

# FLASH APPEAL FOR YEMEN





YEMEN FLASH APPEAL

**\$273.7 million**

required to reach 7.5 million people with life-saving assistance and protection in the next three months

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## YEMEN: AN OVERVIEW OF THE CRISIS

**Conflict has escalated significantly in March, spreading to many parts of the country.** Airstrikes began on 26 March and have affected 18 of Yemen's 22 governorates. In the south, armed conflict has continued to intensify, particularly in Aden, where widespread fighting continues, including in residential neighbourhoods.

**The conflict has taken a significant toll on civilians.** Comprehensive casualty estimates are not available. However, according to the World Health Organization (WHO), health facilities in Yemen reported 767 deaths and 2,906 people injured between 19 March and 13 April. These estimates almost certainly under-count total casualties, as people may not have the means to seek treatment in hospitals, and families may bury their dead before reports can be collected. According to the Office of the UN High Commissioner for Human Rights (OHCHR), 364 civilians had been killed and 681 injured as of 12 April. UNICEF estimates that at least 77 children have been killed and 44 injured since 26 March.

**Large-scale displacement is occurring due to the intensity of the fighting.** Overall displacement estimates have not been verified. However, local sources indicate that around 150,000 people have been displaced. IDPs are reportedly mainly staying with relatives or acquaintances. Increasing reports have been received of IDPs staying in at least 24 schools, including three in Aden, six in Lahj and 15 in Abyan. One health facility has also reportedly been used by IDPs for shelter. Many of the most vulnerable people do not have the means to flee for safety.

**Civilian infrastructure has been destroyed, damaged and disrupted as a result of the fighting,** including at least five hospitals (Sana'a, Al Dhale'e and Aden), 15 schools and educational institutions (Aden, Al Dhale'e, and Sana'a), the three main national airports (Sana'a, Aden and Hudaydah), and at least two bridges, two factories and four mosques in Al Dhale'e. Reports have also been received of damage to local markets, power stations, and water, sanitation and hygiene (WASH) infrastructure in Aden, Hajjah and Sa'ada. Civilians' private homes are being directly affected by airstrikes and armed clashes, particularly in the south.

**Food insecurity is rising.** The World Food Programme (WFP) estimates that the number of food insecure people in Yemen has increased to 12 million people – a 13 per cent rise since the start of the crisis. Prior to the escalation of the conflict, over 90 per cent of Yemen's staple food was imported, but the closure of ports and other restrictions on imports have decreased availability. The Food Security Cluster estimates that food prices have risen by up to 40 per cent; a percentage exceeded in some locations. Farmers are likely to miss the next planting season, which will further reduce food availability.

**Fuel has run out in many areas.** Where fuel is available, prices have skyrocketed - Oxfam estimates that fuel prices have quadrupled in some locations. Fuel is urgently needed to pump water from the ground and to maintain services at hospitals and other critical facilities facing frequent power outages.

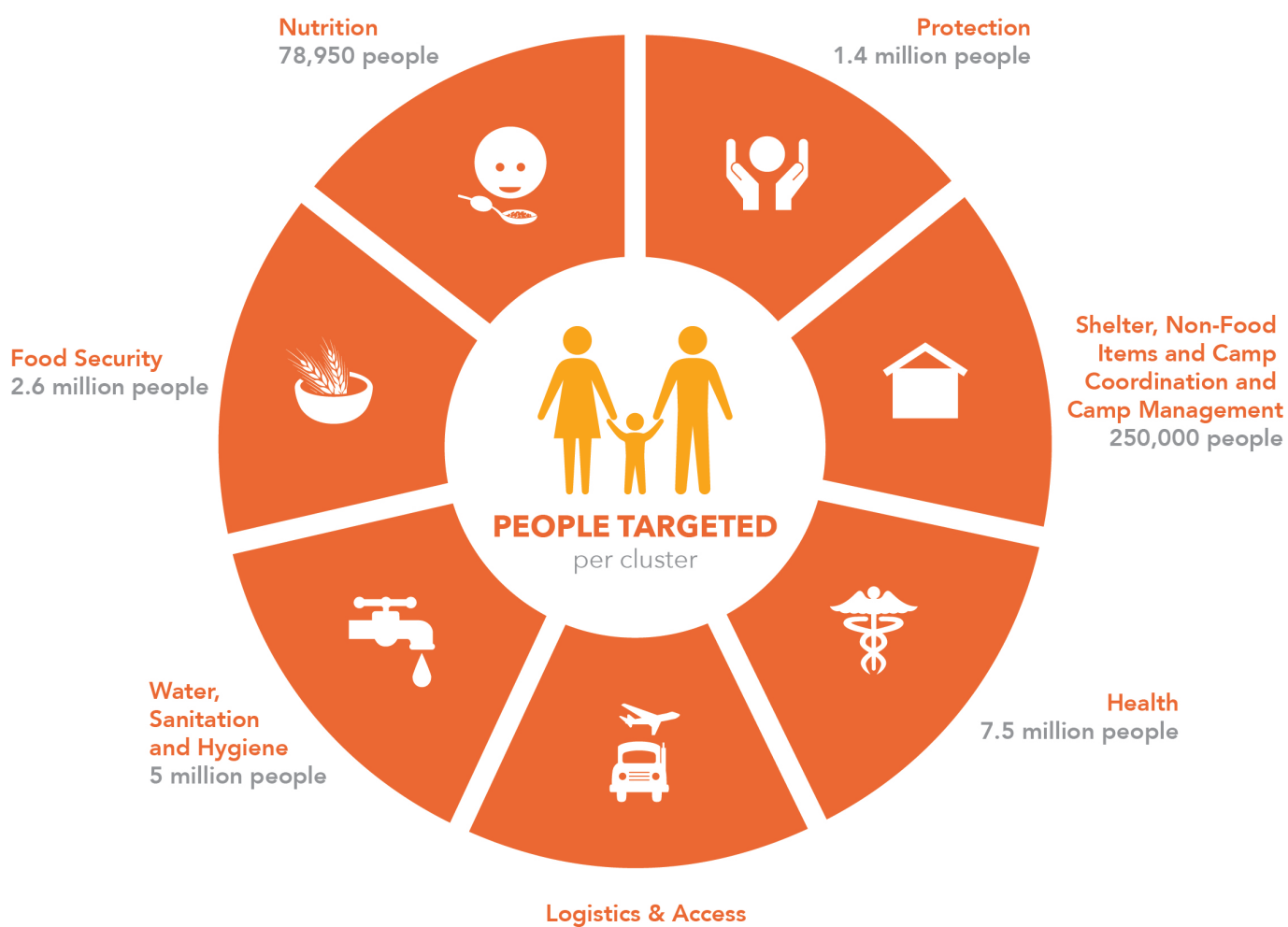
**Even before the current escalation in conflict Yemen was facing a large-scale humanitarian crisis:** 15.9 million people – or 61 per cent of the population – were estimated to require some kind of humanitarian aid at the end of 2014. The current escalation will significantly exacerbate needs among many of these already vulnerable people, in addition to affecting people who were not previously in need of humanitarian assistance.

**Basic services in Yemen are on the verge of collapse.** The Government is largely unable to pay civil servant salaries, which is having a direct impact on the provision of basic services. Increasing reports have been received of health and nutrition facilities closing or drastically curtailing services in affected areas, particularly in the south and in Sa'ada. Schooling has also been suspended for over 1.5 million children since the crisis began.

