

HUMANITARIAN RESPONSE PLAN YEMEN

HUMANITARIAN
PROGRAMME CYCLE
2023

JANUARY 2023



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Essam's youngest daughter, Ahlam, exhibited signs of malnutrition and was treated by IRC's ECHO-funded mobile health team in Sahah IDP camp in Al Dhale'e Governorate, Yemen, March 2022. Photo: IRC/S. Hayyan

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AL HODEIDAH, YEMEN

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Foreword

As I write these words in January 2023, we are approaching the eighth anniversary of the conflict in Yemen which has killed hundreds of thousands of people and ruined the lives of millions. Currently we face uncertainty about the political and military situation. Following the expiration of the truce which held from 2 April to 2 October 2022, we have seen neither a major escalation of hostilities nor a comprehensive political settlement.

Despite these developments, we are clear that the humanitarian situation is as dire as it was in 2022. The economy has continued to deteriorate, the salaries of essential service workers have largely gone unpaid, oil exports are blocked from replenishing the public revenue base, climate-induced natural disasters increase, returns remain few and the internally displaced population massive.

Solid humanitarian data from assessments indicates that 21.6 million people in Yemen, nearly three-quarters of the population, will require humanitarian and protection assistance in 2023. The humanitarian community will seek to serve 17.3 million of those in the direst need.

Despite the challenges they face, the people of Yemen that I meet across the country continue to display extraordinary courage, resilience, and determination to rebuild their livelihoods and reclaim their futures.

Partners will continue to strengthen the humanitarian response, including through ongoing implementation of the recommendations of the Inter-Agency Humanitarian Evaluation released in mid-2022. We will continue to strive to improve the quality of our access and response to the needs of the most vulnerable, including IDPs/returnees, marginalized groups, persons with disabilities, migrants and refugees. The 2023 humanitarian response will also be closely aligned and strengthen linkages with peace and development partners critical to address the root causes of needs and deliver more sustainable outcomes for the people of Yemen.

In 2023, humanitarian partners are seeking US\$ 4.3 billion for this crucial work. I urge donors to stand with us and affected people in Yemen to give generously and immediately. As we have seen repeatedly, when funding is insufficient this forces suspensions and closures of critical life-saving humanitarian programmes and services across sectors. The Yemeni people deserve our continued support. Continued donor generosity, for which we are always grateful, remains critical to ensure quality and inclusive response where no one is left behind.

William David Gressly
United Nations Resident and
Humanitarian Coordinator
Yemen

Humanitarian Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
21.6M	17.3M	\$4.3B	220

In 2023, two-thirds of the population of Yemen—21.6 million people—will need humanitarian assistance and protection services.¹ The 2023 Humanitarian Response Plan for Yemen (HRP) requires US\$ 4.3 billion to reach the 17.3 million most vulnerable people in need (PiN) of humanitarian support as a result of protracted conflict, displacement and economic deterioration, compounded by recurrent natural disasters.

The total projected number of people in need in 2023 has decreased slightly from 23.4 million people in 2022 to 21.6 million in 2023 and the overall inter-sectoral target from 17.9 to 17.3 million people. These changes are mainly due to technical modifications to cluster-level needs assessments and revised food security projections released in October 2022.² They do not reflect an across-the board improvement in the humanitarian outlook. Gains that have been registered in 2022 remain extremely fragile.

The humanitarian response in Yemen will support people facing multiple vulnerabilities, including but not limited to internally displaced persons and those attempting to return, Muhamasheen,³ persons with disabilities, and migrants and refugees.

The response approach will be organized around three strategic objectives focusing on life-saving activities, resilience contributing to durable solutions, and the centrality of protection. The response strategy in 2023 aims to address immediate and significant levels of needs, delivering urgent life-saving humanitarian assistance to 14 million people, under the first strategic objective alone. At the same time,

it recognizes the importance of working closely with development partners to prevent a broader collapse of basic services and economic conditions that would further exacerbate the dire humanitarian situation. Humanitarian, development and peace (HDP) actors will engage in coordinated action under the strategic umbrella of the recently established Yemen Partners Group (YPG) and its operational structure, the Yemen Partners Technical Team (YPTT) and building on opportunities as presented in the UNDSCF. These coordination structures aim to expand the existing HDP nexus efforts, as well as the operationalization of the Durable Solutions Working Group under the leadership of the UN Resident Coordinator's Office. An increased focus on protection as the centre of the response aims to ensure strengthened leadership, coordination and collective engagement on reducing protection risks and increasing capacities' of the affected population.

The response will further place people at the centre, building on progress made on community engagement and accountability to affected people (AAP), by implementing new collective feedback mechanisms and the roll out of community perception surveys. This work will ensure that assistance and services are adjusted to people's needs as ongoing efforts towards the prevention of sexual exploitation and abuse (PSEA) are further strengthened and reinforced.

The humanitarian response in 2023 will continue to be informed by the findings and recommendations of the Inter-Agency Humanitarian Evaluation of the Yemen Crisis, which was completed in mid-2022. This will include coordinated and concerted efforts

across the humanitarian community to strengthen access, analysis, community acceptance, localization, humanitarian-development collaboration and other key areas.

Currently, Yemen is neither in a war of full-scale military offensives, nor does it benefit from a formal peace. During the truce which held from 2 April to 2 October Yemen, conflict related displacement decreased by 76 per cent. At the same time, victims of land mines and explosive remnants of war (ERW), including unexploded ordnance (UXO) increased by 160 per cent. Essential services and the economy continued to deteriorate. The cost of the minimum household expenditures basket rose by over 50 per cent⁴ in the space of a single year.

In the absence of a comprehensive political settlement, continued displacement, the economic situation, and lack of capacity of state institutions, are likely to remain a key driver of needs. An estimated 4.5 million people—14 per cent of the population—are currently displaced, most of whom have been displaced multiple times over a number of years.⁵ Natural disasters and climate-induced events, such as drought and flooding, are key drivers of displacement and heighten existing needs.⁶ Many of the most vulnerable internally displaced people live in flood-prone areas or inadequate shelters, risking further increased needs and displacement.⁷ Continuing protracted displacement even with lower rates of new displacement,⁸ may well ensure Yemen remains among the top six largest internal displacements in the world.

Throughout 2023, humanitarian needs are likely to hold steady and the resilience of vulnerable populations to decrease as a result of the ongoing breakdown of basic services and the fragility of Yemen's economy due to macroeconomic instability and the depreciation of the Yemeni Rial (YER), the de facto separation of economic institutions and issuance of competing monetary policies, low household purchasing power, inflation and high prices of food, fuel and other essential commodities.⁹

An estimated 5.4 million—25 per cent—of the people in need across Yemen are affected by access

constraints. Access challenges are most prevalent in northwest Yemen, where they are largely bureaucratic impediments. At the same time increasing security issues (such as carjackings, kidnappings and other forms of violence) have been registered particularly across areas primarily under the control of the internationally recognized Government of Yemen (GoY). A comparative minority of access incidents in either area are directly caused by insecurity related to active armed conflict.

The vast majority of access constraints are issues related to bureaucratic impediments, which mainly include denials of movement and delays of travel permits. Bureaucratic impediments include two key challenges on the rise into 2023. The first is increasing imposition of mahram requirements primarily by Ansar Allah (AA, also known as the Houthi de facto authorities), whereby women must be accompanied by a close male family member to travel. This has impacted female national staff traveling on field missions, leading to the delay and cancellation of field visits, needs assessments and life-saving assistance deliveries. It likewise has had a major impact on the access of women to essential services, education and livelihoods opportunities. The second is long delays in approval of sub-agreements, leading regularly to delayed implementation of urgently required humanitarian projects and services for the better part of a year.¹⁰ Access challenges remain the most important challenge to effective humanitarian action in Yemen. As such, coordinated action to safeguard operational space and ensure safe, unimpeded and principled access will be a cornerstone of the response in 2023.

Clusters are targeting only the most vulnerable people in need through highly prioritized planning and humanitarian actors are increasingly implementing integrated programmes to improve quality and efficiencies of response.¹¹ However, the per unit price of activities has increased in eight out of ten clusters, due to high global supply chain costs, rises in commodity prices, the continued fragility of Yemen's economy and access impediments. These factors have driven overall funding requirements upwards despite a decrease in the number of people targeted, compared to 2022.

Crisis, Context, and Impact

Eight years into the current conflict, millions of people in Yemen have suffered the effects of war, compounded by climate events, ongoing economic crisis and disrupted public services.

Expiration of truce, and absence of a peace agreement

The six-month UN-brokered truce saw decreased civilian casualties related to active fighting.¹² Additionally, displacement decreased by 76 per cent, during the months of the truce.¹³ The greater freedom of movement and increased flow of fuel imports, as well as enhanced humanitarian access in some areas led to some improvement of the humanitarian situation. However, low-level clashes continued in frontline areas throughout the truce and explosive remnants of war (ERW), including landmines, have had a devastating impact on civilians as movement increased.¹⁴ The truce has since expired and a peace agreement remains elusive, although major military offensives had not yet resumed three months after the expiry of the formal truce agreement.

Economic decline a key amplifier of needs

The protracted nature of the conflict has led to a collapsing economy, intensifying already significant levels of humanitarian need. The economy has shrunk by more than half since the conflict escalated in 2015,¹⁵ largely due to currency depreciation, loss of government revenue and rising commodity prices. Depreciation of the exchange rate is particularly acute in the GoY-controlled areas, with gains seen in the aftermath of the truce announcement having now eroded.¹⁶

The crisis in Ukraine has increased global food and fuel prices, and jeopardized supply chains of staple foods and basic goods.¹⁷ Lack of affordability, not availability, is the main cause of widespread hunger, with the ongoing conflict and economic decline leading to continued loss of livelihoods and income opportunities.

These conditions have decreased household purchasing power and increased reliance on humanitarian assistance.¹⁸ Food insecurity is one of the key drivers of heightened protection risks, specifically child protection and gender-based violence (GBV) issues, forcing people into harmful negative coping mechanisms.

Existing legal and policy frameworks

Weak legal frameworks and lack of proper implementation of existing laws designed to protect rights have led to increased impunity for major rights violations. Children continue to be exposed to family separation, child recruitment into armed groups, forced/early marriage, trafficking and the worst forms of child labour, such as commercial sexual exploitation.

Land allocation by the authorities and the legal framework with respect to access to land, especially for certain groups/tribes, leads to further social tensions and social cohesion issues, in addition to marginalization and discrimination against certain minority and gender groups.

Structural inequalities hinder women's and girls' access to basic services, resulting in a dramatic gender gap in literacy and basic education, and high maternal mortality rates, among others. During 2022, these have been compounded by the increased imposition of the mahram requirement, predominantly in AA-controlled areas. This requirement prevents women from traveling between governorates, to other areas of the country, or internationally without a male guardian or guardianship permission. This requirement, which severely restricts freedom of movement, has a major impact on women's and girls' access to services, and their ability to work, pursue education and to participate in public and political life. In turn this is further exacerbating economic insecurity and particularly impairing the rights of female-headed households. Addressing freedom of movement

challenges is an important component of more broadly improving access to services.

Essential infrastructures and services poor in quality, quantity and accessibility

Yemen's public services and infrastructure have been severely impacted by conflict, economic decline and recurrent natural hazards. More than 80 per cent of the country's population struggles to access food, safe drinking water and adequate health services. Less than half of health facilities across the country are functioning and many that remain operational lack basic equipment and are not able to deliver minimum essential services. Severe damage has resulted in water infrastructure which currently operates at less than 5 per cent efficiency. Nearly 90 per cent of the population has no access to publicly supplied electricity. Critical infrastructure, such as roads and bridges, have been widely damaged. Key public service employees (notably most Yemeni health workers and two-thirds of all Yemeni teachers) have not received a regular salary in years.¹⁹

Yemen among the most challenging operating environments in the world

Throughout 2022, humanitarian work continued to be hampered by bureaucratic impediments, movement restrictions, insecurity and aid interference incidents—delaying and, in some cases, preventing the delivery of life-saving humanitarian assistance. Bureaucratic restrictions and interference in the aid operation, though prevalent in GoY-controlled areas too, are predominant in AA-controlled areas, including

increasingly restrictive mahram requirements over the course of the year. Mahram requirements severely obstruct the movement of female national staff and restrict the provision of aid to women and children, undermining the overall humanitarian response. Security incidents have meanwhile increased in GoY-controlled areas, including carjackings, kidnappings and attacks against humanitarian personnel and civilian infrastructure.²⁰

Climate-induced environmental events heighten vulnerabilities

Natural hazards and disasters doubled related displacement in 2022,²¹ damaged public and civilian infrastructure, and impacted delivery of essential services. Ranking third globally among the countries most vulnerable to climate change,²² the impacts of more frequent and intense climate events in Yemen were felt throughout the year. During the rainy season, the country endures two weather extremes, shifting from severe drought to devastating flooding. Torrential rains and flooding alone impacted over 517,000 people in 2022 and caused over 160,000 new and secondary displacements between July and September 2022 alone.²³ Yemen also remains one of the world's most water-stressed countries.²⁴ Agricultural pressures, recurrent drought and climate change are driving water shortages, depletion of reserves and desertification²⁵ threatening the availability of arable land and access to clean, drinkable water and subsequently heightening protection risks.

Response by Strategic Objective (SO)

SO1: Reduce the mortality and morbidity among crisis-affected women, girls, boys and men by providing timely, safe and equitable lifesaving humanitarian assistance.

Food insecurity and malnutrition, epidemics and vaccine-preventable diseases, child and maternal deaths and trauma, as well as protection risks (addressed under SO3) are identified as the major life-threatening conditions in the 2023 Humanitarian Needs Overview (HNO). Under this strategic objective, partners aim to tackle these life-threatening conditions through both sectoral and multi-sectoral lifesaving interventions.

SO2: Improve the resilience of crisis-affected vulnerable people of all ages, women, girls, men and boys, through increased safe, dignified and adequate access to multi-sectoral response and durable solutions.

While Yemen enters its ninth year of protracted conflict, multiple displacements have eroded people's assets and coping capacity. This strategic objective aims to strengthen the resilience of affected populations through agriculture, livelihoods, the provision of essential services and other durable solutions interventions.

In 2023, humanitarian, development and peace actors will engage in joint actions under the strategic umbrella of YPG and its technical advisory body, YPTT, expanding existent HDP nexus efforts, as well as standing up the Durable Solutions Working Group under the UN Resident Coordinator's Office's leadership. These efforts will aim to better

address gaps and more efficiently target the most vulnerable while moving towards identifying areas of collective outcomes.

Supported by the planning of the Clusters and cross-cutting issues Working Groups, the work of humanitarian actors will complement activities, activities implemented under the third outcome of the UNSDCF 2022–24, such as micro, small and medium size enterprises (MSME) employment creation, the inclusion of refugees and asylum seekers into the labour market, strengthening infrastructure services and promotion of payment of civil servant salaries, offer an enabling platform for the realization of this specific objective.

SO3: Prevent, reduce and mitigate protection risks and respond to protection needs by building a more protective environment, promoting compliance with IHL and IHRL, and providing principled assistance.

Preventing violations of international human rights law (IHRL) and international humanitarian law (IHL) are central to the Humanitarian Country Team's (HCT) unwavering commitment to promoting protection in the humanitarian response. This objective aims to ensure risks to protection are prevented and reduced by ensuring a conducive environment for the respect, protection and fulfilment of rights. Protection of all persons affected and who remain at risk will inform humanitarian decision-making and whenever necessary, adjustment of responses across all clusters. Protection will also be central to preparedness and advocacy efforts.

STRATEGIC OBJECTIVE		PEOPLE TARGETED
S01	Lifesaving	14,000,000
S02	Resilience / Durable Solutions	2,800,000
S03	Protection	4,700,000

Planned Response

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
21.6M	17.3M	4.8M	8.5M	2.6M

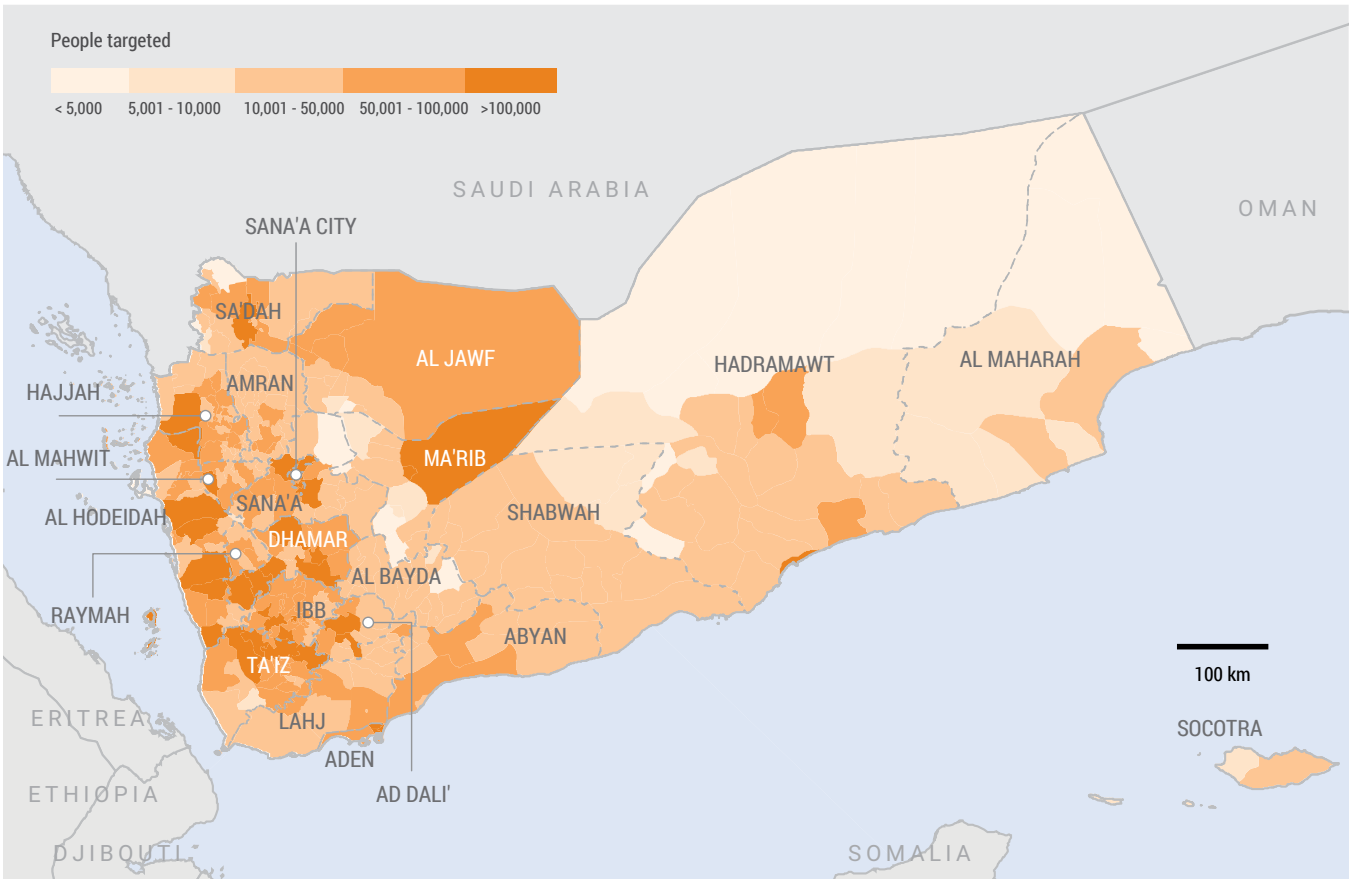
Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Internally displaced people	3.1M	3.1M	<div><div></div><div></div></div>
People with disability	3.2M	2.6M	<div><div></div><div></div></div>
Children under 5 years old	3.4M	2.8M	<div><div></div><div></div></div>
Pregnant and lactating women	1.7M	1.4M	<div><div></div><div></div></div>

Humanitarian Response by Age and Gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Boys	5.7M	4.3M	<div><div></div><div></div></div>	75%
Girls	5.4M	4.3M	<div><div></div><div></div></div>	80%
Men	5.3M	4M	<div><div></div><div></div></div>	75%
Women	5.2M	4.8M	<div><div></div><div></div></div>	92%

People targeted by geographical area



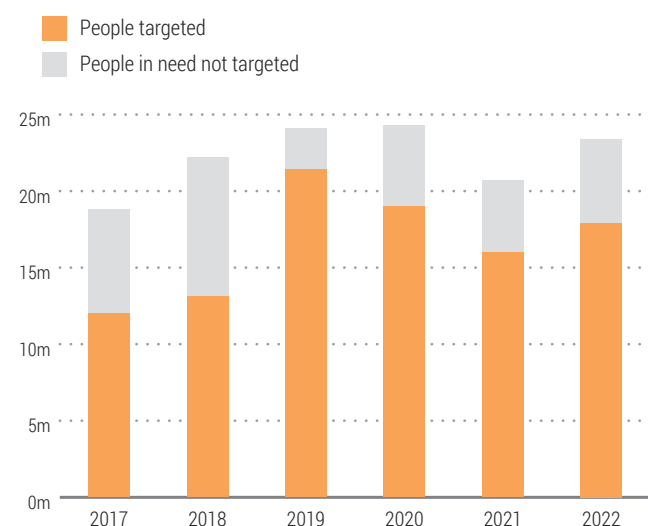
Historic Trends

Following the Inter-Agency Standing Committee's (IASC) declaration of the Yemen crisis as a Level 3 emergency in 2015, funding increased substantially year-on-year. Despite the challenging operating environment, partners were able to expand delivery of assistance from an average of 7.5 million people per month in 2020 to 11.5 million in 2021.

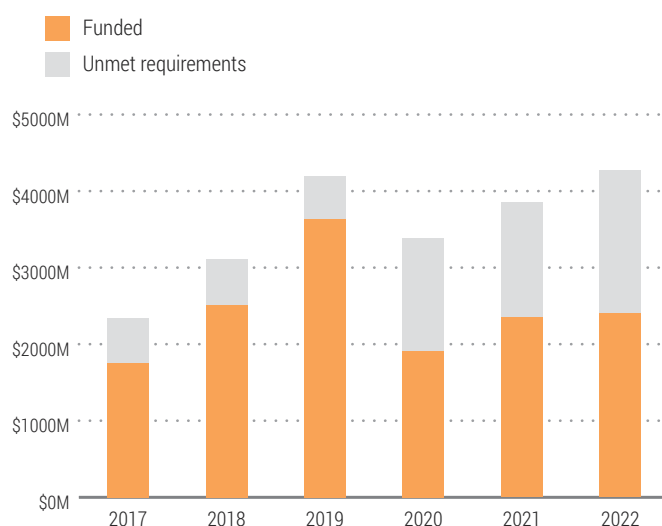
Between 2021 and 2022, humanitarian operations in Yemen experienced a substantial percentage of funding drop, and while the 2022 HRP was one of the best funded globally, the 55 per cent coverage impacted the delivery of humanitarian assistance and caused decrease in the emergency food assistance ration size. Nevertheless, humanitarian partners reached 10.5 million people in need per month²⁶ and achieved key successes in food security, malnutrition and disease (cholera) outbreak response.²⁷

The total number of people in need has decreased from 23.4 million in 2022 to a projection of 21.6 million in 2023. The change is due largely to technical changes in cluster-level needs assessments, revised food security projections released in late 2022, as well as limited and fragile improvements in levels of needs. At the same time, the cost of response to those needs, due to both changes in interventions, as well as the increased cost of many existent interventions, has mitigated the limited savings that might otherwise have accompanied the slight decrease in the figure of people in need.

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	21.1M	11.7M	1.60B	0.89B	55%
2016	21.2M	13.6M	1.63B	1.03B	63%
2017	18.8M	12.0M	2.34B	1.76B	75%
2018	22.2M	13.1M	3.11B	2.51B	81%
2019	24.1M	21.4M	4.19B	3.64B	87%
2020	24.3M	19.0M	3.38B	1.91B	56%
2021	20.7M	16M	3.85B	2.35B	61%
2022	23.4M	17.9M	4.27B	2.33B	55%

Source: Financial Tracking Service (FTS) as of 15 January 2023.



LAHJ, YEMEN

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Part 1: **Strategic Response Priorities**

LAHJ, YEMEN

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1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Humanitarian needs continue at extremely high levels across the country. An estimated 21.6 million people (5.3 million men, 5.2 million women, 5.7 million boys and 5.4 million girls) are in need of humanitarian assistance and protection services in Yemen in 2023—approximately 66 per cent of the total population. Protection needs in particular remain prevalent, with some 17.7 million people estimated to need protection services in 2023.

The food security situation remains precarious. While projected food insecurity levels in the later part of 2022 were not as severe as anticipated earlier in the year—due largely to the truce, better than expected agricultural conditions and additional donor funding received in the second half of 2022, which enabled agencies to upsurge scaled-down rations—these gains are fragile. It is estimated that over 17 million people experienced acute food insecurity or worse between October and December 2022.²⁸

On the basis of analysis by the Nutrition Cluster and more extensive mid-upper arm circumference (MUAC) screening, cases of malnourished children able to be identified are expected to increase significantly during 2023, with an additional 540,000 children identified as experiencing acute malnutrition unless nutrition and health services are scaled up.

An estimated 15.4 million people need water, sanitation and hygiene (WASH) assistance and services. Needs are especially prevalent in areas where new displacements to urban areas have overstretched the existing WASH service capacity. Districts around active frontlines have faced acute WASH needs for years, especially Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Marib, Shabwa and Ta'iz governorates, where 5.1 million people (including 1.4 million displaced people) have WASH needs.

An estimated 7.5 million people, many of whom are in diverse displacement settings, live in inadequate shelter conditions. These conditions include inadequate or lack of access to essential household items and basic services such as healthcare, protection, WASH and education. While the overall shelter PiN remains the same from 2022 to 2023, the percentage of people in acute need increased by 23 per cent.

Lack of access to essential services and support heightens various risks, including violence and exploitation, especially for women and children and other vulnerable populations. The ongoing conflict and economic deterioration have compromised people's access to health services. In 2023, the number of people in need of health services remains nearly the same as in 2022, with a slight decrease in overall PIN from 21.9 million to 20.9 million in 2023 but an increase by 2 per cent in acute PIN. More than 8.6 million school-aged children will need education assistance in 2023.

