

## HUMANITARIAN IMPLEMENTATION PLAN

### YEMEN

#### 1 CONTEXT

Yemen is one of the poorest countries in the world (154<sup>th</sup> out of 169 on the Human Development Index<sup>1</sup>) and the poorest in the Middle East region. Over 47% of its 24 million inhabitants live on less than USD 2 a day. The country is facing a severe malnutrition crisis as almost one million children under five years old are suffering from acute malnutrition. More than a quarter of these children are severely affected and may die if they do not quickly receive life-saving assistance<sup>2</sup>. Yemen is also the most food insecure country in the Arab world with 10 million affected people.

These problems are likely to be exacerbated by a very high population growth (nearly 3% per year) and the depletion of natural resources, in particular oil and water. Yemen is also prone to natural disasters such as droughts, floods and epidemics. The effects of climate change are increasingly felt in the region.

This already very difficult situation is compounded by the social and political crisis. From February until November 2011 the country was gripped by popular uprisings against President Ali Abdullah Saleh. The deadlock in the political situation led to instability and a power vacuum until the election of President Abdulrabu Mansour Hadi in February 2012.

The country's fragmentation deepened in 2012: Al Houthies controlled the Saada governorate and had a strong presence in Al-Jawf governorate in the North, while main towns like Sana'a or Taiz were under anti-governmental control. There is still some separation in the armed forces between those loyal to former president Saleh and those loyal to President Hadi. Simultaneously the control of the Houthies in the North is being contested by tribal leaders and Salafists. The South remains a hotbed of military and political opposition. In Abyan the government forces have driven out Ansar Al Sharia (AAS), but the defeat of AAS and Al Qaeda in the Arabian Peninsula (AQAP) is far from complete, with a large number of their fighters having mingled with the population and merged with the anti-governmental secessionist movement Al Hirak. The core AAS members have fled into the mountainous areas of nearby Governorates of Shabwah, Hadramaut and others.

Moreover, the political instability and the famine in the Horn of Africa have continued to feed an increasing flow of refugees and asylum seekers, mainly Somalis and Ethiopians landing on Yemen's shores.

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<sup>1</sup> <http://hdrstats.undp.org/en/countries/profiles/YEM.html>

<sup>2</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/Yemen\\_2012\\_MYR.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_2012_MYR.pdf) (page 4)

Attacks by tribesmen on the oil and gas pipelines of the Yemeni oil fields in Marib governorate continue, disturbing both exports and national distribution. In spite of donations in kind of oil and fuel by the Saudi government, energy shortages continue to adversely impact the day-to-day life including businesses, health facilities and humanitarian operations.

Yemen scores 3/3, the most severe level, in the Vulnerability and Crisis Index of the Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO) and has been declared a forgotten crisis for 2013.

## 2 HUMANITARIAN NEEDS

### 1) Affected people / potential beneficiaries:

From a humanitarian standpoint, the main concerns are the population affected by food insecurity and the nutritional crisis that has developed in the country, the large contingent of internally displaced, and the growing number of refugees from the Horn of Africa.

#### i. Population affected by malnutrition and food insecurity

As the overall economic and social situation has deteriorated, the most vulnerable population has exhausted its coping mechanisms, provoking total destitution or forced economic displacement. In coastal areas there are reports of Severe Acute Malnutrition (SAM) rates of 10% and Global Acute Malnutrition (GAM) rates as high as 30%. UNICEF<sup>3</sup> reports that 980,000 children are acutely malnourished. Combined with a growing level of food insecurity (more than 10 million were food insecure end of 2011) and a lack of adequate response country wide, the country is facing a humanitarian crisis.

#### ii. Population affected by conflict

In the North, open conflicts in 2004, 2007, 2008, 2009 and 2011 have resulted in the extensive destruction of infrastructure and in large population displacements. Most of the displaced families live with host communities or independently in spontaneous settlements. Displacements continue to take place in Al-Jawf governorate, Arhab district in Sanaa and Shabwa governorates, Taiz and Sanaa city due to sporadic clashes. According to UNHCR<sup>4</sup> there were 323,992 Internally Displaced People (IDPs) as of 30 September 2012 in addition to an estimated 48,766 unregistered IDPs.

In the South, conflict in Abyan governorate also led to large population displacements. The recent clashes in July between government forces and Islamic militants of Ansar Al Sharia and AQAP resulted in a new wave of displacement, in addition to the 80,000 people who had fled the city of Zinjibar. End of July 2012,

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<sup>3</sup> United Nations Children's Fund

<sup>4</sup> United Nations High Commission for Refugees

there were 199,858 IDPs in the South and an estimated 107,900 unregistered IDPs. Due to the withdrawal/defeat of AAS, the Government of Yemen (GoY) is planning for a rapid return of these people to Abyan, in spite of the presence of landmines, unexploded ordnances and booby-traps.

