

2016

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2016 —

JAN 2016

YEMEN



Photo: Charlotte Cans

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TOTAL POPULATION
OF YEMEN

25.9 M

PEOPLE IN NEED

21.2 M

PEOPLE TARGETED

13.6 M

HUMANITARIAN
PARTNERS

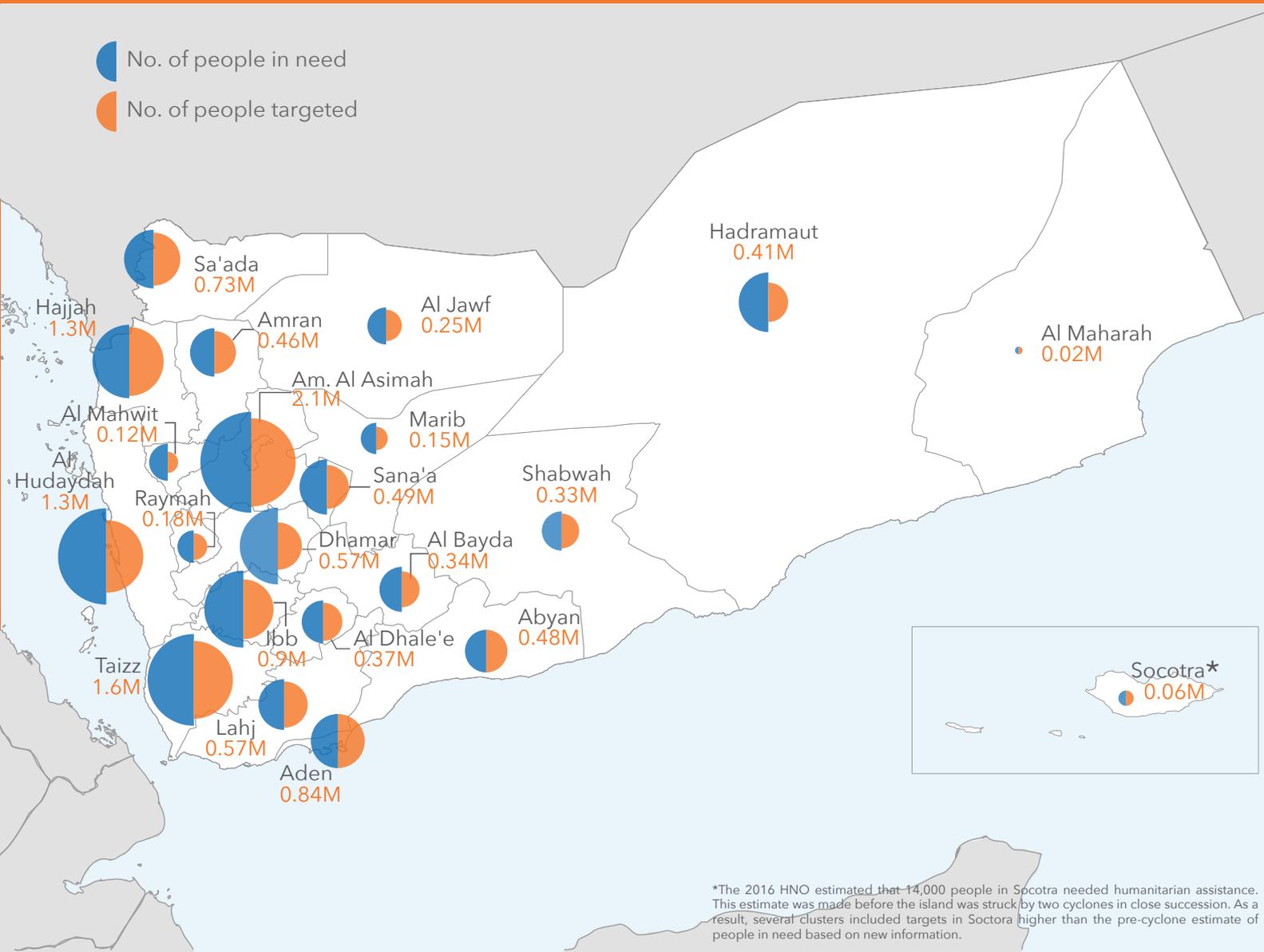
103

TOTAL
REQUIREMENTS (US\$)

1.8 BN

IMMEDIATE
REQUIREMENTS (US\$)

1.3 BN



PART I:

COUNTRY STRATEGY



Foreword by the Humanitarian Coordinator

The humanitarian response plan at a glance

Overview of the crisis

Strategic objectives

Response strategy

Joint programming

Operational capacity

Humanitarian access

Response monitoring

Summary of needs, targets & requirements

FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Nearly a year of conflict in Yemen has exacted a dreadful toll on civilians, who urgently require assistance to protect their lives and fundamental rights. Already mired in a humanitarian crisis when violence escalated in mid-March 2015, Yemen now counts 21.2 million people in need of some form of humanitarian assistance. This includes 14.4 million people unable to meet their food needs (of whom 7.6 million are severely food insecure), 19.4 million who lack clean water and sanitation (of whom 9.8 million lost access to water due to conflict), 14.1 million without adequate healthcare, and at least 2.7 million who have fled their homes within Yemen or to neighbouring countries. Verified reports of human rights violations have soared, with an average of 41 reports every day as of January 2016.

These numbers are staggering. They are also – simply stated – beyond the humanitarian community’s current capacity to respond. By necessity, the Yemen Humanitarian Country Team (HCT) has therefore developed a plan based strictly on the most urgent needs and a careful analysis of our current capacity to deliver. The result is the 2016 Yemen Humanitarian Response Plan (YHRP), which aims to assist 13.6 million of the most vulnerable – or roughly 65 per cent of those in need – with a range of essential life-saving and protection programmes. The plan is tightly organized around four strategic objectives:

- 1) Save lives, prioritizing the most vulnerable
- 2) Protect civilians and incorporate protection across the response
- 3) Promote equitable access to assistance for women, girls, boys and men
- 4) Ensure humanitarian action supports resilience and sustainable recovery.

Jamie McGoldrick
Humanitarian Coordinator

As partners begin to implement programmes, I can state with confidence that all activities in the 2016 plan – assuming no dramatic change in context – are achievable and essential to alleviating civilian suffering. Operational capacity, though still limited, has improved significantly since our last appeal in June 2015. Across the response, partners reached at least 8.8 million people with humanitarian assistance in 2015, or 75 per cent of the overall target, despite receiving only 56 per cent of funding requested. With 103 partners now active in the coordinated response – a 90 per cent increase since June – and field hubs established in Sana’a, Hudaydah, Sa’ada and Ibb, operations in Yemen are well-placed to expand in 2016.

Of course, meeting targets depends on adequate resources. Altogether, partners require almost \$1.8 billion to deliver all targets in this plan – a vast sum that we are keenly aware must contend with other large-scale crises around the world for donor support. The Yemen HCT has therefore worked hard to ensure that only essential activities have been included, and the overall request has been tightly prioritized. Of \$1.8 billion in requirements, partners are seeking \$1.3 billion for direct, life-saving or protection activities that cannot afford any delay without immediate risk to lives. Remaining requirements cover critical activities essential to the immediate response – including operation-wide logistics and common services, monitoring mechanisms for human rights and displacement, and information and awareness campaigns for vulnerable people.

I urge donors to rapidly provide the \$1.8 billion that will allow partners to move ahead with essential activities to save lives and protect civilians in Yemen. As we seek to mitigate the devastating impact of conflict on Yemen’s most vulnerable, I look forward to working with all stakeholders inside the country and beyond to ensure that principled, effective humanitarian action reaches those who need it most.

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives, prioritizing the most vulnerable.

STRATEGIC OBJECTIVE 2



Protect civilians and consider protection across the response.

STRATEGIC OBJECTIVE 3



Promote equitable access for women, girls, boys and men.

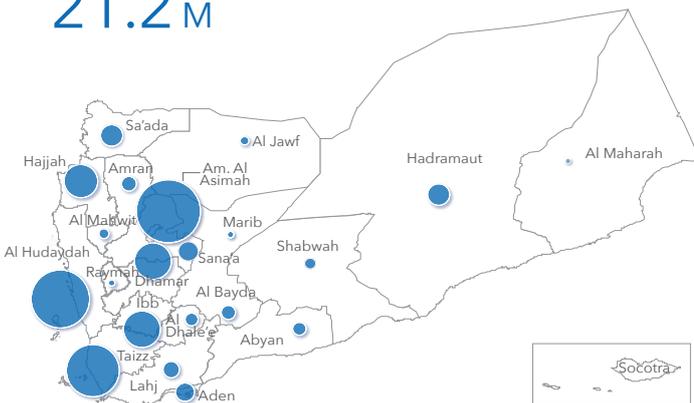
STRATEGIC OBJECTIVE 4



Support resilience and sustainable recovery.

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

21.2M



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS US\$

TOTAL REQUIREMENTS

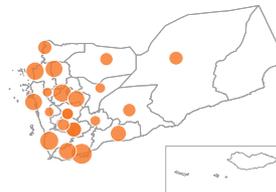


IMMEDIATE REQUIREMENTS



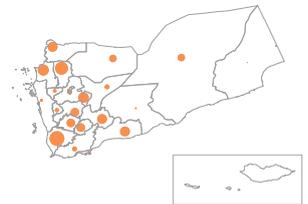
**OPERATIONAL PRESENCE:
NUMBER OF PARTNERS**

103 organizations



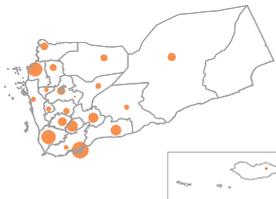
INTERNALLY DISPLACED PERSONS

2.5M



AFFECTED HOST COMMUNITIES

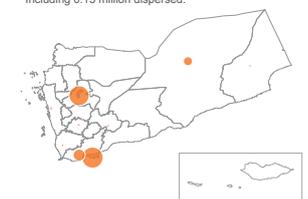
0.46M



REFUGEES & ASYLUM-SEEKERS

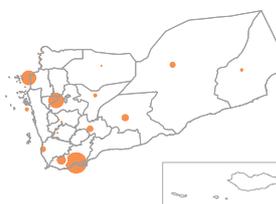
0.27M*

*Including 0.15 million dispersed.



VULNERABLE MIGRANTS

0.18M



NON-DISPLACED IN NEED

18.3M



OVERVIEW OF

THE CRISIS

Escalating conflict has severely exacerbated Yemen's pre-existing humanitarian crisis. Partners now estimate that 21.2 million people need some kind of humanitarian assistance. However, the severity of needs varies greatly, as outlined in the 2016 Humanitarian Needs Overview.

Casualties and displacement

The conduct of the conflict has been brutal and has exacted a severe toll on civilians. As of late January 2016, health facilities had reported more than 35,000 casualties, including more than 6,100 deaths, since mid-March – an average of 113 casualties per day. Many casualties are believed to be civilians, and partners estimate that eight children are being killed or maimed every day. Casualty estimates understate true figures, as they rely on health facility data, and many people face extreme difficulty in accessing health facilities.

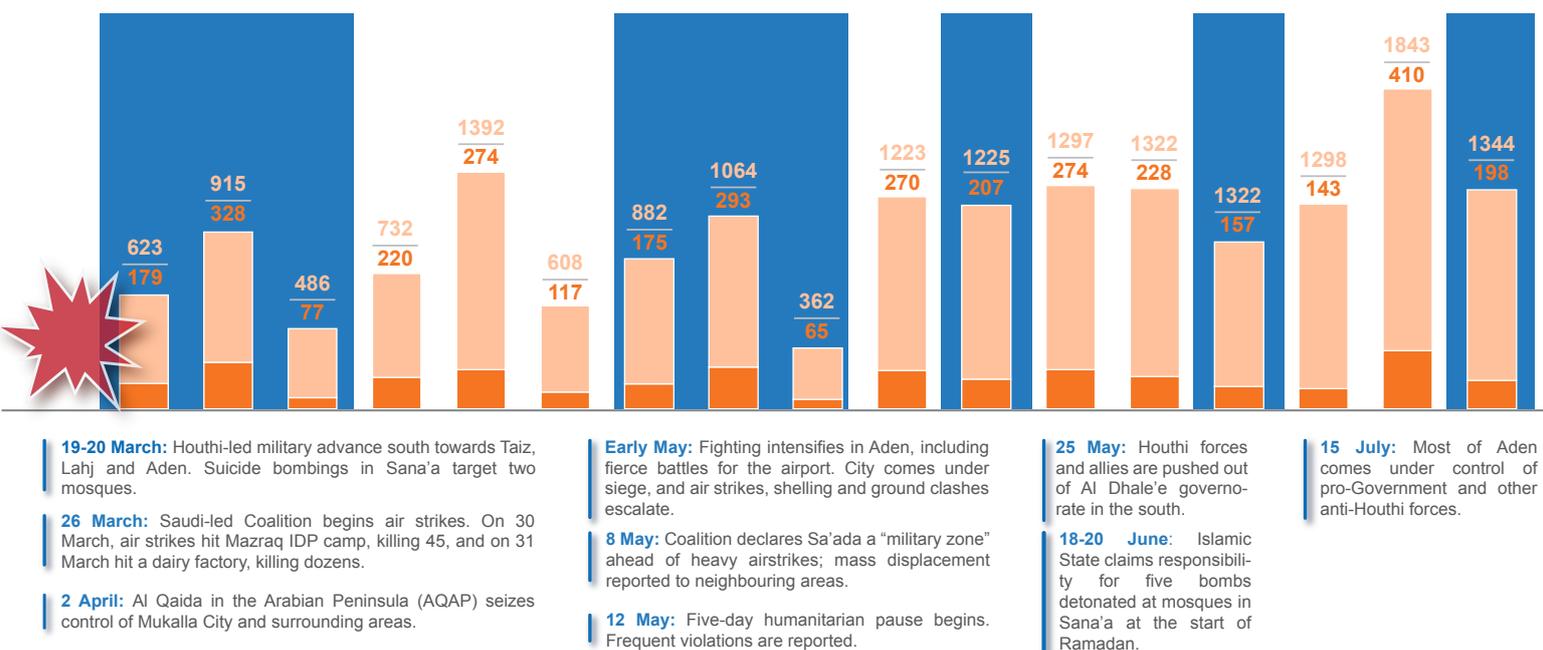
Conflict is also driving people from their homes at alarming rates. Partners estimate that 2.5 million people are currently displaced within Yemen, about half of whom are in Taizz,

Amran, Hajjah, Sana'a and Abyan governorates. In addition, at least 171,000 people – mainly third-country nationals – have fled the country to Somalia, Djibouti and other locations. With no camps for internally displaced persons (IDPs), displacement has led to a dispersed population that is often difficult to identify or assess for vulnerability or specific needs. Many IDPs are living with host families, placing additional strain on scarce resources, or renting shelter, which becomes challenging as rental prices increase and displacement becomes protracted. Some IDPs are seeking shelter in public buildings – including 169 schools as of January 2016 – or in the open, although precise numbers are not available. Displacement and hosting IDPs are significant drivers of needs for food, water and other basic assistance – particularly shelter, healthcare, education and essential household items.

07

TIMELINE OF KEY EVENTS AND WEEKLY CASUALTIES REPORTED BY HEALTH FACILITIES

Highlighted blue areas correspond to dates identified in timeline narrative.



As return currently appears unlikely for most IDPs, the pressure on limited basic services will continue to lead to challenges for IDPs and host communities.

Growing protection risks and rights violations

With continued volatility and insecurity in many parts of Yemen, affected people – including IDPs, host communities and other conflict-affected communities – are increasingly facing challenges to survival. Protection assessments indicate that these challenges include lack of safety, separated families, limited freedom of movement, harassment, child recruitment and gender-based violence. In addition, affected people face limited livelihood opportunities; increasing tensions between displaced and host communities; lost documentation (including birth registration or identity cards needed to access services); issues regarding housing, land and property; and limited access to services. Affected populations often have little information about how to access assistance and how to support positive coping mechanisms. As conflict continues, it will be crucial to strengthen understanding of protection risks and identify how best to address them so as to reduce vulnerabilities and increase affected people’s ability to survive. Providing this protection support is central to the response and should be approached as central to the provision of other types of assistance.

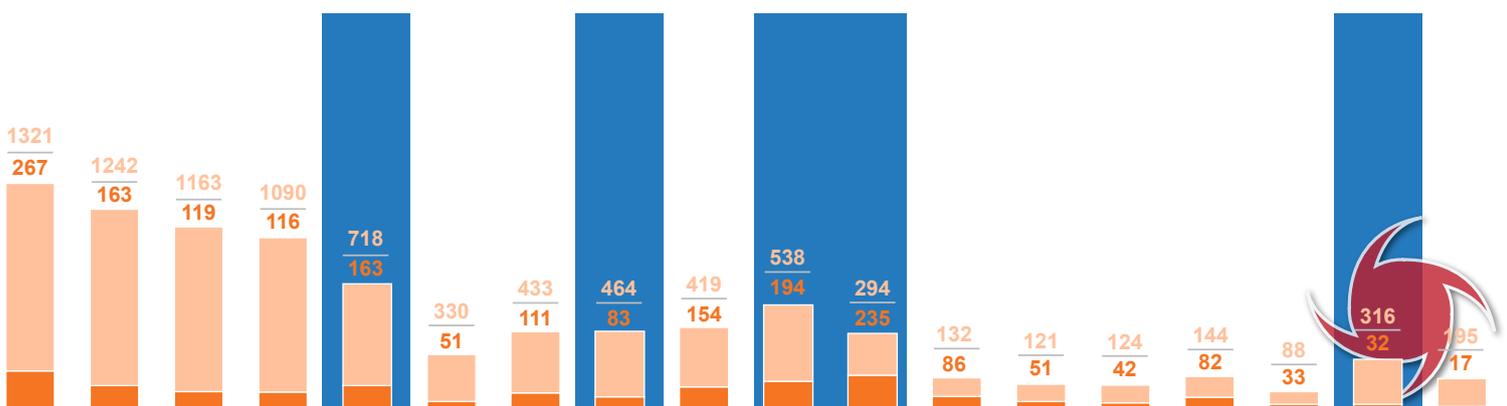
In addition to running greater risk of death, injury and displacement, civilians in Yemen have seen soaring rates of human rights violations since the conflict escalated.

