



UNICEF Yemen, 2010

# Yemen

# 2012

Humanitarian Response Plan





## ORGANIZATIONS PARTICIPATING IN YEMEN HUMANITARIAN RESPONSE PLAN 2012

ACTED  
ADRA  
AMI-France  
CARE  
CHF

CSSW  
DRC  
FAO  
HT  
Humanitarian  
Forum Yemen

INTERSOS  
IOM  
Relief  
International  
Islamic Relief  
Mercy Corps  
MDM

OCHA  
OXFAM  
Save the  
Children  
UNDP  
UNDSS  
UNEP

UNESCO  
UNFPA  
UNHCR  
UNICEF  
UNIFEM  
WFP  
WHO

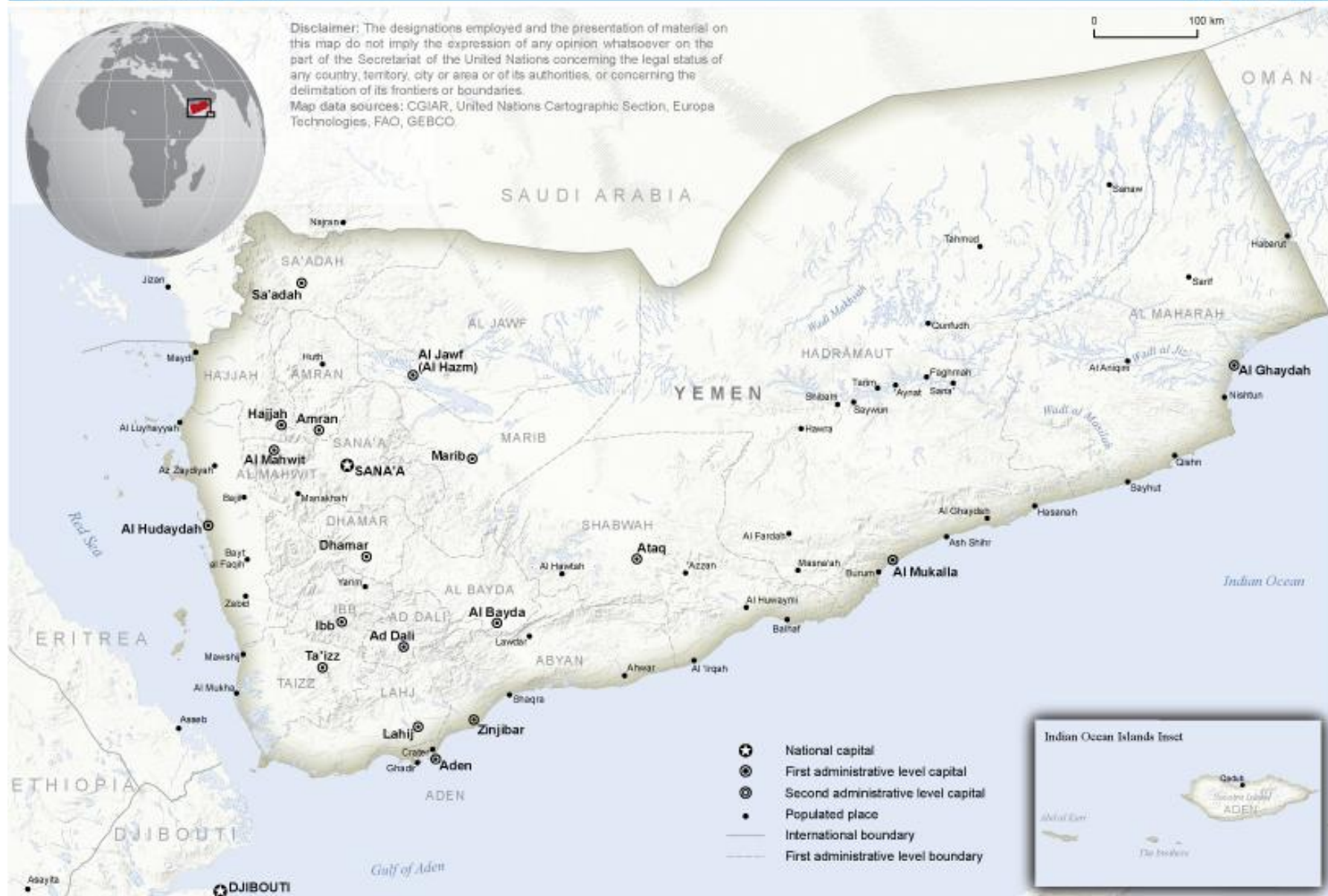
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



# YEMEN - Reference Map



# 1. Executive Summary

Yemen is facing a complex emergency that includes widespread conflict-driven displacement and a slow-onset crisis in food security, malnutrition and outbreak of communicable diseases, particularly water-borne diseases. In the north, the vast majority of long-term internally displaced people (IDPs) displaced by six rounds of conflict in Sa'ada remain in displacement due to fears of insecurity, damaged homes, a lack of livelihood opportunities and poor basic services. In the south, recent fighting between security forces and insurgents has additionally displaced nearly 90,000<sup>1</sup> people. The influx of migrants, refugees and asylum-seekers from the Horn of Africa continues, driven by conflict and famine. Civil unrest, in some instances involving high levels of violence, has severely disrupted the delivery of basic social services, exacerbating widespread and chronic vulnerabilities. Weak economic growth, a growing trade deficit, and an unstable national currency have exposed the population to rising global food and fuel prices. A delayed political settlement to the current stalemate could trigger further conflict across the country which would only deepen the humanitarian crisis.

In response, the Humanitarian Country Team (HCT) intends a more comprehensive humanitarian response beyond the current focus primarily on IDPs and conflict-affected people in the north and south. Efforts must expand to include both non-displaced and non-conflict-affected populations in acute humanitarian need across the country. The HCT is requesting US\$<sup>2</sup>447 million to respond to nearly four million target beneficiaries spread across the country. This is still only 44% of the total population in need, whose numbers are expected to significantly rise during 2012. The funding requirements are 95% over 2011's original requirements, and 54% over the requirements as revised during the Mid-Year Review, reflecting the expansion of needs and the higher costs associated with delivering aid (e.g. insecurity, fuel prices).

The HCT has agreed to five key objectives: to (1) conduct assessments that identify vulnerable populations; (2) identify and implement appropriate responses; (3) increase focus on protection and advocacy for vulnerable populations; (4) ensure that preparedness and capacity-building effectively respond to humanitarian needs; and (5) strengthen community resilience and recovery. Humanitarian early recovery and development interface across the country, where possible, will be a prominent component of this Yemen Humanitarian Response Plan. The HCT will also explore alternative means to deliver assistance within the existing security situation, building on modalities that have proved effective in Yemen and elsewhere, including remote management and working through local partners.

2012 Yemen Humanitarian Response Plan: Key parameters	
<b>Duration</b>	12 months (Jan-Dec 2012)
<b>Key milestones in 2012</b>	<ul style="list-style-type: none"> <li>• School year (Sept-May)</li> <li>• Migration to south coast (Jan-April, Sept-Dec)</li> <li>• Migration to west coast (Jan-Dec)</li> <li>• Planting: June-July &amp; Dec</li> <li>• Harvest: March-April, Oct-Dec</li> <li>• Floods: Feb, April-May, Aug-Oct, Dec</li> <li>• Storms: March</li> <li>• Drought: June</li> </ul>
<b>Target beneficiaries</b>	<ul style="list-style-type: none"> <li>• 2,057,000 severely food-insecure</li> <li>• 407,203 IDPs</li> <li>• 116,830 conflict-affected</li> <li>• 140,000 returnees</li> <li>• 169,885 refugees &amp; asylum seekers; 26,000 migrants</li> <li>• 466,337 under-five girls and boys affected by acute malnutrition</li> <li>• 339,280 small- and medium-scale farmers</li> <li>• <b>Total: 3,722,535</b></li> </ul>
<b>Total funding requested</b>	<b>Funding request per beneficiary</b>
<b>\$447,138,200</b>	<b>\$120</b>

<sup>1</sup> According to the latest official figures from UNHCR and the Government's IDP Executive Unit, as of 31 August 2011, 89,084 IDPs have been registered in the southern governorates of Yemen.

<sup>2</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, [fts@un.org](mailto:fts@un.org)), which will display its requirements and funding on the current appeals page.

Many communities facing acute needs are wholly reliant upon humanitarian aid. Recent malnutrition data in the north and south of the country indicate rates are at crisis levels, with global acute malnutrition rates well above the emergency threshold. Without adequate intervention, there is a risk that the north could slide into severe food insecurity. Similarly, due to disruption in routine vaccination programmes, there is a risk that deadly but preventable diseases such as polio will re-emerge. Water, sanitation and hygiene assistance remains critical to provide communities with safe, clean water and sanitation facilities, and to combat the risk of acute watery diarrhoea and cholera. Protection concerns are also mounting, including those related to the use of child soldiers by many armed groups. Sustained and expanded humanitarian action across the country is critical.

## SITUATION OVERVIEW

**Outlook:** the situation continues to be characterized by conflict, large-scale displacement and high numbers of refugees. Protests against President Saleh continue with large demonstrations in Sana'a, Aden, Taiz. Flooding displaces people in Hodeida and Al-Jawf.

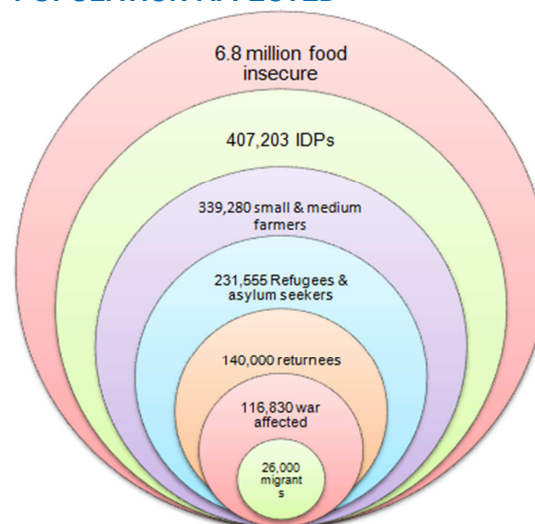
**Most-affected groups:** IDPs, rural children, female-headed households, returnees & stranded migrants.

### Most-affected areas

- **Northern governorates (Sada'a, Hajjah, Amran, Sana'a, Al-Jawf, Marib):** armed conflict between Al Houthi and Yemeni military/tribal fighters in Sa'ada. Crisis levels of malnutrition and regular outbreaks of disease in Hajjah. Intensifying civil unrest in Sana'a.
- **Southern governorates (Aden, Lahj, Abyan, Shawah, Taiz, Al-Dhale'e, Al-Bayda):** majority of refugees. Increasing hostilities in Abyan between Government forces and Islamic groups, resulting in the displacement of more than 80,000 people.
- **West & central governorates:** severe chronic food insecurity.

**Main drivers of the crisis:** civil unrest and political insecurity increasing displacement; migrants stranded in north Yemen; conflict in north and south Yemen; economic decline; increases in the cost of living; crisis of basic services provision.

## POPULATION AFFECTED



## OTHER KEY FIGURES

- 526,946 of girls and boys under five are affected by global acute malnutrition.
- 72,111 new refugees and asylum seekers arriving between January to September.

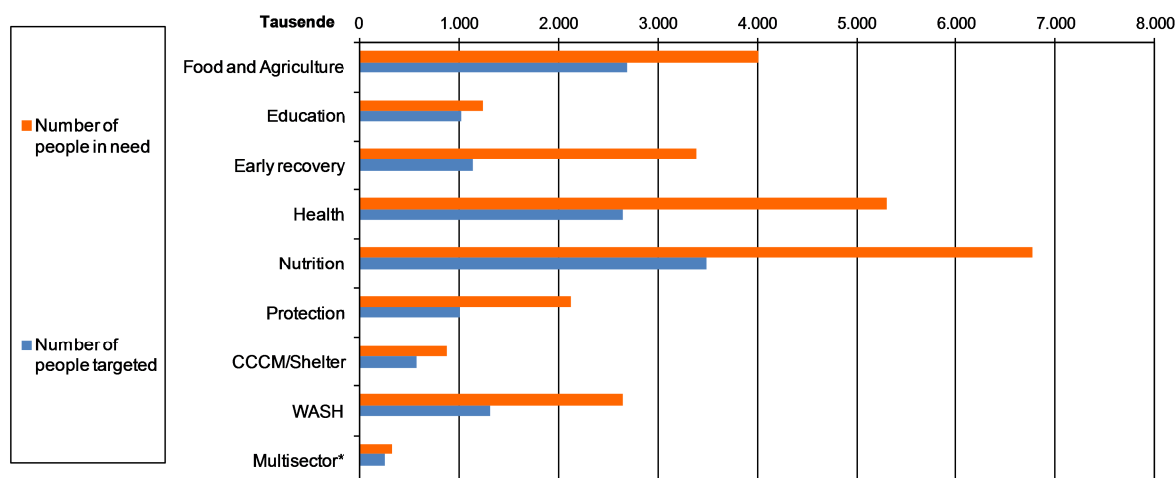
(CAP 2012)

## PRIORITY NEEDS

- Food:** high food prices are a determining factor of household food insecurity (97% of poor rural households are net food buyers).
- Health:** vulnerability to disease outbreaks (diarrhoea, cholera, polio, measles). Shortages of fuel/electricity threaten the cold chain. Abyan: breakdown in public health services.
- Shelter & NFI:** Yahees: IDPs living in communal caves affected by sporadic bombing. Bab-Al Sabah: IDPs living in collective centres with limited privacy/security. South: 35% of households require NFIs.
- Nutrition:** very high malnutrition rates for children under five reported in northern governorates and worrying rises in conflict and displacement-affected southern regions.
- WASH:** three million people are at immediate public health risks due to poor WASH facilities and services. Water-borne diarrhoeal cases led to 58% malnutrition amongst children in the north and on-going outbreaks in the south killed 107, of whom 25% children. Options are limited (water trucking three times more expensive than a year ago).
- Protection:** Conflict areas: grave child rights violations, landmines, risk of detention, forced recruitment and reprisals, recruitment of child soldiers, particularly by Al-Houthi, Govt. forces/pro-govt militias and extremist groups. Sana'a: insecurity, extensive land mines, damage to property, fear of arrest, detention. High risk of physical abuse for stranded migrants.
- Agriculture & Livelihoods:** fuel shortages affecting irrigation, transportation to markets and livelihoods exacerbating negative coping strategies. 46.5% food insecurity in Raymah, Hajja, Ibb and Amran.
- Education:** difficult access due to lack of documentation, overcrowding and/or school buildings used by IDPs. Incidents of occupation of schools by militants in both northern and southern governorates.

(IDMC 08/11; WFP 06/11; Oxfam 07/11; UNHRC/ADRA 06/11; IASC 06/11; CFSS 2011; WHO 9/06; US HH Survey 06/11; WHO 08/11; OCHA 29/08/11, 20/7/11, 19/6/11)

## NUMBER OF PEOPLE IN NEED, AND TARGETED PER CLUSTER



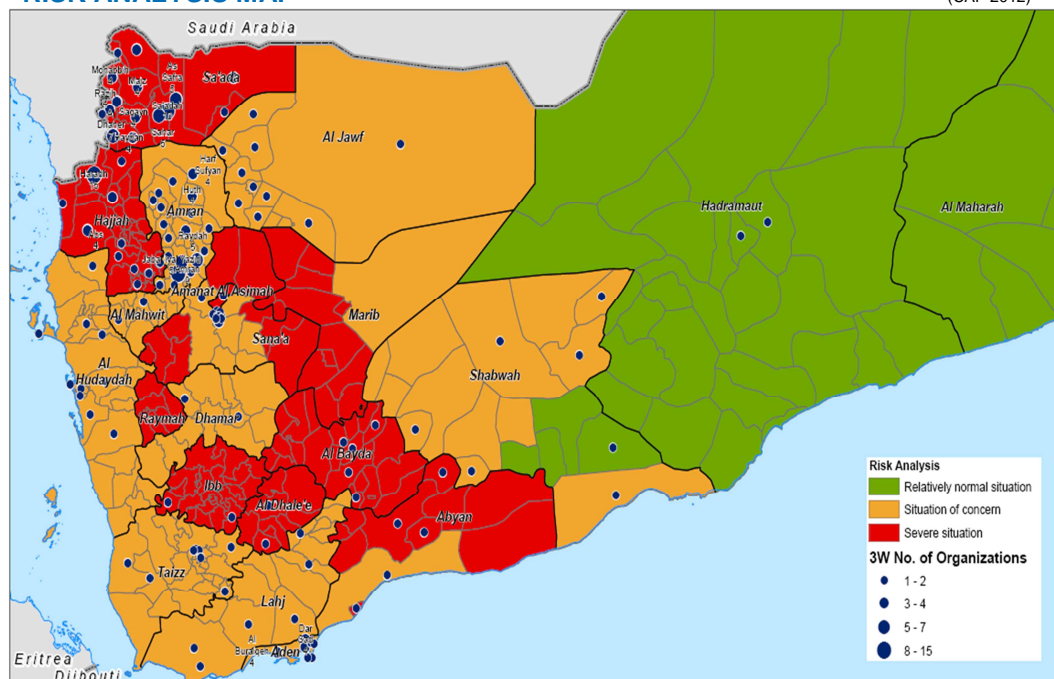
## OVERVIEW OF PLANNED RESPONSE

- **Food security:** 2.7 million people targeted out of four million in need and an overall number of 6.8 million food-insecure.
- **Education:** 1.03 million school-aged children will be supported, out of 1.2 million in need.
- **Health:** 50% of 2.65 million people in need.
- **Nutrition:** two million female and 1.5 million male beneficiaries targeted out of a total population in need of 6.8 million.
- **Protection:** one million targeted population out of 2.1 million people in need.
- **Shelter/NFI/CCCM:** 572,233 beneficiaries targeted out of an estimated 883,649 people in need.
- **WASH:** 1.3 million beneficiaries targeted out of 2.7 million people in need.
- **Multi-sector: Refugees, Asylum-Seekers and Migrants:** 257,155 beneficiaries targeted out of 335,555 in need.



## RISK ANALYSIS MAP

(CAP 2012)



	INDICATOR		MOST RECENT DATA		Pre-crisis baseline		Trend
Demographics	Population		24.3 million (UNFPA 2010)		22 million (UNFPA 2008)		NA
Population movements	IDPs  (UNHCR 31/08/2011)		New Caseload Abyan: 18,817 Aden: 50,906 Al Bayda: 917 Lahj: 17,858 Sana'a: 106 Shabwah: 586 Total: 89,190		Ongoing Protracted Al Hudaydah: 4,602 Al-Jawf: 24,491 Amanat Al Asimah: 35,492 Amran: 40,336 Hajjah: 103,092 Sa'adah: 110,000 Total: 318,013		↘
	Refugees (m/f)	In-country	201,555 (UNHCR 2011)		81,937 (UNHCR 2005)		↘
		Returnees	140,000 (WFP 2011)				NA
Health	Crude mortality rate m/f /1,000 people		217 (WHO 2011)		244 / 201 (WB 2007)		NA
	Under-five mortality m/f		77 (UNICEF 2010)		67 (UNICEF 2009)		↘
	Measles vaccination rate (among one-year-olds)		58 (WHO 2009)		65 (WHO 2005)		↘
Food Security	% HH according to food consumption score		31.8 (WFP, CFSA 2010)		NA		NA
Nutrition	Under-five global/severe acute malnutrition rate		45 / 17 (selected regions) (UNICEF 10/2010)		NA		NA
WASH	% population with access to improved water source		52 (MDG Report 2010)		66 (UNFPA 2008)		↘
	% population with access to improved sanitation		52 (WB 2008)		46 (WB 2005)		↗

↘ Situation deteriorating   ↗ Situation improving

## TREND ANALYSIS

- **Violence has continued across the country since early June.** Sana'a: marked expansion of hostilities. Abyan: fighting has led to an influx of IDPs to Aden and Lahj; Jaar and Zinjibar towns in Abyan are under the influence of Islamic militants. North: ceasefire between the Al Houthis and Government forces is loosely holding.
- **Continued displacement is expected in southern governorates** for the next one to three years due to on-going fighting between the Government and Islamists. Return for the majority of IDPs is unlikely in the next 6-12 months.
- **Considerable deterioration in the socio-economic situation** over the last six months exacerbated by political stalemate, general governmental malaise, rising food prices and a critical energy shortage, most likely forcing millions of Yemenis deeper into poverty, hunger and malnutrition.
- **Fuel prices have stabilised** yet prices of basic commodities remain very high. Food prices increased on average 40% (Jan-Sep). High food prices, combined with unemployment have led to an increase in negative coping strategies.
- **Sharp increase in killing, injuries, use & recruitment/number of children drafted into armed conflict.** Increase in violence, exploitation of children, and levels of distress. UXO causing injury and death, and increased child drop-out from schools, child labour, child trafficking and early marriage as a result of hardship and poverty.
- **Increase in shelter needs in northern governorates expected** due to winter, while tension increases between 20,000 IDPs occupying 80 schools in Aden and host communities. In November 1,754 IDPs face forced eviction from schools, no shelter solution identified yet by Government.
- **Increase in water-borne diseases** due poor WASH practices/sanitation facilities.
- **Increase in immigration from the Horn of Africa** to over-stretched transit centres.
- **Expected increase in gender-based violence** in southern governorates. Also increased number of cases of psycho-social trauma.

(WFP FS 2011; OCHA 29/08/11; OCHA 20/07/2011)

## OPERATIONAL CONSTRAINTS

- **Access - Movement Restriction:** roadblocks and checkpoints controlled by various armed groups on main routes, also restricting access to/from urban centres. Obtaining security clearance from the Government is increasingly difficult. No Government clearance for UN flights to the north since March 2011. Delays in custom clearance for humanitarian goods.
- **Access - Security:** the widespread presence of IEDs and UXO continues to hinder access across the country. North: some areas are inaccessible due to the conflict, threat of mines and UXO. South: Arhab/Sana'a: conflict areas are inaccessible. Abyan: access to conflict-affected areas is limited due to renewed fighting.
- **Access - Infrastructure/geographical:** Lahj: access to IDPs is difficult due to their location in scattered in remote villages.
- **Capacity:** increased costs of operations, lack of fuel/ electricity, and limited capacity of national partners and limited number of implementing partners limit humanitarian response.
- **Funding:** 2011 YHRP 60% funded out of \$289,644,481.

(SRP 08/11; Logistics cluster 05/11; OCHA 29/08/11; ACAPS 24/06/11; WFP 3/06/11; IDMC 2010)

## INFORMATION GAPS AND ASSESSMENT PLANNING

- Estimates of affected population and people reached by cluster
- Baseline, sex- and age-disaggregated data are limited.
- Lack of in-depth assessment and information is leading to incoherent responses in the Nutrition Cluster.



Additional basic humanitarian and development indicators for Yemen		Most recent data	Previous data or pre-crisis baseline (not older than 2000)	Trend *
Economic status	Gross national income per capita	<ul style="list-style-type: none"> <li>\$2,350 (PPP 2009)</li> <li>\$1,070 (2009) (World Bank: <a href="#">Key Development Data &amp; Statistics</a>)</li> </ul>	\$1,750 (PPP 2000) \$410 (2000)	
	Percentage of population living on less than \$1 per day	17.5% (UNDP HDR, 2011)	5.1% (UNDP HDR, 2000)	
	Percentage of population who live under the national poverty line	<ul style="list-style-type: none"> <li>34.8% average</li> <li>20.7% in urban areas</li> <li>40.1% in rural areas (Household Budget Survey, 2005/2006)</li> </ul>	n/a	
Health	Number of health workforce per 10,000 population	10 /10,000 (WHO, <a href="#">Global Health Observatory 2004</a> )	n/a	
	Infant mortality rate (0-1 year)	57 per 1,000 live births (UNICEF, 2010)	51 per 1,000 live births (UNICEF, 2009)	
Food Security	<a href="#">IFPRI Global Hunger Index, 2011</a>	25.4 Alarming	29.2 Alarming (Global Hunger Index, 2003)	
	Percentage of food-insecure people	31.5% (WFP CFSS, 2010)	N/A	
Education	Enrolment in primary education	<ul style="list-style-type: none"> <li>Boys: 85%, girls: 65% (UNICEF Yemen at a glance, 2003 – 2008)</li> <li>Boys: 79%, girls: 66% (UNESCO Institute for Statistics, 2008)</li> <li>Boys: 85%, girls: 70% (UNESCO Institute for Statistics, 2010)</li> </ul>		n/a
	Percentage of boys and girls of primary school age out of school	Boys: 20%, girls: 34%, total: 27% (UNESCO Institute for Statistics, 2008)		n/a
Child Protection	Child labour (% aged 5–14 years)	Total: 23%, urban: 21%, rural: 24% (UNICEF, MICS, 2006)		n/a
	Child marriage (% of women aged 20-24 years who were married or in union before their 18 <sup>th</sup> birthday)	Total: 32% urban: 28%, rural: 35% (MICS 2006)		n/a
	Birth registration rate for children under five	Total: 22%, urban:38%: rural;16% (MICS 2006)		n/a

Please note that UNICEF figures are also based on figures from the Inter-agency Group for Child Mortality Estimation, composed of UNICEF, WHO, UN Population Division and the World Bank.

Trends	improving	stable	worsening
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**Table I. Requirements per cluster**

<p>Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	5,886,217
EARLY RECOVERY	26,165,188
EDUCATION	12,276,958
FOOD AND AGRICULTURE	154,013,036
HEALTH	56,180,512
MULTI-SECTOR: REFUGEES, ASYLUM-SEEKERS AND MIGRANTS	43,207,047
NUTRITION	70,849,812
PROTECTION	21,509,879
SHELTER/NFI/CCCM	26,958,236
WATER, SANITATION AND HYGIENE	30,091,315
<b>Grand Total</b>	<b>447,138,200</b>

**Table II. Requirements per priority level**

<p>Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Priority	Requirements (\$)
LIFE-SAVING	377,006,718
SUPPORT SERVICES	9,416,546
TIME-CRITICAL	60,714,936
<b>Grand Total</b>	<b>447,138,200</b>

**Table III. Requirements per organization**

<p style="text-align: center;">Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>	
<p style="text-align: center;">Compiled by OCHA on the basis of information provided by appealing organizations.</p>	
Appealing Organization	Requirements (\$)
ACF - France	2,265,000
ACTED	2,750,000
ADRA	2,909,062
CARE International	9,536,265
CSSW	1,958,000
DRC	4,107,000
ERF (OCHA)	-
FAO	11,000,000
IMC	2,450,000
INTERSOS	161,784
IOM	25,106,655
IRW	931,043
MDM France	955,762
Mercy Corps	3,210,759
MERLIN	4,609,939
OCHA	3,558,738
OXFAM GB	5,012,488
RI	3,301,498
SC	12,265,748
THFY	480,075
UNDP	13,559,200
UNDSS	168,420
UNFPA	2,887,449
UNHCR	59,697,441
UNICEF	49,806,052
WFP	185,701,593
WHO	37,282,000
YFCA	827,000
YINGOF	190,400
YWU	448,829
<b>Grand Total</b>	<b>447,138,200</b>



## 2. 2011 in review

### 2.1 Changes in the context

What began as a protracted internal displacement crisis in the north has now evolved into a complex emergency affecting Yemen as a whole. This has been largely triggered by conflict and civil unrest and has resulted in a near-total collapse of social services in many parts of the country. Since February 2011, the Government has been confronted with nation-wide protests, in some instances involving serious levels of violence, calling for regime change and reform. Five key drivers of humanitarian need have been identified.

#### ***Armed conflict and internal displacement***

An upsurge in localized tensions over increasingly limited resources, such as land and water, in addition to chronic conflicts between tribal groups, and religious and political factions bear the hallmarks of a protracted social conflict within an environment where political authority and economic access is monopolized by elite groups. Civil unrest, initially led by youth activists demanding reform and regime change, now encompasses tribal and military groups, and the widespread availability of weapons means that tensions frequently result in armed confrontation.

In the north, six rounds of conflict between the Al Houthi and the Government have caused the displacement of more than 300,000 people. Although an estimated 15% of IDPs have returned to their homes, the vast majority of families remain displaced due to fears of insecurity, damage to homes, and the lack of livelihood opportunities and basic services.<sup>3</sup> Meanwhile, in the south, fighting between Government security forces and insurgents since June 2011 has caused nearly 90,000 new displacements. Armed hostilities are affecting major urban centres such as Sana'a, Aden and Taiz, in addition to lingering conflict in Al-Jawf, and Arhab among other locations. The rise in the number and intensity of conflicts throughout Yemen increases the risk of a southern secession and civil war.

#### ***Civil unrest and fragmentation of the country***

Yemeni authorities have lost effective control of various parts of the country and armed opponents are in *de facto* control of entire districts within major cities, including the capital Sana'a. Sana'a remains divided into three zones controlled by the Government, General Ali Mohsen,<sup>4</sup> and the prominent Al Ahmar family.<sup>5</sup> In the north, there is increased territorial control by Al Houthi in the Governorates of Sa'ada, Al-Jawf (where they have full control), and Hajjah (where further gains in the coming months are likely and where they already have partial control).

In the south, Islamist militants have taken increasing control in Mahrib, Abyan and Shabwa Governorates. This is contributing to a shrinking of humanitarian space and general weakening of the state, affecting the overall delivery of social services as well as development and humanitarian aid. Violence between Government forces and demonstrators has erupted in major towns leading to a breakdown of key public services including health care, nutrition, water and sanitation.

#### ***Reduction in basic social services, shrinking resilience and other coping mechanisms***

With the highest poverty rates in the Middle East (42.8%<sup>6</sup>), Yemen has a continuous population growth rate of 3% and nearly 50% of its population is under 15 years of age. This has translated into a demand for social services that outstrips Government capacity to deliver, with that capacity further constrained by the decline in oil revenues and the general weakening of state control.

<sup>3</sup> Integrated Emergency Response Programme (IERP) Oct 2011; *Joint Rapid Assessment of Northern Governorates*, conducted by a consortium of international NGOs.

<sup>4</sup> General Ali Mohsen, the commander of the first armoured battalion with family ties to President Saleh, aligned himself with protestors opposing the Government in March 2011.

<sup>5</sup> Members of the Al Ahmar family include the leader of Yemen's most powerful tribe, influential business men and Members of Parliament.

<sup>6</sup> Bresinger, C, et al, 2010: *Impacts of the Triple Global Crisis on growth and poverty in Yemen*, International Food Policy Research Institute (IFPRI) Discussion Paper 00955.

In 2011, essential Government services such as health care, social welfare, education, power and water were reduced or eliminated as a result of civil unrest and conflict, compounded by rising commodity prices. This has exacerbated severe and widespread chronic vulnerabilities in Yemen, particularly with regard to nutrition, food security, and access to water, social welfare and healthcare. Government wages are typically either late or go unpaid for months, including those for teachers and medical workers, resulting in persistent strikes and service disruptions. This comes at a time when the economy is in recession, affecting some of society's most vulnerable – namely women, children and young people. As an example, a recent nutrition survey conducted in northern Hajjah Governorate by Nutrition Cluster partners indicates malnutrition rates among children under five are at critical levels, having passed the emergency threshold of 15% for global acute malnutrition (GAM) or wasting.

Concurrently, Yemen continues to grapple with the decline of a key natural resource: water. With a water per capita share of less than 120m<sup>3</sup> per year, Yemen is the most water-stressed country in the world and one of the ten poorest in terms of available resources. Underground water tables, the country's main water source, are depleting rapidly, especially in urban areas such as Sana'a and Taiz. This depletion is attributed to high population growth and the expansion of certain cash crops (specifically *qat*) which place an enormous burden on already scarce water reserves.

### ***Rising cost of living and economic decline***

Weak economic growth, high international trade deficits and a vulnerable national currency has left the population exposed to rising global food and fuel prices. Yemen is highly dependent on food imports, and as the central bank loses foreign reserves the Yemeni riyal (YR) is losing value, pushing more families across the poverty line. The riyal is currently holding, but unstable with a value of YR237 to \$1. Should the currency plunge further (>YR300 / \$1), many more Yemenis would fall below the poverty line. Prior to the crisis, 17.5% of the population already lived on less than \$1.25 per day.<sup>7</sup>

According to a survey by the World Food Programme (WFP), the cost of primary food commodities has increased by 46%. Prices are 7% higher in rural areas than urban areas. Poverty levels had already risen to 43% in 2009 as a result of the effects of the global food, fuel and financial crises. Yemen's recent energy crisis in 2011 made matters worse, forcing many small and medium enterprises out of business. Working opportunities within the informal sector are becoming increasingly limited, and both small and large-scale farmers struggle to cover rising fuel costs associated with irrigation and transport of crops. This has decreased the domestic supply of food and driven food prices up further.

### ***Refugee and migrant inflows***

Despite prolonged political instability in Yemen due to civil unrest since February 2011, the influx of refugees and asylum-seekers from the Horn of Africa has continued unabated. Refugees and migrants cite insecurity in their own countries, famine and lack of livelihood opportunities as key factors in their decision to make the treacherous journey to Yemen. Given the persistence of the factors pushing people to seek refuge in Yemen, inflows are expected to keep increasing over the coming year. Some 73,000 new arrivals were reported by the end of September 2011, up from 50,000 at the same time last year. Most of these new arrivals were Ethiopians (around 75%), but there have also been significant increases in the number of Somalis fleeing the Horn of Africa.

Refugees in camps and urban areas, as well as asylum-seekers, continue to receive assistance in the form of protection (registration, refugee status determination/RSD, legal counselling, etc.), shelter, water and sanitation, health, education, livelihoods and community services through implementing partners (IPs). Some 15,300 camp-based refugees also received food rations from WFP. Meanwhile, civil unrest has caused significant displacement of refugees within urban areas of Sana'a. More than 1,000 displaced refugee families are in need of shelter and food. The United Nations High Commissioner for Refugees (UNHCR), in coordination with other agencies, is exploring alternative mechanisms to accommodate these displaced refugees.

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<sup>7</sup> 2011 United Nations Development Programme/Human Development Report/UNDP/HDR

## 2.2 Achievement of 2011 strategic objectives and lessons learned

Life-saving assistance was provided to 269,500 IDPs and returnees during 2011. Slightly over one million food-insecure people were assisted between June and October, nearly half of them women. Humanitarian funding requirements also grew, however, following an expansion in needs as a result of violence and displacement.

Humanitarian dialogue with non-state actors in Sa'ada Governorate led to an improvement in humanitarian space and a significant increase in the number of beneficiaries determined to be in need of assistance. Original targets were modified accordingly. 77,000 IDP children under five were assisted, constituting 65% of the planned figure. For other indicators, such as those relating to protection, for example, targets could not be achieved as activities had to be suspended due to insecurity and limitations in funding.

One way of adjusting to increased numbers of beneficiaries with limited funding was to distribute reduced rations. Adjustments to emerging needs had to be made on an ad hoc basis and as a consequence continuous inter-agency response and contingency planning has been a major priority in order to ensure flexibility and coordination. Three action plans were developed, covering the north, the south and central/western regions of the country. This necessitated an expansion in scope beyond merely conflict-affected populations to include also non-displaced non-conflict-affected populations in acute humanitarian need. The gender marker was applied across all projects in the pilot phase for the Yemen Humanitarian Response Plan/YHRP (see section 2.4 and 2.5 for detailed analysis on the implementation of the gender marker).

1	<b>Provide life-saving assistance, especially emergency shelter, health care and nutrition, safe water and sanitation, food, and ensure protection to people affected by violence, severe food insecurity and malnourishment, and other acute humanitarian crises.</b>		
	<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
	% of target population receiving food assistance.	100% of targeted population	<ul style="list-style-type: none"> <li>380,000 IDPs and returnees assisted (91%).</li> <li>1,500 households (100%) assisted with food vouchers.</li> </ul>
	% of target severely food-insecure population receiving food assistance.	100% of targeted population (1.8 million people)	<ul style="list-style-type: none"> <li>Emergency safety net distributions provided to 1.3 million (72%) of targeted severely food-insecure people.</li> </ul>
	Number and % of affected and vulnerable population with access to safe water according to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE).	100% of affected and vulnerable population (227,000 people)	<ul style="list-style-type: none"> <li>80%</li> </ul>
	% of target children under five and pregnant and lactating women (PLWs) receiving supplementary feeding.	100% of targeted population	<ul style="list-style-type: none"> <li>77,000 (65%) of IDP children under five received blanket supplementary feeding.</li> <li>70,850 (35%) of children under two received blanket supplementary feeding.</li> <li>26,384 (25%) of children under five affected by moderate acute malnutrition (MAM) received target supplementary feeding.</li> <li>42,394 (95%) PLWs received supplementary feeding.</li> </ul>



## 2. 2011 in review

Number of severe acute malnutrition (SAM) cases enrolled/ received treatments in facilities providing community-based management of acute malnutrition (CMAM).	52,000 children under five	<ul style="list-style-type: none"> <li>44,227 children (85%).</li> </ul>
Crude mortality rate (CMR) among target population.	CMR is maintained at <1/10,000/day	<ul style="list-style-type: none"> <li>CMR among IDPs living inside camps remained less than 1/10,000/day.</li> </ul>
% of target population benefiting from emergency tents and non-food items (NFIs) assistance.	100% of targeted population	<ul style="list-style-type: none"> <li>153,150 IDPs inside/outside camps (97.6%).</li> <li>15% stranded migrants.</li> </ul>

<b>2 Provide time-critical assistance and ensure a protective environment in order to address early recovery (ER) needs and support durable solutions for affected targeted populations.</b>		
Indicator	Target	Achieved
Basic services		
Primary health care (PHC) coverage of the target population.	One health centre / 10,000 affected people (100% IDP + 100% of host community where applicable) <sup>8</sup>	<ul style="list-style-type: none"> <li>100% coverage for IDPs living inside camps.</li> <li>30% coverage for IDPs living outside camps.</li> <li>30% coverage of population living in war-affected areas accessed by mobile health teams.</li> <li>100% coverage for stranded migrants in Haradh Governorate.</li> </ul>
Reproductive health services coverage for the target population.	One comprehensive emergency obstetric and neonatal care (CEmONC) and four basic emergency obstetric and neonatal care (BEmONCs) facilities/ 500,000 people.	<ul style="list-style-type: none"> <li>All mobile teams are providing antenatal care and delivery services at fixed clinics.</li> <li>CEmONC not achieved.</li> </ul>
Number of IDP children of school age in Sa'ada, Amran and Hajjah Governorates enrolled and attending school (disaggregated by gender).	400,000 children	<ul style="list-style-type: none"> <li>80,000 (20%) IDP and host family children of school-going age attending school.</li> </ul>
Number of people assisted through agricultural/livelihood projects with an ER component.	85,344 people At least 1,000 refugee households	<ul style="list-style-type: none"> <li>4,200 households assisted with veterinary and agricultural support.</li> <li>4,073 people supported with income generating activities while 50,000 people benefited from small-scale community-based projects through the Shelter/NFI/Camp Coordination and Camp Management (CCCM) Cluster aimed at meeting shelter and other subsistence needs.</li> <li>Some 1,000 refugees benefitted from self-reliance activities through vocational education and skill training as well as job-placement.</li> </ul>
• Protection		
% of mine-affected areas cleared.	30% of mine-affected areas surveyed, marked and cleared	<ul style="list-style-type: none"> <li>No areas cleared.</li> </ul>
Number of affected people assisted with protection-related services (i.e. legal, psycho-social, gender-based violence (GBV) prevention, mine risk	50% of affected population 100% refugees and asylum-seekers	<ul style="list-style-type: none"> <li>Psycho-social support for a total of 108,700 children (girls: 48,025, boys: 60,675) affected by conflict and by the civil unrest in nine governorates was promoted through access to community and school-based services.</li> <li>55,945 people, 56% of target), of which 39,844 children, supported with UXO/MRE education.</li> </ul>

<sup>8</sup> 100% of IDPs in the camps, and 100% of IDPs and host communities in settlements outside the camps.

awareness, etc.).		<ul style="list-style-type: none"> <li>13,545 cases of most vulnerable children identified and over 70% referred to services, including 76 boys and 18 girls killed.</li> <li>1,000 (girls: 200, boys: 800) unaccompanied, separated, or trafficked children, including children from the Horn of Africa, released from prisons and/or provided with interim care, or supported with family reunification to return to their countries of origins.</li> <li>103,505 children (girls: 44,142, boys: 59,363) provided with psycho-social, legal and violence protection services.</li> </ul>
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<b>3 Strengthen the accountability and ability of Government authorities and other key stakeholders involved in service and assistance delivery and protection through capacity-building, information management (IM) and sharing, and crisis management with the aim of improving humanitarian response for all affected people.</b>		
Indicator	Target	Achieved
Government and <i>de facto</i> government in Sa'ada has endorsed the 2011 YHRP.	Endorsement	Government endorsed. <i>De facto</i> government in Sa'ada endorsed.
% of Mixed Migration Task Force (MMTF) meetings attended by relevant ministry representatives.	45%	67%.
Number of National Sub-Committee for Refugees (NASCRA) meetings held per month.	Twice per month	Two meetings per month maintained to discuss various issues related to refugees.
% of clusters adopting/ including the gender marker in their planning and implementation.	100% of projects using gender marker	100%.
% of cluster coordination meeting minutes translated in Arabic.	100%	100%: minutes were translated to Arabic whenever required.

## 2.3 Summary of 2011 cluster targets, achievements and lessons learned

As the number of displaced across the country increased, targets were adjusted accordingly. Emergency food assistance was provided to 91% of IDPs and returnees. A lack of funding, however, meant that rations for IDPs were reduced to 75% in order to reach all in those in need. Due to the volatile security situation, the support for farming households with veterinary and agricultural assistance only reached 4,200 out of the target 10,330 households. With an alarming rate of food insecurity, the Nutrition Cluster was also faced with increased levels of malnourishment. By October 2011, implementation for blanket feeding was already at 105% of the revised annual rate forecasted in June.

The Health Cluster was able to maintain its objective of providing assistance to all IDPs living in camps and to cover 30% of those living outside camps. Monitoring and investigation of disease outbreaks was another important public health activity where achievements met the targets. For vaccination campaigns the Cluster advocated high implementation rates; however lack of transport, electricity and the breakdown of cold chains due to rising conflict meant a lower vaccination coverage

rate than in previous years. The Health Cluster was able to respond to epidemic outbreaks, including cholera in Abyan, and mass casualty management of victims of civil unrest through grassroots movements and volunteers.

The 2011 target for the Shelter/NFI/CCCM Cluster provided emergency shelter and NFIs to 156,854 beneficiaries. As of October 2011, this target had been 97.6% achieved. Cluster partners were also successful in bringing two IDP camps in line with internationally accepted minimum standards.

Assistance in the Water, Sanitation and Hygiene (WASH) Cluster reached 80% of the annual target by October 2011. However, due to a lack of access and insecurity only three out of ten projects planned in Sa'ada could be implemented.

The Protection Cluster established 66 community-based protection networks (CBPNs), 32% above-target. A total of 13,545 cases of violations or protection concerns against children were monitored/identified and over 80% received assistance through the outreach activities of the Sub-Cluster on Child Protection. 110,000 children were provided with access to psycho-social support services, representing 73% of the target; 103,505 children were provided with awareness on protection from abuse, violence and exploitation reaching 69% of the target; and approximately 40,000 children and 15,000 adults were made aware of mine risks, 44% below the target (mine-action activities were reduced based on availability of funding and time taken to arrange with the *de facto* authorities to plan for training volunteers on mine-risk education/MRE from all districts). Progress was not made on initiating action to end the use and recruitment of children, despite obtaining commitment from the Government through the Cabinet following advocacy. Awareness-raising on GBV in Sana'a, Taiz, Al Hodeidah and Aden reached 9,000 people.

The enrolment of children in schools remained low. However, the Education Cluster succeeded in obtaining approval for the Emergency Education Preparedness Plan to be approved by the Ministry of Education (MoE). The Cluster was also successful in responding to on-going emergencies.

Field coordination has been enhanced with coordination hubs in the north and south staffed and supported by the Office for the Coordination of Humanitarian Affairs (OCHA). Coordination in the north improved humanitarian dialogue with non-state actors, increasing levels of humanitarian access to Sa'ada. The inter-cluster coordination forum now takes on a more strategic role in needs identification, prioritization and contingency planning. Three response plans have been developed for the north, south and central/west regions of the country. The implementation rate of the Logistics Cluster was at 100% for air services until March 2011 when operations ceased after the Government revoked landing rights.

