

2014

STRATEGIC RESPONSE PLAN

Yemen humanitarian response plan

12 February 2014



Prepared by OCHA on behalf of the Humanitarian Country Team

PERIOD:

January 2014 – December 2015

100%

25.2 million

Total population

58.3%

total population

14.7 million

Estimated number of people in
need of humanitarian aid

30.2%

of total population

7.6 million

People targeted for humanitarian
aid in this plan

Key categories of people in need:

1.33 million displaced

307,000 internally
displaced persons

247,000 refugees

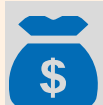
228,000 returnees

544,000 migrants
(from Yemen and Horn
of Africa)

13.37 million

non-displaced

Source: HNO (Oct 2013) & Yemen 2011
Statistical Year Book



US\$ 592 million requested

SUMMARY

Despite positive political developments in 2013, Yemen continues to be a large scale humanitarian crisis, with more than half the population or 14.7 million people¹ in need of some form of humanitarian assistance. The needs remain largely unchanged since 2013. They include 10.5 million food-insecure, of whom 4.5 million are severely food insecure. An estimated 1,080,000 children under five suffer from acute malnutrition, of whom 279,000 children who are severely acutely malnourished. In addition, about 13.1 million Yemenis, amounting to over half of the population, have no access to improved water sources or to adequate sanitation facilities, with rural areas the worst affected. A further 8.6 million people have insufficient access to health services.

The weakness of rule of law institutions and protection systems, as well as the proliferation of small arms, makes women, children, internally displaced persons (IDPs), returnees, migrants, refugees and other groups vulnerable to grave violations of their rights and significantly exposes them to exploitation and gender-based violence (GBV). Women, girls and boys are particularly vulnerable because of the lack of access to protection, education, health care and economic opportunities. Improved security and a stable, but fragile, political situation has allowed some 200,000 IDPs to return home in the south of the country. Their situation remains precarious due to limited access to basic services, protection and livelihoods opportunities. In the north, an estimated 250,000 IDPs remain displaced, with a further 70,000 people reported to have returned to Sa'ada.

Some 7.6 million people will be targeted for humanitarian assistance in 2014. Meeting their needs will cost US\$ 592 million. This year, the Yemen Humanitarian Response Plan has improved targeting and prioritization of humanitarian actions and the humanitarian requirement is based on the costing of planned interventions per beneficiary rather than on projects.

The political and economic situation in the region continues to impact on Yemen. This includes a steady inflow of refugees over and above the 243,000 refugees already registered in the country. In 2013, an estimated

¹ Last year's estimate was 13.1 million people

additional 10,900 refugees had arrived in Yemen by October. The number of economic migrants attempting to transit through Yemen, though highly seasonal, appears to have declined in 2013, with an estimated 16,948 arriving in the country in the second quarter of 2013, including unaccompanied/separated children (25% lower than the same period in 2012). The introduction of new labour policies in Saudi Arabia has forced an estimated 400,000 Yemenis to leave the country since April. A further 400,000 Yemenis could be expelled from Saudi Arabia in the coming months. This is expected to have an impact on the humanitarian situation in Yemen through a sharp reduction in remittances and exposure of thousands of expelled children –many of whom are accompanied and separated- and their families to violence and abuse while stranded at the border or *en route* back to their communities. The returns will also put pressure on labour markets and place an additional burden on already threadbare basic social services.

The 2014-2015 humanitarian strategy builds on the strategy outlined in the 2013 Yemen Humanitarian Response Plan, with an emphasis on providing life-saving interventions for the most vulnerable Yemenis, as well as refugees and migrants. The strategy calls for increased prioritization to ensure that the most urgent needs are met as far as limited resources allow. A second strand of interventions has been identified that will aid transition towards recovery and, eventually, development. This will aim to rebuild communities through early recovery interventions and durable solutions, as well as seek to build communities' resilience and capacities to withstand or recover from shocks. A key element of both these strands of intervention is to build the capacity of institutions to plan for and deliver humanitarian action. It is noteworthy that the strategy is envisioned as a two-pronged approach and that these two strands of activities are not mutually exclusive. Immediate response and long-term capacity/resilience building strategies are to be adopted concurrently and in a complementary fashion.

Strategic objectives

The highest priority humanitarian needs amongst vulnerable people are food and nutrition, shelter, livelihoods opportunities, water, sanitation and health services and protection of IDPs, refugees, migrants and other vulnerable groups, in particular children and women. These needs also include protection from mines and unexploded ordnance. The strategic objectives articulate a two-pronged approach for the next two years. First, this approach entails providing life-saving humanitarian assistance to those with the most urgent humanitarian needs. Second, the approach will be guided by the principle that efforts should be aimed at building people's and communities' resilience to help them to cope and recover, and to withstand the effects of any future shocks or emergencies. The approach aims at building the national capacity to plan for, monitor and respond to humanitarian emergencies in Yemen. Moreover, it aims at linking with longer-term recovery and development activities to ensure that the underlying causes of vulnerability can be addressed. Given these identified needs, the United Nations and its partners suggest the following five strategic objectives to guide humanitarian action in 2014:

1. Provide effective and timely life-saving assistance to the most vulnerable people in Yemen.
2. Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis.
3. Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies
4. With development partners, including the Government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience.
5. Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men.

Priority actions

Strategic objective 1:

Priority areas have been identified as food security, nutrition, water and sanitation, health, shelter, and the monitoring of grave child rights violations. An estimated 10.5 million people in Yemen – more than 42% of the population – are unable to meet their basic food needs. It is estimated that more than 1 million children under five are suffering from acute malnutrition including 279,000 severely malnourished children. About 13 million Yemenis have no access to safe drinking water, while half of the population also lacks adequate sanitation facilities. Some 8.6 million people have limited access to health services with this problem compounded by a shortage of qualified medical staff and availability of equipment. The child protection sub-cluster estimates that approximately 5 million children live in areas where one or more of the six grave child rights violations could occur (including physical injury from mines/unexploded ordnance, sexual exploitation and attacks on schools).

Severe food insecurity will be addressed through a variety of approaches, depending on markets, food availability and political and security conditions, including food distribution and/or cash voucher programmes. The aim is to facilitate a gradual shift from unconditional relief assistance to participatory programmes focused on re-establishment of self-reliance and income earning capacity. To address acute malnutrition, the focus will be on reducing severe acute malnutrition among children 6 – 59 months of age and pregnant and lactating women. Malnutrition will be addressed through an integrated approach, including health, water and sanitation, agricultural interventions for nutritious food production, and livelihoods. The emphasis will be both on treatment and prevention, with the latter supported by strengthened health care capacity and improved water and sanitation of both severe and moderate acute malnutrition. Emergency obstetric services (EmONC) will be provided to help women safely deliver their babies. EmONC services require technical and professional interventions, which are scarce especially in conflict-affected areas. Without these services women are at higher risk of death during delivery. All programmes will take into consideration the particular vulnerabilities of women and girls, giving priority to female-headed households. Health needs will be addressed through improving access to essential life-saving health care services and mitigating, preparing for and responding to public health risks with a focus on communicable diseases among most affected people.

Yemen experiences continuous displacement, in addition to the protracted displacement of some 307,000 IDPs all over the country. While many IDPs have achieved some level of integration and self-reliance, about 38,000 families are in immediate need of shelter and continuous support in terms of non-food items (NFIs). In cases of new displacement, providing shelter is, at times, when no adequate accommodation within the host community is possible, essential. The assistance in terms of NFIs and shelter allows new IDPs to seek safety and reclaim some level of normalcy in the location of displacement.

Strategic objective 2:

Protection gaps will be addressed through three approaches: first, through responsive actions addressing identified patterns of risks and abuse and preventing or alleviating their immediate effects; second, through remedial action restoring dignified living conditions through rehabilitation, restitution and reparation; third, by creating or consolidating an environment conducive to full respect for the rights of individuals through building systems (legislation, infrastructure, human resources and protocols) which will underly protective social services. Protection, as an integral and necessary part of the humanitarian response in Yemen, will be supported by improved inter-cluster collaboration to provide more effective response to assist people displaced by conflict and natural disasters. The protection cluster will also be more attentive to persistent problems of internal displacement brought about by internal armed conflict and chronic insecurity in parts of north and south Yemen. Humanitarian partners aim to provide a coherent, coordinated, accountable, and comprehensive response to protection needs in the country, embarking on a wide range of activities aimed at achieving full respect for the rights of the individual in accordance with the relevant international, national and municipal laws. In particular, activities will promote the human rights of women and children. It is recognized that vulnerable members of a community, particularly women, children and marginalized groups, do not always have equal access to humanitarian assistance.

Strategic objective 3:

Activities will include the strengthening of local non-governmental organizations (NGOs) and government capacity to plan for and respond to humanitarian emergencies. This will enable the scaling up of humanitarian response and, moreover, ensure that the response is grounded in local institutions. The delivery of assistance by local organizations often means that it is more culturally appropriate and accepted in local communities. It will also ensure that humanitarian response can take place in areas with security or access restrictions outside the reach of international organizations. Capacity building is also part of a long-term strategic aim to reduce the dependence on international humanitarian action in Yemen. Capacity building will include building management and programme skills and capacity, as well as the promotion of humanitarian principles. It is widely agreed that capacity development activities should not be limited to training, but should include a more comprehensive approach, including mentoring and partnerships between international and national organizations.

Close coordination through clusters and bilateral collaboration will promote an increase in local ability to develop humanitarian programmes and will build the capacity of government agencies to respond in situations of need, whether natural disasters or conflict-induced. Particular focus will be given to training in responding to emergencies, including sector related and cross-sector responses, addressing protection needs and establishing IDP camps. All activities will be directed towards encouraging participation by all those involved in delivery of humanitarian action and shared ownership of this process. Engaging the intended beneficiaries and stakeholders who are directly affected by crisis will increase accountability and render humanitarian work more transparent and sustainable, eventually transitioning responsibility to national institutions and organizations.

In addition to providing support for capacity to respond to emergencies, emphasis is also placed on building national partners' ability to plan for and increase preparedness for future emergencies. This includes helping the Government develop national response and preparedness mechanisms, including a national emergency response plan with clear response protocols for sector responses. Capacity building efforts should be harmonised to meet this aim. Moreover, as the focus of assistance shifts from relief to early recovery, the emphasis on building resilience and fostering durable solutions will require optimum capacity of local authorities.

Strategic objective 4:

The underlying causes of vulnerability in Yemen have been identified as: (a) environmental, including scarce water resources, land degradation, climate change and natural disasters; and (b) socio-political, including instability and conflict, rapid urbanization, weak economy, lack of infrastructure and a dependency on imported food. Yemen ranks among the most water scarce countries in the world. The situation is rapidly deteriorating with aquifers in many parts of the country being depleted as extraction far exceeds replenishment rates. This depletion of water resources in turn accelerates severe land degradation and increases vulnerability to natural disaster. Violence in the north and south and local tribal conflict over increasingly scarce natural resources result in large scale displacement, damage and destruction of social services and livelihoods assets and uncertainty over the political transition process.

As the humanitarian response in Yemen transitions to early recovery based activities, the focus moves to two parallel and interrelated resilience building processes: 1) providing holistic community-focused early recovery response to conflict-affected communities, beginning, if needed, with mine survey and clearance support including in locations of return and displacement and in areas selected for local integration or settlement support for IDPs. This includes activities to promote food security and livelihoods, shelter renovation and construction, restoring public services and local governance as well as mine action; and 2) building disaster preparedness, social cohesion and 'conflict prevention/mitigation' social mechanisms in post-conflict and non-conflict areas. Resilience building activities will be integrated and context-specific, and will be undertaken in full cooperation with government bodies. Activities will be aimed at enhancing the ability of communities and households to mitigate the effects and recover from conflict-related and socio-economic shocks and natural disasters. Given the strong dependency on and interconnectedness between natural resources, conflict, natural hazards and food security, it is necessary to address the underlying drivers of risk and vulnerability by integrating best practices for conflict resolution and natural resource management into disaster risk reduction efforts that seek to make community livelihoods more resilient. The objective also seeks to restore rights to durable solutions for IDPs.

Strategic objective 5:

Ensuring equity in access to services, resources and protection measures demonstrates the principle of humanitarian impartiality in practice. It is also essential for increasing the participation of women, men, boys and girls, and ensuring protection mechanisms that meet their needs. Therefore, the participation of women, men, boys and girls is key to improving equitable access to services and protection measures. This focus on participation is in recognition of gender imbalances and discrimination, and the lack of protection mechanisms for women and girls specifically, which are compounded by the many challenges that women and girls face in raising attention to their needs, concerns and ideas. Concerted efforts must be made to ensure that the needs of women and girls, and the promotion of gender equality, remain central to all humanitarian action in Yemen. Needs assessments and key strategic discussions must also involve the engagement and participation of women and girls, not only in identifying needs and concerns but to ensure that they are active participants in the design of strategies and services. This includes women and girls' access to and participation in education, income generating activities and reproductive health. Therefore, priority action for all clusters and humanitarian partners will aim to achieve increased access and participation. More concretely, this means that mechanisms will be put in place in all activities to ensure a safe space for women and girls to participate, including in single sex discussion groups. National, regional and other key strategic forums will be required to demonstrate a commitment to take into account the needs, concerns and ideas of women and girls.

Parameters of the response

There have been positive political developments in Yemen during 2013. The majority of adversaries during the 2011 crisis have chosen to participate in the Gulf Coordination Council (GCC)-sponsored political transition process. This process is nearing the end of the first stage, as the National Dialogue Conference (NDC) is coming to its conclusion. The political process, however, remains fragile and despite increased stability and improved security in many parts of the country, the security situation remains unpredictable. 2013 saw small scale and localized conflict both in the north and the south of the country, as well as politically motivated assassinations and sabotage

of infrastructure. Kidnappings, including of humanitarian workers, continue to be a serious concern. It can be expected that conflicts over natural resources (as described in the Humanitarian Needs Overview (HNO) - primarily over land and water - will increase, unless mitigating measures are introduced. Displacement from conflict and political unrest in 2013 was, however, limited in scale and short-term. It is expected that even with a successful outcome of the political process, these security concerns will continue in 2014 and possibly into 2015. Insecurity and conflict will not only continue to cause human suffering, but also impact on humanitarian organizations' ability to deliver assistance.

Two key challenges remain with regards to displacement: the long-term needs of the displaced and the needs of returnees. Many of those displaced in the north of the country are trapped in protracted displacement, with limited prospects of returning to the areas they were displaced from. Only a small number are in camps, the rest are in host communities. The second issue relates to making sure that those who have returned are able to remain and rebuild their lives. Both issues relate to security and access, protection and basic services, as well as livelihoods. This situation increases the protection risks and exposure of vulnerable groups, in particular children and women, to exploitation, abuse, violence and neglect.

The humanitarian crisis in Yemen has complex origins, and the nature and scale of the crisis vary across the country. Many of the needs associated with displacement and returns relate to the conflict and crisis in 2011 - or repeated conflicts in the north prior to 2011. Long-standing underdevelopment and lack of investment in basic social infrastructure and services, combined with poor governance are the key causes of the large number of Yemenis lacking access to basic services. Likewise, poverty and lack of access to income is one of the key drivers of food insecurity and protection risks. Most staple foods are imported because the agricultural sector is poorly developed and dependence on rainfed agriculture. Humanitarian response cannot be expected to address these wider needs, it can only cover the most critical gaps. In this context, it is important that humanitarian action is coordinated with development partners to ensure that the underlying causes of vulnerability, including poverty and long-term investment in basic social infrastructure and services are addressed for the long-term.

Yemen is already one of the world's most water stressed countries. Combined with rapid population growth, exceeding 3% per year, this means that water shortages will further deteriorate unless better managed. Rapid population growth is putting additional pressure on natural resources, social infrastructure and basic services.

The humanitarian situation in Yemen is also influenced by developments in the region. Conflict and poverty in the Horn of Africa led to an influx of some 107,000 migrants and asylum seekers in 2012. This included an estimated 84,000 economic migrants attempting to transit through the country, including unaccompanied children, in addition to 23,000 refugees, predominantly from Somalia. This number has decreased somewhat in 2013. As of the end of November to 2013, 64,869 new arrivals were registered, including 10,867 Somalis – "prima facie" refugees, and some 53,941 Ethiopians who are mainly migrants.

The magnitude of needs in Yemen and the ongoing response must be seen in context of the availability of humanitarian funding. By November 2013, only 51% of the humanitarian requirement, as set out in the 2013 Yemen Humanitarian Response Plan (YHRP), had been met. In real terms, the \$356 million provided by donors is a 5.3% increase in funding over last year. The financial problems of many traditional donors, combined with the large-scale crises in Syria and elsewhere, make it unlikely that any additional funding for humanitarian action will be forthcoming in 2014, unless the humanitarian situation in Yemen drastically deteriorates. The lack of adequate funding in 2013 has meant that many of the longer-term efforts aimed at increasing the resilience of vulnerable people, early recovery activities and providing durable solutions for returnees have suffered disproportionately from lack of funding. Instead, funding has been directed towards short-term life-saving activities. Additional humanitarian funding is, however, being provided through Gulf-based organizations operating in Yemen, but these have so far been reluctant to participate in multilateral humanitarian efforts. This strategy aims to improve coordination and information sharing, where possible, between regional actors and other humanitarian organizations.

The capacity to respond in Yemen has increased dramatically since the first common appeal in 2011. In 2011, 29 organizations participated in the Yemen Humanitarian Response Plan compared to 105 for the 2014 humanitarian response. Likewise, in the same period the ability to deliver humanitarian action has more than doubled. In 2014, humanitarian partners are planning to undertake humanitarian activities worth some \$592 million compared to \$293 million in 2011 and \$704 million in 2013. The reduced requirement is a result of improved prioritization, better targeting and also a change in the method of establishing the requirement. At present, despite access and security constraints, partners are delivering assistance all across Yemen. In addition, there is considerable humanitarian participation by organizations outside the YHRP, including the International Committee of the Red Cross (ICRC), Médecins Sans Frontières (MSF) and many Gulf-based organizations.

CONTENTS

Summary.....	1
Contents.....	6
Strategy.....	8
Sub-national strategies	18
Strategic objectives and indicators	31
Cluster response plans	31
FOOD SECURITY AND AGRICULTURE	34
NUTRITION	42
WASH (WATER, SANITATION AND HYGIENE)	49
HEALTH	55
PROTECTION (GBV & Child Protection)	61
MULTI-SECTOR: REFUGEES / MIGRANTS	75
EARLY RECOVERY	82
SHELTER/CAMP COORDINATION AND CAMP MANAGEMENT/NON-FOOD ITEMS	88
EDUCATION	94
LOGISTICS	99
COORDINATION SUPPORT AND SERVICES (Humanitarian Coordination)	102



STRATEGY

People in need and targeted

A total of 14.7 million Yemenis are in need of some form of humanitarian assistance. The severity of their needs varies greatly. A methodology entailing weighting the severity of needs was utilized to produce a Scale of Severity Map in the HNO that indicates geographic areas with the most severe needs. These needs are a compound of needs generated by displacement, lack of access to basic services, protection needs, food insecurity and other key humanitarian needs. Within each cluster, needs are ranked using standard humanitarian methodologies and disaggregated by sex and age to the extent possible. Given limited resources, it is pivotal that scarce resources are used to address the most severe needs. This year, better prioritization by clusters means that 60% of activities are considered high priority compared to 85% last year. Moreover, in addition to anticipated needs, there is likely to be new needs generated by natural disasters, such as floods, locust infestation and other events, such a localized conflict. The 2014-15 YHRP is targeting 7.6 million people for humanitarian assistance.

Figure 1: Number of people in need

Category	Female	Male	Total
IDPs	156,570	150,430	307,000
Refugees	106,675	144,325	251,000
Returnees	116,280	111,720	228,000
Migrants from Horn of Africa	13,423	134,078	147,500
Yemeni Migrants	36,082	360,419	396,500
Other vulnerable people	6,820,740	6,553,260	13,370,000
Total	7,249,769	7,454,231	14,700,000

Source: HNO (Oct 2013)

Planning assumptions

The planning assumptions set out in this section reflect a most likely scenario of events which in this document is measured against the protracted emergency scenario of 2013. The equivalent of a worst case scenario is dealt with in the Yemen Contingency Plan.

In the political sphere, it is expected that positive developments will continue and that the political transition will move towards elections some time in 2014. It is, however, possible that some violence might occur in the run up to elections, or in its aftermath. It is also likely that small scale and localized conflict between religious groupings, tribal groups and armed movements will continue in 2014. This is expected to lead to only limited and temporary displacement. With regards to access and security of humanitarian workers, it is expected that insecurity will remain a problem and hamper humanitarian access. Likewise, the threat of kidnappings and violence towards humanitarian workers and assets will remain across the country.

With regards to economic and social conditions, it can be expected that Government revenues will largely depend on the oil and gas sector, but that the output in this sector will be constrained by the security situation and declining deposits of these resources. As a result, the Government's ability to invest in poverty reduction, in basic social infrastructure and services will be limited. Limited revenues will also affect Yemen's ability to procure staple foods in global markets. The country imports over 95% of the wheat it consumes, as well as most of the rice. Severe and moderate food insecurity will therefore remain endemic.

The number of migrants and refugees arriving from the Horn of Africa has been lower in 2013 than in 2012. The strategy assumes that migrant and refugee numbers in 2014 will remain at the same level as in 2013. Increased border security along the Saudi Arabian border and clamping down on illegal migrants in Saudi Arabia could be a deterrent for economic migrants, predominantly from Ethiopia. At the same time, these new measures may also lead to an increasing number of migrants becoming stuck on the Yemeni side of the border with Saudi Arabia. In 2013, at least 25,000 migrants – many of whom were children or unaccompanied children- from the Horn of Africa were stranded for months in Haradh, living under deplorable conditions. The situation of Yemeni economic migrants in Saudi Arabia is of concern. An estimated 400,000 Yemenis have already been expelled from Saudi Arabia since April and another 400,000 are expected to return in the coming months as Saudi Arabia continues efforts to regularize its labour force.

Explanation of the strategy

The main thrust of the strategy is consistent with and builds upon the 2013 YHRP. The strategy will follow two main strands. The first is to provide life-saving assistance to address the needs of the most vulnerable Yemenis. This involves providing food and nutrition assistance, as well as life-saving basic services, including protection and education. The second strand of activities is aimed at lifting people out of or reducing vulnerability and is intended to complement the first part of the strategy, though neither are mutually exclusive. Cutting across both strands of activities is improved prioritization of use of scarce humanitarian funding, to effectively address the most urgent humanitarian needs and maximize the impact of resources available, as well as a gender sensitive programming, to ensure that assistance reaches the most vulnerable.

Life-saving activities

Providing life-saving assistance will continue to be the main thrust of activities. Improved targeting and prioritisation of the most vulnerable is a key element of this part of the strategy. This will be aided by the establishment of a shared assessment platform and the increasing use of IASC Multi-Cluster Initial Rapid Assessment (MIRA) type assessments to determine needs and the relationship and interaction between different types of needs. Underpinning this strand of activities is the need to increase the ability to undertake assessments and provide services in areas with high levels of need that are difficult to access because of insecurity or conflict. This strand of activities will also include food and nutrition activities, as well as life-saving basic services, such as health, water and sanitation, shelter, mine action and protection, to vulnerable groups including displaced populations, refugees, migrants, people affected by conflict or natural disasters and others who are in immediate need of humanitarian assistance.

The second strand of the strategy has four key components that either cut across all sectors of interventions, or require a multi-sectoral approach:

Durable solutions

A key development in 2013 was the articulation and endorsement of the Government of Yemen's IDP Policy. This policy paves the way for addressing the plight of the long-term IDPs, as well as providing a comprehensive approach to issues of displacement.

Over the last decade more than 300,000 people were displaced by six conflicts in the north of the country. Of these, an estimated 250,000 remain displaced, predominantly in the Amran, Sa'ada and Hajjah Governorates. An estimated 70,000 people have returned to their places of origin and are struggling to rebuild their lives. An estimated 12,000 people reside in the Al-Mazrak IDP camps. Political circumstances and the nature of these conflicts mean that many of the displaced are unlikely to return to their places of origin. This strategy recognizes that longer-term solutions have to be found to meet their needs in terms of access to basic services, including protection, as well as livelihoods.

The proposed strategy deals with three groups of people: i) those who have returned or can possibly return to areas of origin; ii) those who are unlikely or unable to return because of political circumstances; and iii) marginalized people who lacked access to basic services and livelihoods before the conflicts. The broad aims of the strategy are:

- A gradual, often long-term, process of reducing displacement-specific needs and ensuring the protection of human rights without discrimination.
- A comprehensive, multi-sectoral process that addresses humanitarian needs, challenges to human rights, development, governance, reconciliation, reconstruction and peaceful co-existence.

- A process requiring the coordinated and timely engagement of a broad range of humanitarian, development and political actors.

Durable solutions for IDP in the camps do not appear feasible in the immediate future, though efforts will be sought to improve living conditions.. At the same time approaches pursued will aim to reduce dependency on assistance, as well as explore longer-term solutions for these people.

Durable solutions for IDPs in host communities will entail securing medium to long-term land rights, shelter support, community-based projects around livelihoods and basic services, including education, as well as activities aimed at enhancing resilience and peaceful co-existence with host communities. Likewise, efforts aimed at durable solutions for returnees in Sa'ada will also focus on rehabilitation of shelters, restoration of livelihoods and provision of basic services, as well as reintegration activities to increase both individuals' and communities' resilience to future shocks.

During the planning period, the HCT will determine how to go ahead with pursuing durable solutions, either through a pilot project that can be scaled up, through the development of a common operational framework to facilitate joint programming by agencies, or through a common plan for a possible joint programme.

Resilience

Resilience was introduced as a concept in the 2013 YHRP. The 2013 YHRP linked early recovery and resilience as two parallel and interrelated processes: 1) providing a comprehensive community-focused early recovery response to conflict-affected communities, through activities such as mine action, restoring public services, food security, shelter, livelihoods and local governance; and 2) building resilience to conflict in non-conflict areas through social cohesion, education and livelihoods support, including strengthening the response to crisis, strengthening rural communities' livelihood opportunities, recovery from climate shocks and improving access and quality of basic services. In 2013, activities aimed at strengthening resilience included rehabilitation of infrastructure and restoration of basic services, livelihood- and agriculture-related activities, such as livestock support (veterinary support, fodder distribution), income-generating activities, agricultural terrace restoration, fishery support, household-dynamics research, training and capacity-building in parallel with ongoing humanitarian and peace-building support.

For the current planning period, the HCT is seeking to have a more coherent and better defined approach to resilience. The HCT therefore agreed to jointly develop a discussion paper that would set out shared principles for how to promote resilience. The purpose of promoting resilience is to increase the capacity of individuals and communities to prepare for, mitigate the impact and recover from shocks and stresses caused by natural disasters or conflict. At the core of such activities is an understanding of what makes people vulnerable and building on their positive coping or adaptive strategies to cope with, recover from and minimize the impact of current and future shocks. This includes better understanding the effects of crisis and its impact on livelihoods systems - including individuals, households, communities and institutions, as well as their agro-ecosystems, of people at risk, as well as their assets, activities, capacities and capabilities. The activities that build resilience are generally the same as those being currently implemented, especially as early recovery initiatives, but their impact as resilience-building is enhanced by a strategic focus and prioritization of action. It also entails simultaneously addressing the effects of the crisis and the underlying vulnerabilities that aggravate such effects and affect people's ability to withstand and recover from future shocks in a sustainable way.

Key principles include:

- A comprehensive and coordinated approach is required, rather than piecemeal interventions, to address the complex interplay of factors contributing to both vulnerability and resilience.
- Resilience-building should be a combined humanitarian – development approach, drawing on good governance, disaster risk reduction, climate change adaption, poverty reduction and social protection as well as a humanitarian approach to assessing and reducing vulnerability, and related risks, increasing access to justice and enhancing accountability.
- Promoting resilience requires an approach that sees humanitarian and development efforts as concurrent, rather than sequential, where the two strands of activities complement each other.
- A collective and collaborative approach is needed to address resilience in Yemen, starting with ensuring that relief supports or does not undermine natural resilience; recovery sets a resilient foundation for continued development, from policy development at the national level to community level interventions in all phases.

- Where possible, efforts should be tied-in with Government policies and strategies, such as the Safety Net programme, as well as Government efforts to reduce poverty and increase employment among youth and women.

Based on these key principles, the following priorities have been identified:

- Link humanitarian and development responses, as appropriate, to ensure that short-term actions lay the groundwork for medium- to long-term interventions
- Strengthen prioritization, focus and coordination around key thematic or geographic issues to increase impact.
- Ensure systemic engagement and change by engaging multi-stakeholders at all levels of society and government to address the multiple causes and drivers of vulnerability.
- Address different time-scales, i.e. current, identified risks and likely future scenarios in order to allocate resources and build capacities to adapt to medium and long-term effects of current and potentially unknown shocks and stresses.
- Strengthen disaster preparedness for effective response at all levels.

In addition to these priorities, there is also a need to establish a mechanism to enable experience sharing, identifying best practices, as well as lessons learned to ensure that mutual learning takes place.

Early Recovery

The HCT coordination mechanisms include both an early recovery network and an early recovery cluster. The early recovery cluster focuses on filling critical gaps, ensuring that early recovery needs not met by other clusters are met, including mine action, local governance, social cohesion, non-agriculture, livelihoods, national NGO capacity-building etc. These are key elements of required to get communities back on their feet. Early recovery is a key component both of resilience-building and of durable solutions. Early recovery activities will continue to be implemented in a complementary way by all clusters and holistically drawn together and coordinated through the early recovery network and the inter-cluster coordination mechanism.

As discussed above, many aspects of vulnerability in Yemen are the result of chronic underdevelopment and other socio-economic structural causes. Humanitarian efforts will need to be coordinated with and complement development efforts to be able to address these underlying causes of vulnerability, such as lack of access to basic services, food insecurity and chronic malnutrition in the long-term. Addressing these underlying causes of vulnerability using an approach that builds resilience through early recovery humanitarian action will be the key to transition from a humanitarian to a recovery and development operation.

Early recovery is a key entry point to address issues related to poverty, providing an opportunity to link with the Government's Transitional Plan for Stabilization and Development and the strategies of other development actors. In this regard, it is important to better understand poverty dynamics through an enhanced understanding of macro- and micro-economic factors, including the household economy, livelihoods mechanisms, debt, remittances, gender dynamics, land tenure and erosion of coping mechanisms to develop effective programmes. Early recovery strengthens positive coping mechanisms to deal with external shocks and disasters, and promotes individual and community resilience, whilst reducing the need of individuals and communities to employ negative coping mechanisms such as child labour and early marriage.

A key contribution of early recovery in this strategy is to build resilience in relation to the impact of climate change, and natural resource depletion, particularly with regards to water management. An increasing emphasis also needs to be given to working with the Government to build their capacity in disaster risk reduction and disaster management. Conflict over scarce resources, primarily land and water is increasing in Yemen. It is therefore important that early recovery, durable solutions and resilience activities are conflict sensitive and incorporate, where needed, aspects of peace-building, reconciliation and conflict resolution.

Capacity-building

Building the capacity of local partners, including various levels of government, national NGOs, community-based organizations and others, is a key element of the strategy. Four key points are well recognized throughout the humanitarian community and addressed in the strategy: Firstly, that in order to eventually draw down the international humanitarian operation, national capacity to plan for, respond to and establish mitigating measure to address humanitarian emergencies needs to be strengthened. Secondly, national institutions and organizations often have the knowledge; networks and standing in communities that enables them bring about change in a culturally sensitive context. Thirdly, national NGOs and community-based organizations are able to reach people in

need in insecure areas where international organizations's access is severely constrained..Lastely, international partners do not have the capacity to implement to the required scale without support from and partnership with national NGOs.

The strategy recognizes that UN agencies and NGOs work closely with line ministries, local government and other government institutions to address capacity gaps, including support to develop policies. However, this strategy aims to fill an important gap and enable the Government to develop its capacity to respond to emergencies, as well as disaster risk reduction efforts.

It is recognized that the concept of capacity-building goes beyond training and also involves a substantial mentoring component. The United Nations Development Programme (UNDP) is already leading an early recovery cluster technical working group on capacity-building of national and local NGOs. A common approach will be adopted to:

- Establish a common understanding of what capacity-building means, in terms of modalities and minimum criteria
- Harmonize the assessment of capacity-building needs, for all national actors – institutions as well as NGOs
- Include conflict sensitive, theoretical and practical training in core and thematic issues - as well as mentoring during implementation of activities
- Establish a shared inventory of national humanitarian actors/and their capacities.

Gender Equality

Women, girls, boys and men have different needs and experiences in humanitarian crises. Examining humanitarian needs and assistance through a gender lens is necessary to ensure that the specific needs of vulnerable groups of women, girls, boys and men, are taken into account and that assistance is more equitably distributed to the groups most at need.

Gender is a key determinant of vulnerability in Yemen. Over the last five years, Yemen has consistently ranked last of 135 countries surveyed in the World Economic Forum's annual Global Gender Gap Index, highlighting severe disparities between mens and women's access to health care, education, livelihood opportunities, protection and political processes. The HNO underlines many gender-specific needs in relation to health, education, food, nutrition, and also protection. There is a clear need to mainstream gender in assessments and data-collection – through sex and age disaggregated data, as well as in humanitarian planning and programming.

The environment of social exclusion and discrimination presents serious humanitarian challenges. Women and girls are not prioritized as recipients of assistance as a result of cultural practices and social norms that can work to the disadvantage of children (boys and girls) and, moreover, women are deprived of many of their rights. This is made worse by the lack of civil documentation and the practice of gender segregation. Single female households without adult 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. Child marriages are also common, with a significant number of under-aged girls becoming pregnant as described in the HNO. In order to meet the needs of girls, boys, women and men, humanitarian interventions should be designed and implemented in a way that recognizes that their needs are often different. Without gender sensitive programming, vulnerabilities can be exacerbated and interventions have the potential to do more harm than good.

Recognizing this, the Yemen HCT requested the deployment of an Inter-Agency Standing Committee (IASC) gender advisor (GenCap) to measure and increase the degree to which gender concerns are integrated into humanitarian interventions in the 2014 YHRP. It is envisaged that this will be achieved through training and support to clusters and implementers, as well as enhanced use of the Gender Marker. The Marker assigns a code to each project in the YHRP: 0 for projects that are gender blind; 1 for those that address gender concerns in a limited way; 2a for those that do so significantly; and 2b for projects that are specifically targeted to address gender discrimination.

The Gender Marker was introduced in Yemen in 2010. The implementation of gender sensitive programming varies across sectors and organizations. In the 2013 YHRP, 37% of projects scored either 2a/2b (significantly accounts for or addresses gender disparities). A further 54% of projects scored 1 (address gender in a limited way). The remaining 13% per cent of projects were considered gender blind.

