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HUMANITARIAN RESPONSE PLAN

June – December 2020



OCHA

JUNE 2020



YEMEN



ESTIMATED POPULATION

30.5M



PEOPLE IN NEED

24.3M



PEOPLE TARGETED

19M



REQUIREMENTS(US\$)

2.41B*

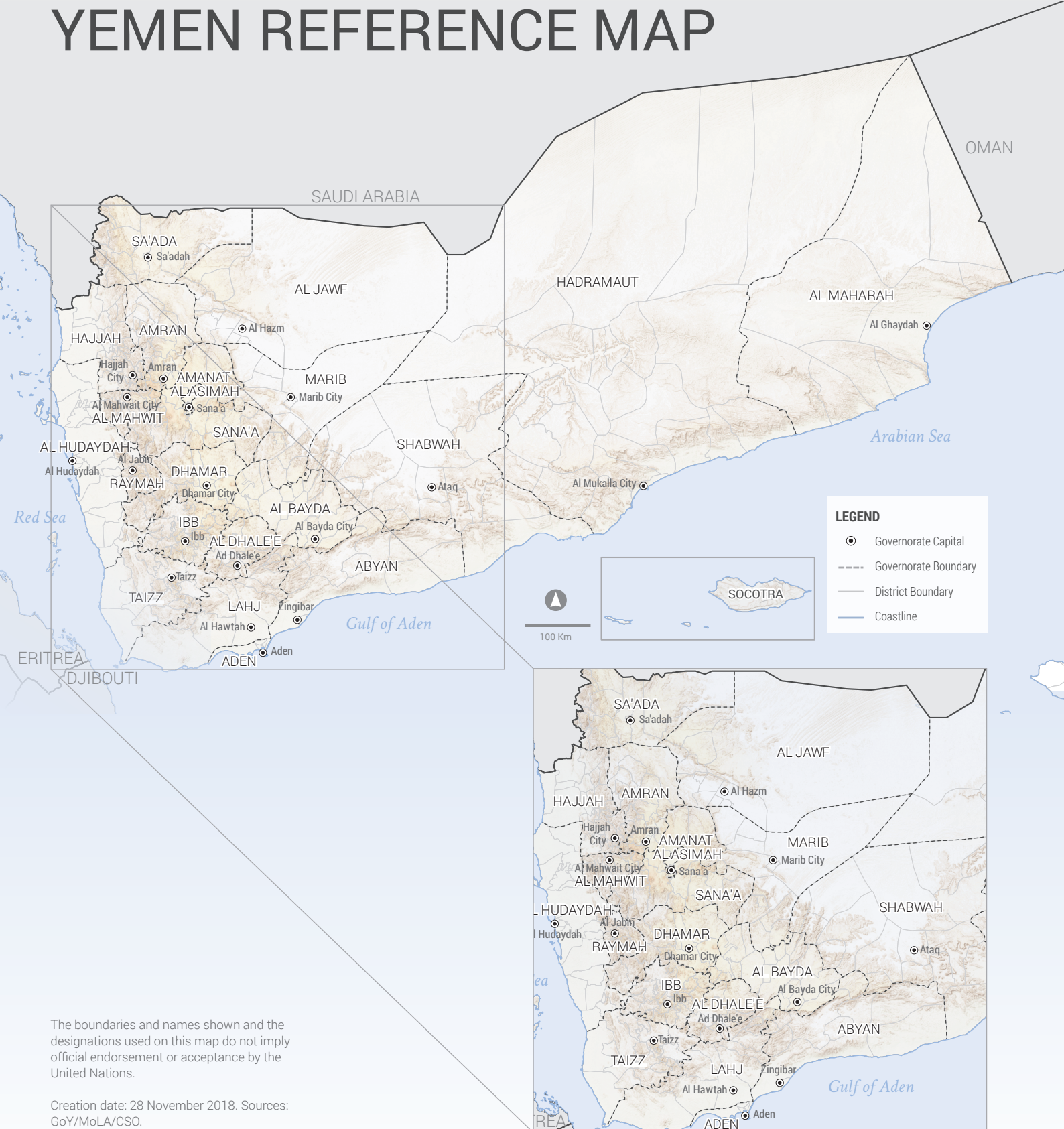


HUMANITARIAN PARTNERS

208

*Includes \$2.23 B in this plan and \$180 M for Yemen through the COVID-19 Global Humanitarian Response Plan. See page 3 for details.

YEMEN REFERENCE MAP



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 28 November 2018. Sources: GoY/MoLA/CSO.

EXTENSION

The current Humanitarian Response Plan for Yemen is being extended to cover the period from June through the end of December 2020.

The first section of the Extension describes the humanitarian crisis and the factors driving vulnerabilities in Yemen including conflict, disease, economic collapse, the breakdown of public institutions and services and since March 2020, COVID-19.

The first section also includes the estimated number of people in need (PIN). Approval to conduct the Food Security and Livelihoods Assessment (FSLA), the Standardized Monitoring and Assessment of Relief and Transitions (SMART) Surveys, and the Multi-Cluster Location Assessment (MCLA) in northern areas was granted only in March, delaying the 2020 Humanitarian Needs Overview. Pending the results of these assessments, which are expected in June and July, each cluster has derived an estimated PIN on the basis of the localized cluster-specific assessments they were able to conduct during 2019, or alternatively, by extrapolating from last year's FSLA, MCLA and SMART surveys. As soon as the new data is available, each cluster will review, and if necessary adjust their PIN.

The second section focuses on the operating environment and the factors that impact the ability of partners to deliver principled humanitarian assistance, particularly in northern Yemen. This section describes the steps partners are taking to identify and mitigate the risks they are facing and acknowledges the concrete progress being made to reach benchmarks with authorities in northern Yemen to improve operating conditions and put the humanitarian partnership on firm ground.














The third section presents updated information on the operational capacity of each cluster including the impact of regulatory restrictions, defunding, calibration, partner presence and COVID-19 on their ability to reach people and deliver principled aid.

The fourth section presents the strategic objectives which will guide the operation during the second half of 2020 and includes a snapshot of progress and impact over the course of the past year. This section also presents summaries of each Cluster Strategy. Strategies are sequenced across first-line, second-line and full cluster responses and include optimal targets, if conditions permit, and lower targets, if constraints persist. The requirements for each cluster are based on optimal targets. The chart at the end of this section also includes cluster requirements for lower targets.

Note on COVID-19: As of 27 May, COVID-19 is spreading rapidly across Yemen. Health facilities are already overwhelmed and many are being forced to turn patients away. Humanitarian partners are focusing on three key priorities. 19,000 community volunteers and influencers are being mobilized to explain to millions of people across the country how the virus is transmitted and what can be done to stop its spread. Working with the private sector, partners are fast-tracking the procurement, transport and distribution of COVID-19 supplies including PPE, oxygen concentrators, ICU beds, tests, reagents and ventilators. With one of the highest case fatality rates in the region, partners are giving the highest priority to rapidly expanding ICU capacity to treat hospitalized cases. Yemen's part of the Global Humanitarian Response Plan comes to \$180 million as of 27 May; this figure will be regularly revised as part of the wider GHRP process. COVID-19 activities and requirements in the GHRP are in addition to activities and requirements outlined in this document.



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THE CRISIS



5 YEARS
OF CONFLICT



100K
PEOPLE HAVE DIED
DUE TO COMBAT



OVER 230
DISTRICTS ARE FOOD
INSECURE



ONLY 50%
OF HEALTH FACILITIES
ARE FULLY FUNCTIONAL



3.6M
PEOPLE BEEN DISPLACED
INCLUDING 375,000 IN 2019

The humanitarian crisis in Yemen remains the worst in the world, driven by conflict, disease, economic collapse and the breakdown of public institutions and services. After five years of continuous war, millions of people are hungry, ill, destitute and acutely vulnerable. A staggering 80 percent of the entire population requires some form of humanitarian assistance and protection. Three years ago, Yemen experienced the worst cholera outbreak in modern times and for the past 18 months, the country has been on the brink of famine. Yemen has the fourth largest number of displaced persons in the world. During the first half of 2020, once-in-a generation flooding has devastated southern communities and fueled the spread of killer diseases including cholera, dengue, malaria and diphtheria. Of the threats facing Yemen, perhaps none is as cataclysmic as COVID-19, which has been present since March and is spreading unmitigated and unchecked across the country. Public health officials warn that the combination of extreme vulnerability and low general immunity puts Yemen at exceptional risk. Unless steps to suppress and address COVID-19 are immediately scaled-up, the virus is likely to spread faster, more widely and with deadlier consequences than almost anywhere else.

The outlook until the end of the year is bleak. Although the number of air strikes and civilian deaths dropped sharply during the last quarter of 2019 from 163 strikes in October to 26 in December and from 210 civilian deaths in November to 151 in December, fighting has intensified and expanded during the first months of 2020. Since January, seven new frontlines have opened. Fighting has intensified along 19 frontlines during March and is now on-going along 42. More than 81,420 people have been displaced in the last five months, most from near the new frontlines in Marib, Jawf and Nimh. Communities in southern Yemen already struggling from the lack of basic services and public goods face are being further destabilized by political fragmentation. There are worrying signs that discrimination, stigmatization and marginalization are on the rise. The 422,000 migrants, asylum-seekers and refugees who are in Yemen are at extreme risk; many are subjected to inhumane conditions that clearly violate international norms.

Famine continues to stalk the country. Two-thirds of all Yemenis are hungry, and nearly half do not know when they will next eat. Twenty-five percent of the population, including 2.1 million children and 1.2 million pregnant and lactating women, suffer from either moderate or severe malnutrition. Nearly a million and a half families depend on food assistance to survive, the majority of whom have no visible means of support. A further 10 million people have just enough income to buy what they need in local markets but are highly sensitive to minute increases in the cost of food and fuel and often forced to reduce food consumption for weeks and months during periods of currency volatility. The few companies that are able to supply local markets face paralyzing constraints including liquidity shortages, import restrictions, double taxation, and if importing into northern Yemen, punitive air and sea blockades.

Global shortages and restrictions resulting from the COVID-19 pandemic are expected to hit Yemen hard, reducing available tonnage, increasing transport costs and diverting credit to other more profitable markets. Remittances have already declined by more than 15 percent during the half of 2020 and oil imports have dropped 40 percent. Economists expect a major contraction of the economy in coming months with all indicators pointing to loss of household income, rising food prices, rising inflation and declining food imports.

Many of the public institutions that Yemenis depend on to provide electricity, water, sanitation, transport, social support, health and education face collapse under the weight of COVID-19, shortages, budget cuts and defunding. Already this is happening in the health sector where front-line workers who have been unpaid for months and are now forced to work in COVID-19 wards without protection, are abandoning posts. Although travel allowances were given to teachers through generous international support last year, salaries haven't been paid since 2016. Educators working in 10,000 schools across Yemen have been doing their best to keep classrooms open; many are increasingly unable to do so. The impact if more social institutions fail will be immediate, significant and possibly irreversible. Only half of health facilities and two-thirds of schools are currently functioning. One-third of all school-age children were already out of school before COVID-19 closures. Dropout rates are expected to escalate sharply in the months ahead as families struggle to deal with the consequences of the pandemic. Electricity is tightly rationed and often available in hard-hit areas for only a few hours a day. Telecommunications and internet services are unreliable. Fuel imports are irregular, with prolonged shortages frequently bringing parts of northern Yemen to a standstill. The water infrastructure is degraded and operating at less than 5 percent efficiency. Roads, including major trunk routes between northern and southern Yemen, are damaged, unable to support the tonnage required to keep basic goods moving to local markets.