**Despite challenges, humanitarian partners are responding to the crisis.** The ability to reach people in need varies on a daily basis due to the security situation. However, operational capacity in Yemen remains high, with local communities, national non-governmental organizations (NGOs) and national staff on the frontline of the response. Before the conflict, 46 national NGOs were trained in strategic planning, project management, good governance and conflict-sensitive aid delivery and these organizations are stepping up their efforts. An operational overview of efforts to date is available in [OCHA Yemen Situation Reports](#). Advocacy with all parties to the conflict is essential if humanitarian access is to be ensured.

**This Flash Appeal calls for \$273.7 million to respond to the most urgent humanitarian needs for the next three months.** These priorities are based on initial results of ongoing assessments, the 2015 contingency plan finalized by the Yemen Humanitarian Country Team in March and a rigorous assessment of operational capacity to deliver against assessed and evolving needs. The Flash Appeal covers all vulnerable groups, including internally displaced persons (IDPs), host communities, migrants, refugees and other affected people and prioritizes life-saving and protection programmes. The targets presented in this document are realistic and are based on partners' calculations as to what they can actually deliver. Over the next week partners will develop individual projects in support of cluster activities and requirements identified in this appeal.

## PEOPLE TARGETED



## FUNDS NEEDED

Cluster	Requirements (US\$)
Food Security	144,500,000
Health	37,950,000
Shelter, NFIs and CCCM	25,401,005
WASH	15,886,597
Protection	22,576,074
Nutrition	9,904,250
Logistics	17,470,000
<b>Grand Total</b>	<b>\$273,687,926</b>

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

## MAIN HUMANITARIAN NEEDS

Existing information and field observations suggest that the most immediate threats to life are:



### Access to medical care

With more than 760 people killed and more than 2,900 injured, mass casualty management is urgently needed. Medicines and life-saving equipment are running low and fuel is urgently required to support health facility services. Water shortages in health facilities are a major concern.



### Access to safe drinking water

Lack of fuel and electricity has triggered a breakdown in basic WASH services, leaving large numbers of people without access to safe drinking water. Public water services covering 1 million people are at serious risk of collapse.



### Protection of Civilians

More than 360 civilians have been killed and more than 680 have been injured as a result of the conflict. Protection of civilians is a top priority.



### Emergency shelter and essential items

The escalating conflict has displaced around 150,000 people and reportedly damaged or destroyed numerous houses in Aden, Lahj and Al Dhale'e in the south, as well as in several locations in the north. People urgently need emergency shelter and essential relief items. Partners estimate that in-country NFI and shelter stocks will run out in less than a month.



### Food Security

The number of food insecure people has risen to 12 million – 1.5 million more than in December 2014. Humanitarian food stocks in-country are insufficient to meet growing needs and the dramatic decline in commercial imports is threatening the wider food supply. Farmers are missing an entire cropping cycle, which will further reduce food availability.

## STRATEGIC OBJECTIVES

The humanitarian response will be guided by the following strategic objectives and actions:

### 1 Provide life-saving assistance to people affected by conflict

- Provide mass casualty management and life-saving health care (including for malnutrition) and support referral mechanisms.
- Bridge critical fuel needs for ambulances and health facilities.
- Ensure affected people have access to safe water through water trucks or tanks, improvement of non-conventional or non-primary water sources, treatment of water, and support to local water authorities to resume services.
- Ensure food security and life-saving nutrition programmes for affected people through direct food aid, cash or voucher programmes, and nutrition programmes (therapeutic, preventative and supplementary).
- Support affected communities to save lives and protect livelihoods.

### 2 Ensure the protection of civilians and humanitarian personnel

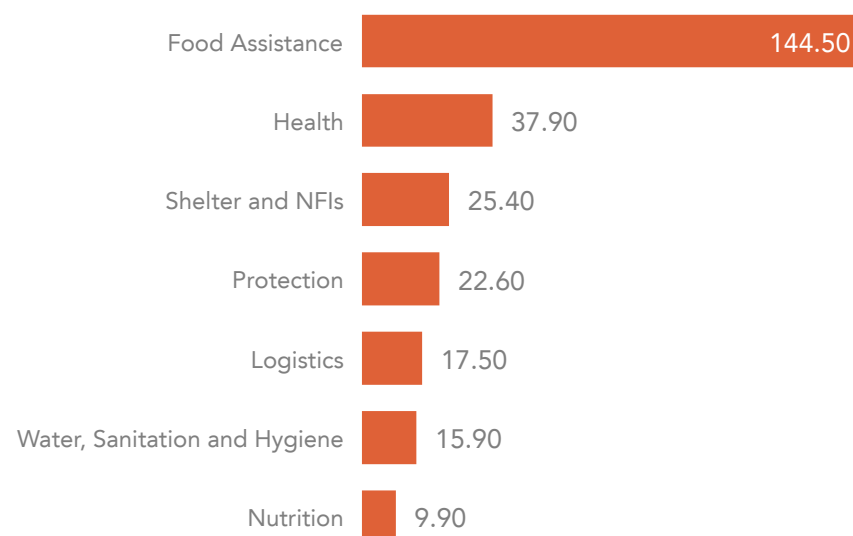
- Identify IDPs and other conflict-affected people and undertake protection monitoring of internal displacement.
- Provide medical, material, financial, psychosocial and legal assistance to vulnerable groups, including IDPs, returnees, conflict-affected communities (including host communities), migrants, asylum-seekers, refugees and children and women within these categories, paying attention to the specific needs raised by different vulnerabilities.
- Advocate to prevent and respond to violations of international human rights and humanitarian law committed by parties to the conflict, and to prevent physical injury or death due to land mines, unexploded ordnance or explosive remnants of war.

### 3 Enable access for humanitarian goods and personnel into the country and to areas affected by conflict

- Advocate with all relevant parties to ensure access and safe passage for humanitarian goods and personnel into and within Yemen, including through humanitarian pauses for delivery of assistance.
- Provide fuel during the crisis and advocate that fuel be made available in the local market.
- Restock warehouses in affected areas with critical supplies.
- Rehabilitate critical minor infrastructure (including through cash-for-work programmes) and support debris removal.

# PRIORITY ACTIONS AND REQUIREMENTS

## FINANCIAL REQUIREMENTS PER CLUSTER (US\$ million)



**\$273.7 million**  
total requirements

## Health

Contact Information: Iman Ahmed ([ahmedi@who.int](mailto:ahmedi@who.int))

### Priority Actions

- 1: Support mass-casualty management in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams and referral services, and ambulance services.
- 2: Provide integrated primary health care (PHC) services, including mental health care.
- 3: Provide life-saving maternal, newborn and child health, including antenatal, delivery and postnatal care for mothers; newborn care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- 4: Stockpile reproductive health supplies and provide reproductive health care through public health facilities.
- 5: Procure, stockpile and distribute medical supplies to health facilities around the country.
- 6: Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
- 7: Provide health care to migrants and third-country nationals.

**\$37.9 million**  
required to reach 7.5 million people

## Water, Sanitation and Hygiene (WASH)

Contact Information: Derek Kim ([dhkim@unicef.org](mailto:dhkim@unicef.org))

### Priority Actions

- 1: Provide water for the most vulnerable IDPs and for health facilities.
- 2: Assist local water corporations in repairing pipes and networks and provide fuel to keep public water systems operational.
- 3: Distribute hygiene kits to families in need.

