing them to immense protection risks and lack of basic services, endangering their health and livelihoods, and putting their very lives at risk**. Chances of attaining any form of durable solution for IDPs in sites in the coming years will be slim.
- An insufficient health response will lead to **increased morbidity, mortality, and suffering**. Up to **700,000 IDPs** residing in IDP sites and

- host communities will be deprived of essential preventive and curative health services**, worsening existing health conditions and heightening vulnerability.
- The closure of 500 to 700 healthcare facilities** due to the lack of essential supplies, medications, and operational support will severely restrict access to healthcare. **Around 500,000 women in need will be unable to access vital reproductive health services**, increasing the risks of maternal morbidity, mortality, and childbirth complications. Approximately 600,000 children will be deprived of crucial vaccination services and essential childcare, putting them at a higher risk of preventable diseases and elevating child morbidity and mortality rates.
- Failure to respond to ongoing outbreaks including cholera, measles, polio, and other endemic diseases will **expose 1.75 million individuals to significant health risks**. **Over 1 million people with NCDs**, including 500,000 to 700,000 in need of mental health and psychosocial support, **will no longer receive essential care**.
- Without lifesaving assistance, **refugees, asylum seekers, and migrants** will struggle to access their most basic needs and will face increased exposure to protection risks, with **fewer avenues to access practical assistance, protection, and redress for the most serious human rights violations**.



TAIZ, YEMEN

The Emergency Telecommunication Cluster supports the installation of 35 solar panels in an IDP camp in Mokha to ensure communities can safely move around at any time with the support of renewable and sustainable power solutions. Photo: ETC/Ali Sheikh

2.3

How to contribute

Contribute to the 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 crises 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 Yemen Humanitarian Fund (YHF)

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

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

Part 3:

Cluster/sector objectives and response

The details of clusters' objectives, indicators and target can be found at this link. [Annex: Cluster objectives, activities, indicators, and targets.](#)

Overview of sectoral response

In the 2024 Yemen HRP, clusters continue to use unit-based costing. Clusters used either fixed unit costs or ranging costs, allowing humanitarian partners to work within a range. This approach was applied across different cluster activities associated with cost-per-person/household, in-kind supplies, cash assistance, and expenses associated with the delivery of humanitarian assistance.

The clusters established a detailed unit-based costing methodology paper explaining their costing approach for the 2024 HRP. [Annex: 2024 HRP: Cluster Costing Methodologies.](#)



RAYMAH, YEMEN

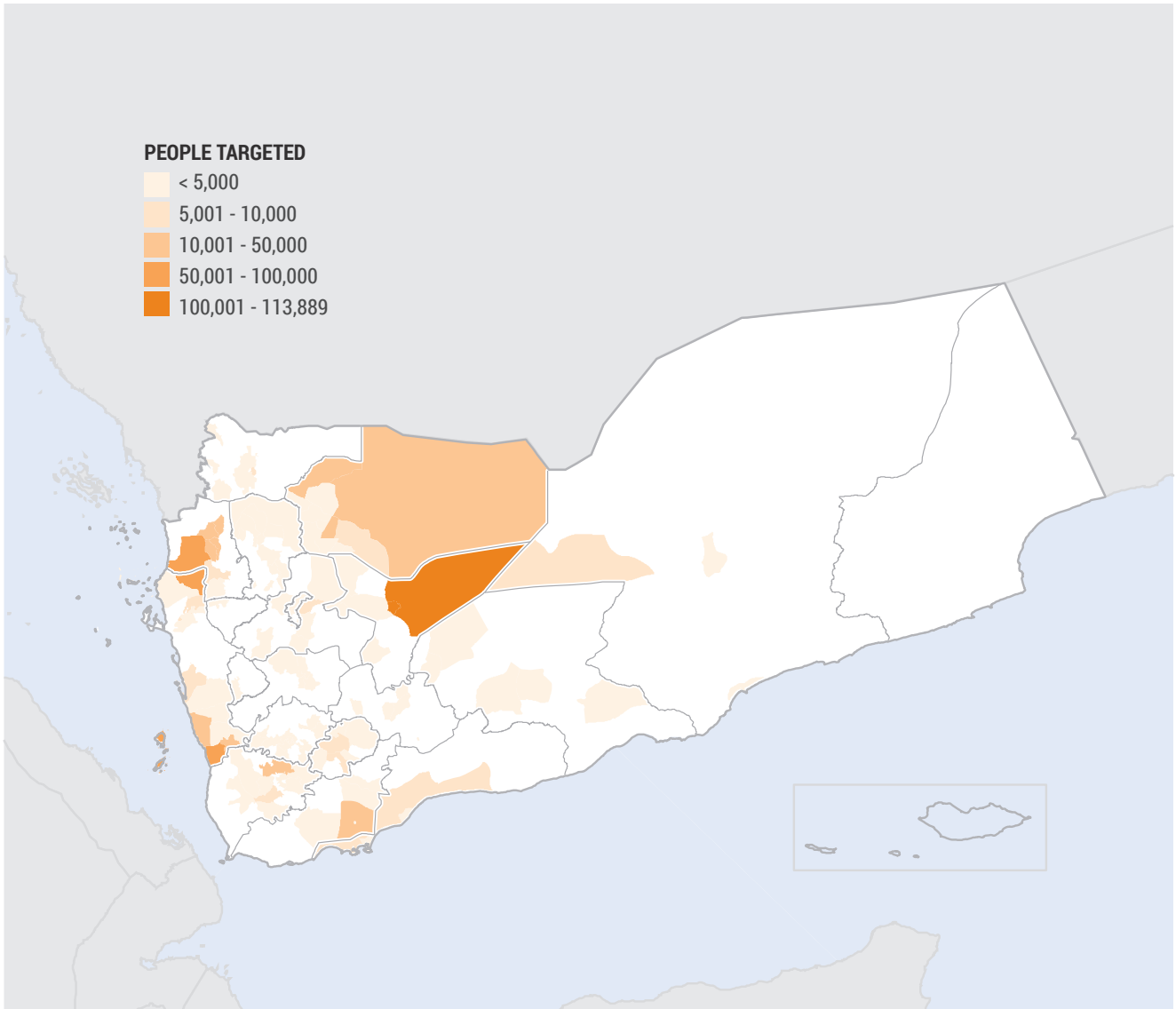
Hana'a, 9 months old, receiving medical attention from a mobile clinic health worker in Mazhar District, Raymah Governorate. Photo: UNICEF/Anwar Al-Haj

3.1

Camp Management and Coordination



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
1.8M	0.8M	184k	386k	15%
REQUIREMENTS (US\$)	PARTNERS			
\$47.2M	25			



Objectives

1. Strengthen the oversight and provision of integrated and multi-sectorial CCCM services at site and area-level, while prioritizing safe and dignified access for vulnerable groups.
2. Promote active and meaningful community participation through robust accountability to affected populations (AAP) mechanisms, fostering two-way communication, and ensuring communities' participation in decision-making processes.
3. Promote durable solutions for IDPs in sites through enhanced IDP profiling, tailored and area-based activities, and strengthened community empowerment.
4. Strengthen capacities among authorities, partners, and community committees to collaboratively facilitate the development and implementation of effective and sustainable exit strategies for sites in Yemen, ensuring a successful transition while emphasizing the pivotal role of authorities in this process.

Response

To assist 0.79 million IDPs facing complex and urgent challenges in sites, the CCCM Cluster designed a response based on its strategy, inputs of its partners, and the current situation in Yemen. The response also focuses on finding lasting solutions for the IDPs and principled exit strategies.

A central goal of the response is to improve the living conditions of 0.97 million IDPs in sites by coordinating and monitoring their assistance and ensuring that partners provide safe and accessible services for women, children, persons with disabilities and other vulnerable groups. The response also ensures AAP and two-way communication by strengthening feedback and complaint mechanisms and involving the IDPs in decision-making and information-sharing processes. The CCCM Cluster will continue cooperating with other clusters, including WASH, FSAC, Shelter, and Protection, to mitigate risks that threaten IDPs, such as flooding, fire, disease, hunger, and eviction, and ensure the centrality of protection in all activities. The response also integrates cross-cutting issues, such as

GBV, disability and environmental sustainability, into its interventions, to make sure they are effective and sensitive to the needs of the affected population.

The cluster will also prioritize site maintenance activities that reduce vulnerabilities for women, persons with disabilities and children. This also includes supporting and advocating with service providers for accessible services and participation of those who face barriers to accessing services or experience heightened vulnerability, including to GBV risk, for example female-headed households, people living with disabilities, or older people. IDP populations in unmanaged sites will also benefit from the response, particularly through enhanced flood mitigation efforts.

Partners will promote community empowerment and participation through, for example, area-based community-led projects that help IDPs in managed and unmanaged sites as well as the surrounding communities actualize their own solutions and enhance their productivity and resilience. The Cluster will work with other actors to inform durable solution programming and facilitate engagement with the communities. This will include IDP household profiling in sites to gather data on the intentions of the IDPs and to develop viable and sustainable transition strategies at national and local levels. CCCM partners will work with local entities, authorities, and community committees to implement principled, area-based transition strategies. The cluster commits to enhancing the capacity-building efforts of authorities to strengthen their ownership in this transition.

Cost of response

The financial requirement for 2024 for CCCM is US\$47.2 million to assist 0.79 million people across Yemen. This represents a 39.9 per cent decrease from 2023. While the needs remain high, the decrease in targeting as well as financial requirements for CCCM is estimated based on the total number of IDPs reached during 2023 and further prioritization. While targeting significantly less people in 2024, CCCM intends to add several new activities geared towards achieving a transition to durable solutions and building capacities of local authorities. These activities were mainly prioritized based on the site

monitoring information, IDP population size in each site or area, impacts of flooding hazards on the site, the capacity needs of local actors and community committees for the sites and changes in access and the operational context, while also considering the overall resource situation and funding availability for the Cluster.

Based on years of experience in CCCM coordination in Yemen, diverse site typologies, infrastructural conditions, and population distributions encountered in CCCM interventions, it is almost impossible to establish a standard rate for all activities. For this reason, the cost drivers for CCCM activities are context-dependent and require individualized cost estimation based on site-specific assessments and partner planning.

Monitoring

The CCCM Cluster utilizes various monitoring tools to provide reliable data for the humanitarian community in Yemen. Partners' activities will be monitored using agreed indicators and reported through the ActivityInfo online reporting database. This ensures ongoing monitoring of progress and accomplishments aligned with the objectives in the HRP 2024. The CCCM Cluster, in collaboration with REACH, also monitors sectoral gaps and service access to assess humanitarian needs and the impact of response in sites through the Site Monitoring and Site Reporting Tool. Moreover, the Cluster's monitoring includes an eviction tracker, a flooding report, and a fire incident report. Site profiles for managed and unmanaged sites are regularly updated.



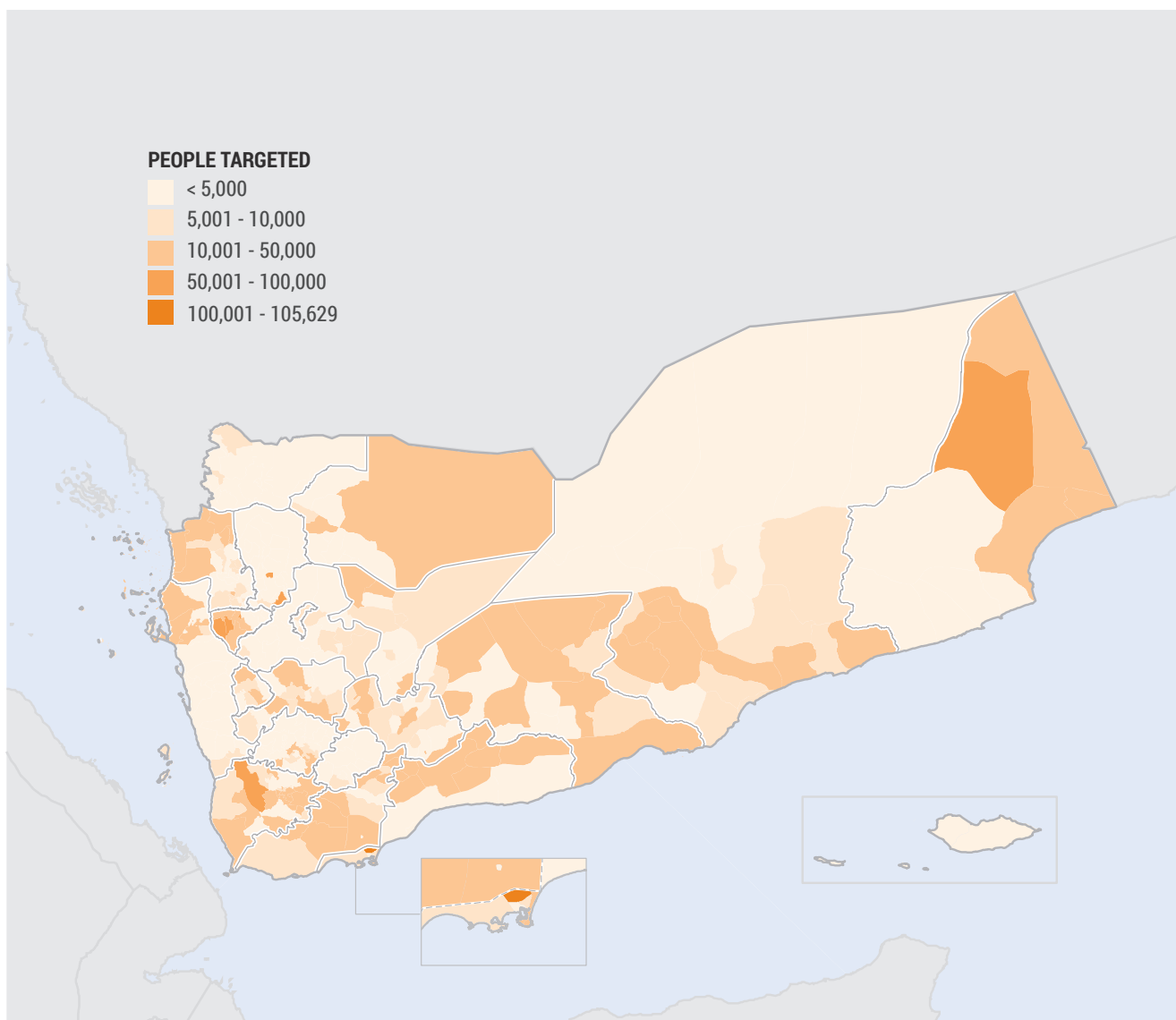
LAHJ, YEMEN

Al Husseini IDP camp in Lahj Governorate.
Photo: DRC Yemen/Abdullah Al Keldi

3.2 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.2M	3M	18k	2.98M	10%
REQUIREMENTS (US\$)	PARTNERS			
\$104.5M	93			



Objectives

In 2024, the Education Cluster is targeting 3.01 million girls, boys, caregivers and education personnel, representing 49.2 per cent of those in need of educational services and around 43 per cent of the school-aged population (5–17 years old) across the country. The identification and prioritization of populations in need is based on severity analysis and assessment of needs that guides the targeting towards the most vulnerable groups at the sub-district, community, and school/learning spaces levels.

