

Annual Results Report

2022

Yemen

Acknowledgements

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Section 1: Context and Overview

1.1 Changes to the Operational Context

Yemen faces one of the worst humanitarian crises globally with 21.6 million people in need of humanitarian assistance including people and 100,000 refugees and asylum seekers. The six-month UN-brokered truce in April – October 2022 led to a decrease in civilian casualties and a reduction of displacement by 76% as compared to the preceding six-month period. Following the truce's expiry tensions increased and the political and security situation remained fragile until year's end.

Food insecurity remained high due to the plummeting economy and record-high oil and food prices resulting from the war in Ukraine. According to UNHCR data, 84% of displaced people could not meet their daily food needs, pushing them to depend more on humanitarian aid in the absence of income earning opportunities. The protection space continued to shrink, with violations of international humanitarian and human rights law, particularly affecting vulnerable groups among the displaced and marginalized groups such as the Muhamasheen as well as women and children, representing 74 % of the total displaced population. The mahram requirement made it difficult to exercise oversight and monitor the situation of women and girls.

Access to durable solutions for IDPs remained limited due to the prevailing insecurity, limited livelihood opportunities, lack of infrastructure and access to basic services and the presence of mines in areas of potential return.

Yemen remained a transit country for mixed population flows from the Horn of Africa, with arrival of 62,000 persons reported by IOM. Foreign nationals were subject to increasing arrest and forcible transfers to the South. New registration of asylum seekers in the North continued to be suspended while some progress was made with the registration of asylum seeker and refugee children since July 2022, renewal of documentation and a population review exercise agreed by UNHCR and the De Facto Authorities in the North of Yemen.

1.2. Progress Against the Desired Impact

1. Impact Area: Attaining Favorable Protection Environments

The protection environment for refugees, asylum seekers, IDPs and IDP returnees in Yemen is enhanced through the implementation of policies and processes in line with humanitarian, human rights and international refugee protection standards.

Indicators	Population Type	Baseline (2022)	Actual (2022)
1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.	Refugees and Asylum-seekers	86.87%	85.70%
1.2 Proportion of PoC who are able to move freely within the country of habitual residence. [GCR 2.1.2]	Refugees and Asylum-seekers	40.14%	50.00%

UNHCR's engagement with the authorities on protection and solutions expanded significantly, with progress across key areas and several key interventions resumed after years of suspension.

A Partnership agreement with IPNA/BRA in the North provided for resumption of registration of children born to previously registered parents; documentation renewal of registered asylum seekers and refugees; population review to verify the active population of concern in the North; capacity building on refugee protection.

A Partnership agreement and Memorandum of Understanding with National Committee for Refugee Affairs and a Joint Vision for Protection and Solutions for Refugees was presented for consultation to key public institutions. Cash assistance and livelihoods programs and conducting of participatory assessments with refugees were resumed.

With Civil Registration Authority, a Joint Action Plan on Civil Documentation for IDPs provided inter alia for the resumption of refugee birth registration.

The Strategy on Self-Reliance and Solutions for refugees living in Kharaz camp was developed, to be implemented in 2023 along with expansion of resettlement activities through introduction of a new quota from Australia and negotiations on a quota from the US.

Assisted voluntary returns to Somalia resumed after suspension since 2021 along with inclusion of refugees in IOM Voluntary Humanitarian Return activities to Ethiopia.

With IOM, a Joint Strategy on Responding to Mixed Movements was developed linked to a review of the role of the Refugee and Migrant Multi-Sector to improve coordination and advocacy on refugees and migrants.

UNHCR engaged on durable solutions and centrality of protection through the UN Durable Solutions Working Group and HCT/HC/RC respectively including with the authorities on the updating of the 2013 National Policy on Addressing Internal Displacement.

550 representatives of relevant authorities and line ministries participated in capacity building activities.

2. Impact Area: Realizing Rights in Safe Environments

IDPs have secured access to adequate shelters; IDPs residing in informal settlements are living in safe and salubrious environments; refugees have access to public education and health services; displaced persons have access to specialized services to respond to their specific needs; displaced Yemeni and refugees progressively are more self-reliant and increase their resilience through access to r

Indicators	Population Type	Baseline (2022)	Actual (2022)
2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities	IDPs	29.45%	26.87%
2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities	Refugees and Asylum-seekers	7.04%	9.32%
2.3 Proportion of PoC with access to health services	Refugees and Asylum-seekers	97.93%	100.00%

UNHCR conducted regular protection monitoring and socioeconomic assessments reaching 230,201 refugee and IDP households. Assessment findings provided a basis for referrals of vulnerable individuals to protection and other specialized services such as health, small scale livelihood activities, education, as well as for determining eligibility for cash assistance.

1.4 million IDPs and host community members living in urban areas and established IDP sites, benefited from UNHCR protection and assistance interventions during 2022.

694,687 individuals (99,241 households) were assisted to meet their basic needs, including support with rent payment and winterization.

2,950 refugees and asylum seekers and 31,099 IDPs benefitted from legal aid. Case management services were provided to 2,048 vulnerable refugee and asylum-seeking children. 9,473 asylum-seekers and refugee children received support with primary and secondary education. 5,620 refugees were assisted with lifesaving medical interventions in public and private hospitals.

A total of 3,400 cases of displaced children at risk were identified and referred to specialized service providers. 403,000 individuals living in 364 IDP sites benefitted from camp management and infrastructure maintenance activities in coordination with local authorities. UNHCR supported 317 Community Based Protection Networks throughout the country.

405,000 IDPs (74,709 households) benefitted from various types of shelter assistance, including 475 returnee IDP households supported with sustainable shelter solutions.

392,725 newly displaced IDPs, returnees and refugees (56,103 households) received non-food items.

82,000 IDPs and host community members benefitted from 39 Quick Impact Projects (QIPs).

UNHCR continued advocacy for the inclusion of refugees and IDPs in public services as well as services supported by other UN agencies; a priority now reflected in the Management Response Plan to the Inter-Agency Humanitarian Evaluation.

4. Impact Area: Securing Solutions

Durable solutions for refugees and asylum seekers are available and supported

Indicators	Population Type	Baseline (2022)	Actual (2022)
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1]	Refugees and Asylum-seekers	21	761
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1]	Refugees and Asylum-seekers	83	56

In 2022, significant progress was made in the pursuit of durable solutions for refugees. This can be attributed to the restarting of the assisted spontaneous return programme (ASR), following the end of COVID-19-related travel restrictions. To enable this resumption, regular cross-border discussions with both sets of authorities and UNHCR offices were introduced, allowing for the timely resolution of challenges in a proactive and coordinated manner. The ASR programme supported the spontaneous return of 602 Somali refugees, all in the last quarter of 2022.

In parallel with the ASR, IOM led the Voluntary Humanitarian Return (VHR) programme for Ethiopians. Of those who chose to return through the VHR programme, 160 were refugees, as referred/supported by UNHCR following counselling. In total, 762 asylum seekers and refugees benefited from voluntary return and support with their subsequent reintegration in their home countries.