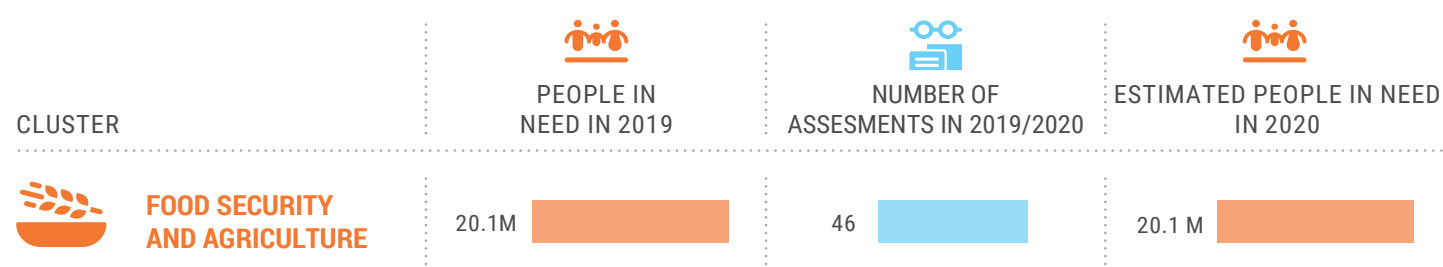
NEEDS

Evidence Base

Humanitarian partners continue to seek approvals from authorities for cluster-specific and general needs assessments. Approval to conduct the Food Security and Livelihoods Assessment (FSLA), Standardized Monitoring and Assessment of Relief and Transitions (SMART) Surveys, and Multi-Cluster Location Assessment (MCLA) in northern areas was finally secured in March, delaying the 2020 Humanitarian Needs Overview for nine months. For the purposes of this HRP Extension,

clusters have used localized cluster-specific and multi-cluster rapid needs assessments to estimate the number of People in Need (PIN). As soon as data from the FSLA, SMART and MCLA is available, clusters will adjust their estimated PIN. The following chart summarizes the number and type of available assessments each cluster has used to estimate their PIN.

ESTIMATED PEOPLE IN NEED



The cluster is basing the estimated PIN on the December 2018 Integrated Food Security Phase Classification (IPC) results and a hotspot IPC analysis conducted in July 2019 for 29 districts out of the 45 that had populations in IPC phase 5 catastrophe. The cluster PIN is maintained since no new evidence exists to indicate a positive evolution with regards to the underlying causes of vulnerability.



The cluster is basing the estimated PIN on the following assessments: 2018 SMART surveys in 7 governorates, 2019 SMART surveys in 12 governorates, 2017 SMART surveys in one governorate and a 2016 Emergency Food Security and Nutrition Assessment in two governorates. The cluster PIN is maintained since the under-five population has not been updated and limited new evidence exists to indicate an evolution in nutrition needs at national level.



The cluster is basing the estimated PIN on an extrapolation and analysis of Health Cluster indicators and available data. The 2020 PIN is slightly decreased by 1.8 million people compared to 2019 attributed to the efforts made by Health Cluster partners to ensure people have access to basic health services.





















The cluster is basing the estimated PIN on comprehensive secondary data revised of Core WASH Needs, Broader WASH Outcomes and hazards comprised of 114 partner assessments, additional data sources and WASH morbidities data. The cluster total PIN is revised upwards, increasing by 2.7 million compared to 2019.



The cluster is basing the estimated PIN on the 2018 MCLA and 55 micro assessments. The cluster PIN is maintained since no new evidence exists to indicate an evolution in protection needs.

ESTIMATED PEOPLE IN NEED

CLUSTER	PEOPLE IN NEED IN 2019	NUMBER OF ASSESMENTS IN 2019/2020	ESTIMATED PEOPLE IN NEED IN 2020
 SHELTER AND NFI	6.7M 	52 	7.2 M 
<p>The cluster is basing the estimated PIN on the 2018 MCLA, updated for 2019 HNO and strengthen with 57 local assessments conducted from January 2020 to reflect latest tendencies. Using crosschecking methodology encompassing new displacement and recurrent seasonal needs as flood and winterization, the projection of the PiN until December 2020 is estimated at 7.27 M.</p>			
 CAMP COORDINATION AND CAMP MANAGEMENT	-	10 	1.1 M 
<p>The cluster is basing the estimated PIN on CCCM IDP Hosting Site Master Lists and the CCCM Site Report covering October 2019 to April 2020. There is no CCCM PiN for 2019 (cluster activated in July 2019).</p>			
 RAPID RESPONSE MECHANISM	-	1 	0.8 M 
<p>The cluster is basing the estimated target on extrapolation of the last twelve months (April 2019 to April 2020) average monthly caseload. There is no RRM PiN for 2019.</p>			
 EDUCATION	4.7M 	13 	5.5 M 
<p>The cluster is basing the estimated PIN on the 2018 MCLA, Task Force for Population Movement (TFPM) figures, Ministry of Education (MoE) enrolment records and field data. The cluster PIN is revised upwards, increasing by 800,000 compared to 2019.</p>			
 REFUGEES AND MIGRANTS MULTI SECTOR	0.2M 	49 	0.3 M 
<p>The cluster is basing the estimated PIN on 2018 MCLA baseline revised with monthly protection monitoring assessments, targeted vulnerability assessments, participatory assessments, focus group discussions and an analysis of the registration database, flow monitoring reports (DTM); and COVID mobility impact assessment (2020/DTM). The sector PIN increases this year given the above-mentioned assessment enable to identify more vulnerabilities. Also, during COVID, the loss of source of incomes and the heightened risk of arrest, detention, violence and abuse affected the needs and protection risks of the population</p>			



A global pandemic amidst the largest humanitarian crisis in the world

On 10 April 2020, Yemen declared its first COVID-19 case and over the course of the next seven weeks confirmed a further 226 cases* of COVID-19, with 43 deaths. COVID-19 is now in full blown transmission.

Modelers estimate that in a most likely scenario, 55 per cent of the population may be infected, over 42,000 may die and nearly 300,000 people are likely to require hospitalization. Unless comprehensive mitigation and suppression measures are immediately introduced and observed, Yemen may face an even worse scenario.

Health partners are doing everything they can to help mitigate and address COVID-19, while safeguarding the existing health system from collapse. For COVID-19 specifically, humanitarian partners are prioritizing three lines of effort. **Activities and requirements for these efforts are mainly organized as part of the Global Humanitarian Response Plan (GHRP) for the COVID-19 pandemic; see page 3 for information on how the GHRP is linked to this document.**

The aim of the first line of effort is to suppress transmission of the virus by mobilizing community volunteers and influencers to explain to millions of people across the country what the virus is, how it is transmitted and what can be done to stop its spread.

Nineteen thousand mobilizers, who have been working to stop cholera, are being retrained to address COVID-19. Working through local networks, these volunteers are helping to reduce fear and raise awareness by highlighting that everyone is at potential risk. Volunteers promote responsible health-seeking behaviors and in high risk areas including IDP sites, are encouraging communities to shield acutely vulnerable families from virus transmission.

Other parts of the cholera platform are being repurposed to fight COVID-19. This includes the 333 rapid response teams which undertake testing and trace contacts if tests are positive and the 28 Emergency Operations Centres which help to coordinate COVID-19 activities in key

population centres.

The aim of the second line of effort is to fast track the procurement, transport and distribution of COVID-19 supplies including personal protection equipment, oxygen concentrators, ICU beds, tests, lab reagents and ventilators. Faced with global shortages of all essential COVID-19 supplies, partners are using multiple mechanisms and channels to secure what is needed.

Channels include government-to-government contributions facilitated by the UN, innovative new partnerships between public and private sector actors and preferential access to WHO, UNICEF and UNFPA global supply chains. With its network of air and sea assets, WFP is coordinating delivery and transportation of COVID-19 supplies from China, Europe and a number of Middle East countries through the Aden and Sana'a airports and the Aden and Hodeida seaports.

The aim of the third line of effort is to save as many lives as possible, including people who are critically ill with COVID-19, by rapidly expanding capacity to treat hospitalized cases. Thirty-eight designated hospitals have been re-purposed to treat severe cases. Isolation units are being established in each of these with trained staff, oxygen, medical equipment and personal protection equipment. Twenty-one additional units will be established in coming weeks. Partners will also restart incentive payments for front-line COVID-19 health workers for a six-month period. Faced with a growing outbreak and exceptionally high case fatality rates, discussions are underway to deploy field hospitals to both Aden and Sana'a. These hospitals will provide additional bed capacity and technical 'know how' to bolster and strengthen clinical management.

* Number of confirmed COVID-19 cases and deaths as of 26 May 2020.



PART II:
THE OPERATING
ENVIRONMENT

THE OPERATING

ENVIRONMENT

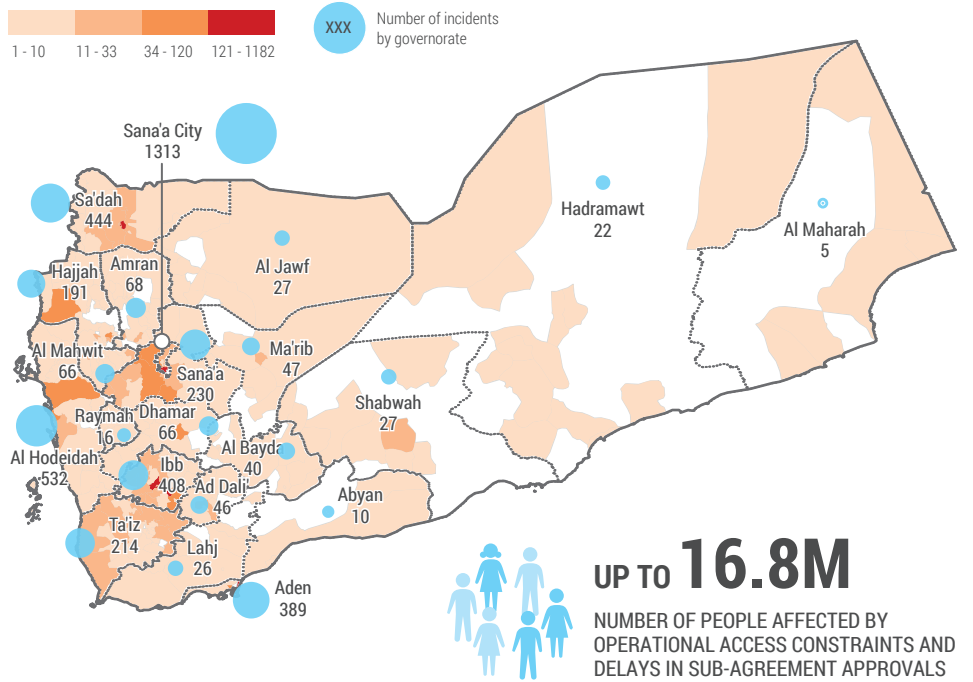
4.2K
INCIDENTS REPORTED

585
INCIDENTS OF VIOLENCE AGAINST HUMANITARIAN PERSONNEL AND ASSETS

9M
ESTIMATED NUMBER OF PEOPLE AFFECTED BY DELAYED PROJECT APPROVALS

The operating environment has deteriorated sharply in the past year, making it increasingly difficult to assure beneficiaries, donors and counterparts that aid is being delivered in accordance with humanitarian principles and is reaching the people who need it the most, particularly in northern Yemen. Since January 2019, 17 million people have been impacted by operational constraints. Two hundred of Yemen's 333 districts, where more than 11

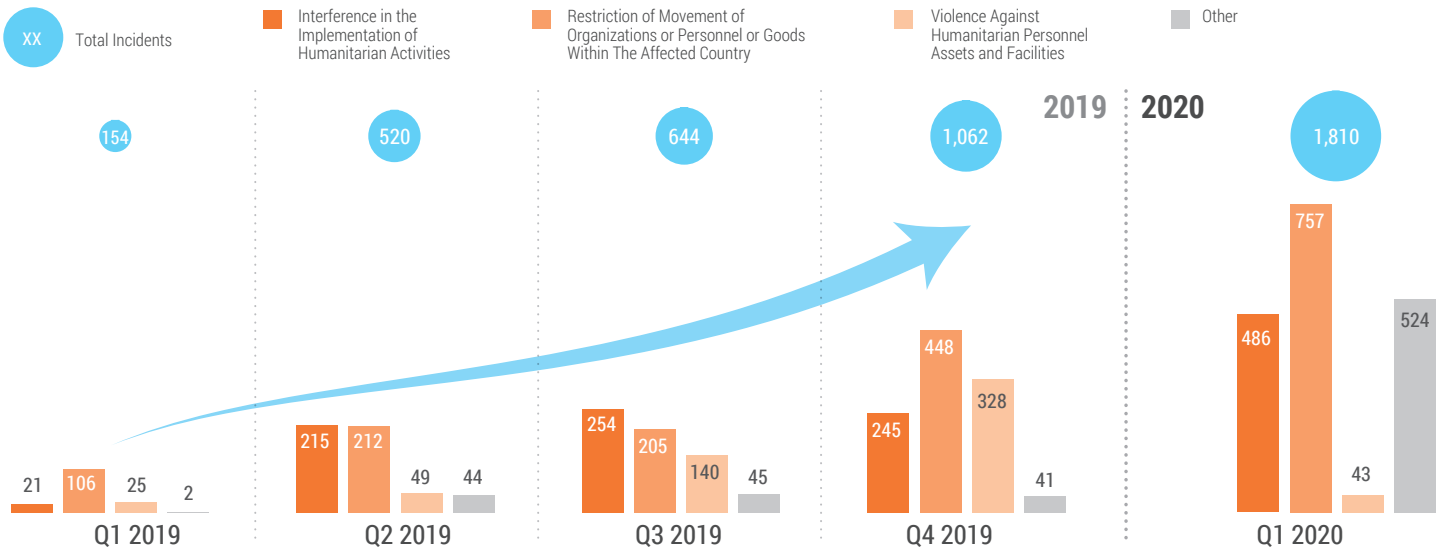
million vulnerable people are concentrated, are now classified as hard-to-reach. Ninety-five percent of all access constraints are the result of conflict, regulatory restrictions, aid interference or increased violence against humanitarian partners. Starting in March 2020, new constraints linked to COVID-19 are further impacting the ability of partners to deliver assistance.



