



# Yemen



*Dina Malaeb/Save the Children/2010*



2011

Humanitarian Response Plan



## Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

### SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	CRS	Humedica	MENTOR	UMCOR
ACF	CWS	IA	MERLIN	UNAIDS
ACTED	DanChurchAid	ILO	NCA	UNDP
ADRA	DDG	IMC	NPA	UNDSS
Africare	Diakonie Emergency Aid	INTERMON	NRC	UNEP
AMI-France	DRC	Internews	OCHA	UNESCO
ARC	EM-DH	INTERSON	OHCHR	UNFPA
ASB	FAO	IOM	OXFAM	UN-HABITAT
ASI	FAR	IPHD	PA (formerly ITDG)	UNHCR
AVSI	FHI	IR	PACT	UNICEF
CARE	FinnChurchAid	IRC	PAI	UNIFEM
CARITAS	FSD	IRD	Plan	UNJLC
CEMIR International	GAA	IRIN	PMU-I	UNMAS
CESVI	GOAL	IRW	PU	UNOPS
CFA	GTZ	JOIN	RC/Germany	UNRWA
CHF	GVC	JRS	RCO	VIS
CHFI	Handicap International	LWF	Samaritan's Purse	WFP
CISV	HealthNet TPO	Malaria Consortium	Save the Children	WHO
CMA	HELP	Malteser	SECADEV	World Concern
CONCERN	HelpAge International	Mercy Corps	<i>Solidarit�s</i>	World Relief
COOPI	HKI	MDA	SUDO	World Vision
CORDAID	Horn Relief	MDM	TEARFUND	ZOA
COSV	HT	MEDAIR	TGH	

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



**Legend**

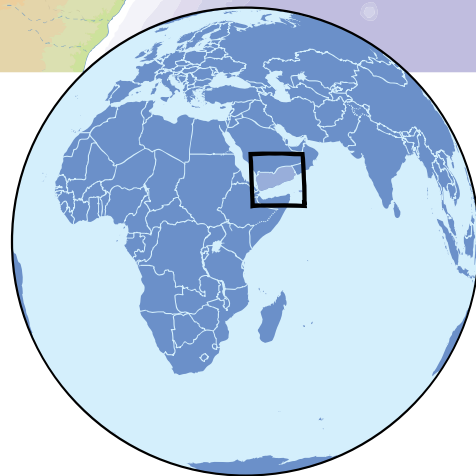
- ⊛ National capital
- ⊙ Governorate capital
- Populated place
- · - · - International boundary
- - - - - Governorate level boundary

**Elevation (meters)**

- 5,000 and above
- 4,000 - 5,000
- 3,000 - 4,000
- 2,500 - 3,000
- 2,000 - 2,500
- 1,500 - 2,000
- 1,000 - 1,500
- 800 - 1,000
- 600 - 800
- 400 - 600
- 200 - 400
- 0 - 200
- Below sea level

**Disclaimers:** The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

**Map data sources:** CGIAR, United Nations Cartographic Section, Europa Technologies, FAO, GEBCO.



**1. EXECUTIVE SUMMARY**

Yemen is one of the poorest countries in the world, ranked 133<sup>rd</sup> out of 182 countries on the UNDP Human Development Index. The adult illiteracy rate is 46%, with vast gender disparities: illiteracy among female adults is 65% compared to 27% for men. The poverty rate has increased from 35% in 2006 to an estimated 43% today, partly due to drastic food and fuel price increases. In addition to this Yemen is one of the most water-starved countries in the world with a water deficit of 1 billion cubic meters (m<sup>3</sup>) per year, and with less than 92m<sup>3</sup> of renewable internal freshwater resources per capita per year, which is far below most accepted thresholds for water scarcity. The unemployment rate is very high, making the population vulnerable to a wide range of national and global shocks such as price increases. Governance is weak and there is a lack of basic services for the general population. All these factors have resulted in a very vulnerable population with high levels of food insecurity and malnutrition.

In addition to the challenges described above, Yemen has suffered from internal conflicts and clashes for several years, resulting in severe disruptions of services, lack of security for the population and a large number of internally displaced people (IDPs). The internal security threats include three distinct elements: a conflict in the north; a secessionist movement in the south; and the threat posed by terrorist elements. The most serious of the three threats concerns the outbreak of fighting in August 2009 in the north between government forces and members of the opposition group Houthi in the Governorate of Sa'ada, which triggered the displacement of over 320,000 people within Sa'ada and its neighbouring governorates. Security conditions have not been conducive to significant returns of these IDPs, and the current estimate is that only 30% of them will have returned by end of 2010, leaving the humanitarian needs for IDPs, returned IDPs and the war-affected population very high.

<b>2011 YHRP Key parameters</b>	
Duration	12 months (January – December 2011)
Key areas targeted	<ul style="list-style-type: none"> <li>• Northern conflict-affected governorates</li> <li>• Refugee-hosting areas</li> <li>• Areas hosting other vulnerable populations</li> </ul>
Target beneficiaries	<ul style="list-style-type: none"> <li>• 1.8 million food-insecure</li> <li>• 1.5 million children suffering from malnutrition</li> <li>• 225,000 IDPs &amp; 97,000 returnees</li> <li>• 239,100 refugees, asylum seekers and migrants</li> </ul>
<b>Total funding requested</b>	<b>Funding request per beneficiary</b>
\$224,874,248	Approximately \$58

The overall strategy of the Humanitarian Country Team (HCT) in 2011 is to provide an environment for safe and healthy living for conflict-affected people until the situation allows for permanent resettlement and self-reliance, while in addition providing a much more limited package of assistance (mainly food and nutrition) for vulnerable but non-conflict-affected Yemenis in acute humanitarian need. To that end, the HCT chose three strategic objectives to guide its humanitarian action in 2011.

1. Provide life-saving assistance, especially emergency shelter, health care and nutrition, safe water and sanitation, food, and ensure protection to people affected by violence, severe food insecurity and malnourishment, and other acute humanitarian crises.
2. Provide time-critical assistance and ensure a protective environment in order to address early recovery needs and support durable solutions for affected targeted populations.
3. Strengthen the accountability and ability of government authorities and other key stakeholders involved in service and assistance delivery and protection through capacity-building, information-sharing, and crisis management with the aim of improving humanitarian response for all affected people.

The 2010 Yemen Humanitarian Response Plan was 63% funded as of 15 November, with wide discrepancies across the clusters, and delays in funding which resulted in many critical activities not taking place, such as food distribution during the hunger period to 900,000 severely food-insecure people. The 2011 Humanitarian Response Plan aims to increase donor support – both in terms of the amount of funding, but also its timeliness – to fulfil its objectives by providing a coherent and focused strategy, improving project quality through gender mainstreaming and improving baseline data for evidence-based needs assessments.

**YEMEN**

**Basic humanitarian and development indicators for Yemen**

		Most recent data	Previous data (2000, unless otherwise noted)	Trend
<b>Demographics</b>	Population	24.3 million people (UNFPA <a href="#">SWP 2010</a> )	18.1 (UNFPA <a href="#">SWP</a> )	↑
<b>Economic status</b>	GNI per capita (PPP)	US\$ 1,220 (WB <a href="#">Yemen Country Profile</a> )	\$1,680 (WB <a href="#">Yemen Country Profile</a> )	↑
	Percentage of population living on less than \$1.25 per day	17.5% ( <a href="#">2010 UNDP HDR</a> )	5.1 % ( <a href="#">UNDP HDR</a> [Note: \$1 day used in 2000])	↓
<b>Health</b>	Adult mortality (per 1,000 – WHO <a href="#">Core Health Indicators</a> )	Both sexes: 217/1,000 Male: 249/1,000 Female: 185/1,000	Both sexes: 260/1,000 Male: 291 Female: 228	↑
	Maternal mortality (UNICEF <a href="#">Childinfo</a> )	365/100,000 live births	340/100,000	↑
	Skilled birth attendance	36% of deliveries (2003-2008) ( <a href="#">2010 UNDP HDR</a> )		↔
	Under-five mortality (UNICEF <a href="#">ChildInfo</a> )	Both sexes 66/1,000 live births	Both sexes: 100/1,000	↑
	Life expectancy at birth (years)	63 (UNICEF <a href="#">Yemen at a glance</a> )	60 (WHO <a href="#">Core Health Indicators</a> )	↑
	Number of health workforce per 10,000 population	Physicians: 28 Nurses and midwives: 35 (2009 WHO EMRO <a href="#">Country Profile</a> )	Physicians: 3 Nurses and midwives: 7 (WHO <a href="#">Core Health Indicators</a> 2004)	↑
	Measles vaccination rate	58% (UNICEF <a href="#">Childinfo country data</a> )	66% ( <a href="#">UNDP HDR</a> )	↓
	<b>Education</b>	Enrolment in primary education	Boys: 85% / Girls: 65% (UNICEF <a href="#">Yemen at a glance</a> 2003 – 2008)	
<b>Food and Nutrition</b>	2010 <a href="#">Global Hunger Index</a>	27.3 alarming level; 74 <sup>th</sup> out of 84 countries	30.1 extremely alarming (1990, using data from 198 – 1992)	↔
	Percentage of food-insecure people	31.8% (WFP, CFSA 2010)	NA	NA
	Percentage of under-fives suffering from moderate and severe wasting	15% WHO standards (UNICEF <a href="#">Yemen at a glance</a> 2003 – 2008 )		NA
	Percentage of under-fives suffering from moderate and severe stunting	58% WHO standards (UNICEF <a href="#">Yemen at a glance</a> 2003 – 2008)		NA
	Portion of population undernourished	32% (FAO 2009 <a href="#">State of Food Insecurity in the World</a> [figure for 2004-2006])	30% (FAO 2009 <a href="#">State of Food Insecurity in the World</a> ) (figure is for 2000)	↔
<b>Water, Sanitation, Hygiene</b>	Proportion of population without sustainable access to an improved drinking water source	38% (World Bank, <a href="#">Little Green Book</a> , Country Data)	39% ( <a href="#">UNDP HDR</a> )	↑
	Renewable internal freshwater resources per capita (cubic meters)	92m <sup>3</sup> /per person (World Bank, <a href="#">Little Green Book</a> , Country Data)	223 m <sup>3</sup> ( <a href="#">UNDP HDR</a> )	↓
<b>Population Movements</b>	IDPs	225,000 (UNHCR Yemen)	n/a in 2000 342,000 in 2009 (2010 YHRP and MYR)	↓
	Returned IDPs	97,000 (UNHCR Yemen)		NA
	Refugees and asylum seekers	239,100 (UNHCR Yemen)	NA	NA
<b>Other Vulnerability Indices</b>	ECHO GNA Vulnerability and Crisis Index	3/3: most severe level (2009 GNA)	2: medium (2004 GNA)	↓
	HDI	0.439 (low human development): 133 <sup>rd</sup> out of 169 assessed countries ( <a href="#">2010</a> )	0.358 (low human development): 148 <sup>th</sup> out of 174 assessed countries ( <a href="#">2000</a> )	↑
	IASC Early Warning - Early Action Rating	<b>Sustained level of preparedness and response is recommended in light of the deteriorating security situation and its impact on humanitarian access and protection concerns; persistent food insecurity and displacement</b>		↓

**Key to colours used**

red: clearly worsening
orange: some improvement
yellow: improving
green: clear improvement

<sup>1</sup> All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, [fts@reliefweb.int](mailto:fts@reliefweb.int)), which will display its requirements and funding on the current appeals page.



**Table I: Summary of requirements (grouped by cluster)**

Yemen Humanitarian Response Plan 2011 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	3,399,890
EARLY RECOVERY	11,812,464
EDUCATION	3,502,600
FOOD AND AGRICULTURE	81,038,634
HEALTH	13,686,092
MULTI-SECTOR (Refugee response)	40,339,911
NUTRITION	26,670,228
PROTECTION	13,604,590
SHELTER/NFI/CCCM	18,971,093
WATER, SANITATION AND HYGIENE	11,848,746
<b>Grand Total</b>	<b>224,874,248</b>

**Table II: Summary of requirements (grouped by priority)**

Yemen Humanitarian Response Plan 2011 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Priority	Requirements (\$)	Number of projects
LIFE-SAVING	146,667,349	27
SUPPORT SERVICES	6,900,795	14
TIME-CRITICAL	71,306,104	30
<b>Grand Total</b>	<b>224,874,248</b>	<b>71</b>

**Table III: Summary of requirements (grouped by appealing organization)**

<p>Yemen Humanitarian Response Plan 2011  as of 15 November 2010  <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Appealing Organization	Requirements (\$)
ADRA Yemen	188,500
AMI	31,568
CHF International	255,600
CSSW	531,500
FAO	4,061,315
HF	199,830
IOM	9,327,930
MDM France	747,000
OCHA	2,039,975
OXFAM GB	5,553,700
RI	793,512
SC	3,820,000
UNDP	5,120,000
UNDSS	196,405
UNFPA	1,730,755
UNHCR	59,704,142
UNICEF	20,292,836
WFP	100,153,837
WHO	9,354,800
YFCA	641,100
YINGOF	129,943
<b>Grand Total</b>	<b>224,874,248</b>



## 2. 2010 IN REVIEW

### 2.1 CHANGES IN THE CONTEXT

During 2010, the conflict in the northern Governorate of Sa'ada calmed down, although it did not completely stabilize. A ceasefire was agreed upon in February, and in August a timetable for implementing 22 truce points to end the fighting was signed during peace talks between government representatives and the Houthis. However, the implementation of the ceasefire is very slow, little progress towards lasting peace has been made and clashes have continued. The return rate of IDPs is low. The estimated figures are that 30% of the 320,000 people originally displaced people will have returned home by end of 2010 and the current estimate for return in 2011 is 20%. The slow return rate depends on a wide range of obstacles including mines and unexploded devices, destruction of housing and infrastructure, lack of basic necessities, presence of Houthis and non-state actors in many areas, fear of retaliation against IDPs who are perceived by the Houthis as supporting the Government, and an overall lack of Government capacity.

Whilst the north remains quiescent, but still with the potential to worsen, civil turmoil is increasing in the south due to the secessionist movement and increased terrorist activity. Clashes between the Government and armed elements in Shabwa Governorate in September and October 2010 displaced a large number of people. Although the situation calmed down and most of the IDPs were able to return home, the situation is tense and more clashes are expected to take place. Attacks on government officials and in some cases civilians occur frequently.

The political and security situation in the northern governorates have made the access situation very challenging for the delivery of humanitarian assistance to all affected population. In particular, the Governorates of Sa'ada and Al Jawf currently have severe access restrictions, especially for international staff. In order to address this issue, one of the key activities of the YHRP is to advocate increased access, by regularly monitoring the situation and setting up a network for negotiation and advocacy with key stakeholders. Individual agencies and clusters are mitigating the risks by close cooperation with local non-governmental organizations (NGO) and government bodies having better access or by reaching beneficiaries through neighbouring districts.

#### **Division of labour with humanitarian agencies not participating in the YHRP or in the cluster approach**

The International Committee of the Red Cross (ICRC), in cooperation with the Yemeni Red Crescent Society (YRCS), is covering the humanitarian assistance needs of IDPs in parts of Sa'ada and Amran Governorates, particularly in those areas that other humanitarian actors are currently unable to access. These organizations provide food, water, shelter and other essential items, as well as medical aid.

*Médecins sans frontières*-Spain (Doctors Without Borders / MSF-Spain) is running Al Mazraq hospital in Haradh district, providing secondary level healthcare to the IDPs of Al Mazraq camps, host population and to emergency cases from West Sa'ada. They also provide primary healthcare services in the medical facility of Al Mazraq Camp 3 and run information, education and communication programmes, and programmes on mental health in the camps and IDP settlements.

MSF-France is active in Al-Talh hospital, Sa'ada Governorate, since the announcement of the ceasefire. It also continues its activities in two other hospitals in Sa'ada town, and runs a health facility to treat IDPs in Al-Mandaba, northern Sa'ada Governorate. In Amran Governorate, MSF-France undertakes activities in two health facilities.

ICRC and MSF work collaboratively, regularly exchanging information with the other humanitarian actors reflected in this paper, while operating independently of the UN-led humanitarian effort. The funding requirements for these operations are not reflected here.

## 2.2 HUMANITARIAN ACHIEVEMENTS AND LESSONS LEARNED

The 2010 YHRP was the first one for Yemen. It enabled some significant achievements, and faced a range of challenges, all of which led to a series of lessons learnt (see table below). These have been examined and discussed within the HCT to improve the quality of this year's YHRP and which will be further used to enhance the humanitarian response in Yemen.

Lessons Learnt	Actions	Responsible for follow – up
<b>Coordination</b>		
+ Cluster system established, leading to better coordination.	Keep improving the cluster system by increased field coordination.	Humanitarian Coordinator (HC) / Office for Coordination of Humanitarian Affairs (OCHA)
+ Establishment of informal working groups in food and nutrition leading to better coordination and information sharing.	Set up working groups in other clusters, as suitable.	Cluster coordinator
- Problems with coordination within the clusters for project selection, leading to overlapping and duplicated projects due to: <ul style="list-style-type: none"> <li>cluster coordinators not having/showing enough authority</li> <li>cluster coordinators viewed as biased towards their organization</li> <li>no clear strategy on how to move forward if agencies disagree</li> </ul>	Set up a strategy on how to solve conflicting issues within the cluster, e.g. by HC arbitration.	HC, cluster coordinators
<b>Information</b>		
- Lack of reliable information concerning IDP figures and affected population.	Set up better monitoring systems for IDPs, in particular finding scattered IDPs, and assess which information is needed.	United Nations High Commissioner for Refugees (UNHCR)/Executive Unit in collaboration with other agencies.
- Need for better information-sharing mechanisms.	Increase information management (IM) activities to help identify gaps.	OCHA/clusters
<b>Participation</b>		
+ Better government and NGO participation, although further improvements can still be made.	All clusters to keep working on improved government and NGO participation.	Cluster coordinators
- Lack of participation of agencies in the field. YHRP too Sana'a based.	Ensure communication and information sharing is done with the field, e.g. by local meetings.	All agencies and cluster coordinators
- Lack of capacity for implementation of projects due to: <ul style="list-style-type: none"> <li>lack of skilled implementing partners</li> <li>difficulties in accessing targeted areas (e.g. Sa'ada)</li> </ul>	Work with capacity-building local NGOs and government.  Discuss alternative solution on how to access difficult areas, for example through remote monitoring.	All clusters

+ positive points

- points where progress still needed

### Funding analysis

The YHRP was launched to respond to the range of humanitarian needs generated by the northern conflict, the refugee situation in the south and the vulnerable situation for large part of the Yemeni population. However, general insecurity, intermittent conflict, tribal checkpoints, kidnappings, and hijackings at times challenged the timely and effective delivery and implementation of operations and monitoring activities. Additionally, dramatically late and limited funding has caused many projects to be only partially implemented, or not implemented at all.

The YHRP's original requirements were \$180,596,567 with its revised requirements standing at \$186,121,370 as of 15 November. Funding received was \$117,717,180, or 63% of revised requirements. This funding percentage compares rather favourably to the global average of 59%, with the Haiti appeal being best funded at 72% and the Central African Republic appeal being the lowest-funded at 43%. However, this figure of 63% (weighted average) obscures three important elements: the spread of funding across the clusters and in accordance with stated priorities, and its timeliness. The (unweighted) average funding across clusters was 53%, but with large differences between clusters. The best-funded clusters were Coordination and Support (138%), Nutrition (69%) Food and Agriculture (64%) and Water, Sanitation and Hygiene (WASH) (62%), while Education received only 19% of requested funding.

However, it was clear that the donors were funding where the need was the largest; life-saving projects received 60% of the total funding requested.

### Funding by category and location

Category	Location	Revised requirements (\$)	Funding received (\$)	Unmet requirements (\$)	% funded
Life-saving	North	81,776,114	54,514,537	27,261,577	67%
	Other	39,761,528	16,376,091	23,385,437	41%
<b>Life-saving total</b>		<b>121,537,642</b>	<b>70,890,628</b>	<b>50,647,014</b>	<b>58%</b>
Time-critical	East	269,700	789,889	-520,189	293%
	North	15,251,691	4,821,998	10,429,693	32%
	Other	36,944,425	13,077,446	23,866,979	35%
	South	4,274,987	3,911,382	363,605	91%
<b>Time-critical total</b>		<b>56,740,803</b>	<b>22,600,715</b>	<b>34,140,088</b>	<b>40%</b>
Support services	North	1,638,851	694,695	944,156	42%
	Other	2,988,379	3,143,103	-154,724	105%
	South	126,500	126,500	0	100%
<b>Support services total</b>		<b>4,753,730</b>	<b>3,964,298</b>	<b>789,432</b>	<b>83%</b>
Not Specified	Not Specified	3,089,195	20,261,539	-17,172,344	656%
	Other	0	0	0	-
<b>Not Specified total</b>		<b>3,089,195</b>	<b>20,261,539</b>	<b>-17,172,344</b>	<b>656%</b>
<b>Grand totals</b>		<b>186,121,370</b>	<b>117,717,180</b>	<b>68,404,190</b>	<b>63%</b>

Source: donor and recipient organization reports to Financial Tracking Service (FTS) as of 15 November

### Funding by category and location (as percentage of total funding)

Category	Location	Funding requested as % of category funding requested	Category funding requested as % of total funding requested	Funding received as % of category funding received	Category funding received as % of total funding received
Life-saving	North	67%	65	77%	60
	Other	33%		23%	
Time-critical	East	0%	30	3%	19
	North	27%		21%	
	Other	65%		58%	
	South	8%		17%	
Support services	North	34%	3	18%	3
	Other	63%		79%	
	South	3%		3%	
Not Specified	Not Specified	100%	2	100%	17
	Other	0%		0%	

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

The low level of funding for Yemen could be due a variety of factors, including the large crises in Haiti and Pakistan, which may have channelled funding away from smaller emergencies. In order to increase the funding and enable needed response, donor meetings were held to present the effect of the lack of funding on the affected population in the presence of government officials. Before the Mid-Year Review (MYR), a re-prioritisation was done for all the projects in the YHRP which identified the most urgent life-saving projects that required immediate funding.

Also, due to the low level of funds, Yemen received Central Emergency Response Fund (CERF) money in the window for under-funded projects in the YHRP. The first round of \$7 million was distributed in March and the second round of \$7 million was distributed in September.

Given the limited funding of 2010, many projects could not be implemented and the needs remain for 2011. It is the aim of the 2011 YHRP to increase donor support by providing a coherent and focused strategy with fewer and more focused projects. Particular focus has also been placed on improving the quality of the projects and the cluster response plans by gender mainstreaming. Further, the YHRP 2011 aims at improving monitoring and baseline data in order to further improve the needs analysis for 2011 and the MYR. Efforts have also been made to ensure relevant and measurable indicators in order to follow up the progress of the YHRP in a structured fashion.

**Strategic objectives and achievements in 2010**

The strategic objectives of the 2010 YHRP plan were developed in a workshop in cooperation with all stakeholders and all projects were vetted to be in line with the objectives. Due to lack of funding and access to certain areas the objectives could not be wholly fulfilled, however, many significant achievements have been made. Below is a summary of the most important achievements for each objective.

Main achievements	Gaps in response
<b>Strategic objective 1: Provide life- and livelihood-saving humanitarian assistance to the most vulnerable populations affected by man-made and natural disasters, including refugees, IDPs, migrants, women and children, and other communities in need.</b>	
<b>Food Security and Agriculture</b>	
<ul style="list-style-type: none"> <li>• 296,000 IDPs in north-west Yemen received food distributions throughout the year. MYR target (doubling the amount of beneficiaries) was met</li> </ul>	<ul style="list-style-type: none"> <li>• Due to delays in funding, food rations for IDPs and returning IDPs had to be halved for a period during the summer. Subsequent funding allowed for a return to more complete rations from October onwards</li> </ul>
<b>Nutrition</b>	
<ul style="list-style-type: none"> <li>• 15,776 under-five children suffering from severe acute malnutrition (SAM) and 15,174 under-five children suffering from moderate acute malnutrition (MAM) were enrolled in a community management of acute malnutrition programme.</li> <li>• Outpatient therapeutic program (OTP) sites are fully functional in the targeted districts and therapeutic feeding centres (TFC) in the targeted governorates.</li> <li>• More than 400,000 children screened for MAM.</li> <li>• 15,776 of SAM cases enrolled in OTP/TFCs with case fatality rate of less than 1%.</li> </ul>	<ul style="list-style-type: none"> <li>• Delays in data collection/ flow from the community-based management of acute malnutrition (CMAM) facilities to the governorate and central level leading to lack of information of number of children screened.</li> <li>• 10,000 children under five did not receive blanket supplementary feeding due to inaccessibility to areas of northern Yemen.</li> <li>• The need to further expand and strengthen the community screening and the supportive supervision component is critical.</li> <li>• Lack of information about the number of children screened due to inadequate information system.</li> <li>• The need to strengthen the community screening and the supportive supervision component is critical.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	
<ul style="list-style-type: none"> <li>• 50,000 IDPs inside and outside camps and some host community accessing safe water.</li> <li>• 24,000 IDPs (especially in camps) benefiting from sanitation in terms of excreta disposal and solid waste management.</li> <li>• Provision of hygiene items and hygiene promotion in conflict-affected governorates, and for population</li> </ul>	<ul style="list-style-type: none"> <li>• No water delivered in Sa'ada and Al Jawf to due to lack of access.</li> <li>• Low rate of service delivery to scattered IDPs in Amran, due to the low concentration of IDPs as well as for security reasons.</li> </ul>

**YEMEN**

<ul style="list-style-type: none"> <li>affected by natural disasters (15,000).</li> <li>WASH needs addressed in schools and health facilities in Sa'ada and in neighbouring governorates hosting IDPs (5,000).</li> </ul>	
<b>Camp Coordination Camp Management (CCCM) and Shelter</b>	
<ul style="list-style-type: none"> <li>Establishment of three<sup>2</sup> camps in Hajjah as well as two settlements in Amran and Al-Jawf in support of the IDPs according to international standard.</li> <li>60% male and 40% female representation in camp committees target achieved.</li> <li>30,000 IDP families in the north-west received support with non-food items (NFIs – tents and tarpaulins).</li> <li>IDP profiling conducted.</li> </ul>	<ul style="list-style-type: none"> <li>Return packages for 10,000 not distributed due to lack of access.</li> </ul>
<b>Health</b>	
<ul style="list-style-type: none"> <li>100% coverage of health services including reproductive health for IDPs in camps.</li> <li>Mortality rate in camps remained at 0.10/10,000/day, significantly less than the threshold mortality rate in emergencies (1/10,000/day).</li> </ul>	<ul style="list-style-type: none"> <li>Only 20% coverage of health services within one hour walking distance for population outside camps due to limited resource availability.</li> </ul>
<b>Protection</b>	
<ul style="list-style-type: none"> <li>Children benefited from psycho-social support and recreational activities in child-friendly spaces (CFSs) on 96,033 occasions, which exceeded the targeted 70,000.</li> <li>Adults received psycho-social support on 2,946 occasions.</li> <li>The Child Protection Sub-Cluster (CPSC) undertook an assessment of the violence against children and the protective environment in Sa'ada and surrounding governorates.</li> <li>50,000 children were provided information about how to avoid explosive remnants of war (ERW).</li> <li>8,100 IDP women received dignity kits out of the 20,000 targeted.</li> <li>Nine community-based protection networks established in areas of displacement.</li> <li>National IDPs policy drafted in consultations with all stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Low rates of reporting of grave violations of rights in conflict-affected areas where lack of access.</li> <li>11,900 IDP women did not receive dignity kits due to lack of enough funding to procure and distribute dignity kits to the most vulnerable women and girls.</li> <li>4,172 adults yet to receive psycho-social support, including other counselling services.</li> <li>Additional community-based protection networks to be established in areas of displacement and return.</li> <li>No endorsement of the national IDP policy by the authorities yet.</li> </ul>
<b>Multi-Sector (refugees)</b>	
<ul style="list-style-type: none"> <li>239,100 refugees and asylum seekers registered and assisted.</li> <li>Discussions on the Government Administrative and Legislative Legal Framework.</li> <li>Detained asylum seekers traced through access to detention.</li> <li>100% of sexual and gender-based violence (SGBV) cases received support</li> <li>72% of refugee children in Kharaz camp enrolled in primary education.</li> <li>Anaemia reduced in the camp.</li> <li>Voluntary return of stranded migrants.</li> </ul>	<ul style="list-style-type: none"> <li>People of concern in detention on non-criminal charges.</li> <li>Lack of any national refugee legislation.</li> <li>Malnutrition remains above acceptable ceiling.</li> <li>Return of stranded migrants is delayed creating more risk for women and girl.</li> </ul>
<b>Strategic objective 2: Address protracted humanitarian and recovery needs, including emergency levels of malnutrition country-wide and post-emergency needs in Sa'ada and Hadramout Governorates.</b>	
<b>Nutrition</b>	
<ul style="list-style-type: none"> <li>51,198 children under five suffering from SAM and 15,174 children under five suffering from MAM were enrolled in a community management of acute malnutrition programme.</li> <li>80,224 children under two and 96,804 pregnant and lactating women received blanket supplementary feeding.</li> <li>Up to 80% of target beneficiaries have been receiving blanket/targeted supplementary feeding.</li> </ul>	<ul style="list-style-type: none"> <li>Funding constraints reduced the number of children under five and pregnant/lactating women receiving assistance by the end of 2010 to 67%.</li> <li>Lack of information about the number of children screened due to inadequate information system.</li> </ul>

<sup>2</sup> One camp established and supported by the United Arab Emirates (UAE) Red Crescent