Regarding resettlement, UNHCR Yemen submitted 97 individuals were submitted to resettlement countries and an additional 48 individuals were submitted to the MENA Regional Bureau for final clearance. By end-of 2022, 56 resettlement departures took place. Under complementary pathways, UNHCR also provided supported one case who departed to Canada under a family reunification program. Considering the continuing needs in Yemen, UNHCR advocated for increased resettlement quotas, with discussions with the USA resulting in an agreement for a small pilot starting in 2023. . In parallel, Australia agreed to introduce a resettlement quota of 100 persons out of Yemen.

Other Core Impact Indicators

Country	Indicator	Population Type	Baseline (2022)	Actual (2022)
Yemen	3.1 Proportion of PoC who have the right to decent work [GCR, 2.1.1]	Refugees and Asylum-seekers	35.21%	40.00%
Yemen	3.2a Proportion of PoC enrolled in primary education	Refugees and Asylum-seekers	69.92%	59.41%
Yemen	3.2b Proportion of PoC enrolled in secondary education	Refugees and Asylum-seekers	26.88%	19.10%

1.3 Challenges to Achieving Impacts

The operation is working with two separate authorities, with separate line ministries though the displaced population mainly resides in the North.

The regional imposition of mahram requirement (immediate family member acting as a male guardian) on women in the North, affected the delivery and monitoring of aid. This is seriously impacting access to 84% of the displaced population (including women and girls), the delivery of all humanitarian assistance, the ability of women and girls to access life-saving support and services and it is also linked with increased protection risks, including harassment and threats to female humanitarian staff.

Access to durable solutions was limited due to insecurity, limited livelihoods opportunities, lack of infrastructure and basic services, and the presence of mines in main areas of potential return.

The ASR process was affected by operational and bureaucratic challenges, in part as a result of the ongoing conflicts and instability in both Yemen and Somalia, leading to prolonged interruptions of ASR and hampering the participation of displaced individuals in the North.

Access constraints for key RST countries resulted in inability to conduct interview missions to Yemen. Lack of RSD procedure in the North prevented asylum seekers to benefit from this solution.

1.4 Collaboration and Partnerships

As the lead agency for the Protection, CCCM and the Shelter clusters, UNHCR coordinated the work of 80 agencies (54, 11, and 15, contributing respectively to Protection, CCCM, and Shelter activities).

Additionally, UNHCR was co-leading the Mixed Migration Working Group together with IOM, co-leading the PSEA working group with UNICEF, co-leading the HLP durable solution working group with NRC.

UNHCR co-led, jointly with IOM, the Refugee and Migrant Multi-Sector (RMMS). Throughout the year, UNHCR revitalized the RMMS, which was initially composed of UNHCR and IOM only and the first broader RMMS meeting, uniting some 20 actors (UN agencies, INGOs and NGOs) took place in the Q4. RMMS has been a part of HNO and HRP and related events of the inter-cluster planning cycle. UNHCR drafted also, jointly with IOM, a Joint Strategy on Mixed Movement, which should be endorsed in Q1 of 2023.

With a well-established network of 11 national NGO partners and 4 agencies of the authorities in the North, and 8 implementing partners and 2 government counterparts in the South, UNHCR provided a range of protection, shelter, NFI, health, education, and durable solutions services/assistance.

In 2022, UNHCR reviewed its partnership cycles and launched a country wide Call for Expression of Interest to align the implementation cycle of its partners with the newly launched Multi-year Plan (2023 – 2025), resulting in selection of partners for 2023. Through this process, a series of capacity building sessions were provided to its' ongoing and potential partners in the country to diversify its outreach to the persons of concerns.

Section 2: Results

2.1. Outcomes and Achievements

1. Outcome Area: Access to Territory, Reg. and Documentation

Asylum seekers and refugees have access to an efficient process of individual registration and documentation in line with global standards and – wherein charge - authorities are supported in conducting the process.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
1.1 Proportion of refugees and asylum seekers registered on an individual basis.	Refugees and Asylum-seekers	80.30%	100.00%	81.72%
1.2 Proportion of children under 5 years of age whose births have been registered with a civil authority. [SDG 16.9.1 - Tier 1]	IDPs	26.59%	30.00%	81.98%
1.2 Proportion of children under 5 years of age whose births have been registered with a civil authority. [SDG 16.9.1 - Tier 1]	Refugees and Asylum-seekers	26.43%	30.00%	11.11%
1.3 Proportion of PoC with legally recognized identity documents or credentials [GCR 4.2.2].	IDPs	79.39%	90.00%	63.27%
1.3 Proportion of PoC with legally recognized identity documents or credentials [GCR 4.2.2].	Refugees and Asylum-seekers	28.63%	63.00%	79.88%

Progress Against the Desired Outcome

In 2022, there were 7,335 new registrations and 19,970 ID cards issued countrywide. There was 24% decrease in new registrations, as compared to 2021, although the registration of Ethiopian refugees slightly increased. The decline could be attributed to the deteriorating economic conditions in Yemen.

UNHCR and the Immigration, Passport Naturalization Authority (IPNA) South registered 5,412 individuals. Somalis represent 51% of those registered. Somali refugees are registered by IPNA South and are recognized on a prima facie basis. The remaining 49% from other nationalities, mainly from Ethiopia, were registered by UNHCR.

The Bureau of Refugee Affairs (BRA) North resumed new registration for 1,943 new-born children to previously registered refugees. The registration of new-borns has been suspended/pending since 2018. With the resumption of registration activities it can be expected that overall proportion of registration will increase markedly over the coming year.

UNHCR and IPNA South were able to conduct mobile registration missions to displaced populations living in remote areas in Marib, Seyoun and Al-Dhalea, where distance, cost, and security risks are barriers to accessing registration services.

UNHCR launched a population review across the country. BRA North saw the deactivation of 3,200 accounts, while IPNA South saw the deactivation 9,461 accounts.

Additionally, in the South IPNA issued 10,670 refugee ID cards and UNHCR issued 3,980 refugee and

asylum seeker certificates, whereas in the North BRA issued 5,340 documents.

UNHCR provided authorities in the North and South with refresher training sessions covering topics such as registration standards, standard operating procedures, and technical aspects. UNHCR was able to sign a Partnership agreement (PPA) with BRA North and a memorandum of understanding (MoU) with IPNA South, this was an achievement to set out clearly the relationship between UNHCR and the agency. UNHCR continues to cover registration related costs of registration centres, and the costs of mandatory health tests through the National Center of Public Health Laboratories (NCPHL) in the North.

Challenges to Achieving Outcome

The registration of new refugees and asylum-seekers continues to be suspended. Since August 2019 a total of 1,344 asylum seekers who were registered in 2018-2019 are still waiting to receive their documentation from BRA North. Refugees living outside of Sana'a are often unable to renew their documentation due to security risks while travelling (checkpoints requiring valid documentation), and/or financial reasons. In the South, some locations targeted for mobile registration remained inaccessible due to insecurity and access constraints.

BRA continues to require HIV tests for documentation renewals, which lead to detention and deportation were the results are positive.

Throughout the majority of the year, the authorities in Sana'a required Arab nationals registered as asylum seekers or refugees to obtain a valid residency document, and so pay full residency issuance/renewal fees as a condition of being able to register or renew their temporary protection document with BRA.