### iii. Refugees

UNHCR established its operations in Yemen in 1992 in response to the large-scale influx of refugees mainly from Ethiopia and Somalia and to a lesser extend Eritrea and Iraq. Yemen has traditionally adopted an open door policy to Somalis granting them prima facie refugee status. The number of new refugees has risen dramatically in the past two years, with 103,154 in 2011 and 98,214 in the first nine months of 2012 alone<sup>5</sup>. End of September 2012 the total refugee population was 229,622.

## 2) Description of most acute humanitarian needs.

### i. Food security and malnutrition

With a Global Hunger Index of 25.5 in 2011, the food security situation is considered as alarming<sup>6</sup>. The number of food insecure was already very large in 2009 but has doubled with presently 10 million people food insecure, including 5 million severely food insecure<sup>7</sup>. The population has less and less coping strategies when faced with the rising poverty that now affects half of the country.

According to UNICEF over a quarter of a million children are severely acute malnourished and at risk of dying, while almost another ¾ million are moderately acute malnourished. Malnutrition is particularly affecting the coastal areas where SAM and GAM rates of 5-10% and 26-30% respectively<sup>8</sup> are well over the emergency WHO (World Health Organization) thresholds. Worldwide, Yemen ranks second for prevalence of stunting and chronic malnutrition.

Factors like drought, fuel shortages, and a rapid increase of the cost of basic food commodities, lack of access to water and sanitation, as well as rising insecurity are putting local populations at high risk of food insecurity and malnutrition, and are increasing the mortality risk among young children.

### ii. Water and sanitation/hygiene (WASH)

With renewable water resources of only 125m<sup>3</sup>/capita/year, Yemen remains one of the most water-scarce countries in the world. The total water demand per year exceeds the renewable resources, thus leading to a steady decline in groundwater levels. 30% of the water systems are not functioning and water supply systems in conflict areas are regularly destroyed. As a consequence, more than half of the population does not have access to safe water. In addition, the lack of proper

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<sup>5</sup> UNHCR statistics

<sup>6</sup> <http://www.ifpri.org/sites/default/files/publications/ghi11.pdf> (page 17)

<sup>7</sup> WFP Comprehensive Food Security Survey report of June 2012

<sup>8</sup> SMART Nutritional Surveys by Unicef in seven (mainly coastal) governorates, since November 2011

sanitation and poor sewage systems is increasing the risk of communicable diseases, malnutrition and of food insecurity<sup>9</sup>.

iii. Health

Following the breakdown in public services the population has very limited access to health services. Yemen is also prone to epidemics of communicable diseases, including malaria, dengue, Chikungunya, diarrhea, measles, whooping cough and meningitis. Almost all communicable diseases in the country are endemic and the immunization coverage is slowing down. This situation has led to an increase in morbidity and mortality rates from preventable diseases such as measles, acute watery diarrhea, cholera and dengue.

iv. Shelter and non-food items (NFI)

Currently 85% of the IDP population lives within the host community and in disused camps. Security and local conditions have not been conducive to a massive return of the displaced even if they would like to return. While relief programmes have to consider opportunities for return as well as unmet needs in return areas, semi-permanent shelters may also be needed for those remaining displaced. This will require community-based projects and the provision of return-assistance packages, including emergency shelter and non-food items for returnees.

v. Protection

In terms of physical protection, mines and unexploded ordnance still constitute a danger for the population and an obstacle for the return of IDPs.

The registration of IDPs and refugees by the government of Yemen remains difficult and needs to be improved.

Concerning the specific need for protection of children and women, there is evidence of violence and exploitation against them, of separation from their family and of child recruitment by armed groups. A more favorable protection environment is also about access to basic services, community participation and self-management, as well as implementation of durable solutions.

vi. Coordination and humanitarian advocacy

A number of intergovernmental initiatives have been launched for coordinating the assistance to the Yemeni Government in order to support the stability of the country and improve its governance. Moreover, access to the entire affected population granted by the government and non-state armed actors to the humanitarian community is still an issue. In this context it is of the utmost importance to have a strong humanitarian voice to advocate for and safeguard the humanitarian principles and space.

A strong humanitarian information analysis and management system is also required to ensure an objective and impartial assistance to the victims.

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<sup>9</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/Yemen\\_2012\\_MYR.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_2012_MYR.pdf) (page 4)

### 3 HUMANITARIAN RESPONSE

#### 1) National / local response and involvement

The government's capacity to respond to the humanitarian needs of IDPs and refugees is limited and depends on international support under the guidance of UNHCR. The people of Yemen continue to contribute largely and directly to the response by collecting and sending goods to the affected displaced families and by welcoming IDPs in host families, albeit less so than in previous years due to the deterioration in the overall economic situation.