**\$15.9 million**  
required to reach more than 5 million people

- 4: Implement hygiene promotion campaigns to reduce the risk of waterborne disease outbreaks.
- 5: Provide safe drinking water through treatment at the community and household level.
- 6: Collect solid waste in IDP camps and conflict-affected areas.

## Food Security

Contact Information: Hanalia Ferhan ([hanalia.ferhan@acted.org](mailto:hanalia.ferhan@acted.org))

**\$144.5 million**  
required to reach 2.6 million people

### Priority Actions

- 1: Mobilize and distribute food assistance to people in urgent need across the country, including the most vulnerable people directly affected by conflict.
- 2: Work with stakeholders to ensure sufficient and reliable replenishment of food stocks.
- 3: Mobilize and distribute farming inputs and assets to promote food production in parallel to food distributions

## Nutrition

Contact Information: Saja Abdullah ([sabdullah@unicef.org](mailto:sabdullah@unicef.org))

**\$9.9 million**  
required to reach nearly 78,950 people

### Priority Actions

- 1: Expand therapeutic life-saving and supplementary feeding services to acutely malnourished children under five.
- 2: Deploy mobile outpatient therapeutic programmes, including micronutrient supplements, to hard-to-access areas with critical levels of acute malnutrition.
- 3: Provide supplementary feeding for moderately acutely malnourished children and pregnant and lactating women.
- 4: Conduct rapid nutrition assessments and SMART surveys.

## Protection

Contact Information: Charlotte Ridung ([ridung@unhcr.org](mailto:ridung@unhcr.org))

**\$22.6 million**  
required to reach more than 1.4 million people

### Priority Actions

- 1: Conduct protection monitoring to identify vulnerable IDPs and conflict-affected persons, and track population movements (including establishment of a Population Movement Commission that will harmonize the approach to displacement estimates).
- 2: Provide psychosocial and legal assistance and small-scale material assistance; refer identified cases, including gender-based violence (GBV) cases, to other service providers for support; and direct humanitarian assistance through the clusters to vulnerable groups such as IDPs, returnees and conflict-affected communities.
- 3: Advocate to prevent and respond to human rights and humanitarian law violations committed parties to the conflict against the civilian population and humanitarian aid workers.
- 4: Provide girls, boys, parents and community members in high-priority, conflict-affected areas with life-saving information on protecting themselves from physical injury or death due to mines/UXO/ERW, and provide appropriate referrals to child-friendly space programmes.
- 5: Ensure psychosocial support and promote the normalization children’s routines involving child-friendly spaces and continuation of learning during emergencies.

- 6: Support prevention and response on child protection and GBV issues.
- 7: Provide protection services, including child protection, GBV response and detention related interventions.
- 8: Evacuate stranded third-country nationals (migrants).



## Shelter, NFIs (non-food items) and CCCM (camp coordination and camp management)

Contact Information: Nassir Mohammed ([mohamnas@unhcr.org](mailto:mohamnas@unhcr.org))

**\$25.4 million**  
required to reach 250,000  
people

### Priority Actions

- 1: Provide essential NFIs to people in need, including IDPs, refugees and migrants.
- 2: Provide emergency shelter to new IDPs, refugees and migrants.
- 3: Provide emergency cash assistance to address urgent needs of the most vulnerable households and host families, including rental subsidies in urban or semi-urban areas.



## Logistics and Access

Contact Information: Qaseem Ghausy ([qaseem.ghausy@wfp.org](mailto:qaseem.ghausy@wfp.org))

**\$17.5 million**  
required to support  
humanitarian operations

### Priority Actions

- 1: Advocate with all relevant parties to ensure access and safe passage for humanitarian goods and personnel into and within Yemen, including through humanitarian pauses for delivery of assistance.
- 2: Provide humanitarian air service to affected areas.
- 3: Provide fuel service to humanitarian partners and associated transporters during the crisis.
- 4: Provide storage capacity.
- 5: Provide satellite imagery-based situation maps to assess infrastructural damage.



# ANNEXES

## ANNEX I. DETAILED CLUSTER PLANS

**NOTE:** To avoid funding requests overlapping with existing resources, all clusters have estimated the total costs of the most urgent activities over the next three months and provided information on funding already available for these activities. Total funding requirements are therefore based on the gap between the total cost and total available resources. Over the next week, partners will develop individual projects in support of cluster activities and requirements identified in this appeal. In the coming weeks partners will revise the overall Yemen Humanitarian Response Plan (YHRP).

### Health

Contact Information: Iman Ahmed ([ahmedi@who.int](mailto:ahmedi@who.int))

**\$37.9 million**  
funding requirement

With nearly 3,000 people already injured during the escalation of the conflict, mass casualty management is the most pressing need. Hospitals are overwhelmed with casualties, including people who have been direct victims of violence and those suffering severe burns from explosions. Medical teams need to be equipped to deal with injuries and deaths. Referral hospitals have insufficient trauma kits, surgical medicines and supplies to cope with the exponential increase in casualties. The lack of fuel to run generators in health facilities and operate ambulances is crippling the health response and there are insufficient ambulances to reach and treat the wounded. Fuel and electricity shortages are also jeopardizing the in-country vaccine stock (worth nearly \$10 million). Partners report that a growing number of health facilities are closing or working at sub-optimal levels across the country due to the conflict. Many functioning health facilities have insufficient resources to cover salaries, supplies and costs of conducting outreach and supervision. Due to the conflict, many regular health programmes have had to be put on hold, including treatment or prevention of tuberculosis, malaria and malnutrition, and medicines for diabetes, hypertension and heart disease are no longer available on the market in many locations. Prior to the conflict, 35 per cent of the population did not have access to health facilities and had to be reached with outreach activities that offered a package of health, nutrition and behaviour change programmes. Given the current situation, the number of people requiring these services will increase.

Health facilities and ambulances have been damaged, destroyed and attacked, medical supplies have been stolen and medical personnel have been kidnapped. There is an urgent need for all parties to the conflict to respect and protect the integrity of health systems, and assure the safety of patients, health workers and health care facilities. There is also an urgent need for additional surgeons and nurses. In Aden, students from medical colleges have mobilized to provide assistance. However, in many locations, entirely un-trained people are acting as nurses due to the sheer need.

Health cluster partners have a duty to continue to support access to health for the Yemeni population, including provision of primary health care (PHC) for conflict-affected communities and life-saving maternal, newborn and child health. Using mobile clinics and teams in the immediate short term is the best strategy to extend health care to the displaced and hard to reach populations. Medical teams from closed facilities need to be immediately re-positioned in the most affected areas and boosted with additional teams to manage the surgical response. For the immediate phase (three months), partners will operate 50 mobile clinics to serve the most affected districts and support ambulance care. Partners will also continue to procure kits and supplies for mass casualty management and other health services, including supplies for maternal, newborn and child care. The cost of these kits (including shipment) under current air and sea port closures is extremely high. Partners are also providing fuel to fill gaps in the short term, as well as support to meet costs of in-country transportation of supplies, which the Ministry of Public Health and Population (MoPHP) has been unable to cover.

With the disruption of health services and the focus on trauma care, there is a need to reinforce capacities to respond to the urgent needs of 200,000 women, particularly pregnant women requiring safe delivery services. Partners estimate that 27,200 affected women in Yemen are currently pregnant. Partners are tracking stocks of inter-agency emergency reproductive health kits (including post-rape management kits and post-exposure prophylaxis for HIV kits) so as to enable redistribution of life-saving drugs, equipment and other supplies to the most affected areas. Partners are also seeking to procure and distribute additional kits in order to meet anticipated needs.