2. Outcome Area: Status Determination

Asylum seekers and refugees have access to an efficient RSD process in line with UNHCR global standards and – wherein charge – authorities are supported in conducting the process.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
2.1 Average processing time (in days) from registration to first instance asylum decision (disaggregated by individual and group procedures).	Refugees and Asylum-seekers	837.50	500.00	335.00
2.3 Proportion of individuals undergoing asylum procedures who have access to an effective appeal mechanism after first instance rejection of their claim.	Refugees and Asylum-seekers	100.00%	100.00%	100.00%

Progress Against the Desired Outcome

UNHCR and Immigration, Passport Naturalization Authority (IPNA) South registered 5,412 individuals. Somalis represent 51% of those registered. Somali refugees are registered by IPNA South and are recognized on a prima facie basis. The remaining 49% from other nationalities, mainly from Ethiopia, were registered by UNHCR.

In total, 103 refugee status determination (RSD) first decisions were issued; 48 recognitions and 55 rejections. In 2022, the average processing period between registration and first decision came down from 800 days to 335 days.

In DFA-controlled areas, the suspension of RSD procedures for asylum-seekers has remained in effect since 2016. However, UNHCR signed the 2022 Partnership agreement with Immigration Passport

Naturalization Authority (IPNA), which included an asylum capacity development plan for the staff of Bureau of Refugee Affairs (BRA) on RSD, with the resumption of RSD activities to follow thereafter. UNHCR's RSD team, with the support of the Senior Learning Development Officer (MPS), conducted a capacity development/training exercise on a range of issues, including RSD, which targeted 25 senior IPNA/BRA staff.

Challenges to Achieving Outcome

In the South, there were challenges with aligning refugee status determination (RSD) activities with UNHCR's Strategic Direction on engagement with individual RSD. In 2023, there will be increased efforts for strategic use of RSD, through prioritizing RSD for caseloads that fall into any of the resettlement categories, given that status determination has an added value in the context of third country solutions.

In the North, restriction on RSD activities remained in effect.

3. Outcome Area: Protection Policy and Law

Capacity and efficient coordination with relevant authorities are enhanced to improve the protection environment for all refugees, asylum seekers, IDPs and returning IDPs with rights-based policies and practices in line with international standards.

Progress Against the Desired Outcome

In the North, UNHCR and the De Facto Authorities developed a joint vision document on Protection and Solutions, along with Partnership new agreements conclusion with National Committee for Refugee Affairs (NACRA) and the Immigration, Passport Naturalization Authority (IPNA) and Bureau of Refugee Affairs (BRA). This resulted in the restarting of the registration of new-born children of previously registered refugees and launching the de-activation exercise of the individuals who have not been in contact with UNHCR or the authorities.

Across Yemen, UNHCR engaged with relevant authorities on needed support for updating of the National IDP Policy, including the durable solutions aspect, to be conducted in 2023.

Capacity building for authorities was conducted throughout the year, with 550 representatives of relevant authorities and line ministries, law enforcement actors, judicial authorities, and local administrations across the country participating in capacity-development initiatives and advocacy interventions.

41 training sessions were held on humanitarian and protection principles and practices across the country. Of those, 12 sessions focused on humanitarian and protection principles and practices related to IDPs and IDP returnees. These targeted the two entities managing the IDP response, the Ministry of Planning and International Cooperation (SCMCHA) in the North and the Executive Unit in the South. Most of the training sessions in the North were conducted through UNHCR and the University of Sana'a Migrants, Refugees, and IDP Studies Centre (MRISC). One advanced course on the 1951 Convention and the 1967 Protocol was implemented for law students. One of the 3 training sessions conducted in the South was conducted jointly with the Ministry of Human Rights on refugee protection and the rights of the refugees targeting the police and security elements.

In the North, UNHCR conducted dedicated workshops with SCMCHA, to raise awareness on activities and standards related to the IDP response.

Challenges to Achieving Outcome

The turnover of officials has made continuity a challenge. To ensure the sustainability of service provision, capacity development and training has been a central focus

4. Outcome Area: Gender-based Violence

Persons of concern and authorities are better aware of the risk of GBV, effective measures are in place to mitigate GBV risk, and survivors of GBV have adequate and timely access to quality services.

Progress Against the Desired Outcome

Gender-Based Violence (GBV) prevention and response activities for refugees were identified through focus discussion groups and key informant interviews with local authority in the South and community member as well as Partners and feedback on services available in Yemen. A total of 408 refugee survivors were assisted in 2022. They are receiving psychosocial support, case management, counselling, and were referred to specialized services, such as mental health, medical services, safe shelters legal, and/or emergency and multi-purpose cash assistance (MPCA). In Sana'a, survivors had access to MHPSS support through both the child protection partner (SDF), and the health partner (QRCS), both of whom had psychologists on staff, with the addition of a psychiatrist on staff with QRCS.

Cases of self-disclosure by IDP women and girl survivors were referred for services such as psychosocial and psychological counselling, cash assistance, and legal support. In this case, survivors could receive MHPSS support from one of the two psychologists (male and female) available through the UNHCR-supported community centres.

In the South, protection Partners implemented 37 gender-based violation (GBV) risk mitigation activities in IDP sites, and at an unofficial refugee site in Sayoun. These included the installation of solar lights and lamps, distribution of gas cylinders, maintenance of water and sanitation facilities, construction and rehabilitation of latrines and water tanks, and distribution of assistive devices for women and children with disabilities. UNHCR implemented women's empowerment social activities for 6,272 IDP women and girls countrywide.

16 Days of Activism against GBV activities were organized, involving 900 refugees and 4,500 IDPs.

In the South, UNHCR conducted three GBV awareness raising trainings that targeted 70 individuals from local authorities, refugee committees, and youth committees. UNHCR conducted also 6 GBV trainings in IDP context in the South. UNHCR organized a training on the UNCHR age, gender, and diversity policy for 15 UNHCR staff. Moreover, 25 IDP case workers and case managers were trained on the GBV-Pocket-Guide

Challenges to Achieving Outcome

The cultural and traditional norms are at the forefront and feed attitudes that have a negative impact on the physical and mental wellbeing of women and girls.

The regional imposition of mahram (immediate male family member acting as a male guardian) on women in the North, affected the delivery and monitoring of aid. This is seriously impacting access to 84% of the displaced population (women and children), the delivery of all humanitarian assistance, the ability of women and girls to access life-saving support.

The limited budget for social and livelihood activities remains a challenge, with continuing gaps in relevant/needed support, including microloans, vocational training, and business start-up kits.

5. Outcome Area: Child Protection

Children of concern are protected from violence, abuse, exploitation and discrimination, their well-being is improved and have access to child friendly procedures and services.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
5.1 Proportion of children at heightened risk who are supported by a Best Interests Procedure.	IDPs	65.98%	80.00%	67.82%
5.1 Proportion of children at heightened risk who are supported by a Best Interests Procedure.	Refugees and Asylum-seekers	99.39%	100.00%	100.00%
5.2 Proportion of children who participate in community-based child protection programmes	IDPs	1.35%	1.00%	27.65%
5.2 Proportion of children who participate in community-based child protection programmes	Refugees and Asylum-seekers	6.71%	7.00%	15.81%
5.3 Proportion of unaccompanied and separated children who are in an appropriate alternative care arrangement	Refugees and Asylum-seekers	90.00%	95.00%	98.02%

Progress Against the Desired Outcome

Child protection continued to be prioritized, targeting refugee and asylum-seeking children with specialized services along with reinforcing the identification of displaced children at risk and their referrals to external service providers.