The Office of the High Commissioner for Human Rights (OHCHR) and other human rights organizations have outlined major concerns regarding the conduct of the conflict, including credible reports of violations of international humanitarian law and international human rights law by all parties – some of which may amount to war crimes. OHCHR had verified 13,080 reports of human rights and abuses as of 31 January 2016 – an average of 41 violations per day since

KEY ISSUES

-  Protection of civilians
-  Basic survival
-  Essential services
-  Effects of displacement

For a more detailed overview of the crisis and its impact, see the [November 2015 Yemen Humanitarian Needs Overview](#)



15 August: Major clashes erupt in Taiz as anti-Houthi fighters seize several buildings. Fighting – backed by air strikes – escalates, and the city comes under siege. Reports increase of summary executions and indiscriminate shelling.

18 August: Air strikes hit Al Hudaydah port, severely damaging critical infrastructure.

4 September: Houthi forces launch a missile that hits a Coalition base in Marib, killing at least 45 soldiers. Air strikes escalate in Sana’a and other locations.

28 September: Apparent air strikes hit a wedding party in Taiz governorate, killing over 130 people.

6 October: Islamic State claims responsibility for a series of explosions in Aden targeting Coalition and Government of Yemen officials at the Qasr Hotel.

3-10 November: More than 55,000 people are affected by Cyclones Chapala and Megh, including 26 people killed, 78 injured and more than 40,000 displaced.

mid-March. From January to November 2015, the Monitoring and Reporting Mechanism of Grave Violations of Child Rights (MRM) verified 747 incidents of children being killed and 1,120 cases of children being maimed. These figures are respectively almost 10 times and five times higher than in all of 2014. Rates of child recruitment or use by armed groups are nearly five times higher. Reports of gender-based violence in December 2015 were more than twice as high as in March. Front-line areas – including Aden, Sa'ada, Taizz and areas along the border with Saudi Arabia – have been devastated by sustained fighting, shelling or air strikes. In 2016, partners estimate that 14.1 million people require assistance to protect their basic rights – a 23 per cent increase since June.

Declining living conditions

Even before the current crisis, Yemen faced enormous levels of humanitarian need, with 15.9 million people estimated to require some form of humanitarian assistance in late 2014. These needs stemmed from years of poverty, under-development, environmental decline, intermittent conflict, poor governance and weak rule of law, including widespread violations of human rights. Living conditions deteriorated further in the years following the political turmoil that saw long-time President Ali Abdullah Saleh leave office in early 2012. Nearly a year of intensified conflict has accelerated this decline and seen remaining basic services rapidly deteriorate. As of November 2015, almost 600 health facilities had closed due to damage, shortages of critical supplies or lack of health workers, including nearly 220 facilities providing treatment for acute malnutrition. Other health facilities are operating at much reduced capacity for the same reasons. More than 1.8 million additional children have been out of school since mid-March 2015, bringing the total school-aged population out of school to more than 3.4 million. As of January 2016, 1,170 schools were unfit for use due to damage, presence of IDPs or occupation by armed groups.

The decline in living conditions has accelerated due to ongoing conflict and difficulties importing essential goods – including the impact of previous import restrictions imposed by the Saudi-led Coalition. Over 90 per cent of staple food (including cereals) was imported prior to the crisis, and the country was using an estimated 544,000 metric tons of imported fuel per month for transport and to pump water and run hospital generators, among other activities. Although Coalition-imposed import restrictions largely eased from mid-October, estimated fuel imports in December fell to just 15 per cent of estimated monthly needs. The impact on the provision of basic services and the economy has been profound. Fuel prices were on average 91 per cent higher in late December than before the crisis, with wheat prices 14 per cent higher. Eight governorates in late December reported that a majority of basic commodities were only sporadically available, and in no governorates were all basic commodities widely available.

Amid these challenges, purchasing power has deteriorated, particularly for poor and conflict-affected households. According to estimates by the Ministry of Planning and International Cooperation, real GDP per capita in Yemen – already the lowest in the Arab world – declined 35 per cent in 2015 to an estimated US\$320, squeezing vulnerable communities' coping mechanisms. Partners estimate that half of conflict-affected people have seen their livelihoods destroyed as a result of the crisis, and that traditional safety nets – including remittances or assistance from friends and relatives – are increasingly unavailable. Businesses are facing mounting losses, ranging as high as \$315,000 (YER 68 million) per month for large enterprises.

Growing needs in key sectors

The result of all these factors has been large increases in humanitarian needs in nearly all sectors, leaving 21.2 million people in need of some form of assistance. Within this population, wide variations in the type and severity of needs exist.

- 14.4 million people are now food insecure. Severely food insecure people – estimated at 7.6 million – require immediate emergency food assistance.
- 19.4 million people in Yemen require assistance to ensure access to safe drinking water and sanitation, of whom 9.8 million are in need as a direct result of the conflict. Commercial water trucks – the main source of water for many – are reportedly between two and four times more expensive and are in some cases unable to enter affected areas due to insecurity or interference by parties to the conflict. Sanitation is deteriorating, with uncollected solid waste in frontline areas posing a serious risk of public health crisis.
- Deteriorating health services have left 14.1 million people seeking scarce health services from ever fewer facilities, most of which are under-resourced and over-burdened. Medical supplies for mass casualty management and essential medicine for chronic diseases are in increasingly short supply. Girls and women – especially pregnant women and women in rural areas – are particularly disadvantaged by a lack of female health service providers. More than 520,000 pregnant women lack access to reproductive health services.
- Nutrition partners estimate that 2 million acutely malnourished children and pregnant or lactating women need treatment, and an additional 1 million children require preventive services. About 320,000 children are currently suffering from severe acute malnutrition, meaning they are nine times likelier to die than their peers.

STRATEGIC

OBJECTIVES

In 2016, partners have consolidated their strategic focus to prioritize direct, life-saving assistance and protection. All activities will promote equitable access for men, women, boys and girls. Where possible, partners will also seek to ensure that humanitarian action promotes sustainable recovery.

In light of substantial increases in survival needs and violations of basic rights, the HCT is consolidating its 2016 strategic focus to emphasize direct, life-saving assistance and

protection. Detailed indicators and targets associated with the objectives appear in Annex III.



Provide life-saving assistance to people in need, prioritizing the most vulnerable.

Growing numbers of people in Yemen need humanitarian assistance to ensure their basic survival, as illustrated by major increases in severe food insecurity, acute malnutrition, lack of clean water, displacement and declining health services. In 2016, partners' primary objective will be to provide life-saving assistance, prioritizing the most vulnerable across the country.



Promote and advocate protection, access and accountability to and for affected people.

Partners in 2016 will incorporate protection outcomes across the humanitarian response, ensuring that all assistance is delivered in a way that promotes the safety and dignity of those it serves and in accordance with humanitarian principles. These efforts will include stronger monitoring and advocacy of humanitarian access, protection risks, humanitarian principles and human rights, as well as improved two-way communication with affected people.



Ensure that all response activities promote equitable access to assistance for women, girls, boys and men.

Humanitarian assistance is delivered strictly based on needs. However, needs-based assistance must also be delivered equitably if it is to be effective. Building on progress in developing gender- and age-sensitive plans, partners in 2016 will ensure that these plans are translated into equitable access to assistance for women, girls, boys and men during implementation. Support and tools will be provided to ensure gender and age considerations are incorporated across the programme cycle.



Ensure that humanitarian action supports resilience and sustainable recovery.

Experience in crises around the world demonstrates the need to link humanitarian assistance to recovery in order to shorten the relief phase. In 2016, partners will strengthen the overall response by undertaking humanitarian activities that support resilience and sustainable recovery. These efforts will mainly focus on surveying and clearing landmines, explosives and debris; strengthening capacity of local humanitarian responders; and supporting livelihoods in affected areas.

RESPONSE

STRATEGY

In 2016, partners aim to reach 13.6 million people with a range of life-saving and protection services. This represents 65 per cent of all people who require some form of assistance – the result of a careful review to ensure that the 2016 YHRP includes only activities and targets that are both essential and achievable.

Planning scenario

Nearly a year of conflict has devastated Yemen. Despite some positive developments, the prospects of a negotiated settlement to the conflict currently appear remote, and the situation remains extremely volatile. Activities and targets in the 2016 YHRP have therefore been planned based on a continuation of the current scenario:

- High levels of humanitarian need will persist due to ongoing conflict and long-standing vulnerabilities. Insecurity and volatility are likely to result in ongoing protection risks and increased vulnerability of affected people.
- Conflict intensity will vary considerably by location, with front-line areas experiencing severe conflict, while other areas remain quieter. Front-line areas may shift, but widespread ground conflict will not engulf most of the country.
- Population movements will mirror conflict developments (i.e., returns will be observed in areas where conflict and insecurity have dissipated, and new displacement will occur from front-line areas). Overall displacement estimates – including multiple displacement of IDPs – may rise somewhat, mainly as a result of better and more accurate tracking.
- Humanitarian presence will continue to expand in and around identified field hubs (see below), although limited areas of intense conflict or insecurity will remain difficult to access. Affected people in limited-access areas will face a potential lack of assistance and protection. Lack of rule of law and ongoing volatility (including localized de facto control by jihadist groups in some areas) will persist in parts of the south, challenging humanitarian operations.
- Despite the resumption of commercial imports, the economic situation will remain dire due to the cumulative impact of previous restrictions and the ongoing impact of conflict and insecurity. High prices and shortages will persist for basic commodities, including food, medicine and fuel.

Key points

- 13.6 million people targeted – 65% of those in need
- 85% of targeted people in highest-need governorates
- \$1.8 billion in funding requirements
- Principled, field-based implementation

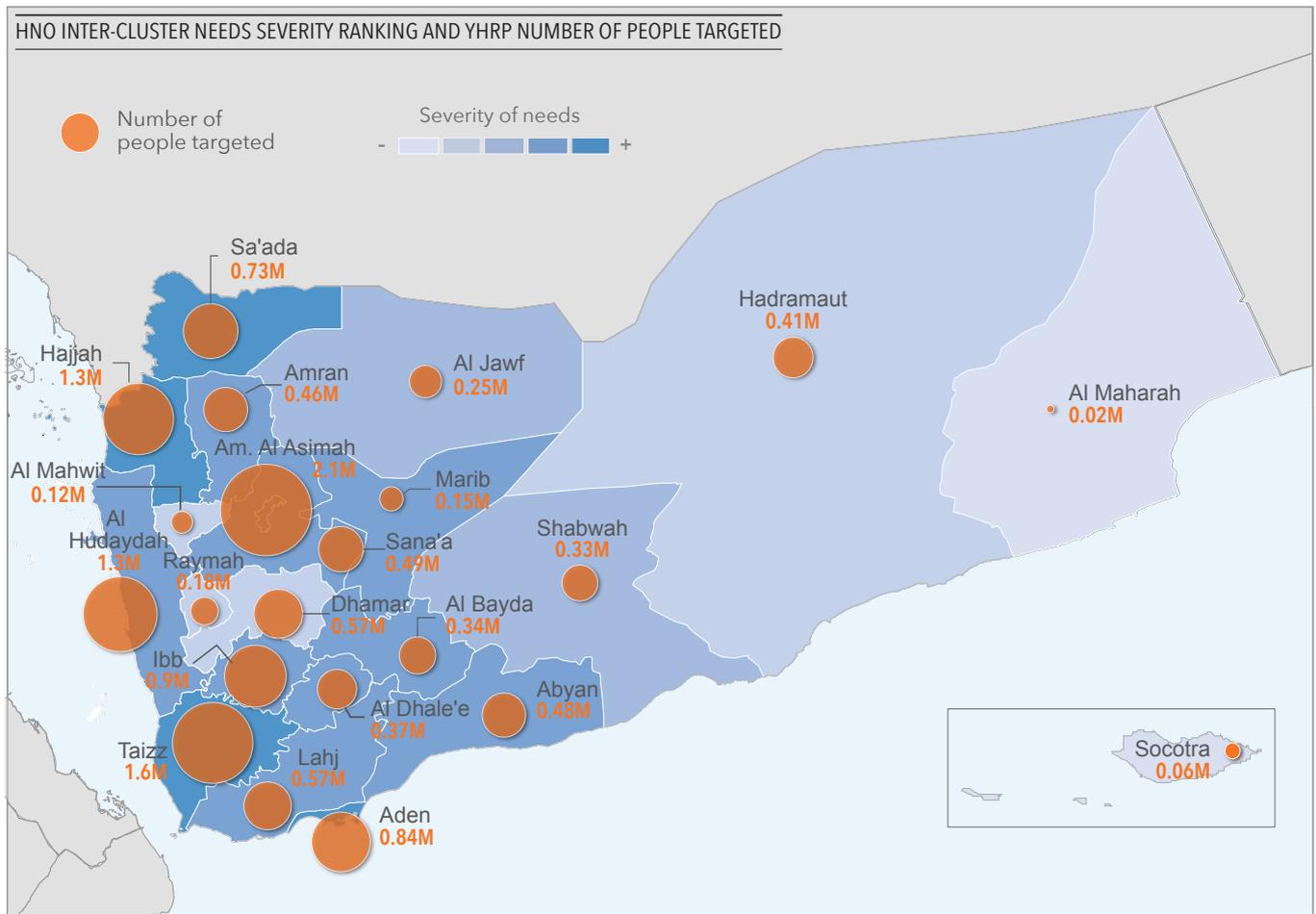
YHRP scope and priorities

The humanitarian community in Yemen does not currently have the capacity to reach all 21.2 million people in need of some form of assistance. The 2016 YHRP therefore emphasizes life-saving humanitarian and protection assistance (see “Strategic Objectives” section above) targeting the most vulnerable and within existing implementation capacity.

In 2016, partners aim to assist 13.6 million people who are most critically in need of humanitarian assistance, or roughly 65 per cent of those in need. The remaining 35 per cent of people in need have not been included in the plan either because their needs are estimated to be less severe, or because partners are currently unable to reach them due to capacity or access constraints. Within the targeted population, 11.5 million beneficiaries – or 85 per cent – are living in governorates facing the most severe level of needs.¹

The strategic focus of the 2016 HRP is on immediate, life-

¹2016 Humanitarian Needs Overview. “Most severe level of needs” refers to governorates that received an inter-cluster needs severity score in the two highest severity brackets: Abyan, Aden, Al Bayda, Al Dhale’e, Al Hudaydah, Amanat Al Asimah, Amran, Hajjah, Ibb, Lahj, Marib, Sana’a, Sa’ada and Taizz.



saving or protection activities. Roughly 75 per cent of financial requirements (summarized below) cover 28 core activities that will provide direct, life-saving or protection assistance that cannot afford delay without immediate risk to lives. All other activities in the appeal are essential to enable immediately life-saving work to proceed – including displacement tracking, monitoring mechanisms for rights violations and operation-wide common services – without which partners will be unable to deliver an effective overall response. More information on prioritization appears in Annex III.

