

2017

# PERIODIC MONITORING REVIEW

JANUARY-APRIL 2017

APRIL 2017



YEMEN

Credit: OCHA/Giles Clark



PEOPLE IN NEED

20.7M



ACUTE PEOPLE IN NEED

9.8M



PEOPLE TARGETED

12.0M



PEOPLE REACHED

4.3M  
(36%)

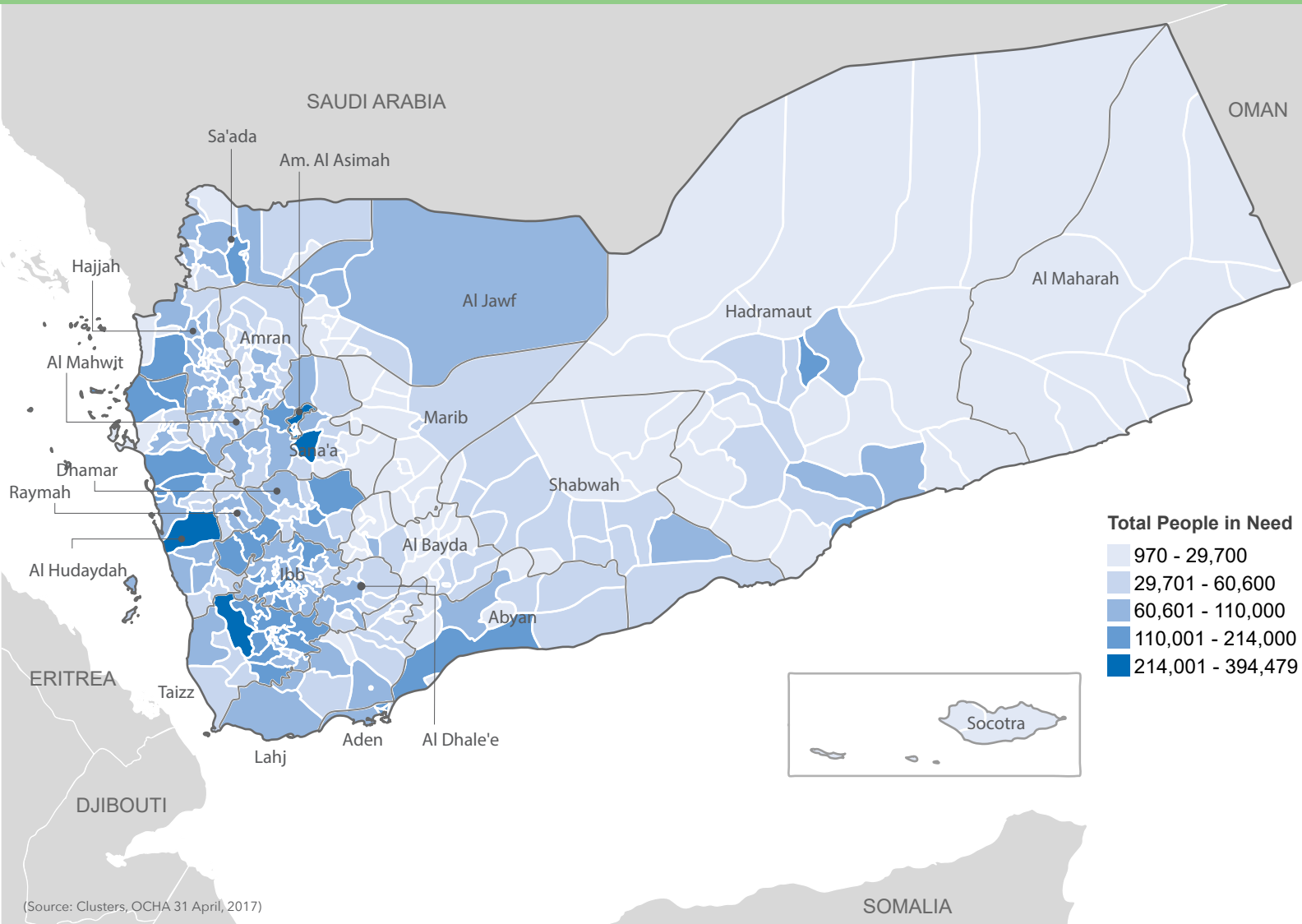


PERCENT FUNDED

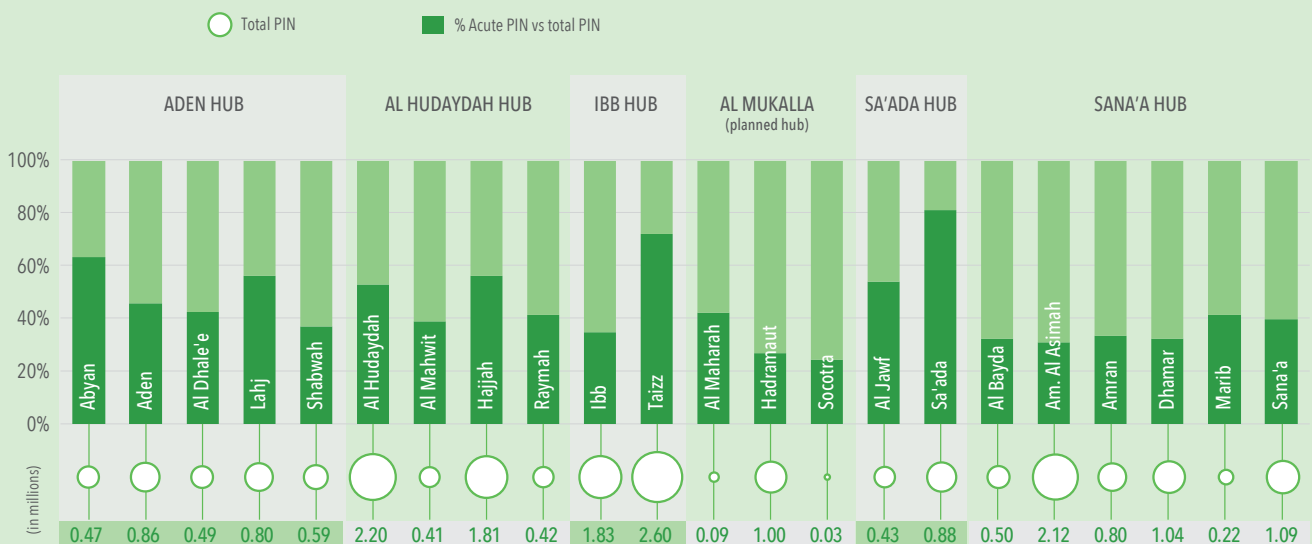
24%  
US\$ 491M

(Source: Clusters, OCHA 31 April, 2017)

(Source: FTS, 31 May 2017)



### PEOPLE IN NEED AND PEOPLE IN ACUTE NEED BY GOVERNORATE (APRIL 2017)



(Source: Clusters, OCHA 31 April, 2017)

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## INTRODUCTION

This Periodic Monitoring Report (PMR) presents information on the evolving humanitarian situation in Yemen and the accomplishments by the humanitarian community against 2017 humanitarian targets and objectives for the **January to April** 2017 period. It builds on information that has been collected monthly to monitor progress against agreed upon objectives and targets and an updated analysis of humanitarian needs and priorities. It also presents key conclusions and recommendations for the humanitarian community and partners to consider. The Humanitarian Country Team (HCT), the Inter-Cluster Coordination Mechanism (ICCM), the Regional Coordination Teams (Al Hudaydah, Ibb, Sa'ada, Sana'a), and the Area Humanitarian Country Team in Aden have contributed to this effort. Complementary information can be found online: Yemen Humanitarian Response Plan (<http://ochayemen.org/hrp-2017/en/home>), 3W (<http://ochayemen.org/hrp-2017/en/3w>) and Response Monitoring Dashboards (<http://ochayemen.org/hrp-2017/en/response>).



## OVERVIEW

## TOP LINE CONCLUSIONS &amp; RECOMMENDATIONS

**Evolution of humanitarian needs in Yemen**

The situation in Yemen is worsening and more people are suffering and dying at the hands of a conflict that is using deliberate tactics to inflict suffering on civilians and to collapse community and institutional safety-nets that sustain life. The fast spreading cholera outbreak and the threat of famine facing millions are both consequences of the conflict and of the tactics being employed. Humanitarians are being asked to cover gaps that are well beyond their mandate. Since the publication of the 2017 Humanitarian Needs Overview (HNO) in early 2017 and driven mainly by increased food insecurity and cholera, needs have increased by 2 million- rising to 20.7 million people in need of some form of humanitarian or protection support. This includes 9.8 million people in need of immediate assistance to save or sustain life and 10.8 million people who require assistance to stabilize their situation and prevent them from slipping into acute need<sup>1</sup>.

**The increase in people in need indicates that the overall situation in Yemen is worsening considerably, at the hands of deliberate military tactics by warring parties, with more people on the verge of requiring help to stay alive; action is needed now.**

**Humanitarian funding**

During the reporting period, donors provided US\$ 375 million to the 2017 Yemen Humanitarian Response Plan (YHRP), resulting in coverage of 18.2 per cent against the US \$2.1 billion appeal<sup>2</sup>. This is despite the High-Level Pledging Event that took place in Geneva in April 2017, where over 40 Member States pledged US\$ 1.1 billion. In addition, US\$ 107 million was provided to organisations working in Yemen outside of the framework of the YHRP. At a time when Yemen is facing possible famine and a fast spreading cholera outbreak, the low levels of funding against the Food Security and Agriculture, Water, Sanitation and Hygiene (WASH), Health, and Nutrition clusters is particularly alarming. Given the cholera outbreak is spreading faster than anyone anticipated, new WASH and Health requirements, over US\$ 66 million, have been identified to prevent and treat the spread the outbreak.

In the face of the rapidly deteriorating environment and low monetary support for the coordinated humanitarian response,

humanitarians have continued to prioritize and to focus on those with the most acute humanitarian needs based on continuous collection of evidence across the country.

Significant resources have been invested to monitor the evolution of needs and the response and to adjust strategies as Yemenis face the triple threat of escalating conflict, possible famine, and rapidly spreading cholera. Often this has meant reprogramming existing funds- taking away from some to give to others. With one exception, all clusters have achieved beyond the funding received. In one case Education, the cluster has achieved over 14 per cent with 0 per cent funding received.

**In the face of low funding levels, humanitarians have prioritized helping those in the most desperate need of humanitarian aid. With urgency, Member States are required to (i) make effective all pledges and to direct them to the coordinated approach; and (ii) increase their financial commitment to principled and coordinated humanitarian action in Yemen.**

**Humanitarian presence, access and reach**

Despite the tremendous challenges, the humanitarian community in Yemen continues to deliver its coordinated assistance out of five hubs in Aden, Al Hudaydah, Ibb, Sa'ada, and Sana'a. A planned hub in Al Mukallah has yet to materialize given the security and resource constraints. With that said, the Aden Hub is currently responsible for the governorates under that planned hub. Some 122 individual humanitarian partners are responding across Yemen's 22 governorates- 84 of which are National Non-Governmental Organizations (NNGOs), 30 are International NGOs and 8 are United Nation (UN) Agencies<sup>3</sup>. The number of humanitarian partners per governorate range from 6 to 52. The highest number of humanitarian partners at the governorate level are found in Amanat Al Asimah (52), Taizz (46), and Aden (43). Governorates with lower presence numbers include Socotra (6) with the lowest humanitarian presence number, followed by Al Maharah (7). The high and lower numbers are in large part driven and consistent with the humanitarian needs identified for the given governorate.

Out of the 333 total districts in Yemen, per the perception of humanitarian partners, some 62 per cent of districts remain relatively accessible. Some 16 per cent of Yemen's districts (51 districts) are currently perceived to have "high or extremely high access constraints", with more than 76 per cent (39 districts) of them located in the conflict-affected governorates of Taizz, Sa'ada, Marib, Al Bayda, Hajjah and Al Jawf. The movement of thousands of people is restricted with the closure of Sana'a airport to commercial traffic.

1. The increase is based on the updated information on needs in the sectors of Food Security and Agriculture, Nutrition and Water, Sanitation and Hygiene sectors, considering the 2017 population projections and the 14th Report of the Task Force on Population Movement.

2. At the time of publication, funding levels remain low and concern persists given the urgency with which funding is required.

3. Yemen online 3W (<http://bit.ly/2r8Yqxf>)

Nonetheless, from January to April 2017, humanitarian partners reached 4.3 million people out of the total target population of 11.9 million. This number represents unique individuals that have received at least one form of direct humanitarian or protection assistance across sectors. Guided by the YHRP Strategic Objectives, partners have delivered humanitarian assistance across Yemen's 22 governorates.

**Humanitarians are responding to the needs of people across Yemen's 22 governorates in a decentralized and need based manner. They have reached 36 per cent of their target for 2017. This momentum must be maintained and increased, programmatically and financially, given the increasing needs. This also includes increased numbers of humanitarian partners, including the need for donor support to NNGOs. The Sana'a airport needs to be re-opened to commercial air traffic.**

### District level analysis

To bolster decentralization, informed decision making, and coordination structures that operate more closely to the affected populations, the coordinated humanitarian effort in Yemen is complementing its governorate level work with district level planning, monitoring, and analysis. Out of the 333 districts in Yemen, 319 of them were identified as priority in the 2017 HNO. Closer monitoring of presence and reach at the district level is increasing the understanding of the humanitarian situation and the impact of geographic strategies and interventions. The move is being implemented incrementally starting with cluster-prioritized districts, particularly around food, nutrition, health, and water and sanitation interventions. For example, an initial analysis of the 67 districts identified as priority by the Food Security and Agriculture (FSAC), Nutrition, Health and Water, Sanitation and Hygiene (WASH) clusters, shows that in 28 per cent of the 67 priority districts the four relevant clusters have reached population in need. Furthermore, some 45 per cent of districts were reached by at least 3 clusters while less than 2 clusters reached 27 per cent over the period. While none of the clusters show universal response across the 67 priority districts, Nutrition and Health Clusters responded in all but one of the districts, while WASH has interventions in less than half of the districts. This signals a nascent integrated response effort at the district level, which will need to be bolstered in the coming months. Likewise, district level analysis shows that in one district in Taizz Governorate there is a 600 per cent cumulative reach against the target. Likewise, five of the 67 priority districts show a reach, which exceeds 100 per cent of the acute population in need. The initial analysis suggests a closer monitoring at the district level might increase insight into ways to ensure a more tailored and needs based response.

**The humanitarian coordination effort in Yemen is keeping abreast and evolving with the situation. All partners, including donors, are required to support the analytical push closer to people in need- district level analysis- and to monitor principled humanitarian action accordingly.**

### The centrality of protection

Driven by Human Rights Up Front<sup>4</sup> responsibilities, humanitarian leadership in Yemen monitors monthly civilian impact information to gauge early warning alerts or warranted early or remedial actions. The information continues to enable humanitarian leadership to better advocate on issues and to highlight the responsibility of all HCT members around protection and human rights considerations. A case in point is the increased rhetoric against women's rights and participation in the context of the conflict that the humanitarian community is monitoring and acting upon. Likewise all clusters have integrated protection considerations in planning and response and are accountable and reporting against that commitment-specifics of which appear in all cluster sections of this report. Beyond training this has also included operationalizing safety and security considerations in how aid is disseminated with special attention to the needs of minorities, something often overlooked. The 2017 HCT Work Plan prioritizes protection programming, among other responsibilities and hub level activities show a concerted effort to roll out the Internally Displaced Person (IDP) national strategy and accompanying Minimum Delivery Package as well as the Protection and Gender Actions Plans.

**Protection needs continue to be maintained as a priority focus across the entire operation- with emphasis at the hub level implementation- and continued HCT monitoring is required to ensure tangible achievements against this priority.**

### Quality assurance effort

The quality of the response is being bolstered by improved communications with affected communities and commitments on response standards. In relation to the former this includes, Accountability to Affected People (AAP) commitments for each cluster currently under implementation by each cluster. Also, increased communication activities to "listen to" and "inform" affected communities are taking place through a partnership between the Humanitarian Communications Network (HCN) and the Yemen Humanitarian Fund (YHF). This is an effort where pooled fund partners collect community perceptions on the humanitarian effort and related questions and communication network partners develop messaging in response with all helping to disseminate at the community level. Also, this effort includes documented standards around the quality of response – i.e. targets and indicators (See Annex 1). This is enabling a more transparent commitment around, for example, the size of the food basket distributed throughout Yemen and the minimum standards around specific packages of assistance. Noteworthy is that quality assurance efforts are highlighting the continued demands by the people in Yemen for the conflict to end- and for it to end now.

**Tangible quality assurance efforts are in place and are guiding the standards behind the delivery and influencing**

4. <https://www.un.org/sg/en/content/ban-ki-moon/human-rights-front-initiative>

humanitarian approaches. These will need strengthening and maintenance in the coming months. Ending the conflict remains one of the highest demands voiced by the people in Yemen. Member States with influence over the parties need to continue their appeals for a peaceful resolution to the conflict and the for placing of the safety of civilians at the center of any military strategy.

### Humanitarian and development partnerships

Several cluster members are working outside of the 2017 YHRP implementing reconstruction and transition activities that complement the 2017 YHRP. Given that humanitarian needs in Yemen are to a large degree driven by structural and many times deliberate military strategies, strong coordination between development and humanitarian partners is warranted. In particular by the emerging development efforts in Yemen and the on-going work of the humanitarian clusters. The lack of salary payments for over 1.5 million civil servants, for example, has devastated social services delivery but is something humanitarians cannot address. However, development actors can address some of the more structural challenges, like the lack of salary payments. Careful considerations will need to continue to promote the appropriate partnerships, synergies and clear definitions of responsibilities and contributions by the two sectors towards shared goals.

**Increased development interventions in Yemen create important opportunities to help ensure critical services are maintained; something humanitarians are not able to do given their mandate. The international community needs to step up its political and financial support to coordinated and principled humanitarian action in Yemen alongside coherent and reinforcing development initiatives; the payment of civil servant salaries must be prioritized.**

## OPERATIONAL CONTEXT

# SITUATION MONITORING

In line with the methodology used in the 2017 HNO and the commitment to ensure an evidence based understanding of humanitarian needs and corresponding response, national and international humanitarian partners refreshed their understanding of needs as part of the PMR effort.

### Continued conflict and casualty numbers

Since January 2017, military operations (including bombing by air and sea, and ground fighting) have intensified along Yemen's western coast displacing up to 50,000 people. Military charged rhetoric by warring parties has raised concerns that an attack on the port of Hudaydah is imminent; something that would further reduce imports into Yemen and increase the potential harm to the heavily populated surrounding urban centers. Amid strong advocacy efforts to prevent the attack, partners have nevertheless developed a contingency plan to respond quickly and in a coordinated manner should the conflict escalate in and around the port.

As of 30 April 2017, official sources point to 8,053 conflict-related civilian deaths and over 45,000 injuries<sup>1</sup> – figures that are considered to significantly undercount the true extent of the casualties, considering the diminished reporting capacity at health facilities and people's difficulties accessing healthcare.