<b>Early Recovery</b>	
<ul style="list-style-type: none"> <li>• 90% of mine-polluted areas in the flood-affected areas of Hadramout resurveyed and some re-marked after the flood damage.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding stopped most of the planned early recovery (ER) projects.</li> <li>• Mine clearance activities in Sa'ada had to be stopped due to security constraints.</li> </ul>
<b>Food Security and Agriculture</b>	
<ul style="list-style-type: none"> <li>• 800,000 severely food-insecure received food assistance</li> <li>• 1,982 IDP households assisted with livestock feed</li> <li>• 34,888 head of livestock were assisted with livestock feed.</li> <li>• 60,996 head of livestock received veterinary services.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding did not enable distributing food assistance to 900,000 food-insecure people.</li> <li>• Lack of funding stopped planned seeds or emergency livestock feed distribution to destitute households and farmers.</li> </ul>
<b>Education</b>	
<ul style="list-style-type: none"> <li>• 120,000 students in basic education supported with school supplies, bags, pencils, pens, etc.</li> <li>• 200 tents procured and supplied to expand safe learning areas for students.</li> <li>• 40 early childhood development (ECD) centres established, 197 ECD teachers trained and 116 ECD kits distributed.</li> <li>• Vocational training and literacy courses conducted for 200 IDP boys and girls.</li> </ul>	<ul style="list-style-type: none"> <li>• Problems in identifying sufficient female teachers for professional training.</li> </ul>
<b>Strategic objective 3: Strengthen the capacity of humanitarian actors and of key Government counterparts involved in service and assistance delivery</b>	
<b>Coordination and Support Services</b>	
<ul style="list-style-type: none"> <li>• Nine active clusters operational in addition to multi-sector activities and coordination and support services.</li> <li>• Clusters have regular meetings, involving United Nations (UN) agencies, national and international non governmental organizations (INGO) and government counterparts. In addition to this ICRC and MSF participate as observers to some clusters.</li> <li>• IM tools including contact lists, 3W matrixes and maps have been established and are available through the OCHA website according to target groups and areas.</li> <li>• \$14 million received from the CERF under-funded allocation.</li> <li>• Emergency Response Fund established with \$2.5 million (out of the requested \$5) million, which supports mainly NGOs for emergency projects.</li> <li>• Regular flights to Sa'ada achieved since September 2010 (irregular flights had started in March).</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of capacity in most agencies (due to limited staffing) has led to a weak field coordination and information gaps.</li> <li>• Initial flights to Sa'ada occurred irregularly due to access and authorization issues.</li> <li>• Lack of inter-agency strategic responses to IDPs outside camps.</li> <li>• Lack of negotiation and advocacy for access and expansion of the humanitarian space.</li> <li>• Lack of awareness-raising on the cluster approach in other parts of the country especially in the south.</li> </ul>

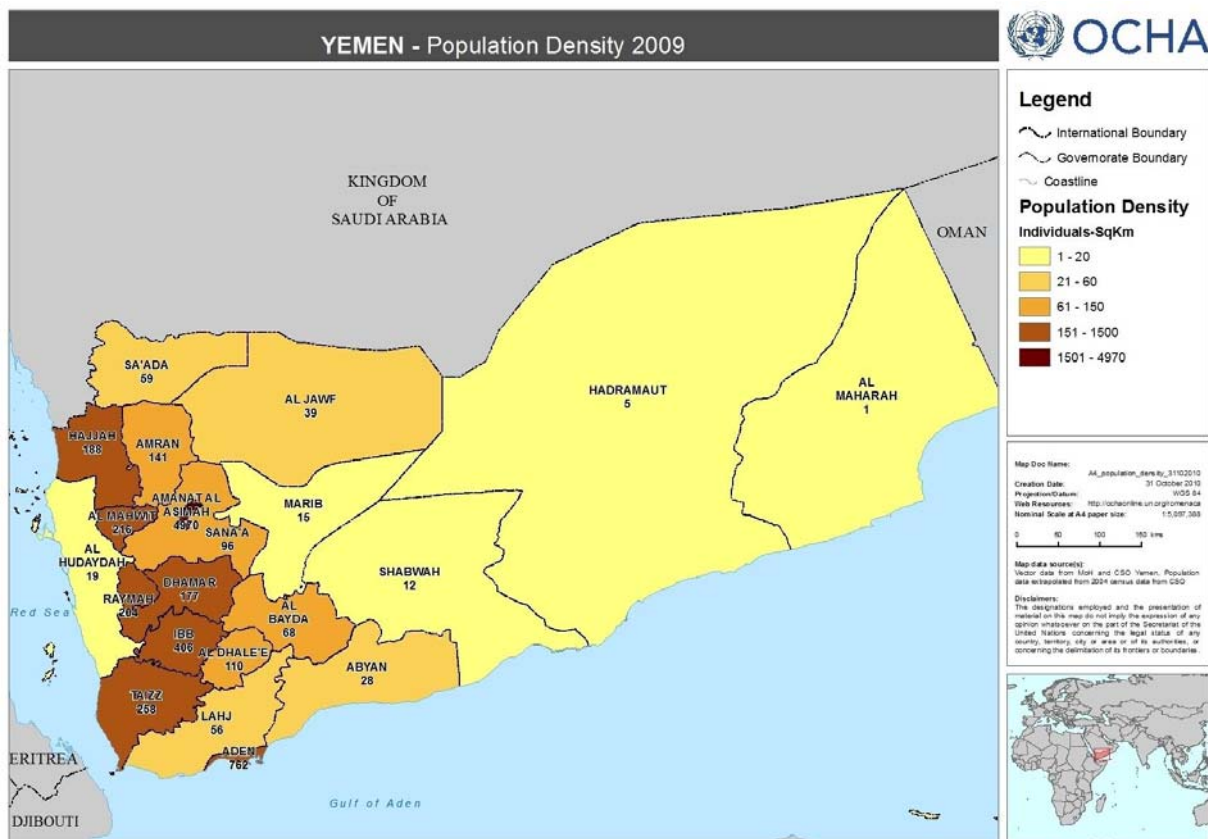
### 3. CONTEXT AND HUMANITARIAN NEEDS ANALYSIS<sup>3</sup>

#### General Context

The last five years in Yemen have seen an overall reversal in development as a consequence of interconnected processes and factors, including: a fast-growing and largely rural population (including burgeoning numbers of young people); economic and fiscal uncertainty (especially over declining oil revenues); widespread and rising poverty and unemployment; limited educational and livelihood opportunities (affecting women and young people in particular); high levels of social exclusion (primarily for females as well as tribal groups); exposure to natural hazards and the likely, but unpredictable, impacts of climate change; and the unsustainable depletion of natural resources, most particularly water.

This context of overall poor development, already one of formidable complexity, is exacerbated by socio-political factors such as: weak governance; deprivation of basic services; limited law enforcement; a culture of corruption; and protracted violent conflict in the north, with further potential for conflict in the south. These dynamics – poor development and socio-political factors – have led to the rise of a range of acute humanitarian needs, including forced and prolonged displacement, and high levels of food insecurity and malnutrition.

The security threats facing Yemen are exacerbating a series of dire structural and economic challenges, including a fiscal crisis caused by declining oil reserves and revenues, a minimal tax base, a crippling regime of subsidies, widespread poverty, water shortages and a rapidly growing population. Conditions have been further aggravated by the global financial crisis and sharp increases in the price of wheat, and by the negative effects of climate change on weather patterns in the country. Public revenue, which could be used to alleviate the impact of the economic downturn, has been diverted to fund the rising cost of a major counterinsurgency operation against the Houthis and security operations in the south.



<sup>3</sup> The information in this section is taken from the UN Common Country Assessment 2010 unless otherwise stated



**Demographic, economic, and socio-cultural context and trends**

Yemen has an annual population growth rate of 3%,<sup>4</sup> one of the highest in the world. 80% of the population lives on 16% of Yemen's area, predominantly in the highlands. More than two-thirds live in rural areas, scattered among small and remote villages. The fact that most of the population lives in rural areas adds to their vulnerability as rural areas have been assessed as having significantly larger shares of acutely malnourished women (28.8%) and children (10.2%) than urban areas. While a large majority of Yemen's mostly rural population relies on agriculture for their livelihoods, less than 3% of the country is arable land and that small fraction is becoming rapidly depleted due to over-use, land erosion, and human expansion, which place additional pressure on already impoverished and vulnerable communities.

Yemen is also one of the most water-starved countries in the world with a water deficit of 1 billion m<sup>3</sup> per year and with less than 92m<sup>3</sup> of renewable internal freshwater resources per capita per year, which is far below the generally accepted Falkenmark threshold for absolute water scarcity of 500m<sup>3</sup> per capita per year.<sup>5</sup> It is estimated that less than 60% of households have access to safe drinking water, and only 52% of the population to adequate sanitation.

The country has severely suffered from the impacts of the global food, fuel and financial crisis, with poverty levels rising as a direct result from 35% pre-crisis to 38% in 2008 and 43% in 2009.<sup>6</sup> Yemen imports most of its food, which results in a heightened level of economic vulnerability considering the volatility of the international market prices. As 97% of poor rural households are net food buyers,<sup>7</sup> high food prices are one of the determining factors of household food insecurity. During the 2007-2008 food price crisis, wheat retail prices increased by 88%, from \$330/metric ton (MT) to \$630/MT.<sup>8</sup> Although prices have decreased since, they remain above pre-crisis levels and continue to erode the purchasing power of poor households, and constitute a vicious cycle of poverty, food insecurity and malnutrition. These food, fuel and financial crises have resulted in a significant increase in poverty from 35% in 2006 to an estimated 43% today. All the while, the Government's ability to provide basic services has been challenged by declining oil production and prices.

The compounding effect of the challenges mentioned above means that social development indicators, such as child malnutrition,<sup>9</sup> maternal mortality (365/100,000 live births) and educational attainment, remain extremely poor. The overall adult illiteracy rate is 46%, with vast gender disparities: illiteracy among female adults is 65% compared with 27% for men.<sup>10</sup> Such disparities lead to significant gaps in women's access to economic, social and political opportunities. Over the past 60 years, the population of Yemen has increased five-fold to reach 23,580,000 with a recorded growth rate in 2009 of 3%, one of the highest in the world. This increase has led to the emergence of a marked 'youth bulge', whereby 43.5% of the population is under the age of 14 and the median age is 17.9. Some 69% of Yemen's population is rural.<sup>11</sup>

The trend of a fast-growing population and a youth bulge has been compounded by a shrinking resource base that includes food, fertile land, irrigation water, and oil, with scarcity exacerbated by climate change, *qat* production, and violent conflict. All of these factors have placed enormous pressure on Yemen's social and economic systems, and contributed to increasing poverty. Groups which are disproportionately affected by poverty include women and children, small-scale farmers and sharecroppers, landless people, nomadic herders and fishers.

<sup>4</sup> Annual Statistics Report 2009, MoGH&P

<sup>5</sup> Falkenmark M, Lundqvist J and Widstrand C, 1989, *Macro-scale water scarcity requires micro-scale approaches*, Natural Resources, Forum 13, pages 258–67.

<sup>6</sup> International Food Policy and Research Institute (IFPRI)

<sup>7</sup> *Ibid*

<sup>8</sup> WFP, Impact of rising food prices on household food security in Yemen, August 2008.

<sup>9</sup> The recent HDI shows that, whilst between 1990/92-2002/04 the average undernourished population in less developed countries decreased from 38% to 35%, in Yemen it increased from 34% to 38% (UNDP 2007).

<sup>10</sup> UNICEF Yemen: At a Glance – Statistics, 2000-2007 ([http://www.unicef.org/infobycountry/yemen\\_statistics.html](http://www.unicef.org/infobycountry/yemen_statistics.html))

<sup>11</sup> All population figures cited here from Yemen Common Country Assessment 2010, pages 5-6

The rising trend of new arrivals from across the Gulf of Aden and the Red Sea saw some 77,000 mixed migrants landing on the shores in 2009 but following security developments at the end of the year, only 9,439 arrived in early 2010. Increased incidents of piracy and an enhanced international naval presence highlight the need to respect the humanitarian principles and practices associated with rescue-at-sea.

### **Gender**

In the World Economic Forum's Global Gender Gap Index, Yemen has consistently ranked last in 2007, 2008 and 2009, despite the addition of new countries to the index. Women and girls continue to be excluded from the political, social and economic systems, which increases their vulnerability to poverty, exploitation and oppression.

The Gender Empowerment Measure (GEM) reveals whether women take an active part in economic and political life. It tracks the share of seats in parliament held by women, the percentage of female legislators, senior officials and managers, female professional and technical workers, and the gender disparity in earned income, reflecting economic independence. When comparing GEM rates, Yemen ranks 109th out of 109 countries.

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

### **Natural disasters**

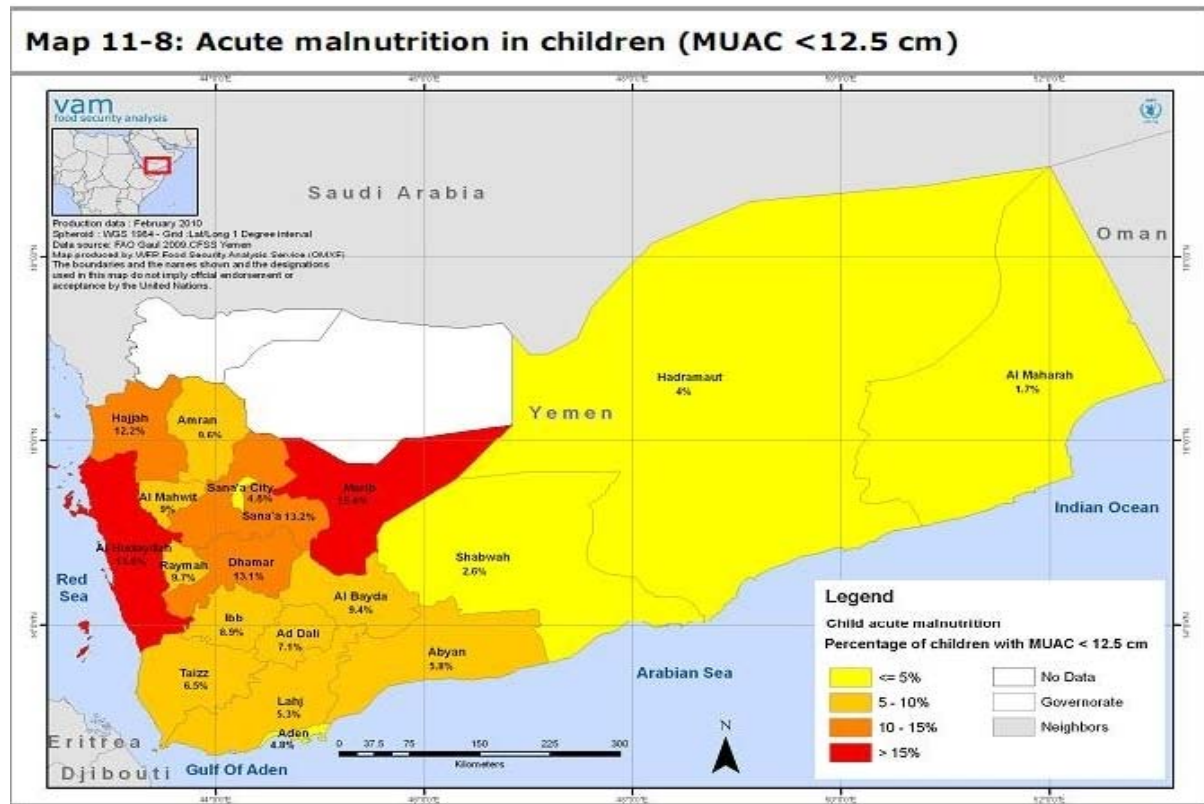
Water poses another threat to Yemen in the form of torrential rains leading to flash floods and mudslides. In May 2010 Sana'a experienced record rainfall which caused the worst flooding in a decade, killing at least seven people, whilst additional flooding in western Yemen in August and September 2010 killed 56 people. Expected climate trends due to global warming indicate that, in the future, there is a high probability that the country will experience an increase in water-related weather events and natural disasters, such as drought, floods, and landslides.

## **Targeted Population Needs**

### **IDPs and returnees**

Although the truce in Sa'ada has been more or less respected throughout 2010 security conditions have not been conducive to significant returns of IDPs. The current planning estimate is that approximately 30% of them will return by the end of 2010. It is therefore estimated that there will be a large need for assistance both to IDPs remaining in camps and scattered outside, and to returned IDPs, most of whom have lost houses, livelihoods, etc. The war-affected population, in particular in Sa'ada, will also need assistance with livelihoods and basic services whenever access is possible. It is estimated that the population of the war affected areas of Sa'ada governorate and the district of Harf Sufyan in Amran is around 650,000 not including the IDPs that have left.

The main needs foreseen for IDPs include continued distribution of food and supplementary feeding for women and children – most IDPs rely completely on humanitarian agencies for survival and a recent study done by the Ministry of Public Health and Population (MoPHP) and United Nations Children’s Fund (UNICEF) in Sa’ada City showed that nearly half of the children under five screened suffered from acute malnutrition.



IDPs also need continued shelter assistance and distribution of NFIs. With 85% of IDPs living scattered or with host communities, tensions are rising in host communities due to the lack of resources. To share the burden of host communities and maintain harmonious relations between IDPs and host communities, quick-impact projects (QIP) for infrastructure improvement and shelter maintenance for IDP hosting families need to be implemented.

The water and sanitation needs for IDPs and host communities will also be significant. It is estimated that some IDPs survive on 10 litres of water/person/day. Poor sanitation can lead to outbreaks of diseases such as cholera, dysentery and typhoid.

Currently only 46% of IDP girls and 74% of boys are enrolled in schools, as opposed to 67% and 85% on average in Yemen. Access for local community children is also below the national figures, with only 49% of girls going to school, and 71% of boys accessing education. Facilities for teaching and education of teachers, including women are needed.

Many IDPs, particularly children have experienced traumas and need psycho-social and medical services. There are also big issues with children having been sexually and/or physically abused, showing a need for both awareness campaigns and strengthening the Yemeni authorities’ responsibility to monitor, respond and prevent violence against its citizens. Work needs to be done to release children from being used in armed conflict, in detention, being trafficked, or separated from their families. These children need to be assisted to reintegrate into their communities. Assistance also needs to be provided to children who are physically and sexually abused.

The already-low primary health care (PHC) coverage of less than 50% along with increasing patient load in the hosting areas has overwhelmed the health system. The population living outside the

camps especially in remote areas are in need of PHC services, reproductive health, mental health and treatment for chronic health problems.

The slow return rate of IDPs stems from a wide range of obstacles including mines and unexploded devices, destruction of housing and infrastructure, lack of basic necessities and an overall lack of government capacity to deliver services and security. In order to facilitate the return, mine clearance is needed, plus restoration of livelihoods and basic services.

### **Refugees**

Around 168,447 refugees were registered with reception centres by the end of August 2010. By end of 2010, it is anticipated that between 40,000 and 50,000 more people may have arrived in the coastal areas. Similar numbers (50,000 people) may also arrive in Yemen during 2011. The majority of the refugees (approximately 95%) in Yemen are from Somalia while the remaining 5% are from Iraq, Ethiopia, Palestine, Eritrea, Sudan or Syria.

The refugees need basic services such as nutrition, food distribution, water, shelter/other infrastructure, basic domestic and hygiene items, primary health care, treatment for HIV/AIDS, education, sanitation services and other services for groups with special needs. As 90% of refugees are leaving in urban areas or elsewhere but not in the camp, livelihood programmes are essential to as well as programmes to ensure access to Yemeni schools and public health services.

There is also the need to ensure that protection is provided to refugees and asylum seekers upon arrival, advocating with and supporting the Government of Yemen (GoY) in the development and maintenance of a national asylum system by assisting with drafting national refugee legislation and supporting the operationalization of the Bureau for Refugees.

Refugees and asylum seekers are often blamed for crimes, prostitution and spread of HIV/AIDS. Non-Somali refugees are particularly targeted with harassment and intimidation. Assessment in host communities in eight surrounding villages of the camp shows a poor economic situation: there is high unemployment, and poor practices in agriculture and livestock-rearing which are the mainstays of the local economy (but which lack government support). This creates constant tension and negative attitudes towards the refugees.

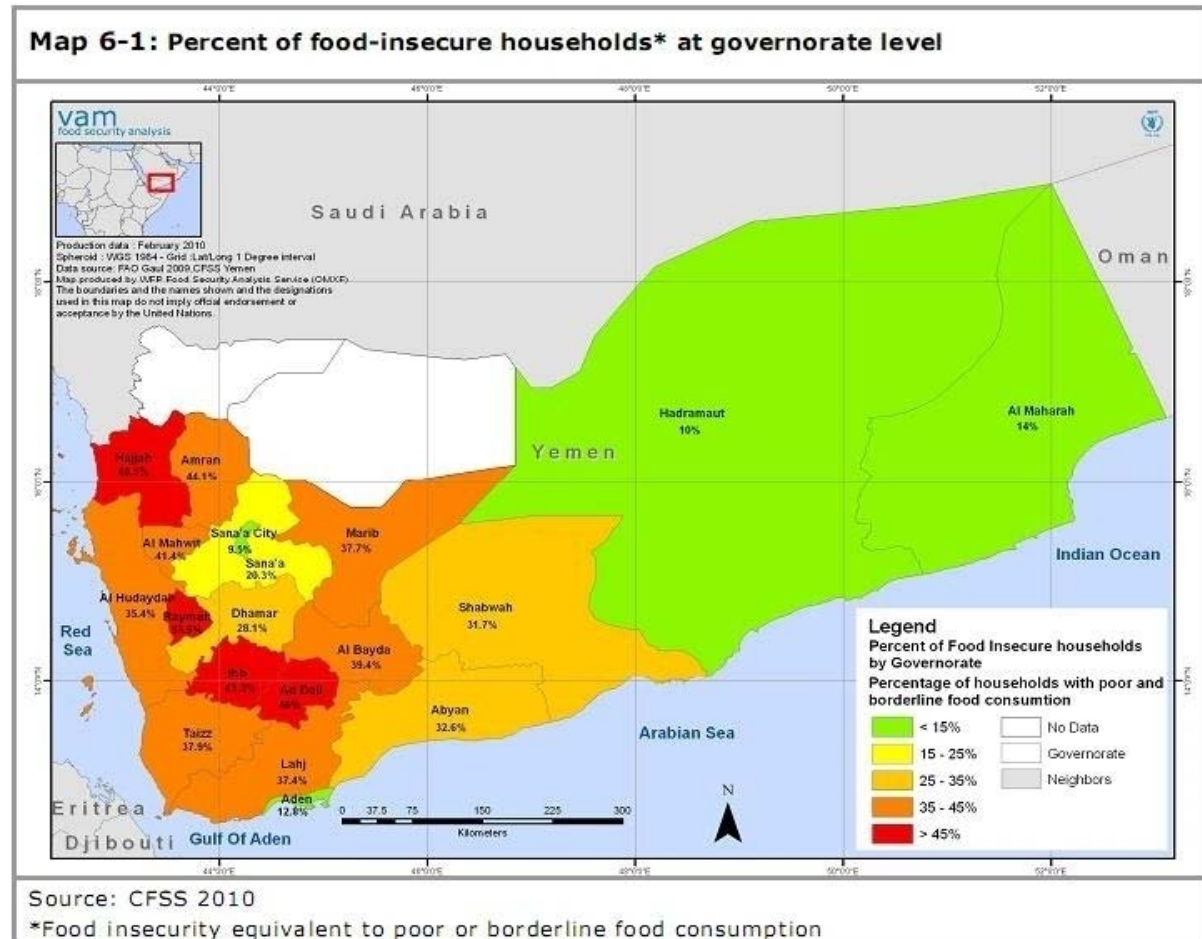
Female refugees face relatively high incidence of SGBV in both camp and urban settings, in everyday situations, and especially during their flight. Female refugees undertaking domestic work in urban areas are at risk of serious exploitation, including poor working conditions, relatively low pay and sexual abuse. Domestic violence is seen as being caused by poverty and economic tensions within the family and the lack of work opportunities for men. Male refugees are also subjected to exploitative work practices that undervalue their financial worth and skill.

Efforts need to be made to strengthen the application of the rule of law and police capacity (including gender representation), as well as SGBV awareness, reporting, solutions, prevention and responses, and raising awareness on HIV/AIDS. There is a need to continue to encourage refugees to become more involved in their own protection via supporting the established refugee committees. There is a gap in the application and implementation of the rule of law and police capacity (including gender representation) and lack of defence in justice of refugees as well as SGBV awareness, reporting, solutions, prevention and responses and raising awareness on HIV/AIDS. Refugees still lack involvement in their own fate. Therefore there is need to continue to encourage them to become more involved in their own protection via supporting the established refugee committees.

Although Yemeni law stipulates that second-generation foreigners born in Yemen are potentially entitled to Yemeni citizenship, local integration is not feasible for refugees at the moment. The options left for durable solutions are resettlement and voluntary repatriation. For voluntary repatriation, the security situation in Somaliland and Puntland has limited the opportunity of return in this area. More Iraqis have shown willingness to return and UNHCR will continue to facilitate the voluntary return process.

**Other vulnerable populations**

7.2 million Yemenis are estimated to be food-insecure, of whom 2.7 million are estimated to be severely food-insecure. One in three Yemenis is acutely hungry, making Yemen the 11th most food-insecure country in the world. Rural areas have double the share of food-insecure people compared to urban areas with half of rural populations relying on livelihoods that are unsustainable and prone to shocks.



Although the GoY's Social Welfare Fund provides income support for the poorest households the current cash transfer is insufficient for basic food needs for the severely food-insecure households. There is an estimated food gap of 515 kcal/person/day during the annual hunger season, which needs to be filled.

In a more long-term perspective, the World Bank is supporting the Social Welfare Fund to improve the current targeting mechanism of the social safety net programme. The European Union and other actors including the World Food Programme (WFP) are also providing capacity-building support in order to have the national safety net fully address the needs and reduce the need for additional food distributions.

More than half of all children in Yemen are chronically malnourished; the rate of stunting is 56%,<sup>12</sup> which is the second highest in the world, and the proportion of underweight children (46%) is the third highest. The WFP Comprehensive Food Security Survey (CFSS) in 2009 showed that one in four Yemeni women and one in ten children under five were found to be suffering from acute malnutrition. A significant correlation was found between child acute malnutrition and the following underlying causes: household access to food; nutritional status of mother; educational level of mother; health status of children; and quality of water and sanitation facilities.

<sup>12</sup> Most recent official national-level nutritional results from the Household Budget Survey 2005/06, based on anthropometric measurements.

This vulnerable population is in urgent need of food and nutrient support, plus continuous screening in order to treat the severe acute cases. The GoY is currently facing lack of resources and capacity to serve the vulnerable population, although the Nutrition Cluster is working with capacity-building in order to help support the government to increase its assistance.

**Boundaries and scope of the 2011 YHRP**

Response mechanisms	Type of need	Cluster	Overview of planned activities by category of beneficiary		
			IDPs / returnees / war affected	Refugees / mixed migrants	Other vulnerable populations who are not included under the other categories
YHRP	Acute humanitarian need	Food Security and Agriculture	<ul style="list-style-type: none"> <li>Emergency food relief.</li> <li>Complementing the blanket supplementary feeding programme (BSFP) targeting children under five.</li> </ul>	<ul style="list-style-type: none"> <li>Cooked meals at reception centres.</li> <li>General food distribution, blanket supplementary feeding and daily cooked school meals.</li> <li>Life-saving food and nutritional assistance to some 30,000 refugees and new arrivals (WFP).</li> <li>General food distribution of monthly dry rations.</li> </ul>	<ul style="list-style-type: none"> <li>Emergency seasonal food support to more than 1.8 million severely food-insecure people.</li> </ul>
		Health	<ul style="list-style-type: none"> <li>Integrated primary health care, comprehensive reproductive health care, mental health services, vaccination and treatment of chronic illnesses.</li> </ul>	<ul style="list-style-type: none"> <li>Primary health services for refugees.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated primary health care, comprehensive reproductive health care, mental health services, vaccination and treatment of chronic illnesses.</li> </ul>
		Nutrition	<ul style="list-style-type: none"> <li>Screening and treatment for SAM and MAM.</li> <li>Therapeutic and supplementary feeding.</li> <li>BSFP for children under-5 and under-2 where referral services to supported Ministry of Public Health and Population (MoPH&amp;P) clinics exist.</li> </ul>	<ul style="list-style-type: none"> <li>Supplementary feeding for malnourished children and lactating mothers; school feeding for refugees.</li> <li>Targeted supplementary feeding for MAM children, malnourished pregnant and lactating mothers.</li> </ul>	<ul style="list-style-type: none"> <li>Screening and treatment for SAM and MAM.</li> <li>BSFP for children under-two.</li> <li>Targeted supplementary feeding for MAM children under five and pregnant lactating women.</li> </ul>
		Protection	<ul style="list-style-type: none"> <li>Registration of IDPs inside camps/outside camps.</li> <li>Community mobilisation services and centres to IDPs inside/outside camp and to communities in war affected areas.</li> <li>Profiling of IDPs inside/outside camps and of returnees.</li> </ul>	<ul style="list-style-type: none"> <li>Services to new arrivals at reception centres.</li> <li>Registration of new arrivals and refugees.</li> <li>Emergency resettlement.</li> <li>Protection monitoring.</li> </ul>	
		Shelter / NFIs / (CCCM)	<ul style="list-style-type: none"> <li>Emergency shelter and NFIs for IDPs.</li> <li>Maintenance of current IDP camps.</li> <li>QIP and shelter support for IDPs in host communities.</li> </ul>	<ul style="list-style-type: none"> <li>Services to refugees in camps.</li> </ul>	<ul style="list-style-type: none"> <li>Most-needed host community members without family or other support in IDP-like situation.</li> </ul>
		WASH	<ul style="list-style-type: none"> <li>Safe WASH.</li> </ul>	<ul style="list-style-type: none"> <li>Potable water and adequate sanitation to reception centres and camp based refugees.</li> </ul>	
		Coordination	<ul style="list-style-type: none"> <li>Efficient coordination and information sharing.</li> <li>Improve access to conflict-affected areas.</li> </ul>		



**YEMEN**

Response mechanisms	Type of need	Cluster	Overview of planned activities by category of beneficiary		
			IDPs / returnees / war affected	Refugees / mixed migrants	Other vulnerable populations who are not included under the other categories
YHRP	In need of time-critical early recovery activities	Early recovery	<ul style="list-style-type: none"> <li>Rehabilitation support for community and agricultural infrastructure for returnees and host-communities in areas of return through food for work activities.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	
		Education	<ul style="list-style-type: none"> <li>Quality education.</li> <li>Support to school principals and teachers.</li> <li>Service delivery in emergencies is enhanced by the Ministry of Education (MoE).</li> <li>Support to the Ministry of Education to ensure that educational delivery is better managed.</li> </ul>	<ul style="list-style-type: none"> <li>Increased access to primary, vocational and vocational education for refugees.</li> </ul>	
		Food Security	<ul style="list-style-type: none"> <li>Agricultural inputs and other production related inputs.</li> </ul>		<ul style="list-style-type: none"> <li>Procurement and distribution of cereal, vegetable seed of suitable varieties locally produced and fertilizers.</li> <li>Procurement and distribution of animal feed and veterinary drugs.</li> <li>Implementation of a Food-for-Work component for rural households.</li> </ul>
		Health	<ul style="list-style-type: none"> <li>Integrated primary health care, comprehensive reproductive health care, mental health services, vaccination and treatment of chronic illnesses.</li> </ul>		<ul style="list-style-type: none"> <li>Integrated primary health care, comprehensive reproductive health care, mental health services, vaccination and treatment of chronic illnesses.</li> </ul>
		Nutrition	<ul style="list-style-type: none"> <li>Screening and managing SAM and MAM cases.</li> <li>Capacitating local health authorities.</li> <li>Therapeutic and supplementary feeding.</li> <li>Surveillance system.</li> <li>Promotion/ protection of appropriate Infant and young child feeding (IYCF)/nutrition practices.</li> </ul>		<ul style="list-style-type: none"> <li>Screening and managing SAM and MAM cases.</li> <li>Capacitating local health authorities.</li> <li>Therapeutic and supplementary feeding.</li> <li>Surveillance system.</li> <li>Promotion/ protection of appropriate IYCF/nutrition practices.</li> </ul>
		Protection	<ul style="list-style-type: none"> <li>Protection monitoring.</li> <li>Protection Cluster coordination.</li> <li>Psycho-social support.</li> <li>Profiling of IDPs inside/outside camps and of returnees.</li> </ul>	<ul style="list-style-type: none"> <li>Services to urban refugees.</li> <li>Refugee status determination (RSD) conducted.</li> <li>Legislation.</li> <li>Awareness activities.</li> <li>Long-term self-reliance activities.</li> <li>Resettlement (of non emergency cases).</li> <li>Repatriation.</li> <li>Assistance to host communities.</li> </ul>	

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Response mechanisms	Type of need	Cluster	Overview of planned activities by category of beneficiary		
			IDPs / returnees / war affected	Refugees / mixed migrants	Other vulnerable populations who are not included under the other categories
		Shelter / NFIs / CCCM	<ul style="list-style-type: none"> <li>Reconstruction in areas of return.</li> <li>CCCM/Shelter Cluster coordination.</li> <li>QIPs for areas of return.</li> <li>Assistance package provided to population in need in areas of return.</li> </ul>	<ul style="list-style-type: none"> <li>Welcome package for new arrivals.</li> <li>Safe house.</li> </ul>	
		WASH	<ul style="list-style-type: none"> <li>Emergency provision of WASH services in schools and health facilities.</li> <li>Capacity-building of WASH partners.</li> </ul>		
		Coordination	<ul style="list-style-type: none"> <li>Ensure efficient coordination and information sharing.</li> <li>Improve access to conflict-affected areas.</li> </ul>		
Development response (United Nations Development Assistance Framework etc)	Protracted, durable, or development (not included in the YHRP)	Protection	<ul style="list-style-type: none"> <li>Integration activities for IDPs in areas of displacement.</li> </ul>	<ul style="list-style-type: none"> <li>Long-term self-reliance activities.</li> <li>Resettlement (of non emergency cases).</li> <li>Repatriation.</li> </ul>	<ul style="list-style-type: none"> <li>Assistance to people suffering from chronic food insecurity.</li> <li>Assistance to people suffering from the long-term effects of natural disasters.</li> </ul>
		Nutrition	<ul style="list-style-type: none"> <li>Setting up early warning System/information system.</li> <li>Promotion/ protection of appropriate IYCF/nutrition practices.</li> <li>Expansion of CMAM services.</li> </ul>		<ul style="list-style-type: none"> <li>Setting up early warning system/information system.</li> <li>Promotion/ protection of appropriate IYCF/nutrition practices.</li> <li>Expansion of CMAM services.</li> </ul>
		Health	<ul style="list-style-type: none"> <li>Promotion of disaster risk reduction (DRR), preparedness and response activities in governorates hosting IDPs.</li> </ul>		<ul style="list-style-type: none"> <li>Promotion of DRR, preparedness and response activities in disaster-prone areas of Yemen.</li> </ul>
		Food security and Agriculture	<ul style="list-style-type: none"> <li>Restoration of farming terraces and water harvesting systems.</li> <li>Rehabilitation of community and agricultural infrastructure for returnees and host-communities.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
		WASH	<ul style="list-style-type: none"> <li>Extension and rehabilitation of water and sanitation systems in Sa'ada Governorate.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

## 4. THE 2011 COMMON HUMANITARIAN ACTION PLAN

(See Boundaries and Scope of the 2011 YHRP, table at the end of preceding section.)