Implementation: field-based and principled

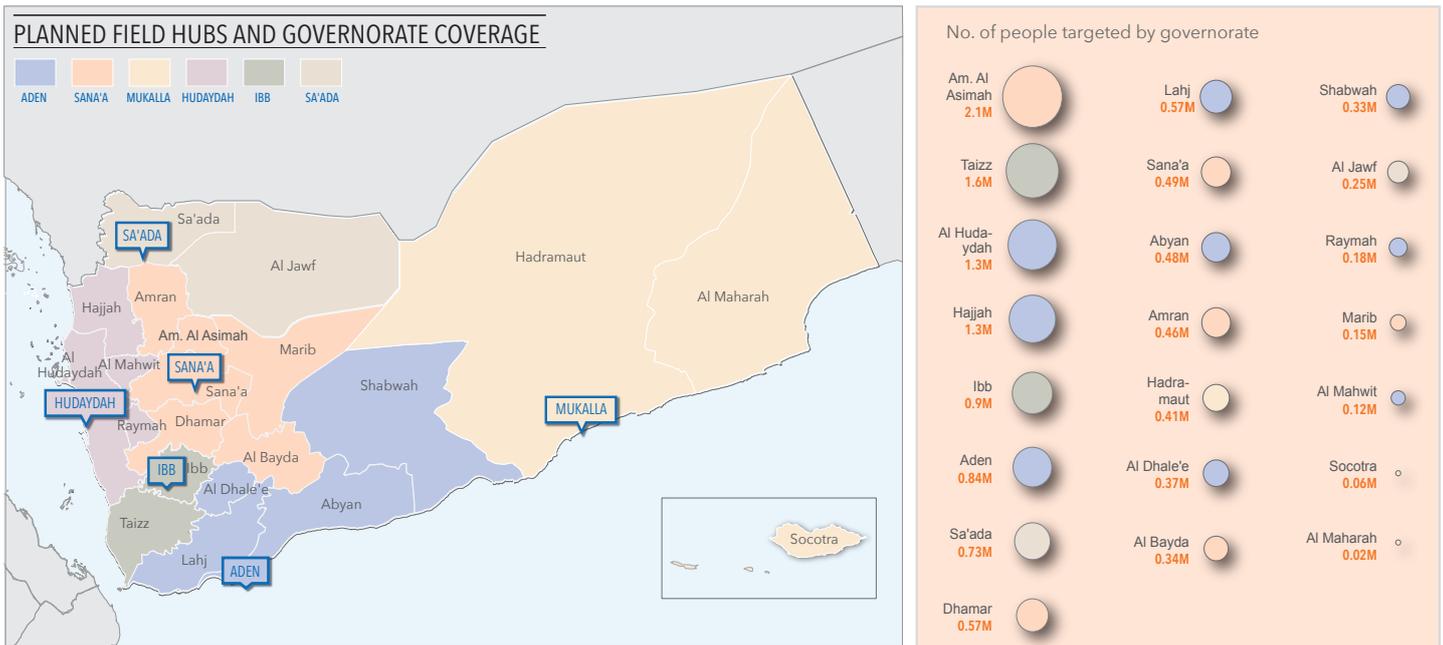
Partners are committed to field-based implementation that will see humanitarian staff safely deployed to field locations as close as possible to people with the most immediate needs. Active field presence has grown considerably since June 2015 (see “Operational Capacity” section). In 2016, partners will continue working to establish operational field hubs to facilitate implementation and monitoring of YHRP activities. As of January 2016, four hubs (Sana'a, Hudaydah, Sa'ada and Ibb) were already functioning. In areas where a permanent field presence may prove more difficult due to insecurity or

other constraints, partners will rely on established networks of trusted local partners and long experience – even before the current crisis – of effective remote management. The HCT and Inter-Cluster Coordination Mechanism (ICCM) will continue to act as the main forums for response-wide policy and operational issues respectively.

In all cases, YHRP activities will adhere to humanitarian principles as articulated in the [HCT-agreed guidelines for humanitarian action in Yemen](#). These guidelines outline mutual commitments by humanitarian partners and authorities and provide a framework for humanitarian response. All humanitarian assistance in Yemen will be delivered strictly based on needs, in accordance with international humanitarian principles and HCT commitments on accountability and transparency (see “Response Monitoring” section).

Protection and gender throughout the response

The HCT has identified two themes to be incorporated throughout the humanitarian programme cycle: gender and protection. Last year, the Inter-Agency Standing Committee (IASC) recognized the 2014-15 YHRP as a global best practice in terms of integrating gender considerations into planning.



In 2016, partners will build on this momentum, shifting greater attention to ensuring that planning considerations are borne out in implementation and captured by monitoring efforts. An IASC Gender Advisor and network of cluster gender focal points continue to support the HCT, ICCM and individual partners in this work.

As a priority, the HCT has also called for protection to be integrated substantively throughout the response. The HCT seeks to ensure that all activities are carried out in a way that promotes people's safety and dignity, in accordance with humanitarian principles, and to give beneficiaries a meaningful voice in determining what assistance they receive and judging its effectiveness. An IASC Protection Advisor joined the HCT in December 2015 to lead efforts to

develop an overarching HCT centrality of protection strategy with the main aim of providing a joined-up response to identified protection priorities. All clusters, with particular support of the Protection Cluster, will share responsibility for implementation of this strategy. Priorities of the HCT protection strategy are likely to include a common understanding of vulnerability; harmonization of criteria to identify and select potential beneficiaries; and identification of the different needs of affected populations, such as IDPs, host communities and other conflict-affected people. Involving all humanitarian actors in the development of the HCT protection strategy should ensure shared responsibility, clear division of roles, financial support (across clusters), a range of expertise and a pragmatic, achievable implementation plan.

Strengthening gender considerations in response

In 2015, partners continued to improve in designing gender-sensitive projects, but gaps remained in terms of implementation, monitoring and reporting. Several clusters are now reporting sex- and age-disaggregated data and using this data to inform programmatic response. To strengthen performance in this respect, Yemen will continue to pilot the IASC Gender and Age Marker for monitoring and will assess the extent to which commitments made in project design are delivered in implementation. In 2016, 80 per cent of projects supported by the Yemen Humanitarian Pooled Fund (YHPF) will report results using this new gender monitoring tool.

In 2016, the HCT will also continue to raise the bar on implementation and monitoring by strengthening quantitative indicators to measure equity of the response. These indicators will be complemented by qualitative analysis. Indicators include measuring the gender gap in access to assistance resources (goods, services, cash or jobs) experienced by men and women, or boys and girls. The 2016 YHRP will also strive to report where money goes, a standard first step in determining whether people are being treated fairly. Applying these indicators across activities will pose challenges and in some cases may not yet be possible. But the intent is clear: humanitarian programmes in Yemen will renew and expand efforts to ensure and demonstrate that assistance is provided equitably. More details on how these efforts will be measured are outlined in the indicators associated with YHRP Strategic Objective 3 (see Annex III).

Centrality of protection throughout the response

Responding to identified protection risks and violations is central to the provision of all activities within a humanitarian response and beyond. In practice, this requires the HCT to formulate an appropriate overarching protection strategy that goes beyond the Protection Cluster and is implemented jointly by all clusters. Sharing responsibility for ensuring protection outcomes that are pivotal to the response is essential to ensure that protection risks and violations are understood by all humanitarian actors, addressed holistically and not exacerbated by aspects of the response.

Understanding the context, including the operational realities, is important when developing a practical, feasible HCT protection strategy. A sound, cross-cluster context analysis of the situation facing affected people is crucial, including how these people are coping and what protection risks they face. The HCT protection strategy will build on the Protection Cluster strategy finalized in November 2015. It will serve to provide a system-wide response to protection risks, provide a harmonized approach to consultation with affected people (see below) and include data collection that can provide an evidence base for advocacy on key protection issues, including gaps in protection programming and risks facing affected people. Overall, ensuring protection is central to the response underlines the significance of protection to all aspects of the response and reinforces the accountability of the HCT towards affected people, particularly in relation to addressing protection risks and violations appropriately.

Engagement with and accountability to affected people

Consistent communication with affected communities improves humanitarian programmes by linking response efforts more closely with affected people's priorities. It also plays an essential role in dispelling negative or inaccurate perceptions of humanitarian partners, ensuring transparency and creating realistic expectations of what humanitarian assistance can provide. To be effective, community engagement must be founded on two-way dialogue. Although challenging in an emergency response, enabling affected communities to have a say in critical aid decisions, easily access information on services and provide feedback increases their collective strength and resilience. It also supports the development of more appropriate aid activities and could potentially play a role in monitoring any reports of diversion.

In late 2015, the ICCM established a working group to consolidate efforts on this issue. The working group brings together community engagement initiatives across the response, including active programmes (such as a newly established call centre) and planned activities. By consolidating efforts, feedback from affected communities will be escalated to humanitarian decision-makers through a single, easily accessible mechanism that will help managers incorporate the needs and concerns of those served into planning and implementation. Some work has already begun, but more resources are required to ensure the initiative will be able to run effectively throughout the year (See "Coordination and Safety" operational plan).

Financial requirements

Partners estimate that \$1.8 billion is required to deliver every target outlined in this plan and reach all 13.6 million people targeted with assistance. Based on the rising number of operational partners and strong performance in 2015 (see "Operational Capacity" below), partners are confident that all 2016 YHRP targets are achievable. As agreed by the HCT, financial requirements for all clusters except the Food

Security and Agriculture Cluster (FSAC) are based on an activity costing methodology that estimates per-unit (or per-beneficiary) costs for each activity as agreed within clusters. FSAC costs are based on aggregate activity estimates and do not provide per-unit costs. Per-unit costs for all other clusters appear in detailed cluster response plans that will be available online from 1 March: <https://www.humanitarianresponse.info/operations/yemen>.

JOINT

PROGRAMMING

As a component of the 2016 response strategy, partners are committed to strengthening joint programming as a way to address complex issues more effectively. Initial work is under way to bolster an integrated approach to two major challenges in Yemen: internal displacement and malnutrition.

Joint programming maximizes efficiency by pooling resources and expertise to address multi-dimensional challenges. Recognizing the need to improve in this area, partners have identified two major issues around which they will strengthen joint approaches in 2016: internal displacement and malnutrition.

Preparatory work on a joint approach to these issues has already been completed. A draft IDP Strategy was under HCT consideration in early 2016. Once finalized, this strategy will establish an overall framework for responding to displacement-related needs across clusters. In parallel, partners have agreed a joint approach within the Nutrition Cluster to scale up community management of malnutrition (CMAM).

The resulting CMAM action plan harmonizes the work of partners on this critical issue and could serve as a foundation for subsequent, more formalized inter-cluster approaches to malnutrition.

During the year, the HCT and ICCM will examine various strategies, including pooled fund allocations, to promote stronger joint programming where needed. This could potentially include the establishment of a common rapid response mechanism for IDPs, as well as an inter-cluster malnutrition response that will include contributions from the Food Security and Agriculture, WASH, Health and Nutrition clusters.

Developing a common HCT strategy for IDPs

With more than 2.5 million IDPs in Yemen, displacement is a major driver of vulnerability that calls for a joint response. It remains important to frame any focus on IDPs within the broader response for affected people - including host or conflict-affected communities. However, specific vulnerabilities faced by IDPs must be taken into consideration in order to ensure an appropriate, needs-based response.

The nature of a joint IDP response should be adapted to the specific location, depending on a number of factors - including the context faced by IDPs, the situation of other conflict-affected people (including host communities), humanitarian access, capacity of local actors and availability of services. Prior to any response, an analysis of the needs of all affected people - with a particular focus on IDPs - should be prepared at a cross-cluster level, including as much input from household-level assessments and focus group discussions as possible. Including affected people at this stage will support community representation and provide a more balanced, realistic and needs-based response.

With a more strategic response in place at the local level, a more integrated approach should emerge that assesses needs, identifies vulnerabilities and plans and implements response. A clear division of roles, responsibilities, expected outputs, outcomes and an agreed timeline will also help to establish a more consistent, strategic approach, as well as facilitate monitoring and adapting to changes in context. Coordinated advocacy on any challenges to providing humanitarian assistance should also be part of the response.

This holistic approach will also support HCT efforts to centralize protection and advocacy throughout the response. An overall, cross-cluster analysis will allow relevant humanitarian actors to prioritize their activities based on commonly agreed priority persons of concern or geographic areas, as well as focus on strengthening an integrated response. The main points to be considered regarding IDPs include:

- Development of harmonized vulnerability criteria for IDPs
- Identification and selection of IDPs as beneficiaries for assistance
- Development of agreed methodologies to provide a minimum assistance package to beneficiaries, and particularly to minimize any related risks or potential harm
- Respect for humanitarian principles in relation to the provision of assistance, with a focus on impartiality (assistance according to need) and neutrality
- Provision of appropriate types of assistance, based on analysis of protection risks and context
- Coordination of assistance to include actors outside formal coordination mechanisms
- Identification of gaps in assistance.

Joint CMAM scale-up and future inter-cluster collaboration on malnutrition

WFP, WHO and UNICEF adopted a common action plan in January 2016 to scale up CMAM, thereby bringing several key nutrition- and health-related interventions into a joint effort that will be coordinated through the Nutrition Cluster and involve all nutrition partners. The CMAM scale-up is required in light of deterioration in the nutrition situation and related sectors (food, health and WASH); the closure of an estimated 10 per cent of nutrition facilities; and limited geographic coverage of existing services. Strategies outlined in the plan optimize existing programmes across all nutrition partners to deliver quality services, expand to more areas and ensure that all CMAM components are in place. Objectives include:

- Deliver quality, life-saving management of acute malnutrition for at least 60 per cent of SAM and MAM cases in all children under 5 and pregnant and lactating women (PLW).
- Provide access to programmes preventing malnutrition (including blanket supplementary feeding to children under 2, vitamin A and micronutrient supplementation, de-worming and infant and young child feeding) for at least 60 to 70 per cent of vulnerable people.
- Ensure needs analysis of the nutrition situation, coordinate the response and monitor results.

Underpinning these strategies, WFP, WHO and UNICEF commit to provide technical support for partners; build capacity of health workers and community health volunteers; strengthen supply management; and improve monitoring and evaluation, advocacy, analysis and coordination.

The CMAM scale-up plan is an important step in strengthening joint programming, as it brings all nutrition partners together around a common way forward. Although the action plan does not directly address operational links with other clusters, it commits partners to pursue these links in the plan's implementation. Forming these links will enable the Nutrition Cluster to capitalize on programmes in other clusters that could boost coverage and strengthen existing programmes. Nutrition can also provide an entry point for other clusters' strategies, and joint protocols can be developed to enable all sectors to support each other's activities. For example, volunteer networks put in place by nutrition, health, food security or water and sanitation programmes could be mobilized together, ensuring that public messages about different activities are delivered more efficiently. These opportunities will be closely examined in 2016 and implemented as soon as feasible.

OPERATIONAL

CAPACITY

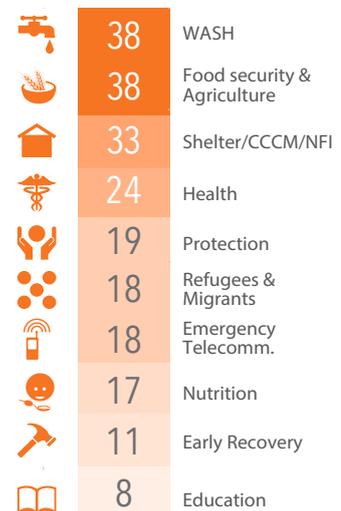
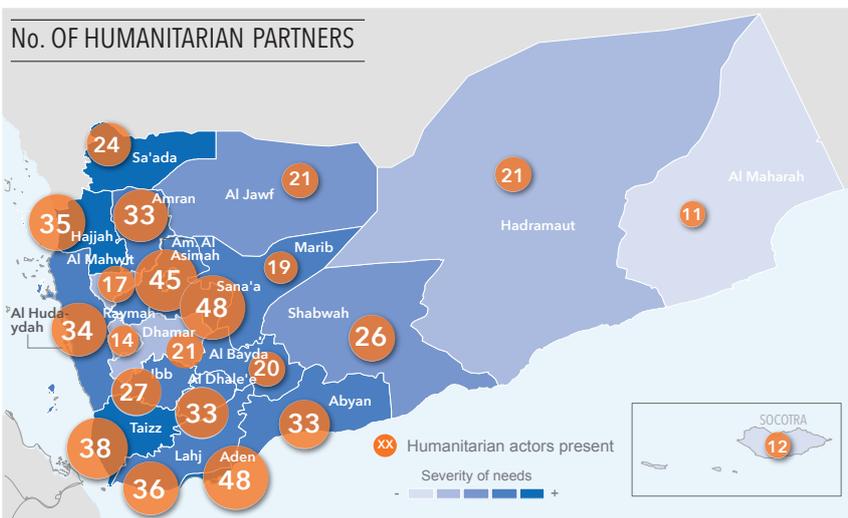
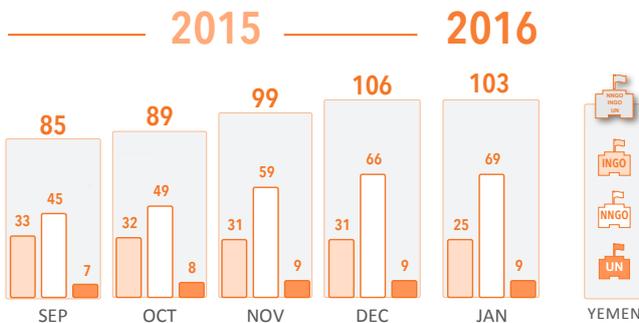
Operational capacity has improved considerably in Yemen since June 2015. As of January 2016, the humanitarian community counted 103 active partners in the coordinated response across the country – an increase of roughly 90 per cent in the last six months.

National non-governmental organizations (NNGOs), UN agencies and international NGOs (INGOs) have worked together throughout the crisis to deliver life-saving assistance and protection across Yemen. In 2016, partners are confident they possess the capacity required to meet all targets outlined in the YHRP, as demonstrated by substantial growth in the number of active partners and strong delivery in 2015.

Since June 2015, the number of partners participating in the coordinated response has nearly doubled, reaching 103 organizations in January 2016. More than half of these organizations are national NGOs. Although overall operational presence has expanded, international staff numbers inside Yemen remain considerably lower than pre-crisis levels. This has led to greater reliance on national staff and stronger

partnerships with national NGOs. In 2016, presence will continue to expand at the field level (see “Response Strategy” section). Partners will also seek to deepen relationships with national NGOs, including through joint initiatives to build capacity and potential strategic use of pooled funds to strengthen national partners.

Delivery results in 2015 also point to strong capacity. Across the response, partners reached at least 8.8 million people with humanitarian assistance last year – or about 75 per cent of the target, with 56 per cent of required funding. As demonstrated by the [Humanitarian Dashboard](#), cluster activity-level results were nearly all in line with – and in some cases exceeded – available resources.