The Education Cluster aims to:

1. Provide immediate access to safe and protective learning environments that support crisis-affected children and youth and deliver relevant learning and encourage retention.
2. Restore relevant learning in equitable, safe and protective learning environments that contributes to the physical and psychosocial well-being of crisis-affected children and youth.
3. Improve sustainability of the education systems to better cope with future shocks.

Response

93 partners are working as members of the Education Cluster to provide education in emergency (EiE) response. Through a multi-cluster approach, education partners implement a minimum service package of EiE interventions to support continuity of learning in conducive environments. This includes establishing learning spaces, rehabilitating damaged school facilities, providing capacity building in teaching methodologies and pedagogy, school feeding, supporting water and sanitation infrastructure in schools, and enhancing safety and protection measures for conflict and disaster-affected and vulnerable children, their families, teachers, and schools to ensure access to education.

Education partners are committed to working closely with communities and education actors to ensure girls, boys, children with disabilities, parents, teachers, and school administrators are involved in planning and implementation of the education programming

and provide feedback. Gender, age, disability, and protection specific needs are all addressed in the Education Cluster response. In districts with a low rate of female school enrolment, an additional gender analysis will be conducted, and girls will be provided with specialized support to return to or remain in school.

Children with disabilities is also an integral part of the 2024 strategy. Awareness campaigns on disability inclusion will be conducted, and teachers will be trained on inclusive learning environments. Moreover, the Education Cluster's work on disability inclusion will be supported through a specialized technical working group. Child protection referral mechanisms will be put in place in schools together with Explosive Ordnance Risk Education (EORE) and Mine Risk Education (MRE) to students and teachers. Parents, teachers and school management will be trained on child rights, GBV and MHPSS to increase resilience and to better cope with future shocks and managing learning in conflict and humanitarian contexts.

Cost of response

Education Cluster assistance to 3.01 million school-aged girls and boys, caregivers and education personnel will cost US\$104.5 million to provide crisis-affected children and youth access to safe and protective learning environments that provide quality and relevant education opportunities and support retention and well-being. The cost per individual target beneficiary amounts to US\$34.8 over one year. The Yemeni Riyal depreciation and continued price increases, especially for imported commodities, have negatively impacted household expenditure on education. With limited resources, the Education Cluster is prioritizing a focused package for supporting the most vulnerable children in areas where acute needs are highest, based on a combination of high displacement, absence of learning facilities, lack of teaching staff and proximity to frontlines.

Monitoring

The Cluster will continue monitoring Cluster partners' interventions through the monthly 4Ws report and the established ActivityInfo online reporting database. Reporting of 43 key activities will be collected against 17 core indicators, disaggregated by sex, gender and age, on access and lifesaving, protection, and preparedness and resilience. The Cluster will also ensure monitoring and reporting based on the profile of reached targets, such as IDPs and host communities to further inform additional analysis of further needs. Additionally, the Cluster will continue to monitor the information related to the school-aged population collected from relevant clusters, such as the CCCM Cluster and RRM.



TA'IZ, YEMEN

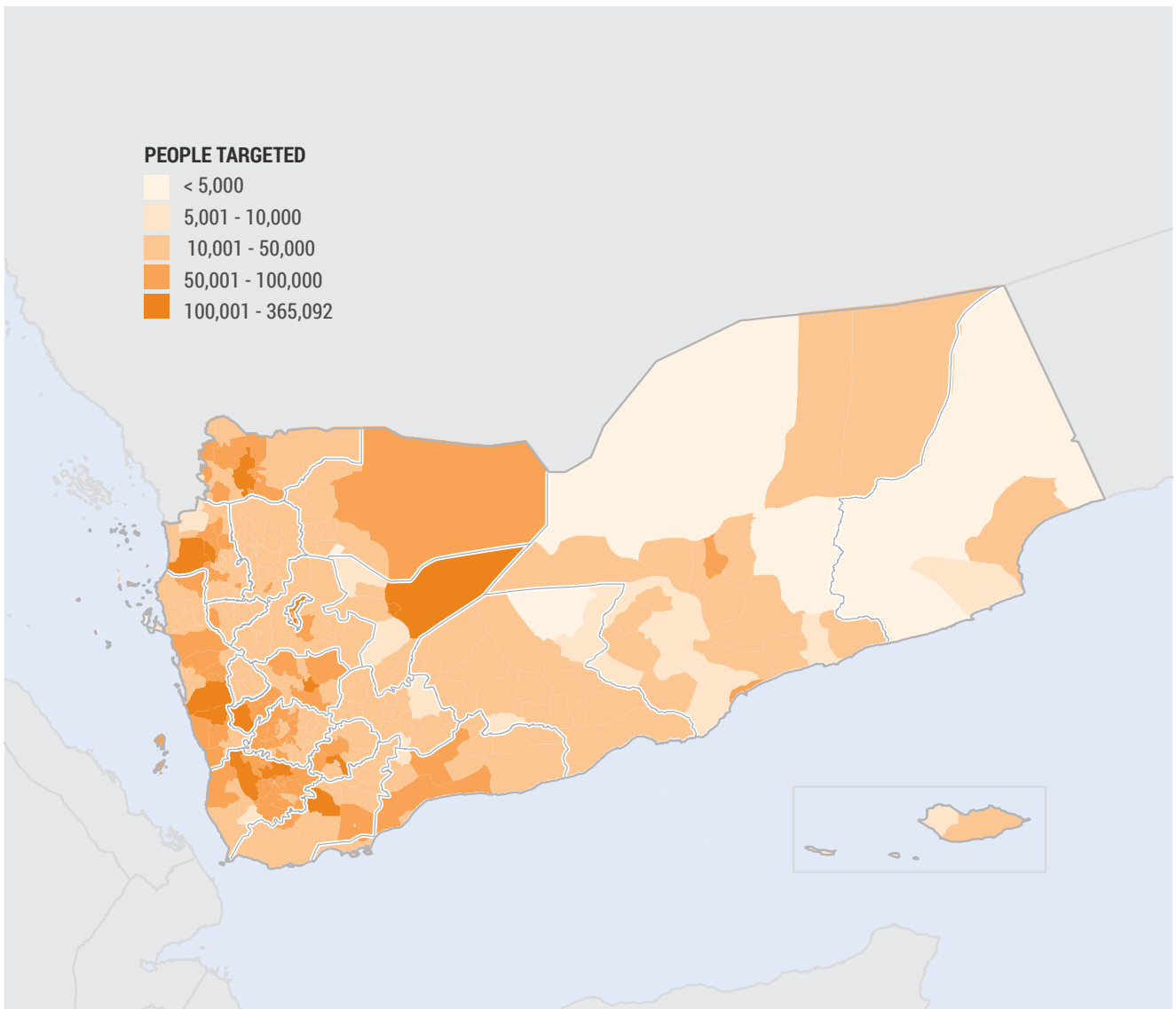
Nawarah is in the tenth grade at Al-Shaheed Al-Hakimi School, Ta'iz Governorate.
Photo: CARE Yemen/Sarah Rasheed



3.3

Food Security and Agriculture

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
17.6M	12.8M	3M	6.5M	15%
REQUIREMENTS (US\$)	PARTNERS			
\$1.36Bn	90			



Objectives

The Food Security and Agriculture Cluster (FSAC) aims to reach 12.8 million of the most food insecure and vulnerable people facing Integrated Food Security Phase Classification for acute food insecurity (IPC AFI) Phase 3 (emergency) and above. This will be achieved through the below FSAC objectives:

1. Increase availability and access to secure, safe and lifesaving food for the most vulnerable households through emergency assistance.
2. Protect, restore and promote livelihoods and build assets to enhance resilience.

Response

FSAC partners will use a twin-track approach through the provision of emergency food assistance and livelihood support (agriculture and off-farm livelihood) to the same locations. This approach will enhance timely and cost-effective access to diverse food to achieve food security and nutrition objectives sustainably. Populations facing IPC Phase 3 and above³ will be used as an entry point for geographical targeting; however, household and individual targeting for different interventions will be based on harmonized vulnerability criteria, with a focus on reaching the most vulnerable households, especially female-headed households. FSAC partners' monthly high frequency monitoring data and other relevant assessments will be used to refine the needs-based household vulnerability profiling.⁴

FSAC partners will provide emergency food assistance to 10 million of the most vulnerable food insecure individuals covering up to 80 per cent of their minimum daily requirement (based on sphere standards reference of 2,100 kcal/person/day). The primary goal of emergency food assistance is to save lives by ensuring immediate availability and access to food. 15 to 20 per cent of the emergency food assistance will be provided through cash or voucher transfers, contingent on in-depth market assessments and operational feasibility analyses (cost efficiency, effectiveness, appropriateness, and beneficiary preference). FSAC has developed a joint plan of action

with the Cash and Markets Working Group (CMWG) to improve the cash response's effectiveness and efficiency. Emergency livelihood assistance will be provided to 1.5 million vulnerable people. Time-sensitive emergency livelihood support, especially when combined with cash assistance, has been proven to have significant positive impact on food security, health and nutrition outcomes. FSAC partners will adopt climate smart agriculture practices to improve food and agriculture production capacities. This will include using the traditional Farmer Field School (FFS) model that promotes peer farmer-to-farmer training based on identification of common problems and solution and integrates it with specific climate smart knowledge, experiences and techniques to address the local agricultural needs. Conditional and season-specific cash transfers will be provided to one million people to increase household income and provide seasonal employment opportunities, while supporting the rehabilitation and consolidation of critical community assets and infrastructure. Similarly, support in livelihoods assets restoration and establishment of micro-businesses/income generating activities will be provided to 300,000 vulnerable people to enhance employability and offer some financial stability.⁵

FSAC partners will work closely with the Food Security, Agriculture and Livelihood working group (FSAL WG) under the Yemen Partner Technical Team (YPTT) to enhance the impact of humanitarian and development efforts on vulnerable population. To avert further deterioration of the humanitarian crisis, the FSAC, in coordination with four other Clusters (Nutrition, WASH, Health and protection),⁶ will integrate interventions and leverage synergies towards the prevention of extreme hunger, soaring malnutrition levels and associated mortality through the IFRR initiative.⁷ FSAC interventions will be implemented through principled and people-centered approaches, promoting the safety, dignity and integrity of individuals receiving assistance and equally considering the diverse needs of women, men, girls and boys.

Cost of response

In 2024, 12.8 million people will be targeted for the FSAC response, a reduction of 13.5 per cent compared to 14.8 million people targeted in 2023. The overall cost of the response decreased by 38 per cent, from US\$2.2 billion to US\$1.363 billion. The cost of emergency food assistance is US\$15.20 per individual per cycle, an increase of 30 per cent compared to the previous year. This price increase is due to the latest updated costs of the minimum food basket. However, the overall cost of the activity decreased due to a reduction in the number of people targeted as well as a reduction in the total number of distributions from 12 to 8, factoring operational realities in the Country. The cost of conditional and season-specific cash transfer to rehabilitate community assets and infrastructures is US\$19.75 per person per month, an increase of 6 per cent, per individual per cycle. However, the overall cost of the activity decreased by 29 per cent per individual, attributed to adopting fewer cycles (from 6 to 4), which aligns with the goal of providing short-term assistance for immediate food and livelihood needs. The cost of emergency livelihood assistance is US\$76.86 per individual, an increase of 140 per cent due to adopting the most updated composition of the emergency livelihood kits with the updated costing. The increase also factors associated costs such as costs of seed certification, costs of seed treatment, cost of technical support from relevant technical line ministries, cost of veterinary support and cost of assessment and monitoring. The cost of livelihoods assets restoration and establishment of micro-businesses/income generating activities alongside vocational training is US\$128.57 per person, an increase of 40 per cent due to adopting the most recent unit cost and factoring in the cost of vocational and life-skills training.