### Priority Actions

- 1: Support to mass-casualty management in conflict-affected governorates, including provision of trauma kits, drugs, medical and surgical supplies, deployment of surgical teams and referral services, including ambulance services.

- 2: Provision of an integrated package of primary health care (PHC) services, including mental health.
- 3: Life-saving maternal, newborn and child health, including antenatal, delivery and postnatal care for mothers, newborn care, routine immunization and screening and treatment of illnesses in children through health facilities, outreach and mobile services all accompanied by social mobilization activities.
- 4: Stockpiling of reproductive health supplies and provision of reproductive health care through public health facilities.
- 5: Procurement, stockpiling and distribution of medical supplies to health facilities around the country.
- 6: Medical evacuation of the most critically injured cases that cannot receive effective trauma management in country.
- 7: Provision of health care to refugees, asylum seekers, migrants and third-country nationals.

## Total estimated caseload: 7.5 million

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Support mass casualty management MCM in conflict-affected areas through provision of supplies, capacity building of health workers, deployment of surgical teams and providing referral services, including ambulance services.	# of health workers trained on MCM			7,000,000	0	7,000,000
	# of surgical teams dispatched to conflict affected areas					
	# of trauma kits distributed to referral hospitals					
Provide an integrated package of primary healthcare (PHC) services to IDPs and affected host communities through fixed and mobile clinics and referral services	Population per catchment area of fixed and mobile clinic	40 mobile clinics	200,000 per clinic per 3 months*	6,000,000	0	6,000,000
	Population per doctor in catchment area	All functioning health facilities in 18 affected governorates				
Integrated Disease Early Warning System (eDEWS) for outbreak alert and response.	# of Disease alerts produced and verified			600,000	0	600,000
	# of health facilities reporting eDEWS					
Coordination of health interventions under the Cluster Mechanism				700,000	0	700,000
Procure and position primary health care and trauma management supplies and distribute them to primary and secondary care facilities; and improve the medical supply chain for transportation and delivery of health commodities within the country				8,000,000	0	8,000,000

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide mother, newborn and child health services including routine and mass immunization, treatment of childhood illnesses, maternal antenatal, delivery and post-partum care at household and population level (through outreach and mobile services) and support to referral facilities.	# of children vaccinated against Polio and Measles (OPV3 and MCV1)	400,000 children for vaccination	\$7.4 (ops cost plus supply) to reach one women and child with a package of health and nutrition interventions in outreach	7,400,000	500,000	6,900,000
	# of children provided Vit A supplementation	2,400,000 children for VAS and deworming				
	# of Children provided deworming	384,000 mothers for ANC, delivery and PNC				
	# of women provided skilled birth attendance					
	# of mothers/newborn provided postnatal care within 48 hours of delivery/birth					
Communication / social mobilization for maternal, newborn and child health in conflict effected, hard to reach and displaced populations	All affected population (displaced, those without access to functioning health facilities) have access to health promotion messages through multiple channels	100%		1,100,000	200,000	900,000
Procurement and positioning of health supplies for maternal, newborn and child health	Stock-outs of antibiotics (tracer for health), oxytocin (tracer for basic emergency obstetric and newborn care services), iron/folic acid (tracer for antenatal care)	No stock outs for outreach and mobile clinics and with community midwives		3,500,000	1000000*	2,500,000
Provide medical evacuation out of Yemen for critically injured patients who cannot receive sound treatment in-country, including sustained medical assistance during transportation,	# of critical cases successfully evacuated to referral hospitals out of country	15	30,000	450,000	0	450,000

YEMEN

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide life-saving health care to third-country nationals through 3 fixed health centres (IPNA-Sana'a, Bassateen & Haradh), 1 patrolling medical team in Hodeida & Hajjah and to IDPs through 4 currently existing mobile teams in Aden, Shabwah & Lahj	# of IDPs and conflict affected community members benefiting from IOM's health services	80,000	6	480,000	0	480,000
	# of vulnerable migrants and their host communities benefiting from IOM's health services	56,000	7.50	420,000	0	420,000
Stockpile reproductive health commodities	# of health facilities and mobile clinics equipped with RH kits ( T:100 HF )	200,000 direct beneficiaries, including 27200 pregnant women	6,000 per facility (assorted types of kits)	800,000	600,000	200,000
Basic and comprehensive emergency obstetric and neonatal services via mobile clinics	# of operating mobile clinics	10 in 18 governorates	10,000 per mobile clinic x 3 months x 10 mobile clinics x 18 governorates	300,000	0	300,000
Life-saving drugs and contraceptives for health facilities and mobile clinics	# of health facilities and mobile clinics supplied	T:100 health facilities and mobile clinics)	0	0	0	0
Arrange and Provide Health Care for Refugees, asylum seekers and vulnerable migrants	# people receiving care	14,000	250.00	3,500,000	0	3,500,000
<b>TOTAL</b>				<b>40,250,000</b>	<b>2,300,000</b>	<b>37,950,000</b>

\* Includes 70,000 initial installation cost per clinic.



## Water, Sanitation and Hygiene (WASH)

Contact Information: Derek Kim ([dhkim@unicef.org](mailto:dhkim@unicef.org))

**\$15.9 million**  
funding requirement

Rising prices for, and dramatic declines in availability of, fuel are gravely impacting the ability of public utilities to provide drinking water, leaving large numbers of Yemenis without access to clean drinking water. If fuel shortages continue, bringing public services in Aden to a halt, and severely disrupting or suspending services in Al-Hawta (Lahj) and Zinjibar (Abyan), an additional 1 million people will be left without access to safe drinking water.

Water trucking is urgently needed, particularly in Aden. However, there are numerous challenges to implementing a water trucking operation, including the need to negotiate with parties to the conflict to ensure they allow water supply to fill the tanks, inability to lift water from wells due to power cuts and fuel shortages, and insufficient tankers, particularly in Aden. In Sana'a, people commonly buy water but many have run out of money to purchase their own water.

Removal of solid waste has been hampered by the conflict. In some locations, there is no fuel for garbage collection and no labourers to collect the waste. There are also reports of large amounts of stagnant and contaminated water in some streets, which needs to be removed.

In Khanfar district (Abyan), partners are working to provide water to IDPs living in schools. In Aden, teams are working to ensure water supply at hospitals. Partners have procured and installed two 2,000-litre water tanks in a trauma hospital, two 2,000-litre water tanks in the Jumhuriya hospital, and one water tank in the 22 May hospital. Water trucking has started for Basheeb hospital. Previously, a 10,000-litre tank was installed at Jumhuriya hospital. In Aden, Tawahi and Ma'ala Districts partners are supporting local water corporations to repair conflict-damaged pipes and are providing fuel to resume water pumping and supply. Newly arrived IDPs from Al-Mazraq and other areas are being supported in Al-Zuhra district of Hudaydah. Growing operational costs are stretching the capacity of partners thin.

### Priority Actions

- 1: Provide water for the most vulnerable IDPs and for health facilities.
- 2: Assist local water corporations in repairing pipes and networks and provide fuel to keep public water systems operational.
- 3: Distribute hygiene kits to families in need.
- 4: Implement hygiene promotion campaigns to reduce the risk of waterborne disease outbreaks.
- 5: Provide safe drinking water through treatment at community and household level.
- 6: Collect solid waste in IDP camps and conflict-affected areas.

