2017

HUMANITARIAN RESPONSE PLAN

JANUARY-DECEMBER 2017

JAN 2017

YEMEN

Photo: UNICEF/Yemen/2015/Nabeel Al-Wazeer

POPULATION OF YEMEN

27.4 million

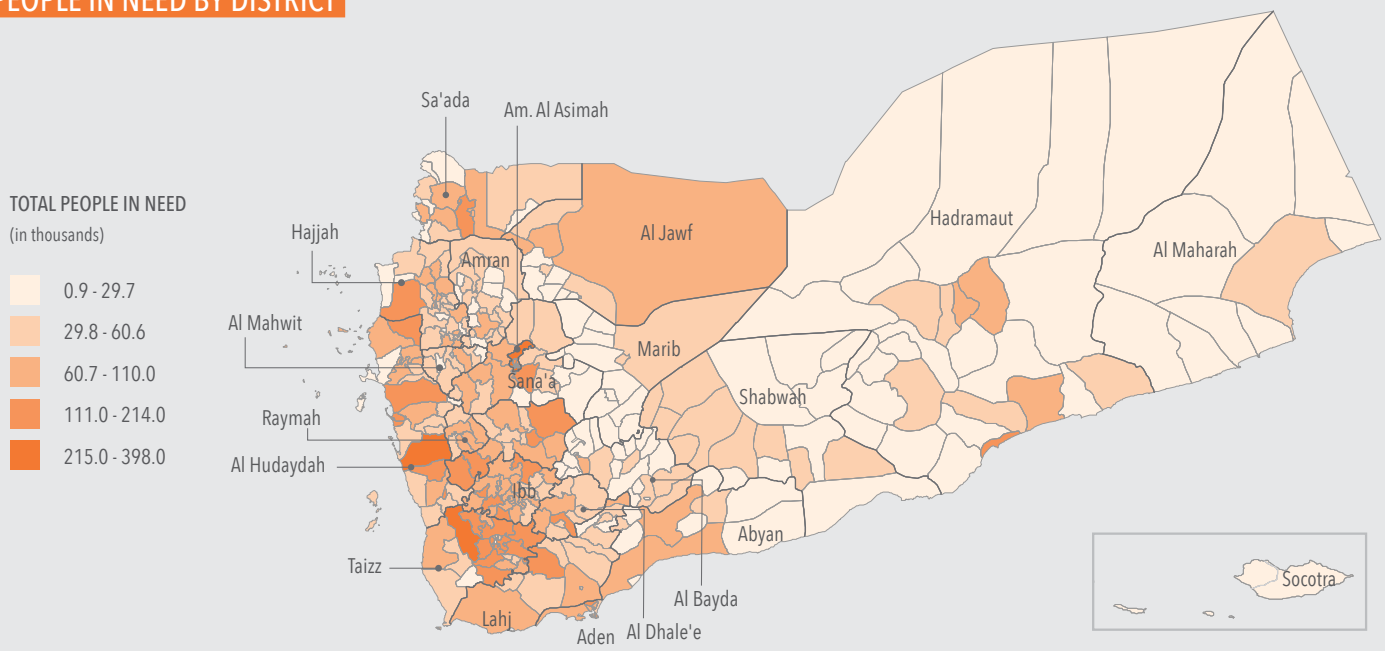
TOTAL PEOPLE IN NEED

18.8 million

PEOPLE IN ACUTE NEED

10.3 million

PEOPLE IN NEED BY DISTRICT



TOTAL PEOPLE TARGETED

12.0 million

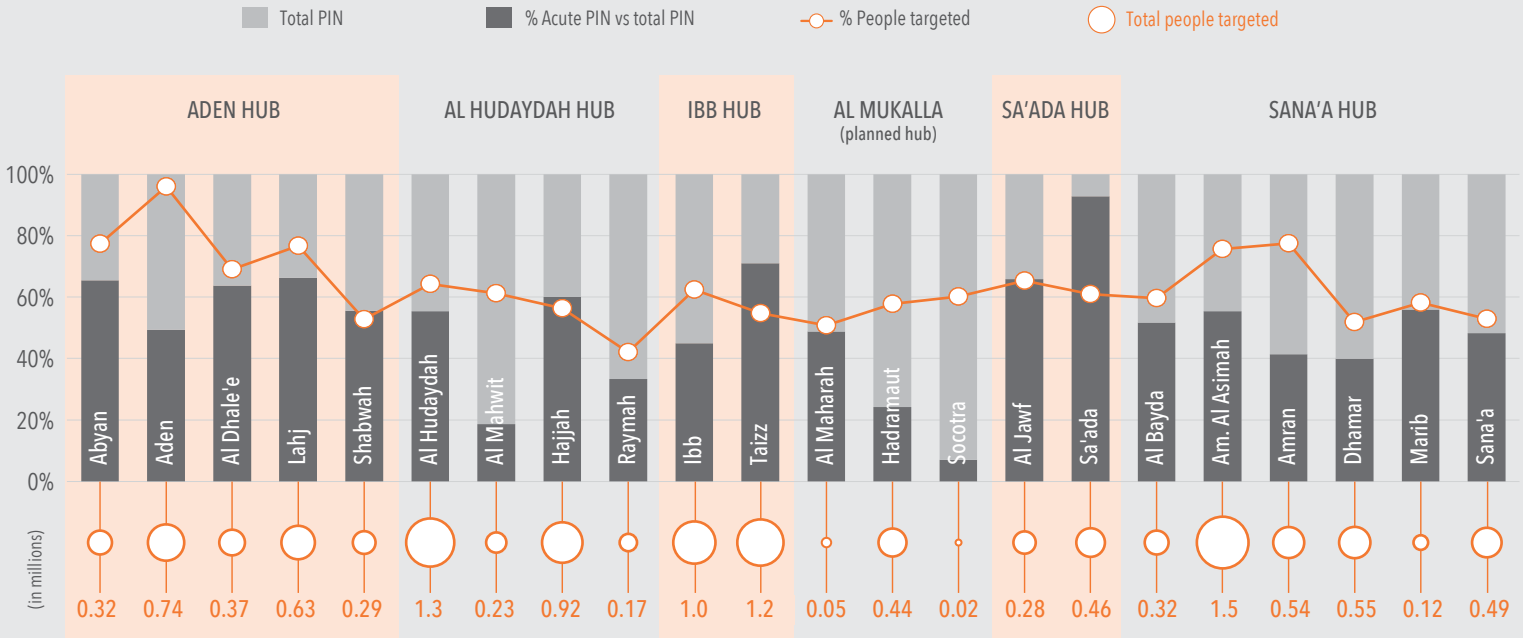
REQUIREMENTS (USD)

2.1 billion

OF ORGANIZATIONS

120 partners

PEOPLE TARGETED VS PEOPLE IN NEED AND PEOPLE IN ACUTE NEED BY GOVERNORATE



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FOREWORD BY

THE HUMANITARIAN COORDINATOR

When I arrived in Yemen one year ago, I found a country grappling with the disastrous effects of a conflict that had already forced millions from their homes, killed or injured thousands and exacerbated chronic humanitarian needs. At the same time, scarce data, reduced staff numbers, rampant insecurity, bureaucratic impediments and global political headwinds converged to limit the evidence humanitarian partners could collect, the assistance we could provide and the attention afforded by the world.

One year later, the operational environment has improved somewhat, despite ongoing conflict. In November 2016, we published a detailed Humanitarian Needs Overview (HNO), analysing more information from across the country than ever before. The evidence starkly confirms what we could already see: the situation in Yemen is catastrophic and rapidly deteriorating. An estimated 18.8 million people need humanitarian assistance in at least one sector – including 10.3 million who require immediate assistance to save or sustain their lives. More than 7 million people do not know when they will eat again, and more than 8 million face acute shortages of clean water and sanitation. Over half of health facilities are not functioning. Nearly 3.3 million people – including 2.1 million children – are acutely malnourished. On average, the conflict kills or injures nearly 75 people every day. The rapid deterioration of the economy has likely affected many more. Violence since mid-March 2015 has forced more than 3 million people from their homes, including 2 million who remain internally displaced as of January 2017. These numbers are so alarming that they challenge comprehension.

Against these enormous challenges, humanitarian partners have delivered impressive results. In 2016, partners had provided assistance that directly saved or improved the lives of more than 5.6 million people. On average, nearly 4 million people received emergency food assistance every month in 2016. During the year, partners also provided safe drinking water to more than 1.2 million people, distributed enough medicine and supplies for 1.3 million people, treated more than 530,000 cases of acute malnutrition, and delivered essential household items to more than 500,000 displaced people, among other achievements. Humanitarian field hubs are operational and expanding in Sana'a, Aden, Ibb, Sa'ada and Al Hudaydah. All this was achieved with only 60 per cent of financial requirements met and in an environment where bureaucratic impediments imposed by parties to the conflict at times inhibited relief efforts.

As we start 2017, humanitarian partners are well placed to build on last year's achievements. Yet we also recognize that substantial challenges persist. The scale of people's needs in Yemen dramatically exceeds our capacity to deliver. Parties to the conflict do not always provide the necessary enabling environment for aid operations and pursue policies that promote the collapse of the economy and social services. Collapsing public and private institutions are also placing pressure on humanitarian partners beyond our remit and appropriate role.

For these reasons, partners have developed the 2017 Yemen Humanitarian Response Plan (YHRP) to include only life-saving or protection assistance that addresses the most acute needs identified in the HNO. The 2017 YHRP targets 12 million people across the country at a total cost of US$2.1 billion. Given the scale and accelerating deterioration of the crisis, partners could easily have developed much vaster plans. But we remain committed to the principle that our plans must be grounded both in evidence and actual capacity. Increases in 2017 are limited and primarily occur in the food, health and nutrition sectors, all of which have been especially hard hit. I am confident that all YHRP activities and associated costs are both reasonable and achievable.

As we seek to mitigate the devastating impact of conflict on Yemen's most vulnerable, I look forward to working with all stakeholders inside the country and beyond to ensure that principled, effective humanitarian action quickly reaches those who need it most.

Jamie McGoldrick
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1

Save lives, prioritizing the most vulnerable

STRATEGIC OBJECTIVE 2

Integrate protection and gender-related concerns across the response

STRATEGIC OBJECTIVE 3

Support maintenance of basic services and institutions

STRATEGIC OBJECTIVE 4

Strengthen coordination, accountability and advocacy

PEOPLE IN NEED

18.8 M

PEOPLE IN ACUTE NEED

10.3 M

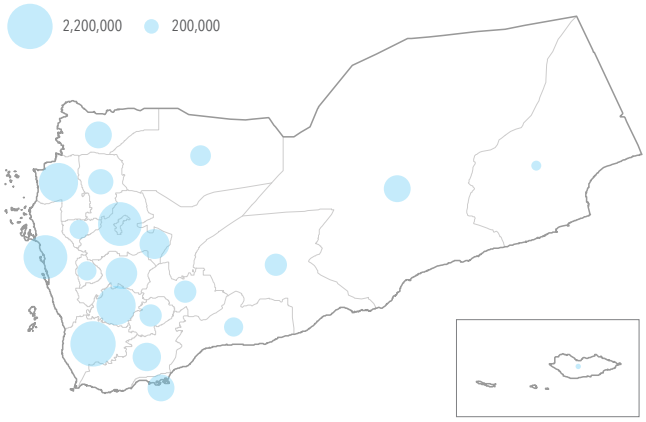
PEOPLE TARGETED

12.0 M

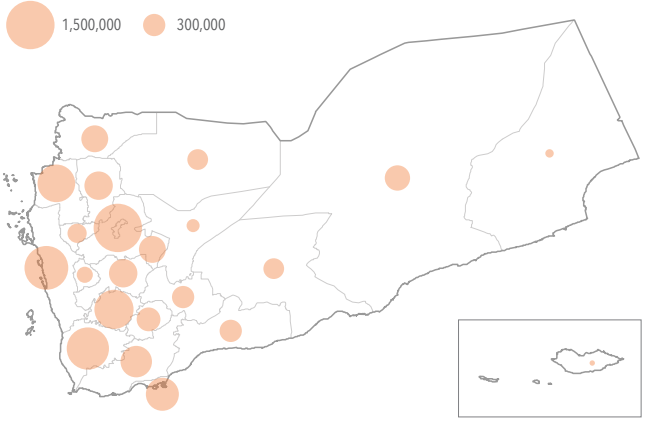
REQUIREMENTS (USD)

2.1 BN

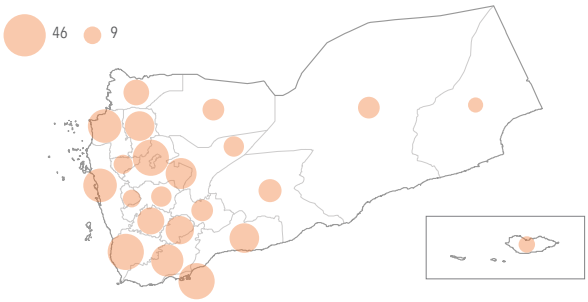
PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



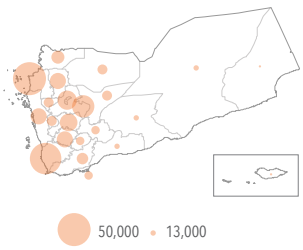
PEOPLE TARGETED WITH HUMANITARIAN ASSISTANCE



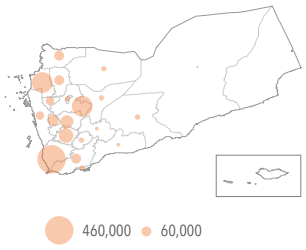
OPERATIONAL PRESENCE: NUMBER OF ORGANIZATIONS



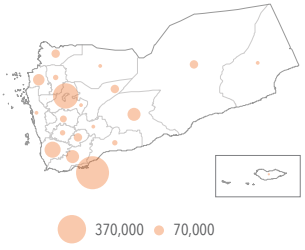
INTERNALLY DISPLACED PERS.



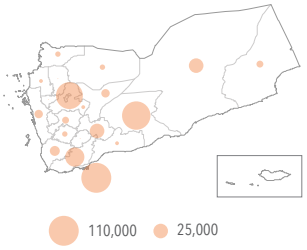
AFFECTED HOST COMMUNITIES



RETURNEES



REFUGEES & MIGRANTS



IMPACT OF THE CRISIS

Almost two years of war have devastated Yemen, leaving 18.8 million people in need of humanitarian and protection assistance – including 10.3 million who are in acute need. The conflict is rapidly pushing the country towards social, economic and institutional collapse.

Conflict and chronic vulnerabilities

Even before the current conflict escalated in mid-March 2015, Yemen faced enormous levels of humanitarian needs stemming from years of poverty, under-development, environmental decline, intermittent conflict, and weak rule of law. Nearly two years of war have exacerbated these chronic vulnerabilities, leaving an estimated 18.8 million people in need of humanitarian or protection assistance – a nearly 20 per cent increase since late 2014. This includes 10.3 million people in acute need who urgently require immediate, life-saving assistance in at least one sector. This chapter briefly summarizes the overall impact of the crisis. More details and sector-specific needs analyses appear in the 2017 Yemen Humanitarian Needs Overview.

Protection of civilians

The conduct of hostilities has been brutal. As of 31 December 2016, health facilities had reported nearly 48,000 casualties (including nearly 7,500 deaths) as a result of the conflict. These figures significantly undercount the true extent of casualties given diminished reporting capacity of health facilities and people's difficulties accessing healthcare. Serious concerns have been raised regarding the conduct of the conflict,

KEY ISSUES

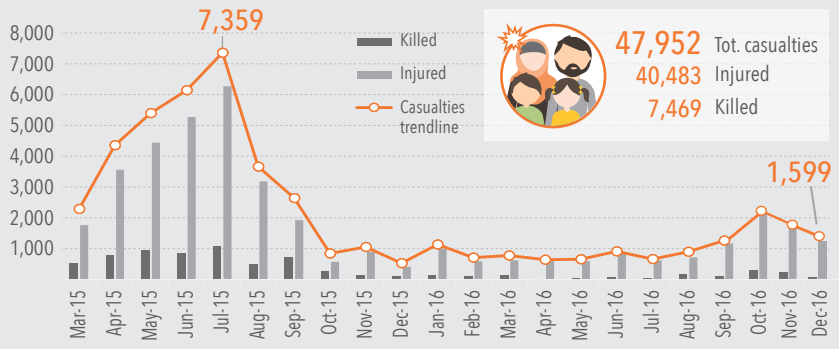
- BASIC SURVIVAL NEEDS
- PROTECTION OF CIVILIANS
- ESSENTIAL SERVICES AND INFRASTRUCTURE
- LIVELIHOODS AND PRIVATE SECTOR COLLAPSE

For a more detailed overview of the crisis and its impact, see the 2017 Yemen Humanitarian Needs Overview.

HEALTHWORKER CASUALTIES

Source: WHO (Sep 2016).

CASUALTIES REPORTED BY HEALTH FACILITIES[1]



[1] Due to the high number of health facilities that are not functioning or partially functioning as a result of the conflict, these numbers are underreported and likely higher. Source: WHO (as of 31 December 2016).

in which all parties appear to have committed violations of international humanitarian law and international human rights law. Ongoing air strikes and fighting continue to inflict heavy casualties, damage public and private infrastructure, and impede delivery of humanitarian assistance. After nearly two years of war, parties to the conflict and their supporters have created a vast protection crisis in which millions of people face tremendous threats to their safety and well-being, and the most vulnerable struggle to survive.

Forced displacement and returns

Since March 2015, more than 3 million people have been displaced within Yemen, including 2 million who remained displaced as of January 2017. About half of the current internally displaced persons (IDPs) are sheltering in Hajjah, Taizz and Sana'a. Roughly 73 per cent are living with host families, or in rented accommodation, straining already scarce resources and 20 per cent are living in collective centres or spontaneous settlements. Displacement estimates have remained fairly stable in the last year, ranging between 2 million and 2.8 million people, and almost 90 per cent of IDPs have been displaced for more than 10 months.

Just over 1 million former IDPs have provisionally returned to their areas of origin, although the sustainability of these returns remains highly precarious. With periods of displacement growing longer, many IDPs have exhausted all resources and face conditions in displacement that leave them no alternative than to return. Nearly 70 per cent of returnees are in Aden, Sana'a or Taizz. Substantial numbers of returnees are living in damaged houses, are unable to afford repairs and face serious protection risks.

Economic decline, commodity shortages and rising prices

The Yemeni economy is being wilfully destroyed. Preliminary results of the Disaster Needs Assessment estimated $19 billion in infrastructure damage and other losses – equivalent to about half of GDP in 2013. Parties to the conflict have targeted key economic infrastructure. Mainly air strikes – but also shelling and other attacks – have damaged or destroyed ports, roads, bridges, factories and markets. They have also imposed restrictions that disrupt the flow of private sector goods and humanitarian aid, including food and medicine (see below). For months, nearly all basic commodities have been only sporadically available in most locations, and basic commodity prices in December 2016 were on average 22 per cent higher than before the crisis.

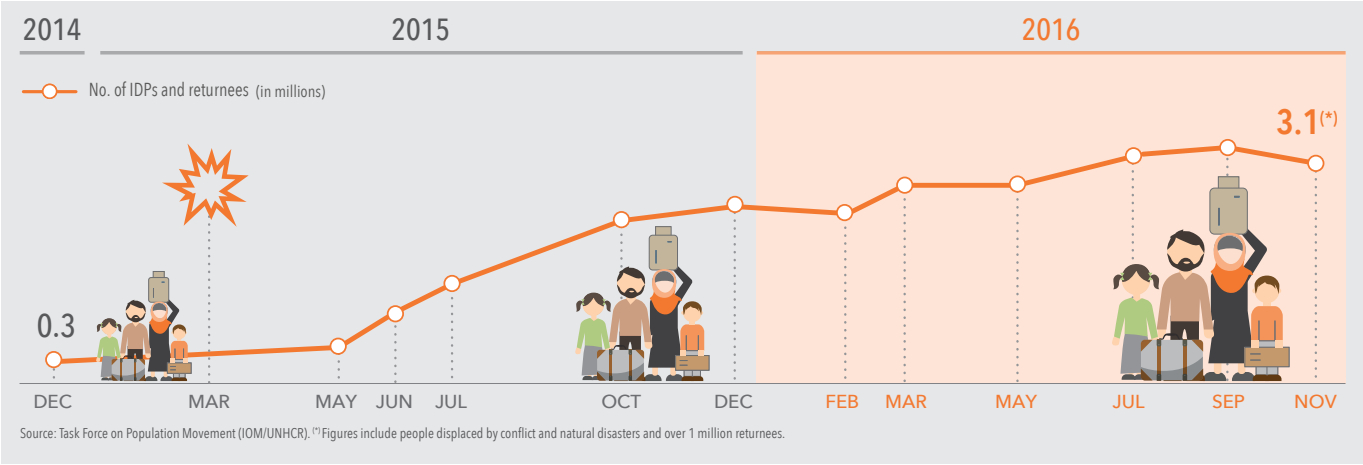
At the same time, Yemen is experiencing a liquidity crisis in which people, traders and humanitarian partners struggle to transfer cash into and within the country. Lenders have become increasingly reluctant to supply credit to Yemeni traders seeking to import essential goods. The end result is an economic environment in which basic commodities are becoming scarcer and more expensive just as people's livelihoods opportunities and access to cash are receding or disappearing altogether. Humanitarian partners face growing pressure to compensate for the entire commercial sector, which is beyond both their capacity and appropriate role.

Collapse of basic services and institutions

Essential basic services and the institutions that provide them are collapsing due to conflict, displacement and economic decline. Yemeni authorities report that Central Bank foreign exchange reserves dropped from $4.7 billion in late 2014 to less than $1 billion in September 2016, and the public budget deficit has grown by more than 50 per cent to $2.2 billion. Salaries for health facility staff, teachers and other public sector workers are paid erratically, often leaving 1.25 million state employees and their 6.9 million dependents – nearly 30 per cent of the population – without a regular income at a time of shortages and rising prices.

As a result, social services provided by public institutions are collapsing while needs are surging. In August 2016, the Ministry of Public Health and Population (MOPHP) in Sana'a announced it could no longer cover operational costs for health services, and by October, only 45 per cent of health

DISPLACEMENT LEVELS OVER TIME



Source: Task Force on Population Movement (IOM/UNHCR). (*) Figures include people displaced by conflict and natural disasters and over 1 million returnees.

facilities in the country were fully functional. Absenteeism among key staff – doctors, nutrition counsellors, teachers – is reportedly rising as employees seek alternatives to provide for their families. On top of pressure to compensate for a faltering commercial sector, humanitarian partners are increasingly fielding calls to fill gaps created by collapsing public institutions.

Restrictions imposed by parties to the conflict

Parties to the conflict routinely impose restrictions on movements of people, goods and humanitarian assistance. Yemen relies on imports for more than 90 per cent of its staple food and nearly all fuel and medicine. Fluctuating Coalition import restrictions, as well as air strikes on critical infrastructure like Al Hudaydah Port, have exacerbated needs by severely hampering commercial imports. Since August 2016, the Coalition and the Government of Yemen have also banned commercial flights from using Sana'a airport. Prior to the ban, Yemenia Airlines estimates that at least one third of passengers were travelling abroad to seek medical care, often for conditions for which treatment in Yemen has become unavailable.

Houthi/Saleh forces and other groups have imposed restrictions on people and basic supplies from entering contested areas, including recurrent restrictions in Taizz and nearby areas. Authorities in Sana'a and other areas also at times deny or delay clearances for humanitarian activities, including movement requests for assessments or aid delivery. Restrictions on workshops, humanitarian data collection and information sharing have also been intermittently introduced and rescinded. These restrictions are at times resolved through dialogue, but the time lost represents an unacceptable burden for people who desperately need assistance. Positive developments since November 2016 indicate that these restrictions may substantially improve in the immediate coming period.