### 4.1 SCENARIOS

Key stakeholders in the provision or coordination of emergency relief elaborated a detailed most likely scenario for Yemen in 2010, as the basis for planning future humanitarian responses (see overleaf).

The worst-case and best-case scenarios were also elaborated, the worst-case in order to inform contingency planning, and the best-case to define the conditions in which the HCT would scale back humanitarian action and funding requests if there are signs that the situation is improving.

Best case	Worst case
<b>Socio-economic</b>	
<ul style="list-style-type: none"> <li>Government capacity in the conflict areas starts to resume.</li> </ul>	<ul style="list-style-type: none"> <li>Government capacity in the conflict areas is further diminished, causing breakdown of any existing facilities, such as water, sanitation, health services and schools.</li> </ul>
<ul style="list-style-type: none"> <li>Food insecurity and malnutrition rates improve thanks to the relatively stable situation, which means lower unemployment rate and more possibilities for agriculture and livestock.</li> </ul>	<ul style="list-style-type: none"> <li>Purchasing power further decreases due to high rates of conflict causing people to lose livelihood, in addition to the already high rate of unemployment and high food prices, causing rates of malnutrition and food security to further decrease.</li> </ul>
<b>Conflict</b>	
<ul style="list-style-type: none"> <li>The conflict in the northern governorates is stabilized due to the peace agreement and the truce is kept, causing no new influx of IDPs and allowing for a relatively high return rate.</li> </ul>	<ul style="list-style-type: none"> <li>The situation in northern Yemen deteriorates as armed clashes increases and a 7<sup>th</sup> armed conflict in Sa'ada breaks out, causing large number of new IDPs moving south to e.g. Hajjah.</li> </ul>
<ul style="list-style-type: none"> <li>Access to the conflict areas is increased with the peace agreement and more response and monitoring will be possible, as well as increased services provided by the government.</li> </ul>	<ul style="list-style-type: none"> <li>Access to conflict areas is very limited or non-existent, causing major issues with monitoring and response.</li> </ul>
<ul style="list-style-type: none"> <li>The unrest in the southern governorates stays sporadic without any serious fighting and very temporary displacements.</li> </ul>	<ul style="list-style-type: none"> <li>The situation in the southern governorates deteriorates including severe clashes between armed elements and the government, as well as civil disobedience and demonstrations, which means a possible large caseload of IDPs during 2011.</li> </ul>
<b>Migration</b>	
<ul style="list-style-type: none"> <li>Very small influx of refugees from the Horn of Africa, mixed with economic migrants.</li> </ul>	<ul style="list-style-type: none"> <li>Influx of refugees and economic migrants from the Horn of Africa increases and/or current refugees largely remain in camps leading to a need for more and/or larger camps. Migrants are stranded at the border.</li> </ul>
<b>Natural disasters</b>	
<ul style="list-style-type: none"> <li>No major natural disasters needing interventions from international humanitarian actors take place.</li> </ul>	<ul style="list-style-type: none"> <li>Small- and medium-scale natural disasters, such as flooding and drought, will occur throughout the country, causing temporary displacement and impact on livelihoods, and requiring humanitarian assistance from international organisations.</li> </ul>

**Most likely scenario:** the situation in Yemen remains highly unstable, marked by poor socio-economic indicators and performance, and dominated by armed clashes in the country (particularly in the north-west and the south) and a continued threat from terrorist elements (particularly Al-Qaeda in the Arabian Peninsula / AQAP)

Core humanitarian elements or phenomena (main variables)	Trigger	Effects on core humanitarian elements or phenomena	Affected population	Impact on humanitarian operations
<ul style="list-style-type: none"> <li>• <b>Socio-economic:</b> worsening of the overall economic situation.</li> <li>• Currency fluctuations.</li> <li>• Rise in prices for key commodities.</li> <li>• Increase in fuel prices.</li> <li>• Deepening water scarcity.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact of International Monetary Fund programme.</li> <li>• Government enacts changes in economic policies, including raising prices and reducing subsidies (i.e. food and fuel).</li> <li>• Shocks to global markets (food, fuel, financial).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Socio-economic situation:</b> purchasing power remains low due to high rates of unemployment and high food prices, causing rates of malnutrition and food insecurity to remain high, and hampering access to social services.</li> <li>• Increase in human rights issues, including a high risk of increase in number of children dropping out of school.</li> </ul>	<ul style="list-style-type: none"> <li>• 1.8 million food-insecure people.</li> <li>• Up to 2 million children at risk of exploitation.</li> <li>• Women at risk of exploitation.</li> <li>• 80,000 refugees (urban caseload)</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing and possibly expanded need for supplementary food and nutritional operations.</li> <li>• Need for health, protection, child protection, and education interventions.</li> <li>• Increase in transport and commodity costs.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Conflict (northern governorates):</b> the conflict in Sa'ada Governorate and districts in the surrounding Governorates are most likely to remain in a ceasefire. There are indications that the situation may gradually improve but geographically limited clashes between Houthi and Pro-Government tribes, occasionally with Government support, should be expected.</li> </ul>	<ul style="list-style-type: none"> <li>• Qatari mediation.</li> <li>• Continued work of Government and Houthi leadership to maintain ceasefire and work towards peace.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Displacement:</b> the IDP return rate remains relatively low but increases in the longer term if not offset by fresh displacement.</li> <li>• Danger from unexploded ordnance (UXO).</li> <li>• Challenging protection environment for displaced populations.</li> <li>• <b>Social services:</b> rise in need for basic social services in the conflict-affected areas due to reduced government capacity and increased pressure on overburdened systems (Hajjah, etc).</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately. 225,000 people will remain displaced, with an approximate return rate of 30% during 2010 and 20% during 2011.</li> <li>• War-affected population (people in Sa'ada and districts in the surrounding Governorates).</li> <li>• Host communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Humanitarian needs remain significant.</li> <li>• Operations as planned in the YHRP are able to continue, although with some interruptions due to access and security.</li> <li>• Ability to monitor situation and programme implementation remains difficult.</li> <li>• Need to identify alternative. implementation methods and partners</li> <li>• Shift in response towards ER.</li> <li>• Rise in beneficiary numbers due to improved access.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Conflict (southern governorates):</b> continued occasionally violent civil unrest will most likely continue. Continued expansion in scale and location of armed incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Rise in food and fuel prices provokes civil unrest.</li> <li>• Election process.</li> <li>• Influence of the Yemeni diaspora.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Protection:</b> rise in violations of human rights.</li> <li>• <b>Displacement:</b> possible fresh displacement.</li> <li>• <b>Social services:</b> presumably deteriorate; affected populations unable to access basic social services.</li> </ul>	<ul style="list-style-type: none"> <li>• Possible caseload of new IDPs from the affected population during 2011 (temporary one-off displacements).</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of humanitarian operations in the south.</li> <li>• Increase in YHRP requirements.</li> <li>• Curtailment of operations due to security considerations.</li> <li>• Requirement for HCT to conduct contingency planning.</li> </ul>

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Core humanitarian elements or phenomena (main variables)	Trigger	Effects on core humanitarian elements or phenomena	Affected population	Impact on humanitarian operations
generated by the loosely associated southern separatist movement. Continued increase of insecurity particularly in Aden.		<ul style="list-style-type: none"> <li><b>Access:</b> presumably impaired.</li> </ul>		
<ul style="list-style-type: none"> <li><b>Conflict:</b> multiple geographically limited counter terrorism operations will continue.</li> </ul>	<ul style="list-style-type: none"> <li>Military operations and Government strategy and response.</li> </ul>	<ul style="list-style-type: none"> <li><b>Displacement:</b> multiple short term displacement.</li> <li><b>Social services:</b> affected populations unable to access basic social services.</li> <li><b>Access:</b> possible, but likely to be difficult.</li> </ul>	<ul style="list-style-type: none"> <li>Highly variable numbers (previous instances varied between 500 – 14,000 people).</li> </ul>	<ul style="list-style-type: none"> <li>Need for rapid flexible response to areas of the country where no humanitarian programmes are currently underway.</li> </ul>
<ul style="list-style-type: none"> <li><b>Migration:</b> influx of refugees and migrants, mostly from the Horn of Africa, continues and current refugees remain in camps/urban areas.</li> </ul>	<ul style="list-style-type: none"> <li>Continuing unstable situation in Somalia.</li> <li>Reinforcement of border control with Saudi Arabia.</li> </ul>	<ul style="list-style-type: none"> <li><b>Displacement:</b> current refugee caseload remains, and is possibly enlarged.</li> <li><b>Social services:</b> arriving migrants require assistance.</li> </ul>	<ul style="list-style-type: none"> <li>239,100 refugees and asylum seekers currently in Yemen.</li> <li>70,000 new arrivals (includes 50% migrants).</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of refugee and migrant support programmes.</li> </ul>
<ul style="list-style-type: none"> <li><b>Natural disasters:</b> small- and medium-scale natural disasters, such as flooding and drought, will occur throughout the country causing temporary displacement and impact on livelihoods.</li> </ul>	<ul style="list-style-type: none"> <li>Flooding as a result of the rainy season.</li> <li>Localised situations of drought.</li> </ul>	<ul style="list-style-type: none"> <li><b>Displacement:</b> short term.</li> <li><b>Food insecurity and malnutrition:</b> short/medium term needs.</li> <li><b>Access:</b> possible, but likely to be difficult.</li> <li><b>Social services:</b> liable to be disrupted, engendering short term needs.</li> </ul>	<ul style="list-style-type: none"> <li>Displaced people.</li> </ul>	<ul style="list-style-type: none"> <li>Need for humanitarian assistance away from the centre of most operations (currently north and south).</li> <li>Need for ER interventions.</li> <li>Probably need for preparedness measures.</li> </ul>
<ul style="list-style-type: none"> <li><b>Disease outbreaks:</b> risk of outbreaks of communicable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Low vaccination coverage of the population.</li> <li>Unavailability of safe drinking water.</li> <li>Unhygienic community practices.</li> <li>Inappropriate waste management</li> <li>Lack of adequate surveillance.</li> </ul>	<ul style="list-style-type: none"> <li>High morbidity and mortality among the affected population over whelming the health services.</li> </ul>	<ul style="list-style-type: none"> <li>The caseload will vary depending upon the type of outbreak.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing number of sick population will overwhelm the existing services.</li> <li>Low coverage of health services.</li> <li>Rapid spread of disease.</li> </ul>

## 4.2 STRATEGIC OBJECTIVES FOR HUMANITARIAN ACTION IN 2011

The overall strategy of the HCT in 2011 is to provide an environment for safe and healthy living for conflict-affected people until the conflict situation allows for permanent resettlement and self-reliance, while in addition providing a much more limited package of assistance (mainly food and nutrition) for vulnerable but non-conflict-affected Yemenis in acute humanitarian need and strengthening the capacity of the Government and national organisations to deliver humanitarian assistance. To that end, the HCT chose three strategic objectives, along with associated indicators, targets, and monitoring, to guide its humanitarian action in 2011.

### Strategic objectives, indicators, targets and monitoring method for 2011

Indicator	Target	Monitoring method
<b>1</b>	<b>Provide life-saving assistance, especially emergency shelter, health care and nutrition, safe water and sanitation, food, and ensure protection to people affected by violence, severe food insecurity and malnourishment, and other acute humanitarian crises.</b>	
Percentage of IDPs, refugees and returnees, and refugees receiving food assistance.	100%	WFP projects UNHCR reports
Percentage of targeted severely food-insecure population receiving food assistance.	100%	WFP projects
Percentage of targeted IDP under-five children and pregnant/lactating women receiving supplementary feeding.	100% of targeted population.	WFP
Number SAM cases enrolled/ received treatments in CMAM facilities.	52,000 children under five.	UNICEF UNHCR (refugees)
Crude mortality rate (CMR) among target population.	CMR is maintained at 0.10/10,000/day.	World Health Organization (WHO)
Percentage of targeted population with access to safe water and latrines.	100% of targeted population	WASH cluster projects (IDPs) UNHCR (refugees)
Percentage of targeted IDPs and refugees benefiting from emergency tents/NFIs assistance.	100%	CCCM/Shelter Cluster (IDPs) UNHCR (refugees)
<b>2</b>	<b>Provide time-critical assistance and ensure a protective environment in order to address ER needs and support durable solutions for affected targeted populations</b>	
<b>Basic services</b>		
Primary health care coverage of the target population.	1 health centre / 10,000 affected population (100% IDP + 100% of host community where applicable). <sup>13</sup>	WHO
Reproductive health services coverage for target population.	1 comprehensive emergency obstetric and neonatal care (CEmONC) and 4 basic emergency obstetric and neonatal care (BEmONC) facilities/ 500,000 people.	UNFPA
Number of targeted population with access to safe water.		WASH Cluster projects
Percentage of school-age IDP children in Sa'ada, Amran and Hajjah enrolled and attending school (disaggregated by gender).	60% girls 80% boys	UNICEF (Education Cluster)
Livelihoods: number of households assisted through agricultural/livelihood projects with an ER component.	85,344 people  At least 1,000 refugee households.	ER and agriculture projects (FAO)  UNHCR (refugees)
<b>Protection</b>		
Percentage of mine-polluted areas cleared.	30% of mine-polluted areas surveyed, marked and cleared.	UNDP
Number of affected population assisted with protection-related services (i.e. legal, psycho-social, GBV prevention, medical, etc).	50% of IDPs and affected population. 100% refugees and asylum seekers.	UNICEF, UNFPA  UNHCR

<sup>13</sup> 100% of IDPs in the camps, and 100% of IDPs and host communities in settlements outside the camps.

<b>3 Strengthen the accountability and ability of government authorities and other key stakeholders involved in service and assistance delivery and protection through capacity-building, information sharing, and crisis management with the aim of improving humanitarian response for all affected people</b>		
GoY has endorsed the YHRP 2011.	Endorsement	HC / HCT
Percentage of cluster / Mixed Migration Task Force (MMTF) meetings attended by the relevant ministry representatives.	75%	Cluster coordinators / MMTF
Involvement of GoY in creation of strategies and policies.	GoY involved in 75% of created inter-agency strategies	All agencies
National Sub-Committee for Refugees (NAS CRA) meetings are held twice a month	100%	UNHCR
Building of national capacity trainings conducted and people trained disaggregated by gender, and with materials translated in Arabic.	Benefiting at least 40% women. 100% of material in Arabic.	All agencies
Access to north-west governorates is monitored on a monthly basis.	Information distributed monthly to stakeholders.	OCHA
Network for negotiating and advocating for better access is set up and functional.	Network set up with regular advocacy activities toward government and stakeholders.	OCHA
Clusters have adopted/ included the gender marker in their planning and implementation.	All projects using gender marker.	Online Project System
Information management tools regularly updated and information disseminated.	3W updated 2 times/year with maps created	OCHA
Cluster coordination meeting minutes are also translated in Arabic.	100%	Cluster coordinators
MMTF meeting are translated in Arabic and disseminated.	100%	MMTF secretariat

The Inter-Agency Standing Committee (IASC) Gender Marker was rolled out in Yemen by the CAP team and a GenCap Adviser who provided training and support to cluster leads and outreach to clusters members, including NGO and UN partners as follows:

- engagement /discussion with clusters on the issues affecting women, men, boys and girl
- interaction with individual UN agencies provided entry points into the clusters they lead on
- establishment of a network of cluster-specific Gender Marker Focal Points ensured a consistent application of the Gender Marker across all clusters

Gender marker level	Number of projects	As percentage of total funding required
0 - No signs that gender issues were considered in project design.	11	4%
1 - The project is designed to contribute in some limited way to gender equality.	15	22%
2a - The project is designed to contribute significantly to gender equality.	43	74%
2b - The principal purpose of the project is to advance gender equality.	3	1%
<b>Grand Total</b>	<b>72</b>	<b>100%</b>



### 4.3 CRITERIA FOR SELECTION AND PRIORITIZATION OF PROJECTS

In order to be included in the YHRP, projects needed to have met the following minimum criteria:

- does the intervention address identified needs?
- does the project contribute to attaining identified cluster objectives?
- is the project feasible within the given time frame?
- will the project bring about an observable/verifiable outcome during the time frame?
- does the organisation have the capacity to implement the action?
- does the project include cross-cutting issues (gender, HIV/AIDS, protection, age), unless absence is clearly justified?

Following selection, each project was then categorised by the clusters. After internal discussions, the HCT agreed to maintain the three-tier categorization of projects for each project, as designed for the 2010 MYR.

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

These categories also link closely to the three strategic objectives, as well as to the type of activity and beneficiary group as defined in the scope and boundary table. Furthermore, these categories, applied to each project across all clusters, are also linked to locations, as follows:

- **north**: projects dealing directly with the conflict-affected areas in the north
- **south**: projects dealing mainly with refugee-hosting areas
- **other**: projects in other areas of the country (primarily food-insecure, malnourished and refugees)

## 4.4 CLUSTER RESPONSE PLANS

### 4.4.1 Food and Agriculture

<b>Cluster lead agency</b>	<b>WFP</b>
<b>Cluster partners</b>	FAO, IRY, ADRA, IOM, MoE, Ministry of Agriculture
<b>Number of projects</b>	8
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Save lives and protect livelihoods in emergencies and reduce acute malnutrition caused by shocks.</li> <li>• Maintain and/or improve the nutritional and food security status of refugees, IDPs and other vulnerable groups and communities whose food and nutrition security have been adversely affected by shocks by providing emergency food and agricultural assistance</li> <li>• Save essential agricultural assets such as livestock in order to maintain livelihoods, nutrition and food security in the rural communities.</li> </ul>
<b>Total number of beneficiaries</b>	2,184,320 beneficiaries
<b>Funds requested</b>	\$81,038,634
<b>Funds requested by priority level</b>	Life-saving: \$74,534,292 Time-critical: \$6,504,342
<b>Contact information</b>	Gian Carlo Cirri; <a href="mailto:giancarlo.cirri@wfp.org">giancarlo.cirri@wfp.org</a>

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
<b>IDPs/returnees</b>	159,292	161,828	321,120	151,200	148,800	300,000
<b>Severely food-insecure</b>	1,323,000	1,377,000	2,700,000	909,624	902,376	1,812,000
<b>Small and medium-scale crop farmers</b>	116,071*	120,809*	236,880*	14,443	13,877	28,320
<b>IDPs/host families with livestock in conflict-affected areas</b>	50,176	52,224	102,400	22,000	22,000	44,000
<b>Total</b>	<b>1,532,468</b>	<b>1,591,052</b>	<b>3,123,520</b>	<b>187,643</b>	<b>184,677</b>	<b>2,184,320</b>

\*Figure represents affected population of IDPs (scattered) involved in agriculture (80%)

## A. Needs Analysis

### Food Security Overview

According to a May 2010 WFP CFSS, 7.2 million Yemenis are food-insecure (31%) while 2.7 million are severely food-insecure. These are conservative estimates, given that two of the 21 governorates in Yemen (Al-Jawf and Sa'ada) with intermittent civil unrest since 2004 had to be excluded from the survey for security reasons. Responding to these critical levels of food insecurity, the Food Security and Agriculture Cluster will provide emergency seasonal assistance to more than 1.8 million severely food-insecure people in targeted districts in the 14 governorates where the CFSS highlights that more than 10% of the population is suffering from severe food-insecurity. In these areas, food assistance will supplement the Government's social safety net system.

Hunger and malnutrition are widespread in the country, and an urgent intervention is required. The CFSS found that one in three Yemenis is acutely hungry, making Yemen the eleventh most food-insecure country in the world. The study further concluded that more than half of all children are chronically malnourished; rates of stunting are the second highest in the world after Afghanistan, and the number of underweight children is the third highest after India and Bangladesh.

People internally displaced by conflict in the governorate of Sa'ada in Northern Yemen, as well as refugees from the Horn of Africa, continue to rely entirely on humanitarian agencies for survival. The dire situation is further compounded by climate change, water scarcity, population growth, gender disparities, widespread unemployment, low levels of education and general insecurity. In this current situation, in which families are trapped by extreme vulnerability, any new shock no matter how minor will easily push millions over the edge.

**Demographics and Economic Context**

The country has severely suffered from the impacts of the global food, fuel and financial crisis (the “triple” F crisis). As a direct result, poverty increased from pre-crisis levels of 35% to 38% in 2008 and 43% in 2009 (IFPRI). Yemen imports most of its food, which results in a heightened level of economic vulnerability considering the volatility of the international market prices. Further compounding this complex crisis are the high food prices and the rapid fluctuation of the Yemeni Riyal. As 97% of poor rural households are net food buyers, 14 high food prices are one of the determining factors of household food insecurity.

**Role of Agriculture**

Agriculture plays an important role in Yemen’s economy. Although it contributes to only 15% of the national gross domestic product, it employs more than half of the labour force and is the main source of livelihood to more than two-thirds of the population. However, Yemen is a net food importer, importing 90% of wheat requirements and 100% of rice, the two basic staples. The country’s Global Hunger Index rating is alarming, ranked 80 out of 88 countries surveyed by IFPRI. The rural population in Yemen accounts for about 85% of the total population of which 80% earn their livelihood from agriculture, including both crop and livestock production. Activities such as beekeeping, petty trading, including selling of qat or even selling of pump water by the landowners are some other sources of income for rural communities.

Agriculture communities have suffered hardships, which have severely affected rural livelihoods. In the conflict-affected areas of the north, particularly in Amran, Hajjah and Sa’ada, physical destruction of agricultural equipment and machinery and agricultural income sources were severed, including physical destruction of standing crops and - as fields had to be left idle before harvest - revenue losses from food, feed and cash crops. Although Yemen has received a good amount of rainfall in the past months, this will not be enough to ensure full recovery of harvest potential.

**Priority needs identified**

- Provision of emergency food and nutritional assistance to displaced populations.
- Provision of targeted seasonal food assistance.
- Provision of seeds, fertilizers and agro-chemicals to crop farming families and emergency veterinary health care to livestock-hosting families.

**Risk analysis**

- Volatile security situation may impact access to displaced populations.
- Increasing insecurity in operational areas.
- Rising food and fuel prices.
- Natural disasters such as flood or drought.

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

The overall goal of the cluster is to save lives and protect agricultural livelihoods in emergencies and improve the nutritional and food security status of vulnerable groups adversely affected by shocks.

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Save essential agricultural assets such as livestock in order to maintain livelihoods, nutrition and food security in the rural communities.</b>		
1.1 Increased food production; secured essential agricultural assets such as livestock.	1.1.1 Distribution of sufficient quantities of animal feed and concentrates to a targeted number of sheep, goats and cattle.	<ul style="list-style-type: none"> <li>• Number of households receiving agricultural (9,182 households) and veterinary (5,500 IDP households) assistance.</li> </ul>

<sup>14</sup> IFPRI, February 2010.

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1.2	Improved food security and nutrition.	1.2.1	Distribution of sufficient quantities of seeds, fertilizer and agro-chemicals to intended households.	
<b>Objective 2a. Save lives and protect livelihoods in emergencies and reduce acute malnutrition caused by shocks.</b> <b>Objective 2b. Maintain and/or improve the nutritional and food security status of refugees, IDPs and other vulnerable groups and communities whose food and nutrition security have been adversely affected by shocks by providing emergency food and agricultural assistance.</b>				
2.1	improve the food availability for and consumption by: i. displaced populations in northern Yemen ii. severely food-insecure households	2.1.1	Food items distributed in sufficient quantity and quality to planned to be reached families.	Reduction in food insecurity and malnutrition among 2,12.000 food-insecure people/IDPs through measuring: <ul style="list-style-type: none"> <li>Household Food Consumption Score (80% above borderline)</li> <li>prevalence of acute malnutrition among beneficiary children under 5 (Mid-Upper Arm Circumference) (below 10% acute malnutrition)</li> </ul>
2.2	Prevent and reduce acute malnutrition in children under five in targeted beneficiary populations.			

**C. Sectoral monitoring plan**

The Food and Agriculture Cluster will hold regular meetings to ensure good coordination and information sharing within the cluster and to provide a forum for bringing together all the main humanitarian actors involved in this Cluster. This is necessary to ensure that the country needs assessments and emergency response interventions are well coordinated, shared and/or undertaken jointly. Coordination with Yemeni authorities and line ministries is also essential for the successful implementation of the Food and Agriculture Cluster's interventions.

The Food and Agriculture Cluster will also ensure the strong link to other clusters through inter-agency coordination in order to maximize the comparative advantages of joint programming. Regular distribution monitoring will be carried out to ensure that assistance is reaching the beneficiaries in the right quantity and at the right time. On activity level, each agency will gather data based on the indicators above and as per agency's own monitoring and evaluation systems. Thus, proper evidence and feedback on the activities implemented will be provided and shared inside and outside the cluster, including with the GoY and donor countries.

**D. Table of proposed coverage per site**

SITE / AREA	ORGANIZATIONS
Amran, Hajjah, Sa'ada	WFP, IRY, FAO, Ministry of Agriculture, NGOs
Hajjah, Sa'ada	SC
Al Jawf	WFP, ADRA, IOM
Sana'a	WFP, IRY
Amran, Hajjah, Hodeidah, Raymah, Al Mahwait, Sana'a Region, Marib, Shabwa, Al-Baida, Al-Dalhee, Ibb, Taiz, Lahj, Dhmar	WFP, Ministry of Education

**Overview of needs analysis in tabular form**

	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters	Risks identified
<b>IDPs (Total)</b>	Sa'ada, Hajjah, Amran, Al Jawf, Sana'a	Provision of emergency food and nutritional assistance to displaced populations.	Household food consumption score (FCS)	80% above borderline (FCS).	Conflict, protracted displacement.	All with focus on nutrition and health.	Volatile security situation may impact access to displaced populations.
<b>Severely Food-insecure People</b>	14 targeted governorates (see table D above)	Provision of targeted seasonal food assistance.	Prevalence of acute malnutrition among beneficiary children under 5. Number of people receiving food items by category.	Below 10% acute malnutrition. 2,112,000 food-insecure and IDPs planned (90% of planned reached).	Increasing poverty and malnutrition rates. Limited social safety net targeting very vulnerable households.		Increasing insecurity in operational areas. Rising food and fuel prices.
<b>Vulnerable population not included in other categories</b>	Hadramout	Provision of seeds, fertilizers and agro-chemicals to crop farming families, and emergency veterinary health care to livestock-hosting families.	Number of households receiving agricultural and veterinary assistance.	3,792 flood affected families reached (45% of the total affected households).	Limited agricultural growth due to depleting water supply, over-exploitation of arable land, poorly integrated food markets, cultivation of <i>qat</i> , limited rainfall.		Insecurity Natural disasters such as flood or drought Political volatility.
<b>Small and Medium Scale Crop Farmers</b>	Hajjah, Sa'ada			5,400 farming households reached.	Limited agricultural growth due to displacement.		
<b>Affected areas</b>	Sa'ada			5,500 IDPs planned to be reached with veterinary assistance to 550,000 heads of livestock.	Food insecurity related to shocks.		

