

# 2024 YEMEN HUMANITARIAN RESPONSE PLAN

## KEY REFERENCES

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### Table of contents

02	Area based consultations
15	Centrality of Protection Strategy – HCT Protection Priorities
26	Centrality of Protection Action Plan
30	Localization Strategy and Action Plan
38	Attaining Protection Outcomes
43	Cluster objectives, activities, indicators, and targets
62	2024 HRP: Cluster Costing Methodologies



# Area based consultations

## Top humanitarian priorities by area

GOVERNORATE	TOP PRIORITY
Abyan	<ul style="list-style-type: none"> <li>• Support to civil defense authorities to improve their emergency response to communities affected by floods.</li> <li>• Provision of emergency health assistance, including trauma kits, and deploy ambulances to support the referral system.</li> <li>• Support the efforts to the durable solution for IDPs.</li> <li>• Reform the structure of grazing networks in the governorate, including dams, bridges, and canals.</li> <li>• Integrate WASH and Agriculture projects and C4W for Fishery and agricultural purposes.</li> <li>• Enhance safe space for women and girls.</li> <li>• Rehabilitation of damaged houses and governmental buildings.</li> <li>• Response to the current threat of land erosion in "Batees area" and other agricultural lands.</li> <li>• Protect and support the affected fishing sites in "Shoqrah".</li> <li>• Support construction of sanitation/sewage system to the center of the governorate.</li> <li>• Rehabilitate the water infrastructure.</li> <li>• Support financing sewage system/project in Lawder.</li> <li>• Support financing water system/project in Lawder.</li> <li>• Support financing water system/project in Sarar.</li> <li>• Rehabilitate primary health care in some facilities.</li> <li>• Support with incentives for volunteered teachers.</li> <li>• Promote and support the sustainable response to the food security through changing the modality and focus on the resilience projects.</li> <li>• Rehabilitate health facilities in different hard-to-reach areas (Al-Mahfad, Ahwar, Mudayah, and Jayshan).</li> <li>• Support and construct/activate/open nutrition departments (TFC) in the districts of Lawdar, Mudayah, Sibah, Jayshan, and Sarar.</li> <li>• Support solarizing water project to decrease the cost of operation and extension to water networks to serve more beneficiaries.</li> </ul>

GOVERNORATE	TOP PRIORITY
Aden	<ul style="list-style-type: none"> <li>• Support civil defense authorities to improve their emergency response to communities affected by floods.</li> <li>• Empower women to participate actively in humanitarian and development projects, especially for people with special needs.</li> <li>• Integrate Health, WASH, Nutrition and FSAC approach at Dar-Saad, Al-Buraiqa and Shiekh Othman districts.</li> <li>• Rehabilitation of fisheries sector and support with equipment and boats</li> <li>• Supporting rural women</li> <li>• Awareness campaigns on epidemic diseases and provision of emergency response.</li> <li>• Move from unconditional assistance into conditional ones.</li> <li>• Conduct IDPs profiling to inform durable solutions strategy for IDPs.</li> <li>• Support durable solutions for IDPs.</li> <li>• Provide transitional shelters for IDPs.</li> <li>• Support and initiate temporary health facility near the IDPs collective sites.</li> <li>• Construct additional classes for IDP and host communities.</li> <li>• Support with schoolbooks printing</li> <li>• Invest in livelihood projects.</li> <li>• Limit food assistance to six rounds.</li> <li>• Rehabilitate and support health facilities and hospitals.</li> <li>• Scale up psychosocial support within the community and inside the health facilities.</li> <li>• Support the health facilities with primary health care services (minimum service package)</li> <li>• Support the reproductive health (Minimum Initial Service Package) hospitals.</li> <li>• Support to develop communicable diseases/cholera and Dengue preparedness plan.</li> <li>• Establishment of children safe place to provide psychological support and community rehabilitation.</li> <li>• Strengthen access to housing, property and rehabilitation mechanisms, and access to livelihoods opportunities in areas of origin, settlements, and displacement.</li> <li>• Support IDP sites with adequate latrines and durable water sources</li> <li>• Support areas suffering shortage of water.</li> <li>• Support VHR for migrants.</li> </ul>
Ad Dale'	<ul style="list-style-type: none"> <li>• Scale up protection, gender mainstreaming, health, WASH, FSA, and nutrition.</li> <li>• Multi-sectoral interventions by humanitarian actors are urgently needed in Ad Dali' Governorate.</li> <li>• Support the education sector by rehabilitating schools, providing incentives, educational tools, compensatory classes and supporting printing schools' books.</li> <li>• Provide multi-purpose cash assistance and cash-for-protection assistance.</li> <li>• Establish friendly and safe spaces for women and children, and provide psychological support services, mental health services, and legal support services such as personal cards and birth certificates.</li> <li>• Strengthen healthcare systems, including primary healthcare facilities and mobile clinics, to ensure access to essential services.</li> <li>• Prioritize integrated WASH interventions to combat waterborne diseases and improve hygiene practices.</li> <li>• Provide safe drinking water, construct, and maintain sanitation facilities, and promote proper hygiene behaviors through community engagement and awareness campaigns.</li> <li>• Implement durable solution projects, such as transitional shelters or site maintenance for IDPs.</li> <li>• Provide cash assistance for food and assets to enhance food security.</li> <li>• Renovate and expand the Children and Maternity Hospital in Damt District</li> <li>• Providing incentives to health workers and necessary medicines, supplies, and medical equipment</li> <li>• Continue and expand the support of the legal support and the child protection activities.</li> <li>• Expand the usage of solar energy as a sustainable solution in water projects and healthcare facilities that require energy.</li> <li>• Building rainwater harvesting tanks in rural areas</li> <li>• Address the presence of mines and ERW that limit access.</li> <li>• Water source rehabilitation, house rehabilitation, livelihood, and medical field centers rehabilitation</li> <li>• Conduct IDPs profiling to inform durable solutions strategy for IDPs.</li> <li>• ensuring having contingency stock for nutrition treatment and prevention.</li> <li>• Provide immediate assistance to affected families by floods.</li> <li>• Ensure proper site maintenance and shelter upgrades in IDP sites.</li> <li>• Dig eleven new wells, four in Ad Dhali city and seven in rural areas, to increase water availability.</li> <li>• Water Source Florid Resolution: address contamination issues in water sources.</li> </ul>

GOVERNORATE	TOP PRIORITY
Al Bayda	<ul style="list-style-type: none"> <li>• Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.</li> <li>• Need for increased INGOs presence in Al Bayda Governorate.</li> <li>• Scale up demining activities in locations affected by conflict to facilitate the movement of civilians and the delivery of services.</li> <li>• Identify recurring damages due to floods and other crises and take proactive measures to mitigate damages, such as constructing water barriers and providing an early warning system along with the necessary intervention teams.</li> <li>• Rebuild damaged schools, provide teaching staff, and encourage children, especially girls to attend schools.</li> <li>• Rehabilitate destroyed health facilities and provide medical staff and deploy mobile clinics to cover the IDP sites.</li> <li>• Improve water and sanitation services to cover a larger number of beneficiaries, focusing on water barriers and caravans to promote agriculture and provide training related to agricultural production.</li> <li>• Rehabilitation of the sewage treatment plant in Al-Bayda Governorate is a priority, along with addressing waste management.</li> <li>• Support primary and secondary healthcare services.</li> <li>• Scale up the support by CCCM, as there are about 40 IDP sites in the governorate, and currently only 7 are managed by CCCM.</li> <li>• Provision of regular monthly food assistance to the most vulnerable population including IDPs, female-headed households and refugees.</li> <li>• Support school feeding projects</li> </ul>
Al Hodeidah	<ul style="list-style-type: none"> <li>• Need for a tailored package of support for returnees, which includes rehabilitating homes and infrastructure in the areas where they are returning to.</li> <li>• Localisation and strengthening partnerships and inclusion of local NGOs.</li> <li>• Construction and rehabilitation of medical, water and education facilities, and enhancing community resilience and coping mechanisms.</li> <li>• Effective coordination with/and building capacity of local authorities and humanitarian partners.</li> <li>• Activate infrastructure services and road construction projects by humanitarian organisations in cooperation with government agencies to rehabilitate vital roads (including through cash-for-work modality).</li> <li>• Strengthen Community-based Management of Acute Malnutrition and ensuring integration of response with relevant sectors like FSA, Health and WASH.</li> <li>• Rehabilitate critical infrastructure, including water and sewage networks, health facilities (including providing medications and medical equipment and capacity building of health workers), solar systems, schools, and school classes (including incentives for teachers).</li> <li>• Prepare an integrated plan for emergency response.</li> <li>• Provide NFI, RRM, hygiene and emergency kits, and latrines to IDPs.</li> <li>• Support livelihoods opportunities, agriculture, and fishery sectors.</li> <li>• Support protection and landmines programmes.</li> <li>• Provide WASH services including hygiene kits, water trucking and rehabilitation.</li> <li>• Rapid emergency response to epidemics outbreaks.</li> <li>• Establish sustainable solutions and income-generating projects, especially for women, which helps improve living conditions and reduce vulnerability.</li> <li>• Providing secure shelters that ensure privacy and protection for approximately 5,000 families who are currently without emergency shelter.</li> <li>• Establishing central warehouses in the governorate to store relief supplies, and food to respond to any emergencies or natural disasters such as floods, fires, displacement situations, and other emergencies.</li> <li>• Shifting from in-kind food aid to cash-based transfers for food</li> <li>• Support civil registration offices.</li> <li>• Rehabilitat the wells and water facilities</li> </ul>

GOVERNORATE	TOP PRIORITY
Al Jawf	<ul style="list-style-type: none"> <li>• Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.</li> <li>• Provision of emergency health assistance, including trauma kits, and deploy ambulances to support the referral system.</li> <li>• Landmines remain an access impediment in Khabb Wa Ash Sha'af, Al Malsub, Al Ghayl and Al Hazm districts.</li> <li>• General Food distribution for IDPs, in addition to shelter, WASH, education, and health services</li> <li>• Rehabilitation of destroyed schools.</li> <li>• Incentives payment for teachers</li> <li>• Child friendly spaces inside the schools</li> <li>• Operationalizing the non-functional health facilities</li> <li>• Rehabilitation or reconstruction of prioritized critical health facilities</li> <li>• Establishment of an oxygen station for Bart Al-Anan General Hospital</li> <li>• Provide a solar energy system for health centers (16), health units (30), and the rural maternity and childhood hospital, with a total of 46 solar systems.</li> <li>• Set up water supply system with water tanks equipment with solar system in towns.</li> <li>• Construct rainwater harvesting activities (building dams, barriers) for farming.</li> <li>• Distribute food rations for the most vulnerable groups.</li> <li>• Provide MHPSS and psychological support.</li> <li>• Implementing a multi-sector pilot project (education, healthcare, water and sanitation, shelter, protection, and food) in the Jufa area</li> <li>• Enhance early warning systems and communication mechanisms to effectively prepare for and respond to emergencies.</li> <li>• Activate the role of the Area-based approach coordinator to help in implementing the multi sectorial approach to response to the needs in the area.</li> <li>• Implement alternative education in emergencies programs to support children who have missed out on schooling such as the ALP programs.</li> </ul>
Al Maharah	<ul style="list-style-type: none"> <li>• Need to shift focus towards livelihood and infrastructure development. The humanitarian response should also be scaled up to address specific emergencies such as cyclones. Socotra island is isolated for approximately 4-5 months each year due to seasonal wind and rain. Hence, there is a need to pre-position emergency aid stocks and activate anticipatory action prior to the cyclone or flood season.</li> <li>• Strengthen social protection mechanisms to mitigate the impact of the crisis on vulnerable households.</li> <li>• Strengthening the UN presence, including increased presence of OCHA in Mukalla to support the partners.</li> <li>• Implement additional livelihood projects to enhance economic opportunities for vulnerable groups.</li> <li>• Establish safe spaces that cater to the specific needs of vulnerable groups, such as women, children, and persons with special needs.</li> <li>• Provide necessary medical support and services to vulnerable groups. This includes access to healthcare facilities, specialized treatments, and essential medications.</li> <li>• Construct flood buffers and implement measures to prevent damage to agricultural lands during natural disasters like floods.</li> <li>• Establish water facilities to ensure access to clean and reliable water sources for the communities in the governorate particularly in Saihot and Khasn districts.</li> <li>• Maintain an emergency stock of essential supplies such as food, medicine, and shelter materials. This stock can be readily available to address immediate needs during emergencies.</li> <li>• Repair infrastructure such as schools, healthcare centers, and other critical facilities.</li> <li>• Establishment of an early warning unit specifically focused on cyclones is essential.</li> <li>• Establishment of one hundred classrooms across all districts.</li> </ul>
Al Mahwit	<ul style="list-style-type: none"> <li>• Provision of contingency stocks for emergencies.</li> <li>• Rehabilitation of and support to health, WASH, and education facilities (including incentives for medical and education staff, providing medical equipment and medications).</li> <li>• Integrate CMAM program with health, WASH, and food interventions in HTR and high-risk areas.</li> <li>• Support and assist rural families who practice agricultural activity.</li> </ul>

GOVERNORATE	TOP PRIORITY
Amran	<ul style="list-style-type: none"> <li>• Cash-for-work projects to rehabilitate certain shortcut roads to hard-to-reach areas would enhance accessibility.</li> <li>• Develop a comprehensive response plan for emergencies, linking food aid with healthcare services.</li> <li>• Provide adequate training and education for specialized teams in disaster preparedness and response, including first aid, medical relief, psychosocial support, and disaster management.</li> <li>• Deploy mobile clinics in IDPs sites.</li> <li>• Constructing, expanding, and renovating schools, as well as distributing incentives and salaries to the teachers.</li> <li>• Distributing monthly food aid to residents and displaced individuals.</li> <li>• Implementing irrigation projects, establishing, and distributing equipment for foundations, constructing nurseries and seed banks, and undertaking agricultural and non-agricultural empowerment projects.</li> <li>• Implementation of feasible water projects and rainwater harvesting tanks.</li> </ul>
Dhamar	<ul style="list-style-type: none"> <li>• Implementation of durable solutions that serve all groups in the area according to real and changing needs.</li> <li>• Developing an emergency response plan with adequate pre-positioned stock to respond</li> <li>• Support teachers with incentives, rehabilitation of schools, providing educational materials and supplies, training teachers, and implementing psychosocial support programs.</li> <li>• Emergency food distribution, nutrition support, agricultural assistance, and livelihood programs</li> <li>• Rehabilitation of health facilities to ensure emergency medical care, ensuring the availability of essential medicines and supplies.</li> <li>• Providing access to safe drinking water, constructing or rehabilitating water points and sanitation facilities, promoting good hygiene practices, and conducting hygiene promotion campaigns.</li> </ul>
Hadramawt	<ul style="list-style-type: none"> <li>• Need to shift focus towards livelihood and infrastructure development. The humanitarian response should also be scaled up to address specific emergencies such as cyclones.</li> <li>• Supporting livelihoods and economic recovery opportunities.</li> <li>• Ensuring access to humanitarian assistance to IDPs, people with disabilities and vulnerable groups.</li> <li>• Promoting durable solutions and supporting livelihoods, education, basic services, and social inclusion.</li> <li>• Enhancing community resilience, and vocational training for people in need as soon as possible.</li> <li>• Integrated health services mainly in remote areas.</li> <li>• Activate the CCCM mechanism in Mukalla hub by identifying focal points for camp coordination management on governorate level.</li> <li>• Ensuring access to quality education for all children, including IDPs, marginalized children, girls, and children with disabilities. Constructing new schools, rehabilitating damaged/old schools should be a priority in this phase.</li> <li>• Providing agricultural inputs such as seeds, tools, and fertilizers to support agricultural production and enhance livelihoods. This can include rehabilitating irrigation systems and supporting income-generating activities to improve household food production and income.</li> <li>• Strengthening primary and secondary health services in both Al Sahel and Al Wadi.</li> <li>• Activate health units/centres which are not functional.</li> <li>• Provision of essential medicines and medical supplies to health centres located in remote and HTR areas.</li> <li>• Identify and nominate protection focal point in Mukalla hub.</li> <li>• Support protection monitoring and establishing of IDPs community centre.</li> <li>• Support case management and referral.</li> <li>• Support water quality monitoring and laboratories for testing.</li> <li>• Conducting water quality testing in affected areas and providing appropriate treatment methods to ensure the availability of safe drinking water.</li> <li>• Support access to Safe Water</li> <li>• Pre-positioning of RRM kits to sudden-onset emergencies and displacement.</li> <li>•</li> </ul>

GOVERNORATE	TOP PRIORITY
Hajjah	<ul style="list-style-type: none"> <li>• Provision of emergency health assistance, including trauma kits, and deploy ambulances to support the referral system.</li> <li>• Greater need for protection, RRM, Shelter, WASH, FSA, Nutrition and ERW clearance, particularly in districts that can only be accessed through Saudi Arabia.</li> <li>• Support durable solutions for IDPs</li> <li>• Ensure the availability of contingency stocks for emergencies.</li> <li>• Provision of incentives for medical and education staff</li> <li>• Support localization and strengthen partnerships and inclusion of local NGOs.</li> <li>• Building community resilience and coping mechanisms strategies.</li> </ul>
Ibb	<ul style="list-style-type: none"> <li>• Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.</li> <li>• Adopt an integrated approach that combines humanitarian response with long-term development initiatives. This means addressing immediate needs such as Shelter, Food, Education, WASH, CCCM and Health, while simultaneously focusing on community-led projects that promote self-sufficiency, economic recovery, and social stability.</li> <li>• vocational training programs, skills development initiatives, and access to income-generating opportunities.</li> <li>• Continuity of CCCM /SMC partners and expend the services to uncovered priority sites.</li> <li>• Look at durable solutions for IDPs like intention surveys and then support return for IDPs who intend to return and link it with return activities or support local integration and settlement elsewhere.</li> <li>• Mine related clearance as well as improve mine victim assistance across partners.</li> <li>• Rehabilitating school infrastructure with furniture, sanitation, and laboratories.</li> <li>• Providing psychological programs.</li> <li>• Establishing special warehouses for accommodation, shelter, NFI and RRM kits</li> <li>• Flood mitigation activities at IDP sites and vulnerable areas.</li> <li>• Household profiling and intentions surveys, Site/area level community-led projects, and capacity building for IDPs.</li> <li>• Tackling HLP issues and formulating tailored action plans.</li> <li>• Ensure that all IDPs, especially women-headed households, have access to stable income opportunities that enable a dignified life.</li> <li>• Providing safe learning environments, trained teachers, and educational materials. Psychosocial support should also be integrated into the education system.</li> <li>• Supporting agricultural activities and enhancing food security is vital for the long-term of the affected population.</li> <li>• Enhancing healthcare services and nutrition programs.</li> <li>• Strengthening protection mechanisms and addressing GBV.</li> <li>• Improving access to safe water, sanitation, and hygiene facilities</li> </ul>

