



Source: OXFAM Yemen

YEMEN

Humanitarian Response Plan

2013



Participants in the Yemen Humanitarian Response Plan 2013

47 appealing agencies

A ACF-France, ACTED, ADRA, Al Awn Foundation, **C** CARE International, CSSW, **D** DRC, **F** FAF, FAO, French Red Cross Society, **H** HI, IMC, **I** iMMAP, INTERSOS, IOM, IRC, IRD, IRW, **M** MDM France, Mercy Corps, MERLIN, **N** NFDHR, NRC, **O** OCHA, OHCHR, OXFAM GB, **P** Progressio, PU-AMI, **Q** QC, **R** RI, ROHR, **S** SC, SHS, SOUL, **T** THFY, **U** UNAIDS, UNDP, UNDSS, UNFPA, UNHCR, UNICEF, **V** VHI, **W** WFP, WHO, **Y** YFCA, YWU, **Z** ZOA International

42 implementing partners

A Al Amal, Al Awn Foundation, Al Ferdoos, Al-Goal Women Development Association, Al-Kawd Youth Association, Al-Mohajjarin Association, Al-Mohamashin Association, Al-Mustaqbal, Al-Nabras Association, Al-salam Organization, Al-Sawahel Women Association, Al Sheikh Abdullah for Fish Association, Alta'awn Association, Arabian Organization for Peace and Development, Arhab Social and Charitable Society, Attakamool, **B** Blood Donors Association, **C** CPI, **D** Democratic School, English Language Association, **F** Family & Community Development Association, FEWSNET, **I** IDF, IRI, **K** KFW, **N** National Yemeni Midwifery Association, **R** Raqeeb Organization, **S** SAD, Sam Women Association, Shawthab Foundation, SSA, Social Welfare Fund, Swasiah Organization Mosawah Organization, Swasiah Organization for Justice and Development, Seyaj, **Y** YCSA, Yemen Family Care, YLDF, Yemen Red Crescent Society, YEMAC, Youth Scout & Guides Association, Youths Unemployment Reduction Association

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

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1. SUMMARY

Yemen is one of the world's major humanitarian crises, with more than half of the population affected and a third targeted for humanitarian aid.

Thirteen million people do not have access to safe water and sanitation, 10.5 million are food-insecure, 431,000 are displaced, and 90,000 children do not have access to education. At least 100,000 vulnerable migrants pass through Yemen annually, and the country hosts over a quarter of a million refugees. Of particular concern are also the increasing returnee flows in the south: over 80,000 have returned and need assistance. Almost 1 million Yemeni girls and boys under 5 are suffering from acute malnutrition, of whom more than 250,000 have life-threatening severe acute malnutrition. Even those whose acute malnutrition is moderate, if left untreated, will not grow to their full potential. Epidemics too are a significant concern, with 170 children having died from measles this year. Apart from disease, children continue to be subjected to extreme violence: this year, 174 children have been killed and/or maimed, including 49 victims of mines, far surpassing the numbers for 2011.

Over the last two years, humanitarian programming has increased nearly threefold in scale and the funding received for the Yemen Humanitarian Response Plan (YHRP) has increased from US\$121 million in 2010 to \$329 million in 2012.¹

Coordination efforts amongst cluster partners and the Humanitarian Country Team, as well as partners who are not regular participants of coordination mechanisms, have reinforced the focus and sustainability of humanitarian outcomes. This is enhanced by joint prioritization of geographic areas for intervention and joint planning to deliver programmes to those most in need. There is now closer cooperation among clusters in monitoring, assessments and advocacy. The humanitarian community has also reinforced its

2013 Yemen Humanitarian Response Plan: Key parameters

Planning and budgeting horizon	1 January – 31 December 2013
Key milestones in 2013	<ul style="list-style-type: none"> • School year (Sep-May) • Migration to south coast (Sep-Dec) • Planting: June-July & Dec • Harvest: Oct-Dec • Floods July - Aug • Drought: Jan & Nov-Dec
Target beneficiaries (* indicates planning figure based upon projections for January 2013)	<ul style="list-style-type: none"> • Severely food-insecure: 4,462,673 • Severely affected due to poor water and sanitation access: 3,000,000 • IDPs: 431,000* • Returnees: 105,000* • Malnourished children under five: 690,918 • Children in need of protection: 500,000 • Refugees: 269,000 • Migrants: 37,150 • People in IDP host communities: 200,000 <p>Total: 7.7 million (27% increase compared with the Mid-Year Review of the 2012 YHRP)</p>
<p>Note: In a situation as complex as Yemen's it is not possible to aggregate all beneficiaries of humanitarian aid. Therefore, the figures chosen are those that include the broadest number of people without overt duplication, and which in addition paint the most meaningful figure of people targeted for humanitarian aid in Yemen.</p>	
Total funding requested	\$716 million
Funding requested per beneficiary	\$88

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

coordination with the Government and, in strict adherence to international humanitarian principles, with the *de facto* authorities in the north and armed groups in the south. Engagement is being strengthened with a wider range of international development and transition actors to ensure that humanitarian activities support longer-term objectives. The aim is to reduce the scale of needs in 2014 and beyond.

In the 2013 YHRP, food security requirements have increased in line with the results of the recent household survey and now include wider agricultural and food security interventions as well as food delivery. WASH requirements have increased in line with new evidence of the need for access to clean water and basic sanitation. Protection activities are being substantially reinforced to respond to the increased needs of victims of human rights and humanitarian law violations (including grave violations against children), with community-based protection and rule-of-law activities within a broader protection-of-civilians agenda. Finally, early recovery, and particularly capacity-building of national partners, is being stepped up with measures including the establishment of a network that links early recovery programmes in all clusters.

Over the last 12 months, the number of humanitarian actors in Yemen has increased, and there are now 89 agencies—appealing organisations and partners—participating in the 2013 YHRP. In addition to a substantial increase in the presence of western international NGOs, and thanks in large part due to significant and sustained advocacy from the Humanitarian Country Team, there are new humanitarian actors from within Yemen and across the Gulf and Middle East region, some of whom are now part of this joint humanitarian strategy. This presents a new opportunity to build a more collective and cohesive response, and to better define areas of comparative advantage in order to efficiently meet humanitarian and recovery needs in Yemen.

The signing of the 2012 Gulf Cooperation Council agreement has improved security in some areas. Ongoing security sector reforms bring new hope for stability as well as an opportunity to find durable solutions for IDPs. Moreover, the substantial pledges of assistance to support the transition and the support brokered through the Friends of Yemen provide a key opportunity to move into recovery and link humanitarian action to a longer-term strategic approach. A well-established humanitarian cluster system with a solid presence of NGOs and UN agencies exists, and has proven its capacity to increase both life-saving and recovery interventions; plus cluster strategies are now closely linked with the transitional strategy of the Government.

Pledges and programmes for the transition will, however, take time to materialize into tangible change on the ground, and overall humanitarian needs are forecast to continue rising. Negative coping mechanisms such as falling into debt, child labour and child marriages mean the crisis could further corrode Yemen's long-term development unless short-term measures are put in place. An increased humanitarian response will, therefore, be required in 2013. Until the humanitarian crisis is addressed, Yemen cannot achieve an effective or sustainable transition, and without a well-supported and comprehensive humanitarian plan, the current fragile political process will be further threatened. An investment now will lead to concrete reductions in humanitarian requirements in 2014 and beyond. Based on assessed evidence, the 2013 YHRP's requirements are \$716 million, a 22% increase from the \$585 million requested in 2012.

Crisis Description

Drivers of crisis

1. Extreme poverty, volatile food and commodity prices, increasing cost of living, unemployment and a decrease in remittances. These reduce access to food, basic services and livelihoods for millions of Yemenis in urban and rural areas.
2. Government capacity to provide social services remains at very low levels in many parts of the country where humanitarian needs are also high.
3. New localised conflicts particularly in the north and the south set to continue in 2013, exacerbated by weak rule of law and security systems.

Needs profile

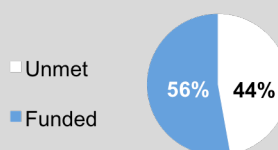
4. 13 million people, half of the Yemeni population, without access to safe water & basic sanitation.
5. 10.5 million food-insecure and almost 1 million children under five with acute malnutrition.
6. 90,000 children with no access to education
7. 431,000 IDPs
8. 269,000 refugees and 100,000 vulnerable and stranded migrants

Baseline

Population (source: UNFPA, 2010 estimate)	24 million
GDP per capita (Source: 2010 est.)	\$2,500
% pop. living less than \$1.25 per day (source: World Bank, 2012)	47%
Life expectancy (2010 est.) (source: SOWC 2012)	64 years
Under-five mortality (2010 est.) (source: SOWC 2012)	77/1,000
U5 death rate (SMART surveys 2011-2012)	<1/10,000 U5 /day
Under-five GAM rate (2010 est.) (source: SOWC2012)	15%
% of pop. without sustainable access to improved drinking water (source: SOWC 2012)	55%
Population of children under 18 (source, UNDP 2010)	12.4 million
Child labour 2000-2010*, total	23%
Child marriage (married by age 18) 2000-2010	32%

Funding

2012 funding received
\$329 million



2013 requirements
\$716 million

HUMANITARIAN DASHBOARD

Strategic Objectives

1. Save lives and prevent a further increase in the mortality rate of people in humanitarian need through the provision of nutrition, water and sanitation, primary health services, and reduction of food insecurity;
2. Protect and restore livelihood assets including agriculture as well as basic social services through early recovery, resilience-building and emergency preparedness for populations living in conflict and non-conflict-affected areas, including returning IDPs;
3. Strengthen the response to victims of human rights and humanitarian law violations and the protective environment for vulnerable and conflict-affected people;
4. Reinforce the focus and sustainability of humanitarian action through capacity-building (national authorities, humanitarian partners and communities), joint prioritisation of geographic areas of intervention, cluster cooperation on assessments and monitoring, joint programming and joint advocacy.

People in need

OVERALL CASELOAD

13.1 million affected people	7.7 million targeted by humanitarian partners	62% of the affected population targeted
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Source: UNICEF/WFP/OCHA

DISPLACEMENT

431,000 IDPs	269,000 refugees and 100,000 vulnerable and stranded migrants	105,000 returnees
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Source: IDP Task Force/UNHCR

FOOD SECURITY, WASH & NUTRITION

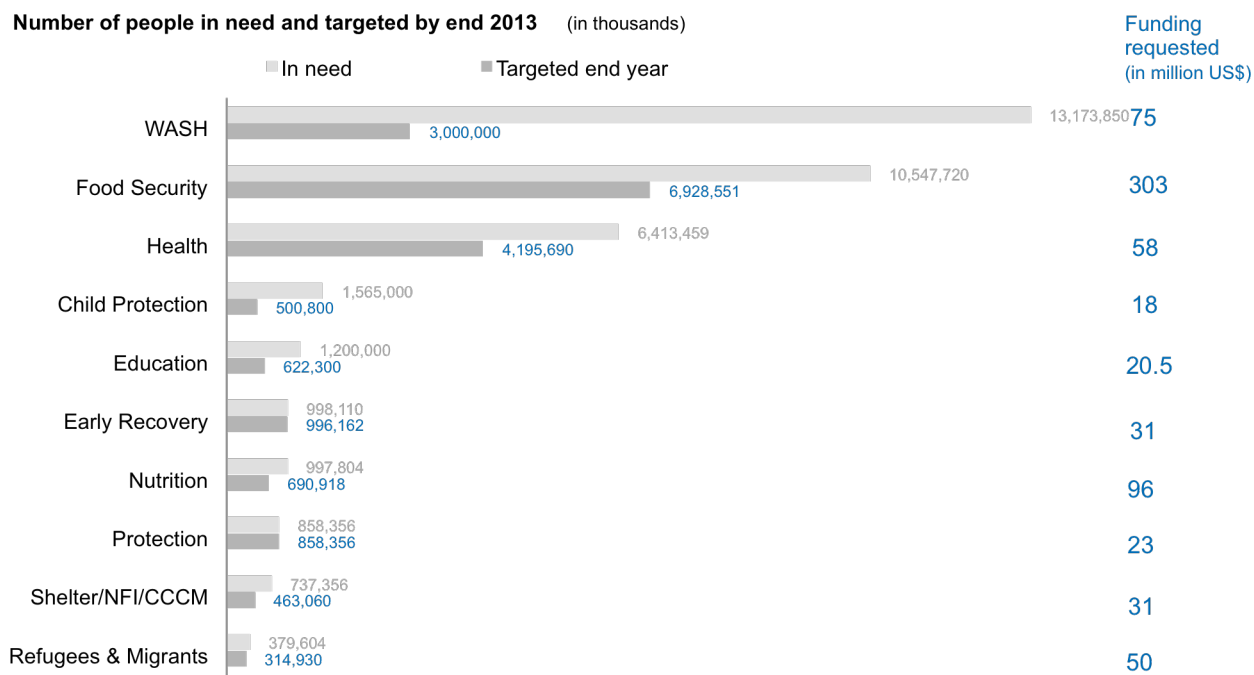
10.5 million people food-insecure	7.1 million in a critical and serious water situation	998,000* children suffering from global acute malnutrition	255,000 children suffering from severe acute malnutrition
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Sources: WFP CFSS 2012, RWSIS 2010-2012, UNICEF SMART SURVEYS 2011-12

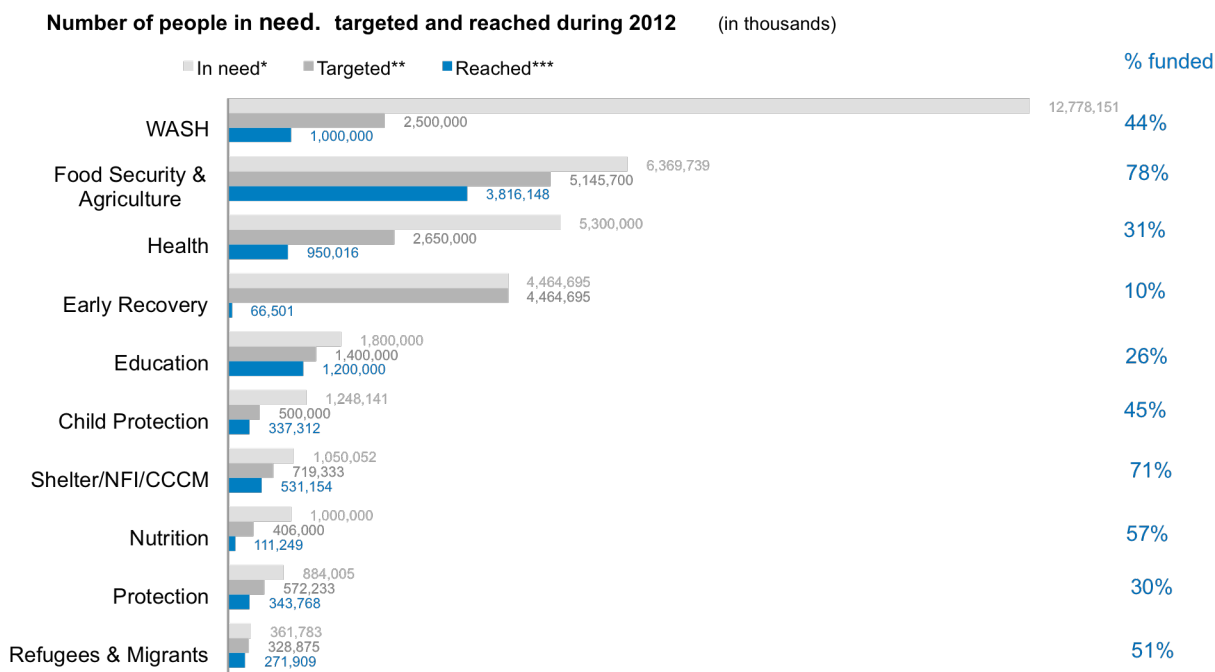
* 998,000 GAM includes the 255,000 SAM

'Critical and severe water situation' refers to districts where over 70% of the population do not have access to improved water and sanitation.

2013 Planning figures



Results achieved in 2012



* "In need" refers to the number of people affected by the crisis with needs in a given cluster/sector

** "Targeted" includes all beneficiaries in a cluster plan regardless of whether funding has been received

*** "Reached" includes all beneficiaries of funded projects and programs in a cluster/sector

Calculation for population assisted:

■ Food Sec: # of people receiving a food ration of any size for any period of time

■ Health: # of outpatient consultations

Nutrition: # of SAM and MAM cases enrolled in the therapeutic program

■ Shelter/NFI: # of people receiving NFIs

■ WASH: # of people provided with access to safe & sufficient water

Table I: 2013 Requirements per cluster

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Cluster	Requirements (\$)
CCCM/NFI/SHELTER	31,428,784
COORDINATION AND SUPPORT SERVICES	6,369,873
EARLY RECOVERY	31,465,871
EDUCATION	20,575,769
FOOD SECURITY AND AGRICULTURE	303,162,338
HEALTH	58,652,315
LOGISTICS	1,600,000
MULTI-SECTOR : REFUGEES, ASYLUM SEEKERS & MIGRANTS	50,449,000
NUTRITION	96,020,222
PROTECTION	40,838,174
WATER, SANITATION AND HYGIENE	75,763,110
Grand Total	716,325,456

Compiled by OCHA on the basis of information provided by appealing organizations.

Table II: 2013 Requirements per priority level

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Priority	Requirements (\$)
HIGH	650,602,738
MEDIUM	65,722,718
Grand Total	716,325,456

Compiled by OCHA on the basis of information provided by appealing organizations.

Table III: 2013 Requirements per organization

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Appealing Organization	Requirements (\$)
ACF - France	5,773,145
ACTED	13,074,081
ADRA	11,461,068
AFD	692,969
CARE International	5,585,692
CSSW	4,550,500
DRC	4,721,673
ERF (OCHA)	-
FAF	178,672
FAO	12,021,184
France RC	1,679,900
HI	1,650,000
IMC	2,575,000
iMMAP	866,598
INTERSOS	1,508,986
IOM	38,146,297
IRC	4,483,500
IRD	1,837,216
IRW	23,725,750
MDM France	1,029,045
Mercy Corps	17,923,000
MERLIN	2,525,858
NFDHR	824,000
NRC	9,669,747
OCHA	5,242,816
OHCHR	514,700
OXFAM GB	33,875,000
Progressio	776,106
PU-AMI	4,333,330
QC	3,000,000
RI	13,312,775
ROHR	290,360
SC	42,325,000
SHS	253,920
SOUL	1,080,000
THFY	838,001
UNAIDS	104,325
UNDP	8,137,000
UNDSS	260,459
UNFPA	3,132,336
UNHCR	59,837,440
UNICEF	81,333,795
VHI	3,045,000
WFP	251,889,362
WHO	33,430,350
YFCA	472,500
YWU	340,000
ZOA Refugee Care	1,997,000
Grand Total	716,325,456

Compiled by OCHA on the basis of information provided by appealing organizations.

2. 2012 IN REVIEW

Achievement of 2012 strategic objectives and lessons learned

Strategic objective #1

Populations in acute need are identified

Indicators	Targets	Achieved of October 2012
Coordinated inter-cluster assessments conducted in emergency crises using standard assessment tools.	An integrated information management system developed.	<p>MIRA agreed and piloted in one location (Abyan). Roll-out in Sa'ada of MIRA planned in Q4 2012, pending access. MIRA revised 3 times through peer review and now ready for roll-out in any new emergency onsets. iMAP/information management services established for all clusters.</p> <p>Operational Activity Security Information System (OASIS) system for data management for all clusters rolled out with humanitarian partners.</p> <p>Joint response website rolled out for all clusters and intercluster needs.</p>
	Each cluster develops a countrywide assessment/monitoring plan.	<p>Developed overall assessment strategy by Q4 2012 will include the component of cluster monitoring and assessment plans for implementation in 2013. Plan developed and under implementation for Nutrition Cluster through continuation of SMART surveys and establishment of sentinel surveillance system.</p> <p>The Health Cluster has taken steps to implement the electronic Disease Early Warning System in four governorates and is conducting the Service Availability Rapid Assessment in 9 governorates in Q4 2012.</p> <p>Expansion of protection monitoring data received through expanded local protection networks reported on 1286 human rights violations and 411 SGBV cases. Another 784 cases of people with special needs were also identified and 100% of them assisted or referred for further services</p> <p>Child protection monitoring and reporting on grave violations nationwide; assessments implemented in six southern governorates & new areas of displacements in Hajjah</p> <p>Age, gender and diversity policy assessments conducted in all five areas with high IDP populations (Harad, Amran, Aden, Sana'a and Sa'ada) in February and March.</p> <p>IDP consultations conducted in Amran, Sana'a, Aden and Harad in August to October 2012 and a qualitative report on IDP conditions vis-a-vis the guiding principles on internal displacement under publication.</p>

YEMEN HUMANITARIAN RESPONSE PLAN 2013

		Regular weekly and monthly monitoring reports ongoing in all locations except in Sa'ada and Abyan where coverage is sporadic due to humanitarian access and security.
Credible household multi-sector survey conducted in 2012 wherever there is access.	One comprehensive multi-sector survey.	2011-2012 CFSS (WFP) completed in 19 out of 21 governorates.
	SMART nutrition surveys	SMART Nutrition surveys in Hajjah, Taizz, Rayma, Lahj and Aden Governorates covering also few health and WASH sectoral indicators
Assessments capture the different/disaggregated needs and capacities of women, girls, boys and men affected by emergency.	All assessments incorporate separate focus group discussions for men and women.	Coordinated assessment and monitoring strategy for key clusters for the whole country is under development and will be finalised by end of 2012 ensuring geographical, thematic and target group coverage.
	All assessments ensure separate interviews for men and women, boys and girls.	Gender inclusion has been adapted in assessments tools. The level to which this has occurred depends to a large extent on assessment methodology. Limited interviews with boys and girls, with the exception of the child protection Sub-Cluster which have taken place in 38 districts.
	All assessments ensure a fair composition of men and women on the assessment team	There are numerous examples of assessment reports presenting disaggregated data in findings. It is encouraged when applicable. For list of completed assessments in 2012, see Annex III.

Objective 1 challenges

The key challenges were limited humanitarian access to conflict areas, and a lack of financial and human resources allowing clusters and cluster lead agencies to undertake detailed and comprehensive assessments. In particular, Sa'ada Governorate has remained inaccessible for comprehensive assessments and there has been a decrease in information and assessment coverage in the northern governorates of Al Jawf and Amran. To strengthen the humanitarian presence across the country, extensive discussions in late 2011 and early 2012 with governmental authorities allowed access of an increased number of international humanitarian staff, with the presence of international staff increasing between November 2011 and April 2012 by approximately 55%. Strengthening the capacity of international humanitarian actors allowed agencies to expand their presence in terms of geographical coverage. New locations were added to the international geographic operation, including in Hajjah, Sana'a, Hudaydah and Lahj. New projects started in Shabwah, Abyan, Aden, Dhale, Al Jawf, Raymah, Ibb, Sa'ada and Taiz. Concurrently, local NGOs and national staff continued to enjoy better access to wider geographical areas than their international counterparts due to higher community acceptance, enabling them to better overcome security and logistical constraints. Therefore, there has been a sustained effort to build partnerships with local actors, while increasing the capacity for remote management of certain programmes. This has enabled the humanitarian community—international and local—to work together to expand the geographical coverage of humanitarian operations to channel assistance to the affected people, including in conflict areas.

Strategic objective #2

The mortality level of those in acute humanitarian need remains stable

Indicators	Targets	Achieved of October 2012
The death rate of wasted children under five (girls and boys) in 'community management of acute malnutrition' (CMAM) facilities within target areas.	Does not exceed 10% for children in therapeutic feeding	The boys and girls death rates were maintained within acceptable emergency threshold of below 10%. The death rate because of SAM with/or without complications was 0.44% (health facility data)
Case fatality rate (CFR) for acute watery diarrhea remains below the nationwide 1% threshold.	CFR below 1%	CFR remained below the national threshold, at 0.5%. The international threshold is 1.1%
Percentage of children vaccinated against measles during the outbreak response campaign	> 95% in camps and in urban settign and > 90% in rural areas	The measles outbreak response immunization campaign vaccinated over 93% of the targeted 8.5 million children under 10 years
Percentage (disaggregated by gender) of targeted vulnerable families meeting their NFIs and shelter needs as per the minimum standards.	100%	No information available
Number of people with access to various levels of safe water intervention.	2.5 million people covered	1 million ensured access to safe water supply interventions including water trucking, repairs, operation, maintenance of water supply system (in this year), water quality control measures.
Number of people (disaggregated by gender) with access to various level of sanitation intervention	1 million	300,000 have access to improved sanitation (not necessarily new latrines); 51,864 have been benefitted with vector control measures; 768,500 benefitted from solid waste and garbage cleaning campaigns.

Objective 2 challenges

The reliability of general mortality statistics remains weak and enhanced surveillance is now a priority for the Health and Nutrition Cluster in 2013. The measles outbreak response immunization campaign achievements are highlighted in the table above: however, for the 7% not vaccinated the challenges included inadequate social mobilization (11%), vaccination teams not reaching households (64%) and parents refusing their children to be vaccinated (25%).²

² WHO-UNICEF outbreak response assessment June – July 2012

Strategic objective #3

Local, national and international actors are well prepared to respond to humanitarian needs and provide basic social services

Indicators	Targets	Achieved of October 2012
Inter-agency contingency plans developed, tested and monitored in target areas.	(same as indicator)	National IASC contingency plan developed, as well as separate and dedicated plans for northern and southern Yemen.
Comprehensive training conducted for local actors on humanitarian response.	20 local organizations have capacity to respond to humanitarian need.	<p>Protection Cluster: 109 CBPN formed and trained, five national NGOs mobilized and now actively engaged in cluster and on human rights issues.</p> <p>Child Protection Sub-Cluster: 100 partners</p> <p>30,409 (14,974 women & 15,435 men) of parents & community members participated in CBPN awareness sessions on violence prevention and/or psycho-social activities,</p> <p>Nutrition cluster trained 29 staff members from different NGOs, UN agencies and government counterparts, Training of Trainers for nutrition in emergency programming accomplished. 48 staff members from different partners including the government on SMART methodology; 1,016 staff members from the government and NGOs trained on moderate acute malnutrition (MAM) management. 2,214 staff members from government and NGOs trained on both in-patient & out-patient SAM management.</p> <p>1,101 community volunteers trained on the community component of the CMAM programme (screening and counseling). 84 government health workers trained on infant and young-child feedings (IYCF).</p> <p>WASH Cluster trained 34 staff of partner organisations and Government in Sphere standards and cluster coordination; national-level capacity mapping exercise was done; and priority trainings, including needs assessment, hygiene promotion training of trainers, water and sanitation training of sustainable and cost effective technology. A lessons-learned and best practices workshop was organized.</p> <p>3,000 community people and WASH personnel were trained in the operation and maintenance of water and sanitation services as well as hygiene promotion.</p> <p>Education Cluster trained 300 teachers</p> <p>Shelter/NFI/CCCM Cluster trained seven national NGOs</p> <p>OCHA trainings on humanitarian principles, access to financing, coordination, assessment planning, strategy development, 50 local</p>

		<p>organizations in Aden, Haradh and Sana'a.</p> <p>Capacity-building has increased during 2012 within five clusters in technical fields and through inter-agency workshops. Strategy and projects for capacity-building of local partners need to be continuously prioritized, as per 2013 YHRP strategic objective number 4. An increase in the number of national staff in UN agencies assuming greater management functions has been achieved, as well as a fourfold increase in partnerships between agencies. This trend needs to be sustained in order to fulfill overall YHRP aims and to secure necessary delivery capacities as well as bridge to and support government transition plans.</p>
All local, national and international organizations apply the gender marker to all their projects in the YHRP, and to applications to the ERF and CERF.	100%	Gender marker applied to all projects in the 2012 YHRP.
Business continuity plan in place, in case of evacuation.	One UNCT plan	Programme criticality assessment undertaken for UN system, but remains incomplete. Security mitigation working group established by UN. Security reviewed to allow for international UN staff to work in Yemen safely
Adequate coordination services at field and national levels.	According to cluster standards	<p>Clusters and inter-cluster forums meet regularly at capital and in four field hubs; OCHA increased staffing by 30% in 2012 to increase support for inter-cluster coordination. International NGO cluster co-chairs established in three clusters. New coordination hub established in Hudaydah.</p> <p>Of 11 UN cluster coordinators, 7 have 'double hatting' and the average work time spent on coordinating varies from 25% (1 coord), 40% (1 coord), 50% (5 coord) to 100% (1 coord). In the field hubs, UN have two staff for health and five for nutrition dedicating 50 % work time, while two staff for WASH dedicate 80% and 100% respectively. Shelter/NFI/CCCM has two staff for 50% coordination issues each and Education two staff on 20/30% each. Protection employs one staff on 20% for coordination issues in the field, with Child Protection Sub-Cluster keeping two staff on 30%.</p> <p>12 international NGO staff support coordination in the field. Of these WASH Cluster and Child Protection Sub-Cluster employ five staff each across the field hubs, with WASH staff spending from 5% (one staff), 20% (three staff) and up to 100% (one staff) work time on coordination. Child Protection staff spend 20-30% of their time on coordination issues in the field hubs. Early Recovery and Shelter/NFI/CCCM have one staff each (work time spent on coordination n/a) Looking at total staff supporting coordination to</p>

various degrees, numbers range from 8 (WASH Cluster and Child Protection Sub-Cluster), five and four staff respectively for Nutrition and Shelter/NFI/CCCM, to one staff each for Food Security and Agriculture and Logistics Clusters, and GBV Sub-Cluster.

The average coordination cost expressed as % of total cluster funding is 0.5 %.

iMMAP resources for cluster support during 2012 include four national staff specifically dedicated to clusters and two international management staff. In addition, UNICEF has one dedicated consultant information management officer supporting coordination.

Objective 3 challenges

The scope of humanitarian aid coverage aims at addressing gaps and continuing expansion beyond current presence. This is currently concentrated, to a considerable degree, in Aden, Hudaydah and Haradh. Fewer agencies are operating in Sa'ada and there is currently minimum presence in Amran, Al Jawf, Abyan, Taizz, Al Bayda, Shabwa and Hadramaut, humanitarian access and security being a limiting but not exclusive factor. Local, national and international actors have struggled with funding gaps affecting their ability to respond to the totality of humanitarian needs and provide basic social services. Whilst ERF funding has been made available to immediate unforeseen emergencies, more systematic and holistic funding from donors is required to support agencies ability to respond.

Strategic objective #4

Vulnerable populations enjoy higher levels of protection

Indicators	Targets	Achieved of October 2012
Enhanced protection monitoring and advocacy mechanisms in support of the displaced, vulnerable and other conflict-affected people throughout the country.	109 CBPN established	109 CBPN (43 new) formed for protection monitoring, reporting and referral.
	8 project monitoring reports	90 protection reports produced from Aden, Amran, Harad, Sana'a and Sa'ada
	12 project status reports	68 protection data status reports produced
Enhanced national monitoring and advocacy mechanisms in the areas of civil unrests.	30 national human rights organizations mobilized.	Five national NGO human rights organizations were mobilized and work with the protection cluster.
Improved access to government and humanitarian agencies' services for all displaced and affected populations (including host communities)	30,000 households of previously unregistered IDPs registered	A total of 51,963 households were registered from Sanaa, Aden and Haa
	17,000 IDPs are issued national identity cards.	17,000 IDPs issued ID cards
	90% of newly affected communities are identified and assisted according to the needs	100% of identified PWSN assisted or referred for assistance
Violations and protection concerns against vulnerable groups are better recorded and reported.	% of affected population of children monitored and reported on grave violations	In Sana'a, from January 2012 through April 2012, 115 new unaccompanied minors, separated children and child refugees identified and assisted. Best interest assessments conducted for all of them; three best interest determination cases initiated Protection Cluster: 8 project monitoring reports, 12 project status reports, 30 national NGOs mobilized for human rights monitoring, 6,000 IDP households registered.
	Monitoring and reporting mechanism (MRM) on grave child rights violations in armed conflict functional.	MRM (established and new) covering 1.275 million people (98% of target)
	Number of cases reported.	Case reporting identified 174 children (150 boys and 24 girls) affected, including 25 children (20 boys & 5 girls) killed, 72 children (58 boys & 14 girls) maimed, 26 children used and recruited by armed forces and groups & 2 children (both boys) abducted as well as 14 children (10 boys and 4 girls) killed and 35 children (34 boys and 1 girl) maimed by mines/ERWs. Also, 344 trafficked/smuggled unaccompanied children identified, including one girl.

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		Advocacy at local and global levels conducted on child protection, including to the Security Council Working Group on Children and Armed Conflict and the Human Rights Council.
Percentage/number of vulnerable individuals, including children, identified and assisted with protection services (psycho-social support/violence prevention, legal aid and counselling, documentation/birth registration for children, mines/UXO awareness, etc.).	% of vulnerable people, disaggregated by gender and the most vulnerable populations (children/women/elderly, etc.).	<p>240,664 children (103,662 girls and 137,007 boys) reached by protection services representing 69% of targeted children (43% girls against 50% target) as well as 96,648 children, including 38,045 girls (39%) reached with mines/UXO awareness</p> <p>100% of vulnerable cases identified were assisted in Sana'a, 100 new SGBV cases were identified and assisted from January to May 2012, bringing the total SGBV survivors receiving assistance in 2012 to 150. 1,769 people with specific needs received assistance (including the above-mentioned SGBV cases and child protection cases).</p> <p>518 most vulnerable cases received cash assistance. This brings the total number of unaccompanied minors, separated children and child refugees assisted during 2012 to 278. They were provided with: counselling, NFIs, rent, monthly expenses, foster care arrangement, regular follow up and monitoring and referrals to other service provided as needed.</p> <p>92 children with specific needs were identified and assisted. The following forms of assistance were provided: counselling, financial assistance, referrals to service providers. 16 children are enrolled presently in programs in Challenge Association, while eight are enrolled in the Yemen Autism Centre.</p>
% of funding received for the Protection Cluster.	Increased level of funding for YHRP.	30% funding (\$7.15 million) received for Protection Cluster.
% of population with access to CBPN.	Improved access to vulnerable populations.	Continuing engagement with armed groups in north and south, resulting in ongoing humanitarian response in conflict regions; quarterly access report issued.
% of vulnerable population in need living in an area covered by humanitarian operations (access of humanitarians to percentage of population).	<p>Advocacy products produced and disseminated.</p> <p>Action plan to end the use and recruitment of children developed and signed with Government/non-state actors.</p>	Advocacy efforts made with the Military Committee for Security and Stability and issuance of a Decree by Minister of Interior to release children and end use & recruitment of children

Objective 4 challenges

Negotiations continue with all parties to the conflict to ensure access, though provision of protection services remains a huge challenge. Progress was made in monitoring grave child rights violations, but progress has been slow on the development of a Government action plan to end the use and recruitment of children. However, some positive developments are expected now with the establishment of the UN Task Force on the Monitoring and Reporting Mechanism on grave child rights violations in situation of armed conflict. The low funding of the Protection Cluster's activities is a considerable challenge to achieving positive protection outcomes for affected communities.

Strategic objective #5

Community resilience and recovery are strengthened

Indicators	Targets	Achieved of October 2012
% of beneficiaries in global need receiving livelihood support and aware of protection and rights issues.	% based on Early Recovery Cluster programmes.	3% of the total refugee population received livelihood support. 34,215 individuals have been reached by livelihoods support programs. Recent funding has become available for the support of 6,000 more before the end of the year.
	% of communities with enhanced awareness on protection and rights.	In Aden 563 IDPs and members of the host communities have participated in technical skills capacity-building and 206 have since entered employment. 100% of refugee communities in camps trained on protection through community-based approach.
% of mine fields quality assured		In Abyan: 33,270,000sqm have been surveyed for mines, unexploded ordnance (UXO) and improvised explosive devices (IEDs): 1,129,273sqm of contaminated area have been cleared including all major urban areas and connecting roads. 652,718 m2 handed back to local authorities. Surveys have commenced in Houthi controlled areas of the north.
Number of community resilience projects implemented.		Shelter/NFI/CCCM: Three community-based projects - extension of a hospital in Amran Governorate for general consultation including antenatal care; rehabilitation of a school and equipment for vocational schooling in Sa'ada Governorate, benefiting 13,643 people (IDPs and host communities).

Objective 5 challenges

The Early Recovery Cluster has been particularly poorly funded in spite of the significant progress made in mine action. Most clusters increased early recovery analysis and programming in 2012, particularly in WASH, Shelter and Nutrition. The 10% funding to the Early Recovery Cluster has allowed the partial implementation of only six of 23 planned projects. This minimal response will not allow for sustainable support of conflict-affected or other vulnerable populations and will result in the unnecessary extension of relief. Lack of funding to projects in the YHRP required the diversion of funds from ongoing mine action activities to emergency activities in conflict areas, delaying restoration of land elsewhere. Mine action activities have been constrained in the north and south, with lack of access preventing work in Sa'ada until October 2012. In the south four deminers were killed and four others seriously injured within the first month of demining in Abyan, with YEMAC having neither the equipment nor expertise to demine new devices. Ongoing issues relate to the potential for recontamination (planting of new mines) in areas that have been cleared because the security services in Abyan are not able to safeguard the territory. The majority of urban areas have been cleared, but rural areas are still contaminated. The risks to returning displaced populations, traditionally dependent upon agriculturally based livelihoods, are significant.

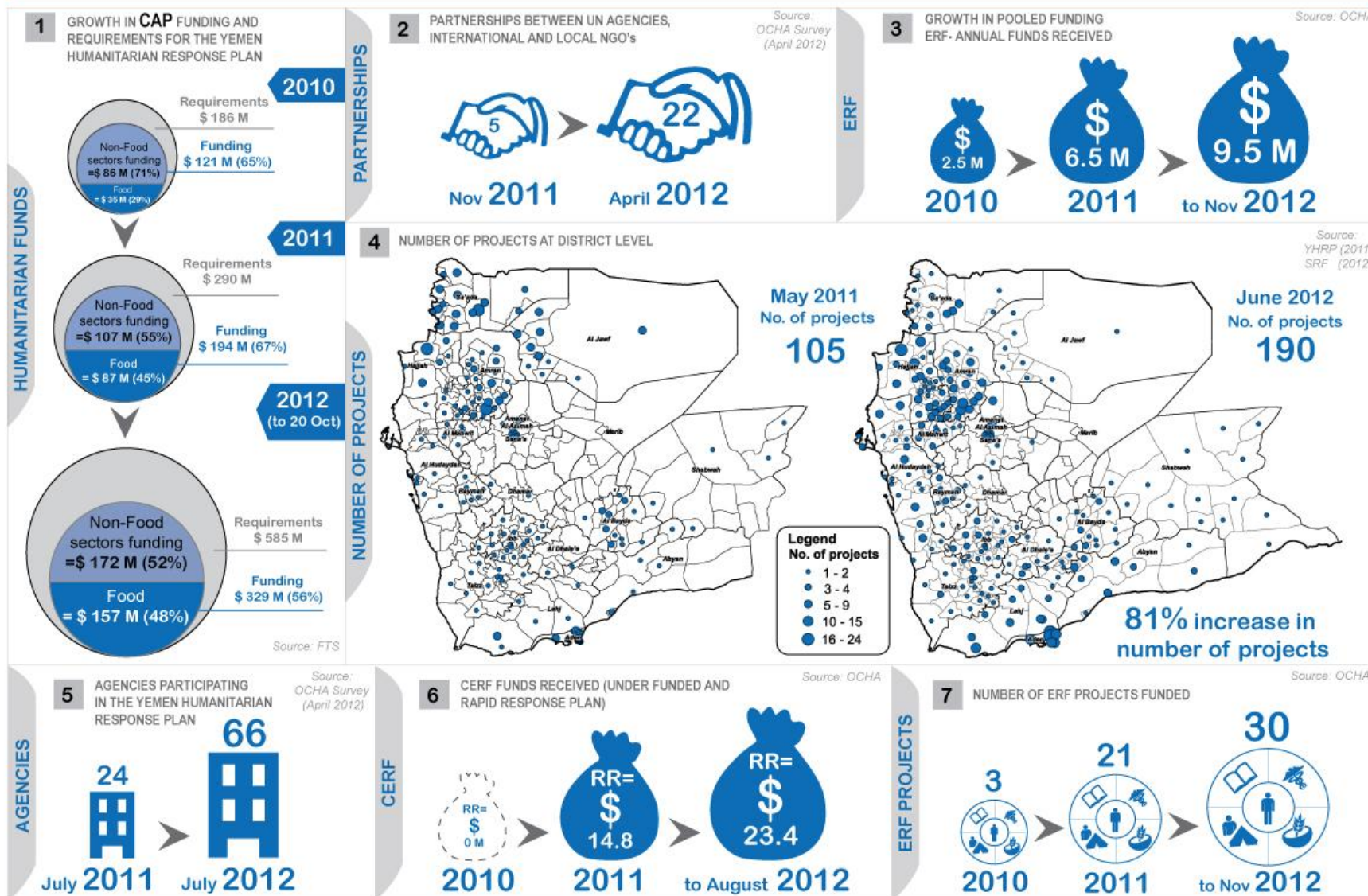
Lack of access to particularly volatile and high risk areas, and the lack of capacity of local NGOs that do have access, have reduced the ability to collect information of humanitarian needs and subsequent response potential.

Review of humanitarian funding

Funding has significantly increased for the humanitarian response in 2012, increasing from \$194 million in 2011 to \$329 million in 2012 (as of November). The graphic overleaf shows the funding evolution since 2010.

YEMEN HUMANITARIAN RESPONSE PLAN 2013

YEMEN Humanitarian Timeline - Expansion of the Humanitarian Operation in Yemen (2010-2012)



Creation Date: 1 December 2012

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3. NEEDS ANALYSIS

Drivers of the crisis

(1) **Extreme poverty, volatile commodity prices food prices and cost of living** For millions of Yemenis in urban and rural areas, there has been a dramatic reduction in access to food and basic services, and an increase in protection needs and livelihoods requirements. This is all due to extreme poverty (which increased from 42% in 2009 to just over 54% in over two years³), a sharp rise in unemployment,⁴ a decrease in remittances, volatile food and commodity prices (Yemen is a net importer of food), and the overall cost of living being affected by global trends.