4.4.2 Health Cluster

<b>Cluster lead agency</b>	<b>WHO</b>
<b>Cluster partners</b>	UNICEF, UNFPA, IOM, UNHCR, ICS, IR, SC, OCHA, YFCA, RI, ADRA, MDM, CSSW and MSI
<b>Number of projects</b>	11
<b>Cluster objectives</b>	The cluster aims at ensuring a well coordinated response to the humanitarian health needs of the populations affected by crises, especially the most vulnerable (women, children and the elderly). <ul style="list-style-type: none"> <li>• Ensure access to a standardized package of quality life-saving, essential* health care services (preventive and curative).</li> <li>• Strengthen the existing communicable disease surveillance capacity for monitoring and responding to potential outbreaks (including environmental health interventions).</li> <li>• Facilitate recovery and rehabilitation of the health system in the affected areas.</li> </ul>
<b>Total number of beneficiaries</b>	(see table and note below)
<b>Funds requested</b>	\$13,686,092
<b>Funds requested by priority level</b>	Life-saving: \$9,044,258 Time-critical: \$3,160,540 Support Services: \$1,481,294
<b>Contact information</b>	<a href="mailto:shaheenmat@yem.emro.who.int">shaheenmat@yem.emro.who.int</a>

Category	Affected population*			Beneficiaries*		
	Female	Male	Total	Female	Male	Total
Adult population (15-64)	536,306	558,196	1,094,502	268,153	279,098	547,251
Women of child-bearing age	445,908	NA	445,908	222,954	NA	222,954
Pregnant women	60,805	NA		30,403	NA	30,403
Children under five	176,782	183,998	360,780	88,391	91,999	180,390
Children under 15	427,058	444,490	871,548	213,529	222,245	435,774
Elderly (above 65 years)	29,794	31,012	60,806	14,897	15,506	30,403

\* Can not be added due to overlapping of categories

**A. Needs Analysis**

Since its activation in September 2009 the Health Cluster in Yemen is operational to cater for the health needs of conflict-affected populations in the North of Yemen. Based on the review of existing documents and reports the health cluster plans to address the following priority health needs in 2011.

***Health service delivery***

The conflict in Sa'ada has disrupted the health systems in the governorate in most of the districts. In addition, the movement of IDPs to the neighbouring governorates has impacted on the health system, overburdening the existing services in these areas. The already weak health system – with the MoPHP having only 3.5%<sup>15</sup> of the total Government budget – is struggling to cater for the health needs of the IDPs as well as the host population.

***PHC services***

In Yemen, health centres staffed by doctors and paramedics provide PHC services. Currently, there are 791 health centres<sup>16</sup> i.e. one centre per 30,000 population. In addition to this low coverage, many facilities are not functional due to unavailability staff, shortage of essential medicines and supplies. Functional health facilities are very vital to respond to the health needs of the population. The Health Cluster target is to deliver PHC services to the affected population living inside camps through fixed clinics, through strengthening of existing infrastructure for those living with host communities and through mobile units for those living as scattered groups. Being the most vulnerable groups, PHC services are frequently used by women and children.

<sup>15</sup> Annual Statistical Health report 2009, Ministry of Public Health and Population

<sup>16</sup> *Ibid.*

### Reproductive health services

Reports from rapid needs assessment conducted in 2009/2010 clearly showed that women and girls were the most vulnerable groups.<sup>17</sup> In conflict-affected areas, they were cut off from protection and support of their families and communities; therefore, they were at high risk of sexual violence, abuse and exploitation. As a result of conflict, women and girls were found to be suffering from physical and psychological trauma for which medical care and psycho-social support are essential. The team also noted with concern the unmet needs for reproductive health services, poor hygienic conditions for deliveries and inadequate health services including a non-functional referral system to provide EmONC services for women with complications.

Yemen has a high maternal mortality rate (MMR) of 365/100,000 live births.<sup>18</sup> This, coupled with a low skilled birth attendant rate (35.7%)<sup>19</sup> and a low caesarean section rate of <1%<sup>20</sup> is indicative of the maternal care in the country. The situation is worse for populations living in the periphery and conflict-affected areas, where EmONC services for the displaced population are lacking, health facilities are disrupted, in addition to poor hygienic conditions for deliveries. All these factors can further increase the MMR. Yemen has a high crude birth rate of 39.7/1,000 population and a population growth rate of 3.7%.<sup>21</sup> Coupled with a low contraceptive prevalence rate of 19% and a high unmet need for family planning of 50% this highlights the urgent need for family planning services.<sup>22</sup> Although very low numbers of gender and sexual violence cases are reported (possibly due to social-cultural factors), lack of psycho-social support services and unavailability of treatment for sexual violence survivors can increase the risk of sexually transmitted infection including HIV, unwanted pregnancies, and other complications.

### Vaccination services

With only 58% BCG, 69% measles\* coverage<sup>23</sup> and reported measles epidemics from different districts of Sada'a as well hosting governorates, there is an urgent need to augment vaccination services.

### Mental health services

The conflict affects the mental health of the population. To date, mental health services remain the most neglected area due to limited availability of resources and their strengthening will be a priority.

### Referral and treatment of chronic illness

Yemen is suffering from a double burden: communicable and non-communicable diseases. Due to the rapid and high mortality rates often associated with communicable disease they get more attention in post emergency situations. The elderly population (3% of the total population in Yemen is older than 65) being one of the vulnerable groups among IDPs suffers from chronic illnesses such as hypertension, heart disease, respiratory infections, renal diseases etc. If these diseases remain untreated for a long time they potential result in increased mortality. The Health Cluster plans to organize referral and treatment services for chronic diseases.

In view of the increasing number of landmine victims, special attention will be given to the timely referral, specialized treatment and rehabilitation of these victims. Timely referral of women with obstetric complications will also be given a focus.

### **Outbreak prevention and control**

Almost all communicable diseases are prevalent in Yemen. Due to lack of hygiene, sanitation and safe drinking water the IDP situation is associated with a high risk of epidemics. A number of measles, acute watery diarrhoea and Dengue outbreaks were reported during 2009 from Sa'ada, Amran, Hajjah, Aden, Houdeidah, Lahj and Shabwa. Timely interventions prevented large numbers of

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<sup>17</sup> Rapid assessment report, October 2009.

<sup>18</sup> DHS 2003

<sup>19</sup> a Multiple Indicator Cluster Survey (MICS), 2006, UNICEF Yemen

<sup>20</sup> EmONC needs assessment, 2006 Yemen

<sup>21</sup> Annual Statistics Report 2009, MoPH&P

<sup>22</sup> DHS 2003

<sup>23</sup> UNICEF [Childinfo country data](http://www.childinfo.org/immunization_countrydata.php) (http://www.childinfo.org/immunization\_countrydata.php)



morbidity and mortality. It is envisaged to change from the current passive surveillance system to an active one.

**Early recovery and rehabilitation of health systems**

The Sa'ada governorate health authorities have reported more than 80% of health infrastructure damaged by the conflict. The migration of the health workforce to other areas has rendered most health facilities in the governorate non functional. The return process has already started and to render health facilities back to functional is a priority. Mobile units and transitional health facilities will deliver an essential package of health services during ER. Priority should be given to rehabilitation and reconstruction of health infrastructure.

**Coordination for health response**

In order to achieve the effective and efficient use of minimal resources available, coordination plays an important role. Regular coordination meetings, updating of 4Ws, needs assessments and gap analysis are some of the functions to be performed by the health cluster. The most critical and priority area for the health cluster is to deliver life-saving health services for treatment of illness to reduce the morbidity and mortality among the target population. The already overwhelmed health system with limited resource allocation is struggling to deliver the health services. The health cluster plans to fill the gaps in the existing health care services by providing support to district/governorate health departments.

**Risk analysis**

Several factors may complicate the already poor health status of the conflict-affected population. The resumption of conflict remains a risk that may increase the number of IDPs in the hosting areas and increase the demand for health care services. The limited access by humanitarian actors to the target areas would impede the provision of timely health care services. On another level, resuming access and the return of the IDPs increase the demand for health services. Natural disasters and unavailability of safe water and proper sanitation have an additional adverse impact on health status and increase morbidity and mortality. Outbreaks of communicable diseases remain a high risk. To mitigate the risk adequate coverage of health care in the target areas is critical.

**Interrelations of needs with other sectors**

There are some common areas that link the Health Cluster with the WASH and Nutrition Cluster. Water borne diseases can only be controlled adequately if WASH and health clusters coordinate with each other. Unavailability of adequate WASH services might increase the workload on health facilities. High rates of malnutrition can cause low immunity leading to rapid spread of communicable disease. The Health Cluster will be working closely with Protection, GBV, WASH, and Nutrition Clusters to cover common concerns.

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Ensure access to a standardized package of quality life-saving, essential health care services (preventive and curative).</b>		
1.1 Crude mortality does not exceed the national average.	1.1.1 Improved population coverage of PHC services.	1.1.1.1 Average population covered by functioning health facility, ≥ 1 health unit per 10,000, ≥ 1 health centre per 50,000, ≥ 1 district /rural hospital per 250,000.
1.2 Maternal mortality does not exceed the national average.	1.1.2 Women and girls have improved access to reproductive health services.	1.1.2.1 Number of health facilities providing basic and comprehensive emergency obstetric care, ≥ 4. BEmONC / 500,000 ≥ 1 CEmONC / 500,000
1.3 Under-five mortality does not exceed the national average.	1.1.3 Enhanced vaccination coverage of target populations.	1.1.2.2 Percentage of birth assisted by skilled attendants, > 90%. 1.1.2.3 Percentage expected deliveries by caesarean, ≥5% and ≤15%.
	1.1.4 Timely management of common illnesses.	1.1.3.1 Measles vaccination coverage of >95% in camps or urban areas, >90% in rural areas.
	1.1.5 Availability of appropriate management for survivors of sexual violence.	1.1.4.1 Number of outpatient consultation per person per year, ≥1 new visit/person/ year. 1.1.5.1 100% of high frequency equipped to provide timely CMR.

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 2. Strengthen the existing communicable disease surveillance capacity for monitoring and responding to potential outbreaks (including environmental health interventions).</b>		
2.1 Case fatality for most common communicable diseases does not exceed the national average.	2.1.1 Potential outbreaks alerts are timely investigated. 2.1.2 Timely response to outbreaks. 2.1.3 Joint WASH / Health Cluster response to water borne disease outbreaks.	2.1.1.1 More than 80% of reported alerts are investigated with 24 hours. 2.1.2.1 100% of the investigated potential outbreaks are responded in 24-36 hours. 2.1.3.1 Percentage of outbreaks jointly responded by WASH and Health Cluster.
<b>Objective 3. Facilitate recovery and rehabilitation of the health system in the affected areas.</b>		
3.1 Functioning and rehabilitated health system responding to the health needs of populations.	3.1.1 Improved population access to health care services (especially for women/girls, children and elderly).	3.1.1.1 Average population covered by functioning health facility, $\geq 1$ health unit per 10,000, $\geq 1$ health centre per 50,000 $\geq 1$ district /rural hospital per 250,000. 3.1.2.1 Number of health facilities providing basic and comprehensive emergency obstetric care, $\geq 4$ BEmONC / 500,000 $\geq 1$ CEmONC / 500,000.

### C. Sectoral monitoring plan

A joint Health Cluster monitoring mechanism based on the existing reporting mechanism is adapted by health partners. A standardized reporting format is already in place and most of the medical teams are reporting consultations on this format. MoPHP staff at different levels will use the standardized reporting format to monitor partners' activities in the field. WHO, as Cluster Lead Agency, will facilitate monitoring and information sharing. All reports will be collected and analysed by the Health Cluster in order to monitor progress and identify gaps in service delivery.

### D. Table of proposed coverage per area

SITE / AREA	ORGANIZATIONS
Sa'ada	WHO, UNICEF, UNFPA, MdM
Amaran	WHO, UNICEF, UNFPA, RI
Al-Jawaf	WHO, UNICEF, UNFPA, IOM
Hajjah	WHO, UNICEF, UNFPA, MdM, RI

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters/sectors	Risks identified
<b>Adult population (15-64)</b>	Sa'ada, IDP hosting districts in Hajjah, Al-Jawf, and Amran	Integrated PHC. Comprehensive reproductive health care. Mental health services.	Integrated PHC. Reproductive health care in crisis. Mental health services.	PHC coverage Reproductive health coverage CMR MMR Centre for Psychiatric Rehabilitation	≥ 1 health unit per 10,000 ≥ 1 health centre per 50,000 CMR of <1 /10,000/ day	WASH, Nutrition, Protection GBV Shelter	Increase in morbidity and mortality especially among vulnerable population of women children and elderly.  Rapid spread of communicable diseases.  Increased demand for health services.
<b>Pregnant women</b>		Ante, intra- and post natal care. Newborn care. Vaccination services.	Clean safe delivery, skilled births attendance, EmONC services. Post natal care. Vaccination services.	BEmONC / CEmONC coverage. Coverage by skilled birth attendants. Neonatal mortality rate TT coverage	≥ 4 BEmONC / 500,000 ≥ 1 CEmONC / 500,000 percentage of births assisted by skilled attendants > 90%		
<b>Children</b>		Vaccination services. Integrated Management of Childhood Illnesses (IMCI). Nutritional surveillance.	IMCI coverage. Under 5 mortality rate. Vaccination coverage. Prevalence of malnutrition.	Percentage of health facilities providing IMCI. Under-five mortality of < 2 /10,000 / day. Measles vaccination coverage of above 90%.	Less than 70% coverage of measles vaccination.		
<b>Elderly (above 65 years)</b>		Treatment of chronic illness. Integrated PHC. Mental health services.	Hospital coverage.	≥ 1 district /rural hospital per 250,000.	Lack of referral services.		

#### 4.4.3 Nutrition Cluster

<b>Cluster lead agency</b>	<b>UNICEF</b>
<b>Cluster partners</b>	MOPH&P, WFP, WHO, YWA, CSSW, MDM, SC, AMI, YFCA, RI
<b>Number of projects</b>	9
<b>Cluster objectives</b>	<ol style="list-style-type: none"> <li>1. Prevent/reduce and treat malnutrition and micronutrient deficiencies among children under five and pregnant/lactating mothers in targeted locations.</li> <li>2. Provide CMAM services (OTP/SFP and TFC) to children under five who are acutely malnourished (wasted) and to malnourished women.</li> <li>3. Further strengthen Nutrition Cluster coordination mechanisms at national and sub national levels.</li> <li>4. Capacitate communities and national humanitarian actors to provide equitable nutrition assistance to all affected/targeted populations.</li> <li>5. Ensure regular availability of updated information on the nutrition situation all over Yemen with the aim of early detection / response and forecast, through effective surveillance system, timely nutritional rapid assessment, and routine data collection and analysis.</li> </ol>
<b>Total number of beneficiaries</b>	2,558,868
<b>Funds requested</b>	\$26,670,228
<b>Funds requested by priority level</b>	Life-saving: \$25,981,660 Time-critical: \$657,000 Support Services: \$31,568
<b>Contact information</b>	Dr. Saja F. Abdullah (sabdullah@unicef.org).

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Pregnant and lactating women with MAM (71 priority districts country wide)	306,000	0	306,000	44,000	0	44,000
Under-5 children (71 priority districts country wide) with MAM (blanket feeding and treatment)	166,110	172,890	339,000	51,940	54,060	106,000
Children under 2; (in 71 priority districts country wide) for blanket feeding.	215,110	223,890	439,000	100,940	105,060	206,000
IDP children under 5 (for blanket feeding).	19,600	20,400	40,000	19,600	20,400	40,000
Under-5s in conflict-affected area (Sa'ada, Hajjah, Amran and Aljoof) for mid-upper-arm circumference (MUAC) screening both IDPs and host.	399,253	415,549	814,801	199,626	207,774	407,400
Under-5s in the rest of the country with MUAC screening.	1,780,711	1,853,394	3,634,105	356,142	370,679	726,821
Under-5s with SAM in conflict-affected areas (Sa'ada, Hajjah, Amran and Aljoof) both IDPS and host.	19,963	20,777	40,740	15,970	16,622	32,592
Under-5s with SAM (country-wide excluding 4 northern governorates).	28,491	29,654	58,145	22,793	23,723	46,516
Pregnant and lactating mothers all over the country targeted with micronutrients supplementation.	1,899,078	0	1,899,078	949,539	0	949,539
<b>Totals</b>	<b>4,834,316</b>	<b>2,736,554</b>	<b>7,570,869</b>	<b>1,760,550</b>	<b>798,318</b>	<b>2,558,868</b>

#### A. Needs Analysis

The high country-wide prevalence of malnutrition among under-five children in Yemen and the alarming levels of wasted children in the conflict-affected northern governorates in Yemen have reached critical proportions and are undermining the survival of young children in the country. These high levels of malnutrition were confirmed by a number of recent nutritional assessments carried out by different agencies and NGOs, in collaboration with the MOPH&P. The latest was conducted in July 2010, in which UNICEF supported MOPH&P to carry out a community-based nutritional screening in

five western districts of Sa'ada, reaching 26,246 children aged 6-59 months MUAC screening. The results in the targeted districts of Razeh, Munabih, Al Thaheer, Ghammer and Shada showed extremely high levels of acute malnutrition: 16.8% suffered SAM, and overall 45% suffered from acute malnutrition. The results correlate with another screening carried out by MSF in July 2010 in Mustaba district, which harbours about 130,000 IDPs. That screening indicated a Z-score prevalence of global acute malnutrition (GAM) of 36.6% and SAM of 16.2%. These percentages far exceed WHO's emergency thresholds of 20% for GAM and 5% for SAM.

These assessments alerted Nutrition Cluster members and the senior management in the government and UN agencies to the grave risk facing Yemeni children. High poverty rates (43% according to the 2005-2006 Household Budget Survey) and food insecurity (32% of Yemeni people are food-insecure, and 12% are severely food-insecure, according to the 2009 CFSS conducted by WFP) mean many children who are currently affected by moderate acute malnutrition risk sliding into severe acute malnutrition and those who already suffer from SAM may never recover.

One in four Yemeni women was found to be suffering from malnutrition in the 2009 CFSS and about half of them are anaemic.<sup>24</sup> Maternal malnutrition is the key underlying cause for the very high maternal morbidity and mortality rates in Yemen (maternal mortality ratio is 365/100,000 live births). Lack of food and intake of micronutrients are the main contributing factors for the high levels of maternal malnutrition and anaemia. Malnourished women are at high risk of repeated morbidity and high mortality, which will ultimately impact the survival and wellbeing of their offspring.

Without expanding health and nutrition services and institutionalising outreach services to reach the most vulnerable, it will be impossible to reverse the trends of malnutrition. Given the current emergency perspective in Yemen, the volatile situation in the horn of Africa and the effects of climate change, it is expected that the situation will further deteriorate without installing the right measures to deliver a minimum package of services to save lives, fulfilling core human rights and ensuring the dignity of millions of women and children, including IDPs, refugees and marginalized groups.

#### **Identification of priority needs based on key indicators**

- Addressing high level of malnutrition among under five children, mothers and most vulnerable/marginalised groups in IDPs camps and host communities in the conflict-affected governorates through expansion of CMAM and low cost high impact interventions to reach all communities in affected governorates.
- Prevention and reduction of malnutrition and micronutrients deficiency disorders among children, pregnant and lactating mothers through targeted and blanket feeding programme, micronutrients' supplementation and food fortification.
- Strengthening the coordination mechanism and widen its scope at central and sub-national level.
- Expansion of CMAM services to reach all communities in the conflict-affected areas and to targeted communities in the rest of the country.
- Strengthening capacity of government and other stakeholders' service providers to deliver quality services, ensuring proper data flow, logistic capacity to manage the supply component of the programme and local capacities for immediate response.
- Strengthening the national information system including establishment of nutrition surveillance system and early warning capacity.

#### **Risk analysis**

- Rising level of household food insecurity.
- Wide scale poverty and further deterioration of the food, financial and fuel crises.
- Escalation of the northern/ southern conflict to new areas.
- Tribal conflicts/ disputes.
- Inaccessibility- further deteriorating of the security situation in the affected governorates.

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<sup>24</sup> Referred to in the CFSS, Annex II

- Mass population displacement because of military operations, natural and man-made disasters and other emergencies.
- Climate changes (drought, floods and scarcity of water resources).
- High morbidity rate / disease outbreaks.
- Limited/ reduced access to the basic services.
- WASH and other sectoral related challenges.

**Mitigating measures**

- Exploring additional implementing partners and building their capacity to deliver quality nutrition interventions, especially in conflict-affected areas and advocate/ facilitate their accessibility.
- High level advocacy to expand the social protection network to address the humanitarian needs of the most vulnerable/ food-insecure households.
- Pre-positioning of emergency nutrition supplies at agency level to address the immediate needs of the most vulnerable in case of conflict escalation / mass displacements.

**Interrelations of needs with other sectors**

High malnutrition rates among mothers and children in Yemen are directly linked to Food Security, Health WASH and Food Security and Agriculture Clusters.

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Prevent/reduce and treat malnutrition and micronutrient deficiencies among children under five and pregnant lactating mothers in targeted locations.</b>		
1.1 Prevalence of SAM and MAM reduced.	1.1.1 Food items distributed in sufficient quantity and quality to targeted women, girls and boys.	<ul style="list-style-type: none"> <li>• Prevalence of SAM among children under five reduced by 10% in target areas.</li> <li>• Actual number of women, girls and boys receiving food assistance, by category and as a percentage of planned beneficiaries.</li> </ul>
	1.1.2 SAM and MAM cases identified and treated at CMAM facilities.	<ul style="list-style-type: none"> <li>• Proportion of SAM and MAM (SAM less than 5% and MAM less than 15%).</li> </ul>
1.2 Coverage of micronutrients' supplements increased.	1.2.1 Mothers received iron folate and other micronutrients' supplements.	<ul style="list-style-type: none"> <li>• Proportion of pregnant mothers received iron folate supplements (40%).</li> </ul>
	1.2.2 Children received vitamin A and other micronutrients' supplements.	<ul style="list-style-type: none"> <li>• Proportion of U5 children received vitamin A supplements (40% at least twice).</li> </ul>
<b>Objective 2. Provide CMAM services (OTP/SFP and TFC) to children under five who are acutely malnourished (wasted) and to malnourished women.</b>		
2.1 Quality OTPs / TFCs/ supplementary feeding program are available in the targeted districts.	2.1.1 SAM and MAM cases identified and received appropriate treatment at CMAM facilities and proper follow up at community level.	<ul style="list-style-type: none"> <li>• SAM cure rate (60%).</li> <li>• MAM cure rate (75%).</li> </ul>
	2.1.2 Fully functioning CMAM referral system.	<ul style="list-style-type: none"> <li>• SAM defaulter rate (20%).</li> </ul>
2.2 improved SAM management/ cure rate at OTP/ TFC and proper follow up at community level.	2.2.1 Number of female community volunteers trained per community.	<ul style="list-style-type: none"> <li>• No. of households per community volunteer (10 to 15 households).</li> </ul>
	2.2.2 MUAC screening for malnutrition, follow up on cases, and health education sessions delivered at community level.	<ul style="list-style-type: none"> <li>• Proportion of SAM cases reached the CMAM facilities out of the referred cases (60%).</li> </ul>
<b>Objective 3. Further strengthen Nutrition Cluster coordination mechanisms at national and sub national levels.</b>		
3.1 Strong coordination is in place at central and sub-national level (Sana'a, Amran, Sa'ada and Aden).	3.1.1 Nutrition working groups/ cluster coordination mechanism is in place at central and northern and southern regions.	<ul style="list-style-type: none"> <li>• Number of National Cluster Coordination (NCC) meetings' minutes circulated (fortnightly).</li> <li>• Number of Nutrition Working Group meetings' minutes circulated (monthly).</li> </ul>

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 4. Capacitate communities and national humanitarian actors to provide equitable nutrition assistance to all affected / targeted populations.</b>		
4.1 Capacity in place to deliver timely and effectively the required humanitarian response.	4.1.1 Effective response provided in time.	<ul style="list-style-type: none"> <li>Proportion of service providers trained to deliver nutrition services at service delivery level (at least 2 per facility).</li> </ul>
4.2 Implementing partners are delivering quality services.	4.1.2 Rapid assessments, analysis reports and humanitarian responses are provided in coordinated manner with all sectors.	<ul style="list-style-type: none"> <li>Emergency preparedness and response plan and situation analysis reports are circulated in time.</li> </ul>
<b>Objective 5. Ensure regular availability of updated information on the nutrition situation all over Yemen with the aim of early detection / response and forecast, through effective surveillance system, timely nutritional rapid assessment, and routine data collection and analysis.</b>		
5.1 Regular reporting on quarterly basis.	5.1.1 Quality Nutrition Information System in place.	<ul style="list-style-type: none"> <li>Number of Nutrition Information System (NIS) reports circulated (4 reports annually).</li> </ul>
5.2 Surveillance reports are circulated on regular bases.	5.1.2 Surveillance system in place at pilot sites.	<ul style="list-style-type: none"> <li>Number of surveillance reports circulated.</li> </ul>

### C. Sectoral monitoring plan

A monitoring and evaluation system will be further strengthened within the existing national NIS to generate key anthropometric and micronutrients indicators in collaboration with all partners. Specific and relevant monitoring component will be detailed in the project proposals once finalised. NCC updates will be disseminated within the humanitarian actors and donor agencies against the proposed response implementation plan as detailed in the 3W matrix on regular bases. In addition, the nutrition management information system/ database will be updated on quarterly base to provide key anthropometric indicators. Gender-sensitive indicators will be designed and implemented to assist in collection and analysis of data for programming purposes. The national guidelines for management of malnutrition will be used by all partners. Monitoring field visits, supportive supervision and in-service training of the health workers and volunteers working in the CMAM programme are the key tools to monitor and closely follow up on the implementation of the agreed upon activities. Mid-year and end year review will be another tool to document and stream line the processes.

### D. Table of proposed coverage per area

SITE / AREA	ORGANIZATIONS
Sa'ada	UNICEF, WFP, MDM, SC, MOPH
AlJawf	UNICEF, MOPH, WFP
Amran	UNICEF, WFP, SC, MOPH
Hajjah	UNICEF, WFP, MOPH
Rayma, Al-Baidha, Hodeidah, Shabwa, Mareb, Abyan, Dhamar, Sana'a rural, Hadramout.	WFP, UNICEF, MOPH
Rest of the country	MOPH-UNICEF

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters/sectors	Risks identified
<b>Under-5 children with SAM and MAM in conflict-affected area</b>	Sa'ada, Hajjah, Amran Al Jawf	CMAM including MUAC screening /OTP/ SFP and TFCs	Prevalence of SAM and GAM in the targeted locations.	Emergency threshold of GAM $\geq 15\%$ and SAM $\geq 3\%$ (WHO classification).	Poverty	All clusters with focus on: Food and Agriculture, Health, WASH.	Scattered IDPS
<b>IDP children under 5</b>		BSFP					Movement of IDPs
<b>Pregnant and lactating women with MAM</b>		Targeted SFP	Prevalence of malnourished women.	Emergency threshold of malnourished women (25%) (WHO classification).	Lack of food and micronutrient intake. Low level of education of mothers. Insufficient healthcare.		Insecurity and resumption of conflicts Accessibility constraints Increased food prices
<b>Under-5 children with SAM and MAM</b>	Country wide	CMAM including MUAC screening / OTP/ supplementary feeding program and TFCs	Prevalence of SAM and GAM country wide.	Emergency threshold of GAM $\geq 15\%$ and SAM $\geq 3\%$ , according to WHO classification.	Lack of safe water.		Food insecurity Poverty Drought
<b>Children under 2</b>		BSFP			Low level of hygiene. Poor access to health care.		
<b>Pregnant and lactating women targeted with micronutrients</b>		Micronutrient supplementation	Proportion of micronutrients' coverage in beneficiaries.				



4.4.4 Protection Cluster

<b>Cluster lead agencies</b>	<b>UNHCR (Protection) Lead Agency, UNICEF (Child Protection AOR), UNFPA (GBV AOR)</b>
<b>Cluster partners</b>	<i>Authorities:</i> Executive Units, Ministry of Human Rights, Ministry of Social Affairs and Labour; <i>UN:</i> UNICEF, UNFPA, UNDP; <i>NGOs:</i> RI, AI Amal, CHF, CSSW, IOM, DRC, IR, SC, Oxfam, ADRA, Islamic Relief, YWU, Seyaj, Inter SOS
<b>Number of projects</b>	10
<b>Cluster objectives</b>	<ol style="list-style-type: none"> <li>1. Displaced people as well as children who are subjected to violence can access assistance to protect and remediate its impact.</li> <li>2. The likelihood of violence and harm occurring is reduced through communities being aware and leading initiatives suitable to their environs.</li> <li>3. Duty bearers exercise their responsibility to monitor, respond and prevent violence against its citizens.</li> <li>4. A well functioning network of services to prevent and respond to violence and harm is established.</li> </ol>
<b>Total number of beneficiaries</b>	Displaced and affected populations: 399,078 115,000 children (57,500 girls and 57,500 boys)
<b>Funds requested</b>	\$13,604,590
<b>Funds requested by priority level</b>	Life-saving: \$3,138,847 Time-critical: \$10,053,243 Support Services: \$412,500
<b>Contact information</b>	Ann Maymann, Assistant Rep (Protection) <a href="mailto:maymann@unhcr.org">maymann@unhcr.org</a> Anne-Marie Fonseca, Deputy Representative (UNICEF), <a href="mailto:amfonseka@unicef.org">amfonseka@unicef.org</a>

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs inside camps <sup>25</sup>	22,557	22,921	45,478	9,823	9,942	19,765
IDPs outside camps	89,054	90,468	179,522	67,996	69,093	137,089
Planned returnee population <sup>26</sup>	48,883	48,117	97,000	33,343	33,881	67,224
Affected hosting communities	148,800	151,200	300,000	86,800	88,200	175,000
Children recruited into armed groups or armed forces	U/K	90	U/K	U/K	90	120
Children physically assaulted	38,620	38,050	69%,76,670	12,800	12,600	25,400
Children sexually abused	4,650	2,340	5.5%, 6,520	1,550	780	2,330
Children who are married	16,910	U/K	U/K	50	U/K	50
Children less than 15 years in labour	8,990	9,950	17%	1,000	1,000	2,000
Children missing from the conflict	1,170	1,060	2%	1,000	1,000	2,000
Detention by the State and armed Groups	5,340	5,910	10.1%	1,700	2,000	3,700
Children in weapon-infected areas	146,000	146,000	292,000	50,000	50,000	100,000

**A. Needs Analysis**

**Identification of priority needs based on key indicators**

The needs are clustered around three main realities: (a) people with specific needs and requirements for specific interventions; (b) durable solutions for all IDPs, including landless and people evicted from their properties; and (c) building local capacities using training and practical involvement in on-going activities and planning exercises. The population of concern are based on actual registration conducted by Executive Unit, in collaboration with UNHCR, as well as other assessments conducted by other agencies.