Monitoring

Process and Output monitoring: FSAC partners will monitor their programs by collecting data disaggregated by age, gender, disability and location. FSAC will maintain the interactive dashboards using the monthly 5W (Who does What, Where, When and for Whom) to provide real time data to visualize operational presence, response progress, and gaps which serves to minimize duplication of interventions

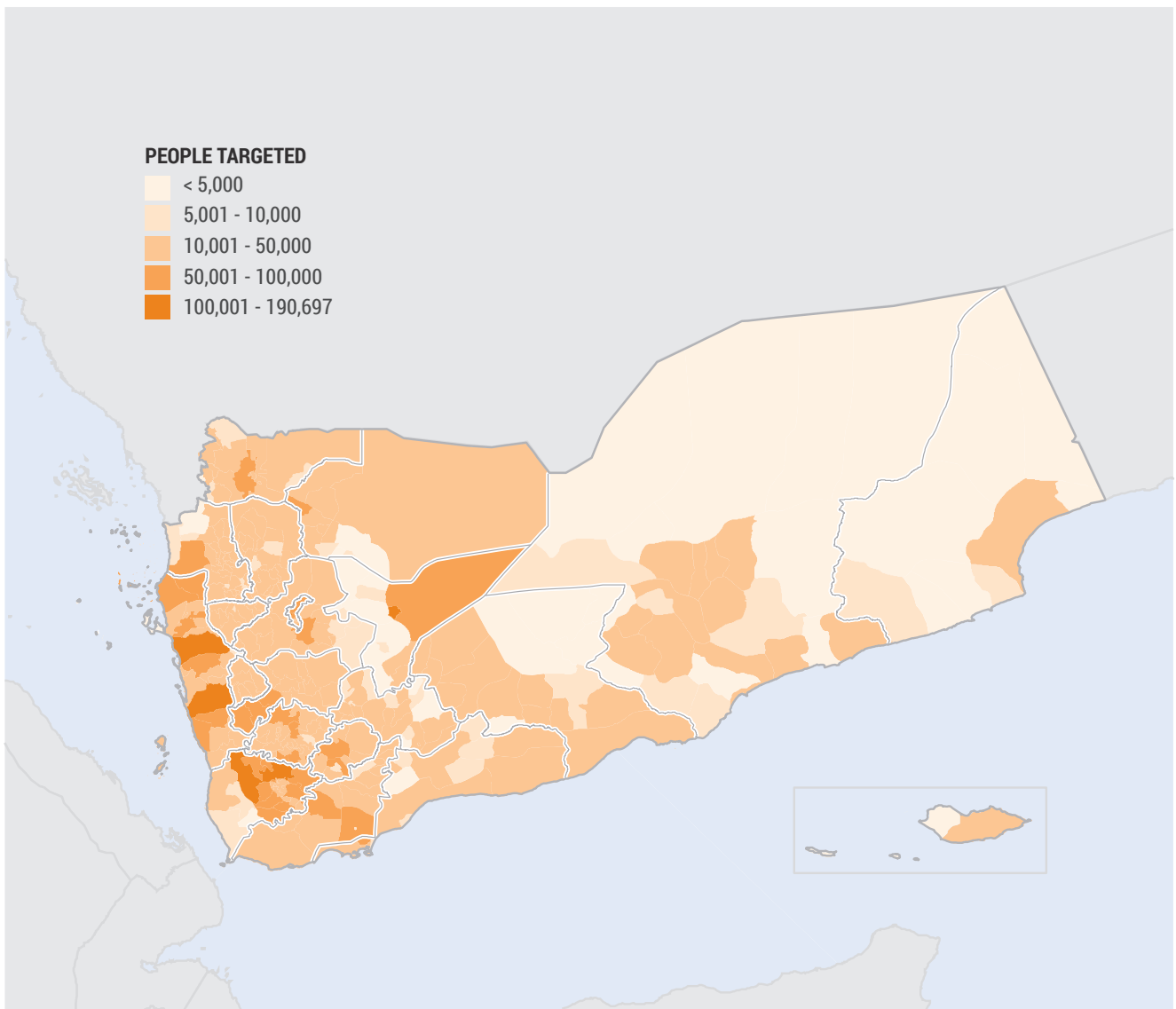
and foster convergence. FSAC partners will continually monitor the community perception of and satisfaction with service provision and support the collective monitoring of whether the targeted population feels consulted, informed and their grievances addressed throughout the entire humanitarian response cycle. These results will be shared and discussed in FSAC meetings at national and sub-national levels, with recommendations provided on how to improve AAP in the FSAC response. FSAC partners will conduct monthly market monitoring⁸ in various districts for key food commodities, livelihood and agricultural inputs to ensure the developed transfer values are aligned with actual market prices and to adapt them when needed. FSAC partners implementing food and cash assistance will conduct post-distribution monitoring (PDM) after every cycle to gauge the satisfaction levels, patterns of assistance and utilization including intrahousehold/ community dynamics, consumption and spending habits to tailor the FSAC response as needed.

Outcome Monitoring: FSAC partners will conduct random annual household surveys to monitor the key food security outcome indicators such as Food Consumption Score, Household Hunger Scale, Household Dietary Diversity Score, reduced Coping Strategy Index, and Livelihood Coping Strategies. This will be compared to long-term trends from previous food security assessments to assess progress and seasonal trends and adjust the evolving response appropriately. The annual IPC AFI and successive updates will be used to monitor and classify food insecurity outlining different levels of severity, food consumption levels, livelihoods changes and key drivers of acute food insecurity. FSAC will utilize the country's existing early warning information systems and products, conducted by several partners including FAO, WFP, FEWS NET, Joint Monitoring Report (World Bank) and REACH to monitor the dynamic food security situation to identify significant drivers and their implications, providing decision makers with timely early warning information for prompt support and interventions.

3.4 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
17.8M	9M	2M	4.5M	15%
REQUIREMENTS (US\$)	PARTNERS			
\$249.4M	46			



Objectives

1. Ensure equitable, inclusive, and dignified access to the essential minimum service package (MSP) consisting of lifesaving and life-sustaining health services at community, primary and secondary levels, integrated with Nutrition, WASH, Protection and FSAC clusters in priority locations, targeting 9 million women, men, boys and girls (including 2 million IDPs and 7 million host community, 0.7 million pregnant women and 1.5 million Non-Communicable Diseases (NCD) patients).
2. Prepare for, prevent, detect and timely respond to outbreaks of deadly epidemic prone and endemic diseases and other hazards impacting health, targeting 1.75 million people with preventive and curative care.
3. Sustain health system capacity and resilience by strengthening institutional capacity and functionality, promoting localisation through sustainable and durable approaches where possible, by extending operational support, revitalizing health facilities, capacitating human resources and improving referrals, targeting 1,000 health facilities.

Response

For the 2024 response, the Health Cluster is employing an area-based approach, emphasizing local understanding of health needs. Through consultations with governorate health offices and partners, strategic priorities were identified, aligning with health cluster objectives, strategy and informing advocacy with development partners.

The Health Cluster aims to improve healthcare accessibility by implementing inclusive MSP in high-priority locations, focusing on areas with a vulnerability/severity score of 4 and 5, in priority frontline areas, and remote districts. The response to disease outbreaks will be fortified through heightened preparedness, early detection via facility and laboratory-based surveillance, and integrated outreach vaccination coverage, strengthened contingency plans, including climate change impact response.

In 2024, the Health Cluster aims to sustain health services at all levels of care through various measures including strengthening human resource capacity, provision of essential medicines, equipment and supplies for various health needs, spanning non-communicable diseases, trauma and emergency care, reproductive, maternal, neonatal, and child health care, as well as MHPSS. Collaborative efforts with Nutrition, WASH, Protection, and FSAC clusters, GBV sub-cluster, the Reproductive Health and MHPSS working groups and the Inclusion Task Force will enhance the quality and effectiveness of the response. Referrals will be scaled up by using cash-for-health programming. Physical rehabilitation, including assistive devices, will be provided for people with disabilities in conflict-affected areas. The Health Cluster will ensure gender-sensitive programming in primary healthcare interventions and survivor-centered GBV response, as well as promote MHPSS response.

In 2024, the Health Cluster will align efforts with the Nexus strategy and programming to transition to more sustainable interventions, such as prefabricated fixed sites, where applicable, and integrated outreach services in the IDP sites and remote communities. Additionally, the Health Cluster will invest in enhancing the technical capacities of the Ministry of Public Health and Population (MOPHP) as well as national partners through institutional support and capacity building, thus promoting localisation of the health response. Revitalization and strengthening of strategically located health facilities in priority districts, by rehabilitation of WASH infrastructure, elevating standards for Infection Prevention and Control, and implementing improvements in the Quality of Care will augment the resilience of the health system in Yemen.

Cost of response

For 2024, the Health Cluster financial requirement to address the health needs of nine million people through a minimum service package of life-saving and life-sustaining community, primary, secondary, and critical advanced healthcare services and referrals is US\$249.4 million. The cost of Health Cluster activities is likely to be impacted by inflation due to global economic recession, supply chain

challenges, increasing costs of medication/supplies, fuel cost, financial support to healthcare workers and the ongoing depreciation of the Yemeni Riyal due to economic deterioration.

Monitoring

The Health Cluster, present at national and sub-national hubs in Yemen, will facilitate inclusive monitoring of cluster response in collaboration with the Ministry of Health, partners, and funds. Response effectiveness will be assessed using agreed-upon standard indicators, analyzing monthly 4Ws and partner data on the District Health Information System - 2 (DHIS-2) dashboard. Outbreaks will be monitored through the

MoPHP's electronic Integrated Disease Early Warning System (eIDEWS) system, vaccination coverage via the EPI dashboard, and health system functionality via Health Resources and Services Availability Monitoring System (HeRAMS). Technical working groups under Health Cluster will monitor gender mainstreaming, GBV response, Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH), MHPSS and other cross-cutting priorities, ensuring a flexible and timely response aligned with evolving needs in Yemen.



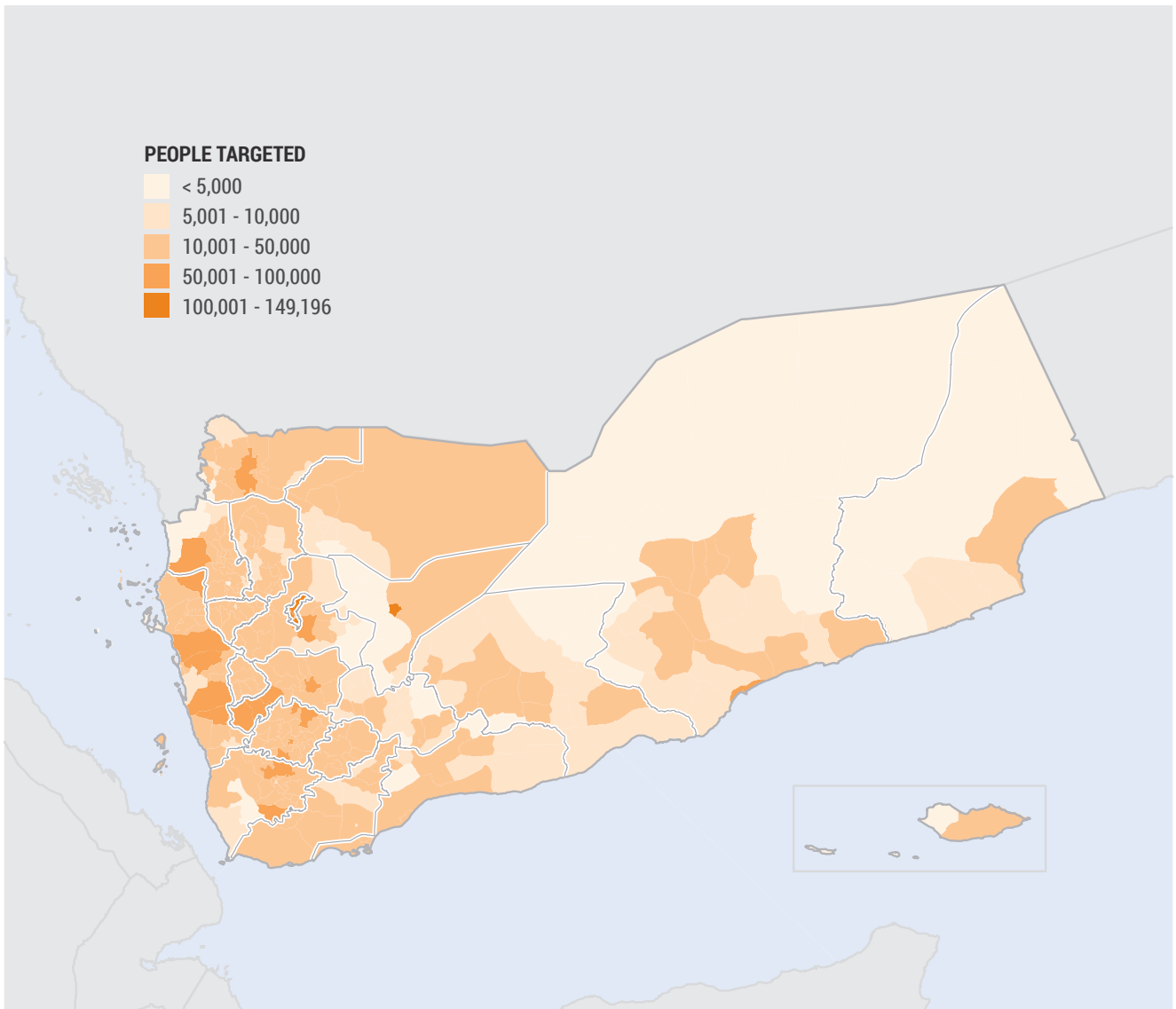
LAHJ, YEMEN

Ulfat, a 34-year-old midwife and community health worker, supported by UNICEF in Lahj Governorate.
Photo: UNICEF/Gabreez

3.5 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
7.7M	6.9M	2.1M	4.8M	0.7M
REQUIREMENTS (US\$)	PARTNERS			
\$193.6M	47			



Objectives

About 7.7 million children under-five and pregnant and lactating women (PLWs) in Yemen are in need of humanitarian nutrition support in 2024. Among these, 1.7 million children and 0.9 million PLWs are in acute need.

The Nutrition Cluster in Yemen will address the heightened nutritional needs among children under five and PLWs through the following objectives:

1. Scale up early detection, referral, and treatment of wasting through innovative, high quality, timely and integrated multi-sectoral life-saving responses (that involves collaboration across different sectors) targeting vulnerable women, girls, and boys, in locations with high burden of wasting.
2. Enhance the resilience of crisis-affected vulnerable women, girls, and boys, through the provision a package of integrated multi-sectoral preventative actions focusing on the first 1,000 most critical days (from conception to 2 years), contributing to the prevention of wasting, stunting and micronutrient deficiencies in locations with high burden of wasting.
3. Strengthen the capacity and systems of national authorities and partners for effective delivery of quality nutrition responses and enhance leadership and coordination (both for the cluster and Scaling Up of Nutrition), including nutrition information systems to support prioritization of interventions and monitoring.

Response

The Nutrition Cluster response will prioritise and target the most vulnerable children under five and PLWs in districts with the highest malnutrition severity and ensure they have access to quality lifesaving malnutrition treatment and prevention interventions.

In districts with severe food insecurity and the highest burden of wasting, the simplified approach⁹ will be adopted by Nutrition Cluster partners to improve nutrition programme coverage and hence enable timely and effective treatment of children and other vulnerable groups.

Similarly, children under two years and PLWs in locations with IPC¹⁰ Phase 4 and above will be prioritized and targeted with emergency malnutrition prevention interventions including need based infant and young child feeding (IYCF) counselling through social behaviour change and communication (SBCC), growth monitoring and micronutrient supplementation during the first 1,000 days windows of opportunity. This is a period when proper nutrition is crucial for optimal growth and development and contributes to better long-term health and nutrition outcomes.