(2) **Low level of basic services:** Government capacity to provide social services remains at very low levels in many parts of the country where humanitarian needs are also high. . These services include the provision of safety and security; primary, secondary and reproductive (maternal) health care; nutrition services; the supply of water and sanitation; and education, particularly in the periphery of the country. Regional instabilities and refugee influx (prompted by conflict in Somalia and the recent drought in the Horn of Africa) also put pressure on Yemen's basic services.

(3) **Political instability:** Stability has increased in some areas in Yemen. This has created *inter alia* renewed opportunities to support rights-based durable solutions for internally displaced people (IDPs), particularly in the south. However, returns have not always been safe and the humanitarian community will continue insisting that returns are in accordance with the *Guiding Principles on Internal Displacement*, especially while the National Policy on Internal Displacement is under development and accountability mechanisms are still to be implemented. There were more new conflicts in 2012 than in 2011, but they have been more localized, leading to new internal displacement and uneven humanitarian access. This trend is set to continue in 2013. Rule of law and security systems remain weak and cannot address ongoing human rights and humanitarian law violations, particularly child recruitment by armed forces and armed groups, gender-based violence, and abuse and exploitation due to politically motivated violence in conflict areas.

³ World Bank JSEA 2012

⁴ SFD 2012 Response Document ,I

Social Fund for Development on p34 of the World Bank JSEA.

<http://documents.worldbank.org/curated/en/2012/08/16687438/republic-yemen-joint-social-economic-assessment>

Scope of the crisis and number of people in need

Key figures

People affected ⁵ by the crisis	13.1 million people overall
No access to safe water and basic sanitation	13.1 million
Food insecurity	10.5 million, of whom 4.9 million are severely food-insecure
Health compromised due to dysfunctional health system	1 million people, of whom 700,000 are children under five and 300,000 pregnant mothers
Malnutrition	998,000 malnourished children under five, of whom 255,000 suffer from severe acute malnutrition
IDPs and returnees	431,000 IDPs and 105,000 returnees ⁶
Refugees and migrants	269,000 refugees and 100,000 vulnerable and stranded migrants
Number of children unable to access education	90,000
Schools requiring repair	517 schools in 8 conflict-affected governorates
Number of IDPs, conflict-affected and vulnerable children in need of access to protection services	500,000
Affected children in need of monitoring and reporting on any violations against their rights	1.5 million children
People exposed to landmines, UXO, IED	350,000

⁵ The term “affected” refers to the very high levels of chronic need for WASH and food security as well as other acute needs

⁶ UNHCR – IDP taskforce projection until end of 2012

The Food Security and Agriculture Cluster includes partners working in the whole spectrum of food security, from food assistance to rural livelihoods to agriculture. This results in different approaches, methodologies and projects by the various cluster partners. There are other key humanitarian actors in the food-security sector: in 2013, the International Committee of the Red Cross, which has observer status in the cluster, will maintain a capacity to respond with emergency food assistance, but will increase its livelihood support (microeconomic initiatives; community projects through cash-for-work, agricultural and livestock interventions; rehabilitation of irrigation structures; and capacity-building for Ministry of Agriculture staff) mainly in Amran, Sa'ada and Abyan. A large number of non-traditional donors and agencies, mostly from the region, also implement their food-security projects. It will be a high priority for the cluster coordination team to establish contact with them to develop wider coordination, and to improve its understanding of the nature and scope of their assistance.

Nutrition: The nutrition situation in Yemen will remain critical in 2013, as the country has one of the world's highest rates of chronic malnutrition, second only to Afghanistan. Almost 1 million children under age 5 suffer from acute malnutrition (stunting), of whom 255,259 suffer from severe acute malnutrition.⁹ In the majority of governorates, the level of stunting (chronic malnutrition) is above the emergency threshold of 40%, with the nationwide stunting level currently at 58%. Nationwide, acute malnutrition is at the critical level of 15%, but there are higher acute levels in some governorates. For example, 98 districts in five coastal governorates (Hajjah, Lahj, Aden, Hudaydah and Taizz) and Sa'ada and Al Jawf Governorates are classified as "critical". These districts comprise 29% of all districts in Yemen. A further 80 districts (24% of the total) are classified as "serious". The situation in the remaining 155 districts is considered "poor".¹⁰ In short, there is not a single governorate in Yemen with what could be termed a normal acute nutritional situation.

Partners agreed that the main causal factors for malnutrition are still prevalent in Yemen.¹¹ These factors are predicted to deteriorate in the coming months due to the increase in the cost of living, plus the collapse of basic social services due to the protracted fighting and civil unrest. This will affect households' investment in food, health and nutrition. There was also consensus on scaling up humanitarian operations while introducing a sound early recovery intervention to accelerate the exit from the current humanitarian crisis.

WASH: In Yemen, 140m³ of water is available per person per year, compared with an average of 1,000m³ in the Middle East and North Africa region. Of this 140m³, only 7% covers personal and household requirements; the rest is used for agriculture, including *qat* cultivation and industry. Over half the population do not have access to safe and clean water sources and adequate sanitation. Access is worst in rural areas where 66% of people do not have access.¹² An estimated 13.1 million people have limited access to water, of whom 7.1 million are in areas with critical and serious water situations. Approximately 30% of the water-supply infrastructure in rural areas does not function due to lack of water-supply schemes, disrupted power supplies due to fuel shortages and sabotage, and lack of resources to pay for maintenance and repairs.

⁹ CFSS, 2011 and SMART surveys, 2012

¹⁰ Ibid

¹¹ UNICEF SMART surveys, 2012

¹² Preliminary Rural Water Sector Inventory Survey, 2012

An estimated 73.3% of rural and 7% of urban people do not have access to adequate sanitation.¹³ The risk of waterborne, life-threatening diseases remains very high. This aggravates the malnutrition situation, as WASH shortages have been proven to be an aggravating cause of malnutrition. Out of the 13.1 million people in need, 3.32 million people are in a serious situation in the more than 70% of districts without access to improved water sources and adequate sanitation; 3.76 million people are in a critical emergency situation in more than 85% districts.

Health: People are exposed to life-threatening epidemics due to high malnutrition rates, the breakdown of health services, and poor water and sanitation mixed with people's vulnerability to infections, particularly women and children. This year has witnessed repeated disease outbreaks such as measles, dengue, chikungunya and even polio. Epidemiological data suggests that the key morbidities in communities are diarrhoea, acute respiratory tract infections and malaria. Children under age 5 bear a heavy burden: they account for nearly 50% of diarrhoea and ARI cases, according to WHO.

The ongoing conflicts and socioeconomic disruption in Yemen have reduced the capacity of health-care services. In July 2012, WHO assessed 49 health facilities in Abyan, 44 (90%) of which lacked the essential drugs required for a minimum package of health-care services. The same assessment found that out of 49 health facilities, 18 (37%) were partially or fully damaged and nine (18%) were looted.

Only 6% of the facilities in Abyan were conducting immunization campaigns on a daily basis.¹⁴ The contraceptive prevalence rate for Yemen is 27%,¹⁵ and the "unmet need"¹⁶ for family planning for Yemen is more than 24%.¹⁷ In a humanitarian context, such data are indicative of the likelihood of IDP families resorting to early marriage (of their daughters) to better integrate themselves into host communities, as well as removing the economic pressure of having to afford more family members.

Education: Fighting has disrupted children's education, with some schools destroyed, damaged or closed, while attendance has decreased significantly in others. An estimated 517 require repairs due to damage during conflicts in the eight conflict-affected governorates.¹⁸ The worst-affected governorate, Sa'ada, has experienced six consecutive armed conflicts over the past seven years, with more than 200 schools destroyed or damaged and more than 41,000 children affected. The persistent lack of qualified teachers aggravates the situation in Sa'ada.

Access to education remains a significant challenge, but there have been marked improvements in recent months, particularly in the south. Schools are functioning normally in Sana'a. By November 2012, all schools were operational in Lahj, and 48 out of 76 schools that were occupied are now functioning in Aden (some need major or minor repairs). In Abyan, 120 schools and eight education offices were reportedly affected by the war, of which 18 need

¹³ Rural Water Sector Inventory, 2012

¹⁴ Cold Chain Rapid Needs Assessment, July 2012

¹⁵ Yemen National Reproductive Health Strategy (2011-2015), Pg.18, 2011

¹⁶ "Unmet need" definition: The percentage of people with an unmet need for family planning is the number of women with unmet need for family planning expressed as a percentage of women of reproductive age who are married or in a union. Women with unmet needs are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child. United Nations Department of Economic & Social Affairs, Population Division Fertility and Family Planning Section World Contraceptives Data Use 2010.

¹⁷ Yemen National Reproductive Health Strategy, *op cit*

¹⁸ Ministry of Education, March 2012

reconstruction. The rest are looted or lightly damaged. According to the Ministry of Education, about 34,846 students (19,363 boys and 15,483 girls) still do not have access to education in Abyan Governorate. Nearing the end of 2012, a significant number of schools, previously occupied by IDPs or armed groups, have been vacated. Schools that were occupied and have now been vacated require rehabilitation from damage and looting. Sewage-and-latrine facilities in occupied schools are flooded due to heavy use and risk a broader public health crisis.

Some 90,000 students in Aden, Abyan, Lahj and Sa'ada still cannot attend school. This is due to closed, damaged, and occupied schools, unstable security conditions preventing travel to school, and threats from UXO, particularly in Sa'ada and Abyan. It is of particular concern that about 27% of 6- to 14-year-old children are out of school. Additionally, the ratio of girls to boys is worrying: at primary level, girls constitute less than 40% of the total students,¹⁹ while the problem of low enrolment of girls is greater in rural areas and disadvantaged communities. This is due, among other things, to the prevalence of child labour and early marriage, increased poverty, poor sanitation and a shortage of female teachers.

CCCM/NFI/Shelter: Damaged housing and infrastructure, inadequate shelter, limited land access due to mines/UXO and a lack of household items affect safe and sustainable returns. Families that do return lack adequate shelter to ensure their privacy and dignity, and they are subjected to considerable protection issues. A lack of adequate shelter and household items increases the risks of exposure and associated mortality/morbidity, and raises key concerns of privacy and dignity of IDPs, returnees, conflict-affected families and host communities across Yemen.

The combination of these factors also increases the risk of protection violations, and undermines resilience to further shocks and needs resulting from protracted conflict. Women and girls are at risk of assault as they have to walk long distances to fetch water and firewood. The reliance on firewood for cooking also has a negative impact on the environment.

Out of the projected figure of 431,000 returnees as of 31 December 2012, 14,923 people reside in the two formal IDP camps in Haradh. As there are no formal settlements, spontaneous settlements have been established and people use public buildings, mainly schools in Aden and Amran, as temporary shelters. Neither of these solutions meets international standards for emergency shelter, and the occupation of schools hinders access to education for local children, which has increased tensions with host communities.

Early Recovery: As conflict subsides and access to affected areas becomes increasingly possible, early recovery programming is required immediately. This includes mine clearance, emergency non-agricultural livelihoods, repair of community infrastructure and capacity-building for service delivery—. As reflected in all cluster plans, vulnerable people affected by conflict in Yemen require holistic support during displacement and to re-establish their lives in areas of return, based on principles of building back better. Vulnerable communities not directly affected by recent conflict need to increase their resilience to current and future shocks. Where conflict and poverty are the major risk to well-being, a focus is required on conflict prevention to support disaster risk reduction and an increase in livelihoods opportunities, especially in the face of rising prices and increasing food insecurity.

According to a joint assessment conducted by Early Recovery partners in Abyan, over 70% of the population described income and livelihood as a “serious problem” that should be prioritized.

¹⁹ Ministry of Education's Joint Annual Review in 2010

However, damage to economic infrastructure and the loss of productivity assets and tools have forced small and medium-sized enterprises out of business. For agricultural livelihoods to be rapidly resumed, 1.1 million m² of land needs to be cleared of mines.

Many Abyan local authority institutions that are vital to civil governance and restoring sustainable public services stopped functioning during the conflict. They require material and capacity-building support to re-establish their leading role. To implement early recovery and development programmes adequately, national NGOs need capacity-building support. By identifying increasing livelihoods capacity as a priority, resilience will be built into the response to rising prices and increasing food insecurity.

Protection: According to UNHCR, out of the projected number of IDPs at 31 December 2012, 81,868 had returned to their areas of origin as of 1 November 2012, with another 23,000 projected to return by the end of 2012. A total of 1,286 cases of human rights violations were reported.²⁰ Access to areas in the north is still a challenge, and people displaced from Sa'ada fear persecution and lack livelihood opportunities if they return. However, in the south, 60,688 people have returned to their areas of origin, and the number of returnees will increase as many IDPs have expressed a wish to return when basic safety, improved law enforcement and key public services are reinstated.

Refugees and migrants: As of October 2012, the Government recognized 232,083 refugees, with approximately 42.5% of the total caseload being female. The refugee population is expected to increase by an estimated 15% during 2013 to a projected total of 269,000 people. The vast majority of refugees in Yemen are from Somalia (221,456), fleeing due to drought, conflict, political instability and human rights violations. Non-Somali refugees are mainly from Ethiopia (5,096), Iraq (3,918) and Eritrea (1,000). The majority of refugees live in Yemen's main cities, particularly Aden and Sana'a. Some 19,995 refugees are in Kharaz refugee camp in the southern Governorate of Lahj.

However, the absorption capacity of Kharaz camp has reached its limits and, although negotiations are ongoing, its proposed expansion is on hold due to opposition from local leaders and tribes. The majority of newly arrived asylum seekers will likely continue to settle in urban areas, primarily around Sana'a and Aden. Migrants aiming to reach Saudi Arabia will settle in major transit locations along the Red Sea shores in Taizz, Hudaydah and Hajjah, as well as in Damar and Al-Bayda, where migrants are known to engage in temporary labour in *qat* plantations.

Since last year, Yemen has continued to receive a record number of new arrivals from the Horn of Africa. Migration flows into Yemen increased by 11% in 2012 compared with the same period in 2011, and an estimated 101,824 migrants will arrive in Yemen during 2013. In 2011 there were over 102,000 new arrivals (refugees, asylum seekers and migrants). The influx continued to grow in 2012: 90,530 people arrived in the first 10 months of the year. A total of 21.7% of new arrivals are female and 10% are minors.

All migrants arriving in Yemen through the Red Sea/Arabian Sea need humanitarian aid, as they engage in a dangerous form of migration that increases their risk and vulnerability. The vast

²⁰ UNHCR monitoring data shows 30% were violations based on discrimination and persecution due to religious and ethnic considerations; 17% were cases of forced eviction from rightful dwellings; 31% were cases of SGBV, 70% of which were domestic violence cases. These are reported cases through the community centres, community-based protection networks in Aden, Harda, Amran, Saada and Sanaa.

majority of new arrivals are economic migrants, with a significant number of unaccompanied children, attempting to transit through Yemen to find employment in neighbouring Gulf countries. Smuggled, trafficked and subjected to severe mental and physical abuse throughout their journey, many become stranded and destitute in Yemen and place an unbearable burden upon host communities.

On a daily basis, migrants are being expelled from the Kingdom of Saudi Arabia to Yemen. Based on IOM registration figures in Haradh and interviews with expelled migrants, the projected number of expelled migrants during 2013 will be 10,859 people. While all these migrants may be considered as vulnerable, assessments indicate the percentage of migrants who need immediate assistance increased from 15% to 26%, particularly in the south. In some areas, including Haradh, only extremely vulnerable migrants have been registered. Poverty, a lack of livelihood opportunities and insecurity are highlighted as the main drivers of migration.²¹ Therefore, all indications are that migration flows to Yemen will continue to increase in 2013, further straining already impoverished host communities.

Access: Humanitarian access remains a major challenge for humanitarian partners, particularly in conflict areas, varying from district to district and requiring humanitarian actors to assess the situation on an ad hoc basis. The key obstacles to regular and sustained humanitarian access are insecurity; an inhospitable environment; kidnapping threats; the presence of landmines/UXO; weak rule of law; inadequate infrastructure; and local implementing partners' limited capacity.

The independence and impartiality of humanitarian aid continue to be challenged, making it difficult to provide aid efficiently and in good time, especially in conflict areas. To mitigate the risk of interference in delivering humanitarian aid, international humanitarian actors have expanded advocacy on international humanitarian principles, including through workshops on international humanitarian principles organized in 2012 for local partners and local leaders.

Although different mitigation measures have been put in place, international organizations still face challenges in accessing certain areas, including Sa'ada, Abyan and Al Jawf. To address these issues, negotiations with local authorities, local leaders and non-state actors have been ongoing since 2010—for example in Sa'ada—with the de facto authorities. However, challenges persist and humanitarian actors still report specific constraints in the north on freedom of movement, assessments and delivering assistance. Specific incidents are reported and raised with the de facto authorities through bilateral communication channels and established coordination mechanisms.

²¹ Regional Mixed Migration Secretariat (available on www.regionalmms.org/)

Determination of priority humanitarian needs for 2013

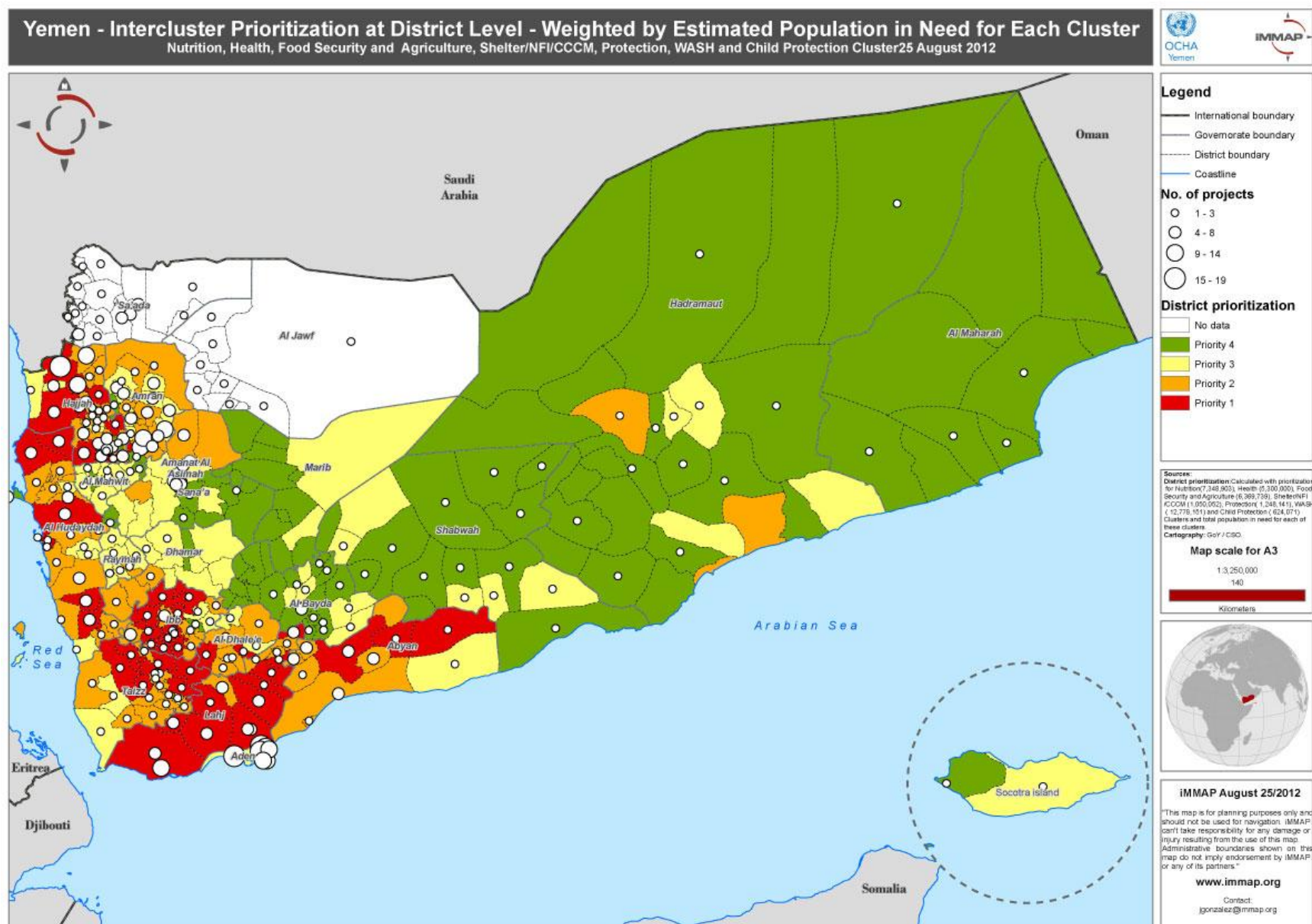
To ensure a greater impact of the assistance provided and better resource use, different clusters have identified geographical humanitarian space of common interest where partners could jointly plan, implement and monitor projects. If carried out appropriately, this will maximize the return on their investment and reduce operational costs.

The methodology used to reach these “joint programming maps” includes three steps: a) each cluster first identifies its top geographical priority areas using survey data available on well-defined indicators; b) the clusters’ specific priority maps are overlaid to identify the districts of common interest; c) from the above, and consensually, the clusters agree on the districts where they see opportunities for joint programming (see maps overleaf).

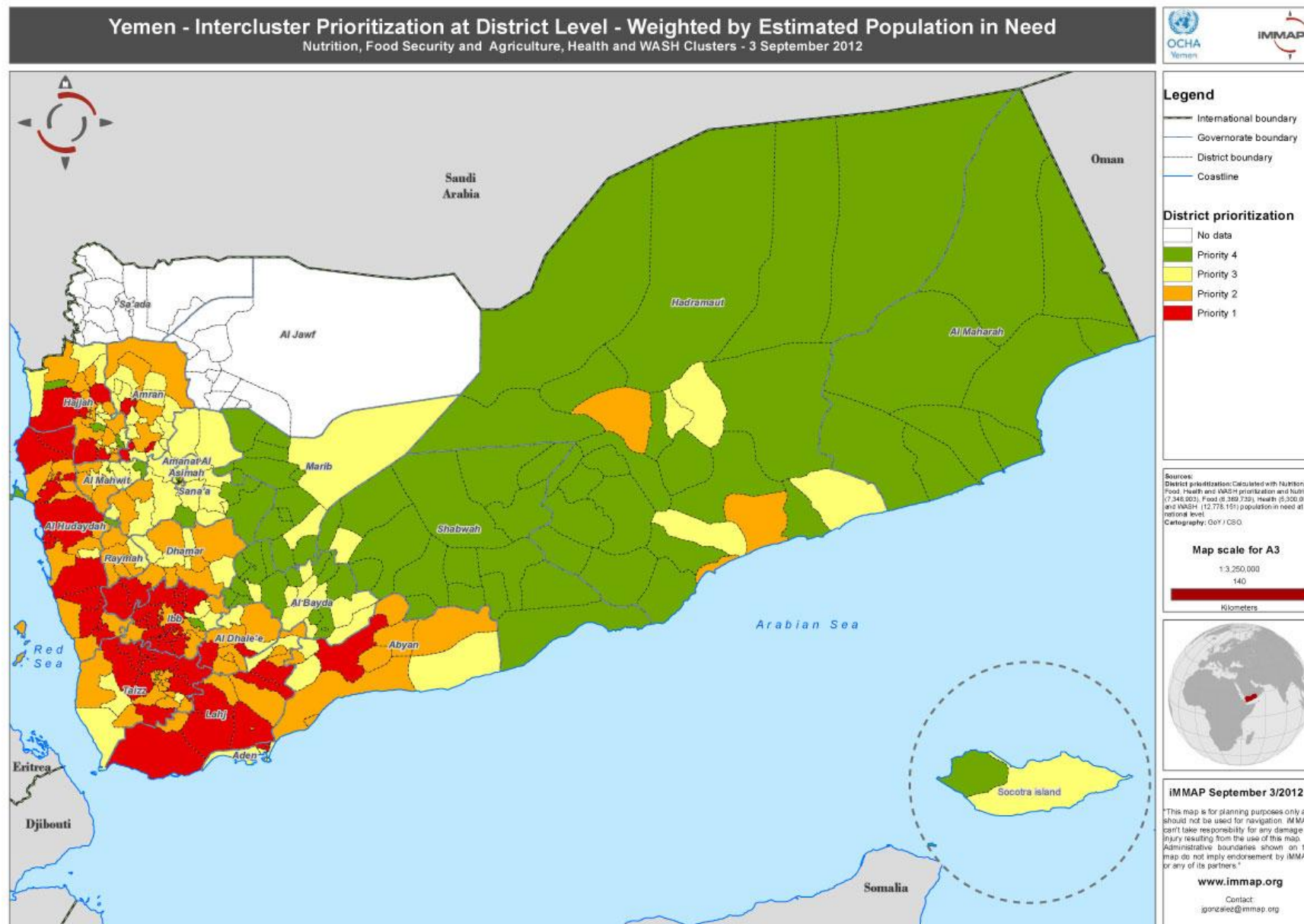
An in-depth explanation of this process is contained in Annex V.

YEMEN HUMANITARIAN RESPONSE PLAN 2013

Priority maps for the Health, Food Security and Agriculture, Nutrition and WASH Clusters



YEMEN HUMANITARIAN RESPONSE PLAN 2013



4. THE 2013 COMMON HUMANITARIAN ACTION PLAN

Planning scenarios

The YHRP is for a 12-month planning and budgeting horizon only. At the same time the aid community is planning with a forward view for 2014, recognizing the importance of the Government's Transitional Program for Stabilization and Development 2012-2014 (TPSD). Activities in the YHRP have been aligned and included within the strategies and priorities outlined in Annex 2 of the TPSD, in particular sectors relating to agriculture and fisheries, water, education, health, social protection and women. Political stability is fluid and the outcome of the National Dialogue and Security Sector Reform is uncertain, which may trigger further conflict, insecurity, and displacement leading to further reduced access to food, water and basic services. Concurrently, extreme poverty is compounded by water shortages and the expected global food price spikes in 2013.

Scenario for 2013

The rise in global wheat prices is expected to continue in 2013 and could cause a sharp increase in wholesale and retail prices in local markets, according to WFP's market updates. Yemen is particularly vulnerable to global price changes because 90% of staple food is imported. In September 2012, the FAO Cereal Price Index averaged 263 points, 7% higher than a year before. Estimates for cereal production are at 750,000 tonnes in 2013, 8% below the 2012 level and 10% below the five year average.²²

This poses a significant threat in a country where half the population is already food-insecure and unemployment is on the rise, and extreme poverty is compounded by chronic underdevelopment, water shortages and malnutrition. Both crisis drivers will further reduce food security, reduce the already sub-optimum coverage and poor utilisation of the health services, limit geographical coverage of the health infrastructure, and worsen the already-dire water and sanitation situation.

Despite positive political developments, the overall humanitarian situation is forecast to worsen in 2013. Pledges for the Government's two-year transition plan will take time to materialise into tangible changes on the ground and will likely not lead to increases in basic service provision in the short term. Some areas have stabilised, allowing the return of IDPs and a scaling up of recovery programmes in Abyan and in Sa'ada. However, multiple localised conflicts across the north and south will lead to localised displacement, unpredictable spikes in associated humanitarian needs and increases in protection concerns.

The provision of key basic services will continue at extremely limited levels in 2013 as well as 2014. All these crisis drivers will further reduce overall food security, increase malnutrition levels among children and women and will limit access to health care and water and sanitation. This in turn will sustain the current levels of incidence of communicable diseases. Regional dynamics outside of Yemen will continue to sustain record high refugee and migrant flows into Yemen.

²² FAO GIEWS September 2012

YEMEN HUMANITARIAN RESPONSE PLAN 2013

SCENARIO FOR 2013	
North	South
Context	
<ul style="list-style-type: none"> • <i>De facto</i> authorities in Sa'ada will continue to maintain control, with the willingness of Al Houthis to participate in the national dialogue seen as a positive development for humanitarian action • Risk of a sustained conflict in the north on a scale with previous years unlikely. However, local tensions between the <i>de facto</i> authorities, local tribes and other political groupings have risen over the last months and are likely to be sustained. • Tensions have resulted in new armed conflict, the use of landmines and the installation of new tribal checkpoints, in particular in Sa'ada, Hajjah and Amran. • It is expected that various armed groups will continue to expand their armed presence to new locations over the next 5 – 8 months in Hajjah and Amran and potentially further south, including Dhamar and Rada'a. <p>This could lead to further conflict and displacement.</p>	<ul style="list-style-type: none"> • Security in most of southern Yemen is extremely fragile. Government control over Abyan, Shabwah and Al Dhale'e Governorates is uneven although popular committees have managed to reduce the presence of armed groups in Zinjibar and Khanfar districts in Abyan. Government control in Aden and Lahj Governorates is also uneven and trending downwards. • Civil administration, as well as law and order, is very limited, meaning security situation remains tense and unpredictable for humanitarian actors. • Existence of popular committees with militia wings is a new phenomenon in the south, with many having no clear command and control structures. This creates challenges to ensuring access and security. • Separatist movements in the south are not unified, and signs of increasing tensions between factions could lead to renewed conflict. <p>The trend of politically motivated attacks in the south will continue in 2013, and it is possible that the scope and range of targets may increase.</p>
Humanitarian implications	
<ul style="list-style-type: none"> • Ongoing conflicts in Hajjah have, in 2012, led to new internal displacement and more localized displacement is expected, including in Amran. • High level of recruitment of children by conflicting parties, including Al Houthis, is of concern as is the killing and maiming of children and other war related implications for children. • Attacks on and occupation and use of schools and health facilities by armed groups continue and are interrupting provision of education and health services, as well as compromising protection of civilians. • Conflict will continue to compound food insecurity, malnutrition and livelihoods for conflict-affected people, IDP hosting populations as well as the newly displaced. • Situation of illegal migrants primarily from the Horn of Africa and heading to Saudi Arabia will continue to be a protection concern, in particular the exposure of girls, boys and women to abuse and exploitation by traffickers and smugglers. • Agencies will be able to continue delivering humanitarian and recovery activities in the majority of districts when conflict is at a low level and where access can be ensured. Humanitarian access, however, is expected to be uneven; agencies and donors must take a flexible and creative approach to delivering on all humanitarian objectives over the course of a project cycle 	<ul style="list-style-type: none"> • Provision of government services for WASH, social welfare, education and health will not substantially increase next year and will likely reduce further in areas of new conflict. • Violations of human rights and humanitarian law, and new spikes of localized displacement are expected. • IDPs are returning voluntarily to Abyan and this trend is forecast to continue in 2013. However, despite an easing of tension within communities in Aden as IDPs vacate schools, there are still tensions between IDPs, returnees and local communities due to uneven security conditions and competition for resources. • Incidents of killing and maiming due to mines/ERWs have dramatically increased, including among children. The use of explosive devices is likely to continue in the areas of conflict in and around Abyan, and may spread to other areas. • Sustained high level of influx of refugees and migrants adds to existing tensions.
Regional factors	
<ul style="list-style-type: none"> • Several countries in the MENA region have been engaged in a series of "pro-democracy" movements since early 2011 with political challenges being felt across the region. The unrest and uncertainty associated with these movements have affected the short-term macroeconomic outlook in the region, with medium-term growth prospects likely to improve, especially if the political changes are associated with more open and accountable governance and more rapid reforms. More regional political stability will eventually attract investment and facilitate more sustainable growth. • It would be prudent to continue to monitor the regional situation vis-à-vis the recent drought in the Horn of Africa and conflict in Somalia. Due to Yemen's strategic location many search for better opportunities both here and in neighbouring Gulf countries. 	

Critical events timeline

Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
School year												
Migration to west coast												
Migration to south coast												
Planting												
Harvest												
Floods												
Storms												
Drought												
Average temperature below 9°C (Sana'a)												

Given the low resilience in Yemen at present, Yemenis are particularly vulnerable to natural disasters. Due to its mountainous geography and the elevations of arable land, winters can be cold, requiring winter safe shelter and additional fuel for heating to be in place by late October.

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

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

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

Looking further at specific events/periods during 2013 and even further, the launch of the expected national 'dialogue process' is postponed. (The planned start was 20 November 2012 with a six-month timeline.) Looking further ahead on the political scene, presidential and parliamentary elections are now planned for February 2014.

Response strategy

Yemen faces countrywide chronic vulnerability that varies in intensity by region. In some places, vulnerabilities rise to acute levels. These vulnerabilities are defined primarily by people's low level of access to basic social services, a population highly vulnerable to external shocks, such as rises in the prices of basic commodities, and the presence of destabilizing armed actors and de facto authorities across large parts of the country. In such a situation, humanitarian need can be detected almost anywhere.

However, activities proposed in humanitarian appeals cannot resolve many of the issues that currently need addressing, or that are fundamental to ensuring future crises do not have calamitous effects, or that reinforce the resilience of local people and structures in similar emergencies. These issues require other actors and frameworks to step in before, during and after a crisis.

In this context, the purpose of humanitarian action at its most basic level is to save lives and restore critical livelihoods of identified people—IDPs, host communities, people suffering from food insecurity, refugees and migrants. There is a focus across all groups on the most vulnerable people, such as women, children, the elderly and the disabled, who need help to survive. Humanitarian action is not a substitute for Government action or development initiatives, but those aspects must be taken into account when designing a response. As such, while the YHRP presents the situation analysis, its actual response strategy must be focused, time bound and realistic. It cannot be all things to all people, and it must make choices about what it can and cannot do.

Based on needs assessments and subsequent analysis, and taking into account the most likely scenario, the situation is assessed as fluid and likely to remain so into 2013. Taking into account significant local variations, the trends will generally be stabilization in the north, returns in the south, a generally high level of food insecurity across the country, but particularly across central Yemen, and steady increases in the numbers of arriving refugees and migrants.

The strategy will be to build on existing success in terms of partnerships and access in order to continue and increase the delivery of life-saving assistance to identified vulnerable people, and to support durable solutions where possible. In parallel, the HCT will continue to advocate with all authorities for the protection of civilians in Yemen's crisis, and work to build up national and local capacity to more effectively handle humanitarian response and the overlaps and links with recovery and development.

There are clear links between some activities being implemented by some clusters. To the extent possible, those activities will be planned and coordinated to ensure the best possible holistic response to affected people's needs. Therefore, humanitarian activities must be flexible and responsive enough to take into account the differences in needs between different areas at different times, with two main objectives:

- Prevent excess morbidity and mortality stemming from the drivers of Yemen's crisis.
- Enable affected people to return to their normal lives as quickly as possible.

Humanitarian response will be predicated on a combination of access, resources, joint assessments and programming. The three elements together will determine the extent to which humanitarian response will be successful in 2013. For instance, without access, assessments cannot take place and a response cannot be planned or adjusted. The significant achievements

and lessons learned in opening channels of communication across Yemen with the multiplicity of actors—official and de facto—are expected to play a role in securing and maintaining humanitarian access wherever and whenever it is needed. Without resources, access and assessments cannot respond to evident humanitarian needs. Assessments properly planned, implemented and analysed will help to prioritize where, when and what type of assistance is required. In 2013 there will be an emphasis on joint programming, i.e. key clusters will identify geographical areas or spheres of common interest where partners can jointly plan, implement and monitor projects, thereby delivering an integrated package of assistance and maximizing access and resources.

Against this backdrop, the HCT, aware of its primary role to respond to acute emergencies rapidly, realizes the need to build into the response actions that will safeguard livelihoods and enable resilience to future shocks. However, the expectation is that poverty reduction and longer-term recovery will be led by development actors such as the World Bank, in collaboration with the Government.

Therefore, to maximize its contribution, the HCT has identified areas in which it can offer a distinct added value, especially in terms of reaching the most vulnerable people, in line with a flexible approach that takes into account the range of needs in Yemen, both thematic and geographical:

- Deliver life-saving humanitarian aid where and as needed in coordination with relevant partners including the Government, de facto authorities, and national and regional partners.
- Identify durable solutions wherever possible by supporting the recovery and resilience of affected people in coordination with the Government, national and regional partners, and development actors.
- Strengthen the protective environment for civilians.
- Support the Government and national partners in ensuring strategic coordination of assistance provided by all stakeholders.

The following sub-sections review the main intercluster and cross-cutting themes underpinning the overall response strategy. These themes have also driven the content of the cluster response plans, which are in the next chapter. Cluster and inter-cluster priority maps have been produced to give information on joint assessment and joint programming between actors and clusters.

Assessment strategy

There has been an increase in 2012 in the number of assessments conducted. However, issues including quality, a systematic approach, and use of common tools to ensure consistency and comparability need to be addressed. Four specific measures for remedying this situation are foreseen for 2013:

- A coordinated assessments approach through agreed minimum standards and guidelines, including cluster-specific assessment tools, will be promoted to enhance the quality and usefulness of detailed cluster assessments and agency initiatives.
- The use of the Multi-sector Initial Rapid Assessment (MIRA) has been agreed. The MIRA will be rolled out in areas of sudden-onset emergencies or when conflict-affected areas become accessible. Discussions are ongoing for the the next roll-out in Sa'ada in the final quarter of 2012.

- A common assessment platform for data-sharing will be established by OCHA with all clusters, starting with those that have established monitoring systems (Food Security and Agriculture, Nutrition, Health, WASH, and Protection Clusters and the Child Protection Sub-Cluster) and expanding to include all clusters by the end of 2013. This platform will facilitate the consolidation and synthesis of results of needs assessments and baseline data.
- A systematic monitoring approach for a needs and situation analysis will be established to improve trend analysis and understanding of progress by the humanitarian response, focusing on the areas prioritized for joint programming. This will complement ongoing and planned initiatives by clusters, cluster lead agencies and other stakeholders, such as the ongoing Nutrition SMART surveys and planned sentinel surveillance system, food security monitoring, social protection monitoring system and other planned assessments. An Assessment Technical Working Group, chaired by OCHA, will assume the responsibility of inter-cluster and joint analysis, which will support the Inter-cluster Coordination Mechanism (ICCM) in decision-making and priority-setting.

Protection of civilians

The need to strengthen the environment for the protection of civilians in Yemen is a priority regarding internally displaced and other conflict-affected people, as well as the overall Yemeni population suffering under the relative absence of justice and the rule of law in many parts of the country.

National policy for internal displacement: In Yemen, internal displacement takes place in a policy vacuum. Protection gaps occur in all phases of internal displacement, as demonstrated in consultations with over 3,000 IDPs in August and October 2012 in all IDP areas where implementation of the *Guiding Principles on Internal Displacement* has been evaluated. Key findings include the absence of a preventive mechanism to internal displacement, and early warning and contingency planning response mechanisms to displacement.

Sustainable durable solutions: In the north and the south of the country, concerns for return are outlined as follows (in order of priority): ongoing conflict and insecurity; landmines and UXO; livelihoods; shelter; and basic services. Return intentions are highest in the south, with 76% of IDPs intending to return. Some positive steps have been taken to demine areas and assist with transportation support funds, but some IDPs have reportedly been returned by force. Additional measures are required to secure Abyan and to reinforce private efforts in reconstruction and providing basic services.

The conduct of hostilities reveals disregard of international humanitarian law by all parties, with no regard for distinguishing between civilians and combatants or between civilian and military objects. This compromised civilian safety, civilian assets, safe exit and safe passage for humanitarian response in the north and south. In addition, human rights violations such as arbitrary displacement, killing, injury, persecution, and forced recruitment of adults and children have been reported.

Enjoyment of rights and life in dignity: IDPs and conflict-affected communities cannot access their rights due to issues around lack of registration due to lack of ID cards and documentation; no livelihoods; and inadequacy in the quantity and quality of assistance provided by relevant Government bodies, including basic services and infrastructural support. This has a major impact on the most vulnerable people, including women-headed households, children, the ill and disabled people.

Due to the humanitarian and early recovery needs for protection, and to align the YHRP with the Government's transitional planning for 2012-2014 and other peacebuilding and reconciliation efforts, the Protection Cluster will carry out the following in 2013:

- Cooperate with relevant Government ministries to strengthen the Government's capacity to meet its national and internal responsibilities regarding protection of civilians through programmes that enhance knowledge, capacity-building and assistance support to ensure adherence to human rights law and international humanitarian law (HRL and IHL);
- Strengthen mechanisms to monitor and document violations for evidence-based advocacy and targeted response at ministry levels, civil society and community level;
- Advocate and support the Government to adopt a national IDP policy/strategy;
- Enhance protection knowledge of humanitarian actors, CSOs, Government and communities;
- Conduct protection mainstreaming and, where necessary, implement joint or integrated, protection programmes with other clusters, ministries, civil societies and communities;
- Support a multi-sectoral response to survivors of human rights violations and facilitate effective referral;
- Support rule-of-law initiatives with the Government;
- Facilitate peacebuilding activities to build capacity in community conflict resolution, peacebuilding and good governance.

Child protection

There is an urgent need to support efforts to enhance the protective environment for children, especially within the current transitional period and building on the willingness of all concerned to promote a culture of child rights. Strategies to consolidate efforts are in place to expand partnerships with the Government, NGOs, civil-society organizations and communities. They focus on capacity-building and a strategic, unified approach to enhance the protection of children.

Since the beginning of 2012, 174 children (150 boys and 24 girls) have been killed and maimed, with others used and recruited by armed groups and armed forces. Of particular concern is the increasing risk of child victims of mines and UXO, with 14 children killed and 35 (34 boys and 1 girl) maimed. This surpasses the number of incidents reported in 2011, where 10 children were reportedly killed and 5 maimed.

Armed forces and pro- and anti-Government armed groups continue to use and recruit children. Four parties to the conflict in Yemen (Al-Houthis, pro-Government militias, Yemeni Armed Forces and the First Armoured Division) were added to the UN Secretary-General's annual reports annexes for the first time due to the use and recruitment of children. Two recent Child Protection Sub-Cluster assessments showed children's greatest concerns as being attacks, followed by nightmares and not being able to return to school or home. Children also expressed fear due to tension within the family, and also due to separation from family searching for income. Other concerns included increased child labour, cross-border movements, child trafficking, smuggling and child marriage as coping mechanisms for vulnerable households.

Specific and urgent emergency support is planned due to the already inadequate legal framework and limitations of the justice system and its inability to deal with children in contact with the law. The focus on specialized child-friendly and gender-responsive police units in the capital districts and child focal points in selected high-priority districts has been planned with the Ministry of Interior. This work will also contribute to ongoing work to strengthen the juvenile justice system and amend national legislation relevant to children. Monitoring prisons and detentions will continue with a view to systematically reporting on children in such situations.

