



**ALLOCATION STRATEGY PAPER
FIRST STANDARD ALLOCATION
(19 November 2020)**

Overview

1. On 26 October, the YHF Advisory Board (AB) met to discuss the parameters for the First Standard Allocation (SA1) for 2020. The main objective of this Standard Allocation is to provide immediate funding to assist people in acute humanitarian needs with a view to mitigate the risks of famine and negative consequences of COVID-19 in Yemen. The AB endorsed the following two lines of action: a) activities covering high priority gaps for people in acute needs in the hardest of the hard to reach areas; b) activities covering gaps for people in acute needs in the ongoing emergency response. The second priority will include three subcomponents: i) critically underfunded protection programmes; ii) IDP response and iii) pre-positioning critical life-saving emergency items in line with the national contingency plan. It was agreed that only YHF partners are eligible to apply for funding and that priority will be given to support NGO frontline actors.
2. The following pertains:
 - Only proposals that are in-line with this strategy and previously coordinated and discussed with the Clusters will be considered.
 - The envelope for this Standard Allocation is set at **USD 75.85 million maximum**. Proposals must be submitted by 4 December 2020.

Situation overview and response

3. Some 24 million Yemenis, 80 per cent of the entire population, require some form of humanitarian or protection assistance. Close to half of all families are in acute need. In 2020, the situation has been exacerbated by COVID-19, heavy rains and flooding, escalating conflict and currency collapse. In parallel, the humanitarian response remains hugely underfunded, a fuel crisis has increased needs and restricted response activities, and ongoing access issues have hindered the aid operation. An alarming increase in high levels of food insecurity is forecast by the year end.
4. By 2020, 230 of Yemen's 333 districts had been found to be food insecure¹. A total of 10 million people live in areas with the highest severity of needs across sectors. Conditions in these districts are the worst in the country: 103 districts are at risk of famine; 41 districts have malnutrition rates above 15 per cent; 54 districts have acute WASH deficits; and 46 districts are at high risk for cholera. Intensifying conflict has compromised access to healthcare in the face of cholera, malaria, dengue and other disease outbreaks; only 50 per cent of health facilities in Yemen are functioning and electricity and power across the country is intermittent.
5. A partial Integrated Phase Classification (IPC) analysis published in July 2020, warned that economic shocks, conflict, floods, locusts and COVID-19 could reverse food security gains in Yemen. The report, analyzed the situation of 7.9 million people in 133 districts in southern governorates, forecast an alarming increase in the number of people facing high levels of acute food insecurity (IPC Phase 3 and

¹ YHRP extension report (June 2020)

IPC Phase 4), from 2 million (25 per cent of the population) to 3.2 million (40 per cent of the population) by the end of 2020, even if existing levels of food assistance are maintained. This would reverse improvements made since the 2018/2019 IPC analysis, when more than half a million people moved below IPC Phase 3, primarily because of a huge scale-up of humanitarian food assistance.