### The rapid spread of cholera

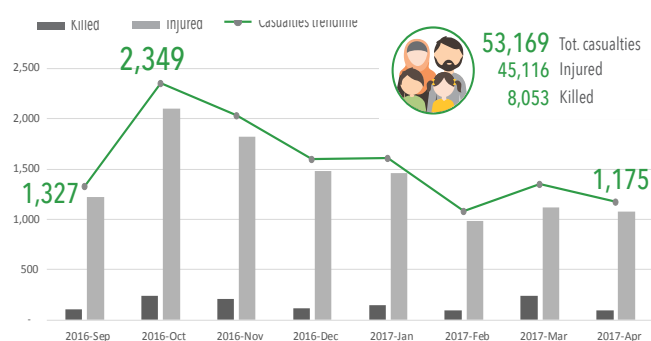
The current dramatic and rapid spread of cholera and the high fatality rates associated with the spread are being fueled by a high prevalence of multifaceted risk factors and institutional

health sector collapse. This includes the disruption of public health and Water, Sanitation and Hygiene (WASH) services amidst restricted sector specific imports (Al Hudaydah Port continues to operate at reduced capacity), collapsing basic services, inadequate sanitation conditions and high levels of displacement. Only 45 per cent of all health facilities are fully functional and more than 8 million people lack access to safe drinking water and sanitation. Salaries for public health workers have not been paid for months, further undermining the capacity of the system to respond to the dramatic outbreak.

As of 30 May, there were 55,206 suspected cases of cholera across 19 governorates<sup>2</sup>. Given the low reporting capacity, however, it is well accepted that the available numbers are an underreporting. The strain on the health facilities caused by the epidemic is affecting the delivery of health services generally, but particularly maternal and newborn health services, as the little resources available have been redirected to tackle the epidemic. There is evidence that the poor health condition of already food insecure people is increasing their susceptibility to cholera infection and contributing to higher case fatality rates. Over all, some 24 million people are living in areas of high risk of cholera transmission.

1. Ministry of Health, 2017.

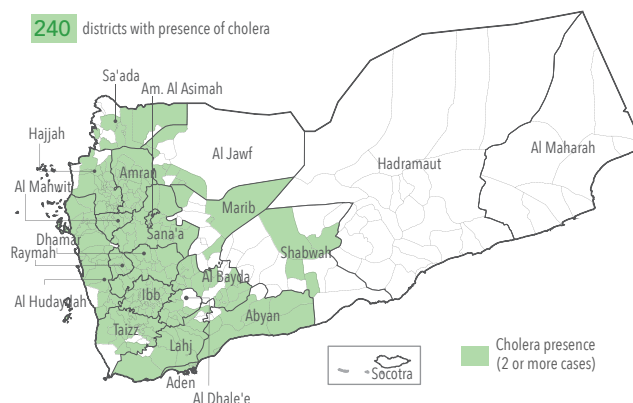
### CASUALTIES REPORTED BY HEALTH FACILITIES<sup>1</sup>



(1) Due to the high number of health facilities that are not functioning or partially functioning as a result of the conflict, these numbers are underreported and likely higher.  
 Source: WHO (30 April 2017)

2. Ministry of Public Health and Population 2017. Numbers increased at time of publication

### DISTRICTS WITH CHOLERA



Source: Cholera Task Force



## Worsening food security and malnutrition

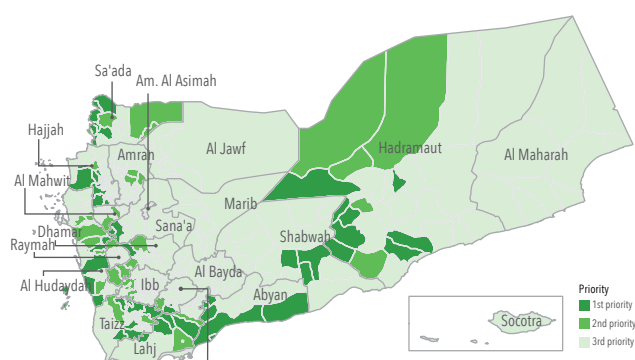
The escalated conflict has had a devastating impact on food security and livelihoods in a country that was already 80 per cent dependent on food imports but is now facing import restrictions, increased food prices, and dwindling purchasing power. Per WFP, almost 80 per cent of households in Yemen report a worse economic situation than before the crisis. The disruption in the payment of civil servant salaries, which prior to the politization of the Central Bank of Yemen was the country's largest budget line, is causing grave harm given the inability, by a large part of the population, to purchase the available food. For those with monies the increased prices are also hindering their food access and intake. Domestic production of food has also significantly decreased as well as the ability of coastal communities to fish off the coast due to increased conflict on the coastal waters of Yemen. Per the latest Emergency Food Security and Nutrition Assessment (EFSNA), 17.1 million people, 60 per cent of the population, are food insecure. Per the March – July 2017 Integrated Food Security Phase Classification (IPC) Report, an estimated 17 million people, which is equivalent to 60 per cent of the total Yemeni population, are food insecure and require urgent humanitarian assistance. Among those, 10.2 million people are in IPC Phase 3 'crisis' and 6.8 million people are in IPC Phase 4 'emergency'.

Nationally, the population under emergency (IPC Phase 4) and crisis (IPC Phase 3) has increased by 20 per cent compared to the June 2016 IPC results, and the governorates of Al Jawf and Hadramaut deteriorated to a phase 3!<sup>3</sup> and a phase 3 classification, respectively. In addition, four governorates (Abyan, Taizz, Al Hudaydah, and Hadramaut) show Global Acute Malnutrition (GAM) prevalence above the WHO critical threshold ( $\geq 15$  per cent). Seven governorates have GAM prevalence at serious levels (10-14.9 per cent), while seven governorates exhibit GAM prevalence at poor levels (5-9.9 per cent)<sup>4</sup>. Some 95 districts across 14

3. 3! Indicates that the district would have been in Emergency (IPC Phase 4) or worse without humanitarian assistance.

4. Source: IPC March – July 2017

## FOOD SECURITY & NUTRITION PRIORITY NEED DISTRICTS



Source: Nutrition and Food Security and Agriculture Clusters

governorates (see map) have shown both GAM rates and severely food insecure rates exceeding 15 per cent and 20 per cent respectively, thus breaching the emergency threshold levels. These districts exhibit a precarious and deteriorating food security and nutrition situation necessitating prioritization for integrated food security and nutrition life-saving interventions, to prevent people from slipping into famine.

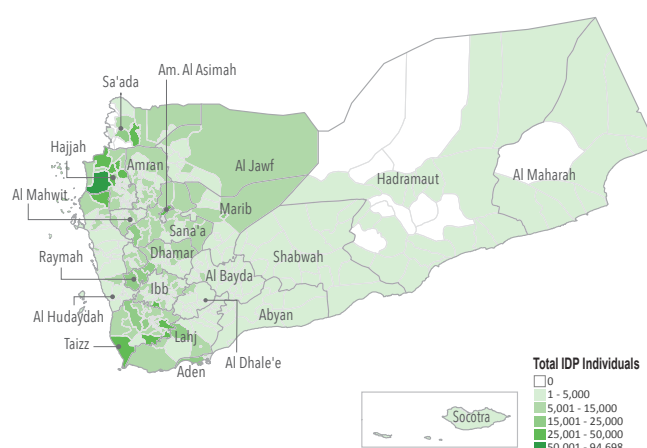
## Increased and prolonged displacement

Since 2015, over 10 per cent of the population of Yemen has experienced the shock of displacement due to the brutal conduct of hostilities<sup>5</sup>. This amounts to over 3 million people, 2 million of which remain dispersed across 21 governorates. The Task Force for Population Movement (TFPM) estimates that 900,000 people have returned to their place of origin but only to find lack of livelihoods and continued protection risks, limiting their ability to achieve durable solutions to their displacement. Hajjah, Taizz, Amran and Amanat Al-Asimah are the governorates with the highest number of displaced persons, accounting for roughly 50 per cent of the displaced population. While 77 per cent of the total displaced population resides in private settings, 22 per cent, over 462,000 Internally Displaced Persons (IDPs), are living in collective shelters or spontaneous settlements. The nearly 50,000 people displaced across the governorate of Taizz primarily from Al Mukha and Dhubab districts, because of the increased fighting in the western coast constitutes the biggest wave of new displacement in 2017.

The long duration of displacement (81 per cent of IDPs remain displaced for longer than one year) suggests a prolonged burden on host communities and those paying rent, further stretching coping capacities. It also stresses on the increased vulnerabilities faced by girls, women, elderly and minorities in these setting. Returnees face similar levels of need compared to IDPs, forced to stay with relatives or in alternative accommodation after returning to destroyed houses in many cases.

5. TFPM, 14th report

## IDPS BY DISTRICT



Source: TFPM 14th Report (May 2017)

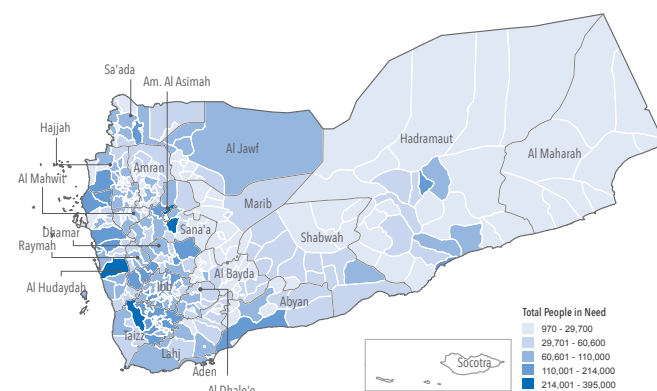
Assessments show that the most urgent needs for both IDPs and returnees is food (76 per cent), followed by access to income (8 per cent) and shelter (4 per cent) – further highlighting the destitute situation of the displaced as people sink into poverty and shift their priority needs to lifesaving assistance.

## People in Need

Driven by the recent cholera outbreak, new waves of conflict-related displacement and a deepening food security crisis, the figures show that the overall number of people in need of humanitarian or protection assistance has increased by almost two million people since the publication of the 2017 HNO. Some 20.7 million people across the country require assistance, 47 per cent of which (accounting for 9.8 million people) are in acute need and require immediate assistance to save or sustain their lives while 10.8 million people (53 per cent of the population in need) require humanitarian assistance to stabilize their situation and to prevent them from slipping into acute need<sup>6</sup>. Since the publication of the 2017 HNO, the Food Security and Agriculture Cluster (FSAC) has recorded an increase of people in need from 14.8 million to 17 million. This increase mirrors the conclusions of the March 2017 IPC Report, which indicates a shift of the population from Phase 4 to Phase 3 (see section above), amidst spreading food insecurity. The new data suggests a widening of the humanitarian crisis, affecting an ever-growing part of the population.

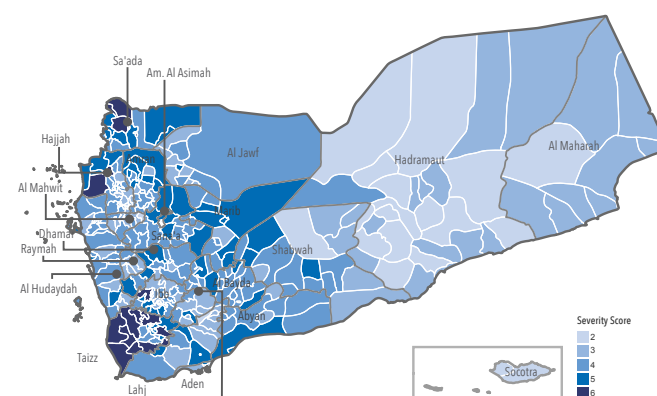
6. Specifically, most changes are due to revisions of key figures and needs severity in the Food Security and Agriculture Cluster, WASH and Nutrition Clusters, as well as the application of the 2017 population projections.

## PEOPLE IN NEED



Source: Clusters, OCHA (April 2017)

## SEVERITY OF NEEDS BY DISTRICT



Source: Clusters, OCHA (April 2017)

## CHANGE TO PEOPLE IN NEED PER CLUSTER (FROM NOV. 2016-APRIL 2017)

CLUSTERS/SECTOR	HNO PEOPLE IN NEED			PMR PEOPLE IN NEED		
	HNO ACUTE PIN	HNO MODERATE PIN	HNO TOTAL PIN	PMR ACUTE PIN	PMR MODERATE PIN	PMR TOTAL PIN
Food Security & Agriculture	7.0M	7.1M	14.1M	6.8M	10.2M	17.0M
WASH	8.2M	6.3M	14.5M	7.3M	8.4M	15.7M
Health	8.8M	6M	14.8M	8.8M	6M	14.8M
Nutrition	4.0M	0.5M	4.5M	4.0M	-	4.0M
Shelter/NFIs/CCCM	3.9M	0.5M	4.5M	3.9M	0.5M	4.5M
Protection	2.9M	8.3M	11.3M	2.9M	8.3M	11.3M
Education	1.1M	1.2M	2.3M	1.1M	1.2M	2.3M
Early Recovery	8M	-	8M	1.4M	-	8M
Refugees & Migrants Multi-sector	0.03M	0.4M	0.46M	0.03M	0.4M	0.46M
<b>TOTAL</b>	<b>10.3M</b>	<b>8.5M</b>	<b>18.8M</b>	<b>9.8M</b>	<b>10.9M</b>	<b>20.7M</b>

Source: Clusters, OCHA (April 2017)

The slight decrease (statistically insignificant, but related to lives that matter) of people in acute need does not indicate an improvement in the situation. Rather, while it might hint that the humanitarian prioritization of saving and sustaining life is bearing fruit it might also reveal improved measurement. What is significant and signals an alarm is the widening of the crisis from 18.8 million people in need to 20.7.

## Access

Access constraints reported in Yemen in 2017 fall under four broad categories: Restriction of movement of organizations, personnel, or goods within the affected country; violence against humanitarian personnel, assets and facilities; interference in the implementation of humanitarian activities; and military operations and ongoing hostilities.

Humanitarian focus group discussions held in May 2017 point to 62 per cent of districts in Yemen remain relatively accessible. Some 16 per cent of Yemen's districts (51 districts) are currently perceived to have "high or extremely high access constraints", with more than 76 per cent (39 districts) of them located in the conflict-affected governorates of Taizz, Sa'ada, Marib, Al Bayda, Hajjah and Al Jawf. In total, the districts that are perceived to be most difficult to reach have a population of approximately 2.9 million people, with more than 350,000 IDPs and an additional 100,000 returnees<sup>7</sup>. The population in acute need of humanitarian assistance in these districts has been assessed to be at 1.7 million, i.e. 59 per cent.

7. Calculated in accordance with the Report of Task Force on Population Movement | TFPM - Yemen | 14th Report, May 2017.

Compared to the end of 2016, access levels have worsened in 35 districts. Approximately 60 per cent of these districts are in the governorates of Taizz (11 districts) and Al Hudaydah (10 districts) which have been directly impacted by the 'Golden Spear' military operation that started in January 2017 covering the western coast of the country. Continued movement restrictions of people into and out of Yemen due to Sana'a airport commercial traffic closure remains a concern.

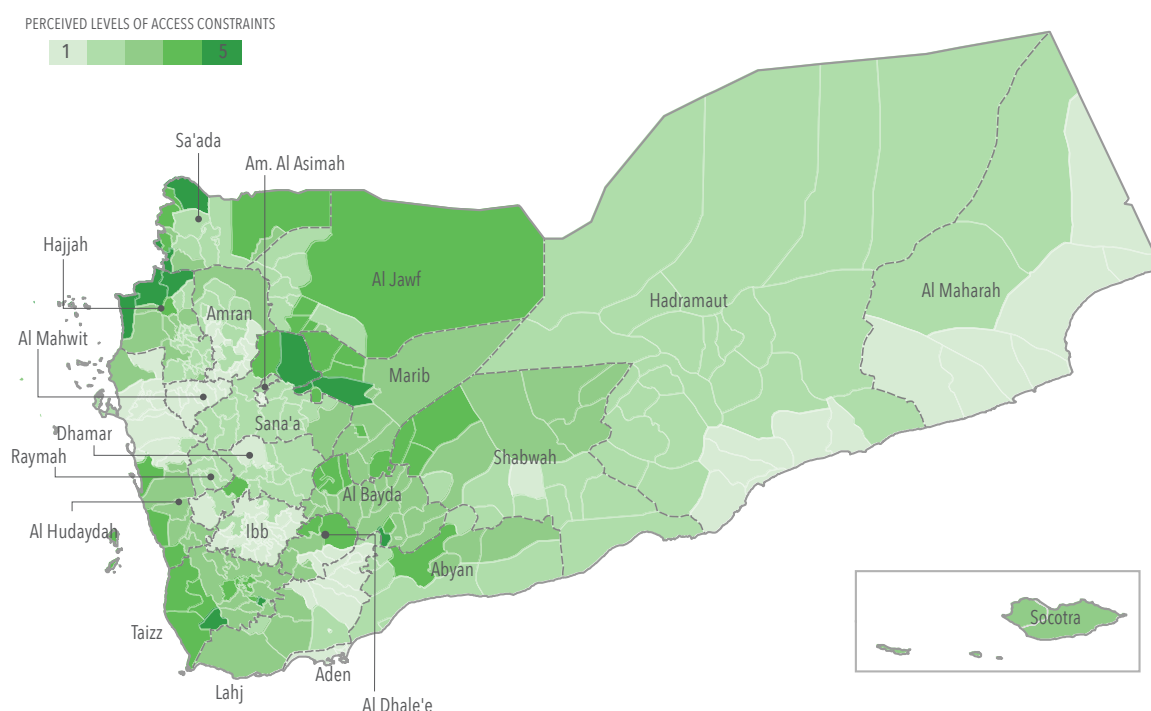
## Assessments

In 2017, humanitarian partners have completed 52 assessments in 17 governorates - almost half of the total, 141 assessments, reported in 2016. NNGOs and INGOs continue to undertake most them and the number of coordinated assessments conducted by joint NNGO, INGO, and UN teams is increasing. Safety of staff/enumerators and limited authority permits, as well as financial constraints particularly for NNGOs<sup>8</sup> remain the main constraints to this activity. The Assessment and Monitoring Working Group (AMWG) continues to improve the quality and coordination of assessments, particularly Inter Agency Standing Committee (IASC) phase 1 and phase 2 assessments. The 200-member emergency assessment team<sup>9</sup> standardizes the information needed to trigger an emergency response (phase 1).

8. REACH Assessment Constraints Survey: [http://www.reachresourcecentre.info/system/files/resource-documents/reach\\_ymn\\_factsheet\\_assessmentconstraintsurvey\\_apr2017\\_1.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/reach_ymn_factsheet_assessmentconstraintsurvey_apr2017_1.pdf)

9. Emergency Assessment Breakdown by Hub: 58 in Sana'a; 41 in Aden; 24 in Sa'ada; 16 in Ibb; 57 in Hudaydah.

## PERCEIVED LEVELS OF ACCESS CONSTRAINTS BY DISTRICT



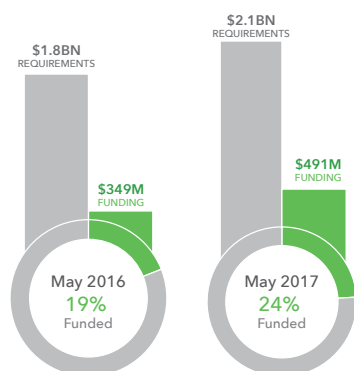
In addition, partners are better able to coordinate with the help of the new Interactive Assessment Dashboard and Survey of Surveys tools and the newly developed Assessment Quality Checklist is improving the assessment standardization used in response planning. These efforts will further strengthen the 2018 HNO.