## Total estimated caseload: 5 million people

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide trucking water to IDPs (in camps and public places) in need (minimum 15l/person/day)	# of IDPs are provided trucking water	150,000	25.17	3,775,500	1,000,000	2,775,500
Provide public water storage tanks to IDPs (in camps and public places) in need (minimum 15l/person/day)	# of IDPs are provided trucking water	150,000	1.50	225,000	68,700	156,300
Chlorination of public water storage tanks for IDPs in camps and public places	# of IDPs public water storage tanks are chlorinated	100,000	N/A	N/A	N/A	0

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Treatment of affected people's household water	# of affected people who have access to household-treated potable water	50,000	9.25	462,500	462,500	0
Build latrines for new IDP settlements	# of toilets built for new IDP settlements	80,000	32.32	2,585,600	1,417,167	1,168,433
Distribute hygiene kits to families in need	# of IDP families with access to basic hygiene kit (according to Sphere minimum standards)	250,000	11.01	2,752,500	665,191	2,087,309
Increase knowledge of good hygiene practices for new IDP families	# of needy families reached with hygiene promotion activities including hand washing	250,000	2.00	\$500,000	500,000	0
Provide new IDPs and conflict affected areas with solid waste disposal facilities and collection services to reduce vector borne disease.	# of IDPs and conflict affected people provided with solid waste disposal facilities	4,712,634	0.6575	3,098,557	394,500	2,704,057
Provide fuel for short-term assistance to local water corporations	# of conflict affected people supported with public water supply	2,953,852	0.521674	1,540,948	250,000	1,290,948
Provide local water corporations with required spare parts, equipment and maintenance as part of contingency planning	# of local water corporations to receive contingency items, materials and spare parts	5	936,140	4,680,700	80,000	4,600,700
Construction of water supply infrastructure for new IDP settlement (for those in prolonged displacement)	# of IDPs in prolonged displacement provided with water supply	10000	10	100,000	0	100,000
Support sewage treatment plants in Sana'a, Aden and Hudaydah with fuel	# of sewage treatment plants supported with fuel	3	210,000	630,000	0	630,000
Support sewage treatment plants in Sana'a, Aden and Hudaydah with spare parts and O&M costs	# of sewage treatment plants supported with pumps and operational and maintenance costs	3	124,450	373,350	0	373,350
<b>TOTAL</b>		<b>5,026,992</b>	<b>N/A</b>	<b>20,724,655</b>	<b>4,838,058</b>	<b>15,886,597</b>

## Food Security

Contact Information: Hanalia Ferhan ([hanalia.ferhan@acted.org](mailto:hanalia.ferhan@acted.org))

**\$144.5 million**  
funding requirement

WFP estimates that there are now 12 million food insecure people in Yemen (a 13 per cent increase from the pre-crisis level), and this number is projected to rise further as fighting continues. Shops in conflict-affected areas have closed. In areas where shops are open, owners are frequently rationing supplies. Food stocks appear to be declining, and food prices have risen up to 40 per cent. Price rises are also driven by the current limited availability of fuel and resulting spike in fuel prices, which has increased transport costs.

More than 2.5 million food producers, including farmers, pastoralists, fishermen and agricultural wage labourers, are among those classified as food insecure and farmers in conflict-affected areas are likely to miss the planting season. However, many farming households are moving to areas where they can access arable land to support their food needs and those of their respective host communities, if supported with agricultural inputs. Partners have reported a shortage of livestock vaccines due to challenges in transport, stocks and cold chain management. This is likely to have a negative impact on food security in the medium term, and further increase dependence on food assistance.

An estimated 100,000 tons are required to meet food needs every month, and current WFP food stocks are limited to 37,000 tons. Furthermore, food distribution by partners on the ground has been critically limited by several factors, chief among them insecurity in certain governorates and districts, and the limited availability of fuel. Yemen depends on imports to meet over 90 per cent of its food needs.

Emergency operations are ongoing to address the most pressing humanitarian needs. Cash transfer programmes are under way in several affected locations, and beneficiary selection is ongoing for emergency assistance delivery in several other governorates, including Al Hudaydah and Abyan. Planning is underway for a rapid scale-up of the response within the core areas of work highlighted below. In parallel, agencies have continued implementing humanitarian programming that was ongoing prior to the onset of the current crisis where relevant and possible.

Operations are negatively affected by general fuel shortages, overall insecurity and limited access to some areas due to ongoing violence. Cash transfer programmes are facing some limitations due to the weakened banking system, and partners are examining options for these programmes in light of the constraints. As such, the Food Security Cluster's plan takes into account risks and assumptions related most notably to security and the availability of fuel. Included activities are based on current estimates of need and response capacity.

### Priority Actions

- 1:** Mobilize and distribute food assistance to people in urgent need across the country, including the most vulnerable people directly affected by conflict.
- 2:** Work with stakeholders to ensure sufficient and reliable replenishment of food stocks.
- 3:** Mobilize and distribute farming inputs and assets to promote food production in parallel to food distributions.

**Total estimated caseload: 2,630,000**

YEMEN

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
General food distribution and cash transfers to new IDPs and other affected families	# of individuals receiving unconditional food assistance	500,000	Not provided	17,640,000	0	17,640,000
Provision of inputs/assets for the production of food	# of individuals provided with access to farming inputs/assets	126,000	Not provided	9,000,000	1,700,000	7,300,000
Procurement of food supplies for replenishment of stocks towards scale-up of the response (to cover new IDPs and more vulnerable households)	# of individuals whose food needs can be covered by supplies procured during flash appeal period	2,500,000	Not provided	118,360,000	0	118,360,000
Cash/food for work schemes to conflict-affected refugees and migrants	# people receiving cash assistance	4,000	300	1,200,000	0	1,200,000
<b>TOTAL</b>		<b>2,630,000</b>		<b>146,200,000</b>	<b>1,700,000</b>	<b>144,500,000</b>

## Nutrition

Contact Information: Saja Abdullah ([sabdullah@unicef.org](mailto:sabdullah@unicef.org))

**\$9.9 million**  
funding requirement

The escalating conflict is expected to lead to an increase in acute malnutrition among children under 5 and to increase nutritional vulnerability of pregnant and lactating women. Proportionally, more children are expected to face risk of severe acute malnutrition (SAM) if services are not adequately secured to prevent moderate acute malnutrition (MAM) or treat it as soon as it occurs. Addressing acute malnutrition and associated morbidity and mortality risks requires a consolidated approach, including treatment of MAM and SAM and prevention of MAM. These activities should take an approach based on community-based management of acute malnutrition (CMAM).

Nine nutrition facilities are reportedly closed in Sa'ada and reports from partners indicate that services have been suspended or curtailed in other locations. However, there is currently very little verified information on the level of services available at facilities in the south (Aden, Shabwah, Al Dhale'e, Abyan and Lahj). Outside the south, most nutrition facilities remain functioning, and programmes are continuing. Nutrition supplies pre-positioned before the conflict are being used to maintain services and the Nutrition Cluster is working to establish details on the level of service in areas where information is not currently available.