6. As the conflict rages on, the level of civilian suffering remains deeply shocking. There are now 47 frontlines across 10 governorates with 14 new front lines emerging since January 2020. There has been an increase in indiscriminate attacks and potential violations of international humanitarian law, putting civilians in the crossfire and hindering access to critical services, livelihood opportunities and health support. As many as 4 million civilians have been displaced including over 145,000 during 2020. Some of the highest levels of vulnerability are concentrated in IDP sites where very few services are available. The estimated 422,000 migrants, asylum-seekers and refugees in Yemen are at extreme risk and 138,000 are completely reliant on humanitarian assistance. The COVID-19 epidemic has resulted in a backlash against this group, many of whom have been forcibly transferred and detained, and are subjected to shocking, inhumane conditions that clearly violation of international norms.
7. The scale, severity and complexity of need in Yemen is extensive. Five years of continuing economic collapse mean that even if the war was to end now, recovery will take longer and humanitarian needs will remain high as the multiple factors driving the country to the brink of famine remain, with some worsening. Since the start of the conflict, fuel imports have fallen by 70 per cent, medicine by 50 per cent and food by 39 per cent, over 2 million of under-five children are malnourished, the average cost of the minimum food basket has more than doubled in the past 5 years. More than 10 million Yemenis are no longer able to purchase the supplies they need to survive from local markets. Import restrictions, stockpiling of essential commodities and fluctuations in the value of the currency continue to put millions of people across the country at risk of famine.
8. The situation is worsening. In September 2020, the Yemeni rial reached its lowest ever value at YER840/US\$ in Aden, and the average cost of the minimum food basket reached YER5,760, exceeding the crisis level reached in 2018 by 15 per cent. A fuel crisis has sent the price of petrol and diesel skyrocketing, by between 50 per cent and over 70 per cent some areas, resulting in an increase in the cost of transport and essential goods, and restricting the humanitarian response. Torrential rains have affected tens of thousands of families this year, killing and injuring people; washing away homes and shelters; destroying possessions; spoiling crops; and damaging infrastructure. Locusts infestations are expected to cause damage and losses worth \$222 million to staple crops, animals and livestock.
9. COVID-19 threatens to exacerbate existing vulnerabilities even further. A total of 2,068 confirmed cases of COVID-19 and 603 deaths were reported in Yemen between 10 April and 16 November 2020, but these figures are believed to fall well below actual numbers due to various factors including a lack of testing facilities and official reporting. In northern governorates, only four cases have been reported in one governorate. Even though organizations responding to COVID reported numerous cases admitted to different health facilities in Sana'a. Delays in people seeking care due to stigma and fear, and difficulties in accessing care have also been cited as a reason for under-reporting. Public health officials warn that the combination of extreme vulnerability and low general immunity puts Yemen at exceptional risk. Unless steps to suppress and address COVID-19 are immediately scaled-up, the virus is likely to spread faster, more widely and with deadlier consequences than almost anywhere else.
10. In parallel, the humanitarian response remains hugely underfunded – as of late October 2020 only US\$1.45 billion of the \$3.23 billion needed has been received. By mid-September, two of the UN's major lifesaving programmes were forced to close, key components in 14 others had been suspended, six programmes were unable to start, and eight were due to close within two months. Commitments from regional countries during the fourth quarter have slightly improved the situation.

11. In the year to July 2020, 105 humanitarian organizations continued to deliver aid to an average of 10.86 million people a month. While the number of people reached with assistance decreased across many cluster areas, partners continued to provide support to millions of people – an average of 10.6 million were reached each month with food assistance, over 4 million were reached with WASH services, 606,012 were supported by Health Cluster partners and 550,012 received nutrition treatment. Nevertheless, in July 2020 most clusters were reaching only a small fraction of the number of people targeted for assistance.
12. During 2020, the YHF has allocated US\$ 23.3 million through two Reserve Allocations (RA) as follows: the first RA of \$3m allowed UNHAS to continue its services and the second RA provided funding to help suppress and mitigate the impact of the COVID-19 pandemic in Yemen. Funding to prevent disruption in the Rapid Response Mechanism was also included. Yemen also received \$35m through the CERF Underfunded emergency allocation, focusing on health and women and girls needs and will soon receive an additional \$30m from the CERF Rapid Response allocation, focusing on food insecurity.

YHF Strategic Priorities and Activities

13. This allocation strategy is aligned with the 2020 HRP strategic objectives, which aim to:
 - a. Mitigate the impact of COVID-19 and reduce the outbreaks of infectious diseases by helping to suppress the factors that lead to epidemics, upgrading treatment capacities and expanding epidemiological surveillance.
 - b. Help millions of destitute Yemenis overcome hunger by providing food and nutrition assistance, increasing household incomes and advocating for measures that bring economic stability.
 - c. Promote the dignity of displaced families living in emergency and IDP settlements by upgrading sub-standard sites and providing services and shelter.
 - d. Reduce the risk of displacement and violence against civilians and facilitating the recovery of people traumatized by the conflict by advocating for adherence to international humanitarian law and providing specialized services and support.
 - e. Preserving the capacity of public sector institutions to deliver life-saving basic services by providing key inputs and support.
14. As recommended by the Advisory Board, the SA1 will focus on the following priorities:
 - i. Activities covering high priority gaps for people in acute needs in the hardest hard to reach areas;
 - ii. Activities covering gaps for people in acute needs in the ongoing emergency response;
15. **Priority 1: High priority gaps in interventions for people in most acute needs in the hardest of the hard to reach areas.** Partners' interventions will focus in 4 districts in Taizz (Al Mukha, Maqbanah, As Silw, Hayfan) where over 520,000 people live in acute need and as identified by the inter-agency hard to reach analysis. These people are particularly at risk, as responding to their needs is constrained by a combination of armed conflict, bureaucracy and/or logistic impediments. Clusters agreed on a convergence of programmes in these areas and how funding will be implemented. The envelope for this priority amounts to \$15m.
16. The following clusters and programmes will be prioritised:
 - *FSAC*: Providing immediate life-saving emergency food assistance to 11,585 acutely food insecure IDPs living in deplorable conditions in collective centers or with host families in Al Mukha and Maqbanah, with immediate life-saving emergency food assistance each month, allowing them to meet their basic food needs. This will be in the form of cash or value vouchers for 6 rounds (6 consecutive months) to the same household.
 - *Health*: Providing essential lifesaving health services based on the Minimum Service Package (MSP) that includes general health service, communicable disease prevention and control, the