UP TO 16.8M
NUMBER OF PEOPLE AFFECTED BY OPERATIONAL ACCESS CONSTRAINTS AND DELAYS IN SUB-AGREEMENT APPROVALS

*The overall increase in the number of reported incidents in 2020 from 2019 can be attributed to a combination of more robust reporting mechanisms and a deterioration of the access environment, particularly in northern Yemen.

TYPES OF DISRUPTIONS



Conflict

Since January 2020, fighting has erupted along seven new frontlines. Of the 42 active frontlines, hostilities have been most intense in Al Hudaydah, Al Jawf, Hajjah, Sa'ada and Taizz. During the first half of 2019, intense military escalations affected Abs district and surrounding areas in northern Hajjah Governorate, and later in Al Dhale'e Governorate. During the first half of 2020, armed hostilities have been concentrated

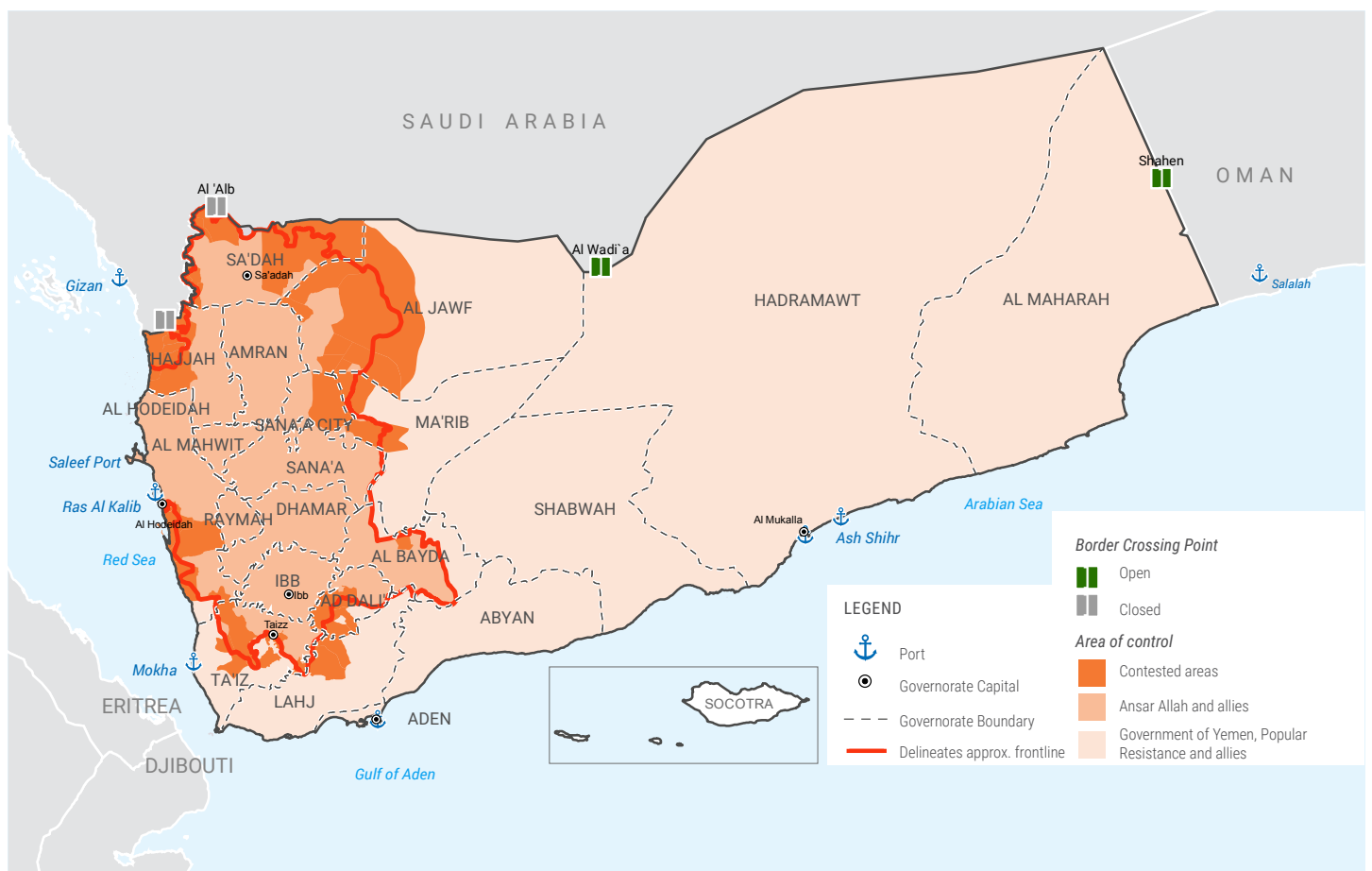
along the border areas of Marib, Sana'a and Al Jawf governorates. In southern Yemen, hostilities between Government of Yemen forces and the Southern Transitional Council erupted in August and September 2019, and again in May 2020. On 112 occasions this past year, lack of safety assurances has led to temporary suspensions of humanitarian programmes and withdrawal of personnel.

Regulatory Restrictions

Between January 2019 and April 2020, authorities in northern Yemen have issued more than 280 directives and instructions impacting humanitarian operations and organizations. Of the 85 directives issued in 2020, 21 are COVID-19-related including movement restrictions on personnel and cargo. A number of the directives violate humanitarian principles, agency rules and regulations, and contractual agreements

with donors. Directives include restrictions on the movement of personnel and cargo, humanitarian coordination meetings, needs assessments and tendering and procurements processes. They have also included demands to share protected information. Non-compliance has resulted in arrests, intimidation, movement denials, suspension of deliveries of aid and services and occupation of humanitarian premises.

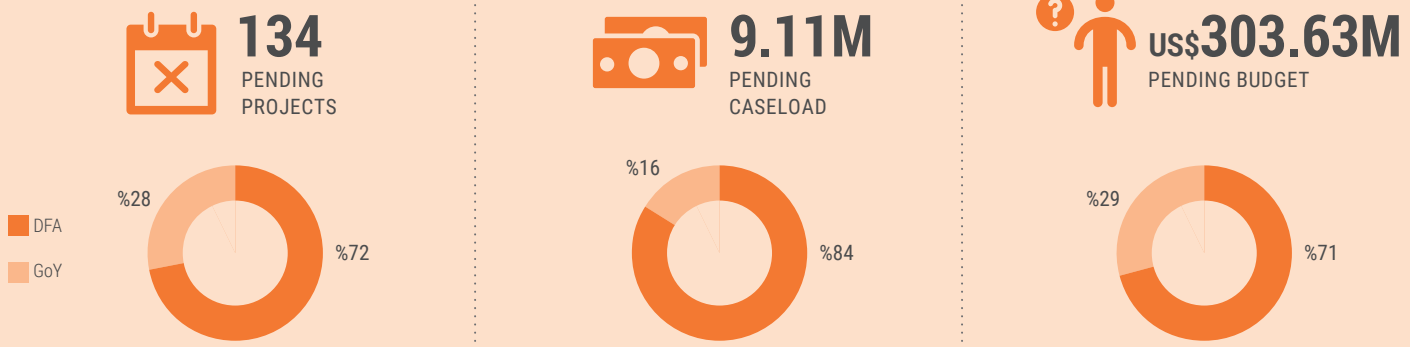
NUMBERS OF ACTIVE FRONTLINES



As of April 2020, up to 9 million at-risk people are being denied assistance because of delays and denials of NGO project sub-agreements, a significant increase compared to the 4.5 million people affected during 2019. Only 60 percent of the NGO sub-agreements submitted to northern authorities were approved in 2019; 70 percent

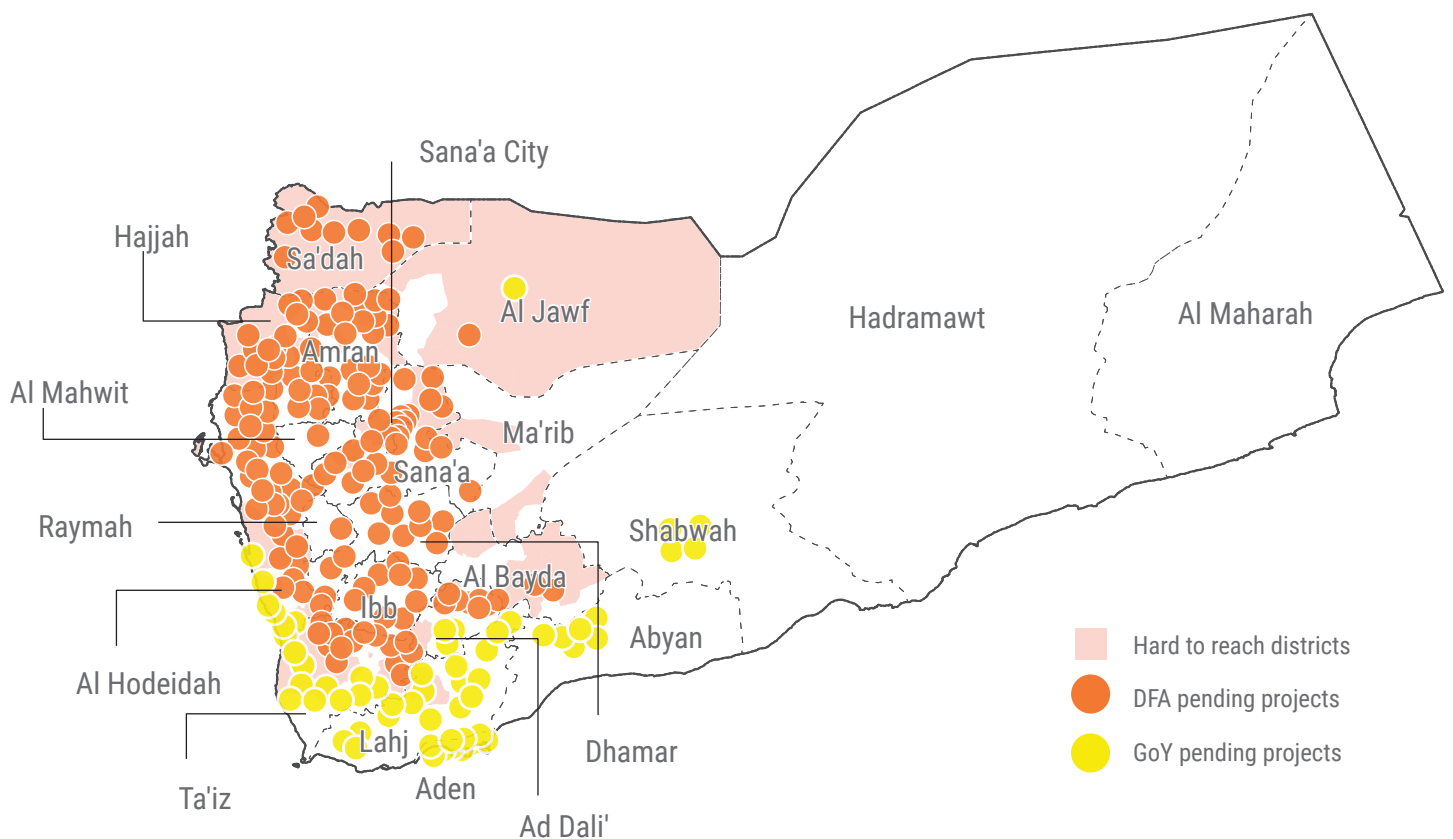
of the sub-agreements submitted to the Government of Yemen were approved. The NGOs which did receive approvals in northern Yemen waited an average of six months from the time of submission.

