2019

HUMANITARIAN
NEEDS
OVERVIEW

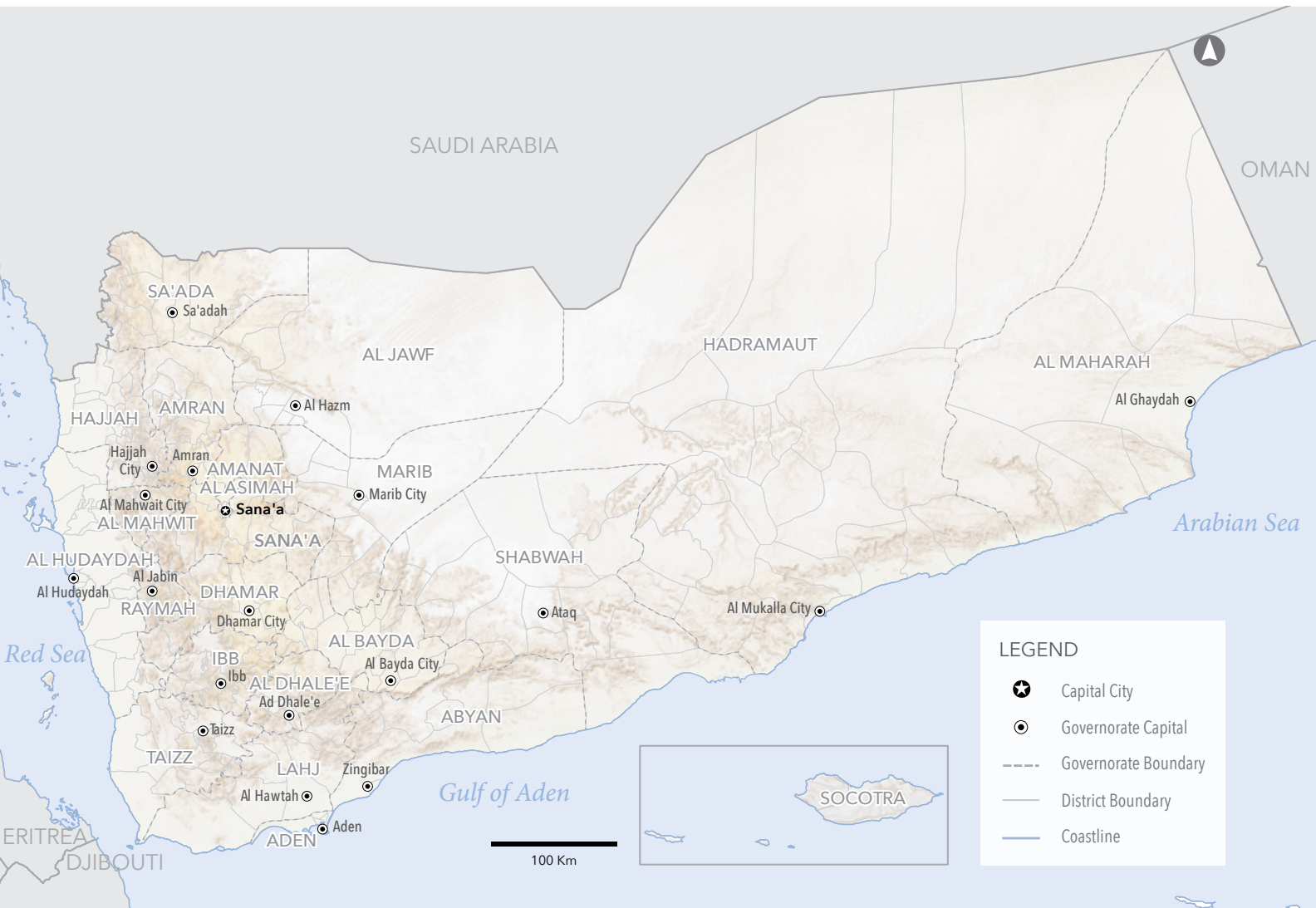PEOPLE IN NEED
24.1 M

DEC 2018

YEMEN

OCHA/Giles Clarke

YEMEN REFERENCE MAP

SAUDI ARABIA

OMAN

SA'ADA
- Sa'adah

AL JAWF

HADRAMAUT

AL MAHARAH
- Al Ghaydah

HAJJAH

AMRAN
- Al Hazm

Hajjah City

Amran

AMANAT AL ASIMAH

MARIB
- Marib City

Al Mahwait City

Sana'a

AL MAHWIT

SANA'A

Arabian Sea

AL HUDAYDAH

Al Jabin

DHAMAR

SHABWAH

Al Hudaydah

RAYMAH

Dhamar City

Red Sea

IBB

AL BAYDA

Ataq

Al Mukalla City

Ibb

Al Bayda City

AL DHALE'E

Ad Dhale'e

ABYAN

Taizz

TAIZZ

LAHJ

Zingibar

Gulf of Aden

Al Hawtah

ERITREA

Aden

DJIBOUTI

ADEN

SOCOTRA

LEGEND

- ★ Capital City
- ◉ Governorate Capital
- ---- Governorate Boundary
- —— District Boundary
- —— Coastline