minimum initial service package for reproductive health and inpatient care for severe acute malnutrition including operational cost for health facilities (17 HFs and 9 Mobile Teams).

- *Nutrition*: Providing life-saving nutrition interventions for IDP and host communities focusing on treatment of severe and moderate acute malnutrition among under-fives and Pregnant and lactating women; Provision of infant and young child feeding practices, targeting 67,437 beneficiaries to reduce acute malnutrition and its associated under-five mortality.
- *WASH*: Providing comprehensive WASH interventions for IDPs and vulnerable host communities to reduce severe malnutrition and WASH related disease, targeting 60,795 people.
- *Shelter*: Providing essential household items for IDPs to address their urgent needs and reduce vulnerability, targeting 49,000 people; provision of enhanced emergency shelter kits for IDPs to provide protected and healthy living space, targeting 14,000 people; provision of flood mitigation solutions to mitigate the impact of flooding and contribute to building the resilience of communities living in flood prone areas, targeting 9,800 people.
- *Protection*: Providing community-based or peer-to peer MHPSS programme for 50,000 affected children; case management services for the most vulnerable 2,500 children at risk, including UASC and survivors of violence in Mukha, Hayfan and Maqbanah; victim assistance including referral and specialized protection services, targeting 200 adults and children injured as a result of armed conflict; physical and functional rehabilitation, psychosocial support, psychological first aid, training and advocacy on inclusion targeting 2,300 adults and children in Mukha, including survivors of explosive remnants of war.
- *Education*: Providing increase access to education to 98,050 school aged children through small scale rehabilitation of dis-functional schools and establishment of safe temporary/ alternative learning spaces, teachers' incentives; hygiene and health education in schools;
- *CCM*: Providing CCCM minimum activity set, including overall CCCM site level supervision and coordination; strengthening of community self-organisation and community cohesion; access to information for displaced populations and feedback systems; and maintenance, development and care of sites and surrounding areas.
- *RRM*: Providing lifesaving assistance to newly displaced households within the first 72 hours of displacement. IDPs will be provided with in-kind assistance to ensure access to basic needs for one week and the most vulnerable IDPs will be assisted with MPCA for one month.

17. **Priority 2: Covering gaps in clusters' ongoing emergency response for people in acute need.** Of the 24 million people in need in Yemen, 4.03 million people are in acute need (cat 4,5,6). Clusters will identify areas of convergence for greater synergy and impact on the ground. The envelope for this priority amounts to \$60.85m. This priority includes three subcomponents.

17.1 *Critically underfunded protection programmes: Up to \$5m is made available.* This subcomponent will help to cover gaps in the provision of critically underfunded protection services, in 38 districts targeting 288,000 women, men, girls and boys, including:

- Victim assistance: referral and specialized protection services for 800 adults and children injured as a result of armed conflict;
- Physical and functional rehabilitation, psychosocial support, psychological first aid, training and advocacy on inclusion for humanitarians, targeting 7,000 adults and children including survivors of explosive remnants of war;
- Case Management services for the most vulnerable 2,000 children at risk, including UASC and survivors of violence;
- Provision of community-based or peer-to peer MHPSS programme for 30,000 affected children;
- Comprehensive services for GBV survivors, case management, psychosocial support and reproductive health referrals, clinical management of rape, livelihoods through maintaining / establishing 20 women and girls safe spaces and two shelters for 238,000 women and girls;
- Maintaining the community centre in Dar Saad for 10,000 adults and children targeting the most vulnerable.