Pending Sub-Agreements



as of 23 May 2020

PENDING SUB-AGREEMENTS



Movement Restrictions

Nearly 1,000 movement restrictions have been reported this last year, a five-fold increase from 2018. Of these, 95 percent were attributed to authorities in northern Yemen. In the first four months of 2020, an additional 757 incidents have been recorded. Movement restrictions included delays and denial of travel permits including for distributions, humanitarian coordination, needs assessments, monitoring and deployments. In 2019, almost all travel requests for assessments and monitoring were denied in northern Yemen. In the second half of 2019, UN and NGO partners faced complete movement bans, sometimes imposed for months and often as punitive measures taken against partners for not complying with arbitrary requests and directives or as a result of non-approved project sub-agreements.

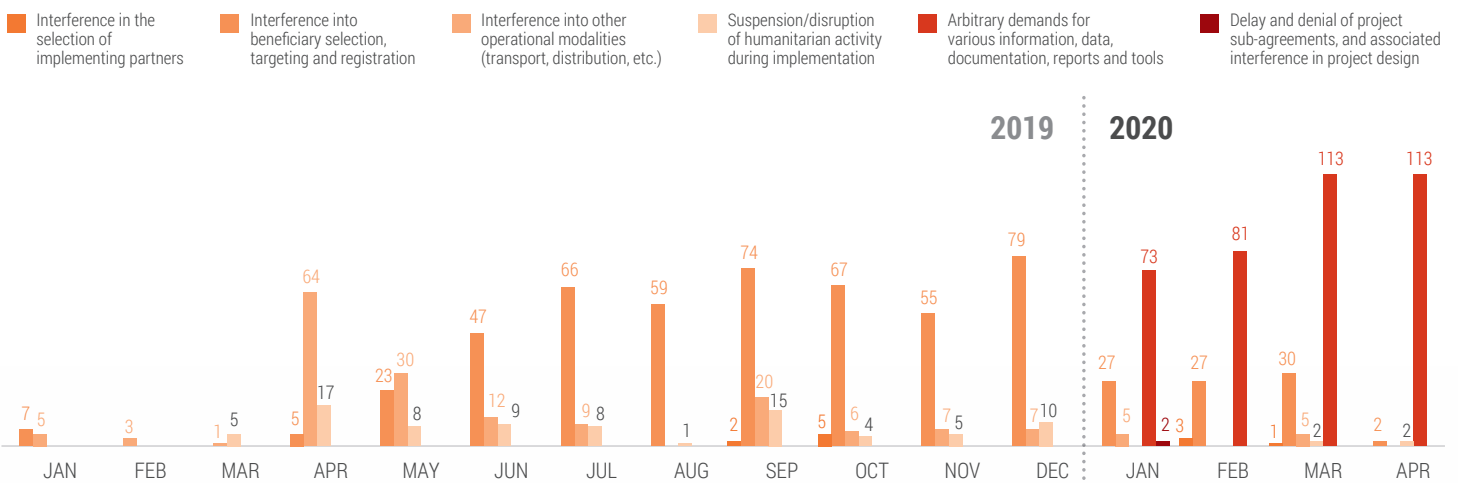
Cargo movements along the south-north supply pipeline have been impacted by long delays, harassment and irregular taxes and fees. This has led to higher operational costs around contracting, warehousing and clearance procedures. In southern Yemen, partners continue to report delays and problems at road checkpoints including demands for deconfliction paperwork at the Dhubab checkpoint in Taizz Governorate.

Aid Interference

Interference in aid operations increased ten times in 2019 compared to 2018 and accounted for almost a third of the 740 incidents reported across Yemen. Over 90 percent of incidents were attributed to the authorities in northern Yemen. Interference included manipulation of beneficiary registration and targeting, obstruction of assessments and

monitoring, arbitrary suspension of activities and attempts to divert aid. Interference also includes efforts to influence and control NGO project design, budgeting, procurement, staffing and other elements of the project management cycle.

INTERFERENCE IN HUMANITARIAN OPERATION



Violence Against Humanitarian Partners

Violence against humanitarian personnel, assets and facilities increased sharply during the second half of 2019, mainly in and around frontline areas. More than 70 percent of incidents were attributed to authorities in northern Yemen. Between January 2019 and April 2020, 583 incidents were reported including killing and assault, arbitrary detention, arrests, harassment, threats and intimidation, theft of and attacks on assets and armed occupation of humanitarian premises. In September 2019, a humanitarian worker was killed and two others injured in an explosion during armed clashes in Al Hudaydah city. In November, the de facto authorities in northern Yemen detained and mistreated a UN international staff member. In southern Yemen, health facilities in Mokha and Taizz among other areas were indiscriminately attacked. In the first quarter of 2020, six attacks on health

facilities were reported, a threefold increase from the previous quarter. At least one such attack was reported in April, despite the pandemic.

An anti-aid media campaign inciting hate speech and violence against aid workers and organisations was launched in northern Yemen in the last quarter of 2019. In December 2019, international NGO facilities were attacked, and civilians injured by unknown armed actors in Government of Yemen-held areas in Al Dhale'e Governorate, leading to temporary suspension of activities. In March 2020, anti-aid rhetoric increased in the context of COVID-19, including accusations that the virus was brought by foreigners and migrants and spread with the help of international organizations.

TYPES OF VIOLENCE AGAINST HUMANITARIAN PERSONNEL AND ASSETS



Confiscation of humanitarian goods and assets



Detention of humanitarian workers



Looting and theft of humanitarian goods and assets



Physical assault against humanitarian workers



Threats against humanitarian workers

COVID-19 Restrictions

Starting in early March 2020, authorities have imposed restrictions on the movement of cargo by air, land and sea into Yemen. Flight suspensions and closure of international airports have prevented humanitarian staff from entering and leaving the country. Although an airbridge has been re-established into southern Yemen, this is still pending in northern Yemen.

Partners have also been pressured by local authorities to redirect and divert ongoing programmes. Assessments, monitoring and evaluation, training and outreach activities have been largely suspended despite social distancing protocols in place.



MITIGATING RISK

AND UPHOLDING ACCOUNTABILITIES

Faced with a sharp, nearly exponential increase in the types and level of risk, partners are pioneering work in operation-wide and agency-specific risk mitigation and management. This includes steps to identify and mitigate the risks and risk drivers that impact the three levels of the operation, including the operation as a whole, specific clusters, and individual programmes. Newly established compliance units are helping to track, map, record and analyze the different types of risks impacting each of the levels including programme, fiduciary, reputational and operational risks.

Clusters are also using accountability chains to track the impact of the operating environment on the principled delivery of their cluster strategies. Standards for each component of the programme cycle for each activity in the cluster strategy including assessments, beneficiary selection, beneficiary verification, beneficiary information, registration, delivery, partner selection, and monitoring have been set by each cluster. As part of their accountability to affected populations, cluster partners are encouraged to adhere to these. Clusters are using an online tool to help monitor adherence and analyze areas of the programme cycle facing the greatest constraints. Further tracking is conducted through the Inter-Cluster Coordination Mechanism and the results are shared with the Humanitarian Country Team, which uses them to evaluate progress in reaching people in need and the delivery targets set in the HRP.

When standards cannot be met because of conflict, restrictions, interference or violence, clusters agree on and implement mitigation measures. UN agencies are applying the same approach at the programme level. Using a common template, each UN agency has identified the specific risks impacting each of their programmes and adopted specific mitigation measures to address these.

If the mitigation measures adopted by clusters and agencies are unsuccessful in reducing risks and deficits to acceptable levels, many partners are deciding to pro-actively calibrate the type and level of assistance they are providing to match the level of risk they are facing. When this results in suspensions or reductions, every effort is being made to reduce risk levels through further mitigation and engagement with authorities. If these efforts are successful, agencies take steps to immediately ramp back up their programmes. Examples of recent calibration include reductions in general food distributions in the north and cutbacks in the payment of incentives and allowances and the distribution of fuel.

When the risks being faced by partners jeopardize or compromise the operation as a whole, stakeholders are working together to identify benchmarks that ensure aid is being delivered in accordance with humanitarian principles. Starting in October 2019, stakeholders have been engaging with authorities in northern Yemen to take concrete steps to improve the operating environment. Important measures have been taken by authorities including waiving the 2 percent levy on humanitarian projects, greenlighting core assessments, approving the WFP pilot on targeting and biometric registration and approving NGO Principal Agreements. Combined with recent actions to approve pending NGO sub-agreements, these steps are helping to restore confidence in the operation in northern Yemen and put the humanitarian partnership on firm ground.



Accountability Deficits

MITIGATION MEASURES

- REDUCTIONS OR SUSPENSIONS OF ASSISTANCE
- ALTERNATIVE OR INCREASED MONITORING
- ALTERNATIVE ENGAGEMENT
- PROGRAMMING ADJUSTMENTS
- STRENGTHENED ADVOCACY WITH THE AUTHORITIES
- STRENGTHENED ACCOUNTABILITY TOOLS AND SAFEGUARDING MECHANISMS
- ENHANCED FIDUCIARY CONTROLS

In 2020, clusters will continue to report on accountability chain deficits and effectiveness of new and existing mitigation measures. The ICCM will continue to track common approaches, develop inter-sectoral programming, strengthen inter-cluster information sharing and tracking lessons learned and best practices, and provide regular analysis to the Operations and Compliance Unit on deficits and the increased level of risk resulting from them. The HCT will continue to engage with authorities to progress the benchmarks, noting the strong links between these and accountability chain deficits, and to track, guide and support key accountability chain deficits that need to be closed

ACCOUNTABILITY DEFICITS

-  ASSESSMENT
-  BENEFICIARIES SELECTION
-  BENEFICIARIES VERIFICATION
-  BENEFICIARIES INFORMATION SHARING
-  REGISTRATION MECHANISM
-  DELIVERY MODALITY
-  PARTNER SELECTION
-  MONITORING



PART III:
THE OPERATION

THE OPERATION

The humanitarian operation in Yemen is the largest in the world. During the past two years, agencies have mounted one of the fastest scale-ups in recent decades, expanding services and support across all clusters. More than 208 frontline partners and agencies are currently providing some form of assistance to an average of 13 million people across the country each month up from 7.5 million per month in 2018. In the past 12 months, a total of 13.7 million Yemenis have benefitted from the operation. During 2019, aid reached families in every single one of Yemen's 333 districts. Since 2015, the international community has generously supported the people of Yemen, contributing nearly USD 10 billion towards humanitarian response.

Cluster capacity to deliver principled assistance continues to be impacted by five key factors: restrictions, funding, partner presence, programme calibration, and since March 2020, COVID-19. The impact of these factors on each cluster is highlighted below.




CLUSTER

DELIVERY

CLUSTER DELIVERY 2019


FOOD SECURITY AND AGRICULTURE





79%
increase in people reached
13.4M people reached on average with food and livelihood assistance





NUTRITION





21%
increase in people reached
7.3M People reached


HEALTH





46%*
increase in medical consultation provided
8.8M People reached

WATER, HYGIENE AND SANITATION



9%
increase in people reached
12.6M People reached


SHELTER AND NON-FOOD ITEMS (NFI)





66%
increase in people reached
2.1M People Reached





REFUGEES AND MIGRANTS MULTI-SECTOR





45%
increase in people reached
0.2M People reached


EDUCATION





58%
increase in people reached
2.9M People reached

RAPID RESPONSE MECHANISM



103%
increase in people reached
1.2M People reached

CAMP COORDINATION & CAMP MANAGEMENT



530k
People reached




* In 2019, the Health Cluster revised the methodology to calculate reach.