100 Km

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 28 November 2018. Sources: GoY/MoLA/CSO.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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PART I:
SUMMARY

HUMANITARIAN
NEEDS AND KEY FIGURES

The humanitarian crisis in Yemen remains the worst in the world. Nearly four years of conflict and severe economic decline are driving the country to the brink of famine and exacerbating needs in all sectors. An estimated 80 per cent of the population – 24 million people – require some form of humanitarian or protection assistance, including 14.3 million who are in acute need. Severity of needs is deepening, with the number of people in acute need a staggering 27 per cent higher than last year. Two-thirds of all districts in the country are already pre-famine, and one-third face a convergence of multiple acute vulnerabilities. The escalation of the conflict since March 2015 has dramatically aggravated the protection crisis in which millions face risks to their safety and basic rights.

KEY HUMANITARIAN ISSUES

1 Basic survival needs

More than 20 million people across the country are food insecure, including nearly 10 million who are suffering from extreme levels of hunger. For the first time, the Integrated Food Security Phase Classification (IPC) has confirmed pockets of catastrophic hunger in some locations, with 238,000 people affected. An estimated 7.4 million people require services to treat or prevent malnutrition, including 3.2 million people who require treatment for acute malnutrition – 2 million children under 5 and more than one million pregnant and lactating women (PLW). A total of 17.8 million people lack access to safe water and sanitation, and 19.7 million people lack access to adequate healthcare. Poor sanitation and water-borne diseases, including cholera, left hundreds of thousands of people ill last year. In sum, needs have intensified across all sectors. Millions of Yemenis are hungrier, sicker and more vulnerable than a year ago, pushing an ever-greater number of people into reliance on humanitarian assistance. Humanitarian response is increasingly becoming the only lifeline for millions of Yemenis.

2 Protection of Civilians

Yemen is facing a severe protection crisis, and civilians face serious risks to their safety, well-being and basic rights. Tens of thousands of people have been killed or injured since 2015, and among them at least 17,700 civilians as verified by the UN. An estimated 3.3 million people remain displaced, up from 2.2 million last year. This includes 685,000 people who fled fighting in Al Hudaydah and on the west coast from June onwards. Escalating conflict is causing extensive damage to public and civilian infrastructure. Intensity of conflict is directly related to severity of needs. Humanitarian needs are most acute in governorates that have been most affected by conflict, including Taizz, Al Hudaydah and Sa'ada governorates. More than 60 per cent of people in these governorates are in acute need of humanitarian assistance.

3 Livelihoods and essential basic services

The Yemeni economy is on the verge of collapse. The economy has contracted by about 50 per cent since conflict escalated in March 2015. Employment and income opportunities have significantly diminished. Exchange rate volatility – including unprecedented depreciation of the Yemeni Rial (YER) between August and October 2018 – further undermined households' purchasing power. Basic services and the institutions that provide them are collapsing, placing enormous pressure on the humanitarian response. The fiscal deficit since the last quarter of 2016 has led to major gaps in the operational budgets of basic services and erratic salary payments – severely compromising peoples' access to basic services. Only 51 per cent of health facilities are fully functional. More than a quarter of all children are out of school, and civil servants and pensioners in northern Yemen have not been paid salaries and bursaries for years. Humanitarian partners have been increasingly stretching to fill some of these gaps to ensure continuity of essential services.
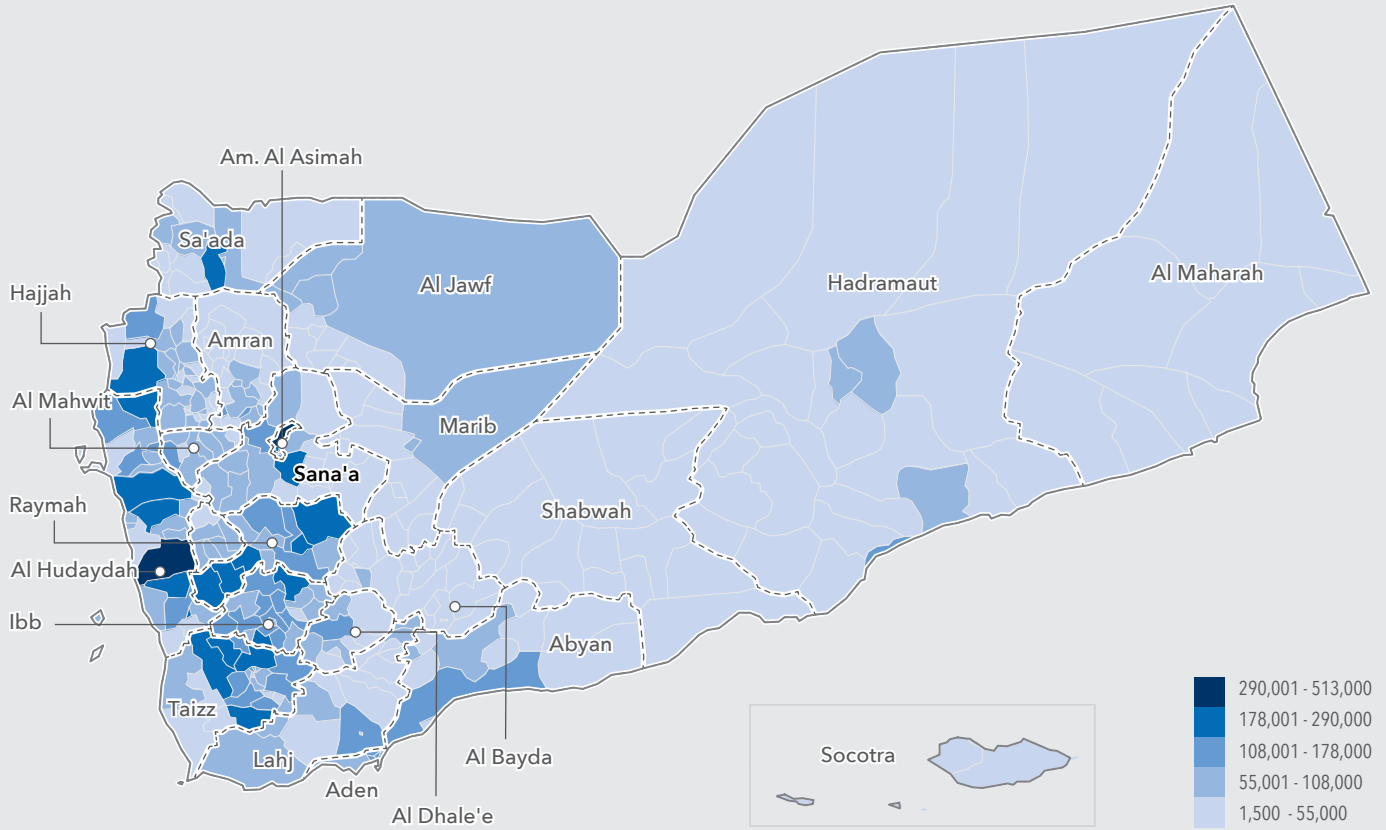
ESTIMATED POPULATION