OCHA has been able to proactively respond to a changing humanitarian situation by providing enhanced coordination support to new emergency hot spots in the south and north, provided regular and reliable information updates on the humanitarian situation, and ensured predictable and timely funding to respond to the crisis in real time through the CERF and ERF funding mechanisms. OCHA has actively engaged in humanitarian dialogue with both government and non-state actors to ensure improved humanitarian access to Sa'ada governorate which was previously inaccessible to humanitarian actors. This has been through a process of continuous dialogue, establishments of binding commitments with the Al-Houthi and regular updates.

However, owing to the changes in the security and programming context, it is becoming increasingly difficult to obtain relevant and credible information to improve analysis to support clusters' programming needs and advocacy. There is no cluster dedicated IM capacity, and the limited available staffing dedicates very limited attention to IM. Further, the IDP Executive Unit is greatly lacking in capacity to support the information needs of humanitarian agencies. Similarly, overall coordination mechanisms have been greatly constrained by the drawdown of staff particularly cluster coordinators, limited field presence in some locations, especially in the south, and security concerns.

UNDSS has been able to strengthen the security and safety of humanitarian staff, by providing real-time and weekly security updates and advice to the HCT and individual agencies on the security environment and risk mitigation strategies to enable agencies stay and operate safely in a high-risk



environment. This is supported by risk analysis and evacuation planning which continues to inform both operational planning for humanitarian actors and prioritization for the overall response. UNDSS has also been engaged in risk analysis and evacuation planning. In line with “Saving Lives Together” UNDSS has also expanded the sharing of information and advice to the wider humanitarian community including international and national non-governmental organisations (NGOs), implementing partners and donors. While more needs to be achieved in the increasing tempo of the security environment in 2012, significant improvements have been achieved and all indicators in the 2011 CAP met.

For further details on cluster progress in 2011, please refer to Annex III (cluster progress charts).

## 2.4 Review of humanitarian funding

The YHRP’s original requirements were \$224,874,248. At the Mid-Year Review (MYR) this was revised to \$290,478,544. As of 15 November, \$174,057,575 in funding had been received, a figure which included \$10,306,511 of agency-reported carry-over, resulting in an overall 60% funding rate. According to FTS, the average funding level per cluster was 50%, with the best-funded clusters in terms of percentages being Coordination and Support Services (96%), Food and Agriculture (70%), Nutrition (72%) and WASH (72%). Shelter/NFI/CCCM received 57% funding, while Education and Protection received only 35% and 30%, respectively. Multi-Sector Refugee Response received 18% and ER only 4% of the requested funding.

### *Funding by cluster*

Cluster	Original requirements (\$)	Revised requirements (\$)	Funds received (\$)	Unmet requirements (\$)	% funded
Coordination and Support Services	3,399,890	4,860,306	4,689,119	171,187	96%
ER	11,812,464	11,100,270	495,880	10,604,390	4%
Education	3,502,600	4,763,800	1,651,110	3,112,690	35%
Food and Agriculture	81,038,634	113,726,623	79,197,450	34,529,173	70%
Health	13,686,092	21,431,504	9,358,377	12,073,127	44%
Multi-Sector (Refugee Response)	40,339,911	47,173,062	8,467,508	38,705,554	18%
Nutrition	26,670,228	37,140,310	26,763,901	10,376,409	72%
Protection	13,604,590	14,876,756	4,516,965	10,359,791	30%
Shelter/NFI/CCCM	18,971,093	22,471,093	12,742,826	9,728,267	57%
WASH	11,848,746	12,934,820	9,362,324	3,572,496	72%
Cluster Not Yet Specified*	0	0	16,812,115	-16,812,115	n/a
<b>Totals</b>	<b>224,874,248</b>	<b>290,478,544</b>	<b>174,057,575</b>	<b>116,420,969</b>	<b>60%</b>

Source: donor and recipient organization reports to FTS as of 15 November. Funds received including carry over.

It is important to note that funding for the Food and Agriculture Cluster masks significant differences in both requirements and funding. The agricultural requirements in the Cluster accounted for only 5% (\$5,661,315) of revised requirements; however, agricultural projects were 67% funded at \$3,797,293, which is a favourable percentage, and above the average funding level for clusters in Yemen of 50%. Additionally, almost \$16 million, or 9%, of all funding reported as of 15 November was recorded as “Cluster not yet specified.” Most of this funding – \$14 million, or 84% – was for UNHCR, with the remainder shared between the Emergency Response Fund (ERF) and United Nations Children’s Fund (UNICEF). Such significant amounts of funding recorded in “Cluster not yet specified” do have an effect on funding figures, especially for those clusters in which recipient agencies have projects, or for which they are cluster lead (such as UNHCR for Protection, and Shelter/NFI/CCCM).

The under-funding of humanitarian actions in some categories has reduced both the number of vulnerable people receiving assistance and, in some cases, degraded the depth of intervention when organizations reduce preventative programming in favour of life-saving actions. While some agencies have been able to mitigate these effects through the reallocation of funding streams, others have been forced to reduce programming with a range of impacts described below.

Most YHRP funding has gone to UN agencies (\$166,553,758 or 96% of funding received). Only 4% of direct contributions were channelled to national NGOs, even though many are often implementing partners of UN agencies and international NGOs participating in the appeal.

Preliminary analysis of funding according to the Gender Marker, as of 15 November 2011, suggests that those projects marked in categories 2A and 2B (significant gender component/principal purpose gender) received a higher funding rate than projects that address gender issues to a lesser degree (category 1).

As can be seen from the table below on funding by category, in 2011 life-saving actions—in particular those in the north of the country—constituted the priority in terms of requirements. Analysis of funding received shows quite clearly that donors were responsive to this emphasis, with 77% of all funding received going to projects classified as life-saving, and 44% of all funding received going towards life-saving projects in the north. For the 2012 YHRP, the HCT agreed to maintain the existing three-tier categorization of projects, with the categorisation of projects shifting in response to the extension of humanitarian activities across most of the country. The emphasis for life-saving projects has now shifted from the north, with requirements for projects classified as ‘Other’ (nationwide) now amounting to 81% of all life-saving projects (see table on page 33).

### Funding by category

Category	Location	Original requirements (\$)	Revised requirements (\$)	Funding received (\$)	Unmet requirements (\$)	Revised requirements as % of total revised requirements	Funding received as % of total funding received
Life-saving	North	85,087,258	114,024,328	76,595,353	37,428,975	69%	77%
	Other	58,014,88	77,459,127	52,296,689	25,162,438		
	South	3,633,957	7,765,843	6,078,323	1,687,520		
<b>Life-saving total</b>		<b>146,736,099</b>	<b>199,249,298</b>	<b>134,970,365</b>	<b>64,278,933</b>		
Support Services	North	3,244,531	2,726,555	2,542,117	184,438	3%	4%
	Other	3,656,264	4,895,856	3,654,776	1,241,080		
<b>Support Services total</b>		<b>6,900,795</b>	<b>7,622,411</b>	<b>6,196,893</b>	<b>1,425,518</b>		
Time-critical	North	26,126,853	31,219,689	7,088,928	24,130,761	29%	9%
	Other	41,459,521	51,932,396	8,989,274	42,943,122		
	South	-	454,750	-	454,750		
<b>Time-critical total</b>		<b>67,586,374</b>	<b>83,606,835</b>	<b>16,078,202</b>	<b>67,528,633</b>		
Not Specified	North	3,181,250	-	-	-	-	10%
	Not Specified	-	-	16,812,115	16,812,115		
	Other	469,730	-	-	-		
<b>Not Specified total</b>		<b>3,650,980</b>	<b>-</b>	<b>16,812,115</b>	<b>16,812,115</b>		
<b>Grand total</b>		<b>224,874,248</b>	<b>290,478,544</b>	<b>174,057,575</b>	<b>116,420,969</b>		

Source: donor and recipient organization reports to FTS as of 15 November

In addition to the \$174,057,575 of funding to projects within the YHRP, FTS recorded \$86,853,346 (including 2012 contributions of \$31,406,540) for humanitarian aid to projects or activities not listed in the appeal. Primary recipients of this funding were the International Committee of the Red Cross (ICRC) and several NGOs, including the International NGO Consortium in Yemen. Included in this amount is \$2,781,466 from the OCHA ERF to a number of NGOs, including Relief International (RI), CARE, Charitable Society for Social Welfare (CSSW), Yemeni Women’s Union (YWU) and Dia.

Responding to the deteriorating humanitarian situation in Yemen in May 2011 the Central Emergency Response Fund (CERF) contributed \$15 million from the rapid response window in timely and flexible funding for WFP, the World Health Organization (WHO), UNHCR, UNICEF and the United Nations Population Fund (UNFPA).

## 2.5 Review of humanitarian coordination

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The HCT has been under pressure to ensure an effective and coordinated response to needs and populations not previously part of the overall humanitarian strategy. To mitigate this, the coordination mechanisms at the national level have facilitated participatory and inclusive joint planning (involving all national and international actors), leading to the development of three regionally focused plans for the north, south and central/west. This process was useful in defining HCT response and strategic focus on the emerging crisis, marking a shift from a major focus on the conflict-affected northern populations (where most agencies have a presence), to the emerging crisis in the south and other non-conflict non-displaced populations in the central/west.

There has been an expansion of humanitarian partnership between UN and non-UN agencies, as well as between agencies and donors through improved information sharing, participation and coordination at the national and sub-national levels in the north and south. Regular information-sharing forums between the UN and the ICRC continue both at the central level between the heads of agencies and at field level in Sa'ada, Amran and Aden. International NGOs now have a greater role and participation in the HCT and inter-cluster forum (as does ICRC).

The cluster coordination function and general capacity of cluster coordinators has improved significantly. There are now five dedicated Cluster Coordinators for Nutrition, WASH, Shelter/CCCM/NFIs, ER and Logistics, out of a total nine clusters. Other clusters/sub-clusters actively contributed to support coordination through extensive efforts and time despite not having a dedicated coordinator. This has improved needs identification, IM and integration of cross-cutting issues such as gender. All clusters have been able to develop strategic frameworks that will inform their response plans and overall programming, evidence-based needs analysis, clear targeting criteria, beneficiary identification and geographic coverage. This will ensure greater consistency across all agencies, avoid duplication and strengthen synergy within and across sectors.

Yemen piloted the gender marker in the YHRP in 2011 and the HCT prioritized gender as one of the criteria for project selection. Cross-cutting strategic objective three on “accountability and capacity-building” in the 2011 YHRP includes three key indicators on gender mainstreaming: 100% application of the gender marker for all projects; collection of sex- and age-disaggregated data; and training on gender mainstreaming. The gender marker was applied across all projects in the YHRP 2011.

A significant portion of the projects (22 projects representing 30%) prioritized the collection and use of sex- and age-disaggregated data, as an entry point to meaningful gender analysis, to better define gender dimensions of humanitarian crisis. The Nutrition and Shelter/CCCM/NFI Clusters have, as a result, been able to ensure consistent collection of sex- and age-disaggregated data and analysis that demonstrates the different needs, risks and capacities of women. All nutrition surveys this year have highlighted the difference in malnutrition rates between boys and girls. Additionally, agencies such as WFP applied targeted approaches to gender mainstreaming such as ensuring women are direct beneficiaries of assistance, establishing women-only food distribution centres and ensuring women were recipients of food-for-work (FFW) vouchers.

### 3. Needs analysis

#### 3.1 Brief analysis of overall underlying and immediate factors and their inter-relations

The political and economic crisis over the last nine months has deepened the humanitarian crisis and expanded the number of vulnerable groups across the country. Current instability is likely to continue for the remainder of 2011 with a possible escalation in intensity due to the sustained political stalemate. The drivers affecting the humanitarian situation in Yemen have been:

- Continued unpredictable civil unrest raising protection and healthcare concerns.
- On-going conflict in northern and southern Yemen which is aggravating the protracted IDP crisis in the north and creating a new IDP crisis in the south.
- The continued and increased presence of refugees, migrants and third-country nationals (TCNs) is likely to lead to tensions with the host community over access to scarce resources.
- Rising cost of living and economic decline creating a slow-onset crisis among non-displaced populations especially in the centre/west of the country.
- The crisis in provision of basic services, limited coping mechanisms and reduced resilience affecting the most vulnerable sections of the community, in particular women and children.

While these phenomena are valid all across the country, they affect people's levels of vulnerability to a different degree in each region.

#### 3.2 Definition and identification of priority humanitarian needs based on key indicators, plus constraints and challenges in meeting these needs<sup>9</sup>

##### *Critical levels of malnutrition*

A recent nutrition survey in Hajjah Governorate conducted by UNICEF, the Ministry of Public Health and Population (MoPHP) and WFP indicates alarmingly high GAM rates of 31.4% among children under five (girls and boys) in IDPs and host communities with a SAM rate of 9.1%, which is above the emergency threshold level. A rate of 18.6% for GAM among children under five living in conflict-affected Abyan is clearly above the emergency threshold level of 15% (UNICEF assessment in Abyan, September 2011). The SAM rate for the same area is 3.9%.

The underlying causes of the problem appear to be related to food insecurity, poverty, and sub-optimal feeding and caring practices, as mothers may be not able to breast-feed due to their own poor nutrition situation. These unusually severe rates of malnutrition are among the highest in the world, with more than half of children chronically malnourished and stunting rates at 58%. Another factor severely affecting the high levels of under-nutrition is the lack of sufficient access to clean water and proper sanitation which results in a high rate of diarrheal diseases.

##### *Increased food insecurity in both urban and rural areas across the country*

The number of food-insecure across Yemen is conservatively estimated at 6.8 million people, of whom approximately three million are severely food-insecure. As 97% of poor rural households are net food

<sup>9</sup> The needs analysis is based primarily on a secondary needs analysis by OCHA and the Assessment Capacities Project (ACAPS) in September 2011, cluster needs analysis, Joint Rapid Assessment of Northern Governorates by international NGO consortium (Oct 2011); IERP/ACAPS.

buyers<sup>10</sup>, high food prices are one of the determining factors of household food insecurity. Recent assessments by WFP note an increase in food insecurity among the population not affected by conflict, augmented by weak or non-existent basic services prior to the current unrest which created heightened pockets of vulnerability.

The food security situation is worse in rural areas, with the most affected groups identified as rural children, female-headed households and returnees. The most food-insecure households are in Raymah, Hajjah, Ibb, Al-Dhale, Amran, Al-Baida, Al-Mawhit, Taiz and Abyan. Follow-up to the comprehensive food security study by WFP for 2012 is expected to indicate a further deterioration in food security across Yemen.

### ***Increasing protection and human rights concerns***

Monitoring data on the civil uprising in different key cities across the country indicates an estimated number of 17,803 cases of violence; 85% of the cases involving men, 2% women, 4% boys, less than 1% girls and another 9% are not accounted for. A report<sup>11</sup> by the Office of the High Commissioner for Human Rights (OHCHR) concerning the “Arab Spring” highlighted an alarming number of potential human rights abuses, in particular extra-judicial killings, excessive use of force, arbitrary detention, torture and other forms of ill treatment against the general population, women and children, particularly in urban areas. Women have reportedly been exposed to various forms of sexual and gender-based violence (SGBV) and UNICEF partners reported in October that 94 children had been killed and 240 injured in incidents associated with civil unrest during 2011.

Children have reportedly been subjected to extreme violence, including killings, injury, and suffocation from gas, torture arbitrary detention and recruitment by security forces and other militant groups. The United Nations Security Council<sup>12</sup> listed two parties in Yemen with regards to the use and recruitment of children, notably pro-government militias and Al-Houthi rebels. Assessments have also revealed other protection concerns, including significant psycho-social impacts on children and a sharp increase in the rates of child abuse, exploitation, violence and neglect.

### ***Limited immunization coverage***

Limited immunization coverage means a higher risk that children will die of vaccine-preventable diseases. According to WHO, 20% of the vaccination facilities in Yemen are non-operational due to lack of transportation, electricity and cold chain services. Only 27% of districts have measles vaccination coverage above 80%. The cumulative coverage for the third dose of polio/pentavalent vaccine is 71%. Sporadic outbreaks of measles have been reported over the last six months throughout Yemen. With large population displacements, low routine coverage and influx of refugees from areas with circulating wild polio virus, the Government fears an imminent outbreak of polio.

### ***Negative coping mechanisms***

While many Yemeni communities have strong coping mechanisms rooted in social and kinship ties and values, many households are now adopting negative coping mechanisms in response to the severity of the current crisis. Assuring food security for Yemeni households is a particular challenge. A report by UNICEF indicates high incidence of at least one member of households going to sleep hungry. The highest rates have been reported in Amran (30%) and Sana’a (65%). In the south, 90% of displaced people rely on food assistance from host families or aid agencies. Likewise many households must now spend less on essential health care and have had to resort to cheaper but less effective traditional treatments, as revealed in a WFP qualitative assessment. Oxfam’s study of Hodeida in July found families skipping meals and children from vulnerable families being withdrawn from schools, reverting to child labour and early marriage as negative coping mechanisms.

<sup>10</sup> OCHA/ACAPS, op cit.

<sup>11</sup> [A/HRC/18/21](#).

<sup>12</sup> As per 10th Annual Report of the Secretary General on Children and Armed Conflict (A/65/820–S/2011/250) and Security Resolution 1998 of July 2011.



#### ***Increased vulnerabilities among long-term displaced population in the north***

The combined effect of a protracted emergency and underlying development challenges has been a deepening of existing vulnerabilities including acute poverty, poor basic services, limited resources and depleted coping mechanisms of both IDPs and host community households.

As an assessment by the international NGO consortium IERP reveals for Al-Jawf and Sa'ada Governorates, access to free and affordable drugs and health care (including transportation to health centres), is a key humanitarian need. Insufficient numbers of female health workers hampers women's and girls' access to health services, including reproductive healthcare. Similarly challenges exist in relation to access to education, in particular for girls in Al-Jawf Governorate. Mixed education is not widely accepted, yet there is no space for separate classes and few female teachers are available in rural areas. The schooling system has been severely disrupted by conflict in Sa'ada and more than 200 schools reportedly remain closed. Mine and UXO awareness among children is weak placing young boys and girls at risk of preventable deaths and injuries.

The shelter situation is critical for conflict-affected populations in parts of Sana'a, Sa'ada, Hajjah and Al-Jawf, in particular for IDPs who have found refuge in host families, or live outside camps in make-shift accommodation. These IDPs have limited or no access to food rations, health care and education.

#### ***A crisis in shelter and education in the south of Yemen***

In the south of Yemen there is an urgent need to identify durable shelter options for IDPs currently residing in schools. In Aden, 76 out of the 135 (56%) schools are currently occupied by 3,651 IDPs families from Abyan. As a consequence, 84,774 school children in Aden (43,369 boys and 41,405 girls) do not have access to their school buildings and may need alternative education facilities to continue their learning. The same applies to Zanjibar and Khanfar districts, where 100% (21) and 31% (22) of schools are occupied by IDPs. There are 3,000 displaced children in Aden who are not receiving any education.

Sewage and latrine facilities in occupied schools are flooded due to heavy use, risking a broader public health crisis. According to UNICEF, an estimated 85 schools and kindergartens will need complete or partial rehabilitation of their latrine facilities. Poor hygienic conditions in certain areas of the South have led in August 2011 to 739 cases of cholera, with 31 deaths, as reported by WHO for Al Dhale Governorate.

#### ***Increased influx of migrants and asylum-seekers***

Despite the conflict, the influx of migrants and asylum-seekers from the Horn of Africa in 2011 has continued. Recent figures indicate 12,079 new sea-arrivals from Ethiopia and Somalia in September 2011 alone. Agencies expect 70-80,000 new migrants and asylum-seekers to arrive in Yemen in 2012. Unaccompanied / separated children at risk or children who are about to be trafficked and smuggled across the border to Saudi Arabia are the most vulnerable among this group and require special attention.

### **3.3 Analysis of inter-relations of needs and causes across sectors**

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Many of the humanitarian needs identified in Yemen are interrelated. This is based on the prevailing political situation and quality of governance, an overall economic decline and significant environmental challenges (groundwater depletion, drought, climate change). The high rate of malnutrition in Hajjah Governorate, for instance, is linked to access to clean water, reduced access to PHC (particularly in rural areas,) and increasing levels of food insecurity. In addition, inappropriate sanitary practices at the household level have led to an increase in water-borne diseases, especially diarrhoea among children under five. This has already led to a number of fatalities and reduced rates of immunity. In general, it contributes to increased rates of malnutrition for children under five.

Food insecurity directly relates to poverty at the household level, including the family size, lack/level of education and the type of livelihood they are engaged in. Insufficient access to basic social services such as health care and education limits resilience and coping capacities, contributing to increases in early marriage and child labour.

An assessment of IDPs hosted in schools in Aden, indicates that over 25% of the affected population may need enhanced protection and livelihood assistance. Many of those affected are in need of psycho-social support, including children and women and hence require the investment and prioritization of both the protection and the health clusters. Shelter remains a key priority for affected communities hosted in collective centres or living on their own in informal settlements.

Enhanced coordination among clusters will be essential in order for the UN to fulfil its mandate by the Security Council in July 2011 to establish a monitoring and reporting mechanism (MRM) on violations against children based on Security Council Resolution 1998.

Gender is a sensitive but critical underlying component of a number of humanitarian needs in Yemen. In addition to protection concerns, gender disparities affect access to both education and health care, among other key things.

### 3.4 Number and type of people in need

The 2012 YHRP presents a significant shift in targeting approach. Rather than focusing on particular conflict-affected groups such as IDPs, returnees, war-affected, refugees and asylum-seekers, it broadens the scope to include other populations in need who are not affected by conflict or civil unrest. Humanitarian aid will be needed for approximately four million people across the country, the bulk of whom are severely food-insecure. This decision has been informed by cluster prioritization of beneficiaries as indicated in the table below:

Cluster	Population in humanitarian need	Target population	Coverage in 2012 YHRP (%)
ER	3,389,000 people	1,142,360 people	34%
Education	1,246,075 people	1,030,000 people	83%
Food and Agriculture	6.8 million food-insecure, of whom 3 million severely food-insecure	2,700,800 people	67%
Health	5,300,000 people	2,650,000 people	50%
Multi-sector (Refugees and Migrants)	335,555 refugees and migrants	257,155 refugees and migrants	77%
Nutrition	6,770,869 people	3,491,108	52%
Protection	2,131,790 people	1,015,536 people	48%
Shelter/NFIs/CCCM	883,649 people	572,233 people	65%
WASH	2,656,799 people	1,318,673 people	50%

*Number and type of people currently receiving humanitarian aid*

### 3. Needs analysis

The table below gives an overview of the total number of beneficiaries included in programmes under the 2012 YHRP as compared to the 2011 appeal. The data are derived from the Online Project System (OPS) and shows the increase in the planned response in 2012. The figures cannot be added together as the same beneficiaries might receive assistance from various clusters like Food, Health and Protection.

Cluster	Beneficiaries according to OPS							
	2012	2011	2012	2011	2012	2011	2012	2011
	Totals	Totals	Women	Women	Children	Children	Men	Men
<b>Coord. and Support Services</b>	50,000	50	10,400	-	30,000	-	9,600	50
<b>ER</b>	1,345,210	200,011	496,858	97,540	45,400	10,611	802,952	91,860
<b>Education</b>	1,442,100	696,920	50,000	1,300	1,020,000	680,900	372,100	14,720
<b>Food and Agricul.</b>	2,487,900	2,280,800	1,219,242	1,137,470	138,097	129,870	1,130,561	1,013,460
<b>Health</b>	6,743,792	3,800,228	1,140,645	1,912,983	2,103,363	682,577	3,499,784	1,204,668
<b>Multi-sector</b>	382,655	339,032	135,186	105,014	123,768	130,468	123,701	103,550
<b>Nutrition</b>	5,258,535	3,393,133	2,069,385	1,344,454	2,372,013	1,771,681	817,137	276,998
<b>Protection</b>	3,226,665	961,588	541,767	44,810	2,458,900	618,440	225,998	298,338
<b>Shelter/ NFI/ CCCM</b>	627,929	425,765	157,120	77,217	338,374	161,450	132,435	187,098
<b>WASH</b>	1,318,673	400,00	253,319	199,200	672,523	included in gender disaggregated numbers	392,831	200,800

### 3.5 Critical events timeline

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>School Year</b>												
<b>Migration to West Coast</b>												
<b>Migration to South Coast</b>												
<b>Planting</b>												
<b>Harvest</b>												
<b>Floods</b>												
<b>Storms</b>												
<b>Drought</b>												
<b>Average low temperature below 9°C (Sana'a)</b>												

Although Yemen is 92% dependent on food imports, the two harvests in October/November and in March/April still provide some relief for stressed livelihoods and contribute to improved nutrition rates.<sup>13</sup>

Given the low resilience in Yemen at present, Yemenis are particularly vulnerable to natural disasters. Over the past 30 years natural disasters, mainly floods occurring from August to September and from April to May, have affected on average 15,000 people per year (affecting up to 240,000 in 1996). Any upgrading of shelter and tents should be carried out before the storm season in March (northern and

<sup>13</sup>WFP CFSS 2010, page 32.

central Yemen). Due to its mountainous geography and the elevations of arable land, winters can be cold, requiring winter safe shelter and additional fuel for heating to be in place by late October.

Water reserves are lowest in June, one of the hottest months, providing favourable breeding grounds for bacteria and the subsequent spread of water-borne diseases. The WASH Cluster must therefore be fully staffed and equipped before May in order to have full response capacity.

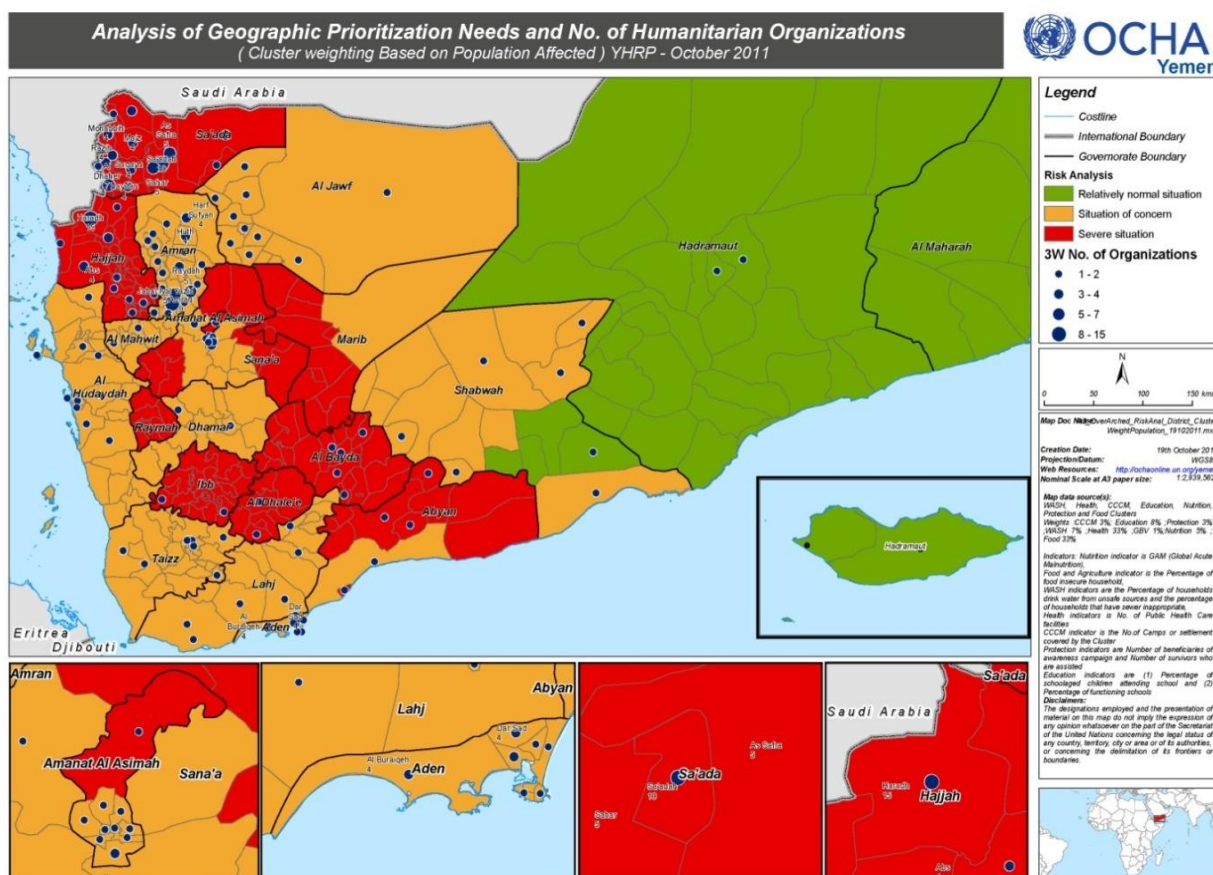
Yemen's school calendar runs from September to May, easing shelter options for displaced people during the holiday period between June and August.

Migration from Somalia to Yemen is affected by the monsoon season, and as such lower levels of migration can be expected between May and August. Migration from Djibouti to the west coast of Yemen is not affected by the monsoon and takes place all year.

With the exception of the heat wave in June there is no long-term correlation between seasons and conflict-related incidents. Overall, vulnerability is highest just before the harvest season in March and October. Winterization of shelter needs to be in place by late October, preparedness for floods in late August and storm resistant shelter as early January.

### 3.6 Needs analysis maps

The map below highlights the geographic concentration of needs, with red indicating the highest areas of assessed need. Orange sections reflect areas of concern based on known humanitarian needs but where there is limited quantifiable assessment data on magnitude. Green signifies relatively normal/stable conditions. The main areas of concentration of acute humanitarian need are the north, south and central/west.



## 4. The 2012 common humanitarian action plan

### 4.1 Scenarios

Humanitarian actors elaborated a detailed “most-likely” scenario for Yemen in 2012 as the basis for planning future humanitarian aid, as illustrated below. A “worst-case” scenario was also elaborated in order to inform contingency planning. Actors did not elaborate on a best case scenario due to the general consensus that an improvement in the situation, requiring a scaling down of humanitarian aid was not foreseeable.

<b>NATIONAL/GENERAL MOST LIKELY SCENARIO</b>	
<b>Core humanitarian elements or phenomenon (main variables)</b>	
<ul style="list-style-type: none"> <li>• Civil unrest continues, contained to a number of cities such as Sana’a, Taiz, Aden and Hodeidah.</li> <li>• Disruption of social services in education, health, water and sanitation.</li> <li>• Weakening state authority due to broadening of areas of control by non-state actors.</li> <li>• Attempts to re-establish state authority may create further violence.</li> <li>• Economic crisis marked by the devaluation of the YR, increase in prices, low purchasing power.</li> <li>• Food and fuel prices remain high.</li> <li>• Increased urban concentration of poor populations.</li> </ul>	
<b>Triggers</b>	
<ul style="list-style-type: none"> <li>• Violent confrontations against demonstrators.</li> <li>• Continued political stalemate.</li> <li>• Failure of the Gulf Council Cooperation agreement.</li> <li>• Increased economic shocks affecting food and fuel prices.</li> </ul>	
<b>Humanitarian consequences</b>	
<ul style="list-style-type: none"> <li>• Increases in communicable disease outbreaks across the country will be above crisis levels due to limited access, non-functionality and increased demand for key social services like health, water and sanitation.</li> <li>• Increased mortality for vaccine-preventable diseases for children due to reduction in vaccine coverage by over 20%. Current rate of measles outbreak have seen a significant increase from 10/1,000,000 population increasing to 25/1,000,000 population (WHO).</li> <li>• Increasing trend of GAM among children under five and PLWs.</li> <li>• Increased deterioration of the security and stability in the country will cause in parallel wide-scale human and child’s rights violations, and protection gaps affecting mostly the vulnerable such as children.</li> <li>• 70% of chronically ill cannot reach hospitals.</li> <li>• 50% increase in diarrhoeal diseases due to water safety and hygiene practices at household level.</li> <li>• Water shortages increase with severe impacts on affordability and access to safe water especially for poor households.</li> <li>• Negative coping mechanisms (distress strategies) evident amongst the poorest.</li> <li>• Needs of vulnerable non-displaced move to acute in multiple sectors, in addition to food insecurity.</li> <li>• Displaced populations will need viable/appropriate shelter options.</li> <li>• Sharp decrease in school attendance and increase in drop-out rates for children across all levels of education due to occupation of schools by armed forces and IDPs (currently 36 schools in Taiz and Sana’a and 59 schools in Aden: UNICEF).</li> <li>• Wide-scale human rights violations continue, affecting IDPs, refugees and other people of concern.</li> <li>• Increase in number of children who are unaccompanied, separated, trafficked or smuggled.</li> <li>• Humanitarian aid will be needed for approximately <b>700,000</b> displaced people across the country.</li> <li>• Humanitarian aid will be needed for approximately four million food-insecure across the country.</li> <li>• Targeting of the most vulnerable categories is needed in other areas of concern, particularly children due to decline in social services, resilience and coping mechanisms of the affected populations.</li> </ul>	
<b>Affected population</b>	
<ul style="list-style-type: none"> <li>• Total displacement across the country rises to approximately 700,000 IDPs from 407,000.</li> <li>• Significant increase in the number of severely food-insecure populations across the country, between 5 – 7 million people, from the current level of approximately 2.7 million severely food-insecure people (WFP Comprehensive Food Security Survey 2009).</li> <li>• Increased migrant and refugee inflows from the Horn of Africa, the number expected to rise to between 70,000-80,000 people.</li> </ul>	



Impact on humanitarian operations
<ul style="list-style-type: none"> <li>Humanitarian access will remain challenging over the long term, in parts of the country controlled by non-state actors.</li> <li>More restrictive and challenging environment for new international NGOs to register and operate in Yemen.</li> <li>Coordination challenges for humanitarian actors.</li> </ul>
GENERAL/NATIONAL WORST-CASE SCENARIO
Core humanitarian elements or phenomenon (main variables)
<ul style="list-style-type: none"> <li>Sana'a, Aden, Lahj, Shabwa and Marib are the main centres of fighting.</li> <li>Total economic collapse leading to the total disruption of supply chain of essential supplies such as food, fuel, medicine, power and water.</li> <li>Destruction of livelihood assets and sources of income for vast majority of population, exacerbating the level of vulnerability.</li> <li>Organized crime groups emerge due to economic hardships leading to a state of lawlessness and banditry.</li> <li>Civil war breaks out through- out Yemen affecting both rural areas and cities.</li> </ul>
Triggers
<ul style="list-style-type: none"> <li>Delayed political stalemate.</li> <li>Increase in violence against civilian populations.</li> <li>Attempts by the government to recapture lost territory.</li> </ul>
Humanitarian consequences
<ul style="list-style-type: none"> <li>Collapse of entire health system, all children not vaccinated increasing incidence of vaccine-preventable diseases and deaths.</li> <li>Children and women in need of emergency health interventions for acute illnesses and emergency obstetric care are unable receive the services.</li> <li>Communicable disease outbreaks spread through-out the country at an alarming rate.</li> <li>Drought and famine conditions in parts of the country.</li> <li>Wasting significantly increases among children under five and PLWs nationally, reaching famine status in the north.</li> <li>High mortality rates among children under five.</li> <li>100% food insecurity for new displaced caseload and 80% non-displaced food-insecure.</li> <li>100% of all new IDPs require shelter assistance.</li> <li>80% increase in diarrhoeal diseases across the country due to water safety and hygiene practices at the household level.</li> <li>Large-scale violations of human rights affecting the most vulnerable people such as IDPs, refugees, children, women and other people of concern.</li> <li>Vulnerable groups such as <i>akdham</i> (a marginalized social group in Yemen), refugees, IDPs and conflict-affected children at risk of abuse, exploitation, violence and neglect and exposed to extreme shocks that greatly affects their resilience and coping mechanisms.</li> <li>Increase in GBV cases and 70% increase in separated and unaccompanied children.</li> <li>Increased people smuggling and trafficking across the borders into Saudi Arabia and Oman, as well as cases of stranded/arrested Yemenis on the border, including girls, boys and women.</li> <li>80% of schools closed, greatly disrupting learning across all levels.</li> <li>Indefinite halt to development aid with impact on the whole country, contributing to a total collapse of public services.</li> <li>Humanitarian presence suspended indefinitely.</li> <li>No capacity by humanitarian actors to carry out assessments.</li> <li>Negative coping mechanisms in absence of humanitarian presence.</li> </ul>
Affected population
<ul style="list-style-type: none"> <li>Two to three million people are displaced nationally.</li> <li>The displacement rate is up to 200,000 – 250,000 per week.</li> <li>Displacement occurs within and from major urban centres and rural areas.</li> <li>30% are displaced within urban centres and live with own/host families.</li> <li>70% are displaced from urban centres to rural communities in all districts around all major districts.</li> <li>3 – 4 million Yemenis flee into Saudi Arabia and Oman through illegal means.</li> </ul>
Impact on humanitarian operations
<ul style="list-style-type: none"> <li>UN international humanitarian presence in the country suspended indefinitely.</li> <li>National/local capacity to provide for increased humanitarian needs is limited.</li> </ul>

## 4.2 The humanitarian strategy

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The primary goal of the HCT in 2012 is to provide an environment for safe and healthy living for conflict-affected people, strengthen their resilience to cope with shocks and enhance their self-reliance while at the same time providing assistance to other vulnerable non-conflict-affected Yemenis in acute humanitarian need. The YHRP intends in particular to strengthen the capacity of local partners to deliver humanitarian aid. The strategy for 2012 ensures that the specific needs of women, girls, boys and men are properly addressed and equal access to assistance is guaranteed for all.

### ***Boundaries and scope of 2012 YHRP***

The 2012 YHRP presents a new dimension for humanitarian operations in Yemen defined by protracted conflict with high levels of fragmentation, economic decline and thus increased levels of vulnerability. The political and economic crisis is now affecting the entire country and is widening the socio-economic gap between rural and urban areas. While there is an opportunity to build on positive coping and support mechanisms that have been adopted by the population over decades, the identification of the most vulnerable populations remains a major challenge, especially within a scenario of conflict, civil unrest and collapse of social services, all of which is expected to continue for the foreseeable future.

Priority will therefore be placed on:

- Needs assessments to effectively identify vulnerable populations.
- Provision of assistance.
- Protection and advocacy for vulnerable populations.
- Preparedness and capacity-building for local, national and international actors to effectively respond to humanitarian needs.
- Strengthening of community resilience and recovery.

While, many development actors have left the country, the YHRP will seek to maintain the link with development, preparing possible openings for progress in more favourable conditions.

The YHRP is complementary to other operations such as those carried out by the ICRC, and by the Government through direct and bilateral assistance. Humanitarian efforts through the YHRP will form a major service delivery avenue for populations in acute humanitarian need, filling a vital gap in response.

### ***Challenges to humanitarian action in the current context and HCT preparedness/response measures by the HCT***

#### ***Prioritization of needs***

Considering the significant increase in the number of beneficiaries, this YHRP has been expanded in order to address other non-conflict non-displaced populations in acute humanitarian need beyond focusing purely on IDPs in the northern part of the country, and food insecurity. The strategic direction of the HCT is further strengthened by inter-agency plans with a distinct focus on three geographic locations: north, south and central/west. Coordination efforts will aim to better define areas of geographic operation by ensuring identification and prioritization of needs in a multi-sectoral manner. Clusters will ensure flexibility in case of any contextual changes.

#### ***Capacity to deliver***

Humanitarian response in Yemen has been affected by a reduction in international staff presence. Increases in the number of non-state actors controlling various parts of the country, and the overall security and economic situation, have increased the cost of delivering humanitarian aid. The security/staff ceiling for UN agencies is being reviewed periodically based on programme criticality to enable life-saving assistance to continue within a challenging environment. Agencies are also stepping up internal mechanisms to ensure remote management mechanisms and capacity-building of national staff capacity.

The HCT is advocating for a greater role and participation of local and international agencies. Currently, the HCT is supporting the registration of major international NGOs not yet operational in Yemen, including the Norwegian Refugee Council (NRC), Medical Emergency Relief International (MERLIN), International Medical Corps (IMC), Action Against Hunger (ACF), and International Rescue Committee (IRC). Improved partnerships with local agencies, grassroots organizations and volunteers will be a key priority, tapping into Yemeni community resilience mechanisms. Already the number of international and local NGOs participating in the 2012 YHRP has significantly increased. A number of international NGOs are shifting from development to humanitarian action and will no doubt form a critical part of the response.

In light of the shrinking humanitarian space, the HCT will strengthen humanitarian dialogue with non-state actors, where there is clarity on the actors and a willingness to engage, for instance with the Al-Houthi in *de facto* control of the northern governorates of Sa'ada, Al-Jawf and parts of Hajja.

### ***Advocacy***

HCT planning scenarios indicate that the political stalemate will continue to persist as a major feature for the next six to twelve months, with possible deterioration as the humanitarian crisis increases in severity. UN Security Council Resolution 2014 underscores this view, and highlights the need for donor countries to provide humanitarian aid to Yemen. With support from OCHA, the HCT will enhance collective advocacy on the humanitarian implications of the current political crisis. Humanitarian advocacy will become the key issue in addition to the delivery of assistance. Efforts will also be made to ensure that a political settlement addresses chronic under-development.

### ***IM and community outreach***

Gaps in IM have been a major hindrance to systematic collection, analysis and dissemination of reliable information to support the humanitarian response. Efforts were made to harmonize IM systems across all clusters by adopting a single reporting format for all clusters and by promotion of joint assessments. Inter-agency comprehensive assessments have been prioritized to provide credible baseline information and to support regular situation monitoring. Information/communication outreach to strengthen partnerships with the recipients of aid and local stakeholders remains a major challenge. A structured engagement with local communities and actors such as government has been prioritized for 2012.

### ***Bridging the gap between humanitarian action and early recovery***

Linkages between humanitarian relief and development work have been emphasized in each of the three regional response plans, with a focus on mainstreaming ER as a cross-cutting function in all clusters. All humanitarian operations incorporate ER components in order to facilitate the gradual transition from dependence on humanitarian relief to self-sufficiency, decreased vulnerability to shocks, and rehabilitation of livelihood assets and infrastructure. United Nations Development Assistance Framework (UNDAF) and development programming in Yemen seeks to shift programming closer to actual needs, by responding to vulnerabilities, particularly in non-conflict areas, in order to meaningfully bridge the continuum between humanitarian relief and development work.

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<b>3. Local, national and international actors are well prepared to respond to humanitarian needs and provide basic social services</b>		
Inter-agency contingency plans developed, tested and monitored in target areas.	Three times a year.	OCHA Quarterly monitoring report.
Comprehensive training conducted for local actors on humanitarian response	20 local organizations have capacity to respond to humanitarian need.	Training reports, OCHA Quarterly monitoring reports.
All local, national and international organizations apply the gender marker to all their projects in the YHRP, ERF and CERF.	100%	OPS project submissions.
Business continuity plan in place, in case of evacuation.	One HCT plan.	Expert evaluation of business continuity plan quality by 15 March 2012.
Adequate coordination services at field and national levels.	According to cluster standards.	To be assessed by real-time evaluation mission.
<b>4. Vulnerable populations enjoy higher levels of protection</b>		
Violations and protection concerns against vulnerable groups are better recorded and reported.	<ul style="list-style-type: none"> <li>• % of affected population of children monitored and reported on grave violations.</li> <li>• MRM on violations functional.</li> <li>• Number of cases reported.</li> </ul>	<ul style="list-style-type: none"> <li>• Refugee reporting/record.</li> <li>• Vulnerable migrants record.</li> <li>• MRM record.</li> </ul>
Percentage/number of vulnerable individuals, including children identified and assisted with protection services (psycho-social support/ violence prevention, legal aid and counselling, documentation/birth registration for children, mines/UXO awareness, etc.	% of vulnerable people, disaggregated by gender and the most vulnerable (children/women/elderly, etc.).	UNICEF, UNHCR, UNFPA, IOM reports.
<ul style="list-style-type: none"> <li>• % of funding received for the protection cluster</li> <li>• % of population with access to CBPNs.</li> <li>• % of vulnerable population in need living in an area covered by humanitarian operations (access of humanitarians to percentage of population).</li> </ul>	<ul style="list-style-type: none"> <li>• Increased level of funding for YHRP.</li> <li>• Improved access to vulnerable populations.</li> <li>• Advocacy products produced and disseminated.</li> <li>• Action plan to end the use and recruitment of children developed and signed with Government/non-state actor.</li> </ul>	FTS and OCHA reports.