### Available resources

During the reporting period (January – April 2017), donors provided US\$ 375 million to the 2017 Yemen Humanitarian Response Plan (YHRP), resulting in coverage of 18.2 per cent against the US\$2.1 billion appeal. This is despite the High-Level Pledging Event that took place in Geneva in April where over 40 Member States pledged US\$ 1.1 billion. In addition, US\$ 107 million has been provided to organisations working

in Yemen outside of the framework of the YHRP.

### FUNDING COMPARISON 2016-17



Source: FTS (31 May 2016 & 2017)

Funding varied significantly across clusters, resulting in dramatic underfunding for the Education (0 per cent funded), Shelter, Emergency Employment and Community Rehabilitation and Protection clusters, which all received less

than 10 per cent of the funding requested. At a time when Yemen is facing possible famine and a fast spreading cholera outbreak the low levels of funding against the Food Security and Agriculture, WASH, Health, and Nutrition clusters is particularly alarming. Funding is constraining reach<sup>10</sup>.

An analysis of funding data reveals low funding levels to NNGOs. This low funding level may be partially explained by low reporting rates by partners who are unfamiliar with the Financial Tracking System (FTS), a gap that is being addressed by the cluster leads. Nevertheless, more direct funding needs to be made available by the wider donor community for

NNGOs, the front-line responders in this crisis, and in line with commitments made at the World Humanitarian Summit in 2016.

The YHF, with a budget of US\$ 49 million confirmed contributions<sup>11</sup> in 2017, is currently one of the biggest humanitarian country-based pooled funds in the world.

During 2017 three allocations have been launched- one standard and two reserve allocations. The standard allocation of US\$ 50 million, focuses on the immediate causes of food insecurity and malnutrition, as well as an integrated response for the most vulnerable IDP, returnee families and host communities. The two reserve allocations focus on cholera.

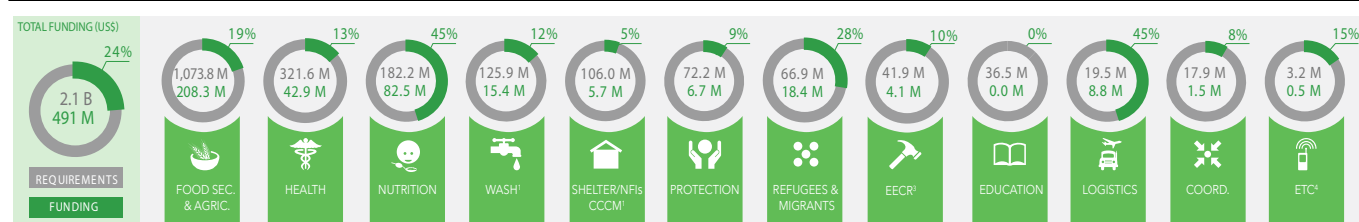
In January 2017, the YHF allocated US\$ 2.4 million to respond to the October 2016 outbreak of cholera. Following the resurgence of the cholera outbreak, the Humanitarian Coordinator further authorized a reserve allocation of US\$ 10 million to support front line responders addressing the recent cholera outbreak in 10 priority districts. The YHF is working to support NNGOs and to empower front line responders. For 2017, the YHF aims to increase the amount of money allocated to NNGOs in comparison to the 17 per cent allotted to them in 2016. As of early June, the percentage stands at 23 per cent (US\$1.2 million) to NNGOs. Further capacity building and training of national partners to help increase the number of organizations that are eligible to apply for funding from the YHF is a strategy that is actively being pursued.

The Central Emergency Response Fund (CERF) has made US \$25 million available for famine prevention in Yemen as part of the US\$ 118 million envelope for famine response and prevention measures in Yemen, South Sudan, Somalia and Nigeria. In Yemen, the grant will be used to address the root causes of malnutrition and food insecurity to avert people slipping into famine, and to boost logistics capacity to ensure timely delivery of medical supplies and food to people in need and to enhance the movement of staff to affected areas. Projects are focusing on 59 priority districts, strategically aligning with the YHF standard allocation targeting NGOs in the same districts.

10. At the time of publication, funding has increased to 29 per cent but remains low nonetheless.

11. These contributions are for 2017 only, in addition to USD 22 million carry-over from the previous year (late contributions, December 2016)

### FUNDING PER CLUSTER



<sup>1</sup>Water, Sanitation and Hygiene; <sup>2</sup>Non-food items/Camp Coordination and Camp Management; <sup>3</sup>Emergency Employment and Community Rehabilitation; <sup>4</sup>Emergency Telecommunications.

Source: FTS (31, May 2017)



## Humanitarian presence

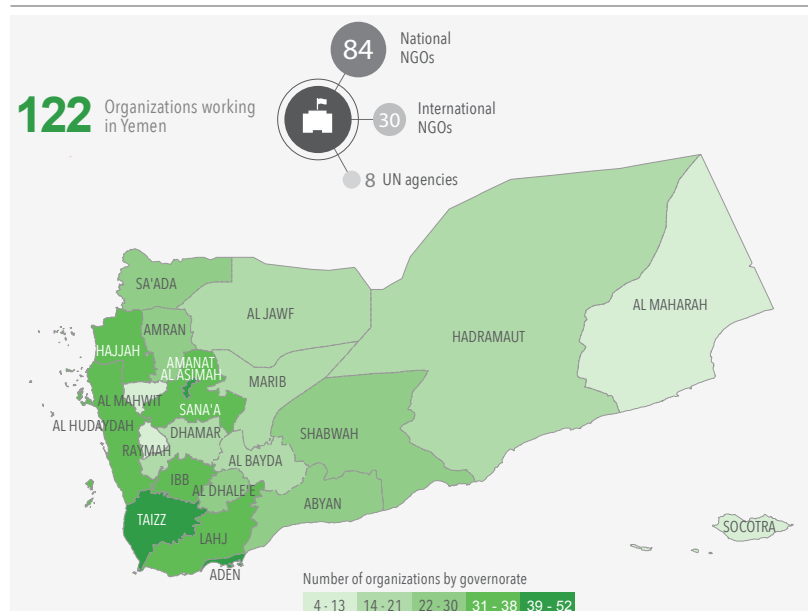
Despite the tremendous challenges, 122 humanitarian partners are responding across Yemen's 22 governorates, 84 of which are NNGOs, 30 are IGOs and 8 are UN Agencies<sup>12</sup>. The number of humanitarian partners per governorate range from 6 to 52. The highest number of humanitarian partners at the governorate level is found in Amanat Al Asimah (52), Taizz (46), and Aden (43). Governorates with low presence numbers include Socotra (6) with the lowest humanitarian presence number, followed by Al Maharah (7).

In line with the HCT commitment to promote local empowerment and decentralization of the humanitarian coordination effort, partners have worked together to strengthen the operational hubs in Aden, Ibb, Hudaydah, Sa'ada and Sana'a. International staffing in the various hubs continues to scale up and accountabilities are more clearly being laid out and monitored.

Response is now also taking place across hubs as exemplified in the fact that from the Al Hudaydah, Ibb and Aden Hubs the governorate of Taizz is now supported. Monitoring of district level presence is an area of focus that the coordinated humanitarian response will prioritize in the coming months.

12. [http://reliefweb.int/sites/reliefweb.int/files/resources/april\\_3w\\_en\\_v4.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/april_3w_en_v4.pdf)

## OPERATIONAL PRESENCE



Source: Clusters (April 2017)

## RESPONSE

## PROGRESS

National and international humanitarian partners in Yemen are delivering in a coordinated manner against 2017 targets at the governorate and district levels that are captured in the 2017 YHRP. Given the evolving complexities and need to plan and monitor more closely to people in need, led by the Humanitarian Coordinator and facilitated by OCHA, the humanitarian community is complementing its governorate level platform with district level information.

It is doing so despite tremendous administrative, bureaucratic, and security challenges, in addition to the low funding levels. To monitor response, a robust information collection and analysis process is in place that gauges cluster and strategic level achievements. Response data at cluster level is collected and verified every month and published in bi-monthly Yemen Humanitarian Dashboards<sup>1</sup>.

Since January 2017, humanitarian partners have reached 4.3 million people out of the total target population of 11.9 million. This number represents unique individuals that have received at least one form of direct humanitarian or protection assistance across sectors. Guided by the YHRP Strategic Objectives, partners have delivered humanitarian assistance across Yemen's 22 governorates.

1. January - April 2017 Dashboard available here: <http://reliefweb.int/report/yemen/yemen-humanitarian-dashboard-january-april-2017>

## Integrated Response

In 2017, the HCT and ICCM have strengthened integrated response strategies. Under the framework of the IDP Strategy, partners are working together in an integrated manner to respond to the needs of displaced populations. Responding to the threat of famine, the FSAC, Nutrition, WASH and Health clusters are working together to maximize resources considering the destitute situation and have prioritized 95 districts at high risk of sliding into famine, developed a joint action plan to promote and guide scale up of the operation, and are providing support to local partners during the response. Health and WASH partners have come together to develop a joint Cholera Integrated Response Plan<sup>2</sup> to guide the response, its priorities and mobilize resources, including the establishment of Diarrhea Treatment Centers (DTCs) and Oral Rehydration Therapeutic Centers (ORTCs). The Plan requests US\$ 66.7 million and will be folded into the YHRP 2017<sup>3</sup>.

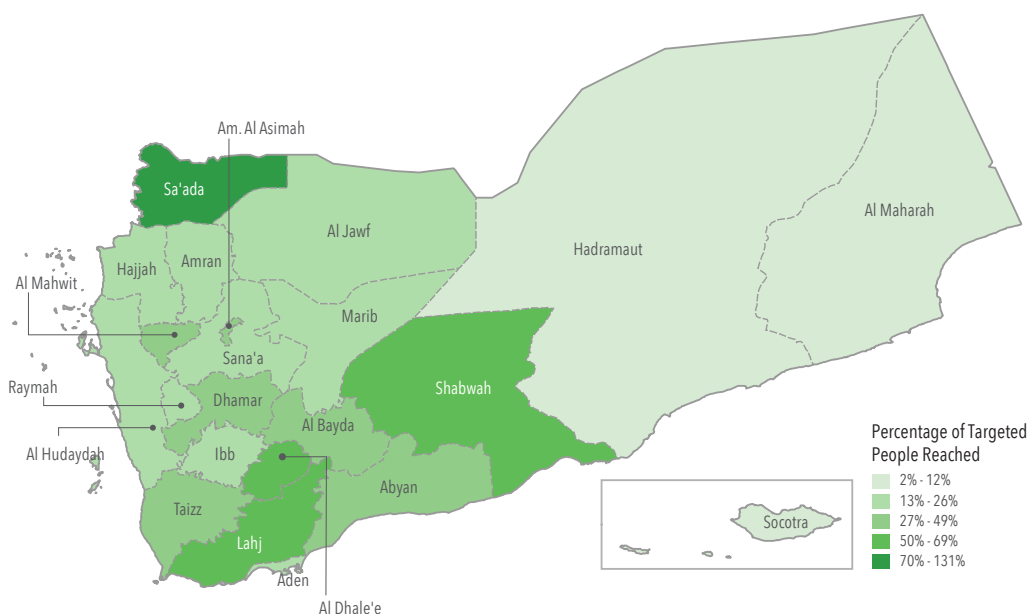
## Governorate and hub Level reach

Building on 2016 achievements, out of the five humanitarian hubs in Aden, Al Hudaydah, Ibb, Sana'a and Sa'ada, all

2. <http://reliefweb.int/report/yemen/yemen-cholera-outbreak-integrated-response-plan-23-may-2017>

3. This amount is increasing along with the update of the Plan based on rising numbers of cholera cases across the country.

## PERCENTAGE OF OVERALL PEOPLE REACHED AGAINST GOVERNORATE TARGETS



Source: Clusters (April 2017)

governorates have been reached by humanitarian partners in 2017. With one of the highest reach percentages in 2017, the Aden Hub has reached 50 per cent of its target, Al Hudaydah Hub 25 per cent, Al Mukallah Hub 11 per cent, Ibb Hub 31 per cent, Sa'ada Hub 89 per cent, and Sana'a Hub 29 per cent. There is a marked variation between the overall inter-cluster reach in the different governorates. For example, in Sa'ada the 2017 target has been met and exceeded reaching 131 per cent reach; while in Shabwah and Al Dhale'e over 60 per cent of the targeted population was reached with some form of humanitarian or protection assistance. On the other extreme, in Socotra, Al Maharah, Hadramaut, Marib, and Raymah, less than 20 per cent of people in need of humanitarian aid were reached. Sana'a and Amanat al Asimah governorates have some of the lowest reach level, while these are also the governorates that are hardest-hit by the current cholera outbreak.

Variations across clusters also show that some clusters are meeting and exceeding targets while others are significantly under-performing. In Sa'ada, for example, WASH and FSAC have reported meeting and exceeding 100 per cent of the target, while only 7 per cent of the nutrition target and 11 per cent of the protection and health targets were met.

These governorate level findings highlight the necessity to move the planning and monitoring analysis to the district level, something currently underway, to ensure a more accurate and relevant understanding of humanitarian needs and response across Yemen.

### Prioritized district level response

Where district level analysis is available the convergence of districts facing the possibility of famine and the spread of cholera against people assisted in an integrated manner by the top relevant clusters (FSAC, Nutrition, WASH, and Health) increases the overall understanding of the situation.

In general, when comparing the 227 cholera affected districts (reporting 2 or more cases of cholera) and the 95 districts

with the highest food security and nutrition needs, 67 priority districts are identified to be a convergence sub-set of the sectors. These are in the governorates of Abyan (4), Al Dhale'e (3), Al Hudaydah (10), Al Mahwit (2), Amran (3), Dhamar (5), Hajjah (12), Ibb (3), Lahj (6), Raymah (1), Sa'ada (5), Shabwah (2), and Taizz (11).

Response information over the period- noting that the FSAC began reporting district level response data only in April- the analysis show that 28 per cent of the 67 districts were reached by all four clusters (FSAC, Nutrition, WASH, and Health). Some 45 per cent of districts were reached by at least 3 clusters while less than 2 clusters reached 27 per cent over the period. This signals to a nascent integrated response effort at the district level, which is the aim in the coming months.

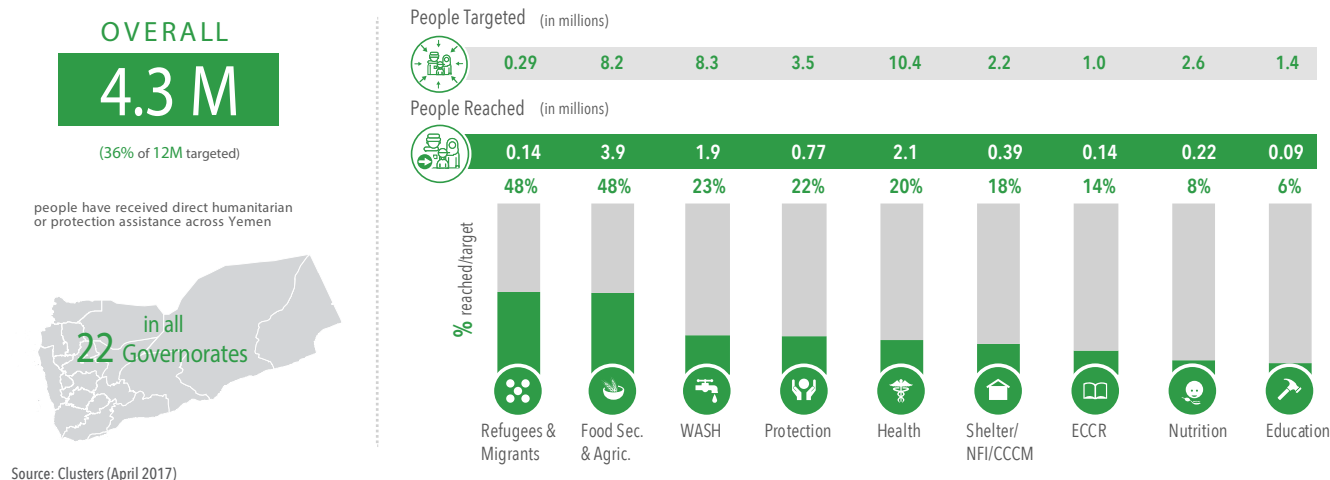
While none of the clusters show universal response across the 67 priority districts, Nutrition and Health Clusters responded in all but one of the districts. WASH has interventions in less than half of the districts. For the month of April, FSAC responded in 58 out of the 67 priority districts.

Likewise, a district analysis awards insight into over-achievement. For example, in one district in Taizz Governorate there is a 600 per cent cumulate reach against the target. Likewise, five of the 67 priority districts show a reach, which exceeds 100 per cent of the acute population in need.

District level analysis highlights priority districts that need to be looked at in more details for gaps and overreach in the response. In some instances, this can be explained by the evolving situation while in other instances it might be driven by supply and convenience considerations and not be needs driven. In other instances, it might signal a problem with targeting

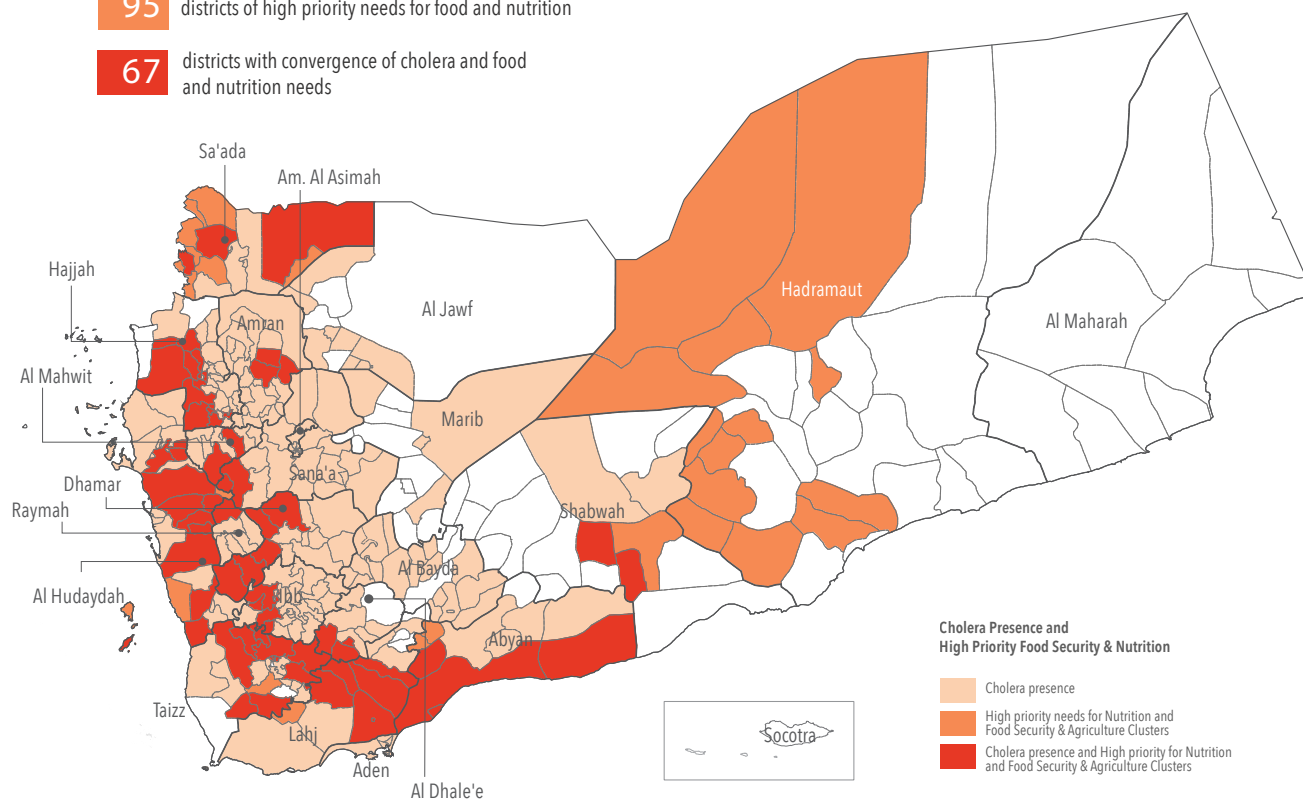
With few exceptions, the access severity scores across these 67 districts show very low access constraints. In the instances where the access constraints are higher, presence and reach do not seem to be impaired.