FOOD SECURITY AND AGRICULTURE CLUSTER

In 2019, FSAC partners reached an average of 11.7 million people per month. During 2020, partners have reached 13.3 million people.

Impact of Constraining Factors: Starting from April 2020, FSAC partners have been forced to reduce emergency food assistance for 8.2 million people in areas under the control of the defacto authorities; these families now receive full rations once every two months, rather than monthly. FSAC partners have also been forced to reduce the number of people who benefit from emergency livelihoods support from 8 to 2.9 million people, who benefit from conditional and season specific cash transfers from 4.5 to 1.6 million, and who benefit from asset restoration

from 2 million to 150,000 people. FSAC partners are being impacted by delays in sub-agreements, rejected travel permits, interference in programme design, delayed assessments and monitoring and by the long delays in approving and starting the new WFP targeting and registration system in northern Yemen. In terms of COVID-19, FSAC partners are impacted by localized movement restrictions, curfews and the 14-day quarantine period for vessels at ports.



NUTRITION CLUSTER

In 2019, nutrition partners reached an average of 611,995 people per month. During 2020, partners have reached 300,000 beneficiaries per month.

Impact of Constraining Factors: Starting from September 2019, nutrition partners have been forced to reduce TFC capacity building, OTP, TSFP and IYCF outreach and mobile team services. Partners have also been forced to reduce logistics support, monitoring and supervision and maintenance of nutrition sites. Nutrition partners are impacted by delays in sub-agreements, rejected travel

permits, interference in programme design and refusals to conduct assessments and monitoring. In terms of COVID-19, nutrition partners are impacted by the reduced number of patients who may be safely seen and treated, increased supply costs, movement restrictions on mobile teams, use of nutrition centres for COVID-19, and changes in health seeking behaviors due to fear of the virus.



HEALTH CLUSTER

In 2019, health partners reached 8.8 million people. During 2020, partners have reached 2.28 million people.

Impact of Constraining Factors: Starting from March 2020, health partners have been forced to reduce support for primary health care, immunization, communicable diseases and maternal and newborn services impacting 5.45 million people. In mid- April 2020, partners were forced to suspend incentives for 25,000 health workers and to stop support for 150 health facilities. Health partners are impacted by delays in sub-agreements, rejected travel permits, interference

in programme design and refusals to conduct assessments and monitoring. In terms of COVID-19, health partners are impacted by the reduced number of patients who may be safely seen and treated, increased supply costs, changes in health seeking behaviors due to fear of COVID-19 and disruption of disease surveillance activities due to fear or harassment.



WASH CLUSTER

In 2019, WASH partners reached 12.6 million people with some form of WASH assistance. During 2020, partners have reached 7.9 million people.

Impact of Constraining Factors: Starting from February 2020, WASH partners have been forced to partially suspend rehabilitation projects in 75 districts and to delay rehabilitation of water and sanitation systems in 56 districts. WASH partners are impacted by delays in sub-agreement approvals, rejected travel permits, interference in programme design and refusal to conduct assessments and monitoring. National institutions have expanded their response by

32 per cent, reaching 9.8 million people in 2020, as compared to 6.7 million in 2018. In terms of COVID-19, WASH partners are impacted by physical distancing, hygiene and protection measures for staff and beneficiaries, increased supply costs, changes in health seeking behaviors due to fear of COVID-19 and increased partner reluctance to conduct household and field site visits due to fear or harassment.



PROTECTION CLUSTER

In 2019, protection partners reached 4.8 million people, including 2.8 million children. During 2020, partners have reached 207,040.

Impact of Constraining Factors: Starting in early 2020, partners have been forced to reduce 25 percent of awareness raising activities, suspend specialized protection programmes for 500,000 highly vulnerable women and girls and reduce mine action, including in Al-Hudaydah and along transport routes. Protection partners continue to

be impacted by delayed sub-agreements, rejected travel permits and interference in programme design. In terms of COVID-19, protection partners are impacted by forced closure of facilities, including child friendly spaces and community centres, physical distancing, and changes in behaviors due to fear of COVID-19.



SHELTER AND NFI CLUSTER

In 2019, shelter partners reached nearly 2 million people. During 2020, partners have reached 730,712.

Impact of Constraining Factors: Starting in early 2020, shelter partners have been forced to delay emergency support for hundreds of thousands of people, reduce planned distributions of winterization packages and have experience breaks in critical supply lines. Shelter partners are impacted by delays in sub-agreements, rejected travel

permits, interference in programme design and refusal to conduct assessments and monitoring. In terms of COVID, shelter partners are impacted by physical distancing, hygiene and protection measures for staff and beneficiaries and increased supply costs.



CCCM CLUSTER

Following the activation of the Cluster in July 2019, camp management partners reached 530,000 people in 570 of Yemen's 1,636 IDP sites. During 2020, partners have reached 452,000 people in 507 sites.

Impact of Constraining Factors: Starting in early 2020, CCCM partners were forced to reduce assistance and support for 285,000 IDPs living in hard-to-reach hosting sites. CCCM partners are impacted by delays in sub-agreements, rejected travel permits and refused assessments. In

relation to COVID-19, partners are impacted by hygiene and protection measures for staff and beneficiaries, movement restrictions and changes in behaviour due to fear of COVID-19.



EDUCATION CLUSTER

In 2019, education partners reached 2.8 million people with some form of education assistance and support. During 2020, partners have reached 1 million people.

Impact of Constraining Factors: Starting from the last quarter of 2019, partners have been forced to reduce almost two thirds of educational interventions (8 of 21 reported activities) in 103 districts and to delay rehabilitation of education structures or establishment of temporary learning spaces in 92 districts. Education partners are impacted by delays in sub-agreement approvals, rejected travel permits, interference

in programme design and delayed assessments and monitoring. Frontline partner presence has been reduced in 71 districts impacting more than 1 million girls and boys; national institutions have expanded their reach in 177 districts. In terms of COVID-19, education partners are impacted by the closure of schools from 16 March 2020.



REFUGEES AND MIGRANTS MULTI SECTOR

In 2019, RRMS partners reached 180,000 migrants and 130,000 refugees. During 2020, partners have reached 41,054 migrants and 51,000 refugees.

Impact of Constraining Factors: Starting in mid-2020, partners are being forced to reduce and suspend critical services and material support to both migrants and refugees. RRMS partners are impacted by delayed sub-agreements, rejected travel permits, interference in programme design, refusal to conduct assessments and monitoring

and reluctance to conduct household and field site visits due to fear or harassment. In terms of COVID-19, partners are impacted by movement restrictions, global travel restrictions, and changes in behaviour due to fear of COVID-19.



RAPID RESPONSE MECHANISM

In 2019, RRM partners reached 1.2 million people in 330 districts to meet basic needs of displaced populations. During 2020, partners have reached 170,000 new IDPs in 161 districts across 21 governorates.

Impact of Constraining Factors: RRM partners are impacted by delayed sub-agreements and rejected travel permits. In terms of COVID-19,

partners are impacted by increased response time, increased supply costs and movement restrictions.



PART IV:

OVERVIEW OF RESPONSE

STRATEGIC

OBJECTIVES

The outbreak of COVID-19 in Yemen in March 2020 puts the lives of thousands of Yemeni families at grave, imminent risk. Authorities across the country have asked humanitarian partners to give their highest priority to helping suppress the virus, secure COVID supplies and upgrade and expand medical capacities to treat people who become ill.

Strategic Objective 1



Mitigate the impact of COVID-19 and reduce the outbreaks of infectious diseases by helping to suppress the factors that lead to epidemics, upgrading treatment capacities and expanding epidemiological surveillance.

Update: During 2019, 11.3 million people benefitted from rehabilitated and maintained water systems; 3 million people benefitted from four rounds of oral cholera vaccinations and 860,000 suspected cases of cholera were successfully managed.

Strategic Objective 2



Help millions of destitute Yemenis overcome hunger by providing food and nutrition assistance, increasing household incomes and advocating for measures that bring economic stability.

Update: During 2019, the number of districts with IPC 5 conditions decreased by 64 percent, the number of people receiving food assistance increased by 55 percent, the number of under-five malnourished children receiving micronutrient support increased by 88 percent, and the number of districts with high concentrations of acute malnutrition decreased by 28 percent.

Strategic Objective 3



Promote the dignity of displaced families living in emergency and IDP settlements by upgrading sub-standard sites and providing services and shelter.

Update: During 2019, more than half a million IDPs living in 534 of the worst IDP hosting sites received a minimum service package and close to 300,000 IDPs were able to build or upgrade emergency shelters. More than 1.2 million displaced people in 330 districts, including families fleeing conflict, benefitted from the rapid response mechanism. The number of IDPs reached immediately with first-line assistance increased by 103 percent.

Strategic Objective 4



Reduce the risk of displacement and violence against civilians and facilitating the recovery of people traumatized by the conflict by advocating for adherence to international humanitarian law and providing specialized services and support.

Update: During 2019, there has been a 71 percent decrease in the number of airstrikes, a 62 percent decrease in civilian casualties in Hudaydah governorate, and a 34 percent decrease in the total number of civilian casualties.

Strategic Objective 5



Preserving the capacity of public sector institutions to deliver life-saving basic services by providing key inputs and support.

Update: Since January 2019, more than 25,000 health workers, 11,000 WASH workers and 111,550 education staff received incentives or allowances. Humanitarian partners delivered over 33 million liters of fuel to 181 hospitals, 24 immunization centres and 24 local water and sanitation facilities. More than 390 health facilities, 544 schools, 1,142 water systems and 217 sanitation systems have been rehabilitated or refurbished and 102 non-functional and partially functional health facilities have been restored to full functional capacity.

CLUSTER RESPONSE

UNTIL DECEMBER 2020




 <p>FOOD SECURITY AND AGRICULTURE</p>	<p>PEOPLE IN NEED 20.1M</p> <p>PEOPLE IN ACUTE NEED 10M</p>	<p>OPTIMAL TARGET 19M</p> <p>LOWER TARGET 18M</p>	 <p>FUNDING US\$ 1B</p>	 <p>PARTNERS 102</p>
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Photo: WFP/Mohammed Nasher

CLUSTER OBJECTIVE

1 Increase access to food for highly vulnerable families across the country

CLUSTER OBJECTIVE

2 Increase household incomes and rehabilitate food security assets in areas with high levels of food insecurity

Of the 102 partners in the cluster, 78 are involved in first and second-line responses.

FIRST LINE RESPONSE

802M

Reduce severe hunger among highly vulnerable families by:

- Distributing food, cash or vouchers to severely food-insecure families facing IPC phase four and five conditions
- Distributing food, cash, or vouchers to severely food-insecure newly displaced and host families
- Distributing emergency agricultural, livestock and fishery kits to food-insecure rural families facing IPC phase three, four and five conditions
- Distributing conditional and season-specific cash for targeted families facing IPC phase three, four and five conditions
- Employing adults from targeted families facing IPC three, four and five conditions on public works schemes
- Monitoring and controlling the spread of desert locusts

Impact Indicator: Partners will assess impact by tracking the percentage increase in targeted households with improvements in Food Consumption Score

SECOND LINE RESPONSE

198M

Reduce severe hunger among vulnerable families by:

- Providing inputs, assets and grants to help food-insecure families facing IPC phase three, four and five conditions establish micro-businesses

- Providing veterinary support, restocking livestock and distributing apairy assets for food-insecure families facing IPC phase three, four and five conditions
- Distributing drip irrigation kits and solar water pumps to food-insecure farmers

Impact Indicator: Partners will assess impact by tracking the percentage decrease in the number of households selling assets to buy food

TARGETING

Targeting will be adjusted based on district-level Food Security and Livelihoods Assessment and Integrated Food Security Phase Classification analysis.