Case management services were provided to 2,048 refugee and asylum-seeking children of the most vulnerable categories (unaccompanied children/UAC), separated children (SC), children with disabilities and children at extreme risks. A total of 1,487 refugee and asylum-seeking children participated in recreational and non-formal education activities country wide. 102 children and 81 parents/caregivers received intensive psychosocial support (PSS), and behavioral adjustment interventions. In Sana'a, children had access to MHPSS support through both the child protection partner (SDF), and the health partner (QRCS), both of whom had psychologists on staff, with the addition of a psychiatrist on staff with QRCS.

148 children with disabilities and learning difficulties received rehabilitation services, including physiotherapy and inclusive education. In Sana'a, 136 refugee children received legal cases related to violence, including harassment, physical and verbal abuse and discrimination, while other cases were related to civil documentation, criminal offenses, and child labor, for which legal counselling and representation were provided.

In this context, UNHCR's primary focus is to ensure that Best Interest Procedures are available and used consistently, and that children at heightened risk have access to community-based child protection programmes and alternative care arrangements.

A total of 3,400 cases of displaced children at risk were identified by protection staff and referred to specialized service providers. Child labor was the leading risk reported, with 30 cases verified in Sana'a (refugee children), and 4,400 displaced children in Ibb governorate. Staff at the community centres and through mobile teams identified and provided psychosocial support to

12,000 displaced children. 22,000 displaced and host community children attended recreational activities in community centres and IDP sites. UNHCR in Aden supported five youth initiatives that conducted 22 campaigns and activities.

In the South refugee youth were empowered through protection and social development trainings and capacity-building sessions. Youth Clubs exist in both locations in Basateen-Aden and Kharaz camp-Lahej, together with community centres in each of Basateen, Kharaz and Mukalla. In the North, UNHCR is working through its partner NAMA to develop a youth empowerment programme to be implemented in 2023.

Two training activities on the protection of refugee and asylum-seeker children were conducted in the South, for 40 individuals, together with a four-day training for 25 protection partner staff. UNHCR actively engaged in the Child Protection Area of Responsibility of the Protection Cluster

Challenges to Achieving Outcome

The regional imposition of mahram (male guardian) on women in the North, affected the delivery and monitoring of aid. This is seriously impacting access to women and children, the delivery of all humanitarian assistance, the ability of women and girls to access life-saving support.

Despite being registered with UNHCR or IPNA, and provided with support, many children-on -the-move were involved in smuggling incidents into the Kingdom of Saudi Arabia in pursuit of better opportunities.

Further challenges arise with respect to the inconsistent distribution of services around the country, meaning that often children at risk do not have access to relevant services where they live, while transport to the nearest service provider can be unaffordable.

In the South, identifying caregivers for refugee and asylum-seeking children is challenging due to insufficient cash support for caregivers. The suspension of new asylum registration in the North has affected the number of UAC identified.

6. Outcome Area: Safety and Access to Justice

Refugees, asylum seekers, IDPs and IDP returnees are better aware of their rights and obligations and have access to legal assistance and legal remedies, including those in the context of immigration detention (refugees).

Progress Against the Desired Outcome

2,700 refugees and asylum seekers have benefitted from legal assistance provided by the UNHCR legal partner. The majority of cases in detention were criminal (38%), whereas the remaining were related to immigration, documentation, family disputes, labor, and property/eviction.

In the South, 264 detention monitoring visits were conducted to police stations, prisons, and detention centres in eight governorates, during which a total of 250 detainees received individual legal assistance.

Legal aid was provided to 31,099 individual IDP and IDP returnees and host community members. Legal support was provided for civil matters through qualified and licensed lawyers.

49,287 individual IDPs, IDP returnees, and host community participated in 3,796 legal awareness sessions in the community centres, as well as through the mobile teams.

The underlining poor economic and security conditions of IDPs continued to raise legal issues, such as family disputes, threats of eviction, and lack of access to documentation. The scale of the legal assistance

programme for IDP and IDP returnees is attributed to the provision of legal aid prioritizing particularly vulnerable individuals, through community centres and a strengthened mobile team approach that reached individuals in remote areas who would otherwise lack access to services. With the individual legal aid and awareness sessions, the IDP and host communities received much-needed sensitization and advice on their basic rights, including matters relating to family law, HLP (evictions), and civil documentation.

UNHCR standardized the legal services for IDPs countrywide and increased the number and capacity of dedicated lawyers which improved the quality and quantity of rendered assistance.

Challenges to Achieving Outcome

UNHCR was not able to provide legal representation to all vulnerable IDPs that approached community centres owing to the considerable resources required, as well as operational challenges. While legal representation remained as a last resort, more Partner lawyers and resources are required to alleviate the growing burden of legal disputes, need for legal sensitization, and advocacy with relevant authorities to ensure that legal representation is available.

The operating environment remained restricted and characterized by access-related constraints. Bureaucratic impediments, like movement restrictions and delays in movement clearance continued. The regional imposition of mahram on women in the North, affected the delivery and monitoring of aid. Ongoing hostilities, at times, impeded access to populations living close to active frontlines. This hindered the provision of legal assistance in the governorates of Al Jawf, Sa'ada, Ibb and Houdeidah.

7. Outcome Area: Community Engagement and Women's Empowerment

In line with the commitment to AAP, Refugees, asylum seekers, IDPs and IDP returnees have unhindered access to information and complaints and feedback mechanisms, equitably represented in community structures, and meaningfully contribute to UNHCR planning.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
7.1 Proportion of PoC who participate meaningfully across all phases of the OMC.	Refugees and Asylum-seekers	58.83%	59.00%	13.22%
7.2 Proportion of PoC who have access to effective feedback and response mechanisms.	IDPs	84.86%	85.00%	83.24%
7.2 Proportion of PoC who have access to effective feedback and response mechanisms.	Refugees and Asylum-seekers	94.83%	95.00%	95.00%
7.3 Proportion (and number) of active female participants on leadership/management structures.	IDPs	36.31%	36.00%	40.91%
7.3 Proportion (and number) of active female participants on leadership/management structures.	Refugees and Asylum-seekers	85.98%	39.00%	54.05%

Progress Against the Desired Outcome

UNHCR, jointly with NACRA, undertook a Participatory Assessment (PA) for refugees and asylum seekers residing in Amanat Al-Asimah in Sana'a for the first time in two years. It was also done in different refugee locations in the South (Aden city, Kharaz refugee camp, and Mukalla), in order to ensure meaningful participation in the design of interventions. Since 2020 the PA exercise could not take place in Northern Yemen due to access restrictions. In total, 58 Focus Group Discussions (FGDs) were held with 900 refugees. The PA itself was conducted in a manner that respected local cultural sensitivities with

respect to the open discussion of some protection-specific issues.

A lack of livelihood, cash assistance, and income opportunities were reported by almost all the participants in the Participatory Assessment as key obstacle to meet their basic needs and reduce harmful coping practices. Young people requested tertiary education opportunities, while refugees and asylum seekers from Arab countries reported obstacles related to civil documentation, that often prevented their children from accessing education. The need for durable solutions was reported by several different groups. From a health perspective, refugees reported increased psychosocial distress and mental disorders among various age groups, in addition to challenges in obtaining medicines and other health services.