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GOVERNORATE	TOP PRIORITY
Lahj	<ul style="list-style-type: none"> <li>• Focus on sustainable projects targeting the infrastructure.</li> <li>• Working on durable solution for IDPs.</li> <li>• Increasing the assistance and support for host communities</li> <li>• Link livelihood projects with humanitarian projects especially protection and FSL.</li> <li>• Design projects which support the IDPs to return safely and with dignity to their areas of origin, such as rehabilitation of damaged houses and governmental buildings affected by the war.</li> <li>• The most prioritized districts with high need of multisectoral projects are (Al-Madarbah Wa Alarah, Tuban and Al Had districts with integrated multisectoral interventions in several sectors, including WASH, FSL, Health / Nutrition, Protection, and Education</li> <li>• Activating the early warning center.</li> <li>• Put preparedness plans for areas near the frontlines.</li> <li>• Provide emergency stock for main humanitarians needs to prepare for any emergency that may happens especially in front line districts where security situation is not stable with high expectations of IDP movement as well as in Tuban and Tur-Albaha districts to RRM stock to response to flood during raining season.</li> <li>• The most priority districts in Lahj for emergency response are as the following: Al-Had, Al-Qabbaytah, Tuban districts.</li> <li>• Schools rehabilitation in Tuban and Al-Had districts.</li> <li>• Food baskets and cash distributions in Tuban, Al-Had, Al-Hawtah.</li> <li>• High priority for all health interventions in Al-Madareba district.</li> <li>• Protection interventions for women and children for both IDPs and H.C</li> <li>• Shelter interventions in Tuban for IDPs.</li> <li>• Rehabilitation of shelters and houses affected by war and floods in Tuban and Al-Hawtah</li> <li>• Cleaning campaign (Tuban, Al-Hawtah and Radfan).</li> <li>• Solar pumping system for water wells in Tuban.</li> <li>• Sewerage system rehabilitation in Tuban (Al-Wahat) and Al-Hawtah.</li> <li>• Need RRM stock where there is high possibility of flooding in Tuban and Tur-Albaha</li> </ul>

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GOVERNORATE	TOP PRIORITY
Marib	<ul style="list-style-type: none"> <li>• Need to support legal documentation for approximately 10,000 individuals, including personal identification (ID) and birth certificates.</li> <li>• Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.</li> <li>• Need to consider multisectoral response across all districts, establish and enhance linkages between humanitarian and development interventions and strengthening engagement with local communities to ensure the continuity of interventions and enhancing ownership.</li> <li>• Rehabilitation of Dams and Water barriers</li> <li>• Cash assistance including incentives and transportation allowances to public-sector employees including teachers.</li> <li>• Household profiling and intentions, site/area level, site maintenance and community-led projects</li> <li>• provide quality education for crisis-affected children, prioritize safe learning environments, trained teachers, educational materials, and integrate psychosocial support.</li> <li>• Enhance healthcare and nutrition.</li> <li>• Rehabilitation of damaged and destroyed health facilities and hospitals.</li> <li>• Provision of NFIS, EESKs, TSUs, shelter maintenance, rental subsidies as well as houses rehabilitation.</li> <li>• Improve access to safe water, sanitation, hygiene: construct/rehabilitate water sources, latrines; establish sanitation facilities; promote hygiene through campaigns to educate about good practices.</li> <li>• Providing educational opportunities, such as access to quality schools, scholarships, and vocational training programs,</li> <li>• supporting Al-Watan Hospital in Harib and Ghawan General Hospital in Raghwan to provide medical and nutritional services, primary healthcare, environmental activities, and utilizing their resources such as continuous electricity to operate water stations.</li> <li>• Providing community centers that provide protection services, mine awareness, motherhood and childhood projects, and gender-based violence projects.</li> <li>• Implementing preparedness activities. This included measures such as creating buffers, utilizing sandbags, and establishing green barriers to mitigate the impact of floods.</li> <li>• Rehabilitation 40 schools in Al-Wadi district.</li> <li>• Provision incentive to 500 teachers.</li> <li>• Strengthening agricultural land and water management through enhancing the management of agricultural lands and irrigation water in the districts.</li> <li>• Improve irrigation systems, training programs for farmers, and the implementation of sustainable agricultural practices.</li> <li>• Set up mobile clinics in areas where health units are lacking, particularly in Safer, Al-Arqueen, and Al-Rweek sub-districts.</li> <li>• Establishing integrated community centers and supporting community-based projects approach.</li> <li>• Establishing centers for psychological support.</li> <li>• Establishing a mobile protection team.</li> <li>• Rehabilitating sanitation projects and rainwater drainage channels in four districts (Marib, Marib Al-Wadi, Harib and Raghwan), improve sanitation infrastructure and effectively manage water runoff, reducing the risk of contamination and flooding.</li> <li>• Provision an adequate RRM kits preposition stock (10,000) to respond to people effected by conflict, natural disaster, returnees, and outbreaks</li> </ul>
Raymah	<ul style="list-style-type: none"> <li>• Provision of contingency stocks for emergencies.</li> <li>• Rehabilitation of and support to health, WASH, and education facilities (including incentives for medical and education staff, providing medical equipment and medications).</li> <li>• Support the nutrition programmes (OTP, MAM and TFC) with integrated health, WASH and food interventions in hard-to-reach and high-risk areas.</li> <li>• Support and assist rural families who practice agricultural activity.</li> </ul>

GOVERNORATE	TOP PRIORITY
Sa'dah	<ul style="list-style-type: none"> <li>• Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.</li> <li>• Provision of emergency health assistance, including trauma kits, and deploy ambulances to support the referral system.</li> <li>• Continuity of CCCM /SMC partners and extend the services to uncovered priority sites.</li> <li>• General Food distribution is essential for IDPs, in addition to shelter, WASH, education, and health services.</li> <li>• Durable solution for hosting sites exposed to threats/risks (flood, eviction) such relocation and flood mitigation, including preposition of emergency EESKs/NFIs at governorate level.</li> <li>• Intention survey for IDPs to identify families intending to return and support them to overcome their challenges.</li> <li>• Housing rehabilitation, Transitional shelter, and rental assistance for returnees.</li> <li>• Rehabilitation of destroyed schools (focus key schools serving critical areas).</li> <li>• Provision of furniture and school kits.</li> <li>• Incentives payment for teachers.</li> <li>• Operationalizing the non-functional health facilities and introducing durable and sustainable solutions in coordination with developmental actors to restore health system capacity.</li> <li>• Set up water supply system with water tanks equipment with solar system in towns.</li> <li>• Rainwater harvesting activities in rural areas.</li> <li>• Construct rainwater harvesting activities (building dams, barriers) for farming.</li> <li>• Improvement of farming lands, through provision of fertilizers and improved seeds for farmers</li> <li>• MHPSS and psychological support.</li> <li>• Economic empowerment of women, Strengthening livelihood projects.</li> <li>• Support for Emergency Services in the Main Hospitals and Health Facilities to improve the life-saving emergency services.</li> <li>• Rehabilitate Isolation Centers.</li> <li>• Assist with BeMOC in nine Health Centers.</li> <li>• Provide monthly emergency food aid for vulnerable households.</li> <li>• Provide shelter, NFIs, and emergency cash for climate change victims and returnees.</li> </ul>
Sana'a City	<ul style="list-style-type: none"> <li>• Ensure clean water supply and sanitation in healthcare facilities.</li> <li>• Establishment of monitoring and early warning centers.</li> <li>• Food support, emphasizing additional livelihood projects and increased food provisions for vulnerable groups.</li> <li>• Rehabilitation and enhancement of medical facilities and support for healthcare personnel.</li> <li>• Support with shelter and education sectors, emphasizing the rehabilitation of educational institutions, incentives for teachers, and assistance for those excluded from education.</li> <li>• Enhancing water sources and sewage treatment plant capacity</li> </ul>

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**GOVERNORATE**

Sana'a

**TOP PRIORITY**

- Strengthen partnerships, capacity building, and support local and civil society organizations and implement robust information management systems to share data on humanitarian needs and responses.
- Rebuilding the health and education sector, strengthening resilience projects, and enhancing the sustainability of the implemented projects
- Encouraging the approach of durable solutions and projects based on the community and the region in the areas from which waves of displacement occurred.
- Multi-sectoral/integrated interventions are as follows (education, health, nutrition, protection, CCCM, shelter, WASH, livelihoods, and economic empowerment).
- Distributing cash and in-kind aid to those affected in emergency situations.
- Supporting community resilience building initiatives
- Through the CCCM Minimum activity set, flood mitigation, household profiling and intentions, site/ area level site maintenance and community-led projects, and capacity building, along with livelihood diversification programs like vocational training and empowerment.
- Provide quality education for crisis-affected children, prioritize safe learning environments, trained teachers, educational materials, and integrate psychosocial support.
- Support agriculture, enhance food security: provide seeds, tools, training; promote sustainable practices; facilitate market access.
- Enhance healthcare and nutrition: provide access to primary healthcare, essential medications, and medical supplies to address immediate health needs.
- Strengthen protection mechanisms, address GBV: establish safe spaces, provide psychosocial support, raise awareness; conduct training sessions for humanitarian actors and community leaders on prevention and response.
- Improve access to safe water, sanitation, hygiene: construct/rehabilitate water sources, latrines; establish sanitation facilities; promote hygiene through campaigns to educate about good practices

Shabwah

- Provision of an integrated response to migrants, including the reactivation of migrant reception centers. Need to strengthen the voluntary returnee program.
  - Implementation of integrated projects for IDPs in the governorate including protection, shelter, food, and WASH.
  - Rehabilitating damaged health and school units that were damaged by previous cyclones and tropical storms.
  - Implement education projects that support girl education especially girls dropped out of schools due to social or tribal traditions. Some schools are still having the mixed class education (girls and boys) which is not accepted by tribal men on governorate level.
  - Create/increase livelihoods opportunities, by promoting vocational training, financial support, and job initiatives. Major sectors could be invested in such as fishing, beekeeping, and farming.
  - Establishing early warning systems in the governorate
  - Implementing nutrition programs targeting vulnerable groups, such as children under five and pregnant and lactating women.
  - Providing agricultural inputs such as seeds, tools, and fertilizers to support agricultural production and enhance livelihoods.
  - Strengthening primary and secondary health services on governorate level.
  - Activate health units/centres which are not functional.
  - Provision of essential medicines and medical supplies to health centres located in remote and HTR areas.
  - Support water quality monitoring and laboratories for testing.
  - Conducting water quality testing in affected areas and providing appropriate treatment methods to ensure the availability of safe drinking water.
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GOVERNORATE	TOP PRIORITY
Socotra	<ul style="list-style-type: none"> <li>• The Island is isolated 4-5 months every year due to the suspension of sea shipping from/to the island during the windy season and it faces a recurrent weather-related disasters including cyclones affecting lives and livelihoods of vulnerable segments of the population.</li> <li>• Support primary health care and RH as majority of the people travel outside Socotra for treatment.</li> <li>• implementation of integrated projects for IDPs in the governorate including protection, shelter, food and WASH mainly at rural areas.</li> <li>• Integrated health services mainly in remote areas in the south of Socotra.</li> <li>• Rehabilitating damaged health and school units that were damaged by previous cyclones and tropical storms and make them functional through integrated programs.</li> <li>• Implement education projects that support girl education especially girls dropped out of schools due to social or tribal traditions. In addition, awareness activities should be active.</li> <li>• Create/increase livelihoods opportunities, by promoting vocational training, financial support, and job initiatives. Major sectors could be invested in such as fishing, beekeeping, and farming.</li> <li>• Establishing early warning systems in the Socotra governorate to help save lives and properties.</li> <li>• Establishing emergency warehousing either in kind or by allocating funds for emergencies</li> <li>• Implementing nutrition programs targeting vulnerable groups, such as children under five and pregnant and lactating women.</li> <li>• Providing agricultural inputs such as seeds, tools, and fertilizers to support agricultural production and enhance livelihoods.</li> <li>• Strengthening primary and secondary health services on governorate level.</li> <li>• Activate health units/centres which are not functional.</li> <li>• Provision of essential medicines and medical supplies to health centres located in remote and HTR areas.</li> <li>• Support Reproductive Health services with continuum of care during antenatal, emergency obstetric care postnatal care including family planning.</li> <li>• Rehabilitation and reconstruction of damaged houses</li> <li>• Support access to Safe clean drinking water.</li> <li>• Support solar power systems for water wells.</li> <li>• Provide cash assistance instead of RRM kits as it is the most functional method in the island.</li> </ul>

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**GOVERNORATE**

Ta'iz

**TOP PRIORITY**

- Need to scale up the integrated response to AWD/Cholera and activate TFC in districts near the west coast, where there is a high prevalence of malnutrition among children.
  - Need for a tailored package of support for returnees, which includes rehabilitating homes and infrastructure in the areas where they are returning to.
  - prioritize providing services at IDP sites and expanding coverage to uncovered priority sites. This includes activities such as household profiling, flood mitigation, community-led projects, and capacity building.
  - Quick impact projects, community-led initiatives, and economic empowerment programs will also be implemented.
  - rehabilitate leading education centers and prioritize the provision of primary care and emergency services in the health sector integrating wash and health services, particularly reproductive health (RH) services, as well as integrating nutrition and health programs for children and pregnant women.
  - Strategic pre-positioning of supplies, flexible emergency funds, and a robust network of local responders
  - Supporting comprehensive emergency obstetric and neonatal care, therapeutic feeding centers, strengthening primary healthcare outreach.
  - Safeguarding water resources, renewable energy solutions for WASH facilities, water harvesting interventions,
  - Supporting with multipurpose cash assistance,
  - Protection from floods
  - Tackle HLP issues and formulate tailored action plans.
  - Temporary classrooms for IDP hosting sites.
  - Support for specialized mental health and psychosocial support
  - Mine-related clearance and mine victim assistance
  - supporting the livelihood activities, includes the vocational training, market studies and feasibility analysis for the suggested income projects.
  - Support the cash for work and food for assets in the communities those affected by shortage of funds as exit strategy.
  - Provide TFC in Mawza' and Al Wazi'yah
  - Integration between nutrition, water, environmental sanitation, and food security
  - Permanent establishment of diarrhea treatment centers and training of staff on therapeutic policies
  - The establishment of an early warning system
  - Improvement of seedlings and seeds
  - build dams.
  - Supporting technical, vocational, and public education in capacity-building
  - school furnishing
  - recruitment of additional teachers
  - Support and build the Water Foundation's capacity to ensure the sustainability of the project.
  - Water barriers
  - Rehabilitation of wells and water supply systems
  - Enhancing the WASH response to target the most sustainable, durable, and strategic solutions.
  - Maintenance of camps with cash for work or installation of a transitional shelter
  - Community projects implemented with community participation.
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**Top development priorities highlighted in all governorates:**

- Support livelihood and resilience projects, focusing on the fishery and agriculture sectors.
- Investment in infrastructure projects for health, Education, and WASH sectors, with long-term solutions in mind.
- Rehabilitation of flood channels, and returnees' homes, schools, water sources and networks including dams and water reservoirs.
- Prioritize road pavement and maintenance, and transportation infrastructure to facilitate movement for civilians including fishermen and farmers.
- Enhancement of public services provided by healthcare facilities, WASH, and Education, including capacity building and rehabilitation.
- Implementation of economic empowerment initiatives, vocational training, and support for micro-business projects and enhance local governance, including thorough scaling up quick impact initiative and creating more livelihood opportunities such as micro-business projects to support vulnerable HHs.
- Establishment of early warning systems and build local authorities' capacity for disaster preparedness, response, and recovery.
- Support the infrastructure of basic services and foster social cohesion, particularly in conflict-affected areas.
- Promotion for women's empowerment, girl's education, and overall education quality improvement.
- Provision of durable solutions for internally displaced persons (IDPs), while delivering integrated response (Health, Nutrition, Shelter, WASH, and Education)

# Centrality of Protection Strategy – HCT Protection Priorities

## YEMEN HUMANITARIAN COUNTRY TEAM (HCT): CENTRALITY OF PROTECTION (COP)

In accordance with the HCT's Terms of Reference, the HCT Compact, 2023 HRP Management Objectives and IAHE Management Response Plan, the coherent operationalisation of the centrality of protection is a key commitment for all humanitarian actors. The HCT, as led by the HC/RC, has accountability for achieving protection as the driver of the response.

## BRIEF BACKGROUND IN YEMEN OPERATION

2016 -17	HCT developed HCT Protection Strategy and Action Plan (which was planned jointly with the HCT Gender Strategy)
2018 - 20	HCT developed new HCT Protection Strategy
2022	Inter-Agency Humanitarian Evaluation of the Yemen Crisis (IAHE) made a number of findings, including that protection has not been made central to the humanitarian response in Yemen (paragraph 21).

## QUALITY RESPONSE – IAHE RECOMMENDATIONS

Overall recommendations from the Inter-Agency Humanitarian Evaluation (IAHE) regarding strengthening quality of the response focus on three areas of focus.

- **Targeting of assistance:** making sure aid goes to the neediest groups and areas as a priority.
- **Context:** the more detail is known through protection monitoring and assessments at the outset about the needs, the more can be monitored to know whether priority needs have been addressed or not. Where it is difficult to gather information and data for full analysis, this should be done incrementally and consistently

to keep building a more detailed understanding of the context.

- **Understand cause of the problem:** this is the only way to have a relevant strategy, that selects the appropriate approaches and prioritises the relevant programmes.

## HUMANITARIAN RESPONSE PLAN 2023

Based on the 2023 Humanitarian Needs Overview, 21.6 million people in Yemen will need humanitarian assistance and protection services in 2023. The response is organised around three strategic objectives and seven specific objectives focusing on:

1. **Life-saving activities:** reduce mortality and morbidity amongst crisis-affected people by providing safe and equitable lifesaving humanitarian assistance.
2. **Resilience and durable solutions:** improve resilience of crisis-affected people through increased access to multi-sectoral response and durable solutions.
3. **Centrality of protection:** prevent, reduce and mitigate protection risks and respond to needs by building a more protective environment, promoting compliance with IHL and IHRL and providing principled assistance.

These strategic objectives are interconnected and the centrality of protection can be used as a practical tool which provides the core organising principle for a quality response. Identifying collective protection outcomes for each strategic objective – at national and hub levels – will be the basis for then identifying how activities contribute to achieving them within specific timeframes.

**HRP MANAGEMENT OBJECTIVES**

These are detailed in the 2023 HRP and are intended to be complementary to the HCT Terms of Reference, the Yemen HCT Compact, and the Management Response Plan. The centrality of protection links these objectives and can be used as the means to connect and develop the outputs and activities under each one.

**How to use centrality of protection strategically:**  
 The HCT uses a detailed context analysis to select systemwide protection priorities which are then used as the basis for developing the outputs and activities to achieve the HRP Management Objectives.

**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, which will be advocated for as one, by the HCT and the wider humanitarian partners.**

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.

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.

**2. Ensuring meaningful access and preserving humanitarian space in line with humanitarian principles in order to overcome threats to operational independence.** This will include the development and operationalisation of Joint Operating Principles and collective positions. This work will be the culmination of the HCT’s Access Strategy, Advocacy Strategy and CoP Strategy, where concrete joint advocacy will be undertaken to protect operational space.

**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.**

**4. Build further on the humanitarian-development 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.

**5. Holistic quality response to the IDPs to leverage the Humanitarian-Development-Peace nexus.**

5.1 Better displacement tracking of the IDPs and returnees to inform an accountable response to displaced populations.

5.2 IDPs are 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.

**2023 HRP Management Objectives – centrality of protection as strategic tool**



## **Role of Protection Cluster and Areas of Responsibility (AoRs)**

The Protection Cluster and AoRs at national and local levels have their own respective strategies which are distinct from the centrality of protection strategy. In addition to participating as part of an inter-cluster response to achieving agreed collective protection outcomes, they do have an additional role in relation to the centrality of protection. This role includes providing advice and support to the HCT (including AHCTs and RCTs) on identifying system-wide protection priorities and the consequent collective protection outcomes. **This advice and support includes: collating data (from clusters and other relevant sources within the response); preparing context analysis (at national and local levels); advising on protection priorities and collective protection outcomes; and supporting development of inter-cluster action plans to achieve these collective outcomes.**

## **6. HCT PROTECTION PRIORITIES**

### **6.1 Context**

After nine years of hostilities, Yemen remains a complex protection crisis. Widespread destruction of civilian infrastructure, displacement, marginalization, discriminatory norms, and explosive ordnance contamination continue to directly impact millions of civilians, including more than 4.5 million IDPs. As of September 2023, an estimated 16,551 civilian casualties have been reported since the beginning of the conflict. While active hostilities in some areas of the country are still causing new displacements and vulnerabilities, the country-wide truce in 2022 resulted in an overall decrease in both civilian casualties and new displacements. For example, across the main frontline governorates, artillery fire and light weapons fire resulted in 369 civilian casualties from 1 January to 31 August 2021. This dropped to 248 during the same time period in 2022, and down to 133 in the first eight months of 2023. Nonetheless, a growing proportion of these casualties are children; 56 of the frontline casualties this year have been children, or 42%. Another 17% have been women.