30.5 million
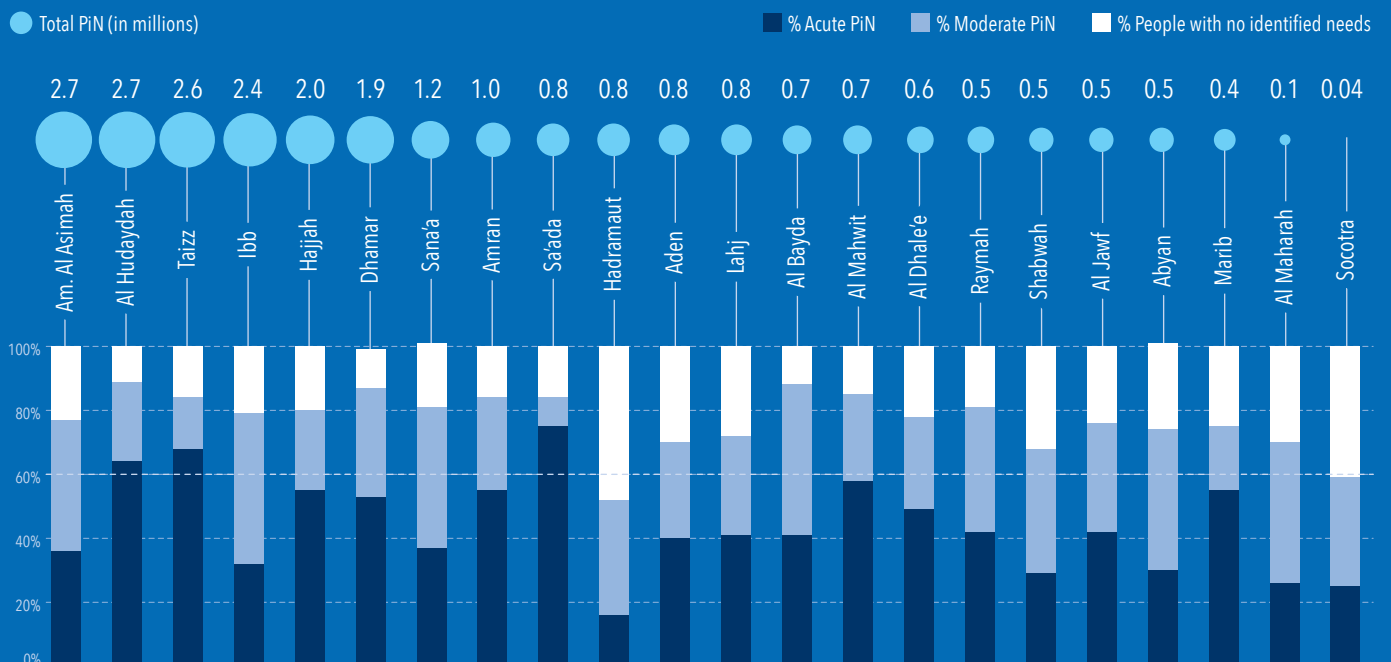
TOTAL PEOPLE IN NEED

24.1 million

TOTAL PEOPLE IN ACUTE NEED

14.3 million

PEOPLE IN NEED BY DISTRICT

Am. Al Asimah
Sa'ada
Hajjah
Amran
Al Jawf
Hadramaut
Al Maharah
Al Mahwit
Marib
Raymah
Sana'a
Al Hudaydah
Ibb
Shabwah
Taizz
Abyan
Lahj
Aden
Al Bayda
Al Dhale'e