Through the existing community feedback mechanism (CFM) received and processed 161,080 (149,086 IDPs, 11,994 refugees) feedback. IDP community concerns included eviction threats due to HLP issues, a lack of food and limited access to portable water, shelter/NFIs assistance, education for children, a lack of documentation, and inquiries for cash assistance due to insufficient information on eligibility on service provision.

UNHCR incorporated AGD representation into the composition of community outreach structures for enhanced identification of people with specific needs, including people with disabilities, for specialized support and mobilization. Community centres and mobile teams also served to provide AGD-targeted programming and activities.

Challenges to Achieving Outcome

Due to budget limitation, staffing/capacity and certain local technical constraints and being unable to obtain necessary approvals from authorities, UNHCR, and Partners were not able to implement a centralized toll-free hotline.

The operating environment remained restricted and characterized by access-related constraints. Bureaucratic impediments, like movement restrictions and delays in movement clearance continued to affect the delivery of humanitarian aid and reach displaced populations. The regional imposition of mahram on women in the North, affected the delivery and monitoring of aid.

8. Outcome Area: Well-Being and Basic Needs

Vulnerabilities and specific needs of refugees, asylum seekers, IDPs and IDP returnees are identified, properly analyzed and timely addressed.

Progress Against the Desired Outcome

After eight years of conflict, humanitarian conditions are steadily worsening with over 80% of the population in need of humanitarian aid.

After nearly two years of suspension, the socioeconomic assessments for refugees and asylum seekers in the North resumed in July 2022. UNHCR ensured a gender-balanced composition of monitors. Identification and vulnerability scoring systems for refugees (CMR systems) and Initial Needs Assessment Tool (INAT/ ACT) for IDPs were used to improve efficiency in identifying and assisting persons of concern facing protection and socio-economic vulnerabilities. For the refugee population countrywide, in addition to CMR, Partners identified extremely vulnerable refugees with specific needs through case management.

UNHCR developed criteria to prioritize extremely vulnerable refugees and asylum seekers for assessments. This saw 1,000 cases prioritized for socio-economic assessments based on their known vulnerabilities. During 2022, 331 persons with specific needs were provided with case management in the South.

UNHCR assessed 11,771 refugee households with 47,084 individuals (6,443 HHs in the South and 5,328 HHs in the North) and 218,490 IDP households with 1,310,940 individuals (135,732 HHs in the North and

82,758 HHs in the South).

Using these assessments, 423,661 individuals (407,664 IDPs and 16,000 refugees) were identified as vulnerable cases for multipurpose cash assistance. 25,819 IDP households (162,285 individuals) selected through cash for rent scoring/ vulnerability criteria, received cash grants to cover rental costs, mainly in urban areas. Post Distribution Monitoring (PDM) results show more than 90% satisfaction of recipients as well as cash being the preferred modality to receive assistance. While 83% of the respondents reported satisfaction with the transfer value being sufficient to meet their basic needs.

7,835 households (941 refugees and 6,849 IDP households) received one-off Emergency Cash Assistance through cash in hand, as an exceptional emergency measure to address the immediate life-threatening situation or a critical protection risk of a person of concern.

UNHCR provided one-off cash for winterization to 11,951 households (82,642 individuals) in the North to conflict-affected households living in areas characterized by high altitude and low temperature during the winter season.

Non-food items assistance was provided to 392,725 individuals (56,103 households) newly displaced IDPs, returnees and refugees and host communities, including households affected by flood and fire incidents. Post-distribution monitoring (PDM) exercises found that 76% of the interviewed recipients reported improved living conditions following provision of non-food items.

Challenges to Achieving Outcome

There was no partner in place to implement socio-economic assessment for refugees and asylum seekers in the North until mid-2022. This severely hampered activities such as the identification and referral of vulnerable people with specific needs, and cash assistance.

There was a sudden change in authorized financial service providers across the country, and this hindered the implementation of cash programming and delayed the timely delivery of assistance.

The operating environment remained restricted and characterized by access-related constraints. Bureaucratic impediments including, movement restrictions and delays in clearances continued.

Due to delays in the core relief items supply pipeline and import procedures, provision of assistance was delayed.

Lack of a specialized psychosocial support partner in the North obstacle delayed provision of adequate psychological support to refugees/asylum seekers, which may have resulted in an increase in the number of cases threatening to self-harm.

9. Outcome Area: Sustainable Housing and Settlements

Vulnerabilities and specific needs of refugees, asylum seekers, IDPs and IDP returnees are identified, properly analyzed and timely addressed.

Progress Against the Desired Outcome

Through CCCM interventions UNHCR provided direct support to some 403,000 individuals living in 364 internally displaced persons sites managed by UNHCR across country. 617 needs assessments conducted in sites. Community feedback mechanisms were maintained in all managed sites. Capacitation and functioning of community self-organized committees was supported, however the participation of women

remained limited. 681 men and women living in the targeted sites were incentivized to carry out 150 maintenance projects to mitigate fire and flooding threats, rehabilitate common facilities, and create communal spaces. A new monitoring tool, including key indicators, was introduced to strengthen CCM's leadership in transitional programming in over 200 IDP sites in the South, and discussions with authorities are ongoing for introduction of the tool in the North.

405,000 IDPs (74,719 households) benefitted from various types of shelter assistance, including 475 returnee IDP households supported with durable shelter solutions. In line with shift from emergency to sustainable interventions, UNHCR prioritized transitional shelters (Transitional shelters were provided to 6,149 HHs), shelter/house rehabilitation (475 returnee households assisted) and piloted localized shelter solutions for severe climate conditions as part of emergency assistance. 25,819 HHs were supported with cash for rent to prevent evictions. In response to precarious living conditions 18,885 households received emergency shelter kits, 860 households were supported with tents, while 5,426 households received plastic sheeting. Monetized cash assistance for shelter interventions, guided by community-based approaches, also focused on the upkeep of sites infrastructure, the improvement of road structures, WASH networks, and the provision/replacement of tents and collapsed shelters. In the South, a pilot restricted conditional sectoral cash for shelter assistance was rolled in support to house rehabilitation of returnees and shelter upgrade in precarious conditions of IDP sites.

As part of a larger initiative to tackle the issue of housing and shelter for the protracted IDP caseload, UNHCR partnered with the universities of Aden and Taizz to enroll 20 graduate students in an internship programme to support the implementation of the House Rehabilitation Project.

82,016 individuals benefitted from 39 implemented Quick Impact Projects (QIPs) focusing on enhancing access to basic services for IDP and host communities and reducing the burden on existing community infrastructure.

Challenges to Achieving Outcome

Humanitarian assistance provided in IDP sites became a pull factor resulting in growing size of IDP sites and protracted living in sub-standard conditions.

Housing, land, and property issues, such as negotiations with landlords and authorities on securing land, resulted in delays and in some instances cancelation of transitional shelter activities.

Rampant inflation and fluctuations of material prices throughout the country affected the procurement process for shelter and infrastructure projects. Delayed procurement and delivery of NFI/shelter materials to the North remained a major challenge in 2022 hindering UNHCR's ability to support those most in need in a timely manner.