Growing humanitarian needs in key sectors

An estimated 18.8 million people require some kind of assistance or protection in order to meet their basic needs, including 10.3 million who acutely need aid to save or sustain their lives. This represents an increase of almost 20 per cent since late 2014 and is driven by growing needs in all sectors after nearly two years of conflict. The estimate of 18.8 million people in need is lower than the 21.2 million cited in 2016. This change reflects more accurate data collection and analysis only, and in no way can be interpreted as an "improvement" in Yemen's catastrophic humanitarian situation.

Food security and agriculture

Initial results from the Emergency Food Security and Nutrition Assessment (EFSNA) indicate that 17.1 million people are food insecure in Yemen, including 7.3 million people who are severely food insecure – considerably higher than estimates in the HNO. Eighty-five per cent of agricultural households report an emergency need for agricultural inputs. EFSNA results will be finalized in February 2017.

Health

An estimated 14.8 million people lack access to basic healthcare, including 8.8 million living in severely under-served areas. Medical materials are in chronically short supply, and only 45 per cent of health facilities are functioning. As of October 2016, at least 274 health facilities had been damaged or destroyed, 13 health workers had been killed and 31 injured.

Nutrition

About 3.3 million children and pregnant or lactating women are acutely malnourished, including 462,000 children under 5 suffering from severe acute malnutrition. This represents a 57 per cent increase since late 2015 and threatens the lives and life-long prospects of those affected.

Water, sanitation, and hygiene

An estimated 14.5 million people require assistance to ensure access to safe drinking water and sanitation, including 8.2 million who are in acute need. This represents an increase of 8 per cent since late 2014, and the severity of needs has intensified.

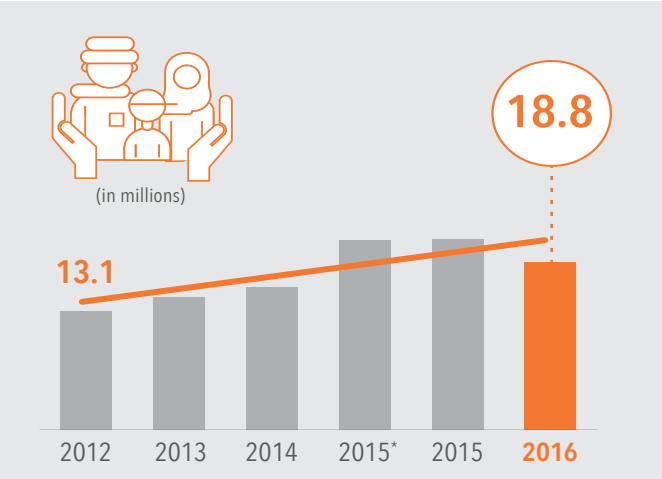
Shelter and essential items

An estimated 4.5 million people need emergency shelter or essential household items, including IDPs, host communities and initial returnees. Ongoing conflict-related displacement, as well as initial returns to some areas, are driving these needs.

Protection

About 11.3 million people need assistance to protect their safety, dignity or basic rights, including 2.9 million people living in acutely affected areas. Vulnerable people require legal, psychosocial and other services, including child protection and gender-based violence support.

PEOPLE IN NEED OVER TIME



Sources: CAP 2013; HNO 2014, HNO 2015; *Revised HNO 2015; HNO 2016; HNO 2017.

Education

About 2 million school-age children are out of school and need support to fulfil their right to education. More than 1,600 schools are currently unfit for use due to conflict-related damage, hosting IDPs, or occupation by armed groups.

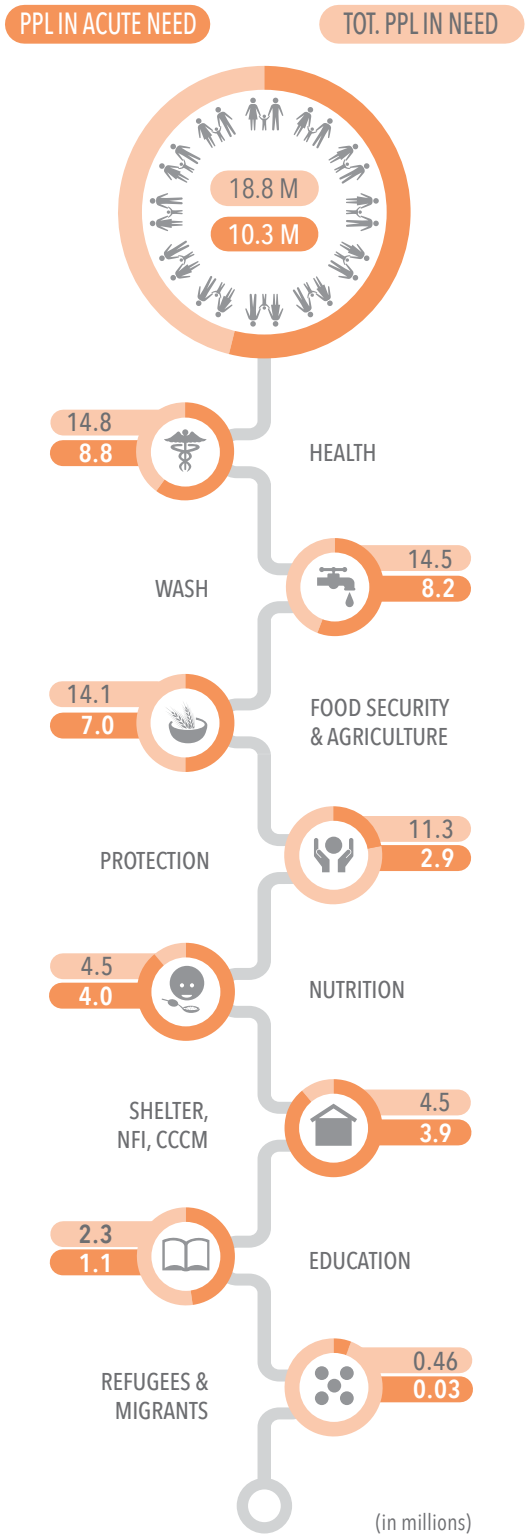
Livelihoods and community resilience

An estimated 8 million Yemenis have lost their livelihoods or are living in communities with minimal to no basic services. Communities require support to promote resilience, including clearance of landmines and other explosives in up to 15 governorates.

TOTAL PEOPLE IN NEED BY SEX AND RAM

	PEOPLE IN ACUTE NEED		TOTAL PEOPLE IN NEED		PEOPLE IN NEED
	Female	Male	Female	Male	RAM (*)
	4.3	4.5	7.3	7.5	0.15
	4.0	4.2	7.1	7.4	0.11
	3.5	3.5	7.0	7.1	0.14
	1.4	1.5	5.5	5.7	0.22
	2.5	1.5	2.8	1.7	
	0.54	0.6	1.1	1.2	0.03
	0.01	0.02	0.12	0.34	
	1.9	2.0	2.2	2.3	0.11

PEOPLE IN NEED BY SECTOR



Source: Clusters.

(*) Clusters estimate the number of people in Yemen with sectoral needs, excluding refugees and migrants. The chart on the right refers to cluster estimates only and does not include refugees or migrants. The Multi-Sector for Refugees and Migrants (RAM) provides estimates of sectoral needs for refugees, asylum seekers and migrants in Yemen. These figures appear under the "RAM" column in the table on the left.

TIMELINE

19-26 March 2015

Rapid escalation in conflict. On 19 March, suicide bombings target two mosques in Sana'a, killing nearly 150 people and injuring 350 people. Houthi/Saleh forces advance south towards Taizz, Lahj and Aden. On 26 March, a Saudi-led military coalition begins air strikes. Fighting and air strikes escalate quickly across the country.

12 May 2015

Five-day humanitarian pause begins. Frequent violations are reported.

1 Jul 2015

UN designates Yemen a "level-three" emergency – the highest level.

Mid-Jul to mid-Aug 2015

Front lines in the conflict shift significantly. Coalition-supported forces take control of Aden in late July and expand to much of southern Yemen by mid-August. Major clashes, backed by air strikes, erupt in Taizz, and the city comes under siege.

18 Aug 2015

Air strikes hit Hudaydah port, destroying critical infrastructure at Yemen's largest port. Before the crisis, Hudaydah port handled the majority of Yemen's imports – essential to the flow of food, medicine and fuel into the country.

Late Sep to early Oct 2015

Apparent air strikes hit two wedding parties, killing more than 150 people. The first attack occurred on 28 September in Taizz and killed more than 130 people. The second hit Dhamar, killing at least 23.

6 Oct 2015

Islamic State claims responsibility for attacks targeting Coalition and Government of Yemen officials at the Qasr Hotel in Aden and worshippers at mosque in Sana'a. At least 22 people were killed in the attacks.

November 2015

Two consecutive cyclones batter the southern coast and Socotra island, killing at least ten and causing widespread flooding. Cyclones making landfall in Yemen is fairly rare – two in rapid succession is nearly unprecedented.

15 Dec 2015

Ceasefire comes into force as parties begin UN-sponsored peace talks in Switzerland. Frequent ceasefire violations are reported.

Early Jan 2016

Formal ceasefire ends as peace talks conclude without result. Clashes and air strikes escalate across the country.

10 Apr 2016

A renewed cessation of hostilities comes into force. After several delays, UN-sponsored peace talks begin in Kuwait on 21 April.

May & Aug 2016

Heavy rains in May and August cause flooding in seven governorates. Partners estimate that 70 people are killed in the floods, with more than 35,000 needing assistance.

Aug 2016

Peace talks in Kuwait adjourn without agreement on 6 August. Clashes and air strikes intensify immediately afterwards. Air strikes in August hit a crowded market in Sana'a, a school in Sa'ada and an MSF-supported hospital in Hajjah. Islamic State militants kill at least 60 people in a suicide attack in Aden. Sana'a airport closed to civilian traffic.

11 Sep 2016

An air strike hits a drilling rig constructing a water well in Sana'a. Follow-up strikes hit first responders arriving on the scene.

4 Oct 2016

A rocket attack hits a civilian area of Taizz, killing 10 people – mostly children. Indiscriminate shelling into populated civilian areas of Taizz by Houthi-affiliated forces has occurred consistently since August 2015.

6 Oct 2016

The Ministry of Health announces a cholera outbreak. As of 11 January 2017, more than 15,600 suspected cases had been reported, although new case reports are declining.

8 Oct 2016

Multiple air strikes on a community hall in Sana'a kill at least 140 people and injure more than 600 in one of the worst single-incident casualty events of the conflict.

Jan 2017

Conflict escalates, especially in the south-west. The UN Special Envoy of the Secretary-General engages parties to the conflict on a proposed road map for peace.

STRATEGIC

OBJECTIVES

In 2017, partners will prioritize direct, life-saving assistance and protection to address the most acute needs identified in the HNO. All activities will promote the safety, dignity and equitable access of affected people to principled humanitarian assistance. Partners will also seek to support basic services and institutions essential to the response, and to improve coordination, accountability and advocacy.

In light of ongoing high levels of survival needs and violations of basic rights, the Humanitarian Country Team (HCT) is maintaining its strategic focus on the provision of direct, life-saving assistance and protection. Indicators and targets associated with all 2017 strategic objectives appear in Annex 1.

1 Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.

Growing numbers of people in Yemen need humanitarian assistance to ensure their basic survival, as illustrated by major increases in severe food insecurity, acute malnutrition, lack of clean water, displacement and declining health services. In 2017, partners' primary objective will remain the provision of life-saving assistance.

2 Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.

Assistance will promote the safety and dignity of those it serves, and all people – men, women, boys and girls from all population groups – will enjoy equitable access to aid based on their needs. In 2017, partners will incorporate protection and gender analysis across all sectors of the response in line with HCT Protection and Gender action plans.

3 Support and preserve services and institutions essential to immediate humanitarian action and the promotion of livelihoods and resilience.

Humanitarian action in Yemen is predicated on minimum functionality of basic services provided by public institutions. As these services increasingly collapse, partners will promote targeted support to key public services and will design humanitarian action to complement these services. At the same time, partners will continue to explore opportunities to support livelihoods and resilience, particularly in areas of relatively greater stability.

4 Deliver a principled and coordinated humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen.

The humanitarian response in 2017 will strengthen integration and move closer to affected people. Partners will strengthen coordination by prioritizing joint approaches and staff presence in and decision making from field hubs. All YHRP projects will participate in a common accountability framework that will better engage affected women and men, incorporate their priorities into the response more effectively and contribute to greater equality. A coordinated advocacy campaign will increase world attention on the Yemen crisis and engage key stakeholders on a range of issues, including humanitarian access.

RESPONSE

STRATEGY

Humanitarian partners aim to reach 12 million people in Yemen with life-saving or protection assistance in 2017. This represents meeting the acute needs of 10.3 million people in all governorates where access and operational capacity permits and addressing moderate needs in areas where the population is at risk of slipping into acute need.

The 2017 YHRP response strategy is based on common planning assumptions and commitments intended to bolster partners' ability to deliver against this year's strategic objectives. In 2017, these commitments emphasize a clearly defined scope for the YHRP, a more integrated approach, local empowerment, stronger partnerships and strategic use of pooled funds. Each of these commitments is described below. Stand-alone chapters on access and operational capacity also appear below, and sector-specific response strategies appear in Part II of the YHRP.

Planning assumptions

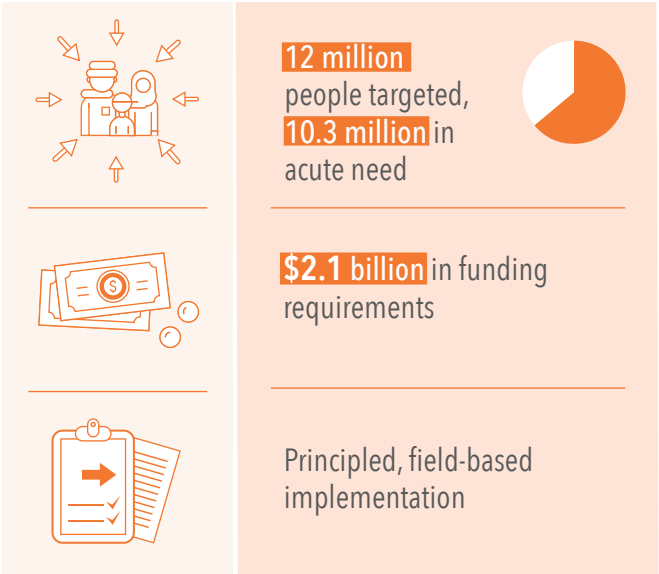
The 2017 planning scenario anticipates that conflict will continue on a similar scale to 2016 and that ongoing deterioration in economic and social conditions will accelerate.

- **Humanitarian needs:** Significant humanitarian needs will persist in all sectors due to ongoing conflict, insecurity, economic collapse and chronic under-development. Even if a political settlement is achieved early in the year, these needs will persist and likely continue to grow in 2017 as a consequence of nearly two years of war. An estimated 18.8 million people will require assistance in at least one sector in 2017, including 10.3 million people who will require immediate assistance to save or sustain their lives. A considerable gap will remain between the emergency requirements identified in the YHRP and the total needs of the entire country.
- **Conflict dynamics:** The intensity of conflict will vary considerably by region, with localized, front-line areas experiencing intense ground clashes or air strikes. Other areas will remain relatively calmer. Control of front-line areas may shift somewhat during the year, but widespread ground conflict across the country is not expected. Localized areas experiencing greater security may offer opportunities to support community resilience and explore recovery programming.
- **Population movements:** Displacement and return patterns will vary based on prevailing local levels of conflict and insecurity. The number of IDPs will remain within the range of 2 million to 3 million people, and the number of returnees will remain within the range of 1 million to 2 million people. Priority needs identified by IDPs will remain principally food, safe water, shelter, healthcare and protection. Priority needs identified by returnees will be similar to IDPs, as well as livelihoods and education. Returns will remain precarious in many areas due to ongoing insecurity, and durable solutions for returnees will remain largely unachieved.
- **Protection concerns:** Protection needs will increase for vulnerable population groups, including risks of gender-based violence. Conflict will continue to pose serious risks to civilians' safety, well-being and basic rights. Parties to the conflict will continue to violate international humanitarian law and international human rights law in the absence of more robust accountability mechanisms. Tensions within communities may increase as resources become scarcer, with IDP host communities particularly at risk as the length of displacement and burden on hosts grow. Crime rates are likely to rise as people exhaust coping mechanisms. Domestic and communal violence may increase as families and communities grapple with accumulated stress and shortages. Discrimination against minorities will become more acute as competition over resources grows.
- **Public institutions:** The ability of public-sector institutions to provide, maintain or restore basic services will decrease in many areas due to a lack of funding, including salary payments for key service providers. Inability of public institutions to meet operational costs will disrupt basic social services and affect the quality of services that can be provided. The health, nutrition, education and WASH sectors will be particularly affected. Malnutrition and communicable disease outbreaks are likely to increase, and humanitarian partners will face increasing pressure to compensate for deteriorating public services.
- **Economic outlook:** Commercial markets will remain at least minimally functional in most areas, mainly as a result of supply through the informal sector and the ability of some goods to enter the country through regular channels (see "Imports" below). In most governorates, basic

commodities will remain at least sporadically available in local markets but at higher prices (30 to 50 per cent more than pre-crisis levels). Foreign banks will be reluctant to transact with Yemeni banks due to classification of the country as "high risk", and Yemeni banks' accounts abroad could face closure or denial of foreign exchange-denominated transfers. Shortages of foreign exchange reserves and a depreciating exchange rate will translate into higher prices for almost all commodities. Yemenis living abroad will struggle to send remittances to their families – a major pre-crisis source of income – due to banking restrictions. Humanitarian partners will face increasing pressure to compensate for a faltering commercial sector.

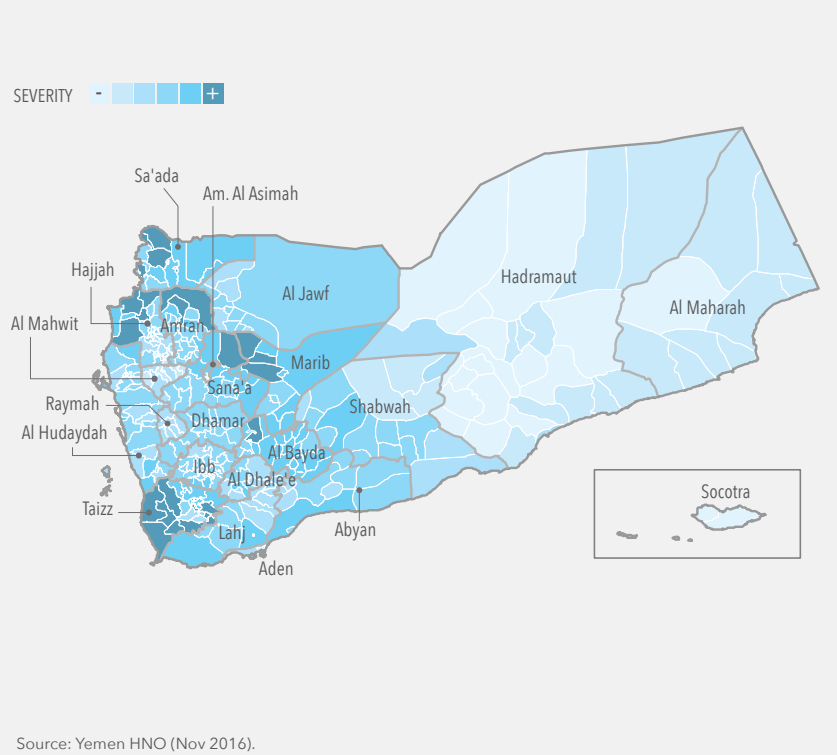
- **Imports of critical supplies:** Yemen relies on imports for more than 90 per cent of its staple food and nearly all fuel and medical supplies. Commercial imports of these commodities will remain below required levels, and basic commodity prices will remain considerably higher. Shortages of some goods will be driven primarily by import restrictions imposed by the Coalition and other delays. Delays will be at least partially due to difficulties faced by traders in obtaining financing, including letters of credit from the Central Bank of Yemen since its relocation, as well as due to foreign banks' reluctance to issue letters of credit or requirements for 100 per cent cash collateral. In December 2016, several major importers wrote to Yemeni authorities alerting them that imports of wheat could stop entirely due to inability to obtain financing. Shortages in critical goods will persist as a result of these restrictions and delays, and will constitute a major driver of rising humanitarian needs.

KEY POINTS



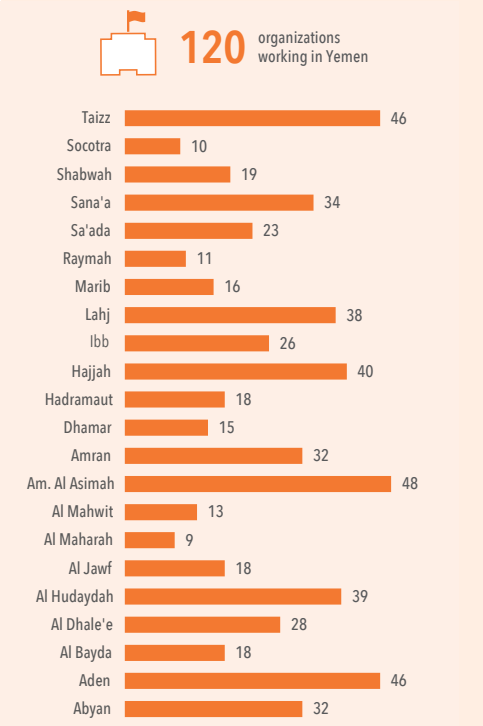
- **Livelihoods:** Two years of crisis have favoured rising unemployment, loss of urban and rural livelihoods, and interruptions in public sector salary payments, which in turn are compounding the impact of higher commodity prices and localized shortages. As a result of this "double impact", people will struggle to meet their needs as livelihoods opportunities erode or vanish. Poverty rates will rise, and affected people will increasingly rely on humanitarian assistance.

2017 SEVERITY OF NEEDS BY DISTRICT



Source: Yemen HNO (Nov 2016).

NO. OF ORGANIZATIONS BY GOVERNORATE



Source: Clusters (Dec 2016).

- **Humanitarian response:** The effectiveness of the humanitarian response will improve with increased funding, more staff based in field hubs, better coordination and a stronger evidence base. Assistance will increasingly be planned and implemented at the local level, as close as possible to people in need. However, humanitarian space will continue to be limited in some localized areas by administrative, logistical and bureaucratic impediments imposed by parties to the conflict.

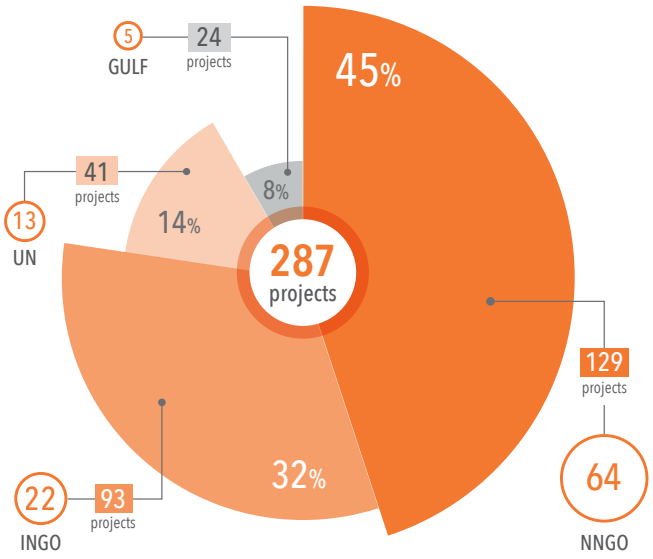
Defined scope and priorities

The humanitarian community does not have the capacity to reach all 18.8 million people in need or resolve all challenges identified in the planning assumptions. Partners have therefore limited the scope of the 2017 YHRP to prioritize the most acute needs. **Planned beneficiaries in 2017 are drawn from the population facing acute needs identified in the HNO, in addition to a limited number of people who are on the cusp of slipping into acute-need status.** The 2017 HNO incorporated more information from across the country than ever before and significantly improved the methodological rigour of the 2017 needs analysis. The slight decrease in estimated people in need from 2016 to 2017 is a reflection of better data and can in no way be interpreted as an "improvement" in the catastrophic humanitarian situation.