Population Group 1: Internally Displaced Persons

TOTAL POPULATION	PEOPLE IN NEED/TARGET
4.5M	3.1M

An estimated 4.5 million people have been displaced by the end of 2022. Many of them have been displaced multiple times since 2015, placing Yemen in the top six internal displacement crises globally. In 2022, the UN Rapid Response Mechanism (RRM) registered newly displaced families in 21 governorates (232 districts), 63,876 households (447,132 individuals). Among those newly displaced, 62 per cent (275,814 individuals) were displaced due to conflict. More than

170,450 (38 per cent of overall) new and secondary displacements occurred due to floods from July onwards, with Hajjah and Al Hodeidah governorates receiving almost 60 per cent of the total number of people displaced.²⁹ Displaced persons experience compounding vulnerabilities, including often sub-standard and hazardous living conditions, limited access to essential items and services, and high risk of further displacement due to climate risks and eviction threats. While the truce significantly decreased new conflict-related displacement in 2022, by 76 per cent during the six-month truce period compared to 2021, at the same time there was an alarming 93 per cent increase in flood-related displacement during the same period³⁰ and overall protracted displacement figures increased to 4.5 million³¹ from 4.3 the year before.³² More than three quarters of all displaced persons in Yemen are women and children³³ and at least 26 per cent of displaced households are female-headed.³⁴

Population Group 2: Muhamasheen

TOTAL POPULATION	PEOPLE IN NEED/TARGET
3.2M	3.2M

Constituting some 10 per cent of Yemen’s population, the Muhamasheen community is a Yemeni minority largely settled in the major cities such as Sana’a, Aden, Ta’iz, Mukalla and Al Hodeidah. The Muhamasheen have long suffered from discrimination, social exclusion and reduced access to public services, further compounded by intersecting identities, such as being displaced and/or women.

Many Muhamasheen do not hold identification documents, obstructing access to livelihoods and essential services. Women are often further marginalized; nearly 40 per cent of Muhamasheen women have never attended school³⁵ and cases of GBV against Muhamasheen women are more prevalent.³⁶ Children in the Muhamasheen community often do not attend regular education, perpetuating inter-generational cycles of poverty.

Most people residing in IDP hosting sites belong to

the marginalized Muhamasheen community, who have been systematically excluded from accessing formal land and housing markets. Compared to other Yemeni internally displaced people, Muhamasheen IDPs are more likely to seek shelter on farmland, in public spaces or in other places with sub-standard living conditions, as longstanding social prejudices mean that local communities in areas of arrival are less willing to host displaced Muhamasheen.

Population Group 3: Persons with Disabilities

TOTAL POPULATION	PEOPLE IN NEED	TARGET
4.9M	3.2M	2.6M

Globally, the World Health Organization (WHO) estimates that persons with disabilities comprise 15 per cent of any country’s population; given the high level mine and UXO presence in Yemen it is certainly higher there. Persons with disabilities are disproportionately impacted by the conflict and natural hazards. They lack representation to advocate for their rights and needs and have few opportunities for meaningful livelihoods. Social services for persons with disabilities were effectively suspended in Yemen in 2015 due to the conflict.^{37 38} Only a fraction of the 300 local organizations previously serving the needs of persons with disabilities remain in Yemen to provide services for persons with disabilities.³⁹ Available services are often not sufficiently equipped to address the specific needs of persons with disabilities and service staff often lack appropriate knowledge to provide adequate support, including for women and girls with disabilities, who are in addition highly vulnerable to protection risks including GBV.⁴⁰

1.2

Strategic Objectives, Specific Objectives and Response Approach

The 2023 humanitarian response will be prioritised, better integrated, and promote and ensure compliance with humanitarian principles.

Prioritised humanitarian response: the scope of the HRP is determined by the following factors:

- PiN identified in the HNO
- Analysis in the HNO of the severity, magnitude, underlying causes, trends and projection of humanitarian needs
- Review of the various population and sub-population groups
- Priority locations, based on the severity of need
- People's choices—informed by the outcomes of community perception consultations and the collective feedback mechanism throughout the humanitarian programme cycle
- Capacity to deliver

Integration of cross-cutting issues: Various working groups and networks will work to ensure meaningful integration of cross-cutting issues in the implementation of the 2023 HRP. As per the IASC Protection Policy, the Protection Cluster and its specialized areas of responsibilities (AoRs) will continue to support protection mainstreaming by other clusters, with support from the Inclusion Task Force (ITF) on issues of disability, older persons and the Muhamasheen community. Similarly, the Gender Standby Capacity Project (GenCap), through gender advisors, will ensure integration of gender and age responsive approaches across all aspects of the response. During the implementation of this HRP, partners will consider conflict sensitivities and localization as key response approaches.

Integrated response initiatives intentionally combine sectoral interventions to improve humanitarian outcomes. The humanitarian response currently has five key integrated response initiatives (detailed further in section 1.4) which will be retained and further strengthened during 2023:

1. Integrated famine risk reduction (IFRR)
2. Mental health and psychosocial support (MHPSS)
3. An integrated response to prioritized internally displaced persons hosting sites
4. Public health integrated response
5. Multi-purpose cash assistance (MPCA)

Decentralisation of the response: In line with the recommendations of the IAHE, the humanitarian community in Yemen will in 2023 focus on fostering partnerships and engagement with key interlocutors, while strengthening decentralized response efforts as close as possible to those most in need, taking into account convergence of needs, the specific access constraints and operational capacities. The HCT, supported by the ICCM and its working groups, will also improve the linkages between sub-national and national coordination mechanisms, through enhanced area-based coordination.

The humanitarian response will continue to rely significantly on local organizations to assist people most in need in remote, hard-to-reach and desert areas. Despite ongoing support to **local organizations**, operational capacities and funding remain overstretched, and under-supported due to a number of operational and security risks. In line with the Grand Bargain commitments on localization, the HCT will work towards removing barriers that prevent

partnerships with local and national NGOs, support their inclusion in coordination mechanisms, and develop their institutional capacities.

Emergency Preparedness and response: Vulnerable populations continue to be impacted by shocks induced by conflict, climate and displacement.

Hub-based planning will continue to be a key pillar of preparedness for conflict induced impacts. In light of dramatically increasing climate induced crisis, in 2023,

humanitarian actors plan to pilot **anticipatory action** activities to cover 168 districts in 19 governorates, aimed at providing timely and collective humanitarian action and minimizing the impact of flooding on vulnerable populations living in susceptible areas. Enhanced risks analysis, pre-positioning supplies and building capacity of local partners, will support both climate and conflict crisis preparedness activities.



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Strategic Objective 1:

Reduced morbidity and mortality of crisis-affected women, girls, boys and men through life-saving multisectoral humanitarian assistance

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENT
14M	3.4M	7.1M	2.1M	\$2.7B

Rationale and intended outcome

Life-threatening conditions are decreased through lifesaving cluster, multi-cluster and integrated humanitarian interventions, including in relation to food insecurity and malnutrition, epidemics and vaccine-preventable diseases, child and maternal deaths and trauma, as well as protection risks (also addressed under SO3).

Specific objective 1.1: Continue fighting to keep famine at bay while also mitigating acute food insecurity and malnutrition through timely and geographically integrated, multi-sectoral lifesaving responses targeting people of all ages and genders.

Under this specific objective, 14 million people are targeted with humanitarian food assistance, nutrition services and emergency WASH provision. The response will focus on geographic areas and population groups that are identified as having a high severity of food insecurity (IPC 3 and above) and high malnutrition prevalence. The IFRR initiative—which brings together food security and agriculture (FSAC), nutrition, health and WASH clusters—will jointly prioritize geographic locations for provision of an integrated response to address life-threatening conditions driven by acute food insecurity and malnutrition.

In complementarity with these efforts, in accordance with the UNSDCF, development and peace partners in Yemen will implement various activities to address some of the underlying causes of food insecurity and malnutrition. These activities include investment in livestock, agriculture and fisheries to support local food production, water management and water infrastructure development, and sustainable environmental management.⁴¹

Specific Objective 1.2: Prevent, mitigate, and respond to epidemic-prone and vaccine-preventable diseases; improve reproductive health and reduce maternal and child deaths; respond to people with conflict-related injuries, including from landmines and explosive remnants of war; and provide adequate mental health and psychosocial support to the affected population through a multisectoral response.

In conjunction with Yemen's depleted healthcare system, the lives of millions of Yemeni are threatened by epidemics and vaccine-preventable diseases. In response, agencies will continue implementing outbreak surveillance, prevention and treatment activities. The response will also focus on reproductive health and related activities, aiming to reduce maternal, new-born and child deaths, and respond to the healthcare needs of GBV survivors.

An integrated response under MHPSS will include interventions from education, protection and health clusters. Activities to mitigate the risks of civilian casualties due to landmines and ERWs will be undertaken, including survivor assistance. Protection activities for populations of concern will be strengthened, including prevention and mitigation of rights violations through advocacy, community-based interventions, efforts to improve access to civil documentation and realization of housing, land and property (HLP) rights; humanitarian mine action; and the provision of specialized services for women and children.

Essential pre-positioning and distribution of shelter and NFI contingency stocks is critical for a successful emergency response, and includes NFIs, emergency shelter and shelter repair kits. Shelter preparedness actions are vital to ensure the affected population is insulated from harsh winter weather and natural disasters contributing to a safe and secure physical living environment and improving communities' resilience.

Specific Objective 1.3: Reduce the adverse effects of climate change and natural and human-made disasters on affected people of all ages and genders, including newly displaced persons, through enhanced lifesaving, multisectoral response.

Agencies will carry out timely responses to save lives of people displaced due to conflict or natural disasters such as flooding. RRM will ensure the immediate delivery of lifesaving, multi-sectoral interventions to newly displaced people, especially the most vulnerable. Humanitarian partners will advocate with development actors for improvements to the water network, and maintenance and oil transfer plans for the floating storage and offloading (FSO) Safer, an aging vessel moored off Yemen's Red Sea coast, which is at risk of an oil spill or explosion. Such an event risks intensely impacting hundreds of thousands of people, fisheries, the environment and several countries' coastal areas.



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Strategic Objective 2:

Improved living standards and resilience of crisis-affected vulnerable women, girls, boys and men through timely and safe provision of assistance

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENT
2.8M	0.7M	1.4M	0.4M	\$1.1B

Rationale and intended outcome

Humanitarian agencies will provide specialized and integrated programming aimed at ensuring the quality and adequacy of services to address the most critical needs and strengthen social cohesion and peaceful co-existence. The response under this strategic objective will focus on activities that support essential service provision, livelihoods and other activities that will contribute to building the resilience of affected people.

The humanitarian response under this specific objective will benefit from complementary development and peacebuilding activities as outlined under the UNSDCF's second outcome. Strengthening national institutions, women's empowerment and civil documentation support for internally displaced people will increase vulnerable people's access to basic services and facilitate humanitarian service delivery.

Specific Objective 2.1: Improve living standards and ensure safe access and dignity of vulnerable people of all ages and genders by providing livelihood, inclusive and quality essential services, and adequate multi-sectoral assistance.

Under this objective, assistance will be provided to ensure safe access and quality basic services to displaced and non-displaced populations affected by the crisis, including refugees and migrants.

Humanitarian partners will provide integrated multi-sectoral essential services programming, including in WASH, shelter and non-food items (NFI), education, health, and camp coordination and camp management (CCCM). Specific activities include provision of NFI solutions, localized emergency shelters, rental support, shelter maintenance and upgrades, and settlement planning support.

Specific Objective 2.2: Strengthen durable solutions, secure tenure, and resilience for displaced populations, returnees, most vulnerable host communities, refugees, and migrants, through multisectoral initiatives.

Advancing durable solutions for protracted IDP and returnee settlements is a priority in the 2023 response. This objective focuses on providing durable solutions by prioritizing humanitarian activities that promote resilience and self-sufficiency, such as access to civil documentation and HLP rights, transitional shelter, house rehabilitation and house reconstruction, that would reduce families' dependency on humanitarian assistance in the longer-term. It also includes humanitarian mine action and other activities that facilitate integration or safe and dignified voluntary returns, where they are possible.

Strategic Objective 3:
Prevent and mitigate protection risks and facilitate redress for women, girls, boys and men, especially the displaced and most vulnerable civilians, through building resilience, provision of humanitarian assistance, specialized protection services and advocacy

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY	REQUIREMENT
4.7M	1.1M	2.4M	0.7M	\$0.47B

Rationale and intended outcome

Humanitarian partners will ensure protection is elevated through high-level action by humanitarian leadership, as well as mainstreamed across clusters’ programmatic interventions. Clusters will ensure full inclusion of and respect for the rights of minorities, women and children, persons with disabilities and older people, as well as equitable access to assistance for affected populations. Immediate protection needs of people with specific vulnerabilities—such as children, GBV survivors, people with disabilities and those at risk of exclusion—will be addressed through direct protection programming and multisectoral responses to ensure holistic support. Partners will increase safe access to case management, legal counselling and representation, and access to economic opportunities and services. The protection capacity of humanitarian actors, duty bearers and community networks will be strengthened.

Specific Objective 3.1: Uphold commitments to centrality of protection by mainstreaming protection procedures that support inclusion, participation, and full access to quality and principled services without discrimination across the humanitarian response.

Under the HCT’s leadership, humanitarian partners will work to implement joint action on key protection issues identified in the 2023 HCT Centrality of Protection Strategy, including ensuring full access to quality and principled services without discrimination.

Specific Objective 3.2: Quality, specialized and integrated protection services address lifesaving protection needs, such as access to civil documentation, HLP rights, Mental Health and Psychosocial Support (MHPSS), child protection critical services and case management, while reducing the impact of ERWs, with the provision of specialized and targeted protection services for people at risk of and experiencing violence, exploitation and abuse, as well as capacity building and advocacy.

Humanitarian partners will provide survivors and people at risk of violence, exploitation and abuse with integrated, community-based and targeted protection services, including psychosocial support. Specific activities will include the provision of timely support to crisis-affected people with damaged or missing civil documentation, as well as advocacy aimed at preventing GBV and specialized services for survivors. Partners will also increase focus on humanitarian mine action, including through increased ERW awareness raising activities and assistance to victims to reduce the impact of explosive hazards on civilians and humanitarian access.

1.3 Management Objectives 2023

The Management Objectives (MOs) of the 2022 HRP were well-received by the HCT, donors and humanitarian partners and significant progress has been achieved on most of them. The MOs that have not been fully completed have been taken forward in the 2023 HRP along with new actions.

With the aim of accomplishing the three strategic objectives of the 2023 HRP and to enable its effective implementation, and range of issues concerning it, including the actions committed in the Management Response Plan (MRP) by the HCT in response to the Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis recommendations,⁴² the following MOs have been developed. They are set out as key priorities of the HCT under the leadership of the Humanitarian Coordinator. The management objectives are

complementary to the HCT Terms of Reference (ToR) and the Yemen HCT Compact, and the Management Response Plan which built upon existent initiatives to improve quality of humanitarian response, with special focus on key strategic areas. Through the development of the performance indicators for each of these objectives, the HCT will continually monitor progress against each of these objectives and will operationalize them, with the support of the proposed forums in the proposed timeline. The focus in 2023 is to move beyond the processes and policy frameworks and to put actions rolling on these priority areas.

Overall objective: Enhanced leadership on specific strategic areas of focus in order to achieve desired impact.

1. Centrality of Protection (CoP) is placed at the core of all strategic, as well as operational response, including (but not limited to) via development of an HCT CoP strategy with a limited set (2-3) of clear protection priorities,⁴³ which will be advocated for as one, by the HCT and the wider humanitarian partners.

In line with the IASC policy on Protection in Humanitarian Action, the IASC principals' statement on the Centrality of Protection and the UN Secretary-Generals' call to action for human rights, the HCT will ensure the Centrality of Protection at all stages of humanitarian response. Informed by the analysis of the Protection Cluster and other relevant lead agencies, critical protection priorities will be laid out in the HCT Protection Strategy and taken forward for high-level advocacy by the HCT in 2023.

1.1 Strengthened capacity and accountability of collective protection response through development and operationalization of CoP Strategy, accompanied by an implementation plan and the CoP monitoring framework for HCT to monitor the progress and take necessary action.

Lead agencies will present a Critical Protection Issues (CPI) Note to the HCT and the HCT will regularly monitor progress on Centrality of Protection (CoP) with changes in indicators identified in CoP monitoring framework to ensure strengthened capacity and accountability of the collective protection response.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Draft HCT CoP strategy package ⁴⁴ is shared Q1 2023 and is endorsed and operationalized	HCT Protection lead agencies, ProCap, Protection Cluster and AoRs	Q1 Endorsement Q1-Q4 2023 Operationalisation
CoP strategy progress updates for the HCT	HCT Protection lead agencies, ProCap, Protection cluster and AoRs	Q2 and Q4 2023

1.2 Mine action is well-coordinated and scaled-up in a timely manner at this pivotal juncture, as rising ERW incidents have been recorded, to save lives and promote economic activity through improved humanitarian access.

In October 2022, consultations were held with humanitarian partners regarding opportunities and challenges for a potential scale-up of mine action activities in Yemen. The UN Resident and Humanitarian Coordinator (RC/HC) will lead this scale-up, with a potential deployment of an UNMAS capacity to Yemen, and open discussions with international and local authorities to acquire permissions to import critical mine action equipment and supporting existent technical level coordination mechanisms. The essential prerequisites to scale up are sufficient funding for mine action, increased operational partners' presence and improved access in areas under AA-control.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Percentage increase in mine action funding	HCT HC/Mine Action AoR	Q1-Q4 2023
Increase in number of operational partners' presence	HCT HC/Mine Action AoR	Q1-Q4 2023
Increase in number of square of meter of land surveyed and cleared	HCT Mine Action AoR	Q1-Q4 2023
Increase in number of girls, boys, women and men attending Explosive Ordnance Risk Education sessions	HCT Mine Action AoR	Q1-Q4 2023

2. Ensuring meaningful access and preserving humanitarian space in line with humanitarian principles in order to overcome threats to operational independence.

As recommended in the MRP, a better collective approach to mainstreaming humanitarian principles will be developed, so that agencies establish ways to work in unison when confronted with political threats to operational independence. This will include but is not limited to development and operationalization of Joint Operating Principles (JoP), Collective Positions and Red Lines, as well as accountability structures. This work will be culmination of the HCT's Access Strategy, Advocacy Strategy and CoP Strategy, where concrete joint advocacy will be undertaken to protect operational space.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Development and operationalization of HCT Joint Operating Principles	HCT JoP development- Humanitarian Access Working Group and OCHA Advocacy- HC and HCT HCT Advocacy Group	Q1 2023
Number of collective high-level engagement with GOY in Aden and authorities in Sana'a on various issues such as sub-agreements (SAs), needs assessments, importation procedures, visas, mahram, staff travel, other bureaucratic impediments, aid interference and protection of humanitarian personnel and assets.	HCT HC and HCT members HCT Advocacy Group	throughout 2023

3. Coordination architecture is improved and optimized for a streamlined and coherent operational coordination and to foster a stronger collaboration with improved efficiency of information flow and decision-making for an efficient humanitarian response.

Undertake a review of the coordination architecture to streamline national and local coordination bodies, reporting mechanisms and improve the efficiency of information flow and decision-making. Further strengthening the decentralisation of the response at hub levels, including by greater participation and engagement by national NGOs and enhancing area-based planning will be explored.

Collaboration on key issues such as famine risk prevention will be enhanced through joint working on dynamic monitoring system⁴⁵ that will draw the attention of the HCT and donors towards deteriorating contexts, with a set of emergency indicator and threshold updated monthly. The monitoring tool will cover information of the emerging changes on the ground at the district level identifying evolving worsening situations. Maps informing of high severity and emergency contexts will be elaborated to support the decision process.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Coordination architecture review takes place addressing above-mentioned concerns	HCT, ICCM, RCT/ Information Management and Assessment Working Group (IMAWG) HC with support of ICCM, OCHA	Q1-Q2 2023
IFRR/Joint Monitoring Framework (JMF)/ Yemen Food Security Crisis Preparedness Plan (YFSCPP) monitoring platform is developed with alert system	HCT IFRR Coordinator, FSAC, Health, WASH and Nutrition cluster together with WFP, FAO, UNICEF and WHO	Q1 2023

4. Build further on the humanitarian- development-peace coordination in Yemen, with improved inter-linkage of programming to increase the resilience of communities, with the goal of sustainable impacts for affected populations, particularly for impactful collective responses in the areas of climate change, food insecurity and population displacement, to address the underlying drivers of humanitarian needs.

The 2022 MRP highlighted HDP nexus as a key action. The 2022 and 2023 HRP identified resilience building as one of the key strategic objectives. Two HCT complementary bodies—YPG at the strategic level and its technical clusters, YPTT—have been set up to lead the discussion on the donor side with focus on development. A humanitarian-development-peace nexus (HDPN) strategy was drafted in 2019. Sector-specific collaborations that are outlined under the cluster chapter in the HRP will benefit from the revision of the HDPN strategy and development of a broader framework to inform further work, as well as the initiation of a modality of joint work between YPTT and the humanitarian clusters of the ICCM.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Collective outcomes are developed for Yemen	YPTT and ICCM UN Resident's Coordinator Office (RCO)	Q1-Q2 2023
YPTT has active participation and information sharing from ICCM to establish linkages across response with development interventions	YPTT and ICCM	Q1-Q2 2023



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5. Holistic quality response to the Internally Displaced Persons

5.1 Better displacement tracking of the IDPs and returnees to inform an accountable response to displaced populations. Specifically, the HCT will aim to systematically track displacement and returnee movements across the whole country, including in the north-west of Yemen through resumption of the displacement tracking matrix (DTM) for more reliable data on displaced people and returnees to inform the response.

The HCT will focus on strengthening the coordination and policies around inter-operability of data, data sharing, analysis and overall information management. Along with enhanced nationwide assessments, area-based assessments, CCCM site assessments and inter-agency monitoring missions will be encouraged and supported.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Advocacy and secure funding for DTM re-activated in the North-West	HCT HC, IOM	Q1-Q3 2023

5.2 IDPs supported by coordinated action to access Durable Solutions to minimize their need for specific assistance and protection linked to their displacement, to take action to prevent displacement and to reduce its duration, with the support of development actors.



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The HCT Compact commits to the development of a framework for durable solutions. In addition, the recent UN Secretary General’s Action Agenda on Internal Displacement provides clear overarching goals and guidance on durable solutions for the IDPs and any strategy or policy developed so far needs revision in the light of this guidance note. The HCT, under the stewardship of the RC/HC, will support the operationalization of Durable Solutions.

Yemen is one of the pilot countries under Workstream 3 of the Special Advisor on Internal Displacement’s workplan to be operationalized through the work of a local country work plan, with specific activities by different agencies laid out in detail by the Yemen Durable Solutions Working Group under RCO

auspices. To break the cycle of protracted and repeated displacement, support to safe and dignified returns where possible, in addition to integration, while recognizing national authorities’ primary duty bearer role in protecting and serving IDPs seeking durable solutions.

PERFORMANCE INDICATORS	FORUM/LEAD	TIMELINE
Specific durable solution activities laid out under the Durable Solutions Working Group and operationalized for 2023	Durable Solutions Working Group RCO	Throughout 2023

Progress Update: 2022 Yemen Humanitarian Response Plan - Management Objectives

PERFORMANCE INDICATORS	FORUM	TIMELINE	STATUS	NOTES
M01: LESSONS LEARNED ARE CONTINUALLY INTEGRATED INTO THE ONGOING RESPONSE TO ENSURE ACCOUNTABLE AND EFFECTIVE HUMANITARIAN ASSISTANCE.				
Action plan for IAHE developed in Q3 2022 is monitored quarterly	HCT	Q2-Q4, 2022	Completed	The IAHE MRP has been developed, the first quarterly monitoring report has been produced. Continuous work is ongoing to implement the IAHE recommendations in the humanitarian response
M02: ENHANCED ACCOUNTABILITY TO AFFECTED POPULATION (AAP) INTO RESPONSE PLANNING, DELIVERY, AND MONITORING.				
Yemen HRP Community Engagement (CE) and Accountability to Affected People (AAP) Working Group is operational	CEAAP Working Group (WG)	Q2, 2022	Completed	The CEAAP WG is fully operational since May 2022 .
Response-wide Collective Feedback Mechanism System framework is established to collect, analyse and report agencies/clusters' complaints and feedback for the HCT overview and guidance, and perception surveys are undertaken	CEAAP WG	Q2-Q4, 2022	Completed/ Underway	The Collective Feedback Mechanism (CFM) platform has been developed through consultations and first analysis is expected in December 2022. Community Perception survey is finalized.
M03: IMPROVED INTER-LINKAGE OF HUMANITARIAN, DEVELOPMENT, AND PEACE PROGRAMMING				
HDPN forum is operational in Yemen and HDPN strategy is developed and endorsed	HDPN Forum	Q2-Q4, 2022	Completed/ Underway	YPG, YPTT formed, further developments underway.
Durable Solution Working Group (DS WG) is operationalized	DS WG	Q2, 2022	Completed	DS WG is formulated. First launch meeting took place in Nov 22
M04: IMPROVE THE QUALITY OF HUMANITARIAN RESPONSE AND OVERSIGHT.				
Nation-wide assessments are conducted and form the basis for the HPC 2023	ICCM, Information Management and Assessments WG	Q3-Q4, 2022	Underway	Separate note on assessment update
2022 HRP monitoring framework is developed and implemented	ICCM	Q2-Q4, 2022	Completed	
M05: STRENGTHEN COLLECTIVE RESPONSE AND ADVOCACY				
HCT Advocacy strategy is developed and implemented	HCT	Q2/Q2-4, 2022	Completed/ Underway	Advocacy Strategy endorsed in Dec 2022
HCT Access strategy is updated and implemented	HCT/HAWG	Q2/Q2-Q4, 2022	Completed/ Underway	Access strategy endorsed in January 2022
M06: THE CENTRALITY OF PROTECTION				
HCT Centrality of Protection strategy and work plan are developed and implementation is monitored at least on a quarterly basis if not more regularly	HCT/Protection Cluster (Potential Implementation Support Group)	Q2-Q4, 2022	Underway	The Protection Cluster has formed a technical working group to work on developing the HCT centrality of protection strategy, draft strategy to be finalised by the end of Q1 2023

1.4

Integrated Response Initiatives

Integrated response initiatives intentionally combine sectoral interventions to improve humanitarian outcomes in Yemen.

The Integrated Famine Risk Reduction (IFRR)

The overall objective of the IFRR is to prevent famine and mitigate hunger by increasing access to food, lifesaving supplies and services, increasing purchasing power and advocating for the measures that bring economic stability. The IFRR, supported by Food Security and Agriculture, Nutrition, Health and WASH Clusters, will define priority targeted locations and selection criteria informed by the SMART surveys, IPC and MICS and other jointly agreed-upon criteria, such as disease outbreak. Areas of the West Coast, Marib, Sa'ada and Al Jouf are among the geographic locations already identified as having a clear confluence of severity and vulnerability. The IFRR will continue to be an instrument for a multisectoral response for the non-displaced, crisis-affected population.