Socotra

Legend:
- 290,001 - 513,000
- 178,001 - 290,000
- 108,001 - 178,000
- 55,001 - 108,000
- 1,500 - 55,000

% PEOPLE IN NEED (PIN), ACUTE AND MODERATE NEED BY GOVERNORATE

- Total PiN (in millions)
- ■ % Acute PiN
- % Moderate PiN
- □ % People with no identified needs

Governorate	Total PiN (millions)
Am. Al Asimah	2.7
Al Hudaydah	2.7
Taizz	2.6
Ibb	2.4
Hajjah	2.0
Dhamar	1.9
Sana'a	1.2
Amran	1.0
Sa'ada	0.8
Hadramaut	0.8
Aden	0.8
Lahj	0.8
Al Bayda	0.7
Al Mahwit	0.7
Al Dhale'e	0.6
Raymah	0.5
Shabwah	0.5
Al Jawf	0.5
Abyan	0.5
Marib	0.4
Al Maharah	0.1
Socotra	0.04

KEY FIGURES

30.5 million
ESTIMATED POPULATION[1]

24.1 million
PEOPLE IN NEED

14.3 million
PEOPLE IN ACUTE NEED[2]

9.8 million
PEOPLE IN MODERATE NEED[2]

4.8 million
POPULATION MOVEMENTS

3.34M
IDPS[1, 3]

1.92M
TOP 5 GOVERNORATES OF DESTINATION[1, 3]

A. Al Asimah	0.43
Hajjah	0.42
Taizz	0.40
Al Hudaydah	0.36
Sa'ada	0.31
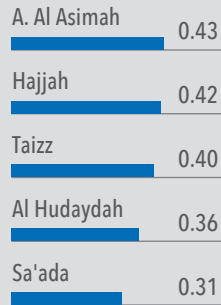
1.01M
IDP RETURNEES[1, 3]

0.74M
TOP 5 GOVERNORATES OF RETURN[1, 3]

Aden	0.29
A. Al Asimah	0.19
Taizz	0.11
Shabwah	0.08
Lahj	0.07
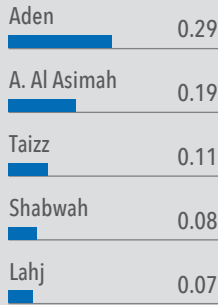
0.42M
REFUGEES & MIGRANTS[4]

0.26M
REFUGEES

0.15M
MIGRANTS

0.008M
ASYLUM SEEKERS
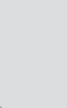
0.39M
TOP 5 GOVERNORATES OF PRESENCE[4]

Aden	0.14
A. Al Asimah	0.11
Shabwah	0.07
Lahj	0.03
Hadramaut	0.03

[1] Includes refugees and migrants. Sources: Yemen Central Statistical Organisation, Population Technical Working Group, Refugee and Migrant Multi-Sector.

[2] Acute need: people who require immediate assistance to save and sustain their lives. Moderate need: people who require assistance to stabilize their situation and prevent them from slipping into acute need.

[3] Figures include people displaced by conflict and natural disasters.

[4] Refugee and Migrant Multi-Sector, December 2018.

PEOPLE IN NEED (2013 - 2019)

| 2013 | 2014 | 2015 | Revised 2015 | 2016 | 2017 | 2018 | **2019** |
| 13.1M | 14.7M | 15.9M | 21.1M | 21.2M | 20.7M | 22.2M | 24.1M |

Sources: CAP 2013; PMR 2017; HNOs 2014-2019

POPULATION TYPE BY SEX AND AGE

(in millions)	Women	Girls	Men	Boys
PEOPLE IN NEED	5.9	6.3	5.9	6
PEOPLE IN ACUTE NEED	3.5	3.7	3.5	3.6
IDPs	0.84	0.87	0.8	0.83
REFUGEES & MIGRANTS	0.11	0.03	0.24	0.04
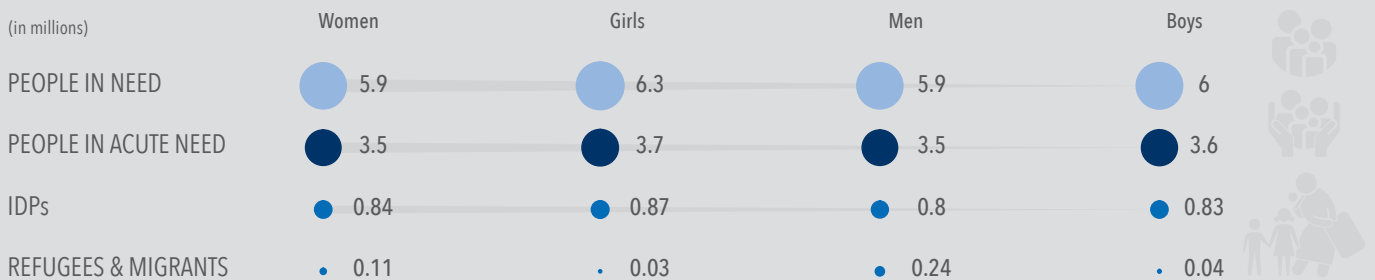
IMPACT OF THE