Based on the HNO analysis, the 2017 YHRP targets 12 million people with life-saving or protection assistance. TA portion of the remaining 36 per cent of people in moderate need identified in the HNO have been included in the 2017 YHRP (1.7 million people). This population is at risk of slipping into acute need and has been targeted where partners have adequate operational capacity and access.

In November 2016, partners were requested to develop projects prioritizing the most acute needs identified in the HNO and in line with YHRP-wide and sector-specific objectives. Clusters reviewed nearly 700 projects against these criteria by early January. Altogether, 287 projects were approved; their activities, locations, targets and financial requirements comprise the 2017 YHRP. More details appear in sector-specific operational plans in Part II; individual projects can also be found online.

NUMBER OF YHRP PROJECTS BY TYPE OF ORGANIZATION



Source: OPS (Jan 2016).

Integrated response

In 2017, the Yemen HCT will strengthen integrated approaches to key issues that cut across the response. Last year, partners dedicated significant efforts to developing or revising strategies on key cross-cutting issues, and work in 2017 will prioritize implementation of integrated response to these issues:

- Centrality of protection
- Gender equality
- Population movements
- Community engagement
- Cash programming
- Linking relief, recovery and development – including support from an Inter-Cluster Early Recovery Group

More details on each of these issues appear in the "Integrated Response" chapter below.

Local empowerment

In 2017, the HCT will promote greater local empowerment in the response. This shift will see planning, implementation, monitoring and other decision making increasingly undertaken in the field hubs as close as possible to affected people. New international staff deployments will be prioritized for positions based outside Sana'a. These efforts will build on significant progress made last year, when field hubs were established or strengthened in five locations: Aden, Ibb, Hudaydah, Sa'ada and Sana'a.

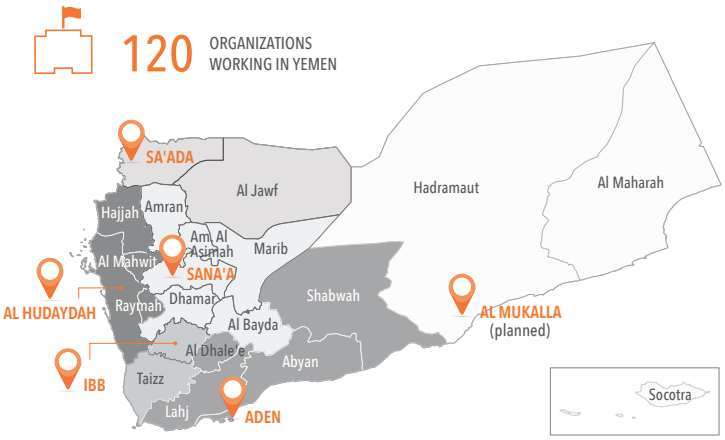
National and international staff are permanently deployed to all hubs, and sub-national clusters are active and working with local partners through Area Humanitarian Coordination Teams (AHCTs). As a result, humanitarian partners are well placed to deliver a locally-driven response in 2017. This work has already begun, with AHCTs taking a prominent role in pooled fund allocation processes last year.

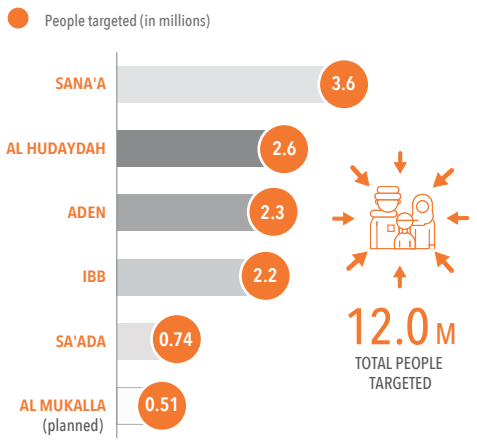
Stronger partnerships

The HCT will strengthen partnerships with national NGOs (NNGOs) in 2017 in order to support implementation of the YHRP. These efforts will include training for 100 Yemeni organizations working outside Sana'a, as well as an agreement between the Yemen Humanitarian Fund (YHF) and 50 NNGOs to strengthen eligibility for pooled funding. Altogether, 129 YHRP projects are seeking funding under the leadership of 64 NNGOs, with many more NNGOs slated

HUB OVERVIEW: PEOPLE TARGETED AND ACTIVE CLUSTERS

HUB COVERAGE AND BREAKDOWN OF TOTAL PEOPLE TARGETED BY HUB

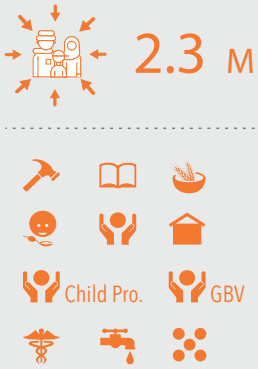




International and national humanitarian staff have worked in all areas of Yemen throughout the crisis. Following the declaration of an L3 Emergency in July 2015, the HCT agreed to establish six humanitarian hubs to coordinate humanitarian assistance in different areas. Humanitarian hubs are currently active in Sana'a, Aden, Hudaydah, Sa'ada and Ibb, with partners working in all governorates of Yemen. A sixth hub in Mukalla is planned, pending improvement of the security situation; Mukalla relief operations are currently coordinated from Aden or Sana'a. Field humanitarian hubs are intended to facilitate logistical operations and aid coordination in different areas of a united Yemen.

TOTAL PEOPLE TARGETED AND ACTIVE CLUSTERS BY HUB

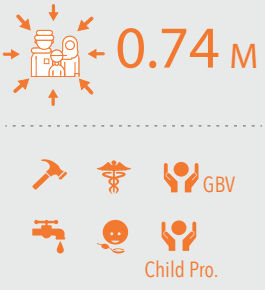
ADEN HUB



AL HUDAYDAH HUB

IBB HUB

SA'ADA HUB



SANA'A HUB

AL MUKALLA HUB (PLANNED)

The establishment of a humanitarian hub in Mukalla is planned, pending improvement of the security situation. Relief operations are currently coordinated from Aden or Sana'a.

to work as partners of UN agencies or international NGOs (INGOs). An outreach programme will engage NNGOs whose projects were not included in the YHRP at this stage in an effort to introduce the coordinated response, promote common standards and facilitate future participation. Partners expect this work to build a broader base of high-capacity NNGOs that will help expand overall reach and promote resilience.

The HCT also seeks to strengthen coordination with Gulf-based organizations working in Yemen as a way to support YHRP implementation and enhance coordination with activities outside the YHRP. In 2016, donors from Gulf Coordination Council (GCC) countries contributed $810.5 million to humanitarian activities in Yemen, including $122.1 million for the 2016 YHRP (15 per cent of total GCC contributions). Gulf-based humanitarian partners are also increasingly implementing aid activities in Yemen directly or by supporting Yemeni organizations, particularly in the south. Working more closely with these partners will strengthen the impact of the YHRP response and will ensure complementarity with relief efforts that may remain outside the YHRP. This year, five Gulf-based organizations have joined the YHRP, and others have shared information on their planned activities as a basis for closer coordination in the months ahead.

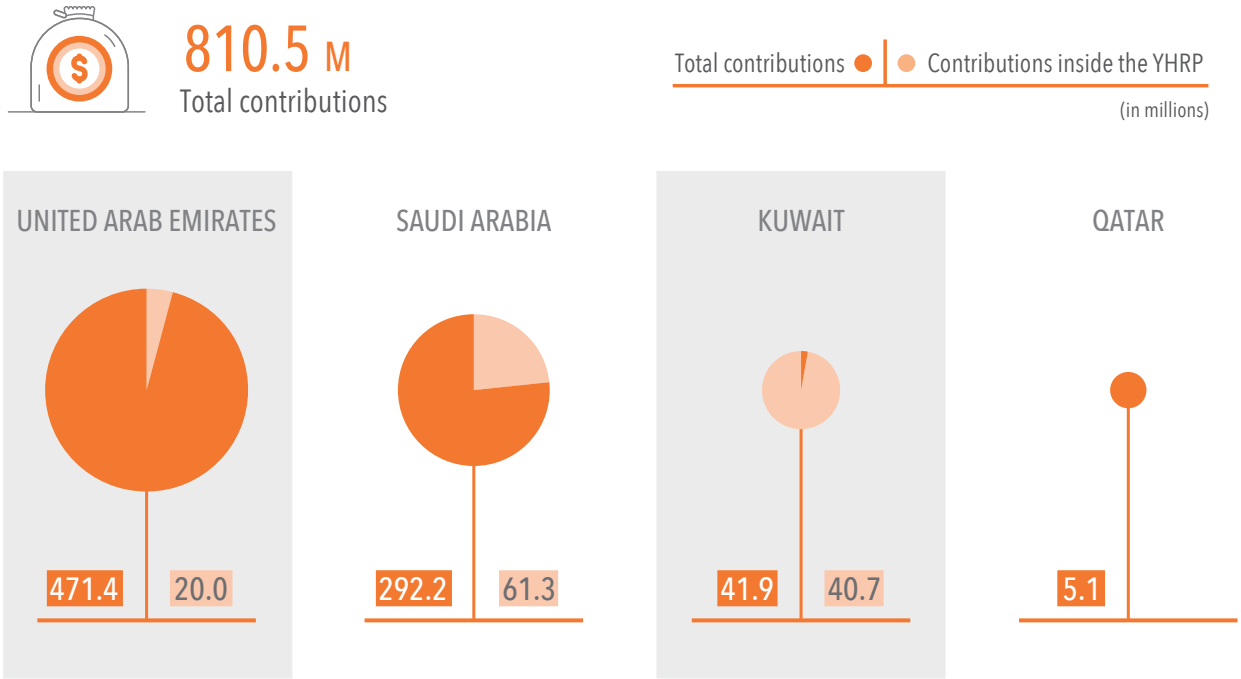
Strategic use of pooled funds

Pooled funding in 2017 will be used to fill urgent gaps in the YHRP, as well as to kick-start immediate response to unforeseen crises. In 2016, the Yemen Humanitarian Fund (YHF) allocated $93.3 million to the coordinated response, making it one of the largest country-based pooled funds in the world in terms of allocations. In 2017, the YHF will mobilize and channel resources to humanitarian partners, focusing on critical priorities within the parameters of the YHRP. The Fund will also play a central role in HCT efforts to strengthen the role of NNGOs in the response (see above), as well as promote local empowerment by involving AHCTs in the allocation process. If needed, the HCT will seek support from the Central Emergency Response Fund (CERF) to offset any major funding shortfalls or in the event of a sudden deterioration. CERF allocated $14.3 million to Yemen in 2016.

Financial requirements

Partners estimate that $2.1 billion is required to deliver every target outlined in the 2017 YHRP and reach all 12 million people targeted with assistance. Based on the rising number of operational partners and strong performance in 2016 (see "Operational Capacity" chapter below), partners are confident that all 2017 YHRP targets are achievable. 2017 YHRP financial requirements are based on the total budget of all projects approved by clusters through the Online Project System (OPS). Projects were reviewed by clusters to ensure alignment with cluster-agreed activities and targets (See Annex 2), prioritization of severe-need locations and populations identified in the HNO, as well as reasonable budgets based on comparison with average unit costs for relevant activities. More details on all projects included in the YHRP are available online.

2016 FTS CONTRIBUTIONS BY GCC COUNTRIES/ORGANIZATIONS



Source: FTS (Dec 2016).

INTEGRATED

RESPONSE

Humanitarian partners are committed to an integrated approach to issues that cut across the response. In 2017, joint programming or mainstreaming efforts will prioritize six critical issues: protection, gender equality, population movements, accountability to affected people, cash-based assistance and linking relief to recovery.

Although sector-based response activities improved considerably in 2016, partners quickly identified the need for integrated approaches to issues that affect needs and response across sectors. Six priority areas have been identified for integrated approaches in 2017: protection, gender, population movements, accountability to affected people, cash-based assistance and linking relief to recovery and development. Varying degrees of progress on these issues have already been achieved, often at the level of strategy development and planning. In 2017, the focus will shift to roll-out and implementation across the country.

Centrality of protection

In 2017, protection will be at the centre of the response, and all assistance will be planned and implemented so as to promote the safety, dignity and rights of affected people. The focus will be on implementing the HCT Protection Strategy approved in June 2016 across sectors and across the country. To ensure adequate resources for this work, the HCT has approved a target of 1 per cent of cluster budgets being allocated towards protection mainstreaming activities, including the intended outcomes of the protection action plan:

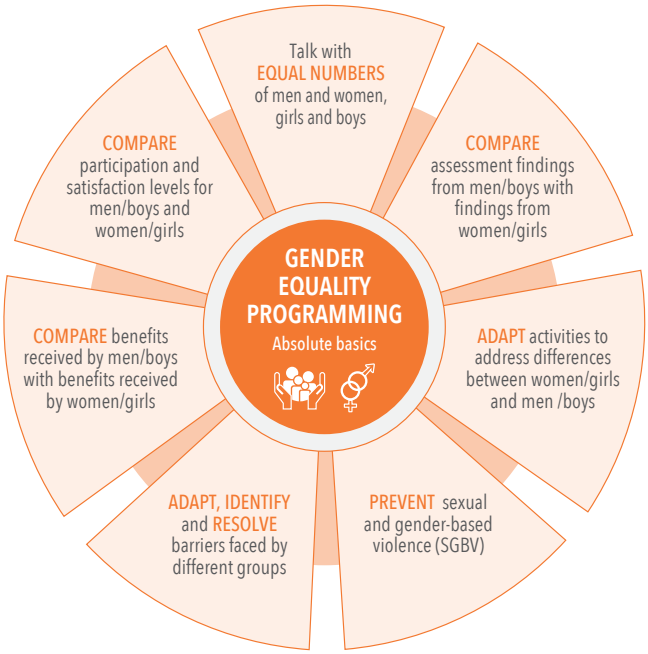
- Protection risks are identified and analysed as a central part of the programme cycle
- Protection data is collected and used as a basis for programme planning and advocacy
- Needs-based, protection-sensitive criteria are in place for beneficiary selection in all sectors
- Affected populations in need have meaningful access to available humanitarian assistance
- Partners have the awareness and ability to prevent and respond to sexual exploitation and abuse.

The HCT Protection Advisor and the Protection Cluster will work with clusters and partners to achieve these outcomes. More detailed protection analysis has been included in all sectors' 2017 needs analyses and operational plans. Protection work in 2017 will especially complement integrated approaches to gender and accountability to affected people (see below). More details on specific activities and targets related to protection across the response appear in the HCT Protection Strategy.

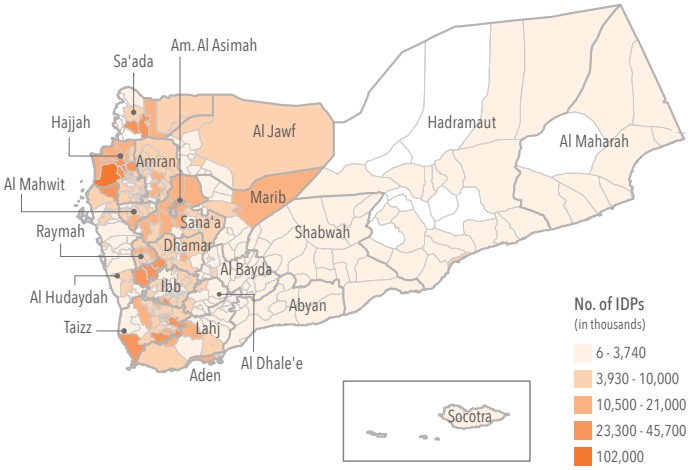
Gender equality

Partners will continue to build on past achievements on gender in the Yemen response, shifting greater attention to ensure that improved planning translates into better implementation and that these results are captured by monitoring. This work will be taken forward in tandem with efforts to anchor protection at the centre of the response, as articulated in YHRP Strategic Objective 2 and the HCT joint gender-protection action plan approved in June 2016. The HCT has endorsed a target of 0.5 per cent of available budgets being dedicated to improving gender outcomes across the response.

GENDER EQUALITY

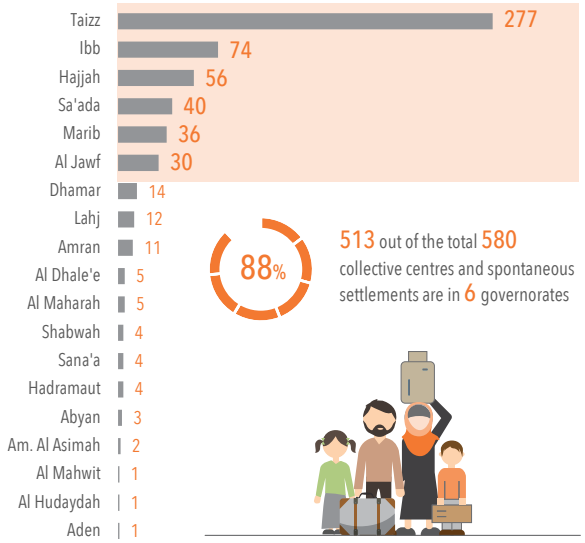


IDPS BY DISTRICT



Source: Task Force on Population Movement (Jan 2017).

IDP COLLECTIVE CENTRES & SETTLEMENTS



Source: Shelter / NFI / CCCM Cluster (Dec 2016).

With support from the HCT Gender Advisor, these efforts seek to ensure that humanitarian actors incorporate gender equality programming in all phases of the programme cycle. In line with the HCT joint protection-gender action plan, gender-specific outcomes will include the following:

- Enhanced capacity of UN Agencies and partners for gender equality programming, monitoring and reporting, and mechanisms to sustain this capacity.
- Humanitarian planning frameworks and response programmes that identify, analyse, address and respond to gender inequality
- Incorporation of gender analysis into needs-based beneficiary selection and efforts to expand people's access to assistance
- Awareness and ability of humanitarian partners to prevent and respond to sexual exploitation and abuse

Gender focal points have been identified and trained in all clusters and will play a central role, including training for partners on gender equality programming, reporting on gender throughout the programme cycle and providing guidance on achieving more equitable benefits. More details in the joint protection-gender action plan online.

Population movements

In 2017, the HCT will considerably sharpen the focus of the IDP response to prioritize rapid implementation of the HCT IDP Strategy in all hubs. Operational responsibility for accelerating and strengthening the integrated IDP response – as well as developing a similar approach for returnees – will rest with the Inter-Cluster Coordination Mechanism (ICCM), with strategic and technical support from the HCT Protection Advisor.

With more than 2 million Yemenis currently displaced within the country and roughly 1 million IDPs recently – and often precariously – returned to their areas of origin, an integrated response to population movements is urgently needed. Substantial progress was made last year with the endorsement of the HCT IDP Response Strategy, which seeks to achieve the following:

- Provide a framework for an integrated response through all phases of displacement and based on context-specific analysis of needs and vulnerabilities

SIX COMPONENTS OF ACCOUNTABILITY TO AFFECTED POPULATIONS FRAMEWORK

IDP STRATEGY OUTCOMES

Source: OCHA

- Leverage experiences from the immediate response to adapt and strengthen ongoing response
- Ensure adherence to humanitarian principles, with protection and human rights at the core.

Accountability and community engagement

Strengthening communication with communities – both in terms of better engaging with affected people and better incorporating their views into the programme cycle – will constitute a central focus of the 2017 response. The 2017 YHRP includes a common Accountability Framework developed by the Community Engagement Working Group (CEWG) and based on cluster best practices. Through this framework, clusters will facilitate partner-level commitments to improve accountability around six key components and will work with partners to monitor progress against these commitments. The framework is flexible enough to accommodate differences among partners in terms of accountability expertise and resources, while still creating a single approach that will promote system-wide improvements. A stand-alone project in the YHRP is also seeking resources in order to develop and implement common services for accountability and engagement in line with global best practices and through a common community engagement platform. This will be complemented by specific communication efforts throughout the year with communities.

In Yemen, several partners already have accountability and community engagement mechanisms in place. However, aggregating information across different approaches and leveraging these approaches into system-wide accountability have remained challenging. Available data on community engagement indicate significant room for improvement.

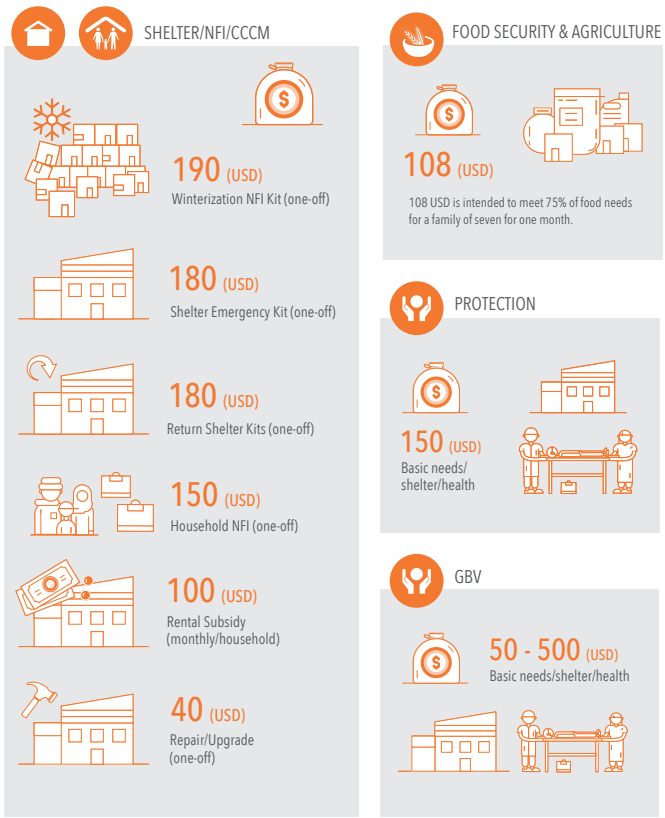
A Community Engagement Working Group (CEWG) survey published as part of the 2017 HNO found that 67 per cent of respondents believe assistance is reaching the most vulnerable, but only 12 per cent believe this assistance is meeting priority needs. Furthermore, 56 per cent of respondents reported they do not know how to access humanitarian assistance, and 55 per cent do not know how to provide feedback to humanitarian partners.

Cash programming

Cash-based programming has enormous potential to accelerate aid delivery, promote the dignity of affected people and overcome obstacles to distribution of in-kind assistance. In 2017, the HCT aims to strengthen cash programming across the response. A Cash Advisor (CashCap) will work with clusters and partners to develop an integrated approach to cash, including risk analysis and development of harmonized multi-purpose cash grants (MPGs). Risk analysis will include an examination of potential protection risks, unintended market consequences of cash-based programming and the feasibility of cash in an environment where significant restrictions on financial transactions are in place.

Some agencies began to implement small-scale MPGs in 2016, and this approach is likely to expand in the coming months. In early 2017, the HCT – working with the Cash Advisor and Cash and Markets Working Group – aims to develop standards, analyse the situation of markets and provide

CASH: MINIMUM EXPENDITURE BASKET



guidance on the appropriateness, effectiveness and efficiency of a wider cash- and market-based response. Initial work has been completed to define sectors' cash transfer value using the sectoral basket, and an initial MPG definition is expected by the end of the first quarter.

Cash- and market-based interventions in Yemen began before the current crisis, mainly with a development focus through the Social Welfare Fund (SWF), which delivered unconditional cash transfers to 1.5 million of the poorest cases (estimated 7.9 million direct and indirect beneficiaries). As conflict escalated in March 2015, SWF payments were suspended, and humanitarian partners increasingly looked to cash and vouchers as a potential emergency response tool. These efforts were primarily concentrated in the Food Security and Agriculture Cluster, which aimed to provide emergency food assistance to 1 million people via cash or voucher transfers in 2016. Smaller-scale humanitarian cash activities were also seen in 2016 response plans of the Shelter/NFI/CCCM, WASH, Health and Protection (including GBV) clusters.