Mental Health and Psychosocial Support (MHPSS)

The MHPSS technical working group facilitates an integrated MHPSS response. Health, Education and Protection Clusters together with the Child Protection and GBV AoRs constitute the MHPSS Technical Working Group. The technical working group works to provide comprehensive support to some 8 million people in need, requiring direct access to mental health treatment, while more than 90 per cent of the population require some form of MHPSS due to the harsh living conditions. The MHPSS technical working group will continue working with relevant partners, coordination bodies and local authorities to ensure that the response is comprehensive with MHPSS being integrated as an essential part of the humanitarian response. The four main priorities are: 1) provision of MHPSS services at community-based level; 2) capacity building of partners with a focus on frontline workers and first responders; 3) service mapping; and 4) referral pathway.

An integrated response to prioritized internally displaced persons hosting sites

A joint initiative by CCCM, Shelter/NFI and WASH clusters seeks to identify priority hosting sites and pilot integrated multi-sectoral responses. This joint initiative targets suitable spontaneous settlements to enhance standards and quality of service for both internally displaced people and the host communities through an integrated multisectoral approach, promoting longer-term resilient outcomes. The approach will start with the implementation and support from multisectoral partners and will also provide capacity building training to enable them to self-manage the situations related to CCCM, shelter/NFI and WASH issues.

Public Health integrated response

Health, Nutrition and WASH clusters co-locate priority response areas based on the number of acute people in need, cross-sectoral severity scores and latest findings from surveillance data to extend effective multisectoral response activities. They also engage other clusters, including CCCM, Education and Protection, wherever applicable, so that multisectoral needs can be collectively addressed.

Multi-Purpose Cash Assistance (MPCA)

MPCA is instrumental in promoting an integrated response strategy. Details are provided in the MPCA chapter in this HRP.

1.5 Response Approaches

Response analysis is a joint inter-sectoral process that facilitates the identification of appropriate, relevant and feasible interventions and modalities to respond to the humanitarian needs of population and sub-population groups, as identified in the Humanitarian Needs Overview. This annexed section details the response analysis process, in complement to the summary of key outputs of the response analysis, which were detailed in Part 1 of the HRP.

Response analysis framework

Humanitarian needs analysis from the HNO was used to determine the scope of the HRP. People in need, causes and driving factors of needs, severity, magnitude, trends and projections identified in the humanitarian needs analysis, and people's own priority needs were then used to formulate an initial set of inter-sectoral strategic objectives for the HRP. These strategic objectives in turn informed the inter-sectoral specific objectives and cluster objectives.

Following agreement on strategic, specific and cluster objectives, clusters and ICCM reviewed the range of interventions possible to address identified needs and barriers, and their causes, for the various population groups and locations to select those that will meet these needs most effectively and efficiently, and how to target them.

Synergies and efficiencies were encouraged by the scaling up of integrated (combined), layered (simultaneously in the same geographic locations) and sequenced multi-cluster response to meet or reduce needs in the most effective and efficient manner to serve the most vulnerable populations.

Factors of humanitarian condition targeted for response and rational

The 2023 HRP continued focusing on lifesaving interventions for the most vulnerable. However, it adapted to the changing context in Yemen and the

increasing need to bridge the humanitarian response to strengthening household/community resilience. The 2023 HRP therefore included a growing focus on building community resilience, contribution to durable solutions and sustaining services.

Yemen's humanitarian crisis is deeply protracted. Yet, 2022 brought changes that must be recognized. As a result of the truce 2 April to 2 October, casualties and displacement declined, fuel became more regularly available in AA –controlled areas, and the exchange rate stabilized throughout the country. The UN also adopted the Development Cooperation Framework⁴⁶ and proposed an Economic Framework for international assistance to Yemen. The IAHE report emphasized the need for durable solutions, and the following MRP and management objectives outlined in the 2023 HRP highlight the humanitarian community's commitment to promote this shift.

Prioritization

The appropriateness, relevance and feasibility of various response activities and modalities were assessed using market feasibility, people's own priorities, barriers to access, the capacity to deliver and how the proposed interventions relate to the priority needs, risks and barriers identified.

Use of multi-purpose cash is a favoured response option to meet basic needs and one that meets crisis-affected populations own preferences as expressed in surveyed households. Over 80 per cent of households reported that essential items are available in nearby markets, they simply lack the money to access them. The scale-up of cash assistance is feasible and will be encouraged, given that markets are functioning and financial service providers are operational, even in hard-to-reach areas.

Targeting approach

The scope of HRP targeting is determined by PiN identified in the HNO; analysis in the HNO of the severity, magnitude, underlying causes, trends and projection of humanitarian needs; review of the various population and sub-population groups; priority locations, based on the severity of need; people's own priorities informed by the outcomes of community perception consultations and the collective feedback mechanism throughout the Humanitarian Programme Cycle and the capacity to respond.

Targeting approaches in the Yemen HRP focus on demographic targeting which is based on vulnerability criteria and links up with needs and response analysis processes and geographic targeting. Demographics targeted include for example newly displaced, persons attempting to return with protection and security vulnerabilities, female-headed households, vulnerable migrants and refugees. Geographic targeting is also used, for example JIAF and IFRR severity, as well as sectoral-specific severity assessments.

Gaps and limitations

Streamlining bureaucratic impediments and sustained and scaled up humanitarian funding is needed across sectors to avoid losing the gains made in 2022.

A dearth of funding for development activities and resilient humanitarian action has slowed the movement towards the use of more durable solutions on both political and financial grounds. Humanitarian actors, especially in the Durable Solutions Working group and YPG will work with development counterparts to continue to concretely show that, while durable solutions may require more substantial upfront investments, they quickly provide mid-term and long-term savings to scarce response resources, as well as improve quality of response.



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1.6

Costing methodology

The 2023 HRP utilizes unit-based costing. This method applies average costs for the delivery of different units of humanitarian goods or services, with harmonized costs per sectoral activity, person served or item delivered.

In calculating the estimated costs for each cluster, the 2022 costing methodology has been revisited and reassessed, key factors and challenges for 2023 have been evaluated, approach and methodology have been agreed through Strategic Advisory Groups (SAGs) and related technical working groups in a consultative process, and the overall approach has been harmonized through ICCM.

Yemen's economic situation has remained bleak over the course of 2022. In calculating specific activity costs, consideration was given to a number of economic factors, including recent increases in global supply chain prices and local costs of goods and services, as well as inflation and continuing fluctuation of the Yemeni Rial. Calculating the inflation factor for 2023 included consideration of separate exchange and inflation rates in areas under the control of the GoY and AA. Rising costs of unit activities across the board are linked to the economic factors outlined above.

Clusters also considered the scale of the response and the specific geographical coverage of the planned activities. Challenges related to transportation, specifically to hard-to-reach areas, were factored in. Fuel and transportation costs have increased significantly throughout 2022. Specifically, petrol and diesel prices increased by 5 and 15 per cent respectively in AA-controlled areas and by 50 per cent in GoY-controlled areas, compared to 2021.

Across Yemen, access challenges also contributed to increased implementation costs, including as a result of bureaucratic impediments, such as sub-agreement approval delays, as well as threats to staff movement and safety.

Clusters maximize cost efficiency, while ensuring the quality of services. HRP programs capitalize on existing infrastructure, ensure quality with specialized agencies and increase the speed of delivery. Capacity building initiatives for national staff and increased strategic and operational reliance on national organizations support the efficient utilization of resources in the short term and promote sustainability.

In planning for the response in 2023, clusters also considered ways to deliver an integrated response to ensure synergies, increase efficiency of response, and its impacts and maximize resources.

Likewise, to ensure cost effectiveness, support local markets and safeguard the dignity of affected people, the humanitarian response aims to adopt the most suitable response modality in each scenario where possible, including cash and voucher-based interventions.

Clusters have strongly prioritized the humanitarian response in 2023, leading to lower numbers of targeted people for most of them. However, the per capita price of activities has risen in most clusters due to local and global economic factors and access impediments, which has in turn slightly increased the overall cost of the response over 2022.

1.7

Planning Assumptions, Operational Capacity and Access

Planning assumptions

Throughout 2023, humanitarian needs are likely to increase and the resilience of vulnerable people to decrease as a result of **poor economic conditions and the ongoing breakdown of basic services**. Key services witnessing deterioration include disrupted health, water and education systems. Economic deterioration is expected to continue due to macroeconomic instability and depreciation of the YER, the de facto separation of economic institutions and issuance of competing monetary policies, dramatic continued decreases in household purchasing power, inflation and high prices (especially of food and fuel).

The absence of a comprehensive settlement of the conflict will remain the key driver of needs and displacement. The six-month long UN-negotiated truce led to a dip in new conflict induced displacement in 2022. While a major escalation in hostilities or military operations had not occurred following its expiry up to the end of 2022, tensions and military flare ups continue to cause casualties and displacement. While the overall number of people who remain displaced due to armed conflict and insecurity did not change substantially at the end of 2022, compared with the previous year, it is unlikely to decrease in 2023.

Access impediments, especially bureaucratic restrictions, and movement restrictions, including mahram requirements that limit movement, will continue to be a top challenge to the efficient delivery of principled humanitarian assistance.

Explosive remnants of war will remain a key issue for the humanitarian workers to reach the people in need and for the affected to access humanitarian assistance or utilize available land for agricultural or other commercial use.

Violent incidents against aid workers, while more limited in number, are outsized in effect. These incidents increased significantly in 2022 especially in GOY-controlled areas and are likely to continue to increase in 2023.

Natural disasters and climate-induced events, such as drought and flooding, are expected to remain another key driver of displacements in 2023. Flooding alone will likely affect over half a million people again in 2023. Flooding induced primary or secondary displacement increased 93 per cent in 2022, with these decade long upward trends expected to continue.

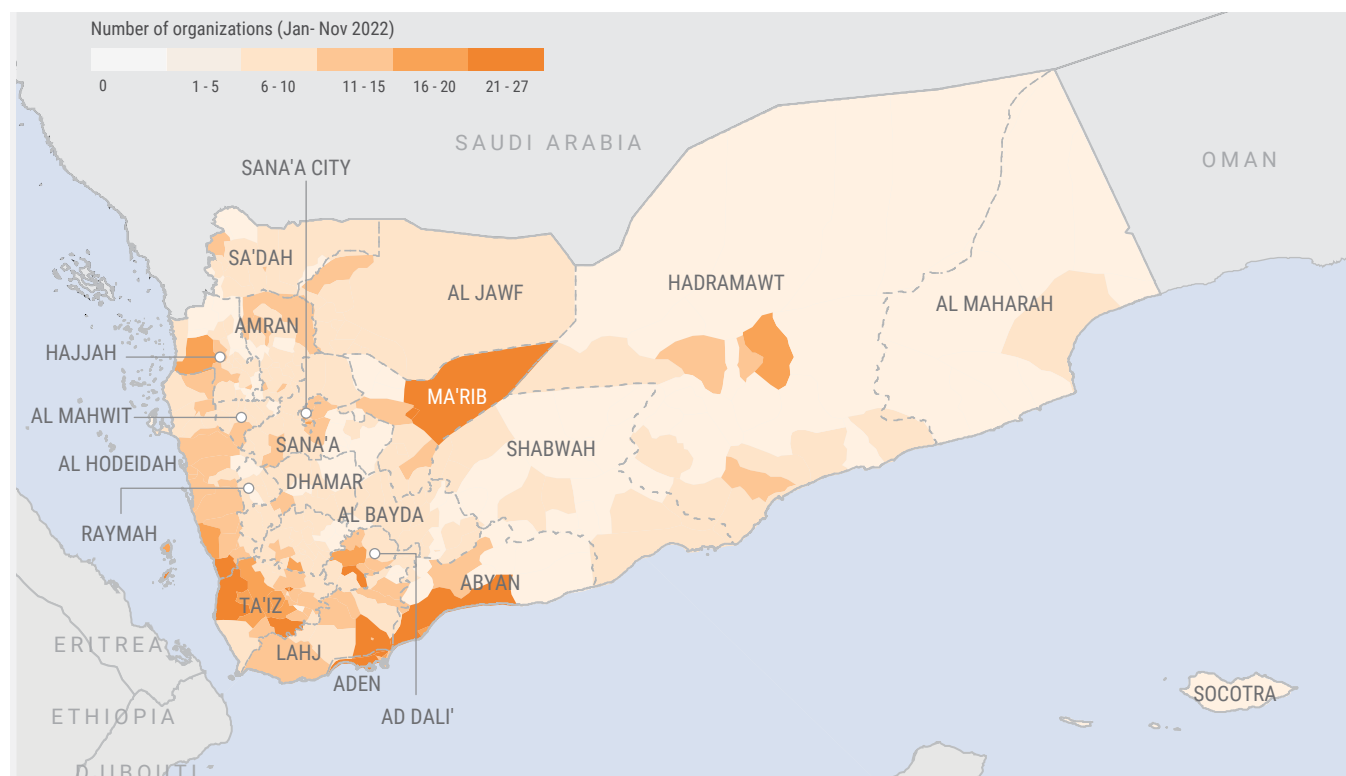
Displacement, as a result of conflict, natural disasters and other events will continue, with projections that another over 378,000 people may well be newly displaced in 2023 and 4.5 million remain in protracted displacement.

Operational capacity

In 2022, 200 **humanitarian organizations** (12 UN agencies, 58 international NGOs, and 130 national NGOs) served across **all 333 districts in Yemen**. A similar number is expected in 2023.

In **some regions with severe needs**, such as Al Bayda, Al Jawf, Shabwah and Al Hodeidah governorates, as well as on the west coast, **limited presence of humanitarian partners** remains a challenge and joint efforts to improve this presence are needed.

Organization presence



As of October 2022

Partners by Cluster/Sector

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Food Security and Agriculture	14.8M	90
Health	12.9M	48
Water Sanitation and Hygiene	9.8M	71
Nutrition	8.8M	43
Protection	8.1M	62
Education	5.6M	84
Shelter/NFI	3.3M	220
Camp Coordination Camp Management	1.1M	22
Rapid Response Mechanism	0.38M	12
Refugees & Migrants Multi-sector	0.3M	15

Partners by Type in 2022

TYPE	NO. PARTNERS
NNGO	130
INGO	58
UN	12

People Targeted and Financial Requirements by Sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	FINANCIAL REQUIREMENTS (US\$)
Food Security & Agriculture (FSAC)	17.3 M	14.8 M	<div><div></div><div></div></div>	\$ 2,200M <div></div>
Nutrition	11.9 M	8.8 M	<div><div></div><div></div></div>	\$ 398M <div></div>
Health	20.3 M	12.9 M	<div><div></div><div></div></div>	\$ 392M <div></div>
Education	8.6 M	5.6 M	<div><div></div><div></div></div>	\$ 278.9M <div></div>
Water, Sanitation and Hygiene (WASH)	15.3 M	9.8 M	<div><div></div><div></div></div>	\$ 270.9M <div></div>
Shelter/ Non-Food-Items (NFI)	7.5 M	3.3 M	<div><div></div><div></div></div>	\$ 250M <div></div>
Protection	17.7 M	8.1 M	<div><div></div><div></div></div>	\$ 225.7M <div></div>
Camp Coordination and Camp Management (CCCM)	1.9 M	1.1 M	<div><div></div><div></div></div>	\$ 78.5M <div></div>
Refugees and Migrants Multi-Sector (RMMS)	0.3 M	0.3 M	<div><div></div><div></div></div>	\$ 70.2M <div></div>
Logistics	-	-		\$ 41.3M <div></div>
Coordination	-	-		\$ 22.4M <div></div>
Rapid Response Mechanism (RRM)	0.38 M	0.38 M	<div><div></div><div></div></div>	\$ 14.7M <div></div>
Emergency Telecommunication Cluster (ETC)	-	-		\$ 3.6M <div></div>



DHAMAR, YEMEN

© Photo: UNHCR/SDF.

Access

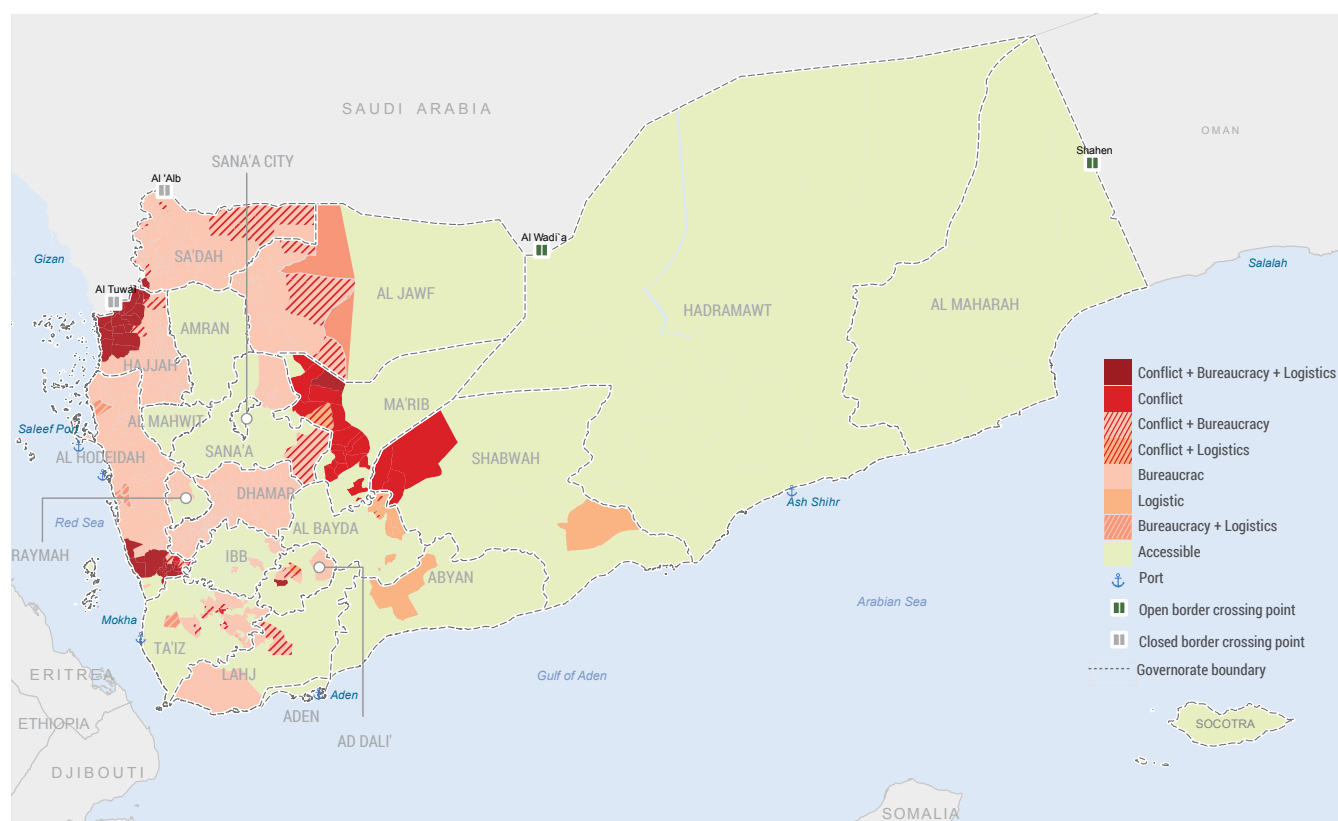
OPERATIONAL PARTNERS	ACCESS INCIDENTS (JAN - DEC)	% OF PEOPLE IN NEED IN HARD-TO-REACH AREAS	PEOPLE AFFECTED BY ACCESS INCIDENTS
200	3,342	49%	5.4M

An estimated 5.4 million – 25 per cent – of the people in need (PiN) across Yemen are affected by access constraints. Most access challenges remain in AA-controlled areas, while concerning security-related incidents, increasingly involving aid workers, have steadily increased in GoY-controlled areas.

Most access incidents remain driven by bureaucratic impediments, mainly by movement delays within the country with some 1146 incidents (35 percent of all incidents) during the year 2022. Of these, 90 percent were recorded in AA-controlled areas, while 10 percent were reported in GoY-controlled areas. Requirements by local authorities for a mahram, a

close male relative, to accompany female Yemeni aid workers severely limit the ability to provide efficient, effective, and principled humanitarian aid. Interference in the implementation of humanitarian activities by the authorities in Yemen is a major challenge and is frequently reported by partners with 212 incidents during the year 2022. This challenge is particularly severe for activities related to protection and gender-based violence prevention and response activities. In 2022, 149 incidents of violence against humanitarian personnel, assets and facilities were reported, the vast majority of them taking place in Government-controlled areas.

Hard to Reach areas



As of October 2022

Landmines and UXO contamination continue to pose a significant challenge, and severely impact the movements of civilians, particularly in Al Hodeidah Governorate (At Tuhayta & Ad Durayhimi Districts). During the year 2022, 244 incidents were reported, causing 278 casualties (157 men, 9 women, and 112 children), an increase of 160 per cent compared to

the same period in 2021. Hostilities have significantly decreased across the country following the truce agreement from 2 April. However, military skirmishes continued near frontline areas, impacting the ability of partners to access these population pockets.



AL HODIEDAH, YEMEN
© Photo: UNHCR/NMO.

1.8

Protection from Sexual Exploitation and Abuse (PSEA), and Accountability to Affected Populations (AAP)

Protection from sexual exploitation and abuse (PSEA)

Sexual exploitation and abuse (SEA) against people who need humanitarian aid is one of the most critical breaches of humanitarian principles and egregious forms of harm that humanitarians can commit against the people that they protect and serve. The Yemen response takes PSEA as a priority.

SEA is persistently underreported in Yemen. Reasons vary from social pressure and fear of stigmatization and reprisal to lack of awareness of reporting channels, scarcity of services, impunity and fragmented coordination among aid organizations. Addressing the gaps in a collective and coordinated manner is the only way to assure the prevention of SEA and an appropriate response to survivors.

The PSEA network, co-chaired by UNICEF and UNHCR under the leadership of the Humanitarian Coordinator, guides the coordination of PSEA activities in 1) prevention and risk mitigation; 2) accessible complaint and reporting mechanism; 3) quality survivor assistance; and 4) accountability and investigation.

To ensure that humanitarian actors have the required capacity in PSEA, the network makes available a series of training courses for its members' focal points. Training on SEA allegation handling standard operation procedures has been conducted in Aden in 2022 and will be conducted in other areas in 2023.

In addition to activities raising awareness, further gaps will be identified and addressed through mapping existing complaint and feedback mechanisms and PSEA service providers, in close collaboration with the protection and health clusters, as well as GBV and AAP working groups. The network will continue working closely with different clusters, working groups and stakeholders to ensure PSEA is incorporated into each sector's response as part of risk analysis and mitigation, referral mechanisms and

systems, and reporting structures and survivor assistance. A mechanism to streamline PSEA reporting to the HCT for their deliberation and action remains a current gap and this will be an area of focus in 2023.

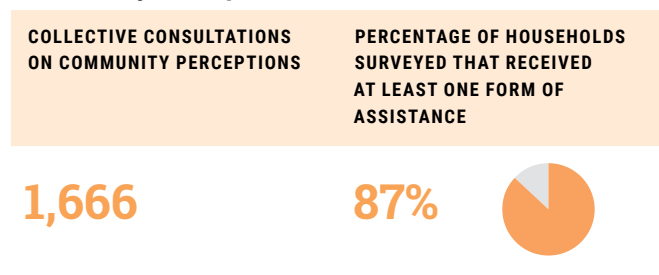
Accountability to affected populations (AAP)

The 2023 HRP prioritizes strengthening the systemwide response for accountability to affected populations. The Yemen HCT is committed to further strengthening its AAP in 2023, building on 2022 achievements. To operationalize this as a collective responsibility, an online platform for systemwide reporting has been developed in the form of the Collective Feedback Mechanism (CFM) and data collection took place in December 2022. This system is being rolled out for the first time as an integral part of the response to ensure all aspects of community engagement and AAP are mainstreamed across humanitarian operations, using a people-centred approach that is regularly monitored and analyzed through an interagency online dashboard.












This approach will strengthen the systemwide method to collecting, analysing and reporting feedback, and acting upon the voices and priorities of affected people in a coordinated manner. Inputs received from UN agencies, and national and international NGOs will be regularly monitored and assessed at an interagency level by an expert Technical Working Group.

In the last quarter of 2022, humanitarian organizations undertook over 1,600 collective consultations with affected communities across sectors. Analysis from the Community Feedback Mechanism (CFM) and community perception consultations will continue to feed into the humanitarian response, giving humanitarian partners opportunities to make the response more effective and accountable. Some key findings from the consultations highlight:

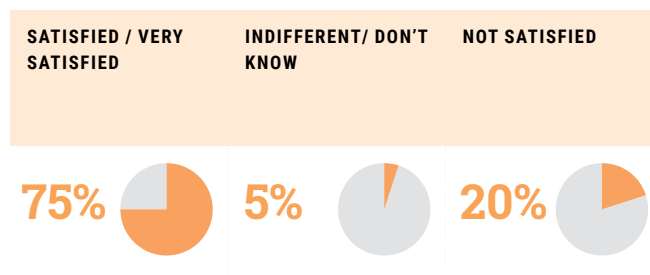
Community Perception Consultation Outcomes



Type of Assistance Received

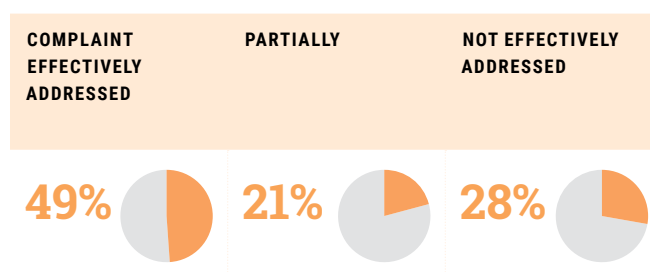
SECTOR	PEOPLE TARGETED
Health	308 
Protection	258 
Food Security and Agriculture	249 
Water Sanitation and Hygiene	198 
Nutrition	174 
RRM	89 
Gender-Based Violence	87 
Shelter/NFI	51 
Child Protection	51 
Education	40 
Early Recovery	30 

Satisfaction Levels



Feedback and Complaints Mechanisms

The table below shows respondents who sent feedback or a complaint to a humanitarian organization, or know someone who did, mentioned that their complaints were timely and effectively addressed or not:



In 2023, the CEAAP Working Group will roll out the HCT System-Wide Collective Feedback Mechanisms framework to collect, analyse, and report complaints and feedback. Similarly, accountability statistics will be published quarterly (numbers of complaints, type, and actions taken in response).

1.9

Consolidated Overview on the Use of Multi-Purpose Cash

Yemen is recognized as a context where the scale-up of cash assistance is feasible as markets are functioning and financial service providers are operational, even in hard-to-reach areas. More than 80 percent of assessed households in the multi-cluster assessment survey reported that essential items were available in nearby markets, but that they lacked the money to buy them. This is in line with a continuous preference expressed by surveyed households for cash assistance.