## PEOPLE REACHED BY CLUSTER

























## CHOLERA PRESENCE &amp; FOOD &amp; NUT. PRIORITY DISTRICTS

- 240** districts with presence of cholera
- 95** districts of high priority needs for food and nutrition
- 67** districts with convergence of cholera and food and nutrition needs

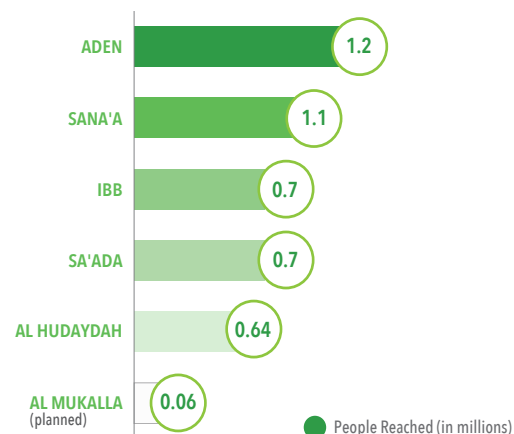
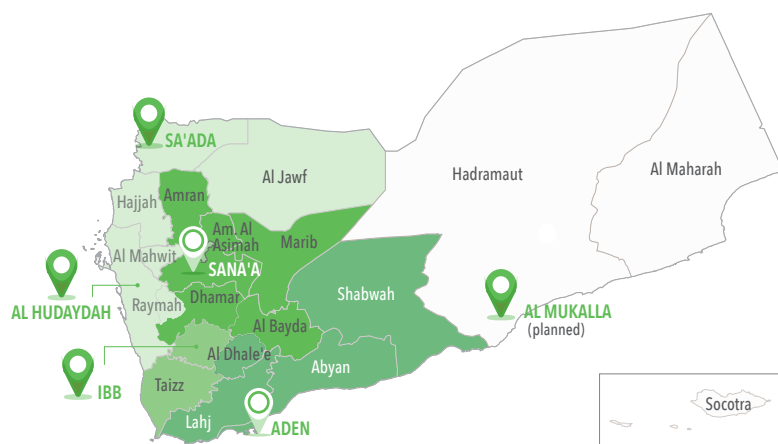


Source: Cholera Task Force, Food Security and Agriculture Cluster and the Nutrition Cluster



PEOPLE REACHED (JAN-APR 2017) (in millions)		PEOPLE IN ACUTE NEED	PEOPLE TARGETED (CLUSTERS+ RAM)	PEOPLE REACHED (CLUSTERS + RAM)	TOTAL PEOPLE TARGETED* VS PEOPLE REACHED
	Abyan	0.27	0.32	0.16	49%
	Aden	0.38	0.74	0.19	26%
	Al Bayda	0.27	0.32	0.10	33%
	Al Dhale'e	0.34	0.37	0.25	68%
	Al Hudaydah	1.1	1.3	0.31	24%
	Al Jawf	0.29	0.28	0.06	21%
	Al Maharah	0.05	0.05	0.01	10%
	Al Mahwit	0.07	0.23	0.09	37%
	Am. Al Asimah	1.1	1.5	0.50	32%
	Amran	0.29	0.54	0.11	21%
	Dhamar	0.42	0.55	0.19	35%
	Hadramaut	0.18	0.44	0.05	12%
	Hajjah	0.98	0.92	0.22	24%
	Ibb	0.73	1.0	0.22	22%
	Lahj	0.55	0.63	0.37	59%
	Marib	0.12	0.12	0.02	19%
	Raymah	0.13	0.17	0.03	17%
	Sa'ada	0.70	0.46	0.60	100% (+)
	Sana'a	0.45	0.49	0.12	24%
	Shabwah	0.31	0.29	0.20	69%
	Socotra	0	0.02	0.0003	2%
	Taizz	1.6	1.2	0.48	40%
TOTAL		18.8	12	4.28	36%

\* "Total people in need" and "total people targeted" refer to the sum of Yemeni nationals in need and targeted, as identified by the humanitarian clusters, and refugees, asylum seekers and migrants identified and targeted through the Refugee and Migrant Multi-Sector Response Plan (RMMS). People in ACUTE need figures are taken from the 2017 HNO.  
Source: Clusters, OCHA (April 2017)

**12M**TOTAL PEOPLE TARGETED  
IN YEMEN**4.3M (36%)**TOTAL PEOPLE REACHED  
IN YEMEN**122**ORGANIZATIONS  
RESPONDING  
IN YEMEN

## NO. OF ORGANIZATIONS, TOTAL PEOPLE TARGETED &amp; REACHED BY HUB (PEOPLE IN MILLIONS)



\*The establishment of a humanitarian hub in Mukalla is planned, pending improvement of the security situation. Relief operations are currently coordinated from Aden or Sana'a.

## YHRP Strategic Objectives



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

Humanitarians are saving lives across Yemen. Integrated programming is maximizing the reach and impact on a weakened population at a time when humanitarian needs are increasing. Despite an increased humanitarian presence, lack of funding is hindering response. With one exception, all clusters are achieving above and beyond the funds received. This means that life-saving interventions have been prioritized above all others. As a result, strategic level achievements show a mixed review. Given the increasing needs, presence needs to expand particularly at the district level as well as funding.

From January to April 2017, 3.0, 5.7, 3.9, and 3.6 million people have been provided emergency food assistance in order for each month. That means an average of 4 million people have been reached against an 8 million monthly target through general food distribution, cash or voucher transfers to help them meet their emergency food needs. The amount of food distributed to each person as part of this reach has varied. In February and March FSAC partners provided approximately 80 per cent of people in need with reduced food rations (35 per cent). In April 61 per cent of people reached received full food rations due to improved funding levels during that month. Variation in food rations is mainly attributed to lack of funds within the sufficient

lead-time (an average of 3 to 4 months required for importing humanitarian food commodities into Yemen). Life-saving emergency safe water supply, mainly delivered through water trucking, has reached 47 per cent of the target (over 380,000 people) well above the expected reach for the first quarter in 2017. Some 248 mobile health teams (98 per cent of the target) are reported operational. Only 12 per cent of the emergency shelter and Non-Food Items (NFIs) targets have been met, leaving an important gap in the response of this life-saving sector. Low percentages against targets around the provision of consultation of communicable diseases and nutritional services provided to children and to pregnant and lactating women at a time of cholera and food insecurity are of concern.

In conclusion, the life-saving assistance provided through a strengthened, coordinated humanitarian response is achieving at different scales but shows more impact when it is integrated. Likewise, the impediments that can be attributed to access constraints throughout the country appear minimal whereas the lack of funding and also more integrated strategic approaches (from the on-set of defining presence, planning and response approaches) seem to be warranted. District level analysis will assist future analysis against this strategic objective.

INDICATOR	TARGET	ACHIEVEMENT	PERCENT ACHIEVED
% targeted people receiving emergency food assistance (general food distribution, cash or voucher transfers)	100% (8,027,983)	48% (3,846,417)	48
% targeted people receiving emergency safe water supply by direct delivery (water trucking)	100% (802,984)	47% (380,249)	47
Number of medical consultations provided	100% (5,933,772)	8% (451,798)	8
% targeted mobile health teams operational	100% (252)	98% (248)	98
% targeted children (6-59 months) and pregnant or lactating women provided nutrition services	100% (2,564,790)	8% (218,703)	8
% targeted people receiving emergency shelter and NFI support	100% (1,948,252)	19% (367,278)	19



## 2

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

Close to 795,000 people have been assisted with direct protection support achieving twenty-two per cent of the annual target. This includes aiding the displaced, providing legal assistance, distributing cash assistance and delivering psychosocial support. Inclusion of gender consideration into YHF 2017 performance data will be available at the end of 2017 and efforts are currently mirroring the 2016 YHF effort - where gender monitoring shows 100

per cent of projects reporting a strong compliance with five of the twelve indicators, including use of SADD, effective targeting, coordination, responsive feedback and complaints mechanisms, and user satisfaction. Protection considerations are firmly integrated into the planning, responding and monitoring efforts for clusters and the overall coordinated approach, something clearly laid out in the cluster section of this report.

INDICATOR	TARGET	ACHIEVEMENT	PERCENT ACHIEVED
% targeted people receiving direct protection assistance	100% (3,562,494)	22% (794,968)	22
% projects funded through humanitarian pooled funds (YHF, CERF) reporting results from IASC Gender & Age Marker for Monitoring	80%	NTR	NTR



## 3

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

Overall, the reach against livelihood and resilience targets have lagged significantly behind the reach of the life-saving components of the YHRP, reflecting the prioritization approach applied in the face of insufficient funds. Moreover, more than twice the amount of land anticipated (236 per cent or target) was cleared of contamination from mines and other explosive remnants of war driven by the need to protect those that are seeking to return to their place of origin. Half of the health facilities (112 out of 226) targeted for upgrade and/or repair have been reached in the first four months of the year.

At a time when the food security crisis is most acute along the western coast of Yemen the emergency assistance provided to agriculture, livestock, and fishery activities has only reached 11 per cent of its target- well below what is expected and is a concern. Only 41 out of 471 schools have been rehabilitated through grants to school committees in the reporting period, depriving thousands of children of safe learning spaces. Some four per cent of returning households have been assisted with return kits, leaving a critical gap in the assistance provided to returning families.

INDICATOR	TARGET	ACHIEVEMENT	PERCENT ACHIEVED
% targeted people benefiting from emergency agricultural livelihoods assistance	100% (3,300,500)	11% (372,082)	11
% targeted people benefiting from emergency non-agricultural livelihoods or business support	100% (402,857)	24% (94,731)	24
% targeted square metres of land surveyed for or cleared of contamination of mines or other explosive remnants of war	100% (986,325)	236% (2,332,132)	100
% damaged health facilities rehabilitated	100% (226 facilities)	50% (112 facilities)	50
% damaged schools rehabilitated	100% (471 schools)	9% (41 schools)	9
% targeted returnee households receiving return kits	100% (25,846)	4% (997)	4





# 4

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

The tracking of IDPs continues to be a top priority, as seen by the strong achievement against targets, given the special status of this population and the increased risk to their safety and security protracted conflict and displacement cause. This achievement has important operational and strategic impacts on the entire humanitarian operation more so now given the transition to district level planning, response and monitoring. Likewise, increasing the communication with affected people and those in the region on Yemen also continues to be pursued with positive results. On behalf of the humanitarian community in Yemen, OCHA has produced 35 public information products in Arabic from January to April 2017. These include response dashboards, bulletins, funding updates, statements, and response and situation analysis snapshots, among others, all highlighting the evolving humanitarian situation in Yemen and the required actions by warring parties and the international community. This does not consider the many other products, information and

advocacy pieces that other humanitarian partners have, on their behalf, distributed and disseminated.

Perception surveys carried out in 2017 indicate that less people believe that humanitarian assistance is addressing the priority community needs (90 per cent in 2016 versus 80 per cent in 2017). However, criticism of the response has increased over the period. The increased demands by the population for the UN to bring the conflict to an end and the decreased food rations due to lack of funding may explain some of these views. Moving forward, minorities, elderly people, handicapped persons, and women and girls will be made more visible as part of the tracking effort and AAP commitments given the prolonged conflict and the implications to these minority groups. The people of Yemen are demanding above all the end of the conflict, something humanitarians are not able to deliver. Advocating for the resolution of the conflict will therefore remains a key humanitarian advocacy message.

INDICATOR	TARGET	ACHIEVEMENT	PERCENT ACHIEVED
# districts with tracked via Task Force on Population Movements (IDP tracking)	333	318 95%	95
# AAP interventions implemented through YHRP projects	5	NTR	NTR
# public information products issued in Arabic	60	35 (58%)	58
% of affected people reporting humanitarian assistance supports priority needs	100	NTR	NTR

# PART III: CLUSTER ACHIEVEMENTS



Food Security and Agriculture



Water, Sanitation and Hygiene (WASH)



Health



Nutrition



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



Protection



Education



Emergency Employment and Community Rehabilitation



Refugee and Migrant Multi-Sector



## FOOD SECURITY AND AGRICULTURE

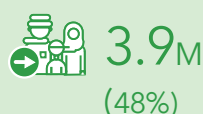
### ACUTE PEOPLE IN NEED



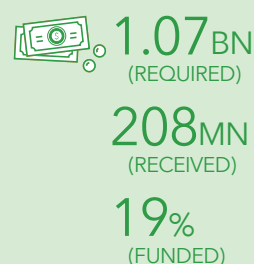
### PEOPLE TARGETED



### PEOPLE REACHED



### FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

### # OF PARTNERS



### CONTACTS

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### Changes in Context

#### Changes in needs

According to the latest March 2017 IPC results, 17 million people are estimated to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) and require urgent humanitarian assistance. This corresponds to 60 per cent of the population and represents a 20 per cent increase compared to the results of the last IPC Analysis conducted in June 2016. Seven governorates are in Emergency (IPC Phase 4) – Lahj, Taiz, Abyan, Sa'ada, Hajjah, Al Hodaïdah, and Shabwah; ten governorates are in Crisis (IPC Phase 3) – Aden, Amran, Dhamar, Sana'a Governorate, Sana'a City, Ibb, Marib, Raymah, Al Mahwit, and Hadramout. Three of the governorates in IPC Phase 3 (Al Jawf, Al-Dal'e, and Al Bayda) would have been in Emergency (IPC Phase 4) or worse without humanitarian assistance.

#### Response capacity

FSAC currently has 76 active partners all over the country representing a 40 per cent increase in membership since 2016. The cluster partners are diverse and varied, drawn from International and National NGOs, UN and related Agencies, the International Red Cross/Red Crescent Movement, humanitarian donor agencies, Community based Organizations (CBOs), and relevant government institutions. Since the advent of the crisis, there has been continuous capacity building of implementing partners, national organizations, and relevant government agencies to strengthen the response capacity at local level which has allowed more

adequate implementation and targeted response, especially considering the difficult operating environment. With sufficient funding, the cluster partners can adequately respond to the enormous and growing needs on the ground as clearly demonstrated by the response in 2016, where the cluster reach corresponded to the funding received.

### Response Progress

FSAC partners have reached an average of 4.1 million people per month with regular emergency food assistance from January to April 2017, and a cumulative of 0.48 million people with emergency livelihoods assistance and longer term livelihoods restoration support.

The low funding levels received so far (18 per cent by end of April) is a major concern considering the deteriorating and precarious food security, livelihoods and nutrition situation in the country. There is a danger of more vulnerable households sliding further into more severe forms of food insecurity if no additional funding is received soon. It is noteworthy that the reduced funding levels have resulted to provision of reduced food basket rations by cluster partners and could also lead to a potential pipeline break in the coming months, if no additional funding will have been secured. This is critical considering that the lead time for importing humanitarian food commodities into Yemen takes an average of 3 months necessitating urgent action to save lives, especially in districts facing the potential risk of sliding into famine.

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of individuals receiving regular emergency food assistance	8M	3.8M	47%
# of individuals provided with access to emergency Agricultural, Livestock or Fishery inputs and assets	3.3M	0.4M	11%
# of individuals provided with access to income generating activities, livelihood skills development and long term asset support	0.2M	0.08 M	39%

## Cross-cutting issues

### Protection

The cluster's response effectively integrates and addresses the protection risks in the delivery including from a gender dimension. FSAC partners undertake protection mainstreaming in the design and implementation of food assistance, agricultural, and livelihood activities in non-discriminatory and impartial ways that promote the safety, dignity and integrity of vulnerable people receiving assistance. Distributions take place in public spaces, during daylight hours and safeguard that there is appropriate segregation for women to create a culturally sensitive and safe operational environment. FSAC partners also ensure that program teams include female members to ensure that women feel able to comfortably discuss their needs and constraints. Programmes are in place to ensure income-generation activities and economic options for women and girls so they do not have to engage in unsafe practices - or are exposed in other ways to GBV driven by economic dependency. Sensitization of women and men in the community, on violence against women and girls (including domestic violence) is an integral part of the FSAC partners' response.

### Gender and age

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

### Accountability

The cluster promotes a stronger engagement with the affected communities in the assessment of the needs, planning, implementation, monitoring and evaluation of the response and ensures systems for monitoring beneficiary satisfaction and complaint mechanisms are in place. All Cluster partners have committed to AAP and have built and maintain channels for constant communication with affected communities. They pay special attention to the needs of vulnerable populations and consider the different layers of vulnerabilities and coping strategies within a community and within specific vulnerable groups.

For distribution of food and livelihood inputs, partners ensure that information regarding the distribution is available in public places, distribution points are not too far away or difficult to reach, and that beneficiaries receive information related to the distribution with enough time to prepare for it. Cluster partners have a robust complaints and feedback mechanism that ensures that feedback and complaints received from beneficiaries are dealt with and that a timely response is given to the complainant.