Linking relief, recovery and development

While the YHRP remains firmly focused on immediate life-saving and protection activities, the HCT recognizes the importance of linking relief to recovery and development. This issue is especially important in Yemen, where collapsing public institutions and basic services are enormous drivers of humanitarian needs. As much as possible, humanitarian response will lay the foundations for community-based self-reliance, reinforcing the resilience of affected people and seeking to minimize dependence on external aid.

In 2017, the HCT will mainstream early recovery across the response based on guidance from an Inter-Cluster Working Group on Early Recovery (ICWG-ER). The ICWG-ER will work with clusters and partners to ensure that humanitarian activities not only save lives, but contributes to longer-term recovery – particularly through support for positive coping mechanisms and preservation of basic services and institutions critical to humanitarian action. This work will focus primarily on public service delivery, restoration of livelihoods and job creation, rehabilitation of community infrastructure, and integrated solutions to displacement. These efforts are required both to enhance the impact of humanitarian action and to strengthen links with reconstruction and development initiatives outside the appeal that complement sustainability-focused activities in the YHRP.

MAIN RESULTS FROM MICRO-SURVEY

COVERAGE

944 affected people reached

65% 35%

88% Where organizations provide assistance

58% Self-reported rural areas

PRIORITY NEEDS

28% Food

19% Drinking water

15% Health services

COMMUNITY PERCEPTIONS

67% of affected people think that the most vulnerable and in need are receiving humanitarian assistance.

58% 72%

66% of affected people are satisfied with the assistance being provided.

56% 71%

12% of affected people believe that humanitarian assistance is meeting priority needs.

8% 13%

INFORMATION NEEDS

56% of respondents indicated that they do not have the information needed to access humanitarian assistance.

55% of respondents do not know how to provide feedback/ complaints to humanitarian agencies.

TOP 3 INFORMATION NEEDS

14% Where to access humanitarian assistance

14% How to register for humanitarian assistance

9% Who is entitled to assistance

World Bank funding to help transcend humanitarian-development divides

In recent months, the World Bank has announced $500 million in funding for livelihoods, health and nutrition activities in Yemen, including $50 million disbursed in the last quarter of 2016 and $450 million announced in January 2017. These grants will be channelled through UN agencies to provide income opportunities for the poorest families and to support essential social services – including health and nutrition services that have been especially hard hit in this crisis.

The 2016 World Humanitarian Summit committed to a new way of working to transcend the artificial divisions between humanitarian and development work in crisis settings. It is based on the premise of using resources and capabilities better, and galvanizing new partnerships to provide extra capabilities and resources to support collective, measurable outcomes for communities. These programmes will build on two decades of the World Bank's experience and partnerships in Yemen to support the capacity of local institutions that provide essential services and to strengthen the resilience of the most vulnerable.

Humanitarian activities in Yemen have traditionally been premised on the assumption that public institutions are able to provide at least minimal essential services. As public institutions have increasingly struggled in the last months due to lack of funding and other challenges, humanitarian partners have called for targeted support from development partners to keep these services operational. At the same time, humanitarian partners recognize that it is beyond both their capacity and proper role to provide budget support for these institutions or to replace them altogether.

With final agreements expected to be signed in the first quarter of 2017, the World Bank funding will go a long way towards bridging the gaps between immediate relief, support for essential services that complement relief efforts, maintaining functional institutions and promoting future recovery. The UN-World Bank partnership aims to complement activities within the YHRP, focusing on the humanitarian-development nexus and taking a resilience-based approach that will promote early recovery.

In addition to the $50 million already allocated, two major grants have been announced. The first will provide $250 million to create income opportunities for 2 million highly impoverished Yemenis and strengthen the Social Fund for Development (SFD) and the Public Works Project (PWP). These efforts will remain closely coordinated with – but outside – the YHRP. The second grant will provide $200 million to support the local health system in delivering emergency and essential health and nutrition services for an estimated 7 million Yemenis, largely within the scope of the YHRP. These projects will be implemented by UNDP, UNICEF and WHO, working with relevant partners.

OPERATIONAL

CAPACITY

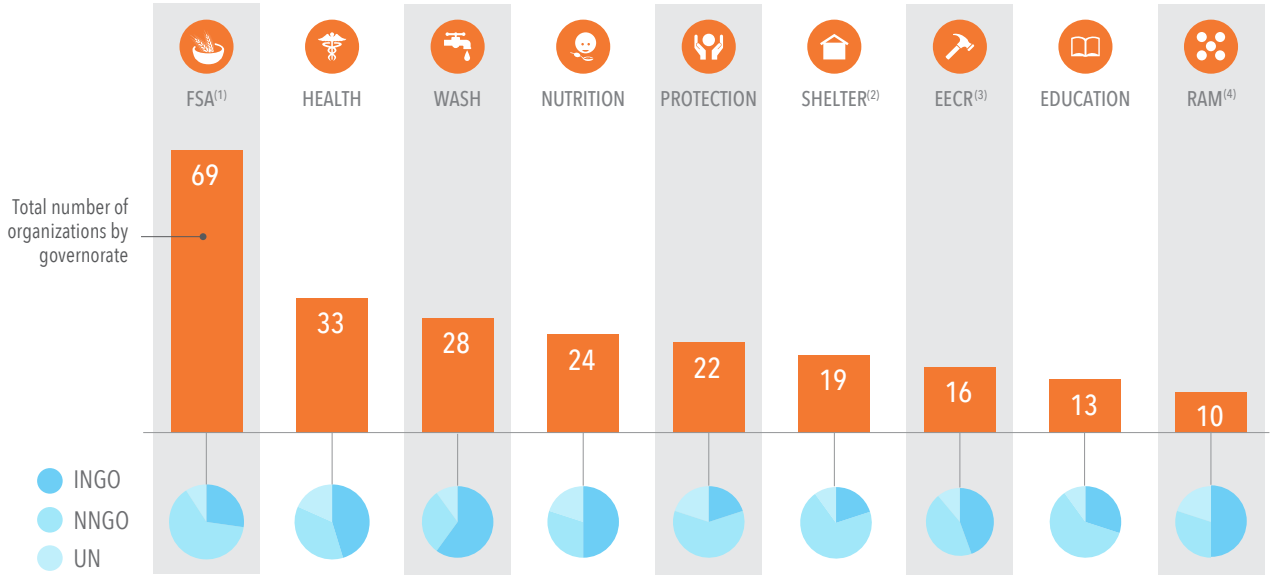
Operational capacity in Yemen continued to expand in 2016. As of December, the humanitarian community counted 120 active national and international partners managing or implementing projects through the coordinated response in every governorate of the country.

Number of humanitarian partners: 120

National non-governmental organizations (NNGOs), UN agencies and international NGOs (INGOs) have worked together throughout the crisis to deliver life-saving assistance and protection across Yemen. In 2017, partners are confident they possess the capacity required to meet all targets outlined in the YHRP. After expanding by more than 90 per cent in 2015, the number of partners participating in the coordinated response grew an additional 17 per cent in 2016. As of 31 December 2016, 120 partners were delivering assistance in every governorate in the country, with the greatest numbers working in Aden, Taizz and Hajjah. These 120 partners include partners currently seeking funding through the 2017 YHRP, as well as organizations working as YHRP implementing partners, or working independently while coordinating with the YHRP response. Altogether 104 organizations are seeking funding to implement 287 projects through the 2017 YHRP.

Although growing, international staff numbers inside Yemen remain lower than pre-crisis levels. This has led to greater reliance on national staff and stronger partnerships with national NGOs. As of December 2016, two-thirds of active organizations in the coordinated response are NNGOs. Strengthening partnerships between national and international partners – as well as with Gulf-based organizations – is a central priority for 2017 (See "Response Strategy" chapter above).

NUMBER OF ORGANIZATIONS BY CLUSTER (TOTAL) AND TYPE



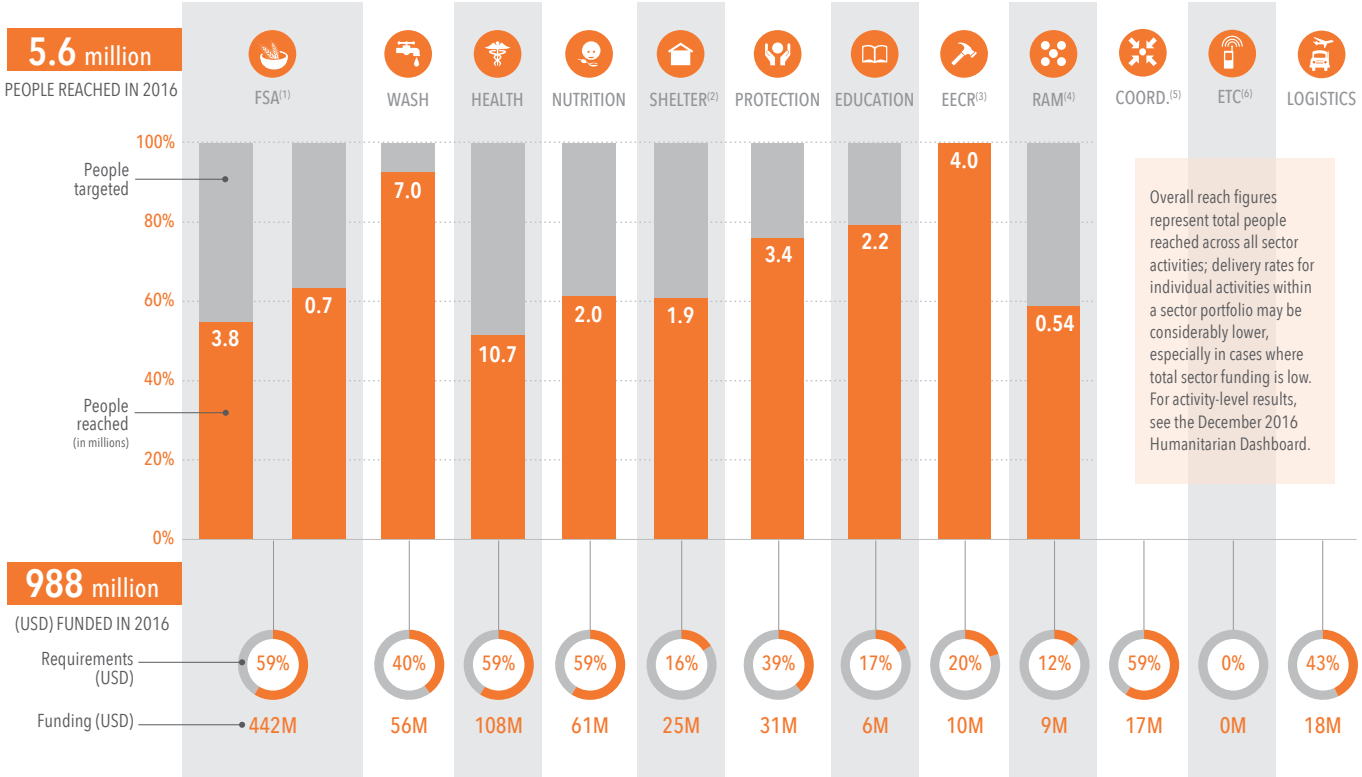
Source: Clusters (Dec 2016).

(1) Food Security & Agriculture; (2) Shelter/NFI/CCCM; (3) Emergency Employment & Community Rehabilitation; (4) Refugees & Migrants.

Delivery in 2016

Delivery results in 2016 also point to strong capacity. In 2016, partners have reached more than 5.6 million people with direct humanitarian assistance during the year with 60 per cent of required funding. As demonstrated by the Humanitarian Dashboard, cluster activity-level results were all in line with or exceeded available funding levels.

DIRECT REACH* VS TARGET AND FUNDING PER CLUSTER



(1) Food Security and Agriculture; (2) Shelter/Non-food Items/Camp Coordination and Camp Management; (3) Emergency Employment and Community Rehabilitation; (4) Refugees and Migrants Multi-sector; (5) Coordination; (6) Emergency Telecommunication.

Source: Clusters (Dec 2016); FTS (Dec 2016).

HUMANITARIAN ACCESS

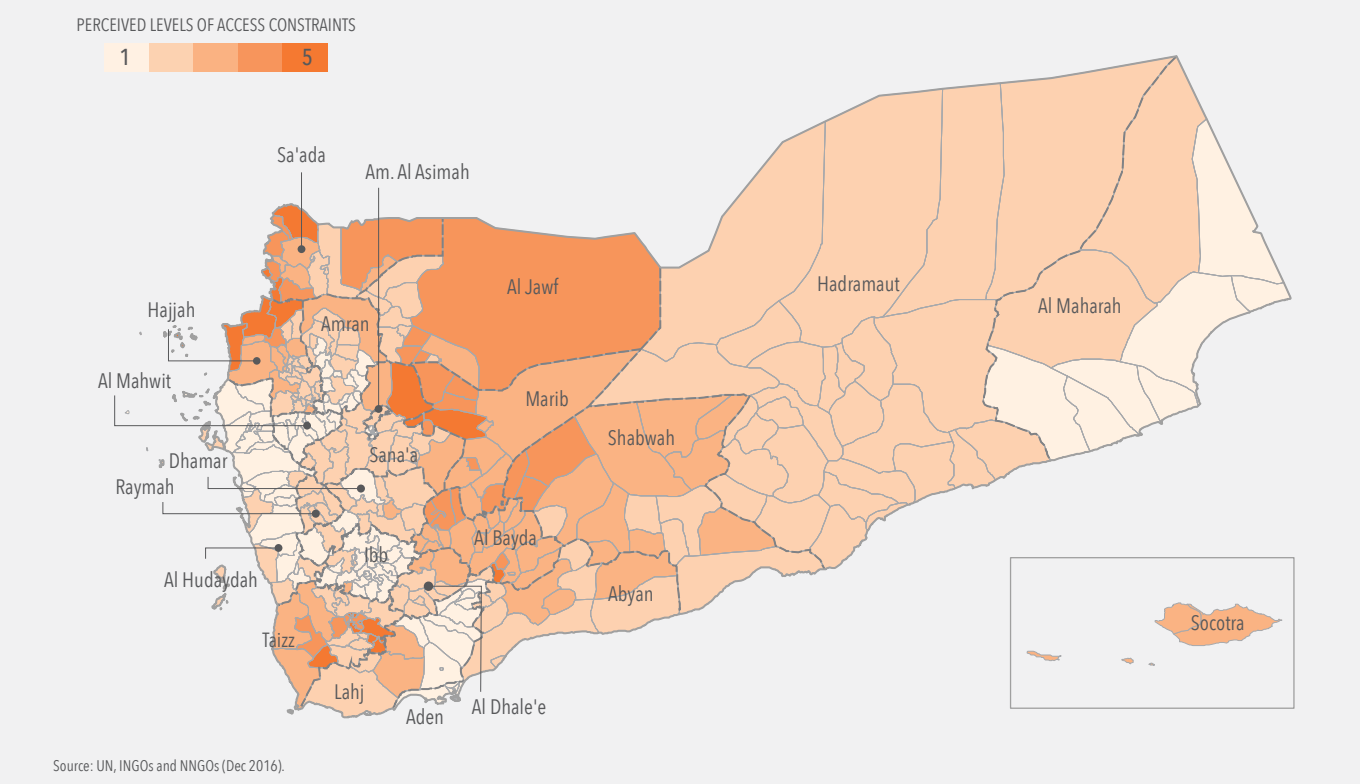
Access constraints continue to pose a serious challenge to humanitarian operations in several localized areas, mostly as a result of bureaucratic impediments or active conflict. Despite these challenges, humanitarian partners are able to work in the vast majority of the country.

Factors affecting humanitarian access in Yemen are diverse and highly contextual, ranging from geographic challenges to poor infrastructure and conflict-related insecurity. Impediments to humanitarian access reported by humanitarian partners in 2016 have generally fallen under three broad categories: bureaucratic impediments, interference attempting to influence humanitarian operations and security constraints as a result of armed conflict. Bureaucratic impediments such as visa processing and mission clearances, as well as local interference or attempted interference in the delivery of assistance, are by far the most significant reported constraints.

In a series of field workshops in late 2016, humanitarian partners estimated the severity of access constraints in all 333 districts using a five-point scale ranging from accessible to extremely difficult to access. Findings show that out of the 333 districts in Yemen's 22 governorates, most are perceived accessible to humanitarians. Roughly 69 per cent of districts in the country are either fully accessible or have relatively low access constraints according to humanitarian organizations that have been working in Yemen over the past year. Approximately 18 per cent of districts are indicated to have "medium access constraints". Only 13 per cent of Yemen's districts (43 in total) reach the two highest levels of access constraints. The role of national partners and their increased ability to reach populations in need, across Yemen, was well noted in the discussions and analysis.

The 43 districts, gauged to be the most difficult to access, have a population of approximately 2.1 million people. More importantly, the population in these districts in acute need of

PERCEIVED LEVELS OF ACCESS CONSTRAINTS BY DISTRICT



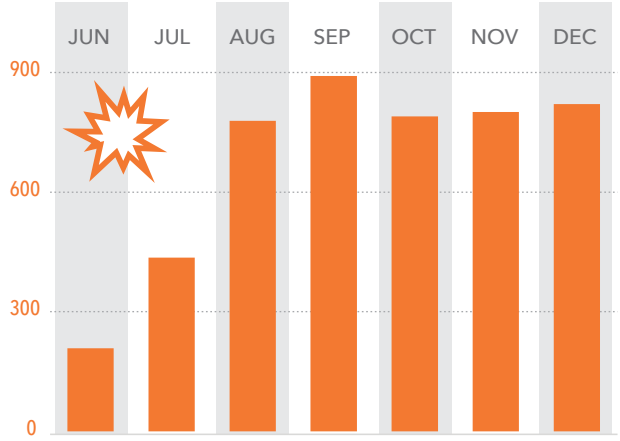
Source: UN, INGOs and NNGOs (Dec 2016).

humanitarian assistance as per Yemen's 2017 Humanitarian Needs Overview (HNO) has been assessed to be 1.3 million people. This number also includes more than 289,000 IDPs (approx. 48,000 households) which are located in the conflict-affected governorates of Taizz, Sa'ada, Marib, and Al Bayda, as well as in Hajjah and Al Jawf.

Although Taizz Governorate is perceived to have more districts at the two highest levels of access constraints, the governorates of Marib and Sa'ada both registered higher percentages of districts in the "high access constraints" or "extremely difficult to access" categories.

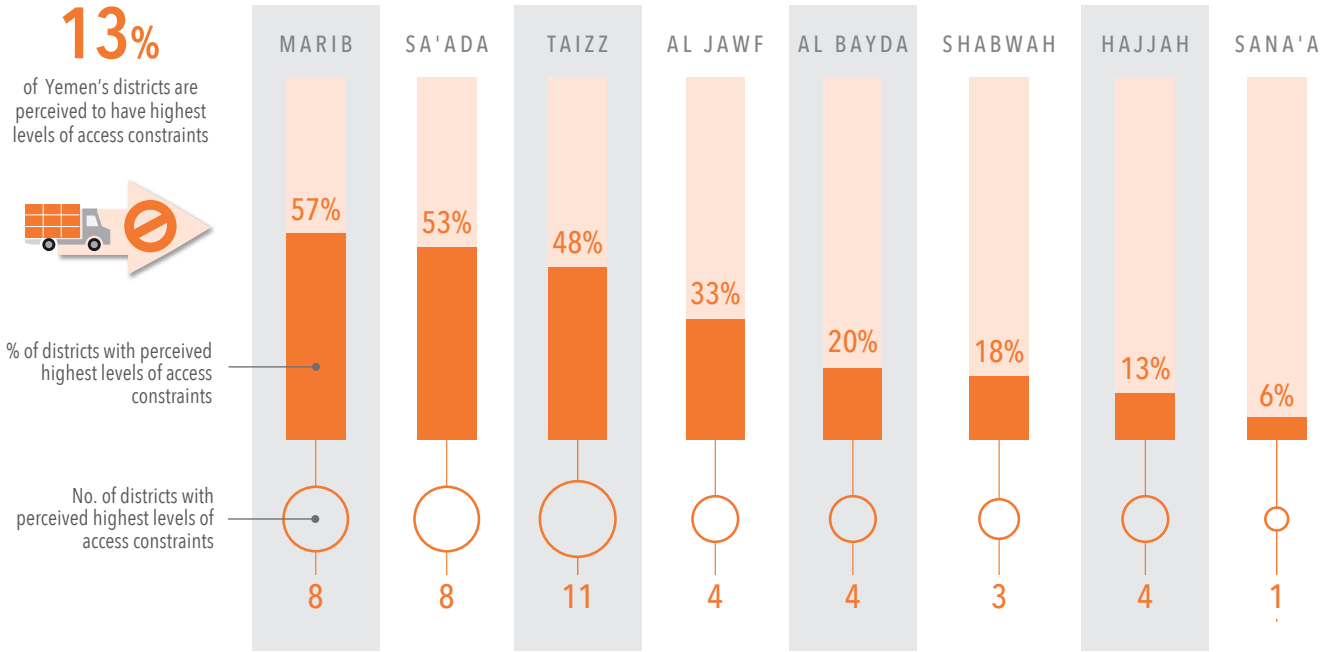
In 2017, district level access constraints will be monitored more closely through a series of methodologies to help triangulate humanitarian perceptions with existing evidence as well as through enhanced access monitoring and reporting out of the five humanitarian hubs across the country. Humanitarian leadership is actively pursuing improved and less burdensome access procedures with all parties to the conflict to enable more timely humanitarian response and freedom of movement by those seeking help across Yemen.

NUMBER OF SECURITY INCIDENTS BY MONTH (JUN-DEC 2016)



Source: UN (Dec 2016).

GOVERNORATES WITH THE MOST DISTRICTS PERCEIVED TO HAVE THE HIGHEST LEVELS OF ACCESS CONSTRAINTS



Source: UN, INGOs and NNGOs (Dec 2016).

RESPONSE

MONITORING

Response monitoring in 2017 will gauge progress against YHRP targets throughout the year and will inform periodic programme adjustments. The 2017 Response Monitoring Framework lays out the mechanics, frequency and responsibilities of monitoring YHRP Strategic Objectives and activities.

Monitoring Framework

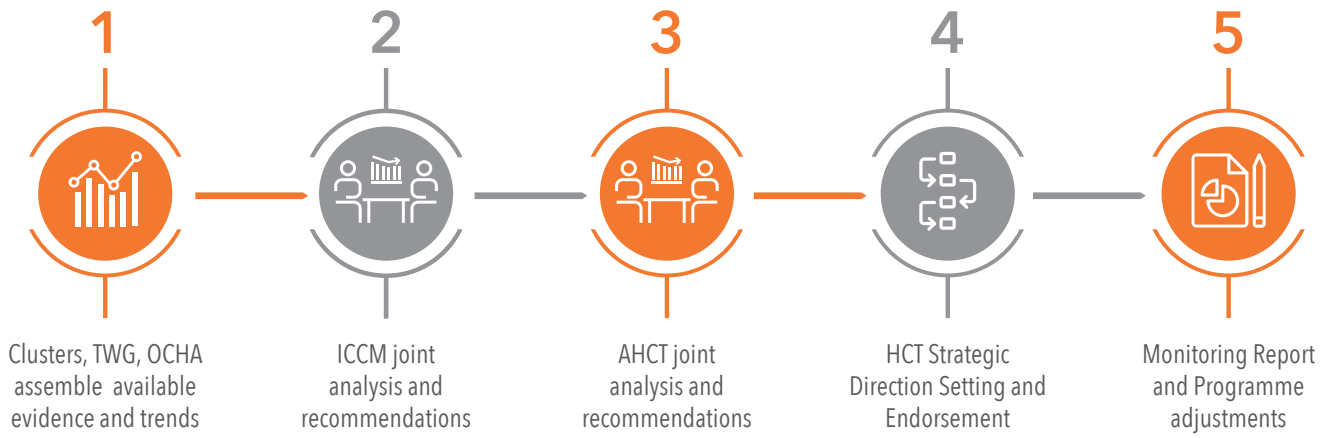
The 2017 Monitoring Framework covers the entire year and will produce two Periodic Monitoring Reports (PMRs) as the outcome of a joint periodic review process. Based on reporting by humanitarian partners and joint analysis, these reviews will focus mainly on the following questions:

1. What progress has been made against YHRP targets?
2. Is the response appropriate (i.e., in line with funding levels, identified needs and operational context, as well as contributing to equality)?
3. How is the situation, including people's needs, likely to evolve?
4. What adjustments are needed in the YHRP, if any?