10. Outcome Area: Healthy Lives

Refugees and Asylum seekers have adequate access to basic health and nutrition services.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
10.1 Proportion of children aged 9 months to five years who have received measles vaccination.	Refugees and Asylum-seekers	49.87%	95.00%	100.00%
10.2. Proportion of births attended by skilled health personnel. [SDG 3.1.2 Tier 1]	Refugees and Asylum-seekers	86.06%	100.00%	97.11%

Progress Against the Desired Outcome

UNHCR finalized the 2022 –2025 Public Health Response Strategy that focuses on inclusion of refugees into the national health system, capacity strengthening of UNHCR Partners, multisectoral approach and strategic health information system. UNHCR continued efforts to mainstream refugees and asylum seekers into the national health systems, through renewed Memorandum of Understanding with the Ministry of Public Health to support to five primary health clinics in Sana'a, Aden and Lahj to provide health services to refugees, asylum seekers and host communities.

A total 197,594 health consultations were provided to 112,933 refugees and 89,390 Yemenis. Crude and Under Five Mortality Rates remained within the standard (0.18 and 0.35).

The low coverage of measles vaccination (30 %) for under five children and inadequate coverage of post-natal services in urban areas is addressed by UNHCR through awareness about the two topics in addition to encouraging health staff in the GMNT clinics to conduct such activities.

Motherhood activities provided to refugee and Yemeni women as a result total 928 live births were attended by qualified medical staff (773 refugee births in Kharaz refugee camp clinic or in referral hospitals in Sanaa and Aden in addition to 155 live births of local women in Kharaz refugee camp clinic).

Education and preventative services about sexual and reproductive health reached to 31,852 persons, 1,825 pregnant women received Prevention Mother to Child Transmission services, and 1,995 persons received voluntary counselling and testing (VCT) services.

UNHCR facilitated the access of refugees and asylum seekers to the preventative and curative nutritional services provided by the Ministry of Public Health and Population (MoPHP). 278 severely malnourished children aged 6 - 56 months were newly admitted to the community management of acute management (CMAM) programme and received therapeutic food supplements. 970 under five children and 1,300 pregnant and lactating mothers were newly admitted to the Blanket Supplementary Feeding programme and received preventative ready to use supplements.

In collaboration with MOPHP UNHCR provided health care services such as referral of 5,620 refugees for life saving medical interventions in public and private hospitals, provision of treatment and follow up to refugees with non-communicable diseases, or mental illness through dedicated staff and provision of regular medicines.

A total of 2,851 people with disabilities received medical care such as assistive devices and physiotherapy sessions.

75,832 persons were assisted through community health care centers, receiving referrals to clinics and active case findings and tracing of defaulter of health programs, participating in awareness sessions and the national vaccination campaigns.

Challenges to Achieving Outcome

Rampant inflation led to increased prices of medicines, diagnostic and hospital fees and increased requests for referrals and assistance, led to prioritization of assistance to life saving cases only.

UNHCR's lack of resources resulted in inadequate support to persons living with disabilities in terms of provision of assistive devices such as hearing aids, electronic wheelchairs, and artificial limbs.

The operating environment remained restricted and characterized by access-related constraints. Bureaucratic impediments, like movement restrictions and delays in movement clearance continued to affect the delivery of health services to displaced populations. The regional imposition of mahram on women in the North, affected the delivery and monitoring of aid to displaced women and children.

Lack of UNHCR funding for support to a clinic in Mukalla resulted in limited activity and presence of

Partners to support health needs of 10,000 refugees

11. Outcome Area: Education

Refugee and asylum-seeking children have improved access to formal and informal education in an improved learning environment and through stronger engagement of educational stakeholders.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
11.1 Proportion of PoC enrolled in tertiary and higher education.	Refugees and Asylum-seekers	1.41%	2.00%	2.50%
11.2 Proportion of PoC enrolled in the national education system. [GCR 2.2.1]	Refugees and Asylum-seekers	59.28%	62.00%	48.83%

Progress Against the Desired Outcome

UNHCR's education program for asylum-seekers and refugees and asylum seekers enrolled 9,473 children in primary and secondary education, of which 7,817 were supported with educational materials. 34 schools were supported with educational tools and materials, IT equipment, solar panels and infrastructure upgrade.

Through the DAFI scholarship program, UNHCR supported 172 students (81 men and 91 women), 132 students with tertiary scholarships (64 ongoing, 58 graduated students, 9 dropped out and 1 resettled), and 40 TVET students (20 ongoing and 20 newly admitted). A total of 104 students (64 DAFI and 40 TVET) are still enrolled in the scholarship program.

As part of UNHCR's promotion of an inclusive approach, 163 children living with disabilities were provided with assistive devices to prevent their drop-out of schools and supported to access inclusive education. 21 awareness sessions on the importance of education and documentation were conducted and targeted 502 individuals, mainly parents, and caregivers. Protection training was provided to 40 student councils and volunteer groups established in the targeted 28 schools.

3,156 refugee children were supported with primary (2,634 children) and secondary education (522 children) in Kharaz camp. Education activities were supported through provision of monthly incentives for 238 education staff (170 male and 68 female), training for 82 teachers and 76 parent teacher associations member. Opportunities for community-based non-formal education were also offered to children and adults, supporting life skills and personal development for 578 adults, children, and young refugees. With UNHCR's support, the refugee committee in Kharaz refugee camp organized preschool language classes, English classes, and adult literacy classes.

31 students were supported with tertiary scholarships across Yemen. Access to tertiary/post-secondary education in Yemen remains challenging for asylum-seekers and refugees. Only a limited number of spaces available through the DAFI scholarship programme, and families often struggle to pay even modest tuition fees as a result of the overall economically depressed environment. Lack of prospects after graduation, and the need to support their families, leads many students to eschew secondary education, and there also continues to be a significant taboo among some members of the community in respect of female participation in higher education.

Challenges to Achieving Outcome

The growing socio-economic vulnerability of refugee families was a primary obstacle to prioritizing education across the country.

The lack of documentation for refugees and asylum-seekers remains a challenge to register their children in schools. In the North, requirement for authorities' permission to conduct teachers' training and out-of-school-children surveys has impacted the identification of the most vulnerable out-of-school children to re-enroll them in education.

In the South, access to the regular implementation of education activities in Kharaz camp was faced due to host community request for scholarships and access to tertiary education.

In the South, the beginning of the school year 2022/2023 was delayed due to teachers' strike demanding a salary increase. Shortage of teachers in urban public schools remained a challenge.

13. Outcome Area: Self Reliance, Economic Inclusion and Livelihoods

Particularly vulnerable and at-risk refugees, asylum seekers, IDPs and IDP returnees have access to income generation opportunities, reduce their dependence from humanitarian assistance and improve self-reliance.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
13.1. Proportion of PoC with an account at a bank or other financial institution or with a mobile-money-service provider [SDG 8.10.2 Tier 1].	IDPs	35.00%	35.00%	35.00%

Progress Against the Desired Outcome

In order to enhance the socio-economic well-being, strengthening self-reliance and empowering the persons we serve, UNHCR is drafting a Livelihoods Strategy for 2023 – 2025 to guide the transition from protracted cash and humanitarian assistance, with particular focus on refugees in Kharaz camp as part of the out of camp policy and on the most vulnerable caseload dependent on cash assistance in the North.