HUMANITARIAN

ACCESS

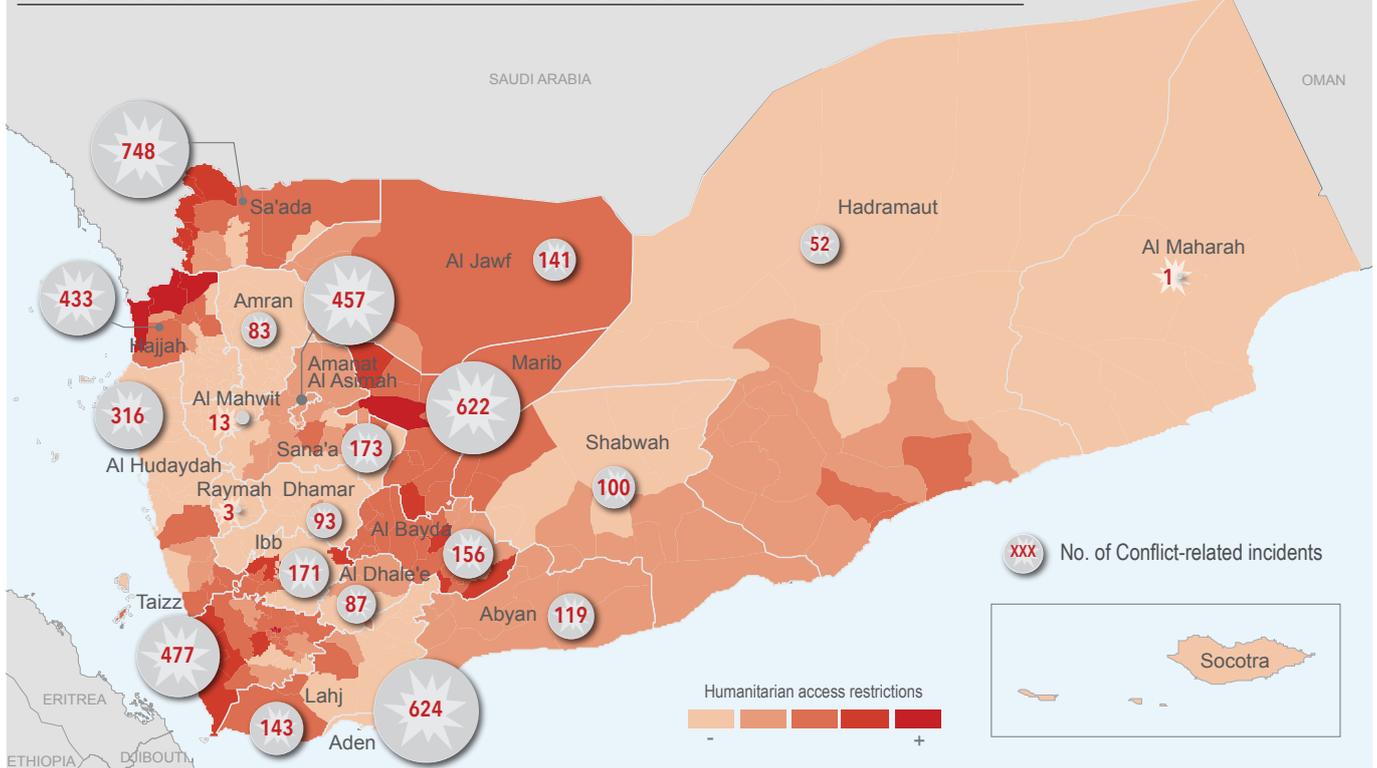
Access constraints continue to pose a serious challenge to humanitarian operations in several locations, most notably Taiz City and areas bordering Saudi Arabia. However, partners are able to work in the vast majority of the country, and assistance is able to reach almost all communities – albeit with occasional delays due to insecurity or interference by parties to the conflict.

As part of the planning process, OCHA field staff estimated the relative severity of access constraints in all 333 districts using a five-point scale. This analysis was then revised by clusters to reflect their operational experience. The result shows that severe access constraints – while unacceptable under any circumstances – are highly localized and relatively rare. Partners estimate that 75 per cent of districts in the country face relatively low access constraints, and only 7 per cent were categorized as facing either of the two highest levels of constraint. The most serious constraints persist in front-line areas in Taizz, Marib and Al Bayda, as well as areas of Hajjah and Sa'ada bordering Saudi Arabia that regularly experience heavy air strikes and cross-border shelling.

Although geographically limited, needs of affected people in these areas are among the most severe, and it is essential to overcome access obstacles as quickly as possible.

In 2016, partners will strengthen access monitoring and advocacy efforts, focusing on improving access and identifying the consequences on people in limited-access areas. An Access Monitoring and Reporting Framework was adopted in November, standardizing access constraint categories that will be tracked through a secure database that came online in December. These efforts will improve the level of detail on the nature and location of constraints and inform advocacy.

LEVEL OF ACCESS CONSTRAINTS BY DISTRICT AND NUMBER OF SECURITY INCIDENTS BY GOVERNORATE



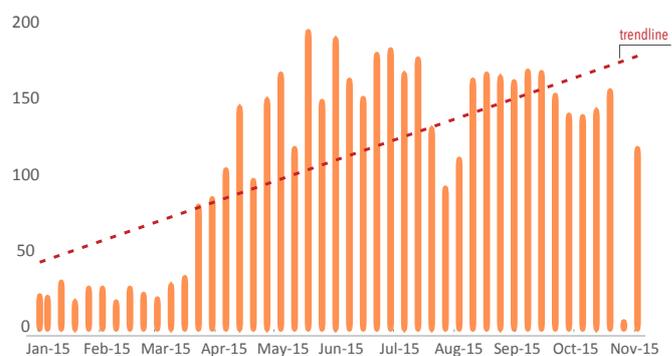
Humanitarian access to women and girls

Yemen’s gender context creates additional obstacles to ensuring equity and accountability in assistance, and partners may face difficulties in reaching women and girls even in communities where access is not a wider concern. Mindful of the need to promote equity across the response, the Access Monitoring and Reporting Framework has included an additional reporting element in Yemen that will track restrictions limiting direct access to or engagement with conflict-affected women. In 2016, all partners will work to find ways to improve their engagement with women and men in the equitable provision of humanitarian assistance

No. OF SECURITY INCIDENTS (January - November 2015)

 **5,012**

Reported security incidents* per week



* Includes reported incidents of armed conflict and terrorism.

Source: UNDSS, November 2015.

RESPONSE

MONITORING

Partners are committed to robust monitoring that will inform operational adjustments based on changing needs, thereby strengthening response effectiveness. The 2016 Response Monitoring Framework lays out the mechanics of monitoring YHRP Strategic Objectives and activities, including perspectives of affected people

Monitoring framework

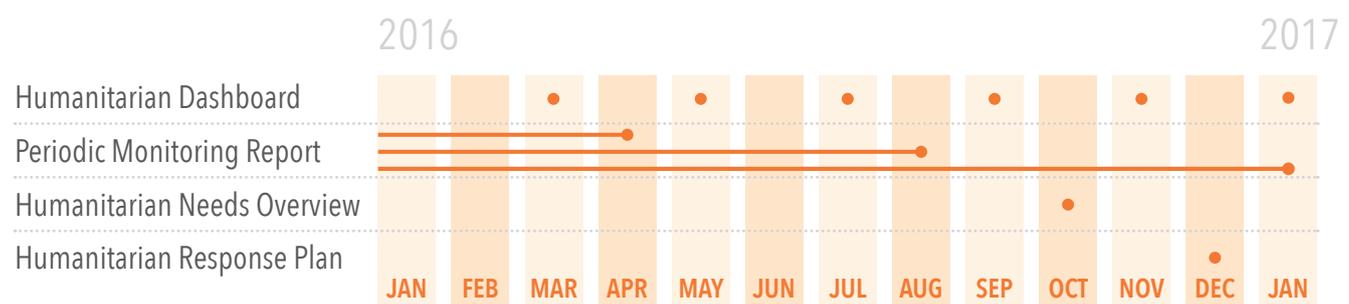
The ICCM has adopted a monitoring framework that will regularly track achievements against YHRP strategic objectives and activities. This framework covers the period from January to December 2016. It defines what will be monitored, how and when, and identifies responsibilities for monitoring and analysis. A single reporting format was put into place in September 2015 and will continue to serve as the basis for response tracking and monitoring at the cluster and inter-cluster levels.

In 2016, information on agreed activity-level indicators will be published every two months in the Humanitarian Dashboard. Information on indicators that track progress against the YHRP Strategic Objectives will be published in three “Periodic Monitoring Reports” that cover 2016. Activity targets and monitoring results will be available at the governorate-level, giving a clear sense of how assistance is distributed geographically. A detailed overview of indicators and targets associated with the Strategic Objectives, as well as operational activity indicators and targets, appear in Annex III.

Monitoring roles

Effective monitoring is a collective responsibility for which the HCT is ultimately accountable. Roles and responsibilities are divided as follows:

- The HC and HCT endorse the monitoring framework, reporting schedule and outputs, and are responsible for translating monitoring results into policy decisions to improve response effectiveness.
- OCHA oversees the monitoring process. This includes managing the monitoring schedule, collecting data from cluster coordinators, consolidating inputs and drafting reports, all in collaboration with clusters and the Information Management Working Group. OCHA also provides secretariat support to the Technical Working Group on Community Engagement, which will consolidate feedback on the response from affected people.
- Cluster coordinators and information managers lead the data collection process for their clusters in line with the agreed reporting schedule and work with partners to review and ensure data accuracy.
- Cluster Lead Agencies ensure that all clusters have full-time, dedicated cluster coordinators and information management support.
- Cluster partners report their organization’s progress against YHRP activities, using the cluster-agreed format and in line with the agreed reporting schedule.



Remote monitoring

Innovations in remote monitoring have the potential to mitigate difficulties tracking progress of humanitarian assistance in areas that are insecure or otherwise difficult to reach. As they did before the crisis, partners in Yemen are already relying on remote monitoring in many cases, using strategies such as call centres to verify delivery and gauge perceptions of the assistance received. Key informant networks have also been established to provide updated information on needs and the reach of response. These efforts have generated useful lessons, including the fact that mobile phone-based monitoring appears to skew towards

male respondents, with some partners reporting up to 9 in 10 mobile respondents being males.

In 2016, partners will work together to consider the potential for more coordinated remote monitoring as a way to complement existing approaches and triangulate information. Efforts to consolidate the approach to engagement with affected communities – including feedback on assistance – have already begun (see “Response Strategy” section). As part of this work, partners will closely examine global experiences with and best practices in remote monitoring from other large-scale emergencies, including Syria, Somalia and Afghanistan.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



21.2M

PEOPLE TARGETED



13.6M

REQUIREMENTS (US\$)



1.8 BN

Humanitarian partners in 2016 have consolidated their strategic focus to emphasize direct, life-saving assistance and protection. At all stages of the response, partners will work to ensure that women, men, boys and girls have equitable access to assistance, and that response activities promote sustainable recovery. Activities included in the 2016 YHRP passed several rounds of scrutiny to ensure they were essential to the plan's strategic objectives and within current implementation capacity.

Altogether, the YHRP includes 97 individual activities that will reach 13.6 million people – or roughly 65 per cent of those in need – in all governorates. Implementing the full plan will require \$1.8 billion. Requirements are divided between immediate priorities (75 per cent) – activities that cannot afford any delay without direct, immediate risk to lives – and critical activities (25 per cent) that are essential to delivering an effective, evidence-based response.

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	TOTAL	People targeted	BY SEX & AGE		BREAKDOWN OF PEOPLE TARGETED				TOTAL REQUIREMENTS		
	People in need		Men	Women	Boys	Girls	Cluster Total	Refugees & Migrants	Cluster	Refugees & Migrants	Total (US\$)
Food Security & Agriculture	14.4M	8.9M	2.1M	2.0M	2.4M	2.3M	8.8M	0.07M	\$847.1M	\$1.4M	\$848.5M
WASH	19.4M	7.4M	1.5M	1.5M	2.2M	2.1M	7.4M	0.07M	158.4M	1.7M	160.1M
Health	14.1M	10.6M	2.0M	2.3M	3.2M	3.1M	10.5M	0.09M	182.3M	6.9M	189.2M
Nutrition	3.0M	3.0M	0	0.43M	1.0M	0.96M	3.0M	0	178.9M	0	178.9M
Shelter/NFIs/CCCM	2.8M	2.0M	0.52M	0.58M	0.41M	0.43M	1.9M	0.07M	156.2M	6.8M	163.0M
Protection	14.1M	5.6M	1.5M	1.6M	1.2M	1.1M	5.4M	0.15M	52.4M	38.4M	90.8M
Child Protection	7.4M	2.0M	0.10M	0.10M	0.89M	0.89M	2.0M	0	22.6M	0	22.6M
GBV*	0.59M	0.59M	0.08M	0.23M	0.09M	0.19M	0.59M	0	9.1M	0	9.1M
Education	3.0M	1.8M	0.01M	0.01M	0.79M	0.96M	1.8M	0	27.5M	0	27.5M
Early Recovery	6.9M	3.4M	0.93M	0.89M	0.82M	0.79M	3.4M	0	51.1M	0	51.1M
Logistics	-	-	-	-	-	-	-	-	39.0M	-	39.0M
ETC*	-	-	-	-	-	-	-	-	1.8M	-	1.8M
Coordination & Safety	-	-	-	-	-	-	-	-	17.6M	-	17.6M
Refugees & Migrants Multi-sector	0.46M	0.46M	0.25M	0.10M	0.07M	0.04M	0.46M	0.46M	-	-	0
TOTAL	21.2M	13.6M	2.8M	2.6M	4.0M	3.8M	13.2M	0.46M	\$1,742.9M	\$55.2M	\$1799.3M

PART II: OPERATIONAL RESPONSE PLANS

-  Food Security and Agriculture
-  Water, Sanitation and Hygiene
-  Health
-  Nutrition
-  Shelter/NFIs/CCCM
-  Protection
-  Child Protection
-  Gender-Based Violence
-  Education
-  Early Recovery
-  Logistics
-  Emergency Telecommunications
-  Coordination & Safety

-  Refugee and Migrant Multi-Sector Response

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



FSA OBJECTIVE 1:

1 Improve availability of and access to food for the most vulnerable

RELATES TO S01

FSA OBJECTIVE 2

2 Ensure equitable access and protection for women, girls, boys, and men in all activities

RELATES TO S02 , S03

FSA OBJECTIVE 3

3 Improve food security by supporting agricultural livelihood systems, strategies and assets

RELATES TO S01 , S04

FSA OBJECTIVE 4

4 Strengthen capacity of partners, communities and authorities on preparedness and response

RELATES TO S02 , S04

CONTACT

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FOOD SECURITY AND AGRICULTURE



Response summary

Food Security and Agriculture partners have set four main objectives to guide response in 2016:

- Improve immediate household availability of and access to food for the most vulnerable people in Yemen through general food distribution, including cash/voucher transfers and inputs/assets for food.
- Ensure equitable access to assistance, services, resources, and protection measures for women, girls, boys, and men.
- Increase food security for at-risk groups by restoring and maintaining agricultural livelihood systems, strategies and essential assets, and developing livelihood and income-generating activities.
- Strengthen the capacity and coordination of partners, affected communities and local, regional and national level authorities to prevent and mitigate risks and implement effective emergency preparedness and response related to food security and agriculture.

To meet these objectives, partners in 2016 will progressively scale up to target 8.8 million people with various forms of humanitarian assistance – an increase of 16 per cent over targets in 2015. Priority locations remain the 10 governorates classified as “emergency

phase 4” and the nine classified as “crisis phase 3” in the June 2015 Integrated Phase Classification (IPC) exercise. Results of a new Emergency Food Security and Nutrition Assessment are expected in March 2016; these results will form the basis for a revised IPC analysis.

An estimated 7.6 million Yemenis are severely food insecure. The 2016 FSA plan therefore focuses on providing emergency food and livelihoods assistance to this vulnerable segment of the Yemeni population. A major portion of the 2016 plan will be geared towards providing life-saving assistance to this population through general food distribution or cash or voucher transfers. In 2015, emergency food assistance reached an average of 1.6 million people per month with regular and sustained monthly food rations. Partners aim to progressively scale up this activity during 2016, moving from an initial target of about 3.5 million people in the first quarter to all 7.6 million severely food insecure people by year-end. As an overall target, 7.6 million people represents the maximum number of people who will receive emergency food assistance during the year. Based on these scale-up plans, partners project that an average of 4 million people would receive regular and sustained emergency food assistance every month. The World Food Programme (WFP) will cover about 80 per cent of the emergency food assistance target (6 million people). NGO partners will lead on the remaining 20 per cent (1.6 million people). Estimated requirements for the

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

		BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL
		Men	Women	Boys	Girls			
PEOPLE IN NEED		3.5M	3.3M	3.9M	3.8M	14.4M	0.07M	14.5M
PEOPLE TARGETED		2.1M	2.0M	2.4M	2.3M	8.8M	0.07M	8.9M
FINANCIAL REQUIREMENTS	Immediate					\$803.7M	\$1.4M	\$805.1M
	Critical					\$43.4M	\$0M	\$43.4M
	TOTAL					\$847.1M	\$1.4M	\$848.5M

emergency food assistance activity (\$803.7 million) are based on costs of progressively scaling up to 7.6 million recipients during the year.