As the first step in the periodic review, clusters, technical working groups (TWGs) and OCHA will assemble available evidence based on agreed indicators. This evidence will include reporting against YHRP targets, funding levels and available new information on needs, risks and operational conditions. The ICCM and AHCTs will then review the consolidated information, make revisions and put forward recommendations for adjustments in the operational response. As a last step, the HCT will review the analysis and endorse recommendations, including any adjustments to YHRP targets or financial requirements. The final Periodic Monitoring Report will synthesize the inputs and outcomes of these discussions.

Two periodic reviews will be completed in 2017: one in April (covering the January to March response, with PMR and YHRP revisions published by May) and one in July (covering the April to June response, with PMR and YHRP revisions published by August). Needs information collected through the second operational review will also be leveraged into preparation of the 2018 HNO, which will be issued by early October. Publication of the 2018 HNO and 2018 YHRP in October and November respectively will take the place of further operational reviews during the year.

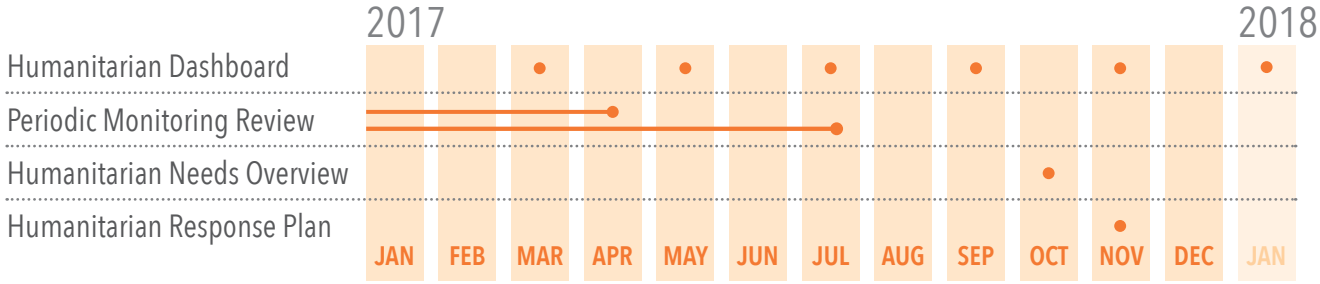
PERIODIC OPERATIONAL REVIEW PROCESS



Humanitarian Dashboard

Clusters will also monitor a limited set of YHRP activities and targets every month. Clusters have selected these activities from within their overall activity portfolios to illustrate the impact of activities with the widest direct delivery of assistance. This information will be used as a proxy for overall response progress on a continuous basis and will be published in the Humanitarian Dashboard and associated products every other month. The first Humanitarian Dashboard covering the 2017 response will be published in March and will include results achieved against selected activities in January and February. Dashboard data will also be incorporated into the periodic reviews described above.

HUMANITARIAN PROGRAMME CYCLE CALENDAR



SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

Humanitarian partners in 2017 will prioritize direct, life-saving assistance and protection. At all stages of the response, partners will work to ensure that women, men, boys and girls have equitable access to assistance, and that response activities promote sustainable recovery. Activities included in the 2017 YHRP passed several rounds of scrutiny to ensure they were critical to the plan's strategic objectives and within current implementation capacity.

Altogether, the 2017 YHRP is comprised of 121 sectoral activities that will reach 12.0 million people through 287 individual projects. Achieving all targets set out in the plan will require almost $2.1 billion.

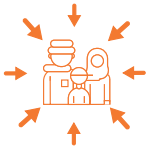
PEOPLE IN NEED

18.8 M

PEOPLE IN ACUTE NEED

10.3 M

PEOPLE TARGETED



12.0 M

REQUIREMENTS (USD)

2.1 BN

CLUSTERS/SECTOR	BREAKDOWN OF PIN & PPL TARGETED			TOTAL PIN & PPL TARGETED		TOTAL REQUIREMENTS		
	People in acute need	Ppl targeted (Cluster)	Ppl targeted (RAM)**	People in need*	People targeted	Cluster	RAM	Total (US$)
Food Security & Agriculture	7.0M	8.2M	0.03M	14.1M	8.3M	1,073.8M	2.1M	1,075.9M
WASH	8.2M	8.3M	0.02M	14.5M	8.3M	125.9M	1.7M	127.7M
Health	8.8M	10.4M	0.08M	14.8M	10.5M	321.6M	10.5M	332.1M
Nutrition	4.0M	2.6M	NA	4.5M	2.6M	182.2M	NA	182.2M
Shelter/NFIs/CCCM	3.9M	2.2M	0.02M	4.5M	2.3M	106.0M	2.8M	108.8M
Protection	2.9M	3.5M	0.10M	11.3M	3.6M	72.2M	41.9M	114.2M
Education	1.1M	1.0M	0.03M	2.3M	1.1M	36.5M	7.7M	44.3M
Early Recovery	NA	1.4M	NA	8.0M	1.4M	41.9M	NA	41.9M
Logistics	NA	NA	NA	NA	NA	19.5M	NA	19.5M
Emergency Telecomm.	NA	NA	NA	NA	NA	3.2M	NA	3.2M
Coordination & Safety	NA	NA	NA	NA	NA	17.9M	NA	17.9M
Refugees & Migrants Multi-sector	0.03M	NA	0.29M	0.46M	0.29M	NA	66.9M	66.9M
TOTAL	**10.3M**	**11.7M**	**0.29M**	**18.8M**	**12.0M**	**2,001M**	**66.9M**	**2,068M**

* "Total people in need" and "total people targeted" refer to the sum of Yemeni nationals in need and targeted, as identified by the humanitarian clusters, and refugees, asylum seekers and migrants identified and targeted through the Refugee and Migrant Multi-Sector Response Plan (RMMS). People in need figures are taken from the 2017 HNO.
** "RMMS" refers to the Refugee and Migrant Multi-Sector response Plan. Per sector requirements are approximations only as many services are provided as part of a multi-sector package.

PART II: OPERATIONAL RESPONSE PLANS

- Food Security and Agriculture
- Water, Sanitation and Hygiene (WASH)
- Health
- Nutrition
- Shelter, Non-Food Items (NFIs) & Camp Coordination and Camp Management
- Protection
- Education
- Emergency Employment and Community Rehabilitation
- Logistics
- Emergency Telecommunications
- Coordination and Safety
- Refugee and Migrant Multi-Sector Response Plan

FOOD SECURITY AND AGRICULTURE

PEOPLE IN NEED (*)

14.1M

PEOPLE TARGETED

8.2M

REQUIREMENTS (US$)

1.07BN

OF PARTNERS

69

FSA OBJECTIVE 1

1 Improve availability of and access to food for the most vulnerable.
Relates to SO1

FSA OBJECTIVE 2

2 Ensure equitable access to assistance and protection for the most vulnerable.
Relates to SO2

FSA OBJECTIVE 3

3 Improve food security by supporting agricultural, livestock and fishery systems and assets.
Relates to SO1 & 3

FSA OBJECTIVE 4

4 Strengthen capacity of partners, communities and authorities on preparedness and response.
Relates to SO4

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(*)HNO figure pending final EFSNA results. See Annex 5 for more on EFSNA.

Response plan

In 2017 Food Security and Agriculture Cluster (FSAC) partners aim to assist roughly 8.3 million food insecure people in governorates facing emergency (IPC Phase 4) and crisis (IPC Phase 3) conditions. This overall target includes immediate, life-saving emergency food assistance for 8 million people and livelihoods assistance activities for 3.5 million people.

Initial results of the Emergency Food Security and Nutrition Assessment (EFSNA) indicate that overall food insecurity has risen sharply in Yemen, with 17.1 million people currently food insecure – an increase of more than 20 per cent over the 2017 HNO estimate (14.1 million people). This increase illustrates the rapid, alarming deterioration in the precarious food security situation across the country. Within this population, an estimated 7.3 million people are estimated to be severely food insecure – or 4.2 per cent more than the 2017 HNO estimate (7 million people). Emergency food assistance in 2016 played an essential role in preventing a much larger increase in severe food insecurity. Maintaining this assistance and expanding it to cover people at risk of quickly slipping into severe food insecurity are essential.

FSAC partners will deliver emergency food assistance to 8 million people across the country as relief food, cash or voucher transfers in 2017. Of these 8 million people, the World Food Programme (WFP) will work with partners to reach 7 million (88 per cent of the cluster-wide target) via general food distributions (GFD), cash or voucher transfers. WFP is seeking $900 million in immediate funding for this activity in order to enable a rapid scale-up that by April 2017 will provide 100 per cent monthly food rations to 6 million GFD beneficiaries and cash or vouchers to 1 million people. Pending final EFSNA analysis, emergency food assistance targets may be revised in the first YHRP review planned for April 2017.

In addition to emergency food assistance, FSAC partners are seeking to prevent further deterioration in households' food insecurity. Partners intend to provide livelihoods assistance to 3.5 million vulnerable individuals – primarily from the severely food insecure population. This assistance includes agricultural, livestock and fisheries inputs for 3.3 million people and longer-term assets support for 200,000 people to promote increased food production and income generation. Initial EFSNA results indicate that nearly 60 per cent of households in Yemen practise farming, with the majority engaged in mixed farming. According to initial EFSNA results, 85 per cent of agricultural households require emergency support for agricultural inputs. Fifty-four per cent are facing problems in crop and livestock disease control and require emergency asset protection and safeguarding.

Capacity to implement

Delivery results in 2016 demonstrate strong cluster implementation capacity. With 59 per cent of funding available as of December 2016, partners had reached 58 per cent of their overall targets, including an average of 3.8 million people reached every month with emergency food assistance. Inadequate funding remained the biggest obstacle to full

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	3.2M	3.2M	4.0M	3.8M	14.1M	0.14M	14.3M
PEOPLE TARGETED	1.9M	1.9M	2.3M	2.2M	8.2M	0.03M	8.3M
REQUIREMENTS					$1,073.8M	$2.1M	$1,075.9M

achievement of cluster targets and necessitated the downscaling of food rations and other activities during the year.

The December 3W identified 69 active FSAC partners across the country, an increase of 80 per cent since the 2016 YHRP. Cluster partners are diverse and include INGOs, NNGOs, UN agencies, affiliates of the Red Cross/Red Crescent Movement, community-based organizations and relevant authorities. Since 2015, an on-going capacity building programme has worked with partners to strengthen response capacity at the local level. This has allowed more adequate implementation and targeted response, especially in light of the difficult operating environment. With sufficient funding, cluster partners can adequately respond to huge, growing and unmet needs.

Gender and age

FSAC partners ensure the effective integration of gender analysis into food security and vulnerability studies by exploring how gender and gender relationships are causally related to food insecurity and vulnerability. Gender-specific needs are taken into account during all phases of programme design and implementation. Moreover, FSAC partners regularly assess and monitor access to food security and agriculture programmes by collecting disaggregated data by age, gender and location (including at the specific community level). Beyond these planning-level practices, specific steps are taken during implementation in order to promote gender equity and protection (see Protection below).

Protection

FSAC partners undertake protection mainstreaming in the design and implementation of food assistance, agricultural and livelihood activities in non-discriminatory and impartial ways that promote the safety, dignity and integrity of vulnerable people receiving assistance. This includes special attention to the needs of vulnerable people and consideration of the different layers of vulnerabilities and coping strategies within a community and within specific vulnerable groups (men, women, age, education, socio-economic status, disabilities, etc.)

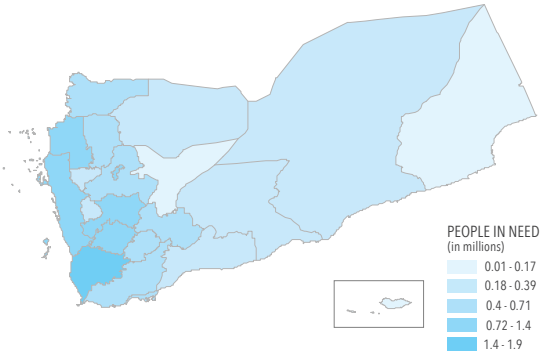
Distributions take place in public spaces during daylight hours and ensure separate facilities for women in order to create a culturally sensitive and safe environment. FSAC partners also ensure that programme teams include female members so as to ensure that women feel able to discuss their needs and constraints comfortably. Programmes are also in place to ensure income-generation activities and economic options for women and girls in order to minimize risks that they will engage in unsafe practices as a coping mechanism or be otherwise exposed to GBV risks due to economic dependence. FSAC partners also include outreach to women and men on violence against women and girls (including domestic violence) as an integral part of the response.

Accountability

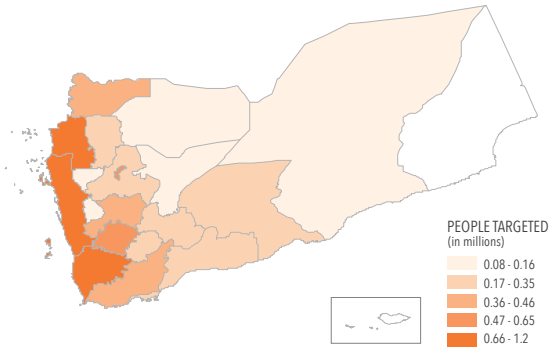
All FSAC projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, cluster partners maintain channels for constant communication with affected communities. Partners ensure that information on distributions is available in public places, that distribution points are not too far away or difficult to reach, and that beneficiaries receive information related to the distribution with enough time to prepare. Information provided includes where distributions will take place, when, what will be included and who is eligible to receive assistance.

Partners also maintain a robust complaints and feedback mechanism that ensures feedback and complaints are addressed and that a timely response is provided. WFP has established an innovative Remote Monitoring and Evaluation (rM&E) system whereby relief food distributions are monitored remotely through random calls to beneficiaries for impact and process monitoring. Other FSAC partners currently monitor programmes through third-party monitoring. The cluster then aggregates best practices as a way to facilitate information sharing, exchange and adoption by other partners.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

14.5M

PEOPLE TARGETED

8.3M

REQUIREMENTS (US$)

125.9M

OF PARTNERS

28

WASH OBJECTIVE 1

1 Restore or maintain sustainable water and sanitation systems to improve public health and resilience.
Relates to SO1 & 3

WASH OBJECTIVE 2

2 Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality.
Relates to SO1

WASH OBJECTIVE 3

3 Ensure sufficient coordination and capacity at the national and sub-national levels.
Relates to SO4

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WATER, SANITATION AND HYGIENE (WASH)

Response plan

WASH Cluster partners are targeting 8.3 million people with emergency water, sanitation and hygiene assistance in 2017. These targets prioritize the 8.2 million people identified as facing acute needs in the 2017 HNO and include IDPs, returnees, other conflict-affected people and vulnerable groups across the country. Driven by needs severity analysis, the highest numbers of targeted people are in Amanat Al Asimah, Taizz, Aden, Al Hudaydah, Amran, Lahj and Hajjah.

The broad WASH challenges in Yemen have remained largely unchanged, and the 2017 cluster plan is therefore mostly a continuation of other activities, expanded as necessary to address growing needs severity. Major drivers include the impact of continuing conflict, lack of revenues and breakdown in WASH systems, as well as recent disease outbreaks (notably cholera) and natural disasters. The focus will remain on providing support to operate and maintain WASH systems and infrastructure, as well as providing integrated WASH services for IDPs and to fight malnutrition and disease outbreaks. Specific activities include direct provision of safe water to the most vulnerable, fuel support, repairs to keep water and sanitation systems running, provision of WASH supplies like communal water tanks, water treatment solutions, distribution of hygiene materials and latrine construction or maintenance. More details on all planned activities appear in Annex 2.

Capacity to implement

WASH Cluster capacity continued to grow in 2016, with more organizations deploying international WASH experts and local organizations working with the cluster to develop their capacity. Cluster results measured through the Humanitarian Dashboard demonstrate this capacity. Cluster partners achieved 93 per cent of direct targets in 2016 despite relatively lower funding levels. Altogether, 2.2 million people received direct assistance from the cluster in 2016.

As of December 2016, the cluster counted 28 partners working in 20 governorates across the country. Emergency supplies are mostly available in local markets, meaning that procurement and distribution can move forward relatively easily. Although access remains challenging in several localized areas, partners are able to work through local organizations to reach the neediest people. More partners have participated in the 2017 HNO and YHRP planning process, including local organizations and Gulf-based partners. All hubs have WASH coordination mechanisms in place, including full-time coordinators working in Sana'a, Aden and Al Hudaydah. Capacity building efforts for partners in 2017 will continue at the national and hub levels.

Gender and age

The cluster has existing gender and protection guidelines for Yemen, developed in consultation with partners and the HCT

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	3.3M	3.2M	4.1M	3.9M	14.5M	0.11M	14.6M
PEOPLE TARGETED	1.9M	1.8M	2.3M	2.2M	8.3M	0.03M	8.3M
REQUIREMENTS					$125.9M	$1.7M	$127.7M

Gender Advisor. Capacity building for partners on gender mainstreaming will continue in 2017, and the cluster has identified two gender focal points to assist partners in gender-related programming. The cluster actively monitors its commitments to give priority to girls (particularly adolescents) and women's participation in programme consultations, as well as to demonstrate attention to equity. These issues are especially relevant when activities target communities or households.

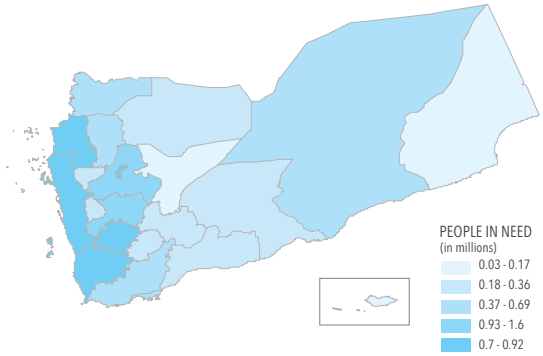
Protection

The WASH Cluster is strengthening its incorporation of protection considerations across the programme cycle. Partners have received training on mainstreaming protection across WASH activities, and a specific training on WASH and gender-based violence is planned for 2017. The cluster is working closely with the GBV sub-cluster to provide dignity kits with hygiene kits and to address WASH needs where GBV incidents are reported and may be linked to poor WASH services. WASH cluster partners will continue to work towards provision of gender-sensitive facilities and services with equitable and safe access for all.

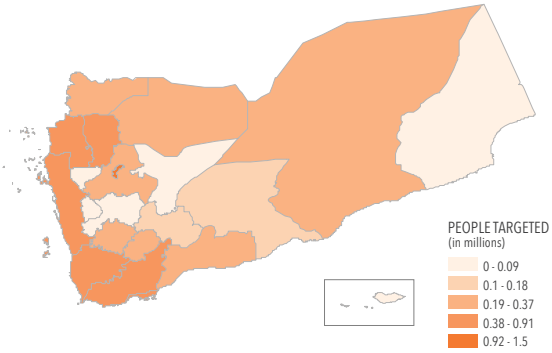
Accountability

All WASH projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, WASH projects are required to have safe, accessible and responsive beneficiary feedback mechanisms. The WASH Cluster had previously piloted a set of minimum commitments to safety and dignity for affected people, working with the Global WASH Cluster and HCT Gender Advisor. These efforts introduced accountability guidelines to cluster members, provided training and developed an action plan with specific outputs. Implementation of this action plan will have priority in 2017.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

14.8M

PEOPLE TARGETED

10.4M

REQUIREMENTS (US$)

321.6M

OF PARTNERS

33

HEALTH OBJECTIVE 1

1 Provide integrated primary, secondary and referral health services, surveillance and response, and medical supplies in priority districts.
Relates to SO1

HEALTH OBJECTIVE 2

2 Strengthen reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions, including violence against women.
Relates to SO1 & 2

HEALTH OBJECTIVE 3

3 Support community-based health initiatives and sustain the main pillars and infrastructure of the health system.
Relates to SO3

HEALTH OBJECTIVE 4

4 Strengthen health sector coordination and health information systems.
Relates to SO4

CONTACTS

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HEALTH

Response plan

Health Cluster partners identified 14.8 million people in need of health assistance in the 2017 HNO. In light of access and security constraints, the 2017 Health Cluster response plan targets 10.4 million people in 2017, including the 8.8 million people identified as facing acute health needs in the HNO. According to Health Cluster analysis, the main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50 per cent of mortality) and non-communicable diseases (39 per cent of mortality). As the health system has continued to collapse as a result of the conflict, people's inability to access healthcare for these conditions is having a catastrophic effect. Direct injuries due to the conflict add to this caseload.

In light of this analysis, the 2017 Health Cluster plan prioritizes activities to address immediate and long-lasting repercussions of the crisis. This will include supporting health facilities in order to keep them operational following damage or due to other challenges, as well as supporting provision of essential, life-saving primary health care (PHC) and maintaining pipelines for medicines and supplies. Specifically, the Health Cluster has identified four priority areas of intervention that will guide the 2017 response; these priorities have been agreed by humanitarian partners and the Ministry of Public Health and Population (MOPHP):

1. Prevent and control communicable diseases (including immunization, disease surveillance and outbreak response)
2. Ensure access to priority health services within the essential health service package and according to local needs
3. Enhance the referral system for surgical and medical emergencies, with priority for trauma patients and obstetric emergencies
4. Sustain essential supply pipelines.

The formulation of and agreement to these packages and their delivery is the responsibility of MOPHP with support from national and international health partners. In order to support delivery of these priorities, the Health Cluster plan has identified ten specific areas of intervention, including priority public health concerns such as reproductive health services, immunization, communicable disease management, disease surveillance and trauma care. Partners will also promote efforts to support the health system by repairing health facilities, fielding mobile health teams where needed, maintaining the pipeline for medicines and supplies and working with relevant stakeholders to build capacity. The Cluster estimates that 10.4 million people in Yemen will benefit from these activities across the country.

Capacity to implement

As of December 2016, 33 active partners were coordinating with the Health Cluster, an increase of more than one third since the 2016 YHRP. These partners provide a wide range of accessibility nationwide. Despite localized access constraints, obstacles in running mobile teams and bureaucratic impediments to importing and transporting medicines and supplies, partners are able to provide life-saving services. In 2016, Health Cluster partners

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	3.4M	3.3M	4.2M	4.0M	14.8M	0.15M	15.0M
PEOPLE TARGETED	2.0M	2.6M	2.7M	3.1M	10.4M	0.08M	10.5M
REQUIREMENTS					$321.6M	$10.5M	$332.1M

reached 5.5 million people with direct services. This represents 52 per cent of the 2016 target and is comparable to the 59 per cent of financial requirements available during the year. These efforts made a significant contribution to sustaining an increasingly fragmented health system and demonstrate cluster capacity.

Gender and age

Cluster partners are engaged in ensuring gender mainstreaming throughout the programme cycle. From the assessment phase to final monitoring and evaluation, the different needs of men, women, boys and girls are considered and addressed. Specific measures include customized service-provision, provision of trauma and reproductive health medicines or supplies, and collection of age- and sex-disaggregated data.

Protection

The right of individuals to access meaningful healthcare is of primary importance to the Health Cluster. Vulnerable and affected groups, including female-headed households, pregnant or lactating women, and sufferers of chronic or critical illnesses, will be targeted, as will GBV survivors. These groups all require special services. In 2016, the cluster organized a workshop on mainstreaming protection and gender in the health response. This workshop helped to guide partners in appropriate steps to incorporate both these components throughout the programme cycle.