Other protection risks for children include increased risks of sexual violence, as reported by at least 32% of respondents in both assessments, a weakened system of rule of law to deal with children in contact with the law as victims, witnesses and offenders, and low birth registration. In addition, a concerning trend is being observed regarding the active participation of children in violence—as reported by 44% of respondents in all 38 districts—such as gang violence and recruiting peers into armed forces and armed groups.

The Child Protection Sub-Cluster has seven main priority areas for 2013:

- Monitoring, reporting, and advocacy on grave human rights violations against children.²³
- Preventing use and recruitment of children by armed forces,
- Providing access for affected and vulnerable children to protective services.
- Protection for unaccompanied and separated children
- Preventing threats of death and injury due to mines/ERW.
- Promoting birth registration for children.
- Protecting children in contact with the law in areas of conflict.

Protection of women

In 2012, gender-based violence (GBV) incidents were noted, with 932 cases reported in Haradh alone. According to a UNICEF study, 65% of male children interviewed admitted to experiencing physical abuse, while 71% of girl children admitted to abuse, which is indicative of the vulnerability associated with gender. Sexual violence against women and girls remains a major challenge due to the cultural sensitivity around this issue, with the burden of proof on the victim. Therefore, collecting and accessing accurate data are extremely difficult and sensitive. Nevertheless, the above-mentioned incidences strongly depict the ongoing vulnerability of women and girls that require much more attention and care in the coming months.

IDP policy and durable solutions

The positive political developments in Yemen and stability in some locations have triggered IDP return. Over the last three months, the Government's Executive Unit for IDPs has helped 21,000 people to return to their areas of origin in Abyan. It has also registered, in coordination with the local councils, some 39,000 people who returned spontaneously, although some of the spontaneous returns might have not been entirely voluntary. An estimated 10% of the Abyan IDPs stated that they could not return for security reasons. The humanitarian community is working closely with the Government and the de facto authorities to ensure return is based on the *Guiding Principles on Internal Displacement*, i.e. return is voluntary and takes place in safety and with dignity. This cooperation also aims to establish sustainable solutions for IDPs in the areas of return, resettlement or local integration.

This emphasis on durable solutions and coordination is reflected in the humanitarian community's advocacy and support to the Government for developing a national policy to address and resolve internal displacement. Worldwide, the adoption and implementation of IDP policies is considered

²³ With the new establishment of the UN Country Task Force on monitoring and reporting mechanism (MRM) on grave violations against children, joint UN efforts should increase child protection in 2013 by solidifying efforts in advocacy towards signing action plans and obtaining commitments with parties in Yemen listed in the annexes of the Secretary-General's report on Children and Armed Conflict to end the use and recruitment of children. A protocol should be established on monitoring, reporting and verification of violations, and providing bi-monthly notes to the Security Council Working Group on Children and Armed Conflict.

a benchmark of meeting national responsibility. In Yemen, the humanitarian community has emphasized to the new transitional Government the importance of adopting such a policy to enhance the protection of IDPs and find solutions to their problems. The UN Transitional Framework for Stabilization and Development in Yemen strengthens the legal and policy framework for IDPs. It is critical for the country's stability.

Consultative workshops, co-organized by the Executive Unit and UNHCR, are being held throughout the country. They gather all relevant stakeholders to formulate the content of the policy, the expectation being the Government adopts and implements a national IDP policy in 2013.

IDP policy and response in action: the Abyan Response Plan

Fighting erupted between May and June 2012 as Yemeni armed forces launched an intense military operation against insurgents allegedly linked to Al-Qaida in Abyan Governorate. It had spill-over effects not only in conflict-affected communities, but in the southern region as a whole. It triggered the displacement of nearly 237,000 people and damaged the livelihoods of hundreds of thousands more. The six-month Abyan Response Plan, launched to respond to critical humanitarian needs, included projects in eight clusters totalling \$92 million. The cessation of hostilities in July allowed humanitarian agencies to ramp up the response; as of November 2012 the plan was 25% funded.

[Download the Abyan Response Plan from this link](#)

Early recovery and resilience

According to the Inter-Agency Standing Committee (IASC), early recovery is “a multidimensional process of recovery, from a man-made or natural disaster, that begins in a humanitarian setting.” Resilience, according to the European Commission, is the ability of an individual, a household, a community, a country or region to withstand, adapt, and quickly recover from stresses and shocks such as drought, violence, conflict or natural disaster.

The start of the transition process in Yemen opens a window of opportunity for a more strategic early recovery approach in Yemen. A more robust HCT presence and a well-established humanitarian cluster system will implement an increasing number of ongoing early recovery activities in the conflict- and non-conflict-affected areas through the YHRP 2013.

The YHRP strategy for early recovery and resilience includes two parallel and interrelated processes: one to provide a holistic community-focused early recovery response to conflict-affected communities, and one to build resilience to conflict in non-conflict areas through social cohesion and livelihoods strengthening. They will be implemented in a complementary way by all clusters and coordinated through the early recovery network and the inter-cluster coordination mechanism. They include mine action, restoring public services, food security and local governance, with a focus on those areas not covered by other clusters.

In addition to conflict, the YHRP in Yemen has to address a complex crisis, a combination of chronic poverty, conflicts and economical fragility. The emergency response is necessary now, but has to be accompanied by measures to address the underlying causes of vulnerability. Activities include boosting the response to crises, strengthening rural communities' livelihood opportunities, recovery from climate shocks and improving public services. The foundation for

development needs to be designed in parallel, with a longer-term perspective looking to improve, for example, land resource and water management; ameliorate the income opportunities for people dependent on livestock or fishing; manage malnutrition cases to find lasting solutions for the heavy burden of chronic malnutrition, and look at durable solutions for protracted refugees and uprooted people.

In all areas, it is necessary to diversify income sources (both within the household and types of income). Knowing the potential for expanding sources and the markets linked to them is vital. Barriers for the poor are usually access to credit, literacy, skills and knowledge of skill potential. Space needs to be created to pilot innovation in agricultural and non-agricultural livelihoods closely linked to market demand and chains. Yemeni livelihood systems were more efficient in the past; there might be a need to look at the erosion of know-how and traditions (community work, nutrition). Another solution could be introducing new income sources, such as apiculture and frankincense harvesting, or older ones marketed better such as livestock breeding or sustainable fisheries. Also, this is where cross-over to non-agricultural economic potential happens—weaving, tailoring, fuel-efficient stove making, plastic recycling or other cottage industries that contribute to food security but are not linked to agriculture. There is a need to better understand macro and microeconomics, household economy, debt, remittance, gender dynamics, land tenure and erosion of coping mechanisms to develop effective programmes.

The YHRP will include projects to strengthen vulnerable people's resilience to future shocks. These projects include livelihood- and agriculture-related activities, such as livestock support (veterinary support, fodder distribution), income-generating activities, terrace restoration, fishery support, household-dynamics research, training and capacity-building in parallel with ongoing humanitarian support.

Coordination

Coordination with the Government

The humanitarian community has aligned its humanitarian response efforts with the Government's TPSD. This has been adopted with the support of the GCC and the Friends of Yemen process in 2012 and considerable funding has been pledged. The 2012 and 2013 YHRPs are now integral parts of the TPSD, with the humanitarian community reinforcing Government cooperation to seek its increased engagement in humanitarian response activities with, for example, the Government co-chairing a number of clusters and being part of thematic and sectoral working groups (see annex IV).

Coordination with de facto authorities

The HCT now has significant experience in this field. It is building on gradual but significant progress in dialogue and cooperation with governmental and non-state actors, which started in 2010 in Sa'ada. A channel of communication and coordination structures was agreed, which helped to improve communication and build trust. Various problems have been solved jointly. The humanitarian community in Sa'ada holds sub-cluster-level meetings for WASH, Health and Nutrition and, periodically, Shelter/NFI/CCCM. Problems that could not be solved at these meetings are taken up to the general coordination meeting with the de facto authorities each month. This arrangement will be strengthened in 2013.

Coordination with development actors

More and more international development actors are in place to support the Government in its stabilization efforts. The humanitarian community is aligning its well-established coordination structures with the United Nations Development Assistance Framework, the Poverty Reduction Strategy Paper and other UNCT efforts to support the development process, particularly linking with capacity-building and greater partnerships to deliver programming with local actors. (See annex IV for coordination mechanisms between the Government, HCT and development actors.)

Coordination with regional partners

In 2012, the HCT, supported by agencies' headquarters, has been reaching out to a range of regional partners seeking support for the humanitarian response in Yemen. OCHA supported these efforts through participating in regional meetings and keeping humanitarian issues on the agenda. The latest meetings were the Riyadh donor meeting on 4 and 5 September 2012 and the Friends of Yemen meeting in New York on 27 September 2012. In April 2012, OCHA delivered a presentation on the humanitarian situation in Yemen at a conference held by the League of Arab States and the Humanitarian Forum in Cairo, Egypt. OCHA also organized a joint mission for the OIC, GCC and LAS to Yemen and facilitated EU and USAID missions to Yemen. The goal was to ensure that Yemen's humanitarian profile is recognized globally, specifically at the regional level.

In March 2012, OCHA Yemen had its first meeting with OIC to establish a joint coordination mechanism and to translate the global Letter of Understanding. As a result, OIC established an office in Sana'a initially hosted by OCHA. In 2012, a number of organizations from the Gulf and Middle East region started or re-started operations in Yemen, including the Emirati Red Crescent Society, the Khalifa Foundation (UAE), Qatar Charity and Al Awn Foundation. Regular meetings with these organizations are being held to promote a better understanding of humanitarian mandates and coordination agreements and move towards greater involvement by these organizations on the ground. Efforts to engage regional actors in the humanitarian response through the established multilateral coordination mechanism will continue in 2013.

Joint programming among clusters

Yemen faces numerous inter-connected problems: lack of water, malnutrition, inadequate health and education facilities, localized conflicts causing displacement, and the Government's inability to provide essential services. To enhance efficiency and complementarity of all activities within the scope of the YHRP, and in relation to funding from different funding streams, the humanitarian and development communities are moving towards joint programming through a joint geoprioritization process. The joint programming approach is a more targeted and focused response, where all beneficiaries' needs are met, supporting the full recovery of targeted people. Through effective mitigation of underlying causes, affected people have more chance of sustainable recovery.

Nutrition and food should benefit significantly from joint programming. Based on 2011 and 2012 Nutrition Cluster SMART surveys, which incorporated health and WASH indicators, the prevalence of malnutrition among children under age 5 is alarming (GAM is above 15% in many districts), and health outcomes are extremely poor in areas where access to clean water is poor and unsanitary practices are prevalent (the risk of mortality because of severe acute malnutrition

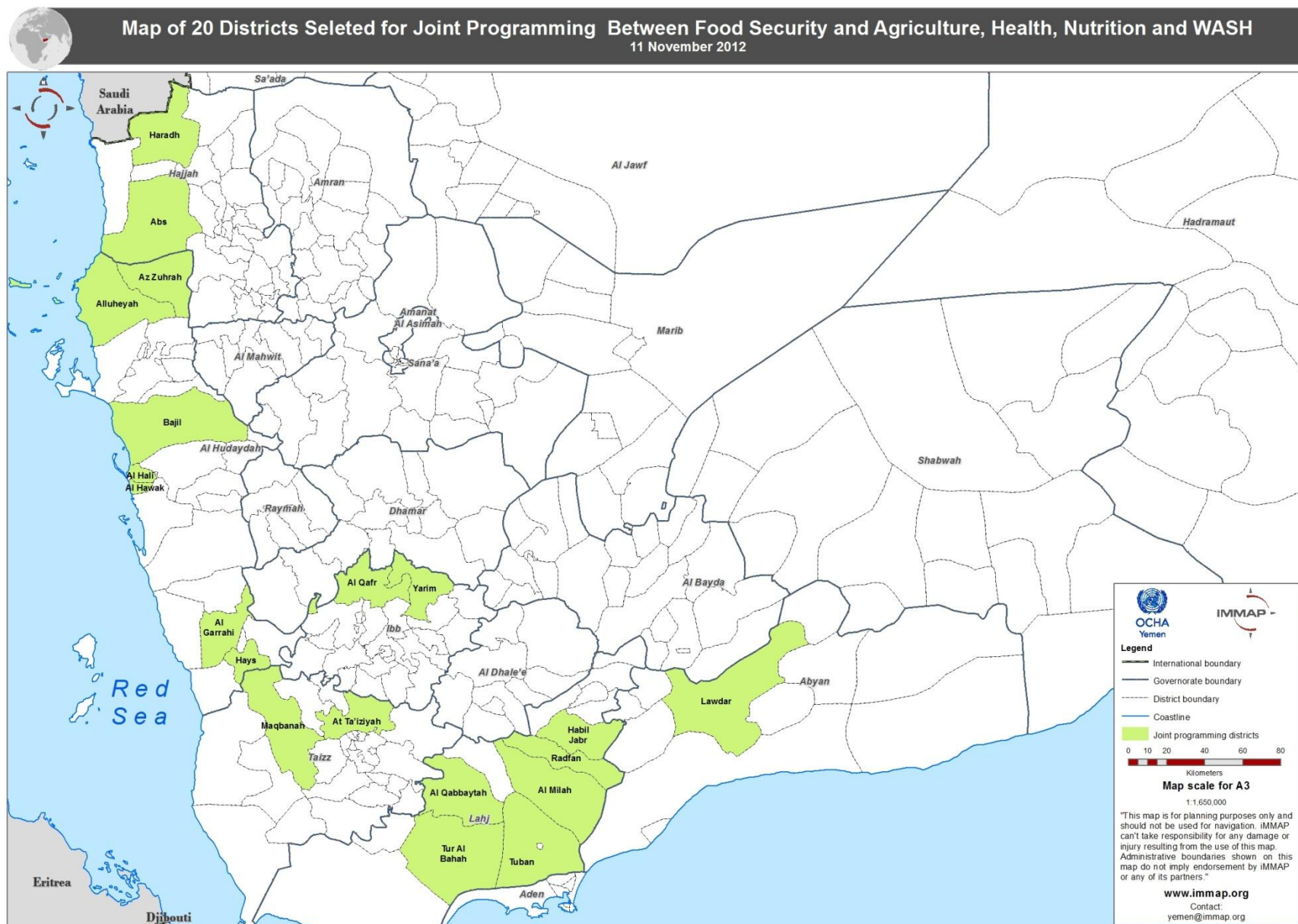
is nine times higher if affected children are not treated in time). This shows the strong interdependence between food security, nutrition levels, health and sanitation. In a combined effort to address the situation, the Health, WASH and Nutrition clusters in 2012 initiated joint micro-plans in several districts in Hudaydah and Taizz to reduce mortality rates of young children. These efforts will be expanded in 2013 to a joint programming of clusters that will include coordinated assessments, planning, programme development and monitoring activities.

The Health, WASH, Nutrition and Food Security and Agriculture clusters agreed to cover 20 priority districts in the Governorates of Hajjah, Hudaydah, Taizz and Lahj, as well as areas where conflict is still ongoing, such as Abyan, with an integrated essential package. Interventions will address child illnesses, including malnutrition, and integrate health, nutrition and water and sanitation. The clusters agreed to establish an informal programming mechanism that will be engaged at the capital and field level to roll out joint programming activities.

Districts selected for joint programming (Health, WASH, Nutrition and Food Security)

Governorate	District	Population (2012)	Governorate	District	Population (2012)
Abyan	Lawdar	107,042	Ibb	Al Qafr	125,533
Al--Hodeidah	Alluheyah	129,440	Ibb	Yarim	212,739
Al--Hodeidah	Az Zuhrah	169,078	Lahj	Al Qabbaytah	115,069
Al--Hodeidah	Al Hali	205,854	Lahj	Habil Jabr	50,493
Al--Hodeidah	Al Hawak	190,297	Lahj	Radfan	53,044
Al--Hodeidah	Al Garrahi	109,207	Lahj	Tur Al Bahah	57,739
Al--Hodeidah	Bajil	208,075	Lahj	Tuban	101,589
Al--Hodeidah	Hays	55,650	Lahj	Al Milah	33,645
Hajjah	Harad	114,315	Taiz	Maqbanah	75,937
Hajjah	Abs	163,575	Taiz	At Ta'iziyah	133,485

YEMEN HUMANITARIAN RESPONSE PLAN 2013



Humanitarian access

Access continues to be a challenge for humanitarian programmes. There was an improvement in conducting assessments in 2012 (particularly in the south), but the security situation and poor infrastructure continued to limit humanitarian access. Implementation capacity also remained limited despite increasing needs, especially in the conflict-affected areas. Other factors that affected humanitarian access in parts of the north and the south included an inhospitable environment, previous and ongoing kidnapping threats, landmines/UXO, weak rule of law, insecurity, limitations on local implementing partners' capacity and funding constraints.

To improve response, agencies have set up different modes of work. They include remote management; increasing and strengthening the capacity of local staff and partners so they can access areas where a “no go” policy is applied for international staff; humanitarian negotiation; and engagement with de facto authorities and local leaders. The result of these mitigation measures and other negotiation initiatives allowed the international humanitarian community to expand its presence in the country to Hajjah, Sana'a, Al Hodaydah and Lahj. New projects started in Shabwa, Abyan, Aden, Dhale, Al-Jawf, Raymah, Ibb, Sa'ada and Taiz in 2012.

The other pillar for the humanitarian access policy in Yemen is strengthening and expanding humanitarian negotiation initiatives with various parties. Since 2010, agencies have established a dialogue with the Government to facilitate relief aid workers' access to the country and to allow international NGOs in. Discussions are continuing with the de facto authority in Sa'ada to improve access, including their participation in cluster meetings. These negotiations, which have taken place since 2010, have expanded to include all conflict-affected areas in the north. They have involved the de facto authorities' armed troops in the south and various non-state armed actors.

In 2013, OCHA will develop a more systematic approach to humanitarian access. Two pillars have been identified. The first involves the review of inputs for preparing regular humanitarian access surveys; the second is preparing an early warning system for local conflicts. This system will map the vulnerability of different districts against local conflict based on statistical methodology. The approach will incorporate data on different security incidents.

Consequences of under-funding in 2013

Despite increases in overall funding, funding for humanitarian interventions has not been equitably distributed between clusters. Key clusters remain significantly underfunded, particularly Early Recovery, Education Protection, Health and WASH. The lack of funding for some clusters will undermine not only operations within specific clusters, but also efforts to build synergies and coordinate interventions between clusters as some clusters cannot meet the scale of other partnering cluster interventions, thus endangering the joint programming approach outlined for 2013.

The four life-saving clusters (Food Security and Agriculture, Nutrition, WASH and Health) will be the focus for the joint programming approach. The significant consequences of underfunding are clear: funding for projects in the food-security sector will impact malnutrition levels, especially among children and other vulnerable people, increase morbidity rates and negative coping strategies, and potentially increase violence and conflict. In 2012, donors understood the importance of the food-security sector, and it will be important to sustain the high levels of funding in 2013 to ensure that short-term needs and long-term underlying causes of food insecurity in Yemen can be addressed.

In the short term, underfunding for nutrition will lead to a ninefold increase in the risk of mortality for 165,000 children under age 5. In the longer term, approximately 743,000 children under age 5 suffering from MAM will grow up with long-term physical and cognitive impairments. In economic terms, malnutrition can result in up to 3% annual losses in GDP. Poor funding for agricultural livelihood support impedes the solution of the root causes of the rising food insecurity rates. In 2012, WASH Cluster partners received 44% funding, enabling only basic programming and limiting the response to only half of the targeted population. Continued underfunding in 2013 will increase the risk of outbreaks of waterborne diseases, such as acute watery diarrhoea. Diarrhoeal diseases can be particularly fatal among children suffering from malnutrition. Without sufficient support for health activities, deaths from otherwise preventable diseases will be inevitable.

Continued lack of funding for protection and education will have short-term and long-term consequences for the population. Significant underfunding for migrant protection and assistance in 2012 led to a twofold increase in the mortality rate among vulnerable and stranded migrants compared with 2011. Due to a lack of shelter and coverage of basic survival needs, migrants are among the first affected by disease outbreaks resulting in deaths. Without increased financial support for vulnerable and stranded migrants, mortality and morbidity are expected to deteriorate in 2013. Underfunding and/or delays in receiving funds for the Child Protection Sub-Cluster will hamper efforts to enhance the protective environment for children and youth, and to reduce threats and risks to children due to violence, mines/UXO/ERWs, abuse, neglect and exploitation. Delays in starting activities will also undermine the momentum built on ending grave violations against children, such as use and recruitment by parties to the conflict, trafficking and smuggling, family separation and sexual violence.

Support for women through the Gender-Based Violence Sub-Cluster and the Health Cluster's target group of women will also be critical. Out of 236,032 internally displaced women, 4,180 will give birth in the next six months, out of whom 627 women would experience life-threatening labour from complications related to child birth. This means approximately 1,254 women and about the same number of babies would die each year. Without funding to secure contraceptives for the 236,032 IDP women, particularly 59,008 women of child-bearing age, many would be more susceptible to falling pregnant in arduous conditions. Especially for 236,032 IDP women, pregnancy (especially unplanned pregnancy) may cause aggravated health conditions and long-term damage, such as forming obstetric fistula.²⁴ GBV victims would experience difficulties accessing further help without the support of dignity kits containing not only proper clothing, but also hygiene products that reduce the risk of catching infectious and communicable diseases.

Underfunding for education will mean 90,000 school-aged boys and girls will not have access to a quality education, and 517 schools will not be repaired or reconstructed. Education preparedness-and-response capacity will remain unaddressed, as will the ability to help restore normality to vulnerable and conflict-affected children. Underfunding of education will slow the recovery process in conflict-affected areas and expose children and youths to major risks. Children without access to school and/or a minimally standard quality education risk being recruited as child soldiers, engaging in organized crime or being recruited by militant groups. Lack of funding to invest in the protection and education of children, youths and women will impede overall efforts to establish safety, stability and peacebuilding during this critical transitional period in Yemen.

²⁴ Fistula is an injury caused by prolonged obstructed labor. It leads to continuous leakage of urine or faeces, sterility or other disorders, causing a major tragedy in the lives of affected women and their families.

Strategic objectives and indicators for 2013

Strategic objective #1

Save lives and prevent further increase in mortality rate of people in humanitarian need through the provision of nutrition, water and sanitation, primary health services, and reduction of food insecurity

Indicator	Target	Monitoring metho
GAM and SAM rates reduced below the emergency threshold	GAM below 15% and SAM below 5%	SMART survey, nutrition surveillance system
80% coverage of targeted populations is achieved for food distribution, 40% for nutrition interventions, 40% for water distribution and 40% for primary health interventions by mid-year review point in June 2013, and 80% for all clusters listed above coverage by October 2013	80% funded/delivered 40% by mid-year, and 80% by year end	FTS Standard Reporting Format (SRF/4W)
All clusters have assessed new areas in Yemen where core indicators point towards critical needs	50% of critical areas (governorate/districts) assessed for each cluster	Common Assessment Platform (OCHA)

Strategic objective #2

Protect and restore livelihood assets including agriculture as well as basic social services through early recovery, resilience-building, emergency preparedness for populations living in conflict and non-conflict-affected areas, including returning IDPs

Indicator	Target	Monitoring method
People targeted are covered with resilience/capacity-building activities	20%	SRF/4W
New local NGOs (LNGOs) participate in capacity-building programmes	30 LNGOs	SRF/4W, Stand-alone reports
Returning IDPs and local population supported to find durable solutions	IDPs: 431,966 Returnees: 105,390 ²⁵	SRF/4W

²⁵ Projected number for Dec 2012

Strategic objective #3

Strengthen the response to victims of human rights and humanitarian law violations and the protective environment of vulnerable and conflict-affected people

Indicator	Target	Monitoring method
Coverage of target for protection response activities and services	40% funded/delivered	FTS SRF/4W
Coverage of target population provided with a protective environment through preventive measures	40% funded/delivered	FTS SRF/4W
IDP Policy agreed with Government	Same as indicator	Policy available and adopted/approved by Government
Number of km ² surveyed and prepared for clearance	6,525 km ²	
Number of mine victims assisted	9,500 victims	
Schools are made accessible to enable Yemeni children access education	80% of schools used for other purposes and/or destroyed are made available retrieved for educational purpose and rehabilitated	Ministry of Education Enrollment data and school statistics

Strategic objective #4

Reinforce the focus and sustainability of humanitarian action through capacity-building (national authorities, humanitarian partners and communities), joint prioritisation of geographic areas of intervention, cluster cooperation on assessments/ monitoring, joint programming, and joint advocacy

Indicator	Target	Monitoring method
Funding level of YHRP	40% by mid-year	Donor and recipient organization reports to FTS
# of inter-cluster needs analysis reports based on an established Common Assessment Platform	4	Reports
Needs and situation monitoring system in areas of joint programming established	Yes	Monitoring reports
# of districts where joint needs assessments are conducted	10	Common Assessment Platform
Joint programmes in agreed priority locations, and including programmes from the following agreed cluster groupings: a) Food Security and Agriculture / Nutrition / WASH / Health, and b) CCCM/NFI/Shelter / Protection (incl Child Protection & GBV Sub-Clusters / Early Recovery.	20	SRF/4W

Criteria for selection and prioritization of projects

Selection criteria

Cluster coordinators together with their peer review panels/advisory boards have ensured that all projects address the following minimum criteria, in order to be selected for inclusion in the YHRP 2013.

1. The project addresses identified needs that are backed up with reliable and recent evidence that is either a first-hand assessment, or triangulated through multiple independent sources.
2. The project contributes to attaining one or more of the cluster objectives.
3. The project is feasible within the given timeframe.
4. The project brings about an observable/verifiable outcome during the project timeframe.
5. The organisation has recognized capacity currently on the ground in Yemen to implement the project, or has sufficient international capacity to ramp up quickly within the project timeframe, should funding be received for the project.
6. The project identifies and responds to the distinct needs of women, girls, boys and men, or the project can justify its focus on one group (i.e. targeted action).
7. The project should have a Gender Marker code of at least 1, and priority will be given to projects with code 2a or 2b.
8. The project addresses one or more of the four overall strategic objectives in the YHRP 2013 (listed below).

- Save lives and reduce the mortality rate of people in humanitarian need.
- Protect and restore livelihood assets including agriculture as well as basic social services through early recovery, capacity and resilience-building, emergency preparedness and disaster risk reduction for populations living in conflict and non-conflict-affected areas, including return of IDPs.
- Strengthen the response to victims of human rights and humanitarian law violations and the protective environment of vulnerable and conflict-affected people.
- Reinforce the focus and sustainability of humanitarian action through joint prioritisation of geographic areas of intervention, cluster cooperation on assessments, programming and monitoring, and joint advocacy.

Prioritization criteria

The HCT agreed that the priority of all projects will be categorized as **high**, **medium** or **other**. It was further agreed that each cluster should specify a limited list of top-priority caseloads, locations, and activities. The confluence of these three—the top-priority actions for the top-priority people in the top-priority locations—forms the cluster's top priorities. Although most life-saving projects will be top-priority, not all top-priority projects have to be directly life-saving. They can instead enable other top-priority projects, or they can reduce aid dependence (early recovery) or avert irrecoverable harm in a timely way.

Cluster response plans



Camp Coordination and Camp Management, NFIs and Shelter

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Funds required	\$31,428,784 for 8 projects
Contact information	Naveed Hussain (hussainn@unhcr.org)

People in need and target beneficiaries

Category of people in need	Number of people affected			Beneficiaries targeted in cluster's HAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs inside camps	7,445	7,478	14,923	7,445	7,478	14,923
IDPs in collective centres (south only)	912	808	1,720	912	808	1,720
IDPs outside camps (northern & southern governorates)	209,488	205,835	415,323	142,195	139,715	281,910
Affected ²⁶ hosting communities (northern & southern governorates)	104,273	95,727	200,000	29,935	29,182	59,117
Planned returned population	54,118	51,272	105,390	54,118	51,272	105,390
Totals	376,236	361,120	737,356	234,605	228,455	463,060

Explanation of number of beneficiaries targeted

While all target beneficiaries require shelter and NFI support, their situations are unique and therefore require needs-based assistance. Although the two IDP camps in Yemen address the emergency needs of the 14,923 camp residents, CCCM, shelter and NFI needs persist within the camps. Camp-based IDPs require replenishment of tents and plastic sheeting every four months due to harsh weather conditions, while actors within camp management require capacity-building and training. Many IDPs live in schools serving as collective centres, which often do not meet the standards of adequate living spaces, are overcrowded, lack basic facilities, provide little or no privacy and exposes inhabitants to a constant threat of eviction. IDPs living outside of camps or schools experience difficulties in accessing land and resort to establishing spontaneous settlements on the fringe of active conflicts, incurring debt by paying rent they cannot afford, or overburdening relatives or host families.

²⁶ Affected populations' in this instance refers to individuals and communities within the conflict areas, who were not displaced, but who suffered harm as a result of the conflict

Host communities are themselves frequently below the national poverty line and do not have the capacity to address the needs of IDPs who cannot afford rent or basic household items. Coping capacities and available resources become strained, causing conflict and protection risks. Conflict-affected communities in the conflict zones also include target beneficiaries who were not displaced, but whose homes were damaged or destroyed by the hostilities. Lastly, following the Government's retaking of significant areas of Abyan Governorate in June 2012, a large number of IDPs are expected to return from Aden in 2013. However, given the level of destruction to homes and communities experienced throughout conflict-affected areas, most will require assistance in their efforts to return.

How the cluster response plan will contribute to the strategic objectives

Ensuring access to shelter and NFIs will help to restore the protective environment for both displaced people and those in the process of return. It will ensure vulnerable people are living in dignified conditions meeting the Sphere standard of 3.5m² per person, ensuring protection from exposure to the weather, promoting culturally sensitive privacy levels, and reducing the risk of exposure to SGBV.

The response plan will support target beneficiaries achieve a durable solution, whether they choose to return, locally integrate, or settle in another part of the country. In addition to advocacy measures, the plan includes provisions to address both the short and long-term needs linked to the (re)integration process. Immediate needs will be addressed through the distribution of tents, transitional shelter, or cash grants for the most vulnerable while the long-term needs will receive due attention through the provision of shelter repair kits, cash grants for shelter repair or construction and the implementation of small-scale rehabilitation projects

Lastly, the plan will contribute to strengthening the response mechanism through the refinement of coordination efforts. In addition to improving camp management through capacity-building, the response plan will facilitate joint monitoring and assessments with the aim of bolstering cooperation amongst all actors (i.e. national and local authorities, Cluster members, other clusters, NGOs, and the international community) with responsibilities within the response mechanism. Harmonization of shelter assistance packages, and thereby equity between beneficiaries, will be encouraged through the promotion of standardised emergency shelter/NFI kit contents, and the collection and sharing of early recovery shelter models and technical guidelines.

Cluster objectives and output targets

Cluster objective 1 (linked to strategic objective 2)

Facilitate / advocate for durable solutions in accordance to international standards for vulnerable displaced persons in coordination with all stakeholders including the affected population

Output: Voluntary return of vulnerable IDPs supported

Output Indicator	2013 target
# of Go and See visits organized	20
# of returning IDPs / conflict-affected households provided with shelter support (rental assistance, tents, shelter kits, transitional shelter, assistance to rehabilitate homes, among others)	163,000
# of returning IDPs / conflict-affected households provided with NFIs	14,000

Output: Peaceful coexistence between IDPs / returnees and the affected population strengthened

Output Indicator	2013 target
# of communities support through small-scale projects	20

Cluster objective 2 (linked to strategic objective 3)

Upon needs assessment, ensure that identified vulnerable categories of women, men, boys, and girls amongst IDPs, host communities, and conflict-affected communities meet their minimum shelter and basic household needs to improve their living standards

Output: Vulnerable / conflict-affected families are able to meet their living minimum shelter requirements

Output Indicator	2013 target
% of targeted vulnerable families in need of shelter support meeting covered living areas of 3.5 m2 space per person	100%
% of targeted single female headed households with access to adequate shelter	100%

Output: IDPs and vulnerable / conflict-affected families have sufficient household items to meet their daily needs

Output Indicator	2013 target
# of targeted affected population who are provided with NFIs	382,500

Cluster objective 3 (linked to strategic objective 3)

Ensure equal participation of women and men in decision-making and prevent the risk of SGBV during the delivery of assistance

Output: Needs assessment on protection risks / needs are conducted

Output Indicator	2013 target
# of focus group discussions conducted with equal representation of all groups	12
# of needs assessment with outputs of gender and age disaggregated data and analysis	8

Output: Women's participation in community structures increased

Output Indicator	2013 target
% of community structures with increased participation of women	50

Output: Women and girls have limited exposure to SGBV risks with reduced impact on the environment

Output Indicator	2013 target
# of vulnerable families where women / girls have access to safe fuel and efficient domestic energy	2,000

Cluster objective 4: (linked to strategic objective 4)

Build camp management, coordination, monitoring and reporting capacities for all actors including national / local authorities to strengthen response including assessments and preparedness

Output: CCCM staff and partners respond efficiently in meeting the needs of the affected population

Output Indicator	2013 target
# of person with staff and partners in need of capacity-building trained	200
% of organized IDP camps managed by the Cluster meet the minimum international standards	100%
% of IDP settlements or collective centres managed under the Cluster meet the minimum living standards	60%

Output: Coordination within the Cluster and with other actors improved

Output Indicator	2013 target
# of coordination meetings conducted according to the work plan	24
# of joint programming, assessments, and monitoring conducted	3
# of shelter models / good practices / technical guidelines developed and shared	2

Top-priority actions, beneficiaries, and locations

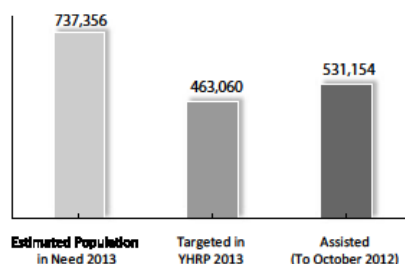
- Actions:
 - Material, return, financial and protection assistance
 - Strengthening of coordination mechanisms through capacity initiatives targeting camp management, joint monitoring missions and needs assessments
- Beneficiaries:
 - IDPs including female-headed households
 - Households with pregnant or lactating women
 - Households with disabled family members
 - Returnees
 - Host communities
- Locations:
 - Areas of return
 - IDP camps
 - Areas hosting IDPs in host communities



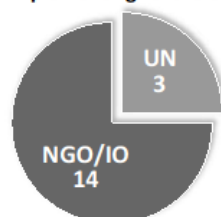
Shelter/CCCM/NFI Cluster - Yemen National Dashboard

9 December 2012

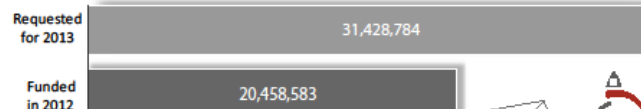
People in Need/Targeted/Assisted



Appealing Agencies and Implementing Partners



Funding and Requirements (USD)



In Need

0,73 Million People

Assisted

531 thousand Beneficiaries

Funding received

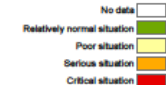
USD 20,5 Million

Cost per Beneficiary

USD 67,87

Legend

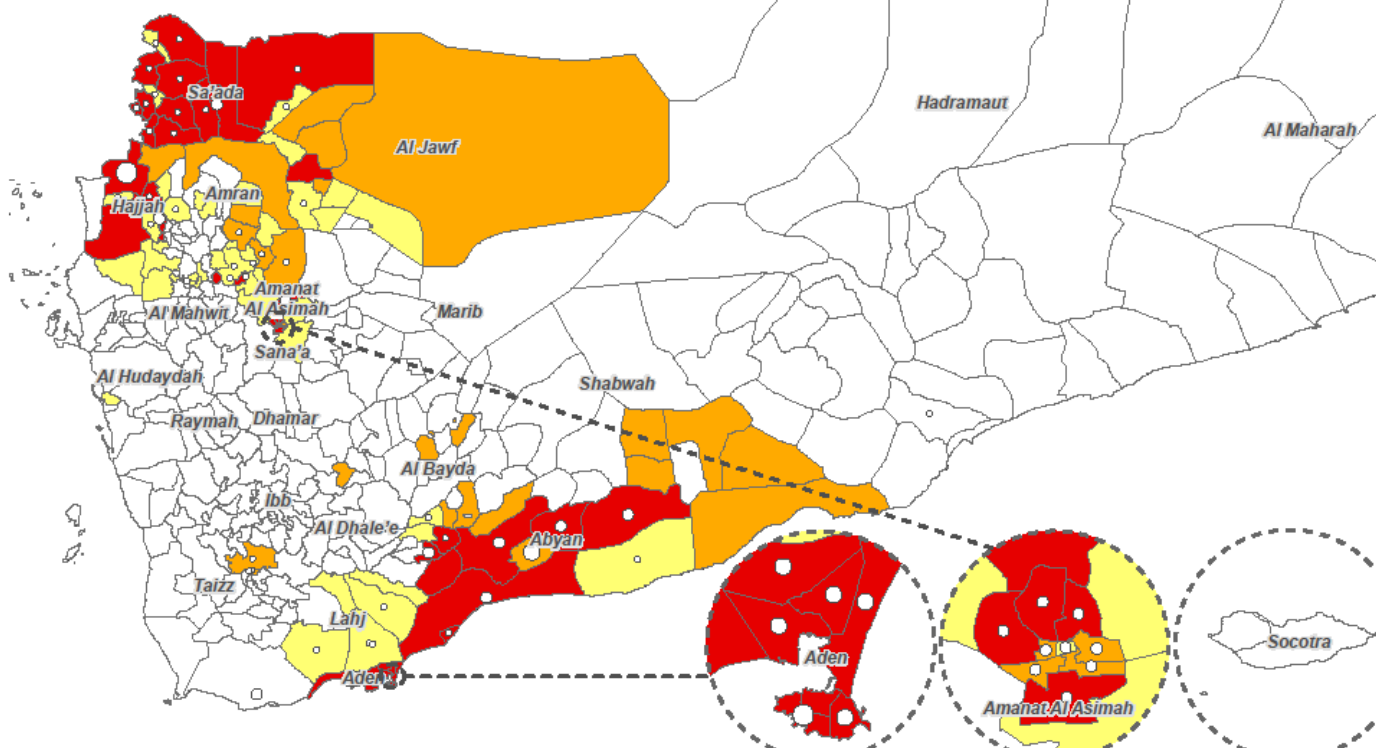
District Prioritization



No. of shelter projects



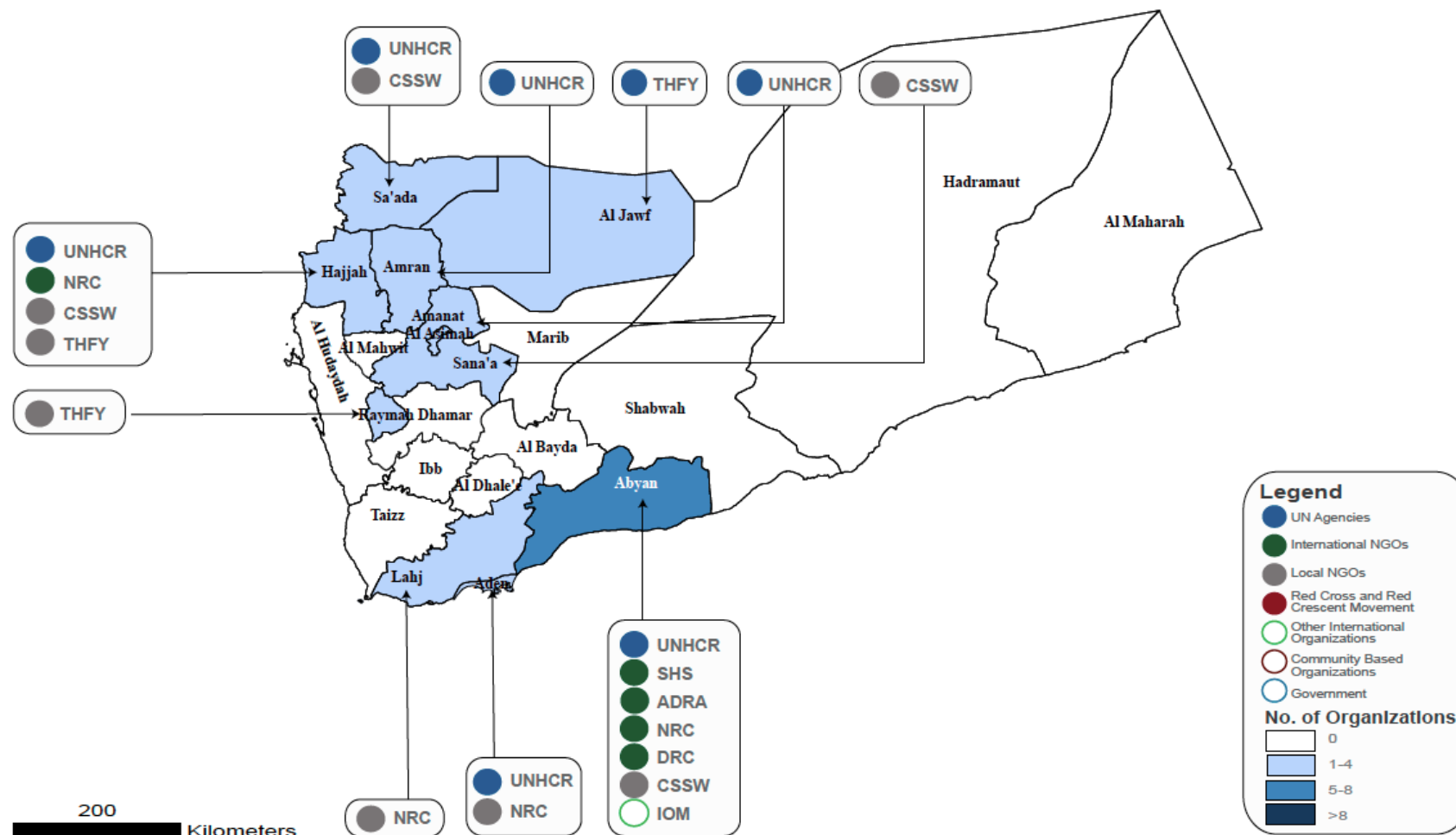
OCHA
Creation Date: 9 December 2012.
Projection: WGS84.
Scale: 1:3,500,000 to print in A3.
Contact: yemen@inmap.org
Source: District prioritization: Shelter/CCCM/NFI Cluster district prioritization report based on cluster assessments reports and WFPED ETV and returns statistics reports for April 2012 and August 2012 (per district), using the following four cluster indicators:
1. No. of persons in need for shelter assistance (i.e. temporary shelter, transitional/upgrading shelter, long term/permanent shelter, shelter grants and etc.) weighted as 1<100 as relatively normal, 2<200 as poor, 3<300 as serious and 4<400 as critical.
2. No. of persons in need for NFI weighted as 1<100 as relatively normal, 2<200 as poor, 3<300 as serious and 4<400 as critical.
3. No. of IDPs inside camps/collective centers/outside camps weighted as 1<1000 as relatively normal, 2<2000 as poor, 3<3000 as serious and 4<4000 as critical.
4. No. of returns and potential areas for return weighted as 1 No/No returns statistics or not a potential area for return as no data, 2 Yes (Returns statistics or a potential area for return) as critical.
Each district is given a composite score from 0 to 4 based on evidence collected for each indicator, and the grand total of all indicators are divided by 4 (IDPs and returns indicators counted as 1 for this purpose). As a result, a ranking of 1 to 4 has been assigned to each district. Districts with no data represent locations where no reliable information and no assessment had been conducted.
Cartography: GEF / CSO.
People in need and targeted: YHRP 2013.
Assisted population and number of projects: CSO based data collected with SIP for Shelter/CCCM/NFI Cluster from January to October 2012.
Appealing Agencies: OCHA.
Funding and Requirements: FTS, 19 December 2012.
Disclaimer: "This map is for planning purposes only and should not be used for navigation. IMMAP can't take responsibility for any damage or injury resulting from the use of this map. Administrative boundaries shown on this map do not imply endorsement by IMMAP or any of its partners."
<http://www.inmap.org>
0 20 40 80 120 160
Kilometers



YHRP 2013: SHELTER CLUSTER 3W (as of 28 November 2012)



Total Number of projects: 8





Coordination and support services

Cluster lead agencies	OFFICE OF CIVIL DEFENSE OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Funds required	\$5,242,816 for coordination \$1,127,057 for UNDSS & IMMAP projects for 2013
Contact information	Raul Rosende (rosende@un.org)

How the cluster response plan will contribute to the strategic objectives

Coordination

OCHA will facilitate cluster coordination at all levels to implement joint programming efforts in agreed geographic priority areas, and continue working on geographic prioritization and selection of core indicators for each cluster. At the sub national level, four humanitarian coordination hubs have been put in place by OCHA. Cluster meetings and ICCMs are taking place in Aden for the south, Saada for the north, as well as in Hudaydah and Haradh for the west. In Hudaydah and Haradh, the humanitarian hubs have been weak and OCHA aims to increase its support for these hubs in 2013 to strengthen the coordination mechanisms for the west.