#### 4. The 2012 common humanitarian action plan

5. Community resilience and recovery are strengthened		
% of beneficiaries of global need receiving livelihood support and aware of protection and rights issues.	<ul style="list-style-type: none"><li>• % based on ER Cluster programmes.</li><li>• % of communities with enhanced awareness on protection and rights.</li></ul>	ER Cluster 3W.
% of beneficiaries of global total beneficiaries benefiting from infrastructure rehabilitation (WASH, Education, Health and Nutrition).		ER Cluster 3W.
Number of community resilience projects implemented.	Number based on ER Cluster programmes.	Source: ER Cluster, 3W.

### 4.4 Criteria for selection and prioritization of projects

In order to be included in the YHRP, Cluster Coordinators together with their review panels must ensure that all projects submitted have met the following minimum criteria:

- Does the intervention address identified needs?
- Does the project contribute to attaining identified cluster objectives?
- Is the project feasible within the given time frame?
- Will the project bring about an observable/verifiable outcome during the time frame?
- Does the organization have the capacity to implement the action?
- Does the project include cross-cutting issues (gender, HIV/AIDS, protection, age), and if not is the absence clearly justified?

In addition, each cluster must ensure, at a programmatic level, that the strategic objectives are addressed within the cluster plan as whole. This does not mean every project should include all five strategic objectives, but there should be coverage of all or most within each cluster plan, concretely backed up with real projects.

**Populations in acute humanitarian need are identified.** Given the chronic lack of data, the first priority of the CAP is to improve capacity to collect and analyse needs data at the level of programmes, clusters and at the inter-cluster/multi-sectoral level.

**The mortality level of those in acute humanitarian need remains stable.** In the face of increasing humanitarian needs, life-saving activities need to be increased in order to maintain the current mortality and morbidity rates.

**Local, national and international actors are well prepared to respond to humanitarian needs.** Greater preparedness is required to enhance business continuity plans and to fast track partnerships with civil society and local NGOs to deliver assistance. This is critical given increasing humanitarian needs, reduced access in key parts of the country and the uncertainty of international staff presence due to operational security threats.

**Vulnerable populations are better protected.** High levels of reported human rights abuses associated with civil unrest, displacement and conflict across the country has significantly heightened an array of protection needs. Strengthened evidence-based advocacy is required at national and international levels through individual agencies, clusters and at through the HCT and UN system.

**Community resilience and recovery are strengthened.** Despite a heavy focus on life-saving activities, ER and preventative programming is possible in key parts of the country, particularly in the north where both livelihood support and infrastructure rehabilitation is moving forward. Prevention and preparedness at the community level is reducing the burden on the international community to deliver life-saving assistance for both conflict-driven needs and the impact of the crisis in basic services and should continue to be supported.

Following selection, each project has been categorized by the clusters with one of the following:

- **Life-saving** (or core emergency humanitarian programmes): actions that within a short time remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity.
- **Time-critical:** necessary, rapid and time-limited actions and resources required to minimize additional loss of life and damage to social and economic assets.
- **Support services:** common humanitarian services that are necessary to enable, for example, life-saving activities and multi-agency assessments.

*2012 YHRP requirements by category and location*

Category	Location	Requirements (\$)	Requirements as % total category requirements	Requirements as % total requirements
Life-saving	North	49,735,771	13%	84%
	Other	304,175,208	81%	
	South	23,095,739	6%	
Life-saving total		377,006,718		
Support Services	North	458,554	5%	2%
	Other	8,289,242	88%	
	South	668,750	7%	
Support Services total		9,416,546		
Time-critical	East	1,000,000	2%	14%
	North	26,558,367	44%	
	Other	25,909,891	43%	
	South	7,246,678	12%	
Time-critical total		60,714,936		
Grand total		447,138,200		

Source: Online Project System as of 15 November

## 4.5 Cluster response plans

### 4.5.1 Coordination and Support Services

#### *Summary of response plan*

<b>Lead agency</b>	<b>OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</b>
<b>Cluster member organizations</b>	HFY, UNDSS, WFP and YINGOF
<b>Number of projects</b>	5
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Support and enhance the coordination of all stakeholders, including UN agencies, international NGOs, international organizations, and the Government. Cluster system is solidified and inclusive.</li> <li>• Improve access to conflict-affected governorates.</li> <li>• Strengthen the ERF and the use of CERF to better address emergency needs.</li> <li>• Support the HCT to engage in humanitarian advocacy in support of vulnerable populations.</li> </ul>
<b>Number of beneficiaries</b>	UN, international NGOs, international organizations, Government, all beneficiaries from actors' activities
<b>Funds required</b>	\$5,886,217
<b>Funds required per priority level</b>	Support Services: \$5,886,217
<b>Contact information</b>	Raul Rosende – <a href="mailto:rosende@un.org">rosende@un.org</a>

*Note:* In the context of Yemen, Coordination and Support Services includes coordination, IM and monitoring, security monitoring, advocacy and analysis, and logistics for fuel/warehousing/air transport.<sup>14</sup>

#### A. Needs Analysis

*Identification of priority needs, populations and locations based on key indicators (see as well table on page 38)*

##### *Coordination*

The current civil unrest has exacerbated an already critical situation for many communities that live in conflict-affected, insecure and under-developed areas. Political insecurity and violence are changing the nature of humanitarian operations in Yemen and timely, accurate information is not obtained easily. Most clusters do not have dedicated IM capacity, and the overall coordination mechanisms have been constrained by a continuous drawdown of staff (particularly cluster coordinators), limited field presence in some locations (especially in the south), and security concerns.

OCHA and Information Management and Mine Action Programmes (iMMAP) are working to strengthen the analytical and decision-making capacity among clusters by enhancing humanitarian information sharing, designing and deploying rapid inter-sectoral needs assessments and establishing systems to collect, analyse and disseminate information to the humanitarian community in the country. The lack of reliable baseline information as well as timely information about sudden on-set emergencies as a result of the civil unrest demand additional IM resources.

Efforts to promote the active participation of national NGOs in coordination mechanisms are underway. Several ERF outreach activities (training, dissemination, reports, field visits) targeting national NGOs are planned for 2012. Gender mainstreaming has been included in all ERF documentation and the process has been mainstreamed from start to finish. Individual clusters /

<sup>14</sup> The HCT has indicated it intends to review Logistic Cluster's position in the YHRP, given the widening of the response. A decision on whether to continue including logistics under the common umbrella of Coordination and Support Services, or to have it referenced with its own separate cluster response plan, will be taken for the 2012 MYR.

sectors encouraged increased participation of national s through guidance on the process and assisting to develop proposals and other supports as needed

Response plans for Sa'ada and northern governorates were prepared with the participation of the humanitarian community from both Sana'a and the south. OCHA worked in coordination with the cluster leads and members to develop a vulnerability criteria, geographical priority and response programming options. OCHA also strengthened its presence in the field by assigning a HAO to the South in Aden and, Sa'ada in addition to the already existing capacity in the north.

New coordination and IM needs fall into four broad areas:

- Geographic information system (GIS) mapping and data management for clusters and inter-cluster needs analysis and coordination.
- Baseline vulnerability monitoring at household and community level.
- Improved and evidence-based advocacy on humanitarian access and other priority inter-cluster themes.
- Outreach and communication to beneficiaries of humanitarian aid.

### *Security*

UNDSS has taken significant steps over the last two years towards enabling programme delivery through ensuring appropriate situational analysis and advice to programme decision makers. The needs remain and the tempo of requirement is increasing for timely, accurate and actionable information and advice to the programme managers at all level and throughout the humanitarian community. However, despite the improvements, clear gaps remain in information collation, analysis and dissemination. These could be filled relatively easily through an enhanced capacity both in terms of staff (national) to generate information and reports and information technology (IT) analytical support. Any increase in the quality and applicability of assessed information and advice will inevitably better enable programme delivery.

### *Logistics*

Since mid-2010, upon HCT request, the Logistics Cluster chaired by WFP has been activated, focusing on improved emergency preparedness and response, provision of aviation and fuel facility services to humanitarian actors, establishment of an information sharing platform including GIS, strengthened coordination, enhanced capacity to respond to needs, and advocacy for the smooth importation of relief goods.

This project caters for the assets, staff and systems necessary to enhance the predictability, timeliness and efficiency of the emergency response under the cluster approach, and to facilitate both the access of humanitarian personnel and light cargo to the affected areas and ensure operational continuity through provisioning of petroleum products during periods of market constraints.

Due to the prevailing security situation and lack of security clearances, no flights have operated from Sana'a to Sa'ada since the third week of March. WFP/United Nations Humanitarian Air Service (UNHAS) managed to have 16 flights in the first quarter of the year, and is continually pushing for increased access to the governorate. In addition, the Cluster coordinated an emergency evacuation flight for humanitarian workers from Sana'a to Dubai in late-September and is prepared to provide further flights if required. The Logistics Cluster has effectively shared information on land routes and transportation, port and shipping, storage and warehousing, commodity management and provided GIS maps to various UN agencies and NGOs. Based on the fuel requirements submitted by various humanitarian agencies, the Cluster is establishing fuel facilities in Haradh, Amran and Sana'a to ensure agencies can maintain operational continuity throughout periods of reduced market availability.

### *Fuel supply*

In May 2011, as Yemen began to face a chronic shortage in fuel, the Logistics Cluster facilitated by WFP was officially tasked by the Security Management Team (SMT)/HCT to procure adequate quantities of fuel to ensure operational continuity for humanitarian actors. To date, 227,795 litres of

#### 4. The 2012 common humanitarian action plan

fuel have been procured and 125,000 litres distributed to agencies in two batches which, although an impressive figure given the contextual difficulties, only amounts to some 28% of overall assessed fuel requirements of 507,504 litres. The Logistics Cluster is working to secure six-months fuel requirements for all humanitarian actors to continue operations throughout the latter half of 2011, and is preparing adequate fuel storage units nationwide. This policy will be reviewed as the situation evolves.

##### *Logistics coordination and common services*

The Logistics Cluster has worked to enhance the predictability and efficiency of humanitarian activities in Yemen via regular meetings and stronger coordination among UN and international NGO logistics units, as well as comprehensive information sharing between logistics units. The Cluster has also undertaken a number of activities to provide common services to UN agencies and international NGOs, including providing a chartered air service to Sa'ada Governorate with OCHA support through ERF funding. Over the first half of 2011, additional mobile warehouses were installed to expand storage capacity for humanitarian operations in northern Yemen, amongst others, two *wiik*-halls for Al-Mazraq camp as a common facility for all agencies

#### **B. Coverage of needs by actors not in the cluster or CAP**

N/A

#### **C. Objectives, outcomes, outputs, and indicators**

Objectives		
Outcomes	Outputs	Indicator with corresponding target
<b>1. Support and enhance the coordination of all stakeholders, including UN agencies, international NGOs, international organizations, Government. Cluster system is solidified and inclusive.</b>		
<ul style="list-style-type: none"><li>Field coordination enhanced.</li><li>Strengthened evidence-base for joint humanitarian planning.</li></ul>	<ul style="list-style-type: none"><li>Field coordination meetings.</li><li>Cluster-wide, shared, data collection and analysis methodology featuring sex-disaggregated data, geographic and social differences to inform response planning.</li></ul>	<ul style="list-style-type: none"><li>Regular field coordination meetings take place every two weeks.</li><li>Local NGOs increase participation in the cluster meetings.</li></ul>
<ul style="list-style-type: none"><li>Local NGOs are strengthened.</li></ul>	<ul style="list-style-type: none"><li>More local NGOs participate in the cluster system.</li><li>Local NGOs received funding from ERF.</li></ul>	<ul style="list-style-type: none"><li>15 projects are implemented successfully by local NGOs.</li></ul>
<ul style="list-style-type: none"><li>Better government participation.</li></ul>	<ul style="list-style-type: none"><li>Government participates in cluster meetings and workshops.</li></ul>	<ul style="list-style-type: none"><li>75% of cluster meetings include government participants.</li></ul>
<ul style="list-style-type: none"><li>General coordination is enhanced.</li></ul>	<ul style="list-style-type: none"><li>Regular cluster and inter-cluster meetings.</li></ul>	<ul style="list-style-type: none"><li>Regular cluster/intra-cluster meetings in Sana'a (monthly/cluster).</li></ul>
<ul style="list-style-type: none"><li>Better informed decisions are made.</li></ul>	<ul style="list-style-type: none"><li>Baseline data and cluster information shared.</li><li>Security analysis shared.</li><li>Information gaps identified through the YHRP 2012 process are addressed.</li></ul>	<ul style="list-style-type: none"><li>Monthly reports, 3W updated twice a year, cluster data shared.</li><li>Daily and weekly security reports and analysis.</li></ul>
<ul style="list-style-type: none"><li>Enhance the predictability and efficiency of humanitarian activities in Yemen.</li></ul>	<ul style="list-style-type: none"><li>Procure adequate quantity of fuel to ensure operational continuity of humanitarian actors.</li></ul>	<ul style="list-style-type: none"><li>Humanitarian work is not interrupted.</li></ul>



<b>2. Improve access to conflict-affected governorates.</b>		
<ul style="list-style-type: none"> <li>• Access of humanitarian personnel to the affected areas is improved and operational continuity is ensured.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular flight to Sa'ada.</li> <li>• Setting up network with key stakeholders to negotiate access.</li> <li>• Strategy for improving access developed.</li> <li>• Communication strategy to generate access through acceptance.</li> </ul>	<ul style="list-style-type: none"> <li>• Flights four times per month.</li> <li>• Network for negotiating access is established with regular activities.</li> <li>• Communication strategy endorsed by HCT and Yemen International NGO Forum (YINGOF)</li> </ul>
<b>3. Improve and strengthen the way in which emergency response funding is requested and used, including from the ERF and CERF</b>		
<ul style="list-style-type: none"> <li>• Predictable and timely funding to respond to emergency needs.</li> <li>• Local NGOs are strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>• UN agencies receive timely funding from CERF through the rapid response or underfunded windows.</li> <li>• Local NGOs receive ERF funding.</li> </ul>	<ul style="list-style-type: none"> <li>• All projects submitted for CERF funding under rapid response are already prioritized as life-saving.</li> <li>• All projects receiving funding from CERF are already in the YHRP or will be added to it.</li> <li>• All projects which receive ERF funding for an activity already in the YHRP, or similar ones in it, should be added to it.</li> </ul>

#### **D. Monitoring plan**

Monitoring will take place through the cluster and inter-cluster meeting throughout Yemen. Monitoring will also be done by the Logistics Cluster concerning the Sa'ada flights and by OCHA concerning the ERF projects.

*Overview of needs analysis in tabular form*

Beneficiaries	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters / sectors	Risks identified
<b>Humanitarian community</b>	Enhance the capacity and coordination of local NGOs.	Funding to ERF.	15 projects.	Local NGOs lack funding.	All clusters	Limited implementation capacity in local NGOs.
	Increase Government involvement.	Government participation in meetings and workshops.	75% of meetings are attended.	Lack of government participation and lack of efficient coordination.		Lack of capacity in government.
	Access to conflict-affected areas.	Number of flights.  Network for negotiating access is established.  Communication strategy endorsed by HCT and YINGOF.	Four months.	Road transport difficult and dangerous.		Security constraints.
	Enhance coordination at field level.	Regular field coordination meetings.	Monthly.	Difficult environment for coordination.		Lack of resources from agencies, due to limited staffing.

## 4.5.2 ER Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS DEVELOPMENT PROGRAMME</b>
<b>Cluster member organizations</b>	ACTED, ADRA, DRC, IOM, Mercy Corps, Oxfam, UNDP, UNFPA, WFP
<b>Number of projects</b>	14
<b>Cluster objectives</b>	Support conflict and crisis-affected communities to sustain their livelihoods
<b>Number of beneficiaries</b>	1,142,360 people
<b>Funds required</b>	\$26,165,188
<b>Funds required per priority level</b>	Life-saving: \$10,793,024 Time-critical: \$14,237,964 Support services: \$1,134,200
<b>Contact information</b>	Raidan Alsaqqaf - <a href="mailto:raidan.alsaqqaf@undp.org">raidan.alsaqqaf@undp.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Zone	Population in Need	Targeted Population
North	574,916	204,011 (35.5%)
South	114,084	58,500 (51%)
Central/West	2,700,000	879,849 (32.5%)
<b>Total</b>	<b>3,389,000</b>	<b>1,142,360 (19.7%)</b>

## A. Sectoral needs analysis

### Identification of priority needs, populations and locations based on key indicators

Area	Indicators specific to targeted areas
<b>North</b>	<ul style="list-style-type: none"> <li>25% of localities with a local government-led recovery plan.</li> <li>10-20% of households with no income sources provided with income support (transfer or generation).</li> <li>15% of households with no livelihood assets.</li> </ul>
<b>South</b>	<ul style="list-style-type: none"> <li>25% of localities with a local government-led recovery plan.</li> <li>20% of households with no income sources provided with income support (transfer or generation).</li> <li>15% of eligible workforce who is employed on: a) a short-term/temporary basis; b) a long term/permanent basis.</li> </ul>
<b>Centre/West</b>	<ul style="list-style-type: none"> <li>25% of localities with a local government-led recovery plan.</li> <li>Up to 10% of households with no income sources provided with income support (transfer or generation).</li> </ul>

### Overall situational analysis

- Conflict-affected populations are in need of support that focuses on emergency livelihoods and gives specific emphasis to women and adolescent youth.
- Resilience to shocks is decreasing and coping mechanisms have been weakened, lessening people's ability to manage conflict, political crisis and increased living costs.
- The Cluster predicts a rise in the numbers of vulnerable people outside conflict areas, hence the need to focus on preparedness to mitigate emerging crisis across the country.

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#### **4. The 2012 common humanitarian action plan**

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- There is a need for joint, multi-faceted assessments to gather detailed information on ER needs, and a focus on baseline data collection to focus targeting criteria and better plan humanitarian response.

##### *Situational Analysis - North*

Access to the northern governorates has improved following the ceasefire between Al-Houthi group and Government forces; this has allowed gradual normalization and restoration of basic services in the area, including services supported by humanitarian operations. Funding to the 2011 YHRP was primarily directed towards relief efforts in the north, with some components focusing on ER across clusters. In 2012 the ER Cluster intends to further support relief operations, but with the aim of bridging those efforts towards a developmental setting. Emphasis will be placed on livelihoods and decreasing the vulnerability of conflict-affected populations through economic empowerment.

##### *Situational Analysis – South*

On-going conflict in the south has had spill-over effects not only in conflict-affected communities but in the southern region as a whole. A holistic response, integrating ER, will be crucial to supporting stabilization in the area. The proposed response focuses on provision of emergency livelihoods opportunities and other livelihood-related support with a view to decrease dependence on humanitarian relief and encourages sustainable coping mechanisms to decrease the vulnerability of the population.

##### *Situational Analysis – Centre/West/Nationwide*

In response to the food crisis in the country, the ER Cluster envisions a two-pillared response that focuses on strengthening community survival by means of increasing income derived from economic activity as well as strengthening agricultural production as a food source. Focus will be placed on increasing horticultural productivity, livestock, and related production. The Cluster has also called on UNDP to help establish a baseline for ER, and to strengthen coordination, information, and advocacy support from agencies both within and outside of the Cluster.

For 2012 planning purposes, the Cluster has undertaken a mapping exercise identifying needs of various communities, current and planned responses, as well as levels of vulnerability and degree of support in order to maximize the return of ER investments.

##### ***Risk analysis***

Recurring conflict in the north and the lack of stability in the south are the most prominent risks facing planning and implementation. Contingency planning focusing on supporting the overall operation via means of bridging life-saving relief to development planning will become increasingly challenging should the humanitarian situation deteriorate.

##### ***Inter-relations of needs with other sectors***

ER programming is by nature “cross-cluster”, with coordination and support extended to other clusters including in the relatively stable northern areas of the country. Joint assessments, identification of targets, complimentary programming, and engagement with the same beneficiary groups are all integral to the work of the ER Cluster.

#### **B. Coverage of needs by actors not in the Cluster or CAP**

There is little coverage in the area of ER outside the membership of the YHRP. Such initiatives are driven by the private sector, local communities, and cooperatives targeting limited-scale recovery at the neighbourhood and/ village area. Cluster interventions intend to work with all local actors in the target areas. The Sa'ada Reconstruction Fund is a key partner in the north that is not included in the CAP, however its activities were put on hold until further notice on political grounds.

### **C. Objectives, outcomes, outputs, and indicators**

Cluster activities are intended to support conflict and crisis-affected communities to sustain their livelihoods, and facilitate durable solutions to decrease their vulnerability, dependence on life-saving aid and improve self-sufficiency. Specifically, the cluster intends to:

- Facilitate access to emergency livelihoods for the crisis-affected population.
- Mitigate consequences of crisis and reduce vulnerability via strengthening community organization and resilience, through accelerated stabilization programming and support focusing on women and adolescent youth.
- Strengthen disaster risk reduction, preparedness measures, and immediate crisis response and early warning systems.
- Establish an information, advocacy, coordination, and support platform for ER programming and implementation, including a gender analysis.
- Consolidate data on ER to develop evidence-based response and analysis.
- Undertake survival and recovery programming, which includes responding to the recovery needs of affected population, including infrastructure rehabilitation, support economic viability, and strengthening resilience to shocks.

An estimated 3,389,000<sup>15</sup> people are in need of ER support, based on the indicative numbers derived from the IDPs registration exercise and the comprehensive food security survey. This number will be updated once the ER cluster can undertake a comprehensive ER needs assessment.

These numbers include both direct and indirect beneficiaries. Targeted communities are identified following a criteria based on numbers of IDPs and population displaced, magnitude of humanitarian crisis including at host communities and crisis-affected areas, and readiness for ER operations.

### **D. ER Cluster monitoring plan**

- The ER Cluster has been conducting regular Cluster meetings in order to achieve goals through sharing information, streamlining strategies, monitoring progress, and strengthening coordination among Cluster members.
- The ER Cluster is a national coordination mechanism. There are plans to initiate sub-groups in the north (Sa'ada) and in the south (Aden). The Cluster also plans to establish a Sub-Cluster Working Group on Crisis Mitigation, Disaster Preparedness and Risk Reduction. The Cluster will develop a mechanism to assist the other clusters under the CAP in consolidating each cluster's ER initiatives (i.e. WASH, Nutrition, Food and Agriculture, etc.).
- A joint assessment with concerned agencies will be conducted as early as possible to gather more detailed information on IDPs locations in the affect-areas that have not been included in previous assessments.
- A comprehensive monitoring and evaluation system will be established in order to review and improve the effect of early recovery activities. This system will build on the baseline and will establish a set of indicators to track progress and measure outputs and outcomes.

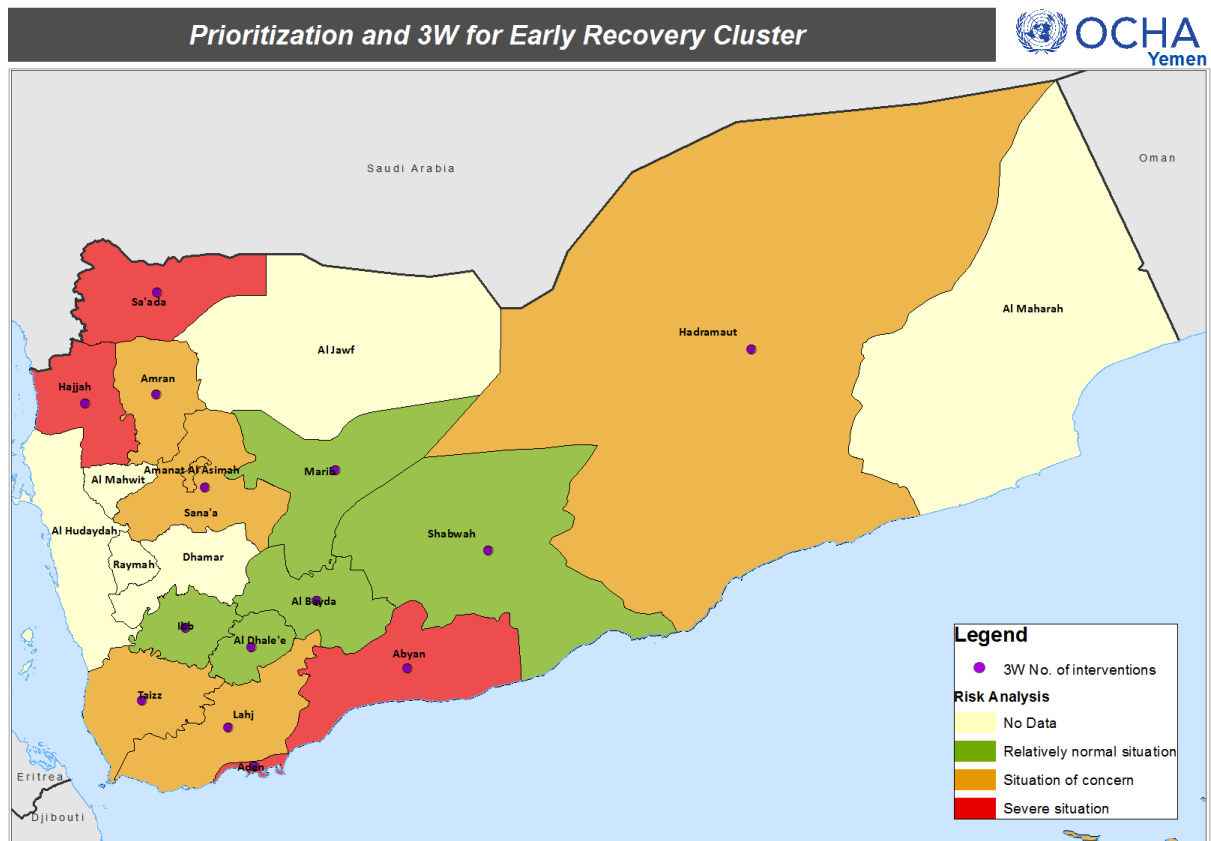
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<sup>15</sup> Aggregate number includes 2.7 million food-insecure Yemenis.



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##### E. Map of proposed coverage per site



### 4.5.3 Education Cluster

#### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	International: ADRA, Care International, CHF, GIZ, IR, SC National: SWO
<b>Number of projects</b>	7
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Provide a child friendly and safe education environment for the most vulnerable boys and girls through both formal and non-formal systems, including basic rehabilitation of damaged schools, WASH facilities addressing violence and corporal punishment, psycho-social support and mine risk awareness.</li> <li>• Provide untrained/poorly trained teachers (male /female) with necessary skills and techniques to impart quality education and psycho-social support to IDPs, host communities and conflict-affected children.</li> <li>• Build the capacity of local partners, communities and local actors to provide alternative means of schooling and recreation activities (community-based schools) and reinforce education departments at governorates level to help compensate for decreasing central level support capacity.</li> <li>• Ensure coordination and support services, including for the development of preparedness plans, and the pre-positioning of supplies to support alternative learning spaces as well as schools operating on multiple shifts to help accommodate more children.</li> </ul>
<b>Number of beneficiaries</b>	1,030,000
<b>Funds required</b>	\$12,276,958
<b>Funds required per priority level</b>	Life-saving \$3,447,195 Time-critical \$8,829,763
<b>Contact information</b>	Mohamed Ali Bile - <a href="mailto:mabile@unicef.org">mabile@unicef.org</a>

#### Categories and disaggregated numbers of affected population and beneficiaries

Category	Estimated affected school age children			Beneficiaries		
	Female	Male	Total	Female	Male	Total
<b>Northern governorates</b>						
IDPs and affected children in Sa'ada & Hajjah	100,000	125,000	225,000	70,000	80,000	150,000
IDPs and affected host communities children in Amran	19,000	22,996	41,996	10,000	15,000	25,000
<b>Southern governorates</b>						
IDP children in Aden	30,000	32,079	62,079	20,000	25,000	45,000
IDP children in Lahaj	14,000	18,000	32,000	10,000	15,000	25,000
IDP children in Abyan	25,000	30,000	55,000	20,000	25,000	45,000
Affected children in host communities in Aden, Lahaj and Abyan.	80,000	120,000	200,000	80,000	90,000	170,000
Affected children in Shabwa, Taiz, Al Dhale	130,000	150,000	280,000	100,000	120,000	220,000
<b>Rest of the country</b>						
Sana'a, Al-Hodeida, Al-Mahrit, Raymah, Dhamar, Ibb, Hadramout, Al Maharah	150,000	200,000	350,000	150,000	200,000	250,000
<b>Total</b>	<b>548,000</b>	<b>698,075</b>	<b>1,246,075</b>	<b>460,000</b>	<b>720,000</b>	<b>1,030,000</b>

**A. Sectoral needs analysis*****Identification of priority needs, populations and locations based on key indicators***

The Education Cluster's goal in 2012 is to provide a child friendly and safe environment which is conducive to learning for 930,000 vulnerable boys and girls at risk of having their education disrupted by the on-going conflict. This will be accomplished through the provision of formal and non-formal education.

On-going tensions are causing considerable distress to children, making them less receptive to learning. Together with the Child Protection Sub-Cluster (CPSC), teachers and other duty bearers need to be trained in how best to support frightened and distressed children. This training aims to help children excel in their studies, improve their psycho-social well-being and provide them with positive, safe environments despite the current troubles.

The Cluster intends to engage local partners including NGOs to reach communities in remote and rural areas, and will work closely with the CPSC to ensure comprehensive support to vulnerable children in support of school enrolment and retention. Collaboration will also take place with the WASH Cluster to improve water and sanitary facilities in schools. Focus will be placed on improving access and quality of education through formal and non-formal structures. In addition, the Cluster will engage youth groups, some of whom have played an important role in Hassaba, Aden and Lahj helping with the delivery of the emergency education response. Efforts will also be made to engage with the Yemeni diaspora.

Rehabilitation of schools and capacity-building of education authorities, institutions and teachers remain a priority across the three geographical areas of focus, particularly at governorate and district levels. Learning and teaching materials will be pre-positioned, and teachers and volunteers will be mobilized to help run schools in double and triple shifts, in addition to establishing temporary or alternative schools.

IDPs are occupying schools in Aden and Lahj denying large numbers of host community children access to education. Many of the internally displaced children themselves are not receiving any sort of education due to lack of space in schools in those governorates. Children in the cities of Sana'a and Taiz have witnessed disruption to their education and face a high risk of dropping out.

***Risk analysis***

Should conflict intensify, inhabitants of major cities, including children, may migrate to rural areas and towns. Schools are closed nationally and are either occupied by IDPs or used for military purposes. In the north, the situation will remain relatively stable but services will be overburdened. The south, especially Aden, may see large influx of IDPs arriving and settling in school buildings, while major cities like Sana'a and Taiz could see population influx out to villages and other neighbouring towns causing considerable stress on an already poor education infrastructure. The MoE capacity to run the education system could deteriorate, requiring more robust interventions from other actors including local and international NGOs, international organizations including the UN and local communities.

***Inter-relations of needs with other sectors***

The challenges facing the education sector in Yemen are multi-sectoral and addressing them will require an integrated approach. Close collaboration will be forged with other relevant clusters, particularly the WASH and CPSC, to address issues that cut across these sectors. With the WASH Cluster, assessments of damaged schools and rehabilitation will be conducted, with the aim to enhance children's access to education by establishing learning spaces in overstretched schools, making them child-friendly through the installation of WASH facilities and providing basic rehabilitation of damaged schools and furniture.

Special emphasis will be placed on addressing the psycho-social effect of the violence on boys and girls to avert any long-term impact on their mental health. This will be closely planned and implemented in collaboration with the CPSC. Efforts will also continue to provide education to IDPs and other vulnerable groups including direct support to the most vulnerable families who are at risk of

pulling their children out of schools to supplement household income. Collaboration with the CPSC will also focus on providing untrained/poorly trained teachers with the necessary skills and techniques to ensure psycho-social support to children, including IDPs, host community.

## B. Coverage of needs by actors not in the cluster or CAP

The Government is the single provider of nearly all education services in the country. In response to the overall degradation of education services, the Cluster will focus on strengthening the capacity of local actors at the governorate level, including districts authorities, local councils and communities with the aim of enabling them to maintain services in their areas.

## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives	
Target	Indicators
<b>1. Provide vision of a child-friendly and safe education environment</b>	
820,000	820,000
<b>2. Provide teachers (male/female) with necessary skills</b>	
12,000	80%
<b>3. Ensure preparedness plan</b>	
1	Departments of education and schools in conflict-affected areas have planning and management capacity to carry out emergency education initiatives.
<b>4. Cluster monitors and reacts to on-going emergencies</b>	
N/A	90% Emergencies responded adequately. Abyan emergency not adequately covered.
<b>5. Assessment of children, teachers and schools affected by the conflict establish a data collection system (Education Management Information System/EMIS) to monitor and inform immediate interventions and to support advocacy.</b>	
1	100%
<b>6. Provide children with uniforms, school bags and stationery.</b>	
100,000 (40,000 girls/60,000 boys)	80,000-100,000 boys and girls will be provided with necessary school items and continue to access schools.
<b>7. Promote and build state capacity to adopt an enabling role for public, private and community partnerships, building sector organizations capacity to regulate, plan, monitor and ensure the quality of this partnership.</b>	
	Departments of education and schools in conflict-affected areas have planning and management capacity to carry out emergency education initiatives.

## D. Cluster monitoring plan

The Cluster will focus on strengthening IM systems amongst its members and other actors, including through assessments of monitoring trends affecting students' enrolment. Systematic advocacy to ensure political and unoccupied schools, learning spaces and the education system will be conducted through the development of advocacy products that will be widely disseminated.

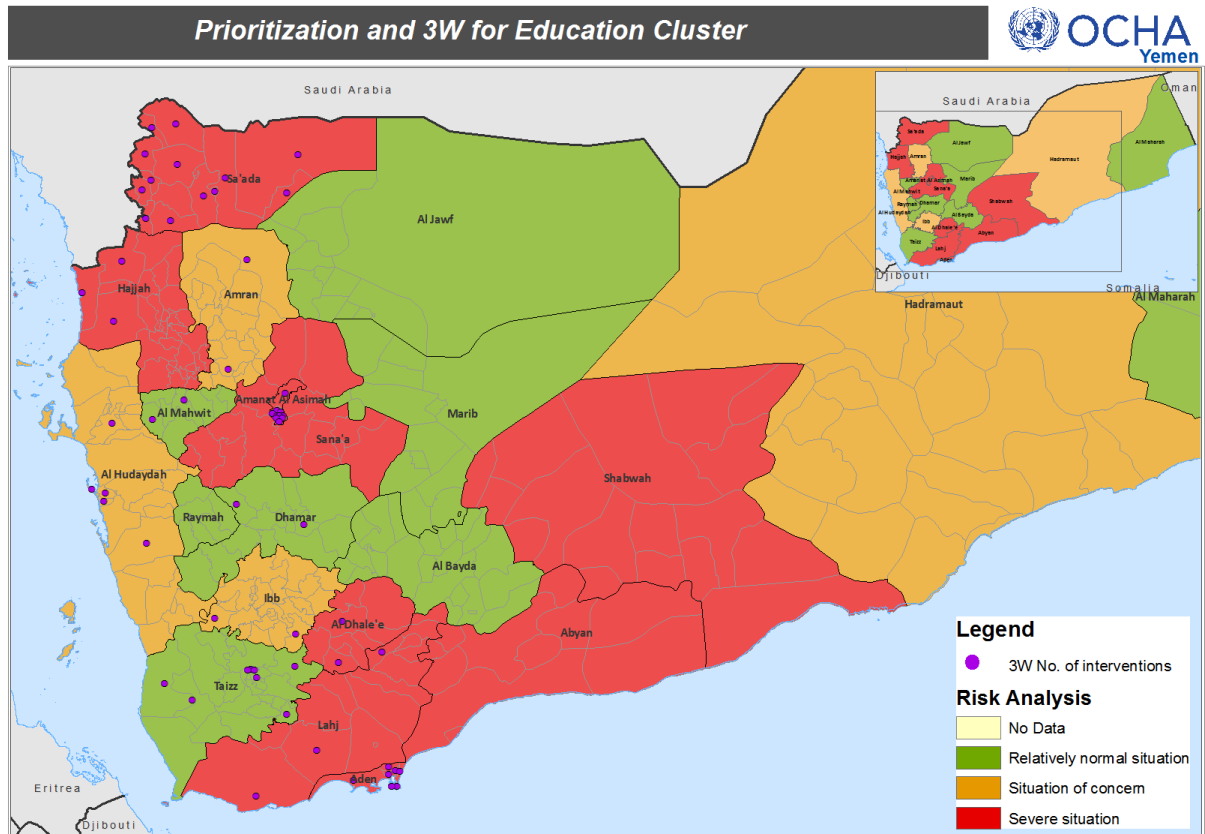
Bi-weekly cluster meetings will be maintained in Sana'a involving all cluster members at the national level. Similar coordination meetings at the sub-national level through education working groups will be maintained in Aden, Haradh and elsewhere as needed. The cluster will closely liaise with local actors, including community groups, to help ensure an effective response to localized emergencies.

The Cluster will continue to coordinate with government education authorities both at central and governorate levels, parent/teacher associations and the school children themselves, where feasible, to

#### 4. The 2012 common humanitarian action plan

ensure efficient and sustainable activities. Efforts are being made to strengthen national NGOs and civil society organizations that are active in the Education Sector to sustain education interventions in the event of a massive collapse of the government system.

#### E. Map of proposed coverage per site





## 4.5.4 Food and Agriculture Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>WORLD FOOD PROGRAMME</b>
<b>Cluster member organizations</b>	ACTED, ADRA, CARE International, FAO, IOM, IR, Oxfam, RI, SC, Yemen Vision Hope
<b>Number of projects</b>	16
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>To save lives and protect livelihoods in emergencies and reduce acute malnutrition caused by shocks.</li> <li>To maintain and/or improve the nutritional and food security status of refugees, IDPs and other vulnerable communities.</li> <li>To save essential agricultural assets (such as livestock) in order to maintain livelihoods, nutrition and food security in rural communities.</li> <li>To ensure evidence-based analysis and coordination is in place to address current and future crises, while allowing for medium-to longer-term planning.</li> </ul>
<b>Number of beneficiaries</b>	2.7 million people (severely food-insecure people, IDPs/conflict-affected, livestock and farming families)
<b>Funds required</b>	\$154,013,036
<b>Funds required per priority level</b>	Life-saving: \$133,478,459 Time-critical: \$20,534,577
<b>Contact information</b>	Lubna Alaman - <a href="mailto:lubna.alaman@wfp.org">lubna.alaman@wfp.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category		Affected population			Beneficiaries		
		Female	Male	Total	Female	Male	Total
Conflict displaced people*	IDPs	209,766	206,437	416,203	277,200	272,800	550,000
	War-affected	58,882	57,948	116,830			
	Returnees	70,560	69,440	140,000			
Severely food-insecure people*		1,494,000	1,506,000	3,000,000	1,024,386	1,032,614	2,057,000
Small and medium-scale farmers*	Crop	116,071	120,809	236,880	11,852	11,948	23,800
	Livestock	50,176	52,224	102,400	34,860	35,140	70,000
<b>TOTAL</b>		<b>1,999,456</b>	<b>2,012,857</b>	<b>4,012,313</b>	<b>1,348,298</b>	<b>1,352,502</b>	<b>2,700,800</b>

\*Takes into consideration overlap among beneficiary populations.

## A. Needs Analysis

### Food Security Overview

Yemen is in the midst of complex and deteriorating humanitarian situation that is leaving many families in an absolute poverty and hunger trap. Food, fuel and financial crises have cumulatively resulted in a significant increase in the incidence of poverty nationwide: the IFPRI has calculated that poverty increased by eight percentage points (a full 25% increase) from 35% in 2006 to 43% in 2010, and it is likely to have increased even further. All the while, the Government's ability to provide basic services has been challenged by political stalemate, civil unrest, high food and fuel prices and declining oil production.

According to WFP's 2010 Comprehensive Food Security Survey (CFSS), conservatively 7.2 million Yemenis are food-insecure (31%) with approximately three million severely food-insecure. These are conservative estimates given that two of the 21 governorates in Yemen (Al-Jawf and Sa'ada) that have been experiencing intermittent civil unrest since 2004 had to be excluded from the survey for security reasons. Moreover, the IFPRI 2011 Global Hunger Index rated Yemen 72<sup>nd</sup> out of 81 countries surveyed. The CFSS further concluded that more than half of all Yemeni children are chronically

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malnourished. It is likely that the impact of the current crises will result in further food insecurity. In late May 2011, WFP surveyed the four most food-insecure governorates (Rayma, Amran, Hajjah and Ibb). Food prices in rural areas had increased steadily from January to May 2011 for all four main food commodities: rice (67%), vegetable oil (33%), wheat flour (38%) and sugar (22%).

Yemen is import-dependent for the majority of its dry staple foods, importing 90% of its total wheat requirements and 100% of its total rice requirements. This means that Yemen is highly vulnerable to shocks within the international marketplace. Indeed, since January 2011, the price of main staples has increased nationwide by an average of 46% and is 7% higher in rural areas compared to urban areas (most likely because of transportation costs, which have also risen due to fuel shortages).

Lastly, the country is facing a serious and protracted water shortage, with the expanding population and on-going agricultural practices depleting water tables at an alarming rate. The new shocks have affected agricultural livelihoods as well. Protracted displacement and recent conflict have led to the physical destruction or loss of agricultural equipment, machinery, livestock and crops. This has led to sharply declining agricultural income sources as crop fields had to be left idle before harvest. Parts of Yemen experienced drought in the first half of 2011 and the summer rains came two months late, further exacerbating already inadequate food production and rural livelihoods.

Throughout 2012, the Food Security and Agriculture Cluster will conduct the following assessments, and monitoring or evaluation exercises:

- A nationwide CFSS: scheduled to commence in October 2011, this follow-up survey to WFP's 2010 CFSS will conclude during the first quarter of 2012. It will assess the prevalence of food insecurity per governorate and the results will be used to calibrate the targeting of the cluster's various projects tackling severe food insecurity. This will also be the first nationwide food security survey to incorporate communities in Sa'ada Governorate.
- Market and Price Monitoring System: the cluster will establish a market and price monitoring system that will track currency and price fluctuations in urban and rural areas across the country, as well as the impact such fluctuations have upon levels of household food insecurity. This will allow for rapid, localized interventions in response to deteriorating food security or new shocks.
- In addition, WFP has been piloting an unconditional cash transfer scheme in parallel with the seasonal food interventions under the ESN in 2011. The pilot project includes a comprehensive assessment conducted by the IFPRI that will assess the comparative advantages of cash versus food transfers in tackling severe food insecurity in rural Yemen. The final assessment will be available in February/March 2012. Depending on the findings, WFP will make programmatic adjustments in terms of choice of transfer modality.
- The Cluster plans to conduct an Integrated Food Security Phase Classification (IPC) study in Yemen. The IPC will allow cluster members to analyse and disseminate food security information and provide an early warning system in a context highlighted by high chronic food insecurity, occurrences of climatic and man-made shocks, armed conflict and population displacement.
- Rapid Needs Assessments: in response to sudden displacements prompted by conflict, civil unrest or natural disasters, the Cluster will conduct ad hoc rapid assessments (most likely inter-cluster) so as to determine the scale and needs of newly displaced populations. Cluster members are looking at developing a rapid assessment deployment team.
- Ministry of Agriculture and Irrigation (MoAI): in response to a formal Government request in August 2011, provide emergency assistance to cereal farmers to mitigate the detrimental effects of drought, soaring food commodity prices and fuel prices.

- Operational/Post-Distribution Monitoring: Cluster members will conduct regular monitoring of their project implementation which will be used to determine whether Cluster activities will need to be scaled up or down.