## Activities contributing to famine prevention

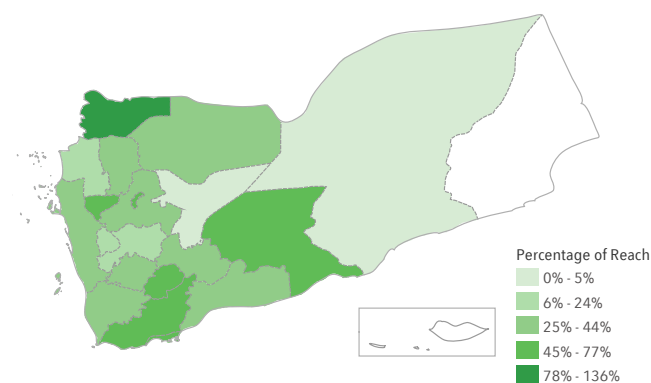
Averting the threat of famine and saving lives requires working in partnership and across sectors as a matter of paramount importance. FSAC and the Nutrition Cluster have taken a lead on the integration of food security, nutrition, and water sanitation and hygiene and health interventions. The following activities have been undertaken:

- Prioritization of 95 districts (based on geographic convergence) at high risk of sliding into famine, based on a recognition that resources are limited and might not allow for a full coverage of all needs
- Development and operationalization of a joint action plan (between FSAC, Nutrition, Health and WASH clusters) to promote and scale up integrated response
- Advocating for Joint programming and integrated responses that are based on vulnerability and composite indicators
- Joint monitoring of integrated interventions
- Supporting national partners and relevant local government institutions, based on their operational capacities and comparative advantage, in delivering an integrated famine response.

## Challenges

- Low funding levels (18 per cent received by end of April) leading to low cluster overall reach against emergency food and livelihoods assistance targets
- Restrictions and disruptions of commercial and humanitarian imports has led to general reduced food availability in the country
- Partners have faced delays in food imports due to the escalation of the conflict in and around Hudaydah port. This has resulted to re-directing of ships to the Aden port leading to further delays resulting to low food stocks availability.
- Inaccessibility of certain governorates/locations due to

## PEOPLE REACHED



the escalation in the conflict

- Cumbersome bureaucratic impediments and complex clearance mechanisms hindering access, movement and/or activities
- Reduced food rations that are not enough to meet the household's monthly food requirements due to limited funding levels.

### Recommendations

- Adapt FSAC acute needs targets to align with IPC Phase 4 population projections as per the latest March 2017 IPC results.
- An urgent appeal to all the major humanitarian donors to fund the critical life-saving emergency food assistance activities especially in districts at high risk of sliding into famine. Millions of lives are at risk of starvation unless funds are urgently made available.
- Emergency livelihoods assistance is an integral part of the humanitarian response, increasing households' food production and income generation are critical to ensuring that food insecure households do not spiral into more severe forms of food insecurity.
- Advocate for and secure humanitarian access and respect of humanitarian space in governorates/districts that are inaccessible due to ongoing conflict.
- Advocate for lifting restrictions that limit importation of essential food commodities into Yemen.
- Joint close monitoring of the precarious food and nutrition situation in the country, especially in high priority districts that are on the brink of famine if adequate and timely humanitarian assistance is not made available.





## WATER, SANITATION AND HYGIENE (WASH)

### ACUTE PEOPLE IN NEED



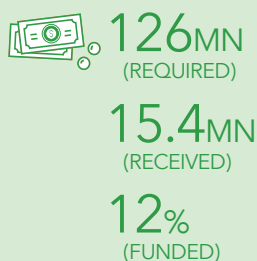
### PEOPLE TARGETED



### PEOPLE REACHED



### FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

### # OF PARTNERS



### CONTACTS

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### Changes in Context

#### Changes in the needs

Availability of new data has enabled the cluster to review and re-prioritize the people in need. New data on population estimates, occurrence of acute watery diarrhea, displacement and malnutrition was used as cross reference to the existing WASH data. A new indicator was added with post crisis information on access to improved water sources as well.

The total number of people in need has now reached 15.7 million people. While the number of people in acute need are 7.3 million (reduction of 11 per cent), the number of people in moderate need have reached 8.4 million (25 per cent increase). Shifts in prioritization of people in need took place at district and governorate levels. Some 16 governorates saw an increase of total people in need. In 5 governorates there is shift of people in need from moderate to acute (Ibb, Al Bayda, Sana'a, Al Mahwit, Al Dhale). Six governorates have seen a general increase in both acute and moderate number people in need (Al Jawf, Hajjah, Hudaydah, Amran, Raymah, Socotra). In the rest of the 11 governorates the number of people in acute needs has remained the same or reduced, but in all of them the numbers of people in moderate needs have gone up significantly. Significant reductions in acute need can be seen in Hadramaut and Al Maharah.

#### Response capacity

In April 2017, 16 WASH partners were implementing activities and reporting to the cluster. The cluster has invested in capacity building for partners specifically on cholera WASH response activities, integration of WASH with nutrition activities, and preparedness activities to scale up the IDP response across the west coast of Yemen. This was done to ensure that partners have sufficient understanding and technical capacity to respond to specific situations such as cholera, malnutrition and displacement. Partners have showed increased capacity to quickly respond to new emergencies and fill gaps, which requires supplies, flexible funding and access. The rapid response mechanism (UNICEF&ACF) is one of the key mechanisms that allows this, but some other cluster partners have similar arrangements. However it should be noted that this is only a short term measure for quick response and will not fill the gap for longer term WASH assistance that is urgently needed in these locations.

#### Response Progress

The overall response of the WASH cluster is 23 per cent of the total target. Activities with good implementation rates are rehabilitation of water supply schemes and water trucking. This is mainly because these activities are carried over from 2016. Construction

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of population served with support to operation, maintenance and rehabilitation of public water systems	2.9 M	1.2 M	42%
# of individuals with access to water as per agreed standards (7.5-15l per person per day) through water trucking	0.8M	0.4M	46%
# of individuals with access to latrines (through construction, de-sludging, or rehabilitation of latrines)	0.6 M	0.08 M	12%
# of affected people provided with standard basic hygiene kits	1.4 M	0.2 M	17%

of emergency latrines and hygiene kit distribution are progressing much slower and are considered off track. Slow progress can be explained due significant underfunding of the YHRP and late fund contributions in the year.

Overall response is off track in 15 governorates as compared to the existing targets. In 8 governorates, the rehabilitation of water schemes is on track, while there are concerns in 10 governorates with slow progress. In some 8 governorates have gaps in water trucking, while 5 governorates are on track and 5 are over the initial target. Latrine construction is on track in only 5 governorates, while most governorates see major gaps, with 10 governorate with gaps up to 100 per cent. Distribution of hygiene kits is also behind in 15 governorates, with only 6 governorates progressing well in this activity. An integrated Cholera Response Plan has been jointly developed with the Health Cluster and is currently under implementation.

### Cross-cutting issues

#### Protection

The WASH cluster and GBV sub-cluster continue to collaborate in the distribution of hygiene and dignity kits. WASH partners are encouraged to follow the cluster guidance on protection and gender mainstreaming in their programming. Concrete outputs of such guidance are construction of safe latrines with locks and lights, and ensuring that water is made available during daylight hours so that women and children don't have to go out after dark.

#### Gender and age

WASH partners are implementing the cluster guidance on protection and gender mainstreaming in their programming. Concrete output of such guidance is involving both men and women in the design and implementation of programs, and targeting men, women, boys and girls per their gender and age with appropriate messages related to hygiene and household water treatment and safe storage practices.

#### Accountability

The WASH cluster has discussed the AAP minimum commitments. A baseline was set and the partners committed to the following actions:

- Regular project updates (progress monitoring) are provided publicly using the communities preferred communication methods.
- Main activities of the project have been validated with community members for longer projects
- Project ensure that there are moments to hear and address feedback and complaints
- All project staff is formally trained on how to collect and report feedback mechanisms
- Reports are publicly available to be used for learning from others
- Assessment includes cluster's needs indicators/ HNO

#### severity indicators

The cluster will set a minimum package that guides partners on how to provide information to the public, how to involve community in decision making and how to establish a feedback and complaints mechanism. Best practices are also being shared across partners.

### Activities contributing to famine prevention

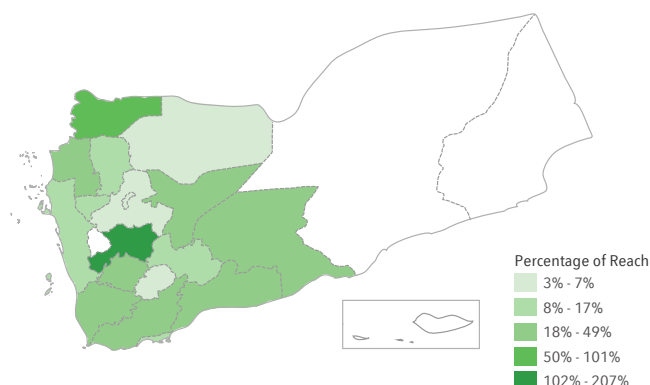
The WASH cluster has done a mapping exercise in the food and nutrition 95 priority districts (1st and 2nd priority) and analysis shows that WASH partners were implementing WASH activities in only 22 out of 59 priority 1 districts, while in 22 out of 36 districts. Only in 5 out of the 44 districts with WASH projects, a full package of water, sanitation and hygiene at infrastructure, health facility and community level was implemented. While this only considers YHRP response between January to April 2017, it is a clear sign that WASH cluster partners need to prioritize on the districts with high rates of malnutrition and ensure a full WASH package at health facility, community and caregiver levels.

Discussions between WASH, FSAC, Nutrition and Health are ongoing on the content of a minimum package, and technical and strategic guidance on integration and prioritization of multi-sectoral programs that aim to reduce malnutrition and prevent famine. First steps were taken through the YHF. Partners were requested to focus on the priority districts and were given clear guidance what activities should be considered in their projects.

### Challenges

- Late receipt of funding and a general underfunding of the YHRP, specifically in relation to support urban WASH response.
- Continuous reprioritization of activities (related to IDPs in the west coast, famine prevention and malnutrition, and cholera) and lack of additional support (instead emphasis on reprogramming of existing funds) keeps diverting WASH partners from their regular programming.

### PEOPLE REACHED



- No clear overlap between priority districts for IDPs, cholera and malnutrition can be observed so far, although it should be noted that the mix of malnutrition and cholera puts a child more at risk and should be prevented as much as possible.
- With the limited resources, WASH partners are spread thin which has a negative impact on a real and lasting impact.
- More funding is needed so that partners can scale up with adequate capacity so that all priority locations can be covered with a full WASH package.

### Recommendations

- Acute and moderate people in need should be considered to prevent future outbreaks from occurring and contribute to famine prevention and reducing malnutrition.
- While there is no need to change the strategic objectives and activities of the WASH cluster YHRP, there is a need to provide strong guidance to WASH partners to prioritize their interventions in those areas most affected by cholera, displacement and at risk of famine.
- Apart from prioritization, a scale up of the response is also necessary to cover all priority districts.
- Part of the scale up should involve stronger technical experts at the field level, and capacity building of local NGOs through partnerships with INGOs and UN agencies.



## ACUTE PEOPLE IN NEED


**8.8M**


## PEOPLE TARGETED


**10.4M**

## PEOPLE REACHED


**2.1M**  
(20%)

## FUNDING (US\$)\*


**322MN**  
(REQUIRED)  
**42.9MN**  
(RECEIVED)  
**13%**  
(FUNDED)

\*Source: FTS (31 May, 2017)

## # OF PARTNERS


**45**

## CONTACTS

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## HEALTH

## Changes in Context

## Changes in the needs

The main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions and non-communicable diseases. The recent cholera outbreak (October 2016 and a second upsurge in April 2017) has further aggravated the health situation throughout the country, putting large parts of the population at risk. On 28 May, more than 45,000 suspected cases and 400 deaths were reported from 19 Governorates. The Health Cluster estimates that more than 24 million people are at risk. At the same time, outbreaks of measles, malaria and other communicable diseases continue. The need for reproductive, maternal, and newborn health care services remain urgent. Out of the 10.4 million population in need of health care, it is estimated that there are 416,000 pregnant women among whom 62,400 will develop pregnancy or childbirth complications that will require urgent emergency obstetric care intervention including caesarean operation to save their lives and that of their newborn. Some 750,000 women who are using modern family planning are finding it ever more difficult to access services due to the constraint health system. Conflict-related trauma adds an additional burden on the exhausted health system, which is unable

to respond to the needs of the population. Unpaid staff salaries and fuel and electricity shortages in health facilities are eroding national capacity, with many health facilities closing due to a lack of resources at this critical point in time. In addition, lack of salaries for health staff, fuel and electricity, medicines and operational cost result in more than 3,500 health facilities are not paid. Many of these health facilities stopped working (only 45 per cent of facilities are reporting as functioning to some degree).

For the remainder of 2017, the Health Cluster will rigorously prioritize the response cholera outbreak through strengthening surveillance, proper case management, community awareness and support to the water and sanitation interventions. At the same time, the Health Cluster will continue supporting the provision of minimum service package and maintaining pipelines for medicines and supplies throughout the country.

## Response capacity

The Health Cluster has 45 health partners reporting their 3W on monthly basis. Following the upsurge of the cholera outbreak, some partners scaled up through increasing their capacity in Yemen in terms of staffing and operations. What has become very visible through the cholera response planning and operations is that national

See also Annex for more information on indicator descriptions.

## INDICATORS, TARGETS AND ACHIEVEMENTS

MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of affected population reached with support to reproductive health services and new born care	1.1 M	0.2 M	18%
# of consultations for communicable disease	5.9 M	0.5 M	8%
# of injured people treated	0.04 M	0.006 M	18%
# of health facilities repaired/upgraded	226	112	50%
# of operational Mobile Health Teams	252	248	98%
# of population covered with provision of essential & life-saving medicine including NCD	8.9 M	1.3 M	15%

NGOs require dedicated technical capacity building to effectively contribute to the response. An integrated Cholera Response Plan has been jointly developed with the Health Cluster and is currently under implementation.

### Response Progress

The Health Cluster did not reach the expected 30 per cent reach for the first 4 months of the year (the reach is 10 per cent) mainly due to funding gaps. As of May, all areas of Yemen can be considered as underserved. The collapse of the national health system due to budget constraints has had catastrophic effects on the population and has contributed to the spread of outbreaks such as cholera. The closure of many health facilities, out-of-pocket payment demands to access health services (including for the most vulnerable groups of population), and drastic negative effects on vertical health programs such as immunization and malaria, reproductive, maternal and newborn health have all contributed to the collapsing institutional response.

The indicator for the number of consultations on communicable diseases reached only 8 per cent, which is the least achievement. Other indicators reached between 15 to 18 per cent of the year target which again indicates underachievement. The main reason for underachievement is the lack of funding for health. An integrated Cholera Response Plan has been jointly developed with the Health Cluster and is currently under implementation.

### Cross-cutting issues

#### Protection

The Health Cluster collects information and reports response information disaggregated by gender and age. Vulnerable groups are well presented and covered in our analysis and response. The health cluster also supports services for survivors of gender based violence.

#### Gender and age

Most of the health indicators are disaggregated by gender and age. This allowed health partners to better identify gaps and plan the response.

#### Accountability

The Health Cluster is working under the commonly agreed Accountability Framework to ensure compliance by all partners.

### Activities contributing to famine prevention

The Health Cluster strategy to contribute to prevention of famine includes the screening of all children under 5 years for malnutrition during any health contact. Screening of mothers for malnutrition and provision of micronutrients (folate and iron tablets) during ANC is also being done. Health staff in any health facility will either manage cases of malnutrition or refer these cases to another health center. Families of children including pregnant and lactating women visiting health

facilities for any reason receive health education including prevention of malnutrition. The cluster is further working to strengthen the integrated health/NUT/FSAC response through developing a common approach.

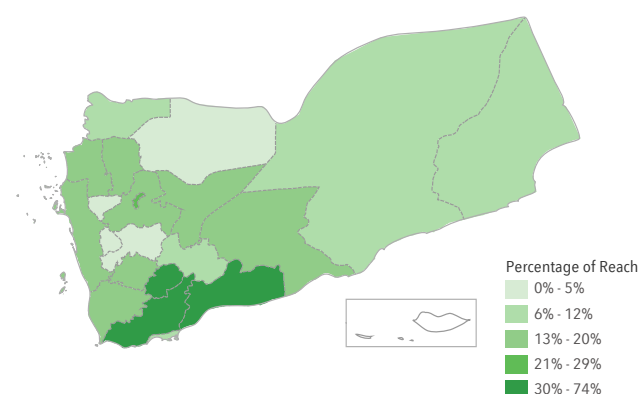
### Challenges

- The lack of financial resources at the Ministry of Health.
- Limitations on access due to insecurity in certain locations and proximity to front lines
- Lack of capacity of national NGOs
- Inadequate funding for humanitarian partners in the Health Cluster
- Bureaucratic delays in release of imports of medical supplies from port of entry.

### Recommendations

- Government to prioritize paying salaries of public employees. Alternatively, donors must agree on a modality to compensate health workers so that they return to work.
- Capacity building for national NGOs on institutional management and finances.
- Donors to scale up support for health programming in Yemen.

### PEOPLE REACHED







## NUTRITION

### ACUTE PEOPLE IN NEED



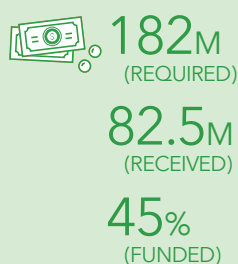
### PEOPLE TARGETED



### PEOPLE REACHED\*



### FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

### # OF PARTNERS



### CONTACTS

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### Changes in Context

#### Changes in the needs

Based on newly available data<sup>1</sup>, the nutrition cluster is now able to recalculate the estimated population in need to ensure that targets better reflect the situation on the ground.

In addition, FSAC and Nutrition Cluster carried out a joint prioritization exercise to ensure assistance reaches those most at risk and to help prevent the possible famine and thus 95 districts have been prioritized. This prioritization is now guiding the Nutrition Cluster planning and response and replaces the previous prioritization in the 2017 HNO. Currently, nutrition cluster estimates that about 2.8 million of people need the acute malnutrition treatment in 2017, including 1.8 million acutely malnourished children (0.4 million of whom are severely acutely malnourished) and about 1.1 million pregnant and lactating women<sup>2</sup>.

#### Response capacity

The number of partners responding to the nutrition emergency has increased from 24 to 25, however the overall capacity to provide a comprehensive package of nutrition in

1. (EFSNA and SMART assessment in Shabwa, IPC March 2017)

2. The changes in numbers of PLW in need for the acute malnutrition treatment is due to the change in the estimation source, i.e. instead of the DHS 2014 nation-wide prevalence of AM (based on the BMI) that was used previously, it is now replaced with AM prevalence per governorate based on MUAC from the CFSS 2014, to ensure better estimation of needs and targeting.

emergencies interventions is still limited. Partners agreed that with current access constraints and technical capacity of the partners, it will not be feasible to reach the target for the infant and young child feeding. Additionally, scaling up SAM activities in Al Maharah is lagged indicating that with current capacity only up to 30 per cent of population in need can be reached with SAM treatment. To scale up delivery of CMAM interventions, partners also agreed to increase coverage of MAM programmes. Further, as the technical capacity of partners in conducting anthropometric SMART assessments has improved, and as the recent data is required for all governorates to allow evidence-based decision making, the partners have identified the need to expand number of governorates where SMART will be conducted from 20 to 22.

### Response Progress

The Nutrition Cluster has achieved 9 per cent of its overall target with 45 per cent of its required funding.