The 2012 YHRP outlined minimum standards adopted by a number of clusters to address gender dimensions of vulnerability. These minimum standards are reaffirmed in the 2014 YHRP, but not limited to:

- Needs assessments ensure the different risks and vulnerabilities needs, capacities and skills of women, girls, boys and men are captured, including the use of sex- and age-disaggregated data as an entry point for meaningful gender analysis and to develop relevant programming.
- All agencies collect, analyze and report all data disaggregated by gender and age, for routine programme monitoring and assessments and programme development. Use of standardized data collection framework and system such as gender based violence information management systems (GBVIMS) that has been adopted by the IASC.
- 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.
- All agencies should adopt a gender-equitable approach which may imply that access, aid and services might need to be unequally distributed in order to achieve equity.
- All agencies ensure the equal participation of women, girls, boys and men in project design and implementation.
- All agencies develop confidential complaints mechanisms to receive/investigate allegations of gender-based violence, exploitation and abuse experienced by women, girls, boys and men in seeking/receiving assistance.

Therefore, to ensure that humanitarian action promotes gender equality, or at a minimum, does not perpetuate existing gender inequalities, gender will be mainstreamed, as well as specific measures put in place to address identified gender discrimination.

Scope of the strategy

The Yemen Humanitarian Response Plan is a two-year strategy. The multi-year strategy has been selected because of the forward-looking elements of the strategy, such as durable solutions, capacity-building, resilience and early recovery, which will require activities beyond the scope of a one-year strategy. This two-year planning perspective will, moreover, facilitate a transition towards recovery and development, if political, security and socio-economic conditions continue to improve. A two-year strategy also allows for better coordination with development initiatives, such as the United Nations Development Assistance Framework (UNDAF), poverty reduction efforts, as well as government plans and strategies that are likely to be developed by a new government in 2014. The strategy and plans were developed through two series of sub-national workshops to ensure greater participation and also to ensure that the plan and strategy is developed with local humanitarian partners and authorities. As part of this approach, sub-national needs analysis workshops were undertaken and sub-national strategies developed.

It is recognized that other humanitarian actors will provide a significant contribution towards humanitarian action in Yemen, for instance, the ICRC, MSF, and national and regional organizations.

Cross-cutting and context-specific issues

Early recovery, capacity-building, promoting resilience and addressing gender gaps could all be considered cross-cutting dimensions of the humanitarian response in Yemen. They have been adopted as key elements of the humanitarian response to ensure that it is forward looking and favour transition to recovery and development while reducing dependency on aid.

Environment

Yemen is the seventh most water-scarce country in the world. The annual per capita availability of fresh water is 120 m³ for the whole country, or just 10% of the Middle-Eastern average and less than 2% of the global average. In highland areas, the situation is even worse. There is no recurrent surface water and the country depends entirely on rainfall and groundwater. Groundwater is being depleted at a much faster rate than it can be replenished. The World Bank states that: "Market-led irrigation, which accounts for 90% of the total water use, is drawing groundwater at unsustainable levels. Those who can afford it resort to buying water from generally informal and unregulated private markets, mostly in urban areas." Water is not only a problem in terms of human consumption, but also has a direct impact on food security as water availability is critical for agriculture that would enable Yemen

to produce more food. At present it is estimated that 90% of staple foods are being imported, against a backdrop of dwindling export revenues to procure this food. Not only are present patterns of water consumption in Yemen unsustainable, but also the vast majority of water resources – some estimate up to 90% – is used for the production of qat.

Land degradation is also a major threat to food production. A 2007 study found that about 85% of Yemen's agricultural land is deteriorating due to water shortages, partly caused by the widespread cultivation of qat and desertification because of soil erosion. Soil erosion is caused by unsustainable land use or agricultural practices, deforestation and also the effects of climate change. The same study indicated that the area of fertile land - only about 13.6% of all Yemeni land - was shrinking due to construction work and desertification. Only an estimated 2.2% of Yemen's land area is arable, compared to 7.4% in the West Bank and Gaza, 9.2% in Iraq and 14.6% in Ethiopia. Traditionally, Yemen has managed to capture water and prevent soil erosion through terraced farming. Such practices are increasingly being abandoned for less labour intensive forms of cultivation.

The effects of land degradation and water depletion have a profound impact on vulnerability through food insecurity and access to water resources. Moreover, as the 2007 study indicates, 80% of Yemen's population live in rural areas and farmers represent 54.1% of the country's workforce. Their access to income will therefore be directly affected by water depletion and land degradation. Efforts aimed at promoting resilience, early recovery, increasing food security must fully incorporate environmental concerns in the design of such activities.

HIV/AIDS

Inter-agency guidelines for HIV/AIDS interventions in emergency settings view HIV as an emergency priority and a multi-sectoral responsibility. Yemen is a country with a very low prevalence rate, estimated at 0.2%. Conflict, displacement poverty and potential negative coping strategies, as well as very low knowledge of how transmission occurs - 5.6% among 15-24 year olds - have the potential to increase the prevalence of HIV/AIDS. HIV in Yemen is mainly transmitted through unprotected sex between men and women, between sex workers and their clients and from HIV positive adults to their children during conception or pregnancy.

An estimated 8,900 to 47,000 people are living with HIV in Yemen. Surveillance, treatment and prevention coverage is low and vulnerability to HIV is high all around the country, both in the more stable areas and in the areas of humanitarian need.

During a humanitarian crisis, it is well documented that people may adopt new cultural trends that increase the rate of HIV infection. In these situations, services are usually disrupted or interrupted and risk of assault and transactional sex increases. It is necessary to consider the impact of the humanitarian situation on the vulnerability of people to HIV and their capacities to cope with it.

The following are the questions that each sector considered and integrated into their work plan:

- Has the emergency placed the affected population at increased risk of exposure to HIV?
- Has the emergency disrupted access to vital AIDS services?
- Which of the affected population are most vulnerable to the risk of exposure to HIV?
- Which of the affected population are most vulnerable to the disruption to vital AIDS services?
- Is the emergency forcing the affected population to adopt negative coping mechanisms?
- If so, which parts of the population are the most at risk of adopting negative coping mechanisms?

Constraints and how the HCT and clusters will address them

It is likely that humanitarian funding for Yemen will remain a key constraint in 2014 and 2015. The humanitarian requirement has increased almost threefold from 2010 (\$186 million) to 2014 (\$580 million). At the same time, funding relative to the requirement declined from 67% in 2011 to 51% by December of 2013. In the 2013 YHRP, 85% of all activities were classed as high priority. This may underscore the overall importance of humanitarian activities in Yemen, but is not helpful for donors allocating scarce resources. Improved prioritization of activities will provide focus for critical activities/approaches identified in the YHRP.

Engagement in the YHRP from Gulf organizations and Governments remains very limited, though it is recognized that they contribute significantly towards meeting humanitarian needs in Yemen. Advocacy and outreach efforts are

therefore required to ensure that overall humanitarian action is coordinated or, at a minimum, that information is shared in terms of activities, assessments, analysis of needs and data that guides humanitarian action.

Humanitarian access constraints in Yemen in 2013 varied from problems associated with obtaining visas for humanitarian workers and bringing in security related equipment to the country to access constraints caused by insecurity and conflict. There were also direct access denials from non-state actors. In the north of the country, there have been problems with assessments, distributions and other aspects of delivering assistance in line with the humanitarian principles. In the south, there are problems related to the lack of rule of law institutions and security for humanitarian organizations. Inter-tribal conflict and conflict between political and religious groups continue to put local people and humanitarian workers at risk. Broadly, access constraints in Yemen fall into three categories:

- Restriction of movement of agencies, personnel or goods into Yemen.
- Military operations and ongoing hostilities impeding humanitarian operations.
- Violence against humanitarian personnel, assets and facilities.

Mitigating measures to address security include the strong presence of the UN Department of Safety and Security (UNDSS) that provides up-to-date security advice to ensure that the United Nations can minimize risk and continue to deliver humanitarian assistance. Likewise, the INGO community is provided a similar service through the INGO Forum Security Advisory Office (ISAO). An Access Working Group (AWG) has been established to monitor access constraints and develop access strategies to be considered by the HCT. Engagement with non-state actors, including access negotiations are ongoing in areas with access constraints, in some instances with a view to establishing sets of "ground rules" to ensure that humanitarian action can be delivered according to humanitarian principles.

Advocacy, along with developing a deeper understanding of the concerns behind the constraints and addressing them without compromising principles where possible, will be a key activity in addressing many of the constraints above. The Office for the Coordination of Humanitarian Affairs (OCHA) will lead on producing an advocacy strategy for the HCT during 2014-2015, highlighting key messages, audiences and opportunities to influence opinion and mobilize resources. The strategy will target national, regional and global audiences, and will be informed by the 2014 Humanitarian Strategy. Through the humanitarian communications network, advocacy messages, products and activities will be developed that:

- Raise awareness of the humanitarian situation in Yemen with a view to mobilizing resources for humanitarian action.
- Bring in new partners to the joint humanitarian efforts and coordination framework.
- Effectively communicate the nature and principles of humanitarian work with a view to addressing impediments to humanitarian action.

Monitoring and Reporting

In 2014-2015, humanitarian programme cycle management will be strengthened, improving the ability of clusters to measure the achievements of the humanitarian response and progress towards achieving stated objectives. This will require strong monitoring systems to gather information and review progress against set cluster and strategic objectives. The plan will better measure the contribution of humanitarian partners to all the five strategic objectives of the YHRP, including building the resilience of the target communities and strengthening the capacity of national actors, and gender equality. The YHRP will be monitored at three levels: i) strategic level ii) cluster level, and iii) project level.

Strategic monitoring will broadly observe evolution as well as improvement in the humanitarian situation and the relevance of the plan vis-à-vis needs, response, results, constraints, evaluations and coordination mechanisms, to enable HCT decision making. The inter-cluster coordination mechanism (ICCM), facilitated by OCHA, will gather all monitoring data, make recommendations, and present the findings in all in monitoring reports to provide analysis to the HCT / Humanitarian Coordinator (HC) for decision making regarding adjustments to strategic, financial, prioritization, advocacy, and resource mobilisation. Cluster and project level monitoring will focus on measuring and analysing progress towards implementation of the response plan at national and sub-national levels. Six-monthly and annual reviews will be the basis of the monitoring system in 2014 and 2015.

Monitoring framework

Level	Monitor what?	By whom?	Output
Project	Project activities Project outputs Project outcomes	Cluster members	Six monthly project reports
Sector/Cluster	Cluster outputs Cluster outcomes Impact indicators	Cluster coordinator	Periodic monitoring report (six monthly)
Strategic response plan	Strategic Objectives Requirements and resource mobilisation Implementation capacity Beneficiaries reached against planned Evolution of needs Operational context	An inclusive process under the leadership of the HC/HCT, supported by OCHA and the ICCM and participation of humanitarian partners	Mid-year review and Annual Report

Improvements to systematic data collection have involved developing indicators to measure progress towards building resilience, capacity building and gender equality. OCHA will explore ways to strengthen the single reporting format for the clusters. Initiatives to strengthen joint monitoring of response activities at the sub-national level will also be explored to strengthen participation of humanitarian partners, local leaders and representatives of beneficiary communities, aiming to improve accountability for humanitarian response in Yemen.

Accountability to the Affected Population

Humanitarian partners in 2014 will systematically aim to mainstream and implement accountability to populations targeted for humanitarian assistance, enhancing appropriate and timely engagement with them at each stage of the Humanitarian Programme Cycle (HPC), both formally and informally. Humanitarian partners will implement activities promoting IASC Principals' agreed commitments² on Accountability to Affected Populations.

Building on progress made in 2013, efforts to adapt available guidance to the context of Yemen and capacities of humanitarian partners will be harnessed to enhance affected people's regular access to information on their rights/entitlements, humanitarian programmes, their scope, target audiences and how to access assistance. Humanitarian partners will adopt ways to regularly collected feedback on the response from the affected people and that information will be fed into the monitoring processes and inform decision making at the various levels of the individual aid organizations, clusters, ICCM and the HCT. A special attention will be addressed to ensure that women and men of all ages, physical ability, and geographical background have access to the information and their feedback on the response is properly collected through appropriate channels.

To measure progress in 2014, humanitarian partners will, at a minimum, establish two-way communication with affected people, ensure design of humanitarian programmes is informed by the views of affected people, and is modified based on feedback, and feedback mechanisms established for affected people. The partners may implement other activities that contribute towards achieving any of the accountability objectives outlined in the table below.

² 1/ Leadership and governance, 2/ transparency, 3/ feedback and complaints, 4/ participation, and 5/ design monitoring and evaluation

Recognizing that access to affected populations is an important hurdle in Yemen, innovative methods to solicit input and feedback will be utilized, such as using mobile phone technology and other means of reaching people in need. This could include identifying key interlocutors within communities and possibly monitoring projects with their assistance.

IASC Objectives for Accountability to Affected Populations

1. System wide learning and establishing means of mainstreaming and verification.
2. Systematically communicate with affected population using relevant feedback and communication mechanisms.
3. Ensure that accountability to affected populations is effectively integrated within systems for planning needs assessment and response.
4. Ensure that accountability to the affected population is effectively integrated within needs assessment methodology, including joint needs assessments.
5. Ensure that accountability to the affected population is effectively integrated within systems for project design and planning.
6. Ensure that accountability to affected population is effectively integrated throughout the implementation and monitoring of projects.
7. Ensure that accountability to the affected population is effectively integrated in distribution programmes.

SUB-NATIONAL STRATEGIES

Northern Governorates

Situation and context:

The northern Governorates include Al Jawf, Amran and Sa'ada and are home to an estimated population of 2.5 million people, around 10% of Yemen's total population.

Northern Governorates		
Governorate	Area in sq. km	Population
Al Jawf	30,620	539,979
Amran	9,587	998,961
Sa'ada	15,022	942,962
Total	55,229	2,481,902

Six wars in Sa'ada Governorate and neighbouring areas (Harf Sufyan) between 2004 and 2011 have led to heavy damage to or destruction of houses, of social infrastructure including schools, hospitals and water facilities, as well as causing large scale displacement. Insecurity and poor road infrastructure have created significant access constraints.

Al Jawf Governorate has the lowest measles and Penta-3 vaccination coverage (8-12% respectively for children under the age of one due to access constraints). Unlike other parts of Yemen, assessments at individual and household level could not be conducted in Sa'ada due to obstructions by non-state actors. This has resulted in information gaps. Explosive remnants of war (ERWs), including landmines and unexploded ordnance impose significant challenges in Sa'ada Governorate (more than 80 cases were officially recorded and many more reported in 2013). Sectarian and tribal conflict broke out in August 2013, leading to a blockade of Sa'ada Governorate by Salafists and allied tribes. This blockade was the response to the siege of Dammaj by the Al-Houthis. The blockade also hindered access to the Al Mazrak camps in Hajja Governorate. Previous wars and the current conflict have had a significant impact on children, exposing them to violence and placing them at risk from ERWs.

High levels of food insecurity, malnutrition and poor access to basic services are affecting thousands of people, amongst them IDPs. Food security and agriculture partners are increasing activities in these areas, though restricted access still stands in the way of the food security response. Significant numbers of government workers in many sectors (health, education, water, etc.) were transferred to other parts of the country, leaving many communities under-served. People traumatized by conflict and victims of gender-based violence and other forms of abuse have little or no access to psychosocial support. Many economic migrants, amongst them women and unaccompanied children, who attempt to reach Gulf countries through Yemen face extreme hardship, including deportation, serious physical and other rights abuses and even killings along the border. However, there is no mechanism to address these issues. Large numbers of children without parental care because their family has been killed in conflict, are not benefiting from alternative/foster care and/or social services and support. Children are recruited by armed forces/groups and there is a need to ensure the release and integration of these children while holding the perpetrators accountable. Despite restricted needs assessments, nutrition experts believe that there are high levels of acute and chronic malnutrition among children under five and pregnant and lactating woman, based on the findings of a nutrition assessment in neighbouring Hajjah Governorate, which has very similar characteristics.

Profile of affected population:

An estimated 1,945,000 people in the north, about half of these in Sa'ada Governorate, are in need of humanitarian aid. Among these are 167,494 IDPs, mostly living with host communities in Sa'ada (103,014), Amran (39,780) and Al Jawf (24,700) Governorates, according to a United Nations High Commission for Refugees (UNHCR) update of November 2013. These IDP figures are expected to increase due to recent conflict while secondary displacement of previous IDPs is reported. Inter-agency field assessments in mid-November 2013 indicate that more than a thousand people were displaced due to conflict in Dammaj in the last weeks of October and early weeks of November 2013.

Governorate	People in Need				Total	Total Population
	Male	Female	Children (<18)	Elderly (>60)		
Al Jawf	201.000	237.000	214.000	17.000	438.000	539.979
Amran	275.000	291.000	277.000	23.000	566.000	998.961
Sa'ada	481.000	462.000	462.070	37.720	943.000	942.962
Total	957.000	990.000	953.070	77.720	1.947.000	2.481.902

The majority of the 64,985 IDPs in the neighbouring Hajjah Governorate, and a significant number of IDPs in Sana'a, originate from Sa'ada Governorate. Many IDPs face protracted displacement due to the lack of political solution to the conflict. 23,801 returnees have been reported (14,716 in Sa'ada, 5,785 in Amran and 4,000 in Al Jawf Governorate), according to the UNHCR update of November 2013. In addition to the displaced population, a large number of people have been affected by conflict in other ways.

More than half of the population of Sa'ada and Al Jawf Governorates has no access to improved water or sanitation services. Almost 21,000 houses were damaged or destroyed by the conflict in the north (Sa'ada and Amran Governorates). Gender based violence incidents are largely under-reported; there is a great deal of sensitivity around such issues and there are no referral systems. Moreover, traditional norms and stigma prevent survivors from seeking help.

Regional Approach:

The approach adopted in the northern governorates continues to focus on life-saving activities, but emphasizes that these should be complemented with resilience-building activities, with a focus on diversifying livelihoods and income generation as well as finding durable solutions for IDPs and returnees. These interventions require a broad multi-sectoral approach. This approach will also include capacity-building efforts for local partners, both NGOs and local authorities, to ensure that needs can be met in the long-term.

In the northern governorates, the strategic objectives of providing life-saving aid (SO1), protection (SO2), capacity-building (SO3) and gender equity (SO5) are particularly relevant due to the particular humanitarian needs which prevail there. In relation to protection (SO2), while the number of refugees in the north is not significant, protection will be relevant for marginalized and vulnerable groups, including returnees. Migrants from the Horn of Africa, who are subjected to gross human rights abuses, including trafficking, are also in serious need of protection, especially women and unaccompanied children. Increasingly important is the issue of how to address the situation of Yemeni migrants returning from Saudi Arabia. Lack of information about the number of Yemenis returning from Saudi Arabia to the northern governorates and the extent of their needs is detrimental to meeting the strategic objectives of providing life-saving aid (SO1) and protection (SO2) in the north. Meeting the capacity-building objective (SO3) will involve strengthening capacity to respond by local authorities, such as local offices for education, health and water, in part through training. Although resilience-building (SO4) is also relevant in the north, it may be difficult to conduct in-depth studies and assessments to determine the causes of vulnerability due to current restrictions on undertaking assessments. Early recovery and resilience building activities could, in the medium term, become the main focus of the regional response.

The modalities for providing assistance in the north in 2014 will have to be adapted to the difficult operational environment. Firstly, due to lack of government control of many areas, aid agencies will be working with non-state actors to overcome access constraints and reach people in need. Secondly, to overcome obstacles posed by insecurity and lack of access, while also contributing towards building local capacity, aid agencies will continue to improve engagement with local partners, particularly national NGOs and civil society. A key component of this engagement will be capacity-building to ensure ability to deliver in accordance with humanitarian principles. Thirdly, airlifting of aid supplies could be a potential mode of transporting some aid supplies, such as medicine and non-food items to the north, to circumvent the current blockade of Sa'ada.

Finally, awareness campaigns around practices that will reduce risk to life or health, or potentially improve people's lives, will add value to humanitarian work in almost all sectors. Awareness-raising activities for women and men will be needed to achieve better hygiene, more diversified food, better eating habits, mine risk awareness and better post-harvest handling of crops.

One major challenge identified in Sa'ada is that the de facto authorities may try to limit the role of government offices or limit community participation, in an attempt to control aid activities. With respect to capacity-building,

there is a concern that local organizations are turning into contractors used by international organizations to implement activities without the involvement of the local communities. National NGOs should be encouraged to be inclusive and adopt participatory approaches.

Priority Interventions:

Food Security: General food distribution for households in emergency. Access to food via cash or vouchers for populations in emergency, building the capacity of the community by enhancing their skills through food for training programmes, provision of agricultural inputs (seeds, fertilizers and farming tools) and livestock vaccination. Improve irrigation systems and water harvesting practices and support small enterprise development.

Nutrition: Conduct two SMART (specific, measurable, attainable, realistic and timely) nutrition surveys for Sa'ada and Al Jawf to assess the nutritional status of children under the age of five and assess underlying factors aggravating malnutrition. Scale up the community-based management of acute malnutrition by establishing new fixed and mobile outpatient therapeutic posts/stabilization centres in Sa'ada and Al Jawf Governorates to treat severe acute malnutrition in children under the age of five. Improve appropriate infant and young child feeding practices by establishing infant and young child feeding corners and capacity-building of health workers and community health volunteers. Follow up with World Food Programme (WFP)/Ministry of Public Health on activation of targeted supplementary feeding programmes in Sa'ada to address high caseload of moderate acute malnutrition in children under five. Scale up micronutrient supplements for children and pregnant and lactating women.

Water, sanitation and hygiene (WASH): Rehabilitate small scale, community level water supply projects, WASH in schools and in health facilities, including sex-segregated latrines. Improve household water treatment and safe storage of water. Promote community led and school-based sanitation and hygiene. (4) Create and train members of community water management joint committees. Distribute WASH supplies for new IDPs in Sa'ada. There is weak community ownership of such activities. Solutions will be sought to ensure ownership by local communities and to cover the recurrent costs and ensure the maintenance of water systems.

Health: Strengthen local health service delivery by improving the capacity of the health sector, and provide basic medical, reproductive health, and nutrition supplies to war-affected people and IDPs, with special focus on vulnerable groups like children under the age of five, as well as pregnant and lactating mothers. The cluster will address inadequate disease surveillance and inadequate reporting/monitoring systems.

Protection: Provide protection monitoring and response through IDP community centres and outreach workers; Profiling IDPs for more accurate information with which to make plans, (current numbers for IDPs in Sa'ada are estimates and apart from 362 families in the Mandaba settlement (around 2,000 individuals) these IDPs are not registered and rarely access humanitarian aid due to restrictions imposed on them by non-state armed actors. Build capacity amongst local partners to increase their capacity either to respond or act preventatively. Foster complementarity with other sectors/clusters, especially education, as protection is a cross-cutting issue.

The child protection sub-cluster will focus on mine risk education and providing access for children to child-friendly spaces. The child rights network will be strengthened in order to monitor report on and respond to grave child rights violations and will also be expanded with regards to liaison with the development of social service and case management services. Mine risk education activities will be coordinated with the early recovery cluster to ensure harmonized interventions in districts where mine survey/clearance activities, or support to war victims, are taking place. Advocacy efforts will be undertaken to stop the recruitment of children and negotiate their release from armed forces/groups, both through awareness-raising at community level and in finalizing action plans with groups recruiting child soldiers. Children released from armed forces/groups will be helped with reintegrating into communities. The gender-based violence sub-cluster will continue to raise awareness around gender-based violence as a human rights violation, and ensure the availability and quality of response services for survivors. Such efforts will include capacity building of duty bearers, as well as activities aimed at improving availability of data. Advocacy will be undertaken to improve policies and the legal framework to address gender based violence issues.

Early recovery: The cluster will focus on mine action, non-agricultural livelihoods and employment generation, as well as capacity-building of civil society. It is, however, expected that all life-saving sectors (WASH, nutrition, health, etc.) will include an early recovery/resilience component in line with strategic objectives 3 and 4. The mine action programme is considered a life-saving activity (linked to SO1), as well as a condition for long-term development (SO4). Income generating activities will specifically target vulnerable groups (e.g. conflict-injured, female-headed households), as well as addressing gender gaps. Peace building and/or conflict prevention activities will be implemented in line with the early recovery component of the strategy.

Camp coordination and camp management /Shelter/Non-food items: Provide emergency shelter/NFIs for the most vulnerable IDPs due to conflict or natural disaster. Provide durable solutions (return or local integration) for IDPs. Provide alternative shelter options for IDPs who are occupying public buildings (e.g. health units and schools). Implement early recovery projects that will have a quick impact on restoring livelihoods of returnees and host communities.

Education: Improve access to education through rehabilitation of schools, training of teachers on psycho-social support and life skills education. Mothers and fathers' councils will also be established and educational supplies will be provided, including learning and teaching materials for schools and students. Importance will be given to recruiting female volunteer teachers in conflict-affected areas, especially in the remote districts of Qatabir, Munabih and Ghammer. Significant dropout rates are a problem that has to be addressed, especially among female students. Some options to address this issue might include vocational and non-formal education, school-feeding programmes and psychosocial support in schools.

Western Governorates

Situation and context:

The western Governorates include Al Hudaydah, Al Mahwit, Hajjah and Raymah. The estimated population of these governorates is 5.9 million people, or around 23% of Yemen's total population.

Western Governorates		
Governorate	Area in sq. km	Population
Al Hudaydah	17,509	2,809,311
Al Mahwit	2,858	623,670
Hajjah	10,141	1,880,839
Raymah	2,442	501,429
Total	32,950	5,815,249

The region is characterized by high levels of food insecurity and acute malnutrition among children under the age of five. Hajjah is the ninth most food insecure governorate in the country with 20 per cent of the population severely food insecure (third, if ranked in number of people affected). Al Hudaydah, Raymah and Hajjah have the worst levels of acute malnutrition among children under the age of five, while Al Hudaydah and Hajjah have the highest number of people without access to clean water and sanitation in the country.

The enforcement of a Saudi Arabian immigration and labour policies to encourage employment of Saudi nationals (Nitaqat) since April 2013, has led to massive returns of foreign migrant workers from Saudi Arabia to Yemen. Close to 400,000 migrants are reported to have returned, with the vast majority returning to western governorates (IOM, 15 November 2013). Most part of the migrants is men, but there are also women and unaccompanied children. As such, the reduced remittances are expected to affect the livelihoods of thousands of families dependent on these transfers.

Despite the fact that over 53,000 IDPs are reported to have returned to Sa'ada from the western governorates, the absence of a political solution between the Government of Yemen and Al-Houthis in Sa'ada has contributed to IDPs remaining in the camps and settlements in Hajjah. The absence of livelihood opportunities and the presence of mines and unexploded ordnance have also contributed to the reluctance of IDPs to return. The protracted nature of the IDP situation continues to take its toll on the host communities who have to share limited basic services and livelihoods opportunities.

Small scale natural disasters have also taken their toll on vulnerable communities in the region. Heavy storms leading to flash floods and landslides have destroyed crops and damaged houses. Increased hardship affecting families and communities has resulted in increased vulnerability of children to exploitation and abuse and other violations, including child marriage and child trafficking. The lack of birth registration, social services available to children and the lack of rule of law institutions contribute to the vulnerability of children.

The situation of migrants from the Horn of Africa remains dire, with many stranded in Hajjah, including unaccompanied children, exposed to exploitation, physical and other rights abuses at the hands of human

traffickers. Child trafficking and early marriage continue to be of concern, rule of law and other government institutions lack the resources and capacity to address these issues.

Profile of affected population:

3,805,000 people are in need of humanitarian aid in the western governorates, representing more than 50% of the total population of the four governorates. This includes about 81,919 IDPs mostly living with host communities (UNHCR IDP update of September 2013). With little prospect of a political solution enabling the displaced to return to their areas of origin, IDPs will continue to face protracted displacement in Hajjah. Localized tribal conflicts over resources have so far not led to significant displacements in the region, however, the ongoing conflict in Dammaj between the Salafis and Al-Houthis has spilled over to Hajjah. It has already limited humanitarian access to the IDP camps in Al Mazrak and has the potential to limit access to other districts too.

According to the International Organization for Migration (IOM) 130,000 migrants from the Horn of Africa, transiting to other countries in the Middle-East, are expected to arrive in Hajjah in 2014-2015, and will likely need humanitarian aid, including life-saving interventions and psychosocial support. Cases of child trafficking, early marriage and gender-based violence remain largely under-reported due to the sensitivities associated with them. The majority of people in need are communities indirectly affected by conflict and caught in a vicious cycle of poverty and lack of access to livelihoods and basic services. Their vulnerability has been exacerbated by the general political instability in the country.

Governorate	People in Need					Total Population
	Male	Female	Children (<18)	Elderly (>60)	Total	
Hajjah	699.000	760.000	715.000	58.000	1.459.000	1.880.839
Al Hudaydah	749.000	774.000	747.000	61.000	1.523.000	2.809.311
Raymah	220.000	211.000	211.000	17.000	431.000	501.429
Al Mahwit	195.000	197.000	192.000	16.000	392.000	623.670
Total	1.863.000	1.942.000	1.865.000	152.000	3.805.000	5.815.249

Regional Approach:

In the western governorates, all the strategic country objectives are relevant, applicable and address identified needs. The protracted IDP situation, the significant impact of conflict on host communities, widespread food insecurity and high levels of malnutrition, in addition to the large number of migrants and to some extent refugees stranded in the region (Hajjah Governorate mainly) confirm the relevance of the life-saving (SO1), protection (SO2) and gender equity (SO5) objectives. Complementing life-saving activities with resilience-building (SO4) will strengthen communities' ability to cope with external shocks due to conflicts and natural disasters such as floods and landslides. Capacity-building (SO3) for local partners, national NGOs, government institutions and staff has been the key challenge in the region. All clusters in Hajjah and Al Hudaydah are implementing activities that focus on strengthening the capacity of partners. This objective is very relevant in ensuring that communities, partners and government institutions are prepared to cope with future contingencies.

Humanitarian activities will be implemented in close coordination with local authorities and respective line ministries. The two existing coordination hubs (Al Hudaydah and Haradh, in Hajjah) will remain the principal coordination hub for effective and timely humanitarian response to the most urgent humanitarian needs. Life-saving interventions will be complemented by resilience-building, such as restocking of livestock, income generating activities and distribution of seeds and tools. This also includes durable solutions for IDPs, focusing on strengthening basic services in areas of potential return and/or integration within the areas of settlement. In the event of new displacement, services to affected communities will be provided in their place of displacement. Establishing new camps will only be considered as a last resort. This approach is not only important in cases of conflict-induced displacement, but also in the context of natural disasters such as floods. It includes establishing partnerships with local communities to rehabilitate or reconstruct community infrastructure using food for work, cash for work and food vouchers. Building capacity for local partners, national NGOs and government institutions to facilitate transition to the development phase is an important part of this approach.

Priority Interventions:

Food Security: Continue general, emergency food distribution for household's and schools. Improve access to food via cash or vouchers for populations in an emergency situation, building the capacity of communities by enhancing skills through food for training programmes, agricultural inputs (seeds, fertilizers and farming tools) and livestock vaccination. Improve irrigations systems and water harvesting practices and support small enterprise development.

Nutrition: Strengthen management of acute and moderate malnutrition and support pregnant and lactating women, community mobilization and awareness rising on good nutrition practices (eg. promotion of infant and young children feeding programmes) and hygiene. Strengthen government health structures through staff training and by rehabilitating and equipping health facilities.

WASH: Construct and rehabilitate water systems, construct and rehabilitate family and institutional latrines, solid waste management; distribute sanitation materials and promote hygiene; train water committees; build capacity of national partner NGOs, and improve water, sanitation and hygiene in schools.

Health: Conduct vaccination campaigns for children under the age of five; establish mobile clinics for remote areas and support the development of human resources for health facilities. Provide equipment and essential drugs and medical supplies for these facilities. Distribute mosquito nets and conduct residual spraying to eradicate mosquitoes. Strengthen referral systems; rehabilitate hospitals and health facilities and train health personnel and community health volunteers. Strengthen disease surveillance systems in order to facilitate early detection and timely response to disease outbreaks. Enhance emergency obstetric care as well as basic emergency obstetric care and caesarean emergency obstetric care.

Multi-sector for refugees and migrants: Continue providing life-saving assistance to stranded migrants and Yemeni migrants returning from Saudi Arabia through the Al Tuwal border crossing, north of Haradh. Both groups are targeted with food, water, health assistance, and also access to sanitation facilities, basic material assistance, safe return assistance, and referral services. Specifically for Yemeni migrants, referral for longer-term livelihoods support at their communities of return will be essential.

Protection: Core activities include the protection of vulnerable people, particularly children, from violence, exploitation and abuse, through prevention, monitoring and reporting of violations such as gender-based violence, early marriage/forced marriage, breach of human rights. This includes monitoring and reporting of grave violations against children and, strengthening of referral mechanisms to provide timely and properly centred response-services on medical psychosocial and legal support to gender-based violence survivors, as well as safe shelter for survivors fearing stigmatizing or honour killings. Registration of mixed migrants is included in these activities. A further core activity will be ensuring birth registration of children. Capacity will be developed for border monitoring and timely response to identified protection issues. This entails capacity-building for national organisations and institutions on early warning and preparedness for emergencies. It also includes support for income generating activities, establishment of psychosocial systems, support for quick impact projects to improve existing protection structures and awareness, including through mine risk education. Mine risk education activities will be coordinated with the early recovery cluster to ensure harmonized interventions in districts where mine survey/clearance activities or support to war victims are taking place.

Early Recovery: Activities include mine clearance, mine risk education and victim assistance, vocational training to build skills, non-agricultural livelihoods support and capacity-building of national NGOs and government institutions. Income generating activities will focus on the most vulnerable members of communities, including youth. As part of capacity building, activities include the assessment and documentation of the capacities of national actors and promoting partnerships between international and national actors.

Education: Key activities will be to establish emergency classes, integrating boys and girls in public schools, providing education materials such as school bags, uniforms, and stationary. Activities will also include capacity-building through training for national organisations and education stakeholders, including teachers, on life skills, psychosocial support, peace and conflict, and supporting disaster risk reduction in schools. Construction and rehabilitation of schools will be undertaken to ensure safe learning spaces.

Central Governorates

Situation and context:

The central Governorates include Amanat Al Asimah (greater Sana'a capital area), Al Bayda, Dhamar, Ibb, Marib, Sana'a, and Taizz. The estimated population of these Governorates is 12 million people, or around 48% of Yemen's total population.

Central Governorates		
Governorate	Area in sq. km	Population
Al Bayda	11,193	698,973
Amanat al Asima	126	2,694,893
Dhamar	9,495	1,710,931
Ibb	6,484	2,599,897
Marib	20,023	297,989
Sana'a	15,052	1,075,956
Taizz	12,605	2,917,881
Total	74,978	11,996,520

While needs in some parts of the central region are relatively low compared to the north and west of the country, in others they are amongst the highest in the country, particularly in Ibb, Taizz and Dhamar. With the exception of Al Bayda and Marib, which have extreme access constraints due to insecurity and tribal conflicts, all other governorates in the region have moderate access constraints. Should access deteriorate in these governorates due to the ongoing crisis in the north, needs are likely to increase dramatically as IDPs are expected to move to these governorates.