### *Role of Agriculture*

Agriculture plays an important role in Yemen's economy. Though it contributes to only 15% of the national gross domestic product (GDP), it employs more than half of the labour force and is the main source of income for more than two-thirds of the population. In the conflict-affected areas of the north and south (particularly in the Governorates of Abyan, Amran, Hajjah and Sa'ada) and the flood-affected areas of Hadramout, the physical destruction of agricultural equipment and standing crops has significantly reduced rural revenue.

### *Security and access*

General insecurity, intermittent conflict, tribal checkpoints and hijackings have at times challenged the efficient and effective delivery and implementation of Cluster operations and monitoring activities. Since the beginning of 2011, many humanitarian organizations have had intermittent access to various governorates as a result of volatile security situation. Conversely, in the same time period, Cluster access to Sa'ada Governorate significantly improved following non-state actors assuming *de facto* control. Cluster members including WFP have succeeded in negotiating the expansion of its activities into the governorate's rural districts, for the first time since 2008.

### *Identification of priority needs, populations and locations based on key indicators*

The Cluster has identified the following priority groups to target for humanitarian aid:

#### *1. IDPs, returnees and war-affected people*

Fighting in Abyan between government forces and Islamic militants has displaced over 100,000 people into the neighbouring governorates of Aden, Shabwa and Lahj. At the same time, over 400,000 IDPs and people affected by the conflict in the northern governorates of Amran, Hajjah, Al-Jawf, Sana'a and Sa'ada remain dependent upon humanitarian aid, particularly life-saving food support.

#### *2. Severely food-insecure people*

Yemen suffers from a seasonal hunger period that runs from May through October; during which time activities complementing national safety net schemes such as targeted food assistance, seasonal emergency food safety net activities and FFW activities becomes all the more important.

#### *3. Small-to-medium-scale crop farmers and IDPs/host families with livestock*

For IDPs, host communities and food-insecure people who have access to livestock or farmland, the primary needs are the provision of seeds, fertilizer and agro-chemicals and emergency veterinary care.

### *Risk Analysis*

Intensified conflict could generate increased displacement within Yemen. This in turn could overwhelm the capacities of host families/communities and IDPs camps as well as the humanitarian response mechanism (the latter concern is partly due to the current ceiling on UN staff inside Yemen). Cluster members are therefore pre-positioning food stocks in strategic points in the country. The deteriorating security situation is also likely to restrict humanitarian actors' movements; the Cluster is therefore recommending that individual members strengthen the capacity of its national staff, government counterparts and both national and international NGOs which are likely to have better access in the event of an escalation of the conflict. Similarly Cluster members are coordinating with actors operating outside the CAP who can access some areas denied to the UN and NGOs. This prevents coverage gaps.

## B. Coverage of needs by actors not in the cluster or CAP

There are a number of other actors (such as ICRC) that, while participating in cluster meetings and coordinating activities with other operational actors on the ground, are not presenting projects under the CAP. These actors are involved in various activities nationwide, including both general and targeted food security interventions, as well as livelihood and agricultural activities.

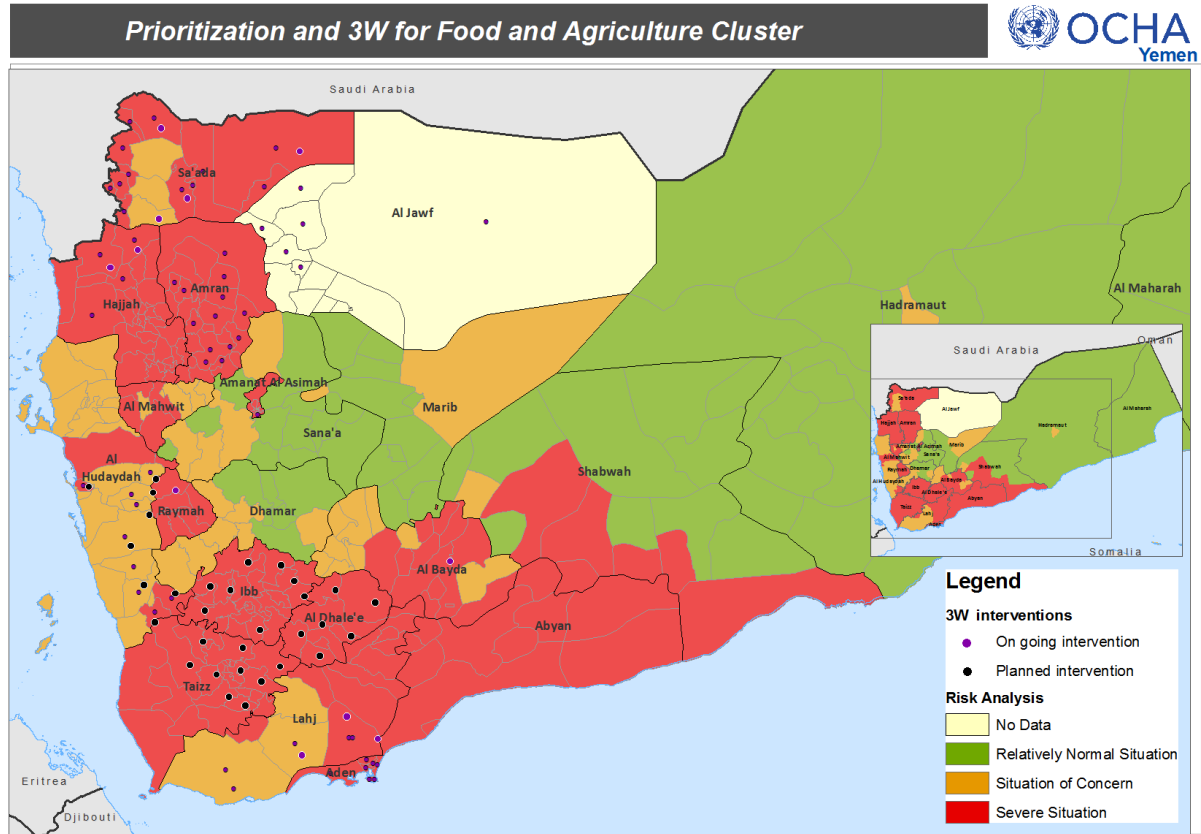
## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives		
Outcomes with Corresponding Targets	Outputs with Corresponding Targets	Indicators with Corresponding Targets and Baseline
<b>1a. Save lives and protect livelihoods in emergencies and reduce acute malnutrition caused by shocks.</b> <b>1b. Improve the nutritional and food security status of IDPs and other vulnerable groups whose food and nutritional security has been adversely affected by shocks.</b>		
<ul style="list-style-type: none"> <li>Improve the availability of food for consumption for: a) displaced populations in North and South Yemen; and b) targeted severely food-insecure households.</li> </ul>	<ul style="list-style-type: none"> <li>Food items distributed in sufficient quantity and quality to targeted families.</li> <li>Number of men, women, boys and girls receiving food items by category.</li> <li>Actual tonnage of food distributed by type and percentage of planned tonnage for distribution.</li> <li>Number of FFW projects completed.</li> </ul>	Reduction in the number of food-insecure people, as demonstrated by: household food consumption score /FCS (i.e. 80% above borderline); prevalence of GAM amongst under-five beneficiary children (mid-upper arm circumference/MUAC; below 10%). # of men, women, boys and girls receiving food items by category. Actual metric tons (MTs) of food distributed by type and percentage of planned tonnage for distribution. # of FFW projects completed.
<ul style="list-style-type: none"> <li>Prevent and reduce MAM in under five children in targeted populations.</li> </ul>		
<b>2. To save essential agricultural assets (such as livestock) in order to maintain livelihoods, nutrition and food security in rural communities.</b>		
<ul style="list-style-type: none"> <li>Increased food production and preservation of essential agricultural assets (such as livestock).</li> </ul>	<ul style="list-style-type: none"> <li>Distribution of sufficient quantities of animal feed and concentrate to a targeted number of sheep, goats and cattle.</li> </ul>	# of households receiving agricultural assistance. # of heads of livestock treated. Increased animal production rates. Increased household income.
<ul style="list-style-type: none"> <li>Improved food security and nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>Distribution of sufficient quantities of seeds, fertilizer and agro-chemicals to targeted households.</li> </ul>	# of beneficiaries receiving crop production assistance. # of hectares harvested.
<b>3. Ensure evidence-based analysis and coordination.</b>		
Improved assessments and monitoring plan implemented by all cluster members.	The following assessments are conducted: CFSS; IPC; IFPRI evaluation of seasonal ESN; market and price monitoring system; rapid needs assessments; operational monitoring	

## D. Cluster monitoring plan

The Cluster holds regular meetings to ensure good coordination and information sharing and to provide a forum for bringing together all the main humanitarian actors involved in Cluster activities. This is necessary to ensure that Yemen's needs assessments and emergency response interventions are well coordinated, shared and/or undertaken jointly. Coordination with Yemeni authorities and ministries is also essential for the successful implementation of Cluster interventions. In addition the Cluster will maintain a strong link with other clusters through inter-agency coordination initiatives, in order to maximize the comparative advantages of joint programming.

## E. Map of proposed coverage per site





## 4.5.5 Health Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>WORLD HEALTH ORGANIZATION</b>
<b>Cluster member organizations</b>	ADRA, CSSW, ICRC, IOM, MDM, MoPHP, MSI, MSF(FRANCE), MSF(SPAIN), OCHA, RI, SC, WHO, UNFPA, UNHCR, UNICEF, USAID, YFCA
<b>Number of projects</b>	19
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>To ensure coordinated response to the humanitarian health needs of the crises-affected and other vulnerable populations, especially the women, and children.</li> <li>To ensure access to a standardized package of quality life-saving, essential health care services (preventive and curative).</li> <li>To strengthen the existing communicable disease surveillance capacity</li> <li>for monitoring and responding to potential outbreaks (including environmental health interventions).</li> <li>To facilitate recovery and rehabilitation of the health system in the affected areas.</li> <li>To support mass casualty management for affected people during political uprisings.</li> </ul>
<b>Number of beneficiaries</b>	2,650,000
<b>Funds required</b>	\$56,180,512
<b>Funds required per priority level</b>	Life-saving: \$51,728,812 Time-critical: \$ 3,114,200 Support Services: \$ 1,337,500
<b>Contact information</b>	<a href="mailto:shaikhma@emro.who.int">shaikhma@emro.who.int</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total*	Female	Male	Total*
Population (aged five & above)	2,000,000	1,300,000	3,300,000	700,000	600,000	1,300,000
Women of child-bearing age	1,300,000	NA	1,300,000	450,000	NA	450,000
Pregnant women	200,000	NA	200,000	80,000	NA	80,000
Children under five	980,000	1,020,000	2,000,000	661,500	688,500	1,350,000

\* Cannot be added owing to overlapping categories

## A. Sectoral needs analysis

No population-based, nationally representative health surveys have recently been conducted to determine the exact type and magnitude of health needs in the country. However, since its activation in September 2009, the Health Cluster has been instrumental in addressing the health needs of conflict-affected populations in the north, south, and central/west areas, as well as other vulnerable groups and migrants across the country.

### Identification of priority needs, populations and locations based on key indicators

Based on cumulative experience since its inception, the Health Cluster will address the following priority needs in 2012.

#### Health service delivery

The political conflict in the north and south is continuing to disrupt health systems in several governorates. Increasing political violence in the central/west part of the country is also taking its toll on deteriorating health care services.<sup>16</sup> Any further escalation and spread of violence could result in a

<sup>16</sup> OCHA sitrep, 6 June 2011

further dramatic deterioration of the country's weak health system, which receives only 3.6%<sup>2</sup> of the national budget.

### **PHC services**

PHC is provided by health centres staffed with physicians and paramedics. Presently there are 842 PHC centres that cater to the needs of the entire country.<sup>17</sup> These centres, which are often understaffed and under-resourced, consistently rely on humanitarian agencies for the continued provision of services. The Health Cluster plans to expand the delivery of PHC services to conflict-affected and other vulnerable populations, especially women and children. It will do this through supporting fixed clinics inside camps; strengthening health delivery infrastructures in host communities; and operating mobile clinics (staffed by both men and women) for individuals living in scattered communities with limited access to health services.<sup>18</sup>

### *Reproductive health services*

Reproductive health and population growth indicators paint an alarming picture: a high fertility rate of 6.1 (rural: 6.7, urban 4.8); maternal mortality rate (MMR) of 366/10,000 live births; infant mortality rate (IMR) of 68.5/1,000; crude birth rate of 39.7/1,000; population growth rate of 3%; and contraceptive prevalence of only 19%.<sup>19</sup> In complex emergencies like the one facing Yemen, women and children often bear the brunt of the health burden. Various assessments conducted since 2009 report unmet needs for reproductive health services, with deliveries conducted under unhygienic conditions, inadequate health care services, and no referral systems for EmONC. The situation is further compounded by the prevailing cultural norms, under which women may not leave their homes alone; even to seek medical care for themselves or their children, unless they are accompanied by adult male family members. For the same cultural reasons, instances of SGBV are rarely reported.

### *Vaccination services*

Nationwide vaccination coverage rates are as follows: Measles: 73%, BCG: 65%, Pentavalent: 87%, OPV: 88% and tetanus (women 15 – 49): 16%.<sup>1</sup> These national figures mask pockets of low coverage that lead to increased risk of disease outbreaks among vulnerable groups e.g. displaced populations and poor households. From January to October 2011, six measles outbreaks were reported from the districts of Aden, Hajja, Lahj, Al-Jawf, Al-Hudaydah, and Abyan Governorates. This underscores the pivotal need for health education to address cultural elements, and increase vaccination coverage so as to prevent and reduce the disease burden among children.

### *Mental health services*

Although mental health/psychiatric care are an essential part of the emergency health response, resources for this area are not always forthcoming in complex emergencies. In Yemen, the dearth of trained mental health professionals in general and female mental health professionals in particular, coupled with limited resources, severely limit the provision of mental health care services, especially for traumatized children, women, and victims of violence in general.

### *Referral and treatment of chronic diseases*

The lion's share of health care resources from both the public and humanitarian sectors in Yemen is allocated to communicable diseases, which account for a high disease burden. However, the need to improve the diagnosis, treatment and control of chronic diseases, including referral services, has been recognized by the Health Cluster and will be addressed in 2012.

### *Mass casualty management*

With political demonstrations turning increasingly violent with the use of live ammunition, there is an acute need to improve mass casualty management through training courses for health care staff. Although the political uprising started in earnest in February, this need came into sharp focus in May 2011 when hospitals in the capital city Sana'a were overwhelmed with severely injured patients in the aftermath of the political turmoil. Health care staff throughout the country will need to be trained on mass casualty management.

<sup>17</sup> Annual Statistical Health Report 2010, MoPHP

<sup>18</sup> CAP MYR, July 2011

<sup>19</sup> DHS, 2003

##### *Outbreak prevention and control*

Communicable diseases are rampant in the country, with acute watery diarrhoea (AWD)/cholera as the leading cause of morbidity and mortality among children. Only 31% of the population have access to improved water sources, and only 23% have access to sanitation. Food insecurity, poor nutritional status of the population, limited availability of and access to PHC services, and crowded living conditions, especially among the displaced and vulnerable, are all conducive to disease outbreaks. From January to October 2011, six AWD outbreaks were reported in Abyan, Aden, Lahj, Hajjah, Al-Dhale, and Ibb Governorates.<sup>20</sup> All six outbreaks were promptly investigated and remedial measures (including training of health care providers) were taken to control their spread and limit morbidity and mortality.

##### *ER and rehabilitation of health systems*

On-going political turmoil has damaged physical health infrastructures and forced health professionals to flee to more secure areas, resulting in the closure or non-functioning of healthcare facilities. The Health Cluster will support the rehabilitation and reconstruction of health facilities as a priority. However, more mobile medical units and transitional health facilities will be needed to deliver essential health care services to the affected communities.

##### *Coordination of health response*

As lead agency of the Health Cluster, WHO will coordinate all sectoral activities to ensure the optimal utilization of limited health resources. Major coordination activities will include convening regular meetings of Health Cluster partners, conducting joint inter- and intra-cluster assessments and needs/gaps analyses, and maintaining "who does what, when and where" (4W) matrices. Health Cluster sub-groups in the Haradh/North and Aden/South will work to ensure the provision of life-saving health services among targeted communities. The Cluster will complement and expand the health services provided by the MoPHP and counterparts in the governorates, in addition to building capacities and increasing the resilience of health care services.

##### *Risk analysis*

The poor health status of the population and the deterioration of health services to the point of near-collapse may be further worsened by continuing political upheaval across the country in 2012. The constriction of humanitarian space and further UN staff evacuations owing to security concerns could increasingly limit access by humanitarian actors to the targeted areas and affect the availability of and access to health care services. The continued deterioration of social services including water and sanitation, with increasingly higher food and fuel prices, could substantially increase the number, magnitude and impact of communicable and vaccine-preventable disease outbreaks.

As of mid-2011, there have been high numbers of wounded/injured people at political demonstration sites requiring emergency care that has overwhelmed the capacities of health care facilities. This risk scenario, in conjunction with insufficient/delayed funding, and insufficient health care staff and/or a high turnover of human resources, could hamper plans to enhance health care services coverage and delivery. Mitigating measures entail pre-positioning medical supplies and equipment, and training MoPHP and partners in disease outbreak detection and control and mass casualty management.

##### *Inter-relations of needs with other sectors*

The health status of the population is inextricably linked to economic hardship, food insecurity, malnutrition, gender roles, and poor water and sanitation services, all of which result in avoidable disease and death and further stretch the capacities of the health care system. The Health Cluster will work closely with the Food, Nutrition, WASH, GBV, and Protection Clusters to address areas of mutual concern.

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<sup>20</sup> WHO sitrep, 18 October 2011

## B. Coverage of needs by actors not in the cluster or CAP

In Sa'ada Governorate, MSF (France & Spain) are supporting emergency, out-patient, maternal & child health, clinical laboratory, surgical, and referral services in Al Talh hospital, Sahar district. PHC services are being provided in selected districts of Dhahian, Monabeh, Baqim, and Qatabir Governorates. In Amran, MSF is supporting emergency, nutrition, and out-patient services in Khamer hospital, as well as out-patient, emergency, and referral services in Huth health centre. MSF is also supporting emergency services in Al-Dhale Al Naser General Hospital and donating drugs to Bir Ahmed health unit in Aden Governorate.

ICRC is providing PHC services at four health centres in Sa'ada and two in Amran. In Aden, surgical services are provided through three hospitals. Health services through field hospitals are also being provided in University Hasaba and Ahrab areas of Sana'a. In addition, ICRC in collaboration with the Yemen Red Crescent Society (YRCS) administered first aid and performed surgeries on over 1,600 individuals in conflict-affected areas of Sana'a, Abyan, Al-Dhale, Taiz, and Aden.

## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives		
Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Ensure access to a standardized package of quality life-saving, essential health care services (preventive and curative).</b>		
CMR does not exceed the national average of 9/1,000.	Improved population coverage of PHC services.	Average population covered by functioning health facility, ( $\geq$ one health unit per 10,000, $\geq$ one health centre per 50,000, $\geq$ one district/rural hospital per 250,000 population (baseline data not available).
MMR does not exceed the national average of 366/100,000 live births.	Women and girls have improved access to RH services.	100% coverage of IDPs living inside camps, 45% coverage of IDPs living outside camps (baseline: 100% inside camps, 30% outside camps).
Under-five mortality rate does not exceed the national average 78.2/1,000.	Enhanced vaccination coverage of target populations.	Number of health facilities providing basic obstetric care, $\geq$ 4 BEmONC/500,000 (same as baseline).
		Measles vaccination coverage of > 95% in IDP camps or urban areas, >90% in rural areas (73% nationally).
<b>2. Strengthen the existing communicable disease surveillance capacity for monitoring and responding to potential outbreaks (including environmental health interventions).</b>		
CFR for most common communicable diseases does not exceed the national average (0.4% for AWD).	Potential outbreak alerts are timely investigated.	90% of reported alerts are investigated within 24 hours (same as baseline).
	Timely response to outbreaks.	100% of the investigated potential outbreaks are responded in 24-36 hours (same as baseline).
	Joint WASH & Health Cluster response to water-borne disease outbreaks.	Percentage of outbreaks jointly responded by WASH and Health Clusters (same as baseline).
<b>3. Facilitate recovery and rehabilitation of the health system in the affected areas.</b>		
Functioning and rehabilitated health system responding to the health needs of populations.	Improved population access to health care services (especially for	Average population covered by functioning health facility, $\geq$ one health unit per 10,000, $\geq$ one health centre per

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	women/girls, children and elderly).	50,000, ≥ one district/rural hospital per 250,000 population (same as baseline).  100% coverage of IDPs living inside camps, 45% coverage of IDPs living outside camps (baseline: 100% inside camps, 30% outside camps).  Number of health facilities providing basic obstetric care ≥ 4 BEmONC/ 500,000 (same as baseline).
<b>4. Mass casualty management for affected people during political uprisings.</b>		
Reduced avoidable mortality among the critically injured.	Timely provision of effective mass casualty management including transportation to referral hospitals.  Enhanced capacity of the referral hospitals and trained healthcare providers, to effectively manage critical casualties and cover trauma and surgical interventions.	75% of all major political demonstrations covered by on-site mass casualty management (pre-hospital care).  75% of all critically injured individuals to be transported to designated referral hospitals by ambulance service.  600 healthcare providers trained in mass casualty management.

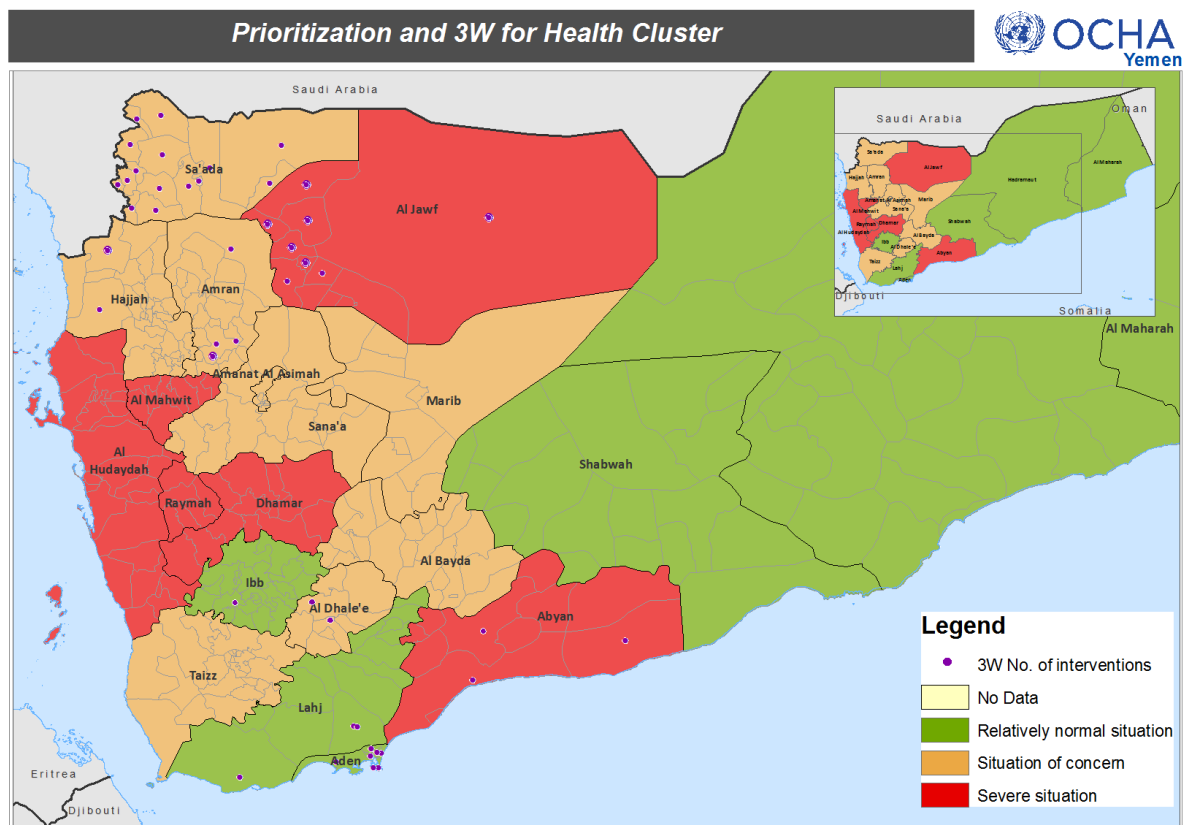
#### D. Cluster monitoring plan

Health Cluster partners will conduct joint monitoring field visits, and provide in-service training for public and private sector health care providers. A joint Health Cluster monitoring mechanism (based on existing reporting mechanisms) that was previously adapted by health partners will be strengthened and further expanded with gender-sensitive indicators. A standardized reporting tool has been used by medical teams to report consultations since early 2011. MoPHP staff at different levels have been using the same standardized reporting tool to monitor partners' activities in the field.

As cluster lead agency, WHO will continue to facilitate monitoring and information sharing, and ensure that all funded projects have comprehensive monitoring and evaluation components. All reports will continue to be collected, collated, and analysed by the Health Cluster so as to monitor progress and identify gaps, as well as the need for potential mid-stream corrections in achieving objectives. Regular cluster updates based on target achievements will be prepared and disseminated among all relevant actors, including donor agencies. Additionally, mid-year and end-year reviews will continue to inform cluster activities.



## E. Map of proposed coverage per site



### 4.5.6 Multi-sector: Refugees, Asylum-seekers & Migrants

#### Summary of response plan

<b>Cluster lead agencies</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES INTERNATIONAL ORGANIZATION FOR MIGRATION (for multi-sector migrants)</b>
<b>Cluster member organizations</b>	ADRA, UNHCR and WFP (for refugees and asylum-seekers) DRC, IOM, MMTF (for migrants)
<b>Number of projects</b>	5 (UNHCR one, WFP one, ADRA one, IOM two )
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>Ensure effective protection for all refugees and asylum-seekers through support to the Yemeni authorities, registration and status determination and protection from violence and exploitation.</li> <li>Ensure refugees have access to services covering basic needs including food, shelter, PHC, primary education and livelihood opportunities.</li> <li>Develop durable solutions strategy to realize voluntary return, potential for resettlement and self-reliance.</li> </ul>
<b>Number of beneficiaries</b>	257,155 (38% female and 62% male beneficiaries)
<b>Funds required</b>	Total: \$38,159,067 (refugees & asylum-seekers) Total: \$5,047,980 (migrants)
<b>Funds required per priority level</b>	Life-saving: \$42,927,047 Time-critical: \$280,000
<b>Contact information</b>	Naveed Hussain - <a href="mailto:hussainn@unhcr.org">hussainn@unhcr.org</a> (refugees and asylum-seekers) Nicoletta Giordano – <a href="mailto:ngiordano@iom.int">ngiordano@iom.int</a> (migrants)

#### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
Refugees	67,942	101,913	169,855	67,942	101,913	169,855
Asylum-seekers (pending cases end of the year)	816	884	1,700	816	884	1,700
New arrivals refugees/asylum-seekers	24,000	36,000	60,000	24,000	36,000	60,000
Migrants in north and centre	3,000	17,000	20,000	1,300	11,700	13,000
New arrival migrants	8,400	75,600	84,000	3,780	8,820	12,600
<b>Totals</b>	<b>104,158</b>	<b>231,397</b>	<b>335,555</b>	<b>97,838</b>	<b>159,317</b>	<b>257,155</b>

#### A. Sectoral needs analysis

##### Identification of priority needs, populations and locations based on key indicators

##### Refugees and asylum-seekers

Yemen remains an important refugee-receiving country. Somalis are recognized as prima facie refugees by the Government, while asylum-seekers of other nationalities are assessed through status determination under UNHCR's mandate. Mixed migration movements from the Horn of Africa to Yemen, and further on to Saudi Arabia and beyond, have increased in 2011 reaching over 80,000 by October 2011, a significant increase compared to previous years. The rising conflict, insecurity, drought, human rights violations and poverty in the Horn of Africa are the main drivers behind these mixed migration movements. There is a need to address and respond to increases of new arrivals and non-Somali asylum-seekers who are often detained or deported without access to asylum procedures. The need to establish refugee legislation and accompanying asylum system remains a challenge.

The Government, with support from UNHCR, has been registering Somali refugees since 2009, with some 82,297 refugees registered by June 2011 and 71,554 (87%) of these were issued with identification cards valid for two years, representing 38% of the estimated refugees in Yemen. Efforts are on-going to start registration of non-Somalis and it is expected to materialize in the near future. However, many refugees and asylum-seekers remain without official documentation. The refugee

population is expected to increase by 15– 25% during 2012, to an estimated 231,555, with some 15,000 residing in the camp and 216,555 elsewhere, essentially in urban areas including some 8,000–12,000 asylum-seekers. In view of these trends, continued focus will be placed on improving protection space for refugees and asylum-seekers and working towards achieving durable solutions (voluntary repatriation/resettlement/self-reliance). This includes ensuring the provision of protection to refugees and asylum-seekers upon arrival, registration, detention monitoring and advocacy.

Support to the Government will be provided towards the development and maintenance of a national asylum system by assisting with the drafting of national refugee legislation and supporting the established Bureau of Refugees. Comprehensive protection training for government authorities aimed at increasing their capacity, combined with support to the Refugee Studies Centre at Sana'a University Centre, will increase the overall sensitivity to and understanding of protection, eventually resulting in the establishment of an asylum system. Coordination and partnerships with authorities at local and national level through the established Department of Refugees must be maintained and reinforced.

Civil unrest in Yemen and armed conflict throughout the country during 2011 have significantly affected refugee communities in Yemen, causing localized displacements including in urban areas, reduced livelihood opportunities, limited access to health services, increased risk of harassment and arbitrary detention due to imputed associations with armed groups, and disrupted community relations leading to further cycles of violence. Increased vulnerability of refugees and asylum-seekers requires a corresponding boost to the support provided by UNHCR, partner agencies and authorities.

Provision of basic services (food, water and sanitation, health, education), must be continued as a life-saving activity to camp-based refugees and to vulnerable refugee and asylum-seekers in the urban areas. In addition there is a need to continue rule of law re-enforcement as well as response and prevention activities to address SGBV and HIV/AIDS for refugees in the camp and urban areas.

#### *Migrants*

To ensure that the specific needs of vulnerable, stranded migrants in Yemen are adequately identified and isolated from those of refugees, asylum-seekers and other beneficiary groups targeted within the Multi-sector framework, the following priorities have been identified within the context of migration response:

- Expansion of monitoring of migration trends to Yemen from the Horn of Africa and conducting needs assessment at arrival points on the coast and border crossing points.
- Reinforcement of protection and response facilities at arrival points on the coast and border crossing points; with an emphasis on supporting and expanding basic service provision addressing urgent humanitarian needs (food, health, water and sanitation) of the most vulnerable migrants, in particular: women, boys and girls, sick and special needs cases.
- Expanded awareness on vulnerability of migrants and host communities on the dangers of irregular migration in Yemen as well as the rights of migrants with further development of a protection hotline and further vulnerable migrant-specific protection tools.
- Enhanced cooperation and coordination with relevant interlocutors within the Government of Yemen to pursue adoption of key policy and legislative changes proposed in past fora addressing mixed migration challenges in Yemen, supported by reinforced dialogue and cooperation among stakeholders, including:
  - Government relevant ministries and local administrations.
  - Civil society organizations, national and international NGOs, United Nations Country Team (UNCT), MMTF.
  - Governments of neighbouring countries.

The objectives are to:

- Afford vulnerable, stranded migrants in Yemen protection from violence and exploitation.

#### 4. The 2012 common humanitarian action plan

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- Ensure that the most vulnerable groups among migrant populations are accorded priority protection and humanitarian aid, with a particular focus on separated and unaccompanied minors, women, children, victims of trafficking (VoTs), those with health needs and/or other special needs.
- Develop migrant response points in strategic arrival locations, border crossing areas and along heavily used migratory routes in Yemen to provide awareness to migrants and assistance to irregular migrants, with a particular focus on:
  - Advocacy and awareness for migrants' rights among national authorities and local communities
  - Humanitarian response through mobile emergency units for vulnerable migrants transiting through Yemen.
- Seek urgent health assistance and sustainable voluntary return approaches for migrants in Yemen wishing to return to their countries of origin in cooperation with national authorities, the governments of relevant countries and partners address migration issues in Yemen.
- Conduct advocacy and ensure protection of vulnerable migrants in cooperation with national authorities and partners addressing migration challenges in Yemen.

#### *Risk analysis*

On-going civil unrest in the country and lack of progress in forming a broad-base government could further delay the adoption of important refugee and migration management legislation, seen as vital for the improvement of protection space. Civil unrest, with its impact on the cost of living in Yemen, is expected to continue, driving more refugees and asylum-seekers into poverty and creating more protection risks for host population and refugees.

Security is the primary constraint to operations at this time, particularly in the south and in major urban areas, and could decrease operational humanitarian space affecting the degree of protection that UNHCR and partners can deliver. Poor security also affects the ability of the government to fulfil its protection mandate regarding access to asylum procedures.

It is assumed that insecurity, drought and poverty in the Horn of Africa will increase the influx of refugees, asylum-seekers and migrants into Yemen, with limited outflow from Yemen. The number of new arrivals from the Horn of Africa is expected to increase to 60,000. A continuation of arrivals from Ethiopia and Somalia is also expected as people attempt to cross into the Kingdom of Saudi Arabia, making them vulnerable to exploitation, abuse and extreme hardship within the Yemeni territory.

The number of refugees in Kharez camp may slightly increase to 15,000 as many vulnerable refugees may choose to live in the camp. However, the majority of refugees will continue to settle in urban areas in search of livelihood opportunities. It will be necessary, therefore to focus on priority needs in urban settings. UNHCR and partners must work to enhance the capacities of NGOs to meet expanding operational challenges.

Regarding the situation of vulnerable migrants, multi-sector plans have been developed to enhance capacity-building support for civil society organizations, community leaders and implementing partners in order better prepare for emerging risks. An evacuation plan for TCNs will be in place to allow for an appropriate response under worsening circumstances. Regular monitoring of indicators will ensure that appropriate responses are delivered for any changes in the context. Business continuity plans will include the MMTF agencies in Djibouti, Somalia, Ethiopia, and the Kingdom of Saudi Arabia to support emergency activities in Yemen if required.

#### *Inter-relations of needs with other sectors*

For the refugee multi-sector, which falls directly under the UNHCR mandate, the Government is the main counterpart for policy and guidance; land for Kharaz camp, reception centres, and security

escorts and refugee registration. In addition, other agencies are providing various interventions, in particular those related to food, water-sanitation, health, and education.

Joint plans of action have been signed with WFP with regard to specific areas of food and nutritional intervention/technical support in both Kharaz Camp and Al-Basateen. Other actors include UNICEF in the Water and Child Protection Sectors; ADRA; SC; Danish Refugee Council (DRC), YRCS, and Society for Humanitarian Solidarity (SHS) which is involved in coastal patrolling and protection monitoring; IOM in coordination with UNHCR on resettlement, repatriation of refugees and voluntary return of rejected asylum-seekers; UNFPA on specific technical support on SGBV; INTERSOS on detention monitoring and legal aid network; IRC on refugee community mobilization.

The other coordination locus is in the MMTF co-led by IOM/UNHCR, and the detention working group and Best Interest Determination to improve understanding and better management of issues related to refugees and asylum-seekers.

## B. Coverage of needs by actors not in the cluster or CAP

The activities under Multi-sector will be implemented in partnerships and coordination with international and national NGOs, and government authorities. Implementing partnership will be maintained with selected international and national NGOs in 2012 to deliver activities in reception centres, camp and urban areas. Coordination will be maintained with operational partners such as CARE and ICRC in related interventions. Partners will be included in Multi-Functional Team (MFT) planning exercises including participatory assessments with people of concern. Operational partnerships will be sought and developed further to ensure delivery of protection and care to vulnerable migrants, refugees and asylum-seekers.

Partnership and coordination will be maintained with government counterparts at the ministerial level with the Ministry of Foreign Affairs, under the National Committee for Refugee Affairs (NACRA), and with the Ministry of Interior/Department of Immigration for the improvement of protection space and continuation of the registration process for irregular migrants, refugees and asylum-seekers. The urban strategy developed in 2010, and the recommendation of the urban strategy workshop with the participation of Government authorities at all levels will be implemented in 2012.

Memoranda of understanding (MoUs) signed with national ministries and institutions such as YRCS and the University of Sana'a, Ministry of Technical Education and Vocational Training (MoTEVT), Ministry of Human Rights, and MoH will also be extended and implemented.

## C. Objectives, outcomes, outputs, and indicators

Cluster Objectives		
Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Ensure effective protection for all refugees and asylum-seekers, with particular attention to vulnerable groups such as women and children.</b>		
Government has a draft of a national asylum system, legislation, Department of Refugee Affairs and a National Eligibility Committee by end of 2012.	Government support, lobbied, technical advice and support provided.	231,555 refugees and asylum-seekers including women, girls, boys and men, enjoy international protection and safety.
85% of the population of concern profiled registered and documented, RSD waiting period reduced from seven to four months.	Registration support including materials, staff and logistics support and RSD conducted by UNHCR.	<ul style="list-style-type: none"> <li>80% of the 231,555 refugees and asylum-seekers are registered on individual basis.</li> <li>2,000 asylum cases will be adjudicated under</li> </ul>

#### 4. The 2012 common humanitarian action plan

		UNHCR's mandate. <ul style="list-style-type: none"> <li>RSD waiting period reduced to from seven to four weeks.</li> </ul>
Adverse effects on host communities lessened.	Community sensitization and peaceful co-existence support.	Five awareness campaigns conducted.
All reported SGBV survivors receive support from UNHCR and IPs.	% of SGBV survivors receiving support.	100% of women and girl survivors of SGBV supported and provided safety.
	Extent SGBV response mechanism effective.	100% of identified SGBV victims receiving appropriate care.
<b>2. Refugees have access to basic needs and essential services</b>		
Refugees have strengthened food security.	General food distribution (2,138kcal/person/day). Supplementary feeding programme (SFP) & SF in collaboration with WFP and IPs.	100% of the camp-based refugees (15,000 people) receiving WFP food ration of 2,138kcal/per/day).
	Provide high energy biscuits (HEB) & wheat soya blends (WSB) to children under five and PLWs in the camp.	7,000 of people receiving HEB and WSB.
Refugees have improved health and remain stable and CMR maintained at 1.5.	PHC provided including in patient services referral system provided organized.	60,000 of patient receiving PHC/in-patient services and 30% referred for specialized services.
	Advocacy for access to national health system.	70% of people of concern assessing national system.
At least 90% of camp household lives in adequate dwelling.	General site operation maintained.	90% (60,000) people including new arrivals living in adequate shelter.
75% of children age six to 11 have access to free primary education.	Measures to increase enrolment and retention rate of boys and girls implemented.	75% of children completing primary education.
Refugees have improved level of self-reliance.	Self-reliance activities implemented.	1,000 refugees assisted with self-reliance activities.
<b>3. Develop durable solutions strategy to realize voluntary repatriation and potential for resettlement</b>		
60% of the refugee population in camp/urban area profiled on options for durable solutions.	Durable solutions profiling of population of concern conducted.	60% of 210,000 refugees and asylum-seekers profiled.
1,300 refugees identified, processed and or resettled in the third country including emergency cases resettled.	Resettlement programme for receiving countries supported.	2,000 resettlement files prepared and submitted.  1,300 people departing for resettlement.

#### D. Cluster monitoring plan

A framework for planned results chain developed from goals, rights group (needs), objectives, outputs and targets to be achieved by the sub-project forms the main tool for monitoring.

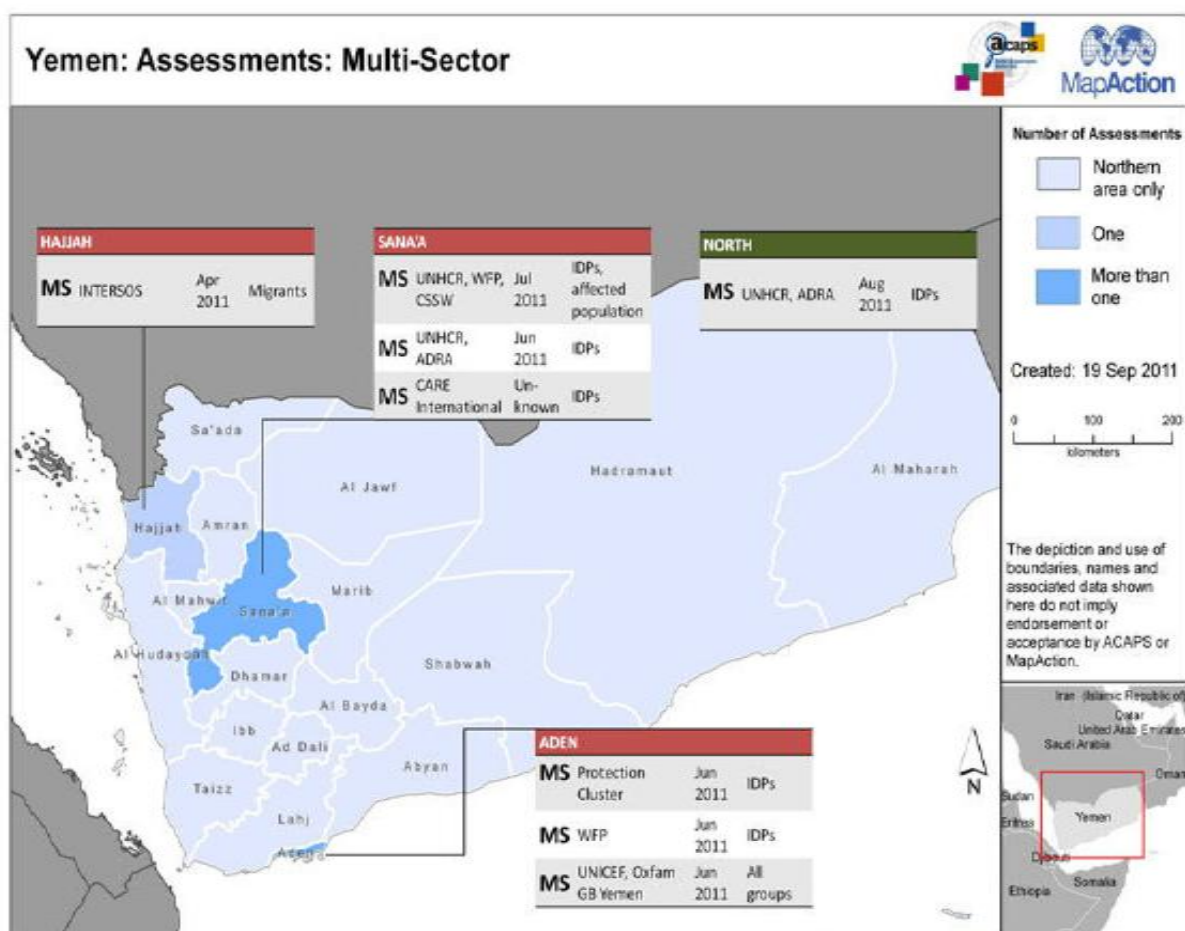
- The Sub-project Monitoring Report Part 1 (financial) and Part 2 (narrative) provide periodic expenditure and actual progress achieved towards planned results reported against each objective and related output and target.
- Information is also collected from monthly, situational and activity reports from the partners. The information and results of the participatory assessments form the basis for interventions.



- Assessment with refugees on UNHCR's programmes is done regularly, including Age, Gender and Diversity Assessments.
- MYR is conducted in order to reflect on progress made towards results in relation to baselines, target (impact/performance) set, and proposes necessary adjustments to objectives /targets.

Joint Plan of Actions and MoUs with other UN agencies, as well as with operational partners and the Government aimed to integrate refugees within the national programme implemented by different developmental agencies and to coordinate, avoid duplication and resource waste for the assistance provided to the concerned populations.