The Cash and Market Working Group (CMWG) works with various partners, including the World Food Programme (WFP), Food and Agriculture Organization (FAO), Cash Consortium of Yemen (CCY) and REACH Initiative, to regularly monitor markets and review the minimum expenditure basket to ensure that assistance provided covers basic needs.

Over 774,000 people were assisted by humanitarian multi-purpose cash assistance (MPCA) between January and November 2022, a 28 percent increase compared to 2021. Humanitarian actors implementing MPCA and all Cash and Voucher Assistance contributed significantly to Yemen's economy to the strengthening of local markets and to livelihood opportunities. In 2023, humanitarian actors aim to continue expanding MPCA, including by more than doubling the number of planned beneficiaries compared to 2022.

In 2023, the CMWG will focus on the following strategic areas:

- Continuing the provision of lifesaving MPCA to IDPs affected by both natural and human-made disasters, refugees, and mixed migrants, with a harmonized amount.
- Strengthening the HDP nexus through linkages between humanitarian MPCA and shock-responsive social protection (SRSP) via inter-

MPCA objectives, activities and target

TARGETED POPULATION	BUDGET
2.5M	\$98M

cluster referrals. Entry points for collaboration with development actors will be identified to enable the transition from reliance on MPCA to more durable solutions.

- Ensuring quality, integrated and/or joint programming and strengthen the evidence base and invest in innovation for Cash programmes
- Promoting localization of cash assistance by carrying out capacity building initiatives with local actors.
- Ensuring that sectoral cash and MPCA programmes are well-coordinated, harmonized and prioritized by humanitarian organizations.

The CMWG aims to launch a cash strategy that aligns with the above-mentioned strategic areas to guide cash-based priorities for the humanitarian response.

MPCA activities fall under the first strategic objective, to reduce the mortality and morbidity among crisis-affected women, girls, boys, and men by providing timely, safe, and equitable life-saving humanitarian assistance.

Activity: Providing MPCA to the most affected populations.

ACTIVITY	PLANNED CASH	HOUSEHOLD	BENEFICIARIES
RRM	13.2 M	54,000	378,000
Others	84.8 M	301,763	2,112,341
Total	98 M	355,763	2,490,341

Part 2:

Response Monitoring

SANAA, YEMEN

© Photo: Gabreez/UNICEF



2.1 Monitoring Approach

Humanitarian partners will regularly report on their achievements towards the strategic and specific objectives in the 2023 HRP through monitoring missions by individual agencies, joint field missions, cluster-led field visits and third-party monitoring.

In 2022, the three nationwide assessments faced significant funding gaps and bureaucratic challenges, impeding their implementation, therefore, impacting the monitoring of both needs and response. Cluster partners will continue monthly response monitoring to track progress against cluster targets through clusters' monitoring mechanisms. Partners will report monthly on the status of response targets, disaggregated by geographic areas, as well as by sex, age and disability. Key reporting tools include the Response Planning and Monitoring Module (RPM), who does what and where (3Ws) dashboard, organizational presence maps, monthly humanitarian updates and quarterly response gap analysis. Other online publications, such as Humanitarian Action, will be used to generate monthly response dashboards on needs, response and gaps. Funding snapshots from the Financial Tracking Service (FTS) will be provided periodically to the ICCM and HCT to inform advocacy and strategic discussions.

While Displacement Tracking Matrix (DTM) activities are ongoing in GoY-controlled areas, the humanitarian community is exploring ways of re-activating DTM activities in AA-controlled areas to monitor

displacement and related humanitarian needs. The RRM is operational across Yemen and will continue to provide up-to-date information on displacement dynamics. Clusters will continue monitoring the changing situation and emerging needs through inter-cluster and standalone needs assessments. OCHA will regularly update the assessment registry, tracking assessment gaps.

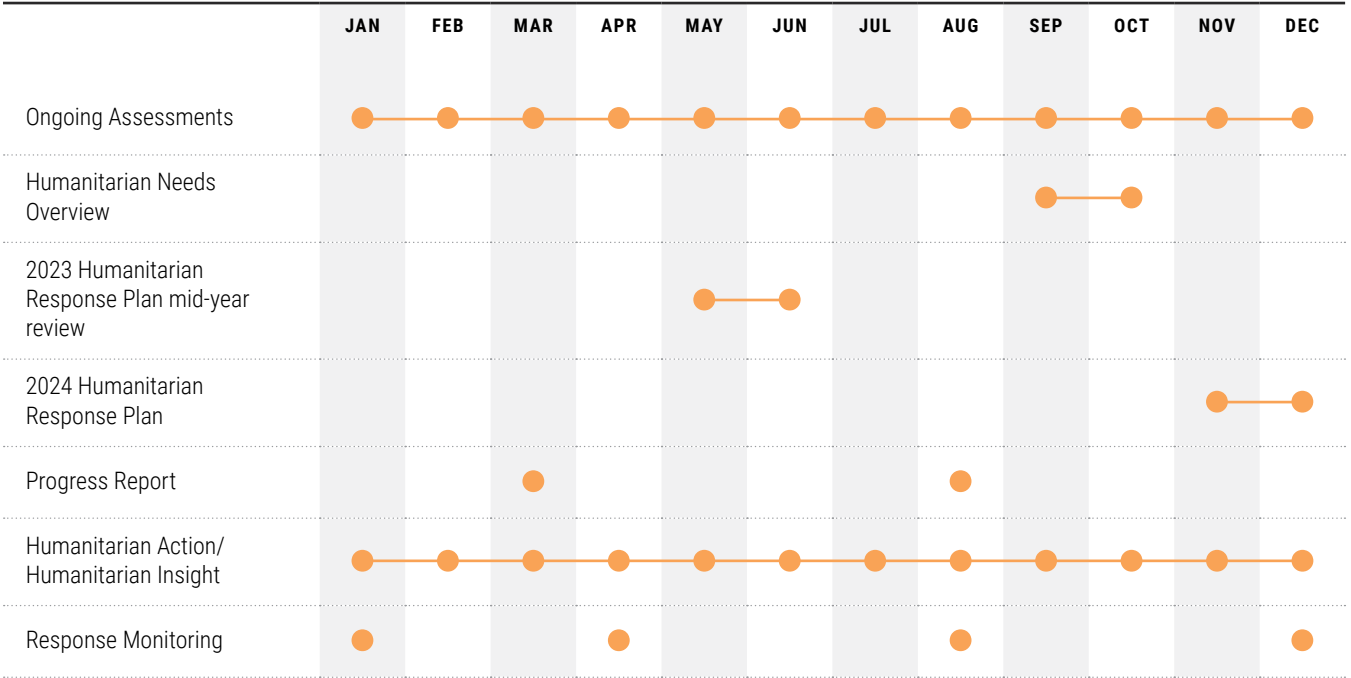
Overall, the ICCM will take the responsibility of monitoring the 2023 HRP. Individual clusters and partners report monthly through the 4Ws (who does what, where and when). Alongside these updates, the ICCM will conduct quarterly analysis to ensure access to in-depth insights on needs, gaps in and challenges for the humanitarian response. Other technical working groups, such as those on information management and assessment, or humanitarian access, will provide technical support to the ICCM.

As per the gender equality approach, the monitoring system will track changing gender roles and relations. changes in women's empowerment, safety and security risks, and for people of all genders and ages.



MARIB, YEMEN
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Humanitarian Programme Cycle Timeline



Part 3:

Cluster/Sector Objectives and Response

TA'IZ, YEMEN

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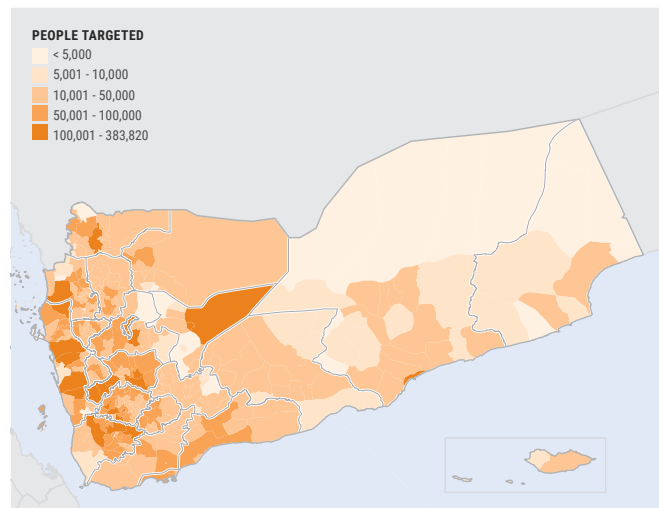
Overview of Sectoral Response

SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Food Security & Agriculture (FSAC)	\$ 2,200M 	90	17.3 M	14.8M	 
Nutrition	\$ 398M 	43	11.9 M	8.8M	 
Health	\$ 392M 	48	20.3 M	12.9M	 
Education	\$ 278.9M 	84	8.6 M	5.6M	 
Water, Sanitation and Hygiene (WASH)	\$ 270.9M 	71	15.3 M	9.8M	 
Shelter/ Non-Food-Items (NFI)	\$ 250M 	220	7.5 M	3.3M	 
Protection	\$ 225.7M 	62	17.7 M	8.1M	 
Camp Coordination and Camp Management (CCCM)	\$ 78.5M 	22	1.9 M	1.1M	 
Refugees and Migrants Multi-Sector (RMMS)	\$ 70.2M 	15	0.3 M	0.3M	 
Logistics	\$ 41.3M 	92	-	-	
Coordination	\$ 22.4M 	200	-	-	
Rapid Response Mechanism (RRM)	\$ 14.7M 	12	0.38 M	0.38M	 
Emergency Telecommunication Cluster (ETC)	\$ 3.6M 	47	-	-	
MPCA	\$ 98M 	15	-	2.49 M	



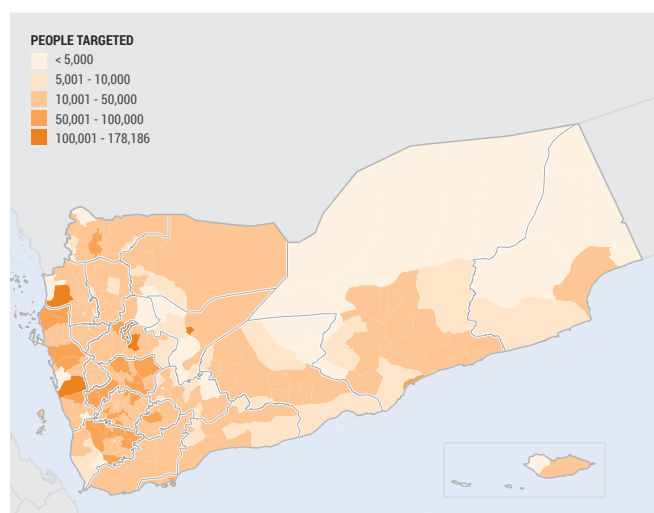
3.1 Food Security & Agriculture (FSAC)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
17.3M	14.8M	\$2.2B



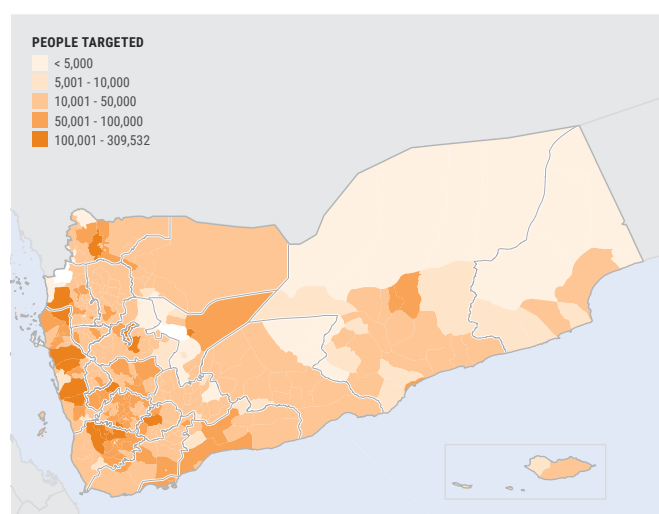
3.2 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
11.9M	8.8M	\$398M



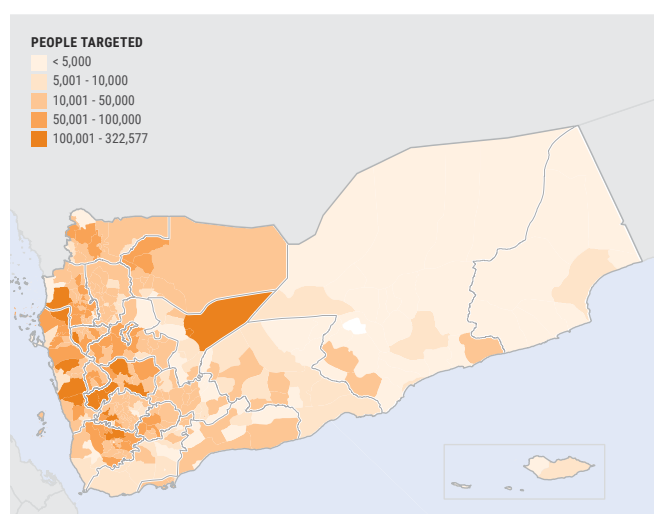
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
20.3 M	12.9M	\$392M



3.4 Water, Sanitation and Hygiene (WASH)

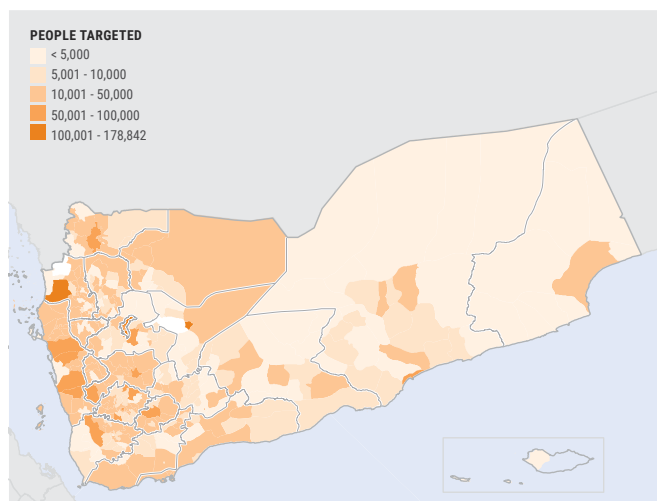
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
15.3M	9.8M	\$270.9M





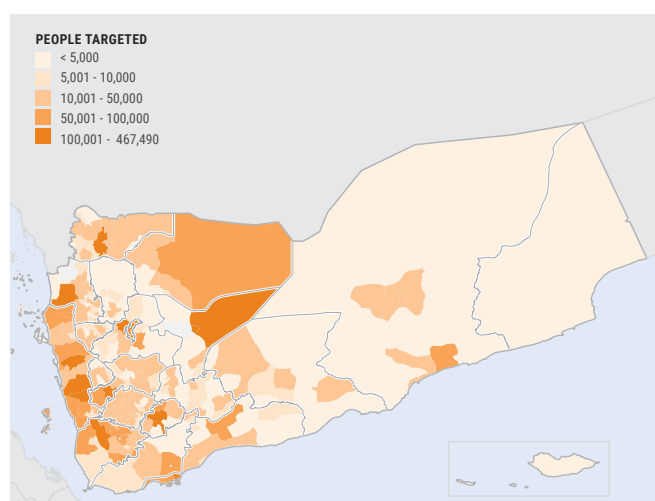
3.5 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
8.6M	5.6M	\$278.9M



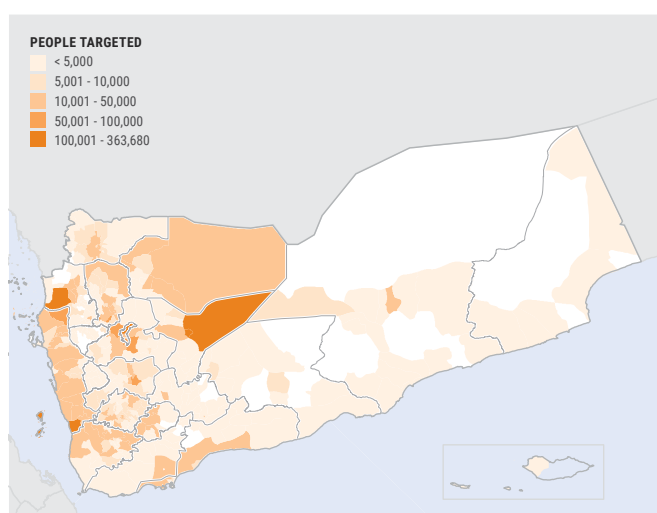
3.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
17.7M	8.1M	\$225.7M



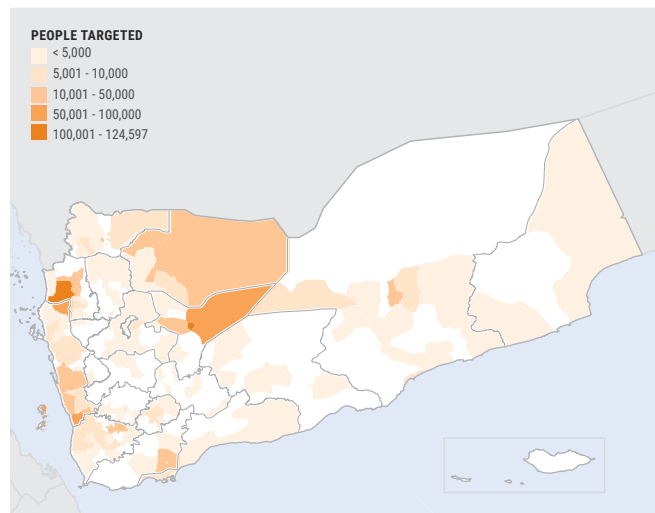
3.7 Shelter and Non-Food Items (NFIs)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.5M	3.3M	\$250M



3.8 Camp Coordination and Camp Management (CCCM)

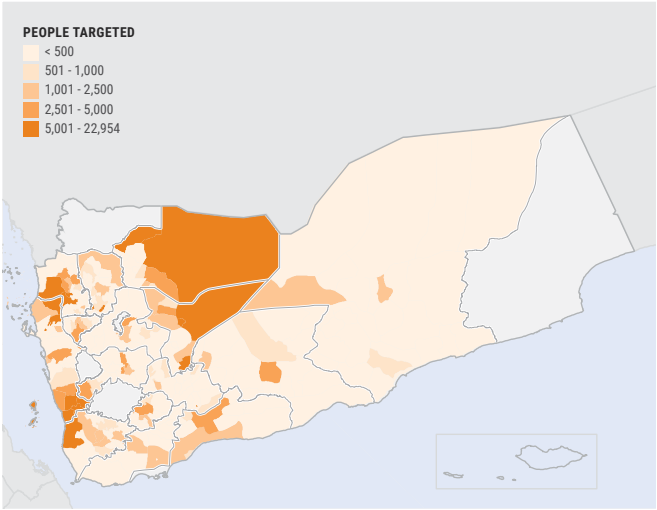
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.9M	1.1M	\$78.5M





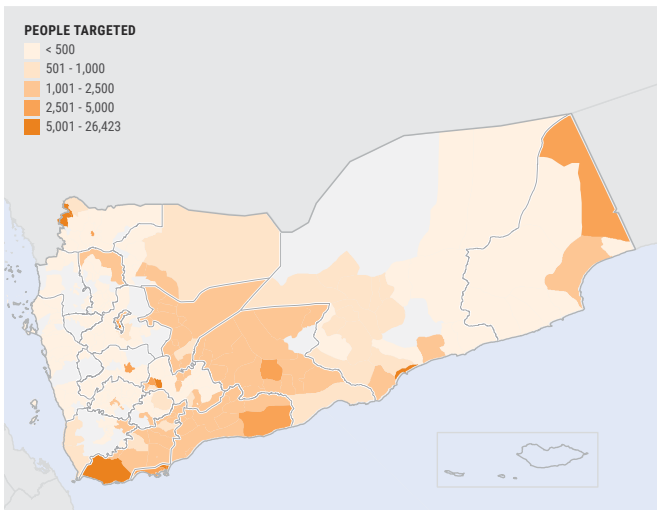
3.9 Rapid Response Mechanism (RRM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
0.38M	0.38M	\$14.7M



3.10 Refugees and Migrants Multi-Sector (RMMS)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
308K	308K	\$70.2M



3.1

Food Security & Agriculture (FSAC)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
17.3M	14.8M	3.6M	7.6M	2.2M
REQUIREMENTS (US\$)	PARTNERS			
\$2.2B	90			

Objectives

FSAC partners will contribute to zero hunger and famine prevention while strengthening household resilience through the following objectives:

1. Increase availability and access to secure, safe and lifesaving food for the most vulnerable households through the provision of emergency assistance;
2. Protect and promote livelihoods and build assets to enhance resilience.

Response

FSAC partners will target the most food insecure and vulnerable groups, facing IPC Phase 3 and above conditions, through the twin-track approach of “saving lives and promoting livelihoods”. This strategy combines the delivery of emergency food assistance to the most food insecure and vulnerable households - allowing them to meet basic food needs - with the provision of emergency livelihood support and season specific cash transfers to protect and restore livelihoods while stimulating economic recovery. The integration of food assistance and livelihood activities is key to ensuring household coping capacities are maintained and improved, lessening humanitarian needs and expanding sustainable interventions through the nexus approach. To avert further deterioration of the situation, the FSAC - and in coordination with 3 other Clusters (Nutrition, WASH and Health) - will promote the IFRR initiative, aiming at concentrating efforts in areas on the verge of famine like conditions.

FSAC partners will provide emergency food assistance to 14 million most vulnerable and food insecure individuals, covering from 50 per cent to 80 per cent of

their minimum daily requirement (2,100 kcal / person / day). Targeting will be based on harmonized criteria, to meet monthly food needs through the most viable and contextually appropriate modality (in-kind, cash or voucher transfers). From 30 to 40 per cent of the emergency food assistance will be provided through cash or voucher transfers, contingent on in-depth market assessments and operational feasibility (cost efficiency, effectiveness, appropriateness, beneficiary preference, other) analyses. The 2022/23 Food Security and Livelihoods Assessment (FSLA), along with other relevant assessments, will be used to further nuance the needs-based profiling.

FSAC partners will progressively transition the response from emergency food assistance to livelihoods. Priorities will include: the enhancement of food production, the improvement of food availability and access, the increase of self-reliance. 5.8 million beneficiaries will be targeted through various forms of livelihood activities. Emergency agricultural, livestock and fishery kits will be provided to 2.2 million individuals to ensure the most vulnerable households receive timely inputs, in line with seasonal calendar and contributing to improve agricultural productivity. 2.8 million individuals will be assisted through the support to the rehabilitation / protection of critical community infrastructures and livelihood services to boost household food production, increase household income, restore and create employment opportunities. 0.8 million individuals will be assisted through the support to livelihood asset-building, income generating activities (related to small businesses and enterprises) and vocational trainings.

FSAC activities will be implemented through principled and people-centred approaches, promoting the safety, dignity and integrity of individuals receiving assistance and equally considering the needs of women, men, girls and boys. FSAC partners will mainstream protection by implementing activities while taking into consideration women's and girls' specific needs as the most impacted by the crisis.

Cost of Response

Costs related to the provision of emergency food assistance and livelihood support are based on a full cost recovery model, including the procurement of in-kind food rations and livelihood inputs on local and international markets as well as costs related to port charges, airfreight, warehousing, transportation, distribution and monitoring. While local procurement could minimize costs for certain items, local markets are unable to meet demands at scale due to limited local production, Russian Federation / Ukraine crisis affecting main local importers and current macro-economic challenges. The dependence on imports needs a careful consideration to ensure local markets are not distorted for the Yemeni population not reliant on humanitarian assistance. That notwithstanding, it is envisaged that the cost of delivering interventions is likely to face an upward trajectory due to the Yemen economic crisis and the depreciation of the local currency (leading to increments in prices of commodities) and the cost of the minimum food basket and livelihood inputs. While FSAC encourages the use of cash and voucher transfers, this has to be rooted in in-depth market assessments and feasibility analyses with the aim of minimizing costs and improving the efficiency and timeliness in delivering aid.

Monitoring

FSAC partners will employ a combination of output (activity, according to the 5W) and outcome (Food Consumption Score, Household Hunger Scale, Reduced Coping Strategies Index and Livelihood Coping Strategies, other) monitoring approaches, both through face-to-face and remote methods in cognizance of the operational environment. Response data, including planned and actual implementation, will be collected monthly through the district-level "Who does What, Where, When and for Whom (5W)" interactive dashboards populated by FSAC partners. They will provide FSAC partners and stakeholders with real time data, to adequately inform response options in a timely manner, allowing them to visualize gaps and avoid duplications. Interactive dashboards will cover the FSAC objectives, indicators and targets, to monitor achievements and gaps against the HRP.

As part of the accountability to affected populations, FSAC partners will monitor the community perception and satisfaction with service provision and support the collective monitoring of whether the targeted population feels consulted and informed throughout the response cycle. FSAC partners will also conduct outcome monitoring, through random household surveys, to measure the impact of food security interventions among targeted communities. Assessments will focus on outcome indicators. Results will be compared to long-term trends from previous food security assessments.

Objectives, Indicators and Targets*

CLUSTER OBJECTIVE 1: Increase availability and access to secure, safe and lifesaving food for the most vulnerable households through the provision of emergency assistance				
Contributes to Specific Objective SP1.1		BASELINE	NEED	TARGET
INDICATORS	Indicator 1: Number of individuals receiving emergency food assistance (in kind, cash or voucher transfers) on a monthly basis	14.3M	17.3M	14M
	Indicator 2: Number of individuals provided with emergency agricultural, livestock, and fishery kits	0.3M	17.3M	2.2M
CLUSTER OBJECTIVE 2: Protect and promote livelihoods and build assets to enhance resilience				
Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	Indicator 1: Number of individuals benefiting from conditional and season specific cash transfer to rehabilitate community assets and infrastructures	0.5M	17.3M	2.8M
	Indicator 2: Number of individuals provided with livelihoods assets restoration support, assistance in establishing micro-businesses, and skills in enhancing employability	0.1M	17.3M	0.8M

* Total target: the FSAC assumes that "emergency livelihood assistance" and "conditional and season specific cash transfer to rehabilitate community assets and infrastructures" beneficiaries are among the individuals who will be also assisted through "emergency food assistance". This is due to the twin-track approach, aiming at progressively transitioning people from emergency food assistance to livelihoods. Therefore, the FSAC 2023 total target is 14.8 million people.