<sup>25</sup> The IDP camps in Sa'ada city are under ICRC/YRC responsibility and not cover by the present cluster

<sup>26</sup> Includes 30% projection for 2010 and 20% for 2011

A significant percentage of IDPs lack access to basic services, such as: physical and mental health, education, social welfare, legal and psycho-social counselling, fair administrative and judicial processes, recovery support mechanisms (e.g. restitution of land and property). There are also gaps in service provision for shelter and food assistance, affecting 20% of the total IDP population. Displaced people are often denied access to basic services because of not possessing required identification, which needs to be rectified with the reissuing of documentation. People with special needs are also experiencing difficulties in accessing resources irrespective of documentation.

The profiling exercise conducted in Harad, Amran, Sa'ada and Al -Jawf (from June to September, 2010) affirmed that displaced women were also having difficulties registering as head of households; due to social and traditional cultural beliefs that forbid women from assuming this role. The profiling further reviewed that 9% of the sample households were female-headed with higher vulnerability to social marginalization, poverty, sexual exploitation and other forms of GBV. Women were also suffering from lack of access to basic hygiene items; lack of proper clothing was expressed as a concern for women and girls in camps. This greatly impeded their mobility and safety to access life-saving services and put them at risks of harassment and sexual violence. 60% of IDPs are expressing, through the IDP profiling exercise, the increase demands for clothes particularly for women and children, considered as high priority. In 2010, a coordination mechanism developed for GBV in Amran and in Harad.

Therefore, there is the need to operationalize and strengthen GBV prevention strategies by raising awareness and empowering girls and women, through their increased effective participation in decision-making, and ensuring access to relevant specialized services, including; medical assistance, psycho-social support and access to justice.

There are significant gaps and in national policy and practices in the treatment of IDPs that require adoption of a national policy and training on its implementation at national and local levels.

While 29% of IDPs indicated their choice not to return to areas of origin, there is a need to strongly advocate for the availability of all types of durable solutions and assisting all IDPs to make informed choices such as providing information to IDPs about places of return and settlement and the available services.

### ***Child Protection***

The Yemen CPSC conducted in May 2010 a child protection assessment in the conflict-affected areas of Sa'ada, Hajjah, Al Jawf, Amran and Sana'a Governorates, and identified a range of needs that require priority attention.

#### *Recruitment and use of children in armed groups or forces*

The assessment estimated that 15% of pro-government militia and 20% of armed groups (Houthi) are children. 17% of displaced families (90) reported that they have children directly involved in armed conflict. 15% of interviewed boys (56) had been invited to join an armed group. An unknown number of girls were recruited to support fighters and use weapons.

#### *Sexual abuse and exploitation of children*

Girls (9%) and boys (4%) reported being sexually abused. Nationwide, 32% of women married when they were children and the practice increased as a result of displacement.

#### *Physical abuse of children*

Girls (72%) and boys (66%) were physically abused, of whom 23% advised they were hit as a form of remedial punishment. 30% of perpetrators of abuse (physical, verbal and sexual) were from their family, 25% from host communities and 25% from humanitarian and security workers.

*Child labour (including trafficking)*

17% of interviewed children under the age of 15 years were in paid labour. One third of families said they could not survive if their children did not work. Trafficking is rife in North Yemen. In some cases traffickers are visiting homes and taking sons away to be taken over the border or hiding girls in their homes.

*Risks of injury or death from ERW*

There were significant rates of injury from war: 8% said that at least one child from their family was killed as a result of the conflict; 10% of families reported at least one child was injured as a result of the armed conflict. In Sa'ada, 890 children (50%) had physical disabilities attributed to the conflict. Despite the risks, 66% of children did not know how to avoid the risks of ERWs (even though 50% had done mine risk education)

There are other significant concerns about the abuse of children: 10% were detained by Houthi or the Government; 2% of children are still missing from the time of conflict or displacement; and significant numbers of children are being detained in prison due to their association with armed groups or because they immigrated illegally. Measures of psycho-social well-being indicate significant distress in approximately one third of the children, where symptoms of depression, aggressive anti-social behaviour and suicidal ideation were reported.

The capacity of the caregivers to craft protective environments for their children is limited by environmental factors as well as inability to recognize and manage the psycho-social needs of their children; not dealing with their aggression appropriately; inability to provide for or protect their family as they have in the past; low rates of literacy and lack of support from their tribe or community.

Recently there have been armed clashes between the Government and Al-Qaeda in Shabwa where 2,250 households left their homes to relocate into nearby villages and Aden. Most of the people have not returned to Shabwa. It is not known whether there will be further clashes engendering further and extended displacement, however, efforts are being put into establishing CFSs and psycho-social support teams in the Shabwa district. Further assessment needs to occur in order to clarify child protection needs.

**Risk analysis**

- Few displaced people have returned, often citing a general mistrust in the long-term abidance of the ceasefire agreement. There may be a protracted displacement in the absence of genuine safe alternatives. There is a risk the continued humanitarian needs of those in displacement cannot be met. There is an ad hoc response to the needs of IDPs and their situation during displacement and to durable solutions to the displacement.
- Inadequate involvement of host communities in humanitarian strategies is likely to exacerbate tensions with the displaced, hampering integration and re-integration in areas where durable solutions are sought.
- There are significant challenges to the provision of services in Al Jawf and Sa'ada Governorates due to restricted access related to security.
- It is anticipated that programs will encounter difficulties in reaching girls to provide assistance to or engage civically given the cultural norms for limited public engagement.
- The nature and scale of the conflict between Al Qaeda and the Government is unknown: this will have an impact on the number of displaced people, as well as the capacity for agencies to provide services.

**Interrelations of needs with other sectors**

Protection, including the empowerment of women, should be mainstreamed throughout other clusters as it is a cross-cutting responsibility. Relations with other sectors are key for holistically addressing protection concerns.

- Appropriate service responses require close coordination with Education, Nutrition and Mental Health Clusters.

- Documentation gaps could be coordinated with Education, Health, Food, CCCM/Shelter Clusters.
- Schools can be sites where significant psycho-social support and developmental activities can take place. The Education Cluster is working towards opening more schools and increasing participate rates of girls.
- The Health Cluster needs to increase the quantity and quality of mental health services.
- The ER Cluster is also working on engaging displaced people and host communities in peace-making activities, civic engagement, and supporting livelihoods to reduce the vulnerabilities of populations with protection concerns (coordinated with the food and Agriculture Cluster and the Shelter Cluster).

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. The likelihood of violence and harm occurring is reduced through communities being aware and leading initiatives suitable to their environs.</b>		
1.1 Community members (inclusive of sex and age) are aware of types of violence and hazards and what to do if it occurs.	1.1.1 Campaigns to build awareness about violence, hazards and protection are delivered to target groups.	<ul style="list-style-type: none"> <li>• Number and topic of awareness campaigns delivered (315,000).</li> </ul>
	1.1.2 Service planning and review are based on evidence on needs and delivery.	<ul style="list-style-type: none"> <li>• Number of beneficiaries of campaigns (315,000).</li> </ul>
	1.1.3 Caregivers are provided with workshops to build their parenting skills.	<ul style="list-style-type: none"> <li>• 10 parenting skills workshops with 100 male and 100 female caregivers participating.</li> </ul>
1.2. Community members (inclusive of sex and age) identify threats to protection and develop strategies to address, including peace-building initiatives.	1.2.1 Groups of men, women and young people identify protection issues of concern and develop strategies to address. These reports are provided to local Child Protection Committees (CPC), Community Based Protection Network (CBPN) and Child Protection Working Groups (CPWG).	<ul style="list-style-type: none"> <li>• Number of reports from CPC and CBPN identifying issues and strategies (weekly reports from each CPC and CFS).</li> </ul>
<b>Objective 2. Displaced and affected adults and children who are subjected to violence can access assistance to protect and remediate its impact.</b>		
2.1 Survivors of violence have access to appropriate remedial legal, medical, and psycho-social services.	2.1.1 Recruited, detained, separated or trafficked children are demobilized or traced and are reintegrated into communities.	<ul style="list-style-type: none"> <li>• 800 children are assisted to reintegrate into communities.</li> </ul>
	2.1.2 Service providers are able to provide psycho-social and medical services at varying levels from clinical to formal support.	<ul style="list-style-type: none"> <li>• Number of survivors (disaggregated by sex and age) who are assisted.</li> <li>• Number of referrals (total 600: male: 240; female: 360).</li> </ul>
2.2 Children affected by displacement have access to universal services that promote psycho-social skills in resilience.	2.1.3 People have access to services that will provide information about services and referral.	<ul style="list-style-type: none"> <li>• Number and location of CFS and psycho-social support (29 CFS).</li> </ul>
	2.1.4 Survivors can access legal, psycho-social and medical services depending on their conditions and choices.	<ul style="list-style-type: none"> <li>• Number of cases resolved.(Total - 300: males:120; females:180)</li> <li>• Proportion of people satisfied with the service (80%)</li> </ul>
2.3 Agencies have the capacity to deliver timely, appropriate and coordinated services.	2.2.1 There is effective coordination and referrals between service providers.	<ul style="list-style-type: none"> <li>• Number of trainings (bi-monthly, psycho-social support, Community Partners in Education, and MRM).</li> </ul>
	2.3.1 Training in protection strategies are provided to government, civil society and local government authorities (50% women).	

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 3. Duty bearers exercise their responsibility to monitor, respond and prevent violence against its citizens.</b>		
3.1 The Yemen Government protects its citizens from violence and assists them when it occurs in concert with stakeholders.	3.1.1 There is effective coordination between legal, medical and psycho-social sectors for service provision and strategic management.	<ul style="list-style-type: none"> <li>Case coordination meetings and attendance in Sa'ada, Haradh, Amran and Aden.</li> </ul>
	3.1.2 Extend and improve national cluster and local working groups to ensure coordinated monitoring, response and advocacy.	<ul style="list-style-type: none"> <li>Child Protection Sub-Cluster + 24 Working Group meetings in Sana'a, Sa'ada, Haradh, Amran and Aden.</li> </ul>
		<ul style="list-style-type: none"> <li>Protection Cluster + 24 WG meetings in Sana'a, Sa'ada, Haradh, Amran and Aden.</li> </ul>
	3.1.3 Reports describing the incidence, nature, perpetrators, survivors/victims and circumstances of violence are available to stakeholders.	
	3.1.4 Legislation and policies are enacted and implement to safeguard its citizens, including displace people.	
3.1.5 Coordination mechanisms and the Government utilize reports on the incidence of violence against citizens.	<ul style="list-style-type: none"> <li>The rate of reports of incidents, types of incidents and perpetrators (6/month).</li> <li>The strategies and impacts recorded by coordination mechanisms (e.g CPWG and case coordination meetings will produce 2 reports per month per location and there are 4 locations).</li> </ul>	

### C. Sectoral monitoring plan

UNHCR, in collaboration with other stakeholders, will conduct monitoring activities to ensure activities are targeted towards meeting agreed Cluster objectives. Projects formulated by cluster members will include indicators and a monitoring plan. The cluster lead will also provide issue-specific advice/support and policy guidance, as necessary. Monitoring effectiveness of protection response will require adequate field presence. The Cluster will establish a monthly reporting system with the field and implementing agencies; to provide information on progress and challenges to ensure timely interventions. The Protection Cluster in Sana'a and field-based protection clusters/working groups will include representatives of IDPs and affected/host communities, and invite representatives of other clusters in periodic protection assessments, as well as participatory assessments. Protection Cluster will continue to have regular biweekly meetings at central level, while the periodicity can be adjusted as required during any emergency; to ensure proper coordination and effective delivery of protection and assistance.

Implementing partners will report their statistics on a monthly basis to local Child Protection Working Groups. The Child Protection Sub-Cluster will review progress every two months. Issues related to performance and barriers will be discussed with implementing partners. Working Groups will raise issues of performance and barriers to achieving objectives within their agencies as well as through the Sub-Cluster as a means of addressing issues that are not able to be resolved at local levels. The Sub-Cluster and Protection Cluster will maintain working relationships with other clusters in order to facilitate cross-sectoral resolution of barriers. If the positions are funded, UNICEF staff will visit services on-site on at least a bimonthly basis to monitor progress, provide support and provide opportunity to raise issues no raised through the Child Protection Working Group forums

**D. Table of proposed coverage per area**

SITE / AREA	ORGANIZATIONS
Amran	UNHCR, UNICEF, UNFPA, EU, SC, IRY, CSSW, YWU, MoSAL Seyaj, YEMAC
Al Jawf	IOM, ADRA, EU, MoSAL, UNICEF
Sana'a	UNHCR, ADRA, MoSAL, Seyaj, CSSW, YWU, IRO
Hajjah	UNHCR, UNICEF, UNFPA, EU, IRY, CSSW, SC, Seyaj, YWU, YEMAC, MoSAL
Sa'ada	UNHCR, UNICEF, UNFPA, EU, IRY, Al Amal, SC, Seyaj, YEMAC, MoSAL
Mandabah	Al Amal
Shabwa	UNICEF, YWU
Aden	UNICEF, MoSAL, InterSOS

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters/sectors	Risks identified
Parents	Sa'ada, Hajja, Amran, Al-Jawf and Sana'a	Need to develop care-giving skills.		Not applicable	Hampered in providing adequate shelter, food and potable water to families and unemployment.	Protection Cluster Health Cluster Education Cluster ER Cluster	Ongoing and generational abuse if parents are not assisted to learn how to appropriately parent their children while in displacement.
Children		Physical and sexual abuse, early marriages (girls), child labour, recruitment to armed forces. Lack of mine awareness. Separation from family. Detention (boys).		Not applicable	Poverty and uncertainty exacerbate stress. Families prioritize boys.		
Children	Aden, Taiz, Hodeidah, Haradh, Sa'ada Governorates	Unaccompanied and separated minors illegally in Yemen placed inappropriately in prison with adults.	Number of boys and girls assisted to find accommodation, including repatriation.	Not applicable	Recent migration and detention		
Children	Shabwa Governorate	* Recently displaced * Need for psycho-social support teams and CFS	Number of boys and girls in services Number and type of child protection issues that arise	Not applicable	Recent displacement		
<b>IDPs, Returning IDPs, and Affected Population</b>	Al Jawf Amran Hajjah Mandabah Sa'ada Sana'a	Lack of proper counselling services, including access to restitution of documentation, land and property.	30% of targeted population gain access to counselling services and assistance.	5 IDP community centres and CBPNs established to provide services.	Lack of proper coordination and limited resources to respond to needs. * Targeted population subjected to protection risks.	WASH, Health, Education Clusters, Ministry of Health, Education, Social Welfare Funds.	GBV, deterioration of economic status, protracted displacement.
<b>Other relevant categories</b>		Identification of people with specific needs	10% of targeted population identified	Number of people with specific needs.	Person in needs subjected to severe protection risks.		

4.4.5 WASH

<b>Cluster lead agency</b>	<b>UNICEF</b>
<b>Cluster partners</b>	IOM, Oxfam, UNICEF, and WHO
<b>Number of projects</b>	8
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>To reduce morbidity and mortality and contribute to well being, dignity, and education among IDPs, in and outside camps, returning IDPs and host communities through the provision of humanitarian assistance in the sector of water, sanitation and hygiene.</li> <li>Initiate interventions that contribute to early recovery.</li> <li>Ensure that the specific needs of women, girls, boys and men are considered in all activities ensure effective, timely, and well coordinated response.</li> </ul>
<b>Total number of beneficiaries</b>	Around 302,003 IDPs and hosting families in Sa'ada, Hajjah, Amran, Al Jawf
<b>Funds requested</b>	\$11,848,746
<b>Funds requested per priority level</b>	Life-saving: \$9,843,242 Time Critical: \$1,767,961 Support Services: \$237,543
<b>Contact information</b>	<a href="mailto:gmadieh@unicef.org">gmadieh@unicef.org</a> ,

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
<b>Sa'ada Conflict: people with no access to safe water and adequate sanitation</b>						
IDPs in camps	22,557	22,921	45,478	9,951	9,814	19,765
IDPs outside camps	76,643	77,879	154,522	46,119	46,119	92,238
Host communities	148,800	151,200	300,000	80,000	80,000	160,000
Returnees in 2011	19,840	20,160	40,000	15,000	15,000	30,000
School children*	50,000	100,000	150,000	10,000	10,000	20,000
<b>Totals</b>	<b>267,840</b>	<b>272,160</b>	<b>540,000</b>	<b>151,070</b>	<b>150,933</b>	<b>302,003</b>

\*Number of school children is included in the figures, and thus not added to the total of the affected population

**A. Needs Analysis**

Yemen is one of the most water starved countries with a water deficit of 1 billion m<sup>3</sup> per year and with less than 92m<sup>3</sup> of renewable internal freshwater resources per capita per year, which is far below the threshold for water scarcity (1,000m<sup>3</sup>/capita/year). It is estimated that only around 62% of households have access to safe drinking water, and that only 52% of the population have access to adequate sanitation.<sup>27</sup> In poor neighbourhoods, inadequate environmental conditions have led to outbreaks of diseases such as cholera, dysentery, hepatitis, salmonellosis and typhoid. It is estimated that waterborne diseases are one of the main causes of high under-five child mortality.

There is a clear divide in sanitation coverage between rural and urban areas with 46% and 7% of open defecation respectively. Awareness of hygiene and safe personal hygiene practices is very low in rural areas, and hygiene education plans are absent, causing low levels of safe sanitation in households and schools. As most Sa'ada areas are rural, the previous description is quite applicable to the affected population inside and outside the Governorate.

In conflict-affected areas of Sa'ada, IDPs and host communities alike suffer from lack of water. Some estimations are that individuals survive on an average of 10 litres per capita per day for all of their WASH needs, which is less than the recommended Sphere indicator of 15 litres in humanitarian response. There are more than 12,000 IDPs in Al-Jawf who lack basic services in WASH. Access in Al-Jawf as well as Sa'ada remains one of the main factors for not reaching most of IDPs outside camps. A general observation is that NGO capacity is weak and there is a tendency for NGOs to behave as contractors rather than civil society organizations.

The increasing incidence of floods and drought due to global climate change and weak management of natural resources is another factor which affects long-term water scarcity and food security in the

<sup>27</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2010 update.



whole country. The latest floods in Hodeidah Governorate has damaged people's shelters, and resulted in the loss of their assets, and left around eight people dead most of them were children.

Vector control and drainage are normally the two WASH components with less focus comparing to water supply, excreta disposal, and hygiene promotion. In Al-Mazraq, the rainy season in July and August has caused some problems to IDPs inside camps apparently because this component has not been taken care of in the design of the camps including site selection. Vector control is still a main concern, and though it has been agreed in last year YHRP who is responsible for this component within the WASH cluster, it is believed that it is still a gap, knowing that vector control is much more than just a response to malaria and occasional spraying of some affected areas especially in Hajjah Governorate.

As many schools in Sa'dah, Hajjah, and Amran still have hosting community and IDP children, the pressure on education and WASH resources is increasing. In Sa'ada town at least 16 schools need rehabilitation and extension works in the school latrines. Water supply to schools is becoming an issue that affects not only children's health, but rather both hygiene and the proper utilization of sanitation facilities.

In some south governorates of Yemen such as Abyan, and Shabwa, the civil unrest is another factor where hundreds of families have fled their homes in Loader town in Abyan district due to clashes between allegedly AQAP and the army. There is a need to strengthen coordination and preparedness including repositioning of emergency WASH supplies.

#### **Identification of priority needs based on key indicators**

- Adequate and safe water to IDPs inside and outside camps in Sa'ada conflict areas.
- Adequate sanitation in terms of excreta disposal and solid waste management to IDPs especially for those in camps.
- Provision of hygiene items and hygiene promotion in conflict-affected governorates, and for population affected by natural disasters.
- Ensure environmental sustainability and efficient use of scarce water and environmental resources, and support the already vulnerable host communities.
- Address WASH in schools and health facilities in Sa'ada and in neighbouring governorates hosting IDPs.
- Enhance government capacity in emergency preparedness and response.
- Address less focused areas especially water quality, vector control and drainage issues for IDPs especially inside camps.

#### **Risk analysis**

- Access is limited and so is the number of served IDPs particularly in Sa'ada, Al-Jawf, and Amran (Harf Sufian district).
- Limited number of returnees due to damaged infrastructure, and lack of access services, and lost livelihoods.
- Weak local capacity: no local NGOs specialized in WASH, and government capacity and preparedness to deal with such emergencies is limited, while the number of active WASH members is limited.
- The vulnerability and needs of the host community is adding pressure on resources and the progress in service delivery to the affected population.

#### **Interrelations of needs with other sectors**

Water quality, vector control and disease surveillance especially on diarrhoeal cases and swine flu are common areas with the health cluster. The areas of Haradh and Hodeidah are known to be affected with seasonal malaria. The close coordination between the WASH Cluster and the Malaria campaign is quite essential in combating the disease in these areas. WASH in schools is an important component with the Education Cluster. This is where a large number of IDP children are enrolled and where an extensive damage has been inflicted on the schools. The re-construction plans seem to

neglect the WASH facilities and the basic needs for school children. The design, planning, and provision of WASH humanitarian services and facilities should take into account the dignity, safety, well being, and education of all groups specifically girls, boys, and women. This is an area with the Protection Cluster and where the WASH facilities have also to be available for protection activity facilities such safe play areas. People and specially children with no access to safe and adequate drinking water are more susceptible to malnutrition at all levels.

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. To reduce morbidity and mortality and contribute to well being, dignity, and education among IDPs, in and outside camps, returning IDPs and host communities through the provision of humanitarian assistance in the sector of WASH.</b>		
1.1 Safe WASH is ensured for the affected groups/population.	1.1.1 Develop/ rehabilitation of existing water supply systems and new water resources.	• Number of targeted population with access to safe water (227,000).
	1.1.2 Ensure latrines and hand washing facilities inside and outside camps.	• Number of targeted population with access to latrines (75,000).
	1.1.5 hygiene promotion is integrated into all WASH interventions.	• Number and percentage of families receiving hygiene items and aware of key hygiene practices (30,000).
<b>Objective 2. Initiate interventions that contribute to early recovery.</b>		
2.1 Returnees are encouraged to return where safe and feasible.	2.1.1 Communities are assisted with the basic WASH needs.	• Number of projects in Sa'dah with sustainability element and serving ER efforts (10).
<b>Objective 3. Ensure that the specific needs of women, girls, boys and men are considered in all activities.</b>		
3.1 School attendance enhanced.	3.1.1 Agencies adopting design and operation of WASH facilities that is taking into account the specific needs of women, girls, boys and men.	• Number of boys and girls benefiting from improvement and extended WASH interventions in educational facilities and safe play areas (20,000).
<b>Objective 4. Ensure effective, timely, and well-coordinated response.</b>		
4.1 Strengthened local capacity for emergency preparedness and response.	4.1.1 Support Government in building a strategy for emergency preparedness and response.	• Number of trained people on various WASH capacity-building themes (from IDPs, community based organizations, local/ governorate/service authorities, UN, NGOs) (150).
4.2 Cluster partners actively contribute to the cluster objectives and gaps reduced.	4.1.2 Assignment of dedicated cluster coordinator (no gaps).	
	4.1.3 Training of cluster partners on cluster approach and WASH in emergency.	

**C. Sectoral monitoring plan**

The WASH Cluster will centralize the information by keeping track of disaggregated information (by sex, location, etc) on WASH needs and interventions and status of pre-positioned hygiene kits. Different and distinct techniques will be used for the monitoring of the sector's response depending on the access, safety and scope of interventions.

**D. Table of proposed coverage per site**

Governorates	Key Activities				
Site/area	Water supply	Water safety / vector control	WASH in health centres / schools	Sanitation	Hygiene
Al Jawf	IOM	WHO	WHO	IOM	IOM
Amran	UNICEF, Oxfam		UNICEF, WHO,	WHO, Oxfam	UNICEF, Oxfam
Hajjah		UNICEF, WHO,	WHO, UNICEF, Oxfam		
Sa'ada					

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters/sectors	Risks identified
<b>IDPs in camps/settlements</b>	Sa'ada, Hajjah, Amran	Water supply, excreta disposal, solid waste, vector control, drainage, hygiene promotion.	Number of people getting safe water.  Number of people with safe latrines.	Sphere standards and indicators <ul style="list-style-type: none"> <li>• water 7.5-15 litres/person/day</li> <li>• 250 people per tap</li> <li>• 1 latrine for 20 people hygiene promoters /1,000</li> <li>• 250g of soap/bathing</li> </ul>	Fear for life loss of income and poor infrastructure back home.	Health, Nutrition, Protection	Water scarcity and management
<b>IDPs outside camps</b>	Sa'ada, Hajjah, Amran, AlJawf						Scattered IDPs
<b>Host communities</b>	Hajjah				Poor WASH infrastructure, lack of safe water.		Social sensitivities
<b>Returnees</b>	Sa'ada city, Sahar, Dhaher			MoE, school health indicators.	Access		
<b>School children</b>	Sa'ada city, Sahar, Dhaher, Hajjah			Damage and originally poor WASH facilities in schools, lack of water.	Health, Education		Access

4.4.6 CCCM/Shelter Cluster

<b>Cluster lead agency</b>	<b>UNHCR</b>
<b>Cluster partners</b>	Al Amal, El Saleh, CSSW, IOM, IRY, RI, Triangle, UNHCR, YRCS, ADRA UAE Oxfam
<b>Number of projects</b>	3
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• IDP women, girls, boys and men inside and outside camps live in adequate accommodation through provision of basic humanitarian assistance such as NFIs and emergency shelter.</li> <li>• IDP families inside and outside camps improve household income by accessing income generating activities to consequently cover an agreed share of their shelter and subsistence needs.</li> <li>• IDP women, girls, boys and men inside camps have access to adequate camp structures with equal representation in camp management committee, camp management and coordination, accessing assistance and physical protection in line with internationally agreed principles and standards.</li> <li>• Returning households and those within the conflict-affected communities are able to rehabilitate/reconstruct their partially or damaged houses.</li> </ul>
<b>Total number of beneficiaries</b>	393,293
<b>Funds requested</b>	\$18,971,093
<b>Funds requested by priority level</b>	Life-saving: \$17,971,093 Time-critical: \$1,000,000
<b>Contact information</b>	bourgeoi@unhcr.org

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs inside camps <sup>28</sup>	22,557	22,921	45,478	9,823	9,942	19,765
IDPs outside camps	89,054	90,468	179,522	67,996	69,093	137,089
Planned returnee population <sup>29</sup>	48,883	48,117	97,000	33,343	33,881	67,224
Affected hosting communities	148,800	151,200	300,000	86,800	88,200	175,000

**A. Needs Analysis**

The main issues for all people displaced by the fighting in the north are related to food, shelter support, rental support and livelihood opportunities effecting mainly women and girls who are forced to beg in the streets as a means to generate income and boys being used to work in qat fields or cross-border trade of qat. Privacy is a recurrent theme due to the lack of proper shelter with fencing as was in places of origin. This continues to affect mainly girls and women as cultural practice does not allow them to move freely if not fully covered as compare to men and boys who do not have these restrictions. Additionally IDPs living in rented accommodation continue to be evicted from their houses, especially in Amran area due to unaffordable rent cost. As a result, more than five families are forced to live in a two-room apartment in order to share the cost of rent resulting to overcrowded conditions, high risk of health as well as SGBV issues.

Living in organised camps is often the option of last resort for IDPs due to cultural barriers, fear of proximity and livestock-caring responsibilities. IDPs that live with host families, rented shelter or independently in spontaneous settlements do not benefit from the same level of assistance than those in camps be it in terms of shelter, health, education, community services. These IDPs also require access to services and assistance in terms of shelter support and in the form of livelihoods so that they can begin to sustain themselves.

The limited resources of host communities, as well as overcrowding in urban areas, add to the tensions and hostile attitude towards the displaced, mainly female-heads of households who are limited to livelihood opportunities due to traditional practices, Some vulnerable host community members including older people, the critically ill, single-females heads of household, are often in the same IDP-like situation but these groups are excluded from the humanitarian focus which targets only displaced women, girls, boys and men per se. This can consequently create tension between the affected population and the host community. During the participatory assessment in Sana'a, boys and

<sup>28</sup> The IDP camps in Sa'ada city are under ICRC/YRC responsibility and not cover by the present cluster

<sup>29</sup> Includes 30% projection for 2010 and 20% for 2011

girls between the ages of 10-13 mentioned cases of verbal abuse in schools such as being supporters of Houthis and causes of the conflict. In Amran, the host communities refused to provide land to host IDPs as mainly the men were considered associates of Houthis and could spread their religious ideology. To share the burden of host communities and maintain harmonious relations between boys, girls, women, and men in displacement and host communities, QIP for infrastructure improvement of community infrastructures and shelter maintenance including income generating schemes are to be implemented.

Return is hindered due to limited presence of the Government, lack of basic infrastructure and services, inadequate shelter to meet the needs and preserve the dignity of each man, woman, girl and boy, lack of household items, lack of livelihood opportunities to enable females and males headed household support the families and intimidations by the Houthis of mainly men who are perceived to be supporters of the government. Return is further complicated by renewed conflict, which often spills over into neighbouring governorates creating secondary displacement of mainly women, boys and girls. There is evidence that the conflict is migrating east into Al-Jawf governorate as reports of Houthi-GoY fighting become more frequent. IDP men and women headed households who would like to voluntarily return are in great need of household items and shelter support to begin the rebuilding their lives. Majority, mainly women headed household cannot return without further assistance, be it in the form of transport, reconstruction of homes or livelihood support.