Access to improved water, adequate sanitation and primary health care are the most critical needs in all parts of the central governorates. Marib, Al Bayda, Sana'a, Ibb and Taizz Governorates have the highest rates of severe food insecurity at between 20% and 35%. The level of acute malnutrition among boys, girls and pregnant and lactating women in several parts of the region is critical and it is especially so in Taizz. Other common humanitarian challenges in the region are: lack of baseline information, inadequate funding, limited focus on capacity-building of government institutions and substandard inter-cluster planning.

In August and September 2013, torrential rains triggered flash floods in several parts of the region. 27 people were killed and some 2,000 people were seriously affected. The floods caused displacement, loss of livestock, damage to farms, loss of livelihoods and damage and destruction of infrastructure, including agricultural water reservoirs and water networks.

Profile of affected population:

More than half the population of the central governorates or a quarter of the entire population of Yemen (approximately 6.1 million people) are in need of some form of humanitarian aid. Similar to other regions of the country, underdevelopment, poor governance, environmental stress, demographic pressures and continued political instability contribute to the vulnerability of people in the region. The central governorates also host some 50,000 IDPs from other parts of the country (41,538 in Sana'a, 5,584 in Al Bayda and 2,872 in Dhamar).

Governorate	People in Need					Total Population
	Male	Female	Children (<18)	Elderly (>60)	Total	
Al Bayda	253.000	264.000	253.000	21.000	517.000	698.973
Amanat Al Asimah	143.000	159.000	148.000	12.000	302.000	2.694.893
Dhamar	712.000	698.000	691.000	56.000	1.410.000	1.710.931
Ibb	697.000	666.000	668.000	55.000	1.363.000	2.599.897
Marib	84.000	97.000	89.000	7.000	181.000	297.989
Sana'a	366.000	378.000	364.000	30.000	744.000	1.075.956
Taizz	794.000	742.000	753.000	61.000	1.536.000	2.917.881
Total	3.049.000	3.004.000	2.966.000	242.000	6.053.000	11.996.520

Regional approach:

At present, humanitarian agencies have limited capacity to respond to the immediate needs in many parts of the central governorates. There has been no dedicated coordination mechanism for the central region and lack of capacity has in some areas caused delays in identifying and responding to emergencies, particularly during rapid on-set events. The majority of the humanitarian agencies are supporting the activities in the region from their main offices in Sana'a. A core element of the strategy is to strengthen the coordination mechanism for the central governorates to ensure gaps in response. This will require the designation of dedicated cluster coordinators/focal points. There is also a need to address information gaps to better understand needs and the dynamics of vulnerability. This is particularly the case in Al Bayda. In some parts of the region there is limited humanitarian presence, despite high levels of need. Advocacy efforts are therefore in order to ensure strengthened humanitarian presence and response capacity in these areas. In Marib and Al Bayda, severe access constraints are an impediment to humanitarian action. A key element of the strategy is therefore to engage with tribal leaders and armed movements who are often gatekeepers to access to their communities to ensure humanitarian access.

Priority interventions:

To provide immediate improved household access to food to the most vulnerable people in the central governorates. Food security and livelihood partners will also increase food availability for at-risk groups by maintaining and diversifying agricultural livelihood systems, strategies and assets and developing income generating activities, in accordance to the second strategic objective. Activities will include strengthening the capacity of national actors to plan and respond to humanitarian emergencies.

Nutrition: Management of acute and moderate malnutrition and support to pregnant and lactating women will be key activities. Emphasis will be placed on community mobilization and raising awareness around good nutrition practices and hygiene. Activities include strengthening government health structures, through staff training and rehabilitating and equipping health facilities.

WASH: Improve water supply by rehabilitating or constructing WASH facilities, including in schools. This will include activities aimed at improving household water treatment and safe storage. To ensure the sustainability of efforts, priority will be given to training for community level water management committees. Activities aimed at strengthening capacity of local joint communities, local organisation and local government will cover areas such as programme cycle management, including financial management, gender and rights based approaches, conflict sensitive programming and participatory approaches to service delivery.

Health: To boost immunization coverage in the central governorates. Efforts will be made to strengthen disease surveillance and reporting systems, intensive care units and referral systems. This will as also include capacity-building and training of medical staff. Other key activities will include enhancing emergency obstetric care, as well as basic emergency obstetric care and caesarean emergency obstetric care.

Multi-sector Refugees/Migrants: Priority activities will include the registration of asylum seekers, and monitoring the detention of asylum seekers. The latter activity will be undertaken to ensure that asylum seekers are not deported against their will. Efforts will also be undertaken to support those who want to return to their countries of origin.

Protection: Key activities will include monitoring, reporting and preventing protection violations against child rights, which will also include providing psychosocial assistance to victims of such violations. The cluster will provide emergency-related interventions linked to displacement, as well as undertaking gender-based violence activities with women's groups. Further, plans include providing medical assistance and psychosocial support and counselling to survivors of gender based violence, and strengthening of referral systems. In order to strengthen response and prevention of gender based violence, research will be undertaken to strengthen the evidence base and a gender based violence information management system will be rolled out.

Early Recovery: The cluster will prioritise the implementation of core capacity-strengthening activities for local NGOs, with particular focus on assessment training modules in areas where lack of access hinders the collection of sex and age disaggregated reliable data and the provision of humanitarian aid. Programmes addressing social cohesion and conflict prevention/transformation also constitute a high-priority for the cluster in the central region. Such efforts will be coordinated through a newly constituted *ad hoc* working group.

Shelter/CCCM/NFIs: The cluster will provide non-food items for displaced people. It will provide return or resettlement support for IDPs who returning to their places of origin or those unable to return and opting to settle in other parts of the country, except in situations where a durable solution materializes at place of origin, or when IDPs opt to resettle outside the central governorates.

Education: The cluster will rehabilitate damaged schools in Sana'a and assess needs in Al Bayda to identify needed interventions. Activities will include peacebuilding and conflict-sensitive education and skills training. Particular focus will be placed on education for girls. The approach will be closely allied to that of the protection cluster, linking activities with child protection activities and referral systems.

Southern and Eastern Governorates

Situation and context:

The southern and eastern Governorates include Aden, Abyan, Lahj, Al Dhale'e, Shabwah, Hadramaut and Al Mahrah. The estimated population of these Governorates is 4.9 million people, or around 19% of Yemen's total population. In 2013, the Yemeni President declared Socotra a new governorate and this decision may become effective during 2014. Despite significant steps forward, the overall political situation in these governorates remains unpredictable has the potential to impact adversely on the humanitarian situation.

Inadequate access to basic services such as health, safe drinking water and sanitation compounded by high levels of food insecurity and malnutrition, rights violations, lack of access to quality education have all contributed to the deteriorating humanitarian situation in the southern region.

Southern and eastern Governorates		
Governorate	Area in sq. km	Population
Abyan	21,939	522,978
Aden	1,114	805,969
Al Mahrah	82,405	127,995
Al Dhale'e	4,786	631,975
Hadramaut	191,737	1,328,948
Lahj	15,201	894,965
Shabwah	47,728	577,978
Total	364,910	4,890,808

In 2011-12 large scale violence in many parts of the south and particularly in Abyan, where insurgencies were led by opponents of the government and Al Qaida in the Arabian Peninsula, caused large scale displacement. Over 200,000 people were displaced from Abyan and surrounding areas in the south in 2011-12. To date, over 90% of IDPs have returned home, though they face persistent security challenges due to the absence of law and order and limited access to basic services and livelihoods.

It is estimated that some 5,500 people remain displaced in the south. Returnees and marginalized groups face tremendous difficulties in re-establishing their lives and livelihoods, particularly in Abyan. Some of the IDPs are still residing in the six remaining collective centres, established in schools. This group is very reluctant to return to Abyan, many citing insecurity related to the absence of rule of law, whilst others cite lack of shelter and concern over the lack of livelihood opportunities.

The civil disobedience campaign commenced in the south in 2013 by the Al-Hirak movement had widespread consequences and resulted in the shut-down of government and commercial activities, as well as schools being closed and students being denied access to education. This situation has been resolved through extensive advocacy with local authorities. The overall effect of such political dynamics on development and humanitarian activities poses challenges to the recovery process. Aden Governorate has been the most affected by this campaign.

The majority of families in the south have insufficient purchasing power to buy food to sustain themselves. The highest expenditure on food as part of disposable income is in Abyan governorate where 62% of income is spent on food. During the recent MIRA type assessment in Al Dhale'e, the lack of access to adequate income through livelihoods was noted as a serious concern.

In 2013, floods in Shabwa and Abyan governorates claimed seven lives and damaged 212 shelters, water networks and agricultural land and infrastructure. In total over 32,000 people were affected. Humanitarian partners immediately responded to the emergency by providing food, non-food items and hygiene kits.

Lahj, Abyan, Shabwa and Al Dhale'e Governorates have the highest number of food insecure people. Malnutrition is most prevalent along the Arabian Sea into Abyan Governorate. Preventive and emergency nutrition coverage is low in Lahj and Abyan Governorates.

Immunization is critically lacking in the southern and eastern governorates. Particularly Abyan and Al Mahrah Governorates have very poor coverage. Assessments in Abyan Governorate also indicate a gap in maternity care, basic emergency obstetric care and newborn care. Damaged or destroyed health infrastructure, shortage of qualified health personnel and equipment as well as inadequate referral systems, particularly in Abyan Governorate, all undermine access to basic health care.

Communities also lack adequate sanitation facilities, with adverse consequences to vulnerable groups such as migrants, IDPs, refugees and rural communities. More than 50% of communities in Lahj and Abyan governorates lack access to safe water. Communities also face health hazards due to lack of access to adequate sanitation facilities.

Some 310 schools remain either partially or completely damaged due to conflict, making it difficult for some 80,000 children to attend classes. Up to 60% of children responding to a survey in Abyan, Aden, Lahj, Shabwa, Al Dhale'e, indicated that they felt unsafe playing on the way to and from their school.

Human rights violations are a concern in the southern and eastern governorates and in particular in conflict areas. Protection response and referral services are either weak or non-existent, especially in rural areas. This is a serious concern in Shabwa, Aden, Abyan and Al Dhale'e Governorates. Mixed-migration inflows of refugees and economic migrants from the Horn of Africa continued in 2013 but at a significantly slower rate than in 2012. Most refugees and migrants arrive along the southwest coast and are often vulnerable to human rights violations and lack of basic services. The majority of them are adult men, but among them there are also a significant number of extremely vulnerable women and unaccompanied minors. In Abyan, the absence of effective rule of law and the emergence of popular committees in a community effort to compensate for the absence of a government security apparatus makes security one of the main concerns in the area.

Profile of affected population:

Governorate	People in Need				Total	Total Population
	Male	Female	Children (<18)	Elderly (>60)		
Abyan	221.000	213.000	212.660	17.360	434.000	522.978
Aden	253.000	243.000	243.040	19.840	496.000	805.969
Al Dhale'e	208.000	198.000	198.940	16.240	406.000	127.995
Al Maharah	26.000	30.000	27.000	2.000	56.000	631.975
Hadramaut	250.000	266.000	253.000	21.000	516.000	1.328.948
Lahj	306.000	305.000	299.000	24.000	611.000	894.965
Shabwah	174.000	162.000	164.640	13.440	336.000	577.978
Total	1.438.000	1.417.000	1.398.280	113.880	2.855.000	4.890.808

An estimated 2.8 million people are in need of humanitarian assistance in the southern and eastern governorates. More than 90% of people displaced from Abyan in 2011-12 have returned over the last year. It is estimated that some 5,500 people remain displaced in the south. A small number of these people remain in schools in Aden that were formerly designated as shelters. Returnees and marginalized groups face tremendous difficulties in re-establishing their lives and livelihoods, particularly in Abyan.

Vulnerable people at risk and of concern include refugees and migrants, the former predominantly from Somalia and the latter from Ethiopia. Arrivals of migrants and refugees declined in 2013 from 99,600 to 64,900 (January to November). For refugees, there is no immediate prospect of large scale voluntary repatriation, especially to Somalia. The situation of migrants continues to be of concern, particularly from a protection perspective, especially for women and unaccompanied minors. Migrants often walk from the coast to Saudi Arabia, where many become stranded as the Saudi Government has strengthened its border control. Many migrants fall victim to human traffickers on arrival or en route to Saudi Arabia. Many are also exposed to abuse and exploitation, including grave human rights violations including torture and murder.

The majority of the population of southern and eastern governorates has either been affected by poverty or by conflict. Armed conflict and insecurity have hampered humanitarian operations in some parts of south-eastern governorates. Humanitarian access is severely constrained, particularly in eastern governorates. Though there have been concerted efforts to provide assistance to returnees in Abyan, the coverage of basic services still remains rudimentary and re-establishing livelihoods continues to represent a major challenge. Many people remain vulnerable, particularly marginalized groups, female-headed households and youth.

In areas such as Al Dhale'e Governorate, lack of infrastructure provides an obstacle for communities to access basic health care and education for their children. Access constraints and limited presence of humanitarian agencies in some of the governorates has resulted in a paucity of data regarding the humanitarian situation. As a result there has been limited humanitarian response in these governorates.

Regional Approach:

In the south-eastern governorates, all five strategic objectives are relevant in addressing humanitarian needs, particularly for host and conflict affected communities, marginalised groups, children and youth, migrants and refugees. Coordination has already been strengthened with the introduction of an 'area humanitarian coordination team' for southern and eastern governorates. Further efforts will be made to ensure that the coordination mechanism provides adequate coverage in the more remote governorates. To address data and information gaps, a strategy will be developed to ensure that critical gaps in response and unmet needs are identified. This approach will utilize MIRA type tools. Disaggregated data will be crucial in ensuring equitable distribution and access to basic services, resources and protection. The use of the gender marker will also be encouraged throughout the response planning process. An assessment has already been undertaken in Al Dhale'e Governorate. Plans are also under way to conduct a similar type assessment in Shabwah and elsewhere, pending sufficient access. Joint assessments are also planned for Aden, looking at unmet needs, such as WASH needs in the rural areas of the Governorate. This assessment will be coordinated with the Mixed Migration Working Group who will be doing an assessment for migrants, refugees and host communities in Al Basateen.

Security and access are major concerns in the southern and eastern governorates. Outreach to parties impeding access is therefore key to securing humanitarian access. There is also a lack of presence of humanitarian agencies and coverage in some areas. Advocacy is therefore needed to expand the humanitarian presence in areas with high needs and low coverage. Because of insecurity and access constraints for international organisations, the strategy has relied on use of local NGOs to reach people affected by conflict and disasters or otherwise in need of humanitarian assistance. Capacity building of national and community based NGOs is therefore a key part of the strategy to ensure adequate capacity to deliver assistance. Capacity building for local authorities will also be part of these efforts, as well as activities to strengthen relevant line ministries and institutions. In some sectors it remains vital to ensure an international presence, for instance in protection, where local organizations may put themselves at risk by reporting, monitoring or responding to rights violations.

Through improved assessments and monitoring of needs, the most vulnerable communities will be identified and targeted for support with food assistance and access to basic services. As part of the approach, support for sustainable livelihoods is seen as crucial to strengthening community resilience and reducing dependence on external assistance. Protection activities will also be increased particularly for vulnerable and marginalized communities. Awareness raising campaigns on hygiene and nutrition practices, protection and mine risk education will be enhanced for affected communities. Accountability to affected populations will be pursued and mainstreamed to ensure involvement of beneficiaries at all stages of planning and providing assistance.

Priority Interventions:

Food Security and Agriculture: The cluster will improve household access to food for the most vulnerable people in the south-eastern governorates. It also aims to increase food availability for at-risk groups by maintaining and diversifying agricultural activities. At the same time it will contribute to developing capacity of the food security stakeholders to ensure increased preparedness, harmonized implementation of activities effective coordination and improved information sharing.

Nutrition: Management of acute and moderate malnutrition and support for pregnant and lactating women will be core activities of the nutrition cluster. This will include community mobilization and awareness-raising on good nutrition practices and hygiene. The cluster aims to strengthen government health structures through staff training, rehabilitating and equipping health facilities.

WASH: The WASH cluster will ensure timely and dignified access to sufficient and safe WASH services for communities affected by ongoing emergencies or threatened by imminent or future humanitarian crisis. The cluster will place particular emphasis on assisting displaced people, refugees, migrants and others threatened by ongoing or imminent crises.

Cluster partners will promote proper hand washing, treatment and safe storage of household drinking water, as well as safe disposal of children's faeces to reduce the risk and spread of environmental health-related disease outbreaks.

Health: Health programmes will be undertaken in coordination with government health institutions and will contribute to the improvement of service delivery capacities of the current health facilities. This will enable access for vulnerable individuals and communities to life-saving health services. Health programmes will also ensure that all clinical and non-clinical staff adhere to and are trained in the basic principles of care and rights of patients, including: the right to health/treatment, the right to non-discrimination, the right to information, the right to privacy and the right to confidentiality. Health programmes will work in close collaboration and partnership with the Ministry of Health at all levels, especially at district and health facility levels during the assessment, project design, implementation and monitoring and evaluation stages. In addition, maternity and basic emergency obstetric care is priority interventions for the cluster. To this end health centres dealing with these two areas will be supported with equipment and drugs including operational costs where required. Training on family planning, IUD installation and neonatal care for new-borns in incubators will be initiated for staff working in these health centres. Cluster partners will also work with communities to increase their knowledge about health issues and prevention methods, improving their health seeking behaviours and health promotion practices.

Protection: The protection cluster aims to strengthen referral mechanisms to provide timely and appropriate response, including medical, psychosocial and legal support to gender based violence survivors. Preventative measures will be implemented through advocacy and awareness raising campaigns, capacity building for service providers and key members of local communities. In addition, the cluster will roll out the gender-based violence information system to ensure action is guided by reliable data.

The child protection sub-cluster has already created a viable and expanding network for monitoring, reporting and responding to grave child rights violations in collaboration with stakeholders. These networks will be strengthened,

to prevent and respond to smuggling and trafficking of adults and children resulting in multiple child and human rights violations, abuse and exploitation. There is an initiative to link a large number of child friendly spaces created in the aftermath of the 2011 conflict to local social service systems and child protection networks to ensure sustainability of services. Systems are also in place to build and define regional and national protocols, standard operating procedures and a minimum service package and referral systems for the most significant child rights violations including trafficking/smuggling, early marriage, the worst forms of child labour and child recruitment.

Early Recovery: Support to livelihoods and entrepreneurship activities will continue to constitute the bulk of cluster interventions in southern and eastern governorates, prioritizing vulnerable groups such as victims of conflict and female-headed households, in line with strategic objectives four and five. The cluster will also redouble community-based conflict transformation interventions and the rebuilding of social cohesion, a need that is increasingly recognized by local authorities, and will continue to provide support to the life-saving activities of the national mine action authority. In line with the global strategy, the early recovery cluster will support early recovery and resilience building components included in other clusters' plans.

Mixed Migration: The Mixed Migration Working Group for the south will support the newly formed emergency response team (ERT) comprising representatives from UNHCR, United Nations Children's Fund (UNICEF), IOM, the Danish Refugee Council (DRC) and the Office for Refugee and Migrant Affairs within the Department of Immigration, which will ensure timely response and assistance to migrants in the form of life-saving provision of food and water, emergency health care, shelter and non-food items, as well as camp management and camp coordination. Protection kits will be provided to the most vulnerable, in addition to relocation to Sana'a for those individuals wishing to voluntarily repatriate to their country of origin. The Working Group also supports coordinated detection of migrants arriving and monitoring activities to ensure comprehensive coverage of southern and eastern governorates. The Working Group will also coordinate training activities with a focus on capacity building of national actors. Using the jointly developed profiling tool, Working Group members are able to quickly assess and respond to the specific needs of sudden influxes of migrants. The Working Group will enhance information sharing through the dissemination of a quarterly newsletter on mixed migration activities in the south and east, monthly coordination minutes and bi-annual updates of the Who What Where (3W) matrix.

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen

Indicator	Baseline and target	Monitoring responsibility & method
% of proportional morbidity of diarrhoea without significant differences amongst the gender and age-groups	Target: <10%	Health Cluster / eDEWS Monitoring trends weekly
% of targeted severe food insecure households who benefit from food assistance	Baseline: 4.5m Target: 80% of people in need	WFP / CFSS; Food Security monitoring reports; WFP database
% of acutely malnourished under-fives reached with effective preventative and life-saving interventions	Baseline: 1,060,000 Target: 70%	Nutrition Cluster / Nutrition Cluster database (SRF);
% of people affected by acute crisis having access to basic life-saving services within 72 hours of a crisis' onset	Target: 30%	OCHA Coordination / Agencies' Reports
% of IDPs assisted with immediate emergency shelter and non-food items	Target 100%	Shelter/CCCM/NFI Cluster SRP and cluster reports

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Indicator	Baseline and target	Monitoring responsibility & method
% participation of women, marginalized group and youth in the community-based protection networks, the camp management committees and other influential fora	Baseline: n/a Target: 30%	Protection Cluster / Weekly and monthly meetings Training reports
# of conflict-affected communities (HC, IDPs, returnees, migrants and refugees) received protection response services (medical, psych-social support, legal, CFS, birth registration)	Baseline: n/a Target: 90%	Protection Cluster / Reports from health facilities Women centres I/NGOs reports Courts Police records CBPN (Community Based Protection Network)
Extent to which the capacity to monitor and report human rights violations has improved, including grave violations against children and GVB	Baseline: n/a Target: 50%	Protection Cluster / Number of reported cases: - NGOs reports - Health facilities reports - Police records - Courts records - SRF
% of reported cases of human rights violations (including child) addressed and responded to in a gender sensitive manner	Baseline: n/a Target: 20%	Protection cluster / - NGOs reports - Health facilities reports - Police records - Courts records? - SRF

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies

Indicator	Baseline and target	Monitoring responsibility & method
% of assessed national actors receiving capacity-building interventions	Baseline: (in process) Target: 40%	Secretariat of capacity-building working group /
# of partnerships among national and international actors	Baseline: will be determined Target: increase by 25%	Secretariat of capacity-building working group / Pre- and post-survey of national actors
Readiness of national and sub-national actors through training and established coordination mechanism to provide sector and cross sector response	Baseline: n/a Target: YES	Training coordination mechanisms? / No monitoring method determined

STRATEGIC OBJECTIVE 4: With development partners, including the Government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience

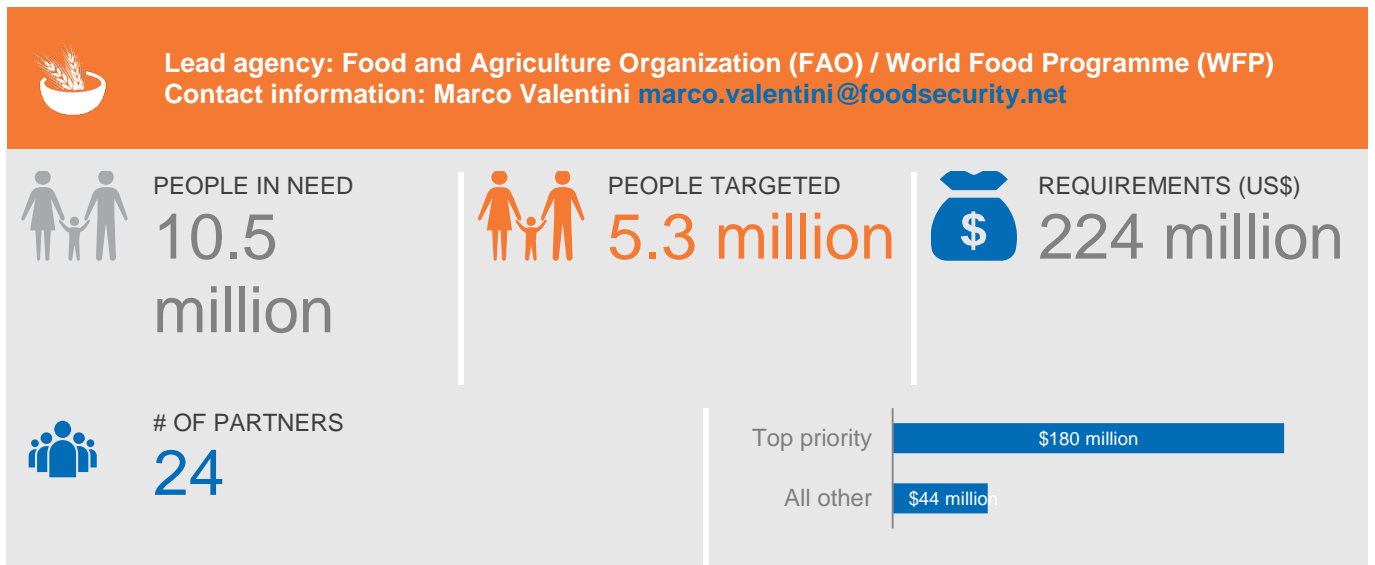
Indicator	Baseline and target	Monitoring responsibility & method
% of clusters (both national and international members) that have conducted root cause analyses and have addressed at least one underlying cause of vulnerability in the programme objectives.	Baseline: 0% Target: 50%	OCHA Coordination / Submitted and published root cause analyses
# of integrated programme responses designed and implemented through an inter-cluster approach/level addressing the underlying causes of vulnerability	Baseline: 0 Target: 5 programmes in 2014 and 10 programmes in 2015	OCHA Coordination / Counted operational inter-cluster programme responses
% of vulnerable households who perceive improved coping abilities in response to crises (conflict/natural disaster/economic, etc.)	Baseline: according to survey Target: improvement of 10% from baseline survey	Early Recovery Cluster / Technical criteria to be agreed upon by clusters/inter-cluster mechanisms Baseline survey & pre-/post- tests

STRATEGIC OBJECTIVE 5: Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men

Indicator	Baseline and target	Monitoring responsibility & method
Gender inequality and the status of women and girls, as well as men and boys, are considered throughout the HPC	Baseline: NO Target: YES	All cluster coordinators + gender focal point in charge /+ GenCap Advisor Gender marker/Proposals review/Mid-Year Review/ End of year reports
All cluster partners workshops, consultations, and strategic forums safely ensure the engagement and participation of women and girls	Baseline: NO Target: YES	All cluster coordinators + gender focal point in charge /+ GenCap Advisor Workshop reports/Consultations minutes/Specific mention within cluster strategies
Assessments conducted by cluster partners have female assessors, and participation of females from the affected populations	Baseline: n/a Target: 90%	All cluster coordinators + gender focal point in charge /+ GenCap Advisor Assessment plans and reports

Indicator	Baseline and target	Monitoring responsibility & method
Clusters have an access and participation plan to ensure accountability to all affected populations, that includes women, girls, boys and men of different ages, physical ability, tribal and geographical background	Baseline: none Target: All clusters	Gender focal point /+ GenCap Advisor Peer review Cluster Reports
Data collected for humanitarian activities at cluster level are disaggregated by sex and age. (further disaggregation by disability, diversity, ethnicity as appropriate)	Baseline: n/a Target: 90%	All cluster coordinators + gender focal point / Cluster plans/reports, projects, assessments
2015 SRP projects identify and address the different needs of women, girls, boys and men	Baseline: n/a Target: 0% projects coded 0 Target: 75% 2a+2b projects	All cluster coordinators + gender focal point /+ GenCap Advisor Gender marker annual report

FOOD SECURITY AND AGRICULTURE



Yemen is a low income, food deficient and least-developed country, ranked as the seventh most food-insecure country in the world. An estimated 9.9 million people – over 42% of the total population – are currently unable to meet their basic food needs. Of these, 4.5 million people are severely food insecure and 6 million are moderately food insecure. Food insecurity is a complex problem, caused by several interrelated factors and requiring an integrated response approach.

Localized conflict continues to result in displacement which is expected to continue into 2014 and 2015. Many of the newly displaced will need food assistance for up to four months and assistance to establish viable livelihoods in their areas of return or displacement. In response, the food security and agriculture cluster (FSAC) will provide opportunities to participate in productive safety-net and livelihood enhancement activities.

Although food is available in all markets at all times in sufficient quantities, mainly through importation, about 58% of Yemeni households nationally do not have enough food or money to buy food to sustain their minimum consumption requirements. With 75-85% of staple food requirements imported and 96% of households being net food purchasers, Yemeni households are highly vulnerable to market shocks and price volatility.

Socio-economic and environmental causes of food insecurity are likely to persist in both the medium and long-term. Disruption to livelihoods due to local conflict, global variability in fuel and cereal prices, the reduction in remittances arising from the deportation of an estimated 400,000 Yemenis from Saudi Arabia, the proposed lifting of fuel subsidies and inflation will all cause shocks to household incomes and put continuing downward pressure on the purchasing power of the poorest households. These short and medium-term factors will be aggravated by a failure to address the underlying structural causes of food insecurity, including the oligopolistic nature of the cereal market, high unemployment and low household food production in rural areas.

Assessment and Coordination

Assessments are essential to enhance the food security knowledge base and to inform programmatic decision making. Targeted vulnerability analysis will assist in tailoring activities to location-specific considerations (including security and access), community mobilization and the presence of partners. The standardized Integrated Food Security Phase Classification (IPC) tool will help to identify priorities for intervention. The FSAC will support coordination of assessments by cluster partners and promote common analysis with a gender perspective. This will range from situational to response analysis and to specific market analysis.

Targeting and Prioritization

The most vulnerable and severely food insecure populations, in particular women and children under five, are the priority FSAC target groups for humanitarian response in 2014-2015. Community leaders, national NGOs and national and local government authorities will also benefit from food security interventions in 2014-2015.

Prioritization of FSAC's response will be based on the following key parameters:

- Governorates with especially high underlying factors influencing food security will be treated as top priority areas to ensure a holistic and comprehensive response to humanitarian needs.
- Access – security considerations and physical access determine feasibility of operations and will be reviewed prior to implementation and throughout 2014-2015.
- Partnerships and complementarity – deliberate efforts are made to seek synergy between inputs and expertise from multiple actors in one area, benefiting the same target groups.

As a result of these criteria, twelve top priority Governorates have been identified: Abyan, Al Bayda, Al Dhale'e, Al Hudaydah, Amran, Dhamar, Hajjah, Lahj, Marib, Sana'a, Shabwah and Taizz.

Strategic Response

The actions and activities that make up FSAC's humanitarian response plan will be aligned with the Joint United Nations Framework to Support the Transition in Yemen (2012-2014) to address Yemen's humanitarian and development challenges and build the capacity of national stakeholders.

The FSAC in Yemen provides an action-oriented forum bringing together national and international humanitarian partners to improve the timeliness and impact of appropriate humanitarian food security assistance. In particular, it helps ensure coherent, coordinated and integrated humanitarian responses driven by the assessed food security needs of affected populations.

The FSAC in Yemen has established five strategic response objectives and related activities to improve the overall food security and strengthen the resilience of the humanitarian affected populations.

Objective 1:

Improve immediate household availability of and access to food for the most vulnerable people in Yemen

NEED

Some 4.5 million people in Yemen are severely food insecure and 6 million are moderately food insecure. With 80% of food insecure households now indebted, many are highly vulnerable.³

RESPONSE STRATEGY

The FSAC will aim to provide immediate improved household access to food (5.3 million of the most vulnerable people in Yemen, including households headed by women and widows, IDPs and people affected by crisis).

In targeting the most severely food insecure households the FSAC plans to provide food-assistance through general food distribution and food availability including cash transfers or voucher transfers and assets for food production. Targeted responses and appropriate modalities, such as safe distribution points and appropriate methods for cash and voucher schemes, will be developed to meet Household needs.

Objective 2:

Increase food security for at-risk groups by maintaining and diversifying agricultural livelihood systems, strategies and assets and developing income generating activities.

NEED

Slight improvements in food security in some governorates are mainly a result of vulnerable households increasingly buying food on credit, a trend which deepens their poverty and vulnerability, and which indicates a clear need to design resilience oriented programmes with appropriate assistance modalities/tools.

³ Ibid.

RESPONSE STRATEGY

The FSAC will invest in durable livelihood assets and strategies that will increase resilience of vulnerable populations and reduce the need for future humanitarian assistance. Vulnerable populations will be targeted with livelihood activities in coordination with the early recovery cluster, consisting of cash or voucher transfers, training and help with developing income generating activities and improved access to food. The two clusters will endeavor to ensure harmonization of targeting across geographical priority areas and standardization of interventions. Conflict-affected communities will be targeted with protection response services. The FSAC will monitor and report on human rights violations.

Objective 3:

Development of skills and tools to contribute to capacity development of food security stakeholders and to ensure increased preparedness harmonized implementation, effective coordination and improved information sharing.

NEED

The response of national actors needs to be coordinated and strengthened, and common approaches to delivering humanitarian aid should be practiced by all participating institutions. While strengthening the response to the immediate humanitarian crisis, agencies must simultaneously adopt recovery and resilience approaches aimed at enhancing the ability of households and communities to withstand, adapt to and recover from shocks created by conflicts and/or natural disasters.

RESPONSE STRATEGY

By strengthening the capacity of national actors to plan and respond to humanitarian emergencies the impact of food security interventions and resilience oriented programmes will be maximized. The FSAC aims to increase its partner network of national and international actors to increase preparedness and to harmonize implementation, effective coordination and improved information sharing.

Affected populations, community leaders, national NGOs as well as national and local government authorities will be the main focus of capacity interventions. Training of trainers will help cascade the number of people trained.

Objective 4:

With development partners, as well as the Government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience.

NEED

The transitional Government of Yemen has developed a range of complementary strategies and supporting policies to address food insecurity, including the draft of national food security and nutrition strategies. There is a need to strengthen the capacity of the Government through training and awareness building to ensure that these policies are implemented.

RESPONSE STRATEGY

By investing in the construction and rehabilitation of livelihood assets and alternative livelihood strategies the FSAC will increase the resilience of vulnerable populations and ultimately reduce the need for continued humanitarian assistance.

The FSAC through an inter-cluster/sectoral approach will work with local authorities and partners to help strengthen the coordination and management capacity of institutions. FSAC will target the policy environment within which food security and nutrition programmes are implemented to increase the capacity of local communities to withstand and recover from food security shocks, and will target national institutions to enable them to take charge of food security programmes.

Objective 5:

Ensure equitable access to services, resources, and protection measures for women, girls, boy, and men.

NEED

It is essential that affected populations are involved in all stages of the humanitarian response cycle to ensure appropriate targeted response. Capacity and physical access to conduct coordinated/harmonized needs assessments is present in most governorates in Yemen, but significant gaps in information on food security needs exist for Sa'ada and Al Jawf Governorates.

RESPONSE STRATEGY

All cluster partners' workshops, consultations, and strategic forums will ensure the engagement and participation of women and girls. The enhanced participation of targeted communities will develop greater self-reliance among food insecure populations. Their engagement in policy will also help to align activities to national direction, leaving national institutions in charge of food and nutrition security programmes.