In the North, after one year of suspension, livelihood Partners were able to resume work and provided a variety of vocational trainings and support to business start-ups. Out of the total number of 455 recipients of vocational and on the job trainings aimed at enhancing skills, increasing employability and decreasing their dependency on aid, 202 IDPs (48%) are vulnerable individuals that were previously recipients of cash assistance.

425 refugees and asylum seekers (63% women) benefitted from short term (four months) vocational trainings. To promote community empowerment and capacitate the refugee communities, UNHCR provided 30 refugees and asylum seekers with on-the-job training through refugees and Yemeni entrepreneurs owning businesses.

UNHCR distributed 258 business start-up kits to the distinguished graduates of the vocational training (VT) and on the job training courses. In addition, UNHCR provided 180 refugees and asylum seekers with entrepreneurship training. UNHCR provided six refugees and asylum seekers with three-year technical education diploma courses in accounting, computer sciences, etc. UNHCR provided Arabic, English and computer courses to 565 refugees, asylum seekers and Yemenis.

In the South, no livelihood activities took place due to the lack of qualified Partners. Following formal Partner selection process, activities will resume in 2023.

Challenges to Achieving Outcome

Limited funding and lack of partner with livelihood expertise prevented implementation of activities in 2022 in the South.

High costs of work and residency permits, business licenses, and difficulty to obtain commercial guarantees persisted which hindered access to formal employment and/or to own a business.

14. Outcome Area: Voluntary Return and Sustainable Reintegration

Registered refugees and asylum seekers willing to return to their country of origin are assisted to return in safety and with dignity.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
14.2 Proportion of PoC who wants to receive the CoO information actually receives it.	Refugees and Asylum-seekers	89.74%	90.00%	100.00%

Progress Against the Desired Outcome

With limited prospects and challenges for meaningful local integration (across the legal, economic, socio-cultural, and civil-political dimensions), voluntary repatriation and resettlement were the viable options to secure solutions for refugees in Yemen.

This was pursued through two programs: I) assisted spontaneous return (ASR) which supports Somali refugees and II) the voluntary humanitarian return (VHR) program carried out in collaboration with IOM for Ethiopian migrants and refugees.

For the ASR program, 602 individuals (270 males, 147 females, 95 boys, and 90 girls) were provided with safe and dignified transportation and reintegration assistance to Somalia. The return help desks in the South and the communicating with community sessions counselled 1,666 individuals on the ASR program and provided updated information on their area of return.

In close dialogue with IOM, the VHR for Ethiopian migrants and refugees commenced in the second quarter of 2022. UNHCR conducted the identification and exit counselling in Aden, Sanaa and Marib for a total of 159 refugees and asylum seekers. They also received a reintegration package from UNHCR upon arrival in Ethiopia. UNHCR conducted best interest assessments for concerned children. UNHCR and IOM set up joint guiding documents, standard of procedures (SOPs) and introduction of biometric checks to identify persons of concerns among the migrants registered for VHR.

Challenges to Achieving Outcome

The first half of 2022, saw a steep decline in Somali refugees attending ASR counselling session due to the long period of suspension of the program. There was also a decline in the registration of interest in the VRF program.

Operational, bureaucratic and political challenges related to ASR in Somalia and Yemen, delayed the resumption of the program. The 307% increase in the exit visa fees and operational challenges for the onward transportation assistance, negatively affected the timeline and expectations of refugees.

Restrictions on flights and other exit routes from the North, made implementation of returns directly from the North impossible.

15. Outcome Area: Resettlement and Complementary Pathways

Resettlement is used as an effective protection tool and durable solution for an increased number of refugees with compelling needs.

Indicators	Population Type	Baseline (2022)	Target (2022)	Actual (2022)
15.1 Number of refugees submitted by UNHCR for resettlement.	Refugees and Asylum-seekers	157	200	97
15.2 Average processing time from resettlement submission to departure under normal priority.	Refugees and Asylum-seekers	208.00	180.00	180.00
15.3 Number of PoC admitted through complementary pathways from the host country.	Refugees and Asylum-seekers	1	5	1

Progress Against the Desired Outcome

In 2022, 176 refugees were identified and assessed to be eligible for resettlement. While 5,777 refugees were pre-identified as potential cases for resettlement consideration, 97 individuals were submitted to RST countries and an additional 48 individuals were submitted to the Bureau for final clearance. By end of 2022, 56 resettlement departures took place. Under complementary pathways, the Office also provided support to one case who departed to another country under a family reunification program.

Challenges to Achieving Outcome

In 2022, only 27 individuals were accepted for resettlements. 56 individuals departed in 2022, which is less than in 2021 (83 individuals). The average processing time, for normal priority, from submission to departure was 195 days. This is slightly above the target of 180 days. The resettlement countries that are accepting cases from Yemen do not have diplomatic presence inside the country. This has posed a challenge with interviewing.

The case processing work is vulnerable to fraud. The integrity of the UNHCR processing is critical to sustaining the Office's ability to fulfil its mandate.

2.2. Age, Gender and Diversity

In 2022, the implementation of Age, Gender and Diversity (AGD) policy continues to be enhanced across programs. A country-wide participatory assessment for refugees and asylum seekers was organized after a two-year gap, engaged 58 focus group discussions with 899 refugees and asylum seekers.

All data collected by UNHCR is disaggregated by age, gender, diversity, including disability and other specific needs, and is used through the various project cycle. Persons with disabilities are assisted through targeted services. UNHCR supports community-based protection networks, composed of IDPs and members of host communities with diverse backgrounds and with over 31% female representation.

UNHCR ensured refugee women representation in committees was at 50% in camp and urban communities. In the South, five refugee youth initiatives were supported in urban settings and in Kharaz refugee camp, Algaith refugee committee implemented non-formal education and socio-community based activities for 1,458 persons.

UNHCR cash assistance prioritized persons with specific needs, with 51% of assisted being IDP women and girls, and 71% of multipurpose cash recipients were refugee women. Out of 8,820 supported students in primary education 48% were girls, and out of 112,933 refugees and asylum seekers who accessed Partners primary health, 61% were women and girls.

GBV prevention, mitigation and response, Prevention of Sexual Exploitation and Abuse and standard AGD language are mainstreamed across all Partnership Agreements, including dedicated indicators capturing people with disabilities and other diversity dimensions. Statelessness-related activities were integrated throughout protection activities.

Those with extreme vulnerabilities and compelling protection needs were considered for a durable solution.

