CONTINGENCY PLAN SUMMARY

Yemen:

Conflict escalation in Al Hudaydah

March 2017

Prepared by the Yemen Humanitarian Country Team

200,000
Maximum number of IDPs expected under Scenario 1

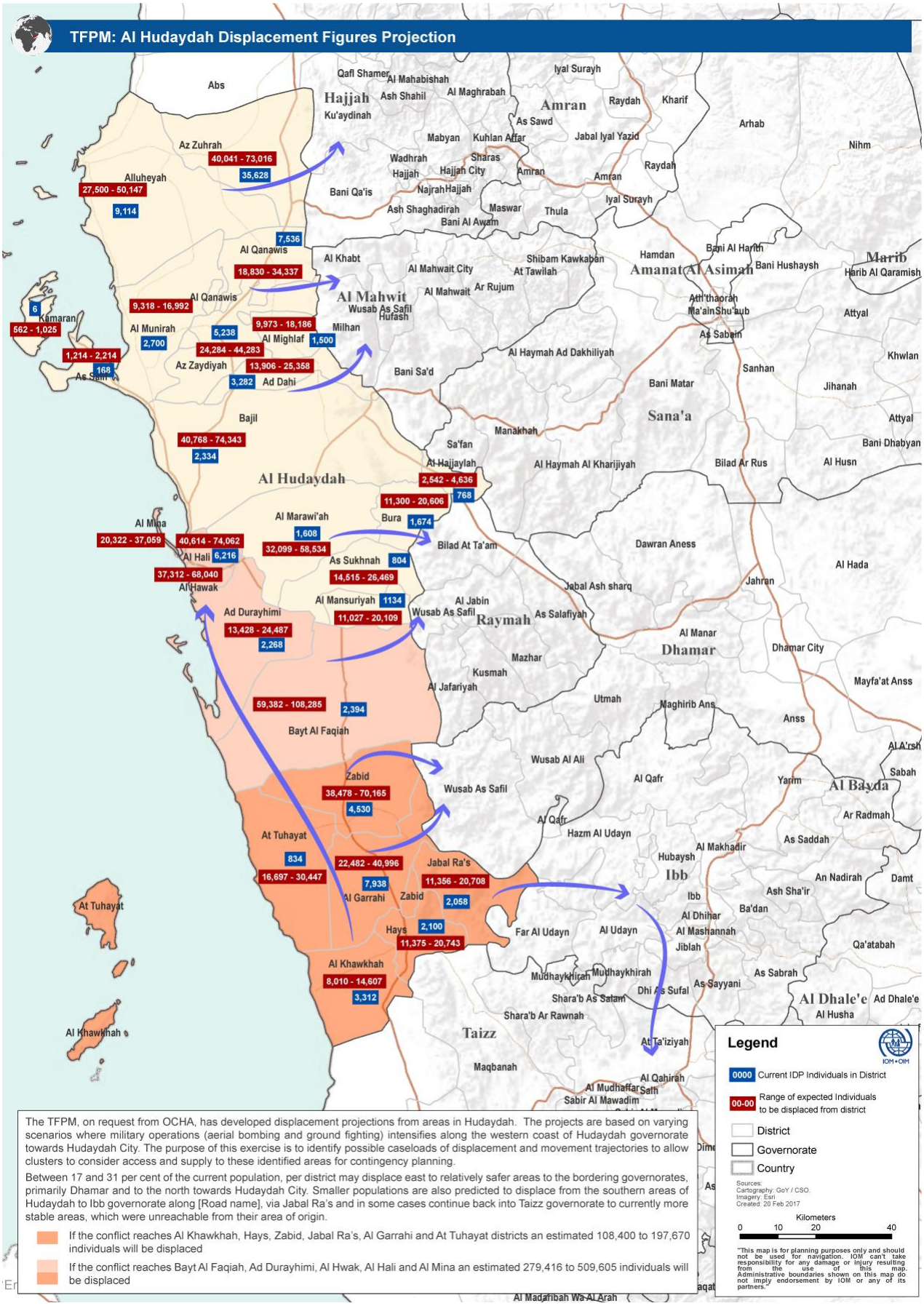
500,000
Maximum number of IDPs expected under Scenario 2

STRATEGIC SUMMARY

Escalating conflict along the western coast of Taizz since January 2017 has already displaced nearly 50,000 people. Further escalation into Al Hudaydah Governorate could potentially displace up to 500,000 people and threaten access to Al Hudaydah port, which is the main entry point for essential commercial and humanitarian goods into northern Yemen.

Humanitarian partners have devised two potential scenarios and developed preparedness actions and emergency response plans for both. Assistance would be delivered directly in affected areas, in IDP destination locations, and in temporary service points established along displacement routes using a CCCM approach.

Photo: IDPs in Al Khawkhah District of Al Hudaydah – Taken by inter-agency mission in February 2017


TFPM: Al Hudaydah Displacement Figures Projection
Abs
Hajjah
Ash Shahil
Qafl Shamer
Al Mahabishah
Al Maghrabah
Ku'aydinah
Iyal Surayh
Amran
Raydah
Kharif
As Sawd
Arhab
Mabyan
Kuhlan Affar
Jabal Iyal Yazid
Nihm
Az Zuhrah
40,041 - 73,016
35,628
Wadhrah
Sharas
Hajjah
Hajjah City
Amran
Raydah
Alluheyah
27,500 - 50,147
9,114
Bani Qa'is
Najrah Hajjah
Amran
Iyal Surayh
Ash Shaghadirah
Maswar
Thula
Bani Al Awam
7,536
Al Qanawis
18,830 - 34,337
Al Khabt
Shibam Kawkaban
At Tawilah
Al Mahwait City
Hamdan
Bani Al Harith
Marib
Amanat Al Asimah
Bani Hushaysh
Harib Al Qaramish
Al Qanawis
9,318 - 16,992
Al Mahwit
Wusab As Safil
Hufash
Al Mahwait
Ar Rujum
Ath'thaorah
Ma'ain
Shu'aub
Attyal
6
Kamaran
562 - 1,025
Al Munirah
2,700
5,238
9,973 - 18,186
Milhan
Al Mighlaf
1,500
As Sabain
1,214 - 2,214
168
24,284 - 44,283
Al Haymah Ad Dakhiliyah
Khwlan
Az Zaydiyah
13,906 - 25,358
3,282
Ad Dahi
Bani Sa'd
Sanhan
Bani Matar
Jihanah
Bajil
Sana'a
Attyal
40,768 - 74,343
2,334
Manakhah
Bani Dhabyan
Sa'fan
Al Hajjaylah
Al Haymah Al Kharijiyah
Bilad Ar Rus
Al Husn
Al Hudaydah
2,542 - 4,636
768
11,300 - 20,606
Al Marawi'ah
1,608
Bura
1,674
Al Mina
20,322 - 37,059
40,614 - 74,062
Al Hali
6,216
32,099 - 58,534
Bilad At Ta'am
Dawran Aness
Al Hada
As Sukhnah
804
14,515 - 26,469
37,312 - 68,040
Al Hawak
Jabal Ash sharq
Jahran
Al Mansuriyah
1134
Al Jabin
Ad Durayhimi
13,428 - 24,487
2,268
11,027 - 20,109
Wusab As Safil
Raymah
As Salafiyah
Al Manar
Dhamar
Dhamar City
Mazhar
Kusmah
Al Jafariyah
Mayfa'at Anss
Utmah
Maghirib Ans
59,382 - 108,285
2,394
Anss
Bayt Al Faqiah
Al A'rsh
Wusab Al Ali
Sabah
Zabid
38,478 - 70,165
4,530
Wusab As Safil
Al Qafr
Yarim
Al Bayda
Ar Radmah
Al Qafr
Hazm Al Udayn
At Tuhayat
834
16,697 - 30,447
22,482 - 40,996
Jabal Ra's
11,356 - 20,708
7,938
Al Garrahi
Zabid
2,058
Hubaysh
Al Makhadir
As Saddah
Ibb
An Nadirah
Damt
Ash Sha'ir
Ibb
Ba'dan
At Tuhayat
Al Dhihar
Hays
2,100
Far Al Udayn
Al Udayn
Al Mashannah
11,375 - 20,743
Jiblah
Qa'atabah
Al Khawkhah
8,010 - 14,607
3,312
Mudhaykhirah
Mudhaykhirah
As Sabrah
As Sayyani
Dhi As Sufal
Shara'b As Salam
Al Dhale'e
Ad Dhale'e
Al Husha
Shara'b Ar Rawnah
Taizz
At Ta'iziyah
Al Khawkhah
Maqbanah
Al Qahirah
Al Mudhaffar
Sabir Al Mawadim
Sath
Al Madaribah Wa Al Arah
The TFPM, on request from OCHA, has developed displacement projections from areas in Hudaydah. The projects are based on varying scenarios where military operations (aerial bombing and ground fighting) intensifies along the western coast of Hudaydah governorate towards Hudaydah City. The purpose of this exercise is to identify possible caseloads of displacement and movement trajectories to allow clusters to consider access and supply to these identified areas for contingency planning.
Between 17 and 31 per cent of the current population, per district may displace east to relatively safer areas to the bordering governorates, primarily Dhamar and to the north towards Hudaydah City. Smaller populations are also predicted to displace from the southern areas of Hudaydah to Ibb governorate along [Road name], via Jabal Ra's and in some cases continue back into Taizz governorate to currently more stable areas, which were unreachable from their area of origin.
If the conflict reaches Al Khawkhah, Hays, Zabid, Jabal Ra's, Al Garrahi and At Tuhayat districts an estimated 108,400 to 197,670 individuals will be displaced
If the conflict reaches Bayt Al Faqiah, Ad Durayhimi, Al Hwak, Al Hali and Al Mina an estimated 279,416 to 509,605 individuals will be displaced
Legend
IOM • OIM
0000 Current IDP Individuals in District
00-00 Range of expected Individuals to be displaced from district
District
Governorate
Country
Sources:
Cartography: GoY / CSO.
Imagery: Esri
Created: 20 Feb 2017
Kilometers
0 10 20 40
"This map is for planning purposes only and should not be used for navigation. IOM can't take responsibility for any damage or injury resulting from the use of this map. Administrative boundaries shown on this map do not imply endorsement by IOM or any of its partners."