If conditions permit:

- 13.5 million severely food-insecure individuals facing IPC phase four and five conditions will receive food, cash or vouchers each month
- 3 million severely food-insecure individuals facing IPC phase three, four and five conditions will receive emergency agricultural, livestock or fishery kits
- 2 million food-insecure individuals facing IPC phase three, four or five conditions in IPC three districts will receive conditional and season-specific cash or vouchers
- 500,000 food-insecure individuals facing IPC phase three, four, or five conditions will receive livelihoods grants, inputs and assets
- 207,000 farmers will benefit from the monitoring and control of desert locusts




If constraints persist:

- 13.3 million severely food-insecure individuals facing IPC phase four and five conditions will receive food, cash or vouchers each month
- 2.9 million severely food-insecure individuals facing IPC phase three, four and five conditions will receive emergency agricultural, livestock or fishery kits
- 1.6 million food-insecure individuals facing IPC phase three, four or five conditions in IPC three districts will receive conditional and season-specific cash or vouchers
- 150,000 food-insecure individuals facing IPC phase three, four, or five conditions will receive livelihoods grants, inputs and assets
- 207,000 farmers will benefit from the monitoring and control of desert locusts

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Assisting 13.4 million vulnerable people in all 333 districts with some form of life-saving emergency food assistance, emergency livelihoods assistance, cash-for-work or restorative livelihoods assistance
- Distributing emergency food assistance to an average of 11.7 million individuals each month and as many as 13.3 million by the end of the year
- Providing livelihoods support to an estimated 4.7 million individuals

 <p>NUTRITION</p>	<p>PEOPLE IN NEED 7.4M</p>	<p>OPTIMAL TARGET 6.2M</p> <p>LOWER TARGET 5M</p>	 <p>FUNDING US\$ 189.5M</p>	 <p>PARTNERS 35</p>
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FIRST LINE RESPONSE

126M

Reduce acute malnutrition among highly vulnerable populations by:

- Identifying and referring children and pregnant and lactating women (PLW) with acute malnutrition to treatment programmes.
- Treating children suffering from severe acute malnutrition (SAM) in outpatient and with complications in therapeutic feeding centres.
- Providing cash and vouchers to cover transport costs for children suffering from SAM with complications and support with food rations for caretakers
- Treating under-five children and PLW with moderate acute malnutrition (MAM)
- Providing infant and young infant feeding practices to PLW and care takers to prevent infection and malnutrition.
- Training frontline nutrition, health and community workers on treatment protocols and guidelines.

Impact Indicator: Partners will assess impact by tracking the percentage increase in referrals to therapeutic and targeted supplementary feeding programmes and percentage increase in nutritional status among children in treatment programmes

SECOND LINE RESPONSE

48.5 M

Reduce micronutrient malnutrition among highly vulnerable populations by:

- Providing blanket supplementary feeding programmes to children under-two and PLWs in prioritized districts
- Providing micro-nutrient supplementation to under five children and PLWs in prioritized districts.
- Training frontline partners on accountability to affected populations, assessments, community engagement, information management, SMART and surveillance
- Introducing a nutrition information system, establishing 200 nutrition surveillance sentinel sites, conducting SMART surveys in 22 governorates using adapted methodology and secondary data analysis and training partners on adapted SMART methodology and secondary data analysis

Impact Indicator: Partners will assess impact by tracking the percentage increase in number of children under-five receiving micronutrient powder and the percentage decrease in global acute malnutrition in governorates where SMART surveys will be conducted.

FULL CLUSTER RESPONSE

15 M

Reach as many children suffering from malnutrition as possibly by:

- Increasing number of TFC sites from 104 to 131.
- Maintaining outpatient treatment to 90 per cent and maintain TSFP to 80%
- Scaling up geographical and treatment coverage of nutrition services where needed focusing in areas with 10 per cent GAM rates and above.
- Scaling up BSFP coverage within priority districts
- Facilitating WASH services and malaria testing in endemic areas among under-five children with SAM cases
- Establishing wash services within nutrition facilities and distribution points

Impact Indicator: Partners will assess impact by tracking percentage increase in coverage rates for inpatients and outpatients and targeted supplementary feeding

TARGETING

Targeting will be adjusted based on 2020 SMART surveys and Emergency Food Security and Nutrition Assessments in 22 governorates.

If conditions permit:

- Of the 325,209 children under five in need of SAM treatment, 263,430 will benefit from support
- Of the 32,521 children with SAM with medical complications, 22,765 will benefit from support
- Of the 1,400,378 million children under five and 1,140,532 million PLW in need of Targeted Supplementary Feeding Programmes, 933,194 children under five and 639,210 pregnant and lactating women will benefit from support in 295 prioritized districts
- Of the 800,719 children under two and 1,211,146 PLW in need of Blanket Supplementary Feeding Programmes, 673,318 children under two and 630,288 lactating women in need will benefit from support in 165 prioritized districts

If constraints persist:

- Of the 325,209 children under five in need of SAM treatment, 210, 744 will benefit from support
- Of the 32,521 children under-five with Severe acute malnutrition with medical complications, 15,935 will benefit from the support.
- Of the 1,4 million children under five and 1,1 million PLW in need of Targeted Supplementary Feeding Programmes, 746,555 children under five and 511,368 PLW will benefit from support in 295 prioritized districts.
- Of the 800,719 children under two and 1,2 million PLW in need of Blanket Supplementary Feeding Programmes, 471,363 children under two and 441,202 lactating women in need will benefit from support in 165 prioritized districts.

CLUSTER OBJECTIVE

1 Reduce the prevalence of and prevent acute malnutrition among, children under five and pregnant and lactating women (PLW) and other vulnerable population groups

CLUSTER OBJECTIVE

2 Expand coverage of nutrition services and remove the barriers that prevent families from using them

Of the 35 partners in the cluster, all are involved in first and second line responses.

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Declining levels of acute malnutrition, by as much as 20 percent, in 12 governorates where SMART surveys have been conducted
- Admitting and treating 111 percent more under-five children for SAM against the annual target
- Admitting and treating 89 percent of under-five with SAM with medical complications against the annual target
- Admitting and treating 68 percent of under-five with MAM against the annual target
- Reaching 101 percent more moderately malnourished PLW with Targeted Supplementary Feeding Programmes
- Reaching 143 per cent more children under two years of age with Blanket Supplementary Feeding Programmes
- Reaching 126 per cent more PLW with Blanket Supplementary Feeding Programmes
- Reaching 275 percent more PLW with infant and young child feeding practices
- Providing 95 percent of planned plumpy nut and 98 percent of planned plump sup at nutrition site level




 <p>HEALTH</p>	<p>PEOPLE IN NEED 17.9M</p>	<p>OPTIMAL TARGET 7.3M</p> <p>LOWER TARGET 4.8M</p>	 <p>FUNDING us\$ 203M</p>	 <p>PARTNERS 45</p>
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Photo: WHO/Omar Nasr

CLUSTER OBJECTIVE

1 Improve access to primary, secondary and tertiary health care including district hospitals in priority districts

CLUSTER OBJECTIVE

2 Help ensure that health facilities in priority districts are able to respond to outbreaks and public health events

CLUSTER OBJECTIVE

3 Help restore functionality of the closed or damaged health facilities in high priority districts

Of the 45 partners in the cluster, all are involved in first and second-line responses.

FIRST LINE RESPONSE

147.5 M

Help provide the core components of the Minimum Service Package in high priority districts by:

- Procuring, pre-positioning and providing essential medicines and supplies to health units, health centres and hospitals
- Providing general service and trauma care, communicable disease prevention and control, the Minimum Initial Service package for reproductive health and inpatient care for people suffering from Severe Acute Malnutrition (SAM)
- Providing specialized care for cancer and renal failure patients
- Vaccinating vulnerable groups against OCV, measles, OPV and diphtheria
- Providing emergency training, fuel, water and incentives for health staff

Impact Indicator: Partners will assess impact by tracking the percentage decrease in the number of reported cases of cholera

SECOND LINE RESPONSE

46.5 M

Help ensure that highly vulnerable people have access to an expanded range of health services in high priority districts by:

- Supporting all additional components of the Minimum Service Package including child and maternal health care, non-communicable disease prevention and care, mental health and psychosocial services
- Upgrading vaccination programmes, including cold chain equipment, operational support, training and social mobilization

Impact Indicator: Partners will assess impact by tracking the percentage increase in the targeted health facilities providing Minimum Service Package.

FULL CLUSTER RESPONSE

9 M

Help strengthen health systems and infrastructure in high priority districts by:

- Training doctors, nurses and midwives
- Renovating, rehabilitating and equipping non-functional health facilities in high priority districts
- Upgrading drug supply and health information systems
- Upgrading rehabilitation centres for war-wounded

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of people benefitting from the minimum support package

TARGETING

Targeting will be adjusted based on Health Resources Availability Mapping and the 2020 MCLA.

If conditions permit:

- Of the 630,400 children under one in need of immunization, 580,765 will benefit from support
- Of the 3,546,000 women of childbearing age in need of comprehensive obstetric care, 2,127,600 will benefit from support
- Of the 788,000 pregnant women in need of skilled attendants at delivery, 472,800 will benefit from support
- Of the 9,850,000 people in need of at least one consultation per person per year, 7,300,000 will benefit from support

If constraints persist:

- Of the 630,400 children under one in need of immunization, 315,200 will benefit from support
- Of the 3,546,000 women of childbearing age in need of comprehensive obstetric care, 1,418,400 will benefit from support

- Of the 788,000 pregnant women in need of skilled attendants at delivery, 315,200 will benefit from support
- Of the 9,850,000 people in need of at least one consultation per person per year, 4,800,000 will benefit from support

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Providing health consultations of 22,075,627 million to 11,037,813 million people
- Providing immunization services to 721,002 children.
- Treating 157,517 trauma patients with medical care at hospitals
- Assisting 612,384 women during deliveries
- Providing antenatal and postnatal care to 2,554,204 million women
- Providing clinical care to 6,004 survivors of sexual and gender-based violence
- Training 9,684 health staff on the Minimum Service Package, 6,341 midwives on reproductive health and 5,345 community health workers and volunteers on hygiene promotion and disease prevention




 <p>WASH</p>	<p>PEOPLE IN NEED 20.5M</p> <p>PEOPLE IN ACUTE NEED 11.2M</p>	<p>OPTIMAL TARGET 12.5M</p> <p>LOWER TARGET 10.8M</p>	 <p>FUNDING US\$ 199M</p>	 <p>PARTNERS 49</p>
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Photo: Mahmoud Fadel-YPN for UN/OCHA.

CLUSTER OBJECTIVE

1 Provide emergency water sanitation and hygiene services and assistance to highly vulnerable people

CLUSTER OBJECTIVE

2 Restore and maintain water and sanitation systems, particularly in high risk areas

Of the 79 partners in the cluster, 49 partners are involved in first and second-line responses.

FIRST LINE RESPONSE

148.4M

Help ensure communities at high-risk of cholera, COVID-19 and WASH-related diseases have access to safe drinking water, sanitation services and hygiene items by:

- Providing fuel and disinfecting agents and repairing public water supply systems
- Trucking water and providing storage containers at communal and household levels
- Providing filters and chlorine tablets to at-risk households
- Monitoring water quality at household and grid level
- Providing operational support and maintenance to sanitation systems in at-risk areas
- Constructing and desludging communal emergency latrines
- Distributing basic hygiene kits, cholera kits and disinfection kits
- Messaging on safe hygiene practices in high risk areas
- Conducting emergency cleaning campaigns

Impact Indicator: Partners will assess impact by tracking the percentage decrease in the number of cases of water-borne diseases, including cholera

50.6 M

SECOND LINE RESPONSE

Expand water and sanitation services for displaced families and vulnerable host communities in priority districts by:

- Rehabilitating public water systems and promoting water quality surveillance and monitoring
- Expanding the number of water facilities receiving fuel, solarization and operational support

- Expanding the number of sanitation facilities receiving fuel and operational support and maintenance
- Expanding the number of households receiving water storage containers
- Rehabilitating and desludging household latrines
- Supporting solid waste collection and disposal

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of households with access to safe water and sanitation services

TARGETING

Targeting is based on partner assessments and comprehensive Secondary Data reviews.