## E. Map and table of proposed coverage per site Multi-Sector



#### 4. The 2012 common humanitarian action plan

##### *Multi-Sector Strategic Response Refugees and Asylum-seekers*

<b>SITE / AREA</b>	<b>ORGANIZATIONS</b>
Kharaz camp and reception centre	Government, UNHCR, WFP, CARE, ADRA, SC, CSSW, Ras Mabat, Intersos, CSSW, SHS, IOM, ICMC, DRC
Ahwar reception centre	Government, UNHCR, WFP, DRC, Intersos, SHS
Mayfa'a reception centre, Mayfa'a Hajar	
Aden (Basateen)	Government, UNHCR, WFP, UNICEF, DRC, Intersos, ADRA, CSSW, SHS, SAD, ADPN, IOM, ICMC
Sana'a	Government, UNHCR, WFP, SC, Intersos, CSSW, ADRA, IDF, IRD, Atakamol
Bab Al Mendab	DRC, YRCS
Taiz	UNHCR (temporary presence only/mobile refugee registration team)
Al Mahra	
Hodeida	
Mukallah	Government, UNHCR (temporary presence only/mobile refugee registration team)

##### *Multi-sector Strategic Response Migrants*

	<b>Response in central/western governorates</b>	<b>Response in northern governorates</b>	<b>Response in southern governorates</b>
<b>Main Interventions</b>	Enhancing reception, protection facilities for vulnerable migrants / Government / advocacy / support to register migrant workers	Enhancing reception / protection facilities for vulnerable migrants / Government/civil society advocacy / migrant awareness / data management support	Enhancing response / protection facilities for vulnerable migrants governorate/civil society advocacy / migrant data management
<b>Geographic focus (at governorates)</b>	Sana'a, Hodeida, Western coast	Haradh, Hodeida	Aden, coastal areas
<b>No. of target beneficiaries</b>	1,000	12,000	1,050/month
<b>Partners</b>	IOM, UNHCR, UNICEF, MMTF partners Civil Society, MoI, MoL, MFA, Government of Ethiopia, IOM Addis Ababa	IOM, UNHCR, WFP, UNICEF, MMTF partners, Civil Society, MoI, MoL, MFA, MoH, Government of Ethiopia, KSA, IOM Addis Ababa, IOM KSA	IOM, UNHCR, DRC, YRCS, Civil Society, MoI, MoL, MFA, MoH, Government of Ethiopia, KSA, IOM Djibouti, IOM Somalia

## 4.5.7 Nutrition Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	ACF, CSSW, IMC, IOM, MDM, MERLIN, MoPHP, RI, SC, WFP, WHO, YFCA, YWU
<b>Number of projects</b>	14
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Prevent, reduce and treat acute malnutrition and micronutrients deficiencies among vulnerable groups – scale up interventions.</li> <li>• Ensure efficient coordination among Nutrition Cluster partners and with other clusters (e.g. Food and Agriculture, WASH and Health).</li> <li>• Strengthen IM system; surveillance systems and analysis.</li> <li>• Capacitate partners, communities and other actors to provide equitable nutrition assistance to vulnerable groups.</li> <li>• Promote appropriate infant and young child feeding (IYCF) and caring practices.</li> <li>• Advocacy and fund-raising to cover 2012 planned needs.</li> </ul>
<b>Number of beneficiaries</b>	3,491,108
<b>Funds required</b>	\$70,849,812
<b>Funds required per priority level</b>	Life-saving: \$70,849,812
<b>Contact information</b>	Dr.Saja Farooq Abdullah - <a href="mailto:sabdullah@unicef.org">sabdullah@unicef.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Activity / Category	Population in need			Target Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs /war-affected children under five with blanket supplementary feeding.	63,259	65,841	129,100	63,259	65,841	129,100
Non-IDPs girls and boys (6-24 months of age) with blanket supplementary feeding.	108,290	112,710	221,000	108,290	112,710	221,000
IDPs and non-IDPs PLWs for targeted supplementary feeding programme (TSFP).	495,735	-	495,735	76,000	-	75,677
Children under five with MAM for target feeding (non-IDPs).	172,136	179,162	351,297	120,540	125,460	246,000
Children under five with SAM.	87,890	87,759	175,649	63,700	66,300	130,000
Children under five targeted for screening activities.	1,102,110	1,147,094	2,249,204	661,266	688,256	1,349,522
Children under five in need of micronutrient interventions.	1,102,110	1,147,094	2,249,204	392,000	408,000	800,000
Total pregnant and lactating mothers in need for micronutrients interventions and IYCF counselling.	899,681	-	899,681	539,809	-	539,809
<b>Total</b>	<b>4,031,211</b>	<b>2,739,659</b>	<b>6,770,869</b>	<b>2,024,864</b>	<b>1,466,567</b>	<b>3,491,108</b>

**A. Sectoral needs analysis*****Identification of priority needs, populations and locations based on key indicators***

Malnutrition in Yemen has been a long-standing concern, with increasing rates reported since 1997 for both stunting, which represents the chronic nature of the problem, and wasting which exceeded the emergency threshold nationwide. According to UNICEF's 2010 State of the World's Children, GAM among Yemeni children under five is 15%, and stunting is 58%.

Nutrition Cluster partners are predicting further increases in malnutrition rates among under five girls and boys, PLWs country wide. Recent, solid evidence illustrates the deterioration of all determinants of malnutrition since "Arab Spring" related events in early 2011. The capacity of already partially functioning public health/nutrition services has been reduced, and is likely to be further exacerbated by the fuel crisis, meaning difficulties in the provision of safe water, and worsening hygiene and sanitation practices.

WFP has reported an increase in the food prices since the beginning of the year. Families have begun to sell assets to buy food (even though these asset sales are still inadequate) and have reduced their health/nutrition expenditures. Women are more likely to be affected because household level coping mechanisms tend to benefit men and younger members of the household at the expense of women and other adult members.

During the second half of 2011, Nutrition Cluster partners (UNICEF-MoPHP and WFP) conducted rapid nutrition assessment survey in priority areas, such as Hajjah, Aden, Lahj and Abyan. New data will be available in February 2012 at the national level following a CFSS. Results indicated the following:

***Harad, Bakeel Al Meer and Mustaba Districts in Hajjah Governorate***

GAM among under five girls and boys at 31.4%, with 9.1% severe cases. Of under five girls and boys 43.6% were reported to suffer from global stunting, and 22.8 % from severe stunting. In both indicators (stunting and wasting) boys were more affected than girls with significant differences in wasting indicators. The survey also highlighted the challenges facing pregnant women, 46.8% of whom have moderate to severe risk of developing intra-uterine growth retardation rendering the achievement of Millennium Development Goal One (MDG) by 2015 unlikely.

***South Yemen (seven districts in Abyan Governorate)***

GAM among under five girls and boys at 18.6 % (above emergency threshold), of which 3.9% were severe, and 14.7% were moderate cases. All age categories between 6-48 months were affected by malnutrition above the emergency threshold of 15%. This indicates that the underlying causes of the problem are related to both sub-optimal IYCF/caring practices and food security-related issues, possibly stemming from mothers who are not able to breast feed due to their poor nutrition situation.

Considering the above, cluster partners decided to widen their scope both geographically and programmatically.

***Risk analysis***

Preparedness and contingency planning are keys to ensuring an adequate response to a worst-case scenario where capacity on the ground may be severely stretched, and business continuity through remote programming could be the only remaining option. The main challenges expected are as follows:

- Increase in the cost of living, economic decline and shrinking resilience and other coping mechanism.
- Wide-scale poverty and further deterioration of the financial, fuel and food crisis.
- Escalation of the armed conflict and civil unrest to areas that have so far been unaffected.
- Inaccessibility of people in need by humanitarian organizations due to insecurity.

- Mass population displacement because of military operations, natural and man-made disasters and other emergencies.
- Impact of climate change (drought, floods and scarcity of water resources).
- High morbidity rate/ diseases' outbreaks.

***Inter-relations of needs with other sectors***

Nutrition status is tightly related to health status, as well as to the availability of food and safe water. Diarrhoea is a major contributing factor to high levels of wasting and underweight. Over half the children with acute malnutrition had underlying diarrhoea in the two weeks preceding the survey compared with 40% with normal weight for height. AWD, including cholera, has now been reported in five out of the 21 Governorates with over 25% of the cases amongst children under five.

Inter-cluster efforts spent to break the vicious cycle of poverty-food insecurity and malnutrition have been jeopardized by economic decline and the rising cost of main food commodities (by approximately 46%). The Cluster has agreed that strong coordination with other concerned sectors (Health, WASH, food and agriculture) is crucial in the fight against malnutrition.

The Nutrition Cluster will adapt the following strategy to ensure inter-cluster linkages:

- Ensure active exchange of information and advocacy with health, food and agriculture and WASH Cluster by sharing minutes, assessments, analysis reports, active participation in the meetings.
- Encourage partners working in nutrition to have health, WASH, and food security component in their nutrition project, and /or to have multi-cluster project covering the need of the same beneficiaries within the same geographical area.
- Orient relevant cluster's partners and senior management on inter-cluster linkages and cluster accountability frameworks.

**B. Coverage of needs by actors not in the cluster or CAP**

Both MSF-France (MSF-F) and MSF-Spain (MSF-E) are using their own private budget to provide nutrition interventions to the most vulnerable under five girls and boys, and pregnant lactating mothers in Yemen. Both organizations actively participate in the Cluster and coordinate efficiently to avoid duplication in services. MSF-F is working in Amran providing therapeutic nutrition interventions and has recently suspended its operation in Sa'ada due to new operating conditions imposed by the Al Houthi. MSF-E is providing therapeutic nutrition interventions in emergency districts in Hajjah and Lahj Governorates. The Cluster is currently discussing with ICRC about nutrition interventions for the most vulnerable in the south mainly Lahj, and Abyan. ICRC is providing food assistance to IDPs and the most vulnerable in the northern governorates (mainly Sa'ada) and southern governorates (mainly Lahj and Abyan) in full coordination with other agencies (in particular WFP).

### C. Objectives, outcomes, outputs, and indicators

Cluster Objectives		
Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
<b>1. Prevent, reduce and treat acute malnutrition and micronutrients' deficiencies among vulnerable groups – scale up interventions.</b>		
<ul style="list-style-type: none"> <li>75% of the enrolled SAM and MAM discharged cured.</li> <li>Death rate among severely malnourished children &lt;10 %.</li> <li>Prevalence of GAM reduced in the area of intervention.</li> <li>SAM defaulter rate &lt;15%.</li> </ul>	<ul style="list-style-type: none"> <li>130, 00 SAM and 246,000 MAM under five enrolled in the programme.</li> <li>221,000 IDPs between 6-24 months received blanket feeding.</li> <li>75,677 PLWs received supplementary food.</li> <li>At least 700,000 children under five received micronutrient interventions (powder, two doses of Vitamin A).</li> </ul>	<ul style="list-style-type: none"> <li>Cure rate &gt;75%.</li> <li>SAM &lt; 5% in areas of intervention after one year.</li> </ul>
<b>2. Ensure efficient coordination among Nutrition Cluster partners and with other clusters (e.g. Food and Agriculture, WASH and Health).</b>		
<ul style="list-style-type: none"> <li>Strong coordination is in place at central and sub-national level (central, north and south).</li> <li>Multi-sectoral approach in nutrition programmes is ensured.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly national Nutrition Cluster meeting conducted.</li> <li>At least six Nutrition Cluster coordination meeting take place in north and south.</li> <li>At least 10 nutrition projects have interventions related to relevant clusters (Health, and /or WASH, and/or Food and Agriculture).</li> </ul>	<ul style="list-style-type: none"> <li>No geographical duplication.</li> <li>100% of assessments.</li> <li>Meetings minutes shared with all partners, and with WASH, Health and Food and Agriculture Cluster.</li> <li>90% of nutrition projects have additional relevant sectoral component.</li> </ul>
<b>3. Strengthen IM System; surveillance systems and analysis.</b>		
Availability of regular updated data at least each three months through (sentinel surveillance sites, assessments, surveys)	<ul style="list-style-type: none"> <li>At least two rapid assessments.</li> <li>At least 10 sentinel surveillance sites established.</li> <li>Two monitoring and analysis reports.</li> </ul>	60% of the established sentinel sites generate analysis reports.
<b>4. Capacitate partners, communities and other actors to provide equitable nutrition assistance to vulnerable groups.</b>		
Capacity in place to deliver timely and effectively the required humanitarian response.	<ul style="list-style-type: none"> <li>20 staff from partners and other clusters trained for cluster coordination and inter-cluster coordination.</li> <li>200 community volunteers (at least 60% women) trained for screening and counselling service).</li> <li>Number of health workers trained, at least 50% are women.</li> </ul>	80 % of partners' staff is trained for delivery of emergency nutrition interventions both women and men.
<b>5. Promote appropriate IYCF and caring practices.</b>		
Good knowledge and feeding practices among young children.	<ul style="list-style-type: none"> <li>Women and men staff trained for IYCF (70% of the planned).</li> <li>Women and men volunteers trained for IYCF (70% of the planned).</li> <li>Number of awareness-raising sessions conducted (70% of the planned).</li> <li>Awareness sessions conducted for families.</li> <li>Number of fathers and mothers received IYCF counselling (75% of the planned).</li> </ul>	<ul style="list-style-type: none"> <li>% of exclusive breast feeding increase.</li> <li>% continued breastfeeding at one year.</li> </ul>
<b>6. Fundraising and advocacy.</b>		
Timely and quality nutrition intervention.	\$35,000,000 is raised before the mid-year.	At least 50 % of the requested Cluster funds obtained before MYR.

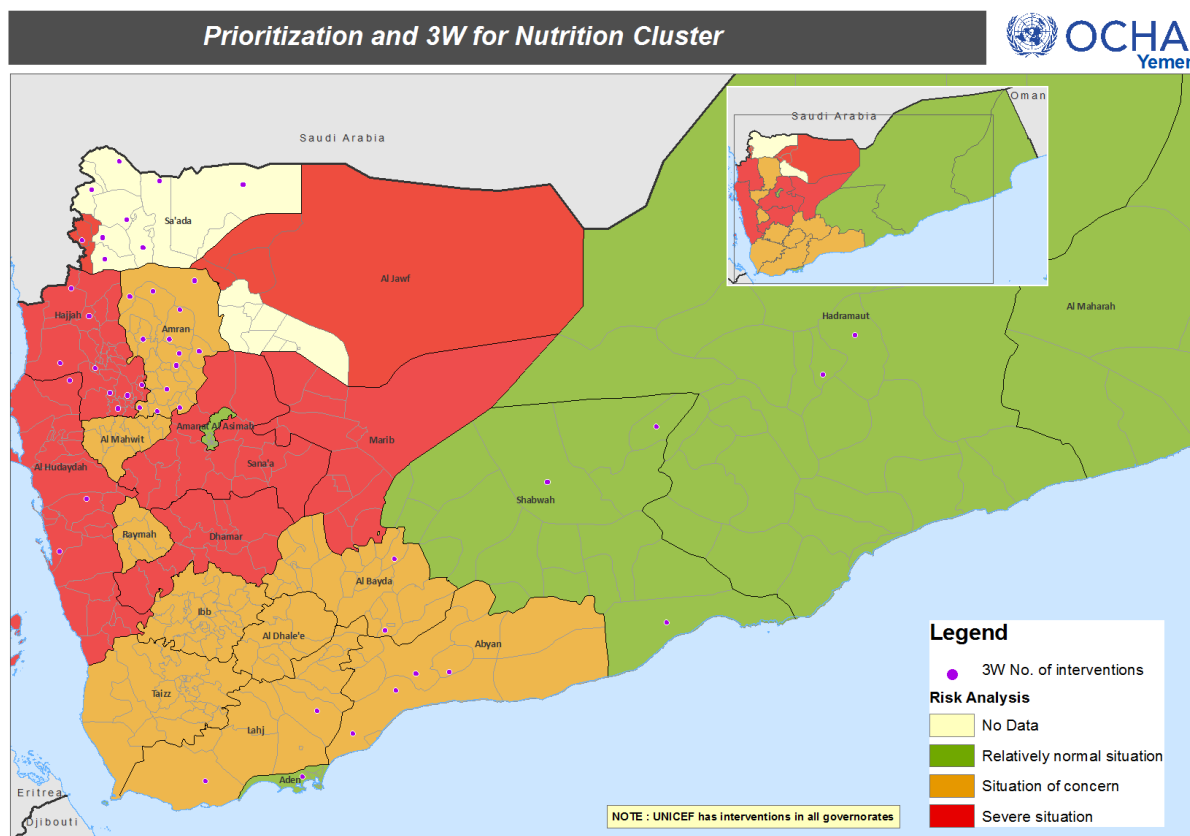


## D. Cluster monitoring plan

Before the implementation phase, a common monitoring tool containing data disaggregated by gender will be in place, shared with cluster partners, with clear a reporting mechanism. The Nutrition Cluster will hire an IM Officer to deal with the quantity of data, and prepare the initial analysis for the Cluster Technical Committee revision. The Committee will review the incoming analysed data on a quarterly basis to ensure that the Cluster is on the right track in achieving its desired outcomes. Almost all cluster projects contain an information component (e.g. rapid assessments, Standardized Monitoring and Assessment of Relief and Transition/SMART survey and sentinel surveillance sites) which will help cluster partners to collect data to better inform and adjust programming.

Well-coordinated field visits and direct supervision will be conducted by partner's agencies. Internal monitoring as well as external evaluations conducted by donors or contracted agencies will also be carried out. National partners will be empowered and capacitated, with the aim of ensuring the inclusion of both men and women in the implementation of assessments. Group trainings of national counterparts will be conducted on standardized interagency – multi-sectoral tools, and efforts will be made to include them in the roster for rapid deployment to affected locations for projects and situation monitoring.

## E. Map of proposed coverage per site



## 4.5.8 Protection Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>
<b>Co-lead agencies</b>	<b>UNITED NATIONS CHILDREN'S FUND (CHILD PROTECTION) UNITED NATIONS POPULATION FUND (GBV)</b>
<b>Cluster member organizations</b>	<i>Authorities:</i> Executive Unit, MoHR, HCMC, MoSAL, MoJ, Ministry of Interior, MoE, YEMAC <i>UN:</i> OCHA, WHO, WFP, UNDP <i>NGOs:</i> RI, Al Amal, CHF, CSSW, IOM, DRC, IR, SC, Oxfam, ADRA, IR, YWU, Seyaj, INTERSOS, Al-Razih, Shawthab, DS, SWA, SSA, Al-Fardous, CF, LMF, Al-Takaful, Al-Tawasol, QDC, Al-Hekma, HRITC, AHRF, AMA, CARE, SAF, YFCA, SHS, YLDF, CPI, Abu Mousa
<b>Number of projects</b>	15
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>Through protection partnerships, identify violations of rights and protection gaps for internally displaced women, men, girls and boys in the country and respond with remedies and solutions.</li> <li>Provide internally displaced and host communities affected by conflict, civil unrest and protracted displacement with adequate assistance and support for durable solutions.</li> <li>Strengthen the protective environment for IDPs, returnees, conflict-affected and other vulnerable children, girls and boys, from violence, abuse, exploitation and neglect in emergency, crisis and situations of armed conflict.</li> <li>Strengthen the prevention of and response to GBV against women, girls, men and boys affected by conflict and civil unrest.</li> </ul>
<b>Number of beneficiaries</b>	1,015,536 beneficiaries
<b>Funds required</b>	\$21,509,879
<b>Funds required per priority level</b>	Life-saving: \$14,282,327 Time-critical: \$6,318,998 Support Services: \$908,554
<b>Contact information</b>	PRT: Ann Maymann - <a href="mailto:maymann@unhcr.org">maymann@unhcr.org</a> CP: Ghada Kachachi - <a href="mailto:gkachachi@unicef.org">gkachachi@unicef.org</a> GBV: Ahlam Sofan - <a href="mailto:sofan@unfpa.org">sofan@unfpa.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs inside camps <sup>21</sup>	21,198	18,799	39,997	6,462	5,731	12,193
IDPs inside collective centres (south only)	11,007	9,760	20,767	11,007	9,760	20,767
IDPs outside camps <sup>22</sup>	186,686	166,406	352,686	154,020	138,911	292,931
Planned returnee population <sup>23</sup>	90,206	79,944	170,199	51,462	47,815	71,342
Affected/hosting communities <sup>24</sup>	148,800	151,200	300,000	86,800	88,200	175,000
IDPs, returnees, conflict-affected and vulnerable children <sup>25</sup> in northern governorates	270,811	281,864	552,675	116,537	122,192	238,729
IDPs and vulnerable children in southern governorates	132,538	137,947	270,485	65,941	68,633	134,574
Vulnerable children in western and central governorates	208,241	216,740	424,981	34,300	35,700	70,000
<b>Total all categories</b>	<b>1,069,487</b>	<b>1,062,660</b>	<b>2,131,790</b>	<b>526,529</b>	<b>516,942</b>	<b>1,015,536</b>

<sup>21</sup> The IDP camps in Sa'ada city are under ICRC/YRC responsibility and not covered by this Cluster.

<sup>22</sup> Households headed by minors or unaccompanied minors, females, the elderly, and with members suffering from physical or mental illness or chronically ill, and with pregnant and lactating females and people at risk (GBV).

<sup>23</sup> Projected vulnerable returnees of male and female families in 2012, and those who have returned in 2011.

<sup>24</sup> Single-headed households hosting IDPs, socially or economically marginalized groups, highly populated IDP and/or return locations (community-based projects).

<sup>25</sup> Estimated figures of vulnerable children were derived by the school dropout rate per governorate multiplied by population projections for 2010 based on Yemen Census 2004 (2010 projected population data, CSO). Children represent 50.5% of population, female 49% and male 51% (Source: Yemen CSO, Census 2004).

## A. Sectoral needs analysis

### *Identification of priority needs, populations and locations based on key indicators*

There are three main operational groupings for the Protection Cluster in 2012:

- Conflict- and displacement-affected communities in the north generated by the Sa'ada conflict and other localized conflicts
- Conflict- and displacement-affected communities in the south generated by the Abyan conflict, and other localized conflicts.
- Poverty- and food-insecure communities in the central/western part of the country.

Protection monitoring and response mechanisms, sensitive to age and gender, have been established throughout displacement-affected areas in the north and the south and a wide range of issues have been identified:

- Lack of access to services e.g. health, education, shelter, particularly considering that the vast majority of IDPs reside in spontaneous settlements outside camps.
- Lack of protective environment for children subjecting them to grave violations against their rights, such as killing, maiming, use and recruitment by armed forces and groups, separation from their families.
- Access to livelihood: lack of employment/income-generating activities, which increase poverty and generate a dependence on aid.
- Lack of documentation, including birth certificates for children, which needs to be addressed through effective registration and eventual provision of national documentation.
- Physical safety: landmines/UXO e.g. Sa'ada, Abyan, Sana'a.
- Increased economic hardship and deepening poverty, leading into increased number of children dropping out from schools and involved in child labour/trafficking/smuggling and early marriage, exposing them to increased and serious risks to violence, exploitation, abuse and neglect and SGBV.

A number of specialized assessments have been carried out: e.g. profiling of IDPs in north and south and mapping of infrastructure in Sa'ada Governorate. These are complemented by a regular monitoring and response system that consist of three elements:

- Community-based protection networks that are operational in all field locations affected by internal displacements composed of members from the IDP communities and host populations. In 2011, 66 community-based protection networks are operational and in 2012 it will increase to 109.
- Community centres with various services available to IDPs and host population e.g. legal counseling and psycho-social support. In 2011, some 30,000 cases were accessed; in 2012 it is estimated to increase to 41,000 cases.
- Active protection monitoring and subsequent interventions by protection agencies. It is estimated that in 2011 the protection monitoring reached some 75,000 cases; in 2012 it is estimated to increase to 118,000 cases.

Similarly, the Child Protection Sub-cluster has conducted several child protection assessments, including in the north<sup>26</sup> and in the south<sup>27</sup> as well as regular monitoring<sup>28</sup> of specific child protection

<sup>26</sup> "Inter-agency Comprehensive Child Protection Assessment in conflict-affected governorates of North Yemen (Sa'ada, Hajjah, Al-Jawf, Amran & Sana'a Governorates)" Yemen Child Protection Sub-Cluster, August 2010.

<sup>27</sup> Initial rapid assessment conducted by partners with 220 IDPs in Aden on the impact of the Abyan displacement (June 2011).

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indicators. Furthermore, concern on the protection of children in Yemen was clearly underlined during 2011, in the reports of the Secretary General<sup>29</sup> on Children and Armed Conflict and the Human Rights Council<sup>30</sup> in 2011.

Registration of IDPs is conducted by the IDP Executive Unit with the technical and financial assistance of UNHCR. Data collected through registration includes basic bio-data, place of origin and place of displacement, as well as vulnerability criteria (disability, serious medical condition, UAM, woman at risk, etc.). Registration of IDPs is a challenging undertaking in the Yemen context. Many people do not possess national documentation, including children with no birth registration. Internal conflict patterns cause interruptions of efforts to make registration a continuous process.

In 2012, registration exercises will increasingly be linked to the provision of national documentation along with advocacy for authorities to ensure that affected children obtain birth registration. This will provide important protection safeguard with long-lasting impact for the internally displaced.

##### *Children and civil unrest and armed conflict in Yemen*

Children have been subjected to extreme violence including killings, maiming, suffocation from gas, arbitrary detention and/or use and recruitment by armed forces/ groups.<sup>31</sup> Hundreds of girls and boys have been affected by civil unrest, including documented cases of the shooting to death of 94 children (18 girls & 76 boys) and the maiming of another 240. 20% of Al-Houthi and 15% of the pro-government militia, Al-Jaysh Al-Sha'bi, are children, mandating the UN in Yemen to implement a mechanism for monitoring and reporting on grave child rights violations in line with Security Council Resolution 1612. Reports have also been received regarding children associated with formal government forces, such as the National Security Forces and the Republican Guards and also with the opposition's breakaway armed group of General Ali Mohsen's First Armoured Division and extremist groups such as Ansar-Al-Sharia. The detrimental impact of civil unrest and armed conflict on children's psycho-social well-being has also been noticed.

##### *Disruption of schooling*

Schools are reported to be occupied by armed forces and groups<sup>32</sup>, including anti-government armed groups<sup>33</sup>, disturbing the schooling of more than 100,000 children. In Aden, IDPs used schools as spontaneous shelters and currently around 80 schools are occupied by IDPs despite efforts from the humanitarian community to find alternative shelter solutions. School boycotts by teachers or their participation in political activities and strikes led to the shortening of the spring semester of 2011.

##### *Increased child labour, cross border movements/child trafficking and child marriage as coping mechanisms among vulnerable households.*

The near total breakdown of public services in a number of areas have left many households in deeper poverty, exposing children to further violence, abuse and exploitation. Negative coping mechanisms adopted by many families include taking children out of schools and engaging in child labour, both of which are detrimental to children's wellbeing. Amongst girls, child marriage is reported to be considered a viable coping and protective mechanism in many households. In the north, displacement has increased the likelihood of forced early marriage amongst girls, with about one third of care givers revealing their approval of child marriage as a financial incentive during displacement or as a way to reduce the burden of poverty. Rates of forced child marriage may also have risen from a sense of obligation to host families.<sup>34</sup> Another main issue of concern is the high number of children at risk of

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<sup>28</sup> "Social Protection Monitoring in Sana'a, Amran and Hodeida: Summary Report on Round Seven, 19-25 September 2011", UNICEF Yemen.

<sup>29</sup> "Children and Armed Conflict", Report of the Secretary General (A/65/820- S/2011/250), 25 April 2011.

<sup>30</sup> The Human Rights Council (A/HRC/18/21) report issued on 13 September 2011 and presented to the Council.

<sup>31</sup> *Ibid.*

<sup>32</sup> Pro-regime armed forces include the Republican Guards, Central Security, Military Police, Air Force College and Armed regime loyalists.

<sup>33</sup> Anti-government armed groups include First Armoured Division led by General Ali Mohsen and armed groups of the Ahmar family.

<sup>34</sup> "Inter-agency Comprehensive Child Protection Assessment in conflict affected governorates of North Yemen (Sa'ada, Hajjah, Al-Jawf, Amran & Sana'a Governorates)", Yemen Child Protection Sub-cluster, August 2010.

execution, as a total of 84 children are currently under death penalty and at least 11 of them are considered imminent cases.

#### *Gender-based violence*

This takes various forms, including early/forced marriage, sexual harassment, abuse and violence, forced pregnancy, and female genital mutilation. Sexual violence cuts across all categories of the population, but those that are most vulnerable to violence include women/girls/boys with disabilities, women/girls/boys from marginalized social groups, women headed households, and women/girls/boys in conflict situations.

The situation of GBV is already a challenging issue in Yemen, while reporting and access to information and data is the main obstacle due to the traditional and norms that consider GBV as a sensitive issue. This discourages the survivor from reporting, impeding access to the appropriate services. A clear challenge in addressing sexual violence in Yemen is the weak judicial and law enforcement system. There have been some recent improvements to the legal system, but cultural and traditional practices and norms take precedence over written legislation. Several acts of legislation contain provisions that discriminate against women such as the Personal Status Law, Penal Code, Citizenship law, Evidence Law and the Labour Law as well there is no law for the minimum age of marriage.

Increased levels of sexual & domestic violence in conflict areas may be due in part to the lack of privacy in camps, in addition to traditional practices and the frustration of men who have lost their job.<sup>35</sup> There is a lack of systematic and credible data as a result of limited awareness on sexual violence among key service providers such as health workers, and mechanisms for identifying/reporting cases are weak. Access to quality care and support for victims and survivors is insufficient.<sup>36</sup>

#### *Risk analysis*

- Lack of access to affected population is likely to continue, in particular in Sa'ada, Al-Jawf, northern Amran and Abyan. This will require further refinement of remote management of protection activities, especially to support local protection organizations, implementing partners and their networks.
- The nature and scale of the conflict between Al Qaeda in the Arabian Peninsula and the Government is unknown, which makes needs assessments, response plans and advocacy efforts difficult.
- The high sensitivity of GBV issues and the lack of awareness among all the service providers, community and decision makers.
- Inadequate involvement of host communities in humanitarian strategies is likely to exacerbate tensions with the displaced, hampering integration and re-integration in areas where durable solutions are sought.
- Displacement will remain protracted without effective search for durable solutions.
- The continuity of the security environment and inability of the government system to function and provide basic services have been identified as major risks that may increase the vulnerability and protection concerns against children. In response, the Sub-Cluster has looked at strengthening preparedness and enhancing technical, operational and managerial national capacity as the key components to ensure continuity of critical interventions. This investment will lay at the same time the foundation towards ER and sustainable development.

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<sup>35</sup> Joint rapid assessment for northern governorates, October, 2011.

<sup>36</sup> Sexual and gender-based violence in conflict-affected areas in Northern Yemen, OXFAM March 2011.

##### *Inter-relations of needs with other sectors*

Protection, including the empowerment of women, should be mainstreamed throughout all clusters as it is a cross-cutting responsibility. Relations with other clusters are essential for addressing protection concerns in a holistic and effective manner, including:

- Appropriate service responses in close coordination with Education, Nutrition and Health Clusters.
- Addressing information gaps on needs jointly with Education, Health, Food and Agriculture, Shelter/NFIs/CCCM Clusters.
- Using schools as a site where significant psycho-social support and developmental activities take place.
- Supporting the Education Cluster in working towards opening more schools and increasing attendance rates for girls.
- Advocacy with the Health Cluster to increase the quantity and quality of mental health services.
- Coordination with the ER Cluster regarding emergency livelihood in order to support IDPs' search for durable solutions.
- Coordination with other clusters to address GBV as a cross-cutting issue specifically with Health Cluster to respond to GBV issues. Furthermore, enhancement of linkage will be also sought by the CPSC to ensure coordination of mine risk education within the mine action interventions managed by the ER Cluster.

The CPSC will build on the successful efforts started in 2011 in strengthening inter-cluster linkages with the Education Cluster and further enhance these linkages with the Health Cluster to ensure integrated response and improved evidence-based data, analysis and advocacy. Similar linkages will also be strengthened between Child Protection and Nutrition, Food and Agriculture, WASH, Shelter/NFIs/CCCM and NFI to enhance the protective environment of affected and vulnerable children.

#### **C. Coverage of needs by actors not in the cluster or CAP**

The Protection Cluster and the two Sub-Clusters of Child Protection and GBV have a large group of member agencies. Many have a presence in several governorates, providing flexibility for quick actions in terms of needs assessments and response. While not all Protection Cluster member agencies have submitted projects under the CAP, it is expected that these member agencies will benefit from various funding sources. Some agencies receive bilateral funding, which contributes to the overall objectives of the Protection Cluster. The interventions of these agencies will be well coordinated within the CAP process, including within the Protection Cluster, Child Protection and GBV Sub-Clusters to ensure meeting the needs, effective response and avoid overlap.



**D. Objectives, outcomes, outputs, and indicators**

<b>Cluster Objectives</b>		
<b>Outcomes with corresponding targets</b>	<b>Outputs with corresponding targets</b>	<b>Indicators with corresponding targets and baseline</b>
<b>1. Through protection partnerships, identify violations of rights and protection gaps for internally displaced women, men, girls and boys in the country and respond with remedies and solutions</b>		
Enhanced protection monitoring and advocacy mechanisms in support of the displaced, vulnerable and other conflict-affected people throughout the country.	66 gender-balanced CBPNs are established and functioning in all areas with presence of IDPs.	109 CBPN established 24.
	Protection agencies conduct regular and detailed protection monitoring in the areas of responsibilities.	24 protection monitoring reports.
	Comprehensive gender and age-disaggregated data on protection systematically collected, analysed and disseminated with humanitarian partners.	24 protection data reports analysed and disseminated.
Enhanced national monitoring and advocacy mechanisms in the areas of civil unrests.	A number of national human rights organizations are mobilized into effective and non-partisan monitoring and reporting on human rights situation in the areas of civil unrests.	30 national human rights organizations mobilized.
	Strengthening of support, including legal and psycho-social support to those affected by civil unrests in key urban areas around the country.	% 80 of support activities effectuated in urban areas of civil unrest.
<b>2. Advocacy for internally displaced and host communities affected by conflict, civil unrest and protracted displacement are provided with adequate assistance and support for durable solutions.</b>		
Improved access to government and humanitarian agencies' services for all displaced and affected populations (including host communities)	Completed joint registration of unregistered IDPs and verification of the registered caseload in Aden, Amran, Hajjah, Sa'ada and Sana'a.	30,000 households of previously unregistered IDPs registered.
	All IDPs are issued national identity cards facilitating their access to services (such as health, education, travel documents, birth certificate).	17,000 of IDPs issued national identity cards.
	All IDPs assistance providers to continue to support new and old caseload of the displaced population according to the needs.	80% of IDPs receiving assistance according to the needs.
	In liaison with CCCM/Shelter, Education, Health, Food and other clusters, improve the access to essential services for IDPs and other conflict-affected communities (including host communities).	90% of newly affected communities are identified and assisted according to the needs.
	Implementation of all protection-related activities as per the localized response plans.	70% of protection related activities implemented (due to inaccessibility of some areas).

<b>3. Strengthen the protective environment for affected and vulnerable children, girls and boys, from violence, abuse, exploitation and neglect in emergency, crisis and situations of armed conflict. (Target: Population of 1.25 million of most affected children monitored &amp; 450,000 provided with protection support.)</b>		
Children (girls and boys) affected by civil unrest, conflict and serious protection concerns are monitored against any violations, and services provided for their protection, including advocacy.	MRM on grave violations and other serious protection concerns for children is functional.	UN Country Task Force on MRM functional (Yes/No). Population of the most conflict-affected and vulnerable children covered by MRM mechanism. Target: 1,250,000 most affected children
	Affected and vulnerable children benefited from community and school-based violence prevention and psycho-social support services.	# of affected and vulnerable children benefited. Target: 300,000 children, disaggregated by gender.
	Children-affected and vulnerable who get in contact with the law, including those illegally and arbitrarily detained are provided with support and free legal aid services.	% of reported cases take legal action Target: at least 90% # of children provided with free legal aid services Target: 1,000.
	Affected and vulnerable children provided with free birth certificates in conflict-affected and vulnerable areas.	# of affected and vulnerable children obtained free birth Target: 50,000 (50,000 each boys and girls).
	Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women, including GBV.	# of parents & community members participated in child protection community- based networks, awareness sessions on violence prevention and/or psycho-social activities Target: 200,000 (100,000 each female & male).
Children used and recruited by armed forces and groups, are protected from further violence, abuse and exploitation.	Action plans developed and signed with Ministry of Defence (MoD) and Al-Houthis and the programme on release and reintegration developed and agreed upon.	<ul style="list-style-type: none"> <li>Action plans signed between the UN and MoD and with Al-Houthis (Yes/No).</li> <li>Plans for programme for the release/demobilization and reintegration of children associated with armed forces/groups developed and agreed upon (Yes/No).</li> </ul>
Separated/ unaccompanied, trafficked/smuggled children, including children from the Horn of Africa are protected from violence, abuse and exploitation.	Separated/ unaccompanied, trafficked/smuggled children provided with interim care/shelter, psycho-social support; educational activities and supported for family reunification/ voluntary return to countries of origin.	100 % of identified children provided with interim protection and care. 100% of identified children reunified with their families/supported their voluntary return to countries of origin. Target: 100% of identified children (estimated 1,200).
Children and community members in affected areas improve their knowledge on the threats and dangers of landmines and other indiscriminate and/or illicit weapons.	Community and schools based MRE/ UXO provided to affected people including children.	No. and % of population provided with mines/UXO risk education activities, including children. Target: 200,000, including 100,000 children

**3. Strengthen the protective environment for affected and vulnerable children, girls and boys, from violence, abuse, exploitation and neglect in emergency, crisis and situations of armed conflict. (Target: Population of 1.25 million of most affected children monitored & 450,000 provided with protection support.)**

CPSC functional, delivering timely, effective and coordinated responses.	CPSC is functional conducting monthly/bi-weekly meetings at national and sub-national levels, establishing management information system, conducting inter-agency assessments, monitoring and capacity-building activities.	Structure of CPSC functional at national and sub-national levels Target: Yes/No & No. of functional forums Management information system operational (Yes/ No). Inter-agency assessments conducted in southern, western, & central governorates and in Sa'ada districts. (Yes/ No). Standardized case management system and tools in place. (Yes/ No). Capacity-building for partners Target: 300 people.
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**4. Strengthen the prevention of and response to GBV against women, girls, men and boys affected by conflict and civil unrest.**

Community members and service providers are aware of types of GBV, hazards as well as women and children's rights.	<ul style="list-style-type: none"> <li>• Awareness raising &amp; advocacy campaigns on GBV, hazards and protection are conducted.</li> <li>• Information about services available in the areas to provide care and support to survivors is disseminated.</li> <li>• Providers of relevant services (including outreach workers and volunteers) are sensitized on GBV.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of awareness campaigns delivered (five).</li> <li>• Number of information, education and communication material developed and distributed (12,000).</li> <li>• Number of beneficiaries of campaigns (8,000).</li> <li>• Number of services providers sensitized (200).</li> <li>• Number of sensitization sessions/workshops conducted for service providers (four workshops).</li> <li>• No. of dignity kits distributed to the affected women and girls (10,000).</li> </ul>
Survivors are detected, protected and have access to appropriate and quality medical care, psycho-social support, and legal services.	Professionals who may be involved in caring for survivors (health, social and psycho-social workers, legal counsellors) are trained in GBV, are able to detect cases of violence and to provide care and referral as appropriate.	<ul style="list-style-type: none"> <li>• Number of trainings conducted per sector of intervention (health, social and psycho-social, legal) (five).</li> <li>• Number of professionals trained (200).</li> <li>• Number of survivors (disaggregated by sex and age) who have received care and support (disaggregated by sector of intervention) (300).</li> </ul>
Organizations/ institutions dealing with GBV have the capacity to report and deliver timely, appropriate and coordinated services.	<ul style="list-style-type: none"> <li>• Effective coordination and referrals between service providers is established.</li> <li>• Comprehensive assessment on GBV developed.</li> <li>• Relevant staff in organizations/ institutions are trained in the gender-based violence information management system (GBVIMS).</li> </ul>	<ul style="list-style-type: none"> <li>• Number of cases referred (200).</li> <li>• Number of GBV cases reported (500).</li> <li>• Number of trainings provided (six Sana'a).</li> </ul>

### D. Cluster monitoring plan

Protection monitoring and response is carried out in coordination with all the member agencies of the Protection Cluster lead by UNHCR, the Child Protection Sub-Cluster lead by UNICEF and the GBV Sub-Cluster lead by UNFPA. The Protection Cluster serves as a participatory forum, open to all international and national organizations who, in good faith, seek to promote protection of vulnerable people.<sup>37</sup> The Cluster brings together UN agencies and NGOs as well as representatives of the Government. Information on protection concerns is exchanged on an equal basis, immediate and long-term advocacy and awareness-raising is conducted; advocate and promote within the UN system and the Government a more systematic protection for the population of concern; seek to ensure the mainstreaming of human rights and protection tools in programming and assessments throughout the country and, finally; develop and promote strategies on protection concerns as and when necessary.

The Protection Cluster will seek to strengthen its partnership and coordination with relevant government agencies. It will also explore options for activities that will strengthen the capacity of its members to engage in the promotion and protection of relevant human rights and protection standards in Yemen. In order to achieve this, the Cluster may seek support from the Geneva-based Global Protection Cluster (GPC), the Internal Displacement Monitoring Centre (IDMC), OHCHR, Office of the Special Representative for the Secretary General on Children and Armed Conflict, and others.

In order to ensure effective monitoring and response, the Cluster will continue to work through the two sub-clusters in their specific areas of focus and through ad-hoc working groups as required and agreed by the members.

The Cluster comprises a Field Protection Cluster and Field Child Protection Working Groups (CPWG). These are active in Aden, Amran and Haradh where they meet twice a month. In Sa'ada a protection meeting is convened as needed and a child protection working group meets on a monthly basis. Field-based GBV SCs and CP SCs also report to the field Protection Clusters. On ad-hoc basis the CPSC coordinates responses following civil unrest and protests, including in Taiz and Houdaida.

For the GBV Sub-Cluster, monitoring activities will be carried out by individual agencies to ensure that both individual and cluster objectives are being met. Each project will include indicators and a monitoring plan. The Cluster lead will also organize joint monitoring missions and provide corrective technical and policy guidance as necessary. In 2012, joint assessments will be conducted with other clusters and stakeholder in the interest of mainstreaming, in addition to their on-going work on monitoring and reporting of GBV cases.

In order to further strengthen the coordination between the field and Sana'a as well as with other key actors, the Protection Cluster will do the following:

- Ensure greater and more consistent involvement of Government representatives through cluster and bilateral meetings.
- The Protection Cluster with its two Sub-Clusters will join forces with the UN mandated initiative to set up a monitoring and reporting mechanisms on grave violations against children in Yemen, which will also include the development and signing of action plans for the release/demobilization and reintegration of children associated with armed forces and groups.
- The CPSC will strengthen linkages with the sub-national level Child Protection Working Groups and Child Protection Networks to systematically monitor progress (quarterly basis). It will introduce a comprehensive and standardized monitoring and evaluation system with agreed upon tools to monitor the progress of Sub-Cluster interventions. It will also conduct

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<sup>37</sup> The Cluster also coordinates with organizations that are not formally part of it. For instance, the ICRC stated position on the cluster approach is the following: "Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict and other situations of violence." (IASC: *Guidance Note on using the Cluster Approach to Strengthen Humanitarian Response*, 24 November 2006)

inter-agency rapid assessments on child protection in the south, central and western governorates as well as Sa'ada districts. The bi-weekly UNICEF Social Protection Monitoring Scheme will be expanded to have a national coverage and more focused indicators on child protection.

- The cluster lead agency, UNHCR, is accountable to the Humanitarian Coordinator (HC) for ensuring that protection issues are identified, brought to the attention of responsible institutions and adequately addressed. The ability of the Cluster to fulfil its tasks depends on the UN cluster system in Yemen and the direction and support it receives from the HCT, HC and lead agencies. As such, the Protection Cluster will work closely with HCT, HC and responsible agencies to uphold their role in promoting respect for human rights and humanitarian law. Efforts will also be undertaken to advocate with national authorities and other actors for respect for humanitarian principles, including unimpeded access to affected populations, promoting gender mainstreaming, and ensuring the rights of women and children at the policy, planning and implementation levels.
- The Cluster will continue to mobilize resources for the humanitarian response.<sup>38</sup>

CAP Protection projects will be evaluated every two months. Necessary adjustments will be made if required.