Through social protection support, cash and voucher assistance will be provided to PLWs in targeted extremely food insecure households to improve access to fresh foods and diversified diets for children and PLWs. In addition, children with severe acute malnutrition (SAM) and associated complications will be supported through a voucher assistance scheme to promote the effectiveness of the treatment regime.

In districts presenting high multi-cluster severity scores of 4 and above, the cluster will aim to implement and scale-up multi-sectoral responses in close coordination and collaboration with WASH, Health, Education, Protection, and Food Security clusters through a package of services that reinforces integration and tackles the key drivers of malnutrition associated with food insecurity, sub-optimal child-care and feeding practices, high morbidity, as well as poor water and sanitation.

Some of the nutrition sensitive interventions planned include school health and nutrition programs in prioritized schools in districts with Global acute malnutrition rates above the emergency threshold, in coordination with FSAC to ensure malnourished children from extremely food insecure households are referred and prioritized for food aid support as well as ensuring that integrated health and nutrition interventions continue to be delivered at the scale at the household, community and through health facilities.

The Nutrition Cluster will also ensure marginalized communities, the disabled, the internally displaced and refugees are targeted with nutrition support while maintaining the centrality of protection.

Cost of response

During 2024, the Nutrition Cluster will require US\$193.6 million to target 2.3 million boys and 2.4 million girls, and 2.1 million pregnant and lactating women with life-saving nutrition services. The Nutrition Cluster only received 29.8 per cent of its annual financial humanitarian appeal in 2023 (US\$118.7 million).

In 2024, the Nutrition Cluster will focus on addressing preventive and curative interventions and seek to attract more nexus-oriented resources while leveraging a multi-sectoral approach to complement humanitarian funding requirements. Cost efficiency of nutrition activities will be achieved through the following:

- Integration of nutrition activities with enhanced multi-sectoral approaches with other clusters including Health, WASH, Protection, Food Security and Livelihoods delivered through well-coordinated interventions at scale.
- Strengthening malnutrition prevention interventions to reduce new incidence of wasting cases especially in locations with high burden of wasting.
- Utilization of conditional and unconditional cash programming, social behaviour change, and communication programmes and innovative food security approaches, to support improved household diet diversity, especially for children under two and PLWs.

Monitoring

The Nutrition Cluster will employ several approaches to monitor the evolving nutritional situation and needs. Monitoring will include utilization of the routine Nutrition Information System (NIS), DHIS-2 health information management system to monitor programme performance and assess the impact of interventions.

In addition, data from the nutrition surveillance system, implemented by the MOPHP and WHO in selected health facilities, will be analysed to inform decision making on the evolving nutrition context.

At the community level, nutrition assessments including SMART/SQUEAC in prioritized zones will be conducted to determine malnutrition prevalence and programme coverage. In addition, results of IPC Acute Malnutrition and other related assessments will be utilized to better understand the evolving nutrition situation.

Monitoring through joint supportive supervision and field missions will be conducted to review program progress and engage communities and relevant stakeholders and programmes adjustments made as needed.



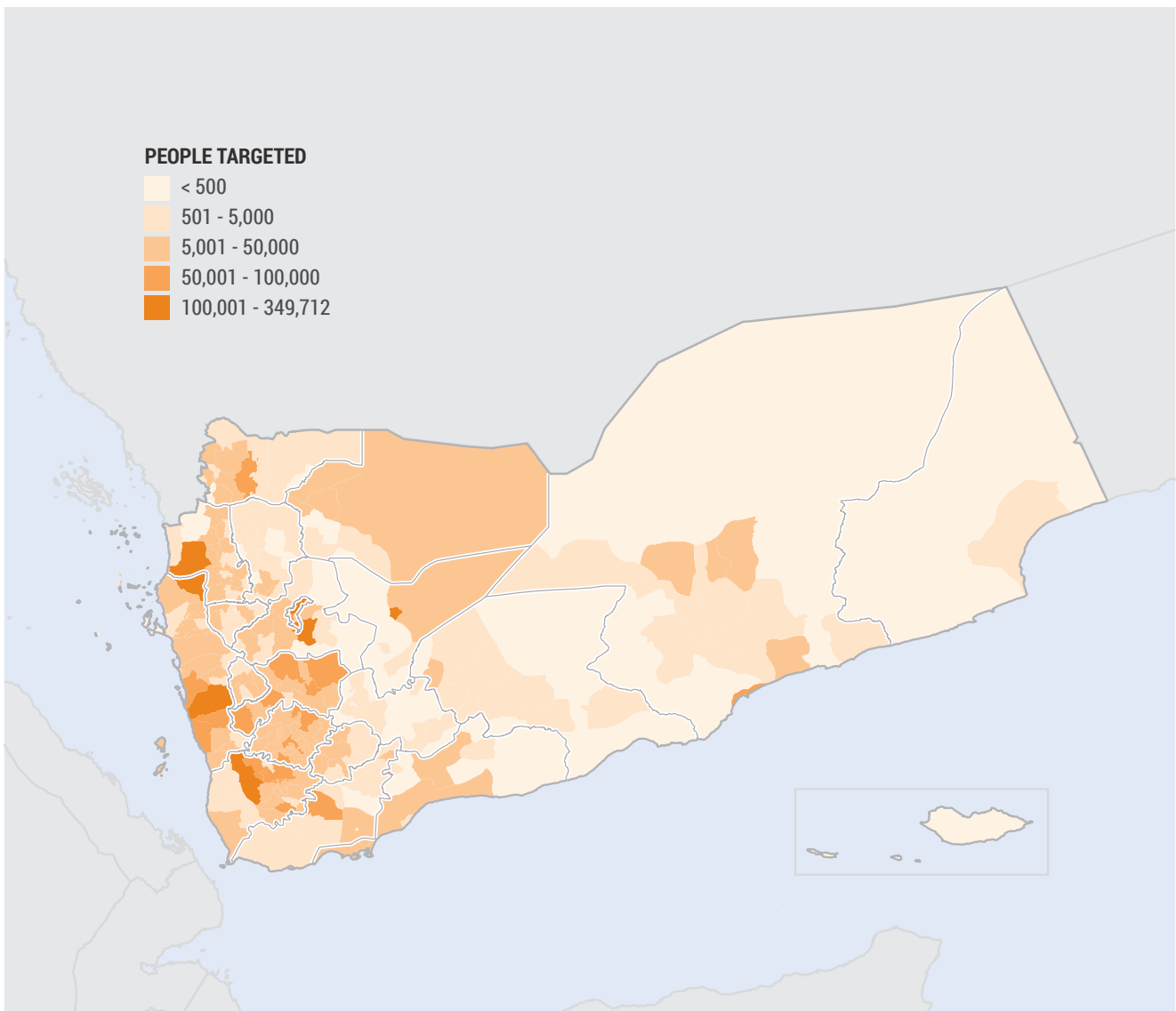
RAYMAH, YEMEN

"My son had acute malnutrition, and I did not expect him to survive. My husband is a daily worker and does not have a fixed income. There are many obstacles we try to overcome, and the most important one is my son's recovery after receiving nutrition and medicines." A nurse taking the MUAC measurement at Mazhar Therapeutic Feeding Centre in Raymah Governorate. Photo: UNICEF/Anwar Al-Haj

3.6 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
16.4M	4.6M	1.3M	2.5M	15%
REQUIREMENTS (US\$)	PARTNERS			
\$168.1M	66			



Objectives

In 2024, the Protection Cluster plans to reach 4.6 million people in need of specialized protection responses, including IDPs, non-displaced people and returnees. The Cluster will target conflict-affected people impacted by conflict and climate related displacement found to be in vulnerable situations due to the ongoing humanitarian situation.

The Cluster's objectives are as follows:

1. Ensure vulnerable IDPs, non-displaced people and returnees receive principled and gender-responsive protection assistance.
2. Vulnerable IDPs, non-displaced people and returnees benefit from full, equitable, and non-discriminatory access to essential services and enjoyment of their legal and human rights.
3. Improve the resilience and social cohesion of conflict-affected communities; persons of concern are supported in identifying sustainable solutions.

Response

People in Yemen face diverse, widespread and in some areas, acute protection needs that continue to outstrip response capacities. Multiple and specialized protection services continue to be needed and requested. Civilians remain exposed to protection risks in connection with the impact of nine years of conflict and the long-term consequences of the crisis. Years of hostilities have resulted in increased explosive hazards contamination that continue to threaten the lives of civilians and the safe return of IDPs. Protracted hostilities have led to the disruption of services, community safety nets and the disruption of rule of law institutions. The social and economic effects of the crisis continue to lead to situations where families and individuals are faced with very limited options in their struggle to survive, often compelling households to resort to harmful coping strategies such as child labour, early or forced marriage, and begging. Spontaneous returns of IDPs have been reported in 2023, however, the conditions to which they are returning are frequently difficult and people returning find many of the same issues and challenges as when they had been displaced.

In 2024, Protection partners will assist 4.6 million people including vulnerable IDPs, non-displaced people and returnees in urban and rural areas, including in IDP sites. Understanding the risks faced by affected populations, their vulnerabilities and coping mechanisms are core aspects for delivering quality protection responses in 2024. Connecting the centrality of protection activities outlined in the HCT Centrality of Protection Strategy Action Plan for Yemen with the HCT's approach to durable solutions and the Durable Solutions Working Group is a priority for the Protection Cluster and AoRs to ensure that short-term aspects of the response feed into longer-term solutions and the enjoyment of rights, and that all actions are focused on contributing to protection outcomes for affected persons. In 2024, the Cluster will target people affected by conflict and natural disasters who are experiencing vulnerabilities and exposure to protection risks in both displacement and return areas. The protection response will expand community-based approaches and increase its emergency and mobile outreach, building on efforts from previous years to strengthen and expand services in terms of coverage and quality, with a focus on increasing meaningful access to protection services and supports. This will include:

- Delivering specialized protection services, including case management (including for general protection, GBV and CP), to vulnerable IDPs, non-displaced individuals, and returnees.
- Strengthening the delivery of protection services and community engagement through established engagement with community-based protection networks, community centers (including safe spaces) and mobile teams in hard-to-reach and newly accessible areas and areas close to the frontlines of conflict.
- Strengthening legal aid services (including counselling, mediation, representation) with a focus on securing documentation and addressing HLP related issues to allow affected people to exercise in full and on equal footing their basic rights, including freedom of movement, and applying for government services.
- Strengthening the capacity of communities, social services workforce, other clusters and humanitarian partners, and national authorities

to identify/mitigate protection risks, strengthen inter-sectoral referrals, enhance existing protection systems and provide inclusive protection activities for diverse populations.

- Enhancing protection analysis through continuous assessments and monitoring to inform principled protection advocacy, interventions, understanding of sustainable solutions, prioritization of the most vulnerable and accountability to affected populations.
- Provision of information awareness sessions (including in disability-accessible formats) including in areas of displacement, return and relocation in coordination with local authorities, social services workforce, thus enabling individuals to make informed decisions and ensuring respect of the do no harm principle;
- Strengthening national protection systems through capacity building, institutional and technical support for local authorities, relevant line ministries and other key stakeholders;
- Provision of Cash for Protection, individual and in-kind, to address urgent protection needs of vulnerable individuals, support their recovery from protection violations and mitigate or prevent reliance on negative coping mechanisms. Collaboration between Protection and Cash Working Group in 2024 will focus on bolstering the safety and well-being of vulnerable populations through a strengthened referral system;
- To assist vulnerable individuals to manage and overcome conflict-related trauma and psychosocial distress, protection partners will provide individual and group psychosocial support services;
- Strengthen community resilience and self-protection capacities through community-based protection interventions and the provision of livelihoods and skills building. This will include conflict resolution activities aimed at addressing emerging tensions and disputes among various conflict-affected population groups, particularly concerning access to public services, labor markets, and humanitarian assistance. These activities also promote the integration of IDPs in areas of displacement and returnees upon their return.

The Cluster will continue to pursue advocacy initiatives, together with and directed towards the humanitarian community and other stakeholders, notably national and local authorities, to draw attention to protection issues, inform the response and enhance the protective environment. In addition to the implementation of specialized protection services, the Cluster will continue to support other key stakeholders with the mainstreaming and integration of protection across the humanitarian response, including via clear guidance and technical support. In these efforts, the Protection Cluster will prioritize engagement with all other clusters, more specifically the Cash WG, CCCM, Shelter, Education, WASH, FSAC, Health and Nutrition for integrated protection actions and outcomes in line with the Centrality of Protection Strategy Action Plan for Yemen. Additionally, it will collaborate closely with actors involved in durable solutions and development efforts. This approach aims to ensure that protection remains a central and coordinated element in humanitarian and development activities, ultimately contributing to more sustainable and lasting solutions for affected population. Protection partners' activities will be delivered in alignment with, and in support of, the national durable solutions framework where appropriate.

Cost of response

The cost of overall Protection Cluster activities is US\$168.1 million in 2024, of which US\$62 million is for general protection including HLP, US\$39.2 million for child protection AoR, US\$56 million for the GBV AoR and US\$10.9 million for humanitarian mine action AoR.

The cost of the response was calculated using a two-pronged approach: 1) A total of four consultations with cluster partners and Protection Cluster Strategic Advisory Group (SAG) members based on the average unit costs for HRP 2023 and 2) an analysis of the target and reach in 2023 to inform targeting and activities in 2024. These activities are costed with agreed maximum costs considering indirect costs, inflation, implementation in hard-to-reach areas, procurement of security and other equipment, and monitoring.

Monitoring

The Cluster will continue monthly reporting to the inter-cluster response monitoring mechanism on the status of response targets, disaggregated by geographic area as well as by sex, age and disability. The Cluster has its own reporting mechanisms including ActivityInfo, Eviction Tracker, Service Mapping and Referral Mechanism, Monthly Response and Gap Analysis at national and hub levels.

Protection AoR: Child Protection



PEOPLE IN NEED	PEOPLE TARGETED
7.4M	0.87M
REQUIREMENTS (US\$)	PARTNERS
\$39.2M	30

Serious ongoing and emerging child protection (CP) needs across the 42¹¹ most crisis-affected districts require specialized child protection services grounded in a socio-ecological, integrated approach. The child protection response will reach 876,463 children,¹² including those at risk of and experiencing violence, abuse, neglect, exploitation, and separation from primary caregivers. All CP interventions are designed to be inclusive, participatory, gender- and age-sensitive and child-friendly, ensuring those in the most vulnerable situations, including girls who have experienced abuse and children with disabilities, have easy, quick and safe access to services.