CRISIS

Largest man-made humanitarian crisis

Conflict, economic decline and institutional collapse have relentlessly exacerbated pre-existing challenges in Yemen, including food insecurity and malnutrition. With two-thirds of the population now food insecure, Yemen is the world's largest food security crisis. This is not a result of food scarcity or natural disasters. Assessments confirm that conflict is the primary driver, with the worst hunger concentrated in areas that saw the fiercest violence in the last year. Economic factors are playing a major role, including constraints on the supply and distribution of goods, diminishing purchasing power, exchange rate volatility and related issues.

Conflict and pervasive protection crisis

As the conflict intensifies there has been an increase in indiscriminate attacks and potential violations of international humanitarian law (IHL), which are taking a brutal toll on civilians. Tens of thousands of people have been killed or injured since 2015. From March 2015 to October 2018, health facilities reported more than 70,000 conflict-related casualties. A separate UN programme monitoring civilian casualties has verified more than 17,700 civilians injured or killed. Both these estimates almost certainly undercount the true extent of casualties.
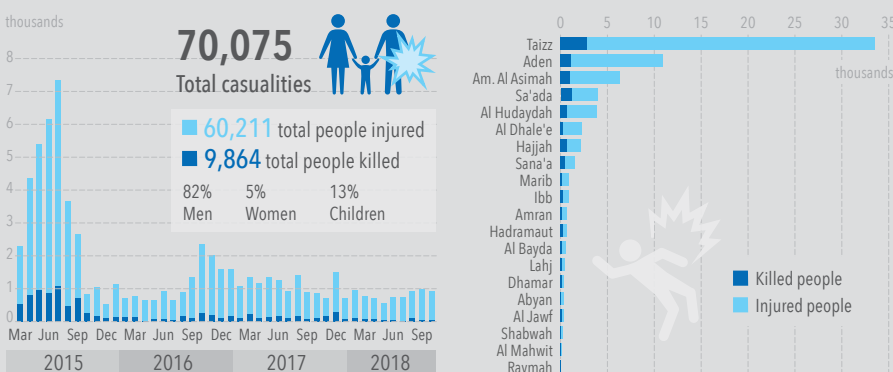
As a result of conflict, as many as 4.3 million people have been displaced in the last three years, including approximately 3.3 million people who remain displaced and 1 million returnees.

In 2018, an estimated 685,000 people fled the intensive conflict in 2018 mainly from Al Hudaydah Governorate, where conflict escalated significantly in June 2018. An estimated 26 per cent of most vulnerable IDPs are living in hosting sites including public buildings, collective centres, or dispersed spontaneous settlements.

From October 2017 to September 2018, 15,170 conflict incidents were reported, including airstrikes, armed clashes, and shelling across the country.[1] A significant number of these incidents resulted in damage or destruction of civilian facilities, including irrigation systems, agricultural sites, schools, hospitals, water points and sanitation plants. On average, it is estimated that 600 civilian structures, are damaged or destroyed every month.[2] Landmines and other explosive remnants of war pose long-term risks for the civilian population and humanitarian actors.

Evidence indicates that the protection environment is becoming even more dangerous. Year-on-year estimates of civilian casualties verified by OHCHR increased by 11 per cent between September 2017 and August 2018. More than half of these casualties occurred in people's own homes, at the market or in cars and buses. Grave violations of children's rights continue, with the number of incidents more than doubling in last year in conflict-affected areas such as Al Hudaydah, Sa'ada and Shabwah.
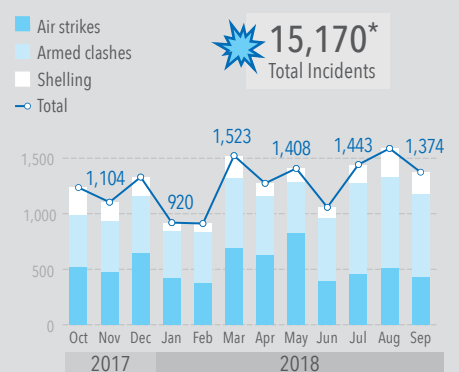
07