Given the volatile situation in the areas of return, protracted displacement is expected especially for women who do not have a male counterpart to assist in rebuilding of their lives. As a tradition in Yemen, the women and girls stayed at home while the men and boys go out to fetch for the family. Therefore, the need for continuous assistance and maintenance of existing camps and settlements remains a priority for protection and assistance to mainly female-headed households and males/females marginalized groups as well as shelter assistance for the rehabilitation/reconstruction in returned affected communities in collaboration with the Sa'ada Reconstruction Fund (SRF).

#### **Identification of priority needs based on key indicators**

- Provision of emergency shelter tents and NFIs to IDPs and returning IDPs.
- Provision of shelter and other camp support.
- Provision of skills and vocational training.
- Ensuring peaceful co-existence between IDPs and host communities.

#### **Risk analysis**

To date security conditions have not been conducive to a massive return of the displaced to their home areas. The obstacles to return as expressed by the displaced people, are numerous: high risk of land mines and UXOs affecting mainly women, girls and boys who go out in the fields to their cattle and work on qat farms, destruction of housing, lack of basic necessities and services, absence of Government representation, presence of Houthis in many areas and fear of retaliation against returning female and male headed households who are perceived by the Houthis as supporting the Government.

The high temperature in Haradh makes living conditions unbearable for IDPs, mainly women and girls who traditionally have to cover fully. This has resulted to some medical situations as well as forcing some IDPs to return, especially those from the mountainous areas where the temperature is cooler. If no assistance is provided for summarization, high temperatures could further complicate living conditions. Moreover, cooking energy is also a concern mainly in Harad as women and girls travelled long distances in search of firewood and cutting of young trees. This creates tension amongst the host community, the safety for women and girls as well as concern for the environment.

The CCCM/Shelter Cluster National Secretariat is facing the lack of adequate human resources to perform the various tasks in coordinating meetings, monitoring and liaising effectively with other clusters at national and field levels. In order for the secretariat to perform efficiently, the need for additional human resource cannot be overemphasized.

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. IDP women, girls, boys and men inside and outside camps - upon needs analysis – live in adequate accommodation through basic humanitarian assistance such as NFIs/emergency shelter.</b>		
IDPs inside camps benefited from tents and NFIs.	100% of identified/targeted IDPs in and outside camps benefit from emergency tents/NFIs assistance.	156,854 people
Other IDPs initiatives supported in meeting their shelter needs including summarization of shelter.	Rental subsidy support provided to IDPs living in rented accommodation. No eviction of IDPs from rented houses and IDPs live in harmony with host community. Shelter kits and other support provided to IDPs living in private accommodation and host community.	3,000 families Five QIPs for each of the five conflict-affected governorates. 5,000 households 4,000 IDPs shelter summarized
IDPs received alternative fuel energy than woods.	Sufficient cooking fuel distributed. Stoves distributed to families. Training sessions conducted on the use of kerosene stoves to prevent fire hazard and save the environment. Alternative cooking energy is provided.	3 litres of fuel provided per person per month for 10,000 families. 10 trainings conducted to all IDP families using kerosene stoves.
<b>Objective 2. IDP families inside and outside camps improve household income by various income generating activities and cover an agreed share of their subsistence needs.</b>		
IDPs are benefiting from vocational training with a start up support.	IDPs and host families trained in business related literacy and numeracy and marketable skills.	600 people (including 250 women) are trained for 6 months.
	Artisans supported with additional tools and materials.	100% of targeted IDPs and host families (with and equal breakdown between men and women) received assistance.
<b>Objective 3. IDP women, girls, boys and men inside camps have access to adequate camp structures, camp management and coordination, accessing assistance and physical protection.</b>		
Management and running of camps.	Community infrastructures built and maintained.	100% of camps with maintained infrastructures.
	Camp services functional, as well as safety and security are guaranteed.	100 % four of IDP camps managed in coordination with key stakeholders and to accepted international standards.
<b>Objective 4. Returning households and those within the conflict-affected communities are able to rehabilitate/reconstruct their partially or damaged houses.</b>		
People in need in return communities are assisted to rehabilitate their individual houses.	Households reconstructed through various reconstruction/shelter support initiatives.	5,000 households supported for reconstruction. 10% of households supported for income generation.
	Extremely vulnerable families supplied with household items.	5,000 households receive NFIs.

**Interrelations of needs with other sectors**

Each woman, girl, boy and man in camp setting will individual need basic assistance in terms of food/health/water/sanitation/protection which is being responded to by the other clusters through this appeal and the SRFs through the Joint Initiative for Sa'ada (JIS). The various needs of women, girls, boys and men outside camps settings and living in spontaneous settlements require support which is also being addressed by the other clusters. On the other hand, host communities and war-affected communities are also benefiting from protection and assistance.

**C. Sectoral monitoring plan**

Monitoring activities will be carried out by individual agencies to ensure that they are meeting project objectives as well as contributing to the overall cluster objectives. Each project will include indicators and a monitoring plan. The Cluster lead will also organise joint monitoring missions and provide corrective technical and policy guidance as necessary. Monitoring the effectiveness of the NFI and

shelter response will require adequate field presence with the inclusion of both men and women to ensure inclusive and equitable distribution, provide guidance and undertake visual inspections of projects. The Cluster will establish a monthly statistical reporting system to update information on the progress of planned activities, which will serve to monitor the Cluster objectives against agreed timelines. A cluster-wide evaluation on the progress to assess activities and make recommendations for increased efficiency will be planned tentatively for the second half of 2011.

**D. Table of proposed coverage per area**

<b>SITE / AREA</b>	<b>ORGANIZATIONS</b>
Amran, Hajjah, Sa'ada, Sanaa,	UNHCR, EU
Al Jawf	IOM, ADRA, EU
Sana'a	ADRA
Hajjah	UAE Red Crescent, IRY, OXFAM, CSSW, RI, Al Amel, Traingle
Amran	CSSW, OXFAM, RI
Sa'ada	Al Amel

**YEMEN**

**Overview of needs analysis in tabular form**

<b>Beneficiaries</b>	<b>Geographical priority areas</b>	<b>Priority needs identified</b>	<b>Key Indicators</b>	<b>Corresponding thresholds</b>	<b>Underlying and immediate causes</b>	<b>Interrelations with other clusters/sectors</b>	<b>Risks identified</b>
<b>IDPs inside camps</b>	Amran, Aljawf, Hajjah	<ul style="list-style-type: none"> <li>Provision of emergency shelter tents and NFIs.</li> <li>Camp management and maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>1 tent and 1 NFI kit per 5 people</li> <li>Percentage of camps and settlements maintained.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Lack of physical protection and privacy.</li> <li>Meet daily survival life requirement.</li> </ul>	WASH, Protection, GBV, Food, Health Clusters, SRF, Ministry of Social Welfare Funds, MoE	Health protection, GBV, environmental risks
<b>IDPs outside camps</b>	Amran, Aljawf, Sa'ada, Mandabah, Sanaa, Hajjah	<ul style="list-style-type: none"> <li>Provision of shelter and other support.</li> <li>Provision of skills and vocational training.</li> <li>Provision of emergency shelter tents and NFIs.</li> </ul>	<ul style="list-style-type: none"> <li>Identified IDPs-upon needs analysis benefiting from rental and shelter support.</li> <li>1 tent and 1 NFI kit per 5 people.</li> </ul>	<ul style="list-style-type: none"> <li>5,000 households supported to improve their standard of living.</li> <li>1 tent and 1 NFI kit per 5 people.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention from elements/harsh weather.</li> <li>Lack of available shelter.</li> <li>Eviction of IDPs from houses by owners avoided.</li> </ul>		
<b>Return affected communities</b>	Sa'ada, Al Jawf	<ul style="list-style-type: none"> <li>Provision of shelter and other assistance to needy people in the return communities.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of targeted people in return areas benefiting from reconstruction kit and other shelter support initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>11,000 households supported to improve their standard of living.</li> <li>5,000 household items improved.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention from elements/harsh weather.</li> <li>Lack of available shelter.</li> </ul>		



**4.4.7 Education Cluster**

<b>Cluster lead agencies</b>	<b>UNICEF and SC</b>
<b>Cluster partners</b>	SC, UNICEF, MoE, CHF
<b>Number of projects</b>	5
<b>Cluster objectives</b>	<ol style="list-style-type: none"> <li>1. Ensure that both IDP and host community boys and girls are able to access quality formal and non formal education in a safe learning environment where they can be taught by well trained and motivated teachers</li> <li>2. Ensure that the MoE enhances education service delivery</li> <li>3. Ensure that there is a designated Education Cluster Coordinator, supported by an IM assistant, able to gather evidence and data to inform strategic planning and coordination.</li> </ol>
<b>Total number of beneficiaries</b>	236,500
<b>Funds requested</b>	\$3,502,600
<b>Funds requested per priority level</b>	Time-critical: \$2,164,600 Support Services \$1,338,000
<b>Contact information</b>	<a href="mailto:rmoss@unicef.org">rmoss@unicef.org</a>

Category	Affected students and adolescents			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDP children out of school	18,650	9,750	28,400	18,650	9,750	28,400
Host community children out of school	228,200	152,900	381,100	114,100	77,000	191,100
Adolescents	2,500	2,500	5,000	2,500	2,500	5,000
Total teachers in basic education in conflict-affected areas	2,040	9,960	12,000	2,040	9,960	12,000
<b>Totals</b>	<b>251,040</b>	<b>174,760</b>	<b>425,800</b>	<b>136,940</b>	<b>98,860</b>	<b>236,500</b>

**A. Needs Analysis**

The conflict initially displaced over 300,000 people, of which approximately 64,000 were children of school age, 6-14 years old. With the signing of a cease-fire agreement more people have been able to return to their original homes. Yet recent assessments now show that over 27,000 children in the northern governorates and over 700 in the southern governorates are still not attending school. The displacement caused by the Sa'ada conflict together with the civil unrest in the southern governorates, has meant that the direct experiences of violence have had a psychological impact on both girls and boys and school staff, and there is a general sense of fear and uncertainty of what will come. Nearly 13,000 school principals and teachers have been caught up in the troubles, and this has resulted in many schools being extremely short of teachers.

The intention is to ensure equal access to quality and meaningful education for boys and girls, achieved by providing sufficient safe learning environments. These may be in rehabilitated schools or in temporary learning spaces that may have tents for shelter. At present 46% of school-aged IDP girls are attending schools, as opposed to 49% of host community girls; the national Gross Enrolment Rate (GER) for girls being 67%. The GER for both IDP and host community boys in the three northern governorates is just over 70%, while the national GER is 85%.

**Identification of priority needs based on key indicators**

- Ensuring equal access to quality and meaningful education for boys and girls.
- Professional support given to school principals and teachers to achieve this quality.
- Support to the MoE to ensure that educational delivery is better managed.

The professional support given to school principals and teachers is to ensure that the teaching and learning that takes place in the schools is relevant and accessible for all learners. In order for these needs to be met safe learning sites are identified using local education officials and community groups, and appropriate training sessions are organized for teachers and principals, the lead coming from the MoE. The MoE will also be encouraged to employ more female teachers as currently less than 10% of new recruits are female. Community groups will also be consulted in the provision of structured ECD initiatives, so as to ensure that even the youngest girls and boys are not denied their

rights to access an appropriate education. Support organizations will be Save the Children, UNICEF and CHF International.

### Risk analysis

The cease-fire in the north has held for some months, however, there are regular reports of small incidences between the armed forces and local gangs, and between different tribal groups. These incidences have the potential of escalating into something more serious which would endanger the peace process. In the south of the country there has been an increase in troubles in a number of areas. People are displaced from time to time and appear to seek refuge with host communities. These activities have an adverse impact on boys and girls, not only psychologically but also on the continuity of their education.

### Interrelations of needs with other sectors

The Child Protection and WASH Clusters need to be involved at all stages of school development, either the rehabilitation of damaged schools or the creation of safe learning spaces.

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

The overall goal of the cluster is to increase school access, improve the quality of education by enhanced teaching and learning strategies and strengthen the administrative system.

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Ensure that both IDP and host community boys and girls are able to access quality formal and non formal education in a safe learning environment where they can be taught by well trained and motivated teachers</b>		
1.1 More boys and girls have access to education.	1.1.1 Rehabilitation of damaged schools.	1. 200,000+ school-aged boys and girls, Grades 1-9, are enrolled in school facilities in Sa'ada, Amran, Hajjah, Shabwa and Abyan. 2. 12,000 teachers are teaching in the schools. 3. 5,000 adolescents receive life skills and communication skills training. 4. 300 assistant teachers are teaching in the summer schools.1
1.2 Teachers actively participate in psycho-social training sessions.	1.1.2 Tents are supplied in war affected areas.	
1.3 Children's abilities to concentrate are improved and they are willing to express their concerns and well being.	1.1.3 Teachers time in the classrooms is improved.	
	1.1.4 Teachers attendance is improved.	
1.4 Adolescents are able to access learning opportunities.	1.1.5 12,000 teachers use a range of teaching strategies in their lessons.	
	1.1.6 300 assistant teachers are trained	
<b>Objective 2. Ensure that the MoE enhances education service delivery.</b>		
2.1 Improved school mapping of resources, future planning and the monitoring of quality education.	2.1.1 Enhanced technical skills of 610 MoE personnel.	1. Schools have correct staff numbers according to Inter-Agency Network in Education (INEE) standards. 2. Schools have medium and long-term development plans.
<b>Objective 3. Ensure that there is a designated Education Cluster Coordinator, supported by an IM assistant, able to gather evidence and data to inform strategic planning and coordination.</b>		
3.1 Cluster coordinator appointed along with IM assistant.	3.1.1 Partners in cluster identified. 3.1.2 Cluster partners meet once a month.	1. Emergency Education Preparedness Plan approved by MoE. 2. Cluster monitors and reacts to ongoing emergencies.

### C. Sectoral monitoring plan

Both qualitative and quantitative information based on the outcomes and indicators mentioned above will be used to monitor sector response. All indicators need to be regularly monitored to ensure education quality is being adhered to. Regular monitoring will also ensure that both male and female teachers receive the same degrees of professional support and that equal opportunities to succeed are applicable to boys and girls in school.

**D. Table of proposed coverage per site**

Governorates	Key Activities					
	Access to safe schools	Psycho-social support to staff	Psycho-social support to students	Professional development for principals and teachers	MoE capacity-building	Non formal education
Amran	UNICEF, SC, MoE	UNICEF, SC	UNICEF, SC	UNICEF, MoE	UNICEF, SC	SC
Hajjah	UNICEF, MoE, CHF	UNICEF, CHF	UNICEF, CHF	UNICEF, CHF, MoE	UNICEF	
Sa'ada	UNICEF, SC, MoE	UNICEF, SC	UNICEF, SC	UNICEF, SC, MoE	UNICEF, SC	SC

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical Priority Areas	Priority Needs Identified	Key Indicators	Underlying and Immediate Causes	Interrelations with other Clusters/Sectors	Risks Identified
<b>IDP and host community children and adolescents out of school</b>	In the north Sa'ada, Hajjah, and Amran Governorates; in the south Shabwa and Abyan.	Ensuring equal access to quality and meaningful education.	<ul style="list-style-type: none"> <li>• 200,000+ boys and girls are enrolled in school facilities</li> <li>• 5,000 male and female adolescents receive life skills training.</li> </ul>	Some government schools have to accommodate large numbers of IDPs. In Sa'ada it is estimated that some 250 out of 700 schools have been partially or completely destroyed.	Child Protection Cluster; links with SGBV Sub-Cluster; WASH Cluster.	<ul style="list-style-type: none"> <li>• Boys and girls are subjected to abuse by militia groups resulting in low attendance.</li> <li>• Schools are not equipped with sufficient resources: separate latrines for boys and girls; school materials, pens, books, etc.</li> <li>• Pressure on teachers to perform results in absenteeism.</li> <li>• Teachers are intimidated by armed groups.</li> <li>• Conflict resumes on a large scale.</li> </ul>
<b>Teachers of basic and non formal education in conflict-affected areas</b>		Ensure that training is given to both male and female teachers.	<ul style="list-style-type: none"> <li>• 12,000 teachers are teaching in the schools</li> <li>• 300 male and female assistant teachers are running summer schools.</li> </ul>	Many teachers have not had focused professional development opportunities in the recent past.		
<b>Other categorization of beneficiaries</b>		Strengthen the capacity of MoE officials.	Schools have correct staff numbers according to INEE standards.	MoE officers have limited experience of responding to emergency situations.		

#### 4.4.8 Coordination and Support Services

<b>Cluster lead agency</b>	<b>OCHA</b>
<b>Cluster partners</b>	OCHA, YINGOF, WFP, UNDSS, NF
<b>Number of projects</b>	6
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Support and enhance the coordination of all stakeholders, including the HC, UN agencies, NGOs and government partners</li> <li>• Improve access to conflict-affected governorates;</li> </ul>
<b>Total number of beneficiaries</b>	UN, I/NGO, I/O, GoY, all beneficiaries from actors activities;
<b>Funds requested</b>	\$3,399,890
<b>Funds requested by priority level</b>	Support Services: \$3,399,890
<b>Contact information</b>	<a href="mailto:gehac@un.org">gehac@un.org</a>

##### A. Needs Analysis

A strategic objective of the 2011 YHRP is to strengthen the accountability and capacity of government authorities and other key stakeholders with the aim of improving the humanitarian response for all affected people. In order to deliver time-critical and effective responses, increased and assured access as well as strong field and central coordination and IM mechanisms are needed.

Some of the aspects of coordination include promoting and enhancing the cluster system. The previous year the cluster system was introduced and whilst the system has been up and running all of 2010, some further needs have been discussed in the regular inter-cluster meetings. Among them, the need to ensure stronger field coordination mechanisms in the field—in Amran, Sa’ada, Aden, and Haradh in particular—has been identified. Ensuring more effective field coordination will also require strong cluster coordinators in the field.

Another need, which has come up in inter-cluster meeting and in the lessons learnt from the YHRP 2010, is to ensure stronger governmental participation, not only in the cluster system, but also in the YHRP and implementation of humanitarian projects. Whilst Government involvement has increased since the beginning of 2010, it is still not regularly monitored and active participation varies from one cluster to the other.

Additionally, interaction and capacity development of local NGOs needs to be strengthened. Local NGOs need to be more integrated in existing coordination mechanisms and need to be better included within the information sharing mechanisms.

The question of access for humanitarian actors in Yemen is challenging and constantly evolving, particularly in conflict-affected governorates of northern Yemen. Road access to Sa’ada Governorate is extremely difficult, with routes often closed due to insecurity and tribal clashes. Coordination and facilitation of transport is needed to ensure that relief workers have continued access to these areas. In addition to this, access to the whole Sa’ada Governorate needs to be improved through negotiations with key stakeholders, by setting up a network, as well as working on creating acceptance for the humanitarian community’s work. The network will be responsible for creating a strategy on how to improve the humanitarian access as well working actively with advocacy towards the government and other stakeholders.

##### Identification of priority needs based on key indicators

- Enhance the capacity and coordination of local NGOs.
- Increase governmental involvement in humanitarian responses.
- Enhance coordination at central and field level.
- Ensure timely and safe transport to the field for humanitarian workers to Sa’ada Governorate and other areas presently inaccessible:
- Monitor the access situation in Yemen, particularly in the north-west.
- Negotiate access with key stakeholders in conflict-affected areas.
- Collection, analysis and sharing of information.

**Risk analysis**

- Limited implementation capacity among local NGOs.
- Lack of Government participation in coordination mechanisms.
- Security concerns hinder access to northern Yemen.
- Lack of resources from agencies to participate in field coordination due to limited staffing, etc.

**Interrelations of needs with other sectors**

Coordination is a cross-cutting issue and will interrelate with all clusters, the Yemen Government and other humanitarian stakeholders.

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

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Support and enhance the coordination of all stakeholders, including UN agencies, international/NGOs, international organizations, GoY</b>		
1.1 Field coordination is enhanced.	1.1.1 Field coordination meetings.	<ul style="list-style-type: none"> <li>• Regular field coordination meetings take place every 2 weeks.</li> </ul>
1.2 Local NGOs are strengthened.	1.2.1 Local NGOs received funding from Emergency Response Fund.	<ul style="list-style-type: none"> <li>• 15 projects are implemented successfully by local NGOs.</li> </ul>
1.3 Better government participation.	1.3.1 Government participates in cluster meetings and workshops.	<ul style="list-style-type: none"> <li>• 75% of cluster meetings include government participants.</li> </ul>
1.4 General coordination is enhanced.	1.4.1 Regular cluster and inter-cluster meetings,	<ul style="list-style-type: none"> <li>• Regular cluster/intra-cluster meetings in Sana'a (monthly/cluster).</li> </ul>
1.5 Better informed decisions are made.	1.5.1 Baseline data and cluster information shared.	<ul style="list-style-type: none"> <li>• Monthly reports, 3W updated twice a year, cluster data shared.</li> </ul>
	1.5.2 Security analysis shared	<ul style="list-style-type: none"> <li>• Daily and weekly security reports and analysis.</li> </ul>
<b>Objective 2. Improve access to conflict-affected governorates.</b>		
2.1 Access of humanitarian personnel to the affected areas is improved and operational continuity is ensured.	2.1.1 Regular flight to Sa'ada.	<ul style="list-style-type: none"> <li>• Flights 4 times per month.</li> </ul>
	2.1.2 Setting up network with key stakeholders to negotiate access.	<ul style="list-style-type: none"> <li>• Network for negotiating access is established with regular activities.</li> </ul>
	2.1.3 Strategy for improving access developed.	<ul style="list-style-type: none"> <li>• Communication strategy endorsed by HCT and Yemen International NGO Forum (YINGOF)</li> </ul>
	2.1.4 Communication strategy to generate access through acceptance.	

**C. Sectoral monitoring plan**

Monitoring will take place through the cluster and inter-cluster meeting throughout Yemen. Monitoring will also be done by the logistics cluster concerning the Sa'ada flights and by OCHA concerning the Emergency Response Fund projects.

**Overview of needs analysis in tabular form**

Beneficiaries	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters / sectors	Risks identified
<b>Humanitarian community</b>	Enhance the capacity and coordination of the local NGOs.	Funding to Emergency Response Fund	15 projects	Local NGOs lacks funding.	All clusters	Limited implementation capacity in local NGOs.
	Increase the involvement of the government.	Government participation in meetings and workshops.	75% of meetings are attended.	Lack of government participation and lack of efficient coordination.		Lack of capacity in government.
	Access to conflict-affected areas.	Number of flights. Network for negotiating access is established. Communication strategy endorsed by HCT and YINGOF	4/month	Road transport difficult and dangerous.		Security constraints.
	Enhance the coordination at field level	Regular field coordination meetings.	Monthly	Field coordination is weak.		Lack of resources from agencies, due to limited staffing.

#### 4.4.9 Early Recovery Cluster

<b>Cluster lead agency</b>	<b>UNDP</b>
<b>Cluster partners</b>	FAO, WFP UNHCR, UNICEF, UNFPA, ILO, IFAD, Oxfam, IOM, SRF
<b>Number of projects</b>	6
<b>Cluster objectives</b>	Empower communities to achieve early impact results through time-critical assistance and community driven livelihood recovery and disaster reduction activities that promote self-reliance, mitigate the impact of shocks, and develop a safe environment to reduce the vulnerability of the affected population; in coordination and partnership with local NGOs and local government and other clusters.
<b>Total number of beneficiaries</b>	596,000 (men and women)
<b>Funds requested</b>	\$11,812,464
<b>Funds requested per priority level</b>	Life-saving: \$2,520,000 Time-critical: \$9,292,464
<b>Contact information</b>	<a href="mailto:Sunil.jojo@undp.org">Sunil.jojo@undp.org</a>

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Population affected by the armed conflict			328,000	132,250	130,150	262,400
IDPs/returnees	162,272	159,728	322,000	111,700	109,900	221,600
<b>Total</b>			<b>1,350,000</b>	<b>300,398</b>	<b>295,602</b>	<b>596,000</b>

#### A. Needs Analysis

##### Development Challenge

Yemen faces many development challenges. It ranks 133 out of 182 countries in the 2009 UNDP Human Development Index. The structural and long-term development challenges have seriously impacted the livelihoods of the people, especially in the rural area. Poverty increased from 38% in 2008 to 43% in 2009. One reason for this is the high annual population growth rate of 3%, which absorbs three quarters of the annual increase in real consumption (4%). Unemployment has increased from 13.7% in 1999 to 15% in 2008 of which 11.5% is male and 40.9% is female<sup>30</sup>. There are insufficient job opportunities in the urban areas. Furthermore, there has been a decline in the workforce in the agriculture and fishery sector in the rural areas where 74% of the population lives. In short, urban areas are not absorbing migrants into the labour market, and the outflow of former rural workers is leaving the agricultural sector under-resourced in terms of labour. These reasons, as well as recurring droughts are some of the main factors slowing down the development process.

As a result of population growth, water resource are heavily stressed with the rapid depletion of the water table. Further, weak national governance systems have not responded sufficiently in the use of the national and international resources provided and investments made. There are variations of development needs and challenges among the different governorates of Yemen.

While Yemen faces such development challenges, the situation has been further weakened by the decade long armed conflict in Sa'ada creating huge humanitarian needs. Lack of access to the conflict-affected population due to the armed conflict in Sa'ada, has made the humanitarian situation critical. The affected population in rural areas still lacks access to basic services and food. The IDPs living in camps are totally dependent on the relief services provided by the humanitarian agencies

##### Armed Conflict

Residential areas, infrastructure and property in Sa'ada suffered heavy destruction during the recent conflict. Landmines and ERW now render large parts of the governorate unsafe for the return of displaced people or the resumption of agricultural activities. Between 26 February and 27 March 2010 there were nine reported fatalities and 15 severe injuries due to mines. To date, no technical surveys have been undertaken. Limited interventions were undertaken by Yemen Mine Action (YEMAC) at two locations to collect landmines and ERW. However, operations were suspended in July 2010 following a Government request to withdraw demining teams from Sa'ada, citing security concerns.

<sup>30</sup> MDG report 2010.



Local authorities face serious challenges to provide services to the affected population due to the constraints of the environment (security / access) as well as a lack of resources and capacity. The humanitarian situation in the affected areas has worsened, as the humanitarian actors have limited access to those locations. IDPs represent one of the most food-insecure population groups in Yemen, and coincidentally the conflict-affected Sa'ada and Hajjah governorates also suffer from some of the highest food insecurity levels in the country.

#### Early Recovery Needs

Livelihoods of the affected population have been severely affected. There are insufficient employment opportunities and consequently IDPs in the conflict-affected areas in Sa'ada are totally dependent on food assistance. As a result, IDPs are forced to sell part of their food provision for cash so that they could meet other needs of the families. Host communities are over burdened with IDPs and resources are constrained to meet the demands of the people.

Around 30% of the displaced population is estimated to have returned to Sa'ada by end of 2010. However the returns have been very low due to security concerns, presence of landmines, fear of a backlash, and perhaps most importantly due to the loss of livelihoods. Returnees lack start up resources to build their lives back. According to the International Displacement Monitoring Centre, in Houthi-controlled areas the returnees reportedly have to give an oath of loyalty and allegiance to the Houthi.<sup>31</sup> There is also an outstanding issue of land ownership, which has posed a challenge that has put some returnees at risk of secondary displacements.

The ongoing Qatari facilitation of the peace agreement between the Government and the Houthis has opened the window of opportunity for the people to return to their place of origin. Following the Government request, the UN, World Bank and SRF have together established the JIS whose overall goal is to advance peace and promote sustainable development in the Governorate of Sa'ada.

The immediate humanitarian and ER needs of the people in the north and south are huge. The recent field visit to North by the team members of the JIS and United Nations Development Programme (UNDP)-led *Workshop on Sa'ada* – organised in partnership with the SRF, Oxfam, and Islamic Relief (IR) – revealed the critical needs that fall under ER/recovery and rehabilitation. Populations require urgent support in the form of agricultural inputs, tools, livestock, and start up resources to facilitate a return to their livelihood activities.

There is a need to build skills to engage people in income generating activities and build their livelihoods. Critical assistance is needed to enable community driven restoration and rehabilitation processes, requiring the participation of both men and women. Community focussed preparedness to build resilience against the impact of disasters is an important activity to insulate populations from threats and disasters. The key issue is to secure a safer environment by clearing mines from both the conflict areas in the north and washed away lands in the south.

It is important to build and strengthen partnership with national and local government, local NGOs and community based organizations. It is vital to strengthen the process of local and community ownership into efforts for livelihood recovery, rehabilitation, disaster preparedness, risk reduction, and peace building in the conflict-affected areas. The ER Cluster will ensure that proper coordination support is provided to the various implementing agencies for effective collaboration and information sharing. The Cluster will also take into account ER efforts within projects of other clusters and maximise the complementarities of such efforts. It will also ensure that the interventions are sensitive to the issues of conflict and facilitate peace-building processes.

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<sup>31</sup> FAO report 2010.

**Identification of priority needs based on key indicators**

1. Recovery package that includes ration, tools, agricultural inputs etc. that can quickly enable people to engage in productive work. Provision of small animals and protection measures for the livestock.
2. Rehabilitation of the irrigation systems and water storage structures.
3. Stabilization of the agricultural support/extension services.
4. Promotion of economic activities through cash for work (CFW), food for work (FFW) and start up grants for small-scale business.
5. Improving access to the basic social services.

**Risk analysis**

- The UN agencies and INGOs could have limited access to the returnees and affected population due to the political and security reasons, therefore, an alternative mode of delivery through local NGOs can be sought for, to reduce the risk.
- YEMAC’s demining operation could be delayed due to security clearance from the Government. This can limit the access to communities and delay or prevent agriculture-based interventions.
- There could be biased perception of both local authorities and Houthis of negligence in providing recovery support to their supporters / communities. This could hinder programme implementation.
- Delay or lack of funding could delay the recovery support to the returnees / communities that could undermine the credibility of the humanitarian and development agencies.
- Delay or difficulty in finding suitable staff for the implementation of the activities in the field.

In case of Qatari initiatives and JIS getting politicised, it could delay funding and the credibility of the humanitarian actors and the government could be at stake.