#### E. Table of proposed coverage per site (see also Annex IV)

Organization	Sector / Cluster	Governorate	Implementing Partners	Type of Activity
UNICEF	Protection / Child Protection	Nationwide in all affected governorates	Seyaj	• Monitoring, reporting and advocacy on grave violations against children (MRM), referral & legal aid.
UNICEF & IOM	Protection / Child Protection	Hajjah	INTERSOS, MoSAL, Mol	• Protection of unaccompanied/separated children, trafficked/smuggled children.
UNICEF	Protection / Child Protection	Nationwide	MoSAL, Mol, MoJ, HCMC & Universities	• Capacity-building, assessments & advocacy on child protection in emergency.
UNICEF	Protection / Child Protection	Southern governorates	INTERSOS, MoSAL, SSA, Al-Fardous, SC, MoE	• Community and school-based child protection services and referrals.
UNICEF	Protection / Child Protection	Sa'ada	MoSAL, DS, Al-Razeh, IR, RI	• Community and school-based child protection services and referrals & MRE.
UNICEF	Protection / Child Protection	Amran	MoSAL / YEMAC	• Community and school-based child protection services and referrals & MRE.
UNICEF	Protection / Child Protection	Hajja / Haradh	MoSAL / YEMAC	• Community and school -based child protection services and referrals & MRE.
UNICEF	Protection / Child Protection	Northern & southern governorates	DRC	• Monitoring and reporting on grave violations against children (MRM) & legal aid.
UNICEF	Protection / Child Protection	Sana'a, Aden, Taiz, Marib, Sa'ada, Al-Houdaida	YLDF	• Monitoring, reporting and advocacy on grave violations against children and referral (MRM) & legal aid.
UNICEF	Protection / Child Protection	Sana'a & Taiz	HRITC	• Monitoring and reporting on grave violations against children and referral (MRM) & community and school-based child protection services and referrals.
UNICEF	Protection /	Sa'ada &	Shawthab	• Protection of separated/unaccompanied

<sup>38</sup> See the [Revised Terms of Reference for the Humanitarian Coordinator](#) (IASC, 2003) and [Guidance Note on Human Rights for Humanitarian Coordinators](#) (IASC, 2001).

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Organization	Sector / Cluster	Governorate	Implementing Partners	Type of Activity
	Child Protection	Sana'a		children & community and school-based child protection services and referrals.
<b>UNICEF</b>	Protection / Child Protection	West & central governorates	CSSW	<ul style="list-style-type: none"> <li>Strengthen community mechanisms for protecting children (peer education, and awareness).</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Sana'a	AHRF	<ul style="list-style-type: none"> <li>Help line, referral &amp; psycho-social support services for children (PSS).</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Nationwide in all affected governorates	Coalition of NGOs, YWU, HCMC, MoJ, MoI	<ul style="list-style-type: none"> <li>Legal aid for affected and vulnerable children.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Taiz	Al-Takaful Foundation & Life Making Foundation (LMF)	<ul style="list-style-type: none"> <li>Community and school-based child protection services, including PSS and referrals.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Amanat Al Asimah (Hassaba)	Child Protection Initiative (CPI)	<ul style="list-style-type: none"> <li>Community and school-based child protection services, including PSS and referrals.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Ibb	Childhood Friends	<ul style="list-style-type: none"> <li>Community and school-based child protection services, including PSS and referrals.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Al-Dhale	AlHekmaYama nia	<ul style="list-style-type: none"> <li>Community and school-based child protection services, including PSS and referrals.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Al-Houdaida	Abi Musa AL-Ashary Charity Association, Qotof Development Corporation	<ul style="list-style-type: none"> <li>Community and school-based child protection services, including PSS and referrals.</li> </ul>
<b>UNICEF</b>	Protection / Child Protection	Nationwide	Ministry of Youth	<ul style="list-style-type: none"> <li>Peer education and awareness on child protection and HIV prevention.</li> </ul>
<b>INTERSOS</b>	Protection	Aden	INTERSOS	<ul style="list-style-type: none"> <li>IDP protection, providing counselling (social, legal &amp; psycho-social) &amp; awareness sessions through the community centres.</li> <li>Providing assistance to vulnerable cases (through one time assistance), referring cases in need to parties of concern.</li> </ul>
<b>HFY</b>	Protection	Abyan	YWU	<ul style="list-style-type: none"> <li>Protection</li> </ul>
<b>UNFPA</b>	Protection/ GBV	Lahj, Aden, Harad, Sa'ada, Sana'a, Taiz and Al-Hodidah	YFCA	<ul style="list-style-type: none"> <li>Conducted awareness sessions in the targeted governorates (Lahj, Aden, Harad, Sa'ada, Sana'a, Taiz and Al-Hodidah).</li> <li>Building capacities of service providers (health workers, psycho-social support) in the targeted governorates.</li> <li>Procuring and distributing dignity kits to the most vulnerable displaced women and girls (13,000 dignity kits distributed in Lahj and Aden) (11,000 dignity kits) in Sa'ada Governorate.</li> <li>Distributing rape kits to the health facilities in (Sana'a, Aden, Taiz and Al-Hodidah).</li> <li>Monitoring of GBV cases in the targeted governorates and providing legal support.</li> <li>Develop and distribute GBV brochure.</li> </ul>



Organization	Sector / Cluster	Governorate	Implementing Partners	Type of Activity
UNHCR	Protection	Sana'a	Multiple	<ul style="list-style-type: none"> <li>• Social counselling: 7,000 beneficiaries.</li> <li>• Legal counselling: 500 beneficiaries.</li> <li>• Psycho-social support: 950 beneficiaries.</li> <li>• Protection monitoring: 8,000 beneficiaries.</li> <li>• Basic needs: 4,000 beneficiaries.</li> <li>• Essential services: 4,000 beneficiaries.</li> <li>• Community participation: 4,000 beneficiaries.</li> <li>• Durable solutions: 1,000 beneficiaries.</li> </ul>
UNHCR	Protection	Hajjah	Multiple	<ul style="list-style-type: none"> <li>• Social counselling: 9,000 beneficiaries.</li> <li>• Legal counselling: 3,000 beneficiaries.</li> <li>• Psycho-social support: 8,000 beneficiaries.</li> <li>• Protection monitoring: 5,000 beneficiaries.</li> <li>• Basic needs: 25,000. beneficiaries</li> <li>• Essential services: 15,000 beneficiaries.</li> <li>• Community participation 20,000 beneficiaries.</li> <li>• Durable solutions: 2,500 beneficiaries.</li> </ul>
UNHCR	Protection	Sa'ada	Multiple	<ul style="list-style-type: none"> <li>• Social counselling: 3,000 beneficiaries</li> <li>• Legal counselling: 1,000 beneficiaries.</li> <li>• Psycho-social support: 1,500 beneficiaries.</li> <li>• Protection monitoring: 8,000 beneficiaries.</li> <li>• Community participation: 80,000 beneficiaries.</li> <li>• Durable solutions: 3,500 beneficiaries.</li> </ul>
UNHCR	Protection	Amran	Multiple	<ul style="list-style-type: none"> <li>• Social counselling: 4,500 beneficiaries.</li> <li>• Legal counselling: 750 beneficiaries.</li> <li>• Psycho-social support: 500 beneficiaries.</li> <li>• Protection monitoring: 20,000 beneficiaries.</li> <li>• Community participation: 15,000 beneficiaries.</li> </ul>
UNHCR	Protection	Aden (+ Lahj & Abyan)	Multiple	<ul style="list-style-type: none"> <li>• Basic needs: 10,000 beneficiaries.</li> <li>• Essential services: 10,000 beneficiaries.</li> <li>• Durable solutions: 5,000 beneficiaries.</li> <li>• Protection monitoring: 20,000 beneficiaries.</li> </ul>
IR Yemen	Protection	Amran, Hajjah & Sa'ada	IR Yemen	<ul style="list-style-type: none"> <li>• Providing counselling (social, legal &amp; psycho-social) &amp; awareness sessions (individual &amp; group sessions) through the community centres.</li> <li>• Providing assistance to vulnerable cases (through one time assistance or through providing income generation projects), referring cases in need to parties of concern &amp; building capacity of IDPs.</li> </ul>
IR Yemen	Food and Agriculture	Sana'a, Aden, Haradh, Amran, Sa'ada	IR Yemen	<ul style="list-style-type: none"> <li>• Food distribution.</li> </ul>
IR Yemen	Capacity-building	Amran, Hajjah, Sa'ada, Sana'a&Aden	IR Yemen	<ul style="list-style-type: none"> <li>• Provide capacity-building training to develop skills of staff in all mentioned areas &amp; IDPs in Amran, Hardah &amp; Sa'ada.</li> </ul>
IR Yemen	Coordination and Support Services	Sana'a, Aden, Haradh, Amran, Sa'ada	IR Yemen	<ul style="list-style-type: none"> <li>• Coordinating with other parties such as WFP, UNHCR, Consortium, OCHA in providing services and through Clusters (Food &amp; Agricultural Security, Protection, GBV, CCCM, WASH, Nutrition &amp; ER Clusters).</li> </ul>

Organization	Sector / Cluster	Governorate	Implementing Partners	Type of Activity
DRC	Protection	Abyan	CSSW	<ul style="list-style-type: none"> <li>IDP profiling, protection monitoring, child protection monitoring.</li> </ul>
DRC	Protection	Aden	DRC	<ul style="list-style-type: none"> <li>IDP profiling, protection monitoring, child protection monitoring.</li> </ul>
DRC	Protection	Amran	DRC	<ul style="list-style-type: none"> <li>IDP profiling, protection monitoring, child protection monitoring.</li> </ul>
DRC	Protection	Hajjah, Lahj, Sana'a	DRC	<ul style="list-style-type: none"> <li>IDP profiling, protection monitoring.</li> </ul>
Danish Demining Group	Mine Action	Aden	DRC	<ul style="list-style-type: none"> <li>MRE (with DDG).</li> </ul>
DRC	Protection	Shabwah, Taiz, Abyan, Lahj	DRC	<ul style="list-style-type: none"> <li>Refugee registration, advocacy.</li> </ul>
ADRA	Protection	Sana'a	ADRA	<ul style="list-style-type: none"> <li>Protection monitoring, social, psycho-social and legal counselling, financial and livelihood assistance, referrals.</li> </ul>

[illegible]

## 4.5.9 Shelter/NFI/CCCM Cluster

### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</b>
<b>Cluster member organizations</b>	UNHCR, SHS, IOM, CSSW, SC, INTERSOS, ADRA, DRC, YRCS, AI Amel, Executive Unit, UAE Red Crescent, RI, IRY, HFY, OXFAM, WFP, UNICEF, CARE International
<b>Number of projects</b>	9 (UNHCR-1, DRC-2, RI-1 ADRA-1, HFY-1, IOM-3)
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Upon needs assessment, ensure that identified vulnerable categories of women, men and boys, girls meet their minimum shelter and basic household needs to improve their living standards in camp-based and host communities.</li> <li>• Ensure equal participation of women and men in camp-based leadership and decision-making and prevent the risk of GBV during delivery of assistance.</li> <li>• Build camp management, coordination, monitoring and reporting capacities for all actors including national/local authorities to strengthen response including assessments and preparedness.</li> <li>• Facilitate/advocate the achievements of durable solutions for vulnerable displaced people in coordination with all stakeholders including the affected population.</li> </ul>
<b>Number of beneficiaries</b>	<b>572,233</b> (309,751 females, 290,417 males)
<b>Funds required</b>	<b>\$26,958,236</b>
<b>Funds required per priority level</b>	Life-saving: \$22,666,116 Time-critical: \$4,142,045 Support Services: \$150,075
<b>Contact information</b>	Naveed Hussain, <a href="mailto:hussainn@unhcr.org">hussainn@unhcr.org</a>

### Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs inside camps <sup>39</sup>	21,198	18,799	39,997	6,462	5,731	12,193
IDPs inside collective centres (South only)	11,007	9,760	20,767	11,007	9,760	20,767
IDPs outside camps <sup>40</sup>	186,686	166,406	352,686	154,020	138,911	292,931
Planned returnee population <sup>41</sup>	90,206	79,944	170,199	51,462	47,815	71,342
Affected/hosting communities <sup>42</sup>	148,800	151,200	300,000	86,800	88,200	175,000
<b>Total</b>	<b>457,897</b>	<b>426,109</b>	<b>883,649</b>	<b>309,751</b>	<b>290,417</b>	<b>572,233</b>

### A. Sectoral needs analysis

The current situation in Yemen has worsened the living conditions of IDPs, mainly children and households headed by unaccompanied minors, single females, older people, people with disabilities and chronically ill who are now relying 100% on humanitarian aid. Moreover protracted and new displacements have increased tensions between IDPs and hosting communities due to burden on resources coupled with land issues.

#### Access to shelter

Despite efforts made by the Cluster, 75% of IDPs outside camps live below the minimum shelter standard of 3.5 m<sup>2</sup> covered space per person which are either overcrowded with limited privacy or

<sup>39</sup> The IDP camps in Sa'ada city are under ICRC/YRC responsibility and not covered by the present Cluster.

<sup>40</sup> Households headed by minors or unaccompanied minors, females, the elderly, and with members suffering from physical or mental illness or chronically ill, and with pregnant and lactating females and people at risk (GBV).

<sup>41</sup> Projected vulnerable returnees of male and female families in 2012 and those who have returned in 2011

<sup>42</sup> Single-headed households hosting IDPs, socially or economically marginalized groups, highly populated IDP and/or return locations (community-based projects).

inhabitable due to unaffordable rent and hindered access to land for emergency or transitional shelter. Land is predominately claimed by tribes and the Government has limited influence over the usage of these lands.

As a consequence, the risks to various categories of IDPs increase. For instance, women feel insecure and are increasingly at risk of being subjected to domestic violence; men are psychologically distressed given their inability to shelter the family as part of their gender roles, girls are at greater risk of being forced into early marriage to reduce their perceived burden on the family, while boys face greater risks of being trafficked or subjected to child labour to generate income. In Aden, over 40,000 children are without access to education given that schools are occupied by IDPs.

Inadequate shelter is one of the factors that has hindered voluntary return in the north with over 6,210 houses damaged in Sa'ada and 19.2% homes severely damaged in Al-Jawf. This has compelled 60% of IDPs who have returned to rent houses, to live in their partially damaged houses, or live with relatives.

Shelter being a top priority need, the Cluster will focus on improving the shelter conditions of the most vulnerable families who are at risk through various shelter support initiatives (shelter repair kits or tools, cash assistance, technical guidance, training) using as much as possible community-based approaches and local materials as per the shelter guidelines and will liaise with the relevant stakeholders to resolve land issues.

##### *Access to NFIs, including fuel*

There is a growing need for essential NFIs including mattresses, blankets, kitchen sets, stoves, buckets and hygiene materials, for IDPs living inside and outside camps. Due to new and secondary displacements families are in most instances suddenly forced to flee their homes without anything. In addition to general household requirements, women and girls of reproductive age are in need of sanitary materials, while boys and girls requested for clothing and recreational materials.

Replenishment of NFIs for protracted displacement including those in camps is also needed while additional blankets are required by all groups to cope with the winter season. For example, a 31 August 2011 Rapid Needs Assessment of IDPs in Arhab by the Society for the Development of Women and Children (SOUL) revealed that 77.4% of internally displaced families is lacking blankets, while 87.1% have insufficient mattresses.

Due to the high cost of fuel and its scarcity on the market, women and girls often walk long distance to fetch firewood which exposes them to increased risk of SGBV. In addition, firewood collection has serious environmental impacts that need to be addressed, as well as awareness to prevent fire incidents as was reported due to inappropriate cooking habits.

##### *Community participation and management*

The level of women representation in leadership committees and involvement in decision making as compared to men mainly outside organized camps remains near to nil given that Yemen is a male-dominated society. Although the Cluster made tremendous efforts to bridge the gaps, more is still needed to ensure equal representation and meaningful participation of women and men in leadership and decision making. In Yemen, a camp is often a last resort due to cultural norms; as a result, only about 12% of the displaced population resides in organized camps.

All IDPs in camps have equal access to adequate services as per the minimum requirements including sufficient non-food and food items as compared to those outside camps. However, some issues remained unresolved including the lack of livelihood opportunities as the hosting communities leaving IDPs in camps 100% reliant on humanitarian aid. Likewise, alternative cooking options remain an issue; despite distribution of kerosene stoves, women continue to fetch firewood which not only damages the environment but increases women's exposure to risks of SGBV. The longevity of emergency shelter coupled with the harsh weather conditions in Hajjah results to the replenishment of emergency shelters including plastic sheeting every four months. The maintenance of the two camps and plans for transitional shelters will require additional resources. Strong advocacy with the

Government is needed to resolve land issues and durable solutions for those who may opt for local integration as well as finalizing the camp closure strategy.

### ***Risk analysis***

The implementation of an appropriate and immediate settlement option to remove IDPs from schools in Aden may prove to be a challenge.

Ensuring equal participation of women and men in leadership within camps, collective centres and other settlements may prove challenging due to cultural norms and gender roles.

The rising cost of living could increase the risk of the most vulnerable internally displaced families to access appropriate and adequate shelter coupled with limited government capacity to address shelter needs and land issues.

The continued collection of firewood with no other solution to address the issue of cooking energy could cause further damage to the environment and increase the risks for women and girls.

### ***Inter-relations of needs with other sectors***

Given the priority needs expressed separately by boys, girls, women and men, the Cluster will coordinate with other Clusters, agencies and the government to ensure that the various categories of IDP boys, girls, women and men in camps or camp-based setting are met through equal access to humanitarian aid. Similarly, the Cluster will ensure that distribution processes by all agencies prevent the risks of exposure to SGBV through culturally appropriate systems.

## **B. Coverage of needs by actors not in the cluster or CAP**

The Cluster will continue to coordinate with ICRC and other civil society groups including the business communities in responding to the needs of IDPs in camp management, emergency shelter and NFIs in order to avoid duplication of activities and in order to coordinate response to identified gaps.

## **C. Objectives, outcomes, outputs, and indicators**

<b>Cluster Objectives</b>		
<b>Outcomes with corresponding targets</b>	<b>Outputs with corresponding targets</b>	<b>Indicators with corresponding targets and baseline</b>
<b>1. Ensure that vulnerable groups of boys, girls, women and men equally meet their minimum shelter and basic household needs to improve their living standards in camp-based and host communities.</b>		
Vulnerable families headed by males and females are able to meet their living minimum shelter requirements of 3.5m <sup>2</sup> space per person.	Emergency /upgrading of shelters provided.	<ul style="list-style-type: none"> <li>20,000 vulnerable families meeting covered living areas of 3.5m<sup>2</sup> per person.</li> <li>100% of targeted single female headed household have access to adequate shelter and feel secure.</li> </ul>
Vulnerable families have sufficient household items to meet their daily needs.	NFIs distributed.	<ul style="list-style-type: none"> <li>30,000 targeted affected families have NFIs to SPHERE minimum standards.</li> </ul>
Women and girls have limited exposure to SGBV risks with reduced impact on the environment.	4,000 stoves/alternative domestic energy source distributed	<ul style="list-style-type: none"> <li># vulnerable families where women/girls have access to safe fuel efficient domestic energy (4,000).</li> </ul>
		<ul style="list-style-type: none"> <li>100 fire prevention awareness trainings conducted inside and outside camps with equal participation of all groups.</li> </ul>

#### 4. The 2012 common humanitarian action plan

<b>2. Ensure equal participation of women and men in camp-based leadership and decision-making and prevent the risk of GBV during delivery of assistance.</b>		
Women and men are participating equally and meaningfully in community structures and decision making.	Needs assessments on protection risks/needs are conducted.	<ul style="list-style-type: none"> <li>• Eight focus groups conducted with equal representation of all groups.</li> <li>• Three comprehensive needs assessments conducted with outputs disaggregated by sex, gender and age.</li> </ul>
	% of women's participation in community structures increased.	Women's involvement in community structures increase to 50%.
Women and men receive assistance in a culturally accepted manner.	Risks of exposure to SGBV reduced.	100% of distributions with culturally acceptable systems including separate queues for women and men.
<b>3. Build camp management, coordination, monitoring and reporting capacities for all actors including national/local authorities to strengthen response including assessments and preparedness.</b>		
CCCM staff and partners respond efficiently in meeting the needs of the affected population.	120 people participate in CCCM trainings.	# staff and partners in need of capacity-building are trained.
	2 camps minimum international standards are met.	% of organized IDP camps managed by the CCCM Cluster and meeting the minimum international standards (100%).
	60% of IDPs in settlements and collective centres minimum living requirements are met.	% of IDPs settlements or collective centres managed under the CCCM Cluster and meeting the minimum living standards (60%).
Coordination within the Cluster and with other actors improved.	24 coordination meetings conducted in at national and sub-national levels.	# of coordination meetings conducted according to work plan (24).
	Joint monitoring visits conducted.	# of joint monitoring visits (two).
<b>4. Facilitate/Advocate the achievements of durable solutions for vulnerable displaced people in coordination with all stakeholders including the affected population.</b>		
Voluntary return of vulnerable internally displaced families is sustained through access to adequate shelter.	Shelter kit and other support provided.	12,000 IDP families have voluntarily returned to places of origin and provided with shelter support.
	10 organized "go and see visits" supported.	
IDPs as well as affected population live in harmony with host communities and share common basic resources.	20 small-scale community projects supported.	# IDPs/return communities supported with small-scale projects (20).



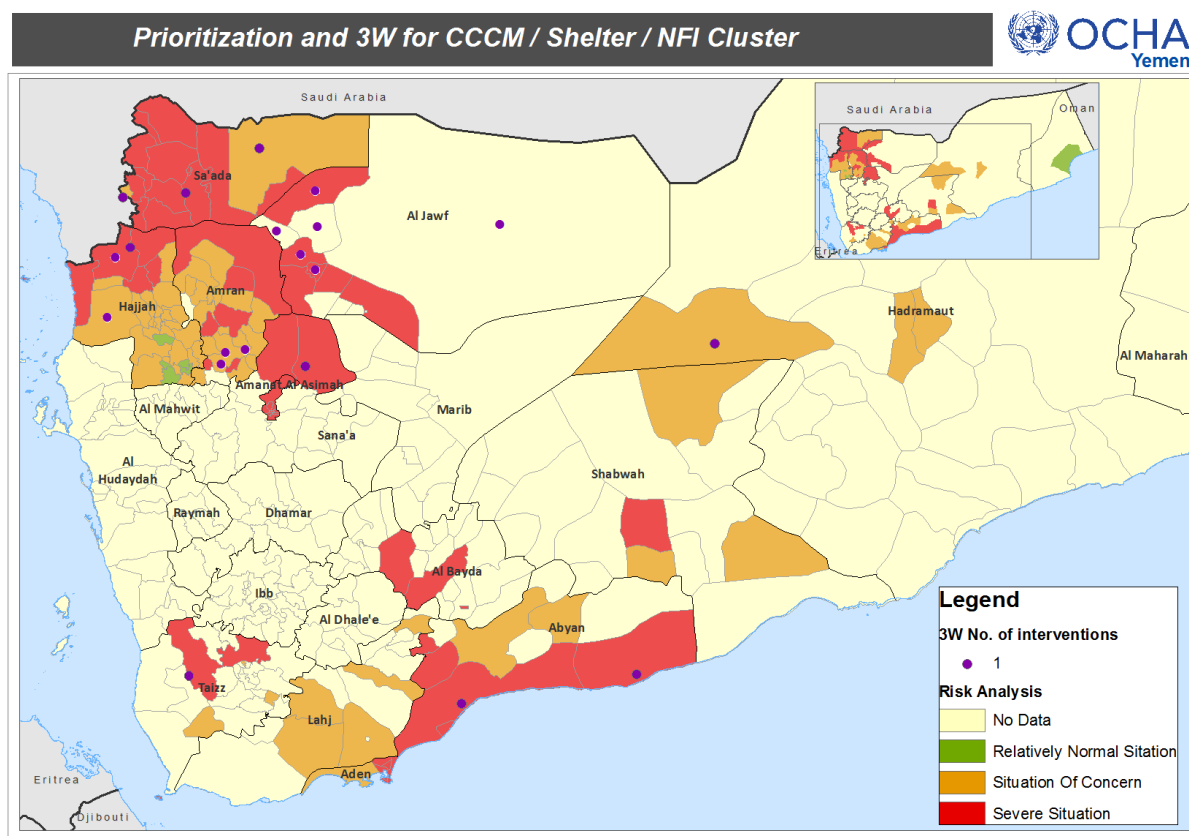
## D. Cluster monitoring plan

The Cluster will continue to strengthen partnership with local authorities, NGOs and community-based structures to ensure their inclusion in the response, including reaching out to inaccessible areas. Coordination will be enhanced with non-cluster actors to respond to gaps and avoid duplication while the following tools will be used to measure the Cluster performance in meeting the needs of the targeted population through the overall coordination of UNHCR as Cluster Lead:

- Monthly meetings in Sana'a and meetings when the need arises bi-monthly meetings in Haradh, Amran, Aden.
- IM system to track progress of agencies and share sex disaggregated data, including the mapping of "Who/What/Where" and needs assessment to capture the different needs, capacities and skills of women, girls, boys and men.
- Monthly and joint monitoring reports to assess progress and effects of assistance on the affected population.
- MYR in order to reflect on progress made towards results in relation to baselines, target (impact/performance) and make the necessary adjustments.
- The Cluster's minimum gender standards in line with the ACT and ADAPT Gender Framework.

## E. Map of proposed coverage per site

The composition of the Cluster is inclusive, participatory and will continue to ensure and maintain strong partnership and coordination with Government, all other stakeholders in an aim to meet the needs of the affected population. The table below indicates agencies with projects in the CAP while the map consists of all agencies within the cluster as per priority areas.



### 4.5.10 WASH Cluster

#### Summary of response plan

<b>Cluster lead agency</b>	<b>UNITED NATIONS CHILDREN'S FUND</b>
<b>Cluster member organizations</b>	UNICEF, Oxfam, CARE, RI, ADRA, IOM, WHO, SC, ACTED, IMC, ACF, CSSW, AL- Khair, YWU, Al-Amal, SSC, SHS, GARWSP and LWSC
<b>Number of projects</b>	20
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>To sustain and expand safe water access to 1.3 million most vulnerable girls, boys, women and men affected by conflict, disease outbreaks, malnutrition in rural as well as urban areas.</li> <li>To sustain and expand access to adequate sanitation to 0.4 million most vulnerable girls, boys, women and men affected by conflict, malnutrition, disease outbreaks in rural as well as urban areas.</li> <li>To promote hygiene amongst the 1.3 million most vulnerable girls, boys, women and men at public health risks through hygiene education and hygiene materials.</li> <li>To build capacity of communities, local authorities, community-based organizations (CBOs), and implementing partners to sustain, expand, manage, and coordinate water, sanitation and hygiene services, and water resources to improve resilience in emergencies and natural disasters.</li> </ul>
<b>Number of beneficiaries</b>	1,318, 673
<b>Funds required</b>	\$30,091,315
<b>Funds required per priority level</b>	Life-saving: \$26,833,926 Time-critical: \$3,257,389
<b>Contact information</b>	Donald Burgess - <a href="mailto:dburgess@unicef.org">dburgess@unicef.org</a>

#### Categories and disaggregated numbers of affected population and beneficiaries

Category	Affected					Targeted				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
<b>North</b>										
IDPs	75,514	80,312	76,777	85,409	318,013	71,738	76,297	81,139	72,939	302,112
Returnees	33,256	35,369	33,812	37,613	140,050	16,237	18,063	26,597	9,104	70,000
Other (1)	188,758	200,752	191,916	213,492	794,198	64,169	187,475	137,927	123,988	513,559
North sub-total	297,528	316,433	302,505	336,514	1,252,261	152,144	281,835	245,663	206,031	885,671
<b>South</b>										
IDPs	20,936	22,266	21,286	23,679	88,167	20,936	22,266	23,679	21,286	88,167
Other (2)	147,097	156,443	149,558	166,372	619,470	69,411	77,214	113,694	38,916	299,235
South sub-total	168,033	178,709	170,844	190,051	707,637	90,347	99,480	137,373	60,202	387,402
<b>Rest of the country</b>										
Other (2)	165,312	175,817	168,078	186,974	696,181	10,828	11,516	12,247	11,009	45,600
Rest sub-total	165,312	175,817	168,078	186,974	696,181	10,828	11,516	12,247	11,009	45,600
<b>Total</b>	<b>630,873</b>	<b>670,959</b>	<b>641,427</b>	<b>713,539</b>	<b>2,656,079</b>	<b>253,319</b>	<b>392,831</b>	<b>395,283</b>	<b>277,242</b>	<b>1,318,673</b>

North: Sa'ada, Hajjah, Amran, Al-Jawf, Sana'a

South: Abyan, Aden, Dhale, Lahj, Shabwah, Taiz

IDPs: registered IDPs through the Government/UNHCR Working Group as of 31 August

Other (1): conflict-affected, host communities, migrants, non-IDPs (below extreme poverty threshold)

Other (2): conflict-affected, host communities, non-IDPs (below extreme poverty threshold)

Ration of women to men: 0.9692074

Ratio of girls to boys: 0.9467786

Ratio of adults to children: 0.51

## A. Sectoral needs analysis

Unsafe water, poor sanitation and hygiene are the root causes of the public health risks contributing to malnutrition and disease outbreaks and thus increasing the morbidity and mortality burden. WASH Cluster partners (WCPs) will respond to the most vulnerable girls, boys, women and men affected by conflict, malnutrition, disease outbreaks and with no access to safe and adequate WASH facilities and services. The information gaps will be further narrowed by carrying out fresh assessments and targeting the most needy to prevent excess morbidity and mortality. WASH Cluster response will also support in protecting the most vulnerable and will build the capacity of community to increase their resilience.

### *Identification of priority needs, populations and locations based on key indicators*

*Respond to the on-going cholera and AWD outbreak in southern governorates with more than 21,113 cases of AWD resulting in 107 deaths reported till October 2011.*

The current crisis has seen most households reporting a decline in the amount of water available for household use with corresponding increase in the number and severity of diarrhoea outbreaks. In south, five out of 21 governorates have reported outbreaks of AWD with over 25% of the cases amongst children under five. WASH Cluster partners will work closely with health and nutrition in conducting detailed needs assessments to ascertain the affected populations and target beneficiaries

Governorate	Cases	Deaths	Case fatality rate
Abyan	8,770	30	0.34%
Aden	7,320	12	0.16%
Lahj	1,422	4	0.28%
Ibb	537	21	3.91%
Dhale'	3,64	40	1.31%
Totals	21,113	107	0.51%
AWD and cholera affected population (Source: WHO, 15 October 2011)			

*Respond to the conflict-affected IDPs and returnees in north as well as south by sustaining/maintaining existing WASH facilities and services.*

At present 407,000 IDPs and 140,000 returnees are in need of assistance.

*Respond to the areas where girls and boys are reported to be found with moderately to severe wasting in the north and south.*

In a recent nutrition survey (UNICEF and Nutrition Cluster 2011) in Hajjah amongst IDPs, diarrhoea which is linked to WASH was found to be significantly associated with all types of malnutrition. Of the children with severe malnutrition 55.8% were reported to have had diarrhoea in the two weeks preceding the survey.

*Respond to a portion (30% i.e. 6.88 million) of the total population which are estimated to be food-insecure.*

The most food-insecure governorates (Amran, Hajjah, Abyan, Ibb, Reymah Al Dhale) as per WFP CFSS 2010 are also the most water-insecure with a higher prevalence of SAM.

*Respond to the most vulnerable population with less than \$1.25 per capita per day.*

As per the Yemen Central Statistical Organisation (CSO) projection about 34% people (7.83 million) are below national poverty line whereas 17.5 % population (as per HDR 2010) lives under \$1.25 per person per day in the country.

As per the JMP (Joint Monitoring Programme report link-<http://www.wssinfo.org/>) by UNICEF and WHO 2010, 38% (i.e. around nine million) of the total population do not have access to safe water sources and 48% (around 11 million) Yemeni do not have adequate sanitation facilities and this trend is on increase from the last 10 years. If taken an average of unimproved water and sanitation coverage, i.e. 10 million, it is estimated that 30% (three million) of the population will suffer the most from unimproved water and poor sanitation access in 2012. This population is also affected by conflict, outbreaks, morbidity and poverty as described in the above points. Out of the 3.1 million affected 2.56 million are in the 16 targeted governorates. WASH Cluster partners will respond to a population of 1.3 million with lifesaving, time-critical inputs.

Yemen is one of the most water starved countries of the world. The cost of water trucking has gone up to \$8 per cubic metre in some places, which is 2-3 times more than in March 2011. Most people in urban areas who were dependent on the government local water supply corporations (LWSC) are now buying water from private vendors. This trend will increase in the coming months and will affect the poor and the most vulnerable. The GARWSP does not have the revenues to maintain existing water infrastructure in the rural areas and has asked the international community for funding and support.

To ascertain proper targeting and further strengthening of the response WCPs will conduct needs assessments in target locations. WCPs will scale up substantially in 2012 in south as well as in other parts of the country. UNHCR will continue to support with interventions for refugees and IOM for migrants.

##### ***Risk analysis***

The key risks to the WASH response will be overwhelming number of beneficiaries due to escalation of the conflict beyond what humanitarian agencies can provide and increased conflict as communities and populations fight which may result in disruption of water supply and sanitation services, unaffordable cost of water trucking, water conflicts, response based on Government assistance may deter if the government collapses.

##### ***Inter-relations of needs with other sectors***

The same people affected by unsafe water and inadequate sanitation are also affected by malnutrition, diarrhoea and other water borne diseases. Similarly, people experiencing water insecurity are the same population affected by food insecurity and poverty. WASH Cluster partners will coordinate with nutrition and Health Cluster partners and will coordinate with the Education Sector to respond to the needs for girls and boys in the schools. The Sector will consult ER, and Shelter and CCCM Clusters before targeting returnees and new IDPs. The WASH Cluster will also provide technical support to the Food and Agriculture Sector in exploring water resources and integrated water resource management.

#### **B. Coverage of needs by actors not in the cluster or CAP**

Apart from the existing WCPs there are other actors like ICRC, SFD (Social Fund for development). Bilateral meetings with these organizations and proactive information sharing are in place informally or formally to avoid overlapping. ICRC works in conflict-affected areas mainly in Sa'ada and Amran in the north, Lahj, Taiz Al Dahle, Shabwa and Abyan in the south. They have been responding to the needs of urban areas in Aden and Sana'a. Moreover, ICRC works closely with the GARWSP and LWSC (local water supply corporations) who are also WASH cluster partners. Social fund for development (SFD) is responding to long-term needs by construction, rehabilitation of reservoirs and other water supply systems in coordination with LWSC and other government authority and provision of grants to vulnerable households. MSF manages their own clinics/health centres and they report on the water borne disease-surveillance in their targeted areas which further helps WCPs in their targeting and response planning.

## C. Objectives, outcomes, outputs, and indicators

Cluster objectives		
Outcomes	Outputs	Indicators
<b>To sustain and expand safe water access to 1.3 million most vulnerable girls, boys, women and men affected by conflict, disease outbreaks, malnutrition in rural as well as urban areas.</b>		
1.3 million most vulnerable girls, boys, women and men affected by conflict, disease outbreaks, malnutrition in rural as well as urban areas ensured access to various levels of safe water supply interventions.	<ul style="list-style-type: none"> <li>Needs assessments.</li> <li>Sustaining*the existing water supply systems**</li> <li>Expanding by installation and construction of new water supply systems.</li> <li>Ensuring water safety by chlorination/use of ceramic filter and water quality monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>Number of people who have access to 10-15 litres of safe water /person/day (disaggregated by gender) within 1,000 metres of distance.</li> <li>0.2-0.5mg/litre residual chlorine available at the point of use and approved filtration capacity for ceramic filters (all the above for camps, communities, schools and health centres).</li> </ul>
<b>To sustain and expand access to adequate sanitation to 0.4 million most vulnerable girls, boys, women and men affected by conflict, malnutrition, disease outbreaks in rural as well as urban areas.</b>		
0.4 million most vulnerable girls, boys, women and men affected by conflict, malnutrition, disease outbreaks in rural as well as urban areas ensured access various levels of sanitation interventions.	<b>Needs assessments</b> <ul style="list-style-type: none"> <li>Sustaining* the existing sanitation facilities and services.</li> <li>Expanding by installation and construction of new sanitation facilities and services (even other defecation mechanism like controlled defecation field in early phase emergency).</li> <li>Sanitation facilities and hygienic environment maintained through vector control and liquid and solid waste management.</li> </ul>	<ul style="list-style-type: none"> <li>Numbers of people (disaggregated by gender) have access to improved sanitation or practice defecation in controlled defecation fields (in early phase of emergency).</li> <li>Number of people (disaggregated by gender) benefit by vector control measures.</li> <li>Number of people benefit by solid waste management.</li> <li>Number of garbage cleaning campaigns conducted.</li> </ul> <p>(All the above for HH/community, camps, school and health facilities).</p>
<b>To promote hygiene amongst the 1.3 most vulnerable girls, boys, women and men at public health risks through hygiene education and hygiene materials.</b>		
1.3 million most vulnerable girls, boys, women and men has better awareness of linkages between health and WASH.	<ul style="list-style-type: none"> <li>KPA surveys.</li> <li>Household visits, community hygiene education campaigns, hygiene education in schools, distribution of hygiene materials, hygiene trainings, children clubs, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Number of people (disaggregated by gender) reached with hygiene education messages and awareness raised.</li> <li>Number of people (disaggregated by gender) practicing hand washing with soap or ash at critical times.</li> </ul> <p>(All the above for HH/community, camps, school and health facilities).</p>

#### 4. The 2012 common humanitarian action plan

**To build capacity of communities, local authorities, CBOs, and implementing partners to sustain, expand, manage, and coordinate WASH services, and water resources to improve resilience in emergencies and natural disasters.**

Enhanced capacity of community members, and the WASH Sector to manage and take care of WASH services.

- Formation of WASH committees.
- Committees and WASH sector staff (individuals) trained to sustain and manage the WASH services.
- Other stakeholders and WASH personnel trained on DRR and IWRM.

- Number of WASH committees established.
- Community members trained on management of WASH services and practices (disaggregated by gender) and WASH personnel trained on DRR, IWRM (disaggregated by gender).

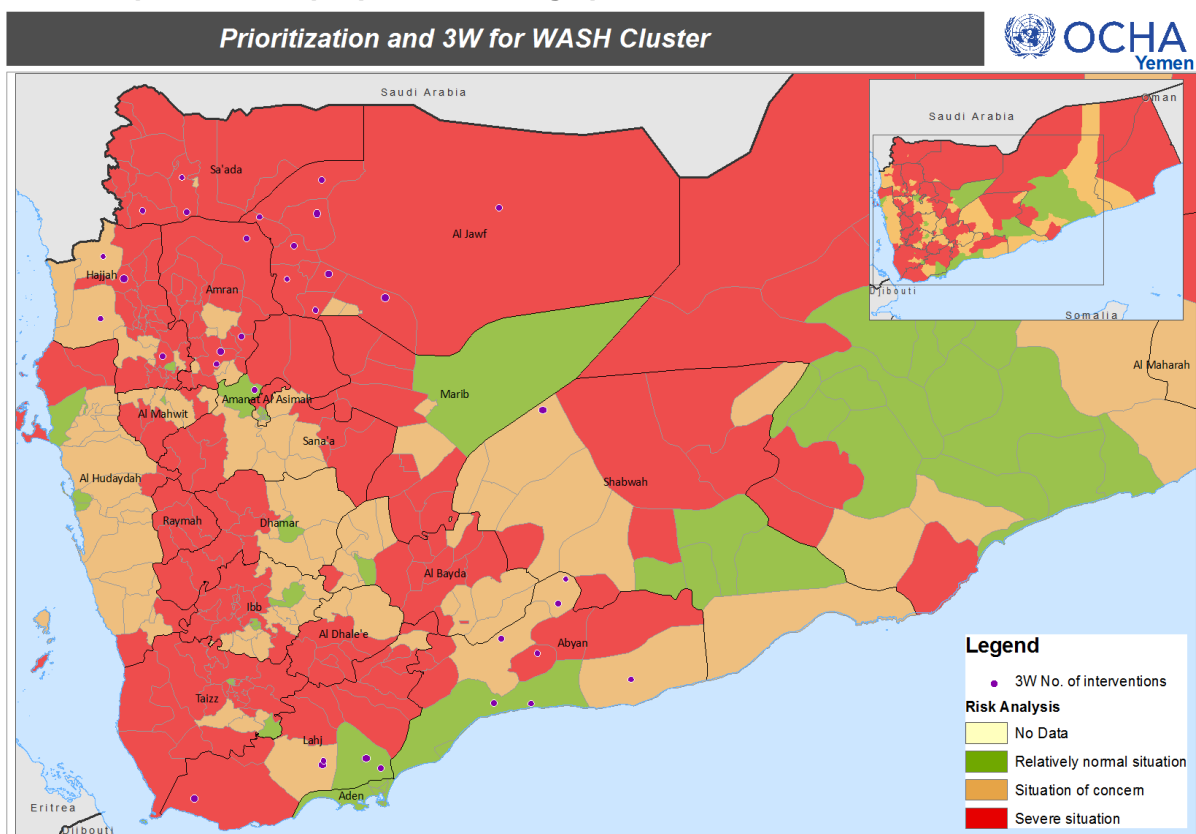
**Sustaining\*:** restoring, rehabilitating the damaged, operating and maintaining the existing

**Water supply systems\*\*:** water sources, pumps, wells, water storages tanks, network, taps, trucking, or any other safe water supply measures.

#### D. Cluster monitoring plan

Apart from the existing coordination, WASH Cluster aims to support its own IM cell with focal points from partner agencies to develop assessments, mapping and tracking of outputs. This information will be collected on periodical basis by Governorates, District with the facilitation of UNICEF and NGOs according to a standardized format agreed by the strategic advisory group in line with Inter-Agency Standing Committee policies. WASH Cluster has worked closely with UNICEF on a web-based IM system, this will help in the standard reporting of the Cluster and with the help of its partners will be asked to report on indicators. “Who-What-Where-When” maps will be produced for each affected governorate, district and site level. Map production will be done on half yearly basis or as the situation requires with assistance from OCHA. WCPs will review and update its portfolio of projects in the CAP to reflect evolving needs, new actors inside and outside the CAP, and changes in the division of labour within the cluster every quarter in 2012.

#### E. Map or table of proposed coverage per site





## 4.6 Logical framework of humanitarian action plan

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The log frame table outlined below is derived from the humanitarian strategy for Yemen and the respective objectives (see section 4.2 for details). It combines these objectives with indicators used for monitoring and the corresponding cluster objectives (see section 4.5 for details). This way, the main outputs and objectives of each cluster are cross-referenced with the overall country strategy. While this has already been described individually in each the cluster response plan, the below table provides the synthesis thereof, and enables the reader to relate cluster objectives/strategies with the overall strategic objectives of the YHRP 2012 and vice versa.

It should be noted at this point that not each and every cluster objective is matched against the overall strategy. Only the most relevant examples where chosen in order to demonstrate to the interested audience the strong linkages that have been established between the strategic objectives and the cluster strategies in the planning workshops accompanying the CAP. The high level of coherence achieved demonstrates the commitment of all humanitarian partners to act together in order to provide an environment for safe and healthy living for conflict-affected people in Yemen in 2012.