The FSAC will work to address gaps whenever possible by planning joint assessments with its partners. FSAC will continue to work with other sectors and national partners to conduct food security and multi-sector assessments in previously inaccessible regions.

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen

Cluster objective 1A:

Improve immediate household availability of and access to food for the most vulnerable people in Yemen.

Outcome-level indicators and targets

Indicator	Target
% of targeted households who benefit from food assistance	90% of target

Top-priority activities:

Activity	Locations	Indicator	Target
Provision of food-assistance through general food distribution and of cash or vouchers transfers.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz	#of households receiving unconditional food assistance	650,000IDPs 2,000,000 people safety net 50,000 households June 2014 = 30% of planned December 2014 = 90% of planned
Provision of urgent basic distribution, restoration and protection of assets for food production support (fishery, pastoral, agro-pastoral and agriculture)	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of households who have received emergency livelihood support	60,000 severely food insecure HH

All other:

Activity	Locations	Indicator	Target
Emergency animal treatment and vaccinations including restocking.	Abyan, Saada and Hajjah	# of animals vaccinated	600,000 animals vaccinated
Emergency response to plant disease and pests.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of tons of bio pesticides distributed	

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Cluster objective 2A:

Increase food security for at-risk groups by maintaining and diversifying agricultural livelihood systems, strategies and assets and developing income generating activities.

Outcome-level indicators and targets

Indicator	Target
% of targeted households which have a food secure household Food Consumption Score	60%
% of targeted households with Household Dietary Diversity Score (HDDS) of at least 6.	60%

Top-priority activities:

Activity	Locations	Indicator	Target
Provision of equitable production and livelihoods specific and seasonally appropriate inputs to fishery, pastoral, agro-pastoral and agriculture food insecure households. Including the development of alternative livelihoods or income generating activities (bee keeping, small animals/poultry, vegetables, etc) and livestock restocking.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Jawf, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of households receiving production and livelihoods specific and seasonally appropriate inputs to fishery, pastoral, agro-pastoral and agriculture.	70,000 households
Provision of seasonal safety net and livelihood support through conditional food and cash/voucher transfers.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Jawf, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Saada, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz	# of people receiving safety net and livelihood support assistance.	500,000 safety net 500,000 livelihoods 400,000 Cash for Work

All other:

Activity	Locations	Indicator	Target
Integrated Food Security Phase Classification and baseline assessments including seed security and crop	Country wide	# of assessments conducted with food security disaggregated data.	1 IPC 5 assessments
Training to support livelihood diversification strategies.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Jawf, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Saada, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz	# of people provided with a durable solution training	Included in Objective 3

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies

Cluster objective 3A:

Development of skills and tools to contribute to the development of the capacity of the food security stakeholders and to ensure increased preparedness, harmonized implementation, effective coordination, and improved information sharing.

Outcome-level indicators and targets

Indicator	Target
% of people receiving capacity building interventions	20,000

Top-priority activities:

Activities	Locations	Indicator	Target
Comprehensive food security assessments and analysis.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of comprehensive national food security assessments conducted with disaggregated data	1
Effective coordination to strengthen understanding of Food Security Cluster partners (including national, regional and local government authorities) in risk identification, preparedness, response and monitoring.	Sana'a, Aden, Sa'ada and Hajjah	# of cluster structures #of partners attending cluster meeting	1 national 2 sub-national 60% of registered partner agencies
Provide technical and other relevant training to beneficiaries to increase farming and fishing practices/ knowledge and alternative livelihood skills training.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz	% of assessed national actors receiving food security capacity-building interventions.	20,000

STRATEGIC OBJECTIVE 3: With development partners, as well as the government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience

Country / Cluster objective 4A:

With development partners, as well as the Government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience.

Outcome-level indicators and targets

Indicator	Target
No specific indicator here	

Top-priority activities:

Activities	Locations	Indicator	Target
Raise awareness on the implementation of food security policies, planning and analysis.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz	# of people trained specifically on food security policy and analysis.	200 trained
Promote and facilitate inter-departmental and inter-sector analysis and planning.	Sana'a, Aden and Hajjah	# of inter-sector meetings held with government and implementing partners.	4 per planning region

STRATEGIC OBJECTIVE 5: Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men

Cluster objective 5A:

Ensure that food security and agricultural information is collected and disaggregated way by sex, age and appropriate beneficiary category.

Outcome-level indicators and targets

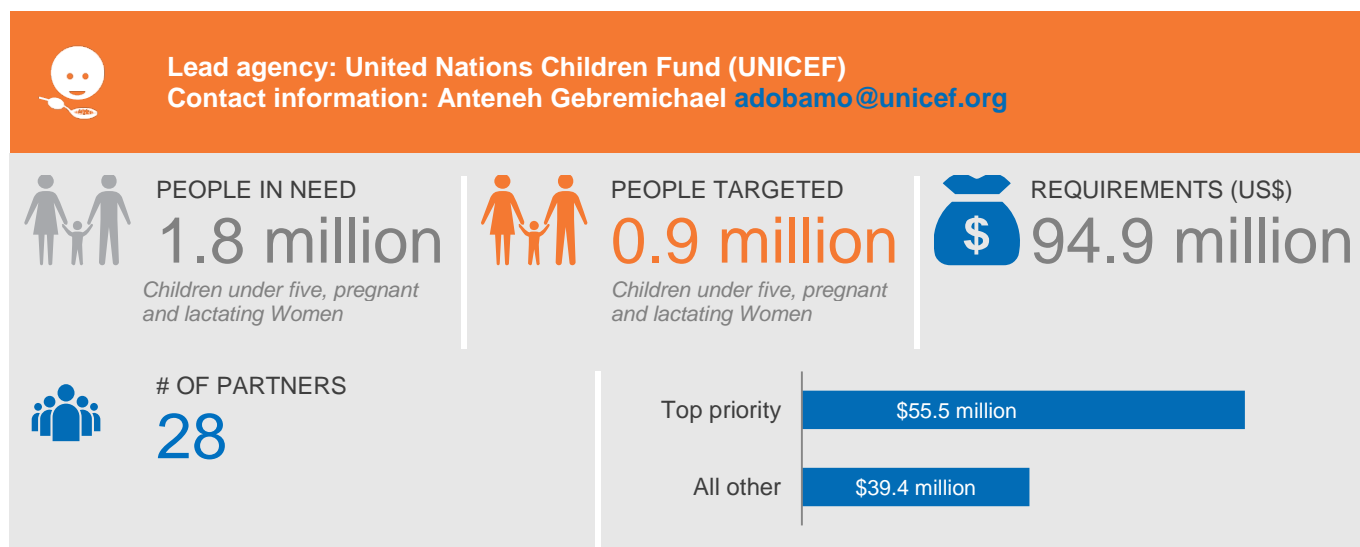
Indicator	Target
All assessments have female assessors and participation by women and girls from the affected populations.	90 % of assessments

Top-priority activities:

Activities	Locations	Indicator	Target
Disaster-affected people are consulted and / or actively participate in regular meetings on how to organize and implement the response.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of disaster-affected groups consulted during planning phases of response with the participation of men and women	At least one per planning region
Agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	# of implementing partners with appropriate complaints mechanism established.	
Food Security and Agriculture assessments designed and implemented with appropriate disaggregation of data.	Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Maharah, Al Mahwit, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a, Amanat Al Asimah (Sana'a City), Shabwah, and Taizz.	Number of assessments with sex and age disaggregation	90% of all assessments

Obj. Act	Top priority	Target Population	Total Cost (\$)	Priority Cost (\$)
Life-saving				
1.1	Unconditional food assistance	3,000,000	94,000,000	77,000,000
1.2	Emergency livelihood support	420,000	12,000,000	9,800,000
Livelihoods				
2.1	Livelihood support	490,000	35,000,000	28,700,000
2.2	Safety net and conditional food assistance	1,400,000	73,500,000	60,300,000
Capacity building				
3.1	Assessments		500,000	500,000
3.2	Coordination		500,000	500,000
3.3	Training	20,000	4,000,000	3,200,000
Institutional support for food security resilience				
4.1	Food security policies, planning and analysis.		0	
4.2	Inter-departmental and inter-sector analysis and planning		0	
Equitable access				
5.1	Consultation with and participation of the affected populations throughout the programme cycle		0	
5.2	Ensure disaggregation of data to improve response analysis and targeting		0	
Total Cost		5,330,000	219,500,000	180,000,000
Obj. Act	All other activities	Target Population	Total Cost (\$)	
1.3	Emergency animal vaccination	600,000 (animals)	1,200,000	
1.4	Emergency plant disease outbreak control	# tons of pesticide	2,600,000	
2.3	Baseline assessments and IPC analysis		400,000	
Total Cost			4,200,000	
Tier of activities		Total Cost (\$)	Percentage of requirement	
Top priority activities		180,000,000	80%	
Other top priority activities		39,500,000	18%	
All other activities		4,200,000	2%	
Total Cluster Requirements		223,700,000		

NUTRITION



Prioritization and Targeting

A comprehensive analysis of recent nutrition survey findings across Yemen shows an estimated 1,060,000 girls and boys from 6-59 months are acutely malnourished. About 280,000 are severely acutely malnourished. These children are at higher risk of death compared to healthy children. If left untreated, acute malnutrition can have debilitating consequences such as impairing physical growth and cognitive development.

In addition to child undernutrition, maternal malnutrition is a major problem in Yemen. An estimated 760,000 pregnant and lactating women continue to suffer from undernutrition.

In most parts of the country, acute malnutrition among children under the age of five is at a critical⁴ and serious emergency level. However, the severity of acute malnutrition varies across governorates, with a higher proportion of children aged 6-59 months suffering in governorates in the north and south-west coastal areas than in the rest of the country. A total of 107 districts in Al Hudaydah, Hajjah, Raymah, Lahj, Al Jawf, Taizz, Abyan, Aden and Sa'ada Governorates have critical emergency levels of child acute malnutrition while forty-six districts in Al Dhale'e, Amran, some parts of Lahj and Al Mahwit Governorates are categorized as being in a serious nutritional emergency situation. Acutely malnourished children in critical and serious category regions represent about 70% of the total caseload of the country. It was also observed that densely populated districts in urban areas such as Sana'a and Al Mukalla have a very high case load of acutely malnourished children although the malnutrition levels of those Governorates are neither critical nor serious.

The nutrition cluster will target districts in the critical and serious categories as well as districts which have a very high case load categorized as poor (with higher than the average caseload per district in critical areas). In 2014, nutrition cluster partners aim to cover roughly 70% of the population in need with life-saving therapeutic nutrition interventions and about 30% with supplementary nutrition interventions. Selection of individual beneficiaries will be based on objective criteria, which involve anthropometric measurement of girls, boys and women. In addition, vulnerable children aged 6-59 months as well as pregnant and lactating women in high priority districts are targeted for preventive interventions. Partners' implementation capacity was taken into consideration while setting targets for life-saving and preventive interventions.

Assessment and Coordination

Current targeting and response priorities are based on analysis of the most recent information on malnutrition and other determinant factors. Due to a rapidly changing situation, assessments are essential to re-assess the nutrition situation and to inform programme decision-making in order to address acute and chronic malnutrition in

⁴ Critical (Global Acute Malnutrition (GAM) rate $\geq 15\%$), Serious (GAM rate 10-14.9%), Poor (GAM rate 5-9.9%)

Yemen. Assessments provide updated information on the level of malnutrition, the estimated caseload of malnourished vulnerable groups, and on underlying factors associated with malnutrition. In addition, the severity of malnutrition as well as associated recent mortality and morbidity, may be determined by means of assessments. Information generated by assessments serves as baseline data for monitoring and evaluation of direct nutrition and nutrition sensitive interventions and helps formulate recommendations for relevant response mechanisms.

Nutrition surveys using SMART (Standardized Monitoring of Relief and Transition) methodology will be carried out to keep information on the malnutrition levels and associated factors up to date. It is anticipated that at least 50% of governorates will have up to date acute malnutrition and related data for the last 12 months. The cluster will ensure that assessments are carried out through active participation of partners, involving female assessors and men and women from affected population groups. Linkage with nutrition surveillance and food security information systems will be established. The nutrition cluster assessment technical working group (ATWG) will undertake joint analysis of assessment findings and make recommendations for response.

How the response plan will contribute to strategic objectives

In line with the first strategic objective, the nutrition cluster response consists of life-saving therapeutic nutrition interventions preventing excess mortality among girls and boys under five and pregnant and lactating mothers suffering from acute malnutrition. This will be achieved through increasing coverage for the most vulnerable through in-patient and out-patient therapeutic and supplementary feeding programmes and through deployment of mobile teams.

The third strategic objective will be pursued through capacity-building components of nutrition cluster projects, focusing mainly on enhancing response capacity of government staff, local NGOs, civil society and community-based organizations as well as community volunteers. The capacity-building activities target four strategic, programmatic, service delivery and community level response. All capacity-building activities will have a gender component to ensure that partner organizations have an understanding of gender issues and concerns in nutrition and are able to deliver nutrition services in a gender sensitive manner.

The third and fifth cluster objectives are very much linked to strategic objective four which is aimed at establishing linkages with development partners to address the underlying causes of vulnerability and thereby reduce the need for continued humanitarian assistance and increase resilience.

While all cluster objectives ensure equitable access to nutrition services, resources, and protection measures for women, girls, boys and men, the fourth cluster objective in particular focuses on continuous monitoring of the nutrition situation and response in such a way that gender and equity aspects are taken into consideration, thus contributing towards strategic objective 5.

Cluster objective 1:

Improve equitable access to quality life-saving therapeutic and rehabilitative nutrition interventions for acutely malnourished girls and boys under five and pregnant and lactating women (PLW).

Indicator	Target
% of targeted acutely malnourished girls and boys under five and pregnant and lactating women received by therapeutic and supplementary feeding programmes	90% of the target for therapeutic and supplementary feeding programme
Therapeutic and supplementary feeding programmes achieve an acceptable level of performance	Recovery Rate \geq 75% Defaulter rate $<$ 15% Death rate $<$ 10%

Top-priority activities:

Activity	Locations	Indicator	Target
Treatment of severely acutely malnourished (SAM) girls and boys under age five	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# of SAM boys and girls 6-59 months admitted to OTP	156,386
Case management of moderate acute malnourished (MAM) girls and boys of 6-59 months	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Sa'ada, Al Hudaydah, Al Bayda, Raymah, Taizz, Sana'a City	# of MAM (boys and girls 6-59 months admitted to TSFP	262,350

Targeted Supplementary Feeding Programme (TSFP) for wasted PLW	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Sa'ada, Al Hudaydah, Al Bayda, Raymah, Taizz, Sana'a City	# of PLW admitted to TSFP	235,100
Micronutrient supplementats for girls and boys under five and enrolled in community-based management of acute malnutrition(CMAM) programme as per the national protocol	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Al Jawf Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# of boys and girls 6-59 months with acute malnutrition provided with Micronutrient supplementation while being admitted to CMAM programme	329,918
Timely detection and referral of acutely malnourished girls and boys under five and PLW to CMAM programme	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# of boys and girls 6-59 months screened and referred for acute malnutrition. # of PLW screened and referred for acute malnutrition	1,256,208 boys and girls 470,200 PLW

All other:

Activity	Location	Indicator	Target
Provision of hygiene kits to families with children enrolled in Severe Acute Malnutrition Treatment programme	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	% of SAM children enrolled in outpatient therapeutic programme (OTP) provided with hygiene kits	100%

Cluster objective 2:

Improve institutional infrastructure, health systems and national human resources capacity of the Ministry of Public Health and Population (MOPHP), and non-governmental organizations to ensure effective, efficient and coherent, decentralized nutrition response.

Indicator	Target
% of MOPHP health facilities able to provide CMAM services which meet SPHERE minimum standards	50%

Top-priority activities:

Activity	Location	Indicator	Target
Train nutrition service providers to use Integrated CMAM Programme	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# Male and female health workers trained on Integrated CMAM package	2,124
Train community volunteers in use of integrated package to enhance case finding and referral of acutely malnourished children	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# of Male and female community volunteers trained to use integrated community health package module	6,132

Upgrade health facilities to provide stabilization care	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla town	# of newly established stabilization centers functional	11
Establish public-private partnership for local production and supply management of improved complementary foods	National	A locally appropriate recipe for commercial production made available	1 approved product

All other:

Activity	Locations	Indicator	Target
Establish nutrition training centres at governorates	Al Hudaydah, Aden, Sa'ada, Sana'a, Taizz	# of Nutrition training centres established	5
Train national experts to use SMART Nutrition Survey	Based on need	# of national government and non-government organization staff trained in SMART methodology	75
Train national experts in how to conduct CMAM coverage assessments	Hajjah, Al Hudaydah, Taizz	# of national government and non-government organization staff trained on SQUEAC (semi quantitative evaluation of access and coverage) methodology	75
Establish pool of nutrition experts in specific governorates	Al Hudaydah, Aden, Sa'ada, Sana'a, Taizz	# of pools of experts of assessment and CMAM programme established in five coordination hubs.* **	5
Enhanced supply and information management capacity within MOPHP	Al Hudaydah, Aden, Sa'ada, Sana'a, Taizz	% of warehouse hubs with a one month stock of RUTF (Ready to use therapeutic food) and routine medicines	90%

Cluster objective 3:

Prevent development of undernutrition among girls and boys under five and pregnant and lactating women *in priority governorates*.

Indicator	Target
% of boys and girls under five and PLW provided with at least one dose of micronutrient supplements	70%

Top-priority activities:

Activity	Location	Indicator	Target
Provide education and counselling for mothers/care takers of girls and boys under five in Infant and Young Child feeding (IYCF) practices, and hygiene and sanitation	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla	# of caretakers (mothers) who attended at least one awareness session of IYCF and hygiene /sanitation	628,204

All Other

Activity	Location	Indicator	Target
Micronutrient supplements for girls and boys under five and PLW	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla	# of girls and boys under five and PLW provided with micronutrient supplements	1,198,059
Blanket Supplementary Feeding Programme for girls and boys 6-24 months	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Sa'ada, Al Hudaydah, Al Bayda, Raymah, Taizz, Sana'a City	# of girls and boys 6-24 months provided with improved complementary food	247,560

Cluster objective 4:

To ensure a predictable, coherent, timely and effective nutrition response through establishing and maintaining partnership among nutrition actors in the country and timely flow of updated nutrition information

Indicator	Target
% of governorates with up to date assessment information for decision making	50% of governorates with nutrition survey data not older than 12 months

Top Priority

Activity	Location	Indicators	Target
Cluster coordination established and maintained	Al Hudaydah, Aden, Sa'ada, Sana'a, Taizz	# of cluster coordination hubs active throughout the year	5
Collect, analyze, disseminate accurate and timely information on response disaggregated by sex and age for decision making	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City, Mukalla	% of timely and complete age and sex disaggregated quarterly nutrition reports disseminated to partners	80%
Conduct SMART surveys	Based on need	# of SMART survey conducted in priority governorates	20
Carry out SQUEAC coverage assessment	Hajjah, Al Hudaydah, Taizz	# of SQUEAC assessments conducted in selected districts	8
CFSS (comprehensive food security survey) 2014		% of governorates with up to date nutrition levels	80% of governorates (except Al-Jawf and Sa'ada)

All Other Activities

Activity	Location	Indicator	Target
Establish nutrition surveillance sentinel sites	Lahj, Abyan, Hajjah, Aden, Amran, Al Mahwit, Al Dhale'e, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Taizz, Sana'a City	# of reporting sentinel surveillance sites	10

Cluster objective 5:

Enhance national and international efforts to address long-term nutrition concerns (such as chronic malnutrition)

Indicator	Target
Sustained linkage between humanitarian and development nutrition actors is established.	Nutrition Cluster represented in Development Coordination Fora

Top Priority

Activity	Locations	Indicator	Target
Ensure close coordination/ linkage with SUN (Scale Up Nutrition) movement steering committee in Yemen	National	# of Steering committee meetings in which Nutrition Cluster is represented	8
Participate in causal analysis research on child malnutrition	National	Nutrition causal analysis research conducted with active participation of Nutrition Cluster partners	4 case studies contributed from cluster partners
Improve awareness and knowledge among local authorities / civil societies on chronic malnutrition	National	# of national advocacy workshops conducted	4
Develop micronutrient strategy	National	Strategy document endorsed	Final micronutrient strategy endorsed

Top Priority Activities					
Obj.	Activities	Total Beneficiary	Unit cost	Total Cost(\$)	Remark
1.1A	Treatment of SAM Children 6-59 months NGO implemented programme	46,916	202.00	9,477,032.00	
1.1A	Treatment of SAM Children 6-59 months MOPH implemented programme	109,470	117.00	12,807,990.00	
1.2	Management of MAM Children 6-59 Months	262,350	50.40	13,222,440.00	
1.3	Targeted Supplementary Feeding Programme for PLW with Wasting	235,100	54.60	12,836,460.00	
1.4	Micronutrient supplementats for children under five and PLW admitted in CMAM Programme	329,918	7.83	2,583,257.94	
1.5	Timely detection and referral of acutely malnourished girls and boys under five years and PLW to CMAM programme	1,726,408		0.00	Included under activity 1.1,2,3,4
2.1	Train nutrition service providers in use of Integrated CMAM Programme	2,124	400.00	849,600.00	
2.2	Train community volunteers in use of integrated package to enhance case finding and referral of acute malnourished children	6,132	300.00	1,839,600.00	
2.3	Upgrade health facilities to provide stabilization care	11	15,000.00	165,000.00	
3.1	Provide education and counselling to mothers /care takers of girls and boys under five on Infant and Young Child feeding practices, and hygiene and sanitation.	628,204	1.25	785,255.00	
4.1&2	Coordination and information management	5	75,000.00	375,000.00	
4.1&4	Emergency nutrition assessments and coverage evaluation	28	20,000.00	560,000.00	
5.1.2.3.4	Activities linkage between humanitarian and development nutrition actors (objective 5)			0.00	Included under activity 4.3&4
Total				55,501,634.94	

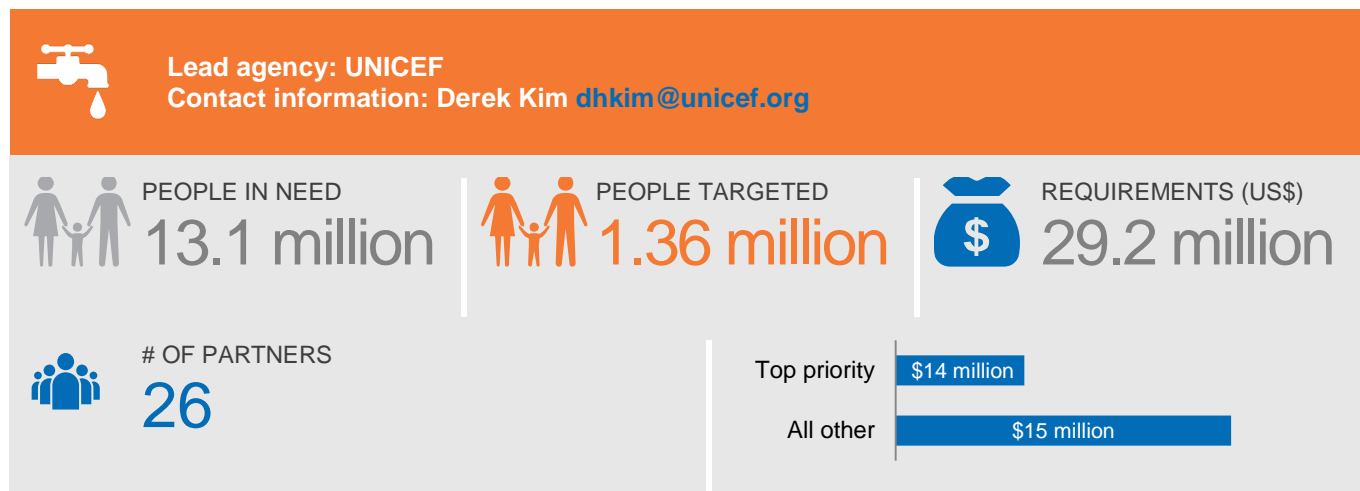
All Other Activities					
Obj.	Activities	Total Beneficiary	Unit cost	Total Cost(\$)	Remark
1.1A	Provision of hygiene kits for famlies of SAM admitted to treatment programme	156,386	7.00	1,094,702.00	
1.1A	Establish regional training centres	5	50,000.00	250,000.00	
1.2	Training of staff in Assesment, programme supervision and supply management	302	400.00	120,800.00	
1.3	Targeted supplementary feeding programme for PLW with Wasting	1,198,059	7.83	9,380,801.97	
1.4	Blanket supplementary feeding for children 6-24 months	247,560	115.17	28,511,485.20	

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	55,501,634.94	58.5%
All other activities	39,357,789.17	41.5%
Total Cluster Requirements	94,859,424.11	100%

Coverage of Nutrition Partners

Location	Code	Governorate	Organisation	# of Partners
Central West	11	Ibb	UNICEF, ACTED	1
Central West	12	Abyan	UNICEF, WHO, IOM, FMF, IRC, HAD	6
Central West	13	Amanat Al Asimah	UNICEF	1
North	14	Al Bayda	UNICEF, WFP	2
Central West	15	Taizz	UNICEF, WFP, SCI, IMC, CSSW, SOUL, MERCYem	7
North	16	Al Jawf	UNICEF, CSSW	2
North	17	Hajjah	UNICEF, WFP, WHO, ACF, VHI, ADRA, RI, OXFAM	8
North	18	Al Hudaydah	UNICEF, WFP, WHO, ACF, VHI, CSSW, MERLIN, PUAMI, IRY, SOUL, YWU, OXFAM, ROPHD, MFMC	14
South	19	Hadramaut	UNICEF, WFP	2
Central west	20	Dhamar	UNICEF	1
South	21	Shabwah	UNICEF, FMF	2
North	22	Sa'adah	UNICEF, WHO, SCI	3
Central West	23	Sana'a	UNICEF, IMC, MercyCrops	3
Central West	24	Aden	UNICEF, WHO, IRC, HAD, ACF	5
South	25	Lahj	UNICEF, SCI, YFCA	3
Central west	26	Marib	UNICEF	1
North	27	Al Mahwit	UNICEF	1
South	28	Al Maharah	UNICEF	1
North	29	Amran	UNICEF, WFP, CSSW	3
Central west	30	Al Dhale'e	UNICEF, FMF	2
Central west	31	Raymah	UNICEF, ACTED	2

WASH (WATER, SANITATION AND HYGIENE)



Yemen is a water scarce country with poor WASH infrastructure and hygiene practices. It is estimated that 13.1 million Yemenis are without access to an improved water source and 12.1 million without access to improved sanitation. Moreover, about 4.8 million people have no access to soap. Cluster needs assessments have identified poor hygiene practices which affect public health and SMART surveys have identified close links between poor hygiene practices and malnutrition, leaving children under five years of age most vulnerable.

Although the country is relatively stable compared to the political crisis of 2011, recent conflict in the north has shown just how volatile that situation remains. The WASH cluster is endeavouring to provide assistance in protracted and new displacements in the north and supporting returnees through early recovery interventions in the north and south. Other Yemenis elsewhere are suffering from chronic under-development leaving over half of the rural population without an improved water source. Diarrhoea rates are high and water-borne disease outbreaks are common.

Unsafe water, poor sanitation and unhygienic practices are the cause of many life threatening diseases. Despite being preventable, water and sanitation related diseases are one of the most significant health problems for children and other vulnerable populations in Yemen. According to UNICEF, 88% of diarrhoeal disease is caused by unsafe water, poor sanitation and unhygienic practices.⁵ WASH needs assessments have shown a correlation between populations affected by acute water diarrhea and malnutrition and a lack of piped drinking water, open defecation and poor hygiene practices. Assessments have also shown that vulnerable children in Yemen have bouts of diarrhea several times a year. While diarrhea does not always kill children it can physically and mentally stunt children leaving them vulnerable to other diseases like acute respiratory infection and compounding the severity of malnutrition. Several other water and sanitation related diseases pose serious risks in Yemen, especially to children, such as cholera, malaria, schistosomiasis and worm infestations. Chemical pollution such as fluorosis and run off from agricultural chemicals such as nitrate are other causes of health risks in some areas. The Ministry of Health and WHO are conducting epidemiological surveillance in 16 governorates in a bid to prevent WASH related disease outbreaks and improve early response.

Failure to address these WASH issues will prolong the necessity for humanitarian response, make populations more vulnerable to water-borne disease outbreaks and malnutrition and exacerbate existing poverty. A comprehensive WASH cluster plan has been developed to address the most severe needs.

The response plan aims to address these needs by providing durable solutions for IDPs who can return, and those who cannot, in the north and the south of the country as well as for the communities hosting them. The most vulnerable communities suffering from chronic under-development will also be targeted. Although access remains a

⁵ http://www.unicef.org/wash/index_healthandeducation.html

challenge in many parts of the country the WASH cluster will support capacity building of local partners along with giving them more opportunities as implementers and implementing partners.

The WASH cluster advocates for holistic WASH programming to address all water, sanitation and hygiene needs. Water interventions will mainly focus on rehabilitation of water sources and household water treatment as well as water trucking to the most vulnerable and newly affected people. Sanitation interventions will also focus on rehabilitation of existing schemes. Hygiene promotion interventions will focus on hygiene promotion campaigns along with the distribution of hygiene kits or soap according to the needs of the affected population as well as hygiene promotion campaigns.

The response will be supported by having a dedicated WASH cluster coordinator and information management officer, and semi-dedicated sub-national coordinators. The cluster will continue to build local partner capacities and mainstream gender and other cross-cutting issues among WASH partners and targeted communities. The cluster will also try to eliminate existing data gaps to have better targeted interventions. Although this is a one-year plan, it is part of a two-year strategy to provide more opportunity for activities related to early recovery, durable solutions and capacity building.

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen

Cluster objective 1A:

1 million people have access to improved water sources.

Outcome-level indicators and targets

500,000 people with access to improved water sources

Top-priority activities:

Activity	Locations	Indicator	Target
Water trucking (for improved water supply)	Hajjah and unforeseen affected areas	# of people in camps that have at least 20 litres/person/day and those affected by unforeseen emergencies have at least 15 litres/person/day*	57,175
Provision of water pipes/system for camp setting	Hajjah	# of people in camps have at least 20 litres/person/day	16,000
Emergency response water treatment - provision of ceramic water filters	Newly affected areas	#. of affected people who have access to household-treated potable water	10,000
New water systems for returnees and IDPs/host communities	Hajjah, Sa'ada and Abyan	# of people that have at least 20 litres/person/day	33,720
Rehabilitated water systems as durable solutions for protracted IDPs /host communities	Hajjah	# of people that have at least 20 litres/person/day	69,000

* Minimum humanitarian standards according to the WASH cluster guide to indicators (SPHERE, 12 l per person, concluded by the cluster as appropriate for Yemen highlands and 15 l per person for Yemeni lowlands)

All other:

Activity	Locations	Indicator	Target
New/rehabilitated water systems for communities vulnerable due to chronic underdevelopment	All governorates except Al Bayda, Marib and Al Mahwit	# of people that have at least 20 liter/person/day	275,503
Distribution of ceramic water filters to communities vulnerable due to chronic underdevelopment/suffering from polluted resources	Sana'a, Hajjah, Al-Hydaydah, Amran, Al Jawf, Abyan, Lahj, Sa'ada, Taizz, Dhamar, Al Dhale'e, Raymah, Ibb	# of affected people who have access to household-treated potable water	52,650

Cluster objective 1B:

1 million people have access to and are using a functioning toilet

Outcome-level indicators and targets

300,000 people with access to latrines/toilets

Top-priority activities:

Activity	Locations	Indicator	Target
Latrine/toilet provision/construction (onset of emergency/newly affected)	Hajjah, Sa'ada and Abyan and any new affected areas	#of people with access to latrines/toilets conforming to minimum standards**	4200
Latrine/toilet provision/construction for returnees and as durable solutions for IDPs who cannot return	Hajjah, Sa'ada and Abyan	# of people with access to latrines/toilets conforming to minimum standards**	72,720

** See WASH cluster guide to indicators

All other:

Activity	Locations	Indicator	Target
Latrine/toilet provision/construction for communities vulnerable due to chronic underdevelopment	All governorates except Al Bayda, Marib and Al Mahwit	# of people with access to latrines/toilets conforming to minimum standards**	225,000

Cluster objective 1C:

1 million people are washing hands at critical times

Outcome-level indicators and targets

500,000 people with access to soap

366,000 of households (HHs) with basic hygiene kits and replenishment of consumable hygiene items

Top-priority activities:

Activity	Locations	Indicator	Target
Soap distribution and hygiene promotion campaign	Amran, Sana'a, Hajjah, Abyan and Sa'ada	# of people with access to 250gm soap/month	300,000
Distribution of hygiene kits with hygiene promotion campaign	Amran, Lahj, Sana'a, Hajjah, Abyan, Taizz and Sa'ada	# of people with access to basic hygiene kit (according to Sphere minimum standards)	66,000

All other:

Activity	Locations	Indicator	Target
Hygiene promotion campaign	All governorates except Al Bayda, Marib and Al Mahwit	# of people reached with hygiene promotion activities including hand washing	150,000

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Cluster objective 2A:

Create an enabling environment to enhance WASH assistance to affected populations

Outcome-level indicators and targets

Three WASH needs assessments conducted.

132 functional water management committees.

30% of WASH humanitarian funding is handled by local NGOs.

100 million YER (Yemeni Riyals) allocated by Government for emergency WASH response (equivalent \$465,000).

15 local NGOs act as implementers or implementing partners for INGOs in WASH.

All WASH assessments have both male and female assessors, and the participation of women and girls from the affected populations.

Women make up at least 30% of members of (newly trained) water committees.

Women make up 50% of local WASH cluster partner trainees.