More recently, however, accelerating economic deterioration and the impacts of climate change have become key drivers of needs for affected communities, exposing many to a range of compounding protection risks. Local grievances and rivalries, against a backdrop of a proliferation in access to arms and weak mechanisms for law and order, have resulted in an incendiary environment, and altercations are swift to escalate into shootings and grenade attacks, including in commercial centres and residential areas; a domestication of violence. Small arms fire and grenade attacks have been responsible for 378 civilian casualties during the first eight months of the year, almost threefold the frontline casualty numbers. In the same time period last year, SAF and grenades accounted for 303 civilian casualties.

**Yemen continues to experience a complex protection and displacement crisis, with severe risks and abuses for civilians.**

**The protection needs of people affected by the conflict in Yemen are staggering, reflecting the serious and widespread violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), as well as the absence of functioning rule of law systems, and related limited access to justice.** Civilians across most governorates in Yemen continue to be exposed to serious protection risks that compromise their safety and well-being. Protracted and multiple displacements are prevalent for many affected by the conflict, with 4.5 million people displaced in the last nearly eight years.

**Particularly in areas affected by hostilities and contaminated by Explosive Ordnance (EO), communities are facing death and injury along with limited access to basic services and livelihoods.** While fighting reduced during the truce, civilian casualties continued, particularly as a result of EOs.<sup>1</sup> Since April 2022, EO has been responsible for 688 civilian casualties, 298 of whom (43%) have been children, who remain disproportionately vulnerable to EO. Among UXO incidents specifically, of the 280 civilian

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<sup>1</sup> See for example: <https://yemen.savethechildren.net/news/disappointment-and-concerns-renewal-violence-yemens-truce-fails-be-extended>

UXO casualties reported since the truce commenced in April 2022, 159 (57%) have been children, many of whom were playing, collecting firewood, or tending to livestock at the time. Hudaydah in particular remains one of the most contaminated parts of the country, seeing almost half of the ERW casualties reported in the past year. On a district-by-district basis, the three districts to have seen the highest numbers of civilian EO casualties have all been in Hudaydah. These are followed, however, by Khabb wa ash Sha'af district in Al-Jawf, where a high level of contamination remains, particularly around the unpaved desert routes connecting former frontlines and military positions. The presence of EO is not only putting their lives in danger, but also presents key obstacles to the return of IDPs to their places of origin and barriers to pursuing subsistence farming and other income generating activities. Alongside the widespread presence of EO, **an estimated 409,919 people lack access to civil documentation, directly impacting their civil, political, social and economic rights. A total of 31,807 households reported incidents of threats of eviction,** further highlighting Housing, Land and Property (HLP) related protection risks.

**Protection risks for children and women are especially high,** with forced child recruitment of boys into armed groups occurring. According to UNICEF, there have been **over 11,000 children killed or maimed since 2015.**<sup>2</sup> Schools and hospitals are frequently attacked and used for military purposes, denying children of their rights to basic services. According to the 2023 Humanitarian Needs Overview (HNO) for Yemen, **2,783 schools have been destroyed, partially damaged, or used for non-educational purposes and less than half of health facilities are currently reported to be functioning, with an estimated 11 percent fully or partially damaged due to the conflict.** Women and girls face disproportionate protection risks across all spheres of life, reflecting realities of domestic violence, emotional abuse, and the widespread denial of access to services and opportunities.

**The ongoing crises and conflicts in Yemen have further exacerbated the pre-existing marginalisation of different groups and communities, and further**

**increased their exclusion, including of IDPs, persons with disabilities, the Muhamasheen, older people, women, and migrants.** In addition to pre-existing stigma and discrimination, persons with disabilities have also been disproportionately affected by the armed conflict, and facing increased protection risks. The lack of disability-inclusive data collection and monitoring practices brings with it a heightened risk of violence and abuse against persons with disabilities, whose protection risks are not adequately identified, monitored and addressed in protection monitoring mechanisms and strategies. At least 15 percent of the people in Yemen are estimated to have disabilities though that number is likely much higher as a result of the conflict and increase of injuries caused by EOs. The impact of the conflict is aggravated by a protection environment characterised by substantial impediments to access for humanitarian workers and for people in need of assistance, limited service provision, weak or missing protection systems, low awareness of basic rights and discriminatory and harmful socio-cultural norms relating to gender and practices which disadvantage marginalized groups such as persons with disabilities, Muhamasheen, and impact most upon women and children.

**Thousands of migrants in Yemen, on the route from the Horn of Africa to the Middle East, are exposed to serious protection risks.** including violence and conflict, discrimination from accessing essential resources, such as food, water, and healthcare, as well as employment and safe shelter/housing. Many migrants lose their lives during the journey, and most are controlled by groups engaged in smuggling and trafficking who subject migrants to violence, exploitation and abuse including detainment, torture, sexual violence, extortion, forced labour, and forced marriage. The western Sa'ada border is also increasingly coming under the spotlight on account of continued reports of border violence filtering through from the western border districts, particularly Monabbih and Shada'a, with reports often mentioning migrants to be among those killed and injured. While civilian casualties as a result of artillery fire and light weapons fire is declining in frontline areas, numbers remain high on the western Sa'ada border. Of 602

2 <https://www.unicef.org/press-releases/more-11000-children-killed-or-injured-yemen>

civilian casualties reported this year as a result of artillery fire and light weapons fire, half (292) have been reported in Shada'a alone, and another 164 in neighbouring Monabbih district, many of whom have been migrants. Arbitrary arrest, detention, and forced movement and push backs by security forces are widespread. Migrants attempting to cross the border with KSA have been systematically targeted with explosive weapons and close range attacks by border guards. Migrants who are deported from Saudi Arabia back to Yemen or from northern Yemen to Southern Yemen face additional risks, where whatever items, money, and identification is stolen.

**Layered on top of these severe violations of rights, civilians have also been increasingly impacted by food insecurity, which in turn is further contributing to negative coping mechanisms, including child labour, early and forced marriage and school drop-out rates.**

**The protection response is further hampered by a complex political landscape and restrictions on access, implementation, movement of personnel.** First and foremost, the mahram issue is a human rights issue that is disproportionately impacting all women and girls, and limiting their basic rights, including freedom of movement and equal access to services. This also has implications for the principled delivery of all humanitarian assistance, the ability of women and girls to access life-saving supports and services and it is also linked with increased protection risks, including harassment and threats, to female humanitarian staff. Mahram requirements, predominantly mandated in de facto areas, severely obstruct the movement of female staff and restrict the provision of protection services to women and children, and limit the number of protection partners able to operate, undermining the protection response.

More broadly, humanitarian actors face severe restrictions on their work in Yemen, which remains one of the most challenging operating environments worldwide.

## **6.2 HCT Protection Priorities**

**Revamped Strategy & crisis narrative** that underlines protection as the key driver of needs and risks and which necessitates a collective response that builds

on the comparative advantage and resources of humanitarian agencies & key stakeholder

**Current identified HCT protection priorities include:**

**1) The Protection of Civilians is strengthened, including prevention and mitigation of rights' violations: Promoting respect for IHL, IHRL and refugee law by all parties to the conflict in Yemen through collective advocacy and prioritization of humanitarian response activities which contribute to the protection of civilians.** Strengthening the protection of civilians and preventing and mitigating rights violations (including promoting adherence to IHL standards; increasing awareness about risks of mines and ERW and decreasing associated civilian casualties; addressing needs and priorities of all conflict-affected people, including the elderly and people with disabilities; improving GBV risk mitigation and prevention; protecting children from the impact of the conflict.

(A) The identification of situations where civilian are exposed to risk, collective actions and prioritization of advocacy and critical humanitarian responses which contribute to the protection of civilians; as well as enhance the provision of assistance and protection services into hard to reach areas;

(B) Prevention of child recruitment and other grave child rights violations, as well as the arbitrary arrest or detention of children. The HCT to support the efforts of the Child Protection AoR to strengthen the data collection on grave children rights violations<sup>21</sup> and to conduct joint advocacy to ensure accountability and facilitate the release of children where possible. Efforts should be made to provide children with safety nets in order to reduce the risk of coerced or voluntary enrolment into armed forces and groups;

(C) HCT to reinforce activities that focus on women and their agency within communities, as an enabler for protection outcomes in conflict affected areas by leveraging women's roles and leadership in expanding the humanitarian space, ultimately promoting community resilience, and furthering protection of civilians and civilian assets.

2) Record and monitor the direct impact of armed violence on civilians, in order to best understand the trends in factors violating civilian rights and tangibly impinging on civilian protection, thereby informing evidence-based advocacy and suitable programmatic responses, including in the MRE sector. **Inclusion of the most vulnerable in humanitarian assistance and services;** There is need for a better understanding of the risk/threat of exclusion (including characteristics that increase this risk; disability, gender and minority) and difficulties in the accurate identification of those in need of assistance and protection, by ensuring a protection lens in vulnerability and targeting criteria. Among the most vulnerable groups, we must consider migrants, refugees, and asylum seekers, but also those who are vulnerable because they are invisible and discriminated against due to harmful practices that are already deeply rooted; children in situations of family separation, children associated with armed groups and forces, persons living with disabilities, female-headed households, female detainees; and minority groups.<sup>3</sup>

In addition, the humanitarian system led by the HCT needs to proactively ensure the inclusion of minority and other vulnerable groups through advocacy and addressing systemic obstacles to obtaining civil documentation which exacerbates discriminatory practices; restricts access to services, assistance, protection and solutions – More than 6% of the people in need of assessed communities lack civil documentation. The top 10 most affected governorates include Hajjah, Al Hodeidah, Al Jawf, Ta'iz, Marib, Amran, Ibb, Ad Dale', Al Bayda, and Dhamar. Lack of civil documentation impacts all population groups undermining their access to their rights, basic services and humanitarian assistance, with specific vulnerabilities to women and children and minority groups. It also compounds a series of protection risks and vulnerabilities in terms of freedom of movement and HLP issues including security of tenure.

(A) Development of an HCT position paper on assistance targeting and a common definition of vulnerability in the Yemen context, which contextualizes the different needs of women, men, boys, and girls, taking into account age, gender, and diversity factors, including social background and disability. This will require mapping of current risks and occurrences of exclusion, in order to understand its manifestations and dynamics across clusters, and identifying appropriate mitigation steps. This will support promoting full and non-discriminatory access for the vulnerable and affected population to quality essential services and enjoyment of their rights including facilitating access to documentation; essential healthcare, MHPSS, multi-sectoral GBV services; and assistance to children affected by violence and conflict; promoting access to property or adequate compensation; and addressing barriers related to assessments are priority objectives that require collective engagement and advocacy to achieve collective protection outcomes;

(B) Enhance protection monitoring and analysis (including disaggregated data by age, gender, and diversity) using different sources of protection data including on Protection trends; MRM and information on GBV patterns and trends, as well as linking up with OHCHR analyses and CIMP.

<sup>3</sup> In the MRP (10.4 Asylum-seekers, refugees, and migrants are included in strategies targeting the most vulnerable without distinction concerning nationality or legal status), It's part of our duty to ensure the most vulnerable groups are included in the strategy.

**3) Reducing risks associated with displacement – linking with the durable solutions initiative as well as addressing mine-related risks;** The Protection Analysis Update 2022, the 2023 HNO and HRP highlight the extremely difficult situation of IDPs living in sites and in host communities across the country as a result of floods and conflict contributing to protracted and multiple displacement situations.<sup>4</sup> The affected population face multiple risks/threats such as evictions, overcrowded and unsanitary environments with limited access to basic services, exposure to explosive hazards, increased risk of Gender Based Violence (GBV), breakdown of social support and protection mechanisms for women and girls with limited source of livelihoods, negative coping mechanisms such as child marriage and child labour, and tension with the host community. Children and young people (mainly male) in displaced situations, face risks of arbitrary arrests and recruitment. Lastly, IDPs continue to struggle to end their displacement and pursue voluntary, informed, safe, and dignified durable solutions based on their individual and household needs. **By utilizing the reach, capacity, and weight of the whole humanitarian system, the safety, dignity, and well-being of these displacement affected populations (including the heavily burdened host communities) can be strengthened.**

(A) HCT to endorse strengthened referral systems for services, including for victims of Sexual Exploitation and Abuse (SEA) to have access to quality survivor-centred services through GBV/CP existing integrated services and establishment of inter-sectoral referral and information pathways;

(B) Evictions, predominantly forced in nature, remain not only a recurring protection concern in Yemen, but also a critical factor to be considered within the broader framework of durable solutions for displaced communities.<sup>5</sup> The current trend could lead to high number of people being subjected to secondary displacements through evictions, forced or otherwise, by the end of 2023. In 2022, the number of sites facing eviction threats increased by 17%.<sup>6</sup> This number is rising in 2023. As of May 2023, over 7,000 families in 64 IDP sites are facing active eviction threats. The number is believed to be higher as CCCM capacity monitors only less than third of IDP sites in the country. At least 26,000 people in sites experienced secondary displacement because of evictions. Monitoring, documentation and reporting of evictions in using an evidence base approach is paramount as part of efforts to inform advocacy, programming, and other strategic humanitarian and solutions' decisions in Yemen;

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4 According to the CCCM cluster, there are approximately 1.6m IDPs living in 2,316 IDP sites countrywide (as of Dec 2022) and 2.9m living outside sites mostly living in rented; owned and/or hosting arrangements.

5 Evictions are mainly due to a) expiry of verbal/written occupancy agreements from state (public) or privately owned land, or b) when the landowner wants the land back for their own personal or investment purposes, or c) safety and security reasons -moving IDPs further away from the frontlines from the path of hostilities.

6 109 cases of group (IDP site) eviction threats were reported across 77 IDP hosting sites, South (74) and North (35), affecting 4,644 HHs by CCCM Eviction Tracker in 2022. Out of the 2,324 IDP hosting sites in Yemen only 723 are managed/monitored by agencies/ I/N NGOs. Out of the managed/monitored sites, the majority 37% or 270 sites are monitored by UNHCR and its Partners. See details in the CCCM Site Master list January 2023.

Structural protection concerns, and violations associated with housing, land and property hindering access to land are rampant and include insecure land tenure, cases of overlapping land governance, inadequate land dispute resolution mechanisms, compromised access to water for livelihood opportunities inadequate land dispute resolution mechanisms, and the lack of suitable land. Poor land administration and limited access to justice, weak legal and policy frameworks, and weak institutions are structural impediments to tenure security and contribute to the protracted crisis,<sup>7</sup> resulting in secondary displacement and hindering sustainable solutions. **More is required to increase capacity and contribute to building a common ground on how to deal with HLP issues.**

B.I HCT, with the support of the PC-AoRs, to develop a common position, including advocacy opportunities, on the issue of evictions; and promotion of land tenure security for IDPs and returnees. The HCT ensures the provision of a strong analysis of the situation of access to house, land and property as a factor of human security and identify existing obstacles and opportunities for durable solutions in collaboration with the Protection Cluster, AoRs and other Clusters (Shelter, CCCM, WASH etc.);

B.II. HCT to affirm all three durable solutions for IDPs as being of equal priority; and advocating for early recovery, development, and state building processes to consider the same;

B.III HCT to support the framework of the Durable Solutions Initiative (by encouraging humanitarian actors to minimize actions that risk institutionalizing displacement, promote self-reliance, and contribute to assessment and mapping of intentions, needs and protection risks/threats of displaced and displacement affected communities in the displacement context, as well as in areas of possible return or reintegration.

(C ) Mine action related activities remain a priority as an enabler for solutions. The HCT recognizes that Mine Risk Education and clearing areas contaminated by ERW and landmines are life-saving activities. Yemen is a country that heavily contaminated as a consequence of the protracted conflict. Further, ERW and landmine contamination limit freedom of movement and access to basic services, disrupt livelihoods, and impede stability and recovery. People on the move, including IDPs and returnees are at particular risk of harm from explosive hazards. International law, including the Anti-Personnel Mine Ban Treaty (APMBT) and Protocol V of the Convention on Certain Conventional Weapons, respectively, ban the use of landmines and obligate parties to the conflict to mark and clear contamination.

A coordinated, timely scale up of mine action would not only save lives but promote economic activities, contribute to durable solutions for internally displaced people and support the implementation of programs across the humanitarian, development and peace nexus. The HCT will support and prioritize MRE and humanitarian clearance for areas recently contaminated by landmines and ERW; and will advocate for parties to the conflict to fulfil their obligations to mark and clear explosive hazard contamination they are responsible for, in line with IHL

4) Strengthen Protection mainstreaming in the humanitarian response. This will include targeted identification and mitigation of risks related to GBV, SEA, using IASC GBV Guidelines, and Child Protection.

(A) To support the Protection Cluster and AoRs in mandating the development of an inter-cluster plan on Protection Mainstreaming with a 12 month plans building upon existing/ongoing mainstreaming initiatives (different sectors could be treated as priority) – ICCM, AoR and Protection Cluster Coordinator to be tasked and to report back to HCT on a regular basis. This includes, clusters/ revisiting their existing sector performance indicators and development of a basic Protection Mainstreaming training package.

<sup>7</sup> 90 percent of land ownership is informal or lacks legally recognized tenure, with tribal systems often governing tenure and transactions. In practice, through land and real estate law generally governs urban land rights, however, residents refer to customary rights relating to land in rural areas.

(B) HCT to encourage the YHF and other humanitarian funding mechanisms to include Protection Mainstreaming indicators as one of the criteria for funding of all clusters and organizations. The objective is to ensure each project proposal submitted for consideration for funding considers/ identifies protection risks and how the project will mitigate these risks;

(C) Strengthen funding for protection, including advocating for protection as a lifesaving response, and ensure funding for activities out-lined in this Strategy Action Plan;

(D) Accountability to Affected Populations (AAP): Commit to collective approaches to community engagement and accountability in order to ensure that HCT decision-making and strategic planning is informed by feedback data from affected communities, including, proactive efforts to include the voices of women and girls, as well as vulnerable and marginalized groups. Linkages to be sought between the OCHA-led Community Feedback Mechanism, and with the Protection and CCCM Clusters especially. HCT to encourage the YHF and other humanitarian funding mechanisms to include AAP as one of the criteria for funding of all clusters and organizations;

(E) Prevention from Sexual Exploitation and Abuse (PSEA); HCT to re-affirm their accountability in supporting affected population on prevention and response to any forms of sexual misconduct through three commitments in line with the IASC Strategy for PSEA and Sexual Harassment 2022-2026: i) Victim and Survivor Centred Approach, ii) Change in Organizational Culture, and iii) Support Country Capacity; . In particular, HCT to support the Yemen PSEA Network to implement the inter-agency SOPs on recording and handling SEA allegations, including collective commitment to victim assistance, reporting via complaint and feedback mechanisms and regular information sharing to the RC/HC, as well as UN agencies to carry out mandatory common PSEA assessment with implementing partners.