OCHA will continue regular meetings of the Information Management Working Group which brings together information management focal points, clusters and cluster leads to engage in strategic discussions relating to standardization of data collection and enhancing analysis for programming and decision making.

The clusters continue to benefit from the joint OCHA/iMMAP project to strengthen the information management capacity of the clusters. National information managers have been deployed to each of the agencies with responsibilities as cluster leads. As a result, better analysis, improved information products and joint planning and programming within clusters. The Standard Reporting Format database is ensuring a minimum level of mutual accountability for cluster activities.²⁷

OCHA will maintain the joint response website, which now contains expanded content for both cluster and intercluster issues, and which shows a significant increase in useage by a wider group of stakeholders.

<http://yemen.humanitarianresponse.info/>

An Assessment Technical Working Group (ATWG) will be established to address issues of needs data collection, including quality, systematic approach and use of common tools to ensure consistency and comparability of data. A Common Assessment Platform for data sharing and consolidation of needs will be set-up, supporting coordinated needs assessment and the monitoring of change of needs and situational analysis.

OCHA will continue issuing a monthly humanitarian bulletin that is also being translated into Arabic, as well as a humanitarian snapshot and dashboards that will contribute to advocacy efforts. A

²⁷ The SRF (Standard Reporting Form) is a data gathering tool aimed at collecting standardized project activity information as to allow cross-sector comparison and analysis.

Humanitarian Coordination Network comprised of HCT public information focal points meets regularly and produces common advocacy tools including a humanitarian video developed in 2012 and presented at various donor meetings. The engagement with senior media in Sana'a will continue and plans are underway for 2013 to organize field trips for representatives of key media including Al Jazeera, CNN, BBC Arabic, and IRIN.

OCHA's advocacy efforts on registration of international NGOs continue to bear fruit. In addition to the 12 international NGOs registered since November 2011, new international NGOs continue to join the humanitarian response in Yemen, including the French agency PU-AMI and the Dutch agency ZOA. OCHA will continue supporting the International NGO Forum, providing information on the main humanitarian trends, proposing common initiatives and discussing challenges and concerns, particularly for joint advocacy purposes. OCHA will increase efforts to seek closer cooperation with international NGOs from Gulf countries that have started operations in Yemen recently, including the Emirati Red Crescent Society, Khalifa Foundation (UAE) and Qatar Charity.

The ERF Advisory Board decided to expand ERF funding for more strategic purposes in 2013 including the support of underfunded elements of the YHRP.²⁸ The ERF Advisory Board has also decided to increase the ceiling of ERF projects to \$500,000 per project and to increase advocacy with donors for additional contributions to the ERF in 2013, with a target of \$15 million.

Support services

In 2013, the UNDSS team will increasingly dispatch staff to the field in support of emerging and ongoing strategies defined by the HCT. This will include the services of four additional Local Security Assistants in Sana'a and Aden and the use of new technologies.

Cluster objectives and output targets in support of all four strategic objectives

Cluster objective 1

Support through improved coordination and advocacy the implementation and fund raising of the Yemen Humanitarian Response Plan 2013.

Output 1: Strengthen cluster coordination on central level and field hubs in Aden for the south, Saada for the north, and Hudaydah and Haradh for the west.

Output Indicator	2013 target
# of field hubs with regular ICCM meetings with timely minutes	3
Cluster response plans updated bi-twice per year	Updated YHRP document

Output 2: Advocacy and fundraising plan implemented

Output Indicator	2013 target
# of actors from the middle east region participating in the YHRP	5
Funding level of YHRP at Mid-year review (MYR)	40%

Cluster objective 2

Improve accountability of the humanitarian response in 2013

Output 1: Improved and operational Information management system

Output Indicator	2013 target
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²⁸ In 2012, the ERF continued to widen the scope of NGO action in Yemen with 22 % of the resources of the ERF directed to local NGOs and 55% to INGOs

YEMEN HUMANITARIAN RESPONSE PLAN 2013

Output Indicator	2013 target
# of agencies reporting through clusters regularly and using the Standard Reporting Format (SRF)	80% of all cluster participants for each cluster
# of reports and set of 3W maps	12 (monthly)
# of Humanitarian Dashboard and Snapshots	12 (monthly)

Output 2: External communication strategy implemented

Output Indicator	2013 target
# of Humanitarian Bulletins	12 (monthly)
# of active agencies in the Humanitarian Communication Network	10

Output 3: Implemented strategic and coordinated approach to increase quality and coverage of needs assessments

Output Indicator	2013 target
# of agencies engaged in an operational Assessment Technical Working Group	10 agencies (6 cluster lead agencies, OCHA and 3 NGOs)
Established operational guidelines for coordinated assessment approach	Yes
# of inter-cluster needs analysis reports based on an established Common Assessment Platform	4
Needs and situation monitoring system in areas of joint programming established	Yes

Output 4: Establishment of monitoring system for needs in prioritized joint programming areas

Output Indicator	2013 target
# of districts prioritized for joint programming with needs and situation monitoring system established	20

Cluster objective 3

Advocate for access to conflict-affected areas to improve the protective environment of vulnerable and conflict-affected people

Output 1: Establish a regular system for access reporting to be used for advocacy, information and negotiations

Output Indicator	2013 target
# of access reports with analytical element	4 (quarterly)
Joint district level conflict risk monitoring	In place

Cluster objective 4

Coordinate joint programming in priority locations to, through a holistic response, support the full recovery of targeted population and limit the risk of regression to crisis conditions.

Output 1: Joint needs assessments in the priority districts for joint programming

Output Indicator	2013 target
# of districts where joint needs assessments are conducted	10

Output 2: Joint programme from the following agreed cluster groupings: a) Food security and agriculture/nutrition/WASH/health and b) shelter/protection/child protection/SGBV/early recovery

Output Indicator	2013 target
# of joint programmes in priority locations	20



Early Recovery

Cluster lead agency	UNITED NATIONS DEVELOPMENT PROGRAMME AFD (co-lead)
Funds required	\$31,465,875 for 20 projects
Contact information	Rosemary Willey-Al'Sanah rosemary.willey-alsanah@undp.org

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	220,303	211,663	431,966	220,303	211,663	431,966
Returnees	53,749	51,641	105,390	53,749	51,641	105,390
Conflict-affected non-displaced	103,206	99,158	202,364	103,206	99,158	202,364
Host communities	102,000	98,000	200,000 ²⁹	102,000	98,000	200,000
Sub-total conflict-affected	479,258	460,462	939,720	479,258	460,462	939,720
Local NGO staff	1,250	1,250	2,500	202	350	552
Non-conflict affected vulnerable population	28,496	27,394	55,890 ³⁰	28,496	27,394	55,890 ³¹
Totals	509,004	489,106	998,110	507,956	488,206	996,162

Explanation of number of beneficiaries targeted

Conflict-affected populations include:

- IDPs, whether they are still in displacement or seeking durable solutions (during return, after return and as they resettle in alternative areas).
- Returnees who voluntarily or involuntarily returned to their homes after displacement (105,390 returnees). These people are in need and the cluster is looking forward to restoring their livelihoods.
- People who did not leave their area during the conflict, but who are affected by its consequences.
- Families who hosted and supported IDPs during their displacement. Their number could not be determined with existing data.

In addition populations identified as being particularly vulnerable to shocks and crisis will be targeted in order to increase resilience and promote disaster risk reduction.

²⁹ Based on Shelter Cluster data

³⁰ This number is an under-estimation of need as there is a lack of assessed data. However, the population entered represents the population assessed and for whom a response is planned.

³¹ Ibid.

For the capacity-building initiative, the priority beneficiaries are staff of small to medium sized Yemen NGOs operating at governorate and, in some cases, district level.

How the cluster response plan will contribute to the strategic objectives

The Early Recovery Cluster coordinates and provides responses as follows;

- Strategic objectives 2 and 3; mine action, local governance support and capacity-building, non-agricultural livelihoods and employment, rehabilitation of small public service, disaster risk reduction, conflict prevention, reconciliation and dialogue.
- Strategic objective 4: response in conflict-affected areas, joint needs assessments and coordinating responses at the regional level.

The cluster's objective relating to the capacity-building of civil society directly contributes to the achievement of strategic objective 2. However, the objective will also contribute to local NGOs' capacity to deliver emergency and protection assistance outlined in strategic objectives 1 and 3. Additionally, the projects envisaged under the capacity-building technical working group aim to follow the joint programming model envisaged by strategic objective 4.

Cluster objectives and output targets

Cluster objective 1: (linked to strategic objectives 2 & 3)

As stability and access improves, and in order to ensure the transition of conflict-affected populations from the development phase past 2014, assist the affected population to return to pre-conflict conditions or to build back through the initiation of early recovery activities

Output: Mine action (includes UXO, IEDs, booby traps) field operations undertaken

Output Indicator	2013 target
Number of square kilometers surveyed and prepared for clearance	6,525
Number of victims assisted	9,500

Output: Community non-agricultural livelihoods opportunities established or restored prioritizing economic activities for women and vulnerable individuals and households

Output Indicator	2013 target
Number of small businesses established or rehabilitated	980
Number of women entrepreneurs supported to establish a business	600
Number of beneficiaries of cash for work activities	8,920

Output: Increased access to quality vocational training and employment in the private sector, with a focus on youth

Output Indicator	2013 target
Number of beneficiaries trained	5,800

Output: Rehabilitation of essential public services and infrastructure

Output Indicator	2013 target
Number of public services rehabilitated and in use	5

Cluster objective #2 (Linked to Strategic Objectives #2 and #4)

In areas which are not conflict-affected, but which evidence needs or vulnerabilities, Cluster members will conduct early recovery activities in support of community resilience building and disaster risk reduction

YEMEN HUMANITARIAN RESPONSE PLAN 2013

Output: Risk of local conflict reduced

Output Indicator	2013 target
Number of beneficiaries, trainers and NGOs trained in conflict prevention methods	390

Cluster objective #3 (linked to strategic objectives 2 & 4)

To strengthen capacity among local NGOs in Yemen to deliver humanitarian aid efficiently, effectively and according to international standards

Output: Local NGOs participate in capacity-building and mentoring programs

Output Indicator	2013 target
Number of NGO staff trained on defined capacity-building modules	552

Top-priority actions, beneficiaries, and locations

Actions:

- Multi-cluster early recovery assessment focusing on full scope of recovery needs.
- The cluster will maintain coordination mechanisms including cluster groups in Sana'a and Aden with associated technical working groups and plans to expand to Sa'ada. In addition a 'network' to ensure holistic coordination across clusters will be strengthened.
- Mine action operations focusing on rural areas in the south, and in Sa'ada.
- Local governance support for restored public services in Abyan, with capacity-building of local entities to sustain early recovery initiatives.
- Non-agricultural livelihoods and employment schemes, including skills development, saving schemes and micro-credit.
- Rehabilitation of small public service not covered by other clusters, using where possible labor intensive approaches to further support income generation.
- Disaster risk reduction, conflict prevention, reconciliation and dialogue focusing on vulnerable groups compromised by poverty and/or at risk of local violence.
- Capacity-building of civil society.

Beneficiaries:

- IDPs (during return, after return and as they resettle in alternative areas: 431,966 individuals)
- Returnees (105,390 individuals)
- Conflict-affected non-displaced populations (202,364 individuals)
- Host communities

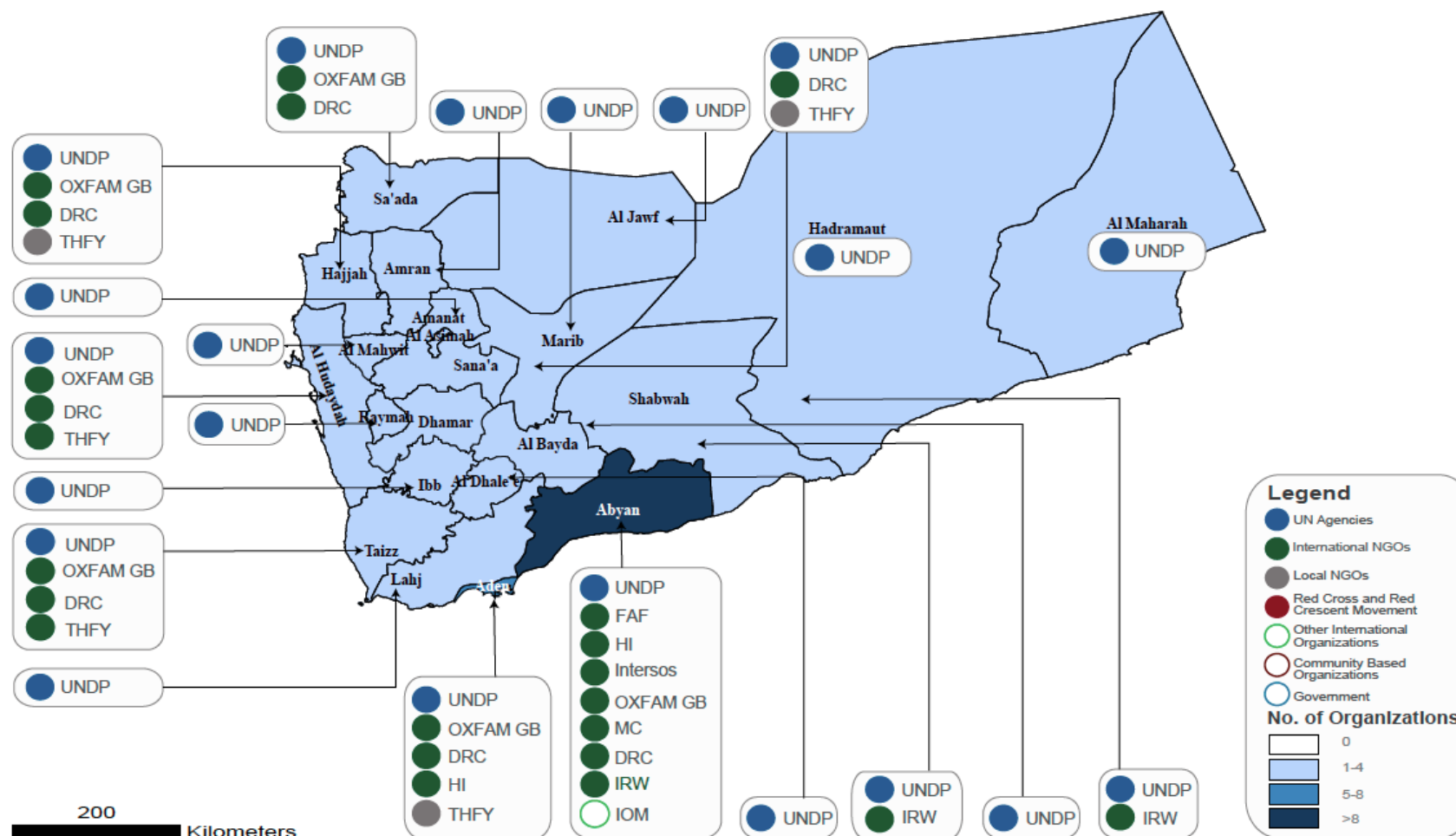
Locations:

- Conflict-affected areas (essentially in Abyan, Aden, Hajjah, Sa'ada and 2 districts from Lahj) and in other non-conflict areas where there are assessed needs (including Hodeidah, Taiz, Sana'a)

YHRP2013: EARLY RECOVERY CLUSTER 3W (as of 8 December 2012)



Total Number of projects: 20





Education

Cluster lead agencies	UNITED NATIONS CHILDREN'S FUND SAVE THE CHILDREN MINISTRY OF EDUCATION
Funds required	\$20,575,769 for 5 projects
Contact information	Abdullah Sufian

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Vulnerable and conflict-affected boys/girls lacking access to quality education and to other life-saving services including health and nutrition and life –saving information	600,000	600,000	1,200,000	304,075	304,075	608,150
Capacity development for Teachers/MoE officials/Parent-teacher and local education committees	-	-	48,000	7,075	7,075	14,150
Totals	600,000	600,000	1,200,000	311,150	311,150	622,300

Explanation of number of beneficiaries targeted

Across Yemen—but particularly in the north and south—the Education Cluster, partners and Government estimate hundreds of schools have been destroyed, damaged, or are being occupied by displaced populations. This is preventing any chance at normal schooling for hundreds of thousands of boys and girls. The Education Cluster aims to provide access to quality education to 608,150 IDPs/returnees/conflict-affected school-aged boys and girls and youth, as well as to 10,150 teachers.

In addition to the disruption to their schooling, childrens' education is also hampered by the physical state of most schools, which need extensive rehabilitation, particularly in post-conflict or conflict-affected areas. In particular, sewage and latrine facilities in occupied schools are flooded due to heavy use, risking a broader public health crisis. According to UNICEF, schools and kindergartens will need complete or partial rehabilitation of their latrine facilities.

How the cluster response plan will contribute to the strategic objectives

A safe learning environment means a boy or girl is less likely to be sexually or economically exploited (trafficked/smuggled), recruited as a child soldier or tempted into organized crime. It allows for the dissemination of life-saving information on sanitation, landmines, other explosives, and HIV. Malnourished boys and girls can be fed, provided clean water, given health checks and be immunized.

Additionally, education may be the most effective way to encourage smaller families in a country such as Yemen which has one of the highest population growth rates globally, with the population expected to double in 23 years to around 40 million. Studies show that when a girl in the developing world receives seven or more years of education, she marries four years later and has 2.2 fewer children, and one extra year of primary or secondary school increases a girl's eventual wages by 10-20% or 15-25%, respectively. There is a strong correlation between education level and food security/insecurity, a direct correlation existing between the educational level of mothers and child malnutrition. The head of household was found to be illiterate in more than half of all food-insecure households, compared with one-in-three food-secure households.

The Education Cluster will support the HCT's strategic objective 2 & 4 through providing resilience building through emergency preparedness and disaster risk reduction planning and by focusing on humanitarian action through capacity-building of authorities, partners and communities, joint prioritisation of geographic areas of intervention, cluster cooperation on assessments, programming, monitoring, and joint advocacy

Cluster objectives and output targets

Cluster objective 1 (linked to strategic objectives 2 & 4)

Vulnerable boys and girls gain access to child-friendly / life-saving quality education

Output: Increase in number/percentage of boys and girls accessing child-friendly/ safe educational environments in targeted areas

Output Indicator	2013 target
Increase in the number of accessible classrooms and alternative learning spaces(rehabilitated or newly constructed) which meet minimum humanitarian standards including clean water and separate boys/girls sanitary facilities	64 schools and temporary learning spaces (# to increase as assessments take place)
Increase in the number of boys and girls provided age and skill appropriate learning/recreational materials (including uniforms) designed for equal participation by girls and boys	90% increase
Increase in the number of boys and girls receiving literacy/numeracy to assist in the reintegration of those who have dropped out or are at risk of dropping out of school	70% increase
Increase in number of boys and girls enrolled in incentive programs to stay in school (cash/food provisions)	50% increase
# of male and female personnel participating in professional development activities on child-friendly methodologies	14,150
# of male and # female education personnel participating in professional development activities to provide life-saving information and services, including psycho-social support services	14,150

Cluster objective 2 (linked to strategic objectives 2 & 4)

Quality of education is strengthened as vulnerable boys and girls gain access to health promoting and life-saving services

Output: Increase in the number of life-saving services provided to vulnerable boys and girls by inter-cluster and Ministry coordination

Output Indicator	2013 target
Number of boys and girls in schools/alternative learning spaces given information on life-saving strategies: mine awareness, disaster-risk preparedness, health, hygiene and mental health	608,150
Number of life-saving services supported by inter-cluster coordination including school feedings in food-insecure areas, school emergency health screenings and care	608,150
Increase in psycho-social support services available for vulnerable boys	356,000

Output Indicator	2013 target
and girls	
Cluster objective 3 (linked to strategic objective 4) Cooperation is increased with national and local level ministries, cluster partners/other humanitarian actors on joint assessments, advocacy, programming and monitoring.	
Output: Increased cooperative action on assessment, advocacy, monitoring and programming; increased international donor funding allocated to education	
Output Indicator	2013 target
Number increase in membership/participation of UN, INGOs, LNGOs in education cluster	30-50% increase in agencies/organizations participating in Education Cluster
Number of joint cluster responses to small and large scale emergencies	40%
Number of advocacy campaigns conducted in cooperation with relevant stakeholders to increase awareness of obstacles to accessing life-saving education for boys and girls	Conduct 10 advocacy campaigns
Number of inter-cluster assessments to gather base line data disaggregated by gender and vulnerability status analyzing education needs by consultation with equal numbers of men and boys, women and girls	Update inter-agency joint education assessment in Sa'ada, Amran and Hajjah Governorates Complete assessment to determine the needs of IDPs in Haradh, Hajjah Governorate Other assessments 5
Response frameworks developed/updated/made operational in alignment with MoE priorities	WASH, Protection, Health, Food, Shelter joint frameworks adopted

Top-Priority actions, beneficiaries, and locations

Actions:

- Rehabilitation/repair of schools and access to alternative learning spaces; ECD in target areas; teaching/learning supplies and materials; life-saving information; vocational training; special classes for those who have dropped out of school and for students with special needs; teacher training including training in psycho-social support; literacy/numeracy training; assessments; capacity-building (Local Education Committees; MoE officials; community members;) awareness raising among community/religious leaders/parents of importance of school and life-saving services; I MISS MY SCHOOL campaign with learning kits.

Beneficiaries:

- 608,150 IDPs/returnees/conflict-affected school aged boys and girls and youth.
- 10,150 teachers (50% male – 50% female).
- parent-teacher councils and 15 local education committees.

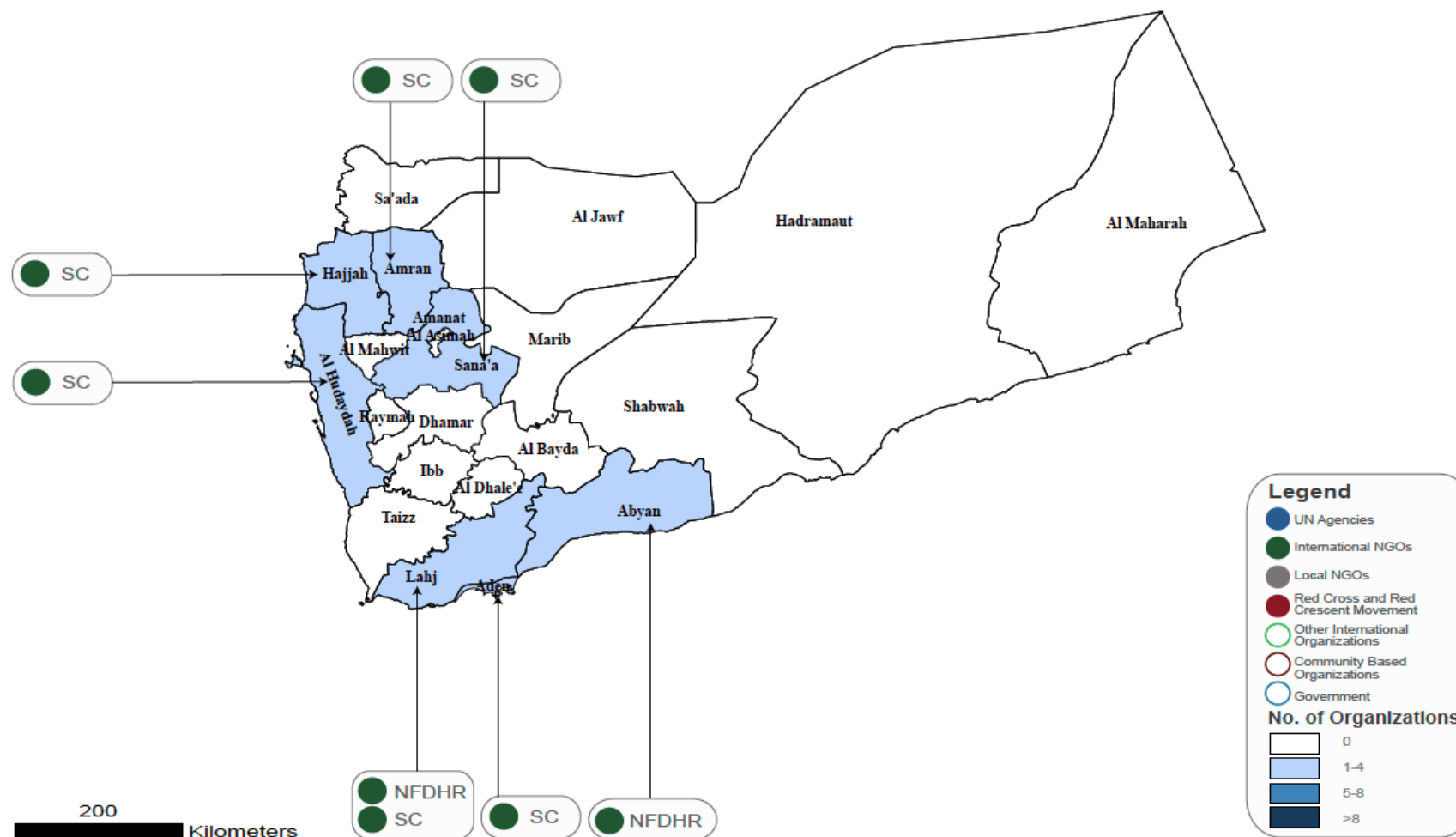
Locations:

- Abyan; Hajjah; Hudaydah; Sana'a; Aden; Lahj; Amran; Sa'ada, Taizz; Shabwah; Al-Bayda.

YHRP 2013: EDUCATION CLUSTER 3W (as of 28 November 2012)



Total Number of projects: 5



Feedback: ocha.yemen@gmail.com
Data Source: YHRP 2013 ops
yemen.humanitarianresponse.info - www.reliefweb.int

Creation date: 28 November 2012
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 28 November 2012



Food Security and Agriculture

Cluster lead agencies	WORLD FOOD PROGRAMME FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS ACTION CONTRE LA FAIM (co-chair)
Funds required	\$303,162,338 for 23 projects
Contact information	Lubna Alaman (Lubna.Alaman@wfp.org) Francisco Gamarro (Francisco.Gamarro@fao.org)

People in Need and Target Beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Severely insecure	2,469,346	2,489,180	4,958,526	2,240,262	2,222,411	4,462,673
<i>(Of whom targeted for agricultural livelihoods³²)</i>	716,467	722,222	1,438,689	164,730	158,270	323,000
Moderately food-insecure	2,484,619	2,504,575	4,989,194	936,671	929,207	1,865,878
<i>(Of which targeted for agricultural livelihoods³³)</i>	545,560	549,942	1,095,503	87,210	83,790	171,000
IDPs	214,255	217,711	431,966	214,255	217,711	431,966
Returnees	52,273	53,117	105,390	52,273	53,117	105,390
Vulnerable conflict-affected	31,068	31,576	62,644	31,068	31,576	62,644
Totals	5,251,561	5,296,159	10,547,720	3,474,529	3,454,022	6,928,551

Explanation of number of beneficiaries targeted

Overall, the Cluster will target the most vulnerable among the food-insecure population in Yemen which, according to WFP's 2012 CFSS, totals around ten million people. Based on the CFSS, planned interventions will be implemented in governorates and districts with the highest percentage of severely food-insecure households, concentrating particularly on rural areas. The number of IDPs is expected to initially remain at similar levels as in 2012, but to decline over the course of 2013 in the absence of large-scale conflict. For those IDPs who have the possibility to return, returnee assistance will be continued for a limited amount of time. Their change in status will therefore not immediately affect the total number of beneficiaries.

How the response plan will contribute to the strategic objectives

In 2013 food assistance and support to rural livelihood and agriculture through cluster members, will target 6,928,551 food-insecure people, including malnourished women and children, and internally displaced people, focusing primarily on improving food consumption for targeted

³² People with agriculture-related livelihoods who are severely food-insecure. The targeted people will be the same targeted by food assistance.

³³ People with agriculture-related livelihoods who are moderately food-insecure. The targeted people will be the same targeted by food assistance.

populations. This will ensure a balanced food intake for beneficiaries and reduce negative coping strategies. It will also stabilize or reduce acute malnutrition of children under five and pregnant and lactating women in targeted populations.

In parallel, FSAC partners will continue and develop their programmes to support household food security through agriculture-based activities. Increasing the resilience of communities by improving their capacity to produce food sustainably is indispensable to address some of the root causes of the food insecurity situation, and counterbalance, somewhat, the impact of volatile food prices, and to envision a possible decrease in future food assistance.

All projects within the Cluster's response plan have enhanced resilience as an objective, directly contributing to the second strategic objective of the YHRP. This is especially the case for mid and long-term agricultural activities, whose early recovery component can be implemented within a 12-month time frame, but whose results will come to full effect only within a larger 24-month cycle.

Moreover, gender focused programming will address the needs of women and provide steps to further gender equality and sustainability in Yemen. At present, despite multiple assessments, baseline studies and evaluations, and the fact that many of the ongoing and planned projects include gender components, FSAC partners at-large still need to develop a more precise understanding about the dynamics within the household, including those between generations, those governing women's relationships with each other, and men's relationships with each other. FSAC partners will endeavor to develop and implement monitoring and evaluation of the gender component of their respective projects. This process can be assisted by systematically ensuring that all projects related to food security issues achieve a 2a code when applying the gender marker.

In addition, more outreach will result in increased buy-in and improved overall coordination, particularly towards non-traditional partners. While the FSAC was not fully functional during 2012, support has been brought in through successive missions of the Global Food Security Cluster, and funds are actively being sought by the co-lead agencies to have a fully dedicated cluster coordination structure. This would ensure improved performance, better coordination and joint programming, closer relations with other clusters, and the development of capacity-building, advocacy and joint assessment activities.

Last but not least, accountability to beneficiaries ensures long-term sustainability of humanitarian action. In this regard, the Cluster partners are actively implementing projects with communities that include this component. Most of them have signed the Humanitarian Accountability Partnership, and established mechanisms and good practices to improve accountability to beneficiaries.

Cluster objectives and output targets**Cluster objective 1 (linked to strategic objective 1)**

Save lives and improve food security and agriculture-related livelihoods of the most vulnerable families (women, men, boys, girls, elderly, people with disabilities, etc) through a combination of food assistance and agricultural support, at the same time strengthening the resilience of vulnerable communities.

Output 1: Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions

Output Indicator	2013 target
Actual number of women and men receiving food and non-food assistance, by category and as a percentage of planned beneficiaries.	100%
Actual tonnage of food distributed, by type as % of planned distribution.	100%
Actual quantity of non-food items distributed, by type as percentage of planned distribution.	100%

Output 2: Cash and vouchers timely distributed to targeted beneficiaries

Output Indicator	2013 target
Total cash amount distributed as % of planned.	100%
Number of beneficiaries receiving cash, as % of planned.	100%
Beneficiaries receiving cash on time as % of planned.	100%
Total voucher amount distributed as % of planned.	100%
Number of beneficiaries receiving voucher as % of planned.	100%
Beneficiaries receiving voucher on time as % of planned.	100%

Output 3: Food availability increased at the HH level through self production

Output Indicator	2013 target
Increased percentage of households food production (preparation of baseline will be included in the project)	10%

Output 4: Improved livelihoods through urgent basic distribution, restoration and protection of assets to targeted beneficiaries

Output Indicator	2013 target
Number of beneficiaries who have received urgent livestock assistance.	195,000
Number of beneficiaries who have received urgent crop assistance.	296,000

Output 5: Improved livelihoods and resilience through the rehabilitation and improvement of the assets of targeted beneficiaries

Output Indicator	2013 target
Number of beneficiaries whose livelihoods are improved through livestock assistance	195,000
Number of beneficiaries whose livelihoods are improved through crop and water management assistance	296,000

Cluster objective 2

Ensure effective coordination to reach the most vulnerable with clear priorities in relation to the first sector objective, harmonized implementation approach, information sharing and development of cluster technical tools, including indicators, assessment, monitoring and evaluation.

Output: A fully functional Food Security and Agriculture Cluster

Output Indicator	2013 target
FSAC adopts TORs for partners, co-leads and cluster coordinator	TORs adopted
Funds raised and dedicated coordinator recruited; workplan prepared and endorsed; regular meetings take place, minutes are produced, actions undertaken. A FSAC self-evaluation will take place in 2013	12 meetings with timely minutes, workplan prepared in early 2013
FSAC has developed and endorsed best practices and toolbox (IPC, CFSS, assessment, standards)	5

Cluster objective 3 (linked to strategic objective 4)

Identify and implement best practices to strengthen partners' capacity-building, especially for the Government counterparts.

Output 1: FSAC has enhanced and strengthened capacity of Government counterparts, as well as implemented an outreach strategy towards national NGOs

Output Indicator	2013 target
Government counterparts participate in FSAC meetings	4 additional counterparts participate in meetings
Number of training conducted for Government counterparts	2
National NGOs are FSAC partners and participate in CAP, MYR and joint assessments	5 additional counterparts participate in FASC activities

Output 2: Targeted beneficiaries received more and better agricultural and fishery public services, as a result of the increased capacity of the main public service providers.

Output Indicator	2013 target
Number of services (technical support by government agencies, i.e. extensions) received by the beneficiaries	3

Cluster objective 4

Develop and implement an FSACter advocacy strategy, on behalf of the vulnerable food-insecure communities, as well as to support Cluster partner's activities and programmes.

Output: FSAC has developed a consensus based advocacy strategy and implemented it

Output Indicator	2013 target
FSAC Advocacy Strategy developed and endorsed	Within first trimester
Advocacy activities decided and implemented	Within four weeks following endorsement
Number of analytical tools endorsed and used by FSAC	4
Increased average funding by requesting agency (%)	Average funding increased by 10%

Top-priority actions, beneficiaries, and locations**Actions:**

- Food assistance (in-kind and through cash and voucher modalities)

Beneficiaries:

- Severely food-insecure communities (including IDPs)

Locations:

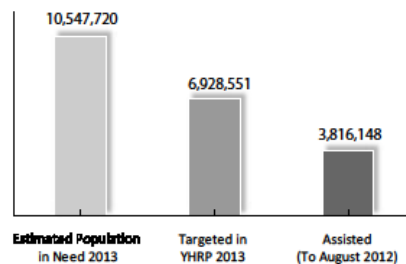
- Areas with high number of food-insecure populations and high prevalence of acute malnutrition among children under five and pregnant and lactating women.



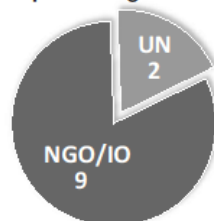
Food Security and Agriculture Cluster - Yemen National Dashboard

9 December 2012

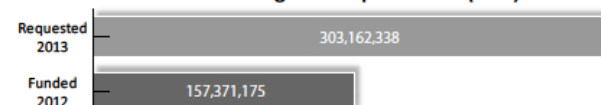
People in Need/Targeted/Assisted



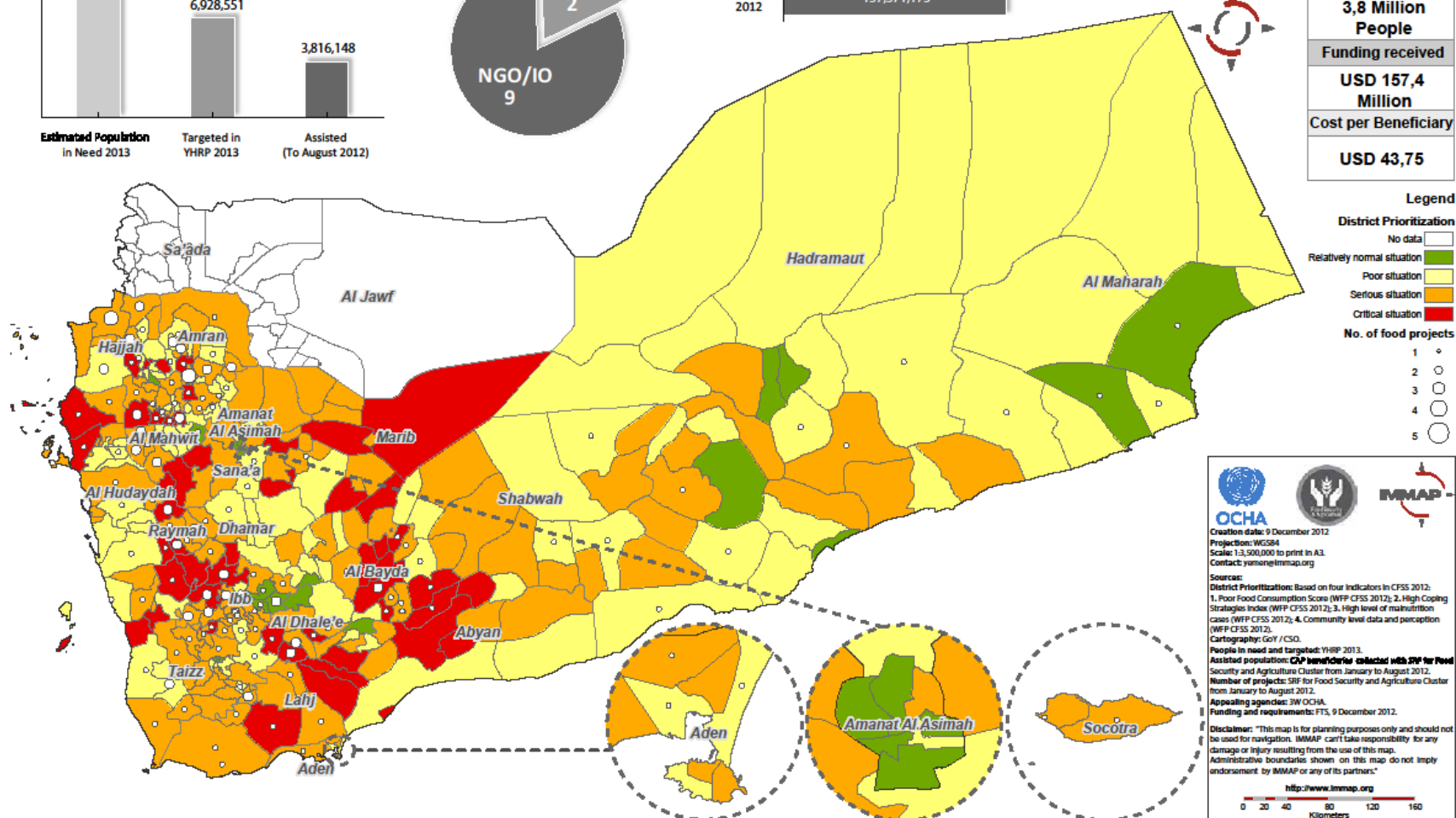
Appealing Agencies and Implementing Partners



Funding and Requirements (USD)



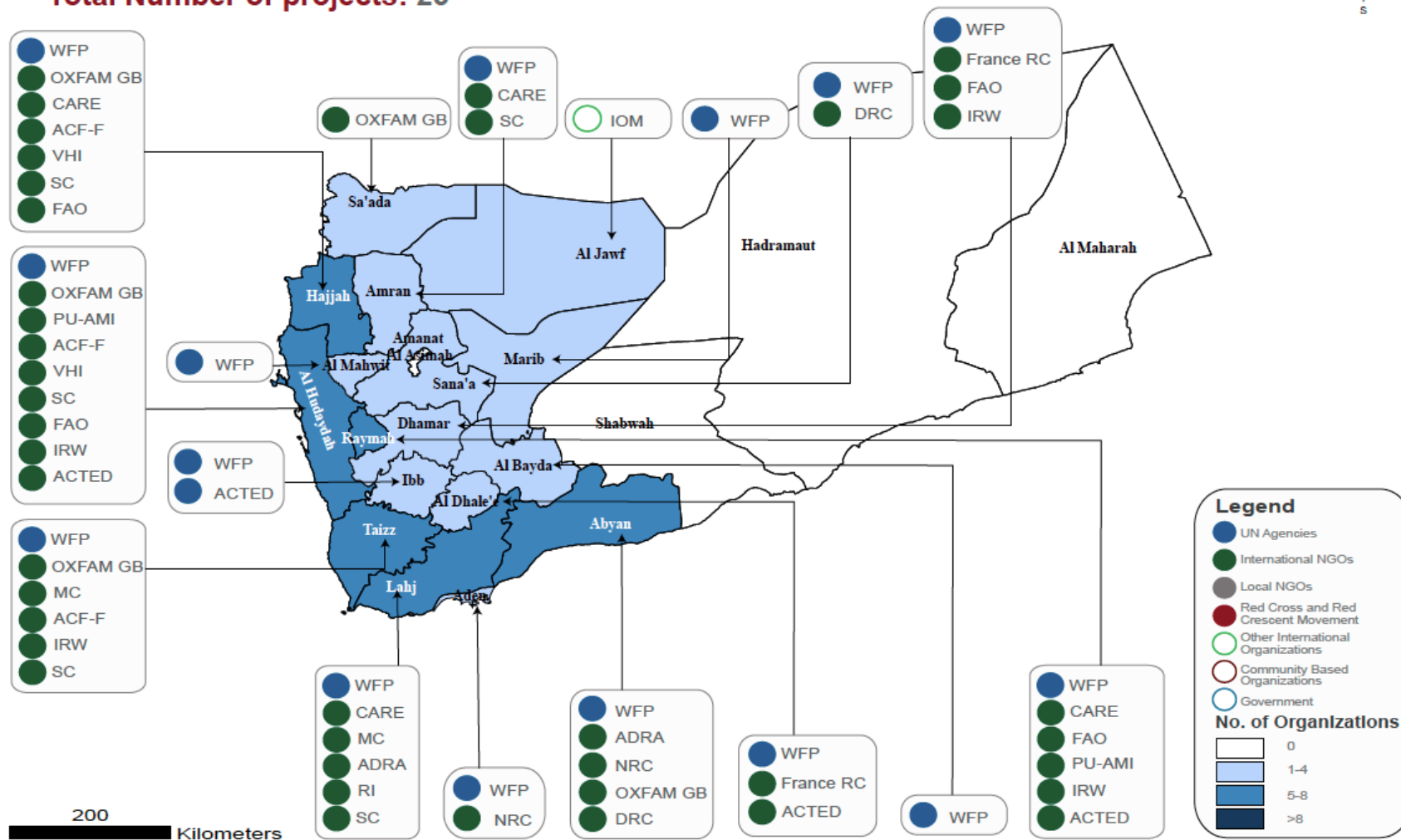
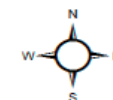
In Need
10,5 Million People
Assisted
3,8 Million People
Funding received
USD 157,4 Million
Cost per Beneficiary
USD 43,75



YHRP 2013: FOOD SECURITY CLUSTER 3W (as of 28 November 2012)



Total Number of projects: 23





Health

Cluster lead agencies	WORLD HEALTH ORGANIZATION and MINISTRY OF PUBLIC HEALTH AND POPULATION
Funds required	\$58,652,315 for 16 projects
Contact information	Dr Mohammad Dauod Altaf (altafm@yem.emro.who.int)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	220,303	211,663	431,966	220,303	211,663	431,966
Returnees	53,749	51,641	105,390	53,749	51,641	105,390
Host/affected	2,997,413	2,878,690	5,876,103	1,865,750	1,792,584	3,658,334
Totals	3,271,465	3,141,994	6,413,459	2,139,802	2,055,888	4,195,690

Target beneficiaries disaggregated by sex and age

Male (49 %)	2,055,888
Female (51 %)	2,139,802
Child-bearing age (20% of total population)	839,138
Population below 15 years (46% of total population)	629,354
Children (under five, excluding newborns) 18% of total population	784,594
Pregnant women 3.6 % of total population	151,044

Explanation of number of beneficiaries targeted

Although the overall population in need is estimated at 6 million in 12 affected governorates, the Health Cluster is targeting 4,195,690 beneficiaries in 59 priority districts identified through geographical prioritization and based on needs assessment criteria, including the total affected population, IDP populations, availability of basic health care services and coverage of measles vaccination in the prioritized districts.