Top-priority activities:

Activities	Locations	Indicator	Target
Cluster coordination (CC)	Nationwide	One dedicated WASH CC and one dedicated WASH information management officer in place	12 national CC meetings/year; sub-national clusters meet at least bi-monthly
Conduct needs assessments in priority areas according to access	Abyan, Hajjah, Sa'ada and other affected areas	Needs assessments conducted as access allows	3

All other:

Activities	Locations	Indicator	Target
Capacity mapping of local partners	Aden and Sana'a	Capacity mapped in Sana'a and Aden	N/A
Training of local partners	Nationwide	# of local WASH professionals (sex disaggregated) from government and local NGOs trained in hygiene promotion and other WASH skills	250
Training women in management of local water projects	Nationwide	# of women trained and capable to participate in management of water schemes	500

Cluster objective 2B:

Vulnerable people live in a healthy environment

Outcome-level indicators and targets

21,000 of people living in an environment free of solid waste

Top-priority activities:

Activities	Locations	Indicator	Target
Solid waste collection	Abyan, Aden, Amran, Hajjah, Sa'ada and Sana'a	# of affected people living in an environment free from solid waste	21,000

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1A	Water trucking (for improved water supply)	57,175	25.17	1,439,371
1A	Provision of water pipes/system for camp setting	16,000	13.99	223,776
1A	Emergency response water treatment- provision of ceramic water filters	10,000	9.97	99,700
1A	New water systems for returnees and IDPs/host communities	33,720	150.00	5,058,000
1A	Rehabilitated water systems as durable solutions for protracted IDP displacements and their host communities	69,000	25.00	1,725,000
1B	Latrine/toilet provision/construction (onset of emergency/newly affected)	4,200	31.24	131,189
1B	Latrine/toilet provision/construction for returnees and as durable solutions for IDPs who cannot return	72,720	31.24	2,271,441
1C	Soap distribution and hygiene promotion campaign	300,000	6.25	1,875,000
1C	Distribution of hygiene kits with hygiene promotion campaign	66,000	11.66	769,231
2A	Cluster coordination	N/A	N/A	200,000
2A	Conduct needs assessments in priority areas according to access	4	10,000.00	40,000
2B	Solid waste collection	21,000	1.17	24,476
Total Cost				13,857,183

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1A	New/rehabilitated water systems for communities vulnerable due to chronic underdevelopment	275,503	25.00	6,887,575
1A	Distribution of ceramic water filters to communities vulnerable due to chronic underdevelopment/suffering from polluted resources	52,650	9.97	524,921
1B	Latrine/toilet provision/construction for communities vulnerable due to chronic underdevelopment	225,000	31.24	7,027,973
1C	Hygiene promotion campaign	150,000	4.00	600,000
2A	Capacity mapping of local partners	2	5,000.00	10,000
2A	Training of local partners	250	500.00	125,000
2A	Training women in management of local water projects	500	250.00	137,500
Total Cost				15,312,969

Table of planned coverage per location

WASH			
Location	Governorate	Organization	# of orgs per governorate
North	Al Jawf	International Organization for Migration (IOM), National Foundation for Development and Human Rights (NFDHR), Humanitarian Aid & Development Organization (HAD)	3
	Amran	UNICEF, Charitable Society for Social Welfare (CSSW), Save the Children International (SCI), NFDHR, HAD, Relief International (RI)	6
	Hajja	NRC, UNICEF, Partner Aid, CARE, Action Contre la Faim (ACF), IOM, Danish Refugee Council (DRC), NFDHR, Oxfam, Vision Hope International (VHI), ZOA, RI, Al-Khair, Progressio	14
	Sa'da	UNICEF, Agency for Technical Cooperation and Development (ACTED), SCI, CSSW, Oxfam, RI, Al-Amal	7
	Al-Baydha		0
	Al-Hodieda	Partner Aid, ACTED, International Relief and Development (IRD), ACF, IOM, TGF- Triangle, DRC, SCI, Oxfam, VHI, ZOA, MAHRSD, Progressio	13
Central-Western	Al-Mahwit		0
	Amanat Al-Asima	IOM	1
	Dhamar	SCI	1
	Ibb	UNICEF, ACTED	2
	Marib		0
	Rayma	ACTED	1
	Sana'a	UNICEF, CSSW, International Medical Corps (IMC), VHI, MC, ZOA, RI	7
	Taiz	UNICEF, MERCYemen, IOM, CSSW, SCI, IMC, MC	7
	Abyan	NRD, UNICEF, CARE, IRC, IOM, Oxfam, MC, Direct Aid, HAD, RI	10
	Aden	IOM, RI	2
	Al-Dhale'e	ACTED, IRC, Direct Aid	3
South	Al-Mahra	IRD, Direct Aid	2
	Hadramout	IRD, Direct Aid	2
	Lahj	NRC, UNICEF, CARE, IRC, IOM, SCI, IMC, MC, Direct Aid, HAD	10
	Shabwa	Direct Aid	1
	Socotra	HAD	1

HEALTH



Lead agency: World Health Organization (WHO)
 Contact information: Dauod ALTAF altafm@yem.emro.who.int



PEOPLE IN NEED

8.3 million



PEOPLE TARGETED

4.4 million



REQUIREMENTS (US\$)

58 million



OF PARTNERS

18

Top priority

33 217 972

All other

25 200 166

Situation Overview:

Against a backdrop of persistent political instability and civil unrest, disruption of basic services and diminishing community resilience and coping mechanisms in Yemen, availability and readiness of health care has been reduced to a minimum in conflict-affected areas and due to chronic underdevelopment throughout the country. The findings of a countrywide Service Availability and Readiness Assessment (SARA) carried out in May 2013 indicate that on average 61% of surveyed health facilities (HFs) continue to provide all essential health care services, while in the most affected Governorates of Abyan and Sa'ada the percentage falls to 59% and 52%, respectively.

The prevailing situation exposes IDPs, host communities and other affected people to physical and environmental hazards, compounding the risk of communicable diseases and other threats already present due to low access to clean water and sanitation facilities. The weekly epidemiological reports indicate a higher proportion of alerts from vaccine preventable diseases among boys and girls under five. This issue is rendered more severe by inadequate hygiene practices (e.g. 21% of all households do not have soap for hand washing) and by the lack of qualified health care personnel mainly in conflict-affected governorates in the north of the country and in Abyan Governorate.

The disruption in social services, the extent of displacement and the high risk of catching communicable diseases run by vulnerable girls, boys, women and men, will require the health system and humanitarian partners to prepare for, reduce and respond to public health risks through strengthening Early Warning and Response Systems (EWARS) for timely detection of and response to disease outbreaks and to prevent the spread of communicable diseases. There is also a critical need to strengthen outbreak prevention/control and environmental health measures through health education, relevant training for health workers and by organizing and launching vaccination campaigns, particularly polio and measles mass campaigns, in order to prevent and contain disease outbreaks, with a focus on preventing re-importation of the wild polio virus as new cases of polio have been reported recently from Somalia and Syria. The cluster plan considers inclusion of both male and female health workers in the training programmes as well as the active participation of both in data collection and disease outbreak response, in order for women and girls to be reached during outbreak investigation and relevant response.

Needs/Gaps:

- Compromised access to essential life-saving health care services for vulnerable people, which requires functional revitalization of health infrastructures through physical repair, equipping and strengthening the health human resources, with tangible gaps in the availability of female health workers and medical staff in the remote rural areas.
- Inadequate national and local capacities to prepare for, detect, respond to and manage public health risks, and efficiently respond to outbreaks of communicable diseases aimed at avoiding preventable morbidity and mortality from Vaccine Preventable Diseases (VPD), respiratory infections and diarrhoea.
- Low coverage of vaccination among children under five and the need for boosting immunization coverage with focus on measles and polio.

- Inadequate capacities at national and regional reference laboratories to support the disease surveillance system, in order to detect, confirm and efficiently respond to outbreaks of communicable diseases.
- Inadequate or lack of life-saving maternal and child health care services, including Basic and Comprehensive Emergency Obstetric, Neonatal and Child (EmONC) care and Antenatal Care (ANC) services.
- Inadequate or lack of essential drugs and medical supplies for management of common diseases.
- Low public awareness on health risks/threats and preventive measures against communicable diseases.
- Need for training of health workers on standard management of common diseases, including diarrhea, respiratory infections and other endemic diseases.

Overall Strategy:

The overall objective of the health emergency response is to reduce morbidity and mortality through improved access to critical life-saving services for vulnerable men, women and children, addressing public health risks and reducing, mitigating and responding to outbreaks of communicable diseases.

Key Strategic Priorities:

- Prevention, control and provision of a public health response to communicable disease outbreaks.
- Ensure the provision of essential package of life-saving health care services, including essential Reproductive Health (RH) and the Minimum Initial Service Package (MISP).
- Ensure maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns.
- Support the recovery of the Yemeni health system, at both the national and local levels, with a focus on conflict and instability affected areas.

STRATEGIC OBJECTIVE 1: Provide effective & timely life-saving assistance to the most vulnerable people in Yemen

Cluster objective 1A:

To ensure access to essential package of quality life-saving health care services for the vulnerable groups in priority districts, aimed at avoiding preventable morbidity and mortality, through a focused approach on health system strengthening

Outcome-level indicators and targetTop-priority activities:

Activity	Locations	Indicator	Target
Support Hospitals with CEmONC services	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Taizz and Al Hudaydah	% of Hospitals with CEmONC services	80%
Support health facilities with BEmONC services	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of secondary health care facilities with BEmONC services	80%
Supporting life-saving Primary Health Care/Emergency Medical Services for most vulnerable population	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of health facilities providing minimum basic package of health services (e.g. Immunization, ANC, treatment)	80%
Provision of mental health and psychosocial support to affected populations	Abyan, Aden, Lahj, Hajjah, Amran andSa'ada	% of health facilities with general service readiness	80%
Immunization campaigns against measles and polio	National but with all districts of 14 priority governorates of Marib, Abyan, Shabwah, Hadramaut, Al Maharah,	% of children under five vaccinated against measles and polio	4,600,000 children nationally,

Activity	Locations	Indicator	Target
	Hajjah, Amran, Sana'a, Al Jawf, Taizz, Al Hudaydah, AlDhale's, AlBayda and Aden		including 3 million in priority governorates
Rehabilitate and equip secondary care hospitals, with focus to emergency ward and referral services	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Taizz and Al Hudaydah	# of district and governorate hospitals ready to admit general surgery cases	36
Stockpile sufficient quantities of Trauma A and Trauma B kits, Interagency Health Kits and diarrhea kits	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, AlJawf, Taizz and AlHudaydah	# of kits stockpiled	100 kits
Training of health workers in Integrated Management of Child Illness (IMCI) and Minimum Initial Services Package (MISP) in emergencies	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz, and Al Hudaydah	# of health workers trained (with a F/M ratio of 3/2)	500

All other:

Activity	Locations	Indicator	Target
Improve water and sanitation and personal hygiene, with focus to health facilities	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Taizz and Al Hudaydah	# of health facilities supported with WASH interventions	200
Revitalize the governorate and regional hospitals as main referral centers within the affected governorates	Abyan, Aden, Amran and Sa'ada	# of hospital fully functional	10
Operate mobile health units to deliver Primary health care services to conflict areas	Abyan, Hajjah, Amran, Al-Jawf and Sa'ada	# of mobile units operated	20
Capacity-building of health workers to respond to mass casualty incidents and disease reporting	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and AlHudaydah	# of health workers trained (with a F/M ration of 2/5	500
Provide essential drugs, medical supplies/equipment and basic repairs to partially functional health facilities	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of health centers with General Services Readiness	80%
Support the reference national laboratories in terms of lab reagents and training	Aden and Sana'a	% of samples collected for confirmation tested	90%

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies

Cluster objective 2A:

Strengthen local capacity to predict, prepare for, respond to, and manage public health risks with focus on communicable diseases and seasonal emergencies in priority districts.

Top-priority activities:

Activity	Locations	Indicator	Target
Training of health workers in Integrated Management of Child Illness (IMCI) and Minimum Initial Services Package (MISP) in emergencies ensuring participation of both male and female health workers	Sa'ada, Al Jawf, Abyan, Aden, Amran Al Hudaydah, Taizz, Ibb, Hajjah and Lahj	# of health workers trained with F/M ratio of 3/2	500
Provide essential drugs, medical supplies/equipment and basic repairs to partially functional health facilities	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, AlJawf, Taizz and Al Hudaydah	# of health facilities supported	200
Strengthening and expanding Disease Early Warning System to affected governorates	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz, Hadramaut, Sana'a, AlDhale'e, Ibb, Shabwah and Al Hudaydah	% of disease alerts investigated and responded to in 48 hours	90%
Capacity-building of health workers to respond to mass causality incidents	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	# of health personnel trained (with F/M ratio of 2/5)	500

All other:

Activity	Locations	Indicator	Target
Improve water and sanitation and personal hygiene, with focus to health facilities	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, AlJawf, Taizz and Al Hudaydah	# of health facilities supported for WASH interventions	200
Revitalize the governorate and regional hospitals as main referral centers within the affected governorates	Abyan, Aden, Amran and Sa'ada	# of hospital fully functional	10
Operate mobile health units to deliver Primary health care services to conflict areas	Abyan, Hajjah, Amran, AlJawf and Sa'ada	# of mobile units operated	20
Capacity-building of health workers to respond to mass casualty incidents and on disaster risk reduction and disease reporting	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	# of health workers trained (with F/M ratio of 2/5disaggregated)	500
Provide essential drugs, medical supplies/equipment and basic repairs to partially functional health facilities	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of health centers with General Services Readiness	80%
Support the reference national laboratories in terms of lab reagents and training	Aden and Sana'a	% of sample referred for confirmation tested	90%

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Cluster objective 3A:

Contribute to reductions in maternal and child morbidity and mortality within priority districts, focusing on life-saving maternal, newborn and child health interventions.

Ensure equitable access & resources to include women, girls, boys & men.

Outcome-level indicators and targets

Top-priority activities:

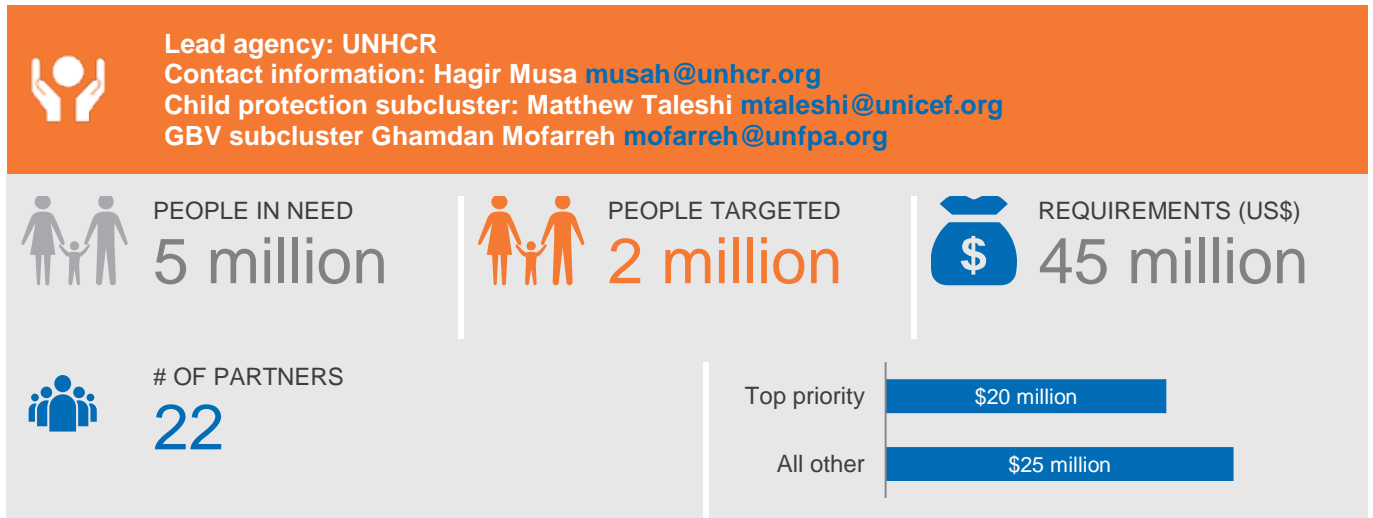
Activities	Locations	Indicator	Target
Support outreach and mobile teams to vulnerable populations, reaching girls, boys, women and men	Sa'ada, AlJawf, Abyan, AlHudaydah, Taizz, Ibb, Hajjah	% of children (boys and girls) with diarrhea and pneumonia treated	50,000
Support health facilities with Basic Emergency Obstetric, Newborn Care (BEmONC) services, reducing maternal and child morbidity and mortality	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of health centers with BEmONC services	80%
Support hospitals with Comprehensive Emergency Obstetric, Newborn Care (CEmONC), reducing maternal and child morbidity and mortality	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz and Al Hudaydah	% of secondary health care facilities with CEmONC services	80%
Training of health workers Integrated Management of Child Illness (IMCI) and Minimum Initial Services Package (MISP) in emergencies	Sa'ada, Al Jawf, Abyan, Al Hudaydah, Taizz, Ibb, Hajjah	# of health workers trained (with F/M ratio of 3/2)	5,00
Supporting life-saving Primary Health Care/Emergency Medical Services for most vulnerable population, reaching girls, boys, women and men	Abyan, Aden, Lahj, Hajjah, Amran, Sa'ada, Al Jawf, Taizz, and Hudaydah	% health facilities providing minimum basic package of health services (e.g. Immunization, ANC, treatment)	80%

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1.	Support health facilities with BEmONC services	395,628	4	1,582,512
1.2	Support hospitals with CEmONC services	39,562	15	593,430
2.1	Supporting life-saving Primary Health Care/Emergency Medical Services for most vulnerable population	4,395,869	3.8	16,704,302.2
2.2	Provision of mental health and psychosocial support to affected population	200,000	3	600,000
2.3	Provide support to secondary care (hospitals), with focus to emergency ward and referral services	2,197,934	0.7	1,538,553.8
3.1	Immunization campaigns against measles and polio	4,700,000	2	9,400,000
4.1	Strengthen and expand Disease Early Warning System to affected governorates	2,197,934	0.4	879,173.6
5.1	Training of health workers in IMCI and MISP in emergencies	1,000	400	400,000
6.1	Stockpile sufficient quantities of Emergency kits	523,000	2.91	1,520,000
Total Cost				33,217,972

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
7.1	Health education and communication interventions i.e. local media (leaders, teachers, school population, religious leaders, boy scouts, girl guides etc.) and mass media	4,395,869	0.2	879,173.8
8.1	Improve water and sanitation and personal hygiene, with focus to health facilities	1,098,967	3	3,296,901
9.1	Operate mobile health units to deliver Primary health care services to conflict areas.	549,483	6	3,296,898
10.1	Support the reference national laboratories in terms of lab reagents and training	200,000	3	600,000
11.1	Provide essential drugs, medical supplies/equipment and basic repairs to partially functional health facilities	4,395,869	3	13,187,607
12.1	Capacity-building of health workers to respond to mass casualty incidents and capacity-building in disease reporting	1,000	600	600,000
13.1	Revitalize the governorate and regional hospitals as main referral centers within the affected governorates.	1,000,000	2.5	2,500,000
14.1	Health Need Assessment, including repeat of SARA survey by end of the year	4,395,869	0.1	439,586.9
14.2	Health Cluster Coordination at the national and sub-national levels			400,000
Total Cost				25,200,167

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	33,217,972	57%
All other activities	25,200,166	43%
Total Cluster Requirements	58,418,138	100%

PROTECTION (GBV & Child Protection)



Continued internal conflicts and a weak framework for protection (laws, policies, institutions and community structure) exposes populations affected by violence and displacement to further protection risks. Vulnerable groups of women, girls, boys and men of all ages are at heightened risk of protection violations, with particularly women and children at higher risk due to gender inequality, their exposure to conflict, increased hardship in their families and communities, exclusion from decision-making processes and lack of access to social services or participation in the distribution of available resources. Harmful phenomena rooted in a variety of factors such as Sexual/Gender-based Violence, Early Marriage as well as grave violations through recruitment of children into armed groups or forces are exacerbated either directly by conflict or by its consequences such as eroded livelihoods and elevated community level violence. These, and other factors, threaten the well-being of communities including children and can further expose them to abuse, violence and exploitation. These in turn threaten the stability of entire communities, tribes and of the nation. The spread of small and medium firearms among civilians, the lack of knowledge or respect of individuals’ rights add to the protection problems.

The Protection Cluster will give priority to the governorates of Sa’ada, Hajjah and Amran in the years 2014 and 2015 and the Southern governorates of Abyan, Lahj as well as Shabwah, Al Dhale’e and Al Bayda (if security and access can be granted). The Protection cluster will maintain its presence in Aden, Abyan, Lahj, Shabwah and Al Dhale’e governorates, highlighting the ongoing protection challenges faced by the returnees and other conflict-affected communities. Additionally, the current conflict in Kitaf and Dammaj districts in Sa’ada has created another wave of displacement, as people are increasingly fleeing the fighting and seeking refuge in Al-Jawf. The unfolding of this conflict can affect the mode of operation of the Protection Cluster.

The prime focus groups for the Protection Cluster in Yemen are IDPs, returnees, conflict-affected communities, refugees, asylum seekers and vulnerable host communities as well as children directly or indirectly affected by the conflict irrespective of their status as migrants or non-mobile residents. Groups under special programmatic considerations are: female/child and elderly headed households, widows, unaccompanied/separated/migrant, trafficked children children at risk of recruitment or use, children recruited or used by armed forces or armed groups, under-18s released by armed forces or armed groups, adults and child survivors (and potential survivors) of sexual and gender-based violence, including women at protection risks and child marriage, people with disabilities, unaccompanied women and elderly people, marginalized groups such as ethnic minorities.

Women and girls are subjected to different forms of violence including intimate partner violence, sexual violence, early and forced marriage, deprivation of freedom of movement and of choice, forced pregnancy and FGM. Yet, several barriers limit survivor’s access to services, including cultural values, fear of stigma and exclusion from family and community, fear of honour killing, checkpoints, no resources to cover transport to services and limited information on available services.

A Monitoring and Reporting Mechanism (MRM) will be strengthened and expanded to ensure documentation and response to six grave child right violations in affected districts.

A wide range of other activities needs to be carried out in order to protect the above-mentioned groups/beneficiaries. This entails a collaborative and coordinated response by various national and international

actors with diverse mandates, expertise and experience. The Government of Yemen has a central role in the successful delivery of this protection assistance since both the national and the international legal frameworks, places onto the state the primary responsibility to protect all individuals within its national boundaries. This calls for a mixed approach in the assistance delivery (direct service provision, situation-based advocacy and awareness-raising).

The overarching objective of the Protection Cluster in Yemen is to strengthen protection of civilians in emergencies while contributing to conditions conducive to durable solutions. In order to focus on these priorities, the Protection Cluster has developed five objectives all of which are informed by a gender lens to ensure that there is meaningful participation and equitable access for women, girls, boys and men, to reflect the spirit of Strategic Objective 5 but also all other Strategic Objectives. These are:

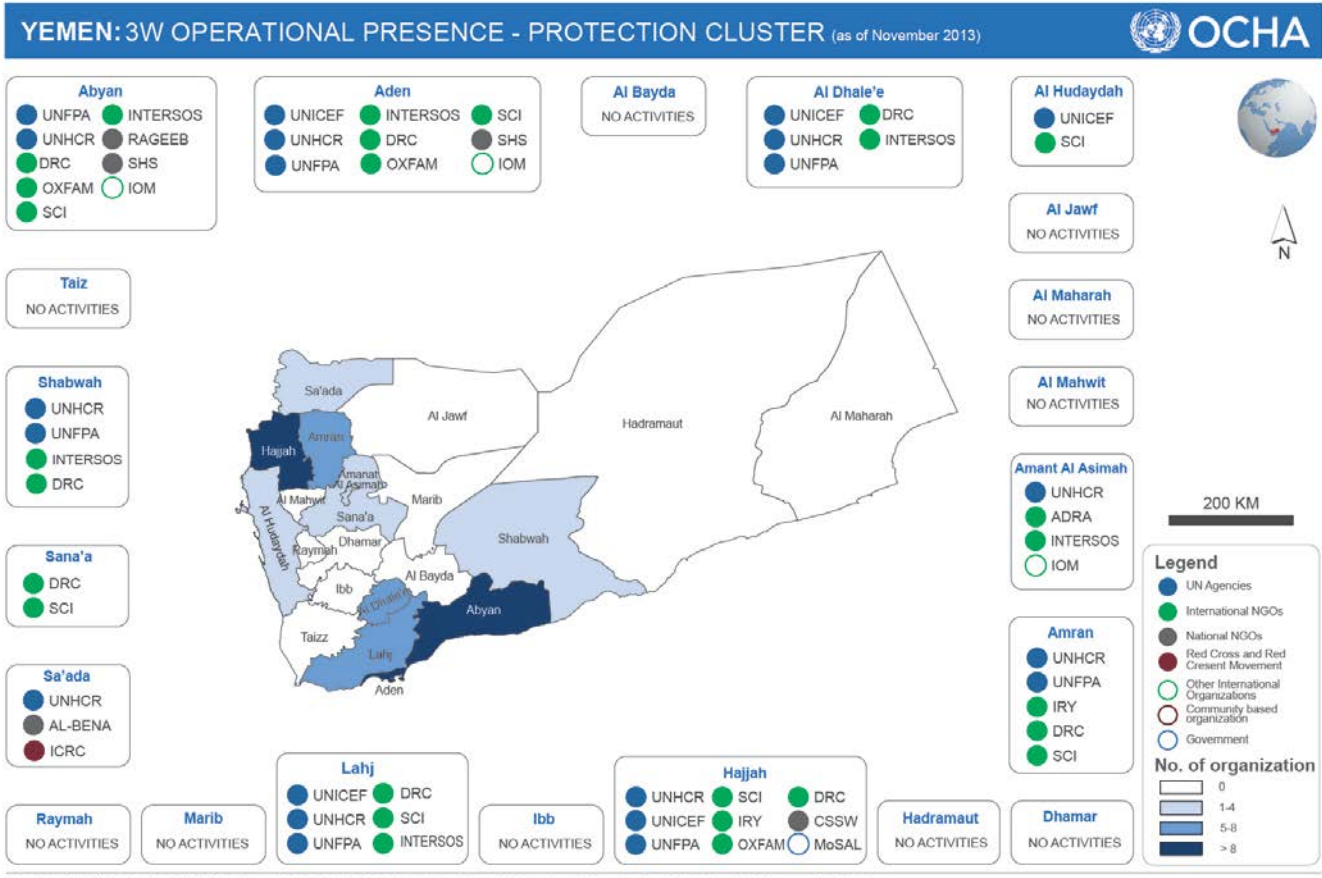
1. To integrate GBV prevention and response in affected areas for refugees, IDPs, returnees and other conflict-affected communities.
2. Enhance and ensure the monitoring and response to reported protection incidents among the most vulnerable people in Yemen particularly, through close cooperation with the human rights actors at both local and national levels.
3. Coordinate between protection actors and conflict-affected people/communities to ensure effective protection response to reported incidents, including coordination of MRE activities the ER cluster to ensure harmonized interventions in districts where mine survey/clearance activities or support to war victims are taking place.
4. The most vulnerable girls, boys and rights holders in the high priority districts are protected from the life-threatening consequences of conflicts and their rights are monitored and protected.
5. In high vulnerability districts vulnerable individuals including girls/boys are protected from the negative consequences of crises through gender-equitable resilience enhancing services, systems building and preparedness.

In addition ensuring participatory and gender equitable approach in programming will be mainstreamed throughout the cluster's work, with particular focus on the participation of women and girls, and at minimum the cluster will ensure that all assessments have female assessors and the participation of women and girls.

The cluster's objectives and activities are oriented towards the development and strengthening of resilience, particularly in pursuance of durable solutions for IDPs.

After the successful collaboration with the government that led to the adoption of the National IDP Policy, the Protection Cluster will continue its support to the Government of Yemen and to the civil society to ensure that implementation of the National IDP Policy is in harmony with international legal frameworks, such as the Human Rights Law and the International Humanitarian Law.

Some activities will have higher priority. These include capacity building on GBV related rights for local actors and community-based organizations (CBOs) in high priority districts, thus ensuring the availability and quality of access to these services. Also, livelihoods and medical intervention will be included in GBV programmes where appropriate. The Protection Cluster will continue to raise awareness of GBV as a human rights violation, improve availability of data and advocate for better policies and legal framework to address GBV. Similarly, higher priorities will be given to child protection interventions that are aimed to end grave violations against children and enhance their protective environment, including the finalization, signature and implementation of the Actions Plan with the government of Yemen and AH armed group, strengthening psychosocial support, case management and referral systems, enhancing accountability and birth registration.



PROTECTION CLUSTER PLAN

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen.

Cluster objective 1:

Enhance and ensure the monitoring, documenting, investigation and response to reported protection incidents among the most vulnerable people in Yemen, particularly through close cooperation with the human rights actors at both local and national level with a view to ensure accountability and end impunity.

Top-priority activities:

Activity	Locations	Indicator	Target
Timely humanitarian assistance in violation incident cases is provided to the most vulnerable groups, such as IDPs, returnees, conflict-affected communities	Amana Al-Asimah (Sana'a City), Sa'ada, Abyan, Hajjah/Haradh, Amran, Al Jawf, Shabwah, Aden, Hadramaut	# of vulnerable individuals (sex disaggregated), including children, identified and assisted with protection services (psychosocial support/violence prevention, legal aid and counseling, etc.).	90%

Cluster Objective 2:

Improved coordination and improved quality of the human rights protection response through human rights actors and conflict affected population to ensure effective protection response to reported incidents.

Top-priority activities:

Activities	Locations	Indicator	Target
Monitor and identify the most vulnerable groups among IDPs, returnees and conflict-affected and host communities.	Amant Al-Asimah (Sana'a City), Sa'ada, Abyan, Hajjah/Haradh, Amran, Al-Jawf	Community mechanisms supported for protection monitoring strengthened and increased to cover new accessible areas.	275
Ensure that women, girls, boys and men have meaningful role in community based protection.		Human rights mechanism for monitoring, data collection, analysis and assessment in place and functioning in at least four Governorates	4
		The composition of all community based groups reflects diversity and gender meaningfully.	30%
Support the Government in implementing the IDP National Policy and developing a plan of action	At both national and governorates levels	National IDP policy Action plan developed and implemented	1
		Technical and sensitization sessions in coordination with EU conducted for key ministries, protection actors, CSOs and community networks on protection, IHL, HRL and protection mainstreaming at both national and governmental levels	8
		25% of the Profiling questionnaires filled by women.	
		Special focus group discussions targeted women held	
Conduct IDP Profiling in the Northern governorates Hajjah, Amaran and Sa'ada in the first quarter of 2014	Hajjah, Amran and Sa'ada	Detailed IDP profiling report is produced.	1

All other:

Activities	Locations	Indicator	Target
Organize regular protection/human rights trainings for local protection actors to enhance access to justice of victims of human rights violations in the conflict affected areas;	Abyan, Aden, Lahj, Amran, Hajjah/Haradh, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	4 joint training sessions	100
Ensure the protection of woman, girls, boys and men from sexual exploitation and abuse by and related to humanitarian personnel (PSEA)	Hajjah, Amran	% of humanitarian organizations and service providers that have in place codes of conducts on prevention of sexual exploitation and abuse	25%
Regular Monitoring and reporting on human rights violations among IDPs, returnees and conflict affected communities in the areas of displacement and return	Amant Al-Asimah (Sana'a City), Sa'ada, Abyan, Hajjah/Haradh Amran, Al-Jawf	all protection and human rights violation incidents in the target areas are reported	75%
		Survivors are assisted and violaters are reported.	100%
Ensure the effective leadership of the protection cluster and Support to the other clusters in mainstreaming protection within their activities.	Amant Al-Asimah (Sana'a City), Sa'ada, Abyan, Hajjah/Haradh Amran, Aden	All clusters in Yemen mainstreamed gender and protection	10
		6 Training on gender and protection mainstreaming provided to all clusters in Yemen	6

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies

All other:

Activities	Locations	Indicator	Target
Undertake joint activities with national human rights NGOs, including by raising their awareness and training on access to justice and providing relevant support materials;		4 joint activiites	100
Develop and adopt protocols for information sharing on sensitive human rights issues and Standard operating procedures for referral and services provisions;	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Ddhalea'a	1 Agreed upon Protocol to be developed by all protection actors	1
Awareness-raising and dissemination of information on the national IDP Policy through the cluster to humanitarian actors, local authorities and IDP communities	Amant Al-Asimah, Sa'ada, Abyan, Hajjah/Haradh Amran, Al Jawaf, Shabwah, Aden	10 sessions conducted	300
Organize regular protection/human rights trainings for local protection actors to enhance access to justice of victims of human rights violations in the conflict affected areas;	Amant Al-Asimah, Sa'ada, Abyan, Hajjah/Haradh Amran, Al Jawaf, Shabwah, Aden	4 training workshop	100
Provide technical guidance and support to build the capacity of key and targeted national protection authorities; to report, monitor and address the protection needs of affected population.	Amant Al-Asimah (Sana' City), Sa'ada, Abyan, Hajjah/Haradh Amran, Al-Jawaf, Shabwah, Aden	8 workshop will be organized for government officers whose capacity is built to monitor, report and address protection needs	240

Activities	Locations	Indicator	Target
Carry out advocacy efforts and other interventions with relevant authorities on behalf of identified victims or persons at risk;	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'e	6 advocacy events	150

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Human rights Monitoring including reporting violation incidents	3,000,000	0.55	1,650,000
	Provision of service package to survivors of human rights violations incidents (health care, psychosocial support and legal assistance)	40,000	600	2,400,000
	Advocacy and awareness raising	200,000	60	1,200,000
2.1	Capacity building of national NGOs /CBOs /CBPN/women centers/ local and government bodies/ local council on Human Rights and IDPs protection.	4000	400	1,600,000
3.1	Awareness raising for community on their rights to be safe of HR violation.	3,500,000	0.41 per individual	1,435,000
	Coordination include coordination of the GBV, CP and PWG and participation in other cluster meetings such as Early Recovery Clusters on MRE			2,600,000
Total Cost				10,885,000

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Provision of financial, medical and material assistance to HRs violation survivors	5000	500	2,500,000
	Establishment/strengthening community base protection networks	600,000	150 networks and strengthen already established 250 networks plus establishment of 25 protection center @ 25,000 per center/month	6,300,000
2.1	Training and capacity building	40,000	50	2,000,000
3.1	Advocacy on IDP national policy and support to the government on implementation	150,000	16	2,400,000
4.1	Verification and registration of IDPs and returnees plus need assessments	600,000	.56	336,000
Total Cost				13,536,000

CHILD PROTECTION SUB-CLUSTER

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen.
Cluster objective 1:

The most vulnerable girls, boys and duty bearers in the high priority districts are protected from the life-threatening consequences of conflicts and their rights are monitored and protected.