Case management¹³ services with integrated MHPSS, family tracing and reunification, and alternative care remain crucial to respond holistically to the needs of high-risk children¹⁴ and their families. Positive parenting and other caregiver support¹⁵ will be

included within case management and will also be a separate response component to strengthen families and mitigate further risks. Additional MHPSS activities, including structured group activities for children in safe spaces, will be provided to support children’s and their caregivers’ positive coping skills, safety, and wellbeing. Training and mentoring on case management components, including MHPSS, with the social service workforce will be prioritized to ensure a quality response in line with minimum standards.

Meaningful community engagement, systems strengthening, and working across sectors will facilitate a sustained response and more effectively minimize long-term harmful effects on children’s cognitive, emotional, and physical development. Training, coaching, and collaborating with community members/groups, the social service workforce, local authorities, and other cluster staff (e.g., health, nutrition, and education) in safe recognition and referrals of CP concerns, child safeguarding, child participation, risk awareness messaging and prevention strategies, and other fundamentals will promote complementarity and harmonization among various actors and support broader ownership of contributions to children’s protection and well-being.

CP actors will coordinate with Mine Action on awareness raising and behavioral change activities to conduct explosive ordnance risk education and with Education and Gender-based Violence actors to operationalize joint frameworks, including safe, well-coordinated referrals on shared populations of concern and MHPSS in schools through teacher training.

Protection AoR: Gender-Based Violence



PEOPLE IN NEED

6.4M

PEOPLE TARGETED

1M

REQUIREMENTS (US\$)

\$56M

PARTNERS

26

In 2024, the GBV AoR aims to reach 1,066,000 individuals at risk of GBV with specialized services. This includes a focus on vulnerable populations, including 742,701 IDPs, of whom 88 per cent are women and girls. Additionally, vulnerable groups such as people living with disabilities, Muhamasheen, female-headed households, and child survivors of GBV will receive prioritized attention across 132 districts in 21 governorates.

The GBV AoR's response will address the complex protection risks faced by women and girls through a holistic approach. This approach considers individual, family, community, and societal factors as drivers of GBV as well as key instrumental actors in addressing GBV. The GBV AoR will ensure that survivors of gender-based violence, abuse, and exploitation have safe, dignified and quality access to comprehensive multi-sectoral GBV response services tailored to their specific needs. Recognizing the unique multi-sectoral needs of survivors of GBV and at-risk women and girls, the GBV AoR will also integrate its response into key areas such as women's economic empowerment, reproductive health and MHPSS to address survivors' negative coping mechanism and aid in survivors' resilience, healing and recovery efforts. Additionally,

integration will build trust with local authorities and communities while providing survivors with safe spaces and culturally appropriate and vital multi-sectoral services.

To effectively prevent and address violence against adolescent girls and children, the AoR will collaborate with other sectors, especially child protection to provide integrated services that address interconnected issues such as child marriage, and Female Genital Mutilation (FGM).

Recognizing the capacity needs of both frontline GBV actors and non-GBV actors and sectors, the GBV AoR will launch a comprehensive GBV capacity building initiative¹⁶ that also prioritizes training and capacity building of five key clusters in GBV mainstreaming and integration efforts to mitigate GBV risks in their humanitarian programming:

- Link to GBV specialized services and to different sectors through case management and inter-agency and inter-sectoral referral pathways
- Maintain and establish safe spaces and shelters for women and girls in need immediate protection from perpetrators.
- Provide livelihood support to GBV survivors through income generating and skills building activities to strengthen resilience and aid in survivors' recovery efforts
- Improve capacity including on clinical management of rape cases and survivors' access to healthcare.
- Address root causes of GBV through comprehensive community-led interventions.

Protection AoR: Mine Action



PEOPLE IN NEED

6.9M

PEOPLE TARGETED

0.5M

REQUIREMENTS (US\$)

\$10.88M

PARTNERS

10

The Mine Action (MA) response includes activities such as mine clearance, risk education, and victim assistance in cooperation with MA partners and coordinated by the national MA authorities. Expanded age and gender-tailored risk education is essential to provide civilians at risk from explosive hazards the knowledge to avoid dangerous items and reduce the risk of an incident occurring. The provision of survey activities is a priority to enable the MA AoR to better define the scale of the explosive hazard threat and better prioritize MA activities. Information

from surveys will also be used to tailor risk education messages to localized threats. Explosive hazard removal is the only way to remove the threat from explosive hazards. The removal of ERW is a life-saving humanitarian priority, in that it contributes to the protection of civilians, improves access to basic services, enables the resumption of livelihood activities and reconstruction efforts, and provides safe access for other humanitarian actors.

Under the leadership of the UN Resident Coordinator office, it will be important for Yemen’s national mine action authorities to adhere to national legislation and International Mine Action Standards. This entails a clear separation of the regulatory/coordination/quality assurance function from the landmine and ERW clearance function. Efforts to scale up surveys, clearance operations, risk education and victim assistance will be supported as key activities. Opening roads is a key component of the ongoing political process and the partnership across MA actors will be essential to assess selected roads, enable the implementation of thorough mine clearance/road verification operations, and ensure that the roads are safe for civilian and commercial use, as well as humanitarian response projects.



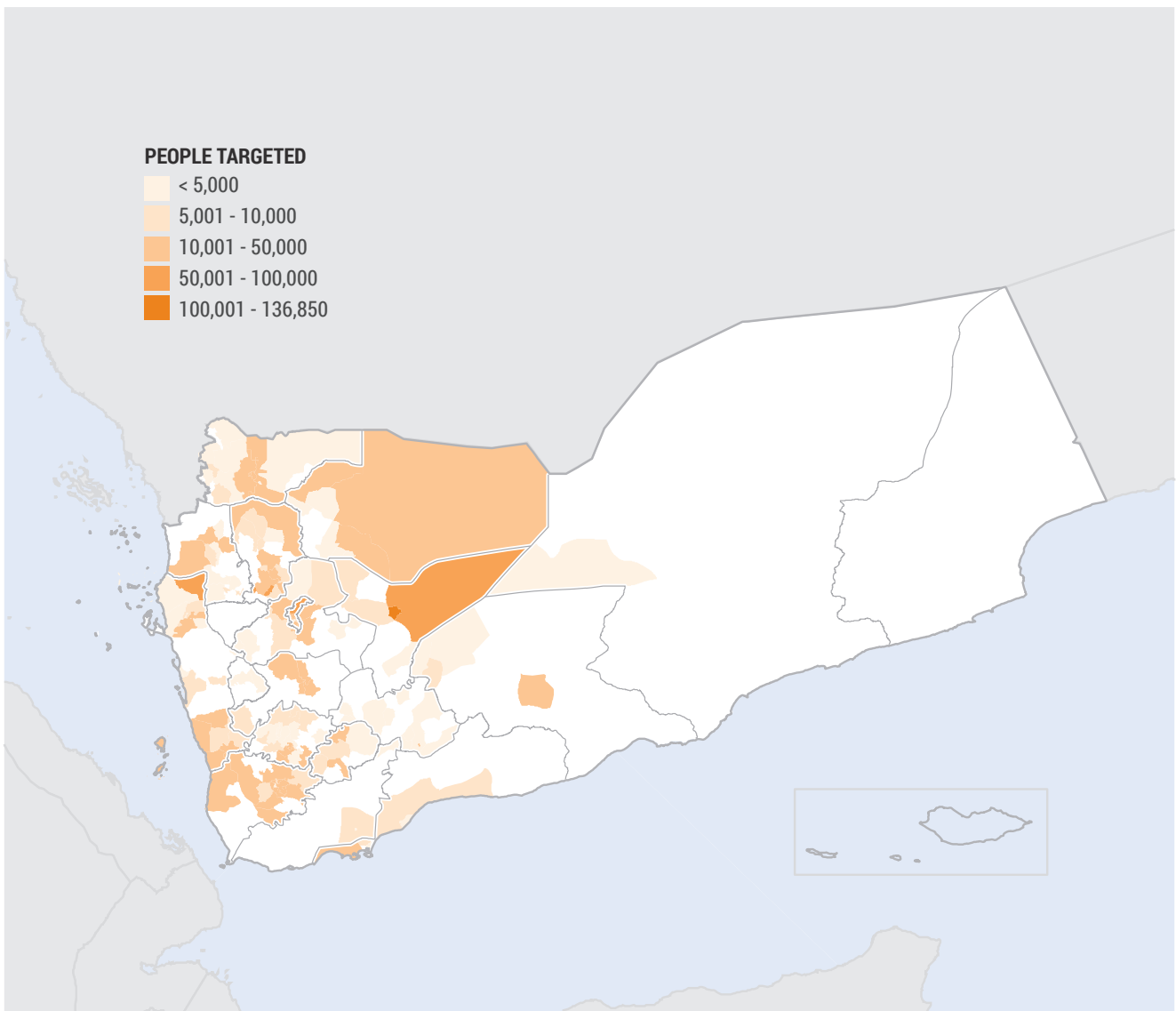
AL HODEIDAH, YEMEN

Sabrin, Abdo, and Jabri are orphans who were displaced from Al Hodeidah Governorate. To support themselves financially, Sabrin is working as a cleaner, Abdo is working as a shopkeeper at a nearby kiosk, and Jabri washes cars. The cash assistance they receive from UNHCR helps them meet their most pressing needs and cope with the displacement challenges. Photo: UNHCR/ Mahmoud Fadhil

3.7 Shelter and Non-food items



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.7M	1.7M	404k	867k	15%
REQUIREMENTS (US\$)	PARTNERS			
\$160.5M	210			



Objectives

The Yemen Shelter and NFIs Cluster response aims to improve the living standards of the most vulnerable women, boys, girls, men, persons with disabilities, older persons, and marginalized groups to mitigate further protection risks, create safer and dignified conditions through these objectives:

1. Ensure timely life-saving emergency shelter and non-food items (NFIs) assistance to families affected or displaced by conflict, extreme climatic situations, and natural disasters.
2. Enhance the resilience of protracted IDP and returnee families living in precarious shelter conditions by supporting sustainable shelter solutions.

Response

Despite reaching over 679,000 people with shelter and NFI assistance in 2023,¹⁷ the shelter needs remain immense, especially for people experiencing protracted displacement and returnees due to diminished community coping strategies coupled with funding shortfalls. The situation is further exacerbated by the lack of development actors.

The YSC plans to assist 1.7 million people out of 6.7 million in critical need of shelter and NFIs.¹⁸ A total of 201,500 families directly impacted by sudden shocks related to natural disasters, conflict, forced eviction, and fire incidents will receive emergency shelter, cash for rent, repair kits, and NFIs including the Energy Saving kit, a key component to mitigate risks of GBV. Due to HLP issues impeding sustainable shelter response, 44,400 families living with protracted displacement in makeshift shelters will be assisted to maintain and upgrade their shelters. About 31,400 protracted IDP and returnee families with secured land tenure will receive support for transitional shelters, house rehabilitation, and the construction of semi-permanent one-room shelters to meet their medium-term shelter needs. YSC will support one-year cash-for-rent for transitional shelter integrated with livelihood. 33,200 families (IDPs, returnees, and their host) with acute needs without coping mechanisms to withstand the harsh winter will be prioritized for winterization assistance. The Cluster will update its preparedness

and response plan, preposition emergency stocks in six strategic locations (Marib, Hajjah, Sanaa, Aden, West Coast, and Saada), and build capacities of partners and communities to enhance response.

Community-driven disaster risk reduction initiatives will be supported to mitigate the severe impacts of 51,000 families living in hosting sites highly prone to floods. To integrate the environment and mitigate further impacts, partners will refer to the YSC Environmental Profile¹⁹ and use the NEAT+ Tool to analyze impacts and integrate mitigation measures into shelter response. YSC will support localized shelter practices referring to the YSC Local Building Practices to prevent pollution and degradation of the environment. The districts with the highest severity intersectional needs including the hard-to-reach areas will be prioritized.

Through rigorous assessments, the YSC aims to have a detailed and comprehensive understanding of shelter and NFI-related challenges, vulnerabilities, and specific needs among the affected populations. By grounding interventions in solid evidence, the Cluster ensures a targeted and effective response that directly addresses the identified shelter needs, maximizing the impact and relevance of actions within the communities and fostering cohesive and integrated responses complemented by other sectors. Building on the Shelter Cluster market assessment rolled out in 2023, YSC will also collaborate with the Cash and Market Working Group Joint Market Monitoring Initiative (JMIMI) to have up-to-date information on prices of NFIs, shelter materials, and rental market. YCS will engage the communities in the planning, designing, implementation, and monitoring stages of the shelter response while prioritizing an integrated multi-sectoral approach to promote communities' resilience. This includes strengthening collaboration with various stakeholders including authorities, UNDP, UNESCO, inter-clusters especially, WASH, Food Security Livelihood (FSL), and Protection including HLP and GBV.

The YSC will use in-kind, cash, and voucher modalities based on the availability and accessibility of markets for response. Cash for shelter will be restricted, and irrespective of the modalities, communities will receive technical support.

Cost of response

The 2024 financial requirement for the Shelter and NFIs Cluster is US\$160.5 million to assist a targeted 1.7 million people. This represents a decrease of 36 per cent in the requirement compared with 2023 due to an anticipated funding shortfall in 2024. The activities' unit costs are aligned with the recent cluster market assessment completed in November 2023. Of the total requirement, US\$25 million for NFI response and US\$25.2 million for emergency shelter kits, US\$20.8 million for rental support, US\$12.9 million for shelter maintenance/upgrades, US\$19.8 million for climate emergency support and natural disasters mitigation (flood mitigation, winterization support, and shelter repair kits), US\$24.4 million for transitional shelter, US\$32.2 million for house rehabilitation/reconstruction and US\$200K for assessments and PDMs are required. Aside from contributing to other multi-sectoral needs, sustainable shelter solutions are more cost-effective in providing safer and dignified shelters and reducing dependency on humanitarian aid. The Cluster will prioritize cash-based interventions where feasible, reducing high costs for logistics, including warehousing and transportation.