#### Additional activity indicators

The quality of the SAM and MAM treatment programmes are on average within the SPHERE minimum standards. The SAM cure rate was 76.6 per cent, and the death rate was 0.3 per cent. The defaulter rate was 21.4 percent, which exceeds the 15 percent SPHERE minimum. This is attributable to limited coverage of services in communities far from health facilities. Despite still exceeding SPHERE standards, this is an

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of children (aged 6-59 months) treated for severe acute malnutrition (SAM)	0.3 M	0.05 M	17%
# of children (aged 6-59 months) treated for moderate acute malnutrition (MAM)	0.9 M	0.06 M	7%
# of pregnant or lactating women (PLW) treated for acute malnutrition	0.6 M	0.04 M	7%
# of children (aged 6-24 months) receiving micronutrient supplementation	0.6M	.04M	7%

improvement from 2016, when the defaulter rate was reported at 26.2 per cent; the improvement could be attributed to the increase number of centers and mobile teams during the first quarter of 2017.

WFP, in partnership with 5 local and international NGOs, supported blanket supplementary feeding programme (BSFP) for prevention of acute and chronic malnutrition through 83 mobile sites and cumulatively managed to newly admit 31,259 children 6 to 23 months in 28 districts in 7 governorates (Aden, Al Dhale'e, Hudaydah, Ibb, Lahj, Sanaa and Taizz) during the months of January to April 2017. Some 70,767 mothers and caretakers of children aged 0-23 months received counseling or messaging on appropriate infant and young child feeding out of 2mln targeted.

### Cross-cutting issues

#### Protection

The nutrition centers are established in the community where both treatment and prevention services are easily accessible equally to boys, girls and pregnant or lactating women, including children with disabilities; these centers are largely child and women-friendly spaces that are safe and non-stigmatizing. The local population is consulted in planning location of centers to address potential safety concerns, including risk of GBV or the centers are located in the existing health facilities.

#### Gender and age

The data collected in the sector (both needs and progress towards targets) are disaggregated by age and sex so that the different needs of men, women, girls and boys can be adequately assessed and addressed. The cluster vulnerability criteria targets gender and age sensitive categories ensuring that assistance is provided based on needs. Feeding practices in Yemen differ for infant and young boys and girls, with male children often more highly valued, so the cluster monitors for gender differences in both presentation for malnutrition treatment, and in completion rates.

#### Accountability

The 2017 AAP framework commitments and targets have been agreed by the cluster and implementation has started. There is some progress on engaging with beneficiaries using Focus Group Discussions (FGD) for the design and monitoring of projects, as was presented in the projects submitted to the YHF. Consultations and feedback from beneficiaries is increasingly being gathered and integrated into projects by cluster partners.

### Activities contributing to famine prevention

The Nutrition Cluster is scaling up assistance in the 95 priority districts, while maintaining ongoing treatment programmes throughout the country. In the 95 priority districts, there are 22 Therapeutic Feeding Programmes, 1,030 outpatients feeding programmes and 753 targeted

supplementary feeding programmes. All partners agreed to prioritize the scale up in these locations and to implement an integrated response to treat malnutrition through providing a minimum package of nutrition assistance and to work together with other clusters to address immediate and underlying causes of malnutrition, such as care practices, including WASH, access to health care and addressing food insecurity.

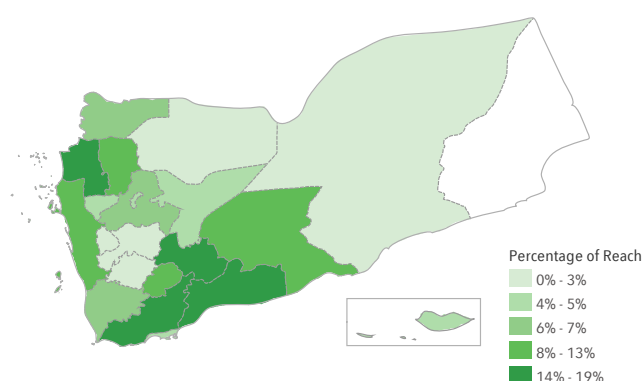
### Challenges

- The major obstacle is linked with limited flexibility to swiftly shift funding and projects to priority activities and locations.
- Further challenges include: escalation of fighting to the main port of Hudaydah, bureaucratic barriers, a collapsing health system, lack of physical access in some areas, difficulties to undertake assessments/surveys and thus, lack of current data to inform response, frequent pipeline breaks due to lack of funds and restrictions on imports, limited technical capacity of some NGOs and health and nutrition system, and the coordination with authorities.

### Recommendations

- To revise the 2017 cluster plan, and to align targets with new evidence available.
- To prioritize the scaling up of the response in the priority 95 districts, while maintaining life-saving treatment programmes throughout the country.
- To speed up the collection of nutrition survey information throughout the 22 governorates, and to conduct the Integrated Phase Classification: Acute Malnutrition Classification based on newly available information.
- To conduct an analysis to identify and address main bottlenecks in delivering CMAM programmes in Yemen.

### PEOPLE REACHED



## ACUTE PEOPLE IN NEED



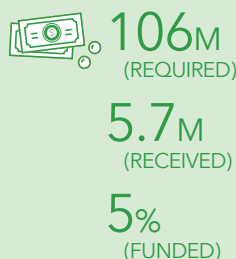
## PEOPLE TARGETED



## PEOPLE REACHED



## FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

## # OF PARTNERS



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## SHELTER & NON-FOOD ITEMS

## CAMP COORDINATION &

## CAMP MANAGEMENT (CCCM)



### Changes in Context

#### Changes in Context

Although the absolute numbers of IDPs and returnees decreased by less than 1 per cent over the reporting period, the absolute needs of the affected population became significantly more acute. The shelter situation particularly for those living in IDPs hosting sites worsened as families who are already shelter vulnerable, face eviction, overcrowding and lack of access to income to support their own shelter solutions.

Partners' estimate that as many as 30 per cent of IDP families, up from 10.3 per cent, may have lost their male breadwinner. Those female-headed households living in IDP spontaneous settlements and collective centers are repeatedly identified as the poorest and most vulnerable, particularly with respect to protection, and to exploitation-abuse issues specifically. Further, the proportion of families living in collective centers and spontaneous sites increased from 20 to 23 per cent while those in private settings (host families and renting) increased from 73 to 77 per cent. This might imply that more refugees are running out of rental monies. More families were displaced multiple times, further degrading their coping mechanisms and increasing their vulnerability. Conversely, the percentage

of IDPs reporting shelter as their priority need decreased from 7 per cent to 4 per cent primarily because, as more people sink into poverty, the priority shifts to more lifesaving assistance such as access to food and water.

#### Response capacity

While the number of partners in the cluster has increased since the beginning of the year, the number of active partners has not significantly increased due to security restrictions and the administrative procedures in place. The cluster gained access to locations such as Al Mukha and Maqbanah districts in Taizz North and Central as well as in Mawza and Al Wazi'iyah districts in Taizz South, thus assisting previously inaccessible vulnerable populations.

#### Response Progress

Out of 2.2 million affected population targeted by the cluster, 17 per cent were assisted over the period under review, with only 5.4 per cent secured of the \$ 106 Million requested. Significant strides were made to diversify the shelter and CCCM response as well as to systematize the 'integrated response' concept.

#### Cross-cutting issues

#### Protection

To address the issues of eviction and vacation

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of households assisted with Non-Food Items	0.2 M	0.04 M	26%
# of households assisted with Emergency Shelter	0.1 M	0.01 M	9%
# of houses rehabilitated/reconstructed	0.01 M	0 M	0%
# of households assisted with return kits	.03 M	.001 M	4%

of school premises, the cluster has finalized guidance on relocation to ensure it is voluntary and safe. Guidelines have also been developed on the safe and dignified distribution of Shelter and NFIs, including a section on protection mainstreaming highlighting key principles. The cluster also finalized the IDP Hosting Site guidelines to provide comprehensive guidance on setting up, site management and coordination structures in IDP hosting sites including checklists on how to identify and refer protection issues in all sectors. These guidelines include providing awareness training on GBV, measures to prevent GBV, and case management of reported incidents. Support through 'cash for rent' also targets beneficiaries' urgent protection challenges such as overcrowding, separated families etc. Capacity to handle land tenure issues is still quite weak in the cluster but is being developed.

### Gender and Age

Data collected in the Cluster is disaggregated by age and gender so that the different needs of men, women, girls and boys can be adequately addressed. The cluster vulnerability criteria targets gender sensitive categories ensuring that assistance is provided based on need, to categories of people that may be overlooked in society. Many of the assessments carried out by Cluster members integrate Focus Group Discussions (FDGs) with groups disaggregated by sex and age ensuring that all sections of affected population contribute. The assessments included female and male enumerators.

### Accountability

The 2017 AAP framework commitments have been agreed by the Cluster and are now being implemented. There is some progress on engaging with beneficiaries using FDGs for the design and monitoring of projects. Consultations and feedback from beneficiaries is more frequently gathered and integrated into projects. The skill of partners to address beneficiaries respectfully and resolve conflicts is also being enhanced.

### Challenges

The level of assistance is still inadequate due to the limited financial and operational capacity of partners. Out of a budget of US\$ 106 million only 5.4 per cent has been secured for the Shelter / NFI / CCCM Cluster to date and Partners still have difficulty adapting to the expanded assistance options.

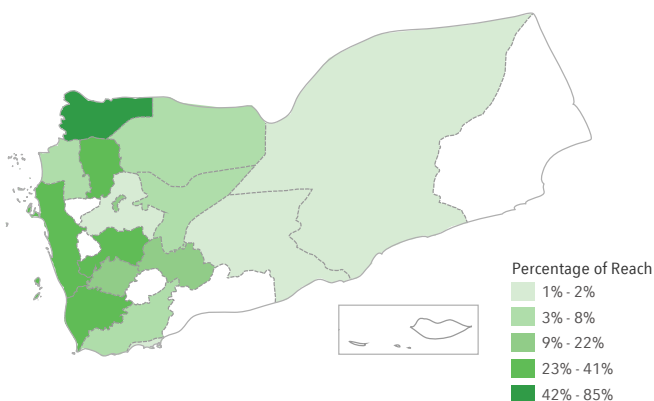
- The increasingly difficult access to some of the most affected locations sometimes means that the beneficiaries who need assistance most are deprived due to security and cumbersome clearance processes.
- Responses based on household-level interventions are challenged to ensure all members of the household receive assistance equally. Consequently, partners strive to identify the types of household they are serving (i.e. child, female, or elder-headed) to more accurately report the numbers of females and males who benefit.

- Most women lack the identity documents required to register for assistance; partners are beginning to address this by issuing ID cards for women. The insecurity and damage to infrastructure, especially the ports, and the economic blockade have meant that importing humanitarian and commercial materials into the country remains very challenging and time consuming.

### Recommendations

- While security and safety of staff is paramount, some of the bureaucratic process instituted by the government hampers the response of partners, further advocacy with local authorities on access issues is needed.
- It is imperative to ensure that conditions for receipt of assistance enable access for both women and men equally.

### PEOPLE REACHED





## PROTECTION

### ACUTE PEOPLE IN NEED



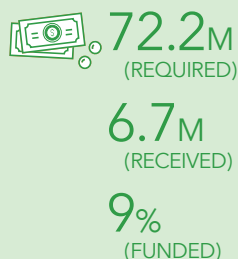
### PEOPLE TARGETED



### PEOPLE REACHED



### FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

### # OF PARTNERS



### CONTACTS

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### Changes in Context

#### Changes in the needs

Protection related needs including those related to gender based violence and child rights of conflict-affected individuals continue to increase as the duration of the crisis and their displacement becomes protracted. Individual and household resources are depleted, their coping mechanisms are stretched to the brink, and they are forced to resort to negative coping strategies as a means of survival. This includes: selling productive assets and personal possessions and entering debt to pay for basic needs; accepting high risk, illegal, socially degrading or exploitative jobs (e.g. child labour, begging, joining armed forces or groups); reducing household expenditure on food (e.g. skipping meals), shelter (e.g. shifting to sub-standard housing), education (e.g. removing children from school, especially girls); and an increase in domestic violence and child marriages. All these negative coping strategies are placing vulnerable families and individuals at increased risk of exploitation and abuse. The risk of famine has exacerbated the situation and created a need for psychosocial support services in therapeutic feeding centres for children with SAM.

### Response capacity

The national Protection Cluster, including GBV and Child Protection Sub-Clusters have invested in building the coordination capacity of their sub-national counterparts through a joint training held in Sana'a in April 2017. However, the protection response in all five area hubs remains grossly underfunded, severely limiting the ability of partners to assess and respond to critical needs.

### Response Progress

The Protection Cluster has reached 22 per cent of its overall target. Cash based programming, information activities, and family tracing and reunification activities are lagging in comparison with other forms of protection assistance. Awareness-raising activities were newly introduced in 2017 and have not been as widely adopted and implemented. Cash assistance targets have not been reached due to lack of funding, despite existing capacity among partners.

### Cross-cutting issues

#### Protection

The Global Protection Cluster undertook a support mission to Yemen in April 2017, met bilaterally with all cluster leads, and delivered a summary workshop for the ICCM to highlight current practices employed by

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of individuals reached through information activities (group-based information sessions and call centre activities)	0.5 M	3,966	1%
# individuals receiving cash assistance	0.9 M	1435	2%
# of individuals receiving psychosocial support (one-on-one counselling and group-support sessions)	25,200	9,549	38%
# of individuals receiving legal assistance	10,584	3,113	29%
# of local authorities, humanitarian partners and community members trained on protection issues	900	402	45%
# of children and community members receiving information to protect themselves against injury/death of mine/UXO explosion	1.7 M	0.5 M	29%



clusters, and introduce cluster leads to the updated Protection Mainstreaming Toolkit. The Yemen Protection Cluster – in collaboration with OCHA's Humanitarian Affairs Officer (Protection) and GenCap Advisor – has developed an action plan to deliver protection and gender mainstreaming trainings, provide technical support, and establish mainstreaming focal points in all hubs in 2017, with Ibb and Hudaydah hubs already supported in this regard. To ensure the integration of GBV Prevention and Response across the humanitarian response, the GBV-Sub Cluster in collaboration with the IASC GBV Guidelines team has developed an action plan to roll out inter-agency and sectoral trainings across Yemen in 2017-2018.

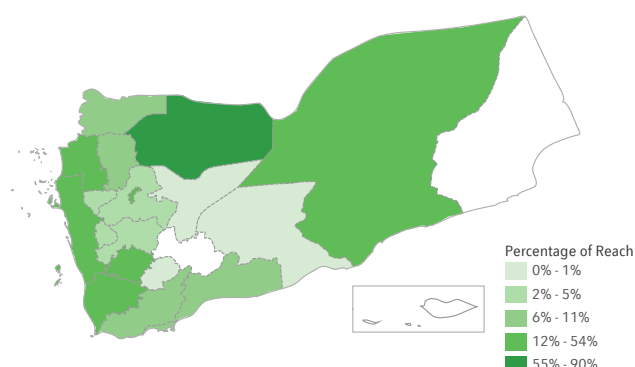
### Gender and age

All activity targets established by the cluster were disaggregated by gender and age. For the main PC, among individuals reached until April 2017, 36 per cent were women, 32 per cent were men, 16 per cent were girls and 16 per cent were boys. For the GBV Sub-Cluster, 45 per cent of individuals reached were women, 8 per cent were men, 28 per cent were boys and 18 per cent were girls. For the Child Protection Sub-Cluster 40 per cent of individuals reached were girls, 45 per cent were boys, while 7 per cent were women and 8 per cent were men. The Protection Cluster will be pairing the delivery of protection and gender mainstreaming trainings in all hubs, thereby contributing funding to achieving gender equality aims.

### Accountability

As of April 2017, cluster partners have made concrete commitments in relation to each of the components of the AAP Framework, including: providing information to the public, involving the community in decision-making, learning from feedback and complaints; improving staff attitudes and behaviour; using information from project learning; and harmonizing assessments. Progress against established targets will be monitored every six months.

## PEOPLE REACHED



### Activities contributing to famine prevention

In collaboration with the Global Protection Cluster, cluster prepared a brief highlighting the need to ensure that protection considerations are central to the famine prevention response, including prioritization of the most vulnerable households, and mitigating protection risks encountered by vulnerable groups in accessing FSAC, Nutrition, Health and WASH interventions.

### Challenges

- The biggest challenge faced by cluster partners has been the lack of predictable funding. Needs and gap analysis is being strengthened through information management support, capacity building trainings are being rolled out, yet partners – most whom are national NGOs – lack access to adequate funding from pooled funding mechanisms or bilateral donors to scale up the protection response across all five area hubs.
- In addition, the activities of cluster partners are misunderstood, perceived as less relevant and non-essential by local authorities, particularly in the north. Existing partners – both local and international – have been forced to suspend their activities. In addition,

## INDICATORS, TARGETS AND ACHIEVEMENTS

MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of children in conflict-affected area receiving psychosocial support	0.7 M	0.2 M	35%
# of identified unaccompanied and separated children registered and receiving family tracing and reunification (FTR)	2,794	102	4%
# of children receiving medical referral and rehabilitation assistance	1,540	667	43%
# of children identified with urgent CP needs receiving a response from relevant service providers	8,598	2,827	33%
# of GBV beneficiaries reached with lifesaving GBV multi-sectoral services and support	28,734	4,780	17%
# of dignity kits distributed	28,734	19,213	67%

political affiliation of some local partners, demands to share beneficiary lists, and having to negotiate with more than one authority in some parts of the country, have caused delays in providing urgent protection assistance to the conflict-affected persons.

### Recommendations

- The gaps in funding can only be addressed if these activities are given equal priority to other supply-driven sectors by the humanitarian leadership in Yemen; and once donors either make their funding allocations more accessible for national partners, or if they make sub-grants to national partners a core requirement in their funding allocations.
- To overcome the lack of understanding and receptivity to protection programming, it will be critical to expand the delivery of capacity building trainings targeting local authorities, particularly in the north. In addition, the Protection Cluster will need to more vigorously advocate for mainstreaming of protection related data collection across all sectoral assessments, as well holding the humanitarian leadership to account on protection commitments.



## ACUTE PEOPLE IN NEED

PEOPLE TARGETED<sup>1</sup>

## PEOPLE REACHED



## FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

## # OF PARTNERS



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## EDUCATION

## Changes in context

## Changes in the needs

The education system in Yemen is on the brink of collapse, threatening 4.5 million children to miss out on schooling at its minimum standards. Moreover, children at the age of schooling are at risk of being recruited as soldiers or to fall victim to radicalization. More specifically, girls are at risk of being forced into early marriage by their families to relieve themselves from the burden of supplying for them. Non-payment of salaries for teachers in 13 governorates has constrained YHRP activities. Every day children are being displaced from their homes, being forced out of school; or face the risk of abuse, exploitation, injury and death. Children's futures are in jeopardy with approximately 2 million currently unable to access education. Displaced children are particularly vulnerable as their families are unable to pay direct and indirect education costs such as transportation, uniforms, books and other school materials.

## Response capacity

There are 15 INGOs and NGOs implementing Education Cluster activities under the umbrella of the 2017 YHRP. Activities include the rehabilitation of schools, provision of supplies and desks to children in conflict affected schools as well as training. UNICEF is the main and the largest implementing partner. One Local NGO provided supplies to children with special needs. CSSW provided school bags in Taizz.