### **6.3 Entry points & proof of concept**

1. Protection is integrated and mainstreamed through an area-based approach that allows addressing multiple risks and maximizing impact through forming alliances with other clusters: it is imperative to build on the work already taking place in-country by working closely with other clusters in defining entry points for protection in the Yemen response
2. Focus on well-funded clusters as entry points such as Food Security, Health, Nutrition, CASH, & Education ensuring a practical approach to implementing protection in their respective work-plans & activities. In addition to maximizing impact and high beneficiary reach, this will facilitate proof of concept; subsequent scale-up; and enlarge the base of protection advocates/implementers (triple impact: outreach; funding; and strong advocacy on protection)

### **6.4 Durable Solutions and working with Development actors as an opportunity**

1. Protection is a guiding principle in all durable solutions/HDP programming and coordination
2. Coordinate durable solutions pilot areas with the centrality of protection pilot-areas
3. Ensure protection informs specific groups & profiles
4. Role of Protection in informing DS priorities and engagement by contributing with context analysis on vulnerabilities, risks, intentions and coping capacities of the affected population
5. Ensure ownership of the government

### **6.5 Implementation approach and methodology**

1. Ensuring a strategy that is relevant, efficient and inclusive of all different actors. This requires engagement with beneficiaries; donors; society; humanitarians; and the authorities
2. An area-based approach would facilitate context analysis and better understanding of the risks, threats driving the needs of the affected population in a particular area. The complex context in Yemen

characterized by limited access and bureaucratic impediments combined with the capacities and presence of key actors necessitates this approach for an evidence-based understanding of needs that will support a targeted and quality response

3. The area-based approach will into consideration access; presence & capacity of protection and non-protection actors; and level of engagement with the authorities

4. Promoting further the links between humanitarian and development actors

5. Advocacy with donors and the authorities for an enabling environment

## **OPERATIONALISATION STEPS TO STRENGTHEN THE CENTRALITY OF PROTECTION IN THE RESPONSE**

**Local level: AHCT/RCT – pilot centrality of protection as organising principle of response**

**1. Select two - four pilot locations:** Protection Cluster/AoRs to recommend four pilot locations (North/South) to pilot methodology to implement the collective protection priorities. Criteria for how the locations are selected should be part of the process. PC/AoRs to select respective PC/AoR focal points for the process in each pilot location (should be based in location if possible). Based on primary consultations, priority locations in the North include Al Hudaydah and Ibb in the north and Aden, Marib, Aden, ensuring focus on rural and urban areas. The selected areas require close coordination with development actors and the durable solutions working group.

**2. Select protection priorities in pilot locations:** These overall protection priorities for each pilot location are an opportunity to have a more preventative and consistent response to a specified risk. They can build on initiatives already underway, such as the flood response; the integrated famine risk reduction (IFRR) approach; or relevant aspects of durable solutions.

**3. Collective protection outcomes and action plan:** At inter-cluster level, OCHA and PC/AoRs to support inter-cluster development of activities for each identified priority to be reflected in the HCT Protection Action Plan. Actors who do not participate in clusters (within and beyond the humanitarian system) should also be part of the action plans, as relevant for each location. These collective outcomes should be connected to the relevant HRP strategic objectives and, as much as possible, build on ongoing activities and initiatives including the Gender Strategy; AAP and PSEA as well as DS WG priorities.

**4. Implementation and monitoring of activities:** OCHA to support the Protection Cluster – AoRs in monitoring of implementation of the HCT Action Plan and facilitate follow-up for any challenges to implementation. Reporting on and monitoring the action plan/activities (with roles and responsibilities) should be a priority at every inter-cluster meeting, with quarterly updates to the relevant AHCT/RCT and HCT by the Protection Cluster – AoRs.

**5. After action review and scaling-up:** After one year period, consultation to be led by PC/AoRs and HCT about pilot projects and how they have worked. Lessons learned should form the basis of scaling up to more areas.

## Background

The 2013 IASC Statement on the Centrality of Protection in Humanitarian Action<sup>8</sup> was the culmination of serious reflections within the humanitarian system about the place of protection and human rights. The Statement is explicit about the **accountability of Humanitarian Coordinators, Humanitarian Country Teams and Clusters to implement this commitment in all aspects of humanitarian action**<sup>9</sup> alongside the responsibility of leadership by the IASC Principals.<sup>10</sup>

## Centrality of Protection in Humanitarian Action

Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be **central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.**<sup>1</sup>

*Principals of the Inter-Agency Standing Committee (IASC), December 2013*

According to the Inter-Agency Standing Committee (IASC) Protection Policy, '[a] **strategic, comprehensive and collective approach to protection** in humanitarian response can enhance the overall ability of humanitarian actors **to analyze, prioritize and respond effectively to violations of international human rights law and international humanitarian law**...including the risks and consequences of **violence, abuse, coercion and deprivation** occurring in humanitarian crises.'<sup>11</sup>

## Protection Outcomes

A response or activity is considered to have a protection outcome when the **risk to affected persons is reduced**. The reduction of risks, meanwhile, occurs **when threats and vulnerability are minimized** and, at the same time, the **capacity of affected persons is enhanced**. Protection outcomes are the result of changes in behaviour, attitudes, policies, knowledge and practices on the part of relevant stakeholders.<sup>12</sup>

*IASC Policy on Protection in Humanitarian Action, 2016*

## Mandatory Responsibilities of Humanitarian Action<sup>13</sup>

The RC and HC has mandatory and specific responsibilities for centrality of protection, Prevention from sexual exploitation and abuse (PSEA), accountability to affected people (AAP), gender equality, women's empowerment and GBV, and to address diversity of needs.

### Key points for centrality of protection include:

- Promote and facilitate an implementation of the IASC Protection Policy (2016) as part of a collective approach to ensure that protection outcomes are central to humanitarian action.
- Ensure that protection priorities, which are evidence-based and grounded in a solid data-collection strategy, are identified and addressed in strategic humanitarian planning and decision-making.
- Promote respect for human rights, refugee law and IHL by all parties, including non-State actors, coordinating the advocacy efforts of relevant organizations and using private and/or public advocacy as appropriate.
- Ensure all necessary efforts are made to secure sufficient funding for the protection response.
- Lead the development of a Humanitarian Country Team protection strategy, when needed.

8 IASC, Statement on the Centrality of Protection in Humanitarian Action, December 2013

9 IASC, Statement on the Centrality of Protection in Humanitarian Action, December 2013, page 1

10 Ibid, page 3

11 IASC Policy on Protection in Humanitarian Action, 2016, page 1

12 IASC Policy on Protection in Humanitarian Action, 2016, page 15

13 Handbook for the UN Resident and Humanitarian Coordinator, 2021, page 54

# Centrality of Protection Action Plan

REQUIRED ACTION	LEAD AGENCY (IN BOLD) & OTHER AGENCIES SUPPORTING	ACTORS	INDICATORS/COMMENTS
Priority 1: The protection of civilians is strengthened, including prevention and mitigation of rights' violations.			
1.1 Negotiate with all parties to the conflict to enhance compliance with key IHL principles aimed at: reducing exposure to violence for civilians escaping conflict zones (e.g., through early warnings and safe escape routes); securing safe access for delivery of emergency assistance, medical care and Sexual and Reproductive Health services especially in hard to reach areas; securing respect for the neutrality of medical facilities and the safety of medical staff; the protection of schools and the prohibition of their use for military purposes; and the protection of humanitarian NGO premises and staff.	On-going / continuing priority	HAWG; NPC/AoRs; WHO; WFP; UNFPA; UNHCR; UNICEF; OCHA (civil-military coordination); HCT;	# Establishment of evidence based key messages and legal definitions according to IHL and IHRL on key protection concerns; # issuance of quarterly update on protection of civilians; # quarterly reports & Updates issued; # monitoring in reduction in civilian casualties through advocacy on responsibilities of parties to the conflict (measured by fewer attacks on health facilities; reduced mine risk incidents; less of use of civilian structures for military purposes; #Awareness about of the risks of mines and ERW among children and adults is increased ; All conflict-affected people, including the elderly and people with disabilities, can exercise their right to freedom of movement and access to essential services
1.2 Advocate to prevent recruitment/use of children by all parties to the conflict and for the release of children working with the military.	On-going	UNICEF ; state and non-state armed actors, HCT	# advocacy encounters with the state and non-state armed actors; # of children released.
Support and prioritize GBV interventions as it plays a vital role in protecting civilians from rights violations. GBV Prevention and mitigation efforts contribute to creating safer, more inclusive, and rights-respecting environments for all individuals.	Immediate /priority	NPC/AoRs; WHO; WFP; UNFPA; UNHCR; UNICEF;	# of protective spaces created and sustained for the GBV survivors
1.3 Support and prioritize MRE and humanitarian clearance for areas recently contaminated by landmines and ERW; and advocate for parties to the conflict to fulfil their obligations to mark and clear explosive hazard contamination they are responsible for, in line with IHL.	Immediate /priority	UNMAS, UNDP, OCHA's CM, HCT	Amount of funding allocated to mine action for explosive hazard risk education, mine clearance activities; amount of land marked and cleared.

REQUIRED ACTION	LEAD AGENCY (IN BOLD) & OTHER AGENCIES SUPPORTING	ACTORS	INDICATORS/COMMENTS
Priority 2 Inclusion of the most vulnerable in humanitarian assistance and services			
2.1 Protection is a standing item on the HCT agenda, possibly in the form of a NPC note on Critical Protection Issues (CPI) linked to HCT priorities with recommended action; & a feed-back loop is established from the HCT to the ICCM regarding action taken.	Immediate / priority	NPC; AoRs; UNHCR, IOM; UNICEF, UNFPA; UNDP, OCHA, HCT, OCHR	Critical protection issues regularly discussed at HCT for action; number of reports produced and/ recommendations acted upon.
2.2 Advocacy to ensure that IDPs and returnees, especially women and girls, other groups discriminated against and excluded from the community, can readily acquire essential civil documentation ( and support DFA/IRG efforts to strengthen processes for issuing civil documentation.	On-going	NPC including GBV, CP, and HLP AoR; Legal Aid Tehnical Workin Group;; UNHCR, IOM, NRC, HCT,UNFPA	# Capacity building of authorities (CVA) in processing civil documentation; Advocacy for inclusion of minority groups and other vulnerable groups in government-led civil documentation processes
2.3 Harmonzation of practices and approaches to the requirement of documentation for the purpose of humanitarian assistance	On-going	NPC including, GBV, CP, Legal Aid Technical Working Group, NRC, DRC, other clusters, CASH Consortium; HCT	Mapping of legal frameworks; agency practices; and barriers to civil documentation in the north and south to inform advoacy priorities and humanitarian decision making as well as engagement with the authorities.
2.4 Inclusion of refugees and asylum seekers in the national and humanitarian programming, on equal footing with the citizens	On-going	NPC, ICCM, UNHCR, UNICEF	# of programs in which refugees and asylum seeker are included
2.5 Mapping of current risks and occurrences of exclusion, in order to understand its manifestations and dynamics across sectors, and identifying what appropriate mitigation steps are.	On-going	NPC including GBV, CP AoR HLP WG; Legal Aid Tehnical WG; UNHCR; IOM; NRC; WFP; DRC	The humanitarian response takes all measures to ensure access to protection and services for the most vulnerable
2.6 Mine clearance, as well as Mine Risk Education, remain essential to save lives, enable humanitarian responses, and ensure the recovery of communities	Immediate / priority	MA AoR; UNDP; HCT, others	To be coordinated with the the outcomes of the Mine Action Strategy

REQUIRED ACTION	LEAD AGENCY (IN BOLD) & OTHER AGENCIES SUPPORTING	ACTORS	INDICATORS/COMMENTS
Priority 3: Reducing risks associated with displacement			
3.1 A strengthened inter-sectoral referral system for services and establishment of inter-sectoral referral and information pathways	Not Started	ICCM, PC-AoRs, all clusters, HCT	% Proportion of individuals who receive timely and appropriate referrals to the services they need # of Inter-sectoral referral system established; information and analysis on services available at the inter-sectoral level communicated on a bi-monthly basis
3.2 Support efforts of HLP to improve access to land, security of tenure and adequate housing for IDPs/returnees by advocating for a gender-sensitive, inclusive (particularly for minority groups) fit-for-purpose land and housing policy and scalable programmes. This will include supporting efforts to: improve security of tenure for IDPs/returnees living in formal and informal sites; prevent forced evictions; ensure that land allocation schemes meet land suitability and adequate housing criteria; and to resolve land disputes	On-going	NPC, HLP WG, HC/HCT, UNHCR, NRC, & UN Habitat	# actions and nature of engagements on these issues (qualitative reporting, quarterly) including mapping existing laws and frameworks; exclusionary criteria and practices; accountability mechanisms; building capacity on HLP and accountability mechanisms where needed
3.3 Support efforts of the National Protection Cluster and HLP WG to improve security of tenure for IDPs/returnees to prevent forced evictions and to resolve land disputes.	Immediate / priority	NPC, AoRs, HLP WG, UNHCR, CCCM, NRC, UNHabitat, others?	# actions and nature of engagements on these issues (qualitative reporting, quarterly) including mapping existing laws and frameworks; exclusionary criteria and practices; accountability mechanisms; building capacity on HLP and accountability mechanisms where needed
3.4 Liaise with development actors and Durable solutions WG to ensure area-based approaches to DS which includes the participation of communities, a gender transformative approach, and a conflict-sensitive approach.	On-going	NPC; HLP AoR, DSWG, UNHCR, NRC, UN Habitat, HCT, UNFPA	"# analysis and information shared with the development actors and the DS WG # of tools and methodologies developed in coordination with development actors and the Durable Solutions WG on participation of communities, a gender transformative approach, a conflict-sensitive approach to area-based activities in support of durable solutions."
3.5 Support protection monitoring, GBV safety audits and profiling of those in protracted displacement as well as returnees to ensure evidence-based advocacy.	Immediate / priority	NPC including GBV, CP, and HLP WG; UNHCR; HCT? Others?	Profiling of IDPs in protracted displacement and returnees undertaken with adequate funding in place.

<b>REQUIRED ACTION</b>	<b>LEAD AGENCY (IN BOLD) &amp; OTHER AGENCIES SUPPORTING</b>	<b>ACTORS</b>	<b>INDICATORS/COMMENTS</b>
Priority 4: Protection Mainstreaming & Integration			
4.1 Development of an inter-cluster plan on Protection Mainstreaming with a 12 month plans building upon existing/ongoing mainstreaming initiatives	Immediate / priority	ICCM/Clusters, ProtectionCluster - AoRs; HCT	Action Plan developed; number of trainings/sessions and action plans developed
4.2 YHF and other humanitarian funding mechanisms to include Protection and GBV mainstreaming Mainstreaming indicators as one of the criteria for funding of all clusters and organizations	Immediate / priority	YHF; HCT; Protection Cluster - AoRs	Each project proposal submitted for consideration for funding considers/ identifies protection risks and how the project will mitigate these risks.
4.3 Strengthen funding for protection, including advocating for protection ,GBV prevention and response efforts as a lifesaving response, and ensure funding for activities out-lined in this Strategy Action Plan.	Immediate / priority	HCT; ICCM; Clusters; Protection Cluster - AoRs	# activities/initatives funded in the HCT Action Plan
4.4 Inclusion of protection as a standing agenda item in the HCT with various actors updating on a bi-monthly basis	Immediate / priority	Protection Cluster- AoRs; Protection Actors	# quarterly updates delivered; # of follow-ups and action points undertaken
4.5 All agencies that are part of the humanitarian response have accountability/ complaints mechanisms in place.	Pending engagement with OCHA- CFM	OCHA-CFM; Protection Cluster-AoRs; Clusters; ICCM; HCT	TBD - The HCT with support from the Protection Cluster and AoRs; CFM, as well as the Access WG - should ensure that all interventions by humanitarian agencies and clusters are supported by a thorough protection risk, do no harm analysis complemented by an inter-agency mapping of services and interventions of the humanitarian community; Information reports on AAM mechanisms
4.6 PSEA commitment re-affirmed	Pending engagement with new PSEA co-chair	PSEA Network, UNFPA, UNICEF, UNHCR	
4.7. GBV IASC Guidelines contextualised and rolled out as a Pilot Initiative targeting 5 clusters	Pending engagement with clusters and ICCM	GBV AoR, UNFPA OCHA-CFM; Protection Cluster-AoRs; Clusters; ICCM; HCT,UNFPA	# of clusters who incorporated GBV IASC essential actions into their cluster specific action plans

## Yemen Humanitarian Country Team

# Localization Strategy and Action Plan

**Strategy Timeframe: 2024-2026**

**Endorsed: 21 November 2023**

## Overview:

Localization in humanitarian and development practice seeks to give more decision-making power, leadership and resources to local actors including Civil Society Organizations (CSOs), authorities, private sector and affected communities.

The focus of this strategy is to advance the localization agenda within the humanitarian community and to take practical steps to localize the Yemen response through advancing the leadership roles of national/local humanitarian organizations.

The importance of strengthening local capacities and improving partnerships between local and international humanitarian actors has been widely recognized globally. During the World Humanitarian Summit (WHS) in 2016, a new paradigm, 'One Humanity, Shared Responsibility', was proposed which seeks to shift the international aid system, reinforcing national and local systems. The agreements of the WHS were recorded in the Grand Bargain (GB), signed by 66 humanitarian agencies and donors, including strengthening the "building back better" principle through the transfer of power, decision making and leadership to the local communities; as well as maximizing the impact of humanitarian financing and reducing the number of international mediators, likewise of particular relevance to the localization agenda.

A 'gender-responsive approach' is at the centre of this localization strategy. This encompasses supporting the roles of women and youth-led organizations and NNGOs, a focus on disadvantaged people such as people with disabilities, IDPs, and muhamsheen, and a call to empower their voices in humanitarian

response. The adopted gender-responsive approach in this localization process includes, but is not limited to, ensuring the representation of WLOs in different humanitarian working groups and platforms.

Despite Yemen's having been one of the largest humanitarian operations globally for the last eight years, the localization agenda in Yemen did not attract the required attention in humanitarian response cycle until the HCT flagged it clearly in the Amman retreat agenda in December 2022 and allocated space for the NNGOs-HCT members (NMO, NFDHR, YFCA) to present a localization white paper which was prepared in consultations with 41 participants from 35 Yemeni NGOs summarizing main obstacles that national organizations face and needed actions to enable them to take leadership positions in response design, delivery and impact measurement.

Additionally, the Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis emphasized the significance of developing an HCT localization strategy as one of key recommendations to improve the response quality.

Accordingly, a Task Team was established in early 2023 to develop the HCT Localization Strategy for 2024-2026. The strategy was developed in consultation with around 260 participants from 179 Yemeni NGOs who are actively participating in at least one humanitarian cluster as well as INGOs forum, Gender network (GN), Inter-Cluster Coordination Group (ICCG), local authorities, and donors. The HCT endorsed the strategy on the 21st of November 2023.