3.2 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
12M	8.8M	5M	3.8M	1.3M
REQUIREMENTS (US\$)	PARTNERS			
\$398M	43			

Objectives

The Nutrition Cluster and its partners aim at improving the well-being of Yemeni mothers and children in a no-harm, protective, multi-sectoral approach through the following cluster-specific objectives:

- Provide quality and timely lifesaving curative nutrition services to 540,000 severely malnourished girls and boys, including 54,000 girls and boys under the age of 5 years with complicated severe malnutrition, 1.82 million moderately malnourished girls and boys between the ages of 6 and 59 months and 670,000 pregnant and lactating women (PLW).
- Provide quality and timely lifesaving preventive nutrition services to 1.7 million boys and 1.8 million girls between the ages of 6 and 59 months, 1.8 million PLW and 3.1 million adolescent girls.
- Improving the nutrition situation and outcomes in at least 134 high-vulnerability districts in 15 governorates through multisectoral nutrition-specific and sensitive integration, including community health systems strengthening; prevention of hunger and malnutrition; as well as ensuring equitable access to integrated services for 1.17 million girls, 1.13 million boys, 1.1 million PLW and 1.63 million adolescent girls.

Response

The Nutrition Cluster will ensure integrated prevention and treatment of acute malnutrition among mothers and children, and mainstream cross-cutting issues.

The cluster will continue to provide lifesaving curative and preventive nutrition services, targeting 486,000 severely malnourished children without complications, 38,000 severely malnourished children with complications, 556,000 and 581,000 moderately malnourished boys and girls respectively, and 773,000 moderately malnourished PLW.

To achieve these results, at least 1 million children under the age of 5 years and one million mothers will be screened for acute malnutrition each month, using MUAC measurements at the community and health facilities. The MUAC measurement data quality will be ensured and will also be used for real-time monitoring of the nutrition situation.

1.06 million children between the ages of 6 and 24 months and 1.07 million mothers of children under the age of two years in 207 districts are at high risk of acute malnutrition and/or acute food insecurity. Their needs will be addressed through a blanket supplementary feeding programme integrated with micronutrient supplementation and infant and young child feeding (IYCF) promotion.

Furthermore, 2.4 million children of age 6-59 will receive age-appropriate micronutrient support, 3.2 million children aged 12-59 months will receive deworming, and 4.7 million children 6-59 months will be provided with vitamin A supplementation.

An estimated 1.3 million PLW and 3.2 million



AL HODIEDAH, YEMEN

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adolescent girls will be reached with appropriate micronutrient supplementation to prevent anaemia and micronutrient deficiencies. These services will be linked to promoting nutrition knowledge and practices, including optimal infant feeding and caring practices through adequate one-to-one counselling and integrated nutrition education, including psychosocial education and promotion. PLW will be targeted with conditional cash support to promote dietary diversity and quality, and their access to the available health and nutrition services.

Integrated famine prevention and risk reduction programming will target districts with very high levels of acute malnutrition (Global Acute Malnutrition (GAM) above 15 per cent) and acute food insecurity (IPC-Acute Food Insecurity (AFI) Phase 4 and above) by applying the integrated famine risk reduction strategy (IFRR). Such an integrated approach will build resilience and durable solutions at the community level.

The Nutrition Cluster will continue to monitor the accountability to the affected population, focusing on community engagement, service quality assurance and beneficiaries' feedback. The Nutrition Cluster will also collaborate with the Protection Cluster to ensure equitable and ready access for mothers, adolescent

girls and children to health and nutrition services.

The Nutrition Cluster will continue monitoring the nutrition situation in the country in a real-time manner using the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey whenever possible and capitalizing on the existing MUAC screening data.

Cost of Response

Cost efficiency of nutrition activities will be achieved through the: integration of nutrition activities with other clusters; focus on prevention, which will help reduce the caseloads of acute malnutrition requiring costly treatment; utilization of conditional cash programming, which will help reduce the levels of malnutrition by improving dietary diversity and reducing the duration of treatment; and treatment through improving mothers' health and nutrition-seeking behaviours.

Monitoring

The nutrition cluster will ensure real-time monitoring of the nutrition situation through the various nutrition assessments. Furthermore, the nutrition cluster will perform joint monitoring with partners and the regular 4 Ws of the cluster.

Objectives, Indicators, and Targets

CLUSTER OBJECTIVE 1: Ensure timeliness and quality lifesaving preventive and curative nutrition services				
Contributes to Specific Objective SP1.1 & SP1.2		BASELINE	NEED	TARGET
1.1 Improve and mitigate acute food insecurity and malnutrition through timely and integrated multi-sectoral lifesaving responses targeting women, girls, boys and men.				
1.2 Prevent, mitigate and respond to epidemic-prone and vaccine-preventable diseases; improve reproductive health and reduce maternal, new-born and child deaths; respond to trauma victims of war and conflict, including landmines and explosive remnants of war; and mental health and psychosocial support to the affected population through multisectoral response				
1.3 Reduce and mitigate morbidity and mortality among newly displaced women, girls, men and boys affected by climate change, natural and man-made disasters by providing a lifesaving multi-sectoral response in a timely manner				
INDICATORS	Number of health and nutrition facilities staff trained on Community-Based Management of Acute Malnutrition (CMAM) programme	8,762	8,762	8,762
	Number of outpatient treatment sites with defaulting rates less than 15 per cent	3,467	3,467	3,929
	Number of targeted supplementary feeding programmes with defaulting rates less than 15 per cent	4,083	4,083	4,083
	Number of therapeutic feeding centres with death rates less than 10 per cent	34	34	34
	Percentage of TFC sites with trained staffs and using adapted TFC Infection Prevention Control (IPC) guidance	75%	75%	75%
	Percentage of nutrition surveillance sites operational with trained workers on IPC guidance	75%	75%	75%
	Number of functional mobile teams proving integrated package of primary health care (integrated management of childhood illness (IMCI), nutrition, antenatal care, management of SAM/ moderate acute malnutrition (MAM), etc.)	180	180	190
	Number of high severity districts reached by integrated nutrition, FSL, WASH, health and protection services.	NA	183	134

CLUSTER OBJECTIVE 2: Provision of quality and timely lifesaving curative nutrition services				
Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
1.1 Improved living standards of crisis-affected vulnerable women, girls, boys and men through the provision of multisectoral assistance, livelihood, inclusive and quality basic services and assistance ensuring safe access and dignity				
1.2 Durable solutions for displaced populations, returnees, host communities, refugees and migrants are supported through crisis sensitive multisectoral initiatives promoting sustainability and resilience				
INDICATORS	Number of severely malnourished children enrolled in outpatient therapeutic programme (OTP) services against the annual target	261,054	569,091	512,192
	Number of SAM with medical complications enrolled in TFC against the annual target	34,485	110,909	49,290
	Number of moderately malnourished under-five children enrolled in targeted supplementary feeding programme (TSFP) against the annual target	740,000	162,6682	113,8677
	Number of children under five screened for acute malnutrition	100,000	5,099,101	4,589,194
	Number of moderately malnourished PLW enrolled in TSFP against the annual target	740,324	1,288,643	773,185
	Number of TSFP sites planned to be scaled up in 2022	4,103	4,203	4,203

CLUSTER OBJECTIVE 3: Provision of quality and timely lifesaving preventive nutrition services				
Contributes to Specific Objective SP3.1 & SP3.2		BASELINE	NEED	TARGET
1.1 Ensure protection mainstreaming procedures that support inclusion, participation and full access to quality and principled services, without discrimination, are in place across the humanitarian response				
1.2 Ensure the provision of quality integrated protection services and programming by strengthening inter-cluster collaboration and coordination to address specific protection needs.				
1.3 Prevent, reduce and mitigate protection risks and respond to protection needs through supporting the protective environment in Yemen, by promoting IHL and IHRL, and principled assistance.				
1.4 Promote collective action on the Centrality of Protection by ensuring interagency complaint and feedback mechanisms				
INDICATORS	Number of mothers reached with IYCF individual/group counselling	2,780,357	2,610,178	2,088,142
	Number of girls and boys aged 6-59 months receiving multiple micronutrient Powder (MNP)	1,351,984	3,803,590	2,662,516
	Number of children girls and boys aged 6-59 months receiving Vitamin A supplementation	788,483	5,099,101	4,844,142
	Number of boys and girls aged 6-23 months at risk of malnutrition reached with Blanket Supplementary Feeding Programme (BSFP)	728,323	1,057,378	1,057,378
	Number of pregnant and lactating women at risk of malnutrition reached with BSFP	650,000	1,072,553	1,072,553
	Number of children under five screened through Nutrition Surveillance System (NSS)	106,000	1,400,000	1,200,000
	Number of PLWs supported with cash assistance	300	300,000	138,000
	Number of new NSS sites opened based on the scale up plan	0	400	380
	Number of SMART surveys conducted	0	15	15
	Number of adolescent girls receiving micronutrient powder	0	3,686,877	725,763
	Number of districts with IFRR rolled out	0	100	100

3.3 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
20.3M	12.9M	3.3M	6.3M	1.9M
REQUIREMENTS (US\$)	PARTNERS			
\$392M	48			

Objectives

1. Ensure safe, equitable, impartial and inclusive access to lifesaving and life-sustaining health services without causing harm at community, primary and secondary levels, targeting 12.9 million women, men, boys and girls (2 million IDPs and 10.9 host communities), 0.77 million pregnant women and 4.8 million NCD patients;
2. Prepare for, prevent, detect and respond on a timely basis to outbreaks of epidemic-prone and endemic diseases and other hazards, targeting 6.6 million people with preventive and curative care;
3. Sustain health system functionality by strengthening institutional capacity, extending operational support, rehabilitating/revitalizing health facilities, capacitating human resources and improving referrals, targeting 3,800 health facilities;
4. Provide essential Minimum Service Package (MSP) support to prevent and mitigate food insecurity and malnutrition status deterioration through integrated responses with other IFRR clusters in priority locations.

Response

In 2023, the Health Cluster will continue sustaining, strengthening and expanding essential health services that prioritize IDPs, women, children, the elderly, persons with disabilities, migrants, chronically and mentally ill patients, and other highest-risk groups. Through the Minimum Service Package (MSP), Health Cluster partners will continue pursuing integrated, multisectoral and durable health solutions

in Yemen's protracted fragile context that impedes a well-functioning pathway referral system from the community to higher levels (including Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) Basic Emergency Obstetrics and Newborn Care (BEmONC) to address obstetrical complications). The Health Cluster's interventions will ensure the promotion of meaningful access, accountability and participation of the targeted populations to maximize the impact of health programmes on people's safety and dignity.

In 2023, Health Cluster partners will enhance availability of health care services by implementing quality MSP package at all levels of health care in high severity districts scored 4 and 5, IFRR-priority locations and the frontline areas.

Disease outbreaks response will be strengthened through enhanced preparedness, early detection by facility and laboratory-based surveillance, and adequate response via interventions targeting those disease, embedded in MSP and integrated outreach vaccination coverage. The Health Cluster will also ensure provision of essential medicines and supplies for NCDs, trauma and emergency care, reproductive, maternal, neonatal and child health care, mental health and psychosocial support (MHPSS) across Yemen.

Health facilities will be rehabilitated and strengthened in conflict-affected areas to ensure safety of health care practices, including WASH rehabilitation and IPC/ Quality of care enhancement, sustain tertiary level care with essential medications and supplies, and protect

communities from hazardous medical wastes. Referral support will be enhanced and strengthened with cash for health programming. Physical rehabilitation including the provision of assistive devices for people with disabilities in the conflict-affected areas will be supported. The Health Cluster will enhance famine prevention and risk reduction through enhanced IFRR programming with FSAC, WASH and Nutrition Clusters in IFRR priority locations to increase the impact of interventions and address the compounding effects of malnutrition, unsafe drinking water and poor sanitation, resulting from conflict and climatic shocks on health status of women, children, elderly, persons with disability and marginalized communities.

Health facility and community-based health interventions will span integrated outreach (IOR), medical mobile teams (MMTs), community midwifery and community health workers, targeting IDP sites and remote communities to provide equitable primary health care, including gender-sensitive approaches, such as a Minimum Initial Service Package (MISP) for sexual and reproductive health, provide life-saving care to GBV survivors, and community awareness and sensitization. The Health Cluster will also enhance MOPHP capacity through institutional support and capacity building linked to durable and sustainable solutions in coordination with developmental actors.

Cost of Response for Minimum Initial Service Package (MISP)

In 2023, the Health Cluster financial requirement to enable 12.9 million people to access lifesaving and life-sustaining community, primary, secondary, critical advanced health services and referral, is US \$ 392 million. The cost of individual Health Cluster activities in 2023 is expected to be impacted by rising medication/supplies cost, fuel cost, need for financial support to health care workers, economic deterioration and other competing priorities, such as food and living cost. The increase in targeting, which also affects

cluster response cost, is attributable to the expected increased population of women and children in need, continuity of disease outbreaks (VPD & VBD) and additional hazards related to climate change.

Monitoring

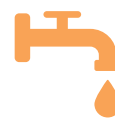
The Health Cluster's achievements will be monitored against the estimated targets using the monthly reports from the active Health Cluster partners on the Health Cluster's District Health Information System-2 (HC-DHIS2), analysis of 4Ws of the partners presence per district, monthly indicators achievements analysis for the national, hub/sub-hub and governorate level to monitor the response and identify gaps. Partners' targeted health or inter-cluster assessments, field visits and joint missions' reports will be valuable for needs/gaps identification and response monitoring. Outbreaks will be monitored through the MOPHP implemented electronic Integrated Disease Early Warning System (eIDEWS) system for incidents of the listed epidemic-prone/endemic diseases, vaccination coverage monitoring through EPI dashboard and annual tracking of health system functionality via Health Resources and Services Availability Monitoring System (HeRAMS), which are critical to ensuring a timely and flexible response according to needs and severity.

As per the gender mainstreaming guidelines, safety and security risks and vulnerabilities, including gender-based violence, sexual exploitation and abuse risks, for people are identified and routinely monitored throughout programming.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Ensure safe, equitable, impartial and inclusive access to lifesaving and life-sustaining health services for women, men, children, elderly, persons with disability, IDPs and other vulnerable groups through a quality MSP package at community, primary and secondary healthcare level				
Contributes to Specific Objective SP1.2		BASELINE	NEED	TARGET
INDICATORS	Number of total outpatient consultations supported (reflected as people who receive services i.e. 2.5 consultation/people/year.)	2.5M	20.3M	12.9M
	Number of consultations for NCDs supported (Diabetes, Hypertension and others)	0.9M	7.9M	4.8M
	Number of antenatal care visits supported	0.5 M	3.3M	2.3M
	Number of total assisted deliveries supported (Normal and C-Section)	0.25	1.1M	0.77M
	Number of severe acute malnutrition (SAM) cases with complications admitted to Hospitals (inpatient-therapeutic feeding centres (TFCs)	8K	54K	37.8K
CLUSTER OBJECTIVE 2: Prepare for, prevent, detect and respond on a timely basis to outbreaks of epidemic-prone and endemic diseases and other hazards				
Contributes to Specific Objective SP1.2		BASELINE	NEED	TARGET
INDICATORS	Number of consultations for communicable diseases supported	1.5M	10.1M	6.6M
CLUSTER OBJECTIVE 3: Provide essential MSP support to prevent and mitigate food insecurity and malnutrition status deterioration through integrated responses with other IFRR clusters in priority locations				
Contributes to Specific Objective SP1.2		BASELINE	NEED	TARGET
INDICATORS	Number of outpatient consultations supported in IFRR priority districts (reflected as people who receive services 2.5 consultation/people/year.)	1.2M	7.8M	5.1M
	Number of children <1 year received Measles (MR1) vaccination supported in IFRR priority area	50K	234K	200K
CLUSTER OBJECTIVE 4: Provide essential MSP support to prevent and mitigate food insecurity and malnutrition status deterioration through integrated responses with other IFRR clusters in priority locations				
Contributes to Specific Objective SP1.2		BASELINE	NEED	TARGET
INDICATORS	Number of health facilities received operational support	1200	4,812	3,800

3.4 Water, Sanitation and Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
15.3M	9.8M	2.4M	5M	1.5M
REQUIREMENTS (US\$)	PARTNERS			
\$270.9M	71			

Objectives

The Water, Sanitation and Hygiene (WASH) Cluster will respond to both survival and resilient WASH needs of 9.85 million people to preserve life, well-being and dignity and reduce the risk of WASH-related disease through timely and resilient interventions to vulnerable girls, women, boys and men with and without disability, from any age and regardless of the ethnic identity.

The objective of WASH response is to :

1. Address acute WASH needs to reduce WASH related diseases and malnutrition among vulnerable population,
2. Deliver life-saving WASH assistance to address acute needs and reduce protection risks among displaced population and
3. Sustain and restore inclusive WASH services by improving existing WASH systems.

Strategic priority is also attached to mitigation of protection and GBV risks across all WASH responses as there are many unsafe water points which pose significant protection risks among girls, boys and women who are socially expected to fetch water for domestic consumption. The WASH Cluster aims to ensure that all WASH partners conduct a proper consultation with diverse groups of people in need at the time of assessment, designing, implementation and monitoring of humanitarian WASH response to address the accountability to the affected population.

Response

The WASH Cluster strategically prioritize resilient and durable WASH support wherever applicable that

includes rehabilitation and solarization of WASH facilities in host communities and extension of pipe supply in IDP sites. However, due to lack of water resource and limited capacity of existing WASH facilities, recurrent lifesaving WASH support, such as water trucking shall be applied where resilient WASH support is not applicable. Hence, sustaining recurrent lifesaving emergency WASH services in those areas are similarly prioritized based on the local context.

Major WASH response modality is service delivery and in-kind provision, including rehabilitation of WASH systems, water trucking, construction of sanitation facilities, solid waste collection and distribution of hygiene kits, that will be supported by hygiene promotion and capacity building among service providers and direct beneficiaries. Integrating WASH response with other sectoral responses, such as IFRR, CCCM, education and health, is also a strategic pillar to enhance the effectiveness of WASH support.

In 2023, the WASH Cluster will strengthen inclusive WASH response with technical support by Inclusion WASH Technical Working Group and close coordination with the Protection Cluster. Unsafe WASH facilities are prioritized to mitigate public health and protection risks by adopting inclusive and gender sensitive approach.

Recognizing resilient WASH support, capacity building for local corporation and improved water resource management fall under both humanitarian and development intervention needs, the WASH Cluster closely engages with the Water Sector Coordination Group (WSCG) under the Yemen Partner Technical Team of HDP nexus coordination to ensure an effective complementarity with development stakeholders.

Cost of Response

The total requirement for WASH response activities is estimated as US\$271 million (270,939,871). About US\$152 (152,444,873) million is required to provide lifesaving WASH activities for people with acute WASH needs including water trucking, construction of emergency latrines, distribution of hygiene kits, hygiene promotion, cleaning campaign and capacity building for WASH committees on operation and maintenance of WASH facilities. To sustain existing WASH services in communities, US\$28 million (27,685,055) is needed, including for fuel support and maintenance. For rehabilitation and solarization of existing WASH facilities, US\$72 million (72,068,472) is required as part of resilient WASH activities, which enable a reduction to recurrent response costs.

While the total target population is reduced by 25 per cent, compared to 2022, the average unit cost of WASH activities increased by 21.4 per cent due to general increase in cost of several activities. This is justified in reference to an increase in the WASH minimum expenditure basket of 11 per cent in AA-controlled areas and 19 per cent in the GoY-controlled areas according to the SMEB.

Monitoring

The WASH Cluster will monitor the response progress based on monthly monitoring through Activity Info, which collects 30 core indicators on lifesaving and resilient WASH response activities, including several types of capacity building. The WASH Cluster will pilot the Accountability and Quality Assurance monitoring to measure and strengthen the level of accountability to the affected population and improve quality of WASH services and facilities. The cluster will also cascade the WASH Needs Tracking System as a standard assessment tool for all partners and authorities, which is used for harmonized needs analysis against relevant sectoral indicators.

The WASH Cluster also closely coordinates with the CCCM Cluster to monitor the WASH service coverage and gaps by utilizing the CCCM site monitoring mechanism. WASH responses will also be monitored through IFRR Joint Monitoring Report (JMR) to measure the level of convergence and WASH response progress under IFRR convergence framework.

The WASH Cluster also expands its monitoring framework to capture development activities that feed into HDP nexus coordination in Water Sector Working Group, especially for a collective analysis and regular update on Yemen Information Board.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Address acute WASH needs to reduce WASH related diseases and malnutrition concern among vulnerable women, girls, boys and men at risk through timely provision of life-saving WASH assistance and services

Contributes to Specific Objective SP1.1 & SP1.2		BASELINE	NEED	TARGET
INDICATORS	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk	3,446,814	4,271,417	2,742,606
	Provide support for solid waste collection and disposal	631,945	2,406,691	1,545,296
	Provision of operational support, spare parts and quick repairs to water and sanitation systems	4,894,720	6,499,136	4,172,987
	Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	522,386	1,481,330	951,137
	Provide access to safe water through water trucking and community tanks	1,275,175	3,352,815	2,152,787
	Provide household level water treatment options through chlorine tablets	252,321	1,512,917	971,419
	Provision of safe gender appropriate household sanitation options	358,715	1,794,855	1,152,446
	Provide support for solid waste collection and disposal and community-led cleaning campaigns	2,456,656	3,468,230	2,226,893
	Provision of hygiene items (including cholera kits and IPC kits) and Hygiene promotion and awareness	4,587,621	5,548,201	3,562,408

CLUSTER OBJECTIVE 2: Deliver life-saving WASH assistance to address acute needs and reduce protection risks among displaced women, girls, boys and men affected by conflict and natural disasters

Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	Provide access to safe water through water trucking and community tanks	1,275,175	3,352,815	2,152,787
	Provision of operational support, spare parts and quick repairs to water and sanitation systems	4,894,720	6,499,136	4,172,987
	Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	522,386	1,481,330	951,137
	Provide household level water treatment options through chlorine tablets	252,321	1,512,917	971,419
	Provision of safe gender appropriate household sanitation options	358,715	1,794,855	1,152,446
	Provide support for solid waste collection and disposal and community-led cleaning campaigns	2,456,656	3,468,230	2,226,893
	Provision of hygiene items (including cholera kits and IPC kits) and hygiene promotion and awareness	4,587,621	5,548,201	3,562,408

CLUSTER OBJECTIVE 3: Sustain and restore inclusive WASH services by improving existing WASH systems in areas of acute needs and high risk of disease outbreak and malnutrition concern

Contributes to Specific Objective SP3.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk	3,446,814	4,271,417	2,742,606
	Provision of operational support, spare parts and quick repairs to water and sanitation systems	4,894,720	6,499,136	4,172,987
	Provision of water disinfecting agents, support for water supply treatment and water quality surveillance	522,386	1,481,330	951,137
	Provide support for solid waste collection and disposal	2,456,656	2,406,691	1,545,296

3.5 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
8.6M	5.6M	0.08M	5.4M	0.85M
REQUIREMENTS (US\$)	PARTNERS			
\$278.9M	84			

Objectives

The Education Cluster targets 5.65 million girls, boys, caregivers and education personnel of all diversities and gender, representing 65 per cent of those in need of educational services and around 50 per cent of school-aged population (5 – 17 years old) across the country. The identification and prioritization of populations in need is based on a severity analysis of needs that guides the targeting towards the most vulnerable groups at the sub-district, community and school/learning spaces levels.

The Education Cluster aims to:

1. Improve the resilience of the most vulnerable school-aged girls and boys through increased safe, inclusive and sustainable learning opportunities; and
2. Strengthen the system to deliver quality, inclusive, integrated, sustainable and relevant education that is enabling and protective.

Response

Integrated Education interventions to the HRP's three strategic objectives by ensuring relevant learning that is accessible, safe and promotes the well-being of school-aged girls and boys, especially those with disabilities and/or displaced. The Education Cluster will continue its close coordination with development partners to complement and bridge the gaps by supporting access to formal and non-formal education. This will be done by the provision of supplies and education facilities rehabilitation, social protection, teaching and learning materials, professional

development of teachers and their retention, while improving safety and well-being of learners and their learning outcomes.

The cluster will target the school-aged girls and boys in areas will contribute where acute needs are highest, based on a combination of high displacement, absence of learning facilities, lack of teaching staff and proximity to lines of conflict. Further prioritization will be given to children who are out or not attending schools (2.5 million), and adolescents and children with specific physical and psychological needs (870,000).

To address equity gaps in access to quality learning opportunities, the cluster has developed a response framework that focuses on interventions increasing demand for education and reducing barriers for children to be enrolled and retained in formal and non-formal accessible, protective and enabling education.

Education Cluster partners worked in tandem with the Child Protection AoR to develop a common framework, providing guidelines on an integrated response to children. With the Protection Cluster, the Education Cluster will advocate for equal and equitable access to education for all, and ensure that all interventions will prioritize safety, dignity and avoid causing harm. In addition, accountability to the affected population, as well as identification and referrals to protection services will be strengthened. With the WASH Cluster, complementary interventions and WASH in schools' standards are in effect to

improve the resilience of targeted population, including gender-responsive and safe WASH facilities. With the Health Cluster, the Education Cluster engages within the IASC mental health framework and MHPSS Yemen Working Group to train school-based social workers on identification and referral of cases requiring specialized mental health services to nearby public health centres. The cluster will also integrate the rapid response mechanism and provide education learning materials to school-aged boys and girls from displaced communities to connect them with education and give them a sense of normalcy, while they wait for more structured and organized learning opportunities in a formal or non-formal setting.

Cost of Response

Education Cluster assistance to 5.65 million school-aged girls and boys, caregivers and education personnel will cost US\$278.9 million. The YEC's response activities are interlinked and interconnected with US\$220.4 million targeting 3.63 million children with increased access to safe and sustainable formal and structured non-formal education, while US\$58.4 million will support strengthening the system to deliver integrated, protective and relevant education. The learner centred interventions means that a child may benefit from several cluster activities within a holistic approach, i.e., receiving supplies and snacks, benefitting from a rehabilitated school and trained teacher. The cost per individual target beneficiary amounts to US\$49 over one year. Despite the Yemeni Rial depreciation and continued rise of the prices, especially for imported commodities, the activity-based costing of the cluster framework has an increase of only one percent from the 2022 requirements, aligning with the same increase of targets.

Monitoring

The cluster will continue monitoring cluster partners' interventions through the monthly 4Ws report and the established ActivityInfo online reporting database. Reporting of 38 key activities will be collected against 19 core indicators on quality, inclusive, sustained and protective education that is accessible to all children. The plan, activities and data collection ensure that sex and age disaggregated data and children with disability are well captured to validate cluster's accountability to the most vulnerable target population. The cluster will also ensure monitoring and reporting based on the profile of reached targets, such as IDPs, refugees, host communities and Muhamasheen to further and better inform additional analysis of further needs.