How the cluster response plan will contribute to the strategic objectives

Objective 1 will contribute to strategic objective 4 by strengthening the intra and inter-cluster coordination and promotion and application of joint programming, needs assessment, monitoring and evaluation among health, WASH, nutrition and food. It will also contribute to this objective through joint prioritisation of geographic areas of intervention, cluster cooperation on assessments, programming and monitoring, and joint advocacy.

Objective 2 will contribute to strategic objective 1 through saving lives and preventing excess mortality among affected populations as well as through capacity-building and deployment of human resources within the national health system and fixed centres and mobile health units in

the affected areas. Cluster objective 2 will also contribute to strategic objective 2 by the rehabilitation and equipment of health infrastructure, contributing to resilience and early recovery.

Objective 3 will also contribute to the YHRP strategic objective 1 aimed at saving lives and preventing excess mortality among affected populations and strategic objective 2 given that cluster objective 3 is aiming at early detection and timely response to outbreaks of communicable diseases and at increasing preparedness for the efficient response these outbreaks.

Objective 4 will contribute to YHRP strategic objective 1 that aims at saving lives and preventing excess mortality, particularly among women of childbearing age and among children under the age of five. Objective 4 will also support the YHRP strategic objective 3 through the protection of populations with special needs.

Cluster objectives and output targets

Cluster objective 1 (linked to strategic objective 4)

Ensure effective intra-cluster and inter-cluster coordination, primarily between the Health, Nutrition and WASH Clusters with a focus on joint needs assessment, programming, monitoring and evaluation, in order to ensure a more effective and efficient response to the humanitarian health needs of crisis-affected and other vulnerable populations, especially women and children within priority districts.

Output: enhanced intra and inter-cluster coordination mechanism and process.

Output Indicator	2013 target
% of active health cluster partners share the SRF update on monthly basis	70%
No. and proportion of joint assessments by Health, Nutrition and WASH	>5 and >50% of cluster NA
No. and proportion of joint programs planned and implemented by Health, Nutrition and WASH	10 and >50% of HC/NA

Cluster objective 2 (linked to strategic objectives 1 & 2)

Improve access to quality primary and secondary (hospital) health-care services that include basic health and emergency referral services for vulnerable populations, through a focused approach on health system strengthening

Output: Improved access to a standardized package of quality life-saving, essential health care services to vulnerable populations. (This package should include Integrated Management of Childhood Illnesses, the Minimum Initial Service Package for reproductive health (which includes the clinical management of victims of sexual violence), the clinical management of severely malnourished children with health complications and, access to treatment for patients suffering from chronic diseases or mental health condition.)

Output Indicator	2013 target
% of functional Primary and secondary health care facilities in priority districts	80%
Average population per functioning primary health facility / 10,000 population per administrative unit	1/10,000 pop
Number of health facilities with Basic Emergency Obstetric care unit / 500,000 pop per administrative unit	≥ 4 / 500,000 pop
Number of health facilities with Comprehensive Emergency Obstetric care unit / 500,000 pop per administrative unit	≥ 1 / 500,000 pop
% of IDPs living outside camps covered by outreach activities	45%

Cluster objective 3 (linked to strategic objectives 1 & 2)

Strengthen local capacity to predict, prepare for, respond to, mitigate and manage health risk with a focus on communicable diseases and seasonal emergencies in priority districts

Output: Emerging health threats and outbreaks prevented through fast, timely, effective and coordinated joint health interventions

Output Indicator	2013 target
% of disease alerts and outbreaks detected and responded to within 48 hours	100%
Number of EWARN report disseminated among health actors	1 per week

Cluster objective 4 (linked to strategic objectives 1 & 3)

Prevent excess maternal and child morbidity and mortality within priority districts, focusing on safe motherhood and child survival interventions.

Output: Improved health services for and standards of mothers and neonates and prevent avoidable morbidity and mortality among pregnant women, neonates and young children

Output Indicator	2013 target
Coverage of measles vaccination in children 6 months-15 years	> 95% in camps and urban setting and > 90% in rural setting
Coverage of DPT3 vaccination in children under 1 year of age	> 95%
Percentage of deliveries by Caesarian-section per administrative unit	≥ 5% and ≤ 15%

Top-priority actions, beneficiaries, and locations

Actions:

- Joint coordinated response to deliver health services to the most vulnerable.

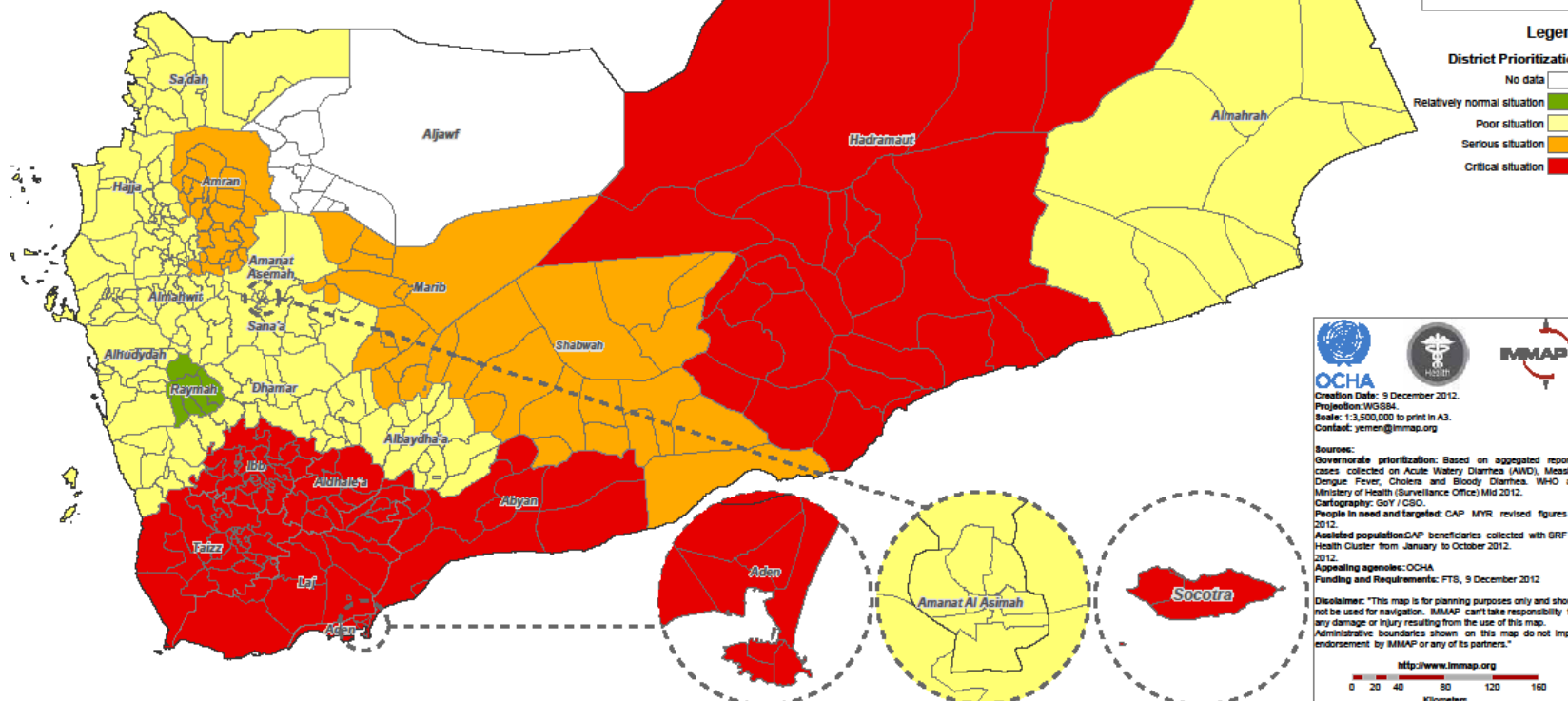
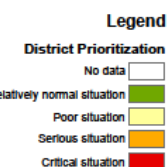
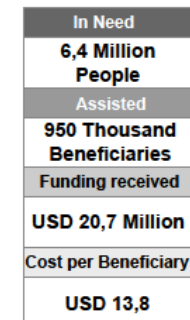
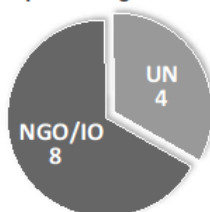
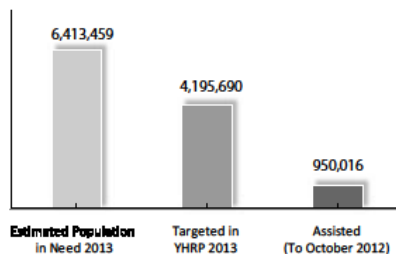
Beneficiaries:

- 4,195,690 beneficiaries, including the total affected population and IDP populations.

Locations:

- 59 priority districts identified through geographical prioritization and based on needs assessment criteria availability of basic health care services and coverage of measles vaccination in the prioritized districts. Principally Taizz, Aden, Lahj, Abyan, Amran, Ibb, Al-Dhali, Hodieda, Sa'ada, Sana'a, Al-Baydah and Hajjah Governorates, Yemen

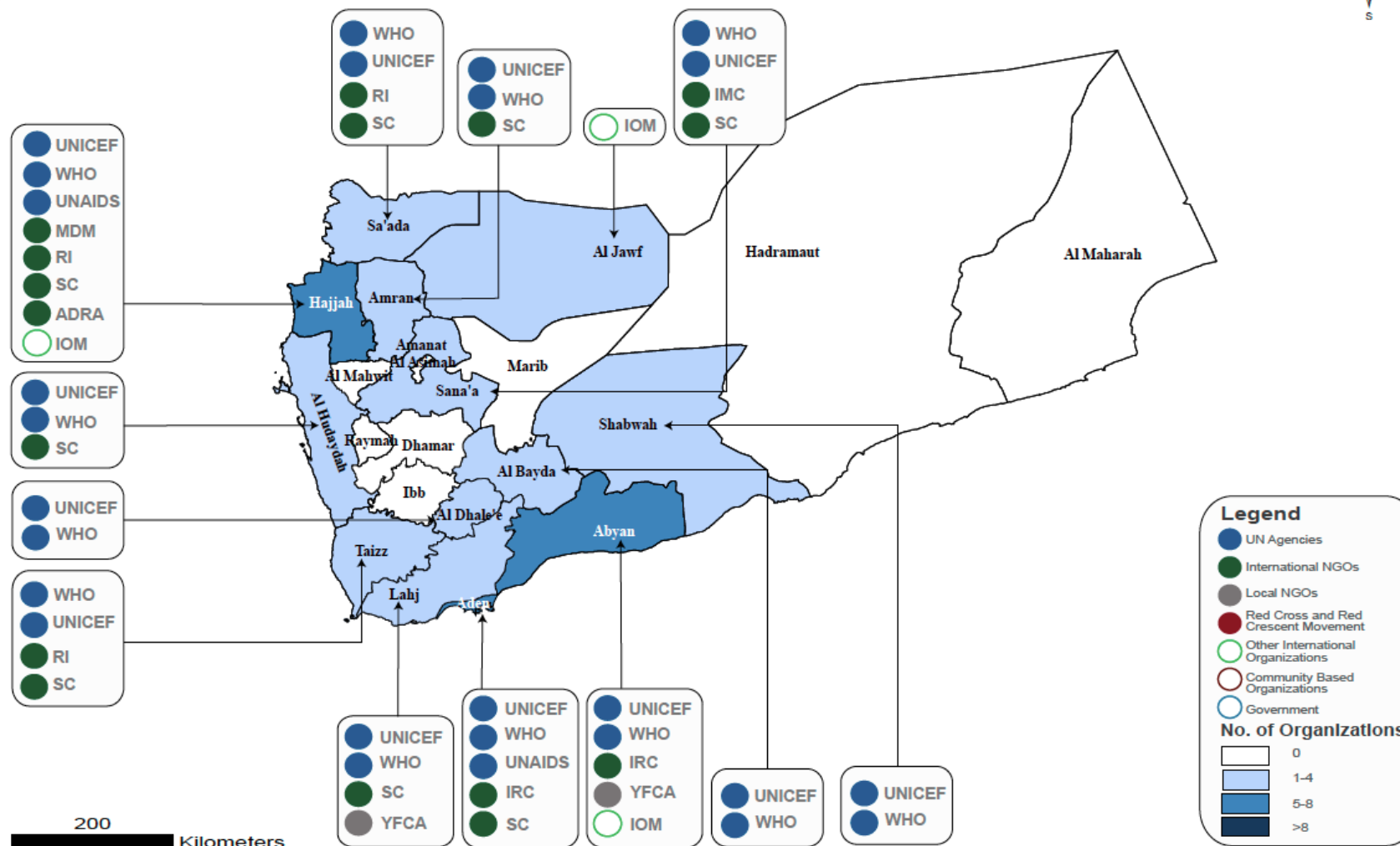
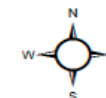
9 December 2012



YHRP 2013 : HEALTH CLUSTER 3W (as of 28 November 2012)



Total Number of projects :16





Logistics

Cluster lead agency	WORLD FOOD PROGRAMME
Funds required	\$1,600,000 for 1 project
Contact information	Qaseem Ghausy (Qaseem.Ghausy@wfp.org)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Humanitarian workers	100	400	500	100	400	500
Totals	100	400	500	100	400	500

Explanation of number of beneficiaries targeted

All humanitarian agencies (UN and international NGOs) receiving Logistics Cluster services (air passenger and fuel provision) are the targeted beneficiaries. As a total number of humanitarian aid workers using WFP flights, the Cluster targets 500 passengers

How the cluster response plan will contribute to the strategic objectives

Given Yemen's increasingly complex humanitarian crisis, and given as well the increasing number of humanitarian agencies, the HCT requested the continuation of Logistics Cluster activities. These will focus on enhanced emergency preparedness and response, the provision of an information-sharing platform, fuel provision to humanitarian agencies during the crisis, an air passenger service to secure regular movement of staff and materials, and advocacy for the importation of relief goods. With Yemen currently in Phase III & IV, UNDSS has certified none of the roads from Sana'a to Sa'ada for staff use as the main road leads through the conflict area and is vulnerable to tribal checkpoints, kidnappings, and car jacking, making a reliable air service essential.

Issues that are of direct concern of the Logistics Cluster include i) the severe shortage of fuel, which has negatively impacted all humanitarian operations, in particular in handling transportation and power generators, and ii) conflict-induced displacement nationwide necessitating humanitarian aid in new areas of intervention and the associated logistical challenges.

Cluster objectives and output targets**Cluster objective 1 (linked to all objectives)**

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

Output Indicator	2013 target
Regular Logistics Cluster meetings at capital and field level; participants from humanitarian agencies.	12 meetings
Logistics supply chain information sharing.	1 update
Weekly Logistics Cluster activities report and publishing on the webpage	48 published
Provide GIS maps for the Logistics Cluster members	100 Maps

Cluster objective 2 (linked to all objectives)

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

Output Indicator	2013 target
Humanitarian Agencies will receive the fuel	10 UN 25 INGOs
Quantity of fuel will distribute in three established fuel stations	400,000 Litres

Cluster objective 3 (linked to all objectives)

Provide the humanitarian community with a sufficient and adequate air passenger service to facilitate the access of humanitarian personal and light cargo to the affected areas and ensure operational continuity.

Output Indicator	2013 target
Regular flight to Sa'adah and Hudaydah	4 flights per month
Total Passagers	500

Top-priority actions, beneficiaries, and locations

Actions:

- Coordination
- Fuel and air passenger service

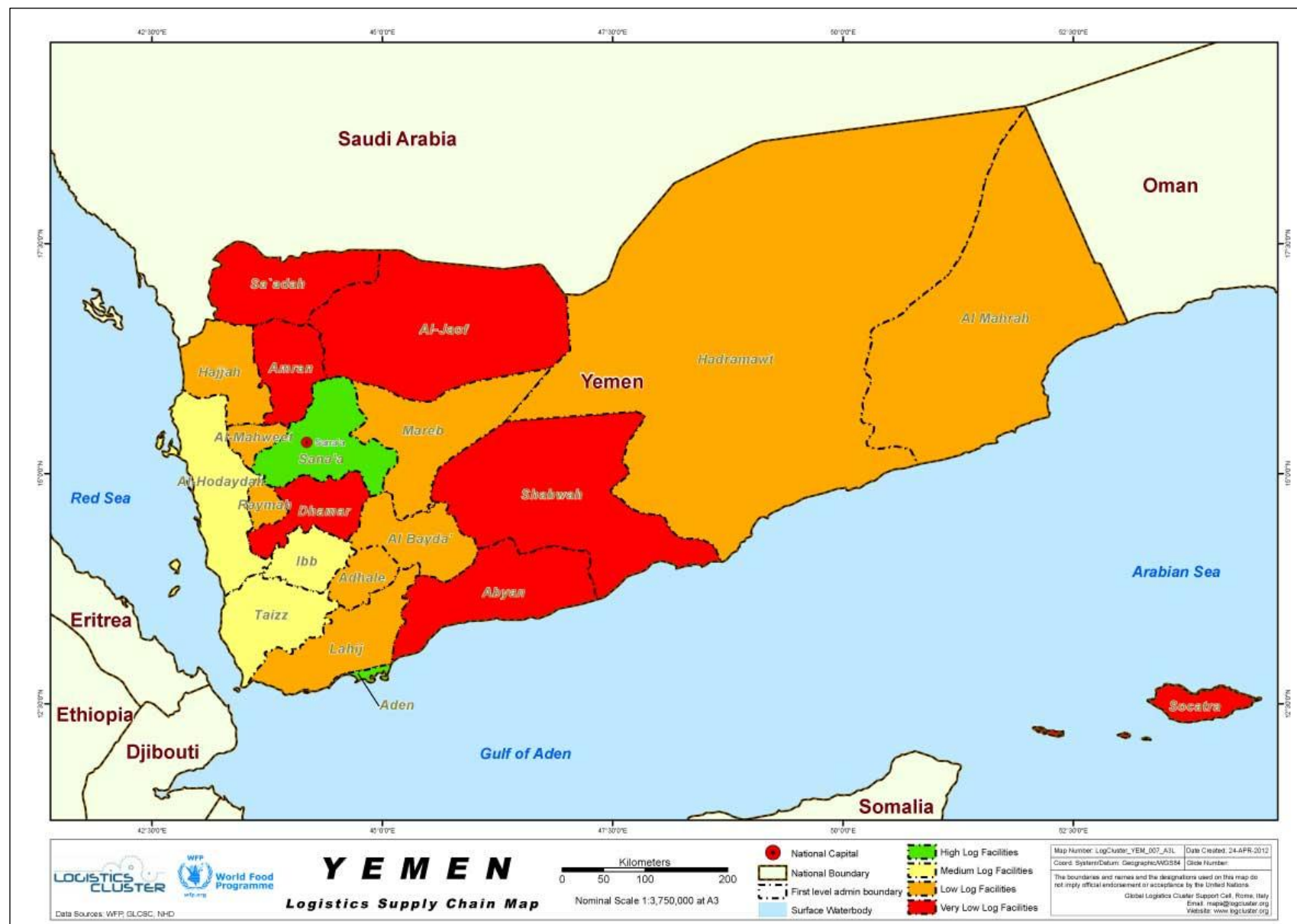
Beneficiaries:

- UN agencies, international organisation, international INGOs

Locations:

- Sana'a, Sa'adah, Haradh, Hodeidah, Aden

YEMEN HUMANITARIAN RESPONSE PLAN 2013





Multi-Sector

Cluster lead agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES INTERNATIONAL ORGANISATION FOR MIGRATION
Funds required	\$50,449,000 for 8 projects
Contact information	Annabel Mwangi (mwangia@unhcr.org) Natalia Macdonald (nmacdonald@iom.int)

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Refugees	114,190	154,810	269,000	114,190	154,810	269,000
Asylum seekers	3,163	5,616	8,779	3,163	5,616	8,779
Migrants	26,763	79,442	106,205	26,763	10,387	37,150
Totals	144,116	239,868	383,984	144,116	170,813	314,929

Explanation of number of beneficiaries targeted

The flow of refugees, asylum seekers and irregular migrants from the Horn of Africa into Yemen continued undiminished in 2012. From January to September 2012, some 80,653 arrivals were recorded, compared to 72,111 during the same period in 2011, an 11% increase in arrivals. As of September 2012, a total of 232,083 refugees were recognized by the Government, of which some 19,996 are refugees residing in Kharaz refugee camp in the southern Governorate of Lahj. The refugee population is expected to increase by an estimated 15% during 2013, to a projected 269,000 individuals. It is anticipated that the majority of new arrivals will reside in urban areas, as there is limited room for expansion of Kharaz camp.

Taking into consideration the 20% per cent increase from last year in the migrant population to date, and using 2011 figures of 75,804 non-Somali new arrivals³⁴ as a baseline, approximately 90,965 migrants will arrive in Yemen by the end of 2012. The projected number of expelled migrants in need of humanitarian aid during 2013 will be 10,859 individuals. The total number of migrants in need is therefore estimated at 106,205. The numbers of migrants targeted for immediate assistance in 2013 are 37,150 (23,650 in the south, 1,500 in central Yemen, and 12,000 in the north).

How the response plan will contribute to the strategic objectives

The Multi-Sector response plan will (1) supplement life-saving humanitarian aid programmes to vulnerable displaced people, including migrants, asylum seekers and refugees; (2) strengthen the overall protection environment for vulnerable and conflict-affected groups, including asylum seekers, refugees, and migrants; and (3) increase the resilience of the Government and host

³⁴ This figure only takes into consideration non-Somali new arrivals as Somali new arrivals are eligible for consideration as prima facie refugees.

communities in the face of record migrant and refugee flows into the country, through co-ordinated and sustainable interventions for these population groups.

Sector objectives and output targets

Sector objective 1.1 (linked to strategic objective 1)

Life-saving assistance to ensure refugees have access to services meeting their basic protection needs, including food, shelter, primary health care, primary education and livelihood opportunities.

Output: General food distribution for all camp-based refugees and targetted supplementary/ emergency feeding for vulnerable groups is available.

Output Indicator	2013 target
Percentage of camp-based refugees receiving WFP food ration of 2,138 kcal/day	100%
Percentage of camp-based pregnant and lactating women and children under 5 enrolled in Supplementary Feeding Programs (SFPs)	100%
Percentage of registered new arrivals with access to emergency feeding programs	100%

Output: Refugees have access to improved and mainstreamed healthcare services.

Output Indicator	2013 target
Percentage of beneficiaries accessing PHC services	60%
Percentage of total beneficiaries accessing PHC through the national health system	60%
Percentage of total beneficiaries accessing PHC referred for specialized medical services	30%

Output: Refugees in camp settings have access to adequate shelter.

Output Indicator	2013 target
Percentage of camp residents with access to adequate dwellings	100%

Output: Formal and non-formal education opportunities provided.

Output Indicator	2013 target
Percentage of school-aged children (refugees and asylum seekers) enrolled in primary school education	70%
Number of individuals enrolled in adult literacy programs	1,000
Number of individuals enrolled in formal or informal vocational training / technical training / entrepreneur training schemes	3,000

Output: Self-reliance activities implemented.

Output Indicator	2013 target
Number of individuals enrolled in income generating projects	2,000
Completion rate for individuals enrolled in income generating projects	80%

Sector objective 1.2 (linked to strategic objective 1)

Life-saving assistance provided to the most vulnerable migrants.

Output: Extremely vulnerable migrants notably the sick, injured, abused/exploited, women, children and those with special needs are identified through MEUs and referred to service providers.

Output Indicator	2013 target
Number of extremely vulnerable migrants identified and referred.	1,050 per month
MEUs established and functioning	4

Output: Extremely vulnerable migrants are provided with necessary humanitarian aid, that is, food, shelter, clothing/NFIs, health and psycho-social care, WASH, referrals etc.

Output Indicator	2013 target
Percentage of vulnerable migrants particularly women, children, elderly, disabled and those with special needs assisted with food, shelter, clothing/NFIs, health and psycho-social care	70%
Number of vulnerable migrants with access to water and sanitation facilities	70%

Sector objective 2 (linked to strategic objective 2)

Sustainable voluntary return approaches for migrants implemented.

Output: Vulnerable migrants seeking to voluntarily return to countries of origin are registered and processed for exit documentation

Output Indicator	2013 target
Number of migrants returning to countries of origin	6,000

Output: Migrant returnees are provided with livelihood counselling and reintegration assistance according to their skills and interest

Output Indicator	2013 target
Number of migrants provided with reintegration assistance	6,000

Sector objective 3.1 (linked to strategic objective 3)

Capacity-building of government counterparts, service providers and relevant stakeholders to improve technical skills, mainstream service provision, develop policies which comply with international humanitarian and human rights standards, and strengthen the protection environment.

Output: Population of concern registered and documented

Output Indicator	2013 target
Percentage of asylum seekers registered on an individual basis	80%
Number of individual cases adjudicated under UNHCR mandate	2,000
Percentage of individual cases undergoing first instance Refugee Status Determination procedures within 8 weeks of registration	50%

Output: Increased registration of non-Somali asylum seekers by Government

Output Indicator	2013 target
Number of training sessions provided to Government registration personnel	6
Standard Operating Procedures for national registration of non-Somali people of concern developed and implemented in co-ordination with Government counterparts	1
Percentage of total non-Somali population registration activities conducted by Government	60%

Output: People with specific needs (PSNs) have improved access to services

Output Indicator	2013 target
Number of training sessions on PSN identification and referral conducted	10
Percentage of new arrivals and asylum seekers profiled to identify people with specific needs	80%
Percentage of identified PSNs receiving support	100%

Output: Protection environment for vulnerable migrants, refugees and asylum-seekers strengthened

Output Indicator	2013 target
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YEMEN HUMANITARIAN RESPONSE PLAN 2013

Output Indicator	2013 target
Percentage of identified GBV survivors receiving support	100%
Percentage of identified PoCs in detention referred for legal assistance	80%
Percentage of identified unaccompanied minors with access to special care arrangements	100%

Sector objective 3.2 (linked to strategic objective 3)

Protection of migrants from violence and exploitation.

Output: Established and functioning referral system for migrants

Output Indicator	2013 target
Number of partners (Government, UN, NGOs) actively assisting migrants.	20

Output: Abused and exploited migrants and migrants subjected to indefinite detention are provided with legal assistance

Output Indicator	2013 target
Number of cases of violence and exploitation investigated, prosecuted, sentenced	12
Number of irregular migrants detained for non-criminal reasons released from detention.	1,000

Sector objective 4 (linked to strategic objective 4)

Effective co-ordination at the community, national, and regional level through joint monitoring, assessments and advocacy to avoid duplication of activities, enhance the impact of humanitarian interventions and strengthen collaboration on regional issues such as mixed migration.

Output: Comprehensive joint gaps/ needs assessments conducted

Output Indicator	2013 target
Number of co-ordination meetings	12
Number of joint assessment missions conducted	6

Output: Partnerships with beneficiary and host communities improved and awareness-raising on the rights and protection of refugees and migrants is implemented regularly, targeting governments and host-communities in countries of origin, transit and destination

Output Indicator	2013 target
Number of awareness campaigns conducted with host communities	4
Number of host community members benefitting from awareness-raising on migrants' rights and protection	5,000
Number of community leadership mechanisms established and functioning	5
Number of Government officials participating in migrant protection capacity-building	500

Output: Implementation of regional dialogues between countries of origin, transit and destination

Output Indicator	2013 target
Number of regional forums carried out resulting in clear recommendations or plans of action for migrants.	2
Development of Regional Plan of Action to respond to mixed migration movements	1

Output: Inter-Cluster/sector advocacy for integrated programming to facilitate mainstreamed service provision for refugees, asylum seekers and migrants

Output Indicator	2013 target
Number of Cluster/sector projects which include refugees, asylum seekers and migrants as beneficiaries	4

Top-priority actions, beneficiaries, and locations

Actions

Refugees

- Ensuring timely registration and refugee status determination, focusing on improving standards of registration for non-Somalis in collaboration with the Government.
- Strengthening national capacity to undertake refugee and asylum seeker registrations, particularly for members of the national refugee management structures (NACRA, NASCRA and the Bureau of Refugee Affairs) and other relevant stakeholders (MoI, Department of Immigration, MoH, MoHR).
- Enhancing co-ordination and partnerships with authorities at the local and national level through the Bureau of Refugee Affairs and strengthening of host and refugee community leaderships that can advocate and work for the interests of all asylum-seekers and refugees in Yemen.
- Reinforcing legal aid networks and detention monitoring throughout the country through protection partnerships with relevant authorities and key NGOs and civil society to ensure advocacy for the rights of asylum-seekers, refugees and other People of Concern, as well as respect of the human rights of all new arrivals.
- Expanding innovative and sustainable livelihood initiatives for extremely vulnerable urban and camp-based refugees with the aim of achieving self-reliance, linked to a detailed analysis of the socio-economic status of refugees through standardised surveys.
- Providing core relief items and services for camp refugees, vulnerable asylum seekers and refugees in urban areas.

Migrants

- Reinforcement of monitoring, protection and response facilities at strategic arrival points on the coast, border crossing points and heavily used migratory routes.
- Support to Yemeni authorities in responding to mixed migration movements through regional consultations and the drafting of regional commitment frameworks including Rescue at Sea and burden sharing.
- Strengthened data collection and management at national and regional levels.
- Capacity-building for government counterparts (including coast guard and immigration authorities), community based organisations and host communities on refugee law and human rights.
- Advocacy for sustainable voluntary return approaches for migrants wishing to return.

Beneficiaries:

- Target beneficiaries correspond to those highlighted in the section on target groups and beneficiaries. However, population profiling and participatory assessments undertaken in

2012 and profiling data from government registration databases³⁵ indicate 61,511 people at risk, who will be considered as priority beneficiary groups (46,866 women and 14,645 children, including unaccompanied minors).

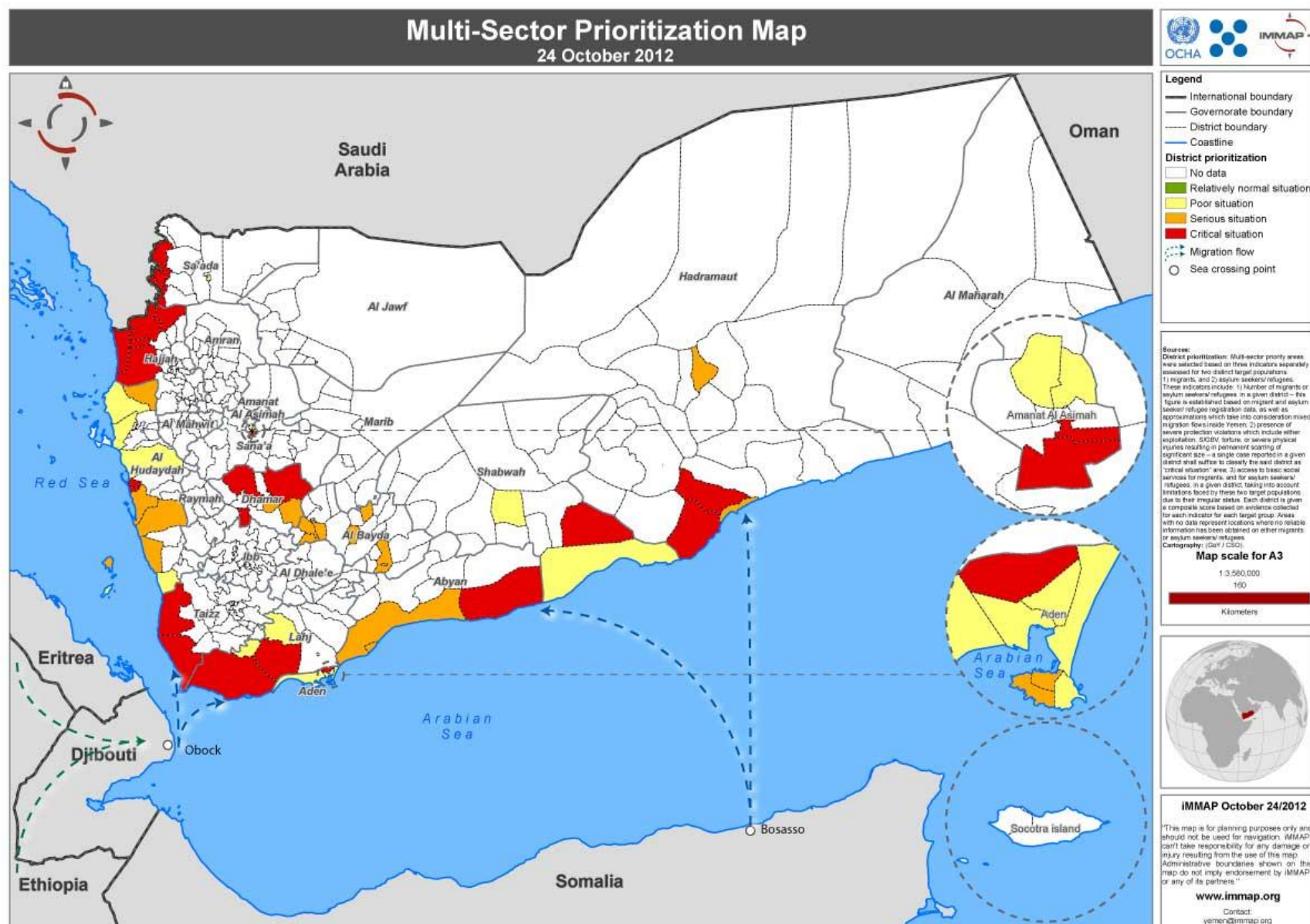
Locations:

- Priority geographical areas were identified using a prioritisation matrix which took into consideration the number of registered people of concern, and the percentage of beneficiaries with access to basic services (including food, non-food items, shelter, health, WASH, education); and Protection risks (reported number of GBV cases, people in detention, physical torture).
- Following the ranking process, however, the Sector members noted that different geographical areas have different priority needs making it difficult to rank them. In particular, there are clear distinctions between the protection needs of populations of concern in urban areas and those who are encamped. The following ten governorates have been prioritised for intervention: Sana'a, Aden, Taizz, Lahj, Hudaydah, Hadramout, Abyan, Shabwah, Hajjah and Marib.³⁶

³⁵ It should be noted that information obtained from participatory assessments is qualitative and refers to priority at-risk categories as identified by beneficiary populations. Statistics are obtained from government registration databases and are indicative as it was not possible to obtain accurate profiling estimates from all government registration centres. Consequently, figures are estimated using the average percentage for each specific needs group, calculated against the total registered refugee population.

³⁶ Please refer to the Multi Sector geographical prioritisation map for more detailed information pertaining to prioritised districts of intervention.

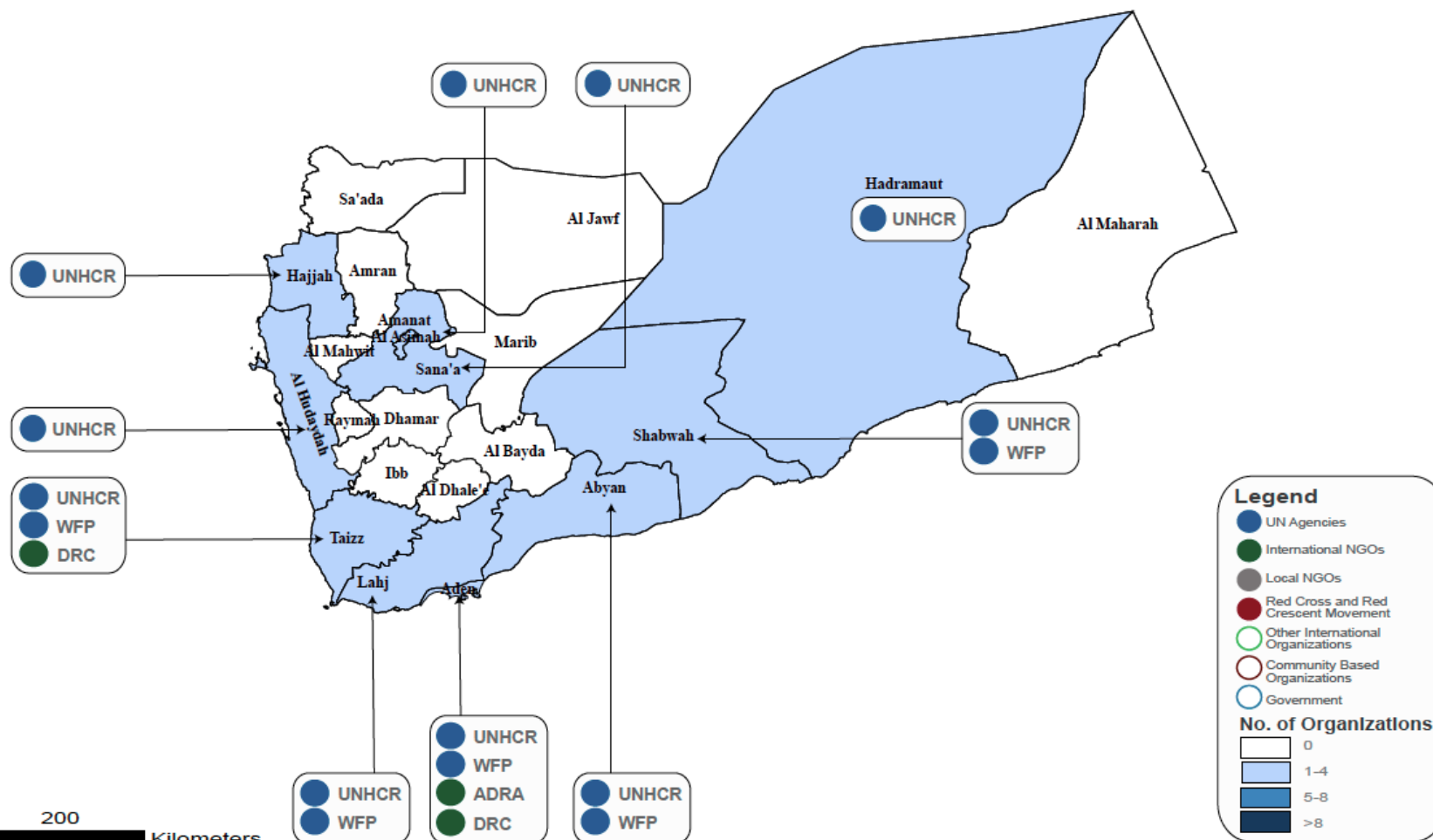
YEMEN HUMANITARIAN RESPONSE PLAN 2013



YHRP 2013: Refugees & Migrants CLUSTER 3W (as of 28 November 2012)



Total Number of projects: 8





Nutrition

Cluster lead agencies	UNITED NATIONS CHILDREN'S FUND and MINISTRY OF PUBLIC HEALTH AND POPULATION –MOPH
Contact information	\$96,020,222 for 19 projects
Cluster lead agency	Dr. Saja F. Abdullah sabdullah@unicef.org

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Girls and boys (6-24 months of age) with blanket supplementary feeding (north)	147,619	153,644	301,263	37,436	38,964	76,400
Girls and boys (6-24 months of age) with blanket supplementary feeding (south)	115,294	119,999	235,293	25,676	26,724	52,400
Girls and boys (6-24 months of age) with blanket supplementary feeding (central)	580,240	603,924	1,184,164	96,138	100,062	196,200
Pregnant and lactating women for therapeutic supplementary feeding (north)	130,956		130,956	36,400		36,400
Pregnant and lactating women for therapeutic supplementary feeding (south)	102,273		102,273	25,400		25,400
Pregnant and lactating women for targeted supplementary feeding (central)	514,779		514,779	95,200		95,200
Girls and boys under five with moderate acute malnutrition for target supplementary feeding (north)	89,650	93,310	182,960	21,756	22,644	44,400
Girls and boys under five with moderate acute malnutrition for target supplementary feeding (south)	51,070	53,155	104,225	15,190	15,810	31,000
Girls and boys under five with moderate acute malnutrition for target supplementary feeding (rest of country)	223,126	232,234	455,360	61,054	63,546	124,600
Girls and boys under five with severe acute	30,516	31,762	62,278	19,836	20,645	40,481

YEMEN HUMANITARIAN RESPONSE PLAN 2013

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
malnutrition (north)						
Girls and boys under five with severe acute malnutrition (south)	15,165	15,783	30,948	9,857	10,259	20,116
Girls and boys under five with severe acute malnutrition (rest of the country)	79,396	82,637	162,033	51,607	53,714	105,321
Girls and boys under five in need for screening activities (north).	385,127	400,846	785,973	77,026	80,169	157,195
Under 5 girls and boys children targeted for screening activities (south)	300,795	313,072	613,867	60,159	62,614	122,773
Girls and boys under five targeted for screening activities (central)	1,513,757	1,575,544	3,089,301	302,751	315,109	617,860
Women needing IYCF services (north)	349,302		349,302	34,930		34,930
Women needing IYCF services (south)	272,811		272,811	27,281		27,281
Women needing IYCF services (central)	1,372,981		1,372,981	137,298		137,298
Girls and boys under five reached by MN interventions (north)	385,127	400,846	785,973	115,538	120,254	235,792
Under 5 girls and boys children reached by MN interventions (south).	300,795	313,072	613,867	90,238	93,922	184,160
Under 5 girls and boys children reached by MN interventions (Central)	1,513,757	1,575,544	3,089,301	454,127	472,663	926,790
*The categories above overlap and cannot all be aggregated.						