SITUATION & RISK ANALYSIS

1. Country Information and Context Analysis

Military operations (including bombing by air and sea, and ground fighting) have intensified along the Western coast since the first week of January. This has resulted in active fighting in Dhubab and Al Mukha districts of Taizz, leading to the displacement of almost 30,000 people from these two districts (and almost 50,000 people across Taizz) as of 10 March. Military activity has reportedly started to move north of Mukha town and may continue to escalate along the Western coast, possibly reaching Al Hudaydah city. This would pose a serious threat to the functioning of Al Hudaydah port, which remains the main entry point for essential commercial and humanitarian imports into Yemen. Further escalation could also lead to large-scale displacement, increasing vulnerability in a chronically severe-need area already struggling with high rates of malnutrition, food insecurity, insufficient access to water and a recent cholera outbreak. An escalation could also have serious effects on humanitarian operations beyond the immediately affected area, as Al Hudaydah is the main hub for importing, storing and distributing goods and supplies across northern Yemen.

Effects on Al Hudaydah have already been reported, with recent naval and aerial bombings leaving high-calibre unexploded ordnance in the vicinity of the port and reports of additional restrictions on entering Hudaydah port preventing or delaying vessels from berthing. Many vessels have been diverted to Aden, and a number of ship liners are reportedly no longer serving Al Hudaydah port, with containers piling up at King Abdullah (Saudi Arabia), Salalah (Oman) and Djibouti ports.

Based on a risk analysis, the humanitarian community in Yemen has outlined two potential scenarios of escalating conflict along the western coast that would require significant scale-up of operations. This contingency plan outlines triggers for these scenarios, preparedness actions and response plans, which complement activities in the 2017 Yemen Humanitarian Response Plan (YHRP). Contingency response would last for 90 days before being folded into a revised 2017 YHRP.

2. Scenarios, triggers and likely displacement trends

Scenarios

Based on consultations with the Task Force on Population Movements (TFPM), the Hudaydah Area Humanitarian Coordination Team (AHCT) and review of military operations along the south-west coast since January, this contingency plan has planned for two scenarios:

- **Scenario 1**: Conflict enters southern Al Hudaydah Governorate, reaching Al Khawkhah, Hays, Zabid, Jabal Ra's and At Tuhayat districts. An estimated 150,000 individuals are displaced (ranging between 100,000 to 200,000 people across affected districts).
- **Scenario 2**: Conflict moves further north into Al Hudaydah Governorate, reaching Bayt Al Faqiah, Ad Durayhimi, Al Hawak, Al Hali and Al Mina districts. (Al Hudaydah city is mainly centred in Al Hawak, Al Hali and Al Mina districts.) An estimated 400,000 individuals are displaced (ranging from 250,000 to 500,000 people across affected districts). Al Hudaydah port stops operating, and access to warehouses and storage facilities is limited. Movement of goods and people to other areas of northern Yemen may be heavily restricted.

Scenario triggers and thresholds

Two triggers have been defined for each contingency scenario. Both triggers should be crossed in order to activate the contingency plan under that scenario. UNDSS, OCHA and partners will continuously monitor the triggers and advise the Humanitarian Country Team (HCT) on their status. If crossed, the Humanitarian Coordinator and the HCT will activate the contingency plan response accordingly.

Preparedness actions for Scenario 1 should begin immediately and do not need to wait for contingency plan triggers. Preparedness actions for Scenario 2 can also begin immediately, and should begin no later than once triggers for Scenario 1 response have been crossed.

Scenario 1 (Conflict enters southern Al Hudaydah Governorate; up to 200,000 new IDPs)

No.	Trigger	Threshold
1	Active clashes move north into Al Hudaydah Governorate from Taizz Governorate	Active clashes cross into Al Khawkhah, Hays or Jabal Ra's districts
2	Large-scale displacement occurs as a result of conflict	≥ 4,000 people are newly displaced within a one-week period

Scenario 2 (Conflict reaches Bayt Al Faqiah District in Al Hudaydah; up to 500,000 new IDPs)

No.	Trigger	Threshold
1	High-intensity military activity, including ground operations, expand further north, moving closer to or reaching Al Hudaydah city	Active clashes reach Bayt Al Faqiah District
2	Large-scale displacement occurs along the western coast as a result of conflict	≥ 75,000 people displaced since January 2017

Likely displacement trends

The Task Force on Population Movements (TFPM) derived displacement projections for both scenarios using historical displacement data. This included an analysis of displacement from districts in Al Hudaydah since the March 2015 escalation of conflict across Yemen, as well as trends in Taizz since January 2017. Three conclusions from this analysis were used by clusters when developing their sector-specific contingency response plans:

1 Since January 2017, 31 per cent and 17 per cent of the total population of Al Mukha and Dhubab districts in Taizz have been displaced respectively. The contingency plan applies the same range (17 per cent to 31 per cent of total population) to affected districts in Al Hudaydah under each scenario.

2 Since January 2017, displacement trends from Al Mukha and Dhubab districts in Taizz show that many IDPs are moving north into southern Al Hudaydah or east into neighbouring districts of Taizz. If conflict escalates in Al Hudaydah and moves towards the port city, displacement movements will likely be to safer areas in northern Al Hudaydah or bordering areas in governorates to the east.

3 Displacement trends in Al Hudaydah since March 2015 show that 61 per cent of internally displaced persons (IDPs) sought refuge in the neighbouring governorates of Dhamar, Raymah, Al Mahwit and Hajjah. Another 18 per cent of IDPs fled to other areas within Al Hudaydah Governorate.

In addition to TFPM projections, the Area Humanitarian Coordination Team (AHCT) in Hudaydah analysed potential displacement trajectories based on feedback from humanitarian partners working in the Hudaydah hub. These conclusions were also taken into account by clusters when developing contingency plans:

1 Many districts in Al Hudaydah are already hosting considerable numbers of IDPs. If these districts are affected by escalating conflict, current IDPs will likely suffer secondary displacement and will be among the most vulnerable. Secondary displacement may disproportionately affect women and children.