17.2 *IDP response*: This subcomponent will help to cover gaps in the Rapid Response Mechanism, Health, WASH, Education, FSAC, CCM, Nutrition, Shelter/NFI, Coordination and ETC in IDP collective sites and areas hosting large number of IDPs. The full list of locations is available in Annex 1. Gaps have been prioritised based on the most severe and recent gaps in the humanitarian response and include the following:

- *FSAC*. Funding is provided to the most vulnerable acutely food insecure IDPs living in deplorable conditions in collective centers or with host families with immediate life-saving emergency food assistance each month, allowing them to meet their basic food needs. This will be in the form of cash or value vouchers for 6 rounds (6 consecutive months) to the same household. Priority areas include 23 districts in 12 governorates (Abyan, Aden, Ad Dhale'e, Al Hodeidah, Al Mahwit, Dhamar, Hadramawt, Hajjah, Ibb, Lahj, Marib and Taizz). Up to \$14m is made available.
- *Health*. Funding is provided to support lifesaving essential health services based on the Minimum Service Package (MSP) that include general health service, communicable disease prevention and control, the minimum initial service package for reproductive health and inpatient care for severe acute malnutrition including operational cost for health facilities in 33 districts in 12 governorates (Abyan, Aden, Ad Dhale'e, Al Hodeidah, Amran, Hajjah, Ibb, Lahj, Marib, Sana'a, Sa'ada and Taizz). Mobile teams will also be supported. Up to \$10m is made available.
- *Nutrition*. Funding is provided for the treatment of SAM among under-fives, treatment of MAM among under-fives, treatment of PLW-MAM, and counselling on IYCF in host communities and IDP sites. Priority areas include districts with high to very high prevalence of acute malnutrition, districts with low treatment coverage against target of $\approx <49\%$ and districts where IPC for acute malnutrition projected deterioration of nutrition situation in the South. Host and IDPs in 35 districts in 10 governorates (Abyan, Aden, Al Hodeidah, Ad Dhale'e, Amran, Hajjah, Taizz, Lahj, Sana'a and Sa'ada) will be reached with lifesaving interventions. A number of the above districts face multiple vulnerabilities (Health, WASH and food insecurity) of which integrated responses in those districts will be prioritized. Up to \$8m is made available.
- *WASH*. Funding is provided to deliver WASH assistance to address critical WASH gaps in IDP sites, where WASH related disease risks are a threat to life and well-being. The priority is to provide comprehensive WASH package, contributing to health and well-being and reducing risks of exposure to WASH related disease. Priority areas include IDP sites in districts rated high and very high nutrition severity (Ad Dhale'e, Hajjah, Ibb, Dhamar, Lahj, Sa'ada, Ad Dali, Taizz, Al Hodeidah, Al Bayda, Amran, Marib, Sana'a) and areas of high incidence of WASH related disease. Up to \$8m is made available.
- *CCCM*. Funding is provided for overall CCCM site level supervision, strengthening community self-organisation and community cohesion, access to information for displaced populations and feedback systems and maintenance of sites and surrounding areas. Focus will be on IDP hosting sites in Ad Dhale'e, Al Hodeidah, Amran, Dhamar, Hajjah, Ibb, Lahj, Sana'a, Aden, and Taizz governorates where 200,000 people reside. Up to \$3.5m is made available.
- *RRM*: Funding is provided to respond to the needs of newly displaced households by providing lifesaving assistance within the first 72 hours of displacement. IDPs will be provided with in-kind assistance (transit kits and hygiene kits) and multi-purpose cash targeting the most vulnerable IDPs to ensure access to basic needs for one month to cover the gap until the full cluster response is activated. Up to \$3m is made available.
- *Education*. Funding is provided to increase school aged children access to education in 4 districts (Qa'tabah, Aslem, Amran and Raghwan) in the highest severity of needs and with most significant gaps, through small scale rehabilitation of dis-functional schools and establishment of safe temporary/ alternative learning spaces through a gender-and-disability-sensitive approach, hygiene and health education in schools; and setting up preventive measures to ensure physical distancing in the already crowded schools, and providing PPE to students and educational personnel. Over 89,000 targeted vulnerable girls and boys will benefit from the response. Up to \$1m is made available.
- *Shelter/NFIs*. Funding is provided to support IDPs in protracted displacement situations residing in IDP hosting sites, with transitional shelter solutions that reflect local construction

technologies, house designs and cultural preferences. Flood mitigation solutions such as sandbagging and similar solutions will be expanded to mitigate the impact of flooding and contribute to building the resilience of communities living in flood prone areas. Priority areas include Marib, Al Hodeidah, Hajjah, Taizz, Sa'ada, and Sana'a. Up to \$1.2m is made available.