Explanation of number of beneficiaries targeted

Following a comprehensive analysis of the recent nutrition survey's findings, it is estimated that 997,804 girls and boys under the age of five suffer from acute malnutrition. The lives of 255,259 are at heightened risk of mortality, and the remainder of this total, will not grow to their full potential if left untreated. The Nutrition Cluster aims to cover 65% of the population in need with life-saving therapeutic nutrition interventions and about 20-30% with supplementary/preventive nutrition interventions as indicated in the table above. The Cluster will also monitor the nutritional needs of IDPs, returnees or those recently displaced by ongoing conflict in conflict-affected districts in the north and south.

Pregnant and lactating mothers and mothers of infants and young children within the targeted communities will benefit from counseling services on feeding and caring practices for young children and infants. The targeted number across the country is 199,509 women.

As stunting is very high, partners will scale up blanket supplementary feeding targeting children 6-23 months, in order to ensure proper nutritious food during this critical age period. 325,000 children (age-dependent) will be targeted. The Cluster will reach 1,346,742 girls and boys under

five with preventive micronutrient interventions to prevent disabling diseases caused by micronutrients deficiencies such as blindness, rickets, anemia and cretinism.

How the response plan will contribute to the strategic objectives

In line with the first strategic objective, Nutrition Cluster projects include life-saving therapeutic nutrition interventions as core components contributing to saving lives and reducing the mortality rate among girls and boys under five and pregnant lactating mothers facing acute malnutrition situations. This will be mainly achieved through increasing the coverage of the most vulnerable through inpatients and out patients' therapeutic programs and the deployment of mobile teams.

The second strategic objective will be supported through capacity-building components in Nutrition Cluster projects, focusing mainly on the government staff, local NGOs, CSOs, CBOs and community volunteers. The capacity-building activities target four levels (strategic, program, service delivery and community levels).

Suitable working and treatment environments will be established in targeted nutrition facilities (mainly governmental) by simple rehabilitation measures, including WASH in clinics, provision of equipment, supplies to enhance the recovery of basic nutrition services delivery, supportive supervision and monitoring through regular joint missions for coaching and mentoring.

Nutrition Cluster partners will collect gender-desegregated data while implementing projects and report on gender discrimination in support of a human rights based approach of the Nutrition Cluster.

In line with the fourth strategic objective, the Nutrition Cluster will implement a joint programming approach with the WASH, Health and Food Security and Agriculture Clusters, supported by OCHA. It has been agreed to undertake joint programming in 20 districts within a clear accountability framework. The Nutrition Cluster also encouraged partners to submit integrated multi-sectorial projects with nutrition components to address the causalities of malnutrition and to provide target populations with an integrated package of services. The Cluster will also conduct joint assessments with other clusters.

The Cluster will work on strengthening the collection of strategic information through a large-scale nutrition surveillance system. This will collect data from sentinel sites at community and facility levels, enabling early warning and early action, in line with the second strategic objective. SMART surveys will include health and WASH components, to inform decision-making on adequate interventions.

Cluster objectives and output targets

Cluster objective 1 (linked to strategic objective 1)

Improve access to quality preventive and therapeutic nutrition interventions for acute malnutrition and micronutrients' deficiencies among vulnerable groups.

Output: quality CMAM services are more accesable to the vulnerable population

Output Indicator	2013 target
SAM children discharged cured	124,439
MAM children discharged cured.	150,000
Death rate among malnourished children below the sphere standards in CMAM facilities	< 10%

Cluster objective 2 (linked to strategic objective #2)

Improve institutional infrastructure, system and community capacities to enhance recovery of basic nutrition services delivery.

Output: Capacity in place to deliver timely and effectively the required basic nutrition services

Output Indicator	2013 target
Number of health facilities upgraded to stabilisation centres	30
Establish additional training centres for comprehensive nutrition courses.	3
Community volunteers (at least 80% women) trained for screening and counselling service).	3,396
Number of health workers trained on (CMAM, IYCF) at least 50% women.	300

Cluster objective 3 (linked to strategic objective 4)

Strengthen strategic Information ;(surveillance systems, timely routine data collection and analysis, formative researches and to continue SMART surveys).

Output: Availability of regular updated data at least each three months through sentinel surveillance sites, assessments and surveys

Output Indicator	2013 target
SMART surveys finalized	6 governorates
Sentinel surveillance sites established.	10
Joint research agenda	One research project ongoing

Cluster objective 4 (linked to strategic objective 4)

Strengthening a comprehensive multi-sectoral approach to address under nutrition through joint prioritisation of geographic area, assessments, response, and monitoring.

Output: WASH, Health, nutrition and food security programs in the same area

Output Indicator	2013 target
Number of districts where two additional sectors beside nutrition implemented in collaborative manners.	10
Number of joint monitoring missions / visits.	20
Numbers of multi-sectorial micro plans developed.	6 governorates plans

Cluster objective 5 (linked to strategic objective 4)

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

Output: National action plan developed in to scale up decentralized integrated package to address chronic malnutrition

Output Indicator	2013 target
Initiated the efforts to join the SUN movement.	Yemeni government agreed on the objectives of SUN movements.
The awareness and knowledge among local authorities / civil societies increased on chronic malnutrition.	Five sensitisation workshop done targeting decision makers on chronic malnutrition.

Top-priority actions

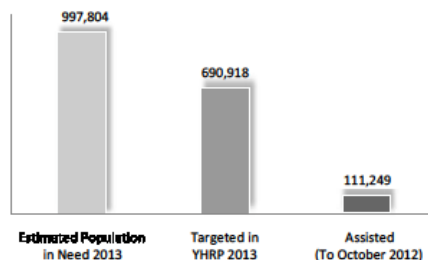
- Scale up lifesaving nutrition interventions addressing acute malnutrition cases among girls and boys under five and PLW through decentralized therapeutic and supplementary feeding programs using both fixed and mobile modalities, and strengthen the community component of the CMAM program to ensure equitable nutrition assistance through reaching the unreached and the most hard to reach children and women .
- Preventive nutrition intervention targeting girls and boys 6-23 months through blanket supplementary feeding provided through facility and community based approaches.
- Prevention and treatment of micronutrients deficiency disorders among girls and boys under 5, pregnant and lactating mothers through the provision of multiple micronutrients' supplementation, ensure proper Vitamin A, iron folate coverage and deworming through community and facility based approach.
- Scale up IYCF programs at the facility and community level.
- Maintain effective coordination mechanism and further decentralize it at the sub national level, and strengthen the cluster as platform for thematic technical consultations and ensure effective inter-cluster collaboration with WASH, Health and food clusters to facilitate collaborative programming.
- System strengthening (infrastructure rehabilitation and capacity-building at four levels (strategic, program, service delivery and community levels).
- Strengthening the national information system including establishment of nutrition surveillance system, conducting timely nutrition assessment, improve routine data collection, analysis and dissemination and roll out SMART survey.
- Working closely with media and powerful communication channels to enhance communication for beneficiaries.



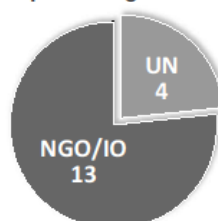
Nutrition Cluster - Yemen National Dashboard

9 December 2012

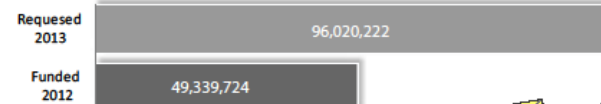
People in Need/Targeted/Assisted



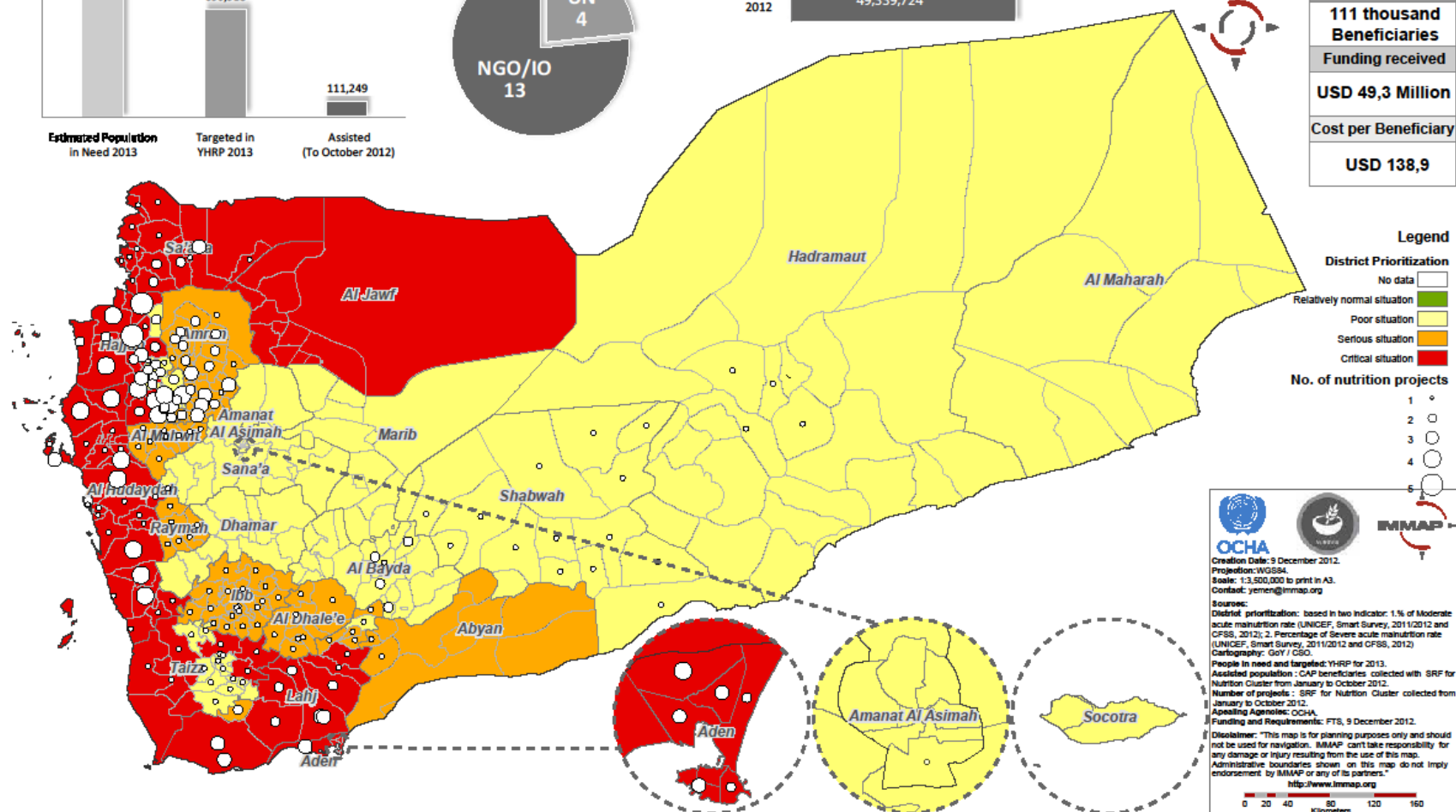
Appealing Agencies and Implementing Partners



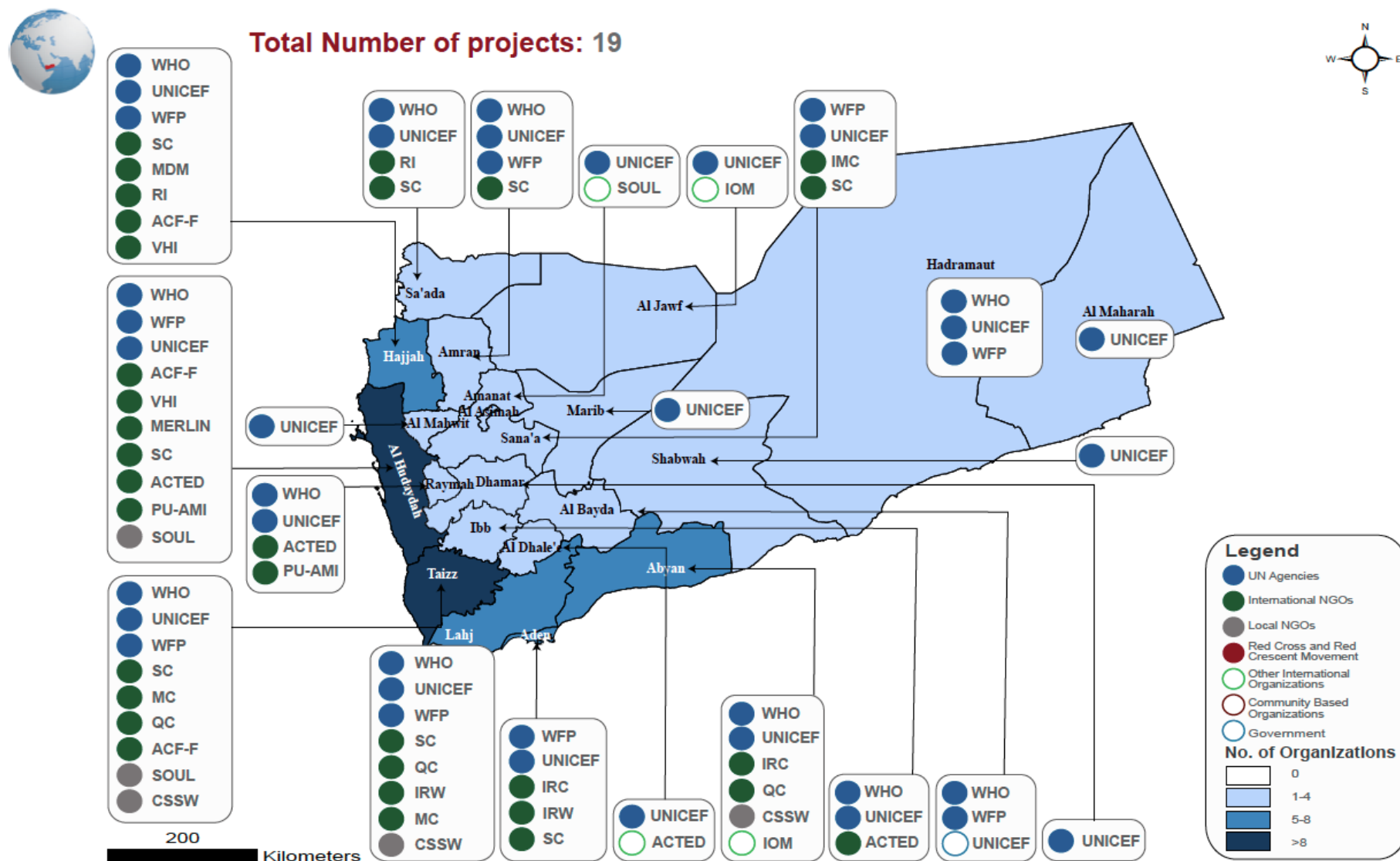
Funding and Requirements (USD)



In Need
1 Million People
Assisted
111 thousand Beneficiaries
Funding received
USD 49,3 Million
Cost per Beneficiary
USD 138,9



YHRP 2013: NUTRITION CLUSTER 3W (as of 28 November 2012)



Feedback: ocha.yemen@gmail.com
Data Source: YHRP 2013 ops
yemen.humanitarianresponse.info - www.reliefweb.int

Creation date: 28 November 2012

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



Protection

Cluster lead agencies	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES UNITED NATIONS CHILDREN'S FUND (Child Protection Sub-Cluster lead) UNITED NATIONS POPULATION FUND (Gender-Based Violence Sub-Cluster lead)
Funds required	\$40,838,174 for 20 projects (out of which 17,660,135 is for projects related to Child Protection and \$1,272,122 is for projects related to GBV)
Contact information	Protection: Judith Nzomo, nzomo@unhcr.org Child Protection Sub-Cluster : Ghada Kachachi gkachachi@unicef.org Gender-Based Violence Sub-Cluster: Ahlam Sofan sofan@unfpa.org

People in need and target beneficiaries for Protection Cluster and GBV Sub-Cluster

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	217,581	214,385	431, 966	217,581	214,385	431,966
Returnees	53,644	51,746	105,390	53,644	51,746	105,390
Persons in IDP like situation (affected population & host community)	163,710	157,290	321,000	163,710	157,290	321,000
Totals	434,935	423,421	858,356	434,935	423,421	858,356

Child Protection Sub-Cluster

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
Conflict-affected & vulnerable children	798,150	765,850	1,564,000	255,448	245,392	500,840

Note: Based on the current returnee figures, UNHCR projects there will be 207,779 returnees as at 31 December 2013.

Explanation of number of beneficiaries targeted

The Protection Cluster in Yemen will target IDPs, returnees and conflict-affected communities. Amongst these groups, it will specifically focus on communities at risk of conflict, conflict-affected areas and people with special needs.

How the response plan will contribute to the strategic objectives

The Cluster currently comprises components focusing on general protection, and sub-clusters on child protection and gender-based violence. In addition, there are 3 new protection affiliated working groups: Rule of Law Working Group; Mine Action Coordination Task Force; and a Return and Reintegration Working Group in Abyan, Aden.

Through protection reporting, monitoring and assessments, the Cluster will identify people with special needs such as victims of human rights violations, mine victims, SGBV survivors, the elderly and physically handicapped, and advocate for their inclusion in the provision of support and services

The Cluster will monitor access and provision of services and advocate for any necessary measures to be considered by relevant clusters and government ministries. In extremely vulnerable cases, Cluster partners will provide a one-time assistance to ensure timely humanitarian response while the Cluster organizes its response (such as provision of medical grant for an urgent medical case, rental assistance for a family evicted from a dwelling etc).

With regard to the protection and restoration of livelihoods, early recovery and community resilience building, Cluster partners will establish an early warning system with communities to establish contingency plans for anticipated or escalating conflict situations. Cluster partners will work with communities to rebuild the community mechanisms that enhance the social fabric of society (such as with sheikhs, community committees including women and the youth). They will work with national organizations, civil society and community networks to build their capacity for community self management and in collaboration with the Early Recovery Cluster to identify viable economic recovery projects to support the resumption of livelihood activities. They will also provide psycho-social and legal counselling as well as skills training and other activities at the community centers.

In relation to violations of human rights and international humanitarian law, Cluster partners will work with the Government to ensure that the necessary policy and legal frameworks are in place (e.g. national policy or strategy for IDPs to prevent and respond to arbitrary displacements, and to address GBV as well as mechanisms to monitor and respond to violations of Human Rights Law and International Humanitarian Law). Cluster partners will work with the Government and civil society to ensure there is an understanding of human rights and international humanitarian law by all concerned parties and that a credible system to monitor and report on these violations is put in place. All the necessary actions to address these violations will be developed at the Ministerial, civil society, Cluster, and community level. Cluster partners will work with Government and other actors to support the rule of law enforcement and in durable solutions initiatives.

Cluster partners will support and strengthen a multi-sectoral response system that ensures necessary policy and services are in place to address the safety, health, legal and psycho-social needs of victims and survivors of human rights violations, including GBV. They will work to strengthen the referral system and provide emergency or one-time assistance to highly vulnerable cases. All sectoral interventions should meet the minimum standards for prevention of and response to CP, GBV and address mental health and psycho-social support needs, in coordination with the Health Cluster. They will conduct protection and GBV mainstreaming for all clusters, key Ministries and national NGOs and—where necessary—will implement joint projects.

Cluster objectives and output targets**Cluster objective 1 (linked to strategic objectives 1 and 2)**

Enhance protection of civilians and strengthen the response to victims of human rights and humanitarian law violations and the protective environment of vulnerable and conflict-affected people

Output: The legal/policy and prevention protective environment for IDPs and people of concern is strengthened

Output Indicator	2013 target
National IDP policy developed and adopted	1
Human rights mechanism for monitoring, data collection, analysis and assessment in place and functioning in at least four Governorates	Quarterly reports on protection and human rights situation produced
8 Technical and capacity-building sessions conducted to key ministries, protection actors, CSOs and community networks on protection, IHL, HRL and protection mainstreaming	8
Joint Government and humanitarian mechanisms established on durable solutions and returns for IDPs from Sana'a to the north and south	3
Establish an early warning system and contingency planning in at least 4 high risk Governorates	4
Facilitate - jointly with OCHA –the establishment of a code of conduct with tribal leaders to facilitate humanitarian access	
Regular protection and returnee monitoring conducted in all areas of concern	Monthly reports on the protection situation of women and men, girls and boys in areas of return

Output: Multi-sectoral prevention, response and referral services in place for victims of violations including and activities for social and economic recovery implemented

Output Indicator	2013 target
SOPs developed for a multi-sectoral prevention and response system for protection cases in health, legal justice, psycho-social, safety and security ministries and service providers	5 SOPs developed in Sanaa, Aden, Amran, Harad, Saada
Community centres with hot lines supported in key areas to provide psycho-social, legal counselling and referral services	
Community mechanisms supported for protection monitoring, conflict resolution and peace building	109 CBPN networks
Emergency assistance and referral provided for people with special needs	100% identified cases
Capacity-building project implemented for community networks in all locations on protection	1 capacity-building plan developed and implemented
Joint assessments and programs implemented between Protection, Shelter/NFI/CCCM and Early Recovery Clusters	3 capacity-building projects for Abyan, Sanaa and Harad implemented
Training and material support provided to rule of law enforcers in three locations	

Output: Protection mainstreamed/capacity built in Ministries, civil society, Clusters and community networks

Output Indicator	2013 target
Design and implement protection training activities for Protection Cluster members, civil society organizations and ministry counterparts	8 trainings conducted

Output Indicator	2013 target
Conduct protection and mainstreaming training for other clusters and develop protection indicators for their clusters	12 trainings conducted and PM document developed for 11 clusters
Implement joint/integrated projects on protection with other clusters Conduct joint assessments and monitoring with other clusters e.g. Shelter/NFI/CCCM and Early Recovery	3 projects implemented

GBV Sub-Cluster objective (linked to strategic objectives 1 & 3)

Strengthen the identification, prevention and response to GBV against women, girls, men and boys affected by conflict and civil unrest.

Output: Strengthen the protective preventive environment for GBV

Output Indicator	2013 target
Identify policy gaps e.g. policy on early marriage and advocate for GBV sensitive laws and policies to be put in place Work with community leaders and Imams to identify and promote protective regimes for SGBV within tribal laws and sharia	GBV sensitive laws and policies developed
Establish a credible data collection system and conduct assessments to identify GBV prevalence, triggers and suggested community led initiatives	GBV system rolled out
Conduct trainings for key ministries, civil societies, humanitarian actors and community networks on prevention and response to GBV as well as GBV mainstreaming	10 training workshops organized

Output: Strengthen the multisectoral response to GBV

Output Indicator	2013 target
Review and develop SOPs and referral pathways for GBV prevention and response in key target locations and communities	1 SOP
Conduct CMR training and provide drugs and materials support to address GBV incidents at the hospitals and clinics in target areas	4 trainings
Review and support technical and material support for the provision of the relevant psycho-social support, legal justice, safety and security response to SGBV survivors with key ministries, humanitarian actors and community networks Work with communities in male involvement for SGBV prevention and response initiatives Facilitate training, joint assessments and programming for GBV mainstreaming in ministries, CSO, other clusters and community mechanisms Conduct women empowerment activities e.g. trainings, skills training, IGA support for vulnerable women and SGBV survivors	1 support

Child Protection Sub-Cluster: main activities

Prevention of the use and recruitment of children: The use and recruitment of children by Government and non-governmental groups needs to end and the release and reintegration of children need to be initiated. Building community awareness on the impact of armed conflict, in particular on the association of children with armed forces and groups, will be a priority for 2013.

Providing access for affected and vulnerable children to protection services: Strong collaboration with the Ministry of Social Affairs and Labour and the Ministry of Education coupled with a wide range of partnerships with national and international NGOs are planned to provide psycho-social support, violence prevention, case management and social follow up for vulnerable and affected children in schools and communities and strengthen referrals and coordination with other relevant entities and clusters. The focus will be on capacity-building of social workers, teachers NGO partners, civil society organizations, and communities themselves.

Prevention and protection for unaccompanied and separated children: Support will continue to provide interim care and protection, shelter, medical and psycho-social support, and educational and vocational activities for unaccompanied and separated trafficked/smuggled children. Family reunification and/or return to the countries of origin for children from the Horn of Africa are also included. Advocacy is an important component, especially for the release of children placed in detentions/prisons. An in-depth assessment will be undertaken to analyse trends, patterns, causes and dynamics of smuggling and trafficking.

Prevention from the threats of death and injury due to mines/ERW: Jointly with YEMAC the Sub-Cluster invested in capacity-building of over 30 NGOs in Sana'a and the northern and southern governorates on MRE, with 60 volunteers from Sa'ada involved in MRE awareness. Given the situation regarding landmines/ERW and the dramatic increase in reported incidents in 2012, support for MRE will continue next year in the north and south.

Promoting birth registration for children: Through focusing on vulnerable boys and girls attending schools or child-friendly spaces, birth registration will be provided to those without a birth certificate. By establishing birth registration points in schools and child-friendly spaces, it is hoped that the birth registration system can be resumed or strengthened. Birth certificates will be used as a 'child protection tool' to prevent vulnerable children from, for example, forced recruitment and the subsequent risk of being exposed to judicial misjudgment.

Child Protection Sub-Cluster objective (linked to strategic objective 1)

Contribute to mitigate or avert direct loss of life of children, their physical or psycho-social harm through monitoring, reporting and advocacy on grave violations against their rights, including killing, maiming, use and recruitment of children, rape and grave sexual violence, attacks on schools and hospitals and denial of humanitarian aid

Output: Affected and vulnerable girls and boys are monitored on any grave violations against their rights and advocacy made for their protection.

Output Indicator	2013 target
MRM on grave violations and other serious protection concerns for children is functional through the UN Country Task Force	At least 6 UN country task force meetings conducted and actions implemented At least 10 MRM working group meetings conducted
Population of the most conflict-affected and vulnerable children covered by MRM mechanism	1,500,000 most affected children

The Sub Cluster will contribute to achieving YHRP strategic objectives #2 - #4 through the following outputs

Output: Affected and vulnerable girls and boys are provided with prevention and protection services

Output Indicator	2013 target
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YEMEN HUMANITARIAN RESPONSE PLAN 2013

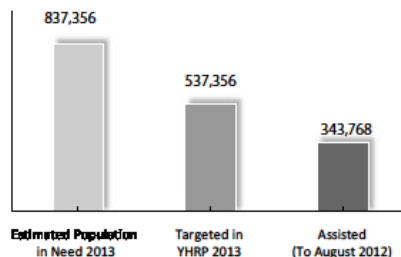
Output Indicator	2013 target
# of affected and vulnerable children benefited from community and school based violence prevention and psycho-social support services	400,000 children, 50% of each sex
% of critical districts with Child Friendly Police Units or with Child Police Focal points available and providing child friendly and gender sensitive services to children in contact with the law	At least 90%
# of children provided with free legal aid services	1000
# of affected and vulnerable children obtained free birth certificates	100,000 (50,000 each boys and girls)
# of parents & community members participated in child protection community based networks and awareness sessions on violence prevention and/or on psycho-social activities,	150,000 (75,000 each female & male)
No. & % of affected population provided with mines/ERWs risk education activities, including children.	350,000, including 200,000 children (50% of each sex) /50% of affected people
Action plans signed between the UN and MoD and with Al Houthis & # of children released/demobilized and provided with reintegration opportunities	Yes/250
% of identified children provided with interim care, protection and reunified with their families/supported their voluntary return to countries of origin;	100% of identified children (estimated 1200)
Output: Child Protection Sub-Cluster functional, delivering timely, effective and coordinated responses	
Output Indicator	2013 target
Sub-Cluster functional at national and sub-national levels	Yes with at least 6 functional forums
Government representatives active in coordination	Yes
Management information system operational	Yes
Standardized case management system and tools in place.	Yes
Interagency strategy or workplan developed and exists	Yes
# of people trained based on capacity-building plan	30



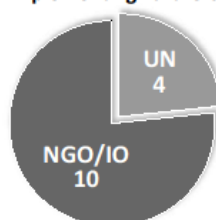
Protection Cluster - National Dashboard

9 December 2012

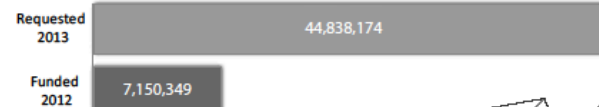
People in Need/Targeted/Assisted



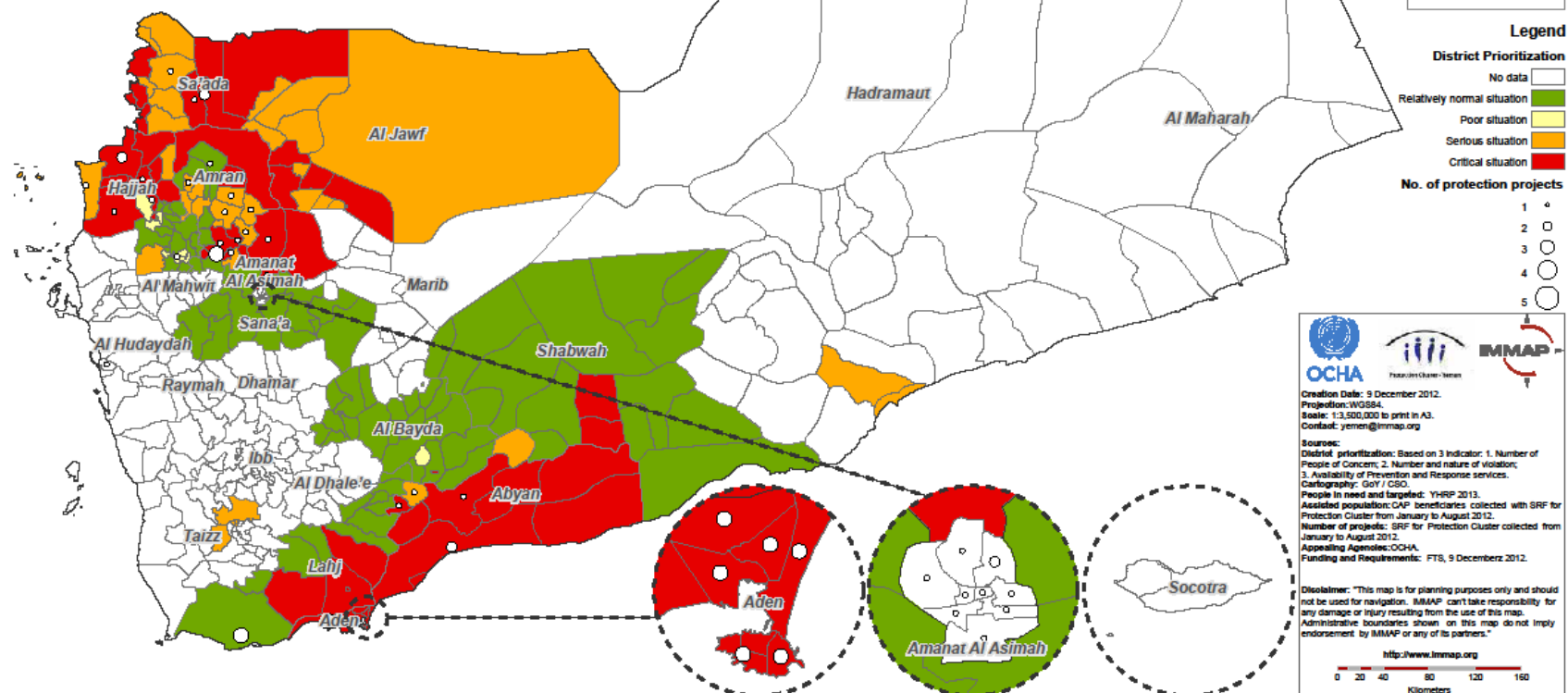
Appealing Agencies and Implementing Partners



Funding and Requirements (USD)



In Need
0,83 Million People
Assisted
343 thousand Beneficiaries
Funding received
USD 7,1 Million
Cost per Beneficiary
USD 83,4

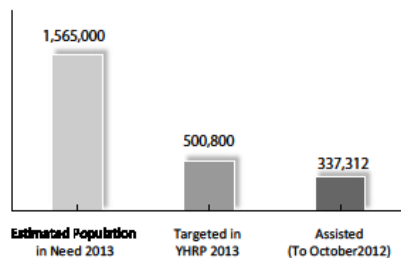




Child Protection - Yemen National Dashboard

9 December 2012

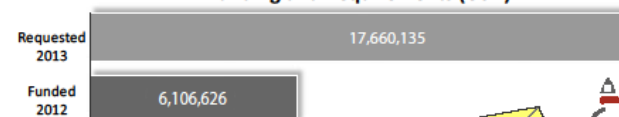
People in Need/Targeted/Assisted



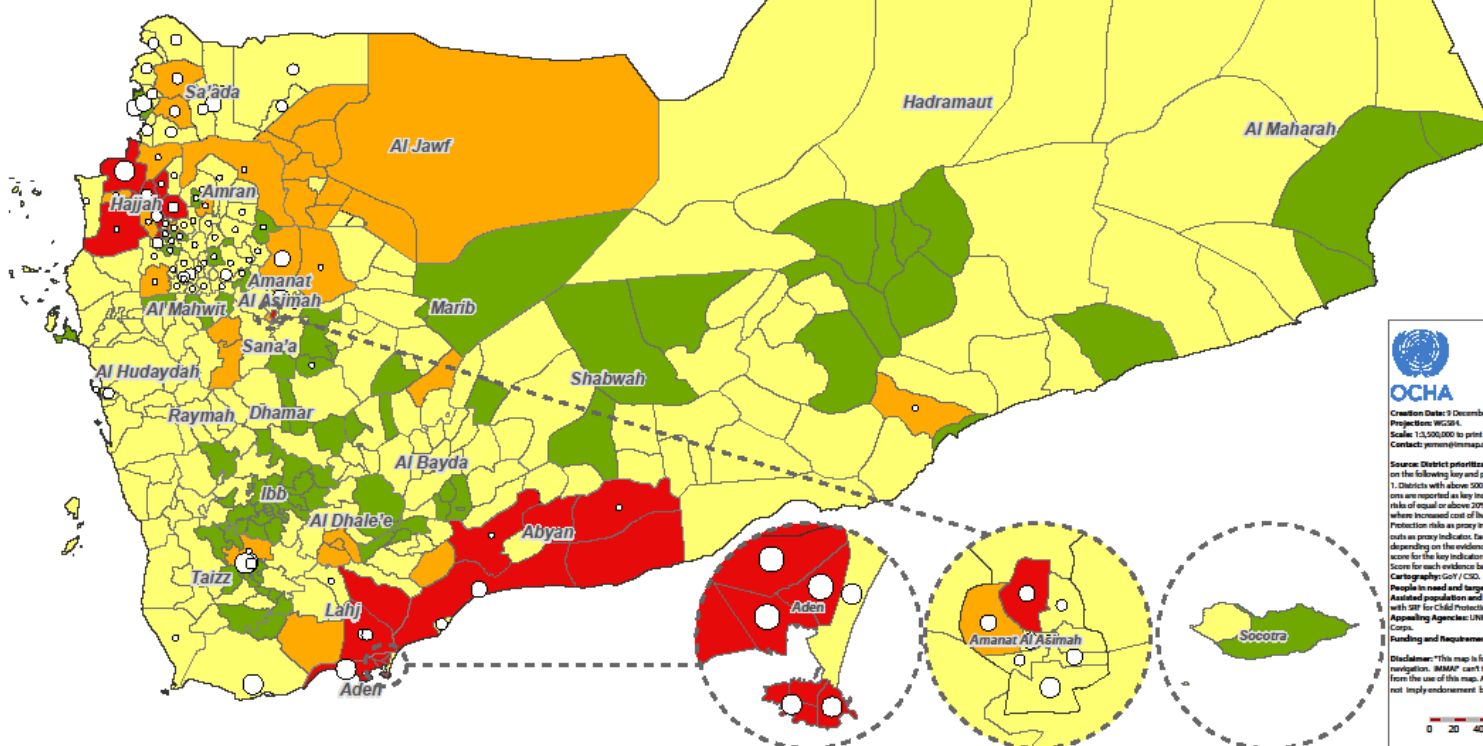
Appealing Agencies and Implementing Partners



Funding and Requirements (USD)



In Need
1,5 Million People
Assisted
337 Thousand Beneficiaries
Funding received
USD 6,1 Million
2013 Cost per Beneficiary
USD 35,26



OCHA
Creation Date: 9 December 2012.
Projection: WGS84.
Scale: 1:5,000,000 to print in A3.
Contact: yemen@inmap.org

Source: District prioritization: Child Protection risk areas in this map are based on the following key and proxy indicators:
1. Districts with above 500 20% as key indicator 2. Districts where grave violations are reported as key indicator 3. Districts where assessments have shown CP risks of equal or above 20% as key indicator 4. Priority Nutrition Response Areas where increased cost of living and public service deterioration increases Child Protection risks as proxy indicator 5. Districts with high level of school drop outs as proxy indicator. Each district is given a composite score of 1,2,3 or 4 depending on the evidence base, there is a positive weighting within the score for the key indicators of IDP, MRM, and Child Protection Assessment data. Scores for each evidence base are added up and a composite score is established. Cartography: GSV/CSO.

People in need and targeted: YHRP 2013.
Assisted population and number of organizations: **CP humanitarian action** with 387 for Child Protection Sub-Cluster from January to October 2012.
Appealing Agencies: UNICEF, Save the Children, IOM, CSOW, Intersec & Mercy Corps.
Funding and Requirements: FTS, 9 December 2012.

Disclaimer: "This map is for planning purposes only and should not be used for navigation. INMAP can't take responsibility for any damage or injury resulting from the use of this map. Administrative boundaries shown on this map do not imply endorsement by INMAP or any of its partners."