Monitoring

The progress against planned response including geographic locations, sex, age, gender, and disabilities

data will be monitored using the ActivityInfo Tool, the 5Ws, post-distribution monitoring (PDM), the quarterly funds mapping matrix, and contingency stocks tracking. Based on feedback from the communities and lessons learned, shelter approaches will be adjusted. The accountability to the affected population will be enhanced and feedback also recorded in the OCHA Inter-agency Complaint and Feedback mechanisms. With continuous monitoring of the markets, assistance will be based on existing market dynamics. The Cluster Coordination Performance Monitoring (CCPM) mechanisms will be used to assess its performance.

PDM initiatives are an integral part of the Cluster's commitment to ensuring the efficacy of YSC programs. These activities have been designed to systematically measure and evaluate the impact of the Cluster's interventions, encompassing crucial aspects such as the cluster common pipeline emergency distributions and winterization assistance. This continual process of evaluation and adjustment reinforces our dedication to optimizing support delivery, ensuring that programmes remain responsive and relevant to the evolving needs on the ground.



HAJJAH, YEMEN

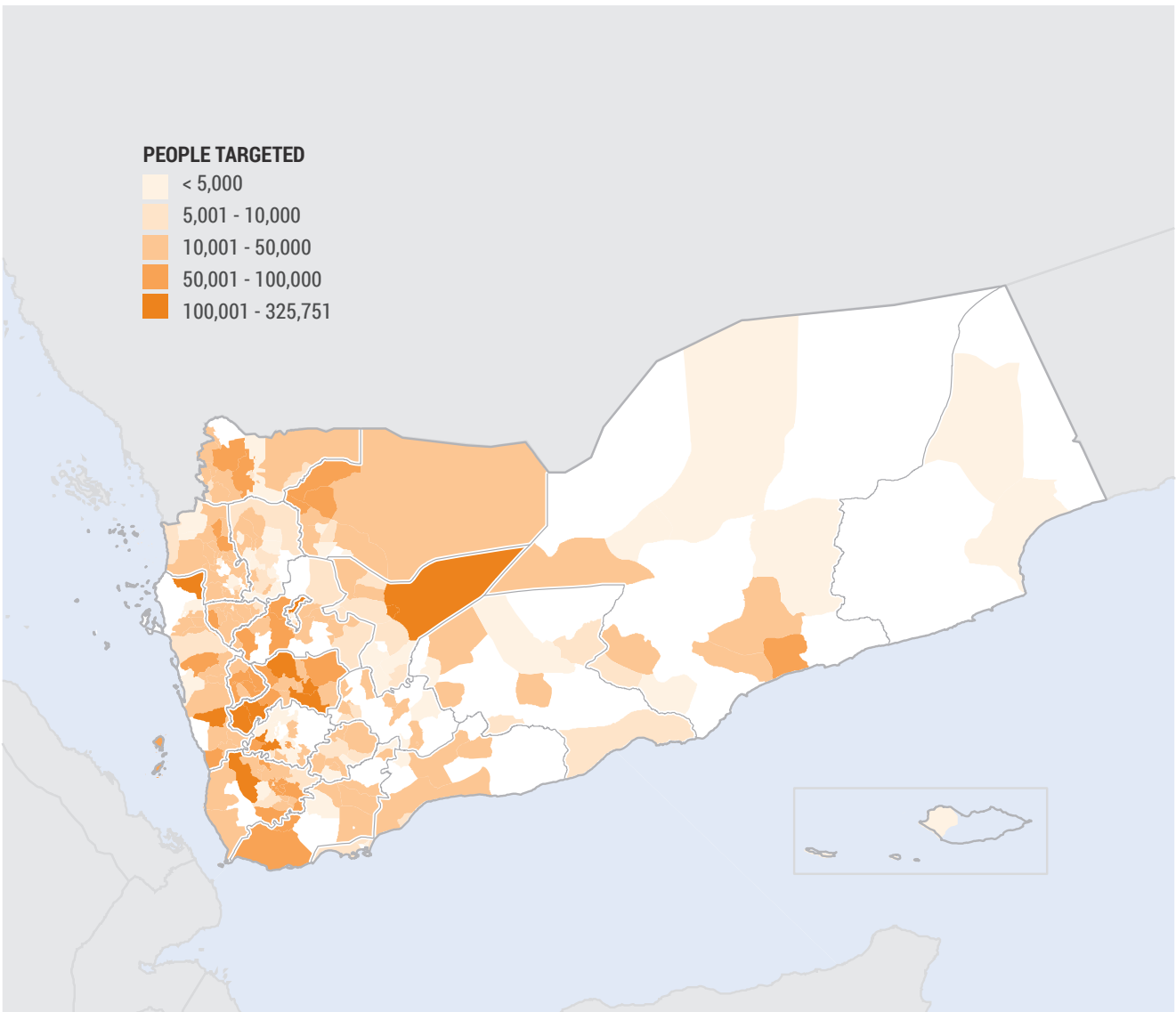
At 72 years old, Abdullah was displaced from Harad with his ten family members to the comparatively safer Khayran Al Muharraq District, Hajjah Governorate. In collaboration with RADF, UNHCR distributed shelter and non-food items. Photo: UNHCR/RADF



3.8

Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
17.4M	7.3M	1.8M	3.7M	15%
REQUIREMENTS (US\$)	PARTNERS			
\$192.4M	92			



Objectives

The water, sanitation and hygiene (WASH) Cluster will target 7.3 million individuals out of 17.4 million people in need, through an evidence-based targeted approach to reach the most vulnerable. To do so, the WASH Cluster identified locations facing extreme/ catastrophic WASH gaps combined to high prevalence of malnutrition and incidence of WASH-related diseases.²⁰ In these locations, the primary objective of the Cluster will be to contribute to reducing morbidity and mortality related to poor access to water and sanitation services as root causes to poor health outcomes, especially in children, women, and other vulnerable groups. Whenever adequate and doable, cluster partners will implement sustainable solutions to achieve a durable impact on public health outcomes.

Response

The WASH Cluster will strategically prioritize resilient and durable WASH interventions when relevant and applicable. Modalities under this response lens include the construction, the rehabilitation, or augmentation of the capacity of water and sanitation systems, solarization and capacity building of operators. Climate change and cross-cutting environmental issues will be mainstreamed in activities under this approach.

For emergency situations, the Cluster will maintain a core rapid response mechanism including capacity to implement water trucking, provide emergency WASH items, conduct hygiene promotion campaigns or any other rapid modalities that would fit the context. When possible, a sequenced approach will be used by partners to ensure basic WASH services are re-established in a sustainable manner after a disaster, as an exit strategy.

As part of the targeted approach of the Cluster, aimed at addressing root causes of malnutrition and water-borne diseases, partners will prioritize hard-to-reach and remote rural areas, crowded urban or peri-urban settings and IDP sites with poor access to WASH. More specifically, in IDP sites, partners will continue to provide water trucking when it is the only possible option, but exit strategy should be clearly identified,

planned and/or advocated to reduce dependency to temporary solutions.

In 2024, partners will actively contribute to the centrality of protection strategy in ensuring inclusion of the most vulnerable in assistance and mainstreaming protection in WASH programming. Several tools will be developed and/or promoted through capacity building sessions such as the disability inclusion tip-sheet, safety audits guidance to reduce risk of violence at facility level and PSEA referral pathway.

The WASH Cluster will continue to engage with development partners through the Water Sector Coordination Group (WSCG) under the Yemen Partner Technical Team (YPTT). This close engagement will support convergence towards collective outcomes for both humanitarian and development framework.

Cost of response

The total requirement for WASH response activities is estimated at US\$192.4 million. While the total target population is reduced by 2.5 million people compared to 2023, the average unit cost remains stable at US\$26 per person.

About US\$118 million is required to provide lifesaving WASH activities for people with acute WASH needs including water trucking, construction of emergency latrines, distribution of hygiene kits, hygiene promotion, cleaning campaign and capacity building for WASH committees.

To sustain existing WASH services in communities, US\$74 million is needed, including for repairing, rehabilitating and augmenting water and sanitation facilities, provision of water treatment systems, provision of renewable solar systems and the provision of solid waste management equipment and machineries.

Among the three sub-areas of WASH, water supply accounts for 45.2 per cent of the total Cluster budget, while sanitation and hygiene promotion respectively represent 27.6 per cent and 25.5 per cent of the total

Cluster budget. The remaining 1.7 per cent represent the costing for capacity building and assessment, including the rolling out of the WANTS (Water/ Sanitation Needs Tracking System) assessment at country level.

Monitoring

The Cluster response progress will be monitored monthly through the ActivityInfo, collecting more than 30 indicators. The Cluster will produce several monthly products to visualize progress against targets at district and national level. The WASH Cluster

will continue to pilot the Accountability and Quality Assurance framework to measure and strengthen the level of accountability to the affected population and the quality of WASH programming. The Cluster will continue to coordinate with the CCCM Cluster to monitor WASH service coverage and gaps in IDP sites. The WASH Cluster will continue to capture development activities that feed into humanitarian-development-peace (HDP) nexus coordination in Water Sector Coordination Group, especially for a collective analysis and regular update on Yemen Information Board.



MARIB, YEMEN

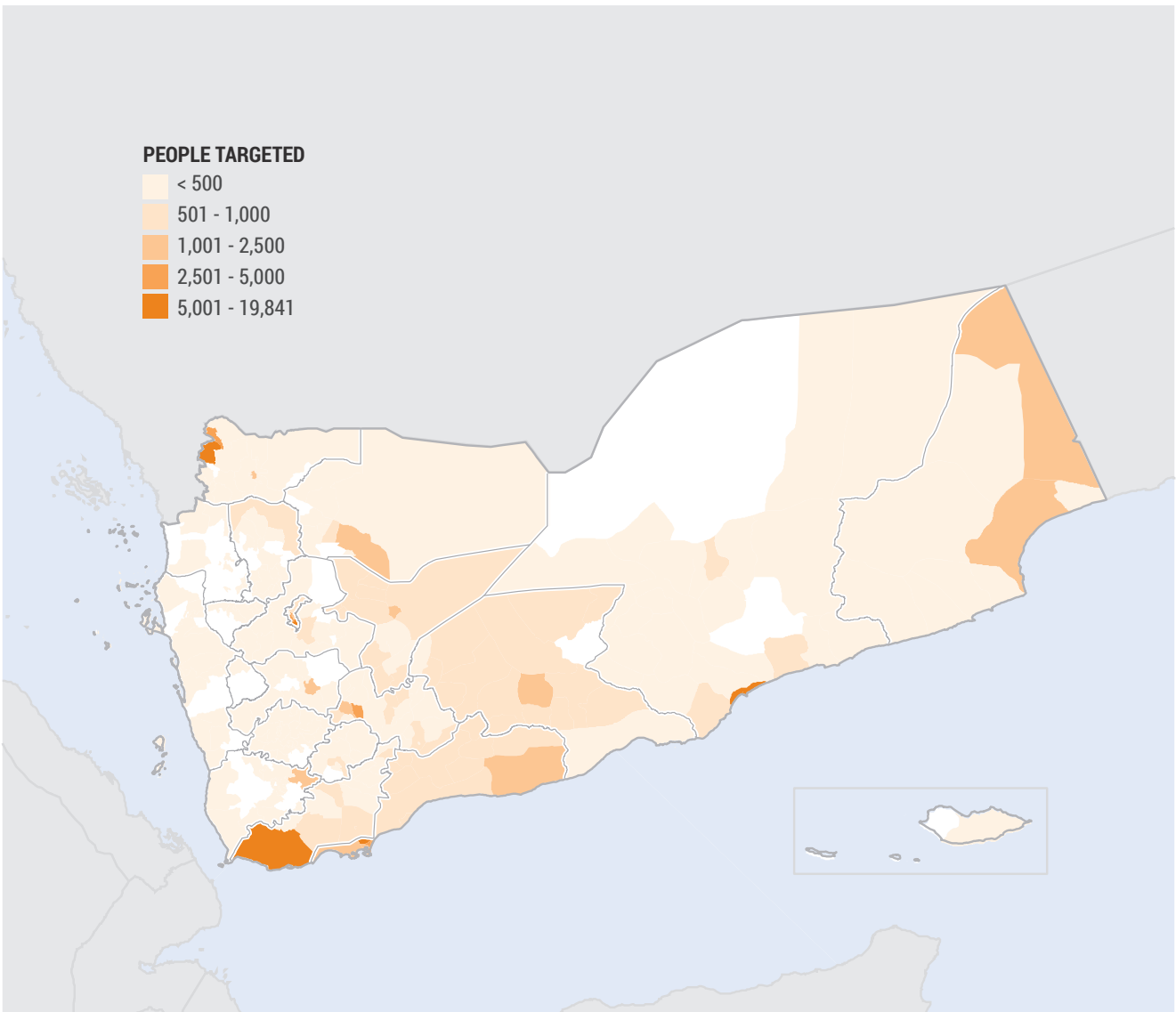
IOM WASH team provides safe and clean water for displaced communities in Marib. Photo: IOM/Haitham Abdulbaqi

3.9

Refugee and Migrants Multi-sector



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
0.4M	0.4M	54k	81.5k	15%
REQUIREMENTS (US\$)	PARTNERS			
\$78.3M	12			



Objectives

1. Improve protection for refugees and migrants, including through protection monitoring and reporting, proper identification and referrals within mixed movements, and the right to asylum for people in need of international protection.
2. Improve living conditions for the most vulnerable migrants and refugees through expansion of basic services, support for self-reliance and sectoral interventions (shelter, health, education, women's protection, child protection, and psychosocial support), with priority given to protection mainstreaming.
3. Pursue solutions for all migrants and refugees, including strategic use of re-settlement for refugees and support for voluntary return to countries of origin in conditions of safety and dignity.

Response

With the significant increase in the migrant caseload, in 2024 the RMMS will enhance its work to ensure that the needs of migrants, refugees and asylum seekers, arriving to, transiting through, or settled in Yemen are addressed and responded to.