## Response Progress

The Education Cluster has reached 14 per cent of its overall targets despite 0 per cent funding received. This impressive reach despite lack of funds is due to emergency reprogramming within the lead agency. The fact that teacher salaries have not been paid is the main constraining factor in reaching the cluster targets is an additional constraint to achievements.

## Additional activity indicators

Non-YHRP activities were provided to blind children by Al-Aman Organization for Blind Women Care (AOBWC), showing the access and reach of this organization. The targeted governorates were Amanat Al-Asemah, Ibb, Taizz, Sana'a, Dhamar, Abyan, Amran, Al-Mahwit and Raymah. Mawadah Charity provided rehabilitation of children with special needs. OPS, a local NGO provided awareness campaigns for cholera prevention and support of school libraries. CSSW provided school meals, financial and educational aid to kindergarten and literacy classes catch up classes and food ration to volunteer teachers.

## Cross-cutting issues

## Protection

The rights of boys and girls to access education services are fundamental to the activities in the Education Cluster. All activities implemented by the cluster support the provision of education interventions in safe and protective environments. The rights of girls to access schools and the schools hosting IDP

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of schools with partial damage, rehabilitated (including WASH)	471	41	<div><div></div></div> 9%
# of new/repairs students desks	19,062	1,189	<div><div></div></div> 6%
# of children receiving school bags and essential learning materials	1 M	0.02 M	<div><div></div></div> 2%
# of students benefitting from psychosocial support	0.3 M	0.06 M	<div><div></div></div> 17%

students were the main targeting criteria. Special attention was given to the rehabilitation of WASH facilities (with segregated facilities for girls) in affected schools in general, and girls schools to further encourage girls to attend school. Attacks in schools are reported and communicated to the child protection group, and mine risk education and mine clearance of affected schools is carried out wherever and whenever attacks on schools are reported.

### Gender and age

All activities under the Education Cluster ensure equitable access for boys and girls. Girls have become more vulnerable because of the current escalation of the crisis, their education not being prioritised during hardship situations. The cluster hence ensures girls are represented equitably among those assisted.

### Accountability

The cluster has held open consultations with all partners to design the cluster Accountability Framework. While some aspects in the framework are already being implemented at project level, the cluster will organise quarterly meetings to analyse and report on progress.

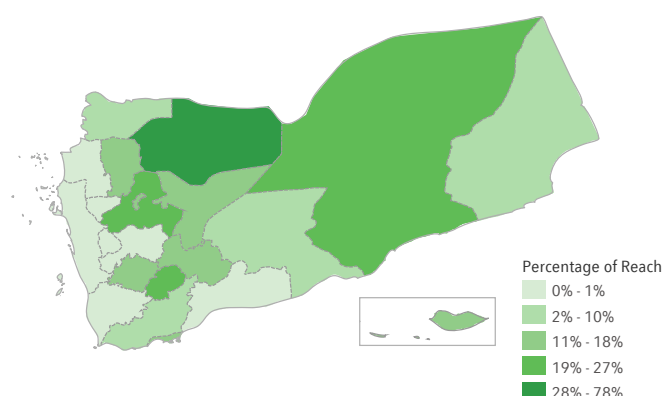
### Challenges

One of the main challenges faced the education cluster was that education was not prioritized in the humanitarian appeal, undermining the cluster's effort for fundraising. The late arrival of school supplies, weak capacities among partners at all levels, and access issues further limit the reach of the cluster. Up-to date education data is difficult to generate in conflict-affected areas. There is also a lack of communication among partners, especially between national NGOs and the Ministry of Education. The fact that there are two acting authorities in country is further complicating coordination and implementation of interventions. Lack of salaries to teachers undermines all efforts.

### Recommendations

- Consider education as priority in the humanitarian appeal
- Increase advocacy efforts with different to pay teacher salaries.
- Build the capacity of education partners, at all levels, so that partners can have the opportunity to apply for emergency funding when working in areas that government counterparts cannot access.
- Give priority in emergency activities that target the schools that host IDPs and increase provision of supplies to meet the growing needs on the ground.

### PEOPLE REACHED





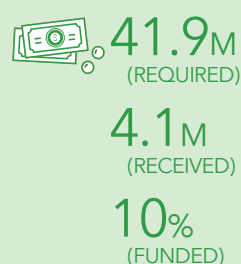
## PEOPLE IN NEED

PEOPLE TARGETED<sup>1</sup>

## PEOPLE REACHED



## FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

## # OF PARTNERS



## CONTACTS

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## EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

### Changes in Context

#### Changes in the needs

Close to 7 million people risk famine in Yemen and this shift has led to the alignment of needs and targets with those of the FSAC; in particular, on emergency employment (cash for work) and small business recovery. This approach is to ensure a concerted contribution to collective actions to address the risk of famine. The realignment of targets with FSAC and Nutrition does not affect the overall target, which remains of 1.4 M affected populations across Yemen.

#### Response capacity

The cluster has currently 24 operational partners across Yemen. This is an increase from the beginning of 2017. In addition, 4 more partners are implementing humanitarian-plus activities across the 333 districts in Yemen and targeting 945,999 affected populations.

#### Response Progress

Overall, partners reached 94,733 affected people (men: 36,554; women: 34,932; Girls: 11,387; Boys: 11,860). This included 12,469 households received emergency income through cash for work associated with community infrastructure rehabilitation and 1065 households received assistance for small business recovery. A total of 2,332,142 square meters of land were cleared and 32,342 square meters surveyed. The cluster has reached 7 per cent of its yearly target.

#### Additional activity indicators

Over 2014 representatives of civil society

organizations took part in cluster supported capacity development activities. Cluster partners also reached 945,999 individuals (146,830 households, including 6,800 IDP and 1,249 returnee households) with emergency income through cash for work schemes associated with community rehabilitation. Around 144 small and medium enterprises (SMEs) received assistance for small business recovery estimated at US\$1,000 per business (US\$4500 in kind and the rest is offsetting debts from microfinance institutions – MFIs). Five MFIs received grants ranging from US\$100,000 to US\$200,000 each and 300 farmers received cash grants for farming and small and medium size industry (SMI) recovery.

Cluster partners invested around US\$13,939,832 in complementary activities programmed outside of the 2017 YHRP. This investment is towards implementation of the 'New Way of Working' in Yemen. Most of projects are being implemented by the Social Fund for Development (SFD), the Public Works Project (PWP) and UNDP with the funding from the World Bank Group.

### Cross-cutting issues

#### Protection

Cluster partners contributed to awareness-raising on risks posed by landmines, UXOs and other ERWs to reduce the likelihood of mine/UXO-related injuries and death. Cluster partners' targeting criteria were designed to reduce inequalities. Women, marginalized minorities, IDPs and returnees were included in the targeting criteria. IDPs and returnees make up to 60 per cent (30 per

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of square meters of land cleared	986,325	2.3 M	236%
# of households accessing income through micro and small business recovery schemes	19,755	1,065	5%
# of households accessing income through cash for work schemes	37,796	12,468	33%



cent for each group) of the total target in focused districts for cash-for-work and vocational training and small business recovery under the YHRP. Concerning humanitarian-plus activities, women and youth make 61 per cent (women: 37 per cent; boys: 13 per cent; girls: 12 per cent) of 94,733 affected people reached. In partnership with the GBV Sub-cluster, 17 cluster members from the microfinance sector received training on the integration of GBV prevention in the implementation, monitoring and their activities.

### Gender and age

The cluster response is articulated around several criteria, one of them being the reduction of gender inequalities. Female-headed households are repeatedly identified as being among the most vulnerable, often having lost their male breadwinner. Some 42 per cent of small-medium sized businesses destroyed were reported to be women-owned, and this is reflected in cluster targeting. Cluster partners endeavour to ensure that income and recovery opportunities are offered equitably to women and men to reduce their economic vulnerabilities. Cluster-specific gender tip-sheets have been produced and shared with partners, and cluster partners must ensure their projects mainstream gender throughout.

### Accountability

The cluster has developed an accountability framework that guides its work.

### Activities contributing to famine prevention

Increased coordination with FSAC to address the food insecurity-malnutrition-lack of income nexus is underway. Stepping up emergency opportunities to increase the purchasing power of vulnerable households is one way to boost access to food in target districts. In addition, the cluster coordinated the contribution of FSAC and other operational partners to studies aimed at understanding of factors contributing to the risk of famine, supply-demand factors. Another contribution to famine prevention accomplished by the cluster is the intensification of coordination with the private sector and microfinance institutions to sustain income generation opportunities and access to finance for affected populations.

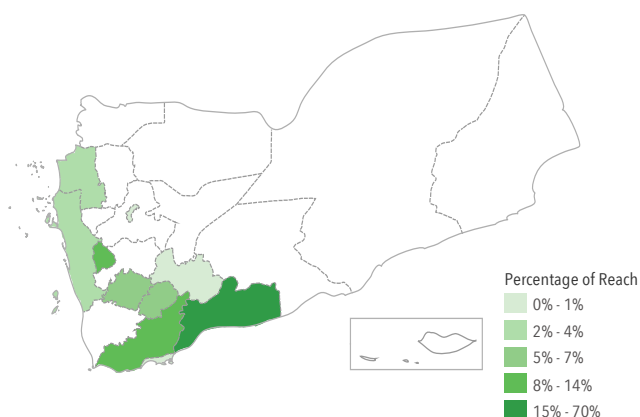
### Challenges

- Access to funding, particularly for national partners.
- Access to affected areas and restrictions on the ground of security.
- Limited operational capacity of several partners.
- Ensuring equity in actual access to assistance by males and females, especially in interventions targeting household level where it is impossible to ascertain that all household members benefit.

### Recommendations

- Increase access to funding for EECR projects under

## PEOPLE REACHED



CBPFs as one ways to address the food insecurity-lack of income nexus;

- Continue advocating for increased access in remote and conflict areas;
- Support capacity development of national actors and increase their access to funding as a step forward to the localization of humanitarian assistance in Yemen and increased access in remote areas inaccessible to UN and international partners.
- Increased information and reporting on household types assisted (i.e. child-, female-, elder-headed, etc.) to more accurately compare the numbers of females and males assisted.
- Realignment of non-agricultural to FSAC and revision of Mine Action Targets.



## ACUTE PEOPLE IN NEED



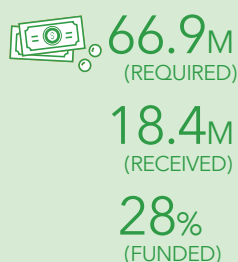
## PEOPLE TARGETED



## PEOPLE REACHED



## FUNDING (US\$)\*



\*Source: FTS (31 May, 2017)

## # OF PARTNERS



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## REFUGEE AND MIGRANT MULTI-SECTOR

### Changes in Context

#### Changes in the needs

No significant changes. Needs severity will be updated again for the 2018 HNO.

#### Response capacity

Refugees and migrants often face greater difficulty when accessing humanitarian services than Yemeni nationals. Compounding this issue, the protection space for partners to respond to needs continues to be limited in some governorates. For example, some authorities have blocked partners from conducting certain activities and accessing the target population. More specifically, the ability for foreign nationals who have international protection concerns to seek asylum in Yemen has been restricted in the northern part of the country. Yet, the response capacity of partners has expanded in 2017, with a growing presence in Al Jawf, Sa'ada, Lahj, Shabwa, Abyan, and Taizz where there are reportedly larger number of migrants and refugees. Some of this presence is evident through the partners' mobile teams that work along the Arabian and Red Sea Coast providing multi-sectoral lifesaving assistance to newly arrived migrants, asylum seekers and refugees.

### Response Progress

Analysis reveals a 49 per cent reach against the yearly target. Some achievements toward indicators may only represent activities delivered in select parts of the country.

Where partners have had a robust coastal presence in Lahj, Aden, and Shabwa, multi-sectoral services have been provided to specific beneficiaries in need, almost daily. As such, the target numbers for these governorates have been largely achieved, while in contrast, the operational and protection space limitations in Sana'a, Al Hudaydah, Hajjah, and Taizz, have rendered this largely under-served compared to planned targets. Registration of asylum-seekers has been suspended in the northern part of the country.

#### Additional activity indicators

Some 431 migrants benefitted from sea evacuations from Yemen to Djibouti, and then were assisted by partners to travel to the country of nationality. Partners helped to evacuate 863 Somalis from Aden to Somalia, where they received additional assistance to reach their community of origin. Partners aim to increase their efforts of evacuating stranded, vulnerable migrants and assisting spontaneous return for Somalis. Additionally, 21,698 newly arrived persons benefitted from partners' assistance along the Arabian and Red Sea Coast.

To address the needs of vulnerable refugees and asylum-seekers such as the disabled, GBV survivors, female-headed households and unaccompanied and separated children, between January to April 2017, 2,222 vulnerable refugees and asylum seekers have been provided with multi-purpose cash assistance.

See also Annex for more information on indicator descriptions.

INDICATORS, TARGETS AND ACHIEVEMENTS			
MONITORING INDICATORS	TARGET	REACHED	% REACHED
# of beneficiaries receiving health assistance	83,985	65,588	78%
# of beneficiaries receiving food and drinking water	27,983	52,496	188%
# of beneficiaries receiving emergency, temporary, camp shelter	21,348	21,247	100%
# of beneficiaries screened	54,959	10,827	20%
# of refugees and asylum seekers who had access to registration and documentation	20,605	13,645	66%

## Cross-cutting issues

### Protection

Protection is at the heart of the Multisector for Refugees and Migrants strategy, comprising a comprehensive array of crucial services by partners from legal documentation of refugees and asylum seekers to protection monitoring and protection-sensitive cash or material assistance. Yet continuously shrinking protection space due to war, insecurity, and the fractured government has frequently stymied partners' response, particularly in the northern part of Yemen.

Additionally, refugees, asylum seekers, and migrants face abuse, exploitation, and abduction by criminal networks. Authorities in Yemen are ill equipped to investigate these kinds of crimes and human rights violations. Multisector partners regularly identify GBV cases among refugee and migrant populations, refer and/or assist these cases with humanitarian services support. Unaccompanied and separated minors represent over 20 percent of the asylum seekers, refugee, and migrant assisted. Partners respond to the unique needs of these children through temporary shelter, medical services, and family tracing and reunification activities. Finally, partners are trying to strengthen the overall protection response through awareness raising, capacity building, and sensitization activities among asylum seekers, refugees, migrants, and host community members.

### Gender and age

While most migrants seeking assistance are overwhelmingly unaccompanied males aged 14 to 35 years, an important segment of the refugee population is comprised of families, including many mothers accompanied by their children. Specific services, such as temporary shelter and cash assistance, are prioritized to the most vulnerable boys, girls, women, elderly, disabled and medical cases because they are at a higher protection risk. None of the partners have completed the Gender & Age Marker for Monitoring in Grants Management System (GMS) so far. This will be completed in the second half of the year.

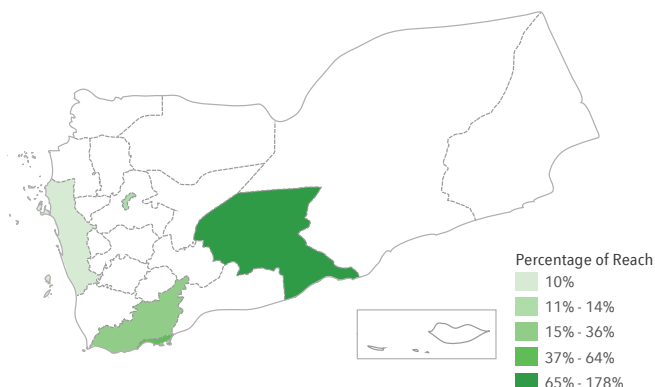
### Accountability

Partners are pursuing the AAP Action Plan. Information is being provided through community networks. Focus group discussions are being held to elicit feedback and improve services.

### Activities contributing to famine prevention

Compared to the Yemeni population, asylum seekers, refugees and migrants usually struggle to achieve food security in Yemen. Of the 59 priority food insecure districts identified there are pockets of refugees and migrants located in Sayoun district in Hadramaut Governorate. However, access is extremely restricted and the sector is considering provision of cash assistance to those meeting some specific criteria of vulnerability.

## PEOPLE REACHED



## Challenges

The constricted protection space and the fluctuating security context throughout Yemen present two different sets of challenges which further inhibit partners' access and provision of multi-sectoral services. The consequence of a fractured government manifests into different challenges because existing political and technical stakeholders might have been rendered powerless or demotivated, and newly appointed stakeholders may lack knowledge and willpower to address pressing issues. The decentralization of the decision-makers and parallel bureaucratic approval systems make it difficult to coordinate activities between two or more governorates. Authorities' misperception about asylum seekers, refugees, and migrants serving in the armed conflict have resulted in arbitrary detention in prisons that are overcrowded and unhygienic, and deportation. Similarly, there has been a tendency for the host community to scapegoat 'foreigners' for the cholera outbreak in Yemen. Access remains a challenge, as does the limited understanding amongst some local authorities of protection interventions.

## Recommendations

- Partners to continue engaging with authorities to build capacity and further instill the importance of protection issues related to refugees and migrants.
- Partners to build on current training initiatives and further mainstream protection in the sub-national cluster responses, and to ensure full engagement of RCTs.
- Partners to engage the health and WASH clusters to help address the spread of cholera in host communities that have large migrant and refugee populations, including by disseminating facts about how cholera spreads and help correct the misperception that migrants and refugees are the cause.
- Update targets and indicators to reflect partners expanded presence and protection space limitations.

## CROSS-CUTTING

## ISSUES

**Gender**

Ensuring women and men benefit equally from humanitarian aid is challenging in Yemen. Recent months have seen an escalation in political rhetoric against women's participation. Extensive awareness raising and training on gender continues to achieve a critical mass of gender-aware and technically skilled humanitarian actors in clusters and implementing organizations. In 2017, over 60 UN and partner staff have been trained in the design and monitoring of gender-sensitive projects based on IASC standards and tools. Twenty gender focal points and Humanitarian Financing Unit staff have achieved competence in gender mainstreaming for both project design and monitoring, and can deliver this training to partners. An active network of focal points and advocates established in 2015 continues to meet, and work together to identify and address gender-related gaps and issues, and cascade information and training to their organizations and clusters. A smaller group of Yemeni gender advisors meets on an ad hoc basis to respond to specific issues and requests.

Challenges remain, including:

- Promoting the use of gender analysis as a foundation for all humanitarian activities.
- Greater use of gender-sensitive indicators to measure, compare and report actual benefits for males and females, rather than demographic population estimates (men, women, girls, boys) as a proxy or assumption of equitable assistance.
- Increased understanding of and advocacy for gender mainstreaming by senior partner and agency staff; most those trained and knowledgeable are in junior level posts often unable to influence humanitarian decisions.
- Strengthening of the capacity at the operational hubs level.

**Protection**

There has been some improvement in the identification and analysis of protection risks and protection data collection, programme planning, advocacy and response. For example, driven by Human Rights Up Front responsibilities, humanitarian leadership monitors civilian impact information monthly to gauge the warranted early warning, early action, or remedial actions. This information has enabled humanitarian leadership to better advocate on issues of concern to relevant agencies, including government authorities. It is also highlighting the responsibility of all HCT

members around protection and human rights considerations.