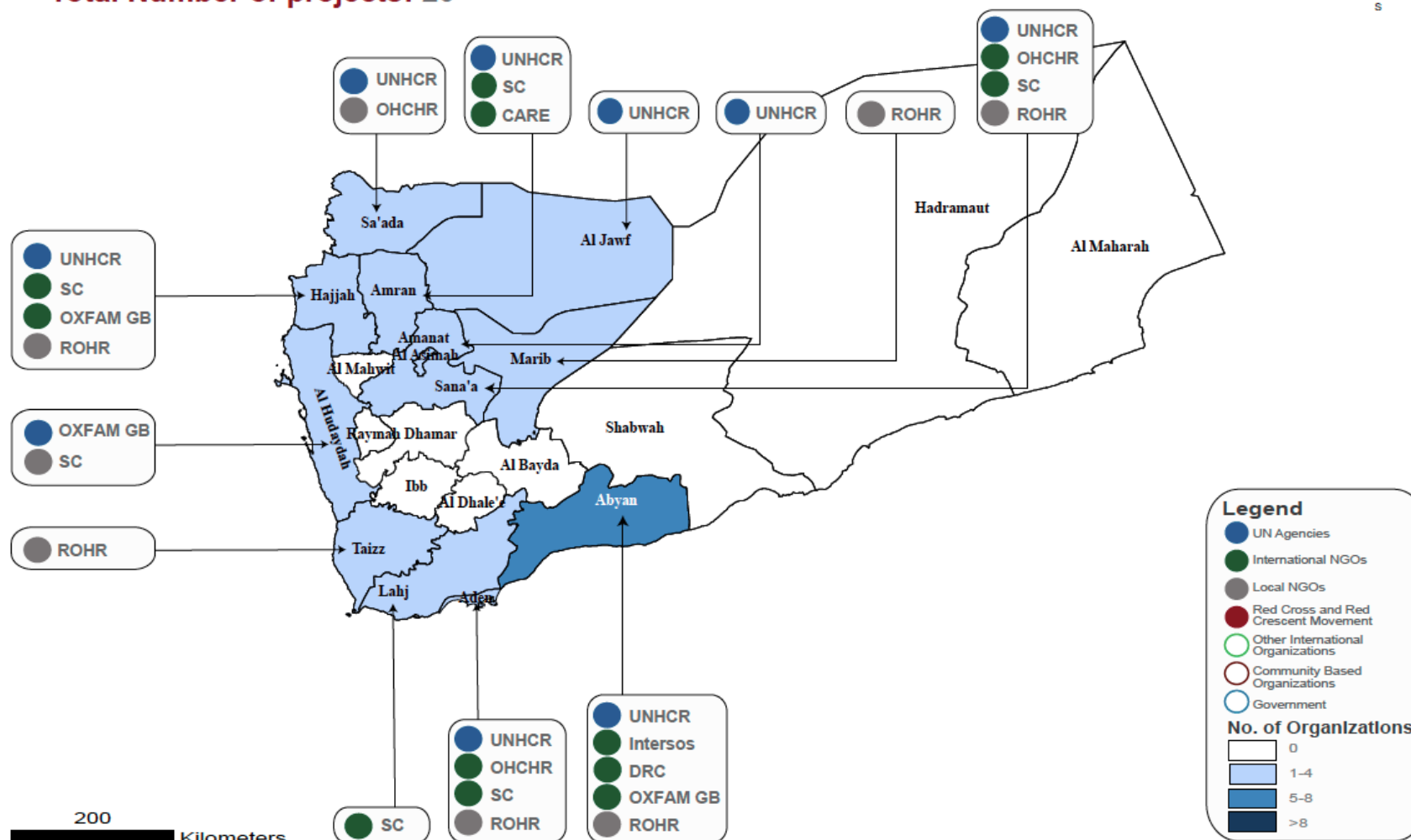
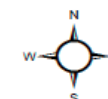
<http://www.inmap.org>

0 20 40 80 120 160
Kilometers

YHRP 2013: PROTECTION CLUSTER 3W (as of 8 December 2012)



Total Number of projects: 20





Water, Sanitation and Hygiene

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Funds required	\$75,763,110 for 19 projects
Contact information	Donald Burgess dburgess@unicef.org

People in need and target beneficiaries

Category of people in need	Number of people in need			Beneficiaries targeted in cluster's CAP projects (end-year target)		
	Female	Male	Total	Female	Male	Total
IDPs	208,864	222,136	431,000	208,864	222,136	431,000
Returnee	50,922	54,157	105,079	47,766	50,801	98,567
Host communities, non-IDPs affected by malnutrition, water-borne disease, with no access to improved water or with non-functional water schemes and inadequate sanitation	6,124,311	6,513,460	12,637,771	1,197,181	1,273,252	2,470,433
Total	6,384,097	6,789,753	13,173,850	1,453,811	1,546,189	3,000,000

Explanation of number of beneficiaries targeted

Out of the above total people in need, 3.32 million people are in a serious situation (living in more than 70% of districts which do not have access to improved water source and adequate sanitation) and 3.76 million are in a critical emergency situation (more than 85% of districts do not have access to improved water source and adequate sanitation).

WASH Cluster partners will respond to the most vulnerable girls, boys, women and men affected by conflict (IDPs, returnees and hosts), malnutrition, and disease outbreaks and with no access to safe and adequate WASH facilities and services. 55% (13.1 million, 66% in rural and 28% in urban of which 7.1 million are in areas of critical or severe situation) do not have access to improved water sources and 52% (12.5 million, 7% in urban and 73.3% in rural) do not have access to adequate sanitation although sanitation figures are considered higher than the published reports.

Although needs are immense and rising, with the limited capacity of WASH Cluster partners they will respond to the most emergent needs to ensure there is no increase in the deteriorating public health situation.

How the response plan will contribute to the strategic objectives

WASH Cluster partners will maintain current water, sanitation and hygiene services in IDP camps/host communities as well as in high-risk areas to prevent disease outbreaks and in other conflict-affected areas. WASH services in return areas, including hard reaching areas in key governorates, need to be built or rehabilitated.

There is a need to scale up coordination, capacity-building, coordinated assessment and informed analysis, monitoring the delivery of WASH services and to harmonize approaches among Cluster partners. Key to the WASH response in 2013 is joint programming and inter- and intra-cluster coordination efforts.

All four cluster objectives correspond to strategic objectives 2 & 4. The first three objectives correspond to strategic objective 1; cluster objectives 1 and 2 correspond to strategic objective 3.

Cluster objectives and output targets

Cluster objective 1 (linked to all strategic objectives)

To save lives by maintaining, increasing and improving water availability for 3 million most vulnerable girls, boys, women and men affected by conflict, disease outbreaks, and malnutrition in rural as well as urban areas.

Output 1: Basic availability of water for drinking and household use for the targeted girls, boys, women and men

Output Indicator	2013 target
Percentage of targeted girls, boys, women and men with access to water at the rate of 15 litres per person per day	80%
Percentage of targeted girls, boys, women and men whose distance from shelter/home to water collection is less than 500m	60%
Percentage of target population have access to water meeting national /Sphere/ water quality standards	80%

Output 2: Basic household water storage is available for the targeted girls, boys, women and men

Output Indicator	2013 target
Percentage of households or families having at least two clean water collecting containers of 10-20 litres (one for storage and one for transportation).	80%

Cluster Objective 2 (linked to all strategic objectives)

To save lives by maintaining, increasing and improving sanitation services and practices for 1 million most vulnerable girls, boys, women and men affected by conflict, malnutrition, disease outbreaks in rural as well as urban areas.

Output 1: Basic excreta disposal facilities are available for the targeted girls, boys, women and men

Output Indicator	2013 target
% of targeted population with no human fecal matter is observed in targeted IDP camps and villages	80%
% of newly constructed latrines conform to the cluster adopted design standards, including those for vulnerable individuals (people with special needs, old aged, disabled, PLWHA, etc.)	40%
% of households with access to latrines per targeted location	70%
% of women and girls express satisfaction with the safety and privacy of latrines and bathing facilities	80%

Output 2: Protection from vector

Output Indicator	2013 target
% of the targeted most vulnerable girls, boys, women and men benefit by vector control measures at household level	50%
% of the targeted most vulnerable girls, boys, women and men benefit by vector control measures at community level	80%

Output 3: Solid waste collection and disposal

Output Indicator	2013 target
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Output Indicator	2013 target
% of the targeted most vulnerable girls, boys, women and men benefit by solid waste collection and disposal at community level	70%

Output 4: Drainage

Output Indicator	2013 target
% of the targeted most vulnerable girls, boys, women and men do not pose health risks posed by water erosion and standing water, flood water, domestic wastewater and waste water from medical facilities.	60%

Cluster Objective 3

To save lives by promoting hygiene amongst the 3 million most vulnerable girls, boys, women and men at public health risks through hygiene education and provision of hygiene materials in rural as well as urban areas

Output 1: girls, boys, women and men demonstrate knowledge of key hygiene practices

Output Indicator	2013 target
% of targeted men, women, girls and boys hand washing with soap at critical times.	70%

Cluster objective 4 (linked to all strategic objectives)

To build capacity of communities, local authorities, CBOs, and implementing partners as well to strengthen WASH Cluster coordination efforts to provide increased and improved access to water sanitation services and improve hygiene practices.

Output 1: Women and men trained to operate and maintain basic WASH services, capacity resilience-building, emergency preparedness and DRR for population living in conflict and nonconflict areas, including return of IDPs

Output Indicator	2013 target
% of target areas has WASH committees formed.	50%
% of existing and newly formed WASH committees and # of WASH sector personnel (individuals) trained to sustain and manage the water, sanitation hygiene services.	50% and 300 WASH personnel
# of stakeholder organisations and # of WASH personnel trained on disaster risk reduction, emergency preparedness (outbreak control), integrated water resources management.	20 stakeholder organisations and 300 WASH personnel

Output 2: girls, boys, women, men are protected

Output Indicator	2013 target
% of targeted girls and boys having access to water and sanitation facilities in school and child-friendly spaces	30%
% of targeted women and girls express satisfaction with the safety and privacy of water and sanitation facilities	30%

Top-priority actions

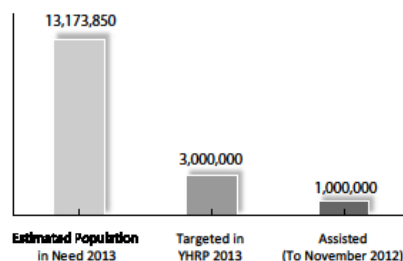
- Integrated water quality, sanitation and hygiene approach
- Point of use water quality
- Soap provision with Hygiene education
- Safe defecation, provision and practices
- Water supply and water quality treatment and monitoring at source
- Capacity-building



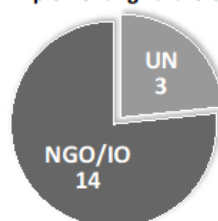
WASH Cluster - Yemen National Dashboard

9 December 2012

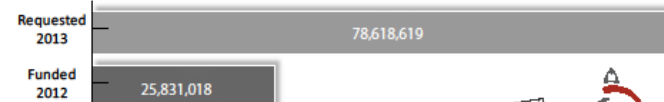
People in Need/Targeted/Assisted



Appealing Agencies and Implementing Partners



Funding and Requirements (USD)



In Need

13,1 Million People

Assisted

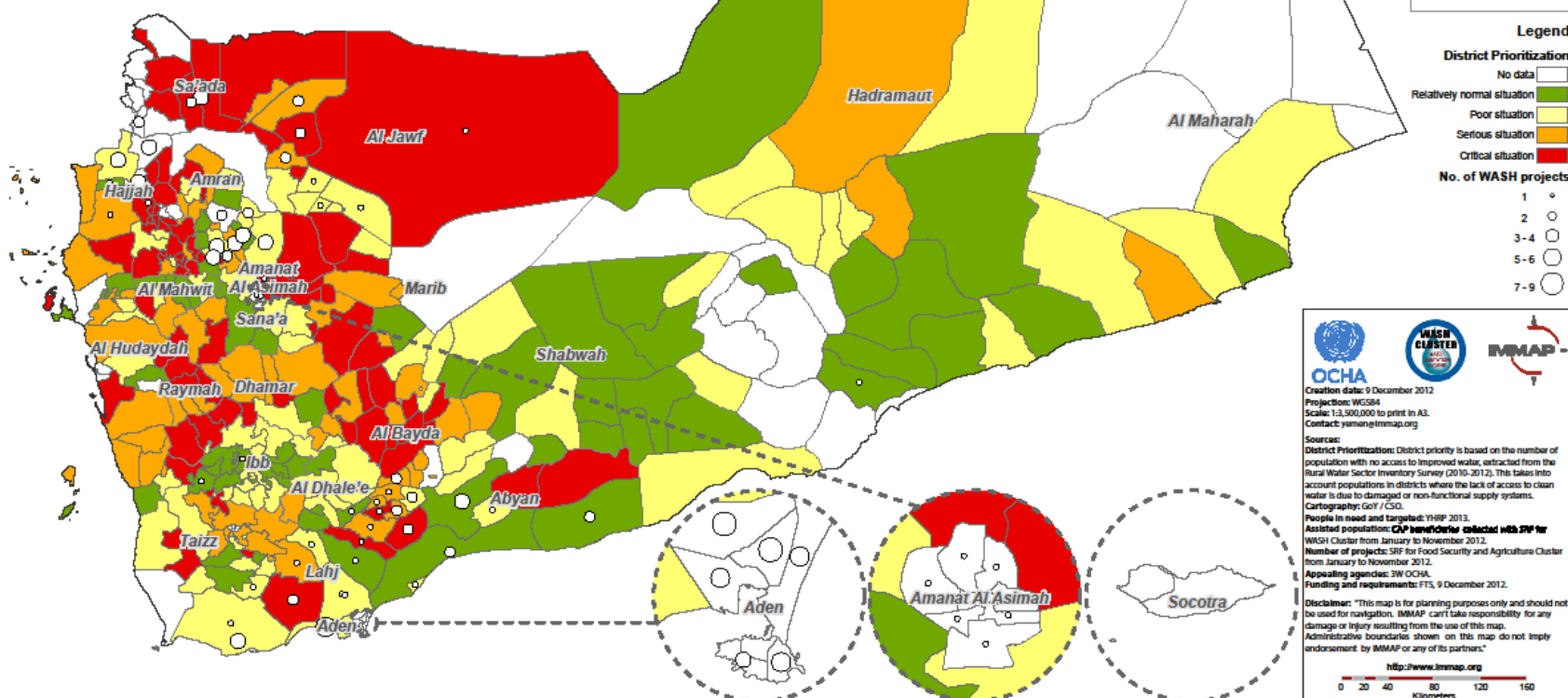
1 Million People

Funding received

USD 25,8 Million

Cost per Beneficiary

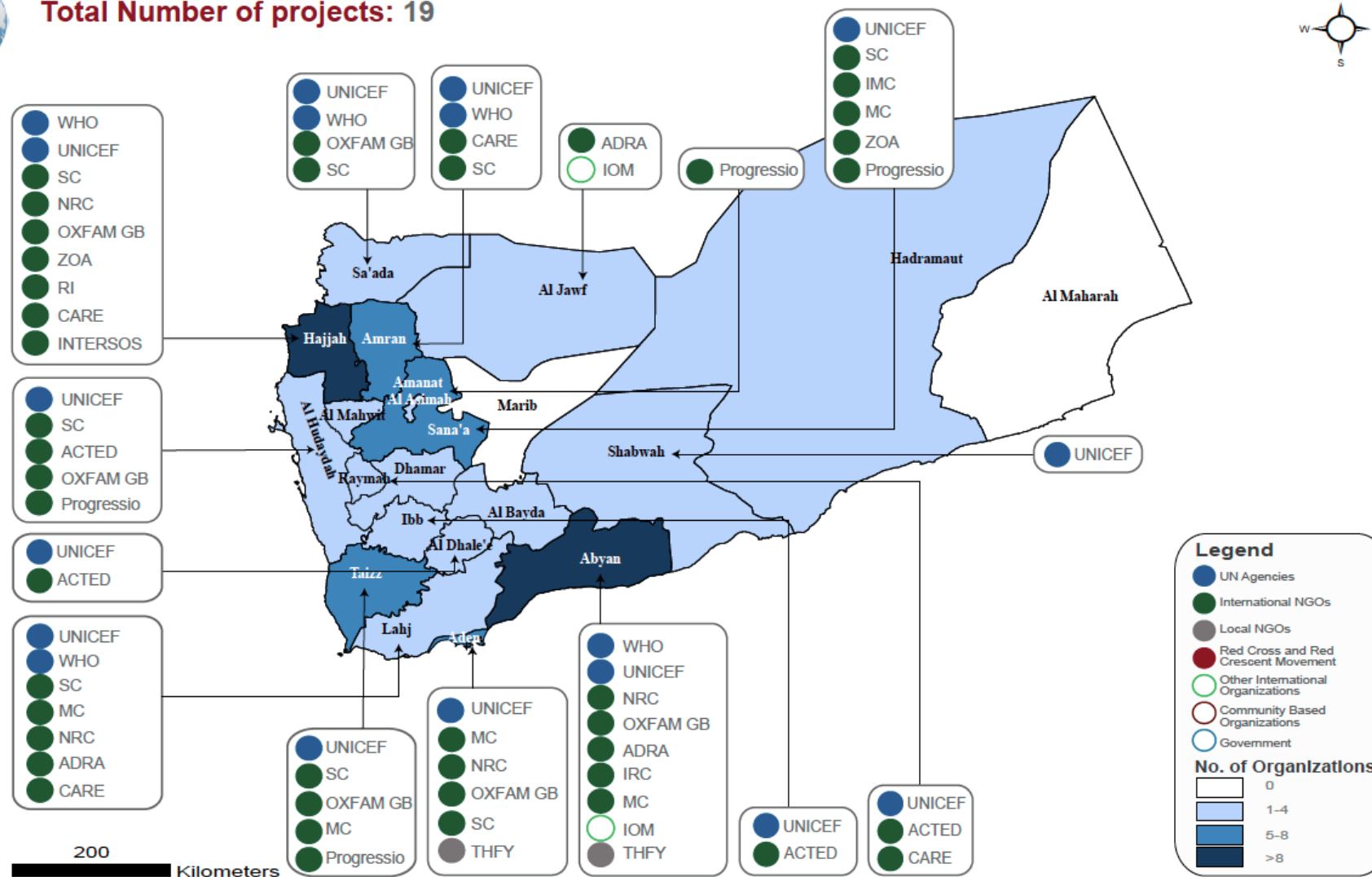
USD 26,2



YHRP 2013: WASH CLUSTER 3W (as of 28 November 2012)



Total Number of projects: 19



Roles, responsibilities and linkages

There is an ongoing effort by various cluster members to improve collaboration with each other with the view to a better-coordinated humanitarian response. Such efforts are also expanding beyond humanitarian working groups. For the GBV Sub-Cluster, a working linkage would be made with the Gender Working Group that has been established as part of the five UN inter-agency Working Groups³⁷ responding to the transitional priorities laid out in the Government's transitional plan³⁸.

Within the Protection Cluster, there is discussion on more collaboration between the cluster lead and the two sub-clusters on gender-based violence and child protection. Given the unique set up of this Cluster, the members strongly believe that good coordination and collaboration amongst these groups could increase the impact of interventions, protecting some of the most vulnerable population in the country (women, girls, boys, disabled, etc.).

Furthermore, as international humanitarian actors make further effort to engage in some of the more high-risk areas such as Abyan, it is important that partnerships are built with civil society members and NGOs. In these high-risk areas, local partners are an asset, as they often are inherently more integrated into the fabric of the society. In turn, the NGOs and other civil society members could also learn from international humanitarian actors as they build national capacity. As such partnership unfolds, it is important that partners define and mutually agree on their respective roles and responsibilities so as to safeguard effective and efficient operations.

Cross-cutting issues

Gender Marker

Of total requirements of \$716 million, projects which scored either 2a/2b (the maximum gender marker scores) account for \$269 million, or approximately 37% of requirements. Those projects scoring 1, indicating the project would contribute slightly to gender equality, account for \$389 million, or 54%.

Overall clusters with dedicated cluster coordinator support such as Nutrition, Health, WASH and Shelter/NFI/CCCM did much better. Like last year's YHRP, NGOs (but especially local NGOs) did much better as well as individual UN agencies who demonstrated interest and capacity. A number of NGOs demonstrating weakness are fairly new in the country.

Overall, regarding the level of knowledge by clusters and individual agencies on gender mainstreaming generally, and the application of the gender marker in particular, what is lacking is the consistency in application as noted, but there are opportunities to further strengthen this, through;

(i) engagement with the International NGO Forum; (ii) analysis of sex and age disaggregated data being collected through the reporting mechanisms currently in place which collect it, providing an entry point for a meaningful gender analysis to support project development; (iii) a number of clusters adopted minimum gender commitments including Nutrition, Protection (specifically Child

³⁷ 1) Governance and Election, 2) Sustainable Livelihood, 3) Social Services, 4) Rule of Law and 5) Gender

³⁸ Government of Yemen Transitional Plan for Sustainable Development 2012 - 2014

Protection and GBV Sub-Clusters), Shelter/NFI/CCCM and WASH. These commitments are included in their respective cluster strategies and should provide opportunity to inform a common approach by all agencies, ensuring a context specific programming with a gender dimension.

Information management

To support the work of clusters, a number of information products such as snapshots and maps highlighting humanitarian needs and response have been developed. These products are updated regularly to provide the basis for monitoring the humanitarian situation in Yemen over time to inform programming.

<http://yemen.humanitarianresponse.info/visuals-data>

<http://yemen.humanitarianresponse.info/dashboards>

Collaboration with iMMAP and the four life-saving clusters of Nutrition, Food Security and Agriculture, WASH and Health, has led to agreement on 20 districts for joint programming. The lessons learned from working with these clusters will be expanded to others.

Joint humanitarian advocacy has been particularly successful through the Humanitarian Communications Network, an OCHA initiative that brings together public information officers from the HCT. It has developed consensus advocacy messaging, professionally produced advocacy films, several photo exhibitions and numerous press briefings both in Yemen and internationally.

There was an increase in 2012 in the number of assessments conducted, but the quality, systematic approach and use of common tools to ensure consistency and comparability of needs data still need to be addressed. Steps are being taken to develop the MIRA and seek agreement on it from the humanitarian community. It will then be rolled out to areas of any sudden onset emergency. Discussions are ongoing for its rollout in Sa'ada Governorate.

The establishment of a common assessment platform for data sharing, consolidation and synthesis of results of needs assessments and base line data is ongoing, along with the promotion of a coordinated assessments approach through establishment of agreed upon minimum standards and guidelines including cluster specific assessment tools. A systematic monitoring approach for needs and situation analysis is being established for initiatives that are being planned by clusters, cluster lead agencies and other stakeholders

Efforts are ongoing to develop strategies to improve standards for accountability and communication with beneficiaries of humanitarian aid. Based on collective accountability, the initiative aims to increase the predictability of humanitarian response through the cluster system, as well as coordination and accountability.

It will require greater awareness and harmonization of policies and practices, and delivery of programs in a way that reinforces collective commitments to accountability. The initiative will ensure effective, consistent and coordinated communication with recipient populations, especially the most vulnerable beneficiaries such as women.

ANNEX I: LIST OF PROJECTS

Table IV: List of Appeal Projects (grouped by cluster)

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
CCCM/NFI/SHELTER				
YEM-13/S-NF/53955/5181	Reintegration Packages and Grants for Vulnerable Returnees	DRC	1,530,000	HIGH
YEM-13/S-NF/54034/5834	Provision of culturally and environmentally sensitive transitional and permanent shelters to conflict affected households	NRC	2,839,000	MEDIUM
YEM-13/S-NF/54932/298	Emergency Shelter Rehabilitation for Returnees to Abyan Governorate	IOM	4,608,985	HIGH
YEM-13/S-NF/55407/12939	Improvement of living conditions for IDPs, Affected communities and returnees in 7 districts in the Governorates of (Hajja, Sana'a , Sa'ada and Abyan in governorates of Hajja, Sana'a , Sa'ada and Abyan	CSSW	2,898,000	HIGH
YEM-13/S-NF/55525/6579	Yemen Emergency Contingency Plan (YECF)	ADRA	3,125,000	HIGH
YEM-13/S-NF/56128/14970	Joint Need Assessment and Emergency response for Al-Jauf governorate (Alsawma'ah , Al-Quraishiah, Al-Malagem)districts , Hajjah (Harad, Abs) districts ,and Raimah (Al-Salafiah, Al-Gabeen, Mozher) districts.	THFY	256,013	HIGH
YEM-13/S-NF/56164/120	Ensuring adequate access to Shelter, NFIs, and CCCM activities for vulnerable displaced persons and returnees in prioritized areas in Yemen	UNHCR	15,917,866	HIGH
YEM-13/S-NF/56316/15860	Support to transitional shelter and permanent houses rehabilitation - Abyan IDPs and Non-Displaced War Affected population	SHS	253,920	HIGH
Sub total for CCCM/NFI/SHELTER			31,428,784	
COORDINATION AND SUPPORT SERVICES				
YEM-13/CSS/56072/13115	Intra-cluster and INGOs Support in Information Management and Mapping	iMMAP	866,598	MEDIUM
YEM-13/CSS/56333/119	Strengthening Humanitarian Coordination and Advocacy in Yemen	OCHA	5,242,816	HIGH
YEM-13/CSS/56348/5139	Security Information – Enhanced enabling security information capability and support security operation	UNDSS	260,459	HIGH
Sub total for COORDINATION AND SUPPORT SERVICES			6,369,873	
EARLY RECOVERY				
YEM-13/ER/53847/5162	Abyan Quick Response Plan	Mercy Corps	3,450,000	MEDIUM
YEM-13/ER/54424/5120	Integrated livelihoods and early recovery project for vulnerable women and men in Yemen.	OXFAM GB	5,000,000	MEDIUM
YEM-13/ER/54503/5181	Community conflict management in South Yemen	DRC	233,585	HIGH
YEM-13/ER/54512/5181	Building humanitarian response and institutional capacity among local NGOs in Yemen	DRC	473,179	MEDIUM
YEM-13/ER/54810/8058	Youth empowerment and radicalization prevention	IRW	4,209,000	MEDIUM
YEM-13/ER/55076/776	Early Recovery Cluster Coordination at Central and Field levels	UNDP	125,000	HIGH
YEM-13/ER/55100/298	Rebuilding Livelihoods in Abyan Governorate to Support Early Recovery	IOM	4,909,495	HIGH
YEM-13/ER/55521/5660	Early Recovery Intervention in Ja'ar and Zinjibar Districts (Abyan Governorate)	INTERSOS	219,440	HIGH
YEM-13/ER/56025/776	Support to Elimination of landmines/ERW threats in the North	UNDP	1,177,000	HIGH
YEM-13/ER/56029/776	Livelihoods Development and Restoration	UNDP	3,250,000	HIGH
YEM-13/ER/56032/776	Joint Capacity Development of NGOs	UNDP	1,812,000	HIGH
YEM-13/ER/56306/14970	Strengthening the Capacity of Yemeni Civil Society Organisations (CSOs)	THFY	242,500	HIGH
YEM-13/ER/56308/15823	Rehabilitation of small project to sustain durable solutions urging Abyan returnees	FAF	102,298	HIGH
YEM-13/ER/56309/15823	Youths Livelihood's Opportunities Program	FAF	76,374	HIGH
YEM-13/ER/56321/8058	Community Peacebuilding Initiative for Rada'a/Ar Ryashyyah districts district (Al Baidha governorate)	IRW	2,153,000	HIGH
YEM-13/ER/56328/776	Support to Elimination of landmines/ERW threats in the South	UNDP	1,323,000	HIGH
YEM-13/ER/56330/776	Small infrastructure projects for communities affected by Conflict and Political Instability	UNDP	450,000	MEDIUM

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
YEM-13/ER/56362/5349	Assistance to victims of mines / explosive remnants of war (ERWs) and conflict victims in need of rehabilitation and psycho-social services, and to internally displaced people (IDPs) / returnees living with injuries or disabilities	HI	1,650,000	HIGH
YEM-13/ER/56918/15910	Economic Empowerment of young people in Hadramout (Technical and handicraft training)	AFD	240,000	HIGH
YEM-13/ER/56919/15910	Economic Empowerment of Woman in Hadramout - Republic of Yemen	AFD	370,000	HIGH
Sub total for EARLY RECOVERY			31,465,871	
EDUCATION				
YEM-13/E/54016/15777	Education Support for Children of IDPs and Returnees in the Conflict Affected Areas of Abyan and Lahj Governorates (I Miss my School Campaign)	NFDHR	824,000	HIGH
YEM-13/E/54137/5834	Provision of secure access to a protective education and skills learning environment for IDP and vulnerable children & youth in conflict affected areas	NRC	909,500	MEDIUM
YEM-13/E/55114/124	Improve Quality of Learning and access for 500,000 IDPs, marginalized and disadvantaged children in the South and North of Yemen	UNICEF	12,759,300	HIGH
YEM-13/E/55415/6079	Ensuring Children's Right to Education in Emergencies	SC	6,000,000	HIGH
YEM-13/E/56917/15910	Computing Secondary School Managment Activities	AFD	82,969	MEDIUM
Sub total for EDUCATION			20,575,769	
FOOD SECURITY AND AGRICULTURE				
YEM-13/A/53798/5181	Combating food insecurity and improving livelihoods among conflict-affected populations	DRC	1,350,559	HIGH
YEM-13/A/54144/5271	Improving the food security situation and restoring livelihoods of the most vulnerable population in Central-west governorates of Yemen	ACF - France	2,967,545	HIGH
YEM-13/A/54179/15347	Integrated Food Security and Livelihood Project for Conflict Affected Communities of Hajja – Hodeida Governorates – Yemen	VHI	1,805,000	HIGH
YEM-13/A/54689/123	Improving vulnerable households' food insecurity status in Hajjah Governorate through women-led backyard food production.	FAO	3,506,320	MEDIUM
YEM-13/A/54691/123	Protection and improvement of agricultural livelihood assets of displaced families and their host communities in Hajjah Governorate.	FAO	2,230,000	HIGH
YEM-13/A/54692/123	Integrated Food Security Phase Classification in Yemen (IPC) Phase Two	FAO	850,000	MEDIUM
YEM-13/A/54694/6079	Food Security and Asset Recovery Program for Vulnerable Yemeni Families	SC	12,325,000	HIGH
YEM-13/A/54711/123	Strengthening food security and agriculture coordination in Yemen	FAO	754,864	HIGH
YEM-13/A/54711/561	Strengthening food security and agriculture coordination in Yemen	WFP	-	HIGH
YEM-13/A/54715/123	Resilient livelihood improvement based on rehabilitation and efficient use of water harvesting techniques.	FAO	4,680,000	MEDIUM
YEM-13/A/54789/6579	Abyan and Lahj Food Assistance Project (ALFA)	ADRA	5,822,918	HIGH
YEM-13/A/54811/6971	Food Assistance and Early Recovery for Lahj	RI	5,875,100	HIGH
YEM-13/A/54819/6971	Improving Food Security in Central West Yemen (IFS – CWY)	RI	1,993,038	HIGH
YEM-13/A/54833/5645	Contributing to improve the food security and agricultural livelihoods and strengthening resilience for vulnerable conflict and non-conflict affected households in Hajja, Amran, Raymah, Lahj	CARE International	2,500,000	HIGH
YEM-13/A/54847/8058	Improving Water Management System for Agriculture and food security in Yemen	IRW	4,930,843	MEDIUM
YEM-13/A/54870/6458	Improvement of the food security and early recovery of vulnerable rural communities by supporting livelihoods	ACTED	7,218,572	HIGH
YEM-13/A/55059/298	Rebuilding Livelihoods in Al-Jawf Governorate to Support Early Recovery	IOM	3,842,895	HIGH
YEM-13/A/57080/5465	Reduction of structural factors of Food Insecurity in rural areas of Dhamar Governorate, Yemen	France RC	920,200	MEDIUM
YEM-13/A/57081/5465	Reduction of structural factors of Food Insecurity in rural areas of Al Daleh Governorate, Yemen	France RC	759,700	MEDIUM
YEM-13/ER/53824/5120	Integrated food security and early recovery project for vulnerable women and men in Yemen.	OXFAM GB	17,250,000	HIGH
YEM-13/ER/54057/14879	Improving Food Security of Vulnerable People in Al Hodeidah and Raymah Governorates	PU-AMI	2,183,330	HIGH
YEM-13/ER/54141/5834	Protection of IDPs, Returnees and conflict affected communities in Aden & Abyan through enhancement of their food security and livelihood conditions.	NRC	4,449,997	HIGH
YEM-13/F/53845/5162	Taiz and Lahj Emergency Food Security Program	Mercy Corps	7,600,000	HIGH
YEM-13/F/54865/561	Emergency Food support to food insecure and conflict affected people	WFP	207,346,457	HIGH
Sub total for FOOD SECURITY AND AGRICULTURE			303,162,338	
HEALTH				

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
YEM-13/H/53769/122	Delivery of essential package of life saving health care services and revitalization of health services for IDPs, host and other affected communities including nutritional surveillance and mass casualty management during potential violence	WHO	24,460,200	HIGH
YEM-13/H/53787/122	Surveillance and response to epidemics and other public health events of national concern; prevention, control and treatment of vaccine preventable and endemic diseases in the affected areas of Yemen	WHO	4,916,650	HIGH
YEM-13/H/53885/122	Health cluster coordination at central and field levels for effective humanitarian action	WHO	588,500	HIGH
YEM-13/H/53902/6971	Primary Health Care Support for Vulnerable Communities in Sa'ada, Hajja and Taez	RI	2,315,371	HIGH
YEM-13/H/53949/1171	Implementation of Minimum Initial Service Package for Reproductive Health in crisis	UNFPA	2,099,786	HIGH
YEM-13/H/54511/6079	Emergency Primary Health Care and Emergency Reproductive Health Services	SC	6,000,000	HIGH
YEM-13/H/54739/8772	Medical support to the conflict affected population, Yemen	MDM France	662,329	HIGH
YEM-13/H/54803/6579	Emergency Medical Assistance in Camp III Haradh, phase II (EMACH II)	ADRA	610,000	HIGH
YEM-13/H/54957/5179	Integrated Primary Health Services for Conflict Affected People in Aden and Abyan Governorates in Yemen	IRC	1,883,500	HIGH
YEM-13/H/54989/13062	Prevent excess morbidity, mortality and disability of population "particularly women" affected by Abyan crisis due to lack of emergency RH services	YFCA	472,500	HIGH
YEM-13/H/55064/5195	Essential Primary Health Services to vulnerable and host populations in 4 districts in Hodeida governorate Yemen.	MERLIN	1,585,672	HIGH
YEM-13/H/55371/5160	Provision of Maternal and Child Health Care to the Most Vulnerable Populations in Sana'a Governorate	IMC	1,000,000	HIGH
YEM-13/H/56088/298	Provision of Life Saving Health Care to Crisis Affected Populations and Health System Recovery Support in Abyan and Al Jawf Governorates	IOM	3,927,420	HIGH
YEM-13/H/56116/298	Providing Life Saving Health and Psychosocial Care Services for Vulnerable Migrants Stranded in Haradh, Hajja	IOM	1,126,062	HIGH
YEM-13/H/56149/124	Excess mortality and morbidity among girls, boys and women in humanitarian crisis is prevented through mass vaccination campaigns, outreach services and rehabilitation of the primary health care system targeting vulnerable populations in the affected governorates.	UNICEF	6,900,000	HIGH
YEM-13/H/56323/5109	HIV prevention among youth IDPs and hosting communities	UNAIDS	104,325	HIGH
Sub total for HEALTH			58,652,315	
LOGISTICS				
YEM-13/CSS/56367/561	Air Passenger Service and Logistics Cluster Coordination in Support of the Humanitarian Response in Sa'adah	WFP	1,600,000	HIGH
Sub total for LOGISTICS			1,600,000	
MULTI-SECTOR : REFUGEES, ASYLUM SEEKERS & MIGRANTS				
YEM-13/MS/54181/561	Protracted Relief and Recovery Assistance for Refugees in Yemen	WFP	3,944,701	HIGH
YEM-13/MS/54516/5181	Human-rights based response to protection risks faced by new arrivals (migrants, asylum seekers and refugees) to Yemen	DRC	461,320	HIGH
YEM-13/MS/54806/6579	Joint Economic and Social Support Project, Phase II (JESS II)	ADRA	415,000	MEDIUM
YEM-13/MS/55275/120	Provision of International Protection and Assistance to Refugees and Asylum Seekers in Yemen	UNHCR	34,452,288	HIGH
YEM-13/MS/55411/5660	Identification and Assistance of Victims of Human Trafficking	INTERSOS	57,000	HIGH
YEM-13/MS/56067/298	Humanitarian Assistance for Emergency Voluntary Return of Stranded Migrants Ex Yemen	IOM	5,485,305	HIGH
YEM-13/MS/56078/298	Providing Life Saving Humanitarian and Protection Services for Vulnerable Migrants at Points of Arrival along the Southern and Western Coast of Yemen and in Detention Facilities	IOM	3,796,170	HIGH
YEM-13/MS/56310/5861	Community Based Support Program for Urban Refugees , Sana'a	IRD	1,837,216	MEDIUM
Sub total for MULTI-SECTOR : REFUGEES, ASYLUM SEEKERS & MIGRANTS			50,449,000	
NUTRITION				
YEM-13/H/53699/122	Supporting of nutrition services and malnutrition case management by establishment of stabilization centres	WHO	1,465,000	HIGH
YEM-13/H/53837/5162	Emergency Nutrition Program in Taiz and Lahj	Mercy Corps	1,000,000	MEDIUM
YEM-13/H/53892/6971	Comprehensive Nutrition Assistance in Hajjah and Sa'ada Governorates	RI	1,650,000	HIGH
YEM-13/H/54064/5271	Emergency nutritional interventions for crisis-affected population in northern and central-west governorates of Yemen	ACF - France	2,805,600	HIGH

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
YEM-13/H/54138/15347	Life-saving community based management of MAM and SAM and Maternal and Child Health Promotion in 6 districts in Al Hodeida Governorate & Hajja Governorate.	VHI	1,240,000	HIGH
YEM-13/H/54192/561	Nutrition assistance to vulnerable people in Yemen	WFP	38,998,204	HIGH
YEM-13/H/54245/5195	Community based Emergency Nutrition Intervention to girls and boys under 5 and PLW (pregnant & lactating Women) with moderate and severe acute malnutrition in four districts in Hodeidah Governorate, Yemen	MERLIN	940,186	HIGH
YEM-13/H/54502/6079	Emergency Response to Malnutrition Crisis	SC	8,000,000	HIGH
YEM-13/H/54541/124	Scaling up the integrated management of severe acute under nutrition among under 5 girls and boys approach in the most vulnerable communities in Yemen.	UNICEF	24,452,004	HIGH
YEM-13/H/54641/15594	Contributing to saving the lives of acutely malnourished girls and boys through treatment, rehabilitation, awareness and involving community focusing on other child health aspects..	SOUL	1,080,000	HIGH
YEM-13/H/54732/8772	Nutrition support to the conflict affected population, Yemen	MDM France	366,716	HIGH
YEM-13/H/54814/12692	Emergency Support to Integrated Project to address malnutrition through community approach and Health Education in 9 districts of Taiz, Lahj and Abyan Governorates	QC	3,000,000	HIGH
YEM-13/H/54814/12939	Emergency Support to Integrated Project to address malnutrition through community approach and Health Education in 9 districts of Taiz, Lahj and Abyan Governorates	CSSW	-	HIGH
YEM-13/H/54829/14879	Malnutrition Management Programme for Under 5 years girls and boys and Women in Hodeidah and Raymah Governorates.	PU-AMI	2,150,000	HIGH
YEM-13/H/54838/8058	IRY Aden and Lahj Nutrition Project	IRW	2,061,632	HIGH
YEM-13/H/54840/6458	Improvement of community based management, prevention and cure of acute malnutrition in Hodeidah, Ibb, Ad Dhalee and Raymah.	ACTED	3,000,000	HIGH
YEM-13/H/54953/5179	Nutrition Assistance for Conflict Affected People in Southern Yemen	IRC	600,000	HIGH
YEM-13/H/54978/298	Community-based Management of Acute Malnutrition Among Boys and Girls under Five Years Old, Pregnant and Lactating Women in Abyan and Al-Jawf Governorates	IOM	1,895,880	HIGH
YEM-13/H/54992/12940	Prevention of malnutrition among the most vulnerable groups in Abyan governorate	YWU	340,000	MEDIUM
YEM-13/H/55385/5160	Nutrition Assistance to Vulnerable Populations in Yemen	IMC	975,000	HIGH
Sub total for NUTRITION			96,020,222	
PROTECTION				
YEM-13/MA/55557/124	Mine Risk Education (MRE) for conflict affected people and internally displaced people (IDPs), including boys and girls, in affected, prioritized districts in northern and southern governorates of Yemen	UNICEF	1,500,000	HIGH
YEM-13/P-HR-RL/53237/5660	Protection Monitoring of IDP returnees and psychosocial support to most vulnerable among returnees and war affected host communities in Abyan Governorate	INTERSOS	598,146	MEDIUM
YEM-13/P-HR-RL/53957/5181	Building community protection networks in conflict-affected areas	DRC	673,030	MEDIUM
YEM-13/P-HR-RL/54035/5120	Protection: Ensuring people at risk have access to emergency services	OXFAM GB	145,000	MEDIUM
YEM-13/P-HR-RL/54078/1171	Improving the identification of GBV cases and the access to quality care services and support through capacity building and field assessment.	UNFPA	1,032,550	HIGH
YEM-13/P-HR-RL/54767/8058	Protection-women, children and communities at risk (IDPs and host communities)	IRW	10,371,275	MEDIUM
YEM-13/P-HR-RL/54846/5162	Child Protection in Conflict-Affected Schools in Sana'a Governorate	Mercy Corps	600,000	MEDIUM
YEM-13/P-HR-RL/55069/298	Providing Humanitarian Assistance and Protection to Migrant Children Stranded in Haradh	IOM	1,657,635	HIGH
YEM-13/P-HR-RL/55383/15809	Women empowerment in conflict affected areas	ROHR	153,880	HIGH
YEM-13/P-HR-RL/55384/15809	Justice promotion and legislation development for protection of human rights in Yemen	ROHR	136,480	HIGH
YEM-13/P-HR-RL/55403/12939	Ensuring a protective environment for boys and girls including adolescents affected by armed conflicts in Hajja, Lahj, Sana'a, Amran and Abyan governorates	CSSW	1,652,500	MEDIUM
YEM-13/P-HR-RL/55412/5660	Enhancing protection for unaccompanied children in Hajjah Governorate, Yemen	INTERSOS	300,000	HIGH
YEM-13/P-HR-RL/55516/5025	OHCHR support to the protection response - protection and promotion of human rights of the affected population in Yemen	OHCHR	514,700	HIGH
YEM-13/P-HR-RL/55560/124	Monitoring, reporting and advocacy to protect children from grave child rights violations in conflict affected areas in Yemen	UNICEF	1,375,000	HIGH

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Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority
YEM-13/P-HR-RL/55699/124	Protection of unaccompanied/separated/trafficked/smuggled boys and girls in Yemen; including unaccompanied migrant children from the Horn of Africa.	UNICEF	975,000	HIGH
YEM-13/P-HR-RL/55706/124	Protection of conflict/civil unrest affected and other vulnerable girls and boys from violence, neglect, exploitation and abuse in the prioritized districts of northern, southern, western and central governorates of Yemen	UNICEF	5,000,000	HIGH
YEM-13/P-HR-RL/55722/124	Child Protection OAR/Sub-Cluster Preparedness and Coordination in priority districts within northern, southern, western and central governorates of Yemen	UNICEF	600,000	HIGH
YEM-13/P-HR-RL/55780/6079	Ensuring a protective environment for boys and girls, including adolescents, affected by armed conflict and natural disasters	SC	4,000,000	HIGH
YEM-13/P-HR-RL/56064/120	Coordinated Protection Monitoring, Response and Advocacy on the Protection Concerns of girls, boys, women and men in displacement and conflict affected areas in Yemen	UNHCR	9,467,286	HIGH
YEM-13/P-HR-RL/56219/5645	Project is already funded: Integrated Emergency Response Programme for Yemen Phase III (2012-2013)- Protection	CARE International	85,692	MEDIUM
Sub total for PROTECTION			40,838,174	
WATER, SANITATION AND HYGIENE				
YEM-13/WS/53588/15525	Capacity building for WASH and emergency response	Progressio	776,106	HIGH
YEM-13/WS/53697/122	Provision of WASH services for health facilities in conflict affected areas	WHO	2,000,000	HIGH
YEM-13/WS/53841/5162	Urgent Rehabilitation of Water Networks in Southern Yemen	Mercy Corps	5,000,000	MEDIUM
YEM-13/WS/54023/5834	WASH Response to conflict affected communities	NRC	1,471,250	HIGH
YEM-13/WS/54026/5120	Integrated WASH response for communities affected by conflict, food insecurity and malnutrition in Yemen	OXFAM GB	11,480,000	HIGH
YEM-13/WS/54209/5150	Expand urgent need on WASH support for communities in Hajja and Sana'a Governorates	ZOA Refugee Care	1,997,000	HIGH
YEM-13/WS/54213/5162	Rehabilitation of Water Systems in Conflict-Affected Schools in Sana'a Governorate	Mercy Corps	273,000	MEDIUM
YEM-13/WS/54764/6971	Improving WASH in Hajjah Governorate	RI	1,479,266	HIGH
YEM-13/WS/54799/6579	Yemen Emergency Contingency Plan/WASH	ADRA	1,488,150	HIGH
YEM-13/WS/54871/6458	Emergency improvement of WASH environment in communities affected or at high risk of food insecurity and malnutrition.	ACTED	2,855,509	HIGH
YEM-13/WS/54872/298	Life-Saving Assistance & Essential WASH Infrastructure Rehabilitation for IDPs and Host Communities in Abyan	IOM	4,091,900	HIGH
YEM-13/WS/54875/14970	Promote hygiene amongst vulnerable Abyan IDPs who are living in Aden schools to avoid public health risks	THFY	339,488	HIGH
YEM-13/WS/54895/298	Enhancing Water Management, Hygiene and Community-Led Sanitation in Al-Jawf Governorate	IOM	2,804,550	MEDIUM
YEM-13/WS/54956/5179	Emergency Water, Sanitation, and Hygiene response in Abyan governorate	IRC	2,000,000	HIGH
YEM-13/WS/55372/5645	Contributing to improved/maintained health through improved WASH Interventions for IDPs and vulnerable conflict and non-conflict affected people in Hajjah, Amran, Raymah, and Lahj Governorate	CARE International	3,000,000	HIGH
YEM-13/WS/55386/5160	WASH Assistance to Vulnerable Populations in Yemen	IMC	600,000	HIGH
YEM-13/WS/55409/5660	Life Saving intervention on WASH for host communities in Midi and Hayran Districts	INTERSOS	334,400	HIGH
YEM-13/WS/56021/124	WASH Emergency Project for Yemen	UNICEF	27,772,491	HIGH
YEM-13/WS/56057/6079	WASH Assistance for Affected Yemeni Children and their Families	SC	6,000,000	MEDIUM
Sub total for WATER, SANITATION AND HYGIENE			75,763,110	
CLUSTER NOT YET SPECIFIED				
YEM-13/SNYS/57086/8487	Emergency Response Fund for Yemen - projected needs \$15 million (the figure shown for 'funding' is the unallocated balance of the fund)	ERF (OCHA)	-	HIGH
Sub total for CLUSTER NOT YET SPECIFIED			-	
Grand Total			716,325,456	

Compiled by OCHA on the basis of information provided by appealing organizations.