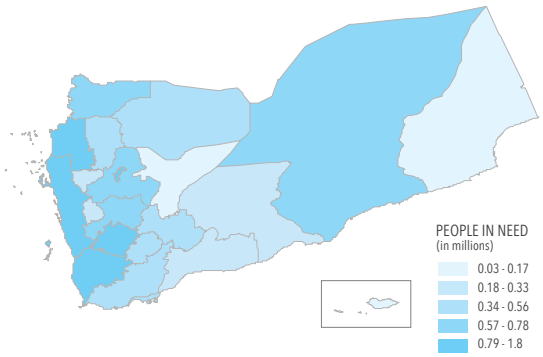
Accountability

All Health Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, partners are currently implementing a range of individual measures, including:

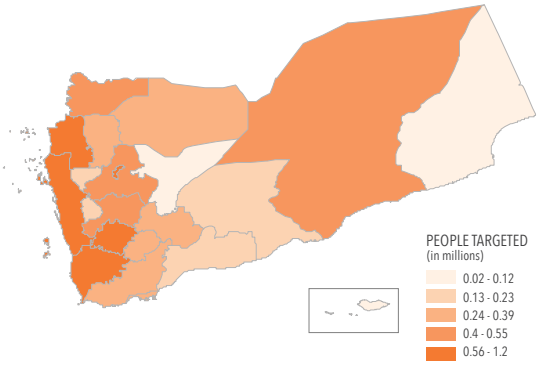
- Bilateral feedback mechanisms
- Pre-project assessments conducted to identify actual needs before planning
- Focus-group discussions
- Complaint feedback mechanisms
- Post-service monitoring mechanisms.

The Health Cluster Core Group is also developing a cluster-specific accountability framework which will request partners to abide by and ensure implementation of common commitments on health accountability.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

4.5M

PEOPLE TARGETED

2.6M

REQUIREMENTS (US$)

182.2M

OF PARTNERS

24

NUTRITION OBJECTIVE 1

1 Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women.
Relates to SO1 & 2

NUTRITION OBJECTIVE 2

2 Contribute to prevention of malnutrition by enhancing BSFP, micronutrient support, de-worming and IYCF.
Relates to SO1 & 2

NUTRITION OBJECTIVE 3

3 Strengthen capacity of relevant authorities and local partners to ensure effective, decentralized nutrition response.
Relates to SO3

NUTRITION OBJECTIVE 4

4 Ensure a predictable, timely and effective nutrition response through needs analysis, monitoring and coordination.
Relates to SO4

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NUTRITION

Response plan

As outlined in the 2017 HNO, malnutrition in Yemen – a chronic challenge – has steadily increased since the escalation of conflict in mid-March 2015. As a result, Nutrition Cluster partners will scale up their activities in 2017 in line with growing cluster capacity and intensifying needs. Partners intend to provide treatment or other nutrition services to 2.6 million people in all governorates this year, including 1.7 million acutely malnourished children and pregnant or lactating women. This represents an increase of 37 per cent since the 2016 YHRP, driven by continuous growth in needs. Preliminary results of the Emergency Food Security and Nutrition Assessment (EFSNA) indicate governorate-level GAM rates comparable to those estimated in the 2017 HNO. Final EFSNA results and further details will be available in March 2017 and will inform a review of the YHRP planned in April.

Specific targets in 2017 will include treatment of severe acute malnutrition (SAM) for more than 323,000 children under 5 and treatment of moderate acute malnutrition (MAM) for nearly 871,000 children and 553,000 pregnant or lactating women. SAM targets in 2017 increased from 60 per cent of total needs last year to 70 per cent in 2017, a reflection of growing cluster capacity and a worsening situation. High planned enrolment of children in nutrition programmes (SAM and MAM) is a result of the worsening nutrition situation exacerbated by a poorly functioning health system and poor WASH conditions. As a result, partners are estimating a higher incidence factor in 2017: 2.6, compared to only 2 and 1.6 last year.

Reflecting increased targets, financial requirements in 2017 have increased to $182.2 million compared to revised requirements of $102 million last year.

Capacity to implement

As of December 2016, 24 partners were coordinating with the Nutrition Cluster – an increase of 41 per cent since the 2016 YHRP. With growing participation from Yemeni NGOs, the number of partners in 2017 is expected to increase to thirty. This growth is facilitating expansion to remote and insecure locations and will be accompanied by intensive capacity building programmes to ensure a high-quality response. Established partners have already demonstrated enormous technical and operational experience by working in remote and challenging areas, as illustrated by results reported in the Humanitarian Dashboard. With 59 per cent of funding available in 2016, partners met 62 per cent of overall targets, including more than 100 per cent of SAM treatment targets.

Partners have also reviewed the scale-up of community management of acute malnutrition (CMAM) in 2016 and identified best practices to leverage into a wider expansion of nutrition activities this year. Advanced planning has also been completed to procure supplies for the 2017 response, allowing partners to accelerate a more effective and efficient delivery of supplies to nutrition centres across the country.

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	0.0	1.1M	1.7M	1.7M	4.5M	0.0	4.5M
PEOPLE TARGETED	0.0	0.6M	1.0M	1.0M	2.6M	0.0	2.6M
REQUIREMENTS					$182.2M	0.0	$182.2M

Gender and age

The specific needs of women, girls and boys are identified using techniques and tools based on international and national guidelines. Appropriate referral mechanisms have been established to treat boys, girls and women affected by acute malnutrition. Special attention is also given to men within the community through general advocacy and outreach in order to promote understanding of nutrition issues and facilitate access of women and children to nutrition services. Programme data and analysis always include gender- and age-disaggregated data.

Protection

Nutrition partners will ensure that protection is mainstreamed across all the phases of the programme cycle. These efforts will strengthen the establishment of nutrition centres close to the community where both treatment and prevention services are easily accessible equally to boys, girls and pregnant or lactating women, including children with disabilities.

Nutrition treatment centres will also be "child- and women-friendly spaces" that are safe and non-stigmatizing. These centres will deliver appropriate nutrition care for and provide space for women to conduct a variety of activities, including breastfeeding their children, learning about nutrition and discussing issues related to well-being. Partners will always consult the local population in planning the location of nutrition centres in order to address potential safety concerns, including the risk of GBV.

Accountability

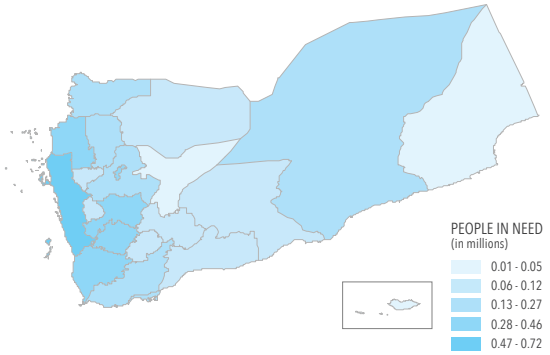
Real accountability to children and communities involves giving them not only a voice, but an opportunity to influence relevant decisions, including whether and how partners work with them. All Nutrition Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, the cluster is developing an accountability system built on the following key areas:

- Information sharing (Regular, timely and accessible information sharing)
- Pro-actively seeking feedback from children and communities and handling their complaints
- Accountability through participation – discussing together, deciding together and working together with children, communities and partners.

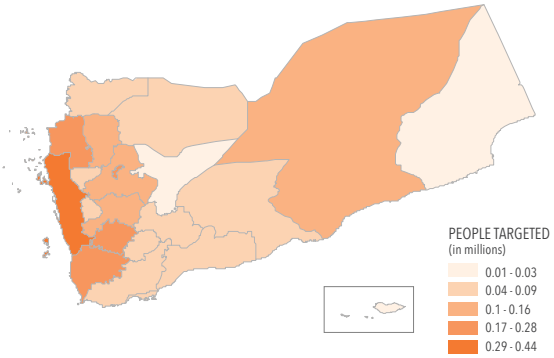
Simple mechanisms will be established to allow beneficiaries and others affected by partner programmes to voice complaints or provide feedback. These mechanisms include:

- Face-to-face discussions
- Toll-free hotlines operated by community services centre technology and full-time staff
- Complaint boxes
- Telephone outreach
- Social media outreach.

PEOPLE IN NEED



PEOPLE TARGETED



SHELTER & NON-FOOD ITEMS CAMP COORDINATION & CAMP MANAGEMENT (CCCM)

PEOPLE IN NEED

4.5M

PEOPLE TARGETED

2.2M

REQUIREMENTS (US$)

106M

OF PARTNERS

19

SHELTER/NFI OBJECTIVE 1

1 Provide life-saving and life-sustaining shelter solutions and non-food items to the most vulnerable in liveable and dignified settings.
Relates to SO1 & 2

SHELTER/NFI OBJECTIVE 2

2 Ensure access to basic services for the most vulnerable women and men living in collective centres and spontaneous settlements.
Relates to SO1 & 2

SHELTER/NFI OBJECTIVE 3

3 Strengthen accountability to affected people by seeking feedback and addressing concerns.
Relates to SO4

SHELTER/NFI OBJECTIVE 4

4 Strengthen capacity of authorities, communities and partners in Shelter, NFI & CCCM programmes.
Relates to SO3

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Response plan

As outlined in the 2017 HNO, more than 4.5 million people require assistance with shelter, non-food items (NFIs) or management of collective centres in which they are living. This includes 3.9 million living in areas of acute need. Despite ongoing efforts, a large number of IDPs still live in severely deprived conditions, including in unfinished buildings, substandard shelters, schools, public facilities or in the open.

The 2017 Shelter/NFI/CCCM Cluster strategy envisions a comprehensive, governorate-tailored response that will target the most vulnerable families. Assistance will incorporate protection analysis and complement the work of other clusters. Altogether, cluster partners will assist 2.2 million people, including emergency shelter for more than 1.1 million people and NFI solutions for nearly 1.9 million people. Support for collective centre management and solutions for people living in spontaneous settlements will benefit nearly 162,000 people. The 2017 plan is partially driven by additional needs that have emerged due to affected people's depleted savings, lack of access to financial resources and saturation of available housing capacity. As a result, partners will pilot cross-cutting approaches such as the use of cash and vouchers, and working through multi-functional mobile teams.

The 2017 cluster plan will also focus more strongly on returnees than last year. As of January 2017, about 1 million people are estimated to have provisionally returned to their areas of origin, compared to 17,000 at the time of the 2016 YHRP. With many returnees facing precarious conditions or living in areas of significant damage, partners aim to support their transition with a return package that will include vouchers for emergency shelter or basic relief items. Activities targeting returnees will also include direct support for rehabilitation of damaged houses. Finally, partners will work with national stakeholders to transfer knowledge, particularly on emergency shelter design and accommodation-type tailored CCCM approaches.

Capacity to implement

The number of cluster partners continues to grow. Although only 19 partners are reported in the December 2016 3W, actual participation in cluster meetings and activities includes nearly 50 partners – almost twice as many as one year earlier. Of these partners, 90 per cent are national or local organizations and have significantly improved the cluster's collective understanding of the context and ability to access difficult areas. By working with these partners, the cluster has seen a marked improvement in access, including

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	1.0M	1.0M	1.3M	1.2M	4.5M	0.11M	4.6M
PEOPLE TARGETED	0.5M	0.5M	0.6M	0.6M	2.2M	0.02M	2.2M
REQUIREMENTS					$106.0M	$2.8M	$108.8M

in chronically difficult areas such as Marib, Taizz, Al Jawf, Hajjah, Hadramaut, Al Dhale'e and Al Bayda. In 2016, partners reached 61 per cent of people targeted with some kind of assistance, despite considerably lower funding levels.

Gender and age

As an essential CCCM component, gender analysis and mainstreaming training will guide all cluster activities, as partners aim to ensure equal participation of men and women. Partners will ensure that assessments have female enumerators and will seek balanced participation of affected men, women, boys and girls. Planned shelter and CCCM solutions and NFI distributions will be oriented towards preserving privacy and safety of women, men, girls and boys. Partners will report assistance provided to both men and women and will provide data disaggregated by sex and age.

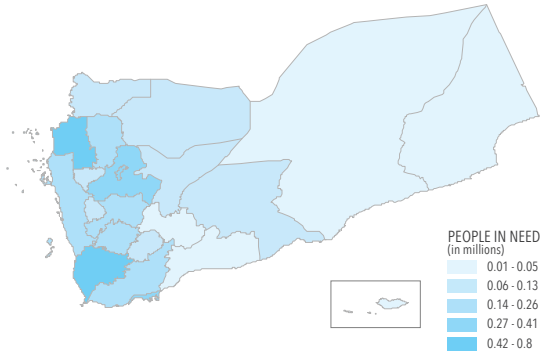
Protection

Centrality of protection is a key strategic pillar of the cluster's work. Through CCCM site monitoring, roving CCCM teams and specialized training, partners will continue to identify unmet needs, focusing on people living in collective centres and spontaneous sites. Referral mechanisms and vulnerability assessments will be developed collaboratively with the Protection Cluster. Through GBV mainstreaming approaches, shelter and distribution activities will mitigate potential physical and psychological threats. Partners will also specifically prioritize individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services – including female-headed IDP households and minority groups, and cluster partners will especially engage local authorities and tribal structures on issues of land tenure and ownership.

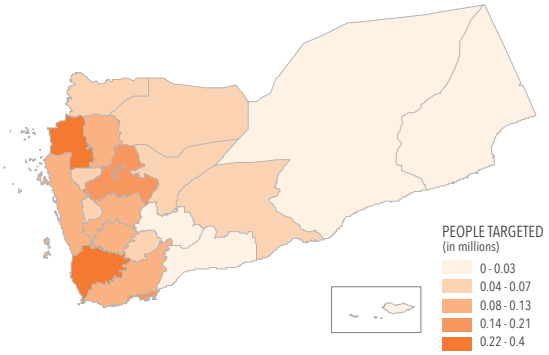
Accountability

All Shelter/NFI/CCCM Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, partners plan to work with other clusters to establish feedback and referral mechanisms primarily in collective centres. The Cluster will also ensure that IDPs and other conflict-affected people participate in all phases of cluster activities: assessments, planning, implementation and evaluation. Beneficiaries, host communities and local authorities will also be included to the extent possible.

PEOPLE IN NEED



PEOPLE TARGETED



PROTECTION

PEOPLE IN NEED

11.3M

PEOPLE TARGETED

3.5M

REQUIREMENTS (US$)

72.2M

OF PARTNERS

22

PROTECTION OBJECTIVE 1

1 Assess and analyse key protection issues (including displacement, GBV and child protection), and advocate and mobilize a timely response.
Relates to SO2

PROTECTION OBJECTIVE 2

2 Provide life-saving protection assistance and services to vulnerable, conflict-affected individuals, including children and GBV survivors.
Relates to SO1 & 2

PROTECTION OBJECTIVE 3

3 Strengthen capacity of partners, service providers, authorities and communities to assess, prevent, mitigate and respond to protection needs and risks.
Relates to SO3

PROTECTION OBJECTIVE 4

4 Strengthen coordination of protection, GBV and child protection activities at the national and sub-national levels.
Relates to SO4

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Response plan

Yemen is facing a vast protection crisis in which millions face serious risks to their safety, well-being and fundamental rights. In 2017, the Protection Cluster will provide direct protection assistance to 3.5 million people across the country. In addition, partners will monitor displacement and rights violations on a broad range of issues essential to informing the response. Information campaigns through various media will also reach upwards of 7 million people. The Protection Cluster response includes three components: ensuring the centrality of protection and overall protection of IDPs, returnees and host communities; response to gender-based violence through the GBV sub-cluster; and protection of conflict-affected children through the child protection sub-cluster.

The Protection Cluster (PC) will continue to track population movements and support multi-sectoral assessments through the TFPM. In 2017, this work will focus more strongly on promoting links between TFPM assessments and response by clusters. Protection and human rights/IHL monitoring and reporting will cover over 165,000 people and emphasize a stronger link to supporting HCT evidence-based advocacy within the framework of the Human Rights Up Front initiative. In terms of direct assistance, partners will organize in-person awareness raising sessions with approximately 504,000 vulnerable women and men in areas of acute need. These sessions will provide information on displacement-related rights and access to humanitarian assistance. In addition, partners will target 128,000 people with legal assistance, including alternative dispute resolution, cash assistance to meet protection outcomes and psychosocial support. In order to secure a favourable protection environment, 1,260 community-based protection networks (CBPNs) will be supported, and 900 humanitarian partners, local authorities or community members will receive capacity building on protection issues. These sessions will focus on protection mainstreaming, building skills for protection programming, humanitarian principles, conflict analysis and dispute resolution, and thematic protection issues.

The GBV sub-cluster (GBV SC) will provide a range of GBV prevention and response activities in 2017, including multi-sectoral services for nearly 29,000 people, cash assistance for nearly 2,900 GBV survivors and those at risk, provision of 22 post-rape treatment kits to mobile clinics and health facilities (each kit can treat 60 survivors) and capacity building of 480 service providers and humanitarian partners. In addition, GBV SC will substantially raise awareness of GBV issues through a diverse outreach campaign that will target nearly 360,000 people with in-person sessions and 6.8 million people through various media.

The Child Protection Sub-Cluster (CP SC) will scale-up child protection in emergencies activities in 2017, aiming to provide in-person mine risk education to over 1.6 million children and community members in conflict-affected areas and psychosocial support to 600,000 affected children. The Monitoring and Reporting Mechanism (MRM) of grave child rights violations will introduce more efficient monitoring, documentation and advocacy, including medical referral and rehabilitation for injured children. In 2017, MRM will cover an estimated 2.7 million children, providing an essential basis for

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	2.6M	2.5M	3.2M	3.0M	11.3M	0.22M	11.5M
PEOPLE TARGETED	0.8M	0.8M	1.0M	0.9M	3.5M	0.19M	3.7M
REQUIREMENTS					$72.2M	$41.9M	$114.1M

evidence-driven advocacy and service referral. Partners will also provide family tracing and reunification services for unaccompanied and separated children.

Capacity to implement

As of December 2016, the Protection Cluster had collectively reached 76 per cent of targets, demonstrating strong capacity despite a funding level of just 40 per cent. Major direct assistance achievements include psychosocial support for more than 600,000 children, dignity kit distributions to more than 75,000 people and financial or material assistance to more than 80,000 survivors of protection violations. Tracking of population movements and multi-cluster assessments through the TFPM provided essential information for operational response across all clusters in 2016 and grounded the 2017 HNO needs analysis. Ongoing protection monitoring – including human rights/IHL monitoring and reporting, the monitoring and reporting mechanism for grave child rights violations (MRM), and the GBV Information Management System (GBV IMS) – informed programmatic response and advocacy by protection partners.

As of December 2016, 22 partners were reporting to the Protection 3W and working in every governorate in the country. The Protection Cluster and its sub-clusters aim to establish a minimum footprint in all response hubs, including sub-national coordination mechanisms that can coordinate local-level response and support integration of key protection concerns into wider operations. The Protection Cluster and its sub-clusters significantly strengthened internal integration in 2016 in line with IASC standards; this work will continue in 2017 to deliver an effective, integrated protection response across the country.

Gender and age

The Protection Cluster is committed to incorporating gender and age considerations across the response. All cluster components collect sex- and age-disaggregated data and use this data for planning, monitoring and advocacy. This includes data gathered through the TFPM, MRM, GBV IMS and other mechanisms that are used to design protection, child protection and GBV-related response as well as to support planning across the wider Yemen humanitarian operation.

Programmatic focuses across Protection Cluster components facilitate gender- and age-sensitive activities. PC activities primarily target adults. Awareness raising activities provide separate facilities for females where needed, and partners encourage women's participation in all capacity building programmes. Cash assistance is provided to a limited number of child-headed households, and legal assistance for adults includes support for birth registration. Partners also encourage participation by women and youth in CBPNs. Psychosocial support is provided to adults by PC and to children by CP SC. CP SC partners analyse and train staff on the unique risks, vulnerabilities and capacities of girls and boys, and how to address them. GBV SC partners do the same for GBV-related issues with a tailored approach for targeting men, women, boys and girls.

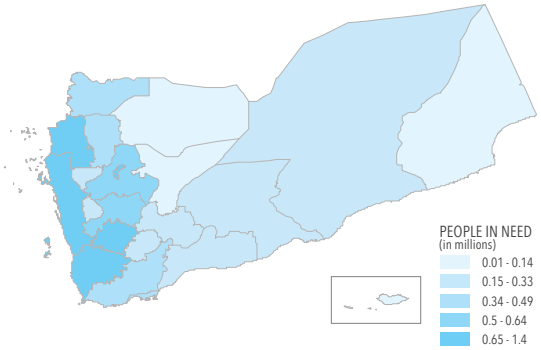
Mainstreaming protection

In 2017, the Protection Cluster will support other clusters – including at the sub-national level – to ensure that protection considerations are adequately reflected in response planning and implementation. Protection mainstreaming trainings will be rolled out in area hubs (Sa'ada, Hudaydah, Ibb and Aden), including identification of protection mainstreaming focal points and development of protection mainstreaming action plans at the hub level. GBV SC will similarly roll out the IASC Guidelines on GBV Prevention and Response in Emergencies throughout Yemen. This will include sector-specific roll out, ensuring that minimum standards are integrated across sector strategies and response plans, with the aim of mitigating GBV risks and vulnerabilities. This will be accompanied by establishing GBV focal points within each sector to reinforce the IASC Guidelines.

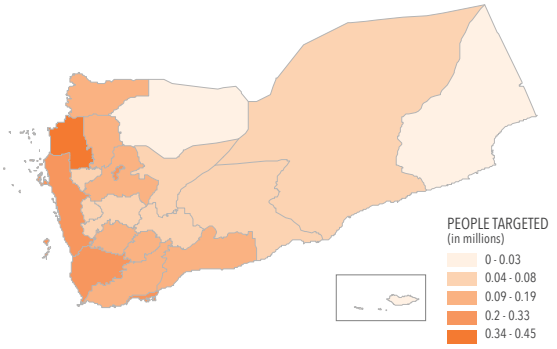
Accountability

All Protection Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, PC will continue to advocate to re-establish a response-wide call centre suspended by the authorities in April 2016. The call centre was intended to work as a common-service platform to disseminate information on humanitarian assistance and as a feedback and complaints mechanism. GBV SC currently operates a free hotline providing information on GBV services, including referrals. GBV SC is also implementing the Accountability and Impact Assessment Framework which includes a consolidated intake form, client feedback forms, quarterly focus group discussions, key informant interviews, trends analysis and post-distribution assessments. CP SC partners adhere to the Child Protection Minimum Standards, which support accountability between partners and children assisted through children's participation. More active participation of children and their families is encouraged in planning, implementing and monitoring, and as a way to facilitate feedback on services provided.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

2.3M

PEOPLE TARGETED

1.0M

REQUIREMENTS (US$)

36.5M

OF PARTNERS

13

EDUCATION OBJECTIVE 1

1 Provide equitable access to child-friendly learning spaces for crisis-affected girls and boys.
Relates to SO2 & 3

EDUCATION OBJECTIVE 2

2 Improve crisis-affected girls' and boys' coping mechanisms via psychosocial support and life skills.
Relates to SO2

EDUCATION OBJECTIVE 3

3 Provide sustainable alternative education opportunities to crisis-affected girls and boys.
Relates to SO2

EDUCATION OBJECTIVE 4

4 Maintain continuity of education system.
Relates to SO3

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EDUCATION

Response plan

In 2017, Education Cluster partners intend to reach just over 1 million school-aged children, teachers and educators with emergency education services in 20 governorates. To mitigate the impact of conflict on children's right to education, partners will prioritize emergency classroom repairs, temporary learning spaces, alternative education and psychosocial support. In line with YHRP Strategic Objective 3, the Education Cluster has added a cluster objective to support the continuity of the education system. Partners in 2017 will promote capacity building and other measures to in support of this objective.

Targets have increased in several governorates, including Al Bayda, Al Hudaydah, Amran, Dhamar, Hadramaut, Hajjah and Taizz. These increases are driven by growing needs after two years of conflict (Al Bayda, Al Hudaydah, Amran, Hajjah, Taizz), as well as greater opportunities for programming in areas currently experiencing greater stability than last year (Hadramaut).