In order to increase food security for at-risk groups and promote improvements in food security and community resilience, partners also aim to restore and maintain agricultural, livestock and fisheries systems by providing emergency livelihoods assistance to 700,000 Yemenis in the form of agricultural, livestock and fisheries inputs or assets. This is crucial considering that these are the main source of livelihoods for approximately 54 per cent of the Yemeni population. In addition, 500,000 people will be targeted with livelihoods restoration programmes that provide longer-term essential assets support in order to reduce dependence on humanitarian aid and put Yemenis back on the path of recovering their lost livelihoods.

Operational capacity

Partners regularly analyse access and capacity constraints in order to ensure that planned activities are prioritized and feasible. Regular capacity building exercises take place with national organizations and relevant government counterparts in order to strengthen local-level response capacity and broaden participation. These efforts include ongoing capacity audits of local organizations that seek to broaden cluster membership (especially at the sub-national level) in order to

promote stronger implementation and response, especially in light of the access constraints in some locations. As a result, capacity is growing substantially, with the number of active partners in the Food Security and Agriculture Cluster nearly doubling since June 2015.

Mainstreaming protection and gender

Partners have integrated protection and gender considerations into the 2016 strategy. All activities will be implemented in non-discriminatory and impartial ways and will promote the dignity of people receiving assistance. This includes efforts to avoid unintended negative consequences in line with a general “do no harm” approach. Partners will maintain existing communication channels with affected communities and will establish beneficiary complaint and response mechanisms. These mechanisms will facilitate greater consideration of vulnerabilities and coping strategies within communities and specific groups.

All objectives and activities have indicators that are sex- and age-disaggregated and will be regularly monitored. The distinct needs of men, women, boys, and girls are considered in all aspects of the programme cycle. Partners have committed to assess implications of planned activities for men, women, boys, and girls. Women's and men's concerns will constitute an integral part of programme design, implementation, monitoring and evaluation so as to ensure equitable assistance.

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



WASH OBJECTIVE 1:

- 1 Restore or maintain sustainable water and sanitation systems to improve public health and resilience.

RELATES TO S01 , S04

WASH OBJECTIVE 2

- 2 Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality.

RELATES TO S01

WASH OBJECTIVE 3

- 3 Ensure sufficient sectoral coordination and capacity at the national and sub-national levels.

RELATES TO S04

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WATER, SANITATION AND HYGIENE



Response summary

In 2016, WASH partners intend to reach 7.4 million people with emergency WASH assistance, including IDPs, refugees, migrants and conflict-affected or otherwise vulnerable groups. This represents a 40 per cent increase over 2015 targets – a reflection of intensifying needs and growing cluster capacity.

The 2016 plan is largely an expansion of 2015 activities. It addresses the impact on WASH services of continuing conflict, lack of fuel to run water and sewage works, system breakdowns and natural disasters. Activities are primarily comprised of support to water and sanitation systems (e.g., damage repair, fuel support, etc.), direct provision of water and sanitation in severely affected areas and distribution of hygiene items. The majority of targeted people are in Sana'a, Taizz, Aden, Al Hudaydah, Abyan, Lahj, Hajjah and Hadramaut governorates.

Operational capacity

Higher targets in 2016 have been set based on demonstrated progress in 2015 and an increase in the number of partners. WASH partners in 2015 reached just over 100 per cent of the targeted number of beneficiaries, with individual activities to provide clean water significantly exceeding targets. With a growing number of active WASH partners since June, the cluster is well placed to expand operations in 2016. More partners – including national NGOs – participated in the 2016 planning process than ever before. Full-time sub-cluster coordinators are in

place in Aden and Al Hudaydah.

Planned activities prioritize highest-need areas where access, security and local capacity already exist. Targets in high-need areas that do not meet these criteria have been revised downwards, such as in Marib and Al Jawf where partners have struggled to implement. Partners have also excluded two governorates – Al Maharah and Raymah – due to limited impact of the current crisis and a lack of active partners.

Mainstreaming protection and gender

Cluster partners recently drafted gender and protection guidelines for WASH activities. These guidelines adapt global standards to the Yemen context and will ensure that all activities consider gender and protection at every stage of the programme cycle. As one example of how this is changing practice, cluster partners now monitor their commitments to ensure separate beneficiary consultations with representatives of different groups – including men, women, boys, girls, the elderly and people with disabilities. These consultations help to ensure that programmes provide appropriate, equitable access and mitigate against violence – such as taking care to locate alternative water points or communal latrines in areas safe for children, women and other vulnerable groups. All WASH projects are required to have safe, accessible and responsive beneficiary feedback mechanisms.

Cluster partners have also made a specific commitment to prioritize the participation of

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE					Total	Refugees & Migrants	GRAND TOTAL
	Men	Women	Boys	Girls				
PEOPLE IN NEED	4.6M	4.5M	5.2M	5.0M	19.4M	0.07M	19.4M	
PEOPLE TARGETED	1.5M	1.5M	2.2M	2.1M	7.4M	0.07M	7.4M	
FINANCIAL REQUIREMENTS	Immediate					\$151.3M	\$0M	\$151.3M
	Critical					\$7.1M	\$1.7M	\$8.8M
	TOTAL					\$158.4M	\$1.7M	\$160.1M

girls (particularly adolescents) and women in consultations, despite the difficulty in achieving this in community- or household-level programmes. At field level, partners take special steps to promote equitable access to WASH services (e.g. water collection hours and locations), and are active in

gender groups and training. The cluster also has two gender focal points available to assist partners on gender-related issues, and has developed Yemen-specific tools for partners to address gender, age and protection issues.

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



HEALTH OBJECTIVE 1:

- 1 Ensure availability of a range of integrated primary health care services in priority districts

RELATES TO SO1

HEALTH OBJECTIVE 2

- 2 Improve information management, planning, coordination, monitoring and evaluation of all programmes

RELATES TO SO4

HEALTH OBJECTIVE 3

- 3 Rehabilitate health services and build capacity to strengthen resilience and early recovery

RELATES TO SO4

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HEALTH

Response summary

In 2016, cluster partners will target 10.6 million people across the country, or 75 per cent of the 14.1 million people currently estimated to lack adequate access to health care. This is roughly the same number of people targeted in 2015. Although the operational plan retains a strong focus on mass casualty management, the main emphasis has shifted to support availability of life-saving essential healthcare in affected areas, including maintenance of the supply chain. This shift reflects the accelerating collapse of health services across the country. Global activities include environmental health, procurement and distribution of basic medicine and supplies, immunization, vector control, and reproductive and maternal health services through fixed facilities, mobile units and community outreach. Wherever needed and feasible, HIV/AIDS concerns will be incorporated into activities, including provision of minimum HIV services in an emergency setting.

Partners are also maintaining support for basic disease surveillance and information management so as to rapidly contain potential public health risks or outbreaks. Activities are primarily prioritized in the most conflict-affected governorates: Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Jawf, Amanat Al Asimah, Amran, Hajjah, Lahj, Marib, Sana'a, Shabwah, Sa'ada and Taizz.

Operational capacity

Although the number of people targeted is roughly the same as last year, individual activity-level targets have increased in several cases, pushing overall requirements higher. Based on performance in 2015, partners possess adequate capacity to expand programmes this year. Overall, Health Cluster partners reached 78 per cent of target beneficiaries in 2015 – roughly in line with 70 per cent funding levels. Since June 2015, the number of active health partners has also increased by 21 per cent. Sub-national clusters are active in Aden, Hudaydah and Hajjah, with plans for a similar hub in Sa'ada to be established in early 2016.

Partnerships with authorities will also support the response. Although public health services are rapidly receding, most governorate- and district-level major hospitals and health teams remain operational, as do facility- and community-based health workers. Access challenges, though severe in several locations, are major concerns only in relatively few areas. Partners intend to work closely with health authorities in all locations, prioritizing the most affected areas.

Mainstreaming protection and gender

Partners have adopted the following principles on protection:

- “Do no harm”: Prevent and minimize unintended negative effects of activities that increase physical, mental or psychosocial risks.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL	
	Men	Women	Boys	Girls				
PEOPLE IN NEED	2.7M	3.1M	4.2M	4.1M	14.1M	0.09M	14.2M	
PEOPLE TARGETED	2.0M	2.3M	3.2M	3.1M	10.5M	0.09M	10.6M	
FINANCIAL REQUIREMENTS	Immediate					\$145.3M	\$6.9M	\$152.2M
	Critical					\$37.0M	\$0M	\$37.0M
	TOTAL					\$182.3M	\$6.9M	\$189.2M

- Equality: Ensure affected people have access to impartial, equitable assistance and services without barriers, discrimination or diversion.
- Accountability: Maintain appropriate mechanisms through which affected people can provide feedback on assistance. In 2016, this will include focus group discussions with current and potential beneficiaries that will gauge the appropriateness and effectiveness of services.
- It is increasingly difficult for Yemeni women, girls and boys to access health services. In order to address this disparity, cluster partners have agreed to:
 - Collect sex- and age-disaggregated data and use this data to inform planning and programme changes.
 - Analyse different effects of the crisis on the access of women, girls, boys and men to health care, and adapt response activities accordingly.
 - Promote delivery with skilled birth attendants in order to reduce excess maternal mortality.
 - Promote women's empowerment, including equal opportunities in staffing, training and assistance.
 - Facilitate cultural and gender-sensitive health facilities.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS in (US\$)



OF PARTNERS



NUTRITION OBJECTIVE 1:

1 Improve equitable access to quality life-saving services for acutely malnourished children and mothers*

RELATES TO S01

NUTRITION OBJECTIVE 2

2 Prevent under-nutrition among children and mothers* in priority governorates

RELATES TO S01 , S04

NUTRITION OBJECTIVE 3

3 Strengthen capacity of relevant authorities and local partners to ensure effective nutrition response

RELATES TO S04

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* Children under 5 and pregnant or lactating women

NUTRITION

Response summary

In 2016, Nutrition Cluster partners intend to reach all 3 million people in need of nutrition services – including roughly 2 million acutely malnourished children under 5 and pregnant or lactating women (PLW), in addition to 1 million who are at risk of malnutrition and require preventive services. This represents nearly twice as many people as targeted in 2015 – a reflection of growing malnutrition and declining service availability. The cluster will maintain an approach grounded in community management of acute malnutrition (CMAM). Cluster partners in early 2016 approved a major CMAM scale-up plan that will boost service availability across the country.

YHRP activities have been reviewed to include only the most essential programmes: treatment of severe and moderate acute malnutrition, nutrition screening, micronutrient supplementation and blanket supplementary feeding. Recognizing the indispensable role of families and community members in CMAM, partners will also provide counselling on infant and young child feeding practices for care-takers and build capacity of local technical authorities. Partners have identified ten top-priority governorates in which they intend to reach all health facilities providing nutrition services; in second- and third-priority governorates, the target is to reach up to 70 per cent of health facilities.

Operational capacity

Partners completed a capacity evaluation during the YHRP process in order to determine the degree to which 2015 targets could be realistically expanded. In the relatively few areas where access remains a serious challenge, partners have agreed to scale up by supporting existing health facilities, deploying mobile teams or establishing temporary treatment centres.

Delivery results in 2015 strongly indicate the cluster's ability to sustain larger operations this year. Altogether, partners reached nearly three times as many people in 2015 as they had originally intended, mainly as a result of a wide-reaching micronutrient supplementation programme. Performance in other activities – including SAM treatment and targeted supplementary feeding for PLW – was likewise strong, reaching nearly 100 per cent of targets by the end of the year.

The number of active partners has also expanded somewhat, with one new partner in the cluster and more expected in the coming months. Capacity building programmes and local partnerships – important components of the overall 2016 plan – also constitute critical investments in operational capacity. Active sub-national clusters are functioning in Aden, Hudaydah and Ibb.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

		BY SEX & AGE						
		Men	Women	Boys	Girls	Cluster total	Refugees & Migrants	GRAND TOTAL
	PEOPLE IN NEED	0M	0.78M	1.1M	1.1M	3.0M	NA	3.0M
	PEOPLE TARGETED	0M	0.78M	1.1M	1.1M	3.0M	NA	3.0M
FINANCIAL REQUIREMENTS	Immediate					\$111.9M	\$0M	\$111.9M
	Critical					\$67.0M	\$0M	\$67.0M
	TOTAL					\$178.9M	\$0M	\$178.9M

Mainstreaming protection and gender

Nutrition activities are decentralized to ensure that programme planning and implementation occur as close to beneficiaries as possible. This approach promotes protection mainstreaming, as local planning is more attuned to possible protection risks. Partners will seek to strengthen consultation with affected people in programme design, implementation and monitoring in 2016. This will include an initiative to gather, analyse and aggregate community feedback. Outreach will include sharing outcomes of needs assessments and community engagement throughout the programme cycle.

Partners will also strengthen links with existing community structures and promote the creation of men's and women's groups in order to better disseminate nutrition education and information. Most community volunteers are women, and partners will implement strategies next year to include more males in community mobilization efforts, in light of the fact that men often exert significant control over household resources and practices. Within the cluster, partners will strengthen the gender balance in all stages of the programme cycle and capacity building activities. All nutrition assessments, reports and analyses will disaggregate data by sex and age.

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



SHELTER OBJECTIVE 1:

1 Provide adequate shelter solutions and non-food items to the most vulnerable

RELATES TO S01

SHELTER OBJECTIVE 2

2 Ensure access to basic services for the most vulnerable living in collective centres and settlements

RELATES TO S01 , S02

SHELTER OBJECTIVE 3

3 Strengthen local stakeholders' capacity for Shelter, NFI & CCCM response

RELATES TO S04

SHELTER, NFIS & CCCM



Response summary

In 2016, partners intend to assist just over 2 million people, including vulnerable IDPs, host communities, refugees and migrants. This represents an increase of 60 per cent over 2015 targets, driven by growing displacement estimates and some early, voluntary IDP returns, mainly in the south.

Ongoing conflict and its shift to new locations have exacerbated needs for shelter and non-food items (NFIs). Partners will therefore prioritize delivery of NFIs, emergency shelter kits, tents, return kits and where appropriate, humanitarian cash assistance (including rental subsidies). Partners also intend to rehabilitate a limited number of damaged houses, construct transitional shelters, and rehabilitate collective centres hosting IDPs. Finally, partners will support several limited capacity-building programmes – as well as increase post-distribution monitoring – in order to strengthen cluster-level performance and accountability.

Operational capacity

Programme delivery in 2015 indicates sufficient capacity to expand targets this year. With only 29 per cent of financial requirements funded, partners prioritized the most essential programmes in 2015, reaching 45 to 47 per cent of respective targets for distribution of NFIs and emergency shelter kits. With more funding, partners anticipate no major obstacles to scaling up operations.

Strong linkages with local NGOs also ensure effective coverage and capacity nationwide.

In 2016, partners aim to strengthen collaboration with local authorities, NGOs and CBOs across the response. Active sub-national clusters are functioning in Aden and Hudaydah.

Mainstreaming protection and gender

Partners will continue to identify potential physical and psychological threats to people accessing services and will act to prevent, minimize, or mitigate these threats. Partners will also pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services – including female-headed displaced households and minority groups. Partners plan to establish mechanisms for beneficiaries to provide feedback and for cluster partners to address concerns.

Gender analysis will inform all activities, and partners will consider gender equity throughout the response, aiming for equal participation of men and women. Partners will also work to ensure that assessments have female enumerators and will seek participation of affected women and girls. Shelter solutions and NFI distributions will take steps to preserve the privacy and safety of women, men, girls and boys. Partners will also work to report on actual access to assistance by both men and women and will provide data disaggregated by sex and age.

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NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL
	Men	Women	Boys	Girls			
PEOPLE IN NEED	0.75M	0.83M	0.58M	0.61M	2.8M	0.07M	2.8M
PEOPLE TARGETED	0.52M	0.58M	0.41M	0.43M	1.9M	0.07M	2.0M
FINANCIAL REQUIREMENTS	Immediate				\$84.7M	\$0M	\$84.7M
	Critical				\$71.5M	\$6.8M	\$78.3M
	TOTAL				\$156.2M	\$6.8M	\$163.0M

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

* Includes \$30.7 M for Refugee & Migrant Response Plan

OF PARTNERS



PROTECTION OBJECTIVE 1:

1 Identify, analyse and advocate on protection risks, rights violations and population movements

RELATES TO S02

PROTECTION OBJECTIVE 2

2 Provide direct assistance to individuals with protection needs, including survivors of rights violations

RELATES TO S01 , S02

PROTECTION OBJECTIVE 3

3 Strengthen capacity of and communication with affected communities to promote positive coping strategies and participation in the response

RELATES TO S02 , S04

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PROTECTION



Response summary

In 2016, Protection partners intend to reach 5.6 million people, including nearly 153,000 refugees and migrants, with a range of protection services. This represents a decrease of about one-third over targets in the 2015 Revised YHRP. The decrease is the outcome of a careful review of existing capacity and prioritization, rather than a reflection of actual protection needs – which have in fact increased by an estimated 25 per cent since June 2015.

In 2016, partners will prioritize displacement tracking, assessments and communicating with communities. These activities will identify individual cases for targeted direct protection assistance, including psychosocial and legal assistance, cash and material support. Community-based protection networks will be supported to empower communities and foster resilience, and capacity-building efforts will seek to promote basic protection principles within communities and across the response.