2 New displacement from southern Al Hudaydah Governorate will move primarily towards Wusab As Safil District (Dhamar Governorate) due to its relative stability, urban centre, infrastructure and access when compared to Raymah and Al Mahwit governorates.

3 Some secondary displacement of Taizz IDPs currently in southern Al Hudaydah Governorate will move towards Ibb along the Al Jarrahi-Ibb road via Jabal Ra's District (Al Hudaydah). These movements will be ultimately travelling towards more stable areas in Taizz Governorate that were not directly accessible from IDPs' areas of origin in Taizz.

4 People who remain in affected districts will likely be among the most vulnerable and will require humanitarian assistance. Access to these districts will be limited due to ongoing conflict. Partners are advised to pre-position supplies in these districts in advance or in localized hubs.

OVERALL STRATEGY

The overall strategy aims to ensure that the contingency response will be rapid, evidence-based, integrated, well coordinated and well resourced. The table below summarizes these pillars. Specific operational modalities are described in the next chapter.

Overall strategy	
Scope	The contingency response aims to provide assistance to affected people in need within 96 hours of activation and to continue for up to 90 days. After 90 days, ongoing operations will be merged into a revised YHRP.
Speed	A set of agreed activities will start immediately upon activation of the contingency plan, with assistance beginning to flow as soon as 24 hours from activation, and no later than 96 hours after activation. An activation checklist appears on page 10.
Evidence base	The contingency response will be evidence based without sacrificing speed. AHCTs are responsible for coordinating assessments in the relevant hubs starting immediately from activation of the plan and using the Initial Situation Tool (IST) (See Annex). IST findings will be discussed and validated by the AHCT alongside any available secondary data. At the same time, TFPM emergency displacement tracking and UNICEF-ACF Rapid Response Mechanism will inform the response; these efforts will also be coordinated with the relevant AHCT to avoid duplications. After the rapid assessment and initial response phase, clusters and sub-national clusters are responsible for organizing more detailed sectoral assessments as needed, and ensuring that these are coordinated with the AHCT.
Integrated response	Emergency multi-sector service points will established along major displacement routes (using rubb-halls), at least 50 kilometres from active conflict zones. Clusters will provide temporary, integrated, pre-selected, minimal emergency services to displaced people passing through these points. Service points will also be used to collect minimal information and guide follow-up response in displacement destinations. More details appear in the “Operational Delivery” chapter below.
Coordination	The HCT provides strategic direction to the response. The ICCM advises the HCT, operationalizes HCT decisions, and works closely with AHCTs in the relevant hubs to ensure effective implementation. Coordination of local-level response, including assessments, is led by the AHCTs with support from the ICCM. OCHA supports all these structures in fulfilling their roles.
Resources	Immediate response will rely on existing and pre-positioned stocks. This may include partners initially re-allocating resources from regular programmes in order to support emergency scale-up in line with the contingency plan. Donors and pooled funding instruments will support humanitarian partners in terms of giving flexibility on the use of resources. The HC will seek to mobilize additional funding from donors, including use of pooled funds, so as to ensure that the contingency response does not create gaps in humanitarian operations elsewhere. HCT members will also seek to mobilize funds bilaterally. A Flash Appeal may be

	issued if the HCT judges that this is necessary. Staff may be bolstered by surge support from regional offices or Headquarters.

OPERATIONAL DELIVERY

This chapter summarizes the contingency plan's operational approach to preparedness, assessments, emergency response and monitoring.

Preparedness

Clusters have identified and costed a set of preparedness activities for each scenario, including procurement and pre-positioning of supplies, training and outreach. Specific activities and costs appear in each cluster section below. Implementation of these activities will begin as soon as the contingency plan has been endorsed. Some preparedness activities are already under way.

Assessments

Assessments are divided into two phases. Rapid assessments (Phase 1) are coordinated by the AHCT, supported by OCHA and national clusters as needed. Follow-up sectoral assessments (Phase 2) will be organized by clusters as needed in coordination with the AHCT. These phases can also occur in parallel but should be coordinated to ensure no duplications. The ICCM will provide operational guidance, and the AMWG, TFPM, and IMWG will provide technical and implementation support. The ICCM at the national level will update total caseload figures based on compiled information.

Phase 1: Rapid assessments	**Type of information**
The *AHCT Emergency Assessment Team* will complete a rapid assessment within 72 hours using the Initial Situation Tool. Results provide an initial definition of the situation and highlight areas for immediate response or cluster assessments. The IST includes primary data collection and a compilation of any available secondary sources.	Community-level preliminary definition of multi-sector needs (Key informants)
TFPM emergency tracking will provide indicative displacement and returnee estimates through its regular network of key informants across the country. These figures will be updated every two weeks until emergency tracking concludes. TFPM will coordinate with AHCTs to ensure no duplications in data collection.	Indicative displacement and returnee figures (Key informants)
The *Rapid Response Mechanism* (RRM) is a collaboration between UNICEF and ACF for Food Security, WASH, NFI/Shelter and Nutrition. The mechanism currently covers Abyan, Al Hudaydah, Hajjah and Lahj. RRM teams use the IST or conduct household-level assessments. RRM will coordinate with the AHCTs to ensure no duplications in data collection or response.	Household and site level information / multi-sector needs
Phase 2: In-depth assessment	**Type of information**
If needed, clusters will organize sector-specific assessments as a follow-up to results obtained from rapid assessments. Clusters will ensure that the AHCT is informed of assessment plans to avoid duplication and overburdening affected communities. AHCTs will work with clusters to coordinate assessment plans.	Cluster-specific

Linked to Phase 1 assessments, the Community Engagement Working Group (CEWG) will determine key information needs of affected communities and identify the best ways to disseminate key messages. Working with the Humanitarian Communications Network, CEWG will develop and disseminate key messages for communities using the most appropriate means.

Response delivery

Given current operational challenges, risks of disruption to overland and aerial transport, and the need to deliver quickly, the contingency plan takes a localized approach to response delivery. This approach will enable timely, relevant response by empowering frontline humanitarian partners. Assistance will be delivered to people in need who remain in affected areas (provided access is possible), IDPs on the move through temporary service points established along main displacement routes, and IDPs and host communities in destination points.

Overall coordination

With continuous support from the ICCM, AHCTs will coordinate the response on the ground and mobilize partners to fill gaps. Partners who are best positioned to respond in terms of capacity, resources, field presence and relevant operations will assume a lead role in the emergency response.

Assistance along displacement routes

A camp coordination and camp management (CCCM) approach will be used to deliver an integrated emergency response for populations on the move. This approach will establish five service points (rubb-halls) at strategic locations at least 50 kilometres from volatile areas. Service points will offer respite for people fleeing violence and will provide limited, essential, pre-selected, multi-sector services, including mobile core relief kits, food, health screening, WASH and basic protection. IDPs are expected to continue moving from service points to their final destinations; accommodation will not be provided at the service points. Basic data for response planning – including final destination – will be collected through the service points.

The Shelter/NFI/CCCM Cluster is responsible for the establishment, overall management and quality assurance of the service points. The Cluster coordination team will work with other clusters to establish realistic minimum standards and delivery systems. The Cluster will also ensure permanent humanitarian presence in the service points. Joint management arrangements may be in place where necessary and in line with HCT agreements. When activating the contingency plan, the ICCM/HCT will review displacement patterns in neighbouring governorates and determine whether service points should be established (see “Activation Checklist” below). Establishment of rubb-halls will mobilize pre-identified staff and transport of goods. Preparations are included in Shelter/NFI/CCCM Cluster preparedness actions and are under way.

Assistance in destination points

More comprehensive assistance will be provided to IDPs and host communities at IDP destination points. This will include distribution of emergency NFIs and full emergency shelter kits. Shelter assistance will be determined based on technical needs assessments and may include in-kind assistance, vouchers/cash for shelter items and basic non-food items and cash subsidies for rent. Follow-up assistance will also be provided based on results of screening (health, protection, etc.) completed at service points, or based on further assessments in IDP destination areas.