**Strategy Linkages:**

Based on Yemen Humanitarian Country Team (HCT) request, the Inter-Agency Standing Committee (IASC) commissioned a high-level Inter-Agency Humanitarian Evaluation (IAHE) of the Yemen response. The IAHE report recognized working with national organizations as a priority in different humanitarian response plans, as well as a part of the Global Compact on 'localization agenda', and the Grand Bargain agreement. Based on extensive consultation and evidence, the evaluation highlighted that the Yemen humanitarian response relied on local and national organizations throughout but with limited contribution to advance either capacity or expertise. Key areas of recommended actions for better joint work with NNGOs in Yemen were a) supporting national institutions b) increasing the representation of the women-led organization c) addressing lack of trust and transparency d) building real partnerships and not engaging with NNGOs only through sub-contracting arrangements and e) equal access and opportunities. Consequently, one of the key recommendations of the IAHE report was to develop a localization strategy at the HCT level, toward more collective ownership, transparency, and accountability, with the strategy to articulate efforts to develop national/local capacities for service delivery and foster donors to increase the volume and quality of funding to local partners.iii

The HCT access strategy, which was developed to guide the HCT to sustain response efforts in line with humanitarian principles, has set several key objectives that are related to the national NGOs working in humanitarian response. One of the objectives is to simplify cumbersome administrative procedures and reduce interference in aid delivery and programming. The access strategy seeks to bring all NNGOs together with UN agencies and INGOs into a common position regarding coordination efforts. Another objective of the strategy is to scale up aid and services in physically hard-to-reach areas, which is itself often reliant on NNGOs. The strategy acknowledges the challenge related to the limited inclusion of NNGOs and the need to decentralize stocks across clusters and sub-utilization of common resources.

Additionally, in 2022 the Yemen Humanitarian Fund (YHF) developed a localization strategy that entailed the key steps required to achieve localization goals within the Fund. Follow-up meetings and complementary activities continued throughout the year to strengthen the capacities of Yemeni organizations and support the localization agenda. The Fund reached out to potential national partners, increased awareness on YHF procedures and enhanced national partner capacities. In 2022, 46% of the YHF funding was allocated to national partners, both directly and indirectly, as such meeting the Grand Bargain target, CBPF, of providing at least 25% of funding directly to NNGOs. The Fund also supported 17 national women-led/Women rights organizations in 39 projects, with a combined budget of \$29.9 million.

**Principles & Objectives:**

In addition to being solidly grounded in the four core principles of humanitarian response Humanity, Neutrality, Impartiality, and Independence; the HCT Localization Strategy, employed the principles of collective ownership, transparency, mutual accountability, partnership, complementarity, do no harm and building back better.

The Strategy seeks to achieve the following objectives:

- Improve humanitarian response quality through transforming leadership and ownership to local people.
- Expand national actors', including women-led organizations', capacities/space in coordination, leadership, decision-making, access to fund, response planning and management.
- Promote gender equity and social inclusion to ensure that needs of vulnerable and disadvantaged groups are well considered in response design and implementation.
- Build mutual collaboration, good partnership, and accountability among national/local and international agencies donors, to operationalize the localization agenda.

**Strategy Framework:**

In 2021, the Grand Bargain 51 commitments were formed into 9 thematic workstreams and one cross-cutting commitment. The Second Workstream of the Grand Bargain is allocated for enabling localization agenda. Under this workstream, there are four dimensions including six commitments to which the Yemen HCT Localization Strategy has been aligned. The Yemen HCT localization strategy is likewise guided by IASC guidelines on strengthening coordination leadership<sup>vi</sup> and supporting overhead cost for NNGOs<sup>vii</sup>.

Furthermore, as part of strategy preparation, a desk review was conducted for relevant documents such as Measuring Humanitarian Localisation in Yemen<sup>viii</sup>, strategies of other countries including Lebanon, Jordan, and Somalia; and donors' localization strategies such as Yemen Humanitarian Fund (YHF) and EU<sup>ix</sup>.

Furthermore, a broader baseline survey was conducted in July 2023 by the NNGO forum to improve the evidence-based indicators, understand the level of localization within the humanitarian community in Yemen at the time of the launch of the strategy, and measure progress against these baselines in future years.

\*To keep this document short and easy to navigate, the framework and action plan were incorporated in one table below.

\* NNGOs refer to Yemeni CSOs, national and local non-governmental Yemeni organizations.

**Scope & Timeframe:**

This strategy is planned to cover 2024-2026; with annual reviews planned to keep it valid and aligned with changes in local and international contexts. It focuses on supporting national/local humanitarian organizations (NNGOs) through collective and specific actions from humanitarian actors including donors, INGOs, NNGOs, UN, HCT, local authorities and clusters.

**Strategy and Action Plan Implementation:**

In Q4 2023, the HCT agrees to appoint an HCT Localization Action Plan Implementation Task Force (TF) with representatives from donors, UN Agencies, INGOs and NNGOs, including WLOs, to implement the HCT Localization Strategy's Action Plan and report on its progress, specifically:

- Each Task Force Member will be responsible for ensuring the leadership and coordination of one or more of the workstreams (Actions) of the Action Plan with relevant agencies and to report back to the Task Force on its progress within the timelines of the Action Plan.
- The TF Chair, supported by Members, to present or send quarterly progress reports to HCT and NNGOs forum, and to ensure tabling at the HCT any points requiring higher level buy in or HCT guidance to progress on the Actions in a timely manner.
- TF to conduct annual strategy annual meeting and survey to monitor progress and review the validity of the strategy. \*A localization annual survey will be circulated among active NNGOs which are members of at least one cluster to monitor progress against relevant actions in the Action Plan, the survey will serve to analyse the progress against the baselines present at the time of the adoption of the Strategy.
- TF to engage with national and sub national clusters to ensure that the strategy is incorporated into the cluster system.

## HCT LOCALIZATION ACTION PLAN

NUM.	KEY ACTIONS	WHEN/ YEAR	ACTION LED	BASELINE INDICATOR	TARGET INDICATORS/ NOTES	MEANS OF VERIFICATION/ SOURCES OF INFORMATION
Capacity development: Result based capacity development programs.						
GB commitment: 2.1 A multi-year investment in the institutional capacities of local and national responders.						
1	Legitimize capacity development cost under funding policies.	2024- 2026	HCT/ Donors	8-13% of funded NNGO projects included a budget for scaling up internal capacity.	At least 50% of funded NNGO projects include budget for scaling up internal capacity.	Annual survey. Donors' funding policies.
2	Ensuring that there is a minimum number of seats guaranteed for NNGOs, including women, youth, PWDs and muhamsheen led agencies, in regional and international capacity development opportunities.	2024- 2026	Donors/ UN agencies/ INGOs/ NNGOs	16% of NNGOs accessed external capacity development opportunities	At least 40% of NNGOs access external capacity development opportunities.	Annual survey. Localization TF quarterly updates to HCT/ NNGOs forum.
3	Identify NNGOs key capacity development needs, including gender equality, social inclusion, and PSEA.  For example: interagency capacity assessment tool, multiple donors/INGOs/UN agencies can agree to fund different parts of it.	2024	NNGOs forum/  Localizati on TF		As least 10 thematic areas have been identified.	Capacity assessment completed, a single capacity development assessment and plan developed to which INGOs, UNs, NNGOs, clusters and donors contribute.

NUM.	KEY ACTIONS	WHEN/ YEAR	ACTION LED	BASELINE INDICATOR	TARGET INDICATORS/ NOTES	MEANS OF VERIFICATION/ SOURCES OF INFORMATION
Capacity development: Result based capacity development programs.						
GB commitment: 2.1 A multi-year investment in the institutional capacities of local and national responders.						
1	Establish and manage partnership reporting mechanisms to ensure the safeguarding of NNGOs and partnership transparency.	2024	NNGO	34% of NNGOs reported lack of transparency in partners selection with no feedback, 16% reported pressures from donors' agency staff, 12% reported scaling down media profile & adjusting activities without consultation, 10% reported non-professional threat to terminate partnership, 16% reported other challenges.	4 reports are shared with HCT/per year.  By the end of the strategy period 80% of NNGOs report noticeable progress toward equal and good-quality partnerships.	Quarterly reports to HCT. Annual survey.
2	Advocate for NNGOs' direct communication/ engagement with donors, in specific, in funded project review meetings with donors.	2024- 2026	Donors	23%-41% NNGOs engaged during project design and review meeting.  * Note that in the baseline survey most participants understood the engagement in design and project review meetings with only the international intermediary agency, not with direct donors, so the actual baseline is likely to be lower.	100% of NNGOs are engaged at least in mid-year and annual review meetings with donors directly per funded project whether funding is direct or indirect	Annual survey.  Donors' partnership policy.
3	Maintain and promote localization approach in different humanitarian and development documents, including localisation target in the HRP.	2024- 2026	OCHA, HCT, ICCG		Localization is well-presented in HRP and other. humanitarian/ development key documents.	Humanitarian/ development key documents.  HRP
4	Allocate information page/ platform for localization in Yemen.  *Include localization initiatives/reports conducted by partners	2024	OCHA/ Localization, TF		At least 4 localization products are published annually on the website.	Localization page is established and updated.  Yemen Relief web page.

NUM.	KEY ACTIONS	WHEN/ YEAR	ACTION LED	BASELINE INDICATOR	TARGET INDICATORS/ NOTES	MEANS OF VERIFICATION/ SOURCES OF INFORMATION
5	<p>Unify Due-Diligence process for national partners in Yemen, which can categorize partners' capacity based on unified criteria.</p> <p>*For example, YHF or other UN Due-Diligence criteria can be used.</p>	2024- 2026	HCT/led agency TBD/  Donors		<p>Within 2024, Donors including UNs and INGOs agreed on a unified layered Due-Diligence Passport.</p> <p>By the end of 2026, 80% of NNGOs reported less burden in application processes as a result of the Due- Diligence passport.</p>	<p>Annual survey.</p> <p>Layered Due-Diligence Passport agreement/ system.</p>
6	Encourage international and national organizations to sub-partnership with smaller NNGOs including WLO.	2024- 2026	Localization, TF	66% access INGOs partnership.	By the end of the strategy, 75% of active NNGOs in at least one cluster system, reported access to UN/INGOs partnership.	<p>Annual survey.</p> <p>Financial Tracking System.</p>
7	Increase mutual understanding of partnership principles among national and international partners through training and familiarization of both parties on effective partnership requirements and commitments, including promoting examples of good practices/success stories.	2024	Localization, TF		By the end of strategy %80 of funded projects included partnership training or regular consultations/ monitoring activities fostering effective partnerships.	<p>Annual survey.</p> <p>Training materials.</p>
8	<p>NNGOs design and implement accountability mechanisms to build trust with donors and humanitarian community in general, which include but not limited to:</p> <ul style="list-style-type: none"> <li>Setting up a standard mechanism on safeguarding.</li> <li>Define minimum standards on anti-corruption, anti-fraud and an accountability mechanism.</li> </ul>	2024	NNGOs/TF		50% of NNGOs develop and activate safeguarding, Code of Conduct anti-corruption, and anti-fraud mechanisms.	<p>Annual survey.</p> <p>Policies draft.</p>
9	NNGOs adhere to accountability and humanitarian principles; and sign Joint Operational Principles (JOPs) and mechanisms defined by the JOPs Steering Committee (SC).	2024	HCT/NNG Os/TF	0% signatories  Indicators defined by SC	50% of NNGOs signatories.	JOPs signatories list

NUM.	KEY ACTIONS	WHEN/ YEAR	ACTION LED	BASELINE INDICATOR	TARGET INDICATORS/ NOTES	MEANS OF VERIFICATION/ SOURCES OF INFORMATION
Capacity development: Result based capacity development programs.						
GB commitment: 2.1 A multi-year investment in the institutional capacities of local and national responders.						
1	Support NNGOs, including WLO, engagement in all working groups (including Yemen partners group, humanitarian, and development nexus), through a transparent selection process that builds trust among donors, and national and international actors.	2024- 2026	OCHA		100% of working groups include NNGOs.	WGs members list.
2	Identify the existing barriers that limit NNGOs engagement in cluster leadership.	2024	ICCG/ cluster- led agency TBD		Barriers' analysis report and action plan.	Barriers' analysis report and action plan.
3	Legitimize funds for NNGOs, including WLO, coordination leadership roles in clusters and WGs.	2026	HCT/ICC G/ Donors	13% of NNGOs reported that they play a leadership role in clusters.  4% of NNGOs reported that they do play a leadership role in existing working groups.	At least 30 % of clusters and WGs reach co-leadership by NNGOs members.  50% of NNGOs with specific coordination related funding.	Clusters and WG mapping.  Annual survey
4	Support establishing NNGOs forum.	By 2024 Q1	NMO	119 active NNGOs in cluster system are included.	Establishment of the forum.  At least 10 coordination meetings per year.  50% of NNGOs express more access to information through forum activities.  Quarterly engagement between donors and the NGOs forum steering committee.	NNGOs forum MoM.  Donors/ Forum steering committee MoM.  Annual survey.
5	Create more space for on-ground NNGOs, including WLO, to participate in relevant international events.  This includes donors and organisers to make more funded spaces for NNGOs participation.	2024- 2026	HCT/  Donors/  NNGOs	20% of NNGOs participated in external meetings/ conferences.	At least 40% of NNGOs participate in-person in international events.	Annual survey.  Localization TF quarter report to HCT/NNGOs forum.

NUM.	KEY ACTIONS	WHEN/ YEAR	ACTION LED	BASELINE INDICATOR	TARGET INDICATORS/ NOTES	MEANS OF VERIFICATION/ SOURCES OF INFORMATION
Capacity development: Result based capacity development programs.						
GB commitment: 2.1 A multi-year investment in the institutional capacities of local and national responders.						
1	Develop a financial baseline to measure and track allocated (direct and indirect fund) for NNGOs.	2024	HCT/  OCHA	No information except YHF.	The commitment of NNGOs, UN, INGOs, donors to report funding allocated to NNGOs directly and indirectly to NNGOs via FTS. OCHA to explain and hold capacity building sessions on how to report indirect funding technically.	Annual survey.  FTS.
2	Advocate for donors to streamline funding currency policy among international and national agencies.	2024	HCT/  Donors		80% of NNGOs report funding currency is the same as international partners.	Donors' funding currency policies.  Annual survey.
3	Legitimize overhead/ indirect cost within projects budget.	2024	HCT/  Donors	83% reported that they receive 5-7% under UN funded projects while 60% under INGOs receive 5-7%	100% of NNGOs receive overhead cost of at least 5%, and 90% of them receive overhead cost of 7% from both INGOs - UNs agencies and donors.	UNs, INGOs, and donors' overhead/ indirect cost agreement.  Annual survey.
4	Facilitate NNGOs direct access to funding without an intermediary party.	2024- 2026	HCT/  Donors	Only 3% (2 NNGOs) reported direct access to international donors, and this was through INGO-led consortia.	20 % of NNGOs report direct access to international donors funding mechanisms including but not limited to consortia.  The 25% grand bargain funding commitment is met.	Donors' funding policies.  Annual survey.  FTS.

# Attaining Protection Outcomes

## **A Holistic quality response that promotes a protective environment in line with commitments to the Centrality of Protection in Yemen**

After nearly nine years of an ongoing crisis, the lack of consistent access to essential services and economic opportunities has resulted in a complex humanitarian situation. This situation has led to an increased risk of resorting to harmful coping strategies, such as reducing food intake, postponing or forgoing necessary medical care, practicing inadequate hygiene, and involving children in hazardous labor, child recruitment, or early marriages. As a consequence, there is a heightened demand for humanitarian assistance. Additionally, the limited availability of quality education, regular healthcare, and a large population facing unemployment presents a significant, long-term challenge for resolving this humanitarian crisis sustainably. The most affected groups are those who are the most vulnerable, including households headed by women and children, persons without civil documentation, minority groups, migrants and refugees, elderly individuals, and persons with disabilities.

Focusing solely on immediate needs without considering the medium- and long-term dynamics of this crisis undermines both humanitarian and protection outcomes for the affected population. The 2024 Humanitarian Response Plan (HRP) recognizes the increasing importance of adopting a more comprehensive approach. This approach combines life-saving aid with targeted efforts to improve access to basic services and livelihood opportunities, with a particular focus on supporting the most vulnerable individuals in the short to long term. Such interventions not only contribute to an improved overall protective environment but also prove to be more cost-effective in the long run, reducing dependence on external assistance.

## **Centrality of Protection Priorities 2023- 2024**

In Yemen the HCT Centrality of Protection Strategy clearly identified four priority protection risks necessitating collective action across the response to enhance protection outcomes using an area-based approach that complements and reinforces the Durable Solutions Initiative in the country.

### **Reducing exclusion and denial of assistance**

- Identifying and addressing differential forms of exclusion that is based on age, gender, ability, ethnicity, through principled, equitable and quality humanitarian assistance.

### **Reducing the risks associated with displacement**

- Addressing critical protection concerns that persist due to persistent displacement to IDP sites, protracted displacement and the lack of appropriate solutions (local integration, return, or settlement elsewhere) for the displaced.

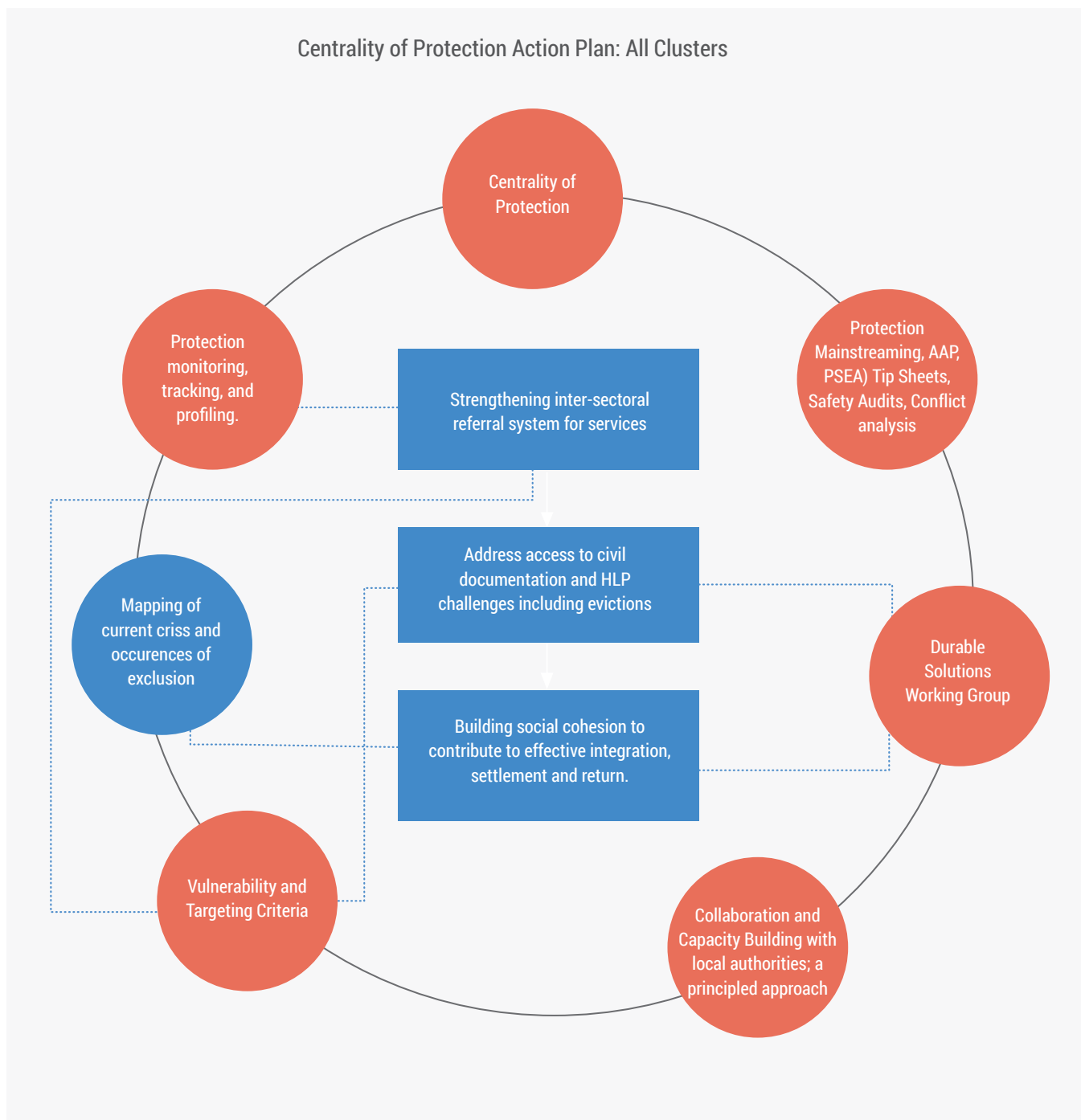
### **Reducing indiscriminate attacks on civilians and civilian objects**