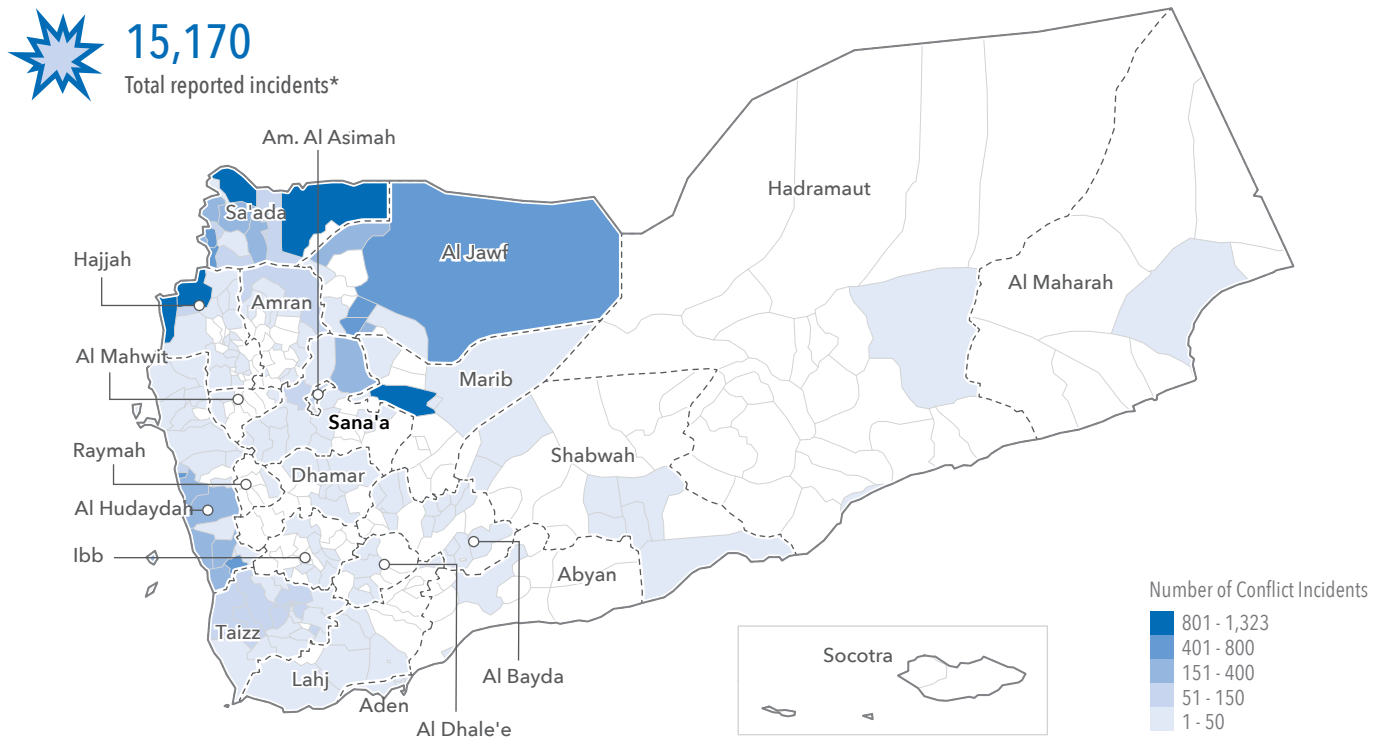## HEALTH FACILITY-BASED REPORTED CASUALTIES BY MONTH AND GOVERNORATE (MAR 2015-NOV 2018)

70,075 Total casualties

thousands

■ **60,211** total people injured
■ **9,864** total people killed

82% Men   5% Women   13% Children

Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep
2015   2016   2017   2018

0 5 10 15 20 25 30 35
thousands

Taizz
Aden
Am. Al Asimah
Sa'ada
Al Hudaydah
Al Dhale'e
Hajjah
Sana'a
Marib
Ibb
Amran
Hadramaut
Al Bayda
Lahj
Dhamar
Abyan
Al Jawf
Shabwah
Al Mahwit
Raymah

■ Killed people
■ Injured people

Source: WHO, November 2018

Source: WHO, November 2018

CONFLICT INCIDENTS (OCT 2017 - SEP 2018)

■ Air strikes
■ Armed clashes
□ Shelling
—○— Total

15,170*
Total Incidents

1,500
1,000
500
0

1,104   920   1,523   1,408   1,443   1,374

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep
2017   2018

* increase from the previous year is due to more accurate reporting, rather than an increase in conflict.

Source: UN Source, December 2018
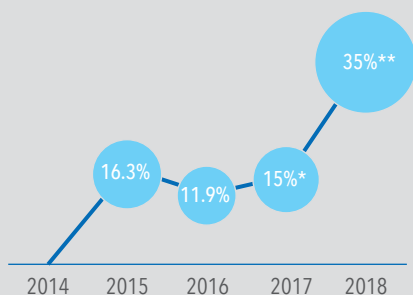
NUMBER OF CONFLICT INCIDENTS (OCT 2017 - SEP 2018)

15,170
Total reported incidents*

Am. Al Asimah

Sa'ada

Hajjah

Amran

Al Jawf

Hadramaut

Al Maharah

Al Mahwit

Marib

Sana'a

Raymah

Dhamar

Shabwah

Al Hudaydah

Ibb

Taizz

Abyan

Al Bayda

Lahj

Aden

Al Dhale'e

Socotra

Number of Conflict Incidents
- 801 - 1,323
- 401 - 800
- 151 - 400
- 51 - 150
- 1 - 50

* Incidents include airstrikes, armed clashes and shelling; increase from the previous year is due to more accurate reporting, rather than an increase in conflict.
Source: UN source, October 2017 - September 2018