#### 2) International Humanitarian Response

The international community role remains central and is welcomed by the Yemeni Government. The 2012 United Nations consolidated appeal, called the Yemen Humanitarian Response Plan (YHRP), had requested an amount of USD 445 million. Due to the nutrition and food crisis as well as the crisis in the south, the mid-year review of the YHRP increased its budget to USD 586 million. This excludes the Abyan Response Plan of USD 89 million. As of 29 October the YHRP was funded at 54%. There is also a recent response from Non-Traditional Donors, mainly from the Arab countries with the Organization of Islamic Countries having established an office, the Qatar Charity Foundation and the Humanitarian Forum with regular presence in Yemen. In the recent months the Al Khalifa Foundation (based in the United Arab Emirates) has donated food in kind worth USD 138 million.

#### 3) Constraints and DG ECHO response capacity

##### a. Access/humanitarian space

Access to the areas in the North, under the control of the Al Houthies, has improved. It is however still extremely complicated to assess and in some cases to monitor projects in full accordance with the humanitarian principles, due to continued interference of the de facto authorities. The conflict in the North (between Shi'ite Al Houthies and Salafists as well as with different tribesmen loyal to the government) can flare up again, making access to certain areas problematic.

In the South of the country the access to Abyan governorate remains difficult, even after the defeat/withdrawal of AAS/AQAP. This is largely due to remnants of explosives, mines and booby-traps. In spite of the government forces having driven out Ansar Al Sharia (AAS) from the Abyan governorate, a large number of their fighters have mingled with the population and merged with the anti-governmental secessionist movement Al Hirak. The core AAS members have fled into the mountainous areas of nearby Governorates of Shabwah. The southern secessionist movement (Al Hirak) remains active with regular protests.

Country wide security remains an area of concern. The tribal divisions have become more apparent and the supervision of, control over the armed forces and maintaining

law and order remains problematic. This has created a window of opportunity for criminal elements, in cities as well as in the outlying areas of the different governorates and is translating into increasing car-jacking, kidnapping and other general criminality.

#### **b. Presence of partners and absorption capacity**

Presence of international humanitarian agencies has increased in Yemen with some 15 new INGOs<sup>10</sup> having registered since November 2011. However, it remains very hard for international agencies to recruit staff willing to work in Yemen, in particular for field positions outside the main cities of Sana'a and Aden. The implementation capacity of agencies was drastically hampered in the latter part of 2011 due to security constraints and registration problems for new INGOs. The situation appears to have improved with more operational support from UNDDSS<sup>11</sup> to the UN<sup>12</sup> agencies which should allow a higher implementation rate by humanitarian agencies. Although the ability for agencies (INGOs, Red Cross and UN) to absorb and utilize funds has increased, there are still specific concerns regarding the UN agencies depending on local partners to implement their operations.

DG ECHO attaches fundamental importance to ensuring **aid effectiveness, sound financial management and respect of humanitarian principles**, which implies monitoring of the action during the lifetime of the project by DG ECHO's representatives. DG ECHO also considers that assessment and monitoring of projects by its Partners are keys for the quality of its humanitarian interventions and expects to avail itself of the first-hand security assessment made by its Partners prior to carrying out its own monitoring mission. In light of this, and taking into account the present circumstances and conditions currently prevailing in Yemen, DG ECHO does **not** consider **full remote control** as a sound option for projects it finances in the country.

- 4) Envisaged DG ECHO response and expected results of humanitarian aid interventions.

The proposed humanitarian response includes the following activities:

- a) Nutrition, food insecurity and livelihood: comprehensive approaches to the reduction of high acute malnutrition and food insecurity; scaling up support to Community Management Acute Malnutrition programs (CMAM) and to the provision of food assistance to ensure access to safe and nutritious food at household level through for instance general food distribution, cash and vouchers distribution, livelihood operation etc.

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<sup>10</sup> International Non-governmental Organizations