Assistance in affected areas

The most vulnerable people in affected areas may not be able to leave due to lack of resources, illness or other challenges. Partners will prioritize assistance for these people insofar as access allows. Initial response will be provided on the basis of IST results. Where access remains restricted due to violence or bureaucratic impediments, AHCTs will prioritize advocacy with relevant stakeholders, seeking support from the HCT.

Response monitoring

On advice from the ICCM, the HCT will determine the frequency of emergency response reporting when activating the contingency plan. This reporting will be focused only on affected areas and will be in addition to the regular monthly reporting system implemented across the Yemen response. OCHA will provide an emergency response reporting template for partners to fill in directly; the first update will be provided as soon as possible after activation of the contingency plan.

All clusters will use the same emergency response reporting template during the contingency response in order to facilitate rapid aggregation. Partners will fill in the template and share it with clusters, who will aggregate partner responses, perform quality control and share the cluster-wide result with OCHA. OCHA will share the emergency reporting template with clusters in advance for feedback and agreement.

Technical support for this process will be provided by AHCTs, ICCM and AMWG as needed. It is understood that emergency reporting will reflect best estimates for affected areas only. Final verified information will be provided as part of the monthly Dashboard information collection process.

Logistics

The Logistics Cluster is responsible for facilitating logistical support for the contingency response in line with the detailed Logistics Cluster Contingency Plan. Major support included in the Logistics Cluster Contingency Plan includes:

Fuel distribution

The Logistics Cluster will maintain a contingency stock of fuel for partners operating in Yemen. Fuel will be distributed in Aden, Sana'a and Hudaydah and procured locally through YPC. If YPC procurement is not possible, fuel will be procured internationally with the support of the WFP Procurement Unit. Current available fuel capacity will be maintained throughout the operation and amounts to:

- Sana'a: 300,000 litres diesel and 180,000 litres petrol
- Al Hudaydah: 332,000 litres diesel and 180,000 litres petrol
- Aden: 100,000 litres diesel and 92,000 litres petrol.

Supply chain (upstream and downstream)

Access to airlifts from Djibouti to Sana'a will be facilitated; service will be provided by WFP Aviation/UNHAS at no cost to users, and the frequency will be contingent upon needs expressed by the humanitarian community and available funding.

For sea transport, the Logistics Cluster will seek to mitigate reductions in commercial service to Al Hudaydah. If commercial liners stop serving Al Hudaydah but the port remains open, the Cluster will facilitate access to dhows from Djibouti to Al Hudaydah or other accessible ports. If the port is closed, the Cluster will facilitate transport to Aden on the WFP-chartered passenger vessel or by dhow to other accessible ports.

The Cluster will also seek to facilitate overland transport from ports of entry to onward destination. This may rely on humanitarian convoys using alternative accessible routes where necessary. Convoys will be coordinated in collaboration with the Humanitarian Access Working Group and will build on WFP's footprint. The Logistics Cluster will regularly update the Access Constraints map and plan overland transport accordingly.

Storage

The Logistics Cluster will facilitate access to existing storage capacity in Aden, Sana'a or Al Hudaydah. The Cluster will also facilitate access to an additional volume of common warehousing for temporary storage as needed by humanitarian organizations in Sana'a and Aden. Where applicable and contingent on access, WFP will bilaterally provide humanitarian organizations with additional Mobile Storage Units (MSUs) on request.

Stocks and pipelines

The Logistics Cluster, in collaboration with OCHA and cluster coordinators, will monitor stocks and pipelines of humanitarian organizations with the largest operations in Yemen. The database will be regularly updated and shared through OCHA with the ICCM for analysis. Clusters will communicate gaps or concerns to OCHA. OCHA consolidates the information and updates the HC. Immediately after the contingency plan is activated, the latest analysis of stocks and pipelines will be updated.

CONTINGENCY PLAN ACTIVATION CHECKLIST

When	Type of activity	Who	Details
Prior to activation	Preparedness	All partners	Implement agreed preparedness measures
Prior to activation	Situation monitoring	All partners	Monitor situation against agreed CP triggers and communicate relevant developments to OCHA
Prior to activation	Situation monitoring	OCHA, ICCM, HCT	Review situation monitoring information and advise HCT and HC on contingency plan activation
Activation	Activation	HC	Activate contingency plan on advice of ICCM and HCT; HCT and ICCM stand by to facilitate response
Within 24 hours of activation	Stocks and pipeline check	Logistics Cluster, partners	Partners provide Logistics Cluster with latest overview of stocks and pipeline levels
Within 24 hours of activation	Initial response	All partners (including ICCM), OCHA	Partners review options for re-directing existing resources towards contingency plan response and confirm gaps (funding, staff, etc.). Gaps and recommendations for additional support are communicated to HCT via OCHA.
Within 24 hours of activation	Security and access check	UNDSS and HAWG	UNDSS reviews operating conditions and security measures in affected areas; HAWG provides analysis and recommendations on accessing affected areas
Within 24 hours of activation	Assessment *(and initial response)*	AHCTs, Emergency Assessment Teams, OCHA, TFPM	Relevant AHCTs organize IST in affected areas in line with guidance (See Annex) TFPM confirms timeline for first IDP estimates via emergency tracking *Note: If sufficient information already exists, initial response can be rolled out in parallel with IST data collection*
Within 48 hours of activation	Initial response	HCT and ICCM	Joint HCT-ICCM meeting reviews the following: current situation; stocks and pipelines; security measures; access conditions; need for service points; requests for additional support; status of preparedness actions; other relevant issues. Meeting agrees next steps (activation of pooled funds, establishment and location of service points, donor outreach, response guidelines, etc.) and determines response reporting frequency.
Within 72 hours of activation	Assessment	AHCT Emergency Assessment Teams	IST data collection completed in line with guidance (See Annex)
Within 96 hours of activation	Initial response	Shelter-NFI-CCCM Cluster	Establishment of service points (rubb-halls) in strategic locations within 72 hours of joint HCT-ICCM meeting
Within 96 hours of activation	Assessment	AHCT Emergency Assessment Teams, AHCTs, ICCM, OCHA	Emergency Assessment Teams jointly review findings; summary is shared with AHCT and ICCM as basis for initial response; full report can follow subsequently (See Annex)
Within 96 hours of activation	Initial response	AHCTs, ICCM, HCT,	AHCTs coordinate and implement initial response based on IST findings and agreed Contingency Plan activities with support as needed from ICCM HCT provides strategic guidance to initial response in light of IST findings and other developments
TBD	Response monitoring	Partners, AHCTs, ICCM, OCHA	Partners provide updates on response progress in line with frequency set by HCT

ANNEX 1: SUMMARY OF PLANNED ACTIVITIES

FOOD SECURITY AND AGRICULTURE

Scenario 1: Maximum 200,000 IDPs

Preparedness

Preparedness actions	Status
Undertake rapid food security assessments, needs analysis and monitoring	Ongoing
Preposition food stocks in Hudaydah and other hubs warehouses	Ongoing
Undertake training and capacity building on contingency planning and advanced emergency and preparedness actions to cluster partners	Ongoing

Emergency response

Scenario 1 projects a maximum of 200,000 IDPs. FSAC estimates an additional caseload of 180,000 IDPs for three months. Host community members will be assisted through existing YHRP programmes.

Activity	Indicator	Target
Emergency food assistance	# of people receiving unconditional food assistance (general food assistance)	180,000

Scenario 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Undertake rapid food security assessments, needs analysis and monitoring	Ongoing
Preposition food stocks in Hudaydah and other hubs warehouses	Ongoing
Undertake training and capacity building on contingency planning and advanced emergency and preparedness actions to cluster partners	Ongoing

Emergency response

Scenario 2 projects a maximum of 500,000 IDPs. FSAC uses this maximum projection (500,000 IDPs) for three months. Host community members will be assisted through existing YHRP programmes.