08

Collapsing economy

The conflict has caused widespread disruption of economic activities and has dramatically diminished employment and income opportunities in the private and public sectors. The economy has contracted by nearly 50 per cent over the last three years. Cumulative losses in real GDP are estimated at $49.9 billion[3], and inflation is estimated to have accelerated to over 40 percent.[4] Poverty rates have dramatically increased, with an estimated 81 per cent of Yemenis now below the poverty line – an increase of one-third since 2014.[5]

Severe exchange rate fluctuations further undermined the Yemeni economy, which relies heavily on imports denominated in US dollars, and drastically undermined households' purchasing power. Between August and October 2018, the rial lost nearly 65 per cent of its value against the US dollar when compared to a year before.[6] With nearly all commodities imported, prices soared. In the last year, the cost of a food basket increased by 60 per cent, and average food prices are now 150 per cent higher than before the conflict. Despite some recovery towards the end of the year, exchange rates remain volatile. Because traders imported food at much
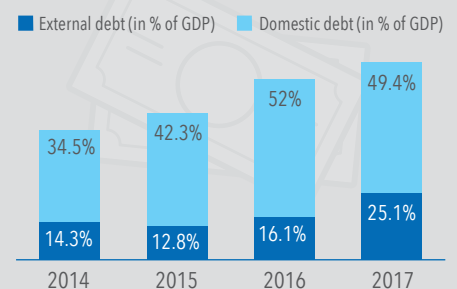
INFLATION RATE (2015-2018)

35%**

16.3%

11.9%

15%*

2014 2015 2016 2017 2018

ESTIMATED GDP LOSSES (2015-2018)

$49.9Bn
Cumulative losses in real GDP during 2015-2018

■ Potential GDP without conflict ■ GDP with conflict

	2015	2016	2017	2018
Potential GDP without conflict	25.5	26.6	27.6	28.7
GDP with conflict	17.3	14.7	13.1	13.5

EXTERNAL AND DOMESTIC DEBT (2014-2018)

■ External debt (in % of GDP) ■ Domestic debt (in % of GDP)

	2014	2015	2016	2017
Domestic debt (in % of GDP)	34.5%	42.3%	52%	49.4%
External debt (in % of GDP)	14.3%	12.8%	16.1%	25.1%

*Ministry of Planning & International Cooperation (MOPIC), Inflation estimates of 2017.   ** United Nations Development Programme (UNDP), Inflation estimates of 2018.

Sources: MOPIC, Socioeconomic Update (issue 37), September 2018   Source: MOPIC, Socioeconomic Update (issue 34), June 2018   Source: World Bank, Yemen Economic Monitoring Brief, October 2018

higher costs in recent months, prices in many markets – especially in remote areas most at risk – are yet to come down.

National average fuel prices rose in October 2018 by about 9 -19 per cent from September 2018; and 137-261 per cent more than those during the pre-crisis time. The main reasons for scarcity and soaring prices of fuel include low level of imports, currency crisis, and poor supply into local markets. The quantity of fuel commodities (diesel and petrol) currently available in the country are estimated to meet the national needs only for less than a month. The availability and prices of fuel commodities affects other economic sectors and production systems including agriculture and water supply for human consumption. Soaring fuel costs due to scarcity are having a knock on effect on the price of transport, water, electricity, health and sanitation services. In the water sector, the costs of trucking safe drinking water and bottled water doubled in the third quarter of 2018.

Due to all these persistent price increases, hundreds of thousands of families are being forced out of local markets, unable to purchase the basic necessities required to survive. As a result, an increasing number of households who would not otherwise be affected by the conflict are resorting to negative coping mechanisms such as selling assets, reducing food consumption and clean water purchases and taking up debt. These households are increasingly shifting from moderate to acute need of humanitarian assistance.

Yemen has largely exhausted its foreign reserves, which fell below $1 billion in 2016.[7] Oil and gas production and exports, which provided up to 60 per cent of fiscal revenue and foreign exchange before the crisis, are currently estimated to run at 10 to 15 per cent of capacity.[8] According to the World Bank, the continuous issuing of new banknotes in the absence of adequate monetary policy instruments has contributed to soaring inflation.[9] Payments of public-sector salaries and pensions have been erratic as reserves have dwindled, disrupting incomes for more than a quarter of the population. Government support – including social safety nets for the most vulnerable families – has largely collapsed. Remittances from abroad have significantly reduced, partly due to restrictions imposed on transfers to Yemeni banks.[10]

Higher operating costs due to insecurity and lack of supplies, as well as falling demand, have led to mass layoffs in the Yemeni private sector.[11] More than 600,000 jobs are estimated to have been lost,[12] mainly in the agriculture and services sectors. Agricultural production and fishing, where most Yemenis have traditionally worked, has plummeted by nearly a third. Assessment findings this year confirm that all Yemeni population groups rank livelihoods among their top three priorities.[13] With rapidly diminishing income opportunities, negative coping strategies, including recruitment by armed groups, child labour or child marriages, are becoming more prominent.