The most urgent needs for the nutrition sector are as follows:

- Therapeutic nutrition supplies in all locations (especially densely populated coastal areas where acute levels of malnutrition are highest)
- In-country logistical support, including fuel to ensure maintenance of services and mobile therapeutic and supplementary nutrition services (particularly for IDPs in Amran and Hajjah, and in areas in the south and north where facility-based services have reportedly been interrupted).

### Priority Actions

- 1: Expand therapeutic life-saving and supplementary feeding services to acutely malnourished children under five.
- 2: Deploy mobile outpatient therapeutic programmes, including micronutrient supplementations to hard-to-access areas with critical levels of acute malnutrition.
- 3: Provide supplementary feeding for moderately acutely malnourished children and pregnant and lactating women.
- 4: Conduct rapid nutrition assessments and specific, measurable, achievable and attributable, relevant and realistic, time-bound, timely, trackable and targeted (SMART) surveys.

## Total estimated caseload: 78,950

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Expand treatment services to severely acutely malnourished children under 5	# of SAM boys and girls 6-59 months admitted to fixed OTP	40,000	215	8,600,000	1,728,000	6,872,000
Deploy mobile treatment teams including distribution of Micronutrients	# of deployed mobile teams	50	30,000	1,500,000	100,000	1,400,000
	# of beneficiaries they covered	25,000 (part of 1 and 3) so are not calculated in the total beneficiaries to avoid double counting	N/A	N/A	N/A	N/A



YEMEN

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide supplementary feeding for moderately acutely malnourished children and PLW	# of MAM (boys and girls 6-24months and PLW admitted to TSFP	34,950 total (9,500 children and 25,450PLW)	55	1,922,250	290,000	1,632,250
SMART surveys / assessments		3	50,000	150,000	150,000	0
TOTAL		74,950	N/A	12,172, 250	2,268,000	9,904,250

## Protection

Contact Information: Charlotte Ridung ([ridung@unhcr.org](mailto:ridung@unhcr.org)) and Chissey Mueller ([cmueller@iom.int](mailto:cmueller@iom.int))

**\$22.6 million**  
funding requirement

Hundreds of civilian deaths and injuries – including those of children, representing grave child rights violations – have been reported within the last few weeks as a result of the conflict. There have also been reports of violations of international humanitarian and human rights law, including indiscriminate shelling, fighters forcibly entering private homes and use of land mines. Air strikes and ground fighting have had an extremely traumatic impact, leaving people – especially children – in need of psychosocial support. There are reports of people attempting to flee the violence by increasingly desperate means, including on fishing boats to Djibouti. Civilians fleeing the violence must be protected.

It is very roughly estimated that 150,000 people have been displaced, based on unverified reports from local partners. However, given the current situation – including severe access restrictions and extremely fluid population movements – it has not been possible to accurately gauge the true extent of displacement and existing structures to track IDPs were not prepared to cope with a scenario and caseload of the current magnitude. These estimates are expected to rise if current conditions persist. Partner reports indicate that most IDPs are staying with relatives in areas near their original homes. However, reports have also been received of displaced people living in improvised shelters or public buildings, including schools in Aden, Abyan and Lahj. These facilities cannot guarantee IDPs with basic services and protection. Their presence – if protracted – may also disrupt the services these facilities were intended to provide for the surrounding population. IDPs currently able to rent accommodation will soon deplete their resources; some have started to approach partners seeking financial assistance.

Humanitarian and protection needs are not limited to IDPs. In fact, the most vulnerable people are often reportedly unable to flee at all due to a lack of resources. Protection Cluster partners aim to prioritize services over the next three months that will enhance protection for all accessible conflict-affected people in need of support.

Child Protection sub-cluster partners continue to support the Monitoring and Reporting Mechanism (MRM) on grave violations of child rights. MRM is functioning across the country. Mine risk education the affected areas is also ongoing, and Child Protection partners are providing psychosocial support to affected children. Major gaps include a need for a strengthened prevention and response to GBV against children.

GBV sub-cluster partners currently estimate that 100,000 dignity kits will be needed in the coming three months, in addition to the 20,000 dignity kits that had been pre-positioned before the crisis. Partners also plan to deploy mobile clinics to provide multi-sectoral GBV response services, including health, psychosocial support and safe shelter, to the most vulnerable groups.

As a result of the escalating conflict, the situation of refugees, asylum seekers and migrants in Yemen has become even more tenuous, and their vulnerability has been exacerbated. UNHCR and IOM estimate that there are 900,000 refugees, migrants and asylum seekers in Yemen (250,000 refugees and about 650,000 migrants). Unlike Yemeni citizens, these communities lack traditional safety-nets. They may be forced to move and will be at greater risk of smuggling and trafficking. UNHCR currently has partners patrolling the Arabian Sea and Bab-el-Mandab coast, including reception facilities and identification processes for asylum seekers. However, capacity has been affected by the conflict, particularly due to the lack of fuel and the insecurity. Given these factors, it is imperative that services to refugees, asylum seekers and migrants continue in order to ensure their protection and sustenance.

### Priority Actions

- 1: Conduct protection monitoring to identify vulnerable IDPs and conflict-affected persons, and track population movements (including establishment of a Population Movement Commission that will harmonize the approach to displacement estimates).
- 2: Provide psychosocial and legal assistance and small-scale material assistance; refer identified cases, including GBV cases, to other service providers for support; and direct humanitarian assistance through the clusters to vulnerable groups such as IDPs, returnees and conflict-affected communities.
- 3: Advocate prevention and response to grave human rights and humanitarian law violations committed by state or *de facto* authorities and non-state actors against the civilian population and humanitarian aid workers.
- 4: Provide girls, boys, parents and community members in high-priority, conflict-affected areas with life-saving information on protecting themselves from physical injury or death due to mines/UXO/ERW, and provide appropriate referrals to child-friendly space programmes.

- 5: Ensure psychosocial support and promote normalization of children's routines involving child-friendly spaces and continuation of learning during the emergency.
- 6: Support prevention and response in relation to child protection and GBV issues.
- 7: Provide protection services, including child protection, GBV response and detention related interventions, for refugees, asylum seekers and migrants.
- 8: Evacuate stranded third-country nationals (migrants).

## Total estimated caseload: 1,375,000

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Engage in protection monitoring and population movement tracking in hot-spot areas	# persons of concern covered by monitoring	100,000	0.50	50,000	0	50,000
Establish a displacement monitoring and tracking mechanism and information management system	# of conflict affected persons monitored	225,056	13.33	3,000,000	0	3,000,000
Provide financial, medical and material assistance (IDPs, returnees, conflict-affected communities)	# people who receive services	27,500	200.00	5,500,000	0	5,500,000
Provide psychosocial and legal assistance (IDPs, returnees, conflict-affected communities)	# people who receive services	40,000	150.00	6,000,000	0	6,000,000
Monitor and report on grave violations of human rights and humanitarian law		600	200.80	120,480	32,000	88,500
Advocate to prevent and respond to grave human rights and humanitarian law violations committed by state and de-facto authorities	# key stakeholders reached by advocacy efforts	4,000	19.80	79,200	18,500	61,000
Share protection concerns of IDPs and advocate with government, local communities and International organizations for adequate response	# key stakeholders reached by advocacy efforts	150	60.00	9,000	0	9,000
Support the continuation and maintenance of existing MRM networks in affected areas and expand to newly affected area	# of children living in catchment areas where MRM network I active	1,100,000 (maintenance) 100,000 MRM structure expansion	0.5 1.5	550,000 150,000		700,000