Activity	Indicator	Target
Emergency food assistance	# of individuals receiving unconditional food assistance (general food assistance)	500,000

WATER, SANITATION AND HYGIENE (WASH)

Scenario 1: Maximum 200,000 IDPs

Scenario 1 projects a maximum of 200,000 IDPs. WASH Cluster partners targeted 20 per cent of the maximum IDPs expected to stay in collective centres or spontaneous settlements with direct service provision (30,000 IDPs) and an estimated additional 15,000 most vulnerable IDPs in host community and 15,000 host community members. An estimated 157,500 IDPs (or 1,750 IDPs daily for 90 days) will be targeted at inter-cluster service points (80 per cent of maximum IDP numbers).

Preparedness

Preparedness actions	Status
Prepositioning of critical WASH supplies in regional hubs for 60,000 people	Ongoing
Training partners on needs assessment	Ongoing
Registration of eligible NGOs in GMS	Ongoing

Emergency response

Costs for water trucking, chlorine tablets, hygiene promotion, and WASH activities at service points are calculated for three months. Remaining activities are implemented once.

Activity	Indicator	Target
Conduct needs assessments	# of individuals assessed for critical WASH needs	45,000
Provide communal water storage tanks / water points	# of individuals benefitted from a community water point	60,000
Water Trucking for conflict affected communities	# of individuals provided with access to at least 7.5 lpd of drinking water	30,000
Small scale repairs, O&M for water supply systems	# of individuals benefiting from improved access to water	30,000
Chlorine tablet distribution	# of individuals provided with chlorine tablets	60,000
Emergency latrine construction	# of individuals provided with access to a latrine	30,000
Distribution of basic hygiene kits	# of individuals reached with basic hygiene kit	45,000
Hygiene promotion and community mobilization	# of individuals reached with hygiene promotion activities	60,000
Water Trucking at service points	# of individuals provided with access to at least 7.5 lpd of drinking water	157,500
Emergency latrine construction at service points	# of individuals provided with access to a latrine	157,500
Distribution of lifesaving WASH supplies and hygiene promotion at service points	# of individuals provided with lifesaving WASH supplies	157,500

Scenario 2: Maximum 500,000 IDPs

Scenario 2 projects a maximum of 500,000 IDPs. WASH Cluster partners target an estimated 20 per cent of the maximum IDPs expected to stay in collective centres or spontaneous settlements with direct service provision (100,000 IDPs) and an estimated additional 50,000 most vulnerable IDPs in host community and 50,000 host community members. An estimated 405,000 IDPs (or 4,500 IDPs daily during 90 days) are targeted at inter cluster service points (80 per cent of maximum IDP numbers). An estimated 550,000 people could benefit from support with fuel, emergency repairs and equipment for the Al Hudaydah city water network if necessary.

Preparedness

Preparedness actions	Status
Prepositioning of critical WASH supplies in regional hubs for 200,000 people	Ongoing
Moving part of prepositioned stocks out of Hudaydah city	When needed
Training of local community on chlorination and hygiene practices	Ongoing
Identification of water sources and water vendors inside Hudaydah city	Completed
Training partners on needs assessment	Ongoing
Registration of eligible NGOs in GMS	Ongoing

Emergency response

Costs for water trucking, chlorine tablets, hygiene promotion, WASH activities at service points, and fuel support are calculated for 3 months. Remaining activities are implemented once.

Activity	Indicator	Target
Conduct needs assessments	# of individuals assessed for critical WASH needs	150,000
Provide communal water storage tanks / water points	# of individuals benefitted from a community water point	200,000
Water Trucking for conflict affected communities	# of individuals provided with access to at least 7.5 lpd of drinking water	100,000
Small scale repairs, O&M for water supply systems	# of individuals benefiting from improved access to water	100,000
Chlorine tablet distribution	# of individuals provided with chlorine tablets	200,000
Emergency latrine construction	# of individuals provided with access to a latrine	100,000
Distribution of basic hygiene kits	# of individuals reached with basic hygiene kit	150,000
Hygiene promotion and community mobilization	# of individuals reached with hygiene promotion activities	200,000
Water Trucking at service points	# of individuals provided with access to at least 7.5 lpd of drinking water	405,000
Emergency latrine construction at service points	# of individuals provided with access to a latrine	405,000
Distribution of lifesaving WASH supplies and hygiene promotion at service points	# of individuals provided with lifesaving WASH supplies	405,000
Provide fuel assistance to operate water supply system in Hudaydah city	# of individuals benefiting from improved access to water	550,000
Provide spare parts, operation and maintenance for water supply system in Hudaydah city	# of individuals benefiting from improved access to water	550,000

HEALTH

Scenario 1: Maximum 200,000 IDPs

Preparedness

Preparedness actions	Status
Stockpiling of emergency trauma & B and IEHK kits and additional essential medicines in WHO warehouses in Hodeida, Ibb and Sana'a	Ongoing

Supporting Heys, Zabeed, Al-Jarahi, Bait Al-Faqih and Al-Thawra Hospital with essential medicines and medical supplies	Complete
Providing Al-Thawra Hospital in Hodeida, and Al-Jumhoori Hospital in Hajjah with medical equipment	Ongoing
Supporting access to emergency health care through mobile/facility based-teams, outreach activities and malaria control interventions in Hodeida Governorate.	Ongoing
Supporting Mass Casualty Management in conflict- affected areas through capacity building of health workers, deployment of surgical teams and referral service- provision including ambulance services.	Ongoing
Provision of preventive public health measures and response to communicable disease outbreaks including Cholera, through early disease detection, conducting immunization mass campaign and insecticide spraying among other activities	Ongoing
Pre-position RH kits at Al-Hudaydah UN hub	Planning
Training of RH providers on MISP to insure pregnant women have access to lifesaving services.	Ongoing

Emergency response

Activity	Indicator	Target
Providing essential lifesaving health services, including basic PHC services to the IDPs, host communities and affected population through deploying emergency mobile medical teams in the affected areas (Hays, Zabid, Jabal Ras, Al-Jarahi)	# of people reached to PHC services through mobile/facility based medical teams	190,000
Supporting Mass Casualty Management in conflict-affected areas through deployment of (5) surgical teams in Hays and Zabeed Hospitals and strengthening referral services through providing 5 ambulances with paramedics in Al-Khawkhah, Zabeed and Al-Tuhayat.	# of injured people received trauma care	3,000
Supporting functioning of health facilities through fuel supply to 5 hospitals (Aljarrahi, Hays, Bayt Al-Faqiah, Al Thawra and Al Olofy) with 10,000 Litres/month	# of health facilities supported by fuel	5
Provision of preventive public health measures and response to communicable disease outbreaks, through early disease detection and conducting of immunization mass campaign.	# of children vaccinated against	50,000
Provision of lifesaving RH services to the affected population in coordination with RH IAWG members both at the community and health facility levels	Number of women and girls reached with RH services	11,475
Integrated vector control campaign	# of households reached	40,000

Scenario 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Stockpiling of emergency trauma and IEHK kits in WHO warehouses in Hodeida, Ibb and Sana'a	Ongoing
Supporting Heys, Zabeed, Al-Jarahi, Bait Al-Faqih and Al-Thawra Hospital with essential medicines and medical supplies	Complete
Providing Al-Thawra Hospital in Hodeida, and Al-Jumhoori Hospital in Hajjah with medical equipment	Ongoing
Supporting access to emergency health care through mobile/facility based-teams, outreach activities and	Ongoing

malaria control interventions in Hodeida Governorate.	
Supporting Mass Casualty Management in conflict- affected areas through capacity building of health workers, deployment of surgical teams and referral service- provision including ambulance services.	Ongoing
Pre-position of RH kits at Al-Hudaydah UN hub	Planning
Training of RH providers on MISP/CMR to insure pregnant women have access to lifesaving services.	Ongoing
Provision of preventive public health measures and response to communicable disease outbreaks including Cholera, through early disease detection, conducting immunization mass campaign and insecticide spraying among other activities	Ongoing