- Engaging with conflict-affected communities and parties (national and international) to the conflict to minimize the targeting of civilians and civilian objects. Community-based protection mechanisms are strengthened, assistance is provided, and the risks for children and youth being associated with armed actors or injured due to conflict or explosive hazards is reduced

### **Strengthen Protection Mainstreaming, Accountability to the Affected Population and PSEA across the response.**

- **Targeting and Location:** A geographic-level prioritization focused on the intersectoral severity of needs in the 2023 HNO using an area-based approach will

## Centrality of Protection Action Plan: All Clusters

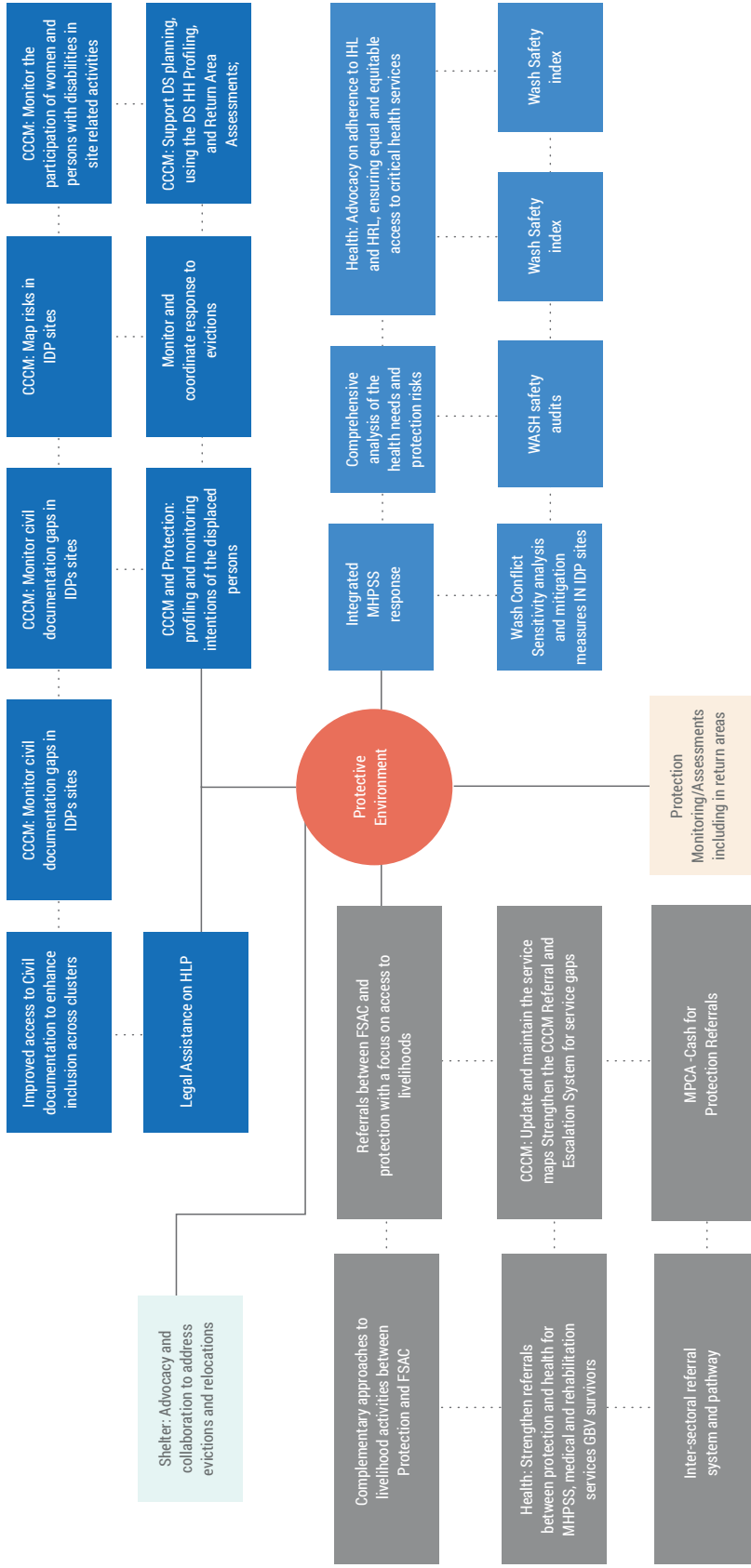


- In 2024, MPCA actors will engage in close collaboration with the Protection Cluster and AoRs to enhance targeting and referral mechanisms between MPCA and Cash for Protection partners. This collaboration will align with the updated Cash for Protection and Vulnerability Guidance Notes issued by the National Protection Cluster & AoRs to enhance targeting using a protection lens. The joint efforts of MPCA and Protection/ AoRs will revolve around addressing key areas identified in 2024, which encompass: i) targeting, ii) identification and referral, iii) transfer values, iv) geographical coverage, vii) coordination and information sharing

- In 2024, WASH and Protection/AoRs will collaborate on several key initiatives. This includes focusing on conflict sensitivity and mitigation measures, as well as the development of the WASH safety index and safety audits. Additionally, there will be a concerted effort to update the protection mainstreaming tipsheets. These activities are aimed at enhancing the integration of protection considerations into WASH programming, ensuring that WASH interventions are sensitive to conflict dynamics, and promoting the safety and well-being of affected populations.
- In 2024, CCCM will be actively engaged in monitoring civil documentation gaps in IDP sites and referring cases to Protection/AoR partners. They will also map risks in IDP sites using various tools, including the Site Management Tool (SMT) and the Incident Reporting Tool. The SMT monitors risks affecting the safety, dignity, and well-being of IDPs in sites, and the Incident Reporting Tool tracks eviction threats, fire and flood incidents, and disease outbreaks in underserved sites. Additionally, CCCM will continue to improve the analysis of flood hazards, particularly those disproportionately affecting IDP site populations. CCCM will also focus on inclusion by monitoring the participation of women and persons with disabilities in site committees, site maintenance, and community-led projects. Furthermore, CCCM will update and maintain service maps at managed sites, strengthen the CCCM Referral and Escalation System for service gaps, and collaborate with the Housing, Land, and Property Working Group in responding to eviction threats and supporting land suitability assessments in cases of relocation. The CCCM sector will also monitor the respond to eviction threats through the CCCM Eviction Tracker and map the presence of occupancy agreements using the SMT. The CCCM will be actively involved in supporting durable solutions (DS) planning in IRG areas through information management, utilizing the DS HH Profiling and Return Area Assessments. CCCM will also update the Site Management Tool (SMT) to include DS monitoring indicators in managed sites and pilot DS area-based assessments with REACH
- in coordination with other key stakeholders such as IOM and DSWG. Additionally, CCCM will the Protection Mainstreaming tip-sheets and roll-out more trainings on PM within the framework of the newly established CCCM Capacity-Building Working Group. Furthermore, CCCM will enhance Complaints and Feedback Mechanisms (CFM) in managed sites and assign a PSEA cluster focal point to engage in the PSEA Network and conduct training for cluster members, site focal points, and community committees. Lastly, CCCM will ensure site committee members and volunteers sign Codes of Conduct (COCs) to uphold ethical standards and prevent sexual exploitation and abuse.
- In 2024, Shelter Cluster will work with the Protection Cluster as well as the AoRs to ensure principled approaches to mitigate further protection risks through the provision of safer and more dignified shelters, inclusive programming, access to energy fuel for cooking and lighting, support towards achieving durable solutions in line with the Centrality of Protection Strategy for Yemen. This will involve continuous monitoring for Protection/CP/GBV risks, complementing the overall protection mainstreaming approach, and applying the four elements of safety and dignity, non-discrimination, meaningful access, and accountability to affected populations. Additionally, Shelter Cluster will engage with the Protection Cluster, CP AoR, GBV AoR, and government authorities to address Protection/CP/ GBV risks in the shelter and NFI distributions and will guide shelter partners on reducing Protection/CP/GBV risks. This will be complemented by training and capacity building on protection and CP mainstreaming, GBV mitigation, community engagement, and AAP, as well as updating tipsheets on gender, protection mainstreaming, CP mainstreaming, GBV, and housing, land, and property (HLP). The advocacy will address forced evictions and assistance for vulnerable persons and during relocations in line with the Framework for Voluntary Relocations to ensure that their rights and well-being are upheld throughout the relocation process., The Shelter Cluster Protection

Mainstreaming and Inclusive Programming Technical Working Group ( GBV, PSEA, AAP, and community engagement, other persons with specific need) will ensure the operationalization of the centrality of protection in all shelter responses. To monitor progress, the Shelter Cluster has included one indicator under Strategic Objective 3 (SO3).

- In 2024, FSAC and Protection/AoRs will collaborate to ensure complementarity approach to livelihood activities, strengthen referrals and use protection as a guiding lens to vulnerability analysis and targeting. FSAC will further identify specific risks to women and girls and mitigate them in their interventions and monitoring.
- In 2024, Education and Protection/AoRs will strengthen the coordination, especially with Child Protection through information sharing, decision making and common assessment/evaluation and response planning. Joint and integrated programming will be developed and reinforce to allow an holistic response and improve the well-being of children.
- In 2024, Health will conduct a comprehensive analysis of the health needs and protection risks in Yemen, considering factors like displacement, conflict-related injuries, limited healthcare access, and vulnerabilities of women and children; Collaborate with the Protection Cluster and stakeholders to identify key protection priorities within the health sector, such as addressing gender-based violence, ensuring healthcare access for vulnerable populations, and protecting healthcare facilities; Integrate protection considerations into all aspects of health programming, providing training and guidance to healthcare providers on protection principles, gender-sensitive and child-friendly services, and establishing referral mechanisms for survivors of gender-based violence; Strengthen coordination and collaboration between the Health Cluster and the Protection Cluster through regular meetings, joint planning exercises, and information-sharing mechanisms; Provide capacity-building support to health workers and stakeholders on protection-related issues, including identifying and responding to protection risks, understanding patient rights, and implementing safeguards for patient confidentiality; Develop a monitoring and evaluation framework to assess the effectiveness of protection interventions within the health cluster, identify gaps, and make necessary adjustments for continuous improvement; Advocate for the centrality of protection within the health sector at national and international levels, strengthening partnerships with local authorities, civil society organizations, and relevant actors to address protection challenges.
- Protection and AoRs will enhance monitoring and assessment in displacement and return areas in collaboration with CCCM and Shelter as well as other key clusters and contribute to informed advocacy and analysis. Efforts will also include providing legal assistance and capacity building to improve access to civil documentation, a crucial element tied to achieving durable solutions. Additionally, Protection and AoRs will collaborate with other clusters to address Housing, Land, and Property (HLP) challenges effectively including with respect to relocations and evictions.
- In collaboration with Mine action and Child Protection, the Victim Assistance working group will be set. This working group will allow child protection actors to respond to conflict affected children who are suffering from injuries or with disabilities as a result of the conflict as well as to strengthen the referral and provision of specialized medical services to critical child protection cases.



**Protection/CP/GBV Mainstreaming/PSEA/AAP**

Protection Cluster – AoRs: Provide targeted trainings and capacity building sessions to clusters on protection and referrals; support the collection of sex, age and disability disaggregated data by all clusters; and provide targeted support to all clusters on Protection Mainstreaming and Integration.

CCCM: Update PM tip-sheets; enhance CFM in managed sites; assign a PSEA cluster focal point to engage in the PSEA Network and the cluster members; conduct PSEA and Protection Mainstreaming trainings; Ensure site committee members and volunteers sign COCs.

Education: Integrate protection considerations into all aspects of Education programming, providing training and guidance to Education Cluster partners on protection principles, gender-sensitive and child-friendly services, and establishing referral mechanisms

FSAC: Ensure the incorporation of protection principles in the design and implementation of food security and agriculture programs. FSAC will additionally identify specific risks to women and girls and mitigate against them

Health: Integrate protection considerations into all aspects of health programming, providing training and guidance to healthcare providers on protection principles, gender-sensitive and child-friendly services, and establishing referral mechanisms for survivors of gender-based violence

Nutrition: Integrate protection considerations into all aspects of nutrition programming, providing training and guidance to Nutrition Cluster partners on protection principles, gender-sensitive, and establishing referral mechanisms

Shelter: Workplan on PM/GBV risk mitigation/AAP; Integration of protection mainstreaming, gender-based violence (GBV) risk mitigation, and accountability to affected populations (AAP) into shelter programming; Addressing GBV risks related to firewood collection and latrine use; Reinforcing energy kits to mitigate GBV risks; Engagement of an energy advisor to address clean energy issues; Adapting non-food item (NFI) distributions to meet the needs of persons with disabilities; Redesigning shelters for persons with disabilities; Improving shelter kit standards; Training and capacity building on protection mainstreaming, GBV mitigation, community engagement, and AAP; Updating tipsheets on gender, protection mainstreaming, GBV, and housing, land, and property (HLP); Appointment of GBV, PSEA, AAP, and community engagement focal points as members of the shelter working groups, with a standing agenda item on cross-cutting issues

WASH: Update PM tip-sheets; WASH safety index; WASH Safety Audits; WASH Conflict Sensitivity Analysis

# Cluster objectives, activities, indicators, and targets

## Camp Coordination Camp Management

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<p>Cluster Objective CO1 Strengthen the oversight and provision of integrated and multi-sectorial CCCM services at site and area-level, while prioritizing safe and dignified access for vulnerable groups. Contributes to SO 3</p>				
Establish and train site management teams in each site, ensuring representation and participation of IDPs of different age, gender, and disability groups. Conduct regular multi-sector assessments in each site, using standardized tools and methodologies, and share the findings and recommendations with relevant stakeholders.	# of IDPs living in sites with functional site management teams (disaggregated by age, gender, disability) that monitor and coordinate multi-sectoral assistance	780K	1,81M	789K
Implement site maintenance activities in each site, based on the identified needs and priorities, such as improving drainage, sanitation, lighting, roads, etc.	# of site maintenance activities aimed at site development, infrastructure improvement, upkeep and fixtures...	515	1,895	673
Procure and distribute site tool kits and material for maintenance, safety and hazard prevention, such as hammers, nails, ropes, tarps, fire extinguishers, first aid kits, etc.	% of site maintenance activities to support the specific needs of persons with disabilities	-	15%	10%
	% of site maintenance activities to support the specific needs of women	-	50%	30%
Provide flood mitigation support to common facilities in sites at risk of flooding, such as distributing sandbags, digging trenches, raising platforms, installing pumps, etc.	Indicator 1: # of common facilities in sites with high flood risk that got support to mitigate flood impacts	17.8K	106K	27K

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO2</b> Promote active and meaningful community participation through robust Accountability to Affected Populations (AAP) mechanisms, fostering two-way communication, and ensuring communities' participation in decision-making processes within sites. Contributes to SO 3				
Facilitate the formation and functioning of community self-organizing committees in each site, ensuring inclusive participation of men, women, PWDs, and marginalized groups, such as youth, elderly, ethnic minorities, etc.	# of functional community self-organizing committees with inclusive participation - disaggregation: men, women (min. 30%), PWDs, marginalized groups	704	1,895	720
Implement cash for work (CfW) schemes for site maintenance, providing cash incentives to IDPs who participate in site maintenance activities, such as cleaning, repairing, painting, etc.	# people incentivized through CfW for site maintenance (disaggregated AGD)	12.7K	34K	13K
Conduct mass information campaigns in each site, using various communication channels and methods, such as radio, posters, flyers, megaphones, etc., to disseminate relevant and timely information to the IDPs, such as their rights, entitlements, services, opportunities, etc.	# of mass information campaigns conducted	4,982	13,265	5,040
Establish and operate Complaints and Feedback Mechanisms (CFMs) in each site, such as suggestion boxes, hotlines, help desks, etc., to receive and address the complaints and feedback from the IDPs, and to provide them with timely and appropriate responses and solutions.	# of sites with functional Complaints and Feedback Mechanisms established	730	1,895	720
<b>Cluster Objective CO3</b> Promote Durable Solutions for IDPs in sites through enhanced IDP Profiling, tailored localized interventions, and strengthened community empowerment. Contributes to SO 2				
Profile IDP households for durable solutions programming, using standardized tools and methodologies, and collect and analyze data on their preferences, intentions, and capacities for return, local integration, or resettlement.	# of IDP households profiled for durable solutions programming	973	273K	30K
Support area-based community-led projects to support community solutions, such as building or rehabilitating community infrastructure, facilities, or services, that benefit both the IDPs and the host communities, and that promote social cohesion and integration.	# of area-based community-led projects to support community solutions	-	802	357
	# of area-based community-led projects to support solutions identified by persons with disabilities to the problems they face	-	15%	10%
	% of area-based community-led projects to support solutions identified by women to the problems they face	-	50%	30%

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<p>Cluster Objective CO4  Strengthen capacities among authorities, partners, and community committees to collaboratively facilitate the development and implementation of effective and sustainable transition strategies for sites in Yemen, ensuring a successful transition while emphasizing the pivotal role of authorities in this process.  Contributes to SO 2</p>				
Capacitate CCCM staff and authorities in site management, through providing training, coaching, mentoring, and technical support, on various topics and skills related to site management and administration, such as standards, coordination, protection mainstreaming, participation, etc.	# of CCCM staff and authorities capacitated in site management	2,841	11,370	4,300
Develop transition strategies workplans by CCCM partners with authorities, communities, and relevant stakeholders, through conducting consultations, assessments, and planning sessions, to define the criteria, indicators, and actions for phasing out or handing over the site management and administration responsibilities and activities.	# of transition strategies workplans developed by CCCM partners with authorities, communities, and relevant stakeholders	-	-	23

## EDUCATION

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO1 Provide immediate access to safe and protective learning environments that support the crisis affected children and youth and deliver relevant learning and encourage retention Contributes to SO 1				
% of targeted crisis-affected children and youth accessing safe and protective learning environments at minimum/ agreed standards	# of targeted crisis-affected children and youth supported to access formal and informal education opportunities	N/A	991.9k	484.3K
	# of targeted crisis-affected children and youth (M/F) benefiting from appropriate teaching and learning materials at minimum/agreed standards	179.1k	442.6k	216K
	# of targeted crisis-affected children and youth (M/F) benefiting from safe and protected temporary or rehabilitated classroom equipped/furnished at agreed standards	62.4k	704.9k	344K
	# of targeted crisis-affected children and youth (M/F) benefiting from school feeding (i.e., fortified snacks or healthy meals)	1.9M	3.6M	1.75M
	# of rehabilitated classrooms, meeting minimum/ agreed requirements and safety standards	N/A	1.0k	0.5k
	# of new classrooms established, meeting minimum/ agreed requirements and safety standards	N/A	0.6k	0.3k
	# of rehabilitated WASH Facilities meeting EiE quality standards	N/A	0.2k	0.1k
	# of new WASH Facilities constructed, meeting EiE quality standards	N/A	0.6k	0.3k
	# of teachers/ para personnel/ volunteers provided with financial support	40.0k	61.5k	30K
# of teachers trained on teaching methodologies and pedagogy to provide quality learning for crisis-affected children and youth	N/A	2.0k	1.0k	