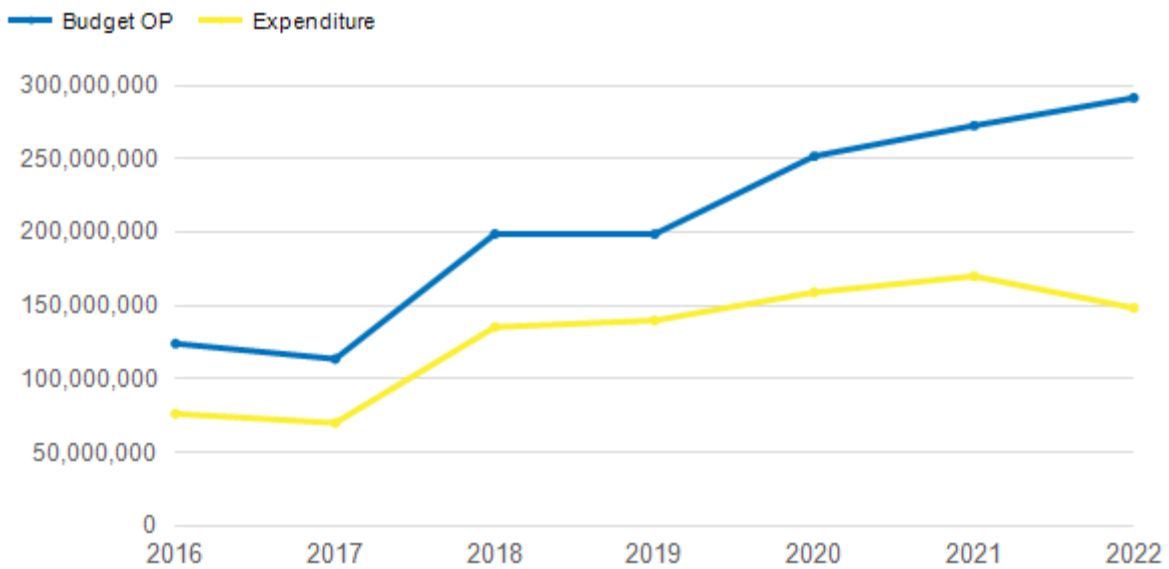
Section 3: Resources

3.1 Financial Data

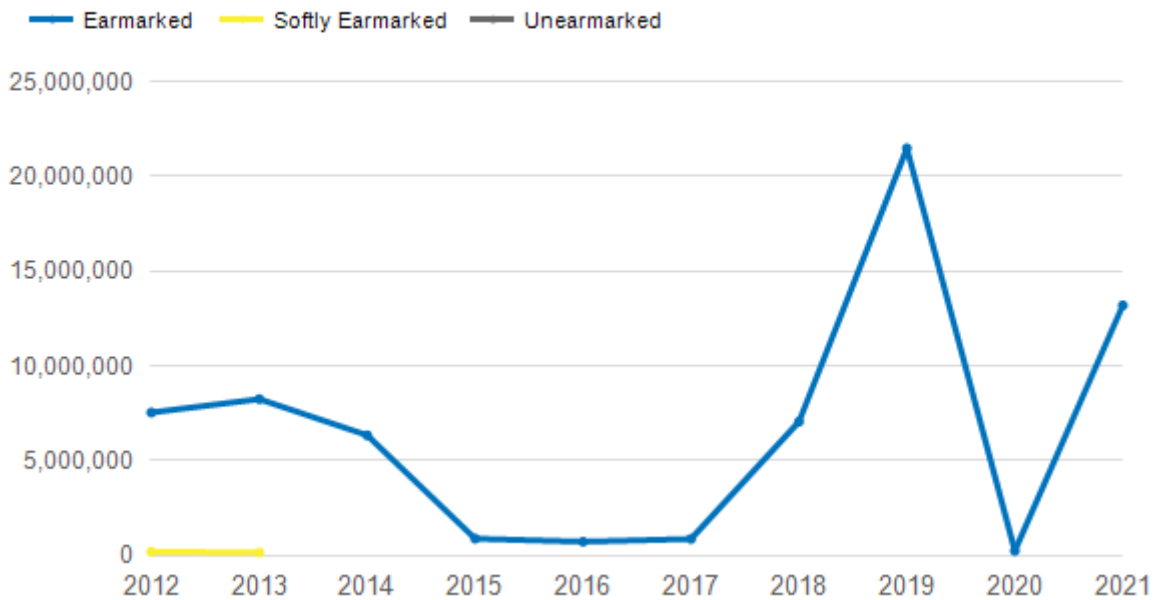
Impact Area	Final Budget	Funds Available	Funds Available as % of Budget	Expenditure	Expenditure as % of Funds Available
IA1: Protect	25,503,913	20,670,769	81.05%	20,670,769	100.00%
IA2: Respond	251,470,498	122,160,258	48.58%	122,284,750	100.10%
IA3: Empower		1,427	0.00%	1,427	100.00%
IA4: Solve	14,487,500	5,376,793	37.11%	5,376,793	100.00%
All Impact Areas		154,287	0.00%		0.00%
Total	291,461,911	148,363,534	50.90%	148,333,739	99.98%

Outcome Area	Final Budget	Funds Available	Funds Available as % of Budget	Expenditure	Expenditure as % of Funds Available
OA1: Access/Doc	8,871,835	7,723,209	87.05%	7,723,209	100.00%
OA2: Status	1,972,615	1,091,210	55.32%	1,091,210	100.00%
OA3: Policy/Law	5,403,849	4,809,126	88.99%	4,809,126	100.00%
OA4: GBV	7,474,592	2,902,226	38.83%	2,902,226	100.00%
OA5: Children	7,742,926	2,805,505	36.23%	2,803,772	99.94%
OA6: Justice	7,564,801	5,255,804	69.48%	5,246,029	99.81%
OA7: Community	7,485,303	5,153,531	68.85%	5,153,531	100.00%
OA8: Well-being	115,703,014	67,122,550	58.01%	67,122,550	100.00%
OA9: Housing	68,417,869	26,503,126	38.74%	26,639,126	100.51%
OA10: Health	8,106,133	4,572,247	56.40%	4,572,208	100.00%
OA11: Education	2,837,622	2,687,853	94.72%	2,687,853	100.00%
OA13 Livelihood	7,168,136	1,537,579	21.45%	1,537,579	100.00%
OA14: Return	9,555,962	3,124,838	32.70%	3,124,838	100.00%
OA15: Resettle	4,931,538	2,271,156	46.05%	2,271,156	100.00%
EA18: Support	26,534,901	8,991,614	33.89%	8,991,614	100.00%
EA20: External	1,690,813	1,657,712	98.04%	1,657,712	100.00%
All Outcome Areas		154,248	0.00%		0.00%
Total	291,461,911	148,363,534	50.90%	148,333,739	99.98%

Budget and Expenditure Trend



Contributions Trend by Type



3.2. Resources Overview

In 2022, UNHCR received only 51% of funds against overall USD 291 million needed to respond to needs of four million IDPs and over 100,000 registered refugees and asylum-seekers. Activities worth USD 148 million in activities were implemented, while critical a significant funding gap of USD 143 million hindered the implementation of critical vital programmes.

Despite reinforced resource mobilization to meet the growing needs, the overall humanitarian response in Yemen continued to suffer funding shortfalls, particularly for cash assistance under Outcome Area of Well-being and Shelter and NFI assistances under Outcome Housing.

This left 400,000 vulnerable individuals without critical cash and shelter assistance exacerbated advocacy efforts for already strained national systems.

At the beginning of the year, prioritization was done taking into account earmarked contributions for activities and maintaining of Partners response capacity to be able to scale up response with additional funding received. Pillar 1 funding was allocated in major proportion to the South in view of implementation challenges in the North.

Building on efforts from 2020 and 2021, the operation maintained and increased efforts for resource mobilization from non-traditional donors, and the private sector. The US was the only government donor to increase their contribution to UNHCR Yemen in 2022. The operation was able to re-establish the relationship with ECHO after a two-year absence received contributions from Denmark for the first time since 2013, and Iceland for the first time.



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