**Interrelations of needs with other sectors**

The Government, local authorities, and communities are key partners that the ER actors will have a strong relationship with, as with all clusters. As such, all clusters i.e. ER, Food/Agriculture, WASH Protection, Nutrition, Education, Health Shelter /NFI will need to work together and with, and build capacities of relevant authorities to meet the needs of returnees, affected communities and facilitate ER activities. Interventions on rehabilitation of shelter, water storage, irrigation systems etc will especially require collaboration on technical inputs and an integrated approach. Though the clusters may focus predominantly on humanitarian assistance, addressing livelihoods, disaster risk reduction and local capacity development will help provide the necessary platform in the humanitarian environment for development processes to take hold. The ER Cluster will ensure that recovery processes and activities are coordinated appropriately among the clusters.

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

Outcomes	Output	Indicator with corresponding target
<b>Cluster objective: Empower communities to achieve early impact results through time-critical assistance and community driven livelihood recovery and disaster reduction activities that promote self-reliance and a safe environment; in coordination and partnership with local NGOs and local government.</b>		
Capacities of local communities enhanced to promote self-reliance and ER	Local communities empowered to coordinate with local authorities for ER process.	At least 21,500 families supported with equipments, livestock and agricultural inputs essential to restarting economic livelihood.
		At least 200 communities implementing self reliant recovery activities
		At least 10 local NGOs and 40 community based organizations facilitating ER activities.
Livelihoods of affected population restored.	Affected population supported for restoration of their livelihoods and their re-integration into the economy.	At least 50 skill based trainings and awareness sessions.
		At least 20 FFW and CFW projects initiated for small infrastructure and other recovery related activities.

**YEMEN**

<b>Outcomes</b>	<b>Output</b>	<b>Indicator with corresponding target</b>
Access to basic services improved among affected population.	Basic services in affected areas rehabilitated.	Number and type of affected basic services rehabilitated and functional.
Security of local communities and lives of affected population and returnees protected from exposure to landmines/UXOs.	Mine-polluted areas surveyed, marked and cleared.	At least 30% of mine polluted areas surveyed, marked and cleared.
	Improved capacities of local NGOs and local government to lead and manage recovery process.	

**C. Sectoral monitoring plan**

Each project will develop its own monitoring and evaluation framework setting out the detailed process and identifying the immediate and final indicators. Every month the operational challenges, progress made, etc will be discuss at an ER Cluster coordination The Cluster will design a matrix that will provide information on the status of the ER activities in different locations implemented by different agencies and partners.

**D. Table of proposed coverage per area**

<b>SITE / AREA</b>	<b>ORGANIZATIONS</b>
Sa'ada/Hajjah/Amran	WFP
Sa'ada/Hajjah	UNFPA
Sa'ada	Oxfam
Sa'ada / Hajjah/Amran	UNDP
Sa'ada/ Al Jawf	IOM

**Overview of needs analysis in tabular form**

Beneficiaries	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters/sectors	Risks identified
IDPs/Returnees/ Conflict-Affected Communities	Sa'ada, Hajjah, Amran, Al Jawf	Restoration of livelihood and access to productive resources and basic social services for war affected population.  Lack of capacities of war affected communities to foster and promote self-reliance.	Families supported with agricultural inputs.	21,500 families.	Impact of floods.  Continuous conflict and protracted displacement.	All clusters will need to have a collaborative approach to meet the needs of returnees, affected communities and facilitate ER activities.	Lack /limited access.  Delay in demining operation.  Biased perception of recovery support.  Delay or lack of funding.  Difficulty of finding suitable staffing.  Failure of Qatari initiatives and JIS.
			Communities implementing self reliant recovery activities.	200 communities.			
			Local NGOs and community based organizations facilitating ER activities.	10 NGOs 40 community based organizations.			
			Skill based trainings and awareness sessions.	50 trainings.			
			FFW and CFW projects done.	20 FFW / CFW projects			
			Work days created for income.	300,000 workdays.			
			Number and type of affected basic services rehabilitated and functional.	50			
Mine polluted areas surveyed and cleared.	30% of areas.						

#### 4.4.10 Multi-Sector (Refugees)

<b>Cluster lead agency</b>	<b>UNHCR</b>
<b>Cluster partners</b>	GoY (Immigration Department), SC, ADRA, Intersos, DRC, IOM, SHS, CSSW, SAD, IDF, IRD, Attakamol
<b>Number of projects</b>	5
<b>Cluster objectives</b>	<ul style="list-style-type: none"> <li>• Ensure effective protection for all refugees and asylum seekers, registration and protection from violence and exploitation, with particular attention to vulnerable groups such as women and children.</li> <li>• Refugees have access to basic needs and essential services including opportunities for self-reliance.</li> <li>• Develop durable solutions strategies to realize voluntary return, strengthening self-reliance and ensure resettlement in a third country when needed.</li> </ul>
<b>Total number of beneficiaries</b>	239,100 refugees and asylum seekers
<b>Funds requested</b>	\$40,339,911
<b>Funds requested by priority level</b>	Life-saving: \$3,633,957 Time-critical: \$36,705,954
<b>Contact information</b>	<a href="mailto:Bourgeoi@unhcr.org">Bourgeoi@unhcr.org</a>

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
Refugees	76,113	160,887	237,000	76,113	160,887	237,000
Asylum Seekers (Pending cases end of the year)	1,015	1,085	2,100	1,015	1,085	2,100
<b>Total (refugees + asylum seekers)</b>	<b>77,128</b>	<b>161,972</b>	<b>239,100</b>	<b>77,128</b>	<b>161,972</b>	<b>239,100</b>

\* An estimated 200,000 refugee and asylum seekers, including 152 refugees, 12,000 asylum seekers and the rest 36,000 are assumed to have left the country or living in other governorates in the country.

#### Needs Analysis

The rising trend of new arrivals from across the Gulf of Aden and the Red Sea saw some 77,000 mixed migrants landing on the shores in 2009, but following security developments at the end of the year, the figure decreased in early 2010. Increased incidents of piracy and an enhanced international naval presence highlight the need to respect the humanitarian principles and practices associated with rescue-at-sea. Around 170,000 refugees were registered with UNHCR offices and reception centres at the end of 2009, the vast majority of whom are Somali (95%) and generously recognized as prima facie refugee by the government. However, given the tightening of migration policy, new windows of opportunity to address the protection issues surrounding non-Somalis asylum seekers – who are regularly detained and deported without access to asylum procedures – there is an ever pressing need to draft national refugee legislation and an accompanying asylum system.

While the Government has been registering Somali refugees since 2009 and has committed itself to start registration of non-Somalis in 2010, many refugees and all asylum seekers remain without official documentation. Meanwhile, access to detained people of concern remains restricted. Living conditions remain harsh for thousands of migrants in great need for medical access, food and NFIs, and return assistance. The refugee population is expected to increase by 15%-25% during 2011, to an estimated 237,000, with some 14,000 residing in the camp and 220,000 elsewhere, essentially in urban areas including some 12,000-asylum seekers; it is also known that several refugees left to another countries and therefore based on the recent new registration, the number of Somali in Yemen is estimated to be around 120,000 by the end of 2010.

In view of the above trend, there is a need to continue to improve protection space for refugees and asylum seekers and work on search for durable solutions (especially resettlement), following the High Commissioner's Global Plan of Action for Protracted Refugee Situation Strategy. This include the need to ensure protection is provided to refugees and asylum seekers upon arrival, advocating and supporting GoY in the development and maintenance of a national asylum system by assisting with drafting national refugee legislation and supporting the operationalization of the Bureau of Refugees. There is still need to provide comprehensive protection training for GoY authorities combined with

support to the Refugee Studies Centre to increase protection understanding in establishing an asylum system. Capacity-building strategy also aimed at increasing GoY's role.

In the urban context, refugee and asylum seekers need to be self-reliant. However, in a country of high unemployment, and increased poverty, the majority of refugees in the urban areas have even much more difficulties to live above poverty threshold. Supporting peaceful coexistence between the refugee and host communities will contribute to a more favourable protection environment. Focus will also be placed on implementing strategy developed to improve living conditions of refugee (especially access to education and self-reliance). An increased emphasis will be placed on partnerships with long-term actors (World Bank, International Labour Organization, UNDP, etc.) to advocate for the inclusion of protracted refugee situations in respective agendas.

Efforts will be made to strengthen the application of the rule of law and police capacity (including gender representation), as well as SGBV awareness, reporting, solutions, prevention and responses and raising awareness on HIV/AIDS. There is need to continue to encourage refugees to become more involved in their own protection via supporting the established refugee committees.

### **Risk analysis**

The preoccupation of the Government with the prevailing security situation in the country and coming parliamentary election may delay the adoption of the refugee legislation which is seen as vital for the improvement of protection space.

In view of the rising mixed migration trend, the GoY is expected to request additional support to protect refugees. It is also assumed that GoY will maintain the relationship and that the donors will maintain interest as shown by the growing number of concerns on piracy—and de facto tackling assistance to refugees.

The main constraint is security, which has direct and indirect impacts on the operation. This may continue to decrease the humanitarian space for operating and the protection that UNHCR and partners can deliver to people of concern. It also affects the position of the Government to fulfil its protection mandate regarding access to asylum procedures.

There is also a risk that the Government may review the status of *prima facie* granted to Somalis, especially due to the prevailing situation in Somalia linked to Al Shabab Movement. If so, prior to any change, GoY and UNHCR need to have established a process to determine the status of Somali refugees. In addition, GoY may request that additional refugees remain in Kharaz camp, which is already close to full capacity.

UNHCR and partners are working to develop the capacities of NGOs to meet the increasing operational challenges.

### **Interrelations of needs with other sectors**

For the multi-sector refugee group, which is a UNHCR mandate, the Government is the main counterpart for policy and guidance in addition to the involvement of other sectors with specific interventions, in particular WASH, Health, Education and Protection and Food security clusters. The GoY provides land for Kharaz camp, the reception centres, and the continuous provision of police security and escorts. The Government has also provided a temporary building at the immigration department in Sana'a and Aden to conduct the refugee registration and allocated staff for this purpose.

Partners include: WFP with both general and targeted food and nutritional support in both Kharaz Camp and Al-Basateen; UNICEF in the water and child protection sectors; Adventist Development and Relief Agency; Save the Children; Danish Refugee Council involved in protection monitoring at the coast; IOM in coordination with UNHCR on rejected cases of asylum seekers concerning their voluntary return.

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

The overall goal of the multi-sector is to expand protection space for refugees and asylum seekers, provide life-saving assistance and increase access to basic services—whilst working on durable solutions—following the High Commissioner’s Global Plan of Action for Protracted Refugee Situations Strategy. The detailed outcome, outputs and indicators are fully elaborated in the reject proposals.

Outcomes	Outputs	Indicator with corresponding target
<b>Objective 1. Ensure effective protection for all refugees and asylum seekers, with particular attention to vulnerable groups such as women and children.</b>		
1.1 GoY has a draft national asylum system and legislation, Department of Refugee Affairs and a National Eligibility Committee by end of 2011.	1.1.1 Government support lobbied, technical advice and support provided.	<ul style="list-style-type: none"> <li>239,100 registered refugees enjoy international protection space.</li> </ul>
1.2 80% of the population of concern profiled registered and documented, RSD waiting period from 7 months to 4 months.	1.2.1 Registration support including materials, staff and logistics support and RSD conducted by UNHCR.	<ul style="list-style-type: none"> <li>239,100 people registered on individual basis.</li> <li>RSD waiting period reduced to 4 months.</li> </ul>
	1.3 Improved adverse impact on host communities	1.3.1 Community sensitization and peaceful coexistence projects implemented.
1.4 All reported SGBV survivors receive support from UNHCR and implementing partners (IPs).	1.4.1 Percentage of GBV survivors receiving support.	<ul style="list-style-type: none"> <li>100% of women and girls survivors supported and using safe house.</li> </ul>
	1.4.2 Extent GBV response mechanism effective.	<ul style="list-style-type: none"> <li>100% of identified victims receiving appropriate care</li> </ul>
<b>Objective 2. Refugees have access to basic needs and essential services.</b>		
2.1 Refugees have strengthened food security.	2.1.1 General food distribution (2,138kcal/person/day), supplementary feeding program and SF in collaboration with WFP and implementing partners.	<ul style="list-style-type: none"> <li>100% camp based refugees receiving WFP food ration of 2,138kcal/per/day); GAM in camp reduced.</li> </ul>
	2.1.2 Provide high-energy biscuits (HEB) and wheat soya blend (WSB) to U5s and pregnant and lactating women in the camp.	<ul style="list-style-type: none"> <li>7,000 people receiving HEB and WSB</li> </ul>
2.2 Refugees have improved health and remain stable and CMR maintained at 1.5 deaths / 1,000 people/month.	2.2.1 Primary health care provided including in patient services referral system provided organized.	<ul style="list-style-type: none"> <li>60,000 patient receiving PHC/in patient services.</li> </ul>
	2.2.2 Advocacy for access to national health system	<ul style="list-style-type: none"> <li>65% of people of concern assessing national system.</li> </ul>
2.3 At least 90% of camp household live in adequate dwelling.	2.3.1 General site operation maintained.	<ul style="list-style-type: none"> <li>50,000 people including new arrivals living in adequate shelter.</li> </ul>
2.4 70% of children age 6 – 11 have access to free primary education.	2.4.1 Measures to increase enrolment and retention rate of boys and girls implemented.	<ul style="list-style-type: none"> <li>70% of children completing primary education.</li> </ul>
2.5 Refugees have improved level of self-reliance.	2.5.1 Self-reliance activities implemented.	<ul style="list-style-type: none"> <li>1,000 people assisted.</li> </ul>
<b>Objective 3. Develop durable solutions strategies to realize voluntary return, strengthening self-reliance and ensure resettlement in a third country when needed.</b>		
3.1 50% of the refugee population in camp/urban area profiled on options for durable solutions.	3.1.1 Durable solutions profiling of population of concern conducted.	<ul style="list-style-type: none"> <li>200,000 refugees and asylum seekers profiled.</li> </ul>
3.2 1,300 refugees identified, processed and or resettled in the third country including emergency cases resettled.	3.2.1 Resettlement programme for receiving countries supported.	<ul style="list-style-type: none"> <li>1,300 people resettled.</li> </ul>

**C. Sectoral monitoring plan**

A framework for planned results developed from goals, right groups, objectives, outputs and targets to be achieved by the sub-project forms the main tool for monitoring. The Sub-project monitoring report Part 1 financial and Part 2 narrative provide periodic expenditure and actual progress achieved towards planned results reported against each objective and related output and target. Information is also collected from monthly, situational and activity reports from the partners. The information and results of the participatory assessments form the basis for interventions. In addition, a MYR is conducted in order to reflect on progress made towards results in relation to baselines, target (impact/performance) set, and proposes necessary adjustments to objectives /targets.

Joint Plan of Actions and Memorandum of Understanding s with other UN agencies, as well as with operational partners and the Government with two fold objectives: first is to integrate refugees within the national programme implemented by different developmental agencies; second is to coordinate, avoid duplication and resource waste for the assistance provided to the concerned populations.

**D. Table of proposed coverage per site Multi-sector**

SITE / AREA	ORGANIZATIONS
Kharaz camp	GoY , UNHCR, WFP, CARE, ADRA, SC, CSSW, Ras Mabat, Intersos, CSSW, SHS, IOM, ICMC,
Ahwar	GoY, UNHCR, WFP, DRC, Intersos, SHS,
Mayfa'a, Mayfa'a Hajar	GoY, UNHCR, WFP, DRC, Intersos, SHS
Aden (Basateen)	GoY, UNHCR, WFP, UNICEF, DRC, Intersos, ADRA, CSSW, SHS, SAD, ADPN, IOM, ICMC
Mukallah	GoY, UNHCR
Sana'a	GoY, UNHCR, WFP, SC, Intersos, CSSW, ADRA, IDF, IRD, Atakamol



**Overview of needs analysis in tabular form**

	Geographical priority areas	Priority needs identified	Key Indicators	Corresponding thresholds	Underlying and immediate causes	Interrelations with other clusters	Risks identified
Refugees and asylum seekers	Kharaz Camp	Provision of basic needs and essential services to refugees including targeted food and nutritional assistance, health, water, education.	<ul style="list-style-type: none"> <li>Household Food Consumption Score.</li> <li>Prevalence of acute malnutrition among beneficiary children &gt;U-5.</li> </ul>	<ul style="list-style-type: none"> <li>80% above borderline.</li> <li>Below 10% acute malnutrition.</li> </ul>	Conflict in country of origin, refuge in camps, etc.	Multi sector refugee group.	Vulnerability
	Mayfa'a		<ul style="list-style-type: none"> <li>Number of women, girls and boys and men receiving food items..</li> </ul>	<ul style="list-style-type: none"> <li>100,000 planned (90% of planned).</li> </ul>			
	Ahwar		<ul style="list-style-type: none"> <li>Quantity of actual food distribution per person</li> </ul>	<ul style="list-style-type: none"> <li>60,000 accessing health facilities.</li> </ul>			
	Aden: Basateen	Provision of protection space for refugees and asylum seekers.	<ul style="list-style-type: none"> <li>Number of patients receiving PHC and reproductive health services and referral.</li> </ul>	<ul style="list-style-type: none"> <li>13,000 for water in camp.</li> </ul>			
	Sana'a		<ul style="list-style-type: none"> <li>Water delivered: (20litre/ person /day).</li> </ul>	<ul style="list-style-type: none"> <li>50,000 people plus new arrivals receiving shelter.</li> </ul>			
	Hodeidah	Durable solutions strategy: resettlement and repatriation realized.	<ul style="list-style-type: none"> <li>Number of people receiving Shelter/NFIs number of children enrolled completing education including vocational education.</li> </ul>	<ul style="list-style-type: none"> <li>10,000 refugees enrolled in primary, secondary, and vocation education.</li> </ul>			
	Other governorates		<ul style="list-style-type: none"> <li>Number of refugees profiled, registered, protected and assisted.</li> <li>Percentage of people profiled for durable solutions.</li> <li>Number of people resettled.</li> </ul>	<ul style="list-style-type: none"> <li>239,100 refugee and asylum seekers.</li> <li>50% people of concern profiled.</li> <li>1,300 refugees.</li> </ul>			

## **4.5 ROLES AND RESPONSIBILITIES**

In Yemen, the cluster system has been up and running since the beginning of 2010. In total nine clusters are active with regular meetings and activities (Food and Agriculture, Protection, WASH, CCCM/Shelter, Health, ER, Nutrition, Logistics and Education). In addition to the clusters, there is a Multi-Sector Group led by UNHCR working with the refugees in the southern governorates.

The clusters work together through the inter-cluster meetings as well through having representatives participating in other relevant cluster meetings and bi-lateral discussions concerning individual projects and issues. Below is a detailed description of the different coordination mechanisms active in Yemen.

### **HCT**

The HCT is composed of heads of UN agencies and three INGOs. It is chaired by the HC and meets monthly. It focuses on humanitarian strategy, decision-making and policy direction. Cluster and inter-cluster meetings feed into the HCT meeting.

### **HCT/Donor Forum**

The HCT meets monthly with ambassadors and heads of technical donor agencies. Chaired by the Regional Coordinator/HC and the World Bank, the meeting's objective is to make decisions on humanitarian strategies and policies. It is also used to brief the donor community on humanitarian action in Yemen and challenges faced.

### **Inter-Cluster Coordinator Forum**

The Inter-Cluster Coordinator Forum, coordinated by OCHA, precedes the HCT meetings and brings together cluster leads and co-leads. It is a platform for technical information exchange on cluster-specific strategies and advises the HCT on humanitarian action of an inter-cluster nature.

### **Clusters**

Cluster meetings occur bi-weekly and are coordinated by the respective cluster leads. They are attended by cluster members and observers and aim to strategise and coordinate humanitarian activities at cluster level as well as to share information on challenges and bottlenecks faced at operational level. Some clusters have established working groups at the local level of field delivery.

### **INGO Forum**

The INGO Forum meets monthly and comprises heads of INGOs. Its objectives are information-sharing and joint advocacy on challenges in both humanitarian and development action in Yemen. The Forum has an Emergency Response Group that focuses specifically on humanitarian action.

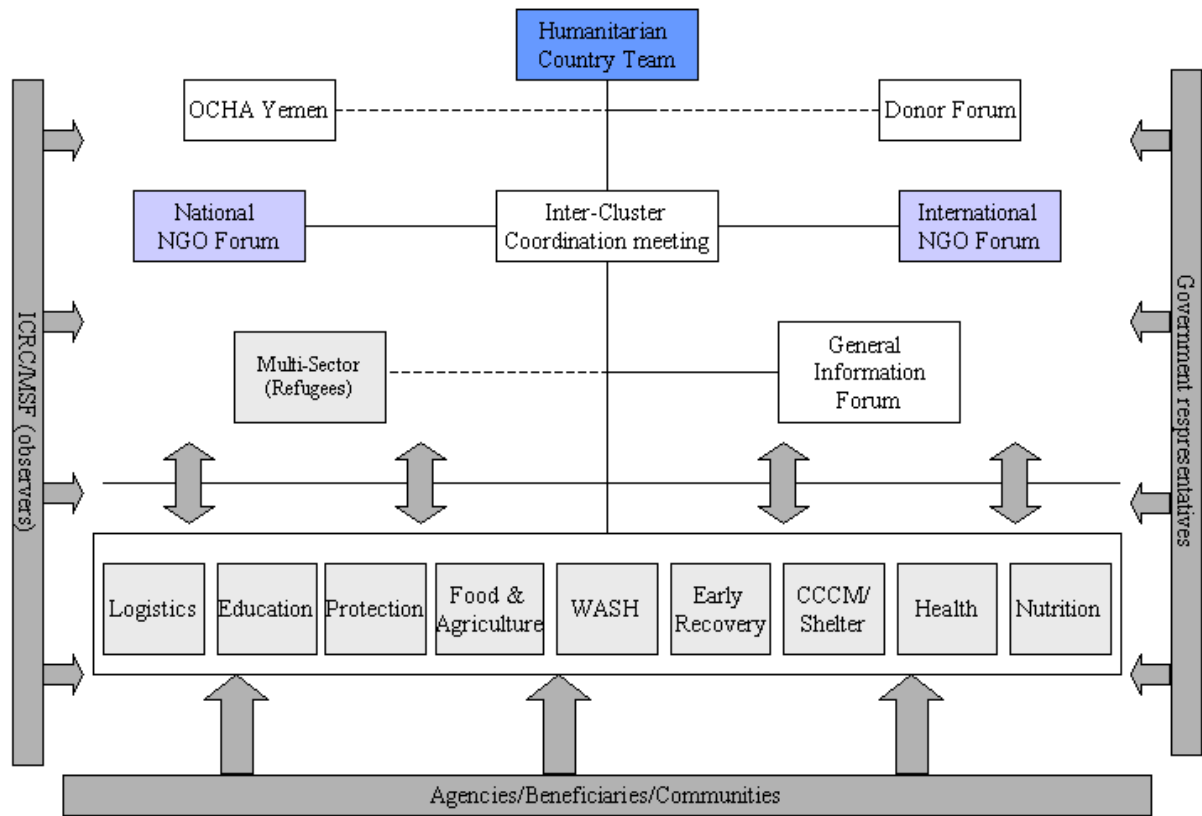
### **Local NGO Forum**

Directors of local NGOs meet bi-monthly in a local NGO Forum. Its objectives are information sharing and joint advocacy on challenges in development and humanitarian action in Yemen.

### **Mixed Migration Task force**

The purpose of the task force is to develop a rights based strategy to ensure comprehensive coordinated response to protection and humanitarian needs of migrants and asylum seekers arriving on the shores in Yemen. UNHCR and IOM are co-chairs in the task force, DRC the secretariat; members are UN agencies, INGOs, national NGOs, Yemen Red Crescent Society and others involved in mixed migration issues as well as the NASCRA.

Humanitarian Coordination Mechanisms



Cluster name	Relevant governmental institution	Cluster lead(s)	Cluster members and other humanitarian stakeholders
Early Recovery	-	UNDP	FAO, WFP UNHCR, UNICEF, UNFPA, ILO, IFAD, Oxfam, IOM, SHF
Education	MoE	UNICEF	SC, CHF, RI, Sa'ada Women's Association, AWU, CSSW
Food Security and Agriculture	IMRC, MoAI	WFP	IRY, ADRA, IOM, FAO
Health	MoPHP	WHO	UNICEF, UNFPA, IOM, UNHCR, ICS, IR, SC, OCHA, YFCA, RI ADRA, MDM, CSSW, MSI
Nutrition	MoPHP	UNICEF	WFP, WHO, YWA, CSSW, MDM, SC, AMI, YFCA, RI
Protection	MoSAL, MoE, Executive Unit, MoHR	UNHCR, UNICEF (CP), UNFPA (SGBV)	UNDP, RI, Amal, CHF, CSSW, IOM, DRC, IR, SC Oxfam, ADRA, YWU, Seyaj, InterSOS
Shelter/NFIs/CCCM	IMRC	UNHCR	Al Amal, El Saleh, CSSW, IOM, IR, RI, Triangle, UNHCR, YRCS, ADRA, UAE Red Crescent Society, Oxfam
WASH	GARWP, MoPHP	UNICEF	IOM, Oxfam, UNICEF, WHO
Coordination and Support Services	MoPHP	Office of the HC	OCHA, WFP, YINGKO, UNDSS, NF
Multi-sector (refugees)	Ministry of Foreign Affairs and Ministry of Interior	UNHCR	WFP, SC, ADRA, Intersos, DRC, IOM, SHS, CSSW, SAD, IDF, IRD, Attakamol

## 5. CONCLUSION

As in 2010, the YHRP 2011 focuses mainly on three categories of beneficiaries. The first is IDPs, returnees and war-affected in the north-west due to the conflict in Sa'da Governorate. Approximately 320,000 were originally displaced in 2009 and 30% of these are estimated to have returned in 2010, leaving 225,000 IDPs and 97,000 returnees needing assistance. These people need a variety of responses from all clusters and will continue to throughout 2011 because the return rate is expected to be slow (around 20% in 2011) due to security concerns in Sa'ada.

The second group of concern is refugees, victims of trafficking and economic migrants in the South, who are mainly Somalis arriving by sea and are recognized as refugees *prima facie* by the Yemeni government. They are in need of basic and essential services. Approximately 5% however, are not Somalis, but need protection assistance whilst applying for asylum status.

The third group is of other vulnerable populations all over the country, including women and children who have insecure food sources and/or are malnourished.

The objectives of the YHRP are to provide life-saving and time-critical assistance to these groups as well as strengthening the accountability and ability of government authorities and other key stakeholders in order to save lives, support durable solutions and improve the humanitarian response.

Particular focus has been placed on improving the quality of the projects and the cluster response plans by gender mainstreaming through the application of the IASC Gender Marker. Yemen is one of the prioritised countries for the application of the Gender Marker in 2011. Overall, the 2011 Humanitarian Response Plan demonstrates an increased visibility in the different needs of women, girls, boys and men.

Another focus area has been coordination, monitoring and surveillance to ensure that good baseline data will be available during 2011 to enhance evidence based decision-making. Approximately 30% of all projects prioritised the collection and use of sex- and age-disaggregated data, as an entry point to an informed gender analysis, and general improved information management. Efforts have also been made to ensure relevant and measurable indicators in order to follow up the progress of the YHRP in a structured fashion.

With these improvements the YHPR 2011 is aiming to increase the low level of funding of the 2010 YHRP (funded at 63%). Given the vulnerability and already strained coping mechanism of the affected population, in addition to the severe security situation, failure to do so would result in human suffering on a large scale.