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Girls, boys and parents/community members living in high priority conflict-affected areas receive life-saving information on protecting themselves from physical injury/death due to mine/UXO/ERW and appropriate referrals to child friendly Victims Assistance programmes	# people (child & adult) reached with information	120,000 children 30,000 adults	2.5	375,000	0	375,000
Mitigate the adverse effect of conflict on children through the provision of PSS, restoration of school as PSS measure and integrate prevention and response to GBV through PSS and referral services	# children benefiting from PSS/GBV services	100,000 PSS/GBV	3	300,000	0	905,000
		700 specialized response/services to GBV survivors	250	175,000		
		40,000 restore learning during emergencies	10.75	430,000		
Activate GBV referral mechanisms in line with SOPs to identify GBV cases against women, men, girls and boys, and ensure survivors' access to healthcare, legal, psychosocial and shelter services	# of GBV survivors identified and referred to appropriate services	9,800	50.00	490,000	367,106	122,894
Provide RH kits to health facilities serving affected communities	# of GBV survivors received response services	2,000	30.00	60,000	60,000	0
Communication with communities (CWC)	Establish a call center			200,000	0	200,000
Distribute dignity kits to the most vulnerable women, men, girl and boys	# of vulnerable beneficiaries received dignity kits	100,000 (70,000 female and 30,000 male)	25	2,500,000	545,000	1,955,000
Conduct Child Protection Activities for vulnerable refugees, asylum seekers and migrants	# people benefiting from activities	1,500	100.00	150,000	0	150,000
Provide Prevention and Response to GBV cases for vulnerable refugees, asylum seekers and migrants	# people receiving response to cases	1,500	100.00	150,000	0	150,000

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Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide Services for PoC with Specific Needs (including protection activities for vulnerable refugees, including obstetric and ART treatment)	# people receiving services	30,000	100.00	3,000,000	0	3,000,000
Conduct Advocacy on Detention issues & Free Movement and intervene in individual cases for vulnerable refugees, asylum seekers and migrants	# key stakeholders reached by advocacy	100	100.00	10,000	0	10,000
Emergency Evacuation for Third Country National Migrants	# people evacuated	5,000	1,500.00	7,500,000	0	7,500,000
<b>TOTAL</b>			<b>N/A</b>	<b>23,598,680</b>	<b>1,022,606</b>	<b>22,576,074</b>



## Shelter, NFIs and CCCM

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**\$25.4 million**  
funding requirement

As outlined in the Protection Cluster section, verified estimates of the number of displaced people are not currently available. However, an unverified estimated based on local partner reports indicates that 120,000 to 150,000 are currently IDPs.

This number is expected to rise significantly if current conditions persist. Currently available humanitarian NFI and shelter stocks in country are extremely limited, while the need to assist IDPs staying in temporary shelters like schools, public buildings, previously established camps and in host communities is increasing. Airstrikes, fighting and insecurity have caused damage to the existing camps and some are without water provision and other camp services.

Limited access to conflict areas is hindering service delivery in some locations, and advocacy is urgently needed for safe humanitarian space. Partners require the ability to safely and reliably import needed stocks into Yemen by sea or air, and to distribute them to affected areas. The shortage of fuel supply has led to an increase in commodity prices, including lifesaving materials, as well as the cost of transportation. These costs have pushed cluster partners' operating costs higher.

### Priority Actions

- 1: Provide essential NFIs to people in need, including IDPs, refugees and migrants.
- 2: Provide emergency shelter to new IDPs, refugees and migrants.
- 3: Provide emergency cash assistance to address urgent needs of the most vulnerable households and host families, including rental subsidies in urban or semi-urban areas.

## Total targeted caseload: 250,000 people

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Provide coordination support to register and assess the needs of IDPs and affected population including sex- and age-disaggregation of data	# of new IDPs and affected population registered and disaggregated by gender and age.	30,000 households (180,000 people)	0	0	0	0
Provide essential NFIs to people in need	# of IDP and affected population assisted with NFIs	63,294 households	\$214.64	\$13,585,600	\$1,202,195	\$12,353,405
Provide emergency shelter to new IDPs and other conflict affected persons (Plastic Sheets/Tarpaulins and/or emergency shelter kits)	# of new IDPs and conflict affected population assisted with emergency shelters	44,000 households	\$150.00	\$6,600,000	\$1,082,400	5,517,600
Provide emergency cash assistance to address urgent needs of the most vulnerable households, host families including rental subsidies in urban or semi-urban areas	# of households that receive cash transfers to address most urgent life-saving needs in urban/semi-urban areas	25,000 households	200.00	\$5,000,000	0	\$5,000,000

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Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Life-saving food, water, NFI, and temporary shelter to refugees and migrants	# people receiving food, water, temporary shelter	16,666	150.00	2,500,000	0	2,500,000
<b>TOTAL</b>			<b>N/A</b>	<b>\$27,685,600</b>	<b>\$2,284,595</b>	<b>\$25,401,005</b>

## Logistics and Access

Contact Information: Qaseem Ghausy ([qaseem.ghausy@wfp.org](mailto:qaseem.ghausy@wfp.org))

**\$17.5 million**  
funding requirement

Humanitarian access remains severely hampered by insecurity and logistical constraints, including difficulties in bringing emergency supplies and aid workers into Yemen and moving supplies and staff safely to affected locations. Negotiating safe humanitarian access for movements within Yemen is challenging given the intensity of both ground and air fighting and unpredictable changes in control over territory. However, although movement within the country presents a challenge, organizations remain able to move supplies, as illustrated by shipments in the last week of health supplies overland from Hudaydah and Sana'a to Aden. The main constraint on moving supplies within Yemen is currently related to fuel and security concerns. Fuel shortages are becoming more acute by the day, threatening basic health and WASH services, pushing up commodity prices, and increasing humanitarian operational costs. Some storage facilities have been destroyed and in some locations there were inadequate storage facilities to begin with, especially in the south. Warehousing, particularly for food, is therefore an urgent priority.

The amount of supplies currently able to enter Yemen is only a small fraction of what is actually required and the most pressing concern is the need to ensure that parties to the conflict facilitate the rapid, predictable entry into Yemen of critical supplies and staff to support humanitarian operations. Partners look to all stakeholders to support advocacy efforts on these issues, particularly as shortages in basic supplies directly exacerbates the humanitarian crisis. Partners have also established a de-confliction cell to help facilitate safe humanitarian operations.

The humanitarian response depends on quick solutions to logistical constraints Humanitarian partners are addressing these concerns through shared fuel allocations through the Logistics Cluster, and are also seeking to establish internal humanitarian flights to transport staff and cargo more reliably than by road.

### Priority Actions

- 1: Advocate with all relevant parties to ensure access and safe passage for humanitarian goods and personnel into and within Yemen, including through humanitarian pauses for delivery of assistance.
- 2: Provide humanitarian air service to affected areas.
- 3: Provide fuel service to humanitarian partners and associated transporters during the crisis.
- 4: Provide storage capacity.
- 5: Provide satellite imagery-based situation maps to assess infrastructural damage.