Table V: Requirements per location

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Location	Requirements (\$)
NORTH	60,808,445
SOUTH	69,221,547
OTHER	586,295,464
Grand Total	716,325,456

Compiled by OCHA on the basis of information provided by appealing organizations.

Table VI: Requirements per gender marker score

Humanitarian Response Plan for Yemen 2013
as of 15 November 2012

Gender marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	1,590,742
2 - The project is designed to contribute significantly to gender equality	269,979,476
1 - The project is designed to contribute in some limited way to gender equality	389,480,353
0 - No signs that gender issues were considered in project design	52,808,287
Not applicable – Only used for very small number of projects, such as “support services”	2,466,598
Grand Total	716,325,456

Compiled by OCHA on the basis of information provided by appealing organizations.

ANNEX II: NEEDS ASSESSMENT REFERENCE LIST

Existing and planned assessments and identification of gaps in assessment information

Assessment Registry: Completed assessments

Lead agency and partners	Location	Title	Date
CCCM/NFI/Shelter SHS	Abyan: Dahl Ahmed, Al-Rowa'a, Al-kod	Area Monitoring Report: Assessment For Displacement and potential Returnees Area	Jul-Sep -12
INTERSOS	Aden: Craiter	Schools serving as Emergency Shelter for IDPs in Aden, an overview on Craiter district.	Jun-12
UNHCR, YRC	Amran: Jabel Yazid	IDPs Spontaneous Settlement in Amran	Jun-12
UNHCR	Hajjah: Haradh	Monitoring visit to camp I & III	May-12
SHS	Al-Baidha, Shabwah	SHS Rapid Needs Assessment of IDPs from Lowdar in al-baidha and Azzan	Apr-12
UNHCR, WFP, ExU and ADRA.	Sana'a	Sada'a, Al Jawf & Harf Sufyan IDPs Field Survey report	Mar-12
UNHCR , INTERSOS, SHS	Aden	IDP Shelter Assessment of Basic Facilities / Assistance in Aden	Mar-12
Early Recovery			
UNDP	Aden	Rapid Early Recovery Needs Assessment	Mar-12
WB, UN, EU, IDB	Yemen	Joint Social and Economic Assessment for the Republic of Yemen	Aug-12
Education			
UNICEF	Taizz	Assessment for Schools in Taiz	Dec-11
UNICEF	Sana'a	Rapid Assessment of the Situation of Schools in Sana'a Governorate/District	Dec-11
Food security, agriculture and livelihoods			
WFP	All Yemen except Sa'ada and Al Jawf	Comprehensive Food Security Survey "The state of food security and nutrition in Yemen"	Mar -12
FAO	Yemen	Integrated Food Security Phase Classification (IPC)	Aug-12
WFP	Yemen	Market Watch Reports, Monthly	Jan - Sept 2012
Health			
IRC	Aden	Health facility assessment report, Aden city	Jun-12
IRC	Abyan Governorate: Madiyah and Lawder Districts		Jun-12
IOM	Hajjah	Haradh Public Health Risk Assessment	Jun-12
WHO	Abyan, Aden, Al Dhale'e, Hajjah, Lahj	The Weekly Reported Diseases by the Medical Mobile Teams	Jan-Sep 2012

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Lead agency and partners	Location	Title	Date
Refugees and migrants			
UNHCR	Yemen	New Arrivals in Yemen Comparison 2009-2012	Feb and July 2012
DRC	Aden, Dhamar, Damt, Haradh, Hudaydah, Kharaz, Mukha, Mukalla, Rada', Sana'a and Taizz	Desperate choices: conditions, risks & protection failures affecting Ethiopian migrants in Yemen	Oct-12
IOM/MSF	Hajjah	MSF mental health activities in IOM Haradh camp	Sep-12
CSSW	Hajjah/Sanaa	Cumulative migrant statistics Sanaa and Haradh	Sep-12
UNHCR / WFP	Yemen	JAM: Joint Assessment Mission	Aug-12
IOM	Yemen	Migration Health Update	Jun-12
IOM	Aden, Lahj, Taizz	Migration Routes, Public Health Risks and Protection Challenges	May-12
IOM	Hajjah	Emergency Assistance to stranded migrants in Haradh	May-12
Nutrition			
UNICEF	Aden	Nutrition and mortality survey in Aden governorate	Sep-12
UNICEF & Relief International	Lahj	Nutrition and Mortality Survey in Low Land and Mountainous Ecological Zones of Lahj Governorate Yemen	Jul-12
UNICEF	Hajjah	Nutrition Survey Report: Lowland and Mountainous Ecological Zones	May-12
UNICEF	Hajjah	Nutrition Survey Report: Settlements of Internally Displaced Persons	May-12
UNICEF	Rayma	Nutrition Survey Report: Rayma Governorate	May-12
UNICEF	Taiz	Nutrition Survey Report: Mountainous and Coastal Plain Ecological Zones	Feb-12
UNICEF	Hudaydah	Nutrition Survey among U5 Children	Jan-12
Protection			
Human Right Watch	Sana'a	Classrooms in the Crosshairs: Military Use of Schools in Yemen's Capital	Sep-12
Intersos	Aden	IDP living in Aden schools, monitoring return to Abyan, a rapid assessment	Jun-12
OHCHR	Yemen	Situation of Human Rights in Yemen.	Jan-Jun 2012
CEIP	Yemen	Yemen Tribal Governance and Stability	Apr-12
Human Right Watch	Taizz	No safe places: Yemen's crackdown on protests in Taizz	Feb-12
Child Protection			
UNICEF	Aden, Abyan, Lahj, Shabwah, Al-Dhale'a, Taizz	Interagency Child Protection Rapid Assessment Summary Report: Southern Governorates	Oct-12
UNICEF	Hajjah	Interagency Child Protection Rapid Assessment Summary Report: Hajjah Governorate	Oct-12

YEMEN HUMANITARIAN RESPONSE PLAN 2013

Lead agency and partners	Location	Title	Date
UNICEF	8 highly affected Districts in Sana'a Governorate)	Child Protection Sub-Cluster and Education Cluster Joint Rapid Assessment in 155 schools	Feb- May 2012
Security Council	Yemen	2012 SG –CAAC Annual Report (Secretary General Annual report on Children and Armed Conflict) (Ref: A/66/782–S/2012/26 issued on 26 April 2012)	April -2012
UNICEF	4 highly affected Districts of Taiz	Child Protection Sub-Cluster and Education Cluster Joint bi-weekly monitoring assessments in 100 schools in Taiz. (Four Rounds of monitoring)	Jan-March 2012
UNICEF	31 Districts in Aden, Abyan, Lahj, Shabwa, Al-Dhale'a, Taiz	Interagency Child Protection Rapid Assessment Summary Report: Southern Governorates	Jan 2012
WASH			
Oxfam	Hudaydah	OXFAM GB WASH in-depth assessment	Sep-12
Rural water sector (includes Government of Yemen, UNICEF, Dutch Government)	Yemen – Rural	Rural water sector inventory survey – Yemen (Dutch funded). A Comprehensive Survey for Water and sanitation for rural areas in governorates in the republic	2010-2012-
Progressio	Hudaydah	Report on water: Al – Baydha'aField Survey, Al – Hali Directorate, Hudaydah city.	Jun-12
GIZ	Urban areas	Performance Monitoring of Urban Water Supply and Sanitation Utilities	Jan-June 2012
UNICEF	Hajjah	Rapid assessment report on new IDP's in Mustaba district	Apr-12
WASH cluster and Partners	Aden, Abyan, Lahj, Ibb, Al-Dhale, Taiz	WASH Cluster Partners Assessment Report	Jan-12
WASH cluster and Partners	Hajjah, Hudaydah, Amran, Sana'a	WASH Cluster Partners Assessment, power point presentation, draft report available	Jan-12
CARE International	Hajjah	Supporting IDPs and Host Communities in Hajjah Governorate in WASH and Sustainable Livelihoods project	Jan-12
UNICEF, WHO	Regional	JMP: Progress on drinking water and Sanitation 2012 update	2012
Inter-cluster			
OCHA with UNHCR, UNICEF, WHO, IOM, Save the Children, Intersos, DRC, Oxfam, SHS and CSSW	Abyan	MIRA Abyan Assessment Report	Jul-12
IRC	Abyan	Assessment Report: Abyan Governorate, Yemen	Jun-12
HFY & partners (HRITC, Al-Far Found, Binna Assoc., Reach-Out Found.)	Taizz	Taiz Initial Rapid Needs Assessment	Dec-11
IOM	Al Jawf	Conflict Impact Assessment	Oct-11

YEMEN HUMANITARIAN RESPONSE PLAN 2013

PLANNED NEEDS ASSESSMENTS

Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Subject
Inter-sectoral	Sa'ada	OCHA/Multi-agency	Nov -12	Multi-sector Initial Rapid Assessment (MIRA)
Inter-sectoral	Yemen	UNICEF/CSO	2013	Social Protection Monitoring Rounds
Early Recovery	Conflict-affected areas	UNDP	Dec -12 - May-13	Livelihood assessment (Agricultural and non-agricultural livelihood)
Food Security	Yemen	WFP/VAM	2013	Market Watch Reports with in-depth price monitoring
Food Security	Yemen	WFP/VAM	2013	Food Security Monitoring
Food Security	Yemen	FAO/IPC	2013	IPC phase 2 (Pending funding)
Food Security	Hudaydah, Taizz, Lahj (Hajjah)	SC	2012- 2013	Household Economy Analysis (HEA)
Health	4 governorate	WHO	Nov 2012- May 2013	Electronic Disease Early Warning System (e-DEWS)
Health	9 governorate	WHO	Nov-Dec 2012	Service availability Rapid Assessment (SARA)
Nutrition	Abyan	UNICEF –IOM-IRC - MOPH	Nov-12	SMART survey
Nutrition	Ibb	UNICEF-MOPH	Nov-12	SMART survey
Nutrition	Sana'a (city and Rural)	UNICEF- MOPH	Dec-12	SMART survey
Nutrition	60 priority districts	UNICEF-MOPH	Jan-13	Modified SMART targeting 60 districts
Nutrition	Amran, Al Dalee, Al Mahweet, Sa'ada, Al Bayda, Hajjah, Hudaydah, Lahj, Dhamar, Hadramout	UNICEF-MOPH	2013	SMART survey
Nutrition	TBD	WHO, multi-agency	2013	Nutrition surveillance system (tbd)
Protection: Child protection	Yemen	UNICEF and Partners	2013	Rapid Assessments
Protection: Child protection	Yemen	UNICEF and Partners	2013	Assessment on livelihood opportunities for vulnerable children and impact of increased hardship on their protection
WASH	Amran, Hajjah, Hudaydah, Reymah	WASH cluster and partners	Oct-Nov 2012	WASH rapid needs assessment
WASH	Yemen	Comprehensive review of the secondary WASH information and survey of the gap areas	2013	WASH cluster priority areas indepth needs analysis

ANNEX III: DONOR RESPONSE TO THE 2012 APPEAL

Table VII: Requirements and funding per cluster

Humanitarian Response Plan for Yemen 2012
as of 15 November 2012

Cluster	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
COORDINATION AND SUPPORT SERVICES	4,247,558	5,735,632	808,644	2,801,139	3,609,783	2,125,849	63%	-
EARLY RECOVERY	26,165,188	48,564,387	-	4,891,979	4,891,979	43,672,408	10%	-
EDUCATION	12,276,958	18,469,195	-	4,862,166	4,862,166	13,607,029	26%	-
FOOD AND AGRICULTURE	154,013,036	200,620,910	7,518,802	149,852,373	157,371,175	43,249,735	78%	2,809,573
HEALTH	56,180,512	67,226,328	-	20,705,242	20,705,242	46,521,086	31%	-
LOGISTICS	1,638,659	1,120,758	683,385	600,623	1,284,008	(163,250)	115%	-
MULTI-SECTOR : REFUGEES, ASYLUM SEEKERS & MIGRANTS	43,207,047	45,484,430	837,142	22,190,084	23,027,226	22,457,204	51%	-
NUTRITION	70,849,812	86,677,512	11,229,938	38,109,786	49,339,724	37,337,788	57%	-
PROTECTION	21,509,879	23,975,130	-	7,150,349	7,150,349	16,824,781	30%	-
SHELTER / NFI / CCCM	26,958,236	28,983,413	-	20,458,583	20,458,583	8,524,830	71%	-
WATER, SANITATION AND HYGIENE	30,091,315	58,745,173	-	25,831,018	25,831,018	32,914,155	44%	-
CLUSTER NOT YET SPECIFIED	-	-	4,973,894	5,786,453	10,760,347	n/a	n/a	537,634
Grand Total	447,138,200	585,602,868	26,051,805	303,239,795	329,291,600	256,311,268	56%	3,347,207

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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

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

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Table VIII: Requirements and funding per priority level

Humanitarian Response Plan for Yemen 2012
as of 15 November 2012

Priority	Original requirements	Revised requirements	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	%	(\$)
	A	B	C	D=B-C	E=C/B	F
LIFE SAVING	373,431,456	442,769,930	267,933,562	174,836,368	61%	2,809,573
SUPPORT SERVICES	7,777,887	16,039,194	9,428,037	6,611,157	59%	537,634
TIME CRITICAL	65,928,857	126,793,744	46,035,175	80,758,569	36%	-
NOT SPECIFIED	-	-	5,894,826	n/a	n/a	-
Grand Total	447,138,200	585,602,868	329,291,600	256,311,268	56%	3,347,207

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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Table IX: Requirements and funding per organization

Humanitarian Response Plan for Yemen 2012
as of 15 November 2012

Appealing organization	Original requirement	Revised requirement	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(%)	(\$)
	A	B	C	D	E=C+D	F=B-E	G=E/B	H
ACF - France	2,265,000	2,265,000	-	1,009,296	1,009,296	1,255,704	45%	-
ACTED	2,750,000	4,450,000	-	2,591,708	2,591,708	1,858,292	58%	-
ADRA	2,909,062	3,221,348	-	6,777,457	6,777,457	(3,556,109)	100%	-
CARE International	9,536,265	11,386,265	-	2,023,136	2,023,136	9,363,129	18%	-
CSSW	1,958,000	2,050,936	-	92,936	92,936	1,958,000	5%	-
DRC	4,107,000	4,957,000	-	-	-	4,957,000	0%	-
ERF (OCHA)	-	-	4,973,894	(108,373)	4,865,521	n/a	n/a	537,634
FAO	11,000,000	11,000,000	-	-	-	11,000,000	0%	-
IMC	2,450,000	2,511,000	-	3,099,909	3,099,909	(588,909)	100%	-
iMMAP	-	221,246	-	489,205	489,205	(267,959)	100%	-
INTERSOS	161,784	384,784	-	419,159	419,159	(34,375)	100%	-
IOM	25,106,655	29,338,196	-	9,598,912	9,598,912	19,739,284	33%	-
IRD	-	1,269,127	-	1,240,329	1,240,329	28,798	98%	-
IRW	931,043	931,043	-	803,391	803,391	127,652	86%	-
MDM France	955,762	955,762	-	-	-	955,762	0%	-
Mercy Corps	3,210,759	12,622,193	-	10,180,510	10,180,510	2,441,683	81%	-
MERLIN	4,609,939	7,639,330	-	-	-	7,639,330	0%	-
NRC	-	1,845,000	-	1,900,165	1,900,165	(55,165)	100%	-
OCHA	3,558,738	4,802,260	808,644	1,871,854	2,680,498	2,121,762	56%	-
OXFAM GB	5,012,488	40,352,732	-	20,257,203	20,257,203	20,095,529	50%	-
Progressio	-	672,950	-	-	-	672,950	0%	-
RI	3,301,498	5,007,657	-	-	-	5,007,657	0%	-
SC	12,265,748	23,108,014	-	17,915,006	17,915,006	5,193,008	78%	-
SOUL	-	500,016	-	250,008	250,008	250,008	50%	-
THFY	480,075	676,222	-	444,501	444,501	231,721	66%	-
UNDP	13,559,200	30,910,962	-	1,116,756	1,116,756	29,794,206	4%	-
UNDSS	168,420	191,726	-	191,726	191,726	-	100%	-
UNFPA	2,887,449	3,097,449	-	709,356	709,356	2,388,093	23%	-
UNHCR	59,697,441	59,930,072	-	34,609,535	34,609,535	25,320,537	58%	-
UNICEF	49,806,052	80,764,847	-	46,652,203	46,652,203	34,112,644	58%	-
VHI	-	1,000,179	-	516,197	516,197	483,982	52%	-
WFP	185,701,593	193,584,726	20,269,267	130,063,529	150,332,796	43,251,930	78%	2,809,573
WHO	37,282,000	42,213,597	-	8,319,490	8,319,490	33,894,107	20%	-
YFCA	827,000	1,102,000	-	204,691	204,691	897,309	19%	-
YINGOF	190,400	190,400	-	-	-	190,400	0%	-
YWU	448,829	448,829	-	-	-	448,829	0%	-
Grand Total	447,138,200	585,602,868	26,051,805	303,239,795	329,291,600	256,311,268	56%	3,347,207

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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

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

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Table X: Total funding per donor to projects listed in the Appeal

Humanitarian Response Plan for Yemen 2012
as of 15 November 2012

Donor	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
United States	99,208,358	30%	-
European Commission	45,139,627	14%	-
United Kingdom	32,918,910	10%	-
Germany	31,353,775	10%	-
Carry-over (donors not specified)	26,051,805	8%	-
Central Emergency Response Fund (CERF)	23,460,435	7%	-
Japan	20,978,263	6%	-
Canada	12,058,097	4%	-
Allocation of unearmarked funds by UN agencies	5,273,992	2%	-
Finland	4,676,972	1%	-
Netherlands	4,285,714	1%	-
Switzerland	3,132,134	1%	537,634
Sweden	3,050,470	1%	-
Australia	2,567,764	1%	2,809,573
Denmark	2,184,636	1%	-
Saudi Arabia	2,052,806	1%	-
Spain	1,930,502	1%	-
India	1,929,339	1%	-
France	1,681,733	1%	-
Norway	1,650,165	1%	-
Korea, Republic of	1,000,000	0%	-
Private (individuals & organisations)	749,972	0%	-
Allocation of unearmarked funds by IGOs	688,000	0%	-
Ireland	515,842	0%	-
Luxembourg	393,185	0%	-
Austria	173,913	0%	-
Estonia	66,667	0%	-
Czech Republic	63,397	0%	-
Liechtenstein	55,127	0%	-
Grand Total	329,291,600	100%	3,347,207

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XI: Non-Appeal funding per IASC standard sector

Other Humanitarian Funding to Yemen 2012
as of 15 November 2012

Sector	Funding ($\text{\$}$)	% of Grand Total (%)	Uncommitted pledges ($\text{\$}$)
COORDINATION AND SUPPORT SERVICES	1,845,826	2%	-
FOOD	14,182,690	18%	-
HEALTH	2,739,723	3%	-
PROTECTION / HUMAN RIGHTS / RULE OF LAW	2,136,195	3%	-
SHELTER AND NON-FOOD ITEMS	183,780	0%	-
WATER AND SANITATION	1,985,069	2%	-
SECTOR NOT YET SPECIFIED	57,296,393	71%	-
Grand Total	80,369,676	100%	-

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XII: Total humanitarian funding per donor (Appeal plus other)

Yemen 2012
as of 15 November 2012

Donor	Funding (\$)	% of Grand Total (%)	Uncommitted pledges (\$)
United States	114,994,143	28%	-
European Commission	63,615,579	16%	-
United Kingdom	55,578,098	14%	-
Germany	33,977,244	8%	-
Carry-over (donors not specified)	26,051,805	6%	-
Central Emergency Response Fund (CERF)	23,460,435	6%	-
Japan	20,978,263	5%	-
United Arab Emirates	13,746,079	3%	-
Canada	13,562,611	3%	-
Sweden	6,640,313	2%	-
Finland	5,725,465	1%	-
Allocation of unearmarked funds by UN agencies	5,273,992	1%	-
Netherlands	4,285,714	1%	-
Switzerland	3,591,891	1%	537,634
Australia	2,567,764	1%	2,809,573
Saudi Arabia	2,195,306	1%	-
Denmark	2,184,636	1%	-
Spain	1,930,502	0%	-
India	1,929,339	0%	-
France	1,807,204	0%	-
Norway	1,650,165	0%	-
Korea, Republic of	1,000,000	0%	-
Private (individuals & organisations)	749,972	0%	-
Allocation of unearmarked funds by IGOs	688,000	0%	-
Ireland	515,842	0%	-
Luxembourg	393,185	0%	-
Italy	183,780	0%	-
Austria	173,913	0%	-
Estonia	66,667	0%	-
Czech Republic	63,397	0%	-
Liechtenstein	55,127	0%	-
Hungary	24,845	0%	-
Grand Total	409,661,276	100%	3,347,207

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Funding: contributions + commitments

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2012. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX IV: COORDINATION MECHANISMS

HCT Organigram

<http://yemen.humanitarianresponse.info/system/files/documents/files/HCT%20Organigram%20A4%20Size.pdf>

Matrix of Working Groups and Humanitarian Clusters

<http://yemen.humanitarianresponse.info/system/files/documents/files/Matrix%20of%20OWGs%20and%20Humanitarian%20Clusters%20A4%20Size.pdf>

Humanitarian Cluster Coordination Organigram

<http://yemen.humanitarianresponse.info/system/files/documents/files/Humanitarian%20Cluster%20Coordination%20Organigram.pdf>

Abyan and South Response Plan

<http://yemen.humanitarianresponse.info/system/files/documents/files/Abyan%20and%20South%20Response%20Plan.pdf>

ANNEX V: CORE INDICATORS AND METHODOLOGY FOR GEOGRAPHIC PRIORITISATION AND GAP ANALYSIS

1. Core Indicators of need

District prioritization is based on assessed/extrapolated total population in need, or percentage of population in need, or a composite proxy indicator of need, using core indicators that have been agreed by consensus within each cluster. All clusters use a composite of several core indicators. Primary indicators are agreed with all cluster participants. The table below summarises these indicators.

	Cluster	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5
1	Nutrition	% of moderate acute malnutrition rate (UNICEF, Smart Survey, 2011/2012 and CFSS, 2012)	% of severe acute malnutrition rate (UNICEF, Smart Survey, 2011/2012 and CFSS, 2012)			
2	WASH	Severity of access to safe water (GARWSP 2010-2012 survey)				
3	Health	# of reported cases of Acute Watery Diarrhea (WHO and MOH, June 2012)	# of reported cases of cholera (WHO and MOH, June 2012)	# of reported cases of measles (WHO and MOH, June 2012)	# of reported cases of dengue fever (WHO and MOH, June 2012)	# of reported cases of bloody diarrhea (WHO and MOH, June 2012)
4	Food & Agriculture	Poor Food Consumption Score (WFP CFSS 2012)	High Coping Strategies Index (WFP CFSS 2012)	High level of malnutrition cases (WFP CFSS 2012)	Community level data and perception (WFP CFSS 2012)	
5	Protection	Number of people of concern	Number and nature of violation	Availability of prevention and response services		
6	Shelter/NFI/CCCM	# of persons in need for shelter assistance (Cluster Assessment Report, UNHCR IDP & Returnees statistics reports, April and August 2012)	# of persons in need for NFI (Cluster Assessment Report, UNHCR IDP & Returnees statistics reports, April and August 2012)	# of IDPs inside camps, collective centers and outside camps (UNHCR IDP & Returnees statistics reports, April and August 2012)	# of returnees and potential areas for return (Cluster Assessment Report, UNHCR IDP & Returnees statistics reports, April and August 2012)	
7	Child Protection	Districts with above 500 IDPs (IDP reports, UNHCR, April 2012) as key indicator	Districts where grave violations are reported (MRM grave violations, UNICEF, 2012) as key indicator	Districts where assessments show CP risks to be above 20% (CP Rapid	Nutrition response areas with increased cost of living and public service	Districts with high level of school dropout (School enrolment survey, Ministry

		Assessment in Hajjah, Abyan, Taizz, Aden, Shabwah, Al-Dahlea, Lahj, 2012) as key indicator	deterioration increases Child Protection risks (Malnutrition in Yemen, UNICEF Nutrition cluster, 2012)	of Education, 2010-2011)
8	Logistics	Lack of logistics services: Warehouse facilities, Transport facilities, FI & NFI supply, Road condition, Air service facilities, Ports facilities, Shipping companies, Fuel resource, Telecommunication facilities, Milling facilities (WFP, Logistic cluster, April 2012)		

2. Method for combining core indicator values for each cluster

	Cluster	Method
1	Nutrition	The population of severely and moderately malnourished children are added up to obtain the global acute malnutrition (GAM) figure for each the district or governorate. A statistical formula is applied to this total in order to obtain the GAM ratio. This rate determines the priority ranking of the district or governorate.
2	WASH	Based on the latest statistics of population with no access to improved water sources available on Rural water sector inventories, the country has been classified into Critical (above 85%), serious (above 70%), poor and relatively normal situation.
3	Health	The number of cases reported for each of the diseases listed under the indicators is summed up. Governorates are assigned a priority code based on this total as shown in the "ranking" table below.
4	Food & Agriculture	Each district was given a score of 1, 2,3 or 4 depending on the level/value of the indicators (1=best; 2=medium; 3=poor and 4=very poor); composite scores were ranked on descending order and districts that scored 10 or more composite values were selected as being first priority to be considered as the most vulnerable districts. For districts with no data in 19 surveyed governorates some similarities were used based on livelihoods, socio-economics and some key informants validation.
5	Protection	Points are assigned to districts for each one of the indicator. Then the total points for all indicators are calculated. An average of the sum is obtained by dividing the total points by the number of indicators. Districts are then ranked based on the threshold.
6	Shelter/NFI/CCCM	1. No. of people in need for Shelter assistance (i.e. Emergency Shelter, Transitional/upgrading Shelter, Long-term/permanent Shelter, Shelter Grants and etc.) weighted as (1) < 100 as relatively normal (2) < 300 as poor (3) < 500 or Yes (Yes represents areas with shelter needs) as serious (4) ≥ 500 as critical. 2. No. of people in need for NFIs weighted as (1) < 100 as relatively normal; (2) < 300 as poor; (3) < 500 or Yes (Yes represents areas with NFI needs) as serious; (4) ≥ 500 as critical. 3. No. of IDPs inside camps/collective centers/outside camps weighted as (1) < 1000 as relatively normal (2) < 3000 as poor (3) < 5000 as serious (4) ≥ 5000 as critical. 4. No. of Returnees and potential areas for return weighted as (1) No (No Returnees statistics or not a potential area for return) as no data (2) Yes (Returnees statistics or a potential area for return) as critical. Each district is given a composite score from 0 to 4 based on evidence collected for each indicator, and the grand total of all indicators are divided by 3 (IDPs and returnees indicators counted as 1 for this purpose). As a result, a ranking of 1 to 4 has been assigned to each district. Districts with no data represent locations where no reliable information and no assessment had been conducted.
7	Child Protection	1. Districts with above 500 IDPs as key indicator 2. Districts where grave violations are reported, as key indicator 3. Districts where assessment has show CP risks to be above 20%, as key indicator 4. Priority Nutrition Response Areas where increased cost of living and public service deterioration increases Child Protection risks as proxy indicator. 5. Districts with high level of school drop-out as proxy indicator Each district is given a composite score of 1, 2, 3 or 4 depending on the evidence base, there is a positive weighting within the score for IDP, MRM and Child Protection Assessment data as key indicators. Score for each evidence base and vulnerabilities are added up and a composite score is established based on key and proxy indicators There are several districts with limited data that are prioritized as part of joint interagency priority; they are highlighted in red diagonal lines.
8	Logistics	Each governorate is assessed for the presence of the 10 logistics facilities listed in the indicators' table. Based on the number of facilities available, the governorate is classified as shown in the following "ranking" table.

3. Ranking and Thresholds

The table below describes how each district is ranked according the combined indicator value

	Relatively normal situation	Poor situation/of concern	Serious situation	Critical situation
Nutrition	up to 5%	from 5.1% to 9.9%	from 10.0% to 14.9%	15% and above
WASH	up to 44%	45%-69%	70%-84%	Above 85%
Health	from 279 to 1,000 reported cases	from 1,001 to 3,766 reported cases	from 3,767 to 6,200 reported cases	from 6,201 to 31,880 reported cases
Food & Agriculture	Combined score from 0 to 3	Combined score from 4 to 6	Combined score from 7 to 9	Combined score 10 and above
Protection	Combined score less than 1	Combined score = 1 but < 2	Combined score = 2 but < 3	Combined score 3 and above
Shelter		Combined score > 0 but > 2	Combined score = 2 but < 3	Combined score = 3 and above
Child Protection	Composite score = 1	Composite score = 2	Composite score = 3	Composite score = 4
Logistics	All 10 Logistics facilities available	8 to 9 Logistics facilities out of 10	6 to 7 Logistics facilities out of 10	Below 5 Logistics facilities

ANNEX VI: SUMMARY OF GOVERNMENT OF YEMEN TRANSITION PLAN 2012-2014

The general goal of the TPSD, covering the period 2012 – 2014, is to “restore political, security and economic stability and enhance state building”.

A ‘Transitional Program Priorities and Resources Summary Matrix 2012 – 2014’, showing the short term as well as medium term priorities, is accessed through the link below.

The third of the short-term priorities is “Meet urgent humanitarian and material needs (reconstruction programme). One of the three funding modalities suggests channelling resources for these needs through the ‘UN Consolidated Appeal’. Total cost required for meeting humanitarian and material requirements in the TPSD is approximately \$3.5 million.

In addition to the short term/urgent and medium term economic priorities, the TPSD addresses the requested total resources and gaps in funding and outlines the issues and mechanisms of implementation.

The link below shows the TPSD 2012-14 Summary Matrix:

<http://www.mpic-yemen.org/yemendc/images/stories/PDF/yemenecg/TPSD%20Priorities%20and%20Resources%20Summary%20Matrix.pdf>

ANNEX VII: ACRONYMS AND ABBREVIATIONS

ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACTED	<i>Agence d'Aide à la Coopération Technique Et au Développement</i> (Agency for Technical Cooperation and Development)
ADRA	Adventist Development and Relief Agency
AFD	Alawn Foundation for Development
AGDM	age, gender and diversity mainstreaming
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid)
ANC	antenatal care
ARC	American Refugee Committee
ARI	acute respiratory infection
ART	anti-retroviral therapy or treatment
ARV	anti-retroviral (drugs)
ASRP	Abyan & South Response Plan
ATWG	Assessment Technical Working Group
AWD	acute watery diarrhoea
BCPR	Bureau for Crisis Prevention and Recovery
BEmOC	basic emergency obstetric care
BEmONC	basic emergency obstetric and neonatal care
BSFP	blanket supplementary feeding programme
CAFOD	Catholic Agency for Overseas Development
CAP	consolidated appeal or consolidated appeal process
CARE	Cooperative for Assistance and Relief Everywhere
CBO	community-based organization
CBPN	community-based protection network
CCCM	camp coordination and camp management
CEmONC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i> (Cooperation and Development)
CFR	case fatality rate
CFSA	crop and food supply assessment
CFSAM	crop and food security assessment mission
CFSS	comprehensive food security survey
CFSVA	comprehensive food security and vulnerability analysis
CfW	cash-for-work
CHAP	common humanitarian action plan
CHF	Common Humanitarian Fund
CHW	community health worker(s)
CMAM	community-based management of (severe) acute malnutrition
CMR	crude mortality rate
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
CORDAID	Catholic Organization for Relief and Development Aid

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COSV	<i>Comitato di Coordinamento delle Organizzazione per il Servizio Volontario</i> (Coordinating Committee for International Voluntary Service)
CP	child protection
CPI	consumer price index
CRS	Catholic Relief Services
CSO	civil society organization
CSSW	Charitable Society for Social Welfare
DDR	disarmament, demobilization and reintegration
DEWS	Disease Early Warning System
DHS	demographic and health survey
DRC	Danish Refugee Council
DRM	disaster risk management
DRR	disaster risk reduction
DTP	diphtheria-pertussis-tetanus
EC	European Commission
ECCE	early childhood and care education
ECD	early childhood development
ECHO	European Commission for Humanitarian Aid and Civil Protection
EFSA	emergency food security assessment
EiE	education in emergencies
EmONC	emergency obstetric and neonatal care
EMOP	Emergency Operation (WFP)
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
ERW	explosive remnants of war
ETC	emergency telecommunications
EU	European Union
EWARN	Emergency Warning And Response Network
FAF	For All Foundation
FAO	Food and Agriculture Organization of the United Nations
FCS	food consumption score
FEWSNET	Famine Early Warning Systems Network
FFA	food for assets
FFC	food for cash
FFE	food for education
FFR	food for recovery
FFT	food for training
FFW	food for work
FI	food items
FRC	French Red Cross
FSAC	Food Security and Agriculture Sector Cluster
FTS	Financial Tracking Service
GAA	<i>Welthungerhilfe</i> (German Agro Action)
GAM	global acute malnutrition
GARWSP	General Authority for Rural Water Supply Projects
GBV	gender-based violence
GCC	Gulf Cooperation Council

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GDP	gross domestic product
GIEWS	Global Information and Early Warning System (on food and agriculture)
GNA	(ECHO) Global Needs Assessment
GNI	gross national income
GRC	German Red Cross
HAP	Humanitarian Accountability Partnership
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HEA	household economy analysis
HH	household
HI	Handicap International
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HR	human rights
HRC	Human Rights Council
IASC	Inter-Agency Standing Committee
ICCM	Inter-cluster Coordination Mechanism
ICRC	International Committee of the Red Cross
IDB	Islamic Development Bank
IDF	Interaction in Development Foundation
IDP	internally displaced person
IEC	information, education, and communication
IED	improvised explosive device
IFRC	International Federation of Red Cross and Red Crescent Societies
IGAs	income-generating activities
IHL	international humanitarian law
ILO	International Labour Organization
IM	information management
IMAM	integrated management of acute malnutrition
IMC	International Medical Corps
IMCI	integrated management of childhood illnesses
IMF	International Monetary Fund
iMMAP	Information Management and Mine Action Programme
INEE	Inter-Agency Network for Education in Emergencies
INTERSOS	(not an acronym; an Italian NGO)
IOM	International Organization for Migration
IPC	Integrated Food Security and Humanitarian Phase Classification
IRC	International Rescue Committee
IRD	International Relief and Development
IRI	Islamic Relief International
IRIN	Integrated Regional Information Networks
IRW	Islamic Relief Worldwide
IRY	Islamic Relief Yemen
ISDR	International Strategy for Disaster Reduction
IYCF	infant and young-child feeding
JSEA	Job Safety and Environmental Impact Analysis

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KFW	<i>Kreditanstalt für Wiederaufbau</i>
KSA	Kingdom of Saudi Arabia
LAS	League of Arab States
LIFDC	low-income food-deficit country
MAM	moderate acute malnutrition
MDM	<i>Médecins du Monde</i> (Doctors of the World)
MERLIN	Medical Emergency Relief International
MHPSS	mental health & physical support services
MICS	multiple indicator cluster survey
MIRA	multi-sectoral initial rapid assessment
MISP	minimum initial service package
MMR	maternal mortality rate
MoD	Ministry of Defense
MoHR	Ministry of Human Rights
Mol	Ministry of Interior
MoPHP	Ministry of Public Health & Population
MoSAL	Ministry of Social Affairs & Labor
MRE	mine risk education
MRM	monitoring and reporting mechanism
MSEE	minimum standards for education in emergencies
MSF	<i>Médecins sans frontières</i> (Doctors Without Borders)
MUAC	mid-upper-arm circumference
MYR	mid-year review
NACRA	National Committee for Refugee Affairs
NASCRA	National Sub-Committee for Refugee Affairs
NFDHR	National Foundation for Development and Human Rights
NFI	non-food item(s)
NGO	non-governmental organization(s)
NRC	Norwegian Refugee Council
OASIS	Operational Activity Security Information System
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OIC	Organization of Islamic Cooperation
OPS	Online Planning/Projects System
ORS	oral rehydration salt
OTP	outpatient therapeutic programme
OXFAM	Oxford Committee for Famine Relief
PEP	post-exposure prophylaxis
PHC	primary health care
PLW	pregnant and lactating women
PLWHA	people living with HIV/AIDS
PMR	Project Monitoring Report
PMTCT	prevention of/preventing mother-to-child transmission
PRRO	Protracted Relief and Recovery Operation (WFP)
PRSP	Poverty Reduction Strategy Paper
PU-AMI	<i>Première Urgence - Aide Médicale Internationale</i>

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PWSN	people with specific needs
QC	Qatar Charity
RC/HC	Resident Coordinator / Humanitarian Coordinator
RI	Relief International
ROHR	Raqeep Organization for Human Rights
RSD	refugee status determination
RUF	ready-to-use food
RUTF	ready-to-use therapeutic food(s)
SAD	Solidarity Association for Development
SAM	severe acute malnutrition
SARA	service availability rapid assessment
SC	Save the Children
SFD	Social Fund for Development
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SHS	Society for Humanitarian Solidarity
SMART	standardized monitoring and assessment of relief and transition
SOP	standard operating procedure
SOUL	Society for the Development of Women and Children
SOWC	State of the World's Children
SRF	Standard Reporting Format
SRF	Single Reporting Format
SSA	Sarva Shiksha Abhiyan
STD	sexually transmitted disease
STI	sexually transmitted infection
SUN	Scaling Up Nutrition
THFY	The Humanitarian Forum in Yemen
TPSD	Transitional Program for Stabilization and Development
U5	under five
UAE	United Arab Emirates
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNCTF	UN Country Task Force
UNDAC	United Nations Disaster Assessment and Coordination
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNSC	United Nations Security Council
UNSG	United Nations Secretary-General
USD	United States dollars

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UXO	unexploded ordnance
VAM	vulnerability assessment mapping
VHI	Vision Hope International
WASH	water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
WVI	World Vision International
YCSA	Youth Community Support Agency
YEMAC	Yemen Executive Mine Action Center
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan
YLDF	Youth Leadership Development Foundation
YRCS	Yemen Red Cross Society
YWA	Yemen Women Association
YWU	Yemen Women's Union
ZOA	ZOA Refugee Care

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