Emergency response

Activity	Indicator	Target
Providing essential lifesaving health services, including basic PHC services to the IDPs, host communities and affected population through deploying emergency mobile medical teams in the affected areas (Hays, Zabid, Jabal Raps, Al-Jarahi, Bayt Al-Faqiah, Ad Durayhimi, Al-Hawk, Al Hali), incl. 5 IDP service points	# of people reached with PHC services through mobile/facility based medical teams	500,000
Supporting Mass Casualty Management in conflict-affected areas through deployment of 10 surgical teams in Hays and Zabeed, Bayt Al-Faqiah and Al-Thawra Hospitals and strengthening referral services through providing (10) ambulances with paramedics in Al-Khawkhah, Zabeed, Al-Tuhayat, Ad Durayhimi and Al-Saleef	# of people receiving trauma care	6,000
Supporting functioning of health facilities through fuel supply to (5) hospitals (Aljarrahi, Hays, Bayt Al-Faqiah, Al-Thawra and Al-Olofy) with 23,000 Litres/month	# of health facilities supported by fuel	5
Provision of preventive public health measures and response to communicable disease outbreaks, by conducting mass immunization campaign.	# of children vaccinated	90,000
Provision of lifesaving RH services to the affected population in coordination with RH IAWG members both at the community and health facility levels	Number of women and girls reached with RH services	29,589
Integrated vector control campaign	# of households reached	80,000

SHELTER, NON-FOOD ITEMS (NFIS) AND CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

Scenario 1: Maximum 200,000 IDPs

Preparedness

Preparedness actions	Status
Emergency NFI kit stock prepositioning in regional warehouse for service point use	Pre-procurement ongoing
Emergency Mobile Shelter kit stock prepositioning in regional warehouse for service point use	Pre-procurement ongoing
Remaining full kit items prepositioning for points of destination	Not yet

Establish Shelter/CCCM rapid response teams	On-going
Procure Rub-halls for Service Points	On-going
Train the local authorities on site management	On-going
Establish an integrated response emergency minimal service package with the Inter-Cluster Coordination Group	On-going
Map specific Service Points response matrix	Not yet

Emergency response

Activity	Indicator	Target
Provide technical aid-enrolment support for those assisted at service points (including sex- and age-disaggregation of data)	# of new IDPs enrolled, listed and disaggregated by gender and age	158,136 individuals
Provide Emergency Site Management Teams and equipment	# of Service Points managed	5
Provide CfW for security, loading and off-loading of items and maintenance at Service Points	# of Service Points aid delivery systems maintained	5
Provide Emergency NFI kits	# of IDP households assisted with NFIs	158,136 individuals
Provide mobile emergency shelter kits	# of new IDPs assisted with emergency shelters	158,136 individuals
Provide emergency cash/voucher assistance to address urgent needs of the most vulnerable households, including rental subsidies in urban or semi-urban areas and cash/vouchers for emergency items	# of households that receive cash transfers to address most urgent life-saving needs in urban/semi-urban areas	39,534 individuals

Scenario 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Emergency NFI kit stock prepositioning in regional warehouse for service point use	Pre-procurement ongoing
Emergency Mobile Shelter kit stock prepositioning in regional warehouse for service point use	Pre-procurement ongoing
Remaining full kit items prepositioning for points of destination	Not yet
Establish Shelter/CCCM rapid response teams	On-going
Procure Rub-halls and items for Service Points	On-going
Train the local authorities on site management	On-going
Establish an integrated response emergency minimal service package with the Inter-Cluster Coordination Group	On-going
Map specific Service Points response matrix	Not yet

Emergency response

Activity	Indicator	Target
Provide personnel, technical and equipment support to aid-enrolment for those assisted at service points (including sex- and age-disaggregation of data)	# of new IDPs enrolled, listed and disaggregated by gender and age	407,584 individuals

Provide Emergency Site Management Teams and equipment	# of Service Points managed	5
Provide CfW for security, loading and off-loading of items and maintenance at Service Points	# of Service Points aid delivery systems maintained	5
Provide Emergency NFI kits	# of IDP households assisted with NFIs	407,584 individuals
Provide mobile emergency shelter kits	# of new IDPs assisted with emergency shelters	407,584 individuals
Provide emergency cash/voucher assistance to address urgent needs of the most vulnerable households, including rental subsidies in urban or semi-urban areas and cash/vouchers for emergency items	# of households that receive cash transfers to address most urgent life-saving needs in urban/semi-urban areas	168,169 individuals

PROTECTION

Scenario 1: Maximum 200,000 IDPs

Preparedness

Preparedness actions	Status
Ensure existing protection, GBV and CP partners in potentially affected areas are mapped, and potential stand-by partners are identified for underserved areas.	Ongoing
Establish and/or strengthen mechanisms for referral of Protection, GBV and/or CP cases from other Clusters to Protection, GBV and/or CP partners.	Ongoing
In coordination with AHCT and other national / sub-national Clusters, conduct a 4W level mapping of services in potentially affected areas to provide information to persons of concern about what services are available and how to access them.	To be initiated by AHCT
Deliver training for existing and potential protection partners on protection monitoring and response activities	To be initiated by Protection Cluster
Train medical personnel (from static and mobile facilities) on GBV concepts and clinical management of rape (CMR), and ensure Minimal Initial Service Package (MISP) for reproductive health is available in health sector response including CMR.	To be initiated by GBV SC
Deliver training for sector responders on GBV risk mitigation, and develop strategies for sector rapid response	To be initiated by GBV SC
Conduct case management training	To be initiated by GBV SC
Preposition dignity kits and Post Rape Treatment Kits stocks for response.	Ongoing

Emergency response

Activity	Indicator	Target
Conduct Emergency Tracking (ET) and ongoing Population Movement Tracking (PMT) to inform humanitarian response	# of districts covered through ET and PMT per reporting period	30
Engage in monitoring and reporting on protection needs/risks	# of individuals assessed for vulnerability through protection monitoring (SADD)	15,300
Engage in monitoring and reporting on human rights/IHL violations	# of individuals covered by HR/IHL monitoring and reporting mechanisms (SADD)	410

Establish new, or support existing, Community Based Protection Networks (CBPNs)	# of CBPNs established or supported	84
Deliver information on displacement-related rights, availability of humanitarian assistance, or feedback mechanisms	# of individuals reached through information activities (SADD)	15,300
Provision of cash assistance to vulnerable conflict-affected individuals	# individuals receiving cash assistance (SADD)	6,100
Provision of psychosocial support to conflict-affected individuals	# of individuals receiving psychosocial support (SADD)	2,000
Provision of legal assistance to conflict-affected individuals	# of individuals receiving legal assistance (SADD)	2,000
Provide life-saving information on risks of physical injury or death due to mine/UXOs/ERW in conflict affected communities	# of children and community members received information to protect themselves against injury/death of mine/UXO explosion	58,997
Provide quality psychosocial support to conflict affected children and care-givers via in-person or group counselling sessions	# of children in conflict-affected area receiving psychosocial support	21,814
Grave child rights violation are monitored, documented and reported through the monitoring and reporting mechanism (MRM)	# of children in conflict areas who are covered by the MRM network	186,457
Provision of multi-sectoral GBV services (including clinical management of rape, psychosocial support, safe shelter and legal) for survivors	# of GBV beneficiaries reached with lifesaving GBV multi-sectoral services and support	300
Engaged in monitoring and reporting of GBV cases and incidents	# of reported cases	120
Procurement and distribution of dignity kits to displaced women, girls and men	# of Dignity kits distributed	20,000
Distribution of Post Rape Treatment Kits to health facilities (statics and mobile)	# of individuals benefiting from Kit3	30,000
Conduct safety audits in collective centres and spontaneous sites	# of safety audits conducted	20
Provision of Emergency Cash for survivors	# survivors provided with emergency cash	150
Provisions of Emergency material support for survivors and non-survivors	# individuals reached	200
Provide safe spaces for women and girls (mobile or static space)	# of women and girls accessing safe spaces	5,000
Conduct community outreach initiatives providing service information and risk mitigation activities	# of individuals reached through direct contact community outreach activities	500