- *ETC*: Funding is provided to avoid a breakdown of services and maintain internet services to UN guesthouses and UN common hubs where ETC is the only available internet service, as well as for the UNDSR radio rooms. Funding is also needed to maintain ETC staffing capacity for existing and recently opened hubs, and maintenance of equipment needs. Up to \$0.85m is made available.

17.3 Pre-positioning critical life-saving emergency items in line with the scenarios projected in the national contingency plan. The 2020 Yemen Contingency Plan aims to ensure preparedness and delivery of lifesaving assistance to affected population at the onset of displacement and for the assistance to continue for up to 30 days or until regular operations are established. The objective of the plan is to outline the immediate humanitarian response requirements to assist people who may be affected by potential shifts in conflict dynamics in all hubs across the country for a period of up to six months. Based on conflict dynamics and projected displacement figures and destinations, a total of 32,400 households or approximately 226,800 individuals are expected to be displaced under the most likely scenario due to minor escalations of hostilities around main frontlines in Ad Dhale'e, Al Hodeidah, Al Jawf, Marib and Taizz, in addition to minor displacement due to heavy rainfall and associated floods. Funding is being provided to procure, warehouse and release four core emergency pipelines—core non-food items, enhanced emergency shelter kits, bedding kits, and WASH supplies. Implementation will be coordinated between the shelter and coordination clusters building on existing capacities and established common pipelines, and will be used to assist displaced population as well as population affected by natural disasters (Floods) and serve the whole country through prepositioning of core items in Aden, Al Hodeidah, Ibb, Marib, Hajjah, Sa'ada and Sana'a hubs. Up to \$6.3m is made available.

Priority locations, prioritization of projects and eligibility

- 19 All partners who have successfully completed their due diligence and capacity assessment as of the launch of this allocation are eligible for this allocation.
- 20 Projects submitted by **4 December 2020 (17:00 Sana'a time)** will be strategically and technically reviewed by the Clusters and OCHA's Humanitarian Financing Unit (HFU) using a standardized scorecard.
- 21 Clusters are asked to take the following criteria into consideration during the preparation of their funding dossiers and to give preference to projects that:
 - are aligned with the strategic priorities of the HRP 2020;
 - meet the strategic priorities of the clusters for this allocation, as endorsed by the AB;
 - include a recent needs assessment;
 - can be implemented within the period of up to 12 months maximum;
 - include gender and protection mainstreaming component;
 - demonstrate accountability to the affected population;
 - demonstrate inclusive programming;
 - clearly identify risks and outline mitigation strategies;
 - have clearly elaborated and adequate monitoring plan;
 - demonstrate cost-effectiveness where: a) for comparable activities and outputs, the total cost is less; b) the cost per beneficiary ratio is reasonable; c) support costs are reasonable and in line with accepted levels for a given activity; and d) the proposed period of implementation represents the best use of resources at that time.
 - take into account the ERC four global priority areas set out in January 2019 and which include: (a) support for women and girls, including tackling gender-based violence, reproductive health and

empowerment; (b) programmes targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection.