Capacity to implement

The Education Cluster draws on expertise from UN agencies, INGOs, community-based organizations (CBOs) and the Ministry of Education to implement emergency education activities. Strong partnerships at the community level help to ensure adequate capacity. Cluster performance in 2016 demonstrates partners' delivery capacity. With 17 per cent of 2016 financial requirements funded, partners reached 79 per cent of targeted beneficiaries. These achievements included school supplies for nearly 780,000, psychosocial support for nearly 423,000 and repair of classrooms serving nearly 410,000 children.

Gender and age

In conflict situations, girls are 1.5 times more at risk of losing access to primary education and nine times more at risk of losing access to secondary education. The right of girls and boys to access education is fundamental to the work of the Education Cluster. The IASC Gender Marker will be considered in all phases of the programme cycle, including project design, implementation and monitoring. Indicators for all activity targets and reporting will be broken down by gender, school age range and geographical areas. The Cluster will also provide support to partners to ensure they carry out gender-sensitive programmes, and will work with communities to raise awareness on the importance of girls' education.

Protection

In parallel with efforts to promote girls' education, Education Cluster partners will work with schools and communities to raise awareness of the importance of access to education for marginalized groups, including efforts to ensure education services can respond to these groups' different needs. Partners will promote safe learning environments for children, including mitigation measures against potential violence. Psychosocial support will also be provided to crisis-affected teachers and education personnel in order to promote a safe learning environment and encourage children who may be afraid to enrol in school.

See also Annex 2 for more information on activities and targets.

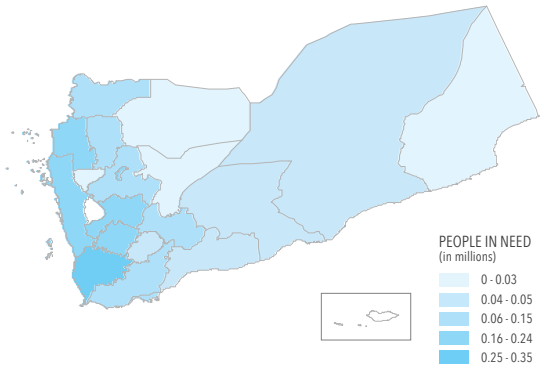
NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE IN NEED	0.0	0.0	1.2M	1.1M	2.3M	0.03M	2.3M
PEOPLE TARGETED	0.0	0.0	0.0	0.5M	1.0M	0.03M	1.0M
REQUIREMENTS					$36.5M	$7.7M	$44.3M

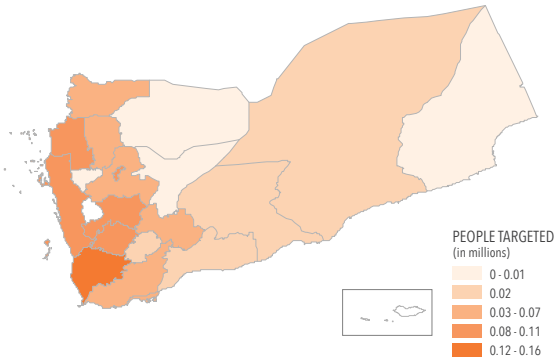
Accountability

All Education Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, local communities will be engaged through Fathers' and Mothers' Councils. Local authorities will also be engaged to provide feedback on emergency education programmes in their areas. Participation of children and their families in planning and implementing activities will be encouraged. The Cluster is also committed to sharing information with stakeholders across the programme cycle, including outcomes of assessments, meetings and monitoring. Third-party monitoring will be encouraged to improve performance and efficiency of the cluster partners.

PEOPLE IN NEED



PEOPLE TARGETED



PEOPLE IN NEED

8.0M

PEOPLE TARGETED

1.4M

REQUIREMENTS (US$)

41.9M

OF PARTNERS

16

EECR OBJECTIVE 1

1 Support the creation of a safe and secure environment through effective mine action.
Relates to SO1, 2 & 3

EECR OBJECTIVE 2

2 Support the preservation and revitalization of basic services in affected in affected districts and villages.
Relates to SO3

EECR OBJECTIVE 3

3 Enhance the self-reliance of affected people through access to livelihoods opportunities, economic early recovery processes and reintegration.
Relates to SO3

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EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

Response plan

In 2017, the Emergency Employment and Community Rehabilitation (EECR) Cluster will target 1.4 million displaced and non-displaced people across the country. This marks a reduced target compared to the 2016 YHRP based on a review of past achievements and current cluster capacity. The EECR Cluster has also re-focused its response to prioritize three core humanitarian activities that will promote greater impact and facilitate the link with recovery and resilience: mine action, livelihoods, and capacity building to strengthen collective results.

In terms of specific activities, partners will map contamination of mines and unexploded ordnance (UXO) and assess the impact of this contamination nationwide. Mines and UXO will be efficiently cleared in identified priority areas. Partners will also coordinate with the Protection Cluster to increase awareness of the threat posed by mines and UXO in affected communities, as well as screen, support and rehabilitate survivors of incidents related to explosive remnants of war (ERW). Livelihoods activities will provide critical income support to over 400,000 people through emergency employment (37,800 households) and business recovery assistance (19,755 households). Capacity building efforts will prioritize national partners working in crisis response. The EECR Cluster will also conduct a Multi-Cluster Early Recovery Assessment to provide evidence for incorporating early recovery considerations across the response.

The EECR Cluster response includes a number of recovery efforts not covered under the 2017 YHRP, but that significantly contribute to humanitarian action in a bid to bridge the gap between relief and recovery. Around $121 million in World Bank funds (see "Integrated Response" chapter for more details on World Bank grants) are expected to complement humanitarian action by providing emergency income, supporting recovery of small and medium enterprises and small and medium industries, and supporting the prevention of total collapse of health and nutrition services.

Capacity to implement

The EECR Cluster counted 16 active partners in the December 2016 3W – an increase of nearly 50 per cent over the 2016 YHRP. With a growing number of partners and a more targeted focus, the cluster is extremely well placed to deliver against all targets in this year's plan. All projects were carefully reviewed for demonstrated partner capacity to deliver, incorporation of lessons from previous years and against the principle of "doing less, better". Performance in 2016 confirms cluster capacity, with many full-year targets exceeded.

Gender and age

Cluster partners will make every possible effort to undertake a gender- and age-equitable response. Assessments illustrate the disproportionate impact of the crisis on women-owned businesses, compounding women's economic vulnerability. The cluster

See also Annex 2 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS BY SEX AND AGE

	MEN	WOMEN	BOYS	GIRLS	CLUSTER TOTAL	REFUGEES & MIGRANTS	GRAND TOTAL
PEOPLE TARGETED	0.3M	0.3M	0.4M	0.4M	1.4M	0.0	1.4M
REQUIREMENTS					$41.9M	0.0	$41.9M

will promote projects that include women's empowerment as a main objective and will particularly target women-owned micro- and small enterprises in business recovery activities. Livelihoods programmes will promote the equitable inclusion of women and men of all ages in emergency employment schemes. Cluster partners will also consult women, men, girls and boys separately on their participation in projects. Partners will ensure that all reporting includes sex- and age-disaggregated data.

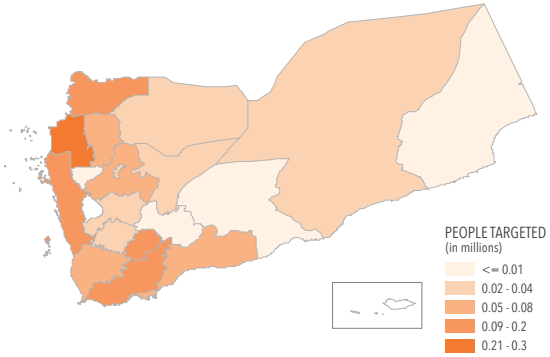
Protection

The presence of landmines and UXO presents a very serious threat to the safety of people living in contaminated areas of 15 governorates. The EECR Cluster will work with the Protection Cluster to increase awareness of and reduce these risks. Cluster partners will also adopt a rights-based approach to income access, basic service delivery and durable solutions to displacement. This will include establishment of clear vulnerability criteria in order to ensure that all activities target the most vulnerable (children and women-headed households, youth, *muhamashin*, people with disabilities, etc.) while promoting inclusion and reduction of inequality and discrimination. Working with the Protection Cluster, EECR will also facilitate training for partners on the integration of gender-based violence considerations in livelihoods and durable solutions programmes, in line with IASC guidelines.

Accountability

All EECR Cluster projects will participate in the 2017 YHRP Accountability Framework. Beyond this framework, partners will work to uphold the five IASC commitments on accountability to affected populations. As much as possible, the cluster will engage affected communities in Arabic on cluster priorities, objectives and activities, as well as provide opportunities to contribute and offer feedback. The cluster will also promote consultations with and active participation of affected people in the design, implementation and monitoring of cluster activities. The planned Multi-Cluster Early Recovery Assessment will integrate an AAP component, and the cluster will periodically share best practices and document lessons learned related to AAP for all partners.

PEOPLE TARGETED



REQUIREMENTS (US$)

19.5M

LOGISTICS OBJECTIVE 1

1 Support and enhance coordinated, effective and efficient logistics services.

LOGISTICS OBJECTIVE 2

2 Facilitate access to common services (cargo and passengers transport, storage, fuel) to support humanitarian organizations.

CONTACTS

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LOGISTICS

Response summary

In 2017, the Logistics Cluster will continue to facilitate access to common logistics services for humanitarian partners working in an extremely complex environment. The Cluster will ensure coordination and information management services in Sana'a, Hudaydah and Djibouti, as well as facilitate road, air and sea cargo transport; temporary storage; sea passenger transport between Djibouti and Aden; air passenger transport between Sana'a, Djibout and Amman; and fuel distribution. The Logistics Cluster will also support rehabilitation of Hudaydah port in order to increase berth capacity and augment the discharge rate, thereby facilitating movement of humanitarian cargo.

Pending availability of resources, the following services will be provided at no cost to users: temporary storage in Aden (640 m2), Sana'a (320 m2), and Hudaydah (640 m2); overland cargo transport across Yemen; sea and air cargo transport; sea passenger transport between Djibouti and Aden. Fuel will be distributed to partners on a cost-recovery basis.

See also Annex 2 for more information on activities and targets.

REQUIREMENTS (US$)

3.2M

ETC OBJECTIVE 1

1 Support effective response through timely and reliable ETC services and information sharing.

ETC OBJECTIVE 2

2 Coordinate security telecommunications and IT emergency response activities.

ETC OBJECTIVE 2

3 Provide reliable Internet for the humanitarian community in common operational areas.

CONTACTS

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EMERGENCY TELECOMMUNICATIONS

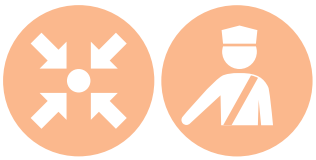
Response summary

The Emergency Telecommunications Cluster works to ensure that humanitarian partners have timely, reliable telecommunications and related services. To address the impact of deteriorating infrastructure, power cuts and lack of data connectivity, the cluster will continue to provide services in Sana'a and on the inter-agency boat used for missions by sea. The cluster also plans to provide services in all active field hubs (currently Al Hudaydah, Aden, Sa'ada and Ibb) These services will include:

- Security telecommunications: Round-the-clock radio rooms, radio network coverage and user training
- Data connectivity: Internet services
- Reliable power: Power charging stations
- Coordination and information: Coordination meetings, updated website, information products, contingency planning
- Accountability: Support for telecommunications-based mechanisms for accountability to affected people.

See also Annex 2 for more information on activities and targets.

COORDINATION AND SAFETY



REQUIREMENTS (US$)

17.9M

COORDINATION OBJECTIVE 1

1 Support humanitarian leadership and coordination to ensure an effective response.

COORDINATION OBJECTIVE 2

2 Promote common understanding of context, needs, priorities and response progress, and lead advocacy and resource mobilization efforts.

SAFETY OBJECTIVE 3

3 Provide safety services to minimize risk and promote operational expansion into field locations.

CONTACTS

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Response summary

Coordination and safety are essential to an effective, evidence-based response that minimizes risks to humanitarian staff. To support effective coordination, it is critical to build a common situational awareness, manage and analyse information, strengthen assessments and planning, monitor response and advocate effectively. Common safety services are needed to support a sustainable scale-up in humanitarian operations and expansion into field locations. In 2017, coordination and safety activities will focus primarily on the following:

- Support HCT and ICCM efforts to take decisions on key policy, security and operational challenges;
- Support efforts to mainstream gender and protection across the response, as well as strengthen engagement with affected communities.
- Manage the humanitarian programme cycle, including assessments, strategic planning and monitoring.
- Monitor and analyse access constraints, and engage relevant stakeholders to address them
- Manage data and information in support of humanitarian decision-making, advocacy and public information, resulting in regular information products.
- Liaise with key stakeholders inside and outside Yemen, including humanitarian partners, donors, authorities and representatives of neighbouring countries, with a view to mobilize resources, promote humanitarian access, facilitate de-confliction of humanitarian operations and advocate respect for international humanitarian law.
- Develop and implement security risk mitigation measures to minimize risks while allowing aid workers to stay and deliver.

See also Annex 2 for more information on activities and targets.

PEOPLE IN NEED

0.46M

PEOPLE TARGETED

0.29M

REQUIREMENTS (US$)

66.9M

OF PARTNERS

10

RMMS OBJECTIVE 1

1 Ensure life-saving, multi-sector assistance and services to vulnerable refugees and migrants
Relates to SO1 & 2

RMMS OBJECTIVE 2

2 Strengthen protection monitoring, response services and advocacy – including access to durable solutions for refugees and migrants.
Relates to SO2

RMMS OBJECTIVE 3

3 Harmonize coordination, capacity development and referral mechanisms.
Relates to SO2 & 4

CONTACTS

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REFUGEE AND MIGRANT MULTI-SECTOR RESPONSE PLAN

Planning assumptions

In line with YHRP planning assumptions, the Refugee and Migrant Multi-Sector Response Plan (RMMS) assumes that ongoing war and insecurity will continue to adversely impact and constrain humanitarian operations. Lack of government structures and prevalence of insecurity have given rise to a proliferation of human smuggling and trafficking, resulting in human rights violations for new arrivals. The existence of criminal networks, human trafficking and other factors will result in large numbers of new arrivals of migrants asylum-seekers in Yemen from the Horn of Africa. Authorities in Yemen will be unable to respond fully to the humanitarian needs of migrants and refugees due to ongoing conflict and economic challenges, and will require support from humanitarian partners.

Response plan

The Refugee and Migrant Multi-Sector Response Plan (RMMS) encompasses programmes geared towards refugees, asylum seekers and migrants in Yemen. In 2017, partners working through the RMMS aim to reach about 290,000 vulnerable asylum seekers, refugees, and migrants with life-saving and protection services, building on programmes implemented last year. The majority of refugees and asylum seekers continue to live in the south, with significant concentrations also living in Sana'a, Al Hudaydah and Hajjah. Migrants are a highly mobile population, often arriving along the southern and western coasts with the intention to pass quickly through Yemen for Gulf countries. In 2017, the RMMS will provide immediate life-saving assistance and essential services (food, WASH, health, shelter and protection) to vulnerable asylum seekers, refugees and migrants, in addition to evacuation and assisted spontaneous return to Somalia.

In addition to services targeting new arrivals at the point of disembarkation, partner activities will centre on areas with high refugee or migrant populations and an established presence of partners, predominantly in Sana'a, Aden, Al Hudaydah and Kharaz refugee camp in Lahj Governorate. Targets in non-urban areas, including rural areas of Taizz and Hajjah, continue to be lower due to a lack of active partner presence and access difficulties.

See also Annex 3 for more information on activities and targets.

NEEDS, TARGETS AND REQUIREMENTS

Clusters	PEOPLE TARGETED	MEN	WOMEN	BOYS	GIRLS	TOTAL REQTS (US$)
Education	0.03M	0.00M	0.00M	0.02M	0.02M	7.7M
Food Security & Agriculture	0.03M	0.01M	0.01M	0.01M	0.01M	2.1M
Health	0.08M	0.03M	0.03M	0.01M	0.01M	10.5M
Protection	0.10M	0.06M	0.02M	0.02M	0.00M	41.9M
Shelter/NFIs/CCCM	0.02M	0.01M	0.00M	0.01M	0.00M	2.8M
WASH	0.02M	0.01M	0.01M	0.01M	0.00M	1.7M
TOTAL	**0.29M**	**0.12M**	**0.07M**	**0.06M**	**0.05M**	**66.9M**

Per sector requirements are approximations only, as many services are provided as part of a multi-sector package.

Capacity to implement

Continuously shrinking protection space due to war and insecurity has impacted negatively upon the operating environment. However, delivery rates in 2016 reflect a relatively strong implementation capacity. RMMS partners reached 59 per cent of targeted beneficiaries in 2016 despite insufficient funding. This included near or over 100 per cent performance against key activities in health, food and water, and protection screening services for refugees and migrants. Other activities, including assisted voluntary return for vulnerable migrants and resettlement places for refugees, had much lower implementation rates due to the context.

Gender and age

All RMMS activities are firmly grounded in a gender analysis. While the majority of migrants who seek assistance are overwhelmingly unaccompanied males aged 14 to 35 years, an important segment of the refugee population is comprised of families, including many mothers accompanied by their children. All activities are therefore adapted to the beneficiary context and to incorporate age, gender and diversity considerations. Data and information are disaggregated by sex, age and country of origin.

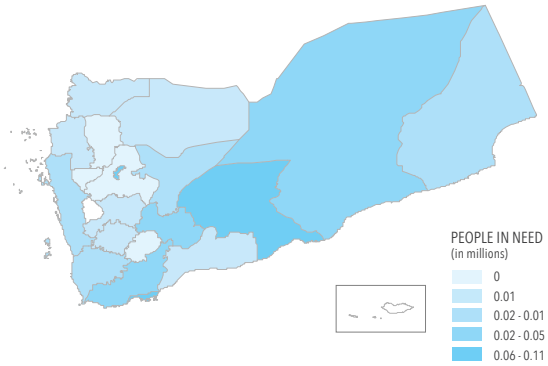
Protection

Protection is at the heart of the RMMS and comprises a comprehensive array of crucial services from legal documentation of refugees and asylum seekers to protection monitoring and protection-sensitive cash or material assistance. Refugees, asylum seekers and migrants, who are often abducted and abused by criminal networks for monetary extortion, suffer a range of human rights violations with resultant effects on their physical and psychosocial well-being. As women and children are at particular risk of GBV incidents, referral to GBV and child protection services, together with GBV prevention, form an essential part of partner activities.

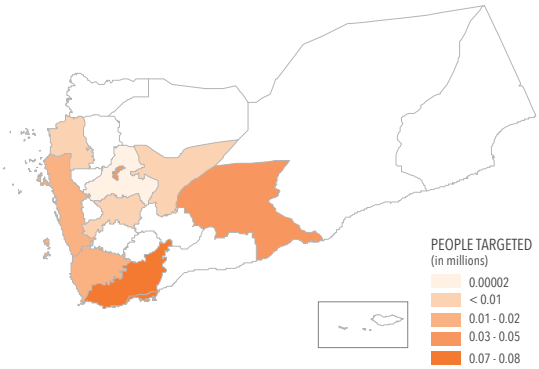
Accountability

Feedback from refugees, asylum seekers and migrants is consistently factored into all programme development and implementation phases. Life-saving assistance is often provided by partners on a case-by-case basis. Regular communication channels are fostered with refugee community leaders, along with the availability of information brochures. A protection hotline operates continuously so as to receive queries and provide advice and referrals.

PEOPLE IN NEED



PEOPLE TARGETED



GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

To download the Yemen humanitarian needs overview, humanitarian response plan and monitoring reports, or to donate directly to organizations participating to the plan, please visit:

www.humanitarianresponse.info/operations/yemen

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

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

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH YEMEN HUMANITARIAN POOLED FUND (YHPF)

The Yemen Humanitarian Pooled Fund is a country-based pooled fund (CBFP). CBPFs are multi-donor humanitarian financing instruments that receive unearmarked funds for allocation in response to humanitarian needs prioritized in the field through joint planning and an inclusive decision-making process. The YHPF promotes coordinated humanitarian response and supports the implementation of the Yemen Humanitarian Response Plan. For more information on CBPFs please visit:

www.unocha.org/what-we-do/humanitarian-financing/country-based-pooled-funds

IN-KIND RELIEF AID

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

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to **fts@un.org** or through the online contribution report form at **http://fts.unocha.org**

PART III: ANNEXES

1. YHRP Strategic Objectives and indicators

2. Operational response plans: Activities and targets

3. Refugee and Migrant Multi-Sector Response Plan: Activities and targets

4. Planning figures: People in need and targeted

5. Emergency food security and nutrition assessment

6. What if? … we fail to respond

1. STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

All indicators related to direct delivery of goods or services will be disaggregated by sex and age in monitoring reports. Targets are based on operational activity targets and have been set at 100 per cent for the year based on clusters' confirmation that targets are entirely achievable if adequate resources are available.

1 Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people receiving emergency food assistance (general food distribution, cash or voucher transfers) (FSA1 + RAM2)	TBD	100% (8,027,983)	Food Security and Agriculture Cluster Multi-Sector
% targeted people receiving emergency safe water supply by direct delivery (water trucking) (WSH4 + RAM3)	TBD	100% (802,984)	WASH Cluster Multi-Sector
Number of medical consultations provided (HEA3)	TBD	100% (5,933,772)	Health Cluster
% targeted mobile health teams operational (HEA8)	TBD	100% (252)	Health Cluster
% targeted children (6-59 months) and pregnant or lactating women provided nutrition services (Nutrition Cluster total target)	TBD	100% (2,564,790)	Nutrition Cluster
% targeted people receiving emergency shelter and NFI support (SHL1 + SHL2 + RAM4)	TBD	100% (1,948,252)	Shelter, NFI & CCCM Cluster Multi-Sector

2 Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people receiving direct protection assistance (Protection Cluster total target + RAM5 + RAM6 + RAM8 + RAM9)	TBD	100% (3,562,494)	Protection Cluster Multi-Sector
% projects funded through humanitarian pooled funds (YHPF, CERF) reporting results from the IASC Gender & Age Marker for Monitoring	TBD	80%	HCT Gender Advisor Clusters OCHA

3 Support and preserve services and institutions essential to immediate humanitarian action and the promotion of livelihoods and resilience.

INDICATORS	BASELINE	TARGET	MONITORED BY
% targeted people benefiting from emergency agricultural livelihoods assistance (FSA2)	TBD	100% (3,300,500)	Food Security and Agriculture Cluster
% targeted people benefiting from emergency non-agricultural livelihoods or business support (ECR2)	TBD	100% (402,857)	EECR Cluster
% targeted square metres of land surveyed for or cleared of contamination of mines or other explosive remnants of war (ECR1)	TBD	100% (986,325)	EECR Cluster
% damaged health facilities rehabilitated (HEA7)	TBD	100% (226 facilities)	Health Cluster
% damaged schools rehabilitated (EDU1)	TBD	100% (471 schools)	Education Cluster
% targeted returnee households receiving return kits (SHL11)	TBD	100% (25,846)	Shelter, NFI & CCCM Cluster

4 Deliver a principled and coordinated humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen.

INDICATORS	BASELINE	TARGET	MONITORED BY
# districts with tracked via Task Force on Population Movements (IDP tracking)	320	333	TFPM
# AAP interventions implemented through YHRP projects	0	5	HCT/OCHA
# public information products issued in Arabic	48	60	OCHA

2. OPERATIONAL RESPONSE PLANS ACTIVITIES AND TARGETS

The tables below summarize activities, indicators and targets aggregated across all different projects. Tables include all cluster-led activities, as well as relevant sectoral activities from the Refugee and Migrant Multi-Sector Response Plan.