In contribution to the nexus and in coordination with development partners, the Education Cluster expanded its monitoring tool to capture development partners' activities within and outside the cluster framework. This will enhance complementarity, avoid duplication, and map joint coverage and convergence of activities.

Additionally, the cluster will continue to monitor the information related to the school-aged population collected from relevant clusters, such as the CCCM Cluster and RRM.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Improve the resilience of the most vulnerable school-aged girls and boys through increased safe, inclusive and sustainable learning opportunities				
Contributes to Specific Objective SP 1.3, SP 2.1, SP 2.2		BASELINE	NEED	TARGET
INDICATORS	Number of girls and boys, caregivers and community members who received adequate information	12,296	304,816	200K
	Number of school aged children enrolled in non-formal protective education (girls/boys)	22,158	152,408	100K
	Number of children (5-17 years, girls/boys) benefitting from established, expanded or rehabilitated classrooms and gender-sensitive and disability sensitive WASH facilities	326,048	1,150,681	755K
	Number of children (5-17 years, girls/boys) receiving school supplies	60,623	533,428	350K
	Number of children (5-17 years, girls/boys) provided with school transportation	5,082	30,482	20K
	Number of students (5-17 years, girls/ boys), teachers and school administration benefitting from school feeding in formal and non-formal learning facilities	2,185,630	3,352,978	2.2M
	Number of children (5-17 years, girls/boys) supported by cash or in-kind voucher	3,019	15,241	10K
CLUSTER OBJECTIVE 2: Strengthen the system to deliver quality, inclusive, integrated, sustainable and relevant education that is enabling and protective				
Contributes to Specific Objective SP 1.2, SP 2.1, SP 2.2, SP 3.2		BASELINE	NEED	TARGET
INDICATORS	Number of children (5-17 years, girls/boys) receiving textbooks	1,456	990,653	650K
	Number of children (5-17 years, girls/boys) receiving supplementary materials in formal and non-formal settings	13,768	182,890	120K
	Number of teachers/facilitators trained (female/male)	21,746	121,926	80K
	Number of teachers benefitting from monthly attendance-based allowances (female/male)	8,876	152,408	100K
	Number of teachers/educators (female/male) receiving teaching materials	1,578	15,241	10K
	Number of children in formal and non-formal education who benefit from the provision of hygiene kits and cleaning materials (girls/boys)	58,145	228,612	150K
	Number of students/learners who benefited from hygiene awareness sessions and campaigns (girls/boys)	114,330	213,371	140K
	Number of students and teachers benefitting from MHPSS sessions (female/male)	6,085	81,023	53K
	Number of non-formal education children whose learning levels are assessed (girls/boys)	0	152,408	100K
	Number of Education actors (female/male) trained on policy, planning, data collection, reporting and fundraising	508	2,286	1.5K
	Number of school-based parents' and students' councils supported	430	18,289	12K
	Number of children supported to sit for national exams (girls/boys)	411	914,449	600K

3.6 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
17.7M	8.1M	2.2M	4.2M	1.2M
REQUIREMENTS (US\$)	PARTNERS			
\$225.7M	62			

Objectives

- 1. Strengthened protection for persons of concern, including prevention and mitigation of rights violations.** The Protection Cluster and AoR partners aim to provide legal and individual protection assistance (in cash and in-kind), psycho-social support, case management, mobile outreach support, safe spaces, mine clearance and mine risk education.
- 2. Persons of concern benefit from full and non-discriminatory access to essential services and enjoyment of their rights, with particular attention to the most vulnerable.** The Protection Cluster and AoR partners aim to achieve this objective through facilitating freedom of movement and humanitarian access, including through the provision of civil documentation, protection monitoring, information dissemination, explosive ordnance risk education (EORE) and marking hazards.
- 3. Improved the social cohesion and resilience of conflict-affected people,** and support persons of concern in identifying durable solutions. The Protection Cluster and AoR partners are committed to achieve this objective by fostering social cohesion, peaceful co-existence and durable solutions by ensuring interventions that will focus on community-based protection and resilience, as well as empowerment of crisis-affected people.

Response

The Protection Cluster and AoRs aim to ensure the coordination of protection advocacy, capacity building, and the provision of critical and specialized protection services, including psychosocial support; case management; referrals; legal counselling and assistance; and protection monitoring through outreach mobile teams, community centres, safe spaces, the provision of in-kind and individual protection assistance, and marking areas contaminated with explosive hazards (EH) and explosive ordnance risk education activities. The Protection Cluster and Protection Areas of Responsibility will work with other sectors and partners to ensure the centrality of protection and protection mainstreaming in the humanitarian and development response and conduct capacity-building activities to help integrate accountability to the affected populations in clusters' response.

Protection Cluster actors will address the protection concerns of the affected people across Yemen, undertaking protection and human rights monitoring. They will work with other clusters and advocate at national and local level for non-discriminatory access to services and to address identified needs of the crisis affected people in relation to civil documentation, HLP rights, freedom of movement and IDP integration.

The provision of legal counselling and assistance to address a broad range of protection concerns, including access to civil documentation, housing land and property rights will be delivered through community-based networks, mobile outreach, and community centres. Given the negative impact of the conflict and displacement on the mental health and psychosocial well-being of the crisis-affected population, psychosocial support programs will target the most vulnerable through mobile teams, community centres, and targeted PSS for children, women, elderly, persons with disabilities and minority groups. Protection Cluster partners will also seek to address the numerous protection needs through individual cash assistance to persons with specific needs, including the elderly, persons with disabilities, minority and other vulnerable groups. Community based protection activities and peaceful coexistence projects will be implemented to support IDPs and conflict-affected communities in accessing livelihood opportunities and achieving durable solutions, participation, inclusion, and social cohesion.

Information on available services and assistance programs will also be provided to the crisis-affected population. Capacity building and technical assistance

to support humanitarian actors, local actors, local authorities, and other key stakeholders will continue to enhance accountability for preventing, mitigating, and addressing protection risks. This will foster greater coordination and contribute to increased referrals and strengthen access to specialized services for survivors of GBV, children at risk and other vulnerable groups including minority groups, elderly, persons with disabilities, and the internally displaced, enhancing their resilience.

The response is closely linked to the work of other clusters, as implementation of protection monitoring, community-based activities, mobile outreach and psychosocial support allows to identify humanitarian needs that can be covered by actors of other sectors. The Protection Cluster will continue working with the Health Cluster on the coordination of psychosocial support. Integrating sexual and reproductive health and rights issues as part of the GBV response also gives space for synergies with the Health Cluster. Advocacy on durable solutions for IDPs supports the work of Shelter actors on sustainable solutions.



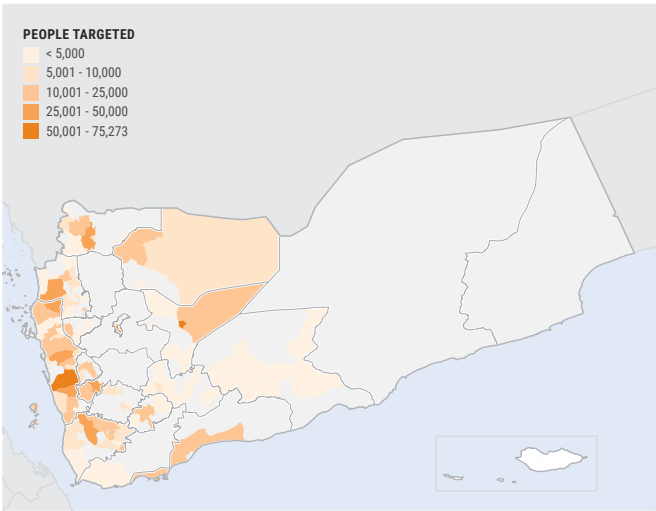
ABYAN, YEMEN

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3.6.1
Child Protection AoR



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
9.03M	1.26M	\$49.6M	27



Child Protection Area of Responsibility (CP AoR) plans to reach over 1.25 million boys, girls and their caregivers with specialized preventive and responsive protection services.

Three main programs are planned: child protection case management; mental health and psychosocial support (MHPSS) supported by community-based child protection mechanisms and capacity building of the front-line workers. CP AoR will focus on 130 districts considered as extreme and catastrophic districts in need of child protection interventions, prioritizing the most vulnerable boys and girls in the displaced and host communities who are at risk of violence, neglect, abuse and exploitation.

CP AoR promotes comprehensive case management services including family tracing and reunification for unaccompanied and separated children and provision of alternative care; assistance to child victims of violence including victim of landmines and explosive remnants of war ERWs; child headed households; children at risk of child labour and out-of-school

children who may face negative coping mechanisms. Under the case management response, cash for protection addressing the needs of families with vulnerable and at-risk children are encouraged, but only if full steps of case management process are followed. Cash distribution component alone without case plans followed up by social workers are not encouraged.

Approximately 8 million people are in need of MHPSS, and inter-cluster coordination to integrate MHPSS is necessary to address the wellbeing of children and caregivers. While social workers provide specialized MHPSS support for the vulnerable children, Child Protection and Education partners will continue to work together to improve children’s psychosocial wellbeing in schools. Based on the joint framework developed by both clusters, partners plan to implement MHPSS capacity building for teachers and school social workers.

Partners will support community-based child protection mechanisms to prevent and respond to violence, exploitation abuse of children dialogue and capacity building which can bring behaviour change. CP AoR will also coordinate with the mine action AoR to ensure that the risk of injury from mines/unexploded ordnance for children is reduced through EORE.

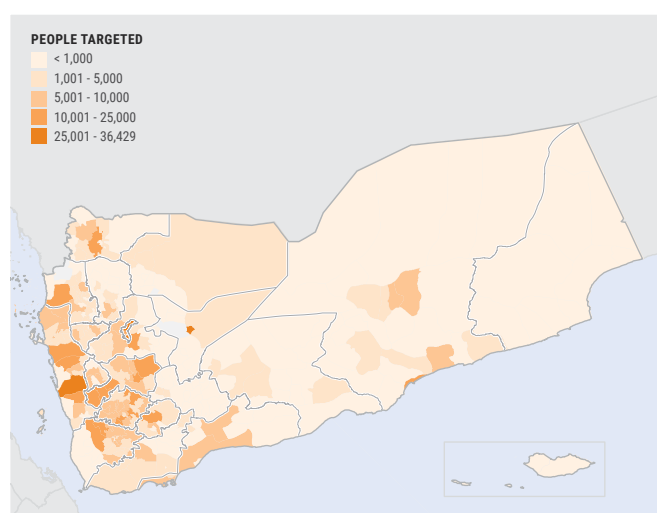
CP AoR aims to build capacity of child protection practitioners to improve the quality of child protection response and refer for cases to specialized child services or other specialized services such as health, education, food security or nutrition. CP AoR aims to target 920 front-line workers with capacity building activities including basics of child protection response, child protection minimum standards, child rights and child protection in emergencies.

3.6.2

Gender-Based Violence AoR



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
7.1M	1.04M	\$60.3M	24



Recognizing the multiple, pressing needs of women, girls, boys and men - and limited response capacities, the overall objective of the GBV AoR continues to be the provision of safe haven for those whose physical and mental integrity are threatened, as well as for their minor dependents.

Economic empowerment and MHPSS services remain the main and safest entry points for survivors and those at risk from GBV. Activities such as life-skills development, alternative income generation and vocational training continue to offer a double benefit for targeted populations: they build the confidence and resilience of the most vulnerable, and create a safe environment for seeking help. Anticipating the continued engagement of women and girls in seeking safety within women and girls' safe spaces (WGSS) and safe shelters, and recognizing the increased MHPSS, physical safety and legal security needs as the

crisis continues, the GBV AoR will continue to increase the availability of multi-sectoral services responding to these needs. To respond to specific vulnerabilities, especially in cases where physical integrity and wellbeing of the survivor or their dependent may be at risk, or the risk of (sexual) exploitation is increased due to poverty or food insecurity, the GBV AoR aims to establish and standardize provision of cash through case management.

Along with continued capacity development of the service providers, the GBV AoR will focus on establishment of safe and effective referral systems that extend to other clusters. As such, GBV risk mitigation in other clusters remains one of the priority interventions in 2023 through formal trainings or support in voicing the needs and concerns of women and girls, that are traditionally lacking representation.

Noting the increased demands for legal aid, especially in relation to women and girls-survivors placed in detention due to the culture of victim-blaming, the GBV AoR will support access to justice; identify the needs other than legal aid and support the reintegration of survivors upon their release.

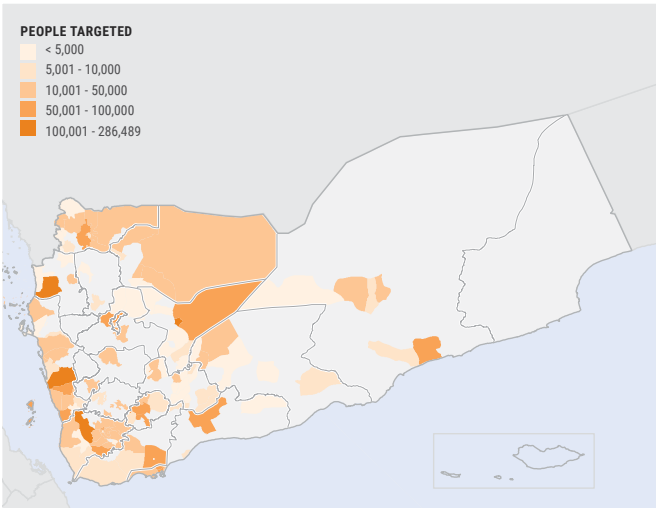
GBV AoR members will continue to develop and implement culturally appropriate and safe ways to challenge the attitudes, norms and practices that uphold GBV, including by building awareness about costs of GBV for the survivors, their families and the communities.



3.6.3

Mine Action AoR

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS
7M	3.4M	\$31M	11



The Mine Action Area of Responsibility ensures coordination of operational activities aimed at reducing and (where possible) eliminating the threats posed by explosive ordnance to civilians.

The most urgent needs are to release land contaminated with explosive ordnance, through comprehensive mapping, survey and clearance activities, to provide Explosive Ordnance Risk Education (EORE) to communities and support to survivors either directly or indirectly through a referral system in partnership with the relevant clusters and government counterparts. Attention will be given to providing support tailored to the specific needs of women, men, girls and boys.

The Mine Action AoR works within a multi-sector approach to facilitate the free movement of populations and goods and ensure access to humanitarian actors who provide life-saving activities. The focus will be given to expanding survey activities by providing equipment, training, and information management tools to national and international

implementing partners, in line with Yemen’s national commitment to the Anti-Personnel Mine Ban Convention (Ottawa Treaty).⁴⁷ Mine Action will also coordinate with the National Mine Action Authority to provide the required resources, conditions, and access to facilitate the safe disposal of explosive ordnance.

Partners will prioritize, and ensure the timely, safe and efficient release of land, especially in areas with high incident rates, such as Ad Dhali, Al-Jawf, Hodeidah, Marib, Taiz and Sa’ada. The Mine Action AoR will continue to provide coordinated EORE sessions while developing alternative methods of delivery where access and movement is restricted. Efforts will be made to expand explosive ordnance disposal training of demining operators, which addresses an increasing trend in explosive ordnance incidents. Partners will also expand the delivery of safety awareness trainings to humanitarian workers, ensuring the safe provision of humanitarian aid.

Partners will aim to reduce the threat posed by improvised sea mines, by developing mapping and clearing of Yemen coastal areas. Sea mines have become a perennial issue in Yemen and have the potential to disrupt shipping in the Red Sea and approach to seaports along Yemen’s western and southern coastline.

The Mine Action AoR will work to improve national capacity development through the implementation of recommendations based on the capability maturity model annual assessments.

Cost of Response for protection Cluster and AoRs
In 2023, the National Protection Cluster and AoRs requests US\$225 million to reach 8.1 million people. The National Protection Cluster and AoRs identified

new activities to respond to emerging needs and the changing reality on the ground: Access to livelihood opportunities, Housing, Land, and Property Rights, strengthening referral mechanisms and systems as part of an integrated protection response to contribute to enhancing the protective environment in Yemen and facilitate durable solutions. Based on partners' feedback combined with the introduction of new activities and inflation that informed the average unit cost, protection and AoR intervention activities increased between 10 and 15% over 2022.

Child protection (CP) AoR considered the unit cost of child protection in emergency interventions based on combined exercise with SAG members, taking into consideration all related operational, thematic, non-thematic, direct, and indirect costs as was the case with all the protection AOR. For 2023 the cost for critical services including case management and victim assistance average is US\$450 USD / case, whereas for MHPSS the unit cost average is US\$30 /individual.

Gender-based violence (GBV) AoR considered the unit cost of GBV in emergency interventions based on combined exercise with SAG members. Overall, for 2023, GBV needs US\$64,109,100 to support 1,439,537 targeted beneficiaries. The unit cost for women, girls, boys, and men at risk from GBV or survivors who received cash support is US\$645 (for three rounds), while the beneficiaries reached with lifesaving GBV multi-sectoral services (MHPSS, case management, and legal aid) is US\$132 and is US\$47 for transit kits. The cost of service providers trained on GBV concepts and principles, including integration of GBV in emergencies is US\$300, and to access alternative income-generating activities and skills building is US\$110. In addition, the women and girls having access to WGSS are a new indicator without cost and the average cost of women and girls' safe spaces and safe shelters established/supported for each WGSS is US\$100,000 and the target increased to 40 WGSS. Finally, the unit cost for women, girls, boys, and men reached with awareness-raising activities on GBV prevention, risk mitigation and response is US\$3.

Mine Action (MA) AoR considered the unit cost of two different types of interventions: land release and Explosive Ordnance Risk Education (EORE). The unit cost of land release, based on all related operational, thematic, non-thematic, direct, and indirect costs (salaries of deminers, equipment purchase, office rentals) is US\$3.5 per square meter of land. The unit cost of EORE, based on training of trainers, allowances of those delivering EORE, EORE material, office rentals, per person is evaluated as US\$5 per person for EORE. The unit cost for both activities has been developed in consultation with all MA AoR members (UN and INGOs organizations).

Monitoring

The Protection Cluster and AoRs developed robust monitoring system which includes monthly 4Ws reporting against indicators, which monitor progress against the set targets, identify gaps and coordinate response at the field level. The 4Ws data is reflected in a quarterly dashboard that is produced and shared with all key stakeholders. The resulting quarterly reports will enable Protection and AoR partners to report on achievements, identify and address gaps and mobilize resources effectively. This will also be informative for new partners and activities and help direct any expansions, as well as inform emergency preparedness efforts whenever needed.

The Civilian Impact Monitoring Project (CIMP), a service under the Protection Cluster, provides a monitoring mechanism for real-time collection, analysis and dissemination of open-source data on the civilian impact from armed violence, to inform and complement protection programming.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Strengthened protection for persons of concern, including prevention and mitigation of rights violations. The Protection Cluster and AoR partners aim to provide legal and individual protection assistance (in cash and in-kind), psycho-social support, case management, mobile outreach support, safe spaces, mine clearance and mine risk education.

Contributes to Specific Objective SP 1.2		BASELINE	NEED	TARGET
INDICATORS	Estimated Area, in Square Meters, of land cleared or surveyed	0	7M	1.4M

CLUSTER OBJECTIVE 2: Persons of concern benefit from full and non-discriminatory access to essential services and enjoyment of their rights, with particular attention to the most vulnerable. The Protection Cluster and AoR partners aim to achieve this objective through facilitating freedom of movement and humanitarian access, including through the provision of civil documentation, protection monitoring, information dissemination, explosive ordnance risk education (EORE) and marking hazards.

Contributes to Specific Objectives SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	A number of persons benefited from life skills, recreational or vocational activities	0	9.7M	12.2K
	Number of local and displaced women, men, girls, and boys supported through peaceful coexistence/peacebuilding/social cohesion projects, community-based protection, or community support initiatives	0	9.7M	9.9K

CLUSTER OBJECTIVE 3: Improved the social cohesion and resilience of conflict-affected people, and support persons of concern in identifying durable solutions. The Protection Cluster and AoR partners are committed to achieve this objective by fostering social cohesion, peaceful co-existence and durable solutions by ensuring interventions that will focus on community-based protection and resilience, as well as empowerment of crisis-affected people.

Contributes to Specific Objective SP3.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Number of persons benefiting from protection training or capacity-building	1,666	9.7M	3,350K
	Number of persons benefiting from referral services	0	9.7M	88K
	Number of community centres providing protection assistance and services supported	11	9.7M	17 Centers
	Number of mobile team providing outreach protection services and assistance established	0	9.7M	53 Mobile team
	Number of persons engaged as members of community-based protection networks and committees	205	9.7M	29K
	Number of persons benefiting from psychosocial support for adults (not including CP or GBV)	32K	9.7M	88K
	Number of persons benefiting from legal assistance	54K	9.7M	194K
	Number of persons directly consulted or assessed through protection, human rights and IHL monitoring	1.3M	9.7M	1.7M
	Estimated Area, in Square Meters, of land cleared or surveyed	0	7M	2M
	Number of children reached with critical child protection services (family tracing and reunification, case management, victim assistance)	18.3K	9M	27K
	Number of Children and caregivers affected by the conflict and natural disasters reached with physical and mental wellbeing activities in conflict-affected.	39.1K	8.8M	1.2M
	Number of Men and Women who received Child Protection training / capacity building	793	6.6K	920
	Number of persons benefiting from legal assistance	54.8K	9.7M	194K
	Number of persons benefiting from awareness raising and information sharing	28K	9.7M	907K
	Number of transt kits distributed	135K	7.1M	200K
	Number of beneficiaries reached with lifesaving GBV multi-sectoral services (MHPSS, case management and legal aid)	113K	7.1M	250k
	Number of beneficiaries (women, girls, boys and men at risk from GBV or survivors) received cash support	0	7.1M	8K
	Number of service providers trained on GBV concepts and principles, including integration of GBV in emergencies	0	7.1M	1,500K
	Number of vulnerable women, girls, men and boys access alternative income generating activities and skills building	39.3K	7.1M	80K
	Number of women, girls, boys and men reached with awareness-raising activities on GBV prevention, risk mitigation and response	486K	7.1M	500K
	Number of women and girls having access to WGSS	0	7.1M	400K
	Number of women and girls safe spaces and safe shelters established/ supported	6	7.1M	40

3.7 Shelter and Non-Food Items (NFI)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
7.5M	3.3M	0.8M	1.6M	0.5M
REQUIREMENTS (US\$)	PARTNERS			
\$250M	220			

Objectives

1. Life-saving emergency shelter and NFI provided to the affected population, including those displaced by conflict, climate emergency, and natural disasters. Focus is on prepositioning and distributing contingency stocks, including NFIs, emergency and shelter repair kits. This is done primarily through Shelter Cluster Common Pipeline with warehouses in strategic locations.
2. Ensure the protection and timely assistance of crisis-affected people from climate-related and natural disasters. Supporting preparedness measures by ensuring affected population is insulated from harsh winter weather and natural disasters, contributing to safe and secure physical living environment and improving communities' resilience.
3. Enhanced living conditions for IDPs in protracted crises, IDP returnees, and vulnerable host communities by providing durable shelter and NFI solutions, advancing their security of tenure, and minimizing environmental impact. This objective focuses on strengthening the affected population's resilience through longer-term shelter and improving sub-standard conditions. It entails provision of NFIs, localized emergency shelters, shelter maintenance and upgrades, and settlement planning support. In urban environments, rental support will address eviction threats by providing adequate accommodation for an agreed period. Durable shelter solutions are vital to building the affected population's resilience and breaking the continual emergency cycle. These include: transitional shelter, house rehabilitation and reconstruction, debris removal, HLP support, promoting a greener response.

Response

The Yemen Shelter Cluster (YSC) target of 3.3 million people includes those newly displaced and in protracted crisis, IDP returnees, and vulnerable host communities. The geographical context and needs severity of the target population guide the response as per the cluster HNO 2023. The YSC has over 220 members implying necessary response capacity and experience to scale up as required. Local NGOs represent over 85 per cent of Shelter Cluster membership and are critical to delivering the response, especially in hard-to-reach locations.

The emergency response will deliver NFIs, emergency shelter kits, and shelter maintenance kits for displacements following new shocks and the impact of natural disasters, including fire incidents, aiming to reduce the adverse effects of climate change and other disasters on the affected people. The cluster plans to implement household and community-level disaster risk reduction interventions to ensure IDPs exposed to flooding during the rainy season are protected. Winterization support will be provided to families experiencing harsh weather. Living conditions of the crisis-affected population will improve by providing essential household items, localized emergency shelters, rental support, and shelter maintenance and upgrades, enabling safer and more dignified living standards. Small-scale settlement planning will improve standards, including decongestion, hazard risk reduction, improved accessibility, and ensure access to essential services. Durable shelter solutions aligning with humanitarian development and peace (HDP) nexus and the Yemen sustainable development cooperation framework, e.g., transitional shelters, house rehabilitation, and reconstruction,

aim to enhance the living conditions of IDPs and IDP returnees.

Response modalities include in-kind, cash, voucher, or mixed modality, depending on the context and state of markets. Cash-based interventions, ideally conditional or restricted for shelter purposes, are a favoured modality unless they have a negative impact on communities or if local markets are non-functional.

YSC will ensure full representation of the crisis-affected population in planning, designing and monitoring shelter and settlement interventions. Promoting people-centered approaches will be prioritized to ensure community safety and dignity, avoid causing harm, and ensure meaningful access, accountability, participation, and empowerment. Protection and Gender mainstreaming as well as PSEA will be considered throughout the designing and implementation of the response. YSC will support recovering housing ownership documents and advancing the security of tenure, addressing HLP issues. Partners will aim to prevent and mitigate adverse environmental impacts by selecting sustainable construction materials to prevent over-exploitation, pollution, and degradation of the natural environment. Efforts to strengthen integrated multi-sectoral responses will continue.

Cost of Response

The 2023 financial requirement for the Shelter and NFI Cluster is US\$250 million to assist a targeted 3.3 million people. Representing an increase of 11 per cent in the requirement compared with 2022 due to: a rise in overall acute PIN by 23 per cent, a recent reduction in hostilities leading to increases in newly accessible areas, and inflation driven increased costs of NFIs and shelter materials in the local and international markets. Of the total requirement, US\$30 million for NFI response and US\$28 million for emergency shelter kits (both contingency and regular distributions), US\$50 million for rental support, US\$17 million for

shelter maintenance/upgrades, \$21 million for climate emergency support and natural disasters mitigation (natural hazard mitigation, winterization support, and shelter repair kits), US\$2 million for settlement planning support, US\$45 million for transitional shelter, US\$59 million for house rehabilitation/reconstruction, debris removal and HLP support. The average cost per household is US\$800 for the life-saving response, US\$1,300 mid-term response, and US\$2,800 for durable solutions. Aside from contributing to other multisectoral needs, durable shelter solutions are more cost-effective in the long run, reducing dependency on humanitarian aid.