The RMMS and its partners will contribute to improving the protection environment by addressing the multiple threats, risks, vulnerabilities and needs of migrants, asylum-seekers, and refugees in Yemen. These vulnerabilities will be addressed through the provision of targeted multi-sectoral life-saving assistance and specialized protection services to people on the move and those in need for international protection as well as through delivery of basic services. The RMMS will also be able to assist migrants who require health assistance due to outbreaks of diseases such as cholera as well as those requiring emergency health treatment. While RMMS partners will deliver a multi-sector response, the sector will encourage the further integration of its populations of concern into the wider cluster response, primarily for protection, health, cash, and education services.

Activities will be carried out along migratory routes including border areas; in urban centres, where most of the targeted population lives, particularly refugees and asylum seekers; along front lines and border areas where many migrants are stranded; and in the Kharaz Refugee Camp.

While the primary method of response activities will be through the Migration Response centres/Points, IOM and its partners will also aid through its mobile teams along migratory routes, including the border areas and front lines where migrants are stranded. As in 2023, IOM will be supporting the voluntary repatriation of migrants to their countries of origin through its Voluntary Humanitarian Return (VHR) programme operating from both Aden and Sana'a. The VHR programme in Yemen is humanitarian in nature and provides stranded, undocumented Ethiopian migrants with the option of returning home safely. VHR currently provides the only realistic alternative to detention for migrants in Yemen.

The RMMS will continue broader coordination and advocacy with duty bearers to strengthen the protection environment and to ensure better compliance with human rights norms and international obligations including the 1951 Convention on Refugees. It will engage with authorities and other actors working in the area to ensure harmonization of the response and proper identification of persons in need of international protection.

The sector will also work on the facilitation of durable solutions, such as resettlement for refugees. Voluntary returns for refugees and migrants will also continue. These activities are aligned with the UN Sustainable Development Cooperation Framework.

Cost of response

RMMS requires US\$78,309,627.53 which equates to US\$99,34 per person, and a 10.35 per cent increase from 2023. This is based on the rationale that IOM, UNHCR and RMMS members provide a multi-sector response modality and are the sole humanitarian actors providing direct service delivery

to their populations of concern. Migrants, refugees, and asylum-seekers are often wholly dependent on humanitarian assistance to meet their basic needs, owing to legal barriers to accessing national support systems and services.

At the same time, the hosting authorities have no capacity to provide support, against a backdrop of huge humanitarian needs for Yemenis. Additionally, the sector will increase its engagement in the provision of solutions, including voluntary return for persons of concern, which comes with a heavy financial burden.

Standard transfer amounts, such as cash for protection, are in line with cluster agreed rates, as are any incentives or other payments for services.

Monitoring

The RMMS will conduct regular protection monitoring, context analyses and vulnerability assessments to inform the response. Despite existing operational constraints, and in particular constraints on protection sensitive activities, all RMMS partners will utilize a range of modalities to ensure that implementation of activities can take place. In line with the RMMS results framework, progress toward the achievement of outputs and objectives will be measured and reported on by all RMMS actors and partners through agreed evaluation plans specific monitoring activities.



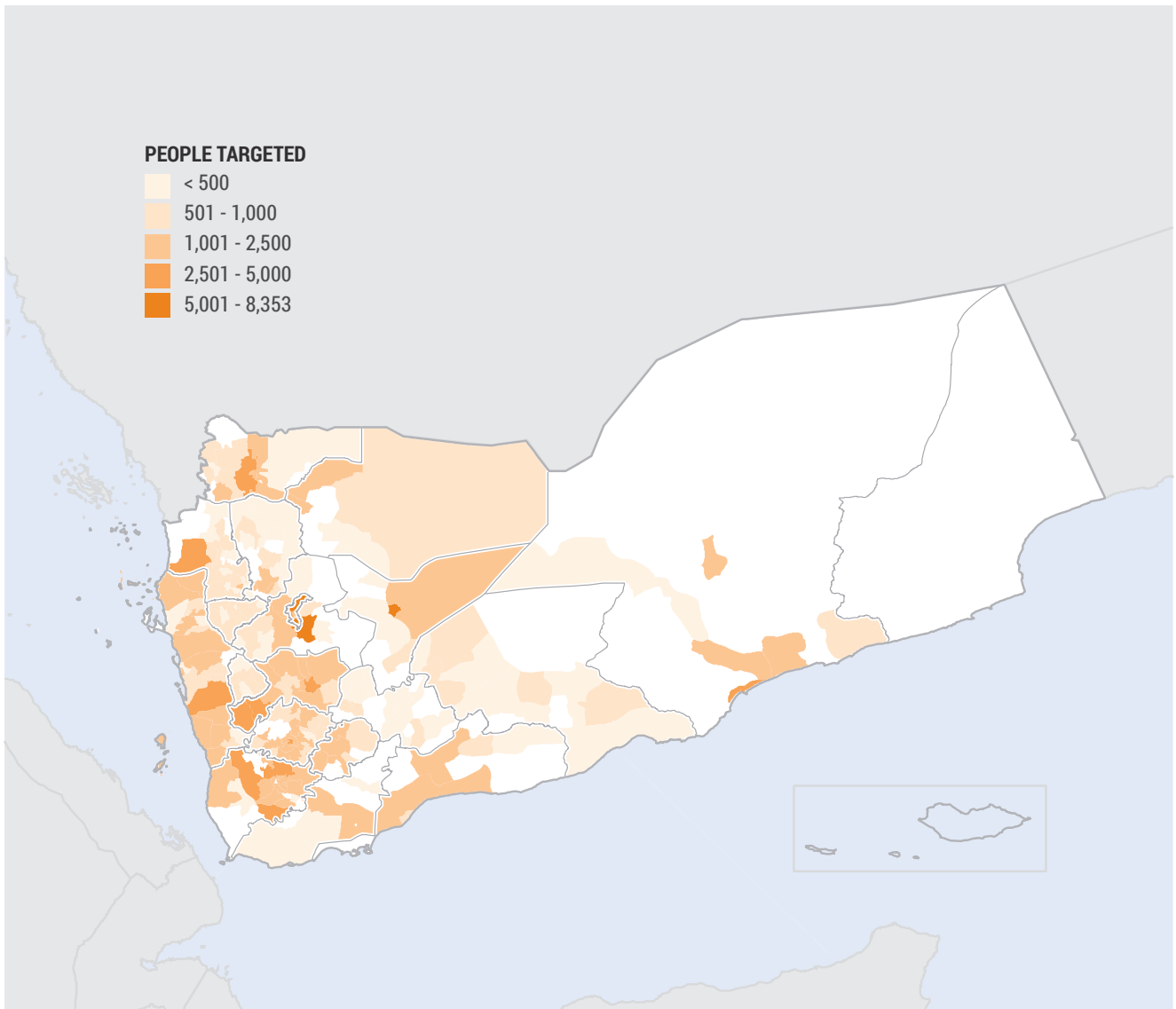
YEMEN

Hassan's family in the boat that will carry them toward a better and safer life in their country. Like many Somali refugees, they left their country in 2021 due to armed conflict. They decided to go back to Somalia through the UNHCR-supported Assisted Spontaneous Return (ASR) programme after both parents could not find a proper job that would help them provide food or education for the family in Yemen. They were provided with documentation and transportation in Yemen as well as financial support to start a new life in Somalia. Photo: UNHCR/Mahmoud Fadhil



3.10 Rapid Response Mechanism

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
0.2M	0.2M	56k	118k	15%
REQUIREMENTS (US\$)	PARTNERS			
\$19.2M	15			



Objectives

Provide immediate life-saving emergency assistance to the newly displaced families in hard-to-reach areas whether due to armed conflict or the aftermath of climate-induced disasters, a comprehensive package is delivered within the crucial first 72 hours following the displacement or occurrence. The lifesaving assistance includes essential items such as a water ceramic filter, a basic hygiene kit, a female dignity kit, an immediate ready-to-eat ration kit, and other items based on communities' feedback in 216 districts across 16 governorates in order to reduce vulnerability, ensure their safety and well-being, and maintain human dignity.

Response

Yemen faces interconnected hazards producing multiple compound risks for communities, leaving them increasingly exposed and vulnerable to future disasters and crises. To compound matters further, climate and environmental degradation worsen the severity and frequency of these disasters. Based on the RRM dataset, over 650,000 individuals (between 2021-2023) have been impacted by the climate-induced calamities. To address this, the UN multi-sectoral RRM strategy involves a coordinated approach among different humanitarian sectors to effectively respond to emergencies. RRM aims to coordinate efforts to avoid duplication and maximize the impact of humanitarian assistance in crisis affected areas. RRM maintains its presence in 216 districts and 16 governorates and will continue to implement the response with the same 15 implementing partners and provide a minimum package of immediate lifesaving assistance to newly displaced and climate induced-affected families in hard-to-reach areas by providing emergency kits, one-off MPCA, and one round of emergency food assistance.

According to the area-based consultations held with partners and 2023 lessons learnt, sudden displacement is characterized by increased vulnerability and deterioration of immediate basic needs. According to the most recent PDM,²¹ 99 per cent of beneficiaries responded that RRM assistance was useful to meet their needs after their displacement.

The RRM response strategy involves multiple crucial steps such as procurement, storing, and strategic pre-positioning of life-saving supplies in various warehouses. The RRM promptly verifies the new displacement alerts within a tight 72-hour window by mobilizing teams to these targeted areas to enroll the affected families and distribute the life-saving assistance and shares the quality data with clusters for subsequent responses like one-off blanket MPCA and one-off general food to the most vulnerable displaced families.

Based on alignment with the UNSDCF for Yemen, the UN RRM has recognized the need to intertwine emergency relief efforts with long-term disaster risk reduction (DRR) strategies to bolster the resilience of vulnerable communities. Achieving this goal involves a localized approach, focusing on building the capacity and skills of local humanitarian and communities with special emphasis on reducing risks for the most vulnerable groups, such as women and girls, persons with disability (PWDs) and youth communities, and strengthening the cities of DRR institutions such as civil defense. This engagement is geared towards strengthening their abilities in various areas within disaster management such as coordination, need assessment, information management, localised humanitarian response and early warnings.

Cost of response

The UN Multi-sectoral RRM requires US\$19.2 million, of which US\$6.1670 million will be required for the acquisition of RRM multi-sectoral lifesaving kits. An additional US\$3.904 million will be required to cover costs associated with transportation, warehousing, the presence of partner organizations and the execution of the lifesaving assistance initiatives in the hard-to-reach area. The cost is based on the urgent need to respond promptly and will cover the cost of 35 warehouses across Yemen to preposition assistance to 216 districts, transportation costs of supplies from governorates/districts to distribution points and enabling implementing partners to verify and enroll beneficiaries and distribute assistance within the scope of the RRM.

Moreover, US\$9.084 million will be required for the RRM one-off MPCA, which will be provided to the recipient of the RRM in-kind. This amount includes the transfer fee and the operational cost.

Furthermore, as part of the UNSDCF, UN RRM will advocate for at least two million to ensure a longer-term approach on the DRR, with a particular focus on early warning system at the community level to strengthen the capacities of communities and institutions.

Monitoring

The RRM coordinates closely with field humanitarian stakeholders including local authorities, community-based organisations (CBOs), regional coordination

teams (RCTs) and NGOs to improve the quality of the first line data that strengthens the subsequent cluster-based response. The Cluster adapts various tools of monitoring and measuring the response impact through the displacement triggered alerts to the delivery of assistance.

Inter-cluster and inter-agency missions are jointly conducted with local authorities to the service sites to observe the situation of the newly displaced families and climate-affected population, post distribution monitoring through partners and third-party monitoring contracted by UNFPA, in addition to dedicated international and national UNFPA staff based in the field which conduct regular monitoring visits to the activity sites nationwide.



AL JAWF, YEMEN

A displaced family with their emergency relief kit provided through the UN RRM in Al Jawf Governorate.

Photo: UNFPA/YARD



3.11 Emergency Telecommunications

REQUIREMENTS (US\$)	PARTNERS
\$2.7M	49

Objectives

1. Provide and maintain emergency telecommunications services for Humanitarian partners in common hubs throughout the country.
2. Facilitate the technical capacity building of the Humanitarian partners.
3. Explore pilot projects with affected communities.

Response

Since 2015, the Cluster has been providing emergency telecommunications (ETC) services such as security telecommunications and data connectivity services to the humanitarian community. In 2024, the Cluster will explore additional options to sustain the required levels of support in response to increased demand. Building on achievements in 2023, around 2,600 humanitarians from 49 partner organizations will have access to ETC services, namely in Sana'a, Al Hodeidah, Hajjah, Ibb, Sa'dah, Aden, Mokha, Mukalla, Turbah and Marib. A dedicated helpdesk based in Sana'a will provide user support. Following the user satisfaction survey, the ETC will prioritize improving its services, maintaining the required capacity for emergency response while focusing on reducing the overall cost of the project without compromising service quality.

The Cluster is also planning to improve its internet services, develop more comprehensive training programmes, increase its visibility in communities and improve its response to client requirements.

Cost of response

The US\$2.7 million financial requirement includes connectivity, staffing, service for community, equipment and capacity building. Sixty-one per cent of the projected budget is connectivity, mostly satellite communication, which is commissioned either locally or from overseas. To reduce connectivity costs in 2024, the Cluster will consider alternate means of cost-effective but reliable communication such as fiber connection, subject to availability and authorities' approval, from the local service providers that do not compromise the quality and security of the service. In addition, the Cluster will invest in building the capacity of national staff from partner organizations to strengthen their abilities and expertise in more efficient utilization of their IT resources in a harmonized manner.

In June 2023, the RC office and UNCT adopted a hybrid funding model. Eighty per cent of the funding is allocated for inter-agency cost recovery, while the remaining twenty per cent is directed towards humanitarian common funding.

Monitoring

The ETC uses three monitoring tools: users satisfaction survey, help desk tickets and technical assessment. The survey assesses quality of service focused on internet connectivity, security telecom and helpdesk services where the ETC operates.

The tools enable a review of the number of sites providing telecom services, number of humanitarians using ETC services, percentage of users satisfied with the quality and timely delivery of the service, the number of humanitarians trained, and the number of people who used the service.



3.12 Logistics

REQUIREMENTS (US\$)

\$41.3M

PARTNERS

90

Objectives

1. Maintain a platform for coordinating logistics information and sharing it among humanitarian organizations in Yemen.
2. Support humanitarian organizations by providing common logistics services and logistics preparedness activities.
3. Ensure a safe and reliable air transportation service for humanitarian staff traveling to and from Yemen.