Scenario 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Ensure existing protection, GBV and CP partners in potentially affected areas are mapped, and potential stand-by partners are identified for underserved areas.	Ongoing
Establish and/or strengthen mechanisms for referral of Protection, GBV and/or CP cases from other Clusters to Protection, GBV and/or CP partners.	Ongoing
In coordination with AHCT and other national / sub-national Clusters, conduct a 4W level mapping of services in potentially affected areas to provide information to persons of concern about what services	To be initiated by AHCT

are available and how to access them.	
Deliver capacity building training for existing and potential protection partners on protection monitoring and response activities	To be initiated by Protection Cluster
Train medical personnel (from static and mobile facilities) on GBV concepts and clinical management of rape (CMR), and ensure Minimal Initial Service Package (MISP) for reproductive health is available in health sector response including CMR.	To be initiated by GBV SC
Deliver training for sector responders on GBV risk mitigation, and develop strategies for sector rapid response	To be initiated by GBV SC
Conduct case management training	To be initiated by GBV SC
Preposition dignity kits and Post Rape Treatment Kits stocks for response.	Ongoing

Emergency response

Activity	Indicator	Target
Conduct Emergency Tracking (ET) and ongoing Population Movement Tracking (PMT) to inform humanitarian response	# of districts covered through ET and PMT per reporting period	60
Engage in monitoring and reporting on protection needs/risks	# of individuals assessed for vulnerability through protection monitoring (SADD)	39,500
Engage in monitoring and reporting on human rights/IHL violations	# of individuals covered by HR/IHL monitoring and reporting mechanisms (SADD)	1060
Establish new, or support existing, Community Based Protection Networks (CBPNs)	# of CBPNs established or supported	216
Deliver information on displacement-related rights, availability of humanitarian assistance, or feedback mechanisms	# of individuals reached through information activities (SADD)	39,500
Provision of cash assistance to vulnerable conflict-affected individuals	# individuals receiving cash assistance (SADD)	15,700
Provision of psychosocial support to conflict-affected individuals	# of individuals receiving psychosocial support (SADD)	4,300
Provision of legal assistance to conflict-affected individuals	# of individuals receiving legal assistance (SADD)	4,300
Provide life-saving information on risks of physical injury or death due to mine/UXOs/ERW in conflict affected communities	# of children and community members received information to protect themselves against injury/death of mine/UXO explosion	81,537
Provide quality psychosocial support to conflict affected children and care-givers via in-person or group counselling sessions	# of children in conflict-affected area receiving psychosocial support	79,468
Grave child rights violation are monitored, documented and reported through the monitoring and reporting mechanism (MRM)	# of children in conflict areas who are covered by the MRM network	393,455
Provision of Multi-sectoral GBV services (including clinical management of rape, psychosocial support, safe shelter and legal) for survivors	# of GBV beneficiaries reached with lifesaving GBV multi-sectoral services and support	600
Engaged in monitoring and reporting of GBV cases and incidents	# of reported cases	80
Distribution of dignity kits to displaced women, girls and men	# of Dignity kits distributed	40,000
Distribution of Post Rape Treatment Kits to health facilities (statics and mobile)	# of individuals benefiting from Kit3	60,000

Conduct safety audits in collective centres and spontaneous sites	# of safety audits conducted	40
Provision of Emergency Cash for survivors	# survivors provided with emergency cash	300
Provisions of Emergency material support for survivors and non-survivors	# individuals reached	400
Provide safe spaces for women and girls (mobile or static space)	# of women and girls accessing safe spaces	10,000
Conduct community outreach initiatives providing service information and risk mitigation activities.	# of individuals reached through direct contact community outreach activities	1,000

NUTRITION

Scenario 1: Maximum 200,000 IDPs

Preparedness

Preparedness actions	Status
Plan for the nutrition cluster meeting for prioritizing the response plan	Ready
Training to conduct joint Initial Rapid Assessment in the affected areas by using MIRA tools (nutrition)	Not started
Identification of nutrition teams and roster of human resources	Not started
Prepositioning of nutrition supplies to cover additional caseload	Ongoing
Provide IYCF-E training to community health workers and explore integration within other health services	Ongoing
Strengthen capacity of staff and volunteers of humanitarian agencies in IYCF-E	Not started
Coordinate with the Food Security and Agriculture Cluster in order to ensure availability of safe, adequate and acceptable complementary foods for children.	Ready
Coordinate with the Food Security and Agriculture Cluster to link general food assistance to CMAM interventions, including BSFP	Not started
Planning of IYCF-E interventions	Not started

Emergency response

Activity	Indicator	Target
Screening of children 0-59 months and PLW for acute malnutrition.	# of children (boys and girls) and PLW screened for acute malnutrition (coverage).	16,800
Treatment of children 0-59 months with severe acute malnutrition (SAM).	# of SAM children (boys and girls) with admitted to OTP, SC and inpatient care.	3,360 (70% of estimated caseload)
Treatment of children 6-59 months with moderate acute malnutrition (MAM).	# of MAM children (boys and girls) admitted to TSFP.	5,300 (60% of estimated caseload)
Treatment of pregnant and lactating women (PLW) with acute malnutrition	# of PLW with acute malnutrition admitted to TSFP.	1,500 (50% of caseload)
Prevention of acute malnutrition in children 6-23 months and PLW	# of children 6-23 months (boys and girls) and PLW admitted to BSFP	(100% of caseload)
Provision of micronutrient supplements to children 0-59 months and PLW	# of children 0-59 months (boys and girls) that received home fortification and supplementation	16,800
Implementation of IYCF-E activities.	. # people reached with IYCF interventions (disaggregated by gender)	8,400

Providing nutrition interventions to the IDPs	# of children under 5 screened for acute malnutrition	27,000

Scenario 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Plan for the nutrition cluster meeting for prioritizing the response plan	Ready
Training to conduct joint Initial Rapid Assessment in the affected areas by using MIRA tools (nutrition)	Not started
Identification of nutrition teams and roster of human resources	Not started
Prepositioning of nutrition supplies to cover additional caseload	Ongoing
Provide IYCF training to different level health workers and explore its integration with other health services	Ongoing
Build capacity of staff and volunteers of humanitarian agencies in Infant Feeding in Emergencies	Not started
Coordinate with Food Security and Agriculture Cluster in order to ensure availability of safe, adequate and acceptable complementary foods for children.	Ready
Coordinate with the Food Security Cluster to link GFDs to CMAM interventions	Not started
Planning of IYCF-E interventions	Not started

Emergency response

Activity	Indicator	Target
Screening of children 0-59 months and PLW for acute malnutrition.	# of children (boys and girls) and PLW screened for acute malnutrition (coverage).	44,800
Treatment of children 0-59 months with severe acute malnutrition (SAM).	# of SAM children (boys and girls) with admitted to OTP, SC and inpatient care.	9,000 (70% of caseload)
Treatment of children 6-59 months with moderate acute malnutrition (MAM).	# of MAM children (boys and girls) admitted to TSFP.	14,000 (50% of caseload)
Treatment of pregnant and lactating women (PLW) with acute malnutrition	# of PLW with acute malnutrition admitted to TSFP.	4,000(50% of caseload)
Prevention of acute malnutrition in children 6-23 months and PLW	# of children 6-23 months (boys and girls) and PLW admitted to BSFP	(100% of caseload)
Provision of micronutrient supplements to children 0-59 months and PLW	# of children 0-59 months (boys and girls) and PLW that received home fortification and supplementation	44,800
Implementation of IYCF-E activities.	# of people reached with IYCF interventions (disaggregated by gender)	22,400
Providing nutrition interventions to the IDPs on the move	# of children under 5 screened for acute malnutrition	72,000

MULTI-SECTOR ASSISTANCE FOR REFUGEES AND MIGRANTS

Scenario 1 or 2: Maximum 500,000 IDPs

Preparedness

Preparedness actions	Status
Engage with the CCCM/Shelter Cluster to agree on specific modalities for the reception of refugees, asylum seekers and migrants	To be initiated
Meet with Protection Cluster, GBV and CP Sub-clusters to establish referral mechanisms and synergies	To be initiated
Establish linkages between protection partners operating at the Service Points and refugee and migrant community leaders and elders	To be initiated
Ensure existing protection, GBV and CP partners close to Service point areas are identified, mapped, and potential stand-by partners are identified	To be initiated
Establish and/or strengthen mechanisms for referral of Protection, GBV and/or CP cases to Protection, GBV and/or CP partners.	To be initiated
Identification of potential relocation sites, in liaison with the CCCM/Shelter Cluster	To be initiated