Monitoring

The Shelter and NFI Cluster response is guided by a sector-specific multi-year strategy (2022/24). Activities are monitored through the YSC 5W reporting system, capturing completed and planned interventions. Additionally, contingency stock tracking, quarterly cluster fund mapping, and post-distribution monitoring are in place. Market assessments are planned to understand the fluctuations of prices of rental and key NFI and shelter materials in different regions across the country.

The Cluster Coordination Performance Monitoring (CCPM) mechanism is activated annually, contributing to monitoring and evaluating performance, allowing stock-taking on which functional areas work well and which areas of the plan require improvement. A shelter cluster capacity-building strategy is developed to strengthen partner technical capacity and service delivery.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Life-saving emergency shelter and NFI provided to the affected population, including those displaced by conflict, climate emergency, and natural disasters.				
Contributes to Specific Objective SP1.3		BASELINE	NEED	TARGET
INDICATORS	Number of NFI kits prepositioned and distributed (contingency)	3,000	104,000	57,000
	Number of emergency shelter kits prepositioned and distributed (contingency)	2,500	104,000	30,000
CLUSTER OBJECTIVE 2: Ensure the protection and timely assistance of crisis-affected people from climate-related and natural disasters.				
Contributes to Specific Objective SP1.3		BASELINE	NEED	TARGET
INDICATORS	Number of households reached with natural hazard mitigation	650	187,000	81,000
	Number of households reached with winterization support	34,000	94,000	79,000
	Number of shelter repair kits prepositioned and distributed (contingency/floods)	0	104,000	30,000
CLUSTER OBJECTIVE 3: Enhanced living conditions for IDPs in protracted crises, IDP returnees, and vulnerable host communities by providing durable shelter and NFI solutions, advancing their security of tenure, and minimizing environmental impact.				
Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	<ul style="list-style-type: none"> Number of households reached with NFI Kits Percentage of NFI kits distributed that meet environmental criteria 	112,000	567,000	64,000
	<ul style="list-style-type: none"> Number of households provided renewable energy sources (for cooking, lighting, etc.) Percentage of women, and girls with improved access to safer living environment 	0	492,000	53,000
	<ul style="list-style-type: none"> Number of households reached with localized emergency shelter kits Percentage of shelter kits distributed that meet environmental criteria 	37,000	332,000	16,000
	<ul style="list-style-type: none"> Number of households reached with rental support 	76,000	614,000	115,000
	<ul style="list-style-type: none"> Number of households reached with shelter maintenance and upgrades in accordance with minimum standards Percentage of shelter maintenance and upgrades that are conducted using an environmentally-friendly approach 	2,000	153,000	69,000
	<ul style="list-style-type: none"> Number of households reached with transitional shelters 	2,000	153,000	35,000
	<ul style="list-style-type: none"> Number of households reached with house rehabilitation Percentage of house rehabilitation that are conducted using an environmentally-friendly approach 	50	423,000	17,000
	<ul style="list-style-type: none"> Number of households reached with house reconstruction Percentage of house reconstruction that are conducted using an environmentally-friendly approach 	300	42,000	2,000
	<ul style="list-style-type: none"> Number of households assisted with debris removal 	0	42,000	2,000
	<ul style="list-style-type: none"> Number of returnee households provided with cash support to recover ownership documents 	0	71,000	9,000
	<ul style="list-style-type: none"> Number of settlements with improved minimum standards 	0	222,000	18,000

3.8

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
1.9M	1.1M	269K	528K	163K
REQUIREMENTS (US\$)	PARTNERS			
\$78.5M	22			

Objectives

The CCCM response, under people-centred modalities, focuses on four cluster objectives:

1. Supervision and coordination of safe and dignified access to integrated and multisectoral services at site level.
2. Strengthening community participation and supporting the capacity building of key CCCM partners and stakeholders.
3. Ensuring and facilitating access to two-way communication pathways for displaced population.
4. Overseeing integrated approaches and building blocks to develop exit strategies, resilience and durable solutions.

Response

The CCCM Cluster response will follow the new cluster strategic objectives endorsed by the SAG, based on finding from the cluster retreat, lessons learned and opportunities for integrated approaches. This approach is guided by information and data analysis of severity and priority of needs of IDPs living in sites, including continuity on targeting needs of women, men, boys and girls under the principles of inclusion and do no harm.

The CCCM core strategic aim of improving living conditions in IDP hosting sites remains with emphasis on modalities to focus more activities on strengthening community capacity and resiliency. This approach will support cross-cutting issues, integrated multisectoral response and transitional activities and

implementation of durable solutions. Based on the capacity of the CCCM implementing partners, the modality will be adapted from static, mobile, remote and light, under the umbrellas of integrated and area-based approaches.

Two-way communication allows for a more transparent and accountable response for a person-centred implementation and contextualization, leading to better integrated responses and opportunities to IDP driven durable solutions.

The CCCM Cluster will work with 22 partners to aid 1.1 million people living in prioritized displacement sites, to maintain or strengthen their safe and dignified access to multisectoral services, including integrated protection. The cluster will continue working closely with Protection, Shelter/NFIs, WASH and other clusters to address the dire conditions, ensuring that living conditions at sites level are safer, secure for women, girls, men and boys, and better prepared or mitigate the exposure to any risks and hazards, including protection risks. Using integrated approaches, CCCM will support coordinated activities, strengthen referral pathway, avoid duplication and build pathways to the development of transitional approach to durable solutions and exit strategy. This objective will support the nexus mechanism to ensure an effective complementarity with development stakeholders.

Furthermore, the implementation of the new cluster response strategy will orientate activities to strengthen resilience and durable solution approaches by mainstreaming protection, mobilizing the displaced communities, as well as host communities to strengthen self-organization and community cohesion. In addition to supporting the formation of community committees, the cluster will ensure functional two-way communication mechanisms in managed sites to ensure that the affected population informs CCCM priority interventions and follow-up on complaints and feedback from the community members is addressed in a timely manner. The cluster will continue capacity building of partners, including site administration authorities.

The cluster will address sectoral critical gaps and risks through the complaint and referral monitoring system. Tracking site situation through site monitoring system will benefit from increasing information accuracy and strengthening inter-sectoral response. New tools embedding protection mainstreaming will be implemented to support coordination of activities related to durable solutions.

Cost of Response

In 2023, the cluster reviewed the costing guidance with the CCCM SAG and partners based on the expected target and prioritized areas to develop a total budget—\$78.5 million to meet the acute needs of 1.1 million people hosted in 900 sites, including the 739 currently CCCM managed sites. Compared to 2021, the calculation of the response cost has not changed, with an average cost of USD\$71 per individual per year. Activities costs remain the same despite the review of the minimum management support activities, the re-orientation of core activities (including site maintenance), the integrated approach, the response modalities and transition to durable solutions.

The main components of the financial requirement are to support maintaining sites covered by site management approaches, including all management modalities. This is including costs related to staffing, data collection, training, capacity building, equipment for community-based projects, mass information, coordination with integrated response, as well as

maintenance or decommission of sites infrastructures, and cash for work activities. Each area of activities has been mapped by the cluster and categorized based on the modality, frequency and on needs priorities. The cost per month per beneficiary has been calculated as US\$6.

Monitoring

The CCCM Cluster will continue to monitor the activities of partners based on a set of agreed indicators and through regular reporting mechanism in the cluster's ActivityInfo⁴⁸ online reporting database, to track progress and achievement towards the HRP 2023 objectives. The database includes an eviction tracker, which regularly reports on and monitors active eviction threats. The CCCM Site Monitoring Tool will monitor sectoral situations and evaluate the efficiency of the response and respond and refer gaps. The monitoring products will be made available publicly to service providers, stakeholders, and to support integrated multisectoral coordination. In addition, the CCCM Referral and Escalation System will involve different layers of coordination, including at area-based, sub-national and national levels to escalate gaps that CCCM partners could not resolve at the site level. This Referral and Escalation System has been reviewed to also support coordination between clusters.

The CCCM Cluster will continue monitoring all risks, and track related incidents and response provided. This approach established in 2022 for the flood response, including prior identification of level of risks, preparedness measure, early warning, incident record and response tracking will be continued and improved in 2023, in accordance with the CCCM Cluster objectives and in coordination within the integrated multisectoral approaches.

These tools form a full CCCM monitoring system that was developed with inter-cluster participation and will support the cluster to monitor HRP progress.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Supervision and coordination of safe and dignified access to integrated and multisectoral services at site level				
Contributes to Specific Objective SP2.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Number of sites with CCCM supervision and coordination systems	827	2374	900
	Percentage of CCCM Teams trained on protection principles, mainstreaming, gender inclusion	--	100%	100%
	Percentage of sites with active HLP services	--	100%	80%
	Percentage of sites providing monthly Site Monitoring Report	--	100%	100%
	Percentage of women, girls, men, boys reporting feeling safe and secure in their sites	--	100%	75%
CLUSTER OBJECTIVE 2: Strengthening community participation and supporting the capacity building of key CCCM partners and stakeholders				
Contributes to Specific Objective SP1.3 & SP3.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Number of sites with community self-organizing committees	820	900	750
	Number of members of the community self-organizing committees in IDP sites disaggregated by gender, age, and disability	4535	4950	750
	Number of community-driven projects aimed at site development, infrastructure improvement, site risk reduction, community resilience or cohesion	556	900	450
	Number of community committees and volunteers who participated in capacity-building trainings	820	900	450
	Number of people incentivized through cash-for-work for site maintenance or community-driven projects	2893	5000	3000
CLUSTER OBJECTIVE 3: Ensure and facilitate access to two-way communication pathways for displaced population				
Contributes to Specific Objective SP3.1		BASELINE	NEED	TARGET
INDICATORS	Number of information campaigns conducted	4,640	2200	1800
	Percentage of sites with functional feedback and complaints mechanisms	4,640	100%	100%
	Percentage of complaint or feedback investigated, resolved or escalated and results fed back to the complainant within agreed timeframe	50%	100%	75%
CLUSTER OBJECTIVE 4: Oversee integrated approaches and building blocks to develop exit strategies, resilience, and durable solutions				
Contributes to Specific Objective SP2.2		BASELINE	NEED	TARGET
INDICATORS	Number of exit strategies workplans under development by CCCM partners	--	22	22
	Percentage of sites with secure land tenure agreements for a minimum of 3 years	--	30%	10%
	Number of joint intention surveys conducted (household)	--	220K	110K
	Number of "go-and-see" IDP visits supported by CCCM partner and local authorities	--	400	141

3.9 Refugees and Migrants Multi-Sector (RMMS)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
308K	308K	80K	68.5K	46K
REQUIREMENTS (US\$)	PARTNERS			
\$70.2M	15			

Objectives

RMMS aims to:

1. Improve protection conditions and fulfilment of rights for all refugees and migrants, including through protection monitoring and reporting, proper identification and referrals within the mixed movements, and the right to asylum for people in need of international protection;
2. Improve the living conditions of the most vulnerable migrants and refugees through expansion of basic services and support for self-reliance by providing cash assistance for basic needs and sectoral interventions, shelter, health, education, women's protection, child protection and psychosocial support to people with specific needs, with priority given to protection mainstreaming across all areas;
3. Support the pursuit of durable solutions for all migrants and refugees including through the strategic use of resettlement for refugees and increased support for return to countries of origin in conditions of safety and dignity and in line with the principle of voluntariness.

RMMS partners will contribute to improving the protection environment by addressing the manifold threats, risks, vulnerabilities and overall needs of migrants, asylum-seekers and refugees in Yemen. This will be achieved through the provision of multi-sector life-saving assistance and specialized protection services to vulnerable people on the move and to those in need for international protection, through the timely delivery of basic services with a focus on the most vulnerable, and the integration of refugees into existing public services. It will further support the facilitation of solutions for migrants and refugees by promoting self-reliance and resilience to shocks, supporting voluntary return to countries of origin and by advocating for resettlement opportunities.

The RMMS will focus on coordination and advocacy with duty bearers to strengthen the protective environment to ensure compliance with human rights norms and international obligations, including, but not limited to, the 1951 Convention on Refugees, of which Yemen is a part. It will engage with authorities and other actors working in the area to ensure harmonization of the response and proper identification of persons in need of international protection.

Response

In 2023, the RMMS will represent a strengthened and more diverse membership of both national and international NGOs, and other agencies. It will work to ensure protection, fulfilment of rights, facilitating durable solutions and addressing the needs of migrants, refugees and asylum-seekers arriving in, transiting through and already settled or settling in Yemen.

Activities will be carried out along migratory routes including border areas; in urban centers, where most of the targeted population lives, particularly refugees and asylum seekers; and along front lines including in Marib and the border areas where many migrants are stranded; and in the Kharaz Refugee Camp. While RMMS partners will deliver a multi-sector response, the sector will encourage the further integration of

its populations of concern into the wider cluster response, primarily for protection, health, cash, and education services.

The sector will also work on facilitation of durable solutions, including resettlement for refugees and voluntary return for refugees and migrants.

Cost of Response

RMMS requires \$70.2 million which equates to US\$234 per person and a 25 per cent increase from 2022. This is based on the rationale that IOM, UNHCR and RMMS members provide a multi-sector response modality and are the sole humanitarian actors providing direct service delivery to their populations of concern. Migrants, refugees and asylum-seekers are wholly dependent on humanitarian assistance to meet their basic needs, owing to ongoing legal barriers to accessing national support systems and services. At the same time, the hosting authorities have no capacity to provide support, against a backdrop of huge humanitarian needs for Yemenis. Additionally, the sector will increase its engagement in the provision of durable solutions, including international travels for persons of concern, which comes with a heavy financial burden.

Standard transfer amounts, such as cash for protection, are in line with cluster agreed rates, as are any incentives or other payments for services.

Monitoring

RMMS will undertake regular vulnerability assessments, context analyses and protection monitoring to ensure its response is not excluding or overlooking patterns of violence, abuse, neglect or exploitation, and to inform activity or strategic revision, if necessary. RMMS is mindful of the operational constraints and political sensitivities in Yemen, particularly in the provision of protection sensitive activities in hard-to-reach areas, as well as activities directly targeting non-Yemenis in areas where hardships are faced by all. IOM and UNHCR have in place modalities for monitoring and support partners, with internal monitoring tools to enable oversight of activities against planned targets, performance and disbursement of funds.

Progress towards achievement of outputs and objectives is measured against performance and impact indicators from the RMMS results framework, as well as proxy indicators outside the results framework, to provide complementary information on the context specific objectives and the associated targets. RMMS monitoring responsibility applies equally to activities implemented through partnership and those delivered directly. Monitoring methodology employed by partners is based on agreed monitoring and evaluation plans included in partnership agreements. Each plan details the content and timing of specific monitoring activities during the year, including qualitative, and monthly quantitative and bimonthly qualitative updates, periodical verification exercises and third-party monitoring exercises.

Objectives, Indicators and Targets

SECTOR OBJECTIVE 1: Improving protection conditions and fulfilment of rights for all refugees and migrants, including through protection monitoring and reporting, proper identification and referrals within the mixed movements, and the right to asylum for people in need of international protection.

Contributes to Specific Objective SP1.1 & SP1.2		BASELINE	NEED	TARGET
INDICATORS	Number of people assisted with food and/or nutrition assistance	NA	67,791	67,791
	Number of people assisted with or referred for primary health care, including medical screening, first aid response, PSS, emergency health assistance and COVID-19 related assistance, vaccination, Tuberculosis, Hepatitis, HIV/AIDS, non-communicable diseases, etc.	20,019	63,791	63,791
	Number of refugees and asylum-seekers supported with health care	20,019	100,000	100,000
	Number mobile or static health facilities supported	NA	8	8



MARIB, YEMEN

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SECTOR OBJECTIVE 2: Improving the living conditions of the most vulnerable migrants and refugees through expansion of basic services and support for self-reliance through cash assistance for basic needs and sectoral interventions, shelter, NFIs, health, education, women's protection, child protection and psychosocial support to people with specific needs, with priority given to protection mainstreaming across all areas

Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	Number of people assisted with WASH items, services and infrastructure	10,383	22,791	22,791
	Number of people assisted with safe and dignified accommodation assistance	NA	2,000	2,000
	Number of people assisted with NFIs	4,020	72,791	72,791
	Number of people assisted with cash	2,813	12,000	12,000
	Number of refugees and asylum seekers benefiting from small start-up business support	0	590	590
	Number of people assisted with Voluntary Humanitarian Return	NA	4,500	4,500
	Number of refugees supported with voluntary return	NA	1,500	1,500
	Number of refugees accepted by resettlement countries	NA	200	200

SECTOR OBJECTIVE 3: Supporting the pursuit of durable solutions for all migrants and refugees, including through the strategic use of resettlement for refugees and increased support for return to countries of origin in conditions of safety and dignity and in line with the principle of voluntariness.

Contributes to Specific Objective SP3.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Number of refugees and asylum-seekers individually registered and documented	0	9,000	9,000
	Number of refugees and asylum seekers receiving status determination decisions	0	150	150
	Number of government officials trained in refugee status determination procedures	0	25	25
	Number of asylum seekers and refugees receiving individual legal assistance (counselling, representation, mediation) on legal issues.	0	4,000	4,000
	Number hotlines and CFMs responding to people at risk	0	3	3
	Number of victims of trafficking or migrants at risk of trafficking and/or smuggling who receive services related to GBV	251	350	350
	Number of migrant children who received specialized child protection services/case management or identified/referred to specialized services	586	900	900
	Number of cases of migrant deaths or disappearances documented, with survivors in receipt of PSS	0	800	800
	Number of survivors of trafficking and smuggling identified and referred for lifesaving services	0	72,791	72,791
	Number of protection and/or migration flow monitoring reports	0	23	23
	Number of people reached through community networks and awareness raising efforts	0	43,790	43,790
	Number of officials and local actors trained on migrant protection and human rights	0	100	100
	Number of refugees and asylum-seekers receiving specialized protection services (focus on children and women)	251	1,825	1,825
	Number of refugees and asylum-seekers receiving specialized protection services (focus on children)	586	3,350	3,350
	Number of communication (complaints, feedback and inquiries) received under the complaints and feedback mechanism for refugees and asylum seekers	0	12,000	12,000
	Number of refugees and asylum seekers assessed to detect protection issues and socio-vulnerabilities	0	37,500	37,500
	Number of refugees and asylum-seekers receiving core relief items	4,020	12,500	12,500
	Number of refugee and asylum-seekers children enrolled in education programs	222	11,700	11,700

3.10 Logistics



REQUIREMENTS (US\$)	PARTNERS
\$41.3M	92

Objectives

1. Maintain a platform for logistics information sharing and coordination
2. Facilitate common logistics services to support humanitarian organizations operating in Yemen
3. Maintain a safe and reliable common air passenger and light cargo transport service for humanitarian staff to travel to and from Yemen

Response

The Logistics Cluster, led by WFP, is a community of partners, which supports humanitarian entities to alleviate logistics constraints impeding the delivery of humanitarian assistance. The cluster serves as a critical platform for coordination, information management and access to common logistics services.

The Logistics Cluster will maintain a broad partnership base to better represent and serve the entire humanitarian community in Yemen. It aims to identify, catalogue and disseminate the humanitarian logistics-related standards, standard operating procedures and guidelines, and share widely with the partners to strengthen their operations efficiency further. The cluster will also aim to expand its competency-based activities and leverage its supply chain expertise to ensure essential logistics training is delivered in a spirit of capacity strengthening, with a primary focus on national NGOs. It will also provide professional and reliable operational support to address commonly identified logistical gaps through Gaps and Needs Analyses and its Concept of Operations. Contingent on funding availability, it will also maintain capacities to respond to common logistics needs and rapidly activate logistics services, when needed.

Considering limited international and national transport options in, within and out of Yemen, through the United Nations Humanitarian Air Service (UNHAS), it aims to provide safe and reliable humanitarian air passenger and light cargo transport to, within and from Yemen.

The Logistics Cluster will continue to provide logistics coordination, access to sufficient and reliable logistics services and operationally relevant information for the timely and uninterrupted supply of lifesaving relief items to affected people in Yemen. The cluster will continue to produce and share information products to inform partners' logistical and operational decisions.

UNHAS will continue to provide humanitarian actors with passenger and light cargo transport services, as well as vital medical and emergency relocation capacity. UNHAS will operate via three main international hubs: Addis Ababa, Amman and Djibouti and six hubs internal to Yemen: Sana'a, Aden, Marib, Sayon, Mukalla and Ataq. The destinations and frequency of flights will continue to be aligned with operational needs and decisions taken by the UNHAS Steering Committee.

Contingent to funding, common logistics services will be provided on a free-to-user basis. Such services may be increased, reduced or established, based on clearly identified gaps. The cluster will invest in logistics capacity strengthening efforts, for example, through delivery of dry and temperature-sensitive warehouse management, sea/air/road transport training, prioritizing where possible national NGOs. Ad-hoc airlift services will be activated strictly for the air transport of multiple humanitarian organizations' urgent lifesaving items and commodities, and in accordance with the priorities set by the HCT.

Cost of Response

In 2023, the cluster needs an estimated US\$41.3 million, of which 87 per cent is needed for UNHAS to provide air transport services to, from and within Yemen. The main cost driver for this essential service consists of the aircraft and associated contractual costs, along with landing and ground handling fees in Yemen. The remaining 13 per cent is required to fund the Logistics Cluster activities, both across coordination and information management, capacity strengthening, as well as the provision of common logistics services for the humanitarian community.

Monitoring

The Logistics Cluster carries out an annual user feedback survey to track quality and effectiveness. In addition to coordination meetings, which act as a platform for organizations to raise concerns and provide feedback, gaps and needs analysis are also carried out through consultations at both global and local levels with humanitarian organizations operating

in Yemen. Common logistics services are recorded and monitored through the Relief Item Tracking Application, which provides users with key information regarding the status of items, stocks in storage and produces customized reports.

Services provided through UNHAS are regularly monitored via diversified systems, which include but are not limited to, the WFP Aviation Quality Assurance Unit project oversight, the UNHAS Quarterly Steering Committee meetings and the UNHAS customer satisfaction survey. The customer satisfaction survey provides UNHAS with feedback on service delivery reliability and its quality that results in the calculation of a service satisfaction rating. Through the same survey, UNHAS access engagement evaluates key elements, such as the need to increase or decrease flight frequency and the opening of new locations, to evaluate possible gaps in service delivery.

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Maintain a platform for logistics information sharing and coordination			
Contributes to all HRP Specific Objectives		BASELINE	TARGET
INDICATORS	Number of user feedback surveys conducted	2	2
	Logistical gaps and needs analysis conducted	1	1
	Number of coordination meetings held	12	12
CLUSTER OBJECTIVE 2: Facilitate common logistics services to support humanitarian organisations operating in Yemen			
Contributes to all HRP Specific Objectives		BASELINE	TARGET
INDICATORS	Percentage of ConOps cargo services requested and accepted are fulfilled	80%	80%
	Number of humanitarian partners’ staff benefited from Logistics Cluster-facilitated trainings and webinars (face to face and online)	NA	120
C03: Maintain a safe and reliable common air passenger and light cargo transport service for humanitarian staff to travel to and from Yemen			
Contributes to all HRP Specific Objectives		BASELINE	TARGET
INDICATORS	Number of passengers transported	18,000	95%
	Percentage of person evacuated/relocated due to medical and emergency need	100%	100%
	Number of user surveys conducted during 2023	4	4

3.11

Rapid Response Mechanism (RRM)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
378K	378K	92K	188K	56K
REQUIREMENTS (US\$) ⁵⁴	PARTNERS			
\$14.7M	12			

Objectives

The Rapid Response Mechanism (RRM) and its partners will provide immediate, lifesaving emergency assistance in 258 districts across 15 governorates by providing basic hygiene, dignity and transit kits, and immediate ready-to-eat ration kits to newly displaced families in hard-to-reach areas within the first 72 hours of their displacement to reduce vulnerability and maintain dignity.

According to needs assessments and lessons learned, sudden displacement is characterized by increased vulnerability and deterioration of immediate basic needs. According to the most recent Post-Distribution Monitoring (PDM), 97 per cent of beneficiaries indicated that RRM support met their immediate needs, with 94 per cent satisfied.

The RRM cluster-based objectives are to:

- Provide urgent lifesaving emergency assistance to newly displaced families as a result of armed conflict or climate change disasters in hard-to-reach places.
- Provide multipurpose cash support to families that have recently been relocated due to armed conflict or natural catastrophes and in hard-to-reach locations.
- Provide emergency monthly food assistance to newly displaced households who have received RRM kits.
- Provide food to newly displaced persons a month after receipt of RRM kits.

Response

The RRM will provide a variety of solutions that prioritize the newly displaced families through:

1. Provision of emergency RRM kits⁴⁹ (basic hygiene, dignity and transit kits, and immediate ready-to-eat ration kits) to the newly displaced people.⁵⁰
2. Provision of one-off MPCA to the newly displaced households.⁵¹
3. Provision of one round of emergency monthly food assistance to newly displaced households who have received RRM kits.⁵²

The RRM pre-positioning modality involves procuring, warehousing and transporting supplies across the country, verifying alerts and deploying teams in the specified locations within 72 hours to enrol new displacement families and distribute RRM packages and one off multipurpose cash assistance. The RRM cluster should take the lead in delivering blanket in-kind and multipurpose cash assistance to newly displaced persons as soon as possible after their first displacement.

A trilateral agreement between UNFPA, WFP and UNICEF appropriately addresses emergency preparedness and response in Yemen. It is a key example of the "delivering as one" approach in line with the "one-UN" concept to coordinated response and better use of each agency's comparative advantages.

The RRM aims to provide a minimum package of immediate and most critical lifesaving assistance to newly displaced households who are on the move due to conflict or natural disasters. The RRM provides a hygiene package, women's dignity items, ready-to-eat food and multipurpose cash assistance. It also aims to prevent or mitigate exacerbating protection risks for IDPs and minimize their vulnerability needs.

As an entry point for new IDPs and a primary source of information management for first-line data, all enrolled new IDPs will be referred to all clusters twice per week for sequencing cluster-based response.

RRM will continue to work with the Protection Cluster and its AORs to strengthen partners' capacity for the integration and mainstreaming of protection and gender principles in their day-to-day work. Training of trainer workshops on RRM safe programming were provided to all RRM partners and RRM coordinators in each hub in close coordination with the Protection Cluster.

RRM will target 378,000 newly displaced persons with in-kind, cash assistance and one-off emergency monthly food assistance. Newly displaced persons are defined as families and/or individuals fleeing their habitual place of residence in the last one month due to conflict, natural hazards or a sudden deterioration of the humanitarian situation.