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO2 Restore relevant learning in equitable, safe and protective learning environments that contributes to the physical and psychosocial well-being of crisis-affected children and youth. Contributes to SO 3"				
% of targeted crisis-affected children and youth accessing quality learning that enables physical and psychosocial well-being	# of schools with established referral systems and complaint mechanisms for identified protection issues	N/A	0.4k	0.2k
	# of teachers and PTA members (M/F) benefitting from the provision of training that ensures child protection in school	N/A	1.0k	0.5k
	# of teachers and other education personnel (M/F) benefitting from the provision of training on emergency learning (MHPSS/School-based risk reduction and safety/ health and hygiene/positive behavioral Change	N/A	5.9k	2.9k
	# of targeted crisis-affected children and youth (M/F) benefitting from emergency learning that enables physical and psychosocial well-being	N/A	344.3k	168K

Cluster Objective CO3 Improve sustainability of the education systems so as to better cope with future shocks standards in case of hazard/shock. Contributes to SO 2				
# of education actors [teachers/ MoE staff/PTAs, NGO] with capacity to provide and maintain education in emergencies at minimum/agreed	# of teachers and other education personnel trained in Education in Emergency (EiE)/ Life skills	N/A	0.8k	0.4k
	# of PTA members trained in school maintenance during emergencies and community engagement	N/A	0.4k	0.2k
	# of schools with established functional PTAs	N/A	4.5k	2.2k

## Food Security and Agriculture

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO1 Increase availability and access to secure, safe and lifesaving food for the most vulnerable households through the provision of emergency assistance. Contributes to SO 1				
Life-Saving Emergency Food Assistance	Number of individuals receiving emergency food assistance (in kind, cash or voucher transfers) every month (30 days)	OK		10M
Emergency Livelihood Assistance	Number of individuals provided with agricultural, livestock, and fishery kits	OK		1.5M
Cluster Objective CO1 Protect and promote livelihoods and build assets to enhance resilience. Contributes to SO 2				
Conditional and season specific cash transfer to rehabilitate community assets and infrastructures.	Number of individuals benefiting from conditional and season specific cash transfer to rehabilitate community assets and infrastructures	OK		1M
	Number of individuals provided with livelihoods assets restoration support, assistance in establishing micro-businesses, and skills in enhancing employability	OK		300K

## HEALTH

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<p>Cluster Objective CO1                      Description of CO: Ensure equitable, inclusive and dignified access to essential minimum service package (MSP) consisting of lifesaving and life-sustaining health services for women, men, children, elderly, people with disabilities and minorities at community, primary and secondary levels, integrated with Nutrition, WASH, Protection and FSAC clusters in priority locations.                      Contributes to SO 1</p>				
	# of total outpatient consultations supported (Beneficiary)	2.5M	17.8 M	9 M
	# of deliveries conducted by skilled birth personnel	300K	712K	455K
	# of women, men, girls and boys who received MHPSS (psychiatric and psychological) support	900K	2.5M	1.2M
Provide essential inclusive Minimum Service Package (MSP) including Essential & General Trauma Care, Reproductive, Maternal, Newborn care, Child & Adolescent Care, Mental Health & Psychosocial support (MHPSS), Prevention & management of priority Communicable disease, diagnosis & management of non-communicable disease at primary, secondary and selected tertiary health care levels in priority locations, through fixed HF & outreach services.	# of deliveries conducted by skilled birth attendants	300K	712K	455K
	# of SAM cases with complications treated in TFCs	40K	67.5K	50K
	# of consultations for IDPs and host community supported	2M	9M	7M
Support the community health interventions through Medical Mobile Team (MMT)/Outreach activities, (community health education and awareness interventions by community health workers, community midwives and community Health volunteers to the IDPs sites, remote and inaccessible areas, in line with the essential Minimum Service Package (MSP) at the community level) as per MoPHP guidelines.	# of antenatal care visits supported	1.3M	2.1M	1.8M
	# of health education sessions conducted in the health facility and communities (disaggregated by age and sex)	9K	30K	15K

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO2</b> Description of CO: Prepare, prevent, detect and timely respond to outbreaks of deadly epidemic prone and endemic diseases and other hazards impacting health. Contributes to SO 2				
	# of consultations for priority communicable diseases provided	900K	4M	1.75M
	# of multi-hazard risk analysis and response plans (country-wide) prepared and disseminated	0.0k	0.0k	0.0k
Support to preparedness, early detection, and response to epidemic-prone & endemic diseases, climate change related hazards, with strengthened surveillance, laboratory capacities and response activities e.g Vaccination, Vector control etc.	# of children 6 months to 15 years received Measles vaccination	50K	1.2M	1.1M
	% of sentinel sites submitting surveillance reports in time	0.0k	0.0k	0.0k
Support specialized care in referral Hospitals for infectious disease including with medications and supplies.	# of referrals made for specialized health care	200K	500K	150K
<b>Cluster Objective CO3</b> Description of CO: Sustain health system capacity and resilience by strengthening institutional capacity and functionality, promoting localization through sustainable and durable approaches linked with nexus strategy where possible. Contributes to SO 3				
	# of admissions (hospitalization) supported	250K	1M	250K
	#of health facilities received operational support	1.3K	3.8K	1K
	# of Health Facilities revitalized/rehabilitated	0.5K	2K	0.9K
Provide operational support to the health facilities with fuel & water, sustainable electricity sources (as solar systems), oxygen, essential medication & supplies, essential equipment, operational cost, Infection Prevention and Control materials and health care workers' financial support (Allowance/Top-Up).	# of health facilities supported with essential medications and supplies	1.1K	3.8K	1K
	# of health care workers supported with financial incentive	3K	16K	4K
Support capacity building of health care workers (Physicians, Nurses, Midwives), community health workers (CMWs), community health volunteers (CVHs) based on needs (such as refresher & On-job training etc.).	# of health care workers trained on priority health subjects (PRSEAH, MHPSS, IM, SGBV, ENC, MPDSR etc.)	3K	10K	4K

## NUTRITION

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<p>Cluster Objective CO1                      Scale up early detection, referral, and treatment of wasting at scale through innovative, high quality, timely and integrated multi-sectoral life-saving responses (that involves collaboration across different sectors) targeting vulnerable women, girls, and boys, in locations with high burden of wasting.                      Contributes to SO 1</p>				
Life Saving Severe Acute Malnutrition Treatment	Number of boys and girls under five years with severe acute malnutrition without complication newly admitted for treatment in OTPS and Mobile Teams (MTS)	279.4K	539K	504K
	Number of boys and girls under five years with severe acute malnutrition with complication newly admitted for treatment in TFCS.	39.7K	54K	49K
Life Saving Moderate Acute Malnutrition Treatment	Number of children under five years with moderate acute malnutrition newly admitted for treatment in TSFPs and MTS	794K	1,798K	1,258K
	Number of pregnant and lactating women with moderate acute malnutrition newly admitted for treatment in TSFP and MTS	678K	1.211K	847K
	Number of boys and girls aged 6-59 months screened for acute malnutrition and referred for treatment is needed	3.7 M	5.01 M	4.5 M
<p>Cluster Objective CO2                      Enhance the resilience of crisis-affected vulnerable women, girls, and boys, through the provision a package of integrated multi-sectoral preventative actions focusing on the first 1,000 most critical days (from conception to 2 years), contributing to the prevention of wasting, stunting and micronutrient deficiencies in locations with high burden of wasting                      Contributes to SO 2</p>				
multi-sectoral malnutrition prevention assistance to crisis to affected vulnerable women, girls, boys.	Number of PLW received cash assistance	110K	150K	110K
	Number of children 6-59 months (boys and girls) received MNP	1.4M	5.01M	2.82M
	Number of children 6-59 months (boys and girls) received Vit A	2.2M	5.01M	4.76M
	Number of PLW received iron folate supplementation	1.5M	1.9M	1.5M
	Number of PLW women at risk of malnutrition reached with TSFP support	700K	868K	520K
	Number of caregivers of infants and children aged 6-23 months received health education (IYCF)	3.4M	2.6M	2.1M
	Number of boys and girls aged 0-23 months at risk of malnutrition reached with TSFP support	942K	558K	558K

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO3</b> Strengthen the capacity and systems of national authorities and partners for effective delivery of quality nutrition responses and enhance leadership and coordination (both for the cluster and Scaling Up of Nutrition), including nutrition information systems to support prioritization of interventions and monitoring. Contributes to SO 3				
monitoring and systems strengthening	Number of smart surveys conducted	15	44	44
	Number of people trained in CMAM / IYCF	8.7K	8.7K	4K
	Update Yemen national guidelines on CMAM	0.0k	0.0k	0.0k
	Finalize and operationalize IYCF national strategy	0.0k	0.0k	0.0k

## PROTECTION

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO1</b> Ensure vulnerable IDPs, non-displaced people, and returnees receive principled protection and gender response protection assistance Contributes to SO1, 2 & 3				
	Number of mobile teams established/maintained to provide protection services and assistance	0.0k	0.2k	0.1k
	Number of established Community-based protection networks	0.4k	11.7K	1.5K
	Number of referrals made by CPBNs	-	-	61K
	Number of awareness-raising activities conducted/ supported by CPBNs, etc)	-	-	2K
	Number of persons directly consulted or assessed through protection, human rights and IHL monitoring	695K	13.7M	1.7M
	Number of persons benefitting from individual case management	6.8K	117K	14.9k
	Number of children and caregivers affected by the conflict and natural disasters reached with community resilience physical and mental wellbeing activities in conflict-affected	260K	6.9M	828K
	Number of children and caregivers affected by the conflict and natural disasters reached with individual resilience physical and mental wellbeing activities in conflict-affected	0.0k	142K	16.9k
	Number of men and women who received training or capacity building	0.3k	77K	0.9k
	Number of service providers trained on GBV concepts and principles, including integration of GBV in emergencies	1.4K	10K	1K
	Number of women, girls, boys and men reached with awareness-raising activities on GBV prevention, risk mitigation and response	459k	5M	500k

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
	Estimated Area, in Square Meters, of land released	6km2	10km2	2.7km2
	Number of Non-Technical Survey (NTS) reports			0.7k
	Number of persons benefiting from land released.			13.5K
	Number of persons reached with life-saving mine risk education messaging	115K	10M	126K
	Number of persons benefit directly from explosive remnants of war items removed			6.5 K
	Number of explosive remnants of war removed	70K	1M	1.3K
<p>Cluster Objective CO2                      Vulnerable IDPs, non-displaced people and returnees benefit from full, equitable, and non-discriminatory access to essential services and enjoyment of their legal and human rights                      Contributes to SO 1, 2 &amp; 3</p>				
	Number of persons benefiting from protection training or capacity-building	0.6k	26K	3.3K
	Number of persons benefiting from awareness raising and information sharing	82K	785K	100K
	Number of persons referred to protection services (Received & Sent)	12.5K	274K	35K
	Number of individuals benefiting from protection cash assistance	9.7K	353K	45K
	Number of community centers or community spaces supported to establish or current centers supported with materials or infrastructure	12K	230K	0.0k
	Number of persons benefiting from psychosocial support for adults (not including CP or GBV)	29K	556K	71K
	Number of persons benefiting from legal assistance (legal counselling, information, mediation, representation, as well as facilitate access to documentation including civil documentation)	26K	431K	55K
	Number of children reached with critical child protection services (family tracing and reunification, case management, victim assistance)	18.6K	256K	30.4K
	Number of dignity kits distributed	0K	300K	30K
	Number of beneficiaries reached with lifesaving GBV multi-sectoral services (MHPSS, case management and legal aid)	93K	1M	100K
	Number of beneficiaries (women, girls, boys and men at risk from GBV or survivors) received cash support	8K	50K	5K

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
	Number of women and girls safe spaces and safe shelters established/supported	8K	0.1k	0.0k
	Number of women and girls having access to WGSS	107K	-	400K
	Number of vulnerable women, girls, men and boys access alternative income generating activities and skills building	31K	300k	30K
	Number of persons benefiting from mine action assistance	0.5k	1K	1K
	Number of persons benefiting from mine action capacity-building	0.2k	1K	0.1k
Cluster Objective CO3 Improve the social cohesion and resilience of conflict-affected people; supporting persons of concern in identifying sustainable solutions Contributes to S02				
	Number of persons benefiting from livelihood or/and skills building activities	9.8K	62K	8K

## HEALTH

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO1 Improve protection for refugees and migrants, including through protection monitoring and reporting, proper identification and referrals within mixed movements, and the right to asylum for people in need of international protection. Contributes to SO 3				
Provision of asylum for persons in need of international protection through registration with the authorities or UNHCR.	# of refugees and asylum-seekers individually registered and documented	18.0k	40.0k	40.0k
	# of government officials trained in refugee status determination procedures	0.0k	0.4k	0.4k
Provision of protection assistance to vulnerable refugees, asylum seekers and migrants since the beginning of the year.	# of officials and local actors trained on migrant protection and human rights	0.1k	0.1k	0.1k
	# of communication (complaints, feedback and inquiries) received under the complaints and feedback mechanism for refugees and asylum seekers	30.0k	55.0k	55.0k
	# of hotlines and CFMs responding to people (migrants) at risk	0.0k	0.0k	0.0k
	# of hotlines and CFMs responding to people at risk	0.0k	0.0k	0.0k
	# of victims of trafficking or migrants at risk of trafficking and/or smuggling who receive services related to GBV	0.4k	0.4k	0.4k
	# of migrant children who received specialized child protection services/case management or identified/referred to specialised services	-	-	-
	# of cases of migrant deaths or disappearances documented, with survivors in receipt of PSS	0.5k	0.5k	0.5k
	# of migrants who receive protection and specialized services including victims of human rights violations (excluding GBV and trafficking)	0.4k	0.4k	0.4k
	# of migrant survivors who receive clinical management or rape services within 72 hours of an incident or from exposure	0.0k	0.0k	0.0k
	# of refugees and asylum-seekers receiving specialised protection services (including services focused on children and women)	0.2k	3.0k	3.0k
	# of refugees and asylum-seekers receiving specialised protection services (focus on children)	0.5k	1.0k	1.0k
	# of vulnerability assessments conducted		25.5k	25.5k
	# of refugees and asylum-seekers enrolled in formal vocational training	0.2k	1.5k	1.5k

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
	# of asylum seekers and refugees receiving individual legal assistance (counselling, representation, mediation) on legal issues.	2.5k	6.0k	6.0k
	# of government officials, front line actors and partners trained in MHPSS	0.3k	0.4k	0.4k
	# of people accessing/registered at Migrant Response Points/Centers, mobile health clinics (or other mobile teams), way stations and Child Protection Desks	35.0k	51.3k	51.3k
	# of regional initiatives completed (meetings, communications) relevant to the migrant response in Yemen	0.0k	0.0k	0.0k
	# of national or cross border referral mechanisms for vulnerable migrants established or improved	0.0k	0.0k	0.0k
<p>Cluster Objective CO2            Improve living conditions for the most vulnerable migrants and refugees through expansion of basic services, support for self-reliance and sectoral interventions (shelter, health, education, women's protection, child protection, and psychosocial support), with priority given to protection mainstreaming            Contributes to SO 1</p>				
Provision of critical services (WASH, health, food, shelter) and attainment of a basic living standard for refugees, asylum seekers and migrants.	# of refugees and asylum seekers individuals assessed to detect protection issues and socio-economic vulnerabilities	21.0k	60.0k	60.0k
	# of protection monitoring visits/reports completed	0.0k	0.0k	0.0k
	# of people assisted with WASH items, services and infrastructure	8.0k	12.0k	12.0k
	# of people assisted with food and/or nutrition assistance	35.0k	51.3k	51.3k
	# 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, TBC, Hepatitis, HIV/AIDS, non-communicable diseases, etc.	30.0k	44.0k	44.0k
	# 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, TBC, Hepatitis, HIV/AIDS, non-communicable diseases, etc.	85.0k	136.0k	136.0k
	# of refugees and asylum-seekers supported with health care	85.0k	130.0k	130.0k
	# mobile or static health facilities supported	0.0k	0.0k	0.0k
	# of people assisted with cash	12.0k	54.8k	18.0k

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
	# of people assisted with or referred for secondary healthcare, including specialist clinics/services such as cardiology, physiotherapy, etc	-	51.3k	51.3k
	# of people receiving mental health and psychosocial support (MHPSS) services, disaggregated by level of service provision	1.0k	1.1k	1.1k
	# of people assisted with Water, Sanitation and Hygiene items, services and infrastructure	-	12.0k	12.0k
	# of shelters established/strengthened offering specialized services	0.0k	0.0k	0.0k
	# of people assisted with Non-Food Items (NFIs)	35.0k	51.3k	51.3k
	# of people assisted with safe and dignified accommodation assistance	0.9k	7.9k	2.0k
	# of refugee and asylum-seekers children enrolled in education programs	9.0k	15.0k	15.0k
<p>Cluster Objective CO3                      Pursue solutions for all migrants and refugees, including strategic use of resettlement for refugees, and for refugees and migrants, the increased support for return to countries of origin in conditions of safety and dignity and in line with the principle of voluntariness. Contributes to SO 2</p>				
Provision of a solution (return or resettlement in the case of refugees) for refugees, asylum seekers and migrants.	# of refugees supported with voluntary return	0.9k	5.0k	5.0k
	# of refugees accepted by resettlement countries	0.1k	0.3k	0.3k
	# people assisted with Voluntary Humanitarian Return	4.5k	15.0k	15.0k
	# of protection and/or migration flow monitoring reports	0.0k	0.0k	0.0k
	# of people reached through community networks and awareness raising efforts	35.0k	40.1k	40.1k

## Shelter/NFI

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO1 Ensure timely life-saving emergency shelter and NFI assistance to families affected or displaced by conflict, extreme climatic situations, and natural disasters. Contributes to SO 1 and SO3				
Distribution of Non-Food Items	# of HHs reached with NFI Kits	322K	3.3M	399K
	# of HHs provided renewable energy sources (for cooking, lighting etc) to mitigate protection risks mainly against women and girls (SO 3)	10K	3.3M	399K
	# of HHs reached with emergency shelter kits	71K	1.1M	197K
	# of HHs reached with rental support	127K	3.1M	331K
	# of HHs received shelter repair kits	11K	485K	335K
	# of HHs reached with winterization support	20K	655K	232K
	# of PDMs conducted			0.0k
	# of HHs reached with NFI Kits	322K	3.3M	399K
	# of HHs provided with renewable energy sources (for cooking, lighting) to mitigate protection risks (SO 3)	10K	3.3M	399K
Distribution of Emergency Shelter Kits	# of HHs reached with emergency shelter kits	71K	1.1M	197K
Provision of Rental Support	# of HHs reached with rental support	127K	3.1M	331K
Provision of Shelter repair kits	# of HHs received shelter repair kits	11K	485K	335K
Provision of winterization support	# of HHs reached with winterization support	20K	655K	232K
Conduct assessments and post-distribution monitoring	# of PDMs conducted			0.0k