*Logframe for YHRP 2012*

Key indicators with targets		Corresponding cluster objectives	
STRATEGIC OBJECTIVE 1: POPULATIONS IN ACUTE HUMANITARIAN NEED ARE IDENTIFIED			
<ul style="list-style-type: none"><li>Coordinated inter-cluster assessments conducted in emergency crises using standard assessment tools.</li><li>An integrated IM system developed.</li><li>Each cluster develops a country-wide assessment plan.</li><li>Credible household multi-sector survey conducted in 2012 wherever there is access.</li><li>Assessments capture the different/disaggregated need and capacities of women, girls, boys and men affected by emergency.</li></ul>	Coordination	<ul style="list-style-type: none"><li>Common rapid assessment methodology is implemented.</li><li>Baseline data and cluster information shared.</li></ul>	
	ER	<ul style="list-style-type: none"><li>Coordination and advocacy platform for ER.</li><li>Evidence-based response analysis.</li></ul>	
	Nutrition	<ul style="list-style-type: none"><li>Strengthen IM systems.</li></ul>	
	Shelter/NFI/CCCM	<ul style="list-style-type: none"><li>Build camp management, coordination, monitoring and reporting capacities for all actors in order to strengthen assessments, response and preparedness.</li></ul>	
	WASH	<ul style="list-style-type: none"><li>Needs assessments.</li></ul>	
STRATEGIC OBJECTIVE 2: THE MORTALITY LEVEL OF THOSE IN ACUTE HUMANITARIAN NEED REMAINS STABLE			
<ul style="list-style-type: none"><li>The death rate of wasted under five girls and boys in CMAM facilities within target areas does not exceed 10%.</li><li>The CFR for communicable diseases remains below the nationwide 1% threshold.</li><li>Prevalence of acute malnutrition amongst under five beneficiary children (disaggregated by sex and age) below 10%.</li></ul>	Food and Agriculture	<ul style="list-style-type: none"><li>Save lives and protect livelihoods in emergencies and recue acute malnutrition.</li><li>Improve the availability of food for consumption.</li><li>Food items distributed in sufficient quantity and quality to targeted beneficiaries.</li><li>Number of girls, boys, women and men receiving items by category.</li><li>Prevent and reduce acute malnutrition in children under five.</li></ul>	

Key indicators with targets	Corresponding cluster objectives	
<ul style="list-style-type: none"> <li>10-15 litres /person/day (disaggregated by gender) of safe water supply within 500 metres of distance for most vulnerable people affected by conflict that had previously no access to safe water.</li> <li>Number of people (disaggregated by gender) provided access to improved sanitation.</li> </ul>	<b>Health</b>	<ul style="list-style-type: none"> <li>Ensure access to a standardized package of quality life-saving health services.</li> <li>CMR does not exceed on average 9/1,000.</li> <li>MMR does not exceed on average 366/100,000 live births.</li> <li>Under five mortality rate not to exceed on average 78.2/1,000.</li> <li>Strengthen existing communicable disease surveillance.</li> <li>Timely response to outbreaks, proper investigation.</li> <li>Facilitate recovery and rehabilitation of the health system in affected areas.</li> <li>Improved access to health care (especially. for women, children and the elderly).</li> <li>100% coverage inside camps, 45% coverage for IDPs outside camps.</li> <li>Mass casualty management for affected people during political uprisings.</li> <li>600 healthcare providers trained in mass casualty management.</li> <li>Enhanced capacity of referral hospitals.</li> </ul>
	<b>Nutrition</b>	<ul style="list-style-type: none"> <li>Prevent, reduce and treat acute malnutrition and micronutrients' deficiencies among vulnerable groups.</li> <li>Ensure efficient coordination among nutrition cluster partners and other clusters.</li> <li>At least 10 nutrition projects with interventions relevant to Health/Food and WASH Sectors.</li> <li>Promote appropriate IYCF practices.</li> </ul>
	<b>WASH</b>	<ul style="list-style-type: none"> <li>Sustain and expand access to safe water to 1.3 million most vulnerable girls, boys, women and men affected by conflict, disease outbreaks and malnutrition.</li> <li>Sustain and expand access to adequate sanitation to 400,000 most vulnerable.</li> <li>Promote hygiene amongst the 1.3 million most vulnerable through hygiene education and materials.</li> <li>Ensure water safety by chlorination/ use of ceramic filters and water quality monitoring.</li> </ul>

STRATEGIC OBJECTIVE 3: LOCAL, NATIONAL AND INTERNATIONAL ACTORS ARE WELL PREPARED TO RESPOND TO HUMANITARIAN NEEDS AND BASIC SOCIAL SERVICES		
<ul style="list-style-type: none"> <li>• Inter-agency contingency plans developed, tested and monitored in target areas three times a year.</li> <li>• Comprehensive training conducted for local actors on humanitarian response.</li> <li>• 20 local organizations have capacity to respond to humanitarian need.</li> <li>• All local, national and international organizations apply the gender marker to all their projects in the YHRP, ERF and CERF.</li> <li>• Business continuity plan in place, in case of evacuation.</li> <li>• Adequate coordination services at field and national levels.</li> </ul>	<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Regular outreach and communication to beneficiaries of humanitarian aid.</li> <li>• Government participates in cluster meetings and workshops.</li> <li>• Adequate and reliable logistics support (fuel, warehouse, UNHAS).</li> <li>• Humanitarian dialogue with key state and non-state actors.</li> <li>• UN agencies receive timely funding from CERF through the rapid response window.</li> <li>• Local NGOs receive ERF funding.</li> </ul>
	<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Capacitate partners and communities to provide equitable assistance.</li> <li>• Number of health workers trained, at least 50% women.</li> <li>• Fund-raising and advocacy: at least \$43.5 million raised before the mid-year.</li> </ul>
	<b>Protection (including Child Protection and SGBV Sub-Clusters)</b>	<ul style="list-style-type: none"> <li>• Through protection partnerships rights violations are identified.</li> <li>• Protection gaps are identified.</li> <li>• Remedies and solutions for protection gaps and rights violations are found.</li> <li>• Advocacy for IDPs and host communities is provided.</li> <li>• Improved access to government and humanitarian services for IDPs and host communities.</li> <li>• Strengthen the protective environment for affected vulnerable children, girls and boys, from violence, abuse, exploitation and neglect in emergency, crisis and situations of armed conflict. (Target population 1.25 million of most affected children monitored and 450,000 provided with protection support).</li> <li>• Children used and recruited by armed forces and groups are protected from further violence, abuse and exploitation.</li> <li>• Children and community members improve their knowledge on threats and dangers of landmines and other indiscriminate and/or illicit weapons.</li> <li>• Strengthen the prevention of and response to GBV against girls, boys, women and men affected by conflict and civil unrest.</li> <li>• Community members and service providers are aware of types of GBV hazards as well as women and children's rights.</li> <li>• GBV survivors are detected, protected and have access to appropriate and quality medical care, psycho-social support and legal services.</li> </ul>

	<b>Shelter/NFI/CCCM</b>	<ul style="list-style-type: none"> <li>• CCCM staff and partners respond efficiently to the needs of the affected population.</li> <li>• Mobile emergency units for vulnerable migrants.</li> <li>• Draft asylum legislation by state bodies prepared.</li> <li>• Ensure that vulnerable groups of girls, boys, women and men equally meet their minimum shelter and basic household needs to improve their living standards in camp-based and host communities.</li> <li>• Vulnerable families have sufficient household items to meet daily needs.</li> <li>• Long distance search for firewood reduced to limit exposure to SGBV risks.</li> <li>• Vulnerable households are able to meet their living minimum shelter requirements of 3.5m<sup>2</sup> per person.</li> <li>• Single heads of household feed secure with adequate privacy and protection.</li> <li>• Advocate durable solutions for vulnerable displaced people.</li> <li>• IDPs are able to make an informed decision on voluntary return.</li> </ul>
	<b>WASH</b>	<ul style="list-style-type: none"> <li>• Local communities, local authorities, CBOs and implementing partners sustain and expand WASH activities to improve resilience in both emergencies and natural disasters.</li> <li>• Enhanced capacity of the community members to manage and take care of WASH services.</li> <li>• Formation of WASH committees.</li> </ul>
<b>STRATEGIC OBJECTIVE 4: VULNERABLE POPULATIONS ARE BETTER PROTECTED</b>		
<ul style="list-style-type: none"> <li>• Abuses against vulnerable groups are better recorded and reported.</li> <li>• MRM system established and functional.</li> <li>• Number of cases reported.</li> <li>• Percentage/number of vulnerable individuals, including children identified and assisted with protection services (psycho-social support/ violence prevention, legal aid and counselling, documentation/birth registration for children, mines/UXO awareness, etc.</li> <li>• % of vulnerable people, disaggregated by gender and the most vulnerable (children/women/elderly, etc.)</li> <li>• Improved advocacy for vulnerable groups.</li> </ul>	<b>Coordination</b>	<ul style="list-style-type: none"> <li>• Evidence based advocacy for access issues and inter cluster themes</li> <li>• Strategy for improved access developed</li> </ul>
	<b>Multi-sector Refugees &amp; Asylum-seekers and Multi-sector Migrants</b>	<ul style="list-style-type: none"> <li>• Afford migrants in Yemen protection from violence and exploitation.</li> <li>• Priority protection for most vulnerable migrant groups (UAM, women, victims of trafficking, migrants with special needs).</li> <li>• Advocacy for migrants' rights.</li> <li>• Ensure effective protection for migrants, refugees and asylum-seekers.</li> <li>• Adverse effects on host communities lessened.</li> <li>• Community sensitisation and peaceful coexistence support.</li> <li>• All reported SGBV survivors receive support from cluster partners.</li> <li>• Refugees have access to basic needs and essential services.</li> <li>• Develop durable solutions strategy to realize voluntary return.</li> </ul>

#### 4. The 2012 common humanitarian action plan

<ul style="list-style-type: none"> <li>• % of funding received for the Protection Cluster.</li> <li>• % of population with access to community based protection networks.</li> <li>• % of vulnerable population in need living in an area covered by humanitarian operations (access of humanitarians to percentage of population).</li> <li>• Increased level of funding for YHRP.</li> <li>• Improved access to vulnerable populations.</li> <li>• Advocacy products produced and disseminated.</li> <li>• Action plan to end the use and recruitment of children developed and signed with Government/non-state actors.</li> </ul>	<b>Protection (including Child Protection and SGBV Sub-clusters)</b>	<ul style="list-style-type: none"> <li>• Through protection partnerships rights violations are identified.</li> <li>• Protection gaps are identified.</li> <li>• Remedies and solutions for protection gaps and rights violations are found.</li> <li>• Advocacy for IDPs and host communities is provided.</li> <li>• Improved access to government and humanitarian services for IDPs and host communities.</li> <li>• All IDPs are issued national identity cards to facilitate their access to services.</li> <li>• Strengthen the protective environment for affected vulnerable children, girls and boys, from violence, abuse, exploitation and neglect in emergency, crisis and situations of armed conflict. (Target population 1.25 million of most affected children monitored and 450,000 provided with protection support).</li> <li>• Children used and recruited by armed forces and groups are protected from further violence, abuse and exploitation.</li> <li>• Children and community members improve their knowledge on threats and dangers of landmines and other indiscriminate and/or illicit weapons.</li> <li>• Strengthen the prevention of and response to GBV against girls, boys, women and men affected by conflict and civil unrest.</li> <li>• Community members and service providers are aware of types of GBV hazards as well as women and children's rights.</li> <li>• GBV survivors are detected, protected and have access to appropriate and quality medical care, psycho-social support and legal services.</li> </ul>
	<b>Shelter/NFI/CCCM</b>	<ul style="list-style-type: none"> <li>• Vulnerable families have sufficient household items to meet daily needs.</li> <li>• Long distance search for firewood reduced to limit exposure to SGBV risks.</li> <li>• Vulnerable households are able to meet their living minimum shelter requirements of 3.5m<sup>2</sup> per person.</li> <li>• Single heads of household feed secure with adequate privacy and protection.</li> <li>• Advocate durable solutions for vulnerable displaced people.</li> <li>• IDPs are able to make an informed decision on voluntary return.</li> </ul>



STRATEGIC OBJECTIVE 5: COMMUNITY RESILIENCE AND RECOVERY IS STRENGTHENED		
<ul style="list-style-type: none"> <li>• % of beneficiaries of global need receiving livelihood support and are aware of protection and rights issues (based on ER Cluster programmes).</li> <li>• % of communities with enhanced awareness on protection and rights.</li> <li>• % of beneficiaries of global total beneficiaries benefiting from infrastructure rehabilitation (WASH, Education, Health and nutrition).</li> <li>• Number of community resilience projects implemented (based on ER Cluster programmes).</li> </ul>	<b>ER</b>	<ul style="list-style-type: none"> <li>• 25% of localities with a local government led recovery plan.</li> <li>• 10-20% of households provided with income generation.</li> <li>• Access to emergency livelihoods.</li> <li>• Strengthening community resilience through stabilization programming.</li> <li>• Recovery programming, infrastructure rehabilitation.</li> </ul>
	<b>Education</b>	<ul style="list-style-type: none"> <li>• Quality education for conflict-affected boys and girls.</li> <li>• Building the capacity of local partners to provide alternative means of schooling.</li> <li>• Ensure preparedness plans, including prepositioning of supplies.</li> </ul>
	<b>Food and Agriculture</b>	<ul style="list-style-type: none"> <li>• Support the recovery of crops and the livestock production cycle.</li> <li>• Distribution of sufficient quantities of animal feed.</li> <li>• Improved food security and nutrition.</li> <li>• Distribution of sufficient quantities of seeds, fertilizers.</li> <li>• Number of FFW projects completed.</li> </ul>
	<b>Shelter/NFI/CCCM</b>	<ul style="list-style-type: none"> <li>• Ensure equal participation of women and men in camp-based leadership and decision-making and reduce the risk of SGBV during delivery of assistance.</li> <li>• Vulnerable families are able to meet their needs using their skills.</li> </ul>
	<b>WASH</b>	<ul style="list-style-type: none"> <li>• Enhanced capacity of the community members to manage and take care of water, sanitation and hygiene services.</li> <li>• Formation of WASH committees.</li> </ul>

## 4.7 Cross-cutting issues

### *ER and protection*

ER is mainstreamed in all the three regional response plans (north, south, central/west) to strengthen linkages between humanitarian relief and development work. While protection is prioritized as a cross-cutting issue, there has been limited mainstreaming efforts.

### *Gender*

In the World Economic Gender Index, Yemen has consistently ranked last in 2007, 2008 and 2009. The common country assessment (CCA) notes the gendered nature of social exclusion which overlaps with trends in poverty, as illustrated by the fact that the two main vulnerable groups are women and children. This is translated into gender disparities in levels of education attainment, employment and other social indicators. The CFSS, 2010 clearly highlights the link between the level of education of a mother and rate of malnutrition among children under five. Cultural factors are greatly affecting access to education for girls and widening gender disparities in education between boys and girls. The 2010 MDG report indicates that the male to female ratio is about 74.8% to 58.8% (aggregated for both basic and secondary education).

The environment of social exclusion and discrimination presents serious humanitarian challenges. Women and girls are not prioritized as recipients of assistance in their own right due to lack of civil documentation papers and the practice of gender segregation. Single female households without adult and male support are often discriminated against and consequently have limited access to resources. The culture of gender segregation also limits the meaningful participation of women in humanitarian processes and systems, which affects the quality and outcome of assistance provided. Sexual violence against women and girls remains a major challenge due to the cultural sensitivity around this issue; the burden of proof is on the victim who must present four witnesses and there are significant penalties for loss of virginity. There are also significant taboos around discussing sexual violence against males, especially boys. Consequently, few cases are reported, and records do not record the incidences of violence. Further, there is currently no minimum age for marriage in Yemen-the law only stipulates that girls should not marry unless they have reached sexual maturity. Even so, there is no punishment for those families who allow their daughters to marry before this time.

Yemen is implementing the second year of the gender marker. The gender marker was applied to all projects in the YHRP 2012 through the cluster vetting process. Clusters have adopted the “ADAPT and ACT” gender framework into their strategic plans and also developed minimum gender standards to ensure a systematic approach to mainstreaming gender in their respective clusters. These will serve as measurement indicators at the MYR of the YHRP. A few clusters are yet to develop minimum standards, but support will be provided to ensure all clusters have minimum standards, to serve as an accountability framework. Some of the agreed minimum standards are illustrated in the table below:

#### **Nutrition**

- All agencies ensure collection and analysis of sex- and age-disaggregated data, as part of their routine monitoring and in all assessments, as an entry point for meaningful gender analysis.
- All agencies ensure that they consult women, girls, boys and men at all steps in assessment, design, implementation and monitoring of nutrition projects, programmes, policies and strategies.
- All nutrition strategies and projects include a gender analysis, i.e. an identification of the differences in nutritional requirements, feeding practices and access to nutritional services for women (including PLWs), girls, boys and men.
- Establish confidential complaints mechanisms to receive/investigate allegations of sexual exploitation and abuse (SEA) experienced by women, girls, boys or men in seeking/receiving assistance through nutrition programmes. Support will be provided in the development of a code of conduct to which all cluster members will sign to and ensure their agencies adopt as well.
- Ensure that fathers and mothers are targeted equally by nutrition education activities.
- Ensure greater participation of females along side males in nutrition training and skills development initiatives.

**Health**

- Collect, analyse, and report all data disaggregated by gender and age, for routine programme monitoring and assessments.
- Ensure greater participation of women in all professional trainings.
- Establish a system of confidential reporting of SGBV by individuals receiving healthcare services.
- Ensure inclusion of gender analysis in all health projects.
- Ensure equal participation of men and women in health education and promotion activities.
- Ensure gender mainstreaming of health services.

**Shelter/NFI/CCCM**

- All agencies ensure distribution processes address the risks of exposure to SGBV, by ensuring culturally appropriate mechanisms such as: separate women distribution points, different distribution days for men and men, and ensure an equal composition of male and female staff in distributions.
- All agencies ensure equal access to humanitarian aid, by identifying vulnerable categories of women, men, boys and girls who may need enhanced assistance and protection.
- Camp management systems ensure the equal participation of women and men.
- Needs assessments ensure the different needs, capacities and skills of women, girls, boys and men are captured.
- All agencies prioritize the collection, analysis and use of sex- and age-disaggregated data as an entry point for meaningful gender analysis.
- All agencies develop confidential complaints mechanisms to receive/investigate allegations of SEA experienced by women, girls, boys and men in seeking/receiving assistance.
- A cluster code of conduct will be developed, with enforcement/consequence management mechanisms, requiring adoption by agencies and their staff.

**Child Protection Sub-Cluster**

- All agencies ensure the collection of sex- and age-disaggregated data, as an entry point for meaningful gender analysis.
- All agencies ensure the equal participation of boys and girls and their parents in project design and implementation.
- All agencies develop confidential complaints mechanisms to receive/investigate allegations of SEA experienced by women, girls, boys and men in seeking/receiving assistance.
- A cluster code of conduct will be developed, with enforcement/consequence management mechanisms, requiring adoption by agencies and their staff.

**GBV Sub-Cluster**

- All agencies design services to meet the needs of boys and girls equally (spaces for men and women).
- Ensure equal access to services for both men and women (training/capacity-building)
- Ensure equal opportunities in training for both women and men.
- Collect and analyse all data by age and sex and ensure mainstreaming of GBV into other clusters.
- Ensure coordination with all other clusters.

## 4.8 Roles and responsibilities

The HCT includes UN agencies, the main international NGOs as well as the international NGO forum and the national Yemeni Humanitarian Forum. The HCT meets on average twice per month to make strategic decisions concerning humanitarian strategy in Yemen. It is driven by the inter-cluster forum where shared strategies, joint assessment and analysis as well as joint response planning for specific areas of the country are discussed and developed.

The HCT meets twice a month with the High Level Relief Committee, chaired by the MoH and the Minister of Shura and Parliamentary Affairs. Inter-cluster forums at the hubs in Aden, Harad'h and Sada'a regularly coordinate humanitarian aid with the Executive Unit for IDPs and the Governors of governorates throughout the country.

The HC co-chairs a regular donor forum once every two months with the local donor forum in which emerging needs analysis is shared and key advocacy messages concerning access and protection of civilians.

#### 4. The 2012 common humanitarian action plan

Cluster/sector	Relevant governmental institution	Cluster/sector lead	Cluster/sector members and other humanitarian stakeholders
Coordination and Common Services	MoPHP	OCHA	HFY, UNDSS, WFP and YINGOF
ER	IDPs Executive Committee  SFD, Ministry of Planning and International Development, Minister of Local Administration, respective local governments	UNDP	UNFPA, WFP, IOM, ADRA, Oxfam, Mercy Corps, ACTED (Not part of Cluster: ICRC)
Education	MoE, MoY, HCMC	UNICEF	CHF, SC, CARE International, ADRA, IR, GIZ, SWO, INTERSOS, For All Foundation, Alsahleh Social Foundation for Development, SOUL, YLDF, WYU (CSOs)
Food Security and Agriculture	MoA	WFP	FAO, CARE International, Oxfam, ACTED, SC, IR, ADRA, IOM, RI, Vision Hope (Not part of Cluster: ICRC)
Health	MoPHP	WHO	UNFPA, UNHCR, UNICEF, IOM, SC, ADRA, MDM, YFCA, CSSW, MSI, RI, USAID (Not part of Cluster: ICRC, MSF, YRCS)
Logistics	Ministry of Foreign Affairs (MoFA), Ministry of Interior, MoD, local authorities	WFP	UN agencies, NGOs, Government
Multi-sector: Migrants	Ministry of Interior, Ministry of Labour (MoL), MoFA, foreign governments	IOM	UNHCR, UNICEF, DRC, MMTF, CARE, YRCS, DRC. (Not part of Cluster: ICRC)
Multi-sector: Refugees and Asylum-seekers	MoFA NACRA, Bureau for Refugees - Ministry of Interior, Department of Immigration, MoTEVT, MoHR, MoH, local authority in Aden - Lahaj, Mukalla, Sana'a Governorates University of Sana'a (Centre for migration and refugee studies)	UNHCR	WFP, ADRA, (other stakeholders: CARE, YRCS, DRC, UNICEF, UNFPA), IPs; SC, SHS, ADRA, INTERSOS, IDF, Al-Takamoul, CSSW, DRC, YRC, IOM, IRD, ADPSN, SAD, Yemen authorities (Not part of Cluster: ICRC)
Nutrition	MoPHP	UNICEF	WFP, WHO, MDM, SC, IOM, YFCA, YWU, CSSW, IMC, ACF, RI and MERLIN, (not part of Cluster: ICRC, YRCs, MSF, UNHCR, IRY)
Protection	IDP Executive Unit, MoHR, HCMC, MoSAL, MoJ, Ministry of Interior, MoE, YEMAC	UNHCR UNFPA UNICEF	WHO, WFP, UNDP, RI, Al Amal, CHF, CSSW, IOM, DRC, IR, SC, Oxfam, ADRA, IR, YWU, Seyaj, INTERSOS, Al-Razih, Shawthab, DS, SWA, SSA, Al-Fardous, CF, LMF, Al-Takaful, Al-Tawasol, QDC, Al-Hekma, HRITC, AHRF, AMA, CARE, SAF, YFCA, SHS, YLDF, CPI, Abu Mousa (Not part of Cluster: ICRC)
Protection: Child Protection	HCMC, MoSAL, MoJ, Ministry of Interior, MoE, YEMAC, IDP Executive Unit, MoHR	UNICEF	UNHCR, UNFPA, UNDP, CSSW, IOM, SC, IR, YWU, Seyaj, INTERSOS, Al-Razih Foundation, Shawthab, DS, SWA, CF, LMF, QDC, AHRF, AMA, DRC, Al-

			Takaful, Al-Tawasol, Al-Fardous, Al-Hekma, HRITC, YLDF, CPI, Abu Mousa
Protection: GBV	IDP Executive Unit, MoHR, HCMC, MoSAL, MoJ, Ministry of Interior, Women National Committee	UNFPA	WHO, WFP, UNDP, RI, Al Amal, CSSW, IOM, DRC, IR, SC, Oxfam, ADRA, IR, YWU, Seyaj, INTERSOS, CARE, SAF, YFCA, SHS, YLDF, CPI, Abu Mousa
Shelter/CCCM/NFI	IDP Executive Unit, Sa'ada reconstruction funds	UNHCR	SHS, IOM, CSSW, SC, INTERSOS, ADRA, DRC, YRCS, Al Amel, RI, UAE Red Crescent, IRY, HFY, Oxfam, WFP, UNICEF, CARE International (Not part of Cluster: ICRC)
WASH	GARWSP, LWSC, Ministry of Water and Environment (MoWE), National Water resource Authority (NWRA), MoA, MoPHP	UNICEF	Oxfam, CARE, RI, ADRA, IOM, WHO, SC, ACTED, IMC, ACF, CSSW, Al-Khair, YWU, Al-Amal, SSC, SHS (Not part of Cluster: ICRC, MSF Spain, MSF France, SFD)

## 5. Conclusion

Humanitarian needs and the general security environment will deteriorate further over the coming CAP cycle, regardless of a political settlement over the next 12 months. The most likely scenario is a continuation of the current downward trend and further deterioration of the humanitarian situation for the next one to three years. In addition to increasing conflict, the underlying structural weaknesses in national economic and fiscal policy mean that the population's general needs will continue to change from chronic to acute for the foreseeable future, as Government services and line functions are unlikely to recover quickly.

The strategy and programming presented in the CAP represents approximately 40% of the estimated acute humanitarian needs in the country. The consequences of not stepping up assistance will further increase the risk of civil war, increase the current crisis in food security, nutrition, and public health, and will have serious implications for regional security.



# Annex I: List of projects

**Table IV. List of projects, grouped by cluster/sector**

<p>Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>					
Compiled by OCHA on the basis of information provided by appealing organizations.					
Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>COORDINATION AND SUPPORT SERVICES</b>					
<a href="#">YEM-12/CSS/46867/13033</a>	Strengthening of INGO coordination	YINGOF	190,400	SUPPORT SERVICES	NOT SPECIFIED
<a href="#">YEM-12/CSS/47415/561</a>	Air passenger service and Logistics Cluster coordination in support of the humanitarian response in Sa'ada	WFP	1,638,659	SUPPORT SERVICES	OTHER
<a href="#">YEM-12/CSS/47455/119</a>	Strengthening humanitarian coordination and advocacy in Yemen	OCHA	3,558,738	SUPPORT SERVICES	NOT SPECIFIED
<a href="#">YEM-12/CSS/47592/14970</a>	Enhancing Yemeni NGOs capacity for preparedness, coordination and management of complex emergency.	THFY	330,000	SUPPORT SERVICES	NOT SPECIFIED
<a href="#">YEM-12/S/47399/5139</a>	Security information – enhanced enabling security information capability	UNDSS	168,420	SUPPORT SERVICES	NOT SPECIFIED
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>5,886,217</b>		
<b>EARLY RECOVERY</b>					
<a href="#">YEM-12/CSS/45876/776</a>	ER information, advocacy, coordination, and preparedness support project	UNDP	1,134,200	SUPPORT SERVICES	NOT SPECIFIED
<a href="#">YEM-12/ER/45628/776</a>	Emergency livelihoods for IDPs	UNDP	492,200	TIME-CRITICAL	SOUTH
<a href="#">YEM-12/ER/45630/776</a>	Community-driven early recovery for conflict-affected communities – Sa'ada	UNDP	1,979,500	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/45700/776</a>	Integrated community survival and recovery	UNDP	7,075,000	LIFE-SAVING	NOT SPECIFIED
<a href="#">YEM-12/ER/46480/1171</a>	Empower women by capacity development in conflict affected areas of Yemen	UNFPA	535,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/46585/298</a>	Rebuilding livelihoods in Al-Jawf Governorate to support early recovery	IOM	2,001,300	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/47404/6458</a>	Emergency support to crisis-affected vulnerable rural and urban communities through sustaining of livelihoods and rehabilitation of small-scale infrastructure	ACTED	750,000	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/ER/47417/5120</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	OXFAM GB	-	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/47417/5645</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	CARE International	924,457	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/47417/6579</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	ADRA	-	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/47417/8058</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	IRW	-	TIME-CRITICAL	NORTH
<a href="#">YEM-12/ER/47448/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	CARE International	25,000	LIFE-SAVING	NORTH
<a href="#">YEM-12/ER/47448/6579</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	ADRA	407,362	LIFE-SAVING	NORTH
<a href="#">YEM-12/ER/47448/8058</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	IRW	407,362	LIFE-SAVING	NORTH

## Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/ER/47479/5162</a>	Livelihood assistance to communities in Aden, Lahj and Taiz	Mercy Corps	3,210,759	TIME-CRITICAL	SOUTH
<a href="#">YEM-12/ER/47505/5181</a>	Cash-for-work and cash grants for vulnerable IDPs	DRC	996,000	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/ER/47621/5660</a>	Livelihood activities for IDPs in south Yemen	INTERSOS	161,784	TIME-CRITICAL	SOUTH
<a href="#">YEM-12/F/47410/561</a>	Food for work assistance for conflict affected people in northern Yemen	WFP	3,186,964	TIME-CRITICAL	NORTH
<a href="#">YEM-12/MA/45626/776</a>	Support to elimination of landmines/ERW threats in the north	UNDP	2,878,300	LIFE-SAVING	NORTH
<b>Sub total for EARLY RECOVERY</b>			<b>26,165,188</b>		
<b>EDUCATION</b>					
<a href="#">YEM-12/E/46611/6079</a>	Education in emergencies	SC	2,166,000	TIME-CRITICAL	OTHER
<a href="#">YEM-12/E/47412/5645</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	CARE International	200,979	LIFE-SAVING	NORTH
<a href="#">YEM-12/E/47412/6079</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	SC	1,004,897	LIFE-SAVING	NORTH
<a href="#">YEM-12/E/47426/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	CARE International	1,133,319	LIFE-SAVING	NORTH
<a href="#">YEM-12/E/47426/6079</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	SC	-	LIFE-SAVING	NORTH
<a href="#">YEM-12/E/47427/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	CARE International	1,108,000	LIFE-SAVING	SOUTH
<a href="#">YEM-12/E/47427/6079</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	SC	-	LIFE-SAVING	SOUTH
<a href="#">YEM-12/E/47619/124</a>	Facilitate access to basic education for IDPs and vulnerable children in northern governorates	UNICEF	2,134,946	TIME-CRITICAL	NORTH
<a href="#">YEM-12/E/47627/124</a>	Improved access to, and retention in, quality education for conflict affected boys and girls in southern Yemen	UNICEF	2,351,935	TIME-CRITICAL	SOUTH
<a href="#">YEM-12/E/47634/124</a>	Access to basic education for conflict affected and vulnerable children in centre and western governorates of Yemen	UNICEF	2,176,882	TIME-CRITICAL	OTHER
<b>Sub total for EDUCATION</b>			<b>12,276,958</b>		
<b>FOOD AND AGRICULTURE</b>					
<a href="#">YEM-12/A/47189/6079</a>	Strengthen food security and livelihood of venerable, conflicted and drought affected population in Yemen	SC	1,714,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/A/47398/6458</a>	Emergency food security & livelihood support to most vulnerable crisis-affected local rural communities in Yemen	ACTED	1,000,000	LIFE-SAVING	SOUTH
<a href="#">YEM-12/A/47405/5645</a>	Supporting IDPs and host communities in Hajjah Governorate in WASH and sustainable livelihoods	CARE International	603,160	TIME-CRITICAL	NORTH
<a href="#">YEM-12/A/47532/5120</a>	Food security and livelihood programme 2012	OXFAM GB	2,334,988	LIFE-SAVING	NORTH
<a href="#">YEM-12/A/47585/123</a>	Emergency support and gender equity to crop production and income generation for displaced families and their host communities in Hajjah Governorate to sustain food security and for facilitating the return process	FAO	1,500,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/A/47587/123</a>	Emergency food production support to women in agriculture, IDPs, returnees and war-affected host families in Amran Governorate	FAO	1,500,000	TIME-CRITICAL	NORTH

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/A/47589/123</a>	Emergency support and gender equitable opportunities for crop and livestock production to IDPs, returnees and war-affected households in Sa'ada	FAO	3,000,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/A/47594/123</a>	Emergency support to farming and livestock rearing households aiming at gender equality through the provision of seeds, fertilizers, animal feeds and veterinary supplies.	FAO	1,000,000	TIME-CRITICAL	EAST
<a href="#">YEM-12/A/47596/123</a>	Emergency support and gender equity to conflict affected and displaced livestock keeping families in Amran Governorate to sustain food security and for facilitating the return process	FAO	2,000,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/A/47598/123</a>	Emergency support and gender equity to displaced livestock-keeping families and their host communities in Hajjah Governorate to sustain food security and for facilitating the return process	FAO	1,500,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/A/47601/123</a>	Integrated Food Security Phase Classification in Yemen (IPC) Phase Two	FAO	500,000	TIME-CRITICAL	OTHER
<a href="#">YEM-12/F/47409/561</a>	Emergency food assistance to populations displaced by natural disasters and civil unrest	WFP	4,681,325	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/F/47411/561</a>	Emergency food and nutritional support to conflict-affected populations in Yemen	WFP	84,237,525	LIFE-SAVING	OTHER
<a href="#">YEM-12/F/47413/561</a>	Targeted emergency food security support for severely food-insecure families	WFP	40,897,383	LIFE-SAVING	OTHER
<a href="#">YEM-12/F/47414/561</a>	Targeted emergency food security support for severely food-insecure families	WFP	4,250,092	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/F/47581/6079</a>	Improving nutritional & food security status of Vulnerable drought, conflict and political crisis affected population	SC	3,294,563	LIFE-SAVING	OTHER
<b>Sub total for FOOD AND AGRICULTURE</b>			<b>154,013,036</b>		
<b>HEALTH</b>					
<a href="#">YEM-12/H/45259/8772</a>	Medical and nutrition support to the conflict-affected population, Yemen	MDM France	675,405	LIFE-SAVING	NORTH
<a href="#">YEM-12/H/45698/124</a>	Support emergency health integrated outreach and immunization services for conflict and non- conflict affected populations in northern, central-western and southern governorates	UNICEF	6,527,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/46615/122</a>	Health cluster coordination at central and field levels for effective humanitarian action	WHO	668,750	SUPPORT SERVICES	OTHER
<a href="#">YEM-12/H/46617/122</a>	Early detection of and timely response to control communicable disease outbreaks in IDPs, host and vulnerable communities	WHO	2,942,500	TIME-CRITICAL	OTHER
<a href="#">YEM-12/H/46620/122</a>	Mass casualty management during potential demonstrations in 2012	WHO	7,757,500	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/46622/122</a>	Delivery of essential package of life-saving health care services and revitalization of health services for IDPs, host and other affected communities	WHO	17,120,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/46625/122</a>	To develop health profile of the people of Aden governorate for informed health services planning	WHO	668,750	SUPPORT SERVICES	SOUTH
<a href="#">YEM-12/H/46643/298</a>	Providing life-saving health care to crisis affected populations in Al-Jawf	IOM	3,108,840	LIFE-SAVING	NORTH
<a href="#">YEM-12/H/46644/298</a>	Providing life-saving health care to crisis affected populations in Abyan	IOM	2,388,540	LIFE-SAVING	SOUTH
<a href="#">YEM-12/H/46654/298</a>	Providing lifesaving health and psychosocial care services for migrants stranded in Haradh	IOM	998,760	LIFE-SAVING	NORTH

**Annex I: List of projects**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/H/46665/6579</a>	Mazrak III Medical Clinic	ADRA	171,700	TIME- CRITICAL	NORTH
<a href="#">YEM-12/H/46738/13062</a>	Provide primary health care & comprehensive reproductive health services for IDPs in conflict affected areas	YFCA	490,000	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/46942/1171</a>	Sexual and reproductive health lifesaving assistance and family planning for women, girls, men and boys displaced by conflict in the north of Yemen.	UNFPA	915,546	LIFE- SAVING	NORTH
<a href="#">YEM-12/H/46989/1171</a>	Sexual and reproductive health lifesaving assistance and family planning for women, girls, men and boys displaced by conflict in south of Yemen	UNFPA	436,453	LIFE- SAVING	SOUTH
<a href="#">YEM-12/H/47065/122</a>	Mass vaccination campaigns for IDPs, host and other affected communities	WHO	4,173,000	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/47165/6079</a>	Emergency Child focused health and nutrition response in Sa'ada, Amran and Hajjah	SC	640,115	LIFE- SAVING	NORTH
<a href="#">YEM-12/H/47428/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	CARE International	2,662,964	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/47428/6579</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	ADRA	-	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/47428/8058</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	IRW	-	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/47482/5160</a>	Provision of maternal and child healthcare to the most vulnerable populations in Sana'a Governorate	IMC	1,000,000	LIFE- SAVING	OTHER
<a href="#">YEM-12/H/47607/5195</a>	Essential primary health services to vulnerable displaced and host populations in south Yemen - Al Baida, Aden, Taiz and Lahj Governorates ( location tbd)	MERLIN	2,834,689	LIFE- SAVING	SOUTH
<b>Sub total for HEALTH</b>			<b>56,180,512</b>		
<b>MULTI-SECTOR : REFUGEES, ASYLUM-SEEKERS &amp; MIGRANTS</b>					
<a href="#">YEM-12/ER/47218/6579</a>	Joint Economic and Social Support Project (Phase II)	ADRA	280,000	TIME- CRITICAL	SOUTH
<a href="#">YEM-12/F/47416/561</a>	Protracted Relief and Recovery Assistance for Refugees in Yemen	WFP	3,566,378	LIFE- SAVING	SOUTH
<a href="#">YEM-12/MS/47471/298</a>	Humanitarian assistance for emergency voluntary return of stranded migrants ex-Yemen	IOM	2,605,680	LIFE- SAVING	NORTH
<a href="#">YEM-12/MS/47543/120</a>	Provision of international protection and assistance to refugees and asylum-seekers in Yemen	UNHCR	34,312,689	LIFE- SAVING	OTHER
<a href="#">YEM-12/MS/47666/298</a>	Providing life-saving humanitarian and protection services for vulnerable migrants at points of arrival along the southern and western coast of Yemen and in detention facilities	IOM	2,442,300	LIFE- SAVING	SOUTH
<b>Sub total for MULTI-SECTOR : REFUGEES, ASYLUM-SEEKERS &amp; MIGRANTS</b>			<b>43,207,047</b>		
<b>NUTRITION</b>					
<a href="#">YEM-12/H/44001/122</a>	Support nutritional surveillance to monitor nutritional status of the population.	WHO	1,765,500	LIFE- SAVING	NOT SPECIFIED
<a href="#">YEM-12/H/45262/8772</a>	Medical and nutrition support to the conflict-affected population, Yemen	MDM France	280,357	LIFE- SAVING	NORTH
<a href="#">YEM-12/H/45283/6971</a>	Improving nutrition in Hajjah, Hodaidah, and Sa'ada Governorates	RI	1,188,100	LIFE- SAVING	NORTH
<a href="#">YEM-12/H/46965/12940</a>	Raising community awareness about appropriate infant and young child feeding and contributing in prevention of malnutrition among girls and boys under five and women in Lahj and Aden	YWU	209,762	LIFE- SAVING	SOUTH

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/H/47174/6079</a>	Sa'ada emergency; child focused health and nutrition response.	SC	640,115	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47276/13062</a>	Nutrition interventions to girls and boys under five and PLWs in conflict affected area in the north	YFCA	225,000	LIFE-SAVING	NORTH
<a href="#">YEM-12/H/47287/124</a>	Management of acute malnutrition among children under five in Yemen with special focus on emergency areas.	UNICEF	15,784,946	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47394/5271</a>	Emergency nutritional interventions for conflict-affected population in northern governorates of Yemen	ACF - France	1,765,000	LIFE-SAVING	NORTH
<a href="#">YEM-12/H/47432/561</a>	Targeted emergency nutrition support to vulnerable groups in Yemen	WFP	30,088,057	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47449/561</a>	Nutritional assistance to conflict-affected people in Yemen	WFP	13,155,210	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47481/298</a>	Community-based management of moderate and severe acute malnutrition among boys and girls under five years old and PLWs in Al-Jawf	IOM	1,852,515	LIFE-SAVING	NORTH
<a href="#">YEM-12/H/47483/5160</a>	Nutrition assistance to vulnerable populations in Yemen	IMC	850,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47540/12939</a>	Integrated emergency support to address malnutrition and underlying causes among girls and boys under five and PLWs through nutrition interventions, hygiene promotion and health education in the most vulnerable IDPs communities in Amran, Al-Jawf Governorates (north) & Abyan Governorate (south)	CSSW	1,270,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/H/47617/5195</a>	Community based emergency care and support to children with moderate and severe under nutrition in the most vulnerable populations of Yemen	MERLIN	1,775,250	LIFE-SAVING	OTHER
<b>Sub total for NUTRITION</b>			<b>70,849,812</b>		
<b>PROTECTION</b>					
<a href="#">YEM-12/MA/47293/124</a>	MRE for conflict affected people and IDPs, including children in conflict affected areas in Yemen, including northern and southern governorates.	UNICEF	700,000	TIME-CRITICAL	OTHER
<a href="#">YEM-12/P-HR-RL/45875/1171</a>	Improving the detection of GBV cases and the access to quality care and support through capacity building and field assessment.	UNFPA	460,100	LIFE-SAVING	NORTH
<a href="#">YEM-12/P-HR-RL/46145/1171</a>	Protection and support of women and girls in conflict affected areas of Yemen	UNFPA	540,350	LIFE-SAVING	SOUTH
<a href="#">YEM-12/P-HR-RL/46475/298</a>	Providing humanitarian assistance and protection to unaccompanied and separated migrant children stranded in Haradh	IOM	1,657,635	TIME-CRITICAL	NORTH
<a href="#">YEM-12/P-HR-RL/46710/6079</a>	Establishment of community based child protection mechanism and protection of children from exploitation, abuse and violence for children and young people affected by conflict.	SC	1,807,909	TIME-CRITICAL	OTHER
<a href="#">YEM-12/P-HR-RL/46716/13062</a>	Medical treatment and support to the GBV-affected population in Yemen	YFCA	112,000	SUPPORT SERVICES	NORTH
<a href="#">YEM-12/P-HR-RL/47059/6971</a>	Child protection in Sa'ada	RI	346,554	SUPPORT SERVICES	NORTH
<a href="#">YEM-12/P-HR-RL/47269/124</a>	Protection of unaccompanied, separated, trafficked, or smuggled children in Yemen, including unaccompanied migrant children from the Horn of Africa.	UNICEF	800,000	TIME-CRITICAL	OTHER
<a href="#">YEM-12/P-HR-RL/47271/124</a>	Child Protection Sub-Cluster preparedness and coordination in northern, southern, western and central governorates of Yemen	UNICEF	450,000	SUPPORT SERVICES	OTHER



## Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/P-HR-RL/47291/124</a>	Monitoring, reporting and advocacy to protect children from grave child rights violations in conflict/civil unrest affected areas of north, south, west and central of Yemen.	UNICEF	1,250,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/P-HR-RL/47298/124</a>	Protection of conflict/civil unrest affected and other vulnerable girls and boys from violence, abuse, exploitation and abuse in northern, southern, western and central governorates of Yemen	UNICEF	3,750,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/P-HR-RL/47408/12940</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	YWU	128,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/P-HR-RL/47408/5645</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	CARE International	339,454	TIME-CRITICAL	NORTH
<a href="#">YEM-12/P-HR-RL/47408/8058</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	IRW	300,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/P-HR-RL/47446/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	CARE International	248,681	LIFE-SAVING	OTHER
<a href="#">YEM-12/P-HR-RL/47446/8058</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	IRW	223,681	LIFE-SAVING	OTHER
<a href="#">YEM-12/P-HR-RL/47500/5181</a>	Protection of civilians from violence and the effects of armed conflict	DRC	586,000	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/P-HR-RL/47503/120</a>	Coordinated protection monitoring, response and reporting on the protection concerns of girls, boys, women and men in displacement- and conflict-affected areas in Yemen	UNHCR	7,809,515	LIFE-SAVING	OTHER
<b>Sub total for PROTECTION</b>			<b>21,509,879</b>		
<b>SHELTER/NFI/CCCM</b>					
<a href="#">YEM-12/CSS/47452/14970</a>	Joint need assessment and emergency response for Abyan , Hajjah ,and Taiz IDPs' Proposal.	THFY	150,075	SUPPORT SERVICES	OTHER
<a href="#">YEM-12/S-NF/45285/6971</a>	Improving shelter in conflict-affected governorates in the south	RI	744,909	LIFE-SAVING	SOUTH
<a href="#">YEM-12/S-NF/46599/298</a>	Shelter assistance to IDPs returning to Sa'ada	IOM	1,662,045	TIME-CRITICAL	NORTH
<a href="#">YEM-12/S-NF/47215/6579</a>	Yemen Contingency Plan	ADRA	950,000	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/S-NF/47255/298</a>	Emergency shelter and non-food assistance for IDPs, vulnerable host communities and returnees in Abyan	IOM	1,484,070	LIFE-SAVING	SOUTH
<a href="#">YEM-12/S-NF/47265/298</a>	Addressing emergency and transitional shelter and NFI needs of IDPs and conflict-affected communities in Al-Jawf	IOM	1,866,900	LIFE-SAVING	NORTH
<a href="#">YEM-12/S-NF/47476/120</a>	Provision of shelter, NFIs and CCCM activities to IDPs and host communities in conflict affected areas	UNHCR	17,575,237	LIFE-SAVING	NORTH
<a href="#">YEM-12/S-NF/47502/5181</a>	Reintegration packages and grants for vulnerable IDPs/returnees	DRC	1,530,000	TIME-CRITICAL	NOT SPECIFIED
<a href="#">YEM-12/S-NF/47506/5181</a>	Non-food household assistance and clothing for vulnerable IDP families, with a focus on female-headed households	DRC	995,000	LIFE-SAVING	NOT SPECIFIED
<b>Sub total for SHELTER/NFI/CCCM</b>			<b>26,958,236</b>		
<b>WATER, SANITATION AND HYGIENE</b>					
<a href="#">YEM-12/WS/46472/6971</a>	Improving WASH in Lahj, Abyan, Hajjah, and Sa'ada Governorates	RI	1,021,935	LIFE-SAVING	NOT SPECIFIED
<a href="#">YEM-12/WS/46630/298</a>	Life-saving assistance & essential WASH infrastructure rehabilitation for idps and conflict-affected communities in Al-Jawf	IOM	1,576,890	LIFE-SAVING	NORTH