Top-priority activities:

Activity	Locations	Indicator	Target
Child rights Monitoring and Reporting Mechanisms (MRM) created immediately post 2011 are strengthened and supported to expand their reach, accuracy & sustainability of services to cover a catchment area of 3,000,000	High priority districts in Hajjah, Sa'ada, Amran, Al Jawf, Al-Bayda, Dhamar, Abyan, Shabwah, Sana'a	Population of catchment area covered by child rights Monitoring and Reporting Mechanisms (MRM)	2 500 000 (2014) 3 000 000 (2015)
		% of MRM structures with capacity to be managed by local civil society organisations/child protection networks	25% (2014) 50% (2015)
Girls, boys and parents/community members living in high priority conflict-affected areas receive life-saving information on protecting themselves from physical injury/death due to mine/UXO/ERW and appropriate referrals to child friendly Victims Assistance programmes	High priority districts in Hajjah, Saa'da, Amran, Al Jawf, Al-Bayda, Dhamar, Abyan, Shabwah, Sana'a	# of girls/ boys and adults receiving Mine Risk Education information and awareness raising sessions	250 000 (2014) 250 000 (2015) <u>Vic Ass</u> 150(2014) 250 (2015)
		# of female and male staff of NGOs and Yemen Executive Mine Action Centre (YEMAC) as well as volunteer community-based organisations trained as MRE trainers	100 (2014) at gender parity 200 (2015)
		% of trained girls/boys or women/men who in random post-tests show significantly higher knowledge on protecting themselves against mine risk injury	60% (2014) 80% (2015)
Timely, effective and comprehensive package of services (health, psychological support, legal aid) is provided to child victims/survivors of sexual violence and referral and follow-up to other required services is ensured	All conflict-affected districts in Hajjah, Sa'ada, Amran, Al Jawf, Al-Baydh, Dhamar, Abyan, Sana'a; Sa'ada; Hajjah; Shabwah; Al-Bayda; Amran; AIDhale'e	% of reported girls/ boys survivors who receive at least 2 of 3 services through direct service provision or through referral and follow-up	30% (2014) 50% (2015)
		% of family/community centre social workers/counselors able to provide the psychosocial support to child survivors of sexual violence in accordance to global standards	40% (2014) 60% (2015)
		# of community-based social service/family centres having adopted GBV SOP and having trained personnel to report and follow-up on GBV issues as well as to provide PSS	20% of existing community-based/family centres (2014) 40% of existing community-based family centres (2015)

Activity	Locations	Indicator	Target
In prioritized conflict-affected and conflict-prone districts accelerated community-led initiatives to raise awareness of community members (incl children) and key members of armed forces on the negative consequences of recruitment by are conducted	Abyan; Al Jawf; Amran; Al-Dhale'e; Hajjah; Sa'ada; Sana'a; Shabwah	# of community members/children or key members of armed forces/groups with significantly heightened awareness on the negative effects of recruitment	100,000 (2014) 150,000 (2015)
		# of officially listed armed groups/forces currently recruiting children which sign a Plan of Action to end child recruit	Two of three currently listed groups (2014) Three (All) currently listed groups (2015)

All other:

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crises including refugees, migrants and returning Yemenis

Cluster objective 2:

In high vulnerability districts girls/boys and duty bearers are protected from the negative consequences of crises adversely affecting the healthy course of psychological and social development (through psychosocial support) or heightening risk of exposure to abuse, violence and exploitation (separation from primary care givers, smuggling/trafficking & early marriage) through gender-equitable resilience-enhancing 'services and prevention', systems building and preparedness.

Activities	Locations	Indicator	Target
Displaced and conflict-affected children/community are provided with resilience enhancing psychosocial support services and sustainable child protection mechanisms are created/strengthened to ensure readiness for future response	Sa'ada, Amran, Hajjah, Sana'a, Shabwah, Al-Dhale'e, Al-Bayda, Abyan, Lahj	# of girls/boys benefiting from psychosocial support services at gender parity	400 000 (2014) 350 000 (2015)
		Percentage of 'repeat' service users (proxy service quality)	2014 (20%) 2015 (30%)
		% of children who score significantly higher on Child Well-being Indicator (gender parity)	50% (2014) 70% (2015)
		% of PSS services providers taken over/managed by governmental or community led structures with staff knowledgeable and with means of providing PSS in emergencies (according to global protocol) in emergency situations	2014 (20%) 2015 (30%)
The heightened risk of exposure to abuse, violence and exploitation of children forced into marriage are addressed through prevention measures and through the provision of a full services package for affected children exiting the child-adult union or in need of support	Abyan; Aden; Al-Bayda; Dhamar; Hajjah; Lahj; Sana'a	# of affected communities receiving awareness raising sessions led by key community members and/or religious leaders	60,000 (2014) 100,000 (2015)
		# of affected girls/boys in need of receiving at least 2 of 3 services from full service package (health, PSS, legal aid)	200 (2014) 300 (2015)
The reintegration of children released from armed forces/groups is supported through the provision of (and building systems for) screening, release, follow-up on reintegrated children and prevention mechanisms	Sa'ada; Hajjah; Abyan; Lahj; Sana'a	# of children reintegrated and provided with full post-release services/support mechanisms	2500 (2014) 2500 (2015)

Activities	Locations	Indicator	Target
Separation of Yemeni and non-Yemeni children (including smuggled/trafficked children) from their care givers is prevented and services are provided - or systems for services delivery built- to reunify separated children, provide interim care and provide follow-up care	Abyan; Aden; Amran; Hajjah; Lahj, Sa'ada; Sana'a	# of community members or affected populations provided with information on the dangers of separation and involvement with smugglers/traffickers	100,000 (2014) 150,000 (2015)
		Development of, and agreement to, Standard Operating Procedures (SOP) for UASC	Existence of draft SOP developed in consultation with key stake holders (2014) Adoption of SOP & development of national action plan for roll-out of SOP by MOSAL and MOPIC (2015)
		# of Yemeni/non-Yemeni girls/ boys provided with full services facilitating their identification, registration, tracing, reunification and post-reunification follow-up by protective social services	3500 (2014) 4000 (2015)
		# of key local partner organisations and total local staff/social workers trained on coordination and implementation of National Response Strategy (including UASC/PSS Standard Operating Procedures) in emergencies and non-emergency)	organisations 30% (2014) 50% (2015) total national staff 550(2014) 1100 (2015) (2015 figure is cumulative)
		% of key child protection local sub-cluster organisations having at least one staff trained on data base management and having data base for their catchment area	20% (2014) 40% (2015)

CHILD PROTECTION SUB-CLUSTER BUDGET

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)*	Total Cost (\$)
	Monitoring & Reporting Mechanism	2,500,000	0.5 (for 2,000,000 existing network) 1/person covered for new network expansion (\$500,000)	1,500,000
	Mine Risk Education	250,000	8	2,000,000
	Provision of full service package to child survivors of sexual violence (health care, psychosocial support & legal aid)	1000	600	600,000
	Advocacy and awareness raising with armed forces and communities members to end child recruitment	100,000	8	800,000
	Coordination & Assessment		400,000	400,000
Total Cost				5,300,000

*All figures include capacity development, resilience enhancement and measures taken to ensure programmes are gender equitable – breakdown available

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
	Psychosocial Support & Child Protection Mechanisms	400,000	10	4,000,000
	Reintegration & Post-reintegration services for children released from armed forces	2500	500	1,250,000
	Prevention of separation and reunification of Unaccompanied and Separated Children (incl. trafficked & smuggled children)	100,000 - prevention 3500 - reunification	8 400	2,200,000
	Prevention of Early Marriage Support package	60,000 – prevention 200	10 500	700,000
	Total Cost			8,150,000
	Grand total			13,450,000 USD

GENDER-BASED VIOLENCE SUB-CLUSTER

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen.

GBV Sub Cluster objective 1:

To integrate GBV prevention and response in affected areas for IDPs, Returnees, Refugees and other conflict effected communities.

Top-priority activities:

Activities	Locations	Indicator	Target
Establishment/strengthen of GBV referral mechanism in line with SOPs in the respective affected areas	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	Four GBV referral systems are established and strengthened	4 referral mechanisms established in 2014 5 referral mechanisms are strengthened by 2015
Provision of health, Psychosocial, legal and safe shelter services to survivors	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	# of GBV survivors received timely/proper assistance 39,205 GBV survivors as per ISAC equation	90% of reported survivors received response services. 35,285 Targeted Survivors

All other:

Activity	Locations	Indicator	Target
Establishment of shelter houses for survivors of GBV, including rejected/stigma/honor killing survivors.	Aden with coverage to surrounding governorates (Lahj, Abyan, Shabwah, Al Dhale'ee'e) Shelter house already exist in Sana'a and covers surrounding governorates (Amran, Sa'ada and Hajjah)	A shelter house is established # of GBV survivors provided with safe shelter.	1 shelter house 2014/2015

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis.

GBV Sub Cluster objective 1:

To integrate GBV prevention and response in affected areas for IDPs, Returnees, Refugees and other conflict effected communities.

All other:

Activities	Locations	Indicator	Target
Sensitization of law enforcement bodies on GBV issues/cases.	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	50% of Government bodies (police stations, courts, guards, ... etc.) are aware of GBV issues/cases	50% of law enforcement bodies, 440 person in 2014 50% of law enforcement bodies, 440 person in 2015

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies.

GBV Sub Cluster objective 1:

To integrate GBV prevention and response in affected areas for IDPs, Returnees, Refugees and other conflict effected communities.

Top-priority activities:

Activities	Locations	Indicator	Target
Capacity building for service providers from national NGOs/CBOs /CBPN/women centers/ local and government bodies/ local council on IASC GBV Guidelines	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	# of service providers including Government bodies, NGOs, INGOs and UN agencies/clusters received capacity building trainings and are aware of the ISAC GBV guidelines.	900 service providers 50% in 2014 50% in 2015

All other:

Activities	Locations	Indicator	Target
Evidence-based research and advocacy to influence Government policies.	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	Evidence-based research conducted in targeted governorates, 1 research per year	18 9 researches conducted in 2014
		On Governorate level, 20% of government bodies are targeted by advocacy activities	9 researches conducted in 2015 20%
Rolling out the GBVIMS in conflict areas.	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	GBVIMS are established and rolled out in Nine targeted governorates	9 IMS's established in targeted governorates

STRATEGIC OBJECTIVE 4: With development partners, including the government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience.

GBV Sub Cluster objective 1:

To integrate GBV prevention and response in affected areas for IDPs, Returnees, Refugees and other conflict effected communities.

All other:

Activities	Locations	Indicator	Target
Awareness-raising campaigns against stigma; rehabilitation of survivors (re-integration of survivors in communities).	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	50% of community aware/acknowledge re-integration of GBV survivors in the community	Total target 3,475,564 50% in 2014 1,737,782 50% in 2015 1,737,782

STRATEGIC OBJECTIVE 5: Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men.

GBV Sub Cluster objective 1:

To integrate GBV prevention and response in affected areas for IDPs, Returnees, Refugees and other conflict effected communities.

Top-priority activities:

Activities	Locations	Indicator	Target
Raise community awareness regarding their rights on GBV including early/forced marriage, Sexual Exploitation and Abuse (SEA); develop Public service announcements (PSA) through using local radio and television stations, mobile theaters, flyers and posters.	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	18 community awareness campaigns on GBV and early/forced marriage, SEA are conducted (1 campaigns per year per Gov. 50% of targeted communities aware of GBV, early/forced marriage, SEA consequences.	18 campaigns 9 campaigns in 2014 9 campaigns in 2015 50% in 2014 1,737,782 50% in 2014 1,737,782
Address the root causes of early/forced marriage through Women empowerment/income generating programmes	Abyan, Aden, Lahj, Amran, Hajjah, Sa'ada, Sana'a, Shabwah, Al Dhale'ee'e	Parents in targeted communities are aware of the consequences of early marriage. # of vulnerable women in targeted communities (women HHH, women survivors, vulnerable females in HH size etc.) who received livelihood/Income Generating Programmes (prevention measure)	Total 248,254 (124,127) 50 % of community parents targeted in 2014 (124,127) 50 % of community parents targeted in 2015 Total 9,000 women (1000 women per Governorate) (4,500) 50% of vulnerable women targeted in 2014 (4,500) 50% of vulnerable women targeted in 2015

GBV SUB-CLUSTER BUDGET

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Establishment/strengthening of GBV referral mechanisms	4 referral mechanism to be established	800.000	1,100.000
	Coordinating the GBV Working Groups in South and North	Strengthening the existing referral mechanism in South 2 working groups	100.000 200,000	
1.2	Provision of Services (health, Psychosocial, legal and safe shelter for GBV survivors)	35,285	100	1,764,250
3.1	Capacity building of national NGOs /CBOs /CBPN/women centers/ local and government bodies/ local council on IASC GBV Guidelines	900	200	180.000
5.1	Raise community awareness regarding their rights on GBV including early/forced marriage, SEA; develop PSA through using local radio and television stations,	3,475,564	30,000 per campaign	540,000

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
	mobile theaters, flyers and posters, IEC materials.		0.155 per individual	
5.2	Address the root causes of early/forced marriage through Women empowerment/income generating programmes	9,000 women	500	450,000
Total Cost				4,034,250

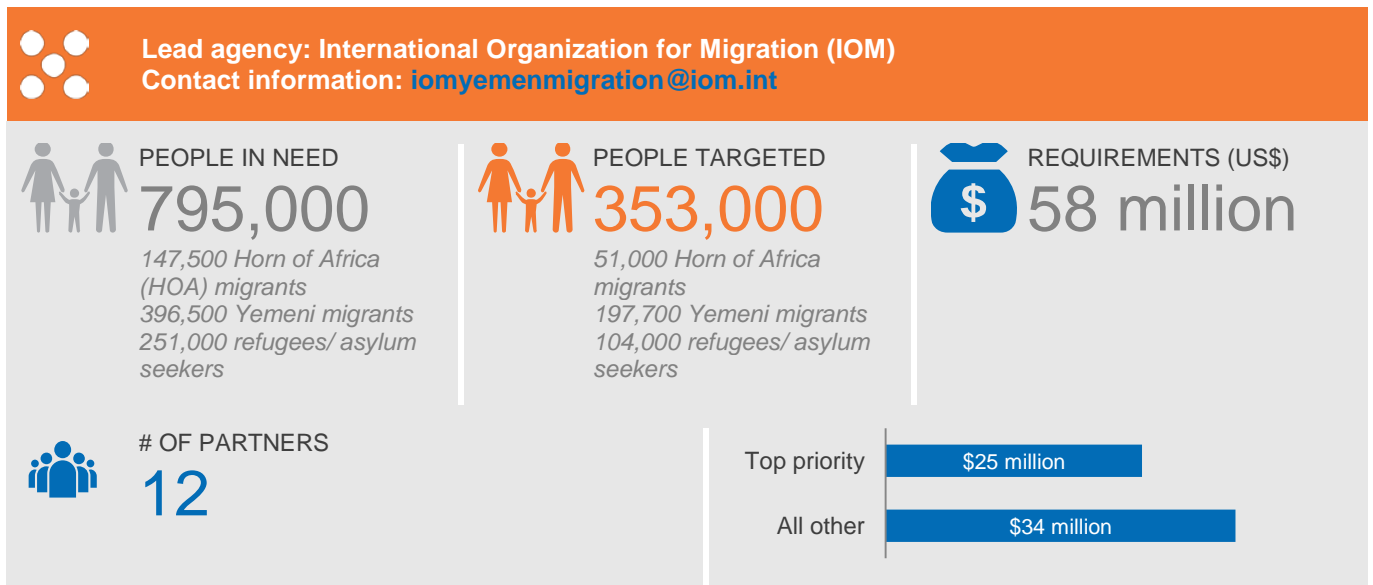
Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Establishment of shelter house for GBV survivors in South	1 shelter house	1,500,000	1,000,000
2.1	Sensitization of law enforcement bodies on GBV issues/cases.	900	200	180,000
3.1	Evidence-based research and advocacy to influence Government policies.	18 research	15,000	270,000
3.2	Rolling out the GBVIMS in conflict areas.	9 GBV IMS rolled out in targeted areas	100,000	900,000
4.1	Awareness-raising campaigns against stigma; rehabilitation of survivors (re-integration of survivors in communities).	3,475,564	30,000 per campaign 0.155 per individual	540,000
Total Cost				3,390,000

PROTECTION (GBV + CHILD PROTECTION):

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	20,219,250	45%
All other activities	25,076,000	55%
Total Cluster Requirements	45,295,250	100%

	Top priority	%	All other	%	Total
Protection	10,885,000	45	13,536,000	55	24,421,000
Child Protection	5,300,000	39	8,150,000	61	13,450,000
GBV	4,034,250	54	3,390,000	46	7,424,250
Total	20,219,250	45	25,076,000	55	45,295,250

MULTI-SECTOR: REFUGEES / MIGRANTS



With an estimated population of 25 million, Yemen is also a country of origin, transit and destination for migrants and asylum seekers. While approximately 10% of Yemenis live abroad, there are, according to the Ministry of the Interior, one million migrants, asylum-seekers and refugees in Yemen. Each year tens of thousands of migrants and asylum seekers undergo the perilous journey from their home countries, notably in the Horn of Africa (HOA), across the Red Sea and the Arabian Sea to Yemen, in the hope of finding a better life in the Kingdom of Saudi Arabia (KSA), other Gulf countries, and beyond. While in previous years the majority of these flows were asylum seekers from Somalia, since 2009, this trend has changed drastically with Ethiopian migrants now dominating new arrivals. Migrants and asylum seekers rely on smugglers and trafficker networks, and many are subject to abuse and coercion in exchange for the much sought-after passage to 'perceived greener pastures'.

Over 65,000 individuals are believed to have landed on Yemen's southern and western shores in 2013. Of this number, approximately 21.7% of new arrivals are female and 10% are minors, and 83% are Ethiopian migrants. While refugees are offered protection in Yemen, in the absence of a formal protection framework for migrants in Yemen this group is left at the mercy of smugglers and traffickers. Indeed, the first half of 2013 saw a significant rise in the exploitation, physical abuse and sexual abuse of migrants by both smugglers and criminal gangs in Yemen.

As of October 2013, 251,000 refugees were recognised by the Government of Yemen (GoY). Approximately 42.5% of the total caseload is female. The vast majority of the refugee population of Yemen is from Somalia (232,319), fleeing due to drought, conflict, political instability and human rights violations. The non-Somali refugee population primarily comprises refugees from Ethiopia (5,603), Iraq (3,434) and Eritrea (1,000). The majority of refugees live in Yemen's main cities, in particular Aden and Sana'a. There are some 16,822 refugees residing in Kharaz refugee camp in the southern Governorate of Lahj.

Ongoing civil unrest in Yemen, severe urban violence, conflict in certain regions, and a serious deterioration in the economic situation in the country, all contributed to increasing vulnerability and hardship for many refugees. The refugee population is expected to increase by an estimated 5% during 2014, to a projected 263,000 individuals. It is anticipated that the majority of new arrivals will reside in urban areas, as there is limited room for expansion of Kharaz camp.

The current capacity of the Yemeni Government to manage its borders is very limited, and as such it is facing tremendous challenges in controlling the flow of irregular migrants and asylum seekers coming into the country, as well as that of Yemenis and third-country nationals leaving Yemen for Saudi Arabia through northern land borders. It is also facing many difficulties in combatting human smugglers and traffickers, due to the absence of adequate national legislation, as well as the weakness of the law enforcement system in the country. As such, migrants, and to a certain extent refugees and asylum seekers, remain at the mercy of smugglers and traffickers and have very limited access to protection services in the country, outside of what is being provided by humanitarian partners.

Moreover, following efforts to restructure its domestic labor market, Saudi Arabia started enforcing changes in the Nitaqat System as of March 2013. This has led to massive returns of foreign workers from Saudi Arabia, Yemeni nationals being the most affected due to the immediate land border which makes returns easier to effect. By the end of November 2013, about 400,000 Yemenis were believed to have returned to Yemen, including over 190,000 Yemeni migrants who returned through Al Tuwal Border Crossing Point approximately 10km north of Haradh, a small border town in Hajjah Governorate. From June to September 2013, Government of Yemen registration data show that 125,816 migrants were returned via Al Tuwal border crossing, not including small children who comprise approximately 3% of the total flow. From 1 October to 15 November 2013, the International Organization for Migration (IOM) counted 64,905 Yemenis returned from Saudi Arabia - 1,775 women, 1,208 boys, 671 girls and 61,251 men. The highest peak of returns took place around the end of the amnesty period, on 3 November 2013. Within a period of five days only, from 3 to 7 November, 28,385 Yemeni migrants were returned.

Many of these migrants reach Yemen in deplorable conditions, cramped in buses and trucks transporting them back to Yemen. Many of them are found in Al Tuwal exhausted and dehydrated, and overwhelmed by the experience of losing their sources of income and of protection violations suffered during their migration cycle. While most migrants report being engaged in low-income jobs in Saudi Arabia, the majority of whom were builders and farmers, 77% of migrants interviewed by IOM during October and November 2013 mentioned that they were sending monthly remittances back home, a high number of them proportion sending back between US\$100 and 200 per month. If this figure is extrapolated to the overall number of returnees during the same period, it is safe to assume that close to \$5 million worth of remittances were lost during these two months alone. Furthermore, 35% of migrants interviewed reported experiences of abuse ranging from physical violence, confiscation of personal belongings/ robbery, to deprivation of food and non-criminal detention. Moreover, approximately 5% of all Yemeni returnees reach Al Tuwal border crossing with acute health needs each day. The most common health problems are respiratory tract infection, various diarrheal diseases, dehydration and exhaustion, urinary tract infection, skin infections, and some suffering from severe physical injuries - fractures and gunshot wounds. All these signs and symptoms strongly suggest chronic poor living conditions endured by the migrants.

Migrant flows from the Horn of Africa and Saudi Arabia are anticipated to continue for many months to come. As long as economic disparities between poor Horn of Africa regions and rich Gulf countries remain, migration will continue to take place. Furthermore, Yemeni authorities suggest that approximately one million Yemenis still in Saudi Arabia are at risk of being deported. Many of these migrants, upon arriving in Yemen, or upon exhausting all of their resources trying to make their journey to Saudi Arabia from the southern shores and becoming stranded in the country, are in urgent need of humanitarian assistance. Furthermore, taking into account the emotional stress faced by the migrants from their experience of abuse, detention and expulsion, this assistance should be provided in a dignified way, promoting the restoration of the migrants' self-esteem. Without this basic humanitarian assistance, the likelihood of migrants recovering emotionally and physically from their experience will be slim, resulting in negative long-term economic and social productivity, and ultimately creating an additional burden for their families and communities of return.

In Yemen, the main communities of return as identified through IOM's profiling exercise are located in Al Hudaydah, Hajjah and Taizz Governorates, in order of importance. These governorates are known for a high prevalence of malnutrition and food insecurity. The loss of income suffered by returning migrants and their families may result in further deterioration in the level of malnutrition and food insecurity in these locations. Soon after returning home, these migrants will experience a critical need to find alternative livelihoods, notably if the remittance sent every month constitutes the sole source of income for the whole family.

The Government of Yemen, with the support and cooperation of UNHCR and IOM organized the Regional Conference on Asylum and Migration from the Horn of Africa to Yemen in Sana'a from 11-13 November 2013. The conference brought together over 100 participants, including ministers, deputy ministers, experts and other senior Government officials as well as high representatives from regional organizations and international, intergovernmental and non-governmental organizations. In addition to the Republic of Yemen, the following States: the Kingdom of Bahrain, the Republic of Djibouti, the State of Eritrea, the Federal Democratic Republic of Ethiopia, the State of Kuwait, the Sultanate of Oman, the State of Qatar, the Kingdom of Saudi Arabia, the Federal Republic of Somalia, and the United Arab Emirates, participated in the Regional Conference.

The Sana'a Declaration - and its follow-up mechanism - is a direct outcome of the Regional Conference. Key provisions of the Sana'a Declaration are as follows:

- a. Strengthening law enforcement against smuggling and trafficking networks in both sending and transit countries;

- b. Enhancing public sensitization efforts to raise awareness of the risks and possible alternatives to undocumented migration in sending countries;
- c. Ensuring adequate and predictable funding to the return programme, inter alia, to return migrants stranded in Yemen.
- d. Enlarging co-operation in employment opportunities.

STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen.

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis.

Cluster objective 1:

To reduce mortality, morbidity and suffering among vulnerable migrant women, men, girls, boys, refugees and asylum seekers by increasing access to life-saving assistance and protection.

Outcome-level indicators and targets

Proportion of reduction in mortality among migrants, refugees and asylum seekers assisted – target: 10% reduction equally distributed among genders and age groups within a one year period

Top-priority activities:

Activity	Locations	Indicator	Target
Provision of life-saving food	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of African migrants provided with food for a period of up to one week (sex and age disaggregated)	51,000
		# of Yemeni returnees assisted with one meal at points of arrival (sex and age disaggregated)	136,500
		# of refugees and asylum seekers assisted with food for one year (sex and age disaggregated)	60,000
Provision of life-saving health care (emergency, primary, MISIP – including HIV management, psychological first-aid, health education)	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	#r of vulnerable migrants, refugees and asylum seekers assisted with health care (sex and age disaggregated)	308,700
Provision of referral health care (transportation, secondary and/ or tertiary health care)	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	Proportion of vulnerable migrants, refugees and asylum seekers assisted with referral health care (sex and age disaggregated)	2%
Installation of water tanks, rehabilitation of water infrastructure, water trucking	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	#r of migrants provided access to safe and clean water (sex and age disaggregated)	187,500
		# of Yemeni returnees provided access to improved water sources at communities of return (sex and age disaggregated)	61,200

Activity	Locations	Indicator	Target
Construction and/ or rehabilitation of emergency latrines, and maintenance of these latrine facilities	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of migrants provided access to emergency latrine facilities (sex and age disaggregated)	248,700
Setting up of emergency shelter	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of migrants provided with emergency shelter (sex and age disaggregated)	51,000
Procurement and distribution of shelter materials and NFI kits	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of migrants provided with shelter materials and NFI kits (sex and age disaggregated)	187,500
		# of refugees and asylum seekers assisted with hygiene kits (sex and age disaggregated)	5,000

All other:

Activity	Locations	Indicator	Target
Provision of mental health, psychosocial services to vulnerable migrants (individual and group counselling, cultural mediation, reintegration needs assessment)	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of African migrants provided with MHPSS (sex and age disaggregated)	51,000
		# of Yemeni returnees counseled for future livelihoods plans at communities of return (sex and age disaggregated)	61,200
		# of refugees and asylum seekers provided with MHPSS (sex and age disaggregated)	60,000
Establish regular monitoring and reporting mechanism on service delivery	Hajjah, Sana'a, Aden, Al Hudaydah, Taizz, Sa'ada, Al Jawf and other locations where vulnerable migrants, refugees and asylum seekers are identified	# of migrants, refugees and asylum seekers monitored (sex and age disaggregated)	328,700
Winterization for migrants, refugee and asylum seekers	Aden and all camps	# of migrants, refugees and asylum seekers provided winter equipment (sex and age disaggregated)	5,000

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies.

Cluster objective 2:

To build the capacity of the Yemeni Government to manage its migration challenges and protect migrants.

Outcome-level indicators and targets

Proportion of increase in the referral of vulnerable migrant women, boys, girls and men by GOY authorities to service providers – target 30% increase equally distributed among genders and age groups within a one year period

Activities:

Activities	Locations	Indicator	Target
GOY training in migration management	Sana'a, Aden, Al Hudaydah, Taizz, Hajjah, Hadramaut	# of male and female GOY officials trained	300
		Proportion of knowledge increase on migration management post training	50%
GOY trainings on migrant protection and referral systems	Sana'a, Aden, Al Hudaydah, Taizz, Hajjah, Hadramaut	#of male and female GOY officials trained	300
		Proportion of knowledge increase on migrant protection post training	50%
Law enforcement training in investigation and prosecution of human smuggling and trafficking cases	Sana'a, Aden, Al Hudaydah, Taizz, Hajjah, Hadramaut	# of male and female law enforcement officials trained	300
		Proportion of knowledge increase on human smuggling and trafficking post training	50%

STRATEGIC OBJECTIVE 4: With development partners, including the government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience.

Cluster objective 3:

To increase access to sustainable solutions for vulnerable migrants

Outcome-level indicators and targets

Proportion of assisted women, men, girls and boys migrants reporting improvement of living conditions – target: 30% of migrants reporting better living conditions within a one year period

Top-priority activities:

Activities	Locations	Indicator	Target
Provision of emergency cash assistance to families of migrants who have lost all sources of income	Hajjah, Al Hudaydah, Taizz and other governorates of return	# of Yemeni migrants' families provided with emergency cash assistance (sex and age disaggregated)	6,120
		# of refugees provided with emergency cash assistance (sex and age disaggregated)	1,000
Extremely vulnerable migrants (women, boys, girls, medical cases and those with special needs) are provided with voluntary return assistance to their countries of origin	Sana'a, Al Hudaydah, Aden to countries of origin (Ethiopia, Sudan, Chad, Nigeria, etc)	# of migrants provided with AVR (sex and age disaggregated)	5,100

All other:

Activities	Locations	Indicator	Target
Provision of medium-term livelihood support to Yemeni migrants in their communities of return	Hajjah, Al Hudaydah, Taizz and other Governorates of return	# of Yemeni migrants provided with medium-term livelihoods support (sex and age disaggregated)	61,200

STRATEGIC OBJECTIVE 5: Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men.

Cluster objective 4:

Increase the capacity of humanitarian workers to provide gender-sensitive assistance for migrants, refugees and asylum seekers.

Outcome-level indicators and targets

Proportion of trained humanitarian workers with improved understanding on gender sensitivity within humanitarian assistance for migrants, refugees and asylum seekers – target: 50%

All other:

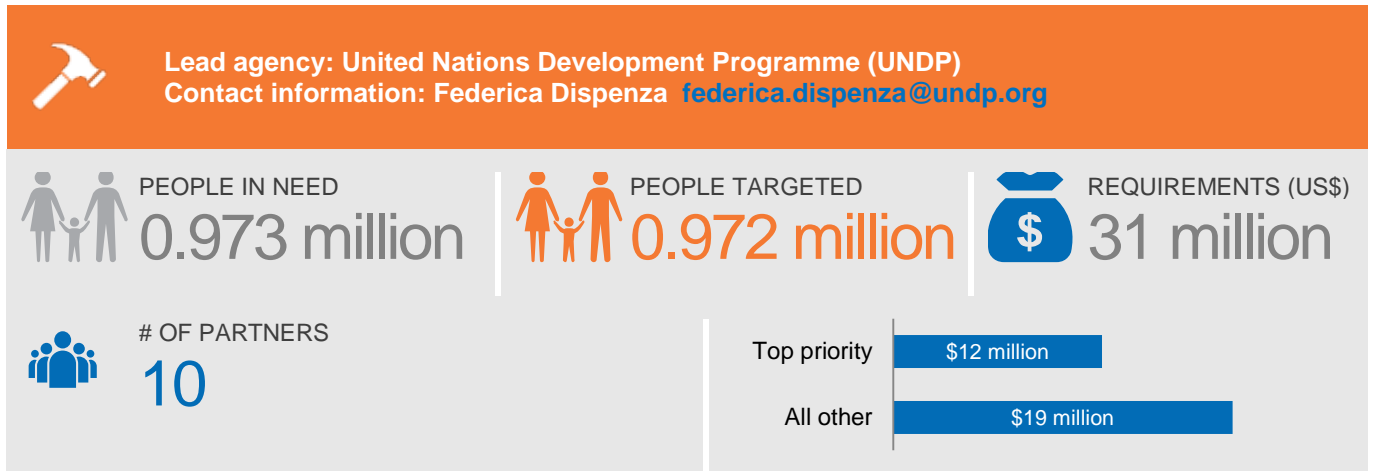
Activity	Locations	Indicator	Target
To conduct training for trainers for humanitarian workers to ensure ability to identify and address specific gender needs in their intervention to ensure gender-sensitive, gender informed and gender responsive interventions for migrants, refugee and asylum seeker	All above locations	# of humanitarian workers trained	500
		# of women workers trained	200

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$) For one year
1.1	Food provision	51,000 Horn of Africa migrants	\$ 31.50	\$ 1,606,500.00
		136,500 Yemeni migrants	\$ 2.50	\$ 341,250.00
		60,000 refugees and A.S.	\$ 100.00	\$ 6,000,000.00
1.2	Life-saving health care provision	308,700 individuals	\$ 20.00	\$ 6,174,000.00
1.3	Referral health care provision	4,950 severe cases	\$ 200.00	\$ 990,000.00
1.4	Safe and clean water provision	136,500 migrants at POAs	\$ 3.00	\$ 409,500.00
		61,200 returned migrants	\$ 5.50	\$ 336,600.00
		51,000 Horn of Africa migrants	\$ 10.00	\$ 510,000.00
1.5	Establishment of emergency latrines	248,700 individuals	\$ 3.00	\$ 746,100.00
1.6	Establishment of emergency shelter	52,000 Horn of Africa migrants	\$ 15.00	\$ 765,000.00
1.7	Shelter materials and NFI kits provision	187,500 migrants at POAs and 5,000 refugees/ A.S.	\$ 15.00	\$ 2,887,500.00
3.1	Emergency cash assistance	6,120 Yemeni migrants' families	\$ 200.00	\$ 1,224,000.00
		1,000 refugees	\$ 100.00	\$ 100,000.00
3.2	Assisted voluntary return	5,100 Horn of Africa migrants	\$ 500.00	\$ 2,550,000.00
Total Cost				\$ 24,640,450.00

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$) For one year
1.8	Mental health and psychosocial services	172,200 migrants, refugees and A.S.	\$ 5.00	\$ 861,000.00
1.9	Monitoring and reporting mechanism	308,700	\$ 5.00	\$ 1,543,500.00
1.10	Winterization	5,000 migrants, refugees and A.S.	\$ 40.00	\$ 200,000.00
2.1	GOY training in migration management	300 GOY officials	\$ 8,000.00	\$ 80,000.00
2.2	GOY training in migrant protection	300 GOY officials	\$ 8,000.00	\$ 80,000.00
2.3	Law enforcement training in counter-smuggling/ trafficking	300 law enforcement authorities	\$ 8,000.00	\$ 80,000.00
3.3	Mid-term livelihoods support	61,200 Yemeni migrants	\$ 500.00	\$ 30,600,000.00
4.1	Training for humanitarian workers	500 humanitarian workers	\$ 8,000.00	\$ 200,000.00
				\$ 33,604,500.00

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	\$ 24,640,450.00	42%
All other activities	\$ 33,604,500.00	58%
Total Cluster Requirements	\$ 58,244,950.00	100%

EARLY RECOVERY



The future of Yemen will be determined by its ability to ‘transition’ from a conflict-torn country into an inclusive, democratic and peaceful nation. The transition will be significantly aided by the progressive move away from relief to early recovery within the humanitarian response, as conditions allow and in order to achieve progress towards self-reliance. Increased access opportunities in the south since June 2012 have enabled extension of early recovery assistance to conflict-affected people, especially returning IDPs. A new area of focus has become apparent over the past year: in synergy with other clusters, attention needs to focus increasingly on supporting durable solutions for IDPs living in circumstances of protracted displacement, with less chance of returning to the north.

The presence of explosive remnants of war (ERWs), a legacy of past and recent conflict, is delaying, perhaps even preventing, recovery and reconstruction of basic infrastructure and agricultural land in conflict-affected areas; agricultural and non-agricultural assets were lost, destroyed or degraded during conflict or displacement, causing extensive damage to livelihoods and high unemployment rates, especially among youth, civilian victims of war and female-headed households.

Local actors have limited resources and weak absorption capacity to deliver humanitarian assistance, especially local authorities, governorate based national NGOs and local civil society organizations, and they may not be able to guide recovery in an inclusive, conflict-sensitive manner. Furthermore, ongoing tensions and the risk of further violence hinder movement and undermine confidence in the recovery process. Formal governance structures are not present or functional in many areas, and are often replaced by informal ones thus creating further uncertainty.