Cost of Response

High-priority life-saving interventions require funding, which is determined by unit cost applied to the target population using individuals or households as appropriate units of measurement. For many years, the RRM has been chronically underfunded. The RRM needs US\$14.7 million for emergency life-saving in-kind support. Targeting considers the presence and capacity of current partners, as well as the need for RRM.

The total funding requirements are as follows: US\$6.8 million for RRM kit procurement (US\$47 for transit kits, US\$40 for immediate ready-to-eat ration kits and \$35 for basic hygiene kits), US\$7.8 million for transportation, warehousing, and partner organization presence and implementation.

The entire cost per beneficiary for the Rapid Response Mechanism is made up of the following component parts. The unit cost of the RRM kit per household is US\$125. The per-household unit cost of warehousing, transportation, and implementing partners is US\$147. Based on the latest CMWG unit cost of US\$220 (YER 122,000) in the AA-controlled areas and US\$230 (YER 240,000) in the GoY-held areas, adding 10 per cent delivery cost. The final unit cost will be US\$253.

Monitoring

The RRM's overall goal is to strengthen the integration of subsequent responses. The RRM will collaborate with authorities on beneficiary data collection disaggregated by sex, age and disability through enrolment modality. Partners will collect IDP data using harmonized and updated household registration forms that capture initial disaggregated data and information related to CCCM, WASH, Protection, Education and other clusters for better planning and informed decision making on the subsequent cluster-based response. It will monitor displacement alerts from sources, such as the DTM and information provided by international NGOs, community-based organizations and local authorities, with information triangulated with relevant sources. Household data will be uploaded on the RRM online central database for further regular sharing with humanitarian stakeholders twice a week, which are also available on the humanitarian information platform.⁵³

The PDM will be conducted through a third-party monitoring agency on the RRM project implementation, impact and appropriateness of the assistance delivered, and the use of the assistance.

All RRM partners are required to adapt and use a monitoring and evaluation framework during the project life cycle for accountability. In addition, UNFPA staff will conduct periodic monitoring and field visits to the project sites across the country.

Objectives, Indicators and Targets

	OBJECTIVES	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
Strategic Objective	Reduce the morbidity and mortality among crisis-affected women, girls, boys and men by providing timely, safe and equitable lifesaving humanitarian assistance.			378,000	378,000
Specific Objective	Reduce the adverse effects of climate change and natural disaster and man-made disasters on affected people of all ages and genders, including newly displaced persons, through enhanced lifesaving, multisectoral response promptly.			378,000	378,000
CLUSTER OBJECTIVE 1	Provide immediate lifesaving in-kind emergency assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas	Provision of emergency RRM kits (basic hygiene and transit kits, and immediate ready-to-eat ration kits) to the newly displaced people.	Number of RRM kits distributed to the newly displaced households.	378,000	378,000
CLUSTER OBJECTIVE 2	Provide immediate multipurpose cash assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas	Provision of one-off MPCA to the newly displaced persons	Number of households received one-off multi-purpose cash assistance	378,000	378,000
CLUSTER OBJECTIVE 3	Provide immediate lifesaving multi-rounds cash assistance to households who are newly displaced because of armed conflict or climate change disasters and in hard-to-reach areas	Provision of multi-month MPCA to the most vulnerable newly displaced persons	Number of households received multi-month cash assistance	170,100	170,100
CLUSTER OBJECTIVE 4	Provide immediate lifesaving one round of emergency food assistance to newly IDP households that have received RRM kits	Provision of emergency food assistance to newly displaced persons	Number of IDP households that have received rounds of emergency food assistance	378,000	378,000

3.12 Coordination



REQUIREMENTS (US\$)	PARTNERS
\$22.4M	220

Objectives

Coordination will ensure an effective, principled, inclusive and accountable humanitarian response that puts the most vulnerable people at the centre. In 2023, humanitarian actors under this plan are committed to redouble their engagement with all parties to the conflict to remove impediments and strengthen monitoring and accountability mechanisms in line with the recommendations of the Interagency Humanitarian Evaluation.

In 2023, the objectives for coordination are as follows:

1. A coherent humanitarian response that is people-centred, locally driven, and agile
2. Systematic and predictable leadership on access
3. Facilitating durable solutions to protracted internal displacement
4. A humanitarian response that leaves no-one behind
5. Catalytic humanitarian financing that delivers impact on people's lives

Response

1. A coherent humanitarian response that is people-centred, locally driven, and agile

In 2023, humanitarian actors will be provided with effective coordination mechanisms at national and field levels, such as HCT and ICCM, RCTs and AHCTs. Strengthening of the Humanitarian Programme Cycle, underpinned by progress on needs assessments and response monitoring will be a core priority.

Given the profound humanitarian challenges in Yemen that cut across sectoral lines, particular attention will be given to ensure integrated and/or multi-sectoral

approaches and area-based planning and response that aim at increasing the effectiveness and efficiency of the response based on the severity of needs.

Coordination will further aim to strengthen the decentralisation of the response at hub levels, including by adapting the humanitarian footprint and ensuring greater participation and engagement by affected communities, and national and international NGOs. The humanitarian community will work towards removing barriers that prevent partnerships with local and national NGOs, support their inclusion in coordination mechanisms, and the development of their capacities.

Coordination will lead and facilitate multi-sectoral assessments, regularly collect, consolidate, analyze, and transparently present humanitarian needs and response data. This will ensure that humanitarian decision-making and action is based on the most accurate, impartial, and updated evidence base available.

Recognizing the disproportionate impact of the conflict and crisis on vulnerable groups, including IDPs, women, children, marginalized groups and people with disabilities, OCHA will work with clusters, technical experts and partners to strengthen the integration of them in the humanitarian programme cycle and improve qualitative programming.

Protection, gender, GBV, disability, cash-based programming and accountability to affected populations will be systematically integrated into the response by improving synergies and collaboration between existing coordination fora in line with international standards.

Vulnerable populations continue to be impacted by shocks induced by conflict, climate and displacement. Hub-based planning will continue to be a key pillar of preparedness for conflict induced impacts. In light of dramatically increasing climate induced crises, in 2023, humanitarian actors plan to pilot anticipatory action activities to cover 168 districts in 19 governorates, aimed at providing timely and collective humanitarian action and minimizing the impact of flooding on vulnerable populations living in susceptible areas.

2. Systematic and predictable leadership on access:

In line with its mandate and building upon the HCT access strategy endorsed on 10 January 2023, OCHA and the broader humanitarian community will scale up its engagement and efforts for a humanitarian response in line with humanitarian principles and reinforce engagement and advocacy with all parties to the conflict to: i. protect civilians and civilian infrastructure; ii. facilitate safe, rapid and unimpeded humanitarian access; and iii. abide by their obligations under international humanitarian law.

Underpinned by a systematic evidence-base and context-analysis, OCHA will continue to provide technical and strategic advice to the humanitarian leadership on access related issues, including by chairing the Humanitarian Access Working Group, and contributing to other key mechanisms such as the TMG and the SOM. OCHA will also continue to provide civil-military coordination, including through the Humanitarian Notification System. Particular attention will be given to collective context analysis and adjusting risks and mitigating measures to stay and deliver in line with the Saving Lives Together Framework.

3. Facilitating durable solutions to protracted internal displacement:

The coordinated response will seek to break the cycle of protracted and repeated displacement, support safe and dignified returns where possible, in addition to integration, while recognizing national authorities' primary duty bearer role in protecting and serving IDPs seeking durable solutions. Yemen has been identified

as a pilot country for the work of the Special Advisor on Internal Displacement and a Durable Solutions Working Group, under the RCO's leadership, has been formed in this respect. Coordinated action will seek to contribute to Durable Solutions linked to protracted displacement, both for IDPs and host communities, as well as fostering collaboration with development actors.

4. A humanitarian response that leaves no-one behind

Coordination will build further on the humanitarian-development-peace collaboration in Yemen, with improved inter-linkages of programming to increase the resilience of communities, particularly for impactful collective responses in the areas of climate change, food insecurity and population displacement, to address the underlying drivers of humanitarian needs. The humanitarian community will also increase its engagement with the development and international community through the YPG and YPTT.

5. Catalytic humanitarian financing that delivers impact on people's lives

The humanitarian community will work together in a coordinated manner to mobilize resources for the priorities identified in the HRP, consistent with the severity of the needs on the ground. This includes regularly defining collective resource mobilization priorities based on the most pressing needs, not on any organization's specific mandate or agenda. The humanitarian community will also contribute to expanding the donor base and maximizing complementarities between humanitarian and development actors through the complementary YPG structure.

The Yemen Humanitarian Fund (YHF) will continue to be a fast, lean, and flexible funding mechanism for front-line partners to ensure an effective and principled response. It will prioritise area-based approaches, an integrated multi-cluster response, and interventions in hard-to-reach areas to ensure a scale-up in areas where the needs are the most severe and innovative approaches such as anticipatory action.

In line with global guidance, the YHF will support key cross-cutting issues along with the Central Emergency Response Fund, as they did in 2022, to support priority underfunded areas such as 1) support for women and girls, including tackling GBV, reproductive health, and empowerment; 2) programmes targeting disabled people; 3) education in protracted crises; and 4) other aspects of protection.

The YHF likewise remains a strong supporter of localization and aims to increase funding to national and local partners, while encouraging participation and inclusion of national and women-led organizations in the YHF governance structures and improving quality partnerships with local and national organizations. It has adopted a four-pronged approach; namely (i) increasing funding for national NGOs; (ii) improving the quality of funding for national NGOs; (iii) strengthening engagement with national NGOs; and (iv) enhancing the capacity of national NGOs.

Furthermore, OCHA will continue to ensure greater complementarity between the YHF and the Central Emergency Response Fund (CERF) from a thematic, programmatic and geographical point of view.

Cost of Response

The estimated cost for the sector's activities amounts to US\$22.4 million to support the work of over 220 organizations across the country. Key funding outputs include operation-wide coordination, access and security, information management services; gender, PSEA, AAP community engagement and accountability services provided by dedicated networks; and multi-cluster assessments, and monitoring.



ABYAN, YEMEN

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3.13 Emergency Telecommunications Cluster (ETC)



REQUIREMENTS (US\$)	PARTNERS
\$3.6M	47

Objectives

1. Build the IT technical capacity of the humanitarian partners
2. Provide IT services including connectivity to humanitarian partners in response to their needs
3. Expand the IT services to humanitarian community and affected population

Response

ETC will continue to provide its mandated IT services, mainly connectivity in common hubs throughout the country, to support the Yemen humanitarian operation. The cluster efforts will focus on partner's capacity building opportunities and provision of tailored services to the affected population where feasible. The needs, for achieving the said objective, were determined in coordination with ETC sites hosting agencies and IT staff on the ground by a comprehensive technical assessment of the infrastructure both for the common hubs and the UN guest houses.

In 2023, the cluster will explore options to sustain the required levels of support in response to an increased demand from all partners. Building on the achievements of 2022, around 3,000 humanitarians from 47 partner organizations will have access to ETC services in Sana'a, Al Hodeidah, Hajjah, Ibb, Sa'dah, Aden, Al Makha, Al Mu'alla, At Turbah and Marib. A dedicated helpdesk, based in Sana'a, will provide user support. Following the user satisfaction survey, the ETC will prioritize the improvement of its services and maintain the required capacity for emergency response, while focusing on reducing the overall cost of the project without compromising service quality. The opening of the three new ETC sites for the INGOs is in progress.

The cluster is also planning to expand its services, such as internet, solar charging and training to communities and affected populations, including increased outreach to persons with disabilities, older persons and minorities based on their needs. In coordination with the relevant AoRs, the ETC will promote training and engagement of female staff, especially in the provision of internet services and cyber security to enhance the environment and public awareness.

Cost of Response

The \$3.6 million financial requirement includes connectivity service, staffing, projected community services, supplies and equipment, and capacity building. Out of the total amount projected, 59 per cent are for telecommunication services. Within these telecommunication services, 84 per cent are apportioned to the cost of satellite communication, which is commissioned either from local or overseas suppliers due to a lack of local infrastructure. To reduce connectivity costs in 2023, the cluster will consider alternate means of cost-effective but reliable communication, such as fiber connection, subject to availability, from the local service providers that do not compromise the quality and security of the service and authorities' approval. In addition, the cluster will invest in building the capacity of national staff from partner organizations to strengthen their abilities, efficiency and expertise in the utilization of their IT resources in a harmonized manner.

Monitoring

The ETC uses three monitoring tools to assess the performance of the services being provided: an annual user feedback survey, a help desk data analysis and an annual infrastructure assessment. The user feedback survey assesses the quality of ETC service provision with a focus on internet connectivity, security telecommunications and helpdesk services in the common areas where the ETC operates. The survey seeks responders' feedback on the quality of coordination and the usefulness of information management products.

The ETC helpdesk data analysis determines the efficiency of ETC service provision, the performance of service providers and helpdesk response time. The annual infrastructure assessment of the ETC sites serves as a performance review of the services provided by ETC and their availability.

The monitoring plan enables the review of the ETC's key performance indicators including 1) number of common operational areas covered by security telecommunication and data communications services (data/monthly); 2) number of humanitarian staff using ETC services (data/monthly); 3) percentage of users reporting delivery of the service as "satisfactory" and within a "satisfactory" timeframe (data/annual); 4) number of humanitarian staff trained (data/annual); and 5) number of people who used the service (data/quarterly).

Objectives, Indicators and Targets

CLUSTER OBJECTIVE 1: Provide IT services including connectivity to Humanitarian partners in response to their needs				
Contributes to Specific Objective SP1.1 & SP1.2		BASELINE	NEED	TARGET
INDICATORS	Provision of secure and stable services in common premises		47 partners	47 partners
CLUSTER OBJECTIVE 2: Build the IT technical capacity of the Humanitarian partners				
Contributes to Specific Objective SP2.1 & SP2.2		BASELINE	NEED	TARGET
INDICATORS	Explore learning opportunities with focus on female staff training		42 partners	38 partners
CLUSTER OBJECTIVE 3: Expand the IT services to Humanitarian community and affected population				
Contributes to Specific Objective SP3.1 & SP3.2		BASELINE	NEED	TARGET
INDICATORS	Provision of internet service to community		3000 users	3000 users
	Acquiring learning opportunities on prevention of digital/online sexual exploitation and abuse		160	84

Part 4:

Annexes

TA'IZ, YEMEN

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4.1

What if We Fail to Respond?

In the absence of dedicated humanitarian assistance for the most vulnerable groups, millions of people will face hunger, avoidable diseases, displacement and death. Affected people are likely to adopt negative coping strategies and be exposed to exacerbated protection risks.

The cost of inaction:

- Without an integrated multisectoral response, **17.3 million people—over half of the population—will continue to suffer from high levels of acute food insecurity and lead to catastrophic outcome for 6 million people who are just one step away from famine.**
- The nutrition situation of **3.1 million boys and 2.4 million adolescent girls will continue to deteriorate and they will be unlikely to regain their growth and developmental potential. Over 440,000 children will be at risk of complicated health conditions or death.**
- Newly displaced households **will face risk of physical and psychological harm.** For the over 4.5 million existent IDPs, particularly for those unable or unwilling to return to their area of origin due to safety and other considerations, will be increasingly vulnerable and reliant on humanitarian assistance.
- The effect of inaction in the shelter and NFI sector implies that over 3.3 million people will not have access to life-saving shelter, adequate housing, essential household items and associated wider positive impacts. This will expose vulnerable groups, including women, children, people with disability, the elderly, and minority groups, to extreme hardship and protection risks.
- Lack of capacity to provide well-coordinated basic services and livelihood opportunities will result in **further deterioration of the dire living conditions** putting the lives of 1.65 million IDPs in some 2,431 IDP settlements at risk. IDPs living in spontaneous settlements, where tenure is insecure, will be exposed to additional risks such as **forced evictions, fire hazards and flooding.**
- The absence of **civil documentation** will impact people's ability to move and/or integrate into communities, preventing them from accessing essential humanitarian and lifesaving services, as well as livelihood opportunities. Lack of legal identification will undermine people's efforts to resolve their HLP issues, obstruct access to other rights, which ultimately undermines prospects for durable solutions, and have reverberating effects for future generations.
- Failure to **deliver safe and reliable access to WASH services will increase public health risks and likely lead to an increase in life-threatening conditions.**
- **At least 380,000 people will have inadequate access to durable shelter solutions. Housing and living conditions of millions of vulnerable displaced and returned families is likely to deteriorate,** and without adequate means to sustain their lives or rebuild their houses, they **will be forced to move to the multitude of sub-standard spontaneous settlements.**
- As social protection is fundamental to education, it will be less likely that the **2.7 million children currently out of school will ever attain foundational literacy and numeracy, as well as other life-long skills.** These children will be less likely to contribute to human capital, economic growth and sustainable interventions for future

- reconstruction and peacebuilding.
- Failure to provide lifesaving assistance to refugees, asylum seekers and migrants will result in increased exposure to protection risks, with **fewer avenues for redress for human rights violations**.
- **Explosive ordnance contamination** will lead to devastating outcomes for populations living in areas that have witnessed hostilities, including individuals returning to their communities.
- Failure to address GBV risks and provide essential, lifesaving response services for survivors will **jeopardize the lives and futures of women and girls across Yemen**.

4.2

How to Contribute

Contribute to the country's Humanitarian Response Plan (HRP)

To see Yemen's HNO, HRP and monitoring reports, and to donate directly to organizations participating in the HRP, please visit the following link.

<https://www.unocha.org/yemen>

Contribute through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for lifesaving actions at the onset of an emergency and for underfunded, essential humanitarian operations in protracted crises. The OCHA managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crisis anywhere in the world. To find out more about the CERF and how to donate, visit the CERF website.

<https://cerf.un.org/donate>

Contribute through the Yemen Humanitarian Fund (YHF)

The Yemen Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country-level under the leadership of the Humanitarian Coordinator. Information about the Yemen Humanitarian Fund and how to contribute is available through the following link.

<https://www.unocha.org/yemen/about-yhf>

4.3 Acronyms

CBPF	Country-Based Pooled Fund	MVAM	Market Vulnerability Analysis and Mapping
CCCM	Camp Coordination and Camp Management	NFI	Non-Food Item
CERF	Central Emergency Response Fund	NNGO	National Non-Governmental Organization
COVID-19	Corona Virus Disease 2019	NGO	Non-Governmental Organization
DHIS2	District Health Information System-2	PiN	People in Need
eDEWS	Electronic Disease Early Warning System	PSEA	Protection against Sexual Exploitation and Abuse
ETC	Emergency Telecommunications Cluster	RITA	Relief Item Tracking Application
EPI	Expanded Programme of Immunization	RMMS	Refugee and Migrant Multi-Sector
FSAC	Food Security and Agriculture Cluster	RRM	Rapid Response Mechanism
FSIS	Food Security Information System	SEA	Sexual Exploitation and Abuse
FSLA	Food Security and Livelihoods Assessment	SMART	Standardized Monitoring and Assessment of Relief and Transition
FTS	Financial Tracking Service	UGM	User Group Meeting
GNA	Gaps and Needs Analysis	UNHAS	United Nations Humanitarian Air Service
HC	Humanitarian Coordinator	UNHCR	United Nations Refugee Agency
HeRAMS	Health Resources Availability Monitoring System	UNFPA	United Nations Population Fund
HNO	Humanitarian Needs Overview	UNICEF	United Nations international Children's Emergency Fund
HRP	Humanitarian Response Plan	YER	Yemeni Rial
IASC	Inter-Agency Standing Committee	WASH	Water, Sanitation and Hygiene
IDP	Internally Displaced Person	WHO	World Health Organization
IFRR	Integrated Famine Risk Reduction	WFP	World Food Programme
INGO	International Non-Governmental Organization		
IOM	International Organization for Migration		
IPC	Integrated Food Security Phase Classification		
JIAF	Joint Inter-Sector Analysis Framework		
MCLA	Multi-Cluster Location Assessment		
MSU	Mobile Storage Units		
MPCA	Multi-Purpose Cash Assistance		

4.4

End Notes

- 1 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#)
- 2 The IPC analysis update for October 2022 shows an improvement in the food security outlook compared with the projection June-December 2022 from the previous IPC analysis conducted in February 2022. In particular, the update indicates a decrease by 2 million people in IPC Phase3 or above (7 percent of the population), and by 1.2million people (4 per cent) in IPC Phase 4 or above. Despite the improvement, Yemen remains one of the most food insecure countries in the world. For nearly a decade – even before the war – more than half of the population has consistently been food insecure, mainly driven by structural instability aggravated by human-induced factors and climate change. This analysis, therefore, emphasizes that the improvement is a temporary reprieve and further efforts need to be put in place to sustain and completely reverse this trend.
- 3 The Muhamasheen community is a marginalized Yemeni minority largely settled in conflict-affected areas such as Aden, Ta'iz and Al Hodeidah, as well as in Dhamar, as such particularly vulnerable to displacement and sub-standard access to shelter and services. For further discussion see HRP 2023 section Population Group 2: Muhamasheen.
- 4 The Minimum Expenditure Basket (MEB) cost increased from US\$150 during the last quarter of 2021 to US\$220 in Houthi-controlled areas and US\$230 in IRG-controlled areas in 2022. Source: Cash and Voucher Working Group.
- 5 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 6 During 2022, an estimated 275,814.00 people were newly displaced due to conflict across 21 governorates (232 districts), concentrated mainly in Al Hodeidah, Al Jawf, Marib and Ta'iz governorates. During the truce period, the average monthly internal displacement rate reduced by 76 per cent compared with the six months prior to the truce. However, severe seasonal flooding caused over 160,000 new and secondary displacements between July and September 2022 (170,450 people over the full year), 60 per cent of which occurred in Hajjah and Al Hodeidah governorates. As in previous years, available displacement figures likely underestimate the severity of the situation, including due to challenges implementing systematic tracking of displacement in areas under the control of AA. Source: RRM registration data, December 2022.
- 7 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2022. April 2022. Available at: [link](#).
- 8 IOM/RDT and RRM displacement tracking.
- 9 The World Bank Group, Macro Poverty Outlook: Republic of Yemen, April 2022. Available at: [link](#).
- 10 Aggregated reporting of humanitarian partners on access constraints, published quarterly. For published monitoring see for example: UNOCHA, Yemen: Access Snapshot - July to September 2022. Available at: [link](#).
- 11 See detailed description of Integrated Programmes in HRP 2023 section 1.2 Strategic Objectives, Specific Objectives and Response Approach
- 12 Civilian Impact Monitoring Project (CIMP)
- 13 IOM/RDT 02 October 2022, cited in UNHCR Operational Update (1-09 Oct 2022), October 2022. Available at: [link](#). UNOCHA, Humanitarian Update, Sept 2022. Available at: [link](#).
- 14 Civilian Impact Monitoring Project (CIMP), Q3 2022. Available at: [link](#).
- 15 World Bank, Yemen Economic Monitor, Spring 2022. Available at: [link](#).
- 16 UNOCHA, Yemen Humanitarian Update, Issue 8, August 2022. Available at: [link](#).
- 17 World Bank, Yemen Economic Monitor, Spring 2022. Available at: [link](#).
- 18 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 19 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 20 Aggregated reporting of humanitarian partners on access constraints to the Access WG.
- 21 RRM IDP registration data, January to December 2022.
- 22 European Commission, INFORM Climate Change Data. available at: [link](#).
- 23 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 24 ICRC, The Water Situation, June 2022. Available at: [link](#)
- 25 Ibid
- 26 UNOCHA, Yemen: Humanitarian Response Snapshot, September 2022. Available at: [link](#).
- 27 Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis, July 2022. Available at: [link](#).
- 28 IPC Acute Food Insecurity Snapshot October - December 2022 [link](#).

- 29 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 30 IOM/RDT and RRM displacement tracking 2022.
- 31 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 32 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2022. April 2022. Available at: [link](#).
- 33 UNHCR Operational Update (1-09 Oct 2022), October 2022. Available at: [link](#).
- 34 UNFPA Humanitarian Response in Yemen 2022, May 2022. Available at: [link](#).
- 35 UNOCHA, Yemen Humanitarian Needs Overview (HNO) 2023. Dec 2022. Available at: [link](#).
- 36 Concluding observations on the combined seventh and eighth periodic reports of Yemen. CEDAW/C/YEM/CO/7-8, Nov 2021. Available at: [link](#)
- 37 OHCHR, Yemen: Realising the rights of persons with disabilities.
- 38 Concluding observations on the combined seventh and eighth periodic reports of Yemen. CEDAW/C/YEM/CO/7-8, Nov 2021. Available at: [link](#)
- 39 Humanity & Inclusion, Unshielded, Unseen: The Implementation of UNSC Resolution 2475 on the Protection of Persons with Disabilities in Armed Conflict in Yemen, 2022. Available at [link](#).
- 40 Concluding observations on the combined seventh and eighth periodic reports of Yemen. CEDAW/C/YEM/CO/7-8, Nov 2021. Available at: [link](#)
- 41 United Nations Yemen Sustainable Development Cooperation Framework (UNSDCF), 2022-2024. Available at: [link](#).
- 42 Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis, July 2022. Available at: [link](#).
- 43 Draft protection priorities will be shared on completion of consultation on HCT CoP Strategy by the HCT CoP Strategy Working Group led by Protection cluster and AoRs with draft CoP strategy by 31 December 2022.
- 44 HCT CoP strategy together with the CoP monitoring framework, an implementation plan and CPI note.
- 45 One joint monitoring platform and alert system is being developed for Integrated Famine Risk Reduction (IFRR), Joint Monitoring Framework (JMF) and Yemen Food Security Crisis Preparedness Plan (YFSCPP) involving IFRR Coordinator, FSAC, Health, WASH and Nutrition cluster together with WFP, FAO, UNICEF and WHO.
- 46 United Nations Yemen Sustainable Development Cooperation Framework (UNSDCF), 2022-2024. Available at: [link](#).
- 47 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. Available at: [link](#).
- 48 <https://www.activityinfo.org/>
- 49 Basic family Hygiene, Female dignity/transit, and Immediate Ready Ration kits
- 50 This assistance, which covers basic needs for five to seven days, is provided on a no-regret basis.
- 51 10-14 days after the provision of emergency RRM kits, to cover the basic needs of displacement households for one month, until further cluster-based response kicks in. The social-economically vulnerable displaced households will receive an additional two rounds of MPCA over the following two months, using the cash Consortium of Yemen's Vulnerability Analysis Framework.
- 52 Cost of one round of emergency food assistance is reflected in the FSAC Cluster HRP Chapter.
- 53 Humanitarian Response website for Yemen is available at: [link](#).
- 54 MPCA ask is not added here nor is GFD assistance.

**HUMANITARIAN
RESPONSE PLAN**
YEMEN

JANUARY 2023