Details on the provision of crucial protection and material assistance services for asylum-seekers, refugees and migrants are included in the Refugee and Migrant Multi-Sector response chapter.

Operational capacity

Partners have revised targets downwards to reflect current operational capacity and

prioritized activities that will identify people in need of direct protection assistance and provide a sound evidence base for the overall response (e.g., displacement tracking). As a result, the number of people targeted has decreased by 25 per cent, and targets for direct assistance such as psychosocial support and legal, material or cash assistance are modest and achievable. In the relatively few areas where serious access constraints persist, partners will re-allocate resources to more accessible locations. Sub-national cluster coordination is currently active in Hudaydah and Aden.

Mainstreaming protection and gender

The Protection Cluster plays a central role in promoting and supporting protection across all aspects of the response. Cluster partners have developed specific tools for assessments, including population movement tracking and in-depth protection assessments that analyse cross-sectoral needs from a protection perspective. Results are used to understand key protection challenges, trigger targeted protection assistance and inform the broader response. Mainstreaming protection will be a fundamental aspect of the HCT centrality of protection strategy (See “Response Strategy” chapter). This strategy will guide the integrated approach to protection throughout the response.

Cluster partners have also established a call centre to promote two-way communications

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL	
	Men	Women	Boys	Girls				
PEOPLE IN NEED	3.4M	3.2M	3.8M	3.7M	14.1M	0.15M	14.2M	
PEOPLE TARGETED	1.5M	1.6M	1.2M	1.1M	5.4M	0.15M	5.6M	
FINANCIAL REQUIREMENTS	Immediate					\$8.7M	\$4.1M	\$12.8M
	Critical					\$43.7M	\$34.3M	\$78.0M
	TOTAL					\$52.4M	\$38.4M	\$90.8M

with affected people. This work will be coordinated with other community engagement efforts through the ICCM Technical Working Group on Community Engagement. Information collected will be analysed to identify specific

protection challenges and support advocacy. All data collected through assessments, the call centre or other means will be disaggregated by sex and age.

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

SUB-CLUSTER OBJECTIVE 1:

1 Protect, advocate and monitor children's rights to life and survival

RELATES TO SO2

SUB-CLUSTER OBJECTIVE 2

2 Ensure access to life-saving services for conflict-affected girls and boys

RELATES TO SO1 , SO2

CHILD PROTECTION



Response summary

In 2016, sub-cluster partners aim to reach 2 million boys, girls and community members with essential protection services. This target represents about a quarter of those estimated to require child protection services and is largely unchanged since 2015. The Monitoring and Reporting Mechanism for grave child rights violations (MRM) will be expanded to ensure more effective monitoring, documentation, advocacy and protection of children. Partners also aim to provide mine risk education for over 500,000 children and community members in conflict-affected areas, and to provide psychosocial support to almost 400,000 affected children. Unaccompanied and separated children and gender-based violence survivors will be provided with individualized protection services.

In order to ensure that plans are achievable, partners agreed to suspend programmes on disarmament, demobilization and reintegration of children associated with armed groups. Although this service remains a priority, it is not possible to make substantial progress amid ongoing insecurity and the absence of a peace agreement. This decision will be continuously reviewed during the year. In the meantime, recruitment prevention messaging and awareness raising activities will be integrated into child-friendly spaces.

Operational capacity

Activities and targets in 2016 were determined based on an analysis of partners' current operational capacity and access constraints. In areas without continuous partner presence or where access is compromised due to active fighting, targets were revised downwards. In these areas, partners will seek alternative solutions, such as deploying mobile teams and maximizing partnerships with community-based partners.

Performance in 2015 strongly indicates sub-cluster capacity to deliver on planned targets. In 2015, the MRM covered 127 per cent of its targeted catchment population, and partners delivered life-saving mine risk education to 340,000 children, or 94 per cent of the target. Sub-national coordination hubs are active in Aden, Hudaydah and Sa'ada.

Mainstreaming protection and gender

Girls and boys of different age groups face different protection risks in the current conflict, and partners factor these differences into planning, response and monitoring. Partners will deliver training and capacity building programmes to ensure that child protection staff, government actors and partners understand the unique risks, vulnerabilities and capacities of girls and boys and how to address them sensitively and efficiently.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

		BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL
		Men	Women	Boys	Girls			
PEOPLE IN NEED		0M	0M	3.8M	3.6M	7.4M	NA	7.4M
PEOPLE TARGETED		0.10M	0.10M	0.89M	0.89M	2.0M	NA	2.0M
FINANCIAL REQUIREMENTS	Immediate					\$8.5M	\$0M	\$8.5M
	Critical					\$14.1M	\$0M	\$14.1M
	TOTAL					\$22.6M	\$0M	\$22.6M

Note: Child Protection partners did not identify men or women in need of direct services when developing the HNO. However, partners agreed on the need to include outreach to children's adult caregivers as part of providing an effective response package.

Elements of the Refugee and Migrant Multi-Sector response (RMMS) covering child protection are included in the overall protection portfolio of the RMMS.

CONTACT

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Child Protection Minimum Standards provide guidance on accountability between child protection actors and the families they assist. More active participation will be encouraged throughout the programme cycle in

order to maximize opportunities for direct feedback – including complaints – to influence programme planning, implementation and monitoring.



GENDER-BASED VIOLENCE

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS

in (US\$)



SUB-CLUSTER OBJECTIVE 1:

1 Ensure GBV prevention and multi-sectoral response in conflict-affected areas

RELATES TO S01 , S02

SUB-CLUSTER OBJECTIVE 2

2 Strengthen GBV referral and coordination mechanisms to enable timely response

RELATES TO S02 , S04

SUB-CLUSTER OBJECTIVE 3

3 Expand reliable and verified GBV data collection in affected governorates

RELATES TO S02

Response summary

In 2016, partners working on GBV issues aim to provide services to nearly 600,000 people – over 70 per cent of whom are women or girls. Although gender-based violence cases are notoriously under-reported, the number of reported cases is steadily increasing. Partners see an urgent need to scale up GBV prevention and response, including clinical management of sexual assault, psychosocial support, legal assistance and safe shelter for GBV survivors. In parallel, partners aim to raise awareness of GBV issues among affected communities as a means to promoting prevention and referral to available services. Partners also seek to expand the GBV Information Management System in order to ensure availability of reliable data that will inform response.

Operational capacity

Performance in 2015 demonstrates adequate capacity to deliver on planned targets. In 2015, partners reached nearly 100 per cent of key targets, providing dignity kits to almost 70,000 people and reaching nearly 5,000 survivors with GBV response services. In 2016, partners are taking the following steps to bolster response capacity further:

- Strengthen relationships with national partners that possess unique outreach capacities (e.g., women's groups).

- Maintain active GBV sub-cluster presence in the north and south.
- Consult with local community-based organizations to promote access and delivery

Mainstreaming protection and gender

GBV partners are committed to incorporating protection and gender considerations throughout the programme cycle. Partners will involve target communities at all stages of project implementation without sacrificing confidentiality and have already activated a hotline to address GBV issues. Local actors, such as local councils and national NGOs, will also be involved.

Although GBV mainly affects women and girls, 30 per cent of target beneficiaries are men and boys, recognizing the different GBV issues that affect these groups. All targeting, implementation and reporting will be undertaken in a gender-sensitive manner, including sex- and age-disaggregated data. Throughout the year, the GBV Sub-Cluster will also work closely with all clusters to ensure measures are in place to mitigate and prevent GBV risks across the response.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL
	Men	Women	Boys	Girls			
PEOPLE IN NEED	0.08M	0.23M	0.09M	0.19M	0.59M	NA	0.59M
PEOPLE TARGETED	0.08M	0.23M	0.09M	0.19M	0.59M	NA	0.59M
FINANCIAL REQUIREMENTS	Immediate				\$5.0M	\$0M	\$5.0M
	Critical				\$4.1M	\$0M	\$4.1M
	TOTAL				\$9.1M	\$0M	\$9.1M

Note: Elements of the Refugee and Migrant Multi-Sector response (RMMS) covering gender-based violence are included in the overall protection portfolio of the RMMS.

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PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



EDUCATION OBJECTIVE 1:

1 Provide equitable access to child-friendly learning spaces for crisis-affected girls and boys

RELATES TO SO2 , SO4

EDUCATION OBJECTIVE 2

2 Improve crisis-affected girls' and boys' coping mechanisms via psychosocial support and life skills

RELATES TO SO2

EDUCATION OBJECTIVE 3

3 Provide sustainable alternative education opportunities to crisis-affected girls and boys

RELATES TO SO2

EDUCATION

Response summary

In 2016, Education Cluster partners intend to reach 1.8 million school-aged children, teachers and education authorities with emergency education services – about 60 per cent of those who require assistance. To mitigate the impact of conflict on children's right to education, partners will prioritize emergency classroom repairs, temporary learning spaces, alternative education and psychosocial support. Partners will also support capacity building for education authorities to ensure continuity in the education system despite ongoing conflict. Activities will focus on governorates that received the highest cluster needs severity rankings in the HNO: Abyan, Aden, Amanat Al Asimah, Ibb, Lahj, Marib, Sana'a, Al Dhale'e, Amran, Hajjah, Sa'ada and Taizz.

Operational capacity

In the 2016, partners will draw on expertise from UN agencies, INGOs, community-based organizations (CBOs) and the Ministry of Education to implement emergency education activities in the YHRP. Strong partnerships at the community level – managed through active sub-national coordination mechanisms in Aden and Hudaydah – also help to ensure adequate capacity. Cluster performance in 2015 demonstrates partners' delivery capacity. With 42 per cent of requirements funded last

year, partners provided a compensational learning programme to nearly 600,000 students (65 per cent of the target) and rehabilitated or equipped schools serving nearly 40,000 students, among other achievements.

Mainstreaming protection and gender

Cluster partners are committed to supporting equal and safe access to education. In order to promote protection, partners will work with CBOs to train teachers and education personnel on psychosocial support in schools and life skills. This approach strengthens coordination and engagement with affected people and will encourage greater participation of children and their families at all stages of the programme cycle.

Partners will also ensure that all activities are informed by gender considerations and promote equitable access to education for boys and girls – including by working with WASH partners to ensure gender-sensitive WASH facilities in schools. Planning figures have been disaggregated by sex and age, and monitoring and reports will maintain this practice.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL	
	Men	Women	Boys	Girls				
PEOPLE IN NEED	0.04M	0.02M	1.6M	1.3M	3.0M	NA	3.0M	
PEOPLE TARGETED	0.01M	0.01M	0.79M	0.96M	1.8M	NA	1.8M	
FINANCIAL REQUIREMENTS	Immediate					\$0M	\$0M	\$0M
	Critical					\$27.5M	\$0.0M	\$27.5M
	TOTAL					\$27.5M	\$0.0M	\$27.5M

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PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS in (US\$)



OF PARTNERS



EARLY RECOVERY OBJECTIVE 1:

- 1** Reduce impact of unexploded ordnance and landmines on conflict-affected communities

RELATES TO S01 S02 S04

EARLY RECOVERY OBJECTIVE 2

- 2** Strengthen capacity of local stakeholders to deliver humanitarian assistance and support recovery

RELATES TO S04

EARLY RECOVERY OBJECTIVE 3

- 3** Strengthen affected communities' self-reliance and increase the resilience of local economies

RELATES TO S04

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EARLY RECOVERY



Response summary

In 2016, partners aim to reach 3.4 million people – more than twice as many as in 2015. Mine action, solid waste, and debris management activities will focus on areas hardest hit by air strikes and ground fighting. These programmes will protect conflict-affected communities while facilitating humanitarian access and response effectiveness. Capacity building activities will prioritize local humanitarian responders, thereby supporting efforts to scale up the response across all sectors. Livelihoods activities will target the most vulnerable and food-insecure groups (mainly households led by war widows, IDPs, unemployed youth, ERW victims and GBV survivors), helping to strengthen these groups' resilience and decrease dependence on humanitarian aid.

Cluster partners have prioritized highest-need, accessible areas. As a result, nearly 80 per cent of beneficiaries are in six governorates: Abyan, Aden, Amanat Al Asimah, Sa'ada and Taizz.

Operational capacity

Partners conduct periodic analysis of access and capacity to identify potential gaps in activities. Planned initiatives and activity locations are based on partners' current capacity to assist and availability of local support resources. Partners have excluded activities or decreased targets in areas of lesser need or where adequate

capacity is not available. Performance in 2015 demonstrates cluster capacity. With 21 per cent of requirements funded, partners reached 22 per cent of targeted beneficiaries, mainly prioritizing livelihoods and community dialogue activities – both of which significantly exceeded their individual targets.

Mainstreaming protection and gender

In 2016, partners will support the Protection Cluster in identifying threats and vulnerabilities for target populations, and will join advocacy efforts to prevent protection violations and mitigate their impact. In addition, partners will support participatory engagement with affected communities to inform planning and implementation. This will include efforts to develop standards on accountability to affected people.

Partners have also renewed cluster commitments to equitable access and participation for men, women, boys and girls. Despite challenges, partners have agreed to raise the target participation level for women to 50 per cent across all activities. Livelihoods opportunities will respect cultural and gender specificities. Cluster assessments and data will be disaggregated by sex and age.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL	
	Men	Women	Boys	Girls				
PEOPLE IN NEED	1.8M	1.7M	1.7M	1.7M	6.9M	NA	6.9M	
PEOPLE TARGETED	0.93M	0.89M	0.82M	0.79M	3.4M	NA	3.4M	
FINANCIAL REQUIREMENTS	Critical					\$40.0M	\$0.0M	\$40.0M
	Immediate					\$11.1M	\$0.0M	\$11.1M
	TOTAL					\$51.1M	\$0.0M	\$51.1M

REQUIREMENTS in (US\$)


39.0 M

LOGISTICS OBJECTIVE 1:

1 Provide essential common services for road, sea and air transport of cargo and passengers

RELATES TO SO1 

LOGISTICS OBJECTIVE 2

2 Consolidate and share logistics information to support operational decision making to improve response

RELATES TO SO1 ,
SO4 

LOGISTICS OBJECTIVE 3

3 Coordinate logistics services to avoid duplication and ensure efficient emergency response

RELATES TO SO1 

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LOGISTICS



Response summary

The Logistics Cluster fills gaps that humanitarian partners have identified as serious constraints on their ability to reach target populations. In 2016, the Cluster will continue to facilitate air, sea and land transport to key locations for humanitarian cargo and passengers.

Cargo transport will support upstream (from Djibouti into Yemen) and downstream (within Yemen) supply movements. The cluster will continue to assess alternative overland routes for difficult to reach locations and will regularly analyse all major overland routes. Shipping capacity by sea will be ensured through a combination of WFP

food vessels, specially chartered vessels and ad hoc use of small boats (dhows) for small but urgent cargo. The UN Humanitarian Air Service (UNHAS) will remain the only means of reliable humanitarian air transport into and out of the country.

The Logistics Cluster will also continue to procure, import, store and distribute fuel to humanitarian partners on a cost-recovery basis, as well as provide temporary storage capacity in key locations, including Sana'a, Hodaydah and Aden.

REQUIREMENTS

Detailed lists of activities, targets and requirements appear in Annex III.



LOGISTICS

GRAND TOTAL

TOTAL REQUIREMENTS

\$39.0M

REQUIREMENTS in (US\$)

1.8M

ETC OBJECTIVE 1:

1 Support effective response through timely and reliable ETC services and information sharing

RELATES TO S01



ETC OBJECTIVE 2

2 Coordinate security telecommunications and IT emergency response activities

RELATES TO S04



ETC OBJECTIVE 3

3 Provide reliable Internet for the humanitarian community in common operational areas

RELATES TO S04



EMERGENCY TELECOMMUNICATIONS



Response summary

The Emergency Telecommunications Cluster works to ensure that humanitarian partners have timely, reliable telecommunications and related services. To address the impact of deteriorating infrastructure, power cuts and lack of data connectivity, the cluster will continue to provide services in Sana'a and on the inter-agency boat used for missions by sea. The cluster also plans to provide services in the field hubs of Al Hudaydah, Aden, Sa'ada and Ibb, and in Al Mukalla when conditions allow. Services will include:

- Security telecommunications: Round-the-clock radio rooms, radio network coverage and user training
- Data connectivity: Internet services
- Reliable power: Power charging stations

- Coordination and information: Coordination meetings, updated website, information products.

In 2015, the cluster struggled with equipment delivery delays (including customs clearance and transit), poor access to some field hubs and curtailed staff movements. Based on this experience, the cluster in 2016 will undertake the following mitigation measures:

- Rely on local markets to purchase equipment as much as possible.
- Pre-position stocks in staging areas.

Needs, targets and requirements

Detailed lists of activities and requirements appear in Annex III.

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NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements appear in Annex III.