**ANNEX I. LIST OF PROJECTS**

**Table IV: List of Appeal projects (grouped by cluster)**

Yemen Humanitarian Response Plan 2011 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>COORDINATION AND SUPPORT SERVICES</b>					
<a href="#">YEM-11/CSS/37877/561</a>	Air Passenger Service and Logistics Cluster Coordination in Support of the Humanitarian Response in Sa'ada	WFP	833,737	SUPPORT SERVICES	NORTH
<a href="#">YEM-11/CSS/37893/13033</a>	INGO Forum Coordination Strengthening	YINGOF	129,943	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/CSS/38437/119</a>	Humanitarian Coordination and Advocacy in Yemen	OCHA	2,039,975	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/CSS/39282/14532</a>	Enhancing Yemeni NGOs capacity for preparedness, coordination and management of complex emergency.	HF	199,830	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/CSS/39797/5139</a>	Acceptance – Development of Common Communication Strategy	UNDSS	87,000	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/S/39796/5139</a>	Security Information – Enhanced security information capability	UNDSS	109,405	SUPPORT SERVICES	OTHER
<b>Sub total for COORDINATION AND SUPPORT SERVICES</b>			<b>3,399,890</b>		
<b>EARLY RECOVERY</b>					
<a href="#">YEM-11/ER/38622/298</a>	Rebuilding Livelihoods in Al-Jawf and Sa'ada Governorate to Support Early Recovery	IOM	2,000,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/ER/38716/776</a>	Support to Elimination of landmines/ERW threats in Sa'ada Governorate and Harf Sofyan following 6th Armed Conflict	UNDP	2,520,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/ER/38755/776</a>	Support to the livelihoods of people affected by the armed conflict in Sa'ada Governorate	UNDP	2,600,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/ER/38822/1171</a>	Early recovery capacity development targeting women in conflict-affected areas of Yemen	UNFPA	350,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/ER/39564/5120</a>	Early Recovery support project for IDPs, returnees and war affected populations in Amran, Sa'ada and Hajjah governorates	OXFAM GB	2,471,700	TIME-CRITICAL	NORTH
<a href="#">YEM-11/F/37880/561</a>	Food for Work Assistance for Conflict-Affected Persons in Northern Yemen	WFP	1,870,764	TIME-CRITICAL	NORTH
<b>Sub total for EARLY RECOVERY</b>			<b>11,812,464</b>		
<b>EDUCATION</b>					
<a href="#">YEM-11/E/38267/124</a>	Increase access to, and retention in, quality education for boys and girls of vulnerable groups including IDPs	UNICEF	989,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/E/38269/124</a>	Strengthening the capacity of the Ministry of Education in responding to education in emergencies	UNICEF	350,000	SUPPORT SERVICES	NORTH
<a href="#">YEM-11/E/38271/124</a>	Continuing professional development of school principals and school teachers	UNICEF	988,000	SUPPORT SERVICES	NORTH
<a href="#">YEM-11/E/38334/8750</a>	Quality education for IDP children living in host communities, Hajja Governorate	CHF International	255,600	TIME-CRITICAL	NORTH
<a href="#">YEM-11/E/38379/6079</a>	Emergency Education for Amran and Sa'ada	SC	920,000	TIME-CRITICAL	NORTH
<b>Sub total for EDUCATION</b>			<b>3,502,600</b>		

**YEMEN**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>FOOD AND AGRICULTURE</b>					
<a href="#">YEM-11/A/37031/123</a>	Support to Displaced Livestock Keeping Families and their Host Communities in Hajjah Governorate to Sustain Food Security and for Facilitating the Return Process	FAO	900,630	TIME-CRITICAL	NORTH
<a href="#">YEM-11/A/37032/123</a>	Support to Crop Production and Income Generation for Displaced Families and their Host Communities in Hajjah Governorate to sustain Food Security and for facilitating the Return Process	FAO	658,845	TIME-CRITICAL	NORTH
<a href="#">YEM-11/A/37033/123</a>	Support to Displaced Families Willing to Return and Conflict-affected Communities in the South-Western Districts of Sa'ada Governorate	FAO	1,727,220	TIME-CRITICAL	NORTH
<a href="#">YEM-11/A/37036/123</a>	Support to Conflict-Affected and Displaced Livestock Keeping Families in Amran Governorate to Sustain Food Security and for Facilitating the Return Process	FAO	774,620	TIME-CRITICAL	NORTH
<a href="#">YEM-11/A/38927/6079</a>	Food Security for unregistered war affected families in north	SC	850,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/F/37881/561</a>	Food Assistance to Conflict-Affected Persons in Northern Yemen	WFP	44,235,068	LIFE-SAVING	NORTH
<a href="#">YEM-11/F/37885/561</a>	Targeted Emergency Food Security Support for Severely Food-insecure Families	WFP	1,593,027	TIME-CRITICAL	OTHER
<a href="#">YEM-11/F/37886/561</a>	Targeted Emergency Food Security Support for Severely Food-insecure Families	WFP	30,299,224	LIFE-SAVING	OTHER
<b>Sub total for FOOD AND AGRICULTURE</b>			<b>81,038,634</b>		
<b>HEALTH</b>					
<a href="#">YEM-11/CSS/38135/122</a>	Support to the health sector coordination for effective and efficient response at central and field level.	WHO	471,000	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/H/38128/122</a>	Delivery of essential package of life-saving health care services to the affected communities (selected districts of Hajjah, Amran, Jawaf and Sada'a)	WHO	3,013,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38132/122</a>	Communicable disease outbreak prevention and response	WHO	1,010,000	TIME-CRITICAL	OTHER
<a href="#">YEM-11/H/38134/122</a>	Revitalization of health services in conflict-affected war affected districts of Sada'a governorate	WHO	3,413,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38140/1171</a>	Reproductive Health(RH) in-crisis services ,for conflict-affected population in (Sa'ada city: Jappana A, B, C, D, Sam, Al-Ehsa, Al-Bugalat, Al-Sslam, and Al-Azgool Camps, Al-Jwazat area, and areas surrounding four Jappana camps, Malaheet . Harad: camp I and II, Al-Kafl area, Magaar, Muthalath Media and Media. Amran: Amran Khaiwan camps, Al-Hamraa and Khamer. Al-Jawf: Al-Matamma camp and surrounding areas).	UNFPA	798,158	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38173/8772</a>	Medical Support to the Conflict-Affected Population in Sa'ada Governorate	MDM France	586,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38211/13062</a>	Emergency Maternal , childhood and Primary Health care for IDPs and host communities in Amran (Houth,khawin ), Hajja(Harad, media ,meseta ) and Sa'ada governorates	YFCA	484,100	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38333/6079</a>	Child focused- emergency health intervention in Sa'ada and Amran governorates.	SC	750,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38710/6971</a>	Increase Basic Health Services to IDPs Residing in Host Communities in Amran and Hajjah Gov's -Northern Yemen	RI	250,594	SUPPORT SERVICES	NORTH

**YEMEN**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-11/H/39013/124</a>	Support emergency health response for conflict-affected population in Sa'ada governorate through available functioning health facilities and outreach mobile teams	UNICEF	2,150,540	TIME-CRITICAL	OTHER
<a href="#">YEM-11/H/39204/298</a>	Provision of Essential Medical Supplies for Improved Health Services in Northern Al-Jawf (Bart Al-Inan, Kharab Al-Marashi, Rajuzah, Khabb wa ash Sha'f, Al-Zahir and Al-Humaydat Districts)	IOM	759,700	SUPPORT SERVICES	NORTH
<b>Sub total for HEALTH</b>			<b>13,686,092</b>		
<b>MULTI-SECTOR (Refugee response)</b>					
<a href="#">YEM-11/F/37878/561</a>	Protracted Relief and Recovery Assistance for Refugees in Yemen	WFP	3,633,957	LIFE-SAVING	SOUTH
<a href="#">YEM-11/MS/38481/13090</a>	Self-Reliance for Urban Refugees	ADRA Yemen	188,500	TIME-CRITICAL	OTHER
<a href="#">YEM-11/MS/38606/120</a>	International Protection and Assistance to Refugees and asylum Seekers in Yemen	UNHCR	33,842,454	TIME-CRITICAL	OTHER
<a href="#">YEM-11/MS/39848/298</a>	Emergency Assistance to stranded Ethiopians in Yemen	IOM	1,530,100	TIME-CRITICAL	OTHER
<a href="#">YEM-11/P-HR-RL/40245/298</a>	Enhancing the Protection of Migrants and other vulnerable groups	IOM	1,144,900	TIME-CRITICAL	OTHER
<b>Sub total for MULTI-SECTOR (Refugee response)</b>			<b>40,339,911</b>		
<b>NUTRITION</b>					
<a href="#">YEM-11/CSS/38139/122</a>	Strengthening Nutritional surveillance to monitor nutritional status of population in conflict-affected areas".	WHO	500,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/F/37882/561</a>	Nutritional Assistance to Conflict-Affected Persons in Northern Yemen	WFP	2,449,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/F/37883/561</a>	Targeted Emergency Nutrition Support to Vulnerable Groups in Yemen	WFP	15,239,060	LIFE-SAVING	OTHER
<a href="#">YEM-11/H/37169/13062</a>	Promoting breast Feeding and best Practices of internally displaced pregnant & lactating mothers and their infants in( Amran.Hajjah, Sa'ada.ALJawf)	YFCA	157,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/H/37799/124</a>	Management of Severe malnutrition among U5 boys and girls children and mothers in Yemen (special focus on the 4 northern governorates affected by Sa'ada conflict)	UNICEF	7,201,100	LIFE-SAVING	OTHER
<a href="#">YEM-11/H/38168/8772</a>	Nutrition Support to Conflict-Affected Populations in Sa'ada Governorate	MDM France	161,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38327/6079</a>	Emergency Nutrition Intervention	SC	400,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/H/38463/5749</a>	Support to malnutrition management program in Al Khalifa and Al Marawaa PHC facilities in Al Marawaa District (Hodeidah Governorate)	AMI	31,568	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/H/39790/12939</a>	Nutritional Support to under Five children in of Amran, Hajah and Al Jawf Governorates	CSSW	531,500	LIFE-SAVING	NORTH
<b>Sub total for NUTRITION</b>			<b>26,670,228</b>		
<b>PROTECTION</b>					
<a href="#">YEM-11/CSS/38312/124</a>	Child Protection Assessment and Coordination in Yemen	UNICEF	412,500	SUPPORT SERVICES	NORTH
<a href="#">YEM-11/P-HR-RL/38260/1171</a>	Protection and support of women and girls in conflict-affected areas of Yemen	UNFPA	582,597	LIFE-SAVING	NORTH
<a href="#">YEM-11/P-HR-RL/38270/124</a>	Casework with Children in North Yemen: Helping Separated, Detained, Recruited, Trafficked, or Physically or Sexually Abused Children	UNICEF	1,187,500	LIFE-SAVING	NORTH

**YEMEN**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<a href="#">YEM-11/P-HR-RL/38299/124</a>	Child Protection: Community-Based Psycho-social Support in North Yemen & Shabwa Governorate	UNICEF	825,000	LIFE-SAVING	OTHER
<a href="#">YEM-11/P-HR-RL/38309/124</a>	Youth and Children's active participation in conflict prevention and peace building	UNICEF	181,250	LIFE-SAVING	NORTH
<a href="#">YEM-11/P-HR-RL/38318/124</a>	Casework with Children in North Yemen: Illegal Child Migrants who are Unaccompanied Minors or Separated from Parents	UNICEF	250,000	TIME-CRITICAL	OTHER
<a href="#">YEM-11/P-HR-RL/38321/124</a>	Mine Risk Education and Awareness: Child Protection in weapon-contaminated areas, North Yemen	UNICEF	362,500	LIFE-SAVING	NORTH
<a href="#">YEM-11/P-HR-RL/38381/6079</a>	Community Based Protection for Children and Young people and their parents/ guardians affected by the conflict in Haradh, Sa'ada and Amran are supported through Child Friendly Centres	SC	900,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/P-HR-RL/38668/120</a>	Coordinated Protection Monitoring and Provision of Protection Services for IDP Communities in displacement	UNHCR	8,433,513	TIME-CRITICAL	NORTH
<a href="#">YEM-11/P-HR-RL/39429/298</a>	Providing Humanitarian Assistance and Protection to Trafficked and Vulnerable Women and Girls	IOM	469,730	TIME-CRITICAL	OTHER
<b>Sub total for PROTECTION</b>			<b>13,604,590</b>		
<b>SHELTER/NFI/CCCM</b>					
<a href="#">YEM-11/S-NF/38587/120</a>	Provision of Shelter, NFIs and CCCM Activities to IDPs in Conflict-affected Areas	UNHCR	17,428,175	LIFE-SAVING	NORTH
<a href="#">YEM-11/S-NF/38631/298</a>	Rehabilitating Shelter in Al-Jawf and Sa'ada Governorates to Support Early Recovery	IOM	1,000,000	TIME-CRITICAL	NORTH
<a href="#">YEM-11/S-NF/38713/6971</a>	Shelter Assistance to IDPs outside the camps in Amran and Hajjah Gov's	RI	542,918	LIFE-SAVING	NORTH
<b>Sub total for SHELTER/NFI/CCCM</b>			<b>18,971,093</b>		
<b>WATER, SANITATION AND HYGIENE</b>					
<a href="#">YEM-11/CSS/39116/124</a>	WASH Cluster coordination	UNICEF	237,543	SUPPORT SERVICES	OTHER
<a href="#">YEM-11/WS/38147/122</a>	Provision of WASH services in Health facilities in war affected areas	WHO	618,100	TIME-CRITICAL	NORTH
<a href="#">YEM-11/WS/38151/122</a>	Water Quality monitoring in the affected areas	WHO	329,700	TIME-CRITICAL	NORTH
<a href="#">YEM-11/WS/39117/5120</a>	Integrated WASH interventions in vulnerable camps and communities in Amran, Sa'ada and Hajjah Governorates	OXFAM GB	3,082,000	LIFE-SAVING	NORTH
<a href="#">YEM-11/WS/39118/124</a>	Provision of Emergency and adequate sanitation and hygiene to returnees and Internally Displaced People in Sa'dah, hajjah, and Amran	UNICEF	1,488,441	LIFE-SAVING	NORTH
<a href="#">YEM-11/WS/39120/124</a>	Provision of water sanitation and hygiene to school children affected by the conflict in Sa'dah City	UNICEF	820,161	TIME-CRITICAL	NORTH
<a href="#">YEM-11/WS/39125/124</a>	Emergency Water Supply to affected population by conflict in Sa'dah, Hajjah, and Amran	UNICEF	2,849,301	LIFE-SAVING	NORTH
<a href="#">YEM-11/WS/39199/298</a>	Life-saving Assistance & Essential WASH Infrastructure Rehabilitation for IDPs and Conflict-Affected Communities in Al-Jawf	IOM	2,423,500	LIFE-SAVING	NORTH
<b>Sub total for WATER, SANITATION AND HYGIENE</b>			<b>11,848,746</b>		



**YEMEN**

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
<b>CLUSTER NOT YET SPECIFIED</b>					
<a href="#">YEM-11/SNYS/38999/8487</a>	Emergency Response Fund (projected needs \$5,000,000)	ERF (OCHA)	-	NOT SPECIFIED	NOT SPECIFIED
<b>Sub total for CLUSTER NOT YET SPECIFIED</b>			-		
<b>Grand Total</b>			<b>224,874,248</b>		

**Table V: Summary of requirements (grouped by location)**

<p>Yemen Humanitarian Response Plan 2011 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a></p>
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Compiled by OCHA on the basis of information provided by appealing organizations.

Location	Requirements (\$)	Number of projects
NORTH	122,190,392	49
OTHER	99,049,899	21
SOUTH	3,633,957	1
<b>Grand Total</b>	<b>224,874,248</b>	<b>71</b>

**ANNEX II. NEEDS ASSESSMENTS REFERENCE LIST**

Cluster	Lead Agency	Date	Title	Geographic Area
Multi-cluster	IR	May 2010	Emergency Situation and Rapid Needs Assessment of Saa'da Governorate	Sa'ada
Education	CHF	December 2009	Rapid Emergency Education Needs Assessment	Haradh
Food security & Agriculture	WFP	January 2010	Comprehensive Food Security Survey (CFSS)	Whole Country
	WFP	July 2010	Post-Distribution Monitoring, Food Security Survey and MUAC Screening	Sa'ada
	WFP	May 2010	Post-Distribution Monitoring, Food Security Survey and MUAC Screening	Amran, Hajjah, Sa'ada
	WFP	November 2009	Post-Distribution Monitoring, Food Security Survey and MUAC Screening	Amran City, Haradh
	FAO	September 2010	Post Flood Assessment for flood affected farmers - Hadramout	Hadramout, Lahj
	FAO	June 2010	Agriculture production, veterinary services and livestock production Assessment	Amran, Hajjah, Sa'ada
Nutrition	MSF-S	July 2010	Nutritional screening Al Marzq Camps & Al-GFL	Haradh
		13 November 2009	Rapid assessments / Harad	Haradh
		July 2010	Rapid Nutritional Assessment - Mustaba	Mustaba
		July 2010	Report Rapid Nutritional Assessment – Washhaha	Hajjah
		July 2010	Rapid Nutritional Assessment - Khusar	Haradh
	WFP	August 2009	Secondary data analysis on food security and vulnerability	Whole Country
		March 2010	Comprehensive Food Security Survey	Whole Country
	UNICEF	August 2010	Nutrition Screening in 5 districts at Sa'ada governorate	Razeh, Ghammer, Munabih, Al daheer and Shada
	RI	August 2010	Base line emergency survey	Amran, Hajjah, Sa'ada
	SC	April 2010	Nutrition Survey in Khaiwan, Amran	Khaiwan Camp, Hajjah
Protection	Child Protection Sub-cluster	August 2010	Inter-agency Comprehensive Child Protection Assessment in Conflict-affected Governorates In North Yemen	Amran, Hajjah, Sa'ada, Sana'a, Al Jawf
	CSSW	June 2010	Need assessment for Sa'ada	Sa'ada
	UNHCR/DRC	September 2011	Profiling exercise	Amran, Hajjah, Sa'ada, Sana'a, Al Jawf
	UNHCR/EU	January 2010	IDP database	Amran, Hajjah, Sa'ada, Sana'a, Al Jawf
	UNHCR/IP	April 2010, Haradh Sep 2010 Sana'a	Participatory assessment	Haradh, Sana'a
	UNHCR	September 2010	Mapping	Sa'ada City
	Care	December 2009	Joint Basic Needs Assessment on Internally Displaced People within host communities in Amran Governorate	Amran, Hajjah, Sa'ada
	GoY-MoPIC		Executive Summary of the Study on the Voices of the Poor	
	UN		UN Joint Update on Sa'ada (15 – 29) August 2010	Sa'ada
	UNICEF	June-2010	Yemen WASH Cluster review	Whole Country
	UNICEF	June-2001	MYR (2006-2010)	Whole Country

**YEMEN**

<b>Cluster</b>	<b>Lead Agency</b>	<b>Date</b>	<b>Title</b>	<b>Geographic Area</b>
<b>CCCM/Shelter</b>	Oxfam	Draft	Livelihoods and food security in Sa;dah conflict areas	Amran, Hajjah, Sa'ada
	Relief International	October 2009	Rapid Assessment Report	Hajjah
	UNHCR/SHS	February 2010	IDP Shelter Assessment	Amran, Hajjah, Sana'a
	CSSW	April - June 2010	rapid need assessment for Returnees in Sa'ada Gov.	
<b>Health</b>	MoPHP	July-2010	Annual Statistical Health Report 2009	Whole country
<b>Multi sector (refugee Response)</b>	UNHCR	June 2009	Nutrition survey and Retrospective mortality survey	Kharaz, Basateen
	UNHCR	May 2009	Aneamia and Malaria Survey	Kharaz, Basateen
	UNHCR	October 2009	Health Information System	Whole Country
	UNHCR	June 2009	Water and Sanitation survey	Kharaz
	WFP/UNHCR	May 2009	Joint Assessment Mission	Kharaz

<b>CURRENT GAPS IN INFORMATION</b>	
<b>Cluster</b>	<b>Geographical areas and population groups on which information is lacking</b>
Education	Amran, Hajjah, Sa'ada
WASH	Khaiwan Camp, Haradh, Sa'ada

**ANNEX III.. DONOR RESPONSE TO THE 2010 APPEAL**

**Table VI: Summary of requirements and funding (grouped by cluster)**

Yemen Humanitarian Response Plan 2010 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
COORDINATION AND SUPPORT SERVICES	3,949,655	2,623,680	584,518	3,075,212	3,659,730	- 1,036,050	139%	-
EARLY RECOVERY	8,262,509	4,390,616	-	1,234,666	1,234,666	3,155,950	28%	-
EDUCATION	5,877,160	3,744,536	-	702,344	702,344	3,042,192	19%	-
FOOD & AGRICULTURE	45,228,610	60,885,631	5,772,883	33,067,821	38,840,704	22,044,927	64%	2,369,668
HEALTH	22,714,973	11,617,196	-	6,456,982	6,456,982	5,160,214	56%	-
MULTI-SECTOR (Refugee response)	23,750,341	34,044,638	1,652,886	14,111,170	15,764,056	18,280,582	46%	-
NUTRITION	30,333,047	29,848,736	7,927,920	12,615,287	20,543,207	9,305,529	69%	-
PROTECTION	12,662,604	12,077,829	125,000	2,256,225	2,381,225	9,696,604	20%	-
SHELTER/NFI/CCCM	14,091,649	18,890,192	-	5,547,867	5,547,867	13,342,325	29%	-
WATER, SANITATION AND HYGIENE	13,726,019	6,980,105	-	4,333,905	4,333,905	2,646,200	62%	-
SECTOR NOT YET SPECIFIED	-	1,018,211	-	18,252,494	18,252,494	- 17,234,283	1,793%	782,473
<b>Grand Total</b>	<b>180,596,567</b>	<b>186,121,370</b>	<b>16,063,207</b>	<b>101,653,973</b>	<b>117,717,180</b>	<b>68,404,190</b>	<b>63%</b>	<b>3,152,141</b>

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table VII: Summary of requirements and funding (grouped by appealing organization)**

Yemen Humanitarian Response Plan 2010  
as of 15 November 2010  
<http://fts.unocha.org>

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

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
ACTED	1,105,203	-	-	-	-	-	0%	-
ADRA Yemen	2,554,473	987,177	-	826,253	826,253	160,924	84%	-
CARE International	-	750,000	-	-	-	750,000	0%	-
CHF International	2,969,676	726,600	-	-	-	726,600	0%	-
CSSW	1,030,000	515,000	-	-	-	515,000	0%	-
DIA	-	51,906	-	51,906	51,906	-	100%	-
ERF (OCHA)	-	-	-	1,753,196	1,753,196	n/a	n/a	782,473
FAO	11,847,000	5,818,000	-	677,209	677,209	5,140,791	12%	-
IMC	1,225,000	325,000	-	-	-	325,000	0%	-
IN	150,000	150,000	-	-	-	150,000	0%	-
IOM	10,452,010	7,151,176	-	4,399,136	4,399,136	2,752,040	62%	-
MDM	-	1,012,144	-	1,012,144	1,012,144	-	100%	-
MSB	-	274,836	-	274,836	274,836	-	100%	-
OCHA	1,591,715	1,700,800	584,518	2,701,738	3,286,256	- 1,585,456	100%	-
OXFAM GB	3,901,461	2,550,021	-	789,889	789,889	1,760,132	31%	-
RI	993,816	1,352,253	-	1,662,281	1,662,281	- 310,028	100%	-
SC	4,010,500	3,338,643	125,000	2,310,431	2,435,431	903,212	73%	-
TGH	-	1,018,211	-	1,018,211	1,018,211	-	100%	-
UNDP	3,460,000	2,656,716	-	444,777	444,777	2,211,939	17%	-
UNDSS	1,925,000	-	-	-	-	-	0%	-
UNFPA	1,573,909	1,513,864	-	640,915	640,915	872,949	42%	-
UNHCR	35,462,701	52,058,269	936,010	29,465,759	30,401,769	21,656,500	58%	-
UNICEF	19,007,276	9,819,689	-	9,010,882	9,010,882	808,807	92%	-
WFP	57,336,977	83,476,421	14,417,679	41,409,941	55,827,620	27,648,801	67%	2,369,668
WHO	19,411,500	8,571,393	-	3,204,469	3,204,469	5,366,924	37%	-
YFCA	484,100	100,000	-	-	-	100,000	0%	-
YINGOF	104,250	104,250	-	-	-	104,250	0%	-
YWU	-	99,001	-	-	-	99,001	0%	-
<b>Grand Total</b>	<b>180,596,567</b>	<b>186,121,370</b>	<b>16,063,207</b>	<b>101,653,973</b>	<b>117,717,180</b>	<b>68,404,190</b>	<b>63%</b>	<b>3,152,141</b>

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table VIII: Total funding per donor (to projects listed in the Appeal)**

Yemen Humanitarian Response Plan 2010  
as of 15 November 2010  
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	40,699,926	35%	-
Carry-over (donors not specified)	16,063,207	14%	-
Central Emergency Response Fund (CERF)	15,302,878	13%	-
European Commission	9,834,663	8%	-
Allocations of unearmarked funds by UN agencies	7,502,000	6%	-
United Kingdom	5,850,297	5%	3,152,141
Germany	5,677,712	5%	-
Japan	3,076,426	3%	-
Sweden	2,738,421	2%	-
Italy	2,428,139	2%	-
Finland	1,443,001	1%	-
Canada	1,257,253	1%	-
Australia	1,124,215	1%	-
Denmark	853,242	1%	-
Switzerland	817,460	1%	-
Private (individuals & organisations)	773,269	1%	-
Spain	674,764	1%	-
France	619,755	1%	-
Belgium	320,000	0%	-
Qatar	265,539	0%	-
Greece	172,613	0%	-
Norway	122,400	0%	-
Russian Federation	100,000	0%	-
<b>Grand Total</b>	<b>117,717,180</b>	<b>100%</b>	<b>3,152,141</b>

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table IX: Non-Appeal funding (per IASC standard sector)**

Other humanitarian funding to Yemen 2010  
as of 15 November 2010  
<http://fts.unocha.org>

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

Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
ECONOMIC RECOVERY AND INFRASTRUCTURE	2,721,088	11%	-
FOOD	404,858	0%	-
MULTI-SECTOR	13,623,978	53%	-
SECTOR NOT YET SPECIFIED	8,857,147	35%	-
<b>Grand Total</b>	<b>25,607,071</b>	<b>100%</b>	<b>-</b>

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

**Table X: Total humanitarian assistance per donor (Appeal plus other\*)**

Yemen 2010 as of 15 November 2010 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	42,199,926	29%	-
Carry-over (donors not specified)	16,063,207	11%	-
Central Emergency Response Fund (CERF)	15,302,878	11%	-
European Commission	14,062,959	10%	-
United Arab Emirates	13,623,978	10%	-
Allocations of unearmarked funds by UN agencies	7,502,000	5%	-
Germany	6,399,213	4%	-
United Kingdom	5,850,297	4%	3,152,141
Japan	3,076,426	2%	-
Sweden	2,738,421	2%	-
Switzerland	2,662,478	2%	-
Italy	2,428,139	2%	-
Canada	2,101,531	1%	-
Australia	1,963,141	1%	-
Finland	1,443,001	1%	-
Netherlands	1,250,076	1%	-
France	1,024,613	1%	-
Denmark	853,242	1%	-
Private (individuals & organisations)	773,269	1%	-
Spain	674,764	0%	-
Luxembourg	350,140	0%	-
Belgium	320,000	0%	-
Qatar	265,539	0%	-
Greece	172,613	0%	-
Norway	122,400	0%	-
Russian Federation	100,000	0%	-
<b>Grand Total</b>	<b>143,324,251</b>	<b>100 %</b>	<b>3,152,141</b>

NOTE: "Funding" means Contributions + Commitments

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).



**ANNEX IV. ACRONYMS AND ABBREVIATIONS**

ADPN	<i>Agence de développement des provinces du nord</i>
ADRA	Adventist Development and Relief Agency
AMI	<i>Aide Médicale Internationale</i>
AOR	area of responsibility
AQAP	Al-Qaeda in the Arabian Peninsula
AWU	Amran Women's Union
BEmONC	basic emergency obstetric and neonatal care
BSFP	blanket supplementary feeding program
CCCM	camp coordination and camp management
CEmONC	comprehensive emergency obstetric and neonatal care
CERF	Central Emergency Response Fund
CFS	child-friendly space
CFSA	Crop and Food Supply Assessment
CFSS	Comprehensive Food Security Survey
CFW	cash for work
CHF	Cooperative Housing Foundation
CMAM	community-based management of acute malnutrition
CMR	crude mortality rate
CPC	child protection committee
CBPN	Community Based Protection Network
CPSC	Child Protection Sub-Cluster
CPWG	Child Protection Working Group
CSSW	Charitable Society for Social Welfare
DRC	Danish Refugee Council
DRR	disaster risk reduction
ECD	early childhood development
ECHO	European Commission Directorate for Humanitarian Aid and Civil Protection
EmONC	emergency obstetric and neonatal care
EMRO	(WHO) Regional Office for the Eastern Mediterranean
ERW	explosive remnants of war
EU	European Union
FAO	Food and Agriculture Organization
FCS	food consumption score
FFW	food for work
GAM	global acute malnutrition
GARWP	General Authority for Rural Water-supply Project
GEM	Gender Empowerment Measure
GER	gross enrolment rate
GNA	(ECHO) Global Needs Assessment
GoY	Government of Yemen
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HEB	high-energy biscuits
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IASC	Inter-agency Standing Committee
ICMC	International Catholic Migration Commission
ICRC	International Committee of the Red Cross
ICS	Islah Charitable Society
IDF	Interaction in Development Foundation
IDP(s)	internally displaced person (people)
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy and Research Institute
ILO	International Labour Organization
IM	information management
IMCI	Integrated Management of Childhood Illnesses
IMRC	Inter-Ministerial Relief Committee
INEE	Inter-Agency Network in Education

INGO	international non-governmental organization
IOM	International Organization for Migration
IR	Islamic Relief
IRC	International Rescue Committee
IRD	International Relief and Development
IYCF	infant and young child feeding
JIS	Joint Initiative for Sa'ada
MAM	moderate acute malnutrition
MDM	<i>Médecins du Monde</i>
MMR	maternal mortality rate
MMTF	Mixed Migration Task Force
MoAI	Ministry of Agriculture and Irrigation
MoE	Ministry of Education
MoHR	Ministry of Human Rights
MoPHP	Ministry of Public Health and Population
MoSAL	Ministry of Social Affairs and Labour
MSF	<i>Médecins sans frontières</i>
MSI	Marie Stopes International
MT	metric ton
MUAC	mid-upper arm circumference
MYR	Mid-Year Review
NASCRA	National Sub-Committee for Refugees
NCC	Nutrition Cluster Coordination
NF	National Forum
NFI	non-food item
NGO	non-governmental organization
NIS	Nutrition Information Service
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	out-patient therapeutic program
PHC	public health centre <i>or</i> primary health care
PPP	purchasing power parity (method)
QIP	quick impact project
SAD	Solidarity Association for Development
SAM	severe acute malnutrition
SC	Save the Children
SFP	supplementary feeding program
SGBV	sexual and gender-based violence
SHS	Society for Humanitarian Solidarity
SRF	Sa'ada Reconstruction Fund
SWP	(UNFPA) State of World Population (report)
TFC	therapeutic feeding centre
UAE	United Arab Emirates
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UXO	unexploded ordnance
WASH	water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
YEMAC	Yemen Mine Action
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan
YINGOF	Yemen International NGO Forum
YRCS	Yemeni Red Crescent Society
YWA	Young Women Alliance
YWU	Yemen Women's Union

## Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation among host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM) and United Nations agencies. As such, the CAP presents a situation analysis, assessment of humanitarian needs, and response plans. It encompasses the humanitarian aid programme cycle:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP)
- Resource mobilization leading to a Consolidated Appeal or a Flash Appeal
- Coordinated programme implementation
- Joint monitoring and evaluation
- Revision, if necessary
- Reporting on results

The CHAP is the core of the CAP: it is a strategic plan for humanitarian response in a given country or region. The CHAP includes:

- A common analysis of the context in which humanitarian action takes place
- An assessment of needs
- Best-case, worst-case, and most likely scenarios
- A clear statement of longer-term objectives and goals
- Prioritized response plans, including a detailed mapping of projects to cover all needs
- A framework for monitoring the strategy and revising it if necessary

Under the Humanitarian Coordinator's leadership, and in consultation with host governments and donors, the HCT develops the CHAP at the field level. This team Inter-Agency Standing committee members and standing invitees (UN agencies, IOM, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction or SCHR). Non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals – the CAP does not contain a funding pool or channel. The **Financial Tracking Service (FTS, [fts.unocha.org](https://fts.unocha.org))**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal-funded needs and worldwide donor contributions.

***In summary, the CAP is how aid agencies join forces to provide people in need with the best available protection and assistance, on time.***

**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS  
(OCHA)**

**UNITED NATIONS  
NEW YORK, NY 10017  
USA**

**PALAIS DES NATIONS  
1211 GENEVA 10  
SWITZERLAND**