Preliminary unpublished research conducted within the cluster reveals how tensions over scarce resources (in the vast majority of cases land and water) due to lack of clearly defined property rights, and influx of people displaced by the crisis, has exacerbated the already fragile equilibrium of several communities in both the north and the south of the country. Public and private assets were destroyed in conflict-affected communities due to intense shelling, and the presence of mines and ERWs further obstructs the restoration of livelihoods, the provision of basic services and return of IDPs to their communities. Frequent natural disasters, mainly floods and drought, have further contributed to raising the level of food insecurity throughout the country, causing households to adopt coping strategies that negatively impact on their resilience capacities.

In order to meet these needs, the cluster is targeting high priority governorates across the country, mainly those of Sa’ada, Amran (Harf Sufyan district), Hajjah and Al Jawf Governorates in the north and Abyan, Aden and Lahj Governorates in the south, where the severity of needs and vulnerability of the population has been recognised as particularly high.

Capacity-building activities will also target beneficiaries in Hadramaut, Shabwah, Marib and Al Bayda Governorates, where lack of access has inhibited assessment and therefore the needs of the population remain largely unknown.

In collaboration with partners, the early recovery cluster will implement time-critical activities to support and build a solid foundation for resilience in local communities along its multiple social, infrastructure, economic, institutional, and environmental dimensions. A two pronged approach, in keeping with the early recovery strategy, will be adopted to support recovery and resilience building of (a) conflict-affected areas - providing support to returning

IDPs, IDPs opting for alternative durable solutions, 'stayees' and their host communities, by employing a holistic recovery approach in geographically identified areas; and (b) vulnerable groups and communities at high risk of marginalization focusing on developing sustainable shock-proof livelihoods and reducing the risk of environmental and/or man made disaster through social cohesion and disaster risk reduction activities.

In coordination with other clusters, through the early recovery network, early recovery cluster will target populations living in or returning to post-conflict and hosting areas, with a view to building community resilience especially where public service infrastructure has been damaged. The cluster will also support the establishment of conflict and disaster-resilient livelihoods in communities where services are stretched and/or markets distorted and thus at high risk of local conflict erupting over scarce resources and/or highly prone to environmental disaster. Other priority targets are vulnerable groups, especially unemployed youth, female-headed households, ethnic minorities, civilian victims of war and the elderly.

Particular attention will be paid to ensuring that early recovery efforts engage with and promote women and girls', marginalized groups' and ERW victims' participation in activities designed to enhance equitable access to services including livelihood opportunities. In particular, partners in the early recovery cluster will be supported with additional capacity to identify and address gender considerations where they relate to or impact the early recovery effort.

Thematic areas coordinated by the early recovery cluster and not specifically objectivized by other clusters include mine action, non-agricultural livelihoods, capacity-building of national actors, local governance, disaster risk reduction, conflict prevention, social cohesion, community-level reconciliation and dialogue and rehabilitation of the public service infrastructure.

Cluster objectives will specifically support strategic objective 3 (capacity-building), strategic objective 4 (resilience and early recovery) and strategic objective 5 (gender-equitable participation and access to services).

Mine Action

Mine action is a pre-requisite for (a) safe return of a large number of internally displaced people; (b) safe delivery of relief and early recovery assistance; (c) rehabilitation of urban areas; and (d) restoration of land for economic purposes hence its inclusion in the early recovery chapter. The cluster will support the national mine action implementation body, YEMAC, to clear ERW-contaminated land identified in the July 2000 Landmine Impact Survey; and to meet the new challenges which have arisen after successive conflicts (2010 – 2013) in Sa'ada, Abyan, Amran and Hajjah which have resulted in new and increased demand for mine action activities in the country. Institutional strengthening activities will also be implemented to support the capacity of YEMAC and other partners nationwide, and to ensure that national mine action standards are in line with global standards.

The early recovery cluster strategy emphasizes the need for strong collaboration between all clusters but especially in the field of livelihoods and mine action. Coordination through the Mine Action Technical Working Group is already taking place with the child protection sub-cluster and the education cluster to coordinate mine risk education under the leadership of UNICEF with mine survey/clearance and victim assistance activities.

Capacity strengthening of national actors

Improving the quality, influence, impact and cohesiveness of local authorities and civil society organizations in Yemen and the ability to absorb and effectively utilize international and locally mobilized resources are crucial pillars of the early recovery cluster strategy. The limited capacity of NGOs has until now curtailed the potential of civil society organizations and national NGOs in addressing local needs. Capacity strengthening interventions will simultaneously boost local authority capacity, especially in the field of mine action, and will foster strategic partnerships between local authorities and national NGOs and/or with international partners. These partnerships in turn will ensure coordination/coherence of humanitarian assistance, long-term sustainability of the interventions and national ownership. All capacity-building initiatives will contain a gender component to ensure adequate gender analysis and the incorporation of gender equality programming.

Capacity strengthening activities in the northern, north-western, and central regions will focus on core training modules (such as project cycle management, conflict sensitive programming and participatory approaches), while in the southern region they will focus on developing assessment capacities, as lack of access has seriously undermined the ability to assess the needs of the region.

Livelihoods and Social Cohesion

Establishing a foundation for livelihood restoration is critical to relief and early recovery as it allows conflict-affected and vulnerable populations to strengthen innate resilience capacity while addressing conflict-induced vulnerabilities

and deprivation. Activities in support of diversified employment and self-employment and of rehabilitation of public assets are key to the creation and/or restoration of sustainable livelihoods, both rural and urban, especially among vulnerable youth who are particularly inclined to joining armed groups. The Cluster will adopt a participatory approach sensitive to age, diversity and gender specificities of the beneficiaries, making sure that women's views and needs are reflected in needs assessment, analysis, planning, monitoring and response, and that protection awareness is mainstreamed. Livelihood development and support will ensure community-driven early recovery assistance, supporting, whenever possible, spontaneous recovery initiatives of the affected population, and addressing emerging tensions among the displaced and returnees and tensions arising from competition for scarce resources between IDPs and host communities.,

The early recovery cluster will work in partnership with all clusters, but in particular with the CCCM/Shelter/NFI and the food security and agriculture clusters, to pursue durable solutions for IDPs and to coordinate and harmonize livelihoods activities across the country, prioritizing earning opportunities for vulnerable groups such as IDPs, youth, elderly and female-headed households and ethnic minorities.

The considerable scope of needs of the target population is likely to prove a challenge; the lack of capacity of local actors is a barrier to programme implementation in areas where international staff have no access (few local NGOs have the necessary experience to deliver humanitarian assistance and the local governorate apparatus is not fully equipped to identify and coordinate responses to major recovery needs). Further challenges are the lack of access to conflict-affected areas and lack of assessment capacities especially in the east, as well as funding constraints. In particular, multi-year, predictable funding is crucial to carry out effective capacity strengthening/social integration/DRR activities and to ensure sustainable results and meaningful skills transfer.

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies

Cluster objective 1:

To strengthen and monitor capacity, among national NGOs and local government, in Yemen to deliver efficient and effective humanitarian assistance according to international standards.

Outcome-level indicators and targets

Increased number of partnerships among national and international actors

Top-priority activities:

Activities	Locations	Indicator	Target
Enhance national capacity in planning, management and monitoring of mine action activities	Sana'a, Aden	% of Yemac reports submitted on time	50
Capacity building and mentoring programmes	Aden, Al Jawf, Marib, Shabwah, Al Maharah, Hadramaut, Al Bayda	# of National NGOs staff trained on defined capacity-building modules (sex disaggregated)	130

All other:

Activities	Locations	Indicator	Target
Enhance national capacity in planning, management and monitoring of mine action activities	Abyan, Aden	# of key stakeholders trained on victim assistance and disability	95
Capacity-building and mentoring programmes	Al Jawf, Marib, Shabwah, Al Maharah, Hadramaut, Al Bayda, Abyan	# of national actors trained on defined capacity-building modules (sex disaggregated)	350
Coordination/Monitoring of capacity strengthening activities for national actors	All governorates	Capacity-building database established and monitored monthly	1

STRATEGIC OBJECTIVE 4: With development partners, as well as the government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience

Cluster objective 2:

In order to ensure the transition of conflict-affected populations to the development phase post-2014, and to build community-driven resilience, assist the affected population to reach pre-conflict conditions aiming to build back better through the initiation of early recovery activities, including mine action.

Outcome-level indicators and targets

Vulnerable households portray improved coping abilities in response to crises (conflict/natural disaster/economic, etc.) (Target: 10% improvement from baseline survey)

Top-priority activities:

Activity	Locations	Indicator	Target
Conduct safe, effective and efficient mine and ERW clearance operations	Hadramaut, Sa'ada, Amran, Ibb, Abyan, Taizz, Lahj	#sqm surveyed	39,000,000 sq. meters
		#sqm cleared/released	2,281,000 sq. meters
Support to Landmine/ERW Survivors	Abyan, Sa'ada, Al-Dhale'e, Lahj, Taizz, Shabwah, Hajjah, Raymah, Aden	#victims assisted (sex disaggregated)	1830
Establish or restore resilient, diverse, gender responsive community livelihoods opportunities for vulnerable groups including landmine/ERW and civilian victims of conflict	Taizz, Abyan, Aden, Lahj, Al Hudaydah	# of women, marginalized conflict victims and other most vulnerable entrepreneurs supported to establish a business (sex disaggregated)	1800

*Mine Risk Education component is currently being coordinated by the Protection Cluster – Child Protection working group.

All other:

Activity	Locations	Indicator	Target
Establish or restore resilient, diverse, gender responsive community livelihoods opportunities for vulnerable groups including landmine/ERW and civilian victims of conflict	Sa'ada, Amran, Hajjah, Al Jawf, Taizz, Abyan, Aden, Lahj, Al Hudaydah, Shabwah, Al Maharah, Sana'a	# of women, marginalized conflict victims and other most vulnerable entrepreneurs supported to establish/rehabilitate a business (sex disaggregated)	14,070
		# of beneficiaries of cash for work activities (sex disaggregated)	4380
Rehabilitation of essential public services and infrastructures	Abyan, Sa'ada	# of public services rehabilitated and in use	7 units

Cluster objective 3:

In areas which are at high risk of man made and/or natural disaster, conduct activities in support of community resilience building.

Outcome-level indicators and targets

Vulnerable households portray improved coping abilities in response to crises (conflict/natural disaster/economic, etc.) (Target: 10% improvement from baseline survey)

Top-priority activities:

Activity	Locations	Indicator	Target
Support local communities to reduce the risk of local conflict	Abyan, Ibb, Aden	# of communities (sex disaggregated), trained in conflict prevention methods	26 communities (c.a.46,800 direct beneficiaries)

All other:

Activity	Locations	Indicator	Target
Support local communities to reduce the risk of local conflict	Sana'a, Abyan, Ibb, Lahj	# of beneficiaries (sex disaggregated), trainers and NGOs trained in conflict prevention methods	290 trainees
		# of communities (sex disaggregated), trained in conflict prevention methods	20 communities
Support local communities to prepare for, respond to, and mitigate the effects of environmental/man made disasters	Lahj, Abyan, Hajjah	# of communities developing disaster preparedness plans	20 communities +99,565 direct beneficiaries

STRATEGIC OBJECTIVE 5: Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys and men

Cluster objective 1:

To strengthen and monitor capacity, among national NGOs and local government, in Yemen to deliver efficient and effective humanitarian assistance according to international standards.

Cluster objective 2:

To ensure the transition of conflict-affected populations to the development phase post 2014, and to build community-driven resilience, assist the affected population to reach pre-conflict conditions aiming to build back better through the initiation of early recovery activities, including mine action.

Cluster objective 3:

In areas which are at high risk of man made and/or natural disaster, conduct activities in support of community resilience building.

While none of the cluster objectives specifically relates to gender issues, gender inequality and the status of women, girls, men and boys, will be considered under all cluster objectives and throughout all cluster activities, especially in relation to equitable targeting of women.

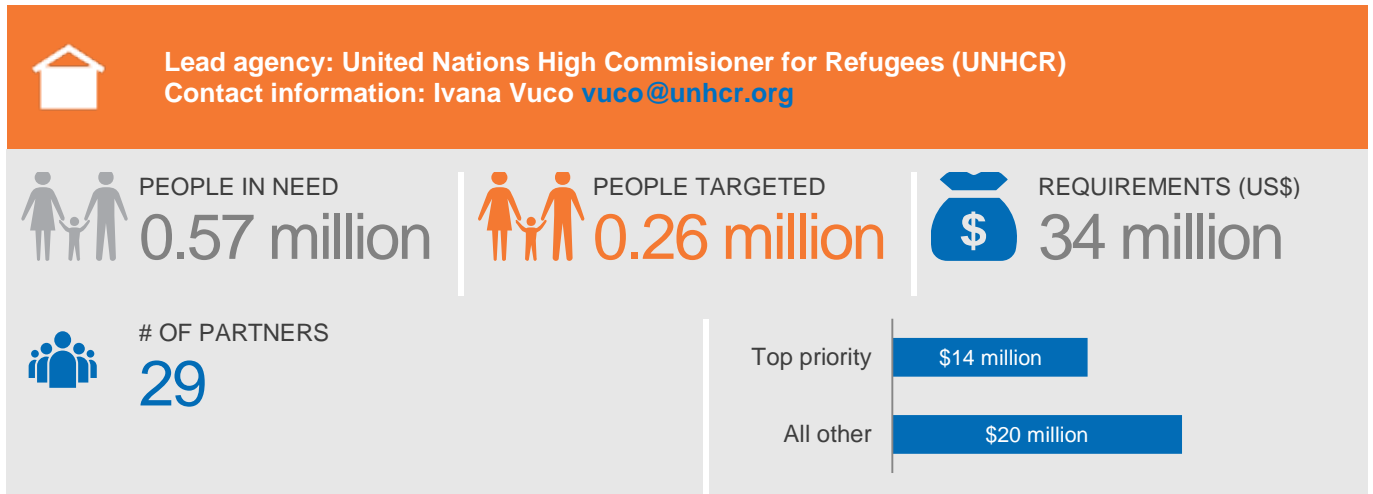
Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Enhance national capacity in planning, management and monitoring of mine action activities			2,341,145
1.2	Capacity-building and mentoring programmes	130	1,300	169,000
2.1	Conduct safe, effective and efficient mine and ERW clearance operations.			7,315,882
2.2	Support to Landmine/ERW Survivors	1,830	501	916,508
2.3	Establish or restore resilient, diverse, gender responsive	1,800	310	558,000

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
	community livelihoods opportunities for vulnerable groups including landmine/ERW and civilian victims of war			
3.1	Support local communities to reduce the risk of local conflict	46,800	9	421,200
	Coordination			250,000
Total Cost				11,971,735

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Enhance national capacity in planning, management and monitoring of mine action activities	95	315.79	30,000
1.2	Capacity-building and mentoring programmes	350	2,639	923,650
1.3	Coordination/Monitoring of capacity strengthening activities for national actors			Included in coordination costs
2.3	Establish or restore resilient, diverse, gender responsive community livelihoods opportunities for vulnerable groups including landmine/ERW and civilian victims of war	18,450	900	16,605,000
2.4	Rehabilitation of essential public services and infrastructures	7 units	92,000	637,300
3.1	Support local communities to reduce the risk of local conflict	362	489	177,018
3.2	Support local communities to prepare for, respond to, and mitigate the effects of environmental/man made disasters	30 communities	35,508	1,065,240
Total Cost				19,438,208

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	11,971,735	38%
All other activities	19,438,208	62%
Total Cluster Requirements	31,409,943	100%

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



The Government Executive Unit, which is responsible for registration of IDPs, estimates that as at 31 October 2013, 306,964 IDPs and 227,954 returnees were registered in the country. Most of the current IDPs, over 301,000 persons, originate from the northern Governorate of Sa’ada and remain displaced primarily within the boundaries of three northern Governorates: Sa’ada itself, Hajjah and Amran, as well as in the city of Sana’a. Some 200,000 persons had been displaced in 2011 and 2012 in the southern Governorate of Abyan but have since returned home. Various armed conflicts, and to a lesser extent, natural disasters such as floods, continue to cause displacement mostly in the northern part of the country.

Cluster assessments indicate that as many as two-thirds of people displaced since 2009 prefer to remain in the area of displacement or settle in a third location in the country, rather than return, for reasons of safety, lack of services and economic opportunities or because they are unable to renovate their destroyed or damaged homes in the places of origin/habitual residence.

A vast majority of IDPs live in host communities or with relatives or they rent their own shelter and have attained some level of integration and, in some cases, a standard of living comparable to that of their hosts. About 2,500 families reside in public buildings or under tents, and of those, 1,766 families are accommodated in two camps in Mazraq in Hajjah Governorate (Camp I and Camp III). An additional 370 families reside in ex-Camp II, considered as a settlement since 2011. The cluster directly manages these two camps in Mazraq, but regrettably, insufficient funds have meant only a partial and uneven in other settlements and areas where IDPs are accommodated.

In the south, the cluster has supported the return of 163,000 registered IDPs to Abyan. Given that almost all IDPs have returned home in the south, the cluster intends to concentrate its activities in 2014 and 2015 in northern governorates, with some limited engagement to support the most vulnerable returnees, such as female-headed households or large families without income, in the southern governorate of Abyan. The cluster thus selected the following governorates to be its priority engagement areas in the next two years: Sa’ada, Hajjah, Amran and Abyan, as well as Amanat Al-Asimah, more specifically Sana’a City.

Given the protracted nature of displacement for over 300,000 IDPs in the north of the country, more specifically in the Governorates of Sa’ada, Hajjah, Amran, Al Jawf and Amanat al Asimah, the cluster will seek to accelerate the process of local integration of IDPs who wish to remain in the areas of displacement or for whom a settlement to a third location can be negotiated with land owners, local authorities and local communities. Cluster members are encouraged by the current trend whereby some IDP communities succeeded in negotiating the right to build transitional shelters for themselves on privately owned land. The land owners appeared resistant towards allowing the IDPs to settle in a permanent fashion, but consented to transitional structures. Where return is possible for IDPs who will opt to return if assistance and agreement with all relevant authorities is secured, the cluster intends to continue to provide support in terms of rehabilitation of houses, return packages and community-based quick impact projects. All local integration, resettlement and return activities will benefit approximately 20% of the immediate host community, again prioritizing female-headed households and other vulnerable families.

The current plan prioritizes the emergency assistance to as well as achievement of durable solutions for 264,040 individuals, on the basis of their dependency on humanitarian aid and vulnerability criteria, prioritizing female and children-headed households, disabled and economically deprived families. The target population includes those

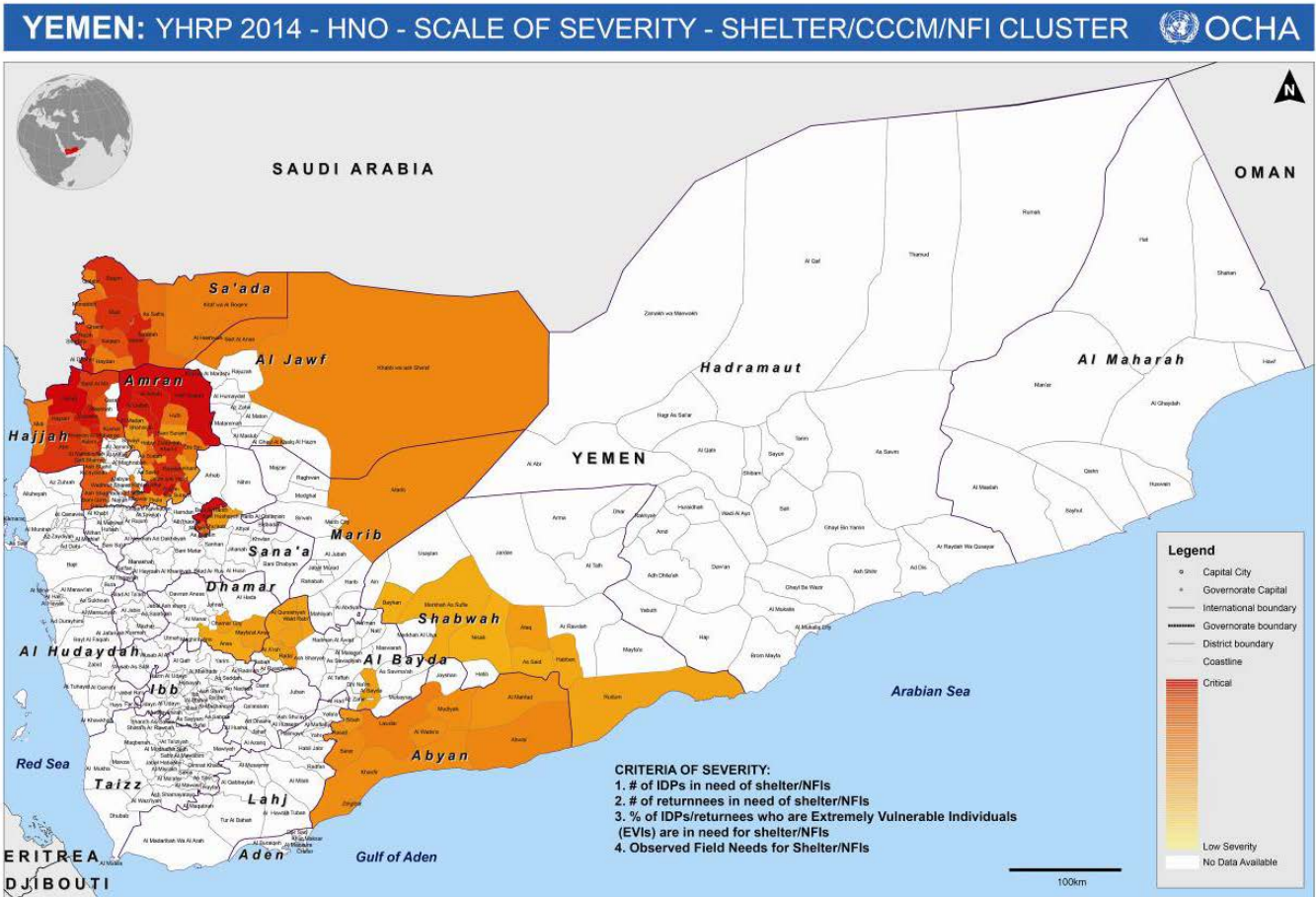
residing in the two camps, Camp I and Camp III, (1,766 families or 12,107 individuals), as well as vulnerable population (returnees, IDPs and immediate host family) in settlements, public buildings, such as schools, under tents in public areas, e.g. a stadium in Hajjah Governorate, as well as urban IDP and returnee populations in inadequate and crowded rented spaces. The lack of sufficient living space as well as the limited shelter solutions may aggravate the vulnerable situation of women and girls as the cultural factors may lead to domestic violence and cases of abuse. There is also an increased need to reduce women and girls vulnerability by looking for sustainable solutions for cooking energy. The Cluster is considering pilot projects to replace firewood and fuel stoves for solar cookers/ovens and to train the beneficiaries on its use while promoting its “home made” production to create a new income generation activity.

In summary, for 2014 and 2015, in addition to continuing its emergency programme, the cluster intends to strengthen its engagement on promoting and supporting durable solutions by providing shelter and cash for work assistance in areas of return, local integration or resettlement. In terms of cash for work, as well as quick impact projects, the cluster will pay particular attention to the needs of women, girls, men and boys and will seek to target 50 per cent of women in their activities. In order to achieve the above, the cluster will work with other clusters, more specifically with early recovery, protection, WASH, nutrition and food security clusters on coordinating assistance to camp residents as well as on the realization of durable solutions options for IDPs.

The IDP profiling exercise planned for the first quarter of 2014 will inform the cluster of the intention of IDPs in terms of return, local integration or settlement to a third location within Yemen, and will thus assist with the programming and overall targeting of the cluster.

The required budget for the cluster for 2014 is US\$33.5 million, of which \$13.5 million is considered top-priority. As stated above, the planned activities for 2014 combine the maintenance of life-saving activities with emergency shelter support and non-food items (NFIs), while strengthening its engagement on creating enabling conditions for achieving durable solutions for IDPs in prolonged displacement. The cluster intends to assist 17,520 families or 122,640 persons to begin the process of integration and/or reintegration in a manner that promotes self-reliance and resilience, and ultimately reduces the dependency on humanitarian aid. It is planned that about 5,200 families or 36,400 individuals will be assisted to return to their places of origin, and additional 15,000 families or 105,000 individuals will receive emergency assistance in terms of NFIs and emergency shelter. As part of its proposed activities, the cluster will increase its engagement on advocacy for all durable solutions options for IDPs in consultation with the government, local authorities and the displaced. It will further take into consideration gender and age specific needs and promote equal participation in all projects and programmes across the cycles, seeking to increase beneficiary women’s engagement at the assessment and implementation levels. For a correct monitoring all indicators will be disaggregated by sex and age.

The implementation of the cluster plan is conditional upon the outcome of the National Dialogue Conference and stabilization of the ongoing conflict in the north of the country. Conversely, escalation of the conflict in the north could lead to new displacement and may uproot the already displaced population, in which case, the cluster will focus on life-saving activities, i.e., provision of emergency shelter and NFIs.



STRATEGIC OBJECTIVE 1: Provide effective and timely life-saving assistance to the most vulnerable people in Yemen

Cluster objective 1A:

Most vulnerable IDPs receive NFIs and emergency shelter support in a timely and coordinated fashion

Top-priority activities:

Activity	Locations	Indicator	Target
Provide emergency shelters to IDPs (tents, plastic sheeting for shelter, shelter kits that address emergency needs, cash for emergency shelter needs)	Hajjah,	# of families residing in camps and camp-like situation receive shelter support until durable solutions options are identified	2,200 families
	Sa'ada, Amran, Al Jawf, Amanat al-Asimah (Sana'a City), Abyan, Hajjah	# of newly-displaced families who will be assisted with emergency, shelter and NFIs	2,300 families
Distribute NFI packages (including winterization blankets)	Sa'ada, Hajjah, Amran, Sana'a City, Al Jawf, Dhamar	# of internally displaced and returnee families assisted with NFIs	25,000 families

Cluster objective 1B:

Management and coordination of activities and assistance in two camps in Hajjah is maintained at the current level, while the camp population, in collaboration with local authorities, are assisted to achieve a more durable shelter and livelihood solution.

Top-priority activities:

Activity	Locations	Indicator	Target
Support for local integration, resettlement or return of 820 families residing in camps (20% of host community to benefit from this activity)	Hajjah	At least 30% of the camp population are assisted to integrate in a local community	820 families
Continue camp management and coordination on service provision in Camp I and Camp III	Hajjah	Camp population continues to receive necessary services in coordination with other clusters	1,766 families
Provide return kits (shelter kits and NFI kits) to prioritized IDPs who opt to return to their places of origin/habitual residence in a manner that encourages inclusion and participation of women and prioritizes vulnerable families	Amran, Dhamar, Hajjah, Al Bayda	# of families benefit from assisted return	1,000 families

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Cluster objective 2A:

The target population/vulnerable displaced population is assisted to gradually achieve durable solution in terms of shelter, and in coordination with other clusters, self-reliance

Top-priority activities:

Activities	Locations	Indicator	Target
Provide transitional shelters/cash for work for IDPs and host communities (quick impact projects) ensuring equal opportunities for men and women	Hajjah	# of families in rural and semi-urban areas receive support in shelter construction and/or cash for work	1,500 families
	Sa'ada	# of families of returnees and those opting for settlement option to accessible areas in Sa'ada receive assistance in transitional shelter/transport/cash for work	500 families
	Abyan	# of families benefit from shelter upgrade or transitional shelter support	3,000 families
Provide rental subsidies to most vulnerable population in urban/semi-urban areas	Amran, Hajjah	# of families in need of rental support is assisted with cash for rent	500 families
	Sana'a	# of families in need of rental support is assisted with cash for rent	300 families
Rehabilitate damaged houses for returnees in Sa'ada Governorate / cash work (quick impact projects)	Sa'ada	# of most vulnerable families will receive support for the rehabilitation of their houses in Sa'ada	200 families

All other:

Activities	Locations	Indicator	Target
Support, in a comprehensive manner, the return of 40% of IDPs not included in top-priority activities	Sa'ada, Amran, Al Jawf/Al Jawf, Amanat al-Asimah (Sana'a City)	# of families receive support in shelter kits and NFIs, transportation and/or support to renovate destroyed houses and property (incl. QIPs)	4,000 families
Provide shelter upgrade and transitional shelter support for vulnerable IDPs opting to locally integrate in Amran (20% of vulnerable host community will benefit from this activity)	Amran	# of IDP families and immediate host community benefit from shelter support (following the successful land negotiation with local communities)	4,000 families
Expand the house rehabilitation activities with engagement from returnees and host communities in Sa'ada	Sa'ada	# of vulnerable families have their houses renovated; immediate host community benefits from shelter upgrade	5,000 families

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies.

Cluster objective 3A:

The knowledge and capacity of national actors and implementing partners in Camp Coordination and Camp Management (CCCM) and emergency response to displacement is strengthened.

Top-priority activities:

Activities	Locations	Indicator	Target
Two CCCM training courses for local authorities, local communities and Cluster members with a focus on gender issues and the engagement and participation of women and girls in the camp management.	Hajjah, Sana'a, Aden, Sa'ada	# of cluster partners, local authorities and affected local community with equal number of men and women have better understanding of CCCM and emergency management issues	25 Women 25 Mens

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Provide emergency shelters to IDPs in camps	2,200	300	660,000
1.1	Provide emergency shelters to newly displaced	2,300	300	690,000
1.2	Distribute NFI packages (including winterization blankets)	25,000	34	850,000
1.3	Transitional shelter support for 820 families from Camp I and III	820	1,750	1,435,000
1.4	Camp management and coordination in Camp I and Camp III	1,766		160,000
1.5	Provide return kits to IDPs returning to their places of origin	1,000	300	300,000
2.1	Provide transitional shelters/cash for work for IDPs and host communities (QIPs) opting to settle in locations other than their places of origin	5,000	1,750	8,125,000
2.2	Support most vulnerable IDPs with rental support	800	120	1,152,000

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
2.3	Rehabilitate damaged houses for returnees in Sa'ada Governorate / cash work (QIPs)	200	5,000	1,000,000
3.1	CCCM training courses	50	50,000	100,000
Total Cost				13,472,000

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
2.4	Support, in a comprehensive manner, the return of 40% of IDPs not included in top-priority activities	4,000	750	3,000,000
2.5	Provide shelter upgrade and transitional shelter support for IDPs opting to locally integrate in Amran (20% of host community will benefit from this activity)	1,500	1,350	2,025,000
2.7	Expand the house rehabilitation activities with engagement from returnees and host communities in Sa'ada	5,000	5,000	15,000,000
Total Cost				20,025,000

Tier of activities	Total Cost (\$)	Percentage of requirement
Top priority activities	13,472,500	40%
All other activities	20,025,000	60%
Total Cluster Requirements	33,497,000	100%

EDUCATION



Lead agency: United Nations Children's Fund (UNICEF)

Contact information: Abdullah Sofian mabile@unicef.org / amodhesh@unicef.org / amodhesh13@gmail.com



PEOPLE IN NEED

1.3 million



PEOPLE TARGETED

0.58 million



REQUIREMENTS (US\$)

14 million



OF PARTNERS

11

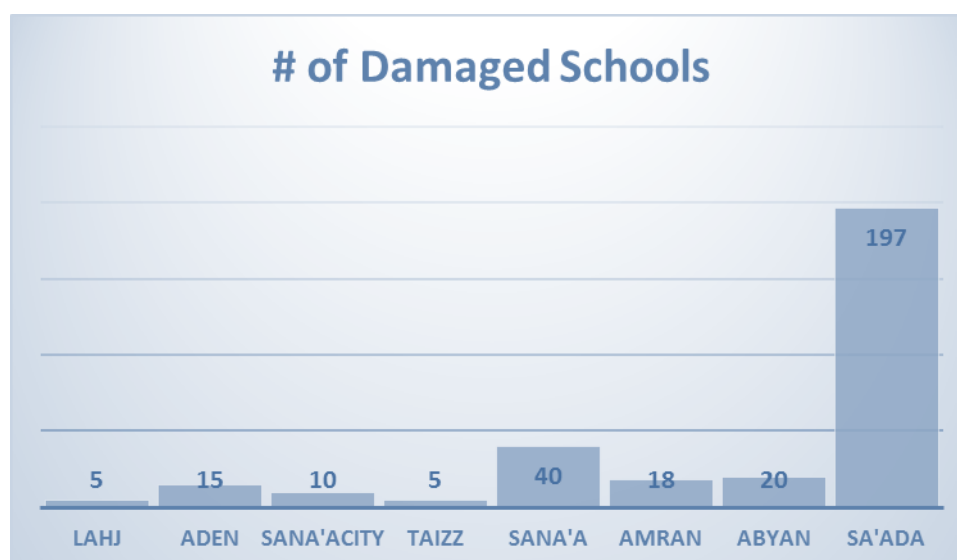
Top priority

\$5 million

All other

\$9 million

Despite efforts to bring education back to normal after the conflict in 2011 and 2012, the Ministry of Education and its partners represented by the education cluster have not been capable of addressing the full array of emergency education needs. In the northern Governorates of Sa'ada and Amran, conflicts have caused damage to over 350 schools, loss or damage to school supplies and furniture, and have led to internal displacement from conflict areas resulting in overcrowding in schools and host community schools. Furthermore, learning spaces in IDP camps in Haradh district in the neighbouring Governorate, Hajjah, have deteriorated due to crowding in schools and lack of weather-resistant structures to protect the school furniture and supplies from rain, wind and animals; the majority of classrooms are tents. In the south, although access to most schools that had serving as shelters for IDPs has been restored, six schools in Aden continue to accommodate IDPs and over 40 schools remain in need of rehabilitation either to repair damages caused by fighting or to restore school facilities, furniture and equipment damaged when the schools were being used as IDP accommodation. Civil disobedience in southern governorates, especially in Aden, resulted in loss of significant learning time and deteriorating standards of education. In central governorates, over 55 schools in the capital, Sana'a, and in Taiz, remain in need of rehabilitation. Overall, 405 conflict-affected schools remain in need of rehabilitation across the country.



This situation is further exacerbated by renewed conflicts and tensions in the north and south. In the north, armed confrontations were renewed in Sa'ada and earlier in Amran. UNICEF estimates that the latter conflict made access to education difficult for at least 500 children, mainly girls, whose schools are affected by conflict whether through damage to school buildings (two girls' schools and a mixed school in two districts) or because of a lack of teachers who fled the conflict zones in some cases, leaving schools without adequate staff to function. The impact of the fighting in Sa'ada Governorate has not been assessed yet due to access restrictions and insecurity.