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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-12/WS/46655/298</a>	Life-saving assistance & essential WASH infrastructure rehabilitation for IDPs and host communities in Abyan	IOM	1,461,180	LIFE-SAVING	SOUTH
<a href="#">YEM-12/WS/46897/6579</a>	Yemen Contingency Plan	ADRA	1,100,000	TIME-CRITICAL	OTHER
<a href="#">YEM-12/WS/47188/6079</a>	Emergency WASH for affected Yemeni children and their care givers	SC	998,149	LIFE-SAVING	SOUTH
<a href="#">YEM-12/WS/47270/12940</a>	No outbreak of water sanitation related diseases in amongst IDPs families living in eight schools within Lahj Governorate	YWU	111,067	LIFE-SAVING	SOUTH
<a href="#">YEM-12/WS/47339/5645</a>	Supporting IDPs and host communities in Hajjah Governorate in WASH and sustainable livelihoods	CARE International	621,839	LIFE-SAVING	NORTH
<a href="#">YEM-12/WS/47376/122</a>	Provision of WASH in health facilities in the war affected areas	WHO	1,616,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47382/122</a>	Water quality monitoring in the affected areas	WHO	570,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47385/6458</a>	Emergency improvement of WASH environment in crisis affected communities of Yemen	ACTED	1,000,000	LIFE-SAVING	SOUTH
<a href="#">YEM-12/WS/47397/5271</a>	Emergency WASH interventions for IDPs and host communities in northern governorates of Yemen	ACF - France	500,000	LIFE-SAVING	NORTH
<a href="#">YEM-12/WS/47406/5120</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	OXFAM GB	600,000	TIME-CRITICAL	NORTH
<a href="#">YEM-12/WS/47406/5645</a>	Integrated Emergency Response Programme for Yemen 2011 - 2012 (Consortium)	CARE International	834,206	TIME-CRITICAL	NORTH
<a href="#">YEM-12/WS/47424/5120</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	OXFAM GB	692,500	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47424/5645</a>	Phase 3: Integrated Emergency Response Programme for Yemen 2011 - 2013 (Consortium)	CARE International	834,206	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47484/5160</a>	WASH assistance to vulnerable populations in Yemen	IMC	600,000	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47530/124</a>	WASH Cluster coordination, assessment, preparedness and capacity building	UNICEF	723,183	TIME-CRITICAL	OTHER
<a href="#">YEM-12/WS/47534/124</a>	Emergency provision of WASH assistance to affected population in Sa'ada Governorate	UNICEF	3,102,280	LIFE-SAVING	NORTH
<a href="#">YEM-12/WS/47542/124</a>	Emergency provision of WASH assistance to affected population in north (excluding Sa'ada) and central governorates of Yemen	UNICEF	7,284,988	LIFE-SAVING	OTHER
<a href="#">YEM-12/WS/47553/5120</a>	Emergency WASH response for IDPs, returnees and conflict affected population	OXFAM GB	1,385,000	LIFE-SAVING	NOT SPECIFIED
<a href="#">YEM-12/WS/47573/124</a>	Emergency provision of WASH assistance to affected population in south governorates of Yemen	UNICEF	2,769,892	LIFE-SAVING	SOUTH
<a href="#">YEM-12/WS/47578/12939</a>	Emergency support to WASH services for IDPs in Amran, Hajja and Abyan Governorates	CSSW	688,000	LIFE-SAVING	OTHER
<b>Sub total for WATER, SANITATION AND HYGIENE</b>			<b>30,091,315</b>		
<b>CLUSTER NOT YET SPECIFIED</b>					
<a href="#">YEM-12/SNYS/47401/8487</a>	Yemen Emergency Response Fund (projected needs \$10 million)	ERF (OCHA)	-	NOT SPECIFIED	NOT SPECIFIED
<b>Sub total for CLUSTER NOT YET SPECIFIED</b>			<b>-</b>		
<b>Grand Total</b>			<b>447,138,200</b>		

**Table V. Requirements per location**

<p>Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Location	Requirements (\$)
EAST	1,000,000
NORTH	75,367,692
SOUTH	30,261,167
OTHER	309,141,731
NOT SPECIFIED	31,367,610
<b>Grand Total</b>	<b>447,138,200</b>

**Table VI. Requirements by gender marker score**

<p>Yemen Humanitarian Response Plan 2012 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Gender marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	2,417,450
2a - The project is designed to contribute significantly to gender equality	395,421,247
1 - The project is designed to contribute in some limited way to gender equality	38,115,444
0 - No signs that gender issues were considered in project design	11,184,059
<b>Grand Total</b>	<b>447,138,200</b>

## Annex II: Needs assessment reference list

Needs Assessment Plan for the 2012 CAP: existing and planned assessments and identification of gaps in assessment information.				
EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS				
Cluster/ sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject
Education	Sa'ada, Amran and Hajjah	Education Cluster in Yemen	2010	Inter-agency joint education assessment in Sa'ada, Amran and Hajjah Governorates
Health	Hajjah, Al Dhale, Aden, Lahj, Abyan	WHO	2011	The weekly reported diseases by the medical mobile teams
Livelihoods and Food Security	Sa'ada, Amran, Al-Jawf, Marib and Shabwa	USAID	2004	Assessment of the development of agricultural initiatives for USAID/Yemen
Livelihoods and Food Security	Raymah, Hajja, Ibb and Amran	WFP	2011	Report on the food security monitoring exercise concluded in areas supported by the emergency safety net intervention
Livelihoods and Food Security	Nationwide	FEWS NET	2011	Remote monitoring - Yemen
Livelihoods and Food Security	Nationwide	WFP	2010	Yemen market survey
Livelihoods and Food Security	Sa'ada, Amran, Haradh	WFP	2010	Ration cut assessment
Livelihoods and Food Security	Nationwide	WFP	2010	CFSS
Livelihoods and Food Security	Al Hodeidah	Republic of Yemen	2010	Food security baseline study - Governorate of Al Hodeidah
Multi-sector	Hajjah	INTERSOS	2011	Stranded migrants in Harad - Mission Report
Multi-sector	Sana'a	UNHCR, WFP, CSSW	2011	Arhab IDPs rapid needs assessment
Multi-sector	Sana'a	UNHCR, ADRA	2011	Al-Hasabah displacement - assistance needs and delivery
Multi-sector	Aden	Protection Cluster	2011	Participatory assessment: IDPs from Abyan Governorate in Aden schools
Multi-sector	Sana'a	CARE International	2011	Assessment findings Sana'a
Multi-sector	Sana'a, Hodeidah, and Amran	UNICEF Yemen	2011	Summary report on the first round of social protection monitoring in Sana'a, Hodeida, and Amran
Multi-sector	Aden	WFP	2011	Rapid assessment report on Abyan's IDPs in Aden
Multi-sector	Aden	UNICEF, Oxfam GB Yemen	2011	Joint needs assessment Aden
Multi-sector	North	UNHCR, ADRA	2011	New displacements- assistance needs and delivery

**Annex II: Needs assessment reference list**

<b>Multi-sector</b>	Adan, Sana'a City	UNHCR, WFP, UNICEF	2009	Joint Assessment Mission
<b>Nutrition</b>	Hadramaut	MSF	Unknown	Nutritional Assessment In Al Hosen-Khanfar region
<b>Nutrition</b>	Lahj and Aden	Nutrition Cluster	2011	Nutrition assessment of boys and girls under five, PLWs among IDPs in schools and with host families in Aden and Lahj.
<b>Nutrition</b>	Hajjah	Nutrition partners	2011	Malnutrition among under five children in Yemen
<b>Nutrition</b>	Sa'ada Governorate	UNICEF, MoPHP Sa'ada Health Office	2010	Nutrition status assessment of children aged 6-59 months
<b>Protection</b>	Sana'a, Aden, Taiz, Hodiedah	UNFPA, SAF	2011	An estimated statistics of GBV related to the current civil unrest
<b>Protection</b>	Hajja, Amran, Sa'ada, Al-Jawf and Sana'a	Child Protection Sub-Cluster	2010	Inter-agency comprehensive child protection assessment
<b>Protection</b>	Sana'a	UNHCR, CARE, ADRA, IOM	2011	Rapid need assessment for Al-Hasaba IDPs
<b>Shelter and Protection</b>	Aden	UNHCR	2011	Age, gender, diversity, mainstreaming(Participatory assessment) with IDPs in schools
<b>Shelter and Protection</b>	North	UNHCR	2011	Age, gender, diversity mainstreaming participatory assessment with IDPs
<b>Protection</b>	North	UNHCR, DRC	2010	Profiling of IDPs in the north
<b>Protection</b>	Sa'ada	UNHCR	2010	Mapping of return condition Sa'ada Governorate

<b>CURRENT GAPS IN INFORMATION</b>		
<b>Cluster/ sector</b>	<b>Geographic areas and population groups targeted</b>	<b>Title/Subject</b>
Current gaps in baseline data and on other relevant humanitarian indicators and information needs have been analysed in the secondary data review in October 2011 and are outlined in the "Secondary Data Review Report" which can be accessed under the following link on the OCHA Yemen website: <a href="http://unocha.romenaca.org/Portals/2/3w/SDRAsses%20v1191.pdf">http://unocha.romenaca.org/Portals/2/3w/SDRAsses%20v1191.pdf</a>		
<b>Education</b>	Children / Students affected in North /Middle and Southern Yemen	Assessment on vulnerability of children and education
<b>Food and Agriculture</b>	Northern Yemen	The CFSS in 2010 did not cover Sa'ada and Al-Jawf (due to insecurity). The actual level of food insecurity in these governorates is unknown, and can only be estimated. The 2011 CFSS will most likely not cover Al-Jawf (and also exclude some parts of Abyan in the south).
<b>Logistics</b>	North (Sa'ada and Haradh), South Aden, Sana'a	Logistics coordination, air passenger service and fuel provision for the humanitarian aid agencies.
<b>Multi-Sector Refugees and Asylum-seekers</b>	South: Aden/Basateen, Lahj Kharaz camp, Ahwar, Mayfa, Bab reception centres Central/west: Mukalla, Al Mandab North: Sana'a, Hudeidah, etc.	Protection space; administrative structure, legislative frame work, registration/ documentation, legal aid, detention monitoring, RSD. Assistance to new arrivals at the coast & reception centres, basic services in the camp and urban areas (Food, Nutrition, Shelter, Education, Health, Watsan, Livelihood). Durable Solution: Resettlement, Repatriation.

<b>Protection</b>	Sa'ada	Profiling, special vulnerable groups, conditions for return, returned IDPs
<b>Protection</b>	Abyan	Profiling, special vulnerable groups, conditions for return
<b>Protection: Child Protection</b>	Central-west	Protection needs of food-insecure populations
<b>Protection: Child Protection</b>	Affected IDPs children and children of host communities	Comprehensive child protection assessment
<b>Protection: Child Protection</b>	Children at risk of serious protection concerns due to harsh economic conditions in centre and western governorates of Yemen	Comprehensive child protection assessment
<b>Protection: Child Protection</b>	Trafficked/smuggled children	Assessment of the situation of unaccompanied/separated and trafficked/smuggled children
<b>Shelter/CCCM</b>	IDPs/affected population in Taiz governorate	Shelter/NFI needs
<b>Shelter/CCCM</b>	IDPs/affected population in Al-Mukalla	Shelter/NFI needs
<b>Shelter/CCCM</b>	IDPs and affected population in Abyan	Shelter needs
<b>WASH</b>	North and central Yemen for non-IDPs including host, and other affected (diarrhoeal diseases leading to malnutrition)	Increasing level of information on safe water and sanitation access gaps to the targeted population
<b>WASH</b>	South Yemen for IDPs living with host, host and non-IDPs affected population (diarrhoeal diseases and cholera outbreak) leading to malnutrition	Increasing level of information on safe water and sanitation access gaps

PLANNED NEEDS ASSESSMENTS						
Cluster/ sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Title/Subject	Funding needed (amount)	To be funded by
ER	South	UNDP	Jan/Feb	ER rapid needs assessment for the south	TBC	TBC
ER	Nationwide	UNDP	Jan/Mar	ER activity tracking platform	TBC	TBC
Education	Children / students affected in northern Yemen/Sana'a	UNICEF and partners	2012	Assessment on vulnerability of children and education	\$150,000	NA
Education	Children / students affected in central / western Yemen	UNICEF and partners	2012	Assessment on vulnerability of children and education	\$150,000	NA
Education	Children / students affected in southern Yemen	UNICEF and partners	2012	Assessment on vulnerability of children and education	\$150,000	NA
Child Protection	Sa'ada	UNICEF and partners	February 2012	Comprehensive child protection assessment	\$50,000	NA
Child Protection	Affected southern governorates	UNICEF and partners	Dec-Feb 2012	Comprehensive child protection assessment	\$100,000	NA
Child Protection	Selected governorates with high vulnerability in central and western Yemen	UNICEF and partners	March-May 2012	Comprehensive child protection assessment	\$150,000	NA
Child Protection	Bab Al Mendep, Mokha, Hodeidah, Sa'ada, Sana'a and Haradh	UNICEF & IOM	July 2012	Assessment of the situation of unaccompanied/separated and trafficked/smuggled children	\$50,000	NA
Food and Agriculture	Aden	WFP	2012	The food security status of urban IDPs in Aden	TBC	NA
Health	Nation-wide	WHO	2012	National health profile	TBC	TBC
Multi-sector Refugees and Asylum-seekers	Kharaz Camp, Basateen/ Aden and Sana'a – refugees and asylum-seekers	UNHCR: WFP, all IPs and Yemen authorities	January – 2012	Joint WFP/UNHCR assessment (JAM)	\$10,000	UNHCR
	Kharaz Camp	UNHCR, MFT – UN	Jan – Dec	AGDM participatory assessment	\$20,000	UNHCR



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	Aden/Basateen and Sana'a – refugees	agency and IPs	2012			
	Kharaz Camp, Basateen and Sana'a – refugees	UNHCR	May 2012	Nutrition survey	\$10,000	UNHCR
	Kharaz Camp and Basateen – refugees	UNHCR	June 2012	Water survey	\$20,000	UNHCR
<b>Nutrition</b>	Country- wide, children under five and PLWs	WFP and UNICEF	Oct–Feb 2012	CFSS that will include nutrition component	Secured	WFP and UNICEF
<b>Shelter/ CCCM</b>	Taiz	HFY in partnership with: HRITC, Al-Fajr Foundation, Benna Association, Reach-Out Foundation	01/01/12-30/06/12	Joint need assessment and emergency response	\$48,645	
<b>Shelter/ CCCM</b>	Hajjah	HFY in partnership with: Abs women Association, Al Khier Association in Hard, Al-Islah Association, SOUL			\$48,645	
<b>Shelter/ CCCM</b>	Abyan	HFY in partnership with YWW, Al-Ihsan Association, YFR, CSSW			\$48,645	
<b>WASH</b>	South: host, non-IDPs, returnees and other conflict-affected	UNICEF and all WASH Cluster partners	December 2011	WASH needs assessments of the affected population	\$50,000 – \$100,000	UNICEF
<b>WASH</b>	North and central Yemen: non-IDPs and other conflict and disease	UNICEF and all WASH Cluster partners	January 2012	WASH needs assessments of the affected population	\$50,000 – \$100,000	UNICEF and Partner NGOs
<b>Shelter/ CCCM/ and Protection Clusters</b>	Abyan, Taiz, Aden, Sanaa, Amran, Sa'ada, Hajjah, Hadramont, Al-Baydah	UNHCR and partners	15/02/12 to 31/04/12	Participatory needs assessment to identify protection risks including shelter and NFIs needs	\$1,230,000	CAP

## Annex III: Cluster Progress Charts

Early Recovery	YHRP 2011 target	YHRP 2011 performance
Awareness on UXO/MRE.	<ul style="list-style-type: none"> <li>100,000 people</li> </ul>	<ul style="list-style-type: none"> <li>55,945 affected and displaced people, of which 39,844 were children.</li> <li>(56%).</li> </ul>
No. of separated/ unaccompanied children protected/interim care, family tracing, repatriation, etc.	<ul style="list-style-type: none"> <li>1,000</li> </ul>	<ul style="list-style-type: none"> <li>1,000 (200 girls, 800 boys) unaccompanied children released from prisons or /and provided with interim care/repatriated to their countries.</li> </ul>
Protection of use and recruitment of children.	<ul style="list-style-type: none"> <li>Action plans MoD &amp; AH Programmes for the release and reintegration of CAAFG.</li> </ul>	<ul style="list-style-type: none"> <li>Follow up on recommendations of SG 10th AR CAAC.</li> <li>Government/Cabinet reiterated commitment/May 2011.</li> <li>Yemen country report of the Optional Protocol on children in armed conflict (OP-CAAC) finalized/sent.</li> </ul>
CP thematic trainings for CPSC members.	<ul style="list-style-type: none"> <li>12 meetings</li> </ul>	<ul style="list-style-type: none"> <li>10 trainings /250 participants /16 Gov/CPIE, PSS, MRE, MRM, Gender, RA (83%).</li> </ul>
Education	YHRP 2011 target	YHRP 2011 performance
School-aged boys and girls in grade 1 – 9 enrolled in schools.	<ul style="list-style-type: none"> <li>400,000</li> </ul>	<ul style="list-style-type: none"> <li>20%</li> </ul>
Teachers teaching in schools in targeted areas.	<ul style="list-style-type: none"> <li>12,000</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> </ul>
Emergency education preparedness plan approved by MoE.	<ul style="list-style-type: none"> <li>1</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>
Cluster monitors and reacts to on-going emergencies.	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>90%</li> </ul>
Food and Agriculture	YHRP 2011 target	YHRP 2011 performance
Number of households receiving agricultural or veterinary assistance.	<ul style="list-style-type: none"> <li>4,045 farming households.</li> <li>6,285 IDP/war-affected households with livestock.</li> </ul>	<ul style="list-style-type: none"> <li>2,200 households (51%) assisted.</li> <li>2,000 households (30%) assisted.</li> </ul>
Number of people receiving emergency food relief by intervention type, beneficiary category and gender.	<ul style="list-style-type: none"> <li>300,000 IDPs (to be increased to 416,900 from June onwards).</li> <li>1.8 million severely food-insecure people receiving ESN (commenced in June).</li> <li>1,500 war-affected, unregistered households with food vouchers (to commence</li> </ul>	<ul style="list-style-type: none"> <li>380,000 IDPs and returnees assisted (91%).</li> <li>ESN for 1.3 million (72%) of targeted severely food-insecure people assisted.</li> <li>1,500 households (100%) assisted with food vouchers.</li> </ul>

	in June).	
Household Food Consumption Score of targeted beneficiaries.	<ul style="list-style-type: none"> <li>MT of assorted food commodities to be distributed to targeted beneficiaries.</li> </ul>	<ul style="list-style-type: none"> <li>IDPs received 75% ration basket throughout 2011 due to lack of funding.</li> </ul>
<b>Health</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
<p>Average population covered by functioning health facility.</p> <ul style="list-style-type: none"> <li>Alerts investigated within 24 hours.</li> <li>100% of investigated outbreaks responded within 24-36 hours.</li> <li>% outbreaks jointly responded to by WASH and Health Clusters.</li> </ul>	<ul style="list-style-type: none"> <li>100% coverage of IDPs living inside camps, 30% coverage of population living outside camps.</li> <li>90%</li> <li>100%</li> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>100% coverage of IDPs living inside camps.</li> <li>30% coverage of population living outside camps.</li> <li>100%</li> </ul>
Measles vaccination coverage > 95% in camps/urban areas & 90% in rural areas.	<ul style="list-style-type: none"> <li>&gt;95% in camps/schools</li> <li>79%</li> </ul>	<ul style="list-style-type: none"> <li>&gt;95%</li> <li>&gt;80%</li> </ul>
<b>Multi-sector-Refugees</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
# of registered refugees enjoying international protection, legal, psycho-social, GBV prevention, awareness.	<ul style="list-style-type: none"> <li>231,555</li> </ul>	<ul style="list-style-type: none"> <li>169,885 (73%)</li> </ul>
# of refugees registered on individual basis and RSD conducted for asylum-seekers.	<ul style="list-style-type: none"> <li>231,555</li> </ul>	<ul style="list-style-type: none"> <li>169,885 (73%)</li> </ul>
# of refugees assisted for self-reliance.	<ul style="list-style-type: none"> <li>1,000</li> </ul>	<ul style="list-style-type: none"> <li>1,000 (100%)</li> </ul>
<b>Logistics</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
Air-services.	<ul style="list-style-type: none"> <li>Four flights per month to Sada'a.</li> </ul>	<ul style="list-style-type: none"> <li>100% until March</li> <li>25% over the year</li> </ul>
Fuel provision.	<ul style="list-style-type: none"> <li>Operational requirements of all UN and international NGOs.</li> </ul>	<ul style="list-style-type: none"> <li>81%</li> </ul>
Information-sharing.	<ul style="list-style-type: none"> <li>Regular through meetings and website posting.</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>

**Annex III: Cluster Progress Charts**

<b>Nutrition</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 actual</b>
Actual number of women, girls and boys receiving food assistance, by category and as a percentage of planned beneficiaries.	<ul style="list-style-type: none"> <li>• 119,100 IDPs under five for blanket feeding.</li> <li>• 206,000 under two for BSFP.</li> <li>• 106,000 under five MAM cases.</li> </ul>	<ul style="list-style-type: none"> <li>• 77,000 (65%): remainder could not be reached in Sa'ada to begin BSFP.</li> <li>• 70,850 (35%).</li> <li>• 26,384 (25%).</li> <li>• Project expansion to reach target still under negotiation with MoPHP.</li> </ul>
Number SAM cases enrolled/ received treatments in CMAM facilities.	<ul style="list-style-type: none"> <li>• 44,395 PLWs nation-wide.</li> <li>• 52,000 children under five</li> </ul>	<ul style="list-style-type: none"> <li>• 42,394 (95%)</li> <li>• 44,227 (85%)</li> </ul>
SAM cure rate. Defaulter rate.	<ul style="list-style-type: none"> <li>• 60%</li> <li>• 20%</li> </ul>	<ul style="list-style-type: none"> <li>• 38%</li> <li>• 24%</li> </ul>
Clusters have adopted/ included the gender marker in their planning and implementation.	<ul style="list-style-type: none"> <li>• All projects using gender marker.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% for Nutrition Cluster.</li> </ul>
Strong coordination is in place at central and sub-national level (Sana'a, Amran, Sa'ada and Aden).	<ul style="list-style-type: none"> <li>• Number of NCC meetings' minutes circulated (fortnightly).</li> <li>• Number of Nutrition Working Group meetings' minutes circulated (monthly).</li> </ul>	<ul style="list-style-type: none"> <li>• 100% central level.</li> </ul>
<b>Protection</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
Number of community centres and CBPNs established.	<ul style="list-style-type: none"> <li>• Eight CC</li> <li>• 50 CBPNs</li> </ul>	<ul style="list-style-type: none"> <li>• Eight CC</li> <li>• 66 CBPNs</li> </ul>
Registration data updated on a continuous basis.	<ul style="list-style-type: none"> <li>• 100%</li> </ul>	<ul style="list-style-type: none"> <li>• 50%</li> </ul>
Number of advocacy activities/sessions on durable solutions conducted.	<ul style="list-style-type: none"> <li>• 45</li> </ul>	<ul style="list-style-type: none"> <li>• 20</li> </ul>
<b>Protection-(child protection)</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
Advocacy on grave violations of child rights.	<ul style="list-style-type: none"> <li>• All affected children</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy workshops, media, TV, radio, statements, 10th Annual Report of the Secretary-General on Children and Armed Conflict, HR Council.</li> </ul>
MRM/grave violations & CP concerns.		<p>13,545 children assisted or registered in total, of which:</p> <ul style="list-style-type: none"> <li>• 5,246 (boys: 2,717: girls: 2,529) conflict-affected children referred to or received services.</li> <li>• 840 children affected by civil unrest, including 94 killed (boys: 76, girls: 18).</li> <li>• 7,459 (boys: 3,702: girls: 3,757) accessed the Help Line.</li> </ul>

Psycho-social, legal and violence protection services.	<ul style="list-style-type: none"> <li>150,000 boys and girls</li> </ul>	<ul style="list-style-type: none"> <li>A total of 108,700 (girls: 48,025, boys: 60,675) children (73%)</li> </ul>
Awareness on UXO/MRE.	<ul style="list-style-type: none"> <li>100,000 people</li> </ul>	<ul style="list-style-type: none"> <li>55,945 affected and displaced people, of which 39,844 were children (56%).</li> </ul>
No. of separated/ unaccompanied children protected/interim care, family tracing, repatriation, etc.	<ul style="list-style-type: none"> <li>1,000</li> </ul>	<ul style="list-style-type: none"> <li>1,000 (200 girls, 800 boys) unaccompanied children released from prisons or /and provided with interim care/repatriated to their countries.</li> </ul>
Protection of use and recruitment of children.	<ul style="list-style-type: none"> <li>Action plans MOD &amp; AH</li> <li>Programmes for the release and reintegration of CAAFG.</li> </ul>	<ul style="list-style-type: none"> <li>Follow up on recommendations of SG 10th AR CAAC.</li> <li>Government/Cabinet reiterated commitment /May 2011.</li> <li>Yemen country report of OP-CAAC finalized/sent.</li> </ul>
CP thematic trainings for CPSC members.	<ul style="list-style-type: none"> <li>12 meetings</li> </ul>	<ul style="list-style-type: none"> <li>10 trainings /250 participants 16 Gov/CPIE, PSS, MRE, MRM, Gender, RA (83%).</li> </ul>
<b>Protection-(GBV)</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
1.1 Total number of beneficiaries of awareness campaigns.	<ul style="list-style-type: none"> <li>8000 people</li> </ul>	<ul style="list-style-type: none"> <li>9,000 people (112%): 60 sessions in four governorates (Sana'a, Taiz, Al-Hodidah and Aden) 150 people per session.</li> </ul>
1.2 Number of services providers sensitized.	<ul style="list-style-type: none"> <li>300</li> </ul>	<ul style="list-style-type: none"> <li>100 (33%)</li> </ul>
2.1 Number of professionals trained in GBV.	<ul style="list-style-type: none"> <li>200</li> </ul>	<ul style="list-style-type: none"> <li>80 (40%)</li> </ul>
2.2 Number of survivors (disaggregated by sex and age) who have received care and support (disaggregated by sector of intervention).	<ul style="list-style-type: none"> <li>500</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>
2.3 Number psycho-social and legal counsellors.	<ul style="list-style-type: none"> <li>80</li> </ul>	<ul style="list-style-type: none"> <li>1</li> </ul>
3.1 Number of cases referred between service providers.	<ul style="list-style-type: none"> <li>200</li> </ul>	<ul style="list-style-type: none"> <li>7 (4%)</li> </ul>
3.2 Number of GBV cases reported.	<ul style="list-style-type: none"> <li>500</li> </ul>	<ul style="list-style-type: none"> <li>49 (10%)</li> </ul>
<b>Shelter</b>	<b>YHRP 2011 target</b>	<b>YHRP 2011 performance</b>
100% of identified/targeted IDPs in and outside camps benefit from emergency shelter/NFIs assistance. % of targeted vulnerable families meeting min shelter requirements	<ul style="list-style-type: none"> <li>156,854 people</li> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>153,150 people (97.6%) of which 28% women, 27% girls, 21% men, 24% boys.</li> <li>35% vulnerable families (20% women).</li> </ul>

### Annex III: Cluster Progress Charts

of 3.5m2/person.		
100 % camp services functional, as well as safety and security are guaranteed.	<ul style="list-style-type: none"> <li>Two IDP camps managed in coordination with key stakeholders and to accepted international standards.</li> </ul>	<ul style="list-style-type: none"> <li>Two camps (100%)</li> </ul>
# to families with energy cooking materials aimed at minimizing risks of GBV and to the environment.	<ul style="list-style-type: none"> <li>2,000 families</li> </ul>	<ul style="list-style-type: none"> <li>2,000 families (100%)</li> </ul>
WASH	YHRP 2011 target	YHRP 2011 performance
Number of targeted population with: - access to safe water - access to sanitation - receiving hygiene items and aware of practices	<ul style="list-style-type: none"> <li>227,000 with water</li> <li>75,000 with latrines</li> <li>30,000 with hygiene items</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> </ul>
Number of projects in Sa'ada with sustainability elements and ER efforts.	<ul style="list-style-type: none"> <li>10</li> </ul>	<ul style="list-style-type: none"> <li>3 (30%)</li> </ul>
Number of boys and girls benefiting from improvement and extended WASH interventions in educational facilities and safe play areas.	<ul style="list-style-type: none"> <li>20,000 children</li> </ul>	<ul style="list-style-type: none"> <li>17,000 (85%)</li> </ul>
Number of trained people on various WASH capacity-building themes.	<ul style="list-style-type: none"> <li>150 people from IDPs, CBOs, local/governorate/service authorities, UN, NGOs</li> </ul>	<ul style="list-style-type: none"> <li>110 (73%)</li> </ul>



## Annex IV: Donor response to the 2011 appeal

**Table VII. Requirements and funding per cluster**

Yemen Humanitarian Response Plan 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Cluster	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
COORDINATION AND SUPPORT SERVICES	3,399,890	4,860,306	1,802,486	2,886,633	4,689,119	171,187	96%	-
EARLY RECOVERY	11,812,464	11,100,270	-	495,880	495,880	10,604,390	4%	-
EDUCATION	3,502,600	4,763,800	-	1,651,110	1,651,110	3,112,690	35%	-
FOOD AND AGRICULTURE	81,038,634	113,726,623	2,745,917	76,451,533	79,197,450	34,529,173	70%	2,885,431
HEALTH	13,686,092	21,431,504	-	9,358,377	9,358,377	12,073,127	44%	-
MULTI-SECTOR (Refugee response)	40,339,911	47,173,062	768,777	7,698,731	8,467,508	38,705,554	18%	-
NUTRITION	26,670,228	37,140,310	2,574,273	24,189,628	26,763,901	10,376,409	72%	-
PROTECTION	13,604,590	14,876,756	-	4,516,965	4,516,965	10,359,791	30%	-
SHELTER/NFI/CCCM	18,971,093	22,471,093	-	12,742,826	12,742,826	9,728,267	57%	-
WATER, SANITATION AND HYGIENE	11,848,746	12,934,820	-	9,362,324	9,362,324	3,572,496	72%	-
CLUSTER NOT YET SPECIFIED	-	-	2,415,058	14,397,057	16,812,115	n/a	n/a	282,885
<b>Grand Total</b>	<b>224,874,248</b>	<b>290,478,544</b>	<b>10,306,511</b>	<b>163,751,064</b>	<b>174,057,575</b>	<b>116,420,969</b>	<b>60%</b>	<b>3,168,316</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table VIII. Requirements and funding per organization**

Yemen Humanitarian Response Plan 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
ADRA	188,500	188,500	-	188,500	188,500	-	100%	-
AMI	31,568	31,568	-	-	-	31,568	0%	-
CARE International	-	941,010	-	-	-	941,010	0%	-
CHF International	255,600	255,600	-	-	-	255,600	0%	-
CSSW	531,500	531,500	-	-	-	531,500	0%	-
ERF (OCHA)	-	-	2,415,058	(226,437)	2,188,621	n/a	n/a	282,885
FAO	4,061,315	4,061,315	-	2,197,293	2,197,293	1,864,022	54%	-
HF	199,830	199,830	-	-	-	199,830	0%	-
iMMAP	-	395,779	-	395,779	395,779	-	100%	-
IOM	9,327,930	18,528,048	-	3,655,235	3,655,235	14,872,813	20%	-
MDM France	747,000	747,000	-	747,000	747,000	-	100%	-
OCHA	2,039,975	2,939,538	1,802,486	1,113,915	2,916,401	23,137	99%	-
OXFAM GB	5,553,700	5,553,700	-	2,074,074	2,074,074	3,479,626	37%	-
RI	793,512	2,634,582	-	521,133	521,133	2,113,449	20%	-
SC	3,820,000	4,618,757	-	3,577,331	3,577,331	1,041,426	77%	-
UNDP	5,120,000	5,174,750	-	495,880	495,880	4,678,870	10%	-
UNDSS	196,405	196,405	-	-	-	196,405	0%	-
UNFPA	1,730,755	1,880,215	-	527,957	527,957	1,352,258	28%	-
UNHCR	59,704,142	60,067,393	-	31,471,611	31,471,611	28,595,782	52%	-
UNICEF	20,292,836	22,698,393	-	20,123,475	20,123,475	2,574,918	89%	-
WFP	100,153,837	142,271,618	6,088,967	92,068,049	98,157,016	44,114,602	69%	2,885,431
WHO	9,354,800	15,792,000	-	4,820,269	4,820,269	10,971,731	31%	-
YFCA	641,100	641,100	-	-	-	641,100	0%	-
YINGOF	129,943	129,943	-	-	-	129,943	0%	-
<b>Grand Total</b>	<b>224,874,248</b>	<b>290,478,544</b>	<b>10,306,511</b>	<b>163,751,064</b>	<b>174,057,575</b>	<b>116,420,969</b>	<b>60%</b>	<b>3,168,316</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table IX. Total funding per donor (to projects listed in the Appeal)**

Yemen Humanitarian Response Plan 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	48,205,819	28%	-
Allocation of unearmarked funds by UN agencies	21,428,472	12%	-
European Commission	19,911,576	11%	-
Central Emergency Response Fund (CERF)	14,834,581	9%	-
United Kingdom	12,029,893	7%	-
Carry-over (donors not specified)	10,306,511	6%	-
Japan	7,775,274	4%	-
Germany	6,336,445	4%	-
United Arab Emirates	5,227,927	3%	-
Sweden	4,705,630	3%	-
Australia	4,347,824	2%	-
Finland	3,803,060	2%	-
Canada	3,559,509	2%	-
Spain	3,104,675	2%	-
Switzerland	2,058,500	1%	-
Russian Federation	2,000,000	1%	-
Saudi Arabia	1,249,979	1%	-
Netherlands	1,000,000	1%	2,885,431
Korea, Republic of	800,000	0%	-
Private (individuals & organisations)	673,108	0%	-
France	412,088	0%	-
Austria	223,901	0%	-
Various (details not yet provided)	62,803	0%	-
Ireland	-	0%	282,885
<b>Grand Total</b>	<b>174,057,575</b>	<b>100%</b>	<b>3,168,316</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table X. Non-Appeal funding per sector**

Other humanitarian funding to Yemen 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
COORDINATION AND SUPPORT SERVICES	1,026,714	1%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	540,595	1%	-
EDUCATION	138,535	0%	-
FOOD	35,247,345	41%	-
HEALTH	1,137,855	1%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	1,199,473	1%	-
SHELTER AND NON-FOOD ITEMS	177,800	0%	-
WATER AND SANITATION	1,281,945	1%	-
SECTOR NOT YET SPECIFIED	46,103,084	53%	-
<b>Grand Total</b>	<b>86,853,346</b>	<b>100%</b>	<b>-</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Please note that this table includes \$31,406,540 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table XI. Total humanitarian funding per donor (Appeal plus other)**

Yemen 2011 as of 15 November 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>			
Compiled by OCHA on the basis of information provided by donors and appealing organizations.			
Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	69,019,676	26%	-
Germany	37,935,898	15%	-
European Commission	26,701,612	10%	-
United Kingdom	24,961,076	10%	-
Allocation of unearmarked funds by UN agencies	24,209,938	9%	-
Central Emergency Response Fund (CERF)	14,834,581	6%	-
Carry-over (donors not specified)	10,306,511	4%	-
Sweden	8,858,406	3%	-
Japan	7,775,274	3%	-
Switzerland	6,508,159	2%	-
United Arab Emirates	5,227,927	2%	-
Finland	4,894,465	2%	-
Canada	4,833,719	2%	-
Australia	4,347,824	2%	-
Spain	3,104,675	1%	-
Russian Federation	2,000,000	1%	-
Korea, Republic of	1,300,000	0%	-
Saudi Arabia	1,249,979	0%	-
Netherlands	1,000,000	0%	2,885,431
Private (individuals & organisations)	673,108	0%	-
France	537,982	0%	-
Luxembourg	343,407	0%	-
Austria	223,901	0%	-
Various (details not yet provided)	62,803	0%	-
Ireland	-	0%	282,885
<b>Grand Total</b>	<b>260,910,921</b>	<b>100%</b>	<b>3,168,316</b>

NOTE: "Funding" means Contributions + Commitments

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

Please note that this table includes \$31,406,540 of funding that has been contributed in 2011 but that has been confirmed for use in 2012. These contributions are identified with "contribution confirmed for 2012" in the description column of FTS tables A and H.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## Annex V: Acronyms and abbreviations

ACAPS	Assessment Capacities Project
ACF	<i>Action Contre la Faim</i>
ACTED	Agency for Technical Cooperation and Development
ADAPT and ACT	(not an acronym)
ADPN	<i>Agence de développement des provinces du nord</i>
ADPSN	Association for Developing Persons with Special Needs
ADRA	Adventist Development and Relief Agency
AH	Al Houthi
AHRF	Arab Human Rights Foundation
AMA	Abi Mousa Alashari
AWD	acute watery diarrhoea
BEmONC	basic emergency obstetric and neonatal care
BSFP	blanket supplementary feeding programme
CAAFG	children associated with armed forces or groups
CAP	consolidated appeal <i>or</i> consolidated appeal process
CBO	community-based organization
CBPN	community based protection network
CCA	common country assessment
CCCM	camp coordination and camp management
CEmONC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CF	Childhood Friends
CFR	case fatality rate
CFSS	Comprehensive Food Security Survey
CHF	Cooperative Housing Federation International
CMAM	community-based management of acute malnutrition
CMR	crude mortality rate
CP	child protection
CPI	Child Protection Initiative
CPiE	child protection in emergency/ies
CPSC	Child Protection Sub-Cluster
CPWG	Child Protection Working Group
CSO	civil society organization
CSSW	Charitable Society for Social Welfare
DDG	Danish Demining Group
DIA	Defense Intelligence Agency
DRC	Danish Refugee Council
DRR	disaster risk reduction
DS	democratic school
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EMIS	Education Management Information System
EmONC	emergency obstetric and neonatal care
ER	early recovery
ERF	Emergency Response Fund
ESN	emergency safe net
FAO	Food and Agriculture Organization of the United Nations
FCS	food consumption score
FFW	food-for-work



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FTS	Financial Tracking Service
GAM	global acute malnutrition
GARWSP	General Authority for Rural Water Supply Project
GBV	gender-based violence
GBVIMS	gender-based violence information management system
GDP	gross domestic product
GIS	geographic information system
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i> (German Society for International Cooperation)
GPC	Global Protection Cluster
HC	Humanitarian Coordinator
HCMC	Higher Council for Motherhood & Childhood
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HEB	high-energy biscuits
HFY	The Humanitarian Forum Yemen
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HRITC	Human Rights Information Training Centre
IASC	Inter-agency Standing Committee
ICMC	International Catholic Migration Commission
ICRC	International Committee of the Red Cross
IDF	Interaction in Development Foundation
IDMC	Internal Displacement Monitoring Centre
IDP(s)	internally displaced person (people)
IEC	information, education and communication
IERP	Integrated Emergency Response Programme
IFPRI	International Food Policy and Research Institute
IM	information management
IMC	International Medical Corps
iMMAP	information Management and Mine Action Programme
IMR	infant mortality rate
IOM	International Organization for Migration
IP	implementing partner
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IRD	International Relief and Development
IRY	Islamic Relief Yemen
IT	information technology
IYCF	infant and young-child feeding
IWRM	Integrated Water Resources Management
JMP	Joint Monitoring Programme
KSA	Kingdom of Saudi Arabia
LMF	Life Making Foundation
LWSC	local water supply corporation
MAM	moderate acute malnutrition
MDG	Millennium Development Goal
MDM	<i>Médecins du Monde</i>
MERLIN	Medical Emergency Relief International
MoFA	Ministry of Foreign Affairs

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**Annex V: Acronyms and abbreviations**

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MFT	Multi-Functional Team
MMR	maternal mortality rate
MMTF	Mixed Migration Task Force
MoAI	Ministry of Agriculture and Irrigation
MoD	Ministry of Defence
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoHR	Ministry of Human Rights
MoI	Ministry of Information
MoJ	Ministry of Justice
MoL	Ministry of Labour
MoPHP	Ministry of Public Health and Population
MoSAL	Ministry of Social Affairs and Labour
MoTEVT	Ministry of Technical Education and Vocational Training
MoU	memorandum of understanding
MoY	Ministry of Youth
MRE	mine risk education
MRM	monitoring and reporting mechanism
MSF-F/E	<i>Médecins sans frontières - France/Espagne</i>
MSI	Marie Stopes International
MT	metric ton
MTF	multi-function team
MUAC	mid-upper-arm circumference
MYR	mid-year review
NACRA	National Committee for Refugee Affairs
NASCRA	National Sub-Committee for Refugees
NCC	Nutrition Cluster Coordination
NFI	non-food item
NGO	non-governmental organization
NOB	number of beneficiaries
NRC	Norwegian Refugee Council
NWRA	National Water Authority
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OP-CAAC	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
OPS	Online ProjectS System
OPV	oral polio vaccine
PHC	public health centre <i>or</i> primary health care
PLWs	pregnant and lactating women
PSS	psycho-social support
QDC	Qotof Development Corporation
QIP	quick impact project
RH	reproductive health
RI	Relief International <i>or</i> Refugees International
RSD	refugee status determination
SAD	Solidarity Association for Development
SAF	Sister Arab Forum for Human Rights
SAM	severe acute malnutrition
SC	Save the Children

SEA	sexual exploitation and abuse
SESN	seasonal emergency safety net
SF	supplementary feeding
SFD	Social Fund for Development
SFP	supplementary feeding programme
SG	Secretary-General
SGBV	sexual and gender-based violence
SHS	Society for Humanitarian Solidarity
SMART	standardized monitoring and assessment of relief and transition
SOP	standard operating procedure
SOUL	Society for the Development of Women and Children
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
SRF	Sa'ada Reconstruction Fund
SSA	Sarva Shiksha Abhiyan
SSC	Social Services Centre
SWA	Sa'ada Women Association/Sanitation and Water for All
SWO	Sa'ada Women Organization
TCN	third-country national
TFC	therapeutic feeding centre
TSFP	targeted supplementary feeding programme
UAE	United Arab Emirates
UAMs	unaccompanied minors
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UXO	unexploded ordnance
VoTs	victims of trafficking
WASH	water, sanitation and hygiene
WB	World Bank
WCP	WASH Cluster Partners
WFP	World Food Programme
WHO	World Health Organization
WSB	wheat-soya blend
YEMAC	Yemen Mine Action
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan
YINGOF	Yemen International NGO Forum
YLDF	Youth Leadership Development Foundation
YR	Yemeni riyal
YRCS	Yemen Red Crescent Society
YWU	Yemen Women's Union

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