Emergency response

Activity	Indicator	Target (Refugees & Migrants)
Active finding/identification of stranded migrants in Hudaydah and neighbouring governorates	# of stranded migrants identified, transported, accommodated, registered and screened for further assistance	1000
Establishment of a second migrants Response Point to provide registration and screening service, shelter, FI and NF, medical and psychosocial and WASH assistance	# of migrants accommodated and provided with basic humanitarian assistance, including temporary shelter, FI & NFI, medical and psychosocial and WASH assistance	1000
Movement operations to evacuate stranded vulnerable migrants from Hudaydah to Djibouti for post arrival assistance and onward movement	# of migrants assisted and evacuated to Djibouti for post arrival assistance and onward movement	1000
Documentation activities (Migrants, asylum seekers and refugees identified, screened and issued with temporary documentation) and provision of displacement-related rights, availability of humanitarian assistance, and feedback mechanisms	# people identified, screened and receiving temporary documentation and provided with displacement-related rights, availability of humanitarian assistance and feedback mechanisms	500
Establishment of community-based structures	# community-based structures established, persons with specific needs identified and referred to protection services and assistance	50
Identification of persons with specific needs and onward referral to protection services and assistance (cash assistance, GBV, child protection, psycho-social support, family tracing)	# persons with specific needs identified and referred to protection services and assistance	500
Allocation of transport allowance and transport provided to persons with specific needs	# of transport allowances allocated and # of persons with specific needs transported	500

ANNEX 2: INITIAL SITUATION TOOL GUIDANCE

After a shock event, the Phase 1 rapid assessment response consists of three components that are coordinated by the AHCT, supported by OCHA. As the response progresses, the AHCT and OCHA will continue to compile assessments to inform the changing situation. The ICCM at the national level is responsible to update caseload figures based on compiled information from household level assessments and distributions coordinated by humanitarians that demonstrate sufficient quality methods/data. This document aims to support AHCTs to determine when to launch the Initial Situation Tool (IST).

IST activation:

After preparation, the activation of an IST is broken down to four main stages: alert/activation, data collection, joint analysis and reporting. The IST should be activated within 72 hours of the alert.

Alerts: Information about displacement and other humanitarian emergencies comes in from various sources including OCHA sub-offices; OCHA Access Unit; Clusters; operational partners; information data sets; key informants; local authorities, media outlets and other relevant stakeholders. The information "alerts" are constantly monitored by the AHCT with support of OCHA.

Baseline Data: Baseline data will be collected for each alert on key humanitarian indicators including information on food security/nutrition; health information for the area; mortality data; and access. This baseline information would feed into the decision-making tree for activation of an assessment and/or response.

Triggers for an IST assessment: An IST and/or response is initiated when the following one or more of the following pre-determined thresholds are met and complimented by analysis of the situation in the location of the alert, and agreement by the AHCT.

Threshold 1: Displacement/Returnees

- Significant Threshold: 20% of the population at district level is reported as displaced < one month
- Minimum displacement requirement > 1,000 people in one month
- Anticipated Duration > 3 months (how long civilians are expected to be displaced – not how long they have been displaced for)
- Significant returnees: 25% of the population previously reported displaced returned at district level

Threshold 2: Natural Hazard / Severe Conflict

- Flooding – In areas prone to flooding requires constant monitoring of baseline indicators and the situation; assessments will be triggered where other life-saving needs exist.
- There is significant destruction of personal property, reduced coping strategies as a result; and/or significant destruction of infrastructure (public, agricultural, etc.)

Threshold 3: Disease Outbreaks

- WHO thresholds per Disease
- Coordination with other established task forces

Threshold 4: High Malnutrition Status/Food Insecurity

- GAM/SAM overall emergency levels (>15% GAM)
- Increasing admissions in nutrition facilities (taking into account whether services were already operational in the area)

- Change of IPC level over a shortened period of time
- Reports of hunger related deaths
- Displacement of >10% population due to hunger
- Population has been displaced and without assistance for > 3 months
- Anticipated Duration > 3 months

Four Pre-conditions: Prior to any IST being launched, the following four preconditions must be met:

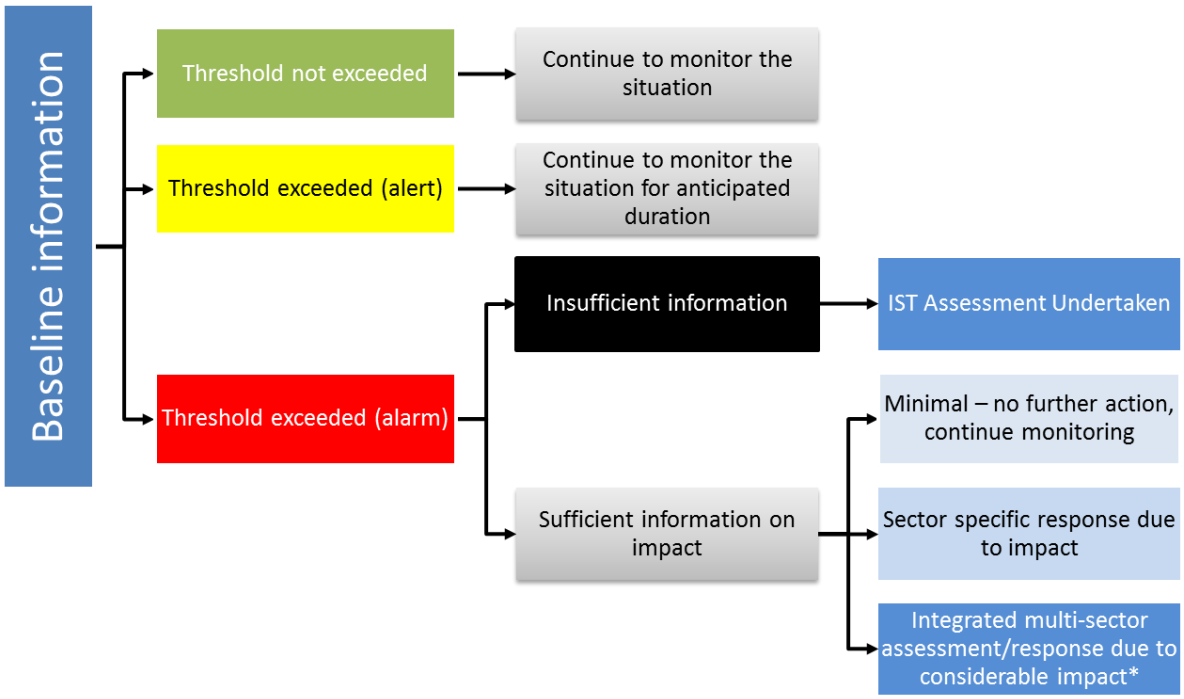
1) new and sudden event;

2) urgent need for new information;

3) relatively stable situation;

4) Joint assessment.

Decision Making Tree: Decisions to launch an IST assessment and/or response will review the alerts using the following decision making tree:



Next Steps: Once alert passes the thresholds and the four pre-conditions are met the following needs to be done:

Step	Key activities
1. Activation	• AHCT calls meeting of the Emergency Assessment Team and activates the process based on 4 preconditions • Set team, deadlines and joint analysis meeting date • Determine recommended data collection technique (director remote) and scope (geographic areas and number of key informants) • AHCT chair informs OCHA office in Sana'a and local authorities • Recommend if assistance should be distributed during the assessment
2. Data Collection	• OCHA Yemen provides maximum number of people affected and list of humanitarian actors and activities in the district • Field visit • Online data entry using the link provided by the AHCT Chair

3. Joint analysis	• OCHA Yemen extracts and cleans up data uploaded online • Emergency Assessment Team members reconvene to jointly review data • Conclusions to the discussions are documented on the summary sheet • Findings are endorsed
4. Reporting	• Emergency Assessment Team shares findings with AHCT, Sub-clusters and OCHA • OCHA will further disseminate findings accordingly