The education cluster has identified an alarming number of out-of-school children as a major problem that needs to be addressed through formal and non-formal education. The Ministry of Education estimate that 1.3 million school-aged children are out of school, majority of them girls. The education office of Al Dhale'e Governorate estimates that 78% of out-of-school children are girls (3,563 out of 4,553 children identified). UNICEF estimates that girls in the age group 12-14 are twice more likely to be out of school than boys. A Situation Analysis of children in Yemen conducted by UNICEF in 2013 shows that poverty, insecurity, poor education infrastructure besides other factors such as the need for girls to fetch water in rural areas, early marriage, and a general lack of appreciation for girls' education are among the factors contributing to low rates of access to education among girls. Children who are out of school are generally more likely to be recruited by armed groups or become victims of early marriage.

Furthermore, a noticeable increase in incidences of violence in schools in conflict-affected areas demonstrates a dire need for more peace building dialogue and conflict mitigation measures. Forms of violence that have been observed include bullying, verbal and physical violence among students, attacks on teachers, and physical abuse of school facilities. Currently, the MoE has no programmes to address this area of need.

Targeted beneficiaries:

The targeted beneficiaries in the education cluster response plan include:

- 57,000 children (30,000 boys and 27,000 girls) will benefit from interventions to improve the physical environment in their conflict-affected schools as well as peacebuilding education activities.
- 50,000 out-of-school girls and boys from 8-17 years old will be given opportunities for reintegration into the education system.
- One million out-of-school children will receive messages on the importance of education either directly, or indirectly through family members, with special focus on girls' education.
- 8,000 school principals, teachers and community leaders will receive training on peacebuilding and conflict-sensitive education.

Strategy to reach beneficiaries:

The Education Cluster plans to utilize local capacities to increase access and strengthen capacity at the same time. Gender sensitive capacity building initiatives will be tailored for local actors including the Ministry of Education's governorate, district offices and local NGOs.

In particular, a focus on increasing girls' access to education and participation in education and related initiatives will be a key priority area for all stakeholders implementing education initiatives.

STRATEGIC OBJECTIVE 2: Assist and protect people affected by crisis, including refugees and migrants as well as returning Yemenis

Cluster objective 1:

Provide access to safe and child-friendly schools or learning spaces for girls and boys affected by crisis.

Outcome-level indicators and targets

Number of schools with improved physical environment (target: 220 schools)

Number of girls and boys with access to improved learning environment (target: 57,000 children)

Top-priority activities:

Activities	Locations	Indicator	Target
Rehabilitate conflict-affected schools, including separate latrines for girls in mixed schools	Amran, Sa'ada, and Abyan	# of rehabilitated schools	88
		# of children (sex disaggregated) with access to safe and child-friendly schools	25,000
Provide school furniture and teaching and learning supplies to conflict-affected schools	Amran, Sa'ada, and Abyan	# of schools provided with furniture and supplies	88

All other:

Activities	Locations	Indicator	Target
Rehabilitate conflict-affected schools, including separate latrines for girls in mixed schools	Sana'a, Hajjah, Al Jawf, Lahj, Aden, and Sa'ada	# of rehabilitated schools	132
		# of children (sex disaggregated) with access to safe and child-friendly schools	32,000
Provide school furniture and teaching and learning supplies to conflict-affected schools	Sana'a, Hajjah, Al Jawf, Lahj, Aden, and Sa'ada	# of schools provided with supplies and furniture	132

STRATEGIC OBJECTIVE 3: Strengthen the capacity of national actors to plan for and respond to humanitarian emergencies.

Cluster objective 2:

Strengthen the capacity of local actors (NGOs and the Ministry of Education) at national and regional levels through partnerships and training on planning, implementing, and evaluating humanitarian programmes.

Top-priority activities:

Activities	Locations	Indicator	Target
Train local NGOs in limited-access areas on humanitarian programme cycle and thematic areas, including gender equality and girls access to education	Sa'ada, Amran, Taiz, Sana'a City	# of NGOs trained (sex disaggregated)	8
		# of training courses offered per location	2
Partner with local actors (Local NGOs & MoE) in implementing emergency education programmes in limited-access areas	Sa'ada, Amran, Sana'a City	% of emergency programmes implemented through partnerships	20%

All Other:

Activities	Locations	Indicator	Target
Train local NGOs on Gender equality and education, Education Needs Assessment, Education in Emergency Programming, Peacebuilding and Conflict-Sensitive interventions in Education	Sa'ada, Amran, Hajjah, Sana'a, Taiz, Aden, Lahj, Abyan	# of NGOs trained	16
		# of training courses offered per location	3
Partner with local actors (Local NGOs & MoE) in planning, implementing, and evaluating emergency programmes	Sa'ada, Amran, Hajjah, Sana'a, Taiz, Aden, Lahj, Abyan	% of emergency programmes implemented through partnerships	20%

STRATEGIC OBJECTIVE 4: With development partners, including the government of Yemen, address the underlying causes of vulnerability to reduce the need for continued humanitarian assistance and increase resilience

Cluster objective 3 A:

Reintegrate vulnerable out-of-school girls and boys into the education system through formal and non-formal basic education programmes.

Outcome-level indicators and targets

% of out-of-school girls and boys in the targeted governorates enrolled in formal and non-formal basic education programmes (Target: 5%)

Top-priority activities:

Activities	Locations	Indicator	Target
Conduct awareness campaigns on the importance of education, with special focus on girls' education in areas with the highest out-of-school rates.	Abyan, Hajjah, Al Hudaydah, Sa'ada, Amran	# of awareness campaigns per governorate	2
		# of people receiving information on the value of education	300,000
Provide access through formal or non-formal education for the most vulnerable out-of-school girls and boys	Abyan, Al Jawf, Hajjah, Al-Hudaydah, Sa'ada, Amran	# of out-of-school children enrolled in education (sex disaggregated)	10,500

All other:

Activities	Locations	Indicator	Target
Conduct awareness campaigns on the importance of education, with special focus on girls' education.	Abyan, Lahj, Aden, Al Jawf, Hajjah, Al Hudaydah, Sa'ada, Amran	# of awareness campaigns per governorate	2
		# of people receiving information on the value of education	700,000
Provide access through formal or non-formal education for out-of-school children.	Abyan, Lahj, Aden, Al Jawf, Hajjah, Al Hudaydah, Sa'ada, Amran	# of out-of-school children enrolled in education (sex disaggregated)	39,500

Cluster objective 3B:

Increase the capacity of 500 teachers and school principals, 500 community leaders and parents, and 15,000 girls and boys in post-conflict communities to address the culture of violence and manage conflict peacefully.

Outcome-level indicators and targets

Number of teachers, school principals, community leaders and parents, and students who successfully complete training on peacebuilding and peaceful management of conflicts (Target: 8,000, 50% female)

Top-priority activities:

Activities	Locations	Indicator	Target
Train educators and community leaders on peacebuilding and conflict management in the most conflict-affected areas	Sa'ada, Amran, Abyan	# of people trained (sex disaggregated)	1,200

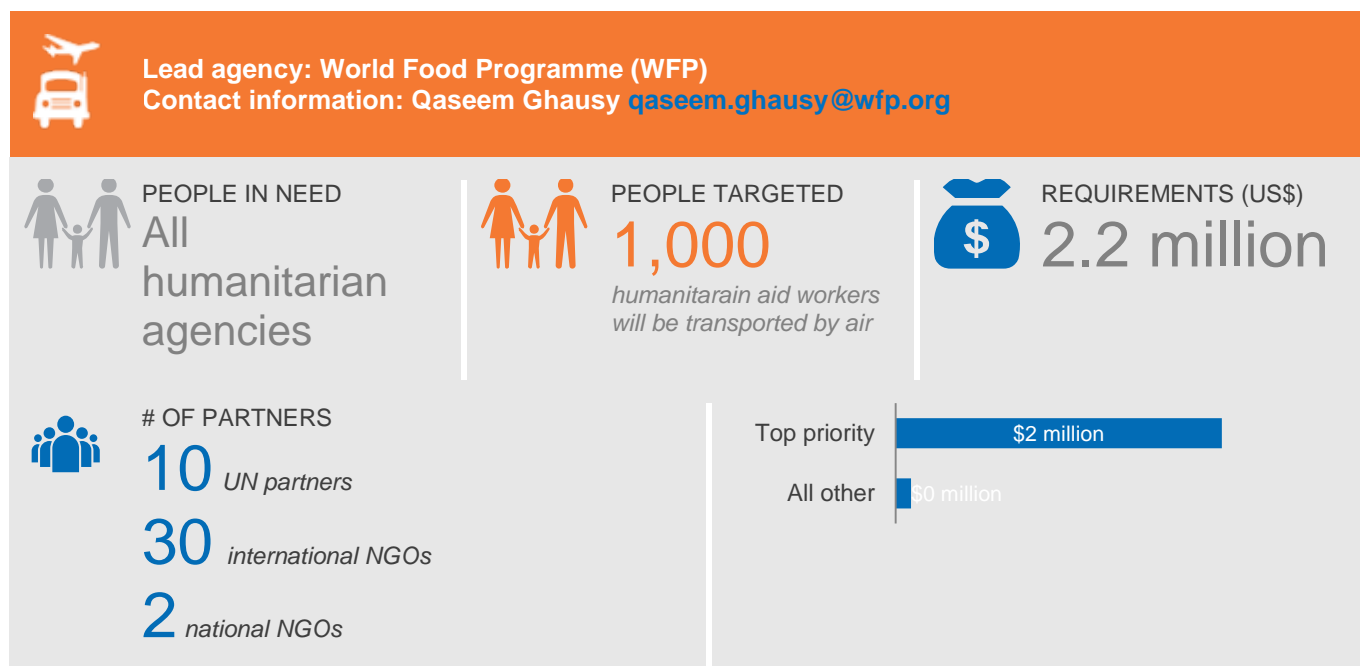
All other:

Activities	Locations	Indicator	Target
Train educators and community leaders on peacebuilding and conflict management in other post-conflict areas	Sana'a, Sana'a City, Lahj, Aden, Taiz, Sa'ada, Amran, Abyan	# of people trained	6,800

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Rehabilitation of conflict-affected schools	25,000	140	3,500,000
1.2	Provision of education supplies and furniture	25,000	16	400,000
2.1	Capacity-building of local actors in limited access areas	400	200	80,000
3.1	Awareness campaigns for out of school children	300,000	1	300,000
3.2	Reintegration of out of school children to education in volatile areas	10,500	37	388,500
3b.2	Training on peacebuilding	1,200	200	240,000
Total Cost				4,908,500

Obj. Act	All other activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Rehabilitation of conflict-affected schools	32,000	140	4,480,000
1.2	Provision of education supplies and furniture	32,000	16	512,000
2.1	Capacity-building of local actors in limited access areas	400	200	80,000
3.1	Awareness campaigns for out of school children	700,000	1	700,000
3.2	Reintegration of out of school children to education in volatile areas	39,500	37	1,461,500
3b.2	Training on peacebuilding	6,800	200	1,360,000
Total Cost				8,593,500

LOGISTICS

**Situation Overview:**

Due to the current security situation in the country, one of the challenges for humanitarian agencies in implementing and providing regular assistance is logistics supply chain management. Difficulties to be surmounted include the lack of commercial air transport to the north, land transport challenges due to road blocks, unavailability of warehousing for temporary storage and fuel shortages due to the fuel crisis.

The logistics cluster and all concerned humanitarian agencies have agreed to focus on assisting elements of the international community which face particular difficulties in relation to the above.

Six flights per month to Sa'adah in the north, two flights per months to Hodeidah in the west with fixed wing aircraft (DASH-8) and two Bell 212 helicopter flights per month to Haradh will be scheduled on an ad-hoc basis through a local operator to ensure safe access for humanitarian aid agencies to the north and west. The increase in the flights and destinations is based on demand and requests from the humanitarian community. The target average number of passengers in 2013 (twelve passengers per flight) is expected to increase by 50% in 2014 due to the presence of the new humanitarian agencies operating in the north.

The logistics cluster will continue procuring fuel products from official dealers and supplying them to recipient organizations on a full cost-recovery basis (plus an administrative fee) through service level agreements.

Needs/Gaps:

- Since May 2010, WFP, as the lead agency for the logistics cluster, has been providing air passenger services to Sa'ada, and in July 2012, WFP flights to Hudaydah were added to the flight schedule. In September 2013, chartered helicopter flights to Haradh were also included. Poor roads and insecurity due to carjacking, low-level violence, kidnappings, tribal grievances, landmines, and unexploded ordnance make overland travel extremely hazardous. Therefore, air travel is the safest and best option for the movement of humanitarian actors to and from Sana'a and Sa'ada/Haradh.
- As a result of the ongoing political crisis, Yemen's economy continues to be affected. One of the most visible effects of the deteriorating economy is the severe scarcity of fuel products. Since June 2011, the logistics cluster has been required to fill the gap. As a result, three fuel storage facilities have been established in WFP warehouse compounds in Sana'a, Haradh, and Aden, with a total storage capacity of 380,000 litres to serve the humanitarian community. Fuel is delivered under the Logistics Special Account funding mechanism on a cost recovery basis.

- The Humanitarian Country Team (HCT) has requested WFP, as the logistics cluster lead, to continue to provide: 1) air passenger service to ensure safe and reliable means to transport staff and materials, 2) fuel and temporary storage for use of humanitarian organizations, 3) continued efforts to strengthen coordination and provide an information sharing platform 4) enhancement of emergency preparedness and response mechanisms, and 5) the smooth transportation of relief supplies.

Overall Strategy:

The HCT has stressed the need to continue and maintain coordinated and cohesive logistics systems to 1) ensure the uninterrupted supply of life-saving relief items within Yemen and 2) increase and continue providing air passenger service to humanitarian aid agencies to facilitate their response countrywide.

The HCT has also regularly requested ad hoc air charters to/from Sa'ada, Al Hudaydah and Hajjah for the movement and/or evacuation of relief personnel in Sa'ada/Hajjah Governorate.

Safe and secure access is still a major challenge, limiting humanitarian organizations' ability to provide regular assistance and hampering the implementation of comprehensive needs assessments in northern Yemen.

The fuel crisis continues to impede the humanitarian response in Yemen. Many UN agencies and I/NGOs continue to find it difficult to obtain sufficient fuel supplies to sustain their operations, as the Yemen Petroleum Company (YPC) is the only fuel provider in the country. WFP signed a contract with YPC for assurance of fuel supply with priority for the WFP-led logistics cluster. As lead-agency of this cluster, WFP has been tasked by the HCT with securing access to fuel for the wider humanitarian community until the crisis ends.

Key Strategic Priorities:

- Logistics coordination and information sharing among the 36 humanitarian organizations which are members of the cluster.
- Air passenger and light cargo service to affected regions, including four flights a month to Sa'ada and Al Hudaydah.
- Fuel provision service, including the establishment of three distribution systems in Sana'a, Aden and Haradh with a total storage capacity of 380,000 litres.
- Temporary storage facility in Haradh and Sana'a.

Cluster objective 1:

Coordination and information sharing

Facilitate efficient logistics coordination and emergency response in support of the humanitarian community under the Cluster approach.

Top-priority activities:

Activity	Locations	Indicator	Target
Regular meeting with the Humanitarian Agencies (user group) 35 members	Sana'a, Aden, Hajjah, Sa'ada,	# of Logistics Coordination meetings held	12 meeting
Share logistics information, challenges and the gaps	Sana'a, Aden, Hajjah, Sa'ada,	# of Logistics Information and gaps shared	10
Provide GIS maps	Sana'a, Aden, Hajjah, Sa'ada	# of GIS maps and Logistics supply chain map shared	100 maps
Logistics capacity-building of the humanitarian agencies by providing the relevant logistics training	Sana'a, Aden, Hajjah, Sa'ada	# of logistics training facilities	2 training

Cluster objective 2:***Air Passenger Service to Sa'ada***

Provide the humanitarian community with the adequate Air Passenger Service to facilitate the access of humanitarian personal and light cargo to the affected areas and ensure the operational continuity.

Top-priority activities:

Activity	Locations	Indicator	Target
Established SOP for the WFP flights, including contingency and evacuation plan	Sana'a, Sa'ada, Haradh, Al Hudaydah	# of SOP to be in place	1
Provide six flights per month to Sa'ada, 2 flights to Haradh and 2 flights to Al Hudaydah	Sana'a, Sa'ada, Haradh, Al Hudaydah	# of flights to organize	120

Cluster objective 3:***Fuel Provision Service***

To ensure the continuity of the humanitarian operations and enhance the predictability, timeliness and efficiency of the emergency response to affected population by facilitating and providing fuel to humanitarian agencies throughout the fuel crisis.

Top-priority activities:

Activity	Locations	Indicator	Target
Setup three fuel distribution systems in Sana'a, Aden and Haradh with the total capacity of 364,000 liter storage	Sana'a, Aden, Haradh,	# of fuel distribution systems	3
Provide fuel to the humanitarian agencies through implementing the Service Level Agreeemnt mechanism (full cost recovery)	Sana'a, Aden, Haradh	# of humanitarian agencies receiving fuel	35 Agencies

Cluster objective 4:***Temporary Storage facility Service***

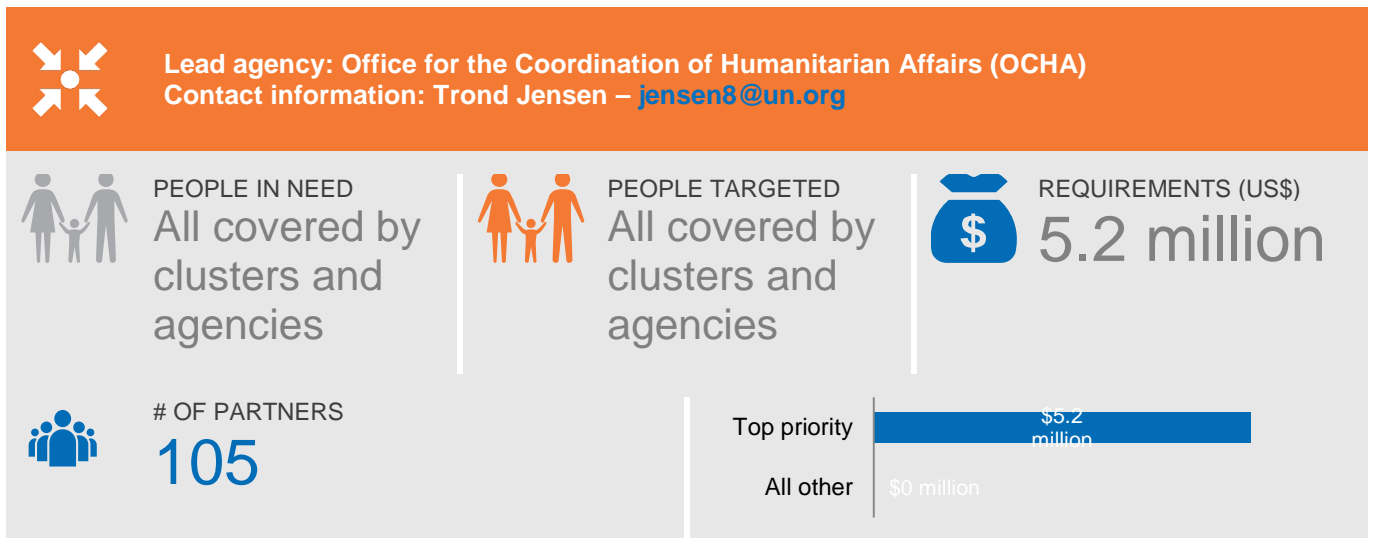
Ensure the continuity of humanitarian operations and enhance the predictability, timeliness and efficiency of the emergency response by facilitating and providing temporary storage facility to humanitarian agencies throughout the crisis.

Top-priority activities:

Activity	Locations	Indicator	Target
Setup three mobile storage units (Wiik Halls) in Haradh and one wiik hall in Sana'a with the total capacity of 1,200 metric ton storage.	Sana'a, Aden, Haradh	# of wiik halls	4

Obj. Act	Top priority activities	Target Population	Unit Cost (\$)	Total Cost (\$)
1.1	Air Service Provision	600 UN/INGO staff	10,300	1,500,000
1.2	Coordination and information sharing			100,000
1.3	Fuel Provision service	30 UN/INGOs (400,000 liters)	1	400,000
1.4	Temporary storage facility	1,200 tons capacity	20,000	200,000
Total Cost				2,200,000

COORDINATION SUPPORT AND SERVICES (Humanitarian Coordination)



Analysis of Needs

The large number of those in need, estimated at 14.7 million people, the complex operating environment and the multiple national and international humanitarian organizations and government ministries make a robust coordination system essential to ensure humanitarian action is well coordinated, effective and consistent with humanitarian principles. Common planning and strategies are required to guarantee that humanitarian efforts complement each other. The complexity of the situation, with drivers of needs including lack of rule of law institutions, conflict, natural disaster, poverty, lack of access to basic services, influx of migrants and refugees, as well as as well as deep inequalities between men and women, requires action based on thorough analysis and an evidence-base derived from assessments and surveys.

Yemen is a highly insecure operating environment where armed and tribal groups restrict access. Common strategies and common negotiation are a prerequisite to ensuring access to women, men, boys and girls in need. Coordination is also pivotal for management of emergency preparedness and response, humanitarian information analysis and management, monitoring and reporting, public information and advocacy for access, resource mobilization (i.e. effective pooled funds including the Emergency Response Fund (ERF) and the Central Emergency Response Fund (CERF)) and other forms of assistance to humanitarian actors and the Government of Yemen.

The 23 different entities of the United Nations in Yemen need to be supported with accurate understanding of the security environment in which they operate. Emergency preparedness and response, access information, analysis and management, monitoring of issues and accurate reporting all require direct and up to date security assessments to ensure those entities are able to operate and continue to do so safely and in a risk controlled environment. The coordination support of the UN Department of Safety and Security (UNDSS) is aligned to the needs of the United Nations and its operating partners to enable them to implement their humanitarian and development mandates. The services of UNDSS are therefore essential to operations of the UN family in Yemen, a country where improvement in the political and security situation is still evolving and impacting the operating environment for the humanitarian and development entities of the UN and its partners.

Overall Strategy

In 2014, the cluster will step up efforts to improve access to affected people, focusing on coordinating humanitarian action, humanitarian reporting, advocacy and resource mobilization. Support will continue to be provided to the HC, the HCT, partners and the Government of Yemen, providing guidance on the Transformative Agenda (TA). The TA represents a commitment from all the IASC organizations to work together to ensure the most effective, efficient, timely and principled collective response to the humanitarian needs of people affected by conflict and natural disaster, seeking to ensure strong leadership for humanitarian action, streamlined coordination, enhanced preparedness and reinforced individual and collective accountability for the response, first and foremost to vulnerable people.

UNDSS will redouble its efforts to improve the nature and comprehensiveness of its security and safety mechanisms, designed to enhance access to people in need of assistance in a risk controlled manner. UNDSS will seek to ensure strong leadership and advice in all security and safety matters for the United Nations family, including the HCT, in their pursuit of humanitarian and development action.

Key Strategic Priorities

1. **Strengthening the coordination system** by supporting the work of clusters, leading the Inter-Cluster Coordination Mechanism (ICCM) and providing substantial support to the Humanitarian Coordinator and Humanitarian Country Team. This will enable timely, effective and appropriate responses to humanitarian needs, both sudden-onset or chronic. The cluster will lead efforts to harmonize assessments and establish a joint assessment platform⁶ based on the IASC framework, analysis of assessment data to inform identification of gaps, overlaps, geographic and programme prioritization. The cluster will continue to monitor the main parameters of the humanitarian crisis, related to food security, conflict and displacement, access to basic services, migration and refugee patterns, as well as potential natural disasters such as flooding, drought, and locust infestations. UNDSS measures will ensure personnel of UN agencies and their partners required to be in the country will operate in a risk controlled environment.
2. **Emergency Response Preparedness:** Emergency response preparedness in Yemen deals with the humanitarian community's ability to prepare and plan response through contingency planning exercises, as with preparedness to deal with events that will affect ability to operate through business continuity planning. Both sets of plans were developed in 2013 and will be regularly updated to reflect potential new developments. The cluster will also work to strengthen government capacity to respond to emergencies at national and sub-national levels, working closely with the Government's IDP Executive Unit. This work will, over time, develop towards risk reduction and more comprehensive preparedness measures led by the Government.
3. **Planning** is underpinned by strategic response planning and monitoring on the basis of priority needs. The cluster will facilitate review of the humanitarian needs in Yemen when the planning parameters change and the HCT recommends it. A monitoring framework has been developed for the Yemen Humanitarian Plan with a six monthly reporting cycle leading to regular periodic monitoring reports by clusters and an annual report of the progress of the YHRP. UNDSS will focus on monitoring developments in the general operating environment, assessing impact on the ability of the UN and its partners to implement their mandates in a risk controlled manner.
4. **Shared situation awareness:** Humanitarian action is based on evidence and a common situational awareness and understanding of needs. A number of products already in place provide improved situational awareness, such as the Humanitarian Snapshot, the Humanitarian Dashboard and the Bulletin. These products are supplemented with situation reports, thematic snapshots, and statements by the HC, and other products aimed at promoting greater situational awareness. UNDSS products include the Daily and Weekly Summaries, Topic Assessments, Security Risk Assessments and Contingency Plans, augmented by timely situation reports and other products/information promoting greater situational awareness of the security environment. OCHA and the UNDSS will continue issuing these products. In addition, OCHA will increase support for intra-cluster information management and analysis through continued use of the standard reporting format, harmonized assessment tools and plan, creation of a central online humanitarian planning database for all clusters and production of cluster IM products. OCHA will also develop and disseminate standardized IM tools and services, including contact lists, websites, 3W maps, sectoral risk maps, inter-sectoral gap analyses, and develop a database and analysis of key inter-cluster issues including humanitarian access and security threats.
5. **UNDSS will aim to increase** support to UN entities and their partners in Yemen, to enable their travel to all programme areas, to implement and monitor them. The extent of its support will be defined by the level of additional staffing and transport resources, which are critical to their functions and operations.

⁶ The platform will make all assessments available to members of the humanitarian community and will greatly improve humanitarian analysis and situational awareness.

6. **Reporting and advocacy:** Regular public bulletins and snapshots, access reports and advocacy concerning protection of civilians, humanitarian access and resource mobilization will entail strategic messaging, monitoring and reporting on humanitarian and security situations, as well as requirements for response and staff safety various initiatives to raise the profile of the crisis in Yemen in regional and international media, seeking to ensure timely allocation of resources by donors and other partners to implement the YHRP. The cluster will work with the protection cluster to develop an advocacy strategy on protection of civilians, and also with the humanitarian communication network to develop a general humanitarian advocacy strategy for Yemen. UNDSS will aim to provide strategic advice regarding practical measures to improve safety of personnel of the UN and its partners working in Yemen.
7. **Humanitarian Financing:** The cluster will continue to support the Humanitarian Coordinator in mobilizing resources for the implementation of the 2014 YHRP and the Emergency Response Fund (ERF); managing the ERF to ensure it follows strategic objectives set out by the ERF Advisory Board as a mechanism to support rapid response to unforeseen and rapid onset emergencies. OCHA will support the Humanitarian Coordinator in leading the process for CERF rapid response and underfunded-round applications on behalf of the HC. Support to national organizations, including NGOs and community-based organizations towards building their capacities will also continue. The DSS will support the HC resource mobilisation effort, to ensure that safety and security services provided by UNDSS are well resourced, covering both the core and additional resources required for operations of the UN and partners due to the complex and highly unpredictable security environment in Yemen.

Contribution to Strategic Objectives

Activities of the cluster support implementation of life-saving interventions as a key priority, throughout the humanitarian programme cycle, and recognize that Yemen's vulnerabilities stem from lack of development, as well structural problems in the economy and in government. As a second priority, therefore, the cluster will support managing the transition to recovery and development, strengthening resilience of communities, improving livelihoods and promoting durable solutions for IDPs. The cluster will work closely with all partners to promote participation and equal access to services, resources and protection measures for women, girls, boys and men by supporting capacity building for humanitarian partners on mainstreaming gender in programmes, training, providing sex and age disaggregated data, and bringing gender analysis into the meetings, assessments, reports and strategic documents.

Cluster objective 1:

More effective and principled humanitarian action that meets the needs of affected people.

Cluster objective 2:

A more diverse, flexible and adaptable humanitarian sector, comprised of various responder and partner networks.

Top-priority activities:

Activity	Locations	Indicator	Target
1. Strengthening of the humanitarian coordination system			
Ensures an inclusive HCT, Inter-cluster coordination and Area Humanitarian Coordination Teams (AHCT), ensuring better linkages and flow of information among partners, and providing policy and strategic guidance through the production of policy and discussion papers and implementation of the road map agreed in 2013	National and sub-national	# of meetings # of policy, strategy and discussion papers # of AHCTs established	12 HCTs 12 ICCM 36 AHCTs 4 HCT & donor 2 discussion papers 3 AHCTs with a broader range of partners
Ensure that the needs of women, men, boys and girls are discussed and taken into account in a strategic level	Sana'a, Aden, Sada, Hajjah (Haradh)	% of HCT and ICCM meetings where gender and age aspects are discussed	60% HCT and ICCM meetings
Facilitates review of relevance of clusters including transition, deactivation, and role of government and adaptation of the coordination structures	National and sub-national	Annual review of clusters	1
Coordinates implementation of cluster performance monitoring	National and sub-national levels	Clusters undertake self-assessment surveys	1

Activity	Locations	Indicator	Target
		against agreed six core cluster functions, identifying areas for improvement and support by Global Clusters	
2. Emergency Response Preparedness			
OCHA with partners regularly update the Yemen contingency plan and business continuity plan, reflecting potential new developments	National and sub-national	# of revision of regional and national contingency plans; preparedness measures are implemented	1
		# of revision of the business continuity.	1
3. Humanitarian Planning			
Support the HC, HCT and humanitarian partners to produce humanitarian strategic response plan consistent with established guidance and that reflects concerns of the affected women, girls, boys and men.	National and sub-national	# of humanitarian needs overview reviews	To be determined by the HCT
		Periodicity of strategic response plan review on the basis of the response monitoring framework and necessary adjustment made	1
With humanitarian partners to develop a framework for monitoring implementation of the Yemen Humanitarian Plan	National and sub-national	# number of monitoring and reporting activities conducted including sex and age disaggregated data and analysis.	2 inter-cluster six monthly reports 1 Annual YHRP report 3 field visit monitoring reports
		% of clients satisfied with OCHA's leadership on promoting gender equality in humanitarian response	50
4. A shared situation awareness			
Support inter-sector needs assessments in accessible areas and facilitate the establishment of a common assessment platform	Various governorates	# of inter-sector needs analysis reports reflecting needs of women, girls, boys and men.	3 inter-sector needs assessments
OCHA and partners will seek to address gaps in insecure and remote locations through working with national partners, building their capacity to access pooled funds, undertake assessment, and implement response and report.	Various governorates	# number of national NGOs accessing the Emergency Response Fund (ERF) for critical life saving activities in remote and insecure locations	20
Provide high quality and predictable suite of information products and services, including sex and age disaggregated data, making them more accessible through a number of dissemination channels	National	% of the country office score on information management products receiving highest quality rating through an annual client survey	80 12 Snapshots 12 Dashboards Thematic snapshots Maps 3 Ws
5. Humanitarian reporting and advocacy			
Prepare and disseminate advocacy products at national, regional and international levels and regularly upload the products on the humanitarian response website.	National	% of users satisfied with information management made available to the international community and partners	75% Monthly Bulletin Situation reports as need may arise HC's statements

Activity	Locations	Indicator	Target
With the humanitarian communication network, develop a humanitarian communication and advocacy strategy to streamline and better define overall humanitarian advocacy aims and goals.	National	An a dvocacy strategy for 2014	1
		# of advocacy events conducted.	6
		# gender and age sensitive advocacy events	4
OCHA and partners will support the HC and HCT in monitoring access constraints, and provide analysis to priority setting and strategies around access	National	# of engagements with non-state actors	4
		# of quarterly access reports produced	4
6. Humanitarian Financing			
Support the HC and humanitarian partners in fundraising efforts, and identify and update system-wide fundraising priorities for Yemen including countries in the region, traditional donors and private sector through outreach activities and an HCT resource mobilisation strategy	National	% of YHRP requirements met	60
		% of funding from OCHA managed pooled funds contributing towards highest priorities in emergencies with the YHRP	100
Support the HC in managing the ERF and CERF, improving accountability and performance processes aoround pooled funds.	National	% of partners satisfied with OCHA's management of the pooled funds	ERF 70 CERF 75

COORDINATION SUPPORT AND SERVICES (Safety and Security)



Lead agency: United Nations Department of Safety and Security (UNDSS)
Contact information: Mr. Graeme Membrey graeme.membrey@undss.org



PEOPLE IN NEED
All covered by
clusters and
Agencies



PEOPLE TARGETED
All covered by
clusters and
Agencies



REQUIREMENTS (US\$)
250,000



OF PARTNERS
23

Top priority

\$250,000

All other

\$ 0

Objective 3:

Implement effective risk management and security and safety measures that meet the needs of the partners in order to deliver effective and timely assistance to people in need.

Top-priority activities:

Activity	Locations	Indicator	Target
1. Strengthening of the Humanitarian Coordination System			
Ensure that UN entities and partners obtain timely staff security and safety related information whilst providing guidance and advice through the production of products and advisories within the framework of overall risk management.	National and sub-national	# of meetings	12 HCTs 36 AHCTs
		# of products provided # of AHCTs advised	30 Notices, Alerts and Advisories
Facilitate review of relevance of the information obtained and delivered to each partner in response to their programmes of 2014	National and sub-national	Annual review of UNDSS effectiveness	2
7. Emergency Response Preparedness			
UNDSS provide advice and information for the update of the Yemen contingency plan and business continuity plan, reflecting potential new developments	National and sub-national	# of revision of regional and national contingency plans; preparedness measures are implemented	1
		Revision of the business continuity	1
8. Humanitarian Planning			
Work with all partners to ensure staff can implement the Yemen Humanitarian Plan with safety	National and sub-national	# number of monitoring and reporting activities to be conducted	2x six monthly reports 6x field visit monitoring reports
		% of clients satisfied with UNDSS's leadership in the risk management and staff safety.	Greater than 50%

Activity	Locations	Indicator	Target
9. A Shared Situation Awareness			
UNDSS will seek to address information gaps in the insecure and remote locations through working with national partners, building their knowledge and risk management capacities whilst undertaking assessments	Sub-national	# number of partners accessing the UNDSS products and advisories for access to the remote and insecure locations	Several meetings as required
10. Reporting and Advocacy			
Prepare and disseminate products to partners at the national, regional and local levels and regularly upload the products on the UNDSS response website.	National	% of users satisfied with information management available to the partners	75% Monthly Situation reports as required
Develop a communication and advocacy strategy to streamline and better define overall security and safety aims and goals.	National	An advocacy strategy for 2014	1
11. Financing			
Identify the means to maintain the funding of the locally-recruited staff and to ensure they remain cost effective.	National	% of YHRP requirements met	100