As a result, to prevent a further erosion of the economy, Yemen will not only require massive humanitarian funding but considerable and predictable non-humanitarian financial support, in addition to measures to stabilize the economy by parties to the conflict.
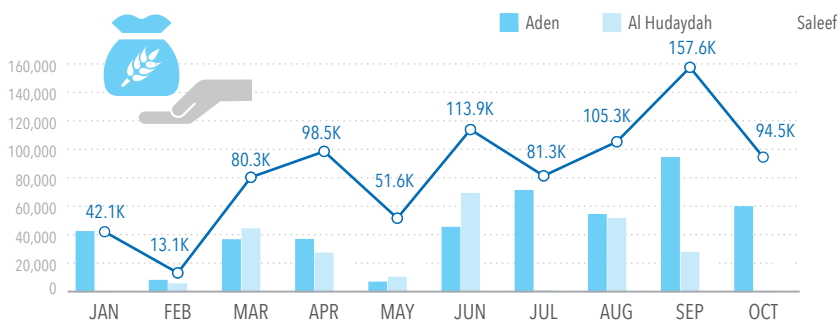
Collapse of basic services and institutions

Conflict, displacement, and economic decline are placing immense pressure on essential basic services and the institutions that provide them, accelerating their collapse. The public budget deficit since late 2016 has disrupted basic social services and payment of public sector salaries. As a result, people's access to essential services such as water, sanitation, health care, education, and agriculture and veterinary services has been further constrained. Across Yemen only 51 per cent of health facilities are functioning. Some 17.8 million people lack adequate access to clean water, sanitation and hygiene. In 2017, amid declining WASH and health services, an outbreak of cholera and acute watery diarrhoea reached unprecedented levels. Non-payment of teachers' salaries in 10,000 schools (in 11 governorates) since October 2016 has further restricted access to education, affecting 3.7 million children.

09

TEACHER SALARY STATUS

11 governorates with irregularly paid teachers' salaries

■ Governorates with irregularly paid teachers' salaries

□ Governorates with paid teachers' salaries

Map labels: Am. Al Asimah, Sa'ada, Amran, Hajjah, Al Mahwit, Al Hudaydah, Raymah, Sana'a, Dhamar, Ibb, Taizz, Lahj, Aden, Al Dhale'e, Al Bayda, Abyan, Shabwah, Marib, Al Jawf, Hadramaut, Al Maharah, Socotra

64% — 10,331 affected schools
51% — 135,359 affected teachers
79% — 3.7 million affected students
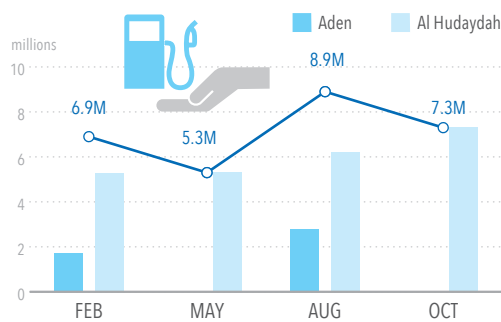
Source: Education Cluster, November 2018

MONTHLY FOOD IMPORTS (MT)

*includes food commodities imported through commercial vessels as well as chartered vessels for humanitarian cargo.
An additional 15,283mt entered Yemen through the land entry point of Shehen, on the border with Oman.
Source: Logistics Cluster, November 2018

MONTHLY FUEL IMPORTS (MT)

Source: Logistics Cluster, November 2018

This collapse is placing growing pressure on humanitarian partners to ensure continuity of critical services, including through payment of incentives and covering operational costs. In the health sector alone, about 2,500 health facilities – 60 per cent of those that are functional – are supported with a minimum service package by Health Cluster partners. Pressure on humanitarian partners to fill gaps in the public sector is expected to grow as the economic situation deteriorates further.

Restrictions on imports

Before the escalation of the crisis, Yemen imported about 90 per cent of its staple food and required an estimated 544,000 metric tons of imported fuel per month.[14] Keeping all ports open and operational is essential to efforts to prevent famine. Most food imports enter the country through Al Hudaydah and Saleef ports. Although imports increased via these ports after the Coalition lifted its temporary blockade in late 2017, monthly volumes have remained below pre-blockade levels. In the twelve months after the blockade was lifted (December 2017 to November 2018), more than 3.2 million tons of food were imported through Al Hudaydah and Saleef ports – or about 20 per cent less than was imported in the twelve months before the temporary blockade

(November 2016 to October 2017). Congestion at Aden port is also causing substantial delays to the imports process.

Lower import levels reflect a lack of shipping confidence due to heavy restrictions and poor port infrastructure. Commercial vessels carrying containerized cargo are no longer serving Al Hudaydah port; only one such vessel has entered Al Hudaydah since November 2017. Insurance and banking hurdles, bureaucratic measures at ports, security risks and high transport costs are other key factors. In September 2018, the Government of Yemen adopted Decree 75 which requires that companies finance imports of six core commodities through the Central Bank. Extensive delays were reported in processing the line of credit imposed through the decree. Although the decree has been lifted for food commodities, it remains in place for fuel.

In-country food stocks are currently estimated at 1.1 million metric tons as of mid-November 2018. Wheat stocks are sufficient to cover national requirements for nearly three months, while rice and vegetable oil stocks could cover one and half months. Fuel commodities (petrol and diesel) continue to be scarcely available. Al Hudaydah is currently suffering most from commodity scarcity, as movement of traders and commodities are restricted and markets disrupted due to conflict.[15]

STATUS OF HEALTH FACILITIES