EMERGENCY TELECOMMUNICATIONS

TOTAL REQUIREMENTS

GRAND TOTAL

\$1.8M

REQUIREMENTS in (US\$)


17.6 M
OBJECTIVE 1:

1 Support humanitarian leadership and coordination to ensure an effective response

RELATES TO S01 , S02 **OBJECTIVE 2**

2 Promote common analysis and understanding of context, needs, priorities and response progress

RELATES TO S04 **OBJECTIVE 3**

3 Lead common advocacy and resource mobilization, including use of humanitarian pooled funds

RELATES TO S01 **CONTACT**

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COORDINATION & SAFETY**Response summary**

Strong coordination and security management are essential to an effective, evidence-based response that minimizes risks to humanitarian staff. To support effective coordination, it is critical to build a common situational awareness, manage and analyse information, strengthen assessments and planning, monitor response and make a strong case for adequate resources. Common security services are needed to support a sustainable scale-up in humanitarian operations and expansion into field locations. In 2016, coordination and safety activities will focus primarily on the following:

- Support HCT and ICCM efforts to take decisions on key policy, security and operational challenges; mainstream gender and protection across the response; and strengthen engagement with affected communities.
- Manage the humanitarian programme cycle, including assessments, strategic planning and monitoring, resulting in standard outputs (Humanitarian Needs Overview, Yemen Humanitarian Response Plan and regular Periodic Monitoring Reports).

- Monitor and analyse security and access constraints, and engage relevant parties to address concerns.
- Manage data and information in support of humanitarian and security analysis, decision-making, advocacy and public information, resulting in regular information products.
- Liaise with key stakeholders inside and outside Yemen, including humanitarian partners, donors, authorities and representatives of neighbouring countries, with a view to mobilize resources, promote humanitarian access, facilitate de-confliction of humanitarian operations and advocate respect for international humanitarian law.
- Develop and implement security risk mitigation measures to minimize risks while allowing aid workers to stay and deliver.

Needs, targets and requirements

Detailed lists of activities and requirements appear in Annex III.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements appear in Annex III.



COORDINATION & SAFETY

TOTAL REQUIREMENTS**GRAND TOTAL****\$17.6M**

PEOPLE IN NEED



PEOPLE TARGETED

REQUIREMENTS in (US\$)

OF PARTNERS



RMMS OBJECTIVE 1

1 Increase access to life-saving services, including protection, food, water, health, shelter, NFI and WASH

RELATES TO S01 , S02

RMMS OBJECTIVE 2

2 Strengthen protection monitoring, response services and advocacy – including durable solutions for refugees and migrants

RELATES TO S02

RMMS OBJECTIVE 3

3 Harmonize coordination, capacity development and referral mechanisms

RELATES TO S02 , S04

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REFUGEE AND MIGRANT MULTI-SECTOR RESPONSE



Planning assumptions

In line with YHRP planning assumptions, the Refugee and Migrant Multi-Sector (RMMS) response plan assumes that conflict will continue to impact humanitarian operations, restricting access to certain locations and curtailing the Government's response. The RMMS further assumes that large-scale expulsions of Yemenis from Saudi Arabia will not resume, and that new arrivals of migrants, asylum-seekers and refugees will continue to land in Yemen from the Horn of Africa. Partners expect that the Government will be unable to fully respond to migrant and refugee needs, requiring humanitarian actors to fill the gap and work to promote Government capacity.

Response summary

The RMMS consolidates planned activities that target refugees, asylum-seekers and migrants living in Yemen. In 2016, partners working through the RMMS aim to reach about 460,000 vulnerable refugees and migrants with life-saving and protection services. This represents a 15 per cent decrease since June 2015 in light of falling numbers of people in need due to the suspension of large-scale expulsions of Yemenis from Saudi Arabia into Yemen.

Migrants, refugees and asylum-seekers are mainly found in Lahj, Shabwah, Sana'a, and

Al Hudaydah, where partner capacity already is strong. In 2016, relatively few activities are planned for remote rural areas in light of limited capacity. The RMMS prioritizes immediate life-saving services (food, WASH, health and shelter) and direct protection assistance. Protection comprises most RMMS requirements, covering a range of crucial services, including screening and registration of new arrivals, protection monitoring, cash or material assistance and support for assisted voluntary return, third-country resettlement and other forms of lawful admission (e.g., humanitarian admissions and visa programmes).

Operational capacity

Partners have set pragmatic targets in 2016, focusing primarily on areas where an established presence is already in place – primarily Sana'a, Aden, Hudaydah, and Kharaz refugee camp (Lahj governorate). Targets in non-urban areas, including rural areas of Taizz and Hajjah, are considerably lower based on access difficulties or lack of active partners.

Performance on activities targeting refugees and migrants in 2015 was in line with available funding levels and in some sectors exceeded established targets. With lower targets in 2016, partners are entirely confident of their implementation capacity.

NEEDS, TARGETS AND REQUIREMENTS

Detailed lists of activities, targets and requirements by priority level appear in Annex III.

	BY SEX & AGE				Cluster total	Refugees & Migrants	GRAND TOTAL	
	Men	Women	Boys	Girls				
PEOPLE IN NEED	0.25M	0.10M	0.07M	0.04M	0.46M	NA	0.46M	
PEOPLE TARGETED	0.25M	0.10M	0.07M	0.04M	0.46M	NA	0.46M	
FINANCIAL REQUIREMENTS	Immediate					\$12.4M	\$0M	\$12.4M
	Critical					\$42.8M	\$0M	\$42.8M
	TOTAL					\$55.2M	\$0M	\$55.2M

Mainstreaming protection and gender

About 70 per cent of RMMS requirements focus on protection, including protection monitoring, prevention, advocacy and response activities that aim to uphold the human rights of migrants, refugees and asylum-seekers. Specifically, partners offer legal support, GBV prevention and response, screening and service provision for people in detention facilities, counselling, psychosocial support, material assistance and referral to specialized services.

Feedback from refugees, asylum-seekers and migrants is essential to adapting programmes in line with needs. Regular contact is maintained with refugee community leaders, and information brochures are also available. Protection and counter-trafficking hotlines operate 24 hours a day and receive enquiries or complaints, as well

as provide advice and referrals. Migrants are asked for informed consent before services are provided, and they are also requested to participate in “out-take” surveys.

Gender analysis also informs all RMMS activities. Migrants who seek assistance are overwhelmingly unaccompanied males between 14 and 35 years old, while the refugee population tends to be comprised of families, including many mothers accompanied by their children. All activities must be therefore be customized to the beneficiary context and conform to gender and diversity specifications. Data and information are disaggregated by sex, age and country of origin.

SECTORS	TOTAL		BY SEX & AGE				REQUIREMENTS
	People in need 	People targeted 	BREAKDOWN OF PEOPLE TARGETED				Total \$
			Men	Women	Boys	Girls	
Health	0.09M 	0.09M	0.05M	0.02M	0.01M	0.01M	6.9M
Food Security	0.07M 	0.07M	0.05M	0.01M	0.01M	0M	1.4M
WASH	0.07M 	0.07M	0.05M	0.01M	0.01M	0M	1.7M
Shelter	0.07M 	0.07M	0.04M	0.01M	0.01M	0M	6.8M
Protection	0.15M 	0.15M	0.09M	0.03M	0.03M	0.01M	38.4M
ADJUSTED TOTAL	0.46M 	0.46M	0.25M	0.07M	0.07M	0.04M	55.2M

Note: Refugees and migrants may access multiple services multiple times. Sector-specific targets therefore do not equal the overall total estimate of people targeted.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

www.humanitarianresponse.info/operations/yemen

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



The Yemen Humanitarian Pool Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

For information on how to make a contribution, please contact

yemenhpf@un.org

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The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

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REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

PART III: ANNEXES



YHRP Strategic Objectives, Indicators And Targets

Operational Response Plans: Activities, Targets And Requirements

Refugee And Migrant Multi-Sector Response: Activities, Targets And Requirements

Planning Figures: People In Need And Targeted

What If? ... We Fail To Respond

YHRP STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

All indicators related to direct delivery of goods or services will be disaggregated by sex and age in monitoring reports. Targets are all based on cluster activity targets and have been

set at 100 per cent for the year based on clusters' confirmation that all targets are entirely achievable if adequate resources are available.

STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective 1 (SO1): Provide life-saving assistance to people in need, prioritizing the most vulnerable

INDICATOR	BASELINE	TARGET	MONITORED BY
% targeted people receiving regular emergency food assistance (GFD, cash or voucher transfers)	TBD	100% targeted (7,597,000)	Food Security and Agriculture Cluster; Multi-Sector
% targeted people directly provided safe drinking water (via trucking, etc.).	TBD	100% targeted (6,553,900)	WASH Cluster; Multi-Sector
% targeted people with access to primary healthcare services	TBD	100% targeted (10,546,101)	Health Cluster; Multi-Sector
% targeted eligible children (6-59 months) and pregnant and lactating women with access to nutrition services	TBD	100% targeted (1,350,987)	Nutrition Cluster
% targeted people receiving emergency shelter and NFI support	TBD	100% targeted (1,387,680)	Shelter, NFI & CCCM Cluster; Multi-Sector

Strategic Objective 2 (SO2): Promote and advocate protection, access and accountability to and for affected people.

INDICATOR	BASELINE	TARGET	MONITORED BY
% all partners demonstrating that participating in the common mechanism for feedback from communities has influenced programmes	No data	30%	Technical Working Group, Clusters, OCHA
% districts covered by at least two formal rights monitoring mechanisms (MRM, OHCHR or GBV IMIS)	No data	TBD	Protection Cluster, Child Protection Sub-Cluster, GBV Sub-Cluster, OCHA
% districts covered by displacement tracking mechanism	# Districts covered as of Oct 2015: 275 (83% total)	100% districts with reported displacement	Protection Cluster (Task Force on Population Movement)
% HCT Advocacy Strategy activities completed	No data	100% of activities	OCHA
% targeted population affected by protection violations benefiting from at least one of financial, material psychosocial or legal support	No data	100% targeted (92887)	Protection Cluster; Multi-Sector

Strategic Objective 3 (SO3): Ensure that all response activities promote equitable access to assistance for women, girls, boys and men.

INDICATOR	BASELINE	TARGET	MONITORED BY
Gender gap in direct access to assistance resources (services, items, cash, jobs)	No data	< 20%	"Clusters HCT Gender Advisor OCHA"
Ratio of monetized value of assistance resources (services, items, cash, jobs) directed to males and females	No data	60%:40%	"Clusters HCT Gender Advisor OCHA"

INDICATOR	BASELINE	TARGET	MONITORED BY
% projects funded through humanitarian pooled funds (YHPF, CERF) reporting results from the IASC Gender & Age Marker for Monitoring	No data	80%	Clusters HCT Gender Advisor OCHA

 **Strategic Objective 4 (SO4): Ensure that humanitarian action promotes resilience and sustainable recovery.**

INDICATOR	BASELINE	TARGET	MONITORED BY
% targeted people receiving livelihoods and business support	19%	100% targeted (1,205,755)	Food Security and Agriculture Cluster Early Recovery Cluster Multi-Sector
% planned demining deployment of demining teams	No data	100% targeted (9 teams)	Early Recovery Cluster
% conflict-damaged schools rehabilitated	No data	100% targeted (672 schools)	Education Cluster
% planned capacity building programmes completed (includes only activities included in YHRP)	No data	100% targeted in YHRP CB programmes	Clusters with capacity building activities in YHRP cluster plan
% targeted returnees receiving return kits	No data	100% targeted (277,537)	Shelter, NFI & CCCM Cluster

OPERATIONAL RESPONSE PLANS: ACTIVITIES, TARGETS & REQUIREMENTS

The tables below summarize activities, indicators, targets and requirements included in operational response plans. They also present activity priority level based on the outcome of an HCT prioritization exercise. “Immediate” priority activities fulfil two main criteria: 1) Life-saving or protection service provided directly to beneficiaries, and 2) Absolutely cannot afford delay in funding without immediate risk to lives. Taken together, immediate-priority activities require \$1.3 billion (75 per cent of total requirements). “Critical” priority activities mainly cover essential activities required to enable

immediate-priority activities to move forward, including monitoring mechanisms for displacement and human rights, assessments and screening. Logistics and other common services have been marked “operational support”.

All requirements are listed in US dollars. Detailed cluster response plans, including gender and age disaggregation, governorate-level targets and activity unit costs will be available online from 1 March on <https://www.humanitarianresponse.info/operations/yemen>.

CLUSTER RESPONSE PLANS: ACTIVITIES, TARGETS AND REQUIREMENTS

Food Security and Agriculture

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Emergency food assistance: General food distribution, cash or voucher transfers	7,597,000	Individuals	803,714,143
Critical	Emergency livelihoods assistance	700,000	Individuals	25,000,000
Critical	Livelihoods restoration	500,000	Individuals	17,857,143
Critical	Coordination	NA	NA	500,000
CLUSTER SUB-TOTAL		8,797,000	Individuals	847,071,286
Immediate	Provision of food and drinking water for refugees and migrants	73,963	Individuals	1,443,540
REFUGEE AND MIGRANT SUB-TOTAL		73,963	Individuals	1,443,540
GRAND TOTAL		8,870,963	Individuals	\$ 848,514,826

Water, Sanitation and Hygiene

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Material provision, rehabilitation and maintenance of piped water supply systems for IDPs vulnerable groups and conflict affected people	5,419,984	Individuals	69,748,288
Immediate	Provision/rehabilitation and maintenance of Sanitation and Sewage systems for IDPs, vulnerable groups and conflict affected people	3,599,000	Individuals	5,518,800
Immediate	Provision of emergency safe water supply to IDPs, vulnerable groups and conflict affected populations	1,133,916	Individuals	53,852,832
Immediate	Provision of emergency sanitation solutions for IDPs, vulnerable groups and conflict affected populations	457,532	Individuals	8,135,363
Immediate	Provision of adequate and appropriate hygiene items	1,382,461	Individuals	14,080,096
Critical	Hygiene awareness and capacity building of community hygiene volunteers	2,441,911	Individuals	6,262,285
Critical	Reinforce coordination and IM capacity within the relevant national structure	NA	NA	835,115
CLUSTER SUB-TOTAL		7,354,355	Individuals	158,432,779
Critical	Provision of WASH services to refugees and migrants	72,696	Individuals	1,688,482
REFUGEE AND MIGRANT SUB-TOTAL		72,696	Individuals	1,688,482
GRAND TOTAL		7,427,051	Individuals	\$ 160,121,261

 Health

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Procurement and distribution of trauma kits	608,472	Individuals	15,138,321
Immediate	Support health services through Mobile Health Units and outreach services for RH/ MNCH, including antenatal, deliveries and postnatal care for mothers; newborn care, routine immunization, screening and treatment	600	Mobile health units operational	12,900,000
Immediate	Support Reproductive Health services including Emergency Obstetric and SGBV care	3,106,916	Individuals	15,571,297
Immediate	Provision of immunity of children against vaccine preventable disease through increase coverage of routine immunization and campaign-polio/MR campaign	7,082,356	Children vaccinated	26,912,952
Immediate	Identification of the risk of different types of outbreak-prone diseases that were prevalent in the affected area pre-event; Surveillance system (re)established for early detection and response to diseases outbreaks in all locations including those hosting displaced population	NA	NA	12,458,880
Immediate	Procure and distribute medicines and supplies for primary, secondary health care activities and maintain uninterrupted supply chain management system	10,546,101	Catchment population benefiting from distributed supplies	62,329,805
Critical	NGO partners provided with support to fill gaps in health cluster activities, including assessments and RH working group support and M&E	50	Partners supported	25,750,000
Critical	Basic repair /upgrading of health facilities and provide equipment and supplies	750	Number of facilities	11,250,000
CLUSTER SUB-TOTAL		10,546,101	Individuals	182,311,255
Immediate	Provision of health assistance (emergency, primary, MISP - including HIV management, psychosocial counselling and services, health education)	86,909	Individuals	6,859,585
REFUGEE AND MIGRANT SUB-TOTAL		86,909	Individuals	6,859,585
GRAND TOTAL		10,633,010	Individuals	\$ 189,170,840

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 Nutrition

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Treatment of severe acute malnutrition children 6-59 months	178,562	Individuals	35,712,400
Immediate	Treatment of moderate acute malnutrition in children 6-59 months	743,954	Individuals	48,357,010
Immediate	Treatment of acute malnutrition in pregnant and lactating mothers	428,471	Individuals	27,850,615
Critical	Micronutrient supplements for girls and boys (6-24 months) not enrolled in community-based management of acute malnutrition(CMAM) or BSFP	267,524	Individuals	1,872,668
Critical	Blanket supplementary feeding programme	620,172	Individuals	55,815,480
Critical	Counselling for mothers/care takers of children under 2 in Infant and Young Child feeding (IYCF) practices	313,119	Individuals	1,252,476
Critical	Screening: Detection and referral (girls and boys) under five and PLW	3,337,943	Individuals	3,337,943
Critical	Capacity development conducted for MoPHP staff and community volunteers	7,598	Individuals	3,160,768
Critical	Emergency nutrition assessments and coverage evaluation (SMART) and (SQUEAC)	6	Assessments	300,000
Critical	Coordination	NA	NA	25,000
GRAND TOTAL		2,380,838	Individuals	\$ 177,684,360