HCT priorities, captured in the annual report, prioritize protection and gender related actions and are actively monitored on a monthly basis.

The Global Protection Cluster's Task Team on Protection Mainstreaming (TTPM) introduced the Protection Mainstreaming Toolkit to all cluster leads and it is currently under implementation improving all steps of the humanitarian programme cycle. Training on protection mainstreaming has taken place with humanitarian actors, including government authorities, in Sana'a, Ibb and Hudaydah. Greater efforts have been made in the field to create safe spaces for discussion of sensitive issues by vulnerable groups facing protection risks.

Remaining challenges include:

- More support will be necessary in future to ensure that protection considerations are realistically mainstreamed into programme planning, implementation and monitoring, and meaningful preventative and remedial action takes place to address identified protection risks. Future focus will be on rolling out protection mainstreaming trainings, establishing protection mainstreaming focal points, and providing practical technical support on protection mainstreaming, in all five area hubs to assist field staff and partners achieve these objectives, rather than providing centralized support only to national cluster coordinators.
- Although there has been some progress to ensure that needs-based, protection-sensitive criteria are in place for beneficiary selection in all sectors, there are still challenges to ensure that the safety and dignity of vulnerable groups receiving assistance is assured. When protection concerns are raised by beneficiaries regarding their ability to experience meaningful access to available humanitarian assistance, clusters and partners have not always had the capacity to respond adequately. Limited capacity, funding shortages and access restrictions are often cited as reasons for this. Humanitarian partners therefore need to continue in their efforts to engage with local authorities to promote their effective assumption of responsibilities as primary duty bearers to protect the affected population.
- Based on feedback received from the Refugee and Migrant Multi-Sector (RMMS) there is increasing tensions between host communities and refugees and migrants, with host communities accusing foreigners of causing cholera. This issue will need to be addressed in the integrated cholera response.

## Accountability to Affected Populations

In the face of an increasingly dire situation, all aspects of delivering quality life-saving assistance are challenged, including efforts to improve accountability to affected people. Perception monitoring findings from the Community Engagement Working Group (CE WG), highlight these issues. Overall, AAP indicators and perceptions of humanitarian response worsened between August 2016 and May 2017. Some 10 per cent fewer key informants reported that humanitarian assistance was supporting community priority needs (2016: 90 per cent; 2017: 80 per cent). Similarly, 26 per cent fewer key informants somewhat believe that the most vulnerable receive humanitarian assistance (2016: 67 per cent; 2017: 41 per cent). Despite the challenges, humanitarian partners are working to counter these trends. Clusters will soon release common messages to address key information needs identified by communities through the first perception survey. Most critically are the cluster specific commitments to AAP, which have been developed and will enable clusters to undertake priority activities in this area and actions against a common framework. It is expected that the clusters' focus on AAP actions will better engage communities. Also, the Humanitarian Community Network (HCN) has in partnership with the Yemen Humanitarian Fund launched a "listen" and "inform" effort where views, opinions, and requests are collected from affected people and then responded to through communication efforts.

Future challenges include:

- A lack of dedicated resources. As a cross-cutting issue, AAP activities are competing for resources and time with other priorities.

## Cash-based response

In 2017 several processes have been put in place to enable the scaling up of cash-based programming in Yemen. A Cash Advisor (CashCap) is in place and working with the clusters and partners to develop a strategy for creating the evidence and guidelines needed to promote an integrated approach to cash. Key outputs from this process have been the establishment of a multi-sector Cash and Markets Working Group under the HCT, and the creation of a dedicated technical assessment sub working group. Several relevant assessments are underway with the support of UN and INGO/ NNGO partners, that analyse the situation of the markets and the community acceptance to this alternative. Findings will provide guidance on the appropriateness, effectiveness and efficiency of different forms of a cash- and market-based response for future interventions.

Cash based programs have continued to expand both in scale and in the humanitarian sectors using cash as a modality of assistance. An on-going activity is the mapping of humanitarian assistance by modality i.e. in kind assistance, cash and voucher. This will be mainstreamed across all cluster. Findings will help determine and monitor the extent of participation in this modality and its impact across Yemen. The development of a multi-cluster Minimum Expenditure Basket at the household is ongoing. Additionally, guidance is being developed for sector specific intervention like cash-for-rental and cash-for-rehabilitation. The continued liquidity crisis and the ongoing devaluation of the Yemeni Rial have become more prominent issues, and work is being undertaken to assess how this will impact on a cash-based response and the steps that can be taken in response. Efforts will continue to look at mechanisms for distribution of cash which can be used to help streamline and scale up this option.

Future challenges include:

- The dynamic situation in Yemen could make the information outdated and additionally could undermine the existing financial system, hence this is something to monitor carefully.

## World Bank Funding enhancing the collective humanitarian response

In addition to the financial contributions against the YHRP and the collective humanitarian response coordinated through the cluster system, partners have received funding from non-humanitarian donors that will be instrumental in meeting the manifold needs of the population. Most notably, the World Bank has provided USD 300 Million to an Emergency Crisis Response Project to UNDP. From 2017 until 2019, the project will enhance purchasing power and income at household level, support the restoration of key public service delivery, and revitalize key Yemeni businesses. UNICEF is partnering with the World Bank to roll out an Electronic Cash Transfer (ECT). The USD 200 million project is targeting 1,5 million SWF beneficiaries throughout the country. In addition, from 2017 until 2019, UNICEF and WHO are implementing a WB funded Emergency Health and Nutrition project that will provide basic health and essential nutrition services, with a focus in strengthening existing health institutions.

These projects will significantly boost the response across the country and widen the reach of assistance beyond what is feasible based on humanitarian funding to date. To maximize complementarity and to benefit from synergies, these projects will need to be closely coordinated with partners in the cluster system to ensure a harmonized approach in key areas such as targeting, beneficiary selection, the use of cash, payment of incentives (or DSA) to public employees, as well as technical standards developed by the humanitarian clusters. The HCT and the ICCM will strengthen coordination with these activities to ensure complementarity and to avoid overlap.



# PART V: ANNEX



## 1. 2017 Cluster Indicator Compendium

## 2017 CLUSTER INDICATOR COMPENDIUM

[This compendium presents definitions against defined cluster level indicators, presented in bi-monthly Humanitarian Dashboards and used to gauge strategic level humanitarian accomplishments in Yemen and presented in regular Periodic Monitoring Reports. It is a means to ensure consistency, transparency and enhance the quality of humanitarian action and achievements throughout 2017.]



### FOOD SECURITY AND AGRICULTURE

INDICATOR	DESCRIPTION
# of individuals receiving sustained emergency food assistance (general food distribution, cash or vouchers)	Conforming to the FSAC minimum food basket/survival basket of \$108 per household of 7 members per month, and representing 75% of the food basket. The composition is 75 kgs of cereals (wheat or rice); 11kgs of beans; 6 litres of vegetable oil; 5kgs of sugar; and 1 kg of iodized salt
# of individuals provided with access to emergency Agricultural, Livestock or Fishery inputs and assets	<p>Emergency Livelihoods Assistance:</p> <p>Distribution of Agricultural inputs - staple crop seeds (e.g. wheat, sorghum, maize), vegetable seeds, fertilizers (organic and mineral), farming hand tools etc.</p> <p>Emergency livestock feeding</p> <p>Livestock disease control and cold chain equipment - mass livestock vaccinations, provision of vaccination kits, anti-parasites treatment, concentrates/feeds, ice boxes etc.).</p> <p>Distribution of Poultry inputs (chicks, poultry feed/concentrates etc.)</p> <p>Distribution of fisheries inputs - (fuel, twines, monofilaments, nets, hooks, ice boxes etc.)</p> <p>Livestock Destocking</p> <p>Conditional cash transfers (season specific cash transfers e.g. during hunger gap, cash for work, cash for farm inputs, Food/ Cash for assets e.g. rehabilitation of terraces)</p> <p>Trainings on all the above activities</p>
# of individuals that have access to IGAs, livelihood skills development, and long term assets support	<p>Distribution of longer term/ perennial crops inputs - e.g. coffee trees, fruit trees, pruning etc.</p> <p>Water supply for farming purposes - drip irrigation sets, distribution of solar water pumps, repair of agricultural water supplies etc.</p> <p>Income generating activities and livelihood skills development- food processing (e.g. pickle making), oil crops extraction (e.g. sesame), agro-processing, etc.</p> <p>Livelihoods assets support in rural areas for improved food and agriculture security - e.g. rehabilitation of terraces, rehabilitation of embankments, rehabilitation of water reservoirs etc.</p> <p>Livestock restocking</p> <p>Distribution of beekeeping kits (beehives, honey extractors, blowers etc.)</p> <p>Distribution of fishing boats</p> <p>Green house production</p> <p>Agricultural Small and Micro Enterprise Development</p> <p>Capacity building and formation of farmer/fisher cooperatives/ associations</p> <p>Value chain improvement activities in crops, livestock and fisheries (product, process and value upgrading) on all the phases of the production chain - production, harvesting, processing and marketing</p> <p>Trainings on all the aforementioned activities</p>



## WATER, SANITATION AND HYGIENE (WASH)

INDICATOR	DESCRIPTION
# of population served with support to operation, maintenance and rehabilitation of public water systems	This refers to the number of individuals connected to the public sewage network or who are considered to benefit from solid waste collection activities. The indicator counts the maximum of individuals reached in case beneficiaries are benefitting from more than one of the listed activities.
# of individuals with access to water as per agreed standards (7.5-15l per person per day) (through water trucking)	The individuals targeted are mainly IDPs and vulnerable host communities, and people living in areas at risk or affected with AWD. Water is ideally chlorinated and each beneficiary should receive at least 7.5 l per person per day.
# of individuals with access to latrines (through construction, desludging, or rehabilitation of latrines)	The individuals targeted are primarily IDPs living in collective centers and spontaneous settlements. They benefit from new construction OR rehabilitation or desludging of latrines. This means that individuals are counted when they have new access to a latrine OR if they regain access to a latrine through desludging or rehabilitation.
# of individuals provided with standard basic hygiene kit	A hygiene kit should at least meet the agreed WASH cluster standard, which includes 150 gr soap per person, 2 kg washing powder, 2 jerry cans 20 liters, 1 washing basin 20 liters, 1 ebrike, and female hygiene items. The non-consumable items should be replaced every 6 months, while the consumable items should be replaced each month.



## HEALTH

INDICATOR	DESCRIPTION
# of affected population reached with support to reproductive health services and new born care	This includes number of pregnant women reached with antenatal care services, number of women delivering under the care of a skilled attendant, number of women and their newborns receiving postnatal care services, number of women and men provided Family Planning services, number of women and men treated for STIs.
# of consultations for communicable disease	Consultations undertaken to address communicable diseases including anything that one can be infected with.
# of injured people treated	People with an injury that have been assisted
# of people covered with provision of essential and life-saving medicine including NCD	Number of people assisted with medicine



## NUTRITION

INDICATOR	DESCRIPTION
# of children (aged 0-59 months) treated for severe acute malnutrition (SAM)	Number of children aged 6 to 59 months with Severe Acute Malnutrition (based on MUAC, WFH) newly admitted for treatment
# of children (aged 6-59 months) treated for moderate acute malnutrition (MAM)	Number of children aged 6 to 59 months with Moderate Acute Malnutrition (based on MUAC or WFH) newly admitted for treatment
# of pregnant or lactating women (PLW) treated for acute malnutrition	Number of pregnant and lactating women with acute malnutrition (based on MUAC) newly admitted for treatment
# of children (aged 6-24 months) receiving micronutrient supplementation	Number of children aged 6-24 months that received multiple micronutrient supplementation



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

INDICATOR	DESCRIPTION
# of households assisted with Non-Food Items	The household NFI kit contains the following: blankets (1 per person); mattresses (1 per person); kitchen set (1 per family); water bucket (2 per family); sleeping mats (2 per family)
# of households assisted with Emergency Shelter	The basic emergency shelter kit contains: plastic sheets (2 pieces per family); hammer (1 piece per family); pickaxe (1 piece per family); saw (1 piece per family); sisal rope (1 piece per family); wooden poles (6 pieces per family); wooden plates (7 pieces per family); nails (1 box per family)
# of houses rehabilitated/reconstructed	Returnees to be provided with grants to rehabilitate their own damaged houses.
# of households assisted with return kits	IDPs who opted to return to their areas of origin would be assisted based on clear needs assessments which identifies the need for household items and/or minor shelter rehabilitation kit



## PROTECTION

INDICATOR	DESCRIPTION
# of individuals reached through information activities (group-based information sessions or call centre activities)	This includes delivery of information on: (a) displacement-related rights; (b) availability of humanitarian assistance; and/or (c) feedback mechanisms. 'Provision of information' refers to group-based awareness raising sessions, through which partners should disseminate information on displacement related rights. Displacement-related rights include: freedom of movement, freedom from arbitrary arrest or detention, freedom from forced displacement, access to durable solutions, right to legal identity (civil documentation), and HLP (housing, land & property) rights such as freedom from forced eviction or the right to property restitution for returnees, etc. Group-based information sessions can be delivered by partners' staff or by members of a CBPN. If it is the CBPN that delivers the group information session, then it will be the responsibility of the partner who supports that CBPN to gather information from the CBPN on the # of individuals reached, and report this in ActivityInfo.
# of adults receiving psychosocial support (one-on-one counselling and group-support sessions)	Psychosocial support includes one-on-one counselling or group-based support. Main PC partners should only report on psychosocial support provided to adults (men or women). If psychosocial support is provided to GBV survivors, it should be reported to GBV Sub-Cluster. If psychosocial support is provided to conflict-affected children, it should be reported to Child Protection Sub-Cluster.
# of children and community members receiving information to protect themselves against injury/death of mine/UXO explosion	MRE prevention messages are developed as leaflets, banners and radio messages. More age appropriate messages are equally developed to put into account the needs of children. Radio messages, SMS and social media is used when geographic coverage is considered wide and appropriate. Prevention messages are also disseminated during public gatherings such as Friday prayers in Mosques, community meetings and food distribution events.
# of children and caregivers in conflict-affected area receiving psychosocial support	Psychosocial support is provided through child friendly spaces as a structured or unstructured activity by national partners in conflict affected communities. Activities in the CFS spaces include but are not limited to play activities such as age appropriate games and group discussions. Children have access to a trained social worker/psychologist for professional support. Psychosocial support activities are an entry point to the wider child protection issues such as identification of separated and unaccompanied minors, CAAFAG, survivors of violence and exploitation, and children at risk of worst forms of child labor

INDICATOR	DESCRIPTION
# of GBV beneficiaries receiving lifesaving GBV multi-sectoral services and support (including referral for health, legal, psychosocial, shelter and income-generating skills)	<p>The lifesaving GBV multi-sectoral services include:</p> <p>Psychosocial support (GBV survivors): Services and assistance aimed at addressing the harmful emotional, psychological and social effects of gender based violence. This includes individual counselling for GBV survivors.</p> <p>Legal services: Provision of services to GBV survivors, coordinating, advocating and facilitating access for GBV survivors to justice and legal aid services that are provided by actors/agencies with expertise in this area. Legal services are an essential part of the survivor-centered approach and should be part of a safe, non-stigmatizing multi-sector response to GBV. Legal aid services staffed by appropriately trained personnel should be accessible to GBV survivors and integrated into the general GBV referral system. Survivors should not accrue any legal costs or costs related to transportation and accommodation to access legal services.</p> <p>Health services: Provision of clinical management of rape for survivors of GBV. It should include PEP, emergency contraception and antibiotics for STI treatment.</p> <p>Emergency material support (GBV survivors): The material assistance is an individual form of assistance that aims to support GBV survivors or vulnerable people unable to access to services, the assistance is called material support because it refers only to items and cash.</p> <p>GBV survivors who have been referred to other services, such as health, psychosocial, legal/justice, empowering activities and security</p>
# of Dignity kits distributed	Dignity kit distribution (incl. risk reduction kits): This includes dignity kits, breastfeeding kits, kits for teenage girls, etc. The kits may also be designed in line with different awareness activities, so per the theme/topic, the kit is different. The content of the dignity kits includes: Abaya, head scarf, sanitary napkins, underwear set, washing powder, gel-shampoo, toothpaste, toothbrush, hand soap, towel, nail clipper, hair brush, solar-powered flashlight, cotton socks, fleece blanket, textile backpack



## EDUCATION

INDICATOR	DESCRIPTION
# of schools with partial damage, rehabilitated (including WASH)	Rehabilitation of class rooms includes small and medium repairing i.e. provision of grants to school committees to do quick fixes to damaged classrooms under supervision of the GEOs Engineers. For WASH:30 girls per 1 latrine, 60 boys per 1 latrine, 3 litres of water per learner per day for drinking and handwashing.
# of new/repared students desks	2 learners per desk with bench-mats can be provided in lieu of desks when necessary, 1 square meter per learner)
# of children receiving school bags and essential learning materials	Each learner should receive a minimum of: 5-10 exercise books per learner (500 - 700 pages per school year), 10 pens/pencils per learner (per school year), 1 carrier bag per learner, 1 ruler per learner, 1 pencil sharpener per learner
# of students benefitting from psychosocial support	TBD





## EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

INDICATOR	DESCRIPTION
# of households accessing income through micro and small business recovery schemes	Number of households participating in micro and small business recovery schemes
# of households accessing income through cash for work schemes	Number of households participating in cash for work schemes



## LOGISTICS

INDICATOR	DESCRIPTION
Metric tons of humanitarian goods transported and stored	Humanitarian goods transported into Yemen
# of passengers transported between Aden and Djibouti via sea	Number of passengers transported into Yemen via sea
Liters of fuel distributed to partners	Liters of fuel distributed to humanitarian partners in Yemen
# of passengers transported by UNHAS	Number of passengers transported into Yemen via air



## EMERGENCY TELECOMMUNICATIONS

INDICATOR	DESCRIPTION
# of operational areas covered by security telecommunications	Number of operational areas covered by security telecommunications. Operational areas are the humanitarian hubs across Yemen.
# of operational areas covered by connectivity services	Number of operational areas covered by connectivity services. Operational areas are the humanitarian hubs across Yemen.



## REFUGEE AND MIGRANT MULTI-SECTOR (RAM)

INDICATOR	DESCRIPTION
# of beneficiaries receiving health assistance	Health services include first aid, medical screening, medicine and hospitalization for cases of need as well as mental health and psychosocial support for migrants. This also includes the "Fitness to Travel" evaluation of migrants, is conducted prior to departure.
# of beneficiaries receiving food and drinking water	Three meals a day accommodated in IOM Migrants Response Centres (MRPs) and foster families along with drinking water to migrants daily.
# of beneficiaries receiving emergency, temporary, camp shelter	Migrants Response Centre (MRP) and foster families that provide temporary accommodation until migrants are returned home voluntarily.
# of refugees and asylum seekers who had access to registration and documentation	Registration process is the first step along with the collection of the basic information (i.e. biodata).



<http://ochayemen.org/hrp-2017>



[www.unocha.org/yemen](http://www.unocha.org/yemen)



[www.humanitarianresponse.info/en/operations/yemen](http://www.humanitarianresponse.info/en/operations/yemen)



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