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO2 Enhance the resilience of protracted IDP and returnee families living in precarious shelter conditions by supporting sustainable shelter solutions. Contributes to SO 2				
	# of HHs reached with shelter maintenance and upgrades per minimum standards	107K	485K	311K
	# of HHs in IDP sites improved / provided with flood mitigation solutions	11K	2.0M	357K
	# of HHs reached with transitional shelters (safer and dignified)	23K	1.1M	142K
	# of HHs reached with house rehabilitation	31K	340K	75K
	# of HHs reached with house reconstruction	0.1k	340K	3.5K
	# of assessments conducted			0.0k
Provision of Shelter maintenance and upgrades	# of HHs reached with shelter maintenance and upgrades per minimum standards	107K	485K	311K
Support IDP Settlement Planning and Improvement (Incl. flood mitigation measures)	# of HHs in IDP sites improved / provided with flood mitigation solutions	11K	2.0M	357K
Provision of Transitional Shelters	# of HHs reached with transitional shelters (safer and dignified)	23K	1.1M	142K
Provision of house rehabilitation and reconstruction support	# of HHs reached with house rehabilitation	31K	340K	75K
	# of HHs reached with house reconstruction	0.1k	340K	3.5K
Conduct assessments and post-distribution monitoring	# of assessments conducted			0.0k

## Water Sanitation and Hygiene

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO1</b> 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 SO 1,2,3				
	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk		5.0M	2.1M
	Provide support for solid waste collection and disposal		2.7M	1.1M
	Provision of operational support, spare parts and quick repairs to water and sanitation systems		4.5M	1.9M
	Provision water disinfecting agents, support for water supply treatment and water quality surveillance		1.9M	781.8k
	Provide access to safe water through water trucking and community tanks		2.9M	1.2M
	Provide household level water treatment options through chlorine tablets		1.7M	726.1k
	Provision of safe gender appropriate household sanitation options		1.6M	682.3k
	Provide support for solid waste collection and disposal and community led cleaning campaigns		3.6M	1.5M
	Provision of hygiene items (including cholera kits and IPC kits) and Hygiene promotion and awareness		6.4M	2.7M
<b>Cluster Objective CO2</b> 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 SO 1,2,3				
	Provide access to safe water through water trucking and community tanks		2.9M	1.2M
	Provision of operational support, spare parts and quick repairs to water and sanitation systems		4.5M	1.9M
	Provision of water disinfecting agents, support for water supply treatment and water quality surveillance		1.9M	781.8k
	Provide household level water treatment options through chlorine tablets		1.7M	726.1k
	Provision of safe gender appropriate household sanitation options		1.6M	682.3k
	Provide support for solid waste collection and disposal and community-led cleaning campaigns		3.6M	1.5M
	Provision of hygiene items (including cholera kits and IPC kits) and hygiene promotion and awareness		6.4M	2.7M

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO3</b> 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 SO 1,2,3				
	Repair, rehabilitate or augment water and sanitation systems in areas of high public health risk		5.0M	2.1M
	Provision of operational support, spare parts and quick repairs to water and sanitation systems		4.5M	1.9M
	Provision of water disinfecting agents, support for water supply treatment and water quality surveillance		1.9M	781.8k
	Provide support for solid waste collection and disposal		2.7M	1.1M

### Emergency Telecommunications

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
<b>Cluster Objective CO1</b> Provision of the ETC mandated services, connectivity, capacity building, service for community, in response to Humanitarian operations needs in secure and cost effective manner				
	Cluster projects management (staffing)	11	13	11
	Operational areas covered by data communications services	19	20	19
	Common operational areas covered by common security telecommunication	9	10	9
	Provision of internet services to communities	2.4k	2.6k	2.4k
	ETC capacity building	0.2k	0.3k	0.2k

## Logistics

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Maintain a platform for logistics information sharing and coordination.	Number of user feedback surveys conducted.	1		1
	Number of Cluster Coordination meetings held	11		12
Support humanitarian organizations by providing common logistics services and logistics preparedness activities.	Percentage of CONOPS cargo services requested and accepted are fulfilled.	5		2
	Number of training sessions / workshops / webinars organized.	55		30
	Number of updates published on the dedicated operation webpage.	213		120
	Number of humanitarian partners' staff benefited from Logistics Cluster-facilitated trainings and webinars, including logistics preparedness activities.			
Maintain a safe and reliable common air passenger and light cargo transport service for humanitarian staff to travel to and from Yemen.	Number of passengers transported.	17.0k		17.0k
	Percentage of person evacuated/relocated due to medical and emergency need.	1		1
	Number of user surveys conducted during 2023.	2		2

## RAPID RESPONSE MECHANISM

CLUSTER ACTIVITY	INDICATORS	BASELINE	NEED	TARGET
Cluster Objective CO1 Provide immediate lifesaving in kind emergency assistance to the households that are newly displaced by armed conflict or affected by climate change induced disasters in hard-to-reach areas. Contributes to SO 1.				
Reduce morbidity and mortality of crisis-affected women, girls, boys and men by providing life-saving humanitarian assistance that is timely, safe and equitable.	# of people assisted with RRM lifesaving response	464.0k	232.0k	232.0k
Provision of emergency RRM kits (Immediate Ready Rations, family Basic Hygiene Kits, Ceramic filter, family Dignity Kits) to the newly displaced people or affected by climate change disasters.	# of Individuals s received RRM multisectoral lifesaving kits	66.4k	33.2k	33.2k
Provision of winterization items to the most vulnerable displaced people or affected by climate change disasters.	# of households received blankets	66.4k	33.2k	33.2k
Provision of one-off Multi-Purpose Cash assistance to the newly displaced people or affected by climate change disasters.	# of households received one-off MPCA	66.4k	33.2k	33.2k
Provision of one-off emergency food assistance to newly displaced IDP people or affected by climate change disasters.	# of households received one-off food ration	66.4k	33.2k	33.2k

## 2024 HRP:

# Cluster Costing Methodologies

### Camp Coordination Camp Management

Due to diverse site typologies, infrastructural conditions and population distributions encountered in CCCM interventions, there is no standard rate for each activity. Rather, CCCM activities are context-dependent and require individualized cost estimation based on site-specific assessments and partner planning. The CCCM Cluster has estimated average costs based on projects implemented in various geographical areas, including remote and dispersed sites and accessible areas with concentrated displacement.

The two main factors that constitute a significant portion of the total cost are: 1) site improvements, including basic infrastructural maintenance, minor fixtures, and upkeep of site facilities; and 2) team costs, including salaries and payments for skilled teams responsible for coordination, monitoring, data collection, and community engagement. Community-led projects, community committee incentives, M&E, transportation, administration and support costs are also considered. Household profiling and flood mitigation activities are being estimated using the learnings from the 2023 flood response projects and the profiling pilot in Aden.

Furthermore, geographical locations influence cost ranges for CCCM activities. For example, in remote areas, higher costs arise from team transportation, and site maintenance and mitigation work in remote locations, involving procurement, transportation, and third-party contracting, tend to be more costly.

### Education

Units of measurement were revised to be more specific and directly linked to 17 cluster indicators. Unit costs were revised based on current market value and feedback received from implementing partner organizations during 2023. No major distinctions between geographical areas were identified for special consideration.

### Food Security and Agriculture

The determination of costs is based on several sources, including updated FSAC guidelines, price/market monitoring dashboards by World Food Programme (WFP) and Food and Agriculture Organization (FAO, REACH, Cash and Markets working group, Famine Early Warning System Network (FEWS NET) and consultations conducted with FSAC partners and Cluster Lead Agencies (CLAs). A standard 20% operational costs have been factored across all unit costs to cater for implementation, monitoring and other related costs.

Humanitarian Food Assistance: encompasses the cost of both in-kind Minimum Food Basket (MFB) and Cash Based Transfer (CBT) assistance through Unconditional Cash Transfer. The MFB transfer value is based on a detailed analysis and review of food commodities price data (pegged on averages of the WFP and FAO market data for the period July-September 2023) at Governorate level. FSAC has increased the unit cost of the HFA activity by 30% to \$15.2 in 2024, compared to \$11.84 in 2023. This increase considers the most recent cost of the MFB, its operational cost and, as well as programmatic and contextual drivers that impact food prices, implementation costs and subsequently the activity cost. However, the overall cost of the activity has reduced since the total number of distributions has

been reduced from 12 cycles to 8 cycle to factor in operational realities.

Rehabilitation of community assets, provision of seasonal employment, and increase of HH incomes through Conditional Cash Transfers: The cost of this activity is calculated based on the average daily rate of unskilled labor at the Governorate level and the rate set by the MFB/unconditional cash transfers (UCT). The value of Conditional Cash Transfers (CCT) is set at 10% higher than the value of unconditional cash transfers (UCT), in order to expand the coverage of the Minimum Food Basket, from 80% of the required calories for a household of 7 members to 90%-95% of the required calories, according to the composition of the MFB. Despite the increase in CCT value by 6%, from USD 18.71 to USD 19.75 per individual per cycle compared to 2023, the overall cost of the activity has decreased by 29%, from USD 112 to USD 79 per individual. The cost reduction is attributed to adopting fewer cycles (from 6 to 4), which aligns with the goal of providing short-term assistance for immediate food and livelihood needs.

Emergency Agriculture Assistance: This includes costs of inputs for Emergency Agriculture Assistance (EAA) kits comprising of cereal and vegetable kits, livestock kit and fisheries kit, training and associated operational costs. These updated rates consider market prices, exchange rates, and other relevant variables. Determination of the unit was informed by the average size of land under cultivation per household of 7 individuals, seed rate for cereals and vegetables per Hectare, prices of cereal and vegetable kits, the composition and prices of farm tool kit, livestock kit and fishery kit. In addition, other associated costs were factored in such as costs of seed certification, costs of seed treatment, cost of technical support from relevant technical line Ministries, cost of veterinary support, cost of assessment and monitoring, other costs. Each livelihood zone kit was costed differently to align with the prevailing economic conditions and to ensure realistic and sustainable implementation, and an average considered for the overall activity cost. The activity's cost has increased from USD 31.83 per individual in 2023 to USD 76.86 per individual in 2024. This increase is due to adopting the most updated

composition of the emergency agriculture kits with the updated costing. The limited availability of the EAA kit components in the local markets contributes to price hikes associated with importation of goods in the Country.

Drivers of costs include the impact of conflict on agriculture, notably on the lower production volumes and high prices of locally produced wheat; high cost of imports due to the depreciation of the Yemeni rial; exchange rate variation, access to local and foreign currency, and specific internal cost drivers (such as price capping); food imports and Global Food prices; fuel prices; and sub-optimal infrastructure and logistical challenges, particularly in remote areas where transportation challenges have impacted the costs of food delivery, increasing the prices of food. Local market dynamics also directly influence the prices of farm inputs, fodder for livestock and the costs of seed, fertilizer, livestock and poultry.

Climate change-related impacts such as drought, extreme flooding, pests, sudden disease outbreaks, changes of rainfall patterns, increased storm frequency/severity and sea level rise pose a significant threat to Yemen's food system in general, impacting crop yields and availability of locally grown crops. This leads to decreased food production and increased costs for FSAC operational activities, including the procurement, transportation, and storage of imported food. Therefore, the cost of FSAC activities in areas-prone to climate change hazards and shocks are higher due to the need for additional resources to procure, deliver and distribute food assistance, price volatility in agricultural commodities, and higher needs.

## Health

The Health Cluster deployed a range of unit costs per activity, as there is a significant disparity in the inflation rates between the DFA and GoY-controlled areas, with GoY areas experiencing a high inflation rate.

The World Bank project is anticipated to address certain needs in primary healthcare centers and hospitals in 2024, such as fuel and essential medicines. Moreover, the new grid for healthcare worker (HCW) incentives has been reduced by 65%.

Logistics expenses have risen due to global factors, local transportation challenges, customs clearances and challenges related to restricted access between the two controlled areas. Imported goods, including medications, supplies, and equipment, face double customs payments in GoY and DFA areas. This leads to an increase in the cost of imported goods in the GoY-controlled areas.

## Nutrition

The cost of intervention for 2024 was established through consultative and transparent process, with key cluster partners and stakeholders providing unit costs for each intervention, incorporating both direct and overhead expenses. This collaborative approach ensures cost estimates reflect operational realities.

To be more cost efficient in 2024, the targeting of humanitarian interventions to areas with extremely high multisectoral vulnerabilities was prioritized, resulting in overall budgetary reductions. This ensures impactful spending even if cost fluctuations emerge due to external factors.

There is no change in costing based on targeted geographical areas; however, slight variations are noted in areas with higher burden of wasting and distantly-located governorates with higher logistical and transport costs. All of these variations have been factored into the indicated unit costs.

While the overall cost of the 2024 humanitarian nutrition response remains within reasonable bounds compared to 2023, several internal and external factors could influence its trajectory. For example,

heightened security risks in the Red Sea could disrupt supply chains, causing increased shipping costs as insurance premiums and security measures may rise significantly, and delays and disruptions of supply. Delayed deliveries of crucial supplies could lead to additional procurement costs. Additionally, Yemen's dependence on imported fuel makes it vulnerable to global price fluctuations. Rising fuel prices could directly impact the cost of Nutrition Cluster services by increasing transportation costs, making the delivering of nutrition products more expensive. Anticipating these potential risks and proactively implementing mitigation strategies can ensure the effectiveness and efficiency of the 2024 nutrition response, even as cost influences emerge.

## Protection

The unit costs for the activities remains largely the same in comparison to last year. Based on consultations with partners and a comparative analysis of achievements and reach of the PC and AoRs in 2023, the targets were revisited and amended for 2024. (See PC-AoR Dashboard).

General Protection reduced the targets (between 20% and 10%) as well as the costs for six activities/ indicators. Several indicators remain the same as last year, due to good reach and achievements, while two new indicators were introduced (Assessments and Advocacy) to capture the activities of General Protection Partners. All activity costs of General Protection are maximum ceiling for partners across Yemen. This approach was adopted in 2023 and the feedback received from partners has been positive. The maximum ceiling allows for flexibility and variations based on geographical areas as well as other costing needs.

For Child Protection and Mine Action, costing remains the same as last year. Mine Action AoR introduced two new indicators on Mine Victim Assistance and Capacity Building while the remaining targets for Mine Action in 2024 were reduced by 15%.

For GBV activities, the costs associated with each activity vary based on several factors including inflation, exchange rates, and fluctuations in material

costs, environmental factors like flooding. The unit cost has slightly changed for some activities including multisectoral activities, livelihood activities and transit kits. This was based on in-person consultations that involved detailed analysis with the partners representing all the hubs (vs. previously online surveys), where an average cost was calculated for each activity. Moreover, costs associated with GBV activities vary based on several factors including inflation, exchange rates, and fluctuations in material costs, environmental factors like flooding. Similarly, the cost differences for the same activity in different geographical areas in Yemen are associated with the availability and cost of resources, the security situation, the level of infrastructure development, and the capacity of local organizations.

For Child Protection, there is no change in costing for MHPSS/PSS activities based on targeted area; however, for critical services there is a change in costing when it comes to targeted areas/availability of basic services for referrals or providing them when needed, including victim assistance medical life-saving response. For example, costs were affected negatively in conflict-affected areas including Hajjah, Hodeidah and Taiz.

### **Shelter/NFIs**

Rental prices rise as demand increases, and prices differ from one area to another. The average assistance value for the rental support will be maintained while the actual value will be defined based on market assessments in a given area at the implementation stage.

Flood mitigation unit cost was maintained and calculated per shelter, and it can be used to support mitigation measures at the site level. Unit costs include support and operational costs.

The Shelter Cluster has various NFI kits with some differences in kit components depending on the environment and weather conditions of the targeted area. For example, in cold areas communities need high thermal blankets, which cost more than medium thermal blankets provided in warmer areas. Additionally, shelter designs vary from region to region

based on local building culture, availability of shelter materials, and preferences of communities. The cost of each shelter design also varies depending on the required skills and capacities for construction or installation. Renewable energy sources (i.e., cooking and lighting) requirements also differ from one location to another; an average cost was reflected.

There are three main cost drivers for the increase in SNFI activities costs: 1) The increase in transportation expenses due to the high fuel cost, the closure of main roads, and the usage of longer alternative routes, which are often bumpy, affect activities where materials are procured and provided in-kind to the targeted communities, such as regular or seasonal NFIs, and shelter materials. 2) Foreign currencies exchange rate fluctuation impacts the cost of materials as well as the expenses of skilled labours involved, precisely in NFI distributions and the shelter activities implementation, including house rehabilitation and reconstruction. When the exchange rate of foreign currencies, such as the USD or Saudi Riyal rises against the Yemeni riyal, the cost of imported materials increases in the local currency. When the opposite happens, the cost of materials often does not decrease rapidly due to fear of continuous fluctuation of the exchange rate. There are also drastic differences between Sana'a and Aden, which reflect the materials costs. 3) The heightened inflation resulting from the deterioration of the country's economy impacts the availability and affordability of commodities in local markets, as most of the regular and seasonal NFIs and shelter materials are imported from abroad. The cost of imported materials has also increased due to global supply chain challenges.

These cost drivers influence the cost differences in different geographical areas. For example, procurement or implementation in locations near ports or central markets costs less than in remote or hard-to-reach areas. This also explains the difference in transportation costs.

### **Water Sanitation and Hygiene**

The largest unit costs for WASH are (1) the construction or the rehabilitation of gender separated latrines (accounting for 18% of the HRP costing), (2) the repair, rehabilitation and augmentation of water supply systems (16%), and (3) the distribution of consumable hygiene kits and cleaning tools (9%) and water trucking (8%).

There will be no significant shift as compared to 2023 in terms of activity. It is anticipated that about 30% of the cluster funding will be allocated to sustainable sanitation systems and about 20% will be allocated to sustained access to water. The proportion allocated to hygiene promotion might be reduced as synergies will be sought with health and nutrition clusters to promote safer health behavior.

Drivers of cost include of construction material for sanitation and water supply (reported by 79% of cluster members), transportation and warehousing of WASH items (47% of partners), increased administrative costs such as office rent, telephone bills, internet and security (24%) and salary increase for both international and national staffs (reported by 14% of cluster members).

### **Rapid Response Mechanism**

RRM unit costing includes 1) the acquisition of RRM multi-sectoral lifesaving kits, which included blankets, basic hygiene, water ceramic filters, dignity kit and immediate ready rations; 2) costs associated with transportation, warehousing, personnel, the presence of partner organizations and the execution of the lifesaving assistance initiatives in the hard-to-reach area; and 3) RRM one-off multipurpose cash assistance (MPCA), which will be provided to the recipient of the RRM in-kind. This amount includes the transfer fee.

Moreover, RRM program is adapting a new design of service delivery that includes winterization and water ceramic filters items, which is also factored into unit costing.

Alongside the RRM's requirements, the presence and capability of existing partners is considered when determining where to allocate resources. The amount of warehousing space required depends on the quantity of kits and supplies. Larger quantities may necessitate more significant warehouse space. The number of personnel and the presence and implementation of partner organizations can drive costs in hard-to-reach locations.

Total Cluster requirements are influenced by the quantity of kits needed, transportation challenges, geographical expansion, the level of collaboration with partners, and security considerations. The number of newly conflict-displaced individuals or individuals affected by natural disasters and climate change will directly impact the quantity of kits required.

The costs related to repositioning, procurement, and transportation of these items can fluctuate based on market conditions, transportation costs, and supplier agreements. The distance to hard-to-reach areas, the terrain (i.e., mountainous regions), and the quality of infrastructure will significantly impact transportation costs. Longer distances and challenging terrains generally result in higher expenses.

### **Refugees & Migrants Multi-sector**

The provision of critical services (i.e., WASH, health, food, shelter) and protection assistance (shelters, hotlines, trainings, protection services, referrals and through awareness raising), which both include a range of services and activities, utilized unit costing per person by both UNHCR and IOM.