Response

The WFP-led Logistics Cluster is a community of partners that helps humanitarian organizations overcome logistical obstacles to providing humanitarian assistance. The Cluster is shifting its focus from offering free-to-user physical logistics services to one that focuses on coordination, information management, capacity strengthening and logistics preparedness activities.

To assist Yemen's entire humanitarian community, the Logistics Cluster will continue to cultivate a wide range of partnerships more effectively, through finding, compiling, and sharing standards, guidelines, and standard operating procedures related to humanitarian logistics. With a primary focus on national NGOs, and considering the existing travel restrictions in AA-controlled areas, the Logistics Cluster will also seek to increase the scope of its competency-based activities and make use of its supply chain expertise to deliver crucial logistics trainings and address the existing gaps.

Considering the limited international and domestic options in, within and out of Yemen, the United Nations Humanitarian Air Service (UNHAS) will continue the provision of safe and dependable humanitarian air service in Yemen. UNHAS supports transportation

of humanitarian workers, light cargo in and out of the country, and the performance of medical and security evacuations when needed. UNHAS provides international air services from Amman and Addis to Aden and Sana'a as well as domestic flights to Mukalla, Seyoon and Marib. The destinations and frequency of flights are regularly reviewed and adjusted in response to the demand of the humanitarian community.

The Cluster will also maintain the capacity to quickly activate logistics services when necessary and respond to common logistics needs, subject to funding availability. Ad-hoc airlift services will only be used when multiple humanitarian organizations need to airlift urgently needed supplies, and only then, following the HCT's established priorities.

Cost of response

The estimated cost of the Logistics Cluster's needs in 2024 is US\$41.3 million, of which 87 per cent is required for UNHAS to continue operating air transportation services to and from Yemen. The primary source of expense for this crucial service is the aircraft and related contractual obligations, in addition to landing and ground handling charges in Yemen. The activities of the Logistics Cluster, connected with information management and coordination, including capacity building, partner capacity strengthening and logistics preparedness, represent the remaining 13 per cent.

Monitoring

The Logistics Cluster tracks effectiveness and quality through an Annual User Feedback Survey. Logistics coordination meetings serve as a forum for humanitarian partners to voice issues and offer input. The Relief Item Tracking Application tracks and records common logistics services. Regular UNHAS Steering Committee meetings are conducted to review the air services. Passenger satisfaction and access surveys are conducted, and the WFP Aviation Quality Assurance Unit project oversight are some of the various systems used to regularly monitor the services that UNHAS provides.



3.13 Coordination

REQUIREMENTS (US\$)

\$20.1M

PARTNERS

219

Objectives

1. Ensure a coherent humanitarian response that is people centred, context specific and flexible, contributes to community resilience and promotes concrete protection outcomes.
2. Maintain systematic and predictable leadership on access.
3. Contribute to durable solutions to protracted internal displacement.
4. Ensure an inclusive humanitarian response.
5. Ensure catalytic humanitarian financing that delivers an impact in people's lives.
6. Support strategic analysis of risks and trends to adapt to an evolving landscape.

Response

In line with the Inter-Agency Humanitarian Evaluation (IAHE) recommendations and the progress reports of its Management Response Plan, as well as the outcome of the Emergency Directors Group (EDG) mission to Yemen in May 2023, OCHA and partners will continue focusing on system-wide changes and improvements for a principled, effective and efficient humanitarian response.

OCHA will continue facilitating the humanitarian coordination of 219 partners (UN agencies, INGOs, NNGOs, Red Crescent Movement), increasing its footprint in areas where the needs are the most acute and coordination is extremely needed. As a result, in addition to its main office in Sana'a and Aden, OCHA will scale up its presence in the field, through nine sub-offices, notably: Aden, Hajjah,

Hodeydah, Ibb, Marib, Mokha, Saada, Sana'a and Taiz/Turbah. OCHA will also retain a notification and deconfliction team in Riyadh as part of its Access and Civil-Military Coordination Unit and limited logistic support dedicated to Yemen in the Regional office in Amman. The Humanitarian Country Team will continue to prioritize an operational footprint and a further decentralization of humanitarian actors' presence, through an area-based approach that was successfully rolled since June 2023.

In line with the HCT Compact signed in January 2023 and consultations with partners, OCHA will support a gradual and responsible adjustment of the humanitarian response and support planning for a transition towards expanded nexus and development programming, including durable solutions for IDPs, in light of prospects of a political settlement of the conflict, and the projected funding environment, while retaining flexibilities for contingencies. Furthermore, through the Inter-Cluster Group, OCHA will ensure that the humanitarian response will renew its engagement on:

AAP/Protection/
PSEA/GBV

Stay and Deliver

Cross-cutting
issues


Resource
Mobilization

Advocacy

SPECIFIC OBJECTIVES:

Ensuring a coherent, people-centered, locally driven and flexible humanitarian response

In 2024, promoting a prioritized, needs-driven, evidence-based, accountable, more inclusive, and participatory response that utilizes funding more efficiently, contributes to concrete protection outcomes, gender-equality and community resilience, including through the increased use of cash-based programming, area-based planning, multi-sector and/or integrated programming and localisation, will be a key priority. Various IASC coordination mechanisms at national and sub-national levels will be strengthened for a locally driven response. Coordination will enhance field-level missions, support the Humanitarian Programme Cycle, and promote inter-agency Lessons Learnt and application of standards. A further revision of the humanitarian architecture will take place, aiming at greater complementarities with development actors.


Systematic and predictable leadership on access

OCHA will support the HC and HCT to expand the current operational space and improve access through sustained and strategic engagement with authorities and other powerbrokers, coordinated and principled joint advocacy, including with donors and Member States. OCHA will coordinate principled joint advocacy to ensure a coordinated, system-wide approach, promoting adherence to international humanitarian and human rights laws, humanitarian principles, civil-military coordination, and other access and protection issues. Through the Access Working Group, OCHA will continue to implement the HCT access strategy, ensuring a strong evidence base on access issues and provision of advice to the HCT. OCHA will also engage in coordinated advocacy efforts to counter misinformation and enhance acceptance of protection measures within the humanitarian community. By prioritizing duty of care, OCHA ensures safeguarding the well-being of partners and beneficiaries, through implementing robust measures to assess and mitigate risks, provide appropriate training and resources, and establish clear policies and guidelines.


Facilitating durable solutions to situations of protracted internal displacement

Yemen has been designated as a pilot country for the UN Action Agenda on Internal Displacement by the Office of the Special Advisor on Solutions to Internal Displacement. In 2024, strengthened collaboration between humanitarian, development, and peace actors will remain a coordination priority, by promoting information sharing and complementarity. OCHA will proactively contribute to the mechanisms led by the RCO on durable solutions, so to enhance dialogue, cooperation and joint planning, aiming at addressing the needs of the affected populations requiring long-term solutions with safe, dignified and integrated responses.


Ensuring the inclusiveness of the humanitarian response

Promoting accountability mechanisms, localisation, and strengthening coordination on protection issues, including AAP, PSEA, GBV, and Cash-based interventions, are key priorities for 2024. This will require scaling up community feedback mechanisms to ensure the voices of affected populations are heard and their concerns addressed. In line with the HCT localisation strategy, a key priority will be to promote localisation by supporting partnership, inclusion and capacity building initiatives for NNGOs, including of WLO, to strengthen their grant management capacity and enhance their resource mobilization to support the NNGOs ability to attract bilateral funding and reduce their dependency on the YHF to promote sustainability.

In addition, the HCT and the ICCG will support further synergies between cash-based programming and social protection schemes, so to strengthen resilience, and contribute to longer-term development outcomes.

 **Ensuring catalytic humanitarian funding that improves the lives of those affected**

The HCT will renew its efforts on resource mobilizations against a backdrop of reduced humanitarian funding. It will emphasize increasing the efficiency and effectiveness of humanitarian financing and promote collaboration, partnerships, and innovation amongst different financing mechanisms. Increasing outreach to non-traditional donors and managing expectations around possible development programming and socio-economic developments, to not lose the gains made by a large-scale humanitarian response in the past years will remain paramount. Furthermore, OCHA will continue to strategically use its pooled funds (the YHF and the CERF) complementarily to steer an effective, well-coordinated and timely response.

 **To support strategic analysis of risks and trends to adapt to an evolving landscape**

The HCT, supported by the ICCG and the IMAWG, will strengthen the monitoring of needs, risks and response and regularly share information and analysis on these issues so to adapt effectively and timely the humanitarian response. To enhance an evidence-based response, the implementation of the multi-cluster location assessment (MCLA) will be a priority for 2024, as well as continuing expanding country-wide needs assessments and reducing interference with partners' assessments. Building upon the collaboration with UNDRR developed as part of the 2024 HPC, emergency preparedness and disaster risk reduction will be further mainstreamed at strategic and operational levels.



SANAA, YEMEN

Families now can have easy access to clean water in Al Haymah District, where the water well was rehabilitated and water distribution points were constructed.
Photo: CARE Yemen/Abdulrahman Alhobishi

Part 4:

Annexes

MARIB, YEMEN

Adeeb collects food ration at a WFP food distribution point in Marib. Photo: WFP/Sayed Asif



4.1 Acronyms

3Ws	Who, What, When	IMAWG	Information Management and Assessment Working Group
4Ws	Who, What, Where, When	IASC	Inter-Agency Standing Committee
5Ws	Who, What, Where, When, Whom	ICCG	Inter-Cluster Coordination Group
AA	Ansar Allah	IDP	Internally Displaced Person
AAP	Accountability to Affected People	INGO	International Non-Governmental Organization
ACAPS	Assessment Capacities Project	IOM	International Organization of Migration
AMRF	Access Monitoring Reporting Framework	MCLA	Multi-Cluster Location Assessment
AoR	Area of Responsibility	MHPSS	Mental Health and Psycho -Social Support
CBO	Community Based Organization	MPCA	Multi-Purpose Cash Assistance
CCCM	Camp Coordination and Camp Management	MUAC	Middle Upper Arm Circumference
CERF	Central Emergency Response Fund	NFI	Non-Food Item
CP	Child Protection	NNGO	National Non-Governmental Organization
EHO	Evacuation and Humanitarian Operations Committee	OCHA	Office for the Coordination of Humanitarian Affairs
EPI	Expanded Program on Immunization	PiN	People in Need
ERW	Explosive Remnants of War	PLW	Pregnant and Lactating Women
FAO	Food and Agriculture Organization	RC	Resident Coordinator
FEWS NET	The Famine Early Warning Systems Network	RMMS	Refugees & Migrants Multi-Sector
FSAC	Food Security and Agriculture Cluster	RRM	Rapid Response Mechanism
GBV	Gender Based Violence	SCMCHA	Supreme Council for Management and Coordination of Humanitarian and International Cooperation.
GenCap	Gender Standby Capacity	SDG	Sustainable Development Goal
GoY	Government of Yemen	SMART	Standardized Monitoring and Assessment of Relief and Transitions
HC	Humanitarian Coordinator	SOP	Standard Operating Procedure
HCT	Humanitarian Country Team	SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
HLP	Housing, Land, and Property	SRM	Security Risk Management
HNO	Humanitarian Needs Overview		

UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Program
UNDRR	United Nations Disaster Risk Reduction
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WLO	Women-Led Organization
YHF	Yemen Humanitarian Fund
YSC	Yemen Shelter Cluster

4.2

End notes

- 1 As underlined by the IASC Policy on Protection in Humanitarian Action (2016) and the IASC Principals' statement on the Centrality of Protection (2013), GBV IASC Guidelines (2015), IASC commitments on Accountability to Affected Populations (AAP), Communication with Communities (CwC) and Prevention from Sexual Exploitation and Abuse (PSEA).
- 2 Over 90 per cent of current feedback is received through call center, which may not be accessible to all groups, especially people with special needs
- 3 IPC Acute Food Insecurity Classification | IPC - Integrated Food Security Phase Classification (ipcinfo.org)
- 4 [fsac_vulnerability_targeting_guidance_final_june_2021.pdf](#) (fscluster.org)
- 5 FSAC Operational Guidelines for Implementing Income Generation Activities and Micro-Business Programmes
- 6 <https://response.reliefweb.int/yemen/integrated-famine-risk-reduction>
- 7 <https://response.reliefweb.int/yemen/integrated-famine-risk-reduction>
- 8 <https://fscluster.org/yemen/document/fsac-market-feasibility-assessment-tool>
- 9 Refers to a number of simplifications to the existing national and global protocols for the treatment of child wasting.
- 10 Integrated phase classification of Acute Malnutrition
- 11 Even if we are responding in 162 districts, we have 42 districts under 4 and 5 severity scale
- 12 49% girls (410,733)
- 13 At this stage, in-kind support, or emergency funds can be used to address the needs of families with vulnerable children (to support with healthcare and other basic needs). This must be done in accordance with standards (existence of a plan, support from social workers, etc.) to avoid harmful effects
- 14 High-risk children include children who have experienced violence, including Gender-based Violence, children affected by landmines and other explosive remnants of war, and other forms of violence and abuse, children involved in hazardous child labor, out-of-school children, unaccompanied, separated, and child-headed households, children who are neglected or exploited, children who are married early or recruited and used by armed groups.
- 15 Out of the total people who will be supported through MHPSS and capacity building activities, caregivers constitute 4% (38,535), with an even distribution of 50% women and 50% men.
- 16 This initiative will invest in training for frontline service providers in various key areas, especially national actors, including: GBV Case Management, GBV Information Management System (GBVIMS), GBV Monitoring & Evaluation (M&E) Toolkit, GBV Awareness Raising Toolkit, Engaging Men in GBV Prevention and Community Mobilization. Additionally, the GBV AoR will roll out the GBV IASC Guidelines for non-GBV actors and sectors. This will help mainstream and integrate GBV considerations into their programs and activities, ensuring a more comprehensive and coordinated response to GBV in Yemen in 2024.
- 17 Data from January to November 2023
- 18 This is aligned with the YSC humanitarian needs analysis and the Area-Based Consultations
- 19 Yemen Shelter Profile - Local Building Cultures For Sustainable And Resilient Habitats
- 20 Mainly water-borne and vector-borne. Cholera hotspots.
- 21 Conducted July 2023 in Lahj Governorate

**HUMANITARIAN
RESPONSE PLAN**
YEMEN