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Weekly International Humanitarian Air Service to/from hub Djibouti to Sana'a Yemen	# locations with 3 weekly humanitarian flights	36 flights from Addis/Djibouti to Sana'a, Hudaydah, Aden, Taizz)	N/A	1,000,000	0	1,000,000
Domestic Flights: 13 flights per months between Sana'a, Sa'ada, Aden, Hudaydah, Taizz, Haradh	# location within the country 10 flights per month	100 flights	N/A	1,000,000	0	1,000,000
Airlift interagency cargo inside Yemen and from abroad to Yemen	# location from abroad and within the country 2 flight per month	26 flights	N/A	6,000,000	0	6,000,000
Sea Transport 2 vessels per month from Djibouti to Hudaydah	# locations between Djibouti to Hudaydah	2 vessels per month	N/A	1,800,000	0	1,800,000

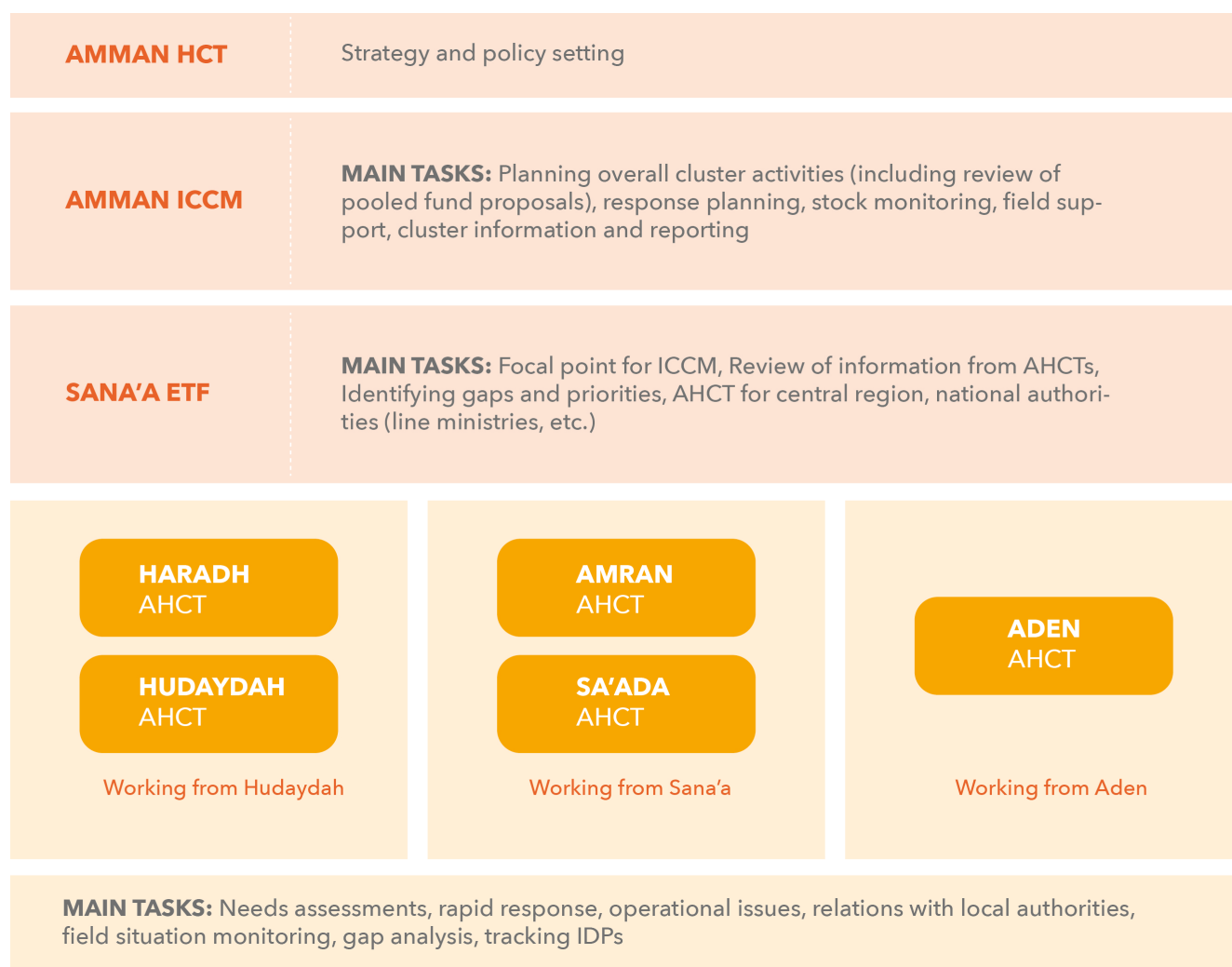
YEMEN

Activity	Indicator	Target	Unit cost (US\$)	Total cost (US\$)	Funding available (US\$)	Funding gap (US\$)
Land transport within Yemen (interagency)	# locations within cities in Yemen, 1 convoy per week	36 convoy per week	N/A	600,000	0	600,000
Fuel Provision service during crisis for the humanitarian light vehicles movement and land transportation of commodities	# fuel distributions systems and total fuel storage capacity	5 (Sana'a, Aden, Haradh, Hudaydah); 1000,000 litres	N/A	1,000,000	0	1,000,000
	Average monthly L distributed	200,000				
Temporary storage and Transportation including the logistics cluster hub in Djibouti/ Jeddah and cargo handling at the port	MT storage capacity	10,000 MT capacity	N/A	2,000,000	0	2,000,000
Warehouse equipment,, MSUs, rental payment for the interagency storage, handling charge and staffing	# location within the country and Djibouti port	20 MSUs to be installed within the country	N/A	4,000,000	0	4,000,000
Satellite imagery-based situation maps	# locations surveyed through satellite imagery	5 (Aden, Sa'ada, Hudaydah, Al Dhale'e, Hajjah)	N/A	80,000	10,000	70,000
<b>TOTAL</b>			<b>N/A</b>	<b>17,480,000</b>	<b>10,000</b>	<b>17,470,000</b>

## ANNEX II. COORDINATION ARCHITECTURE

Weekly Humanitarian Country Team (HCT) and inter-cluster coordination mechanism (ICCM) meetings are taking place. HCT and ICCM members maintain regular links to the Sana'a Emergency Task Force (ETF), which is comprised of national staff cluster focal points. At the field level, Area Humanitarian Coordination Teams (AHCTs) continue to coordinate

local operations in Aden, Amran, Haradh, Hudaydah and Sa'ada. During the temporary relocation of most international staff from Yemen, the HCT, ICCM and cluster coordinators are operating out of Amman. The HCT is working to return to Yemen as soon as possible.





# Guide to Giving

to humanitarian action in line with the Yemen Flash Appeal

## CONTRIBUTING TO THE YEMEN FLASH APPEAL

To donate directly to activities in the appeal, view the country page on the OCHA website for information on participating organizations and persons to contact concerning donations.

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

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

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

## DONATING TO THE YEMEN HUMANITARIAN FUND

The Yemen Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed at country level by the UN Office for the Coordination of Humanitarian Affairs (OCHA) under the leadership of the Humanitarian Coordinator (HC). CBPFs are critical tools to support the delivery of OCHA's humanitarian coordination mandate. CBPFs receive un-earmarked funds from donors and these are allocated in response to humanitarian needs as prioritized in the field through joint planning and an inclusive decision-making process. Aligned to the Humanitarian Programme Cycle (HPC), the Yemen CBPF promotes coordinated humanitarian response and supports the implementation of the Yemen Flash Appeal.

For more information on CBPFs please visit:

[www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds](http://www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds)

## IN-KIND RELIEF AID

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

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

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