If conditions permit:

- 10.7 million people will benefit from functioning public water systems
- 5.5 million people will benefit from functioning public sanitation systems
- 4.8 million people in 160 cholera risk districts will receive cholera kits and awareness and adequate safe drinking water
- 1.1 million people in 90 districts with critical GAM will benefit from sanitation services
- 11.2 million people will receive hygiene items and benefit from awareness about disease transmission

• 3.5 million people at high risk of contracting COVID-19 will benefit from COVID-19 IPC Kits

If constraints persist:

- 7.1 million people will benefit from functioning public water systems
- 4.2 million people will benefit from functioning public sanitation systems

- 2.1 million people in 160 cholera risk districts will receive cholera kits and awareness and adequate safe drinking water
- 700,000 million people in 90 districts of critical GAM will benefit from sanitation services
- 4.1 million people will receive hygiene items and benefit from awareness about disease transmission
- 2.1 million persons at high risk of contracting COVID-19 will benefit from COVID-19 IPC Kits

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Providing some form of WASH support to 12.6 million people
- Providing 11.3 million people with sustained water safe and sufficient water supply
- Upgrading 1,143 water systems and 217 sanitation systems, benefitting 11.3 million people, a 161 percent increase
- Reaching 5.5 million households with hygiene awareness




 <p>PROTECTION</p>	<p>PEOPLE IN NEED 14.2M</p>	<p>OPTIMAL TARGET 4.7M</p> <p>LOWER TARGET 3.4M</p>	 <p>FUNDING us\$ 151M</p>	 <p>PARTNERS 80</p>
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Photo: Mahmoud Fadel-YPN for UN/OCHA.

CLUSTER OBJECTIVE

1 Provide specialized protection services that help to reduce the factors forcing highly vulnerable people into unsafe and undignified practices.

CLUSTER OBJECTIVE

2 Support community-based mechanisms that promote social cohesion and dignity and help to identify and address protection risks.

Of the 80 partners in protection, all are involved in first and second-line activities.

FIRST LINE RESPONSE

107M

Help address the immediate protection needs of highly vulnerable by:

- Referring people, including women and children, with special needs to appropriate services
- Providing specialized services including legal aid, social support, child friendly spaces, legal aid, cash-based assistance and kits to people who require them.
- Disposing unexploded ordnance, releasing UXO-contaminated land and raising awareness of mine risks

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of at-risk people who receive specialized services

SECOND LINE RESPONSE

41M

Facilitate the work of community-based solidarity initiatives:

- Training community volunteers and service providers on protection monitoring, conflict resolution and prevention of violence
- Supporting community reconciliation initiatives and skills-development and livelihood initiatives for IDPs and survivors of violence

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of individuals receiving support through community-based protection mechanisms

FULL CLUSTER RESPONSE

3M

Help communities prevent and address protection issues by:

- Building the capacity of national, district and community partners and institutions to promote safety, support survivors of violence, help resolve local disputes and find acceptable options for displaced families

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of communities at risk where specialized protection services are available and can be safely accessed.

TARGETING

Targeting will be adjusted based on severity classification and indexes derived from the 2020 MCLA.

If conditions permit:

- 150,588 people with specific needs, including women, children, the elderly, people living with disabilities and victims of violence will benefit from specialized services
- 120,946 people will benefit from legal assistance
- 115,356 people will receive protection cash assistance
- 1,684,106 people will benefit from mine risk awareness
- 5 million square meters of contaminated land will be cleared
- 4,994 community volunteers and service providers will receive training on conflict resolution, resilience, safety and prevention of violence
- 144,190 people will benefit from community-based initiatives

If constraints persist:




- 120,470 people with specific needs, including women, children, the elderly, people living with disabilities and victims of violence will benefit from specialized services
- 96,757 people will benefit from legal assistance
- 115,356 people will receive protection cash assistance

- 1,178,874 people will benefit from mine risk awareness
- 5 million square meters of contaminated land will be cleared
- 3,496 community volunteers and service providers will receive training on conflict resolution, resilience, safety and prevention of violence
- 100,933 people will benefit from community-based initiatives

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Identifying, referring and providing specialized services for more than 227,962 people with specific needs, including women and children
- Providing legal assistance to 81,248 people
- Providing 77,204 people with protection cash assistance
- Distributing 38,171 dignity kits
- Providing mine risk education to more than 2 million people
- Surveying and clearing 3 million square meters of land
- Training 81,248 service providers
- Supporting community programmes and initiatives benefiting more than 99,000 people

 <p>SHELTER AND NFI</p>	<p>PEOPLE IN NEED 7.27M</p>	<p>OPTIMAL TARGET 3.1M</p> <p>LOWER TARGET 1.9M</p>	 <p>FUNDING us\$ 230M</p>	 <p>PARTNERS 158</p>
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CLUSTER OBJECTIVE

1 Provide safe, appropriate shelter and essential household items to highly vulnerable families.

Of the 158 partners in the cluster, all are involved in first and second line responses.

FIRST LINE RESPONSE 209M

Help to stabilize and where possible improve housing and household conditions for highly vulnerable families by:

- Distributing household and emergency shelter kits
- Providing rental subsidies and where appropriate cash grants to rehabilitate damaged houses
- Constructing and rehabilitating transitional shelters in areas where families require protection and additional support
- Providing winterization support

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of vulnerable people with improved living conditions

SECOND LINE RESPONSE 1M

Help upgrade conditions in urban and rural IDP sites by:

- Providing maintenance support and shelter upgrades for vulnerable families

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of IDP shelters in target hosting sites that meet minimum standards

FULL CLUSTER RESPONSE 20M

Increase the sustainability of shelter solutions supporting a voluntary return to the areas of origin

Impact Indicator: The full cluster response will be monitored through the percentage of returnees having access to adequate housing.

TARGETING

Targeting will be adjusted based on severity indexes derived from the 2020 MCLA.

If conditions permit:

- 1,430,785 people in 247 districts in 21 governorates will receive household kits
- 817,592 people in 247 districts in 21 governorates will receive Emergency Shelter Kits
- 660,100 people in 200 districts in 20 governorates will receive rental subsidies
- 80,500 people in 200 districts in 20 governorates will receive cash grants to rehabilitate damaged houses
- 24,835 people in 70 districts in 10 governorates will receive cash grants to reconstruct severely damaged houses
- 85,628 people in 55 districts in 13 governorates will be housed in transitional shelters
- 105,731 people in 57 districts in 9 governorates will receive shelter maintenance and upgrade support
- 367,916 people in 247 districts in 21 governorates will receive winterization cash grants

If constraints persist:

- 1,430,785 people in 247 districts in 21 governorates will receive household kits
- 817,592 people in 247 districts in 21 governorates will receive Emergency Shelter Kits
- 413,280 people in 200 districts in 20 governorates will receive rental subsidies
- 60,480 people in 200 districts in 20 governorates will receive cash grants to rehabilitate damaged houses
- 700 people in 9 districts in 4 governorates will receive cash grants to reconstruct severely damaged houses

- 17,500 people in 55 districts in 13 governorates will be housed in transitional shelters
- 105,731 people in 57 districts in 9 governorates will receive maintenance support
- 367,916 people in 247 districts in 21 governorates will receive winterization cash grants

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Distributing essential NFIs to 900,000 people
- Distributing Emergency Shelter kits to 260,000 people
- Providing rental subsidies to 600,000 people
- Distributing winterization assistance to 360,000 people
- Distributing cash grants to 8,700 people to rehabilitate damaged houses
- Constructing or rehabilitating transitional shelters for 31,088 people
- Providing shelter maintenance and upgrade support to 5,100 people
- Distributing cash grants to 4,243 people to reconstruct severely damaged houses




 <p>CAMP COORDINATION & CAMP MANAGEMENT</p>	<p>PEOPLE IN NEED 1.08M</p>	<p>OPTIMAL TARGET 0.8M</p> <p>LOWER TARGET 0.5M</p>	 <p>FUNDING US\$ 32M</p>	 <p>PARTNERS 22</p>
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Photo: Mahmoud Fadel-YPN for UN/OCHA

FIRST LINE RESPONSE

32M

Expand access to basic services for IDPs living in the highest risk sites and to people living in surrounding communities by:

- Mobilizing and coordinating the distribution of a minimum service package including protection, WASH, health, shelter and education support in targeted IDP sites
- Providing site care and maintenance in targeted IDP sites
- Promoting communication and cooperation between families in IDP sites and surrounding communities

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of IDP sites where the minimum service package is regularly delivered

TARGETING

Targeting is based on Site Reporting and the CCCM IDP Hosting Site Master List.

If conditions permit:

- 755,900 displaced people living in hosting sites will benefit from the minimum service package

If constraints persist:

- 518,480 displaced people living in hosting sites will benefit from the minimum service package

KEY ACHIEVEMENTS

Since June 2019, key achievements include:

- Helping to manage and improve conditions and safety for 518,480 people in 489 of the targeted 507 IDP hosting sites identified in early 2019

CLUSTER OBJECTIVE

1 Improve the living conditions of displaced families living in IDP hosting sites.

Of the 22 partners in the cluster, all are involved in the first-line response.

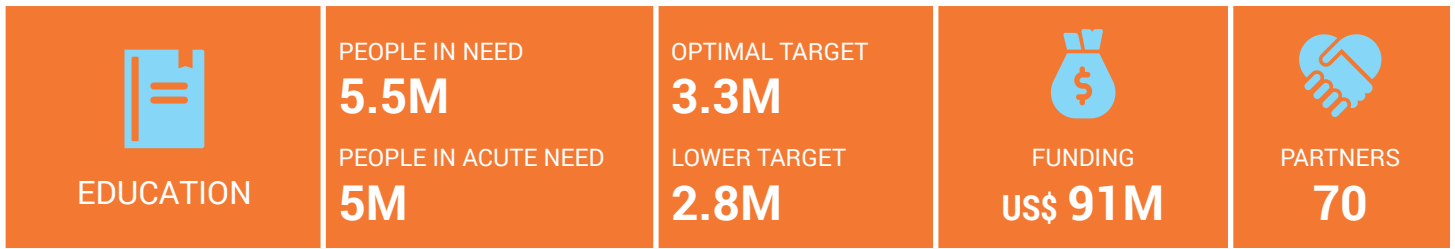


Photo: AL GHAFQI SCHOOL, ADEN, YEMEN. NOVEMBER 21 2018.

FIRST LINE RESPONSE

74 M

Help ensure schools remain open and operational by:

- Providing allowances for unpaid teachers
- Providing schools meals to boys and girls
- Establishing Temporary Learning Classrooms for displaced children
- Distributing kits, texts, hygiene materials, furniture and supplies to targeted schools
- Providing specialized child-centered programmes in hard-hit areas
- Facilitating national exams

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of operational and functional schools.

SECOND LINE RESPONSE

15 M

Help restore damaged and destroyed schools by:

- Rehabilitating buildings, including WASH facilities
- Training specialized education staff on emergency data collection and analysis

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of children accessing and remaining in formal education.

FULL CLUSTER RESPONSE

2M

Help strengthen teaching and the management of schools and education services by:

- Training teachers, school managers, supervisors and family councils

Impact Indicator: Partners will assess impact by tracking the percentage of teachers actively teaching at least 80 per cent of school days.

TARGETING

Targeting will be adjusted based on the 2020 MCLA, MoE enrolment records and field data.

If conditions permit:

- 142,000 unpaid teachers in 11 governorates will receive allowances
- 102,596 children will benefit from Temporary Learning Spaces
- 1,748,927 children will benefit from education supplies
- 1.3 million children will receive school meals
- 926,580 children will benefit from specialized child-centered programmes
- 551,296 children will benefit from rehabilitated schools

If constraints persist:

- 135,000 unpaid teachers in 11 governorates will receive allowances
- 87,207 children will benefit from Temporary Learning Spaces
- 1,486,588 children will benefit from education supplies
- 1,13,500 children will receive school meals
- 787,593 children will benefit from specialized child-centered programmes
- 468,602 children will benefit from rehabilitated schools

CLUSTER OBJECTIVE

1 Help maintain basic education services, particularly in areas where schools are damaged, closed or unable to fully operate because of budget, payroll and other conflict-related constraints

Of the 48 partners in the cluster, 30 are involved in first-line response.