<sup>11</sup> United Nations Department of Safety and Security

<sup>12</sup> United Nations

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- b) Health: access to health care including primary health care, referral mechanisms; such as a referral to emergency obstetric and pediatric care; coordination, surveillance and response to outbreaks; training and equipment for emergency first aid; emergency rehabilitation of health structure affected by the conflict.
  - c) Water and Sanitation (WASH): water supply through water trucking, water wells and rural water network completion and/or emergency rehabilitation; sanitation (latrines, hygiene kit distribution).
  - d) Mines and Unexploded ordnances: mine risk awareness; demining/removal of unexploded ordnance can be considered as long as they concentrate on facilitating humanitarian access.
  - e) Shelter and Non-Food Items: camp management support; tent distribution to IDPs inside and outside camps; semi-permanent shelter; non-Food Item distribution; return assistance package for IDPs.
  - f) Protection: Mainstreaming of protection and gender in the delivery of assistance; registration and verification of IDPs and refugees, profiling; camp design and coordination; assistance and protection to asylum seekers and refugees; protection monitoring with a focus on children and women; support to refugees in urban settings with a support package including vocational training and protection activities.
  - g) Humanitarian coordination: humanitarian advocacy for the respect of International Humanitarian Law (IHL) and for humanitarian access; support to humanitarian coordination mechanisms including information management; monitoring and assessment of the security situation.

When relevant from an operational and thematic point of view, the submission of project proposals by consortia of partners can be envisaged.

#### Expected results of humanitarian aid interventions

- a) Improving nutritional status and food security of the population most affected by malnutrition and food insecurity;
- b) Population (IDPs and residents) affected by conflicts, and refugees are provided with emergency food and non-food assistance;
- c) Improving access to water and sanitation to the population most affected by food-insecurity, malnutrition or internal armed conflict as well as to refugees;
- d) Enhanced protection for those affected by conflict, returnees and refugees and promotion of the application and respect of humanitarian principles;
- e) Emergency response in case of natural disasters and/or epidemic outbreaks;
- f) Promotion of safe and dignified return or permanent resettlement of IDPs;

- g) Enhanced coordination of humanitarian action and information management in Yemen and the provision of reliable safety & security support to the international NGOs.

#### **4 LRRD<sup>13</sup>, COORDINATION AND TRANSITION**

##### **1) Other DG ECHO interventions**

In case of natural disasters or epidemics, according to the needs, other humanitarian actions could be financed either through the Disaster Relief Emergency Fund (DREF) or under the HIP for small scale humanitarian response, or the HIP for epidemics.

##### **2) Other services/donors availability (such as for LRRD and transition)**

There has been a major on-going international effort to stabilize Yemen, support its transition and re-launch its economic development. However, limited counterpart capacity and difficult operating conditions continue to challenge the efficiency and effectiveness of the stabilization and development efforts. Given the current political context, these challenges are likely to continue.

The EU focal sectors of interventions are the provision of essential social and economic services; institutional development; capacity building and support to food security. Complementary with DG ECHO interventions could be found in the support of social safety net and in the food security sector in order to increase the resilience of the local population.

##### **3) Exit scenarios**

The exit scenario for the IDP crisis is closely linked to the evolution of the security and political situation on the ground and its effect on the return and resettlement process of IDPs. The actions targeting the population affected by the current malnutrition and food insecurity crisis should end as soon as the livelihood of this population will have significantly improved by long-term economic and rural development operations.

#### **5 OPERATIONAL AND FINANCIAL DETAILS**

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

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<sup>13</sup> Linking Relief, Rehabilitation and Development



## 5.1. Contacts<sup>14</sup>

Operational Unit in charge: ECHO/B4

Contact person at HQ: Thierry Bertouille ([thierry.bertouille@ec.europa.eu](mailto:thierry.bertouille@ec.europa.eu))

Contact persons in the field: René De Vries ([rene.de-vries@echofield.eu](mailto:rene.de-vries@echofield.eu));  
Daniela D'Urso ([Daniela.durso@echofield.eu](mailto:Daniela.durso@echofield.eu))

## 5.2. Financial info

Indicative Allocation: EUR 33,000,000

Man-made crises: Hum. Aid: EUR 33,000,000

## 5.3. Proposal Assessment

### Assessment round 1

- a) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 33 million (Humanitarian aid: EUR 33 million).
- c) Costs will be eligible from 01/01/2013<sup>15</sup>.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Letter of Intent<sup>16</sup> based on the Single form format and including at least: area of intervention, sector, duration, beneficiaries, context/needs assessment, proposed response (results, activities), monitoring capacity, security arrangements, estimated costs, requested contribution, contact details.
- g) Indicative date for receipt of the above requested information: **by 15/1/2013**<sup>17</sup>

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<sup>14</sup> Letters of intent should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of intent using APPEL are available at [http://www.dgecho-partners-helpdesk.eu/preparing\\_an\\_action/financing\\_decision/intention\\_letter](http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter)

<sup>15</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, what ever occurs latest.

<sup>16</sup> In case intention letters are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained intention letters, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

<sup>17</sup> The Commission reserves the right to consider letters of intent/Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received letters of intent/Single Forms.

- h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country / region. More specifically, a particular attention will be put on the access arrangement and control management foreseen by the partner. Direct monitoring by the partner and DG ECHO should be possible as described in section 3 above.