22 In addition, Clusters are asked to consider the following:

- YHF partners must factor in possible delays in project implementation and adjust their workplans and budgets accordingly, including by amending project operational costs to a reasonable timeframe.
- YHF partners ranked as high-risk should only directly implement their programmes and not use sub-implementing partners, while medium and low risk partners can. They should minimise any procurement cost, and if obliged to, keep it at maximum 15% of the value of the project.
- As per the YHF operational modalities, high-risk partners can apply for a maximum of US\$ 750,000 per project (and hold a maximum of US\$ 1.5 million in active grant at the same time). Partners who have exceeded that ceiling will have to ensure previous grants have either been closed or under final reporting or auditing before they can request additional funds. A second grant will be dependent on a rate of 'good performance' in the most recent assurance/modality activity and/or the finalisation of at least one audit of a YHF project. Partners who have not had an audit finalised will need to have one before applying for a new grant. Ad-hoc approvals deviating from these requirements may be exceptionally granted on a case by case basis based on the partner's confirmed access to hard to reach areas and assistance to people under the highest level of needs.
- Medium-risk partners can apply for a maximum of US\$ 2 million per project while low-risk partners do not have a ceiling. Please refer to the YHF Operational Manual for further details².
- YHF partners will have to report on a regular basis to the Clusters and actively participate in the coordination mechanisms in Sana'a and at field level. Projects should have received prior endorsement by the national and sub-national Clusters. Partners should submit evidence of this by the time of submission (email to be uploaded in the GMS document depository).
- YHF partners may not submit more than three (3) proposals in total³.
- The HFU will review projects according to their strategic and programmatic relevance, cost effectiveness, engagement in coordination, mainstreaming of cross-cutting issues and monitoring mechanisms.

Timeline and procedures

23 This YHF Standard Allocation Strategy is published on 19 November 2020. From this day, eligible humanitarian organisations have until 4 December 2020 (17:00 Sana'a time) to submit project proposals through the YHF online Grants Management System (GMS), accessible at <https://cbpf.unocha.org/>.

Key Date	Phase	Step	What	Who
26 Oct	Preparation	AB meeting to endorse SA parameters	Allocation Strategy	HC, AB
27 Oct – 5 Nov		Cluster develop their strategies	Allocation Strategy	Clusters, OCHA
8-9 Nov		Cluster defend their strategies to the AB	Allocation Strategy	Clusters, AB
9-15 Nov		Allocation Strategy updated and discussed with AB	Allocation Strategy	HC, AB, OCHA
16-18 Nov		Allocation Strategy endorsed	Allocation Strategy	HC, AB

² Please see the English and Arabic versions online: <https://www.unocha.org/yemen/governance-policy-and-guidance>

³ Partners who may face ceiling restrictions per project can contact the HFU in advance. Possible variations on numbers of proposal and combinations of parameters will be decided on a case by case basis.

19 Nov		Launch of Allocation in the GMS	Allocation open	OCHA
4 Dec	Proposal Development and Review	Proposal submission deadline	Proposals	Partners
6-17 Dec		Strategic and Technical review preparations and meetings	Technical review of projects; feedback to partners	Technical Review Committee, OCHA
17-31 Dec		Proposal revision and adjustments	Partners address feedback, OCHA final clearance	Partners, OCHA
From 1 January	Approval	Grant Agreement (GA) preparation, HC and Partners signatures	GA prepared/start date agreed with Partners, HC approved project, Partners signs / start of eligibility	OCHA
From 10 Jan	Disbursement	Grant Agreement final clearance and first disbursement	GA cleared and signed	OCHA

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Complaints mechanism

24 YHF stakeholders with insufficiently addressed concerns or complaints regarding YHF processes or decisions can at any point in time contact the OCHA Head of Office or write to yemenhpfcomplaints@un.org with these concerns. Complaints will be compiled, reviewed and raised with the HC, who will then take a decision on necessary action(s). The HC will share with the Advisory Board any such concerns or complaints and actions taken thereof.

Annex 1: Summary of location of clusters interventions under parameter 2

Annex 2: Budget preparation guidelines

Annex 1 – Summary of location of clusters interventions under parameter 2

Governorate	District	CCCM	Coordination	Education	FSAC	Health	Nutrition	Protection	RRM	Shelter	WASH
Abyan	Khanfar				1		1		1		
	Zinjubar				1				1		
	Lawdar					1			1		
Aden	Burayqah		1			1			1	1	
	Al Mu'alla								1	1	
	At Tawahi								1	1	
	Dar Sad		1		1	1	1	1	1	1	1
Al Bayda	Al Quraishyah							1	1		
	Nati'								1		
	Az Zahir							1	1		
	As Sawma'ah							1	1		
	Al Taffah							1	1		
	Wald Rabi							1	1		
Al Hudaydah	Al Mina		1		1				1		
	Al Garrahi		1					1	1		
	Al Khawkhah		1				1		1	1	
	At Tuhayta	1	1			1	1	1	1		1
	Az Zuhrah	1	1		1		1	1	1		1
	Bajil		1				1	1	1		
	Hays		1					1	1		
	Ad Durayhimi		1		1	1		1	1		
	Ad Dohi			1					1		
	Al Hali			1					1		
	Al Marawi'ah			1			1		1		
	Al Qanawis			1					1	1	1
	Alluhayah			1			1		1		
	As Sukhnah			1					1		
Bura'			1			1		1			
Al Mahwit	Bani Sa'd				1				1		