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Rehabilitating 1,193 schools benefitting 417,819 children
- Providing meals to 432,521 children
- Distributing education supplies benefitting 171,299 children
- Providing specialized programmes for 181,430 children
- Providing Temporary Learning Classrooms for 48,868 children
- Providing specialized services benefitting 463,856 children




 <p>REFUGEE AND MIGRANT MULTI-SECTOR</p>	<p>PEOPLE IN NEED 0.2M</p>	<p>OPTIMAL TARGET 0.2M</p> <p>LOWER TARGET 0.2M</p>	 <p>FUNDING US\$ 72M</p>	 <p>PARTNERS 17</p>
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Photo: Mahmoud Fada/YPN for UNHCR

CLUSTER OBJECTIVE

1 Facilitate solutions for migrants and refugees including Assisted Spontaneous Return and Voluntary Humanitarian Return programmes

CLUSTER OBJECTIVE

2 Provide life-saving, multi-sectoral assistance and specialized support to refugees, asylum-seekers and migrants with acute needs

Of the 17 partners in the cluster, all are involved in first and second-line activities.

FIRST LINE RESPONSE

55M

Provide, in coordination with authorities, life-saving and specialized assistance to vulnerable refugees, asylum-seekers and migrants by:

- Registering and documenting refugees
- Identifying and pre-screening migrants
- Providing basic cash and in-kind support including food, WASH, shelter, health services for refugees and migrants
- Providing specialized services for refugee and migrant women and children
- Facilitating solutions including voluntary return for refugees and repatriation for migrants to countries of origin and in third countries

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of persons of concern returning to their countries of origin

SECOND LINE RESPONSE

17 M

Help strengthen national capacities to address migration and in refugee management by:

- Building the capacity of community groups and networks to help reduce dependency among migrant and refugees
- Building the capacity of relevant authorities to manage migration and protect refugees

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of persons of concern that benefited from at least one form of community-based assistance

TARGETING

Targeting is based on the Protection Baseline Questionnaire the Displacement Tracking Matrix, refugee registration database and will be adjusted based on the 2020 MCLA.

If conditions permit:

- More than 117,000 migrants and 119,000 asylum seekers will receive some form of assistance




If constraint persist:

- More than 93,000 migrants and 95,000 asylum seekers will receive some form of assistance

KEY ACHIEVEMENTS

From January 2019. key achievements include:

- Facilitating the voluntary return of 6,393 refugees and migrants to their countries of origin
- Providing shelter to 181 refugees in Kharaz camp in Lahj Governorate
- Providing life-saving medical assistance to 137,708 refugees, asylum-seekers and migrants, cash assistance to 17,446 refugees and asylum-seekers and education support to 13,864 refugees and host community children
- Registering 20,000 migrants in order to access returns, basic services and other assistance
- Providing specialized protection services to 7,938 children and women refugees at risk

 <p>RAPID RESPONSE MECHANISM</p>	<p>PEOPLE IN NEED 0.84M</p>	<p>OPTIMAL TARGET 0.84M</p> <p>LOWER TARGET 0.8M</p>	 <p>FUNDING US\$ 26M</p>	 <p>PARTNERS 16</p>
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FIRST LINE RESPONSE

26M

Distribute immediate critical, lifesaving assistance for the newly displaced families on the move and highly vulnerable families until cluster-based first-line assistance reaches them by:

- Procuring, storing and pre-positioning RRM supplies across the country
- Verifying new displacement and mobilizing RRM teams within 72 hours of an alert
- Enrolling eligible families and distributing RRM packages
- Disbursing multi-purpose cash assistance to the most vulnerable displaced families

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of highly vulnerable people who receive RRM support

TARGETING

Targeting is based on new displacement alerts from local authorities, rapid displacement tracking, CCCM partners and the RRM Key Informants Network.

If conditions permit:

- 840,000 newly displaced persons will receive RRM kits
- 504,000 displaced persons will receive multi-purpose cash assistance

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Distributing 176,937 RRM kits to 1,238,599 individuals
- Providing multipurpose cash transfers to 247,336 individuals
- Reducing response times by 30 percent in districts where enrollment modalities have been introduced

CLUSTER OBJECTIVE

1 Provide immediate, life-saving emergency assistance to families who are newly displaced and in hard-to reach areas.

Of the 16 partners in the RRM, all are involved in the first-line response.



LOGISTICS

FUNDING
US\$ 9.9MPARTNERS
90

Photo: Logistics Cluster (published on WFP website in April 2019)

FIRST LINE RESPONSE

9.9M

Establish, manage and, where possible, expand air, sea and land logistics services by:

- providing timely and reliable logistic service support, coordination and information management to humanitarian partners
- facilitating regular consultations and information sharing with partners
- facilitating cargo transport and storage, including common storage within Yemen
- providing air passenger transport through UNHAS
- planning and facilitating passenger sea transport as needed and possible

Impact Indicator: Partners will assess impact by tracking the percentage increase of humanitarian organizations giving a 'satisfactory' in the annual user feedback surveys

TARGETING

If conditions permit:

- 18,840 m² of temporary common storage space will be available to the humanitarian community
- 12,500 passengers will be transported by air

If constraints persist:

- 18,840 m² of temporary common storage space will be available to the humanitarian community
- 7,500 passengers will be transported by air

KEY ACHIEVEMENTS

Since January 2019, key achievements include:

- Transporting 18,500 passengers on 482 UNHAS flights, including the newly established flight route connecting Aden to Mukalla and completing 71 urgent MEDEVACS
- Transporting 344 passengers from 15 organizations on WFP chartered vessels
- Transporting 9,128 MTs of cargo by air and sea into Yemen and by land across the country
- Transporting 50,648 MTs of relief items by road from 31 organisations to over 216 locations across 95 districts and 20 governorates and transporting 2,203 MTs of urgent cargo by air and 21,049 MTs of humanitarian cargo by sea
- Providing 50,457 m² of common storage in Aden, Bajil, Hudaydah and Sana'a and dispatching 15 Mobile Storage Units to eight organisations to be managed as common storage
- Delivering over 33 million litres of fuel to 181 hospitals, 24 immunization centres, 24 local water and sanitation facilities
- Expanding warehousing capacity by 54 per cent to 17,640 m²

CLUSTER OBJECTIVE

- 1 Provide a full-range of logistics support and services including cargo and passenger transport and storage to humanitarian partners throughout the country.


EMERGENCY TELECOMMUNICATIONS


FUNDING
US\$ 2.3M


PARTNERS
41



Photo: INDP

FIRST LINE RESPONSE 1.6M

Provide, in coordination with authorities, reliable communications services for humanitarian partners by:

- Establishing, equipping and maintaining emergency telecommunications hubs
- Establishing stand-by agreements with local service providers
- Providing specialized telecommunication services for the Hudaydah response

Impact Indicator: Partners will assess impact by tracking the percentage increase of users satisfied with ETC services

SECOND LINE RESPONSE 0.7M

Upgrade and expand telecommunications services for humanitarian partners by:

- Expanding service desks to the field
- Providing in-country and global training for national staff and service providers
- Rehabilitating and upgrading communications centers and hubs

Impact Indicator: Partners will assess impact by tracking the percentage increase in the number of issues reported and resolved by ETC helpdesks

TARGETING

Targeting is based on ETC assessments in five hubs:

- 41 partners including 25 INGOs and 16 UN agencies will benefit from ETC services in Sana'a, Al Hudaydah, Ibb, Aden, Sa'ada, Mukalla, Al Mokha and Al Tourba.

KEY ACHIEVEMENTS

From January 2019, key achievements include:

- Resolving 8,189 IT issues reported to the ETC Helpdesk
- Achieving a 82 percent satisfaction rate among ETC users
- Providing 2,848 clients with security communications services
- Establishing and upgrading two nation-wide COVID-19 hotlines in Sana'a and Aden and extending critical connectivity to the UN quarantine facility in Aden and isolation apartments in Sana'a
- Providing support to 26 cholera Emergency Operations Centres and establishing three new EOCs in Socotra, Taiz and Aden
- Maintaining critical connectivity in 11 common operational hubs in Sana'a, Aden, Al Hudaydah, Al Tourba, Al Mukalla and Al Mokha and establishing critical connectivity in two new hubs in Tourba and Al Mokha

CLUSTER OBJECTIVE

1 Provide emergency telecommunications services to humanitarian partners throughout the country



COORDINATION



FUNDING
US\$ 26M



PARTNERS
242



Photo: OCHA

FIRST LINE RESPONSE

26M

Facilitate core coordination capacities and competencies by:

- Providing secretariat support to the Humanitarian Coordinator and Humanitarian Country Team (HCT)
- Providing secretariat support to the Emergency Cell
- Providing all possible forms of direct support to clusters and facilitating Inter-Cluster Coordination Mechanisms (ICCM)
- Facilitating the Humanitarian Programme Cycle (HPC) Including Assessments, Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP)
- Facilitating the work of operational hubs including Common Operational Datasets (CODs)
- Facilitating appropriate emergency response modalities and mechanisms as well as operational coordination of the humanitarian response
- Providing all possible support to expand access and create an enabling operational environment.
- Facilitating civil-military liaison, including de-confliction mechanisms
- Managing the Yemen Humanitarian Fund (YHF)
- Identifying and promoting concrete steps to improve accountability to affected populations
- Tracking contributions to the humanitarian operation and setting standards for donor reporting
- Coordinating third party monitoring

Impact Indicator: To measure first-line impact, partners will track the percentage increase in the number of regularly accessible areas

SECOND LINE RESPONSE

Facilitate core coordination capacities and competencies by:

- Engaging with businesses, transporters, charities and endowments
- Building the technical capacities of national NGOs

Impact Indicator: To measure second line impact, partners will track the percentage increase in the number of national partners receiving funding through the YHF

TARGETING

In 2020, Coordination will target:

- All counterparts involved in the humanitarian operation will receive regular updates and situation analysis
- All humanitarian partners involved in the cluster system will receive timely support
- All donors contributing to the operation will receive timely information

CLUSTER OBJECTIVE

1 Provide emergency telecommunications services to humanitarian partners throughout the country














KEY ACHIEVEMENTS

During 2020, the cluster will build on its 2019 achievements which include:

- Disseminating six bi-monthly humanitarian dashboards, 15 humanitarian snapshots, seven funding snapshots, nine 3w dashboards, 44 humanitarian updates, 19 access alerts, and 12 situation reports
- Disseminating interactive dashboards on needs, plans and responses on relevant websites
- Developing a country-wide contingency plan
- Facilitating the sequencing and prioritization of the 2020 HNO and HRP
- Facilitating the Multi-Cluster Location Assessment (MCLA) in 2,846 locations across the country
- Strengthening the Operations Centre for all emerging conflicts
- Facilitating major block grants to the YHRP
- Facilitating one standard allocation and two reserve allocations of the YHF for 80 partners
- Publishing regular public updates and sitreps on the humanitarian situation in Yemen

SUMMARY OF

TARGETS AND UNMET REQUIREMENTS

	OPTIMAL TARGET (PEOPLE)	UNMET REQUIREMENTS (US\$)	LOWER TARGET (PEOPLE)	UNMET REQUIREMENTS (US\$)
 FOOD SECURITY & AGRICULTURE	19 M	\$ 1B	18 M	\$ 700 M
 NUTRITION	6.2 M	\$ 189.5 M	5 M	\$ 152 M
 HEALTH	7.3 M	\$ 203 M	4.8 M	\$ 145 M
 WASH	12.5 M	\$ 199 M	10.8 M	\$ 143 M
 PROTECTION	4.7 M	\$ 151 M	3.4 M	\$ 131 M
 SHELTER/NFI	3.1 M	\$ 230 M	1.9 M	\$ 140 M
 CAMP COORDINATION & CAMP MANAGEMENT	0.8 M	\$ 32 M	0.5 M	\$ 25 M
 EDUCATION	3.3 M	\$ 91 M	2.8 M	\$ 77 M
 REFUGEES AND MIGRANTS	0.2 M	\$ 72 M	0.2 M	\$ 67 M
 RAPID RESPONSE MECHANISM	0.8 M	\$ 26 M	0.8 M	\$ 24 M
 LOGISTICS		\$ 9.9 M		\$ 9.9 M
 EMERGENCY TELECOMMUNICATIONS		\$ 2.3 M		\$ 0.7 M
 COORDINATION		\$ 26 M		\$ 26 M

 **\$US 2.23 B***
TOTAL OPTIMAL FUNDING

 **\$US 1.64 B***
TOTAL LOWER FUNDING

*Includes \$2.23 B in this plan and \$180 M for Yemen through the COVID-19 Global Humanitarian Response Plan. See page 3 for details.