 **Shelter, NFIs & Camp Coordination and Camp Management**

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Distribution of essential Non-Food Items to vulnerable IDPs and conflict-affected populations (blankets, mattresses, sleeping mats, kitchen sets, water buckets)	1,387,680	Individuals	56,136,000
Immediate	Distribution of emergency shelter kits to vulnerable IDPs and other conflict-affected populations	622,140	Individuals	28,594,720
Critical	Distribution of humanitarian cash assistance in lieu of NFIs/Shelter materials for vulnerable IDPs and other conflict-affected populations in urban and semi-urban settings	105,606	Individuals	2,962,400
Critical	Distribution of tents to vulnerable IDPs and other conflict-affected populations	9,696	Individuals	825,000
Critical	Capacity building for partners and stakeholders to ensure effective needs assessments, distributions, monitoring and evaluation	1,000	Individuals	400,000
Critical	Ensure timely assessments in urban, semi-urban settings, collective centres and temporary settlements to identify basic needs of the IDPs and affected population	32	Assessments	320,000
Critical	Distribute humanitarian cash assistance as rental subsidies to vulnerable IDPs and other conflict-affected populations in urban and semi-urban settings	17,584	Individuals	3,107,500
Critical	Construction of Transitional Shelter for Internally displaced people	16,031	Individuals	4,134,000
Critical	Rehabilitation of collective centres hosting IDPs	44	Number of centres	660,000
Critical	Rehabilitation of houses damaged or destroyed during the conflict/natural disaster	22,457	Houses	44,914,000
Critical	Distribution of return kits to IDPs households voluntarily opted to return to their areas of origin	277,537	Individuals	13,472,100
Critical	Conduct Post Distribution Monitoring (PDM)	69	PDMs conducted	690,000
CLUSTER SUB-TOTAL		1,942,747	Individuals	156,215,720
Critical	Provision of shelter (emergency, temporary, camp) to refugees and migrants	70,596	Individuals	6,800,152
REFUGEE AND MIGRANT SUB-TOTAL		70,596	Individuals	6,800,152
GRAND TOTAL		2,013,343	Individuals	\$ 163,015,872

 **Protection**

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Provision of timely financial and material assistance to survivors of protection incidents within IDP and other affected communities	49,434	Individuals	8,650,950
Critical	Provision of timely psychosocial support and legal assistance to survivors of protection incidents within IDP and affected communities	27,199	Individuals	2,719,900
Critical	Engage in monitoring of human rights violations and protection challenges through established mechanisms and community based protection networks (CBPNs)	2,840,670	Catchment	28,406,700
Critical	Support Community Based Protection Networks (CBPNs) and ensure equal participation of women	303,007	Individuals	606,014
Critical	Conduct population movement tracking and undertake assessments, as well as publish reports to inform the humanitarian response and for the purpose of advocacy	4,604,600	Individuals	10,506,860

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Conduct evidenced-based advocacy and targeted sensitisation, capacity building and training for relevant stakeholders to improve the protection of IDPs and affected communities	1,560	Individuals	39,000
Critical	Engage in two-way communication with IDPs and affected communities to promote dialogue and accountability	25,064	Individuals	1,453,712
CLUSTER SUB-TOTAL		5,431,325	Individuals	52,383,136
Immediate	Screening, registration, and documentation for refugees and migrants	90,354	Individuals	4,108,039
Critical	Protection monitoring, prevention, response, and advocacy for refugees and migrants	25,227	Individuals	8,074,322
Critical	Provision of community services for asylum-seekers and refugees in urban and camp settings	13,198	Individuals	1,979,697
Critical	Provision of material or cash assistance to refugees and migrants	16,254	Individuals	2,706,200
Critical	Provision of humanitarian admission programmes, voluntary return, third-country resettlement for refugees and migrants	6,913	Individuals	21,502,479
Critical	Capacity building and sensitization for stakeholders on issues related to refugees and migrants	936	Individuals	40,500
REFUGEE AND MIGRANT SUB-TOTAL		152,881	Individuals	38,411,237
GRAND TOTAL		5,584,206	Individuals	\$ 90,794,373

Child Protection

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Provision of life-saving information on protection from physical injury/death due to mine/UXO/ERW	502,158	Individuals	6,159,488
Immediate	Children separated from their caregivers receive lifesaving child-protection services	3,996	Individuals	2,301,684
Critical	Grave child rights violation are monitored, documented and reported through the monitoring and reporting mechanism (MRM)	1,372,933	Catchment	5,494,703
Critical	Conflict affected children receive quality psychosocial support	399,594	Individuals	6,450,443
Critical	Girls and boys in conflict-affected area receive GBV prevention and response services	399,594	Individuals	2,000,638
Critical	Child Protection Coordination is established and maintained	5	Active sub-national hubs	182,000
GRAND TOTAL		1,979,470	Individuals	\$ 22,588,956

Gender-Based Violence

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Provision of GBV services including referral of GBV survivors (health, legal, psychosocial and shelter)	23,726	Individuals	1,779,450
Immediate	Distribution of dignity kits to most vulnerable conflict-affected women and girls and provision of post-rape treatment RH kits to the health facilities	108,000	Kits	3,245,700
Critical	Coordination of GBV Sub-cluster at national and sub-national level, South and North and with other related clusters to mainstream GBV issues.	3	Hubs and working groups functioning	350,000
Critical	Community awareness on GBV issues and availability of GBV services including men and boys' engagement;	593,560	Individuals	2,978,800

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Roll out of GBV Information and Management System	22	Governorates where IMIS is functioning	682,000
Critical	Conduct GBV assessment in conflict affected governorates	19	Governorates covered by GBV assessment	47,500
GRAND TOTAL		593,560	Individuals	\$ 9,083,450

Education

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Critical	Emergency repair of classrooms	199,920	Students	15,240,000
Critical	Provide basic school furniture (e.g. children's desks)	47,054	Students	1,537,000
Critical	Provision of school supplies to temporary learning spaces	475,710	Students	6,150,000
Critical	Provide temporary classrooms for children and adolescents affected by the crisis	44,760	Students	1,790,400
Critical	Alternative learning opportunities for out of school children	8,000	Students	745,000
Critical	Provide psychosocial support services to children	575,475	Students	1,955,000
Critical	Organize consultative meetings for education administrators and schools to keep education system functioning	1,171	Schools re-opened	127,000
GRAND TOTAL		1,762,309	Individuals	\$ 27,544,400

Early Recovery

PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS (US \$)
Immediate	Emergency mine action	9	Teams deployed	6,000,000
Immediate	Assistance to survivors of explosive incidents	260	Individuals	468,000
Immediate	Solid waste removal - immediate areas	382,577	Tons removed	4,590,924
Critical	Emergency livelihoods stabilization (Cash for work)	17,705	Individuals	22,308,300
Critical	Emergency livelihoods stabilization (small grants and vocational training)	5,755	Individuals	7,251,300
Critical	Debris removal	661,000	Tons removed	6,610,000
Critical	Capacity strengthening (local authorities and NNGOs)	8,265	Individuals	1,462,905
Critical	Solid waste removal - other areas	201,013	Tons removed	2,412,156
GRAND TOTAL		3,442,434	Individuals	\$ 51,103,585


Logistics

PRIORITY	ACTIVITY	REQUIREMENTS (US \$)
Operational support	Coordination	1,000,000
Operational support	Provision of Information Management	1,000,000
Operational support	Provision of Common Logistics Services (including UNHAS, sea and land transport, storage)	35,000,000
Operational support	Provision of Fuel	1,000,000
Operational support	Airlift	1,000,000
GRAND TOTAL		\$ 39,000,000


Emergency Telecommunications

PRIORITY	ACTIVITY	REQUIREMENTS (US \$)
Operational support	Ensure efficient emergency telecommunications coordination and emergency response in support of the humanitarian community	170,290
Operational support	Ensure, maintain and improve security telecommunications services for humanitarian community	1,000,000
Operational support	Continue the establishment, upgrade and maintenance of shared internet connectivity services for the humanitarian community	600,000
Operational support	Radio training for the humanitarian community	50,000
GRAND TOTAL		\$ 1,820,290


Coordination and Safety

PRIORITY	ACTIVITY	REQUIREMENTS (US \$)
Operational support	Operation-wide coordination services	11,717,447
Operational support	Operation-wide engagement with affected communities	782,100
Operational support	Operation-wide security services	5,125,000
GRAND TOTAL		\$ 17,624,527

REFUGEE AND MIGRANT RESPONSE PLAN: ACTIVITIES, TARGETS AND REQUIREMENTS

All activities included in the Refugee and Migrant Multi-Sector response (RMMS) are summarized below. Requirements and targets for RMMS activities also appear in relevant operational plans.

Requirements are listed in US dollars. More details on the RMMS, including gender and age disaggregation, governorate-level targets and activity unit costs, will be available online from 1 March on <https://www.humanitarianresponse.info/operations/yemen>.

REFUGEE AND MIGRANT MULTI-SECTOR RESPONSE: ACTIVITIES, TARGETS AND REQUIREMENTS

Refugees and Migrants Multi-Sector Response

SECTOR	PRIORITY	ACTIVITY	TARGET	TARGET TYPE	REQUIREMENTS
Food Security	Immediate	Provision of food and drinking water to refugees and migrants	73,963	Individuals	1,443,540
Health	Immediate	Provision of health assistance (emergency, primary, MISP – including HIV management, psychosocial counselling and services, health education)	86,909	Individuals	6,859,585
Protection	Immediate	Screening, registration, and documentation for refugees and migrants	90,354	Individuals	4,108,039
Protection	Critical	Protection monitoring, prevention, response, and advocacy for refugees and migrants	25,227	Individuals	8,074,322
Protection	Critical	Provision of community services for asylum-seekers and refugees in urban and camp settings	13,198	Individuals	1,979,697
Protection	Critical	Provision of material or cash assistance to refugees and migrants	16,254	Individuals	2,706,200
Protection	Critical	Provision of humanitarian admission programmes, voluntary return, third-country resettlement for refugees and migrants	6,913	Individuals	21,502,479
Protection	Critical	Capacity building and sensitization for stakeholders on issues related to refugees and migrants	936	Individuals	40,500
Shelter	Critical	Provision of shelter (emergency, temporary, camp) to refugees and migrants	70,596	Individuals	6,800,152
WASH	Critical	Provision of WASH services to refugees and migrants	72,696	Individuals	1,688,482
GRAND TOTAL			456,667	Individuals	\$ 55,202,996

PEOPLE IN NEED (IN MILLIONS)		Total Pop.	IDPs	Vulnerable hosts	Refugees & migrants	Non-displaced in need	Total people in need	% Total pop. in need
	ABYAN	0.53	0.19	0.03	0	0.28	0.50	94%
	ADEN	0.84	0.01	0.08	0.10	0.65	0.84	100%
	AL BAYDA	0.71	0.18	0.03	0.01	0.35	0.57	79%
	AL DHALE'E	0.65	0.14	0.04	0	0.34	0.52	80%
	AL HUDAYDAH	2.9	0.02	0.01	0.01	2.5	2.6	89%
	AL JAWF	0.55	0.10	0.01	0	0.26	0.38	69%
	AL MAHARAH	0.13	0.00	0	0.01	0.07	0.08	61%
	AL MAHWIT	0.64	0.03	0.01	0	0.35	0.39	60%
	AM ALASIMAH	2.8	0.05	0.02	0.06	2.7	2.8	100%
	AMRAN	1.0	0.29	0.01	0	0.35	0.65	64%
	DHAMAR	1.8	0.14	0.01	0	1.5	1.6	93%
	HADRAMAUT	1.3	0.10	0.02	0.01	0.87	1.0	76%
	HAJJAH	2.0	0.23	0.06	0.05	1.2	1.5	77%
	IBB	2.7	0.13	0.02	0	1.5	1.6	62%
	LAHJ	0.921	0.04	0.01	0.02	0.66	0.73	80%
	MARIB	0.3	0.05	0.01	0.01	0.22	0.29	94%
	RAYMAH	0.52	0.04	0.01	0	0.25	0.29	56%
	SA'ADA	0.98	0.17	0.02	0	0.78	0.98	100%
	SANA'A	1.1	0.19	0	0	0.67	0.87	79%
	SHABWAH	0.59	0.01	0.01	0.02	0.40	0.44	74%
	SOCOTRA	0.06	0	0	0	0.1	0.01	24%
	TAIZZ	3.0	0.39	0.06	0.01	1.9	2.3	79%
	DISPERSED*	0	0	0	0.15	0	0.15	N/A
	TOTAL	26.0	2.5	0.46	0.46	17.8	21.2	82%

*This figure includes refugees and migrants dispersed throughout Yemen who are difficult to track due to frequent movements.

PEOPLE TARGETED (IN MILLIONS)		Men targeted	Women targeted	Boys targeted	Girls targeted	Total cluster targeted	Migrants & refugees	People targeted	People in need
	ABYAN	0.10	0.10	0.14	0.14	0.48	0	0.48	0.50
	ADEN	0.18	0.17	0.25	0.24	0.84	0.10	0.84	0.84
	AL BAYDA	0.07	0.06	0.10	0.09	0.32	0.01	0.34	0.57
	AL DHALE'E	0.08	0.07	0.11	0.11	0.37	0	0.37	0.52
	AL HUDAYDAH	0.28	0.26	0.39	0.38	1.3	0.01	1.3	2.6
	AL JAWF	0.05	0.05	0.07	0.07	0.25	0	0.25	0.38
	AL MAHARAH	0	0	0	0	0.01	0.01	0.02	0.08
	AL MAHWIT	0.02	0.02	0.03	0.03	0.12	0	0.12	0.39
	AM. ALASIMAH	0.42	0.40	0.60	0.58	2.0	0.06	2.1	2.8
	AMRAN	0.10	0.09	0.14	0.13	0.46	0	0.46	0.65
	DHAMAR	0.12	0.11	0.17	0.16	0.57	0	0.57	1.6
	HADRAMAUT	0.08	0.08	0.12	0.11	0.39	0.01	0.41	1.0
	HAJJAH	0.25	0.24	0.36	0.35	1.2	0.05	1.3	1.5
	IBB	0.19	0.18	0.27	0.26	0.90	0	0.90	1.6
	LAHJ	0.11	0.11	0.16	0.16	0.55	0.02	0.57	0.73
	MARIB	0.03	0.03	0.04	0.04	0.14	0.01	0.15	0.29
	RAYMAH	0.04	0.04	0.06	0.05	0.18	0	0.18	0.29
	SA'ADA	0.15	0.14	0.22	0.21	0.72	0	0.73	0.98
	SANA'A	0.10	0.10	0.15	0.14	0.49	0	0.49	0.87
	SHABWAH	0.07	0.06	0.09	0.09	0.31	0.02	0.33	0.44
	SOCOTRA	0.01	0.01	0.02	0.02	0.06	0	0.06	0.01
	TAIZZ	0.33	0.31	0.47	0.45	1.6	0.01	1.6	2.3
	DISPERSED*	0	0	0	0	0	0.15	0.15	0.15
TOTAL		2.8	2.6	4.0	3.8	13.2	0.46	13.6	21.2

*This figure includes refugees and migrants dispersed throughout Yemen who are difficult to track due to frequent movements.

WHAT IF?

...WE FAIL TO RESPOND

7.6 MILLION SEVERELY FOOD INSECURE PEOPLE WILL RISK STARVATION



Conflict has severely exacerbated chronic food insecurity in Yemen. Today, an estimated 14.4 million people are unable to meet their food needs independently. Without rapid humanitarian assistance, an estimated 7.6 million severely food insecure people will face an immediate risk of starvation. Food security across the country will continue to deteriorate due to sporadic availability of food, lack of income and disrupted markets.

MORE THAN 6 MILLION PEOPLE WILL HAVE NO ACCESS TO DRINKING WATER



In 2016, humanitarian partners aim to enable access to clean drinking water for more than 6 million of the most vulnerable people in Yemen. Without urgent support, these people risk having no access to clean water whatsoever, putting their lives at immediate risk. Altogether, partners intend to reach 7.6 million people with a range of water, sanitation and hygiene services.

10.6 MILLION PEOPLE WILL NOT HAVE ACCESS TO BASIC HEALTH CARE



Yemen's health system is collapsing. Nearly 600 health facilities have closed since the crisis began and medicines are in short supply. Without assistance, 8.1 million people will have inadequate access to healthcare, putting their lives at risk. This includes 2.6 million children who will not be vaccinated against diseases, potentially leading to a public health emergency. More than 80,000 pregnant women are likely to face life-threatening complications during delivery.

NEARLY 1 MILLION MALNOURISHED CHILDREN WILL FACE GREATER RISK OF DEATH



Partners aim to treat 180,000 severely acutely malnourished children and 750,000 moderately acutely malnourished children next year. Without immediate treatment, severely acutely malnourished children are nine times likelier to die than their healthy peers. Moderately acutely malnourished children are three times likelier to die. In non-fatal cases, malnutrition threatens to permanently stunt affected children's cognitive and physical development, robbing them of their full potential.

MILLIONS OF PEOPLE WILL FACE GRAVE THREATS TO THEIR BASIC RIGHTS WITHOUT SUPPORT



Rights violations are rampant in Yemen, with an average of 41 verified violations reported every day. Among other serious concerns, reports of child recruitment since March 2015 are five times higher than in all of 2014. Reports of gender-based violence have roughly doubled. More than 8,100 civilians have been killed or injured since the conflict began. Urgent support is needed to monitor and advocate protection of civilians and respect for international humanitarian law, as well as to assist survivors of rights violations.

LANDMINES AND OTHER EXPLOSIVES WILL THREATEN LIVES AND DELAY ASSISTANCE



More than eight months of conflict have seen a proliferation of new landmine contamination and other explosive remnants of war. Without rapid mine action, residents and displaced people in five severely affected governorates will face serious threats to their lives and assets. Identifying and clearing landmine and other explosives contamination is also essential to ensuring a safe humanitarian response and jumpstarting communities' early recovery.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



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