Al Dhale'e	Ad Dhale'e				1			1	1		1
	Al Husha					1	1		1		1
	Qa'atabash	1		1	1				1		1
Amanat Al Asimah	Al Wedah								1	1	
	Old City								1		
Amran	Al Madan	1							1		
	Amran	1		1	1	1	1		1		1
	Harf Sufyan	1							1		1
	Huth	1					1		1		
	Khamir								1		1
	Kharif						1		1		
	Qaflat Odhar	1							1		
	Raydah	1							1		
	Thula								1		
Dhamar	Dhamar City	1							1		
	Jahran	1			1				1		1
	Jabal Ash sharq								1	1	
	Otmah								1	1	
	Wusab Al Ali				1				1	1	
Hadramawt	Al Abr				1				1	1	
	Brum Mayf'ah								1	1	
	Tarim				1				1		
Hajjah	Abs	1			1	1	1	1	1		1
	Aslam	1		1			1		1	1	1
	Bani Qays	1							1		
	Haraj					1			1		
	Hayran					1		1	1		
	Khayran Al Muharraq	1			1		1		1		1
	Mustaba	1				1	1	1	1		1
	Qarah				1				1		1
	Sharas								1		

	Washhah	1			1				1		
	Bakil Al Mir					1			1		
	Kushar							1	1	1	
	Hajjah city								1	1	
	Midi					1			1		
Ibb	Adh Dhahir	1	1		1				1		1
	AlMashannah		1						1		1
	Dhi As Sufal	1	1		1				1		1
	Ibb		1						1		
	Far' Al Odayn		1					1	1		
	Hazm Al Odayn		1			1			1		
	Al Qafr		1					1	1		
Lahj	Al Musaymir							1	1		
	Tur Al Bahah							1	1		
	Al Madaribah Wa Al Arah							1	1		
	Tuban	1			1	1	1	1	1	1	1
Marib	Marib City		1		1				1		1
	Raghwan		1	1		1			1		1
	Marib		1		1	1		1	1	1	1
	Mahliyah		1			1			1		
	Al Abdiyah		1			1			1		
	Sirwah								1	1	1
	Madghal Al Jid'an		1			1			1	1	
Sana'a	Al Haymah Al Kharijiyah		1				1		1		
	Bani Dabyan		1			1			1		
	Khawlan		1			1	1		1		1
	Manakhah		1				1		1		1
	Hamdan								1	1	
	Sanhan wa Bani Bahlul								1	1	
	Nihm		1			1	1		1		

Taizz	Al Mukha	1			1	1	1	1		
	Al Ma'afer					1	1	1		1
	Al Misrakh							1		
	Al Mudhaffar	1				1	1	1	1	1
	Al Qahirah	1						1		1
	Al Wazi'iyah							1		
	As Silw				1	1	1	1		
	Ash Shamayatayn					1		1		
	At Taiziyah	1						1		1
	Dhubab						1	1	1	
	Dimnat Khadir	1			1		1		1	
	Hayfan				1		1	1		
	Maqbanah	1			1		1	1		
	Salah	1					1	1	1	1
	Sami	1						1		
	Shabwah Ar Rawdah							1		
	Mawiyah	1			1			1		
	Mawza'							1	1	1
Shar'ab As Salam							1	1		
Sa'ada	Adh Dhahir			1		1		1	1	1
	As Safra	1		1			1		1	1
	Baqim			1		1		1	1	1
	Sahar	1						1	1	
	Haydan			1		1		1	1	
	Razih			1		1		1	1	
	Shada'a			1		1		1	1	
Raymah	Al jabin						1	1		
Al Jawf	Al Matammah						1	1		