FOOD SECURITY AND AGRICULTURE

ACTIVITY	TARGET	TARGET TYPE
Provide emergency food assistance (via general food distribution, cash or voucher transfers)	8,000,000	Individuals
Provide emergency livelihoods assistance (via agricultural inputs, strategies, assets, etc.)	3,300,500	Individuals
Provide livelihoods restoration (income-generating activities, livelihoods skills and assets support)	199,500	Individuals
Food Security and Agriculture Cluster coordination	NA	NA
CLUSTER SUB-TOTAL	8,248,974	Individuals
Provide basic food and drinking water to refugees, asylum seekers or migrants	27,983	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	27,983	Individuals
GRAND TOTAL	8,276,957	Individuals

WATER, SANTATION AND HYGIENE (WASH)

ACTIVITY	TARGET	TARGET TYPE
Provide fuel assistance to operate water supply systems	2,931,698	Individuals
Provide spare parts, operation and maintenance for water supply systems	4,188,930	Individuals
Provide or rehabilitate water infrastructure	2,926,783	Individuals
Provide water disinfecting agents for batch treatment (chlorine)	3,447,123	Individuals
Conduct water quality surveillance	2,473,536	Individuals
Develop institutional capacity building of local water corporations and train water management committees	5,492	Individuals
Provide operational support for sewage treatment plants	1,124,030	Individuals
Provide operational support for solid waste collection and disposal in urban areas	2,757,754	Individuals
Provide or rehabilitate WASH infrastructures in institutions	1,524,724	Individuals
Improve hygiene practices in institutions	1,225,829	Individuals
Provide water trucking for IDPs, vulnerable groups and other affected communities	778,053	Individuals
Provide communal water storage tanks or water points	503,934	Individuals
Distribute household water containers	287,382	Individuals
Distribute household water filters	963,118	Individuals
Distribute chlorine tablets	3,383,416	Individuals

ACTIVITY	TARGET	TARGET TYPE
Construct emergency latrines	197,539	Individuals
Rehabilitate or de-sludge latrines	636,249	Individuals
Conduct solid waste campaigns for IDPs, vulnerable groups and other affected communities	835,045	Individuals
Distribute basic hygiene kits	1,379,678	Individuals
Distribute consumable hygiene kits	1,245,020	Individuals
Train community volunteers in hygiene promotion	6,418	Individuals
Conduct hygiene promotion and community mobilization	2,852,196	Individuals
Conduct needs assessments (informing strategic decision making)	NA	NA
Develop capacity of local WASH partners for preparedness and response	456	Individuals
WASH Cluster coordination	NA	NA
WASH Cluster information management	NA	NA
CLUSTER SUB-TOTAL	**8,291,383**	**Individuals**
Provide WASH services to refugees, asylum seekers or migrants	24,931	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	**24,931**	**Individuals**
GRAND TOTAL	**8,316,314**	**Individuals**

HEALTH

ACTIVITY	TARGET	TARGET TYPE
Support reproductive health services including emergency obstetrics, new born and sexual or gender-based violence care	1,097,748	Individuals
Support routine and outreach immunization, integrated management of childhood illnesses (IMCI) and vaccine-preventable disease surveillance	5,200,571	Individuals
Strengthen the management of communicable diseases, including treatment and prevention	5,933,772	Consultations
Identify the risks of outbreak-prone diseases, including via surveillance system for early detection and response to diseases outbreaks	NA	NA
Support trauma and surgical care (via medicines, supplies, capacity building and deployment of surgical teams)	35,603	Individuals
Provide basic repair or upgrading of health facilities, including equipment and supplies	226	Health facilities
Support health services through emergency mobile medical teams (EMMT) providing integrated health services	252	Mobile health teams
Provide essential and live-saving medicines and supplies, including medicine for chronic illness	8,900,658	Individuals
Support capacity of health facilities to provide essential and live-saving services	2,100	Health facilities
CLUSTER SUB-TOTAL	**10,384,101**	**Individuals**
Provide health assistance to refugees, asylum seekers or migrants (emergency, primary, MISP – including HIV management, psychosocial counselling and services, health education)	83,985	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	**83,985**	**Individuals**
GRAND TOTAL	**10,468,086**	**Individuals**

NUTRITION

ACTIVITY	TARGET	TARGET TYPE
Treat severe acute malnutrition in children (0-59 months)	323,218	Individuals
Treat moderate acute malnutrition in children (6-59 months)	870,897	Individuals
Treat acute malnutrition in pregnant and lactating mothers	552,484	Individuals
Provide micronutrient supplementation for children (6-24 months) who are not enrolled in community-based management of acute malnutrition or blanket supplementary feeding programmes	566,848	Individuals
Provide micronutrient supplementation (iron folate) for pregnant and lactating mothers	552,484	Individuals
Prevent acute malnutrition in children (6-24 months) via blanket supplementary feeding programmes	251,343	Individuals
Provide counselling for mothers or care-takers of children under 2 on infant and young child feeding (IYCF) practices	1,988,941	Individuals
Screen for and detect malnutrition in children under 5, and provide referral to treatment programmes	4,475,110	Individuals
Develop capacity of health staff and community volunteers	9,001	Individuals
Conduct emergency nutrition assessments and coverage evaluation (SMART) and (SQUEAC)	20	Assessments
Strengthen Nutrition Cluster coordination	NA	NA
CLUSTER SUB-TOTAL	**2,573,791**	**Individuals**
REFUGEE AND MIGRANT SUB-TOTAL	**NA**	**NA**
GRAND TOTAL	**2,573,791**	**Individuals**

SHELTER AND NON-FOOD ITEMS / CAMP COORDINATION AND CAMP MANAGEMENT

ACTIVITY	TARGET	TARGET TYPE
Distribute essential non-food items (in-kind, cash, vouchers, pre-positioning)	151,973	Households
Distribute emergency shelter kits or materials (in-kind, cash, vouchers, pre-positioning)	123,299	Households
Provide cash assistance for rental subsidies	12,335	Households
Distribute winter non-food item kits	89,366	Households
Conduct CCCM monitoring and establish baselines at IDP sites	884	IDP sites
Conduct post-distribution monitoring (PDM)	22	Reports
Rehabilitate or extend IDP collective centres	101	Centres
Rehabilitate or reconstruct damaged houses	9,040	Houses
Upgrade or maintain basic shelters in IDP sites	709	Sites
Conduct service mapping using the Settlement Approach	23	Reports
Distribute return kits to IDP returnees	25,846	Households

ACTIVITY	TARGET	TARGET TYPE
Conduct capacity building programmes (Shelter, NFIs, CCCM, IM, etc.)	23	Programmes
CLUSTER SUB-TOTAL	**2,234,793**	**Individuals**
Provide basic shelter to refugees, asylum seekers or migrants	21,348	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	**21,348**	**Individuals**
GRAND TOTAL	**2,256,141**	**Individuals**

PROTECTION

ACTIVITY	TARGET	TARGET TYPE
Conduct population movement tracking and multi-sectoral assessments to inform the humanitarian response and evidence-based advocacy	NA	NA
Engage in monitoring and reporting on protection needs, risks and violations of human rights and international humanitarian law as basis for mobilizing humanitarian response and advocacy	NA	NA
Establish new or support existing community-based protection networks (CBPNs)	1,260	CBPNs
Deliver information on displacement-related rights, availability of humanitarian assistance or feedback mechanisms (via group-based information sessions or call centre)	504,000	Individuals
Provide cash assistance to vulnerable conflict-affected individuals	91,882	Individuals
Provide psychosocial support to conflict-affected individuals in one-on-one or group counselling sessions	25,200	Individuals
Provide legal assistance to conflict-affected individuals	10,584	Individuals
Conduct capacity building for local authorities, humanitarian partners and community members on protection issues	900	Individuals
Protection Cluster coordination (Main cluster)	NA	NA
Monitored, document and report on grave child rights violation through the monitoring and reporting mechanism (MRM)	NA	NA
Provide life-saving information on risks of physical injury or death due to mine/UXO/ERW in conflict-affected communities	1,684,106	Individuals
Provide quality psychosocial support to conflict affected children and care-givers via in-person or group counselling sessions	682,268	Individuals
Provide life-saving protection services to children separated from their care-givers	2,794	Individuals
Provide medical referral and rehabilitation assistance to children with conflict-related injuries or disabilities	1,540	Individuals
Identify vulnerable children at high risk and ensure provision of life-saving, multi-sectoral services	8,598	Individuals
Child Protection Sub-Cluster coordination	NA	NA
Provide services to GBV survivors, including referral for health, legal, psychosocial, shelter and income-generating skills	28,734	Individuals
Develop capacity of service providers and partners via training on GBV services package, survival care, safe referrals and psychological first aid	480	Individuals
Prevent or mitigate GBV by raising awareness among individuals and households (in-person sessions)	359,172	Individuals

ACTIVITY	TARGET	TARGET TYPE
Prevent or mitigate GBV by raising awareness among individuals and households (media campaigns and other general outreach)	NA	NA
GBV Sub-Cluster coordination	NA	NA
Provide income-generating activities and life skills to the most vulnerable women, girls, men and boys	31,607	Individuals
Procure and distribute dignity kits to the most affected displaced people, and provide post-rape treatment kits to health facilities	28,756	Individuals
CLUSTER SUB-TOTAL	3,460,622	Individuals
Provide screening, registration and documentation to refugees, asylum seekers or migrants	75,564	Individuals
Provide child protection services for unaccompanied or separated children from the refugee, asylum seeker or migrant population	3,317	Individuals
Provide material or cash assistance to refugees, asylum seekers or migrants	19,015	Individuals
Support humanitarian admissions programmes, voluntary return and third-country resettlement for refugees, asylum seekers or migrants	3,976	Individuals
Develop capacity and sensitize key stakeholders on issues related to refugees, asylum seekers or migrants	1,118	Individuals
Track migrant routes	NA	NA
REFUGEE AND MIGRANT SUB-TOTAL	102,990	Individuals
GRAND TOTAL	3,563,611	Individuals

EDUCATION

ACTIVITY	TARGET	TARGET TYPE
Conduct emergency repairs of affected schools	411,730	Individuals
Provide basic school furniture to affected schools	114,369	Individuals
Provide basic school supplies to students in crisis-affected areas (school bags, textbooks)	1,006,450	Individuals
Provide temporary or alternative learning spaces for crisis-affected children and adolescents	22,874	Individuals
Provide school-based psychosocial support to children	343,108	Individuals
Train education staff on education in emergencies and provide exam support	252,212	Individuals
CLUSTER SUB-TOTAL	1,029,326	Individuals
Provide education services to refugees, asylum seekers or migrants	31,947	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	31,947	Individuals
GRAND TOTAL	1,061,273	Individuals

EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

ACTIVITY	TARGET	TARGET TYPE
Conduct effective mine action in conflict-affected districts, including survey and clearance	986,325	Square metres
Provide immediate, alternative sources of income to conflict-affected people	402,857	Individuals
Strengthen capacity of national humanitarian actors	1,139	Individuals
Conduct a national Multi-Cluster Early Recovery Assessment	22	Governorates
CLUSTER SUB-TOTAL	1,388,238	Individuals
REFUGEE AND MIGRANT SUB-TOTAL	NA	NA
GRAND TOTAL	1,388,238	Individuals

LOGISTICS

ACTIVITY	TARGET	TARGET TYPE
Logistics Cluster coordination and information management	NA	NA
Provide common logistics services	NA	NA
Provide passenger sea transport between Aden and Djibouti	NA	NA
Distribute fuel to humanitarian partners	NA	NA
Support augmentation of port of Al Hudaydah	NA	NA
Provide passenger air transport on UNHAS	NA	NA

EMERGENCY TELECOMMUNICATIONS

ACTIVITY	TARGET	TARGET TYPE
Emergency Telecommunications Cluster coordination and information management	NA	NA
Provide secure telecommunications services and charging stations for humanitarian partners	NA	NA
Establish and maintain shared Internet services for humanitarian partners	NA	NA
Support establishment of beneficiary feedback mechanism	NA	NA
Develop capacity of local partners for emergency telecommunications	NA	NA
Develop contingency plan covering emergency telecommunications	NA	NA

COORDINATION AND SAFETY

ACTIVITY	TARGET	TARGET TYPE
Operation-wide coordination services	NA	NA
Operation-wide engagement with affected communities	NA	NA
Operation-wide security services	NA	NA

3. OPERATIONAL REFUGEE AND MIGRANT RESPONSE PLAN ACTIVITIES AND TARGETS

All activities and targets included in the Refugee and Migrant Multi-Sector Response Plan (RMMS) are summarized below. For reference, these activities are also included in relevant sectoral sections.

REFUGEE AND MIGRANT MULTI-SECTOR RESPONSE PLAN (RMMS)

ACTIVITY	TARGET	TARGET TYPE
Provide health assistance to refugees, asylum seekers or migrants (emergency, primary, MISP – including HIV management, psychosocial counselling and services, health education)	83,985	Individuals
Provide basic food and drinking water to refugees, asylum seekers or migrants	27,983	Individuals
Provide WASH services to refugees, asylum seekers or migrants	24,931	Individuals
Provide basic shelter to refugees, asylum seekers or migrants	21,348	Individuals
Provide screening, registration and documentation to refugees, asylum seekers or migrants	75,564	Individuals
Provide child protection services for unaccompanied or separated children from the refugee, asylum seeker or migrant population	3,317	Individuals
Provide education services to refugees, asylum seekers or migrants	31,947	Individuals
Provide material or cash assistance to refugees, asylum seekers or migrants	19,015	Individuals
Support humanitarian admissions programmes, voluntary return and third-country resettlement for refugees, asylum seekers or migrants	3,976	Individuals
Develop capacity and sensitize key stakeholders on issues related to refugees, asylum seekers or migrants	1,118	Individuals
Track migrant routes	NA	NA
RMMS GRAND TOTAL	**293,184**	**Individuals**

PEOPLE IN NEED

October 2016 (in millions)

	CURRENT ESTIMATED POPULATION	IDPs	VULNERABLE HOSTS	REFUGEES and MIGRANTS	RETURNEES	TOTAL PEOPLE IN NEED	% TOTAL POPULATION IN ACUTE NEED
Abyan	0.57	0.02	0.01	0.00	0.11	0.42	48%
Aden	0.89	0.03	0.02	0.11	0.37	0.77	43%
Al Bayda	0.75	0.03	0.01	0.03	0.00	0.53	37%
Al Dhale'e	0.71	0.03	0.06	0.00	0.03	0.54	48%
Al Hudaydah	3.2	0.10	0.04	0.01	0.00	1.9	34%
Al Jawf	0.57	0.04	0.01	0.00	0.00	0.43	50%
Al Maharah	0.14	0.00	0.00	0.01	0.00	0.10	35%
Al Mahwit	0.72	0.05	0.04	0.00	0.00	0.38	10%
Am. Al Asimah	2.9	0.16	0.02	0.09	0.22	2.0	39%
Amran	1.1	0.11	0.06	0.00	0.01	0.70	26%
Dhamar	1.9	0.14	0.11	0.01	0.02	1.1	21%
Hadramaut	1.4	0.01	0.00	0.03	0.03	0.75	13%
Hajjah	2.1	0.49	0.24	0.00	0.04	1.6	46%
Ibb	2.9	0.11	0.12	0.00	0.01	1.6	25%
Lahj	0.99	0.06	0.06	0.05	0.07	0.82	55%
Marib	0.34	0.05	0.01	0.01	0.03	0.21	35%
Raymah	0.60	0.05	0.08	0.00	0.00	0.39	22%
Sa'ada	0.85	0.07	0.06	0.00	0.03	0.76	82%
Sana'a	1.2	0.20	0.25	0.00	0.00	0.93	37%
Shabwah	0.63	0.01	0.02	0.10	0.07	0.55	49%
Socotra	0.06	0.00	0.00	0.00	0.00	0.03	3%
Taizz	2.8	0.43	0.46	0.01	0.10	2.2	55%
TOTAL	**27.4**	**2.2**	**1.7**	**0.46**	**1.1**	**18.8**	**38%**

PEOPLE TARGETED
(in millions)

	PEOPLE IN ACUTE NEED	VS PEOPLE IN NEED		PEOPLE TARGETED (CLUSTERS)	PEOPLE TARGETED (RAM)	TOTAL PEOPLE TARGETED*	VS PEOPLE IN NEED	
Abyan	0.27	65%	0.42	0.32		77%		0.32
Aden	0.38	49%	0.77	0.67	0.07	96%		0.74
Al Bayda	0.27	52%	0.53	0.32		60%		0.32
Al Dhale'e	0.34	64%	0.54	0.37		69%		0.37
Al Hudaydah	1.1	55%	1.9	1.2	0.02	64%		1.3
Al Jawf	0.29	66%	0.43	0.28		65%		0.28
Al Maharah	0.05	49%	0.10	0.05		51%		0.05
Al Mahwit	0.07	19%	0.38	0.23		61%		0.23
Am. Al Asimah	1.1	55%	2.0	1.5	0.07	76%		1.5
Amran	0.29	41%	0.70	0.54		77%		0.54
Dhamar	0.42	40%	1.1	0.55		52%		0.55
Hadramaut	0.18	24%	0.75	0.44		58%		0.44
Hajjah	0.98	60%	1.6	0.92		56%		0.92
Ibb	0.73	45%	1.6	1.0		62%		1.0
Lahj	0.55	66%	0.82	0.54	0.09	77%		0.63
Marib	0.12	56%	0.21	0.12		58%		0.12
Raymah	0.13	33%	0.39	0.17		42%		0.17
Sa'ada	0.70	93%	0.76	0.46		61%		0.46
Sana'a	0.45	48%	0.93	0.49		53%		0.49
Shabwah	0.31	56%	0.55	0.26	0.03	53%		0.29
Socotra	0	7%	0.03	0.02		60%		0.02
Taizz	1.6	71%	2.20	1.2	0.01	55%		1.2
TOTAL	**18.8**	**55%**	**10.3**	**11.7**	**0.29**	**64%**		**12.0**

* "Total people in need" and "total people targeted" refer to the sum of Yemeni nationals in need and targeted, as identified by the humanitarian clusters, and refugees, asylum seekers and migrants identified and targeted through the Refugee and Migrant Multi-Sector Response Plan (RMMS). People in need figures are taken from the 2017 HNO.

5. EMERGENCY FOOD SECURITY AND NUTRITION ASSESSMENT

Initial results from the Emergency Food Security and Nutrition Assessment (EFSNA) indicate alarming and rapidly deteriorating food security and nutrition conditions in Yemen. About 17.1 million people are now food insecure – a 20 per cent increase over estimates in the 2017 HNO. High rates of acute malnutrition and falling agricultural production persist across the country.

The Emergency Food Security and Nutrition Assessment (EFSNA) is the first national, household-level assessment conducted in Yemen since the escalation of conflict in mid-March 2015. Assessment teams completed data collection in 18 governorates, with a sample size of 360 households per governorate using surveys, anthropometric measurements, key informant interviews and focus-group discussions. Secondary data was used to estimate results in Sa'ada and Taizz where data collection and analysis have faced delays.

The assessment was led by FAO, UNICEF and WFP, working with Yemeni authorities. Initial results are summarized below and were endorsed by the EFSNA Steering Committee in January 2017. Final results will be available in early March and will inform the first YHRP review in April.

Food security

- An estimated 65 per cent of households are now food insecure, including 30 per cent that are severely food insecure. This corresponds to roughly 17.1 million food insecure people, including 7.3 million who are severely food insecure.
- Food insecurity has increased sharply as a result of the conflict. In 2014, 41 per cent of households were food insecure, including 19 per cent that were severely food insecure. Total food insecurity has therefore increased by 24 per cent, and severe food insecurity has increased by 11 per cent.
- Negative coping mechanisms are widespread. More than 60 per cent of households are employing negative consumption-related coping mechanisms. More than 80 per cent of Yemenis are in debt, and more than 50 per cent of households are buying food on credit.
- About 75 per cent of households report much worse economic conditions compared to the period before the crisis. According to the Central Statistics Office, the cost of living is now 40 per cent higher than before the crisis. The increased cost of living comes amid deteriorating incomes, disrupted livelihoods and non-payment or erratic payment of public-sector salaries.

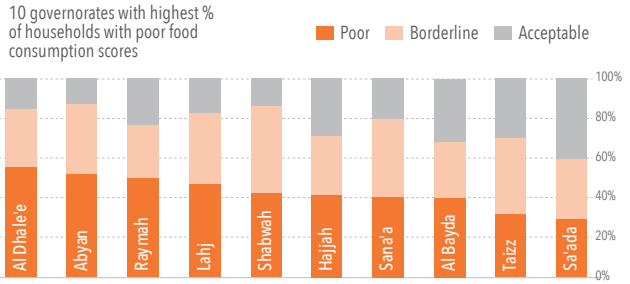
Nutrition

- Preliminary EFSNA results show global acute malnutrition (GAM) rates similar to rates estimated in the 2017 HNO and based on SMART surveys. Further analysis is under way, and final results will inform the first review of the YHRP in April 2017.

Agriculture

- Agriculture is the backbone for at least 60 per cent of Yemeni households.
- Agricultural production drastically declined in 2016 as compared to the pre-crisis period. This includes a 48 per cent decline in cereal production and a 45 per cent decline in livestock. The severe decline in agricultural production can be attributed to the following:
  - 85 per cent of households lack access to critical agricultural inputs (seeds, fertilizer, fuel for irrigation, etc.)
  - 64 per cent of households lack access to animal feed (fodder, concentrate, mineral blocks, etc.)
  - 54 per cent of households are plagued by inadequate control of crop and livestock disease
  - 50 per cent of households have been forced to sell livestock to cater for other household needs, such as food, healthcare, etc.

% HOUSEHOLDS BY FOOD CONSUMPTION SCORE



Source: EFSNA (Jan 2017).

WHAT IF?

...WE FAIL TO RESPOND

MORE THAN 7 MILLION SEVERELY FOOD INSECURE PEOPLE WILL RISK STARVATION

Over 14 million Yemenis – more than half of the population – don't know where their next meal will come from. Early results from a major assessment indicate that more than 17 million Yemenis are food insecure, including 7.3 million who are severely food insecure. Millions risk starvation without urgent assistance.

MORE THAN 8 MILLION PEOPLE WILL LACK ACCESS TO DRINKING WATER AND SANITATION

Without assistance, more than 8 million people will be unable to meet their basic WASH needs. Failing water and sanitation systems will increase the risks of a public health crisis, potentially worsening recent outbreaks of cholera, dengue and scabies, as well as further aggravating already dire rates of malnutrition.

HEALTH SERVICES WILL DECLINE EVEN FURTHER, LEADING TO LARGE INCREASES IN MORTALITY

Without immediate support, health service availability will decline sharply, translating into excessive mortality – particularly for children under 5 and mothers. Vaccination coverage will decline substantially across the country. Major disease outbreaks could occur and would see excessive mortality among malnourished children. These outbreaks could cross borders and include polio. Trauma mortality will also increase.

NEARLY 1.2 MILLION MALNOURISHED CHILDREN WILL FACE GREATER RISK OF DEATH

Partners aim to treat 323,000 severely acutely malnourished children and 871,000 moderately acutely malnourished children this year. Without immediate treatment, severely acutely malnourished children are ten times likelier to die than their healthy peers. Moderately acutely malnourished children are three times likelier to die. In non-fatal cases, malnutrition threatens to permanently stunt affected children's cognitive and physical development, robbing them of their full potential.

MILLIONS OF PEOPLE WILL FACE GRAVE THREATS TO THEIR BASIC RIGHTS WITH NO SUPPORT

Urgent support is needed to promote protection of civilians and support survivors of violations. Since mid-March 2015, nearly 48,000 people have been killed or injured in the conflict – an average of 73 every day. More than 8,000 cases of gender-based violence were reported from January to September 2016, and nearly 1,300 children were verified to have been recruited by armed groups during the same period.

LANDMINES AND OTHER EXPLOSIVES WILL THREATEN LIVES AND DELAY ASSISTANCE

Without rapid mine action, residents and displaced people in contaminated areas of 15 governorates will face serious threats to their lives and assets. Identifying and clearing contamination of landmines and other explosives is essential to ensuring a safe humanitarian response and jumpstarting communities' early recovery.

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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

http://ochayemen.org/hrp-2017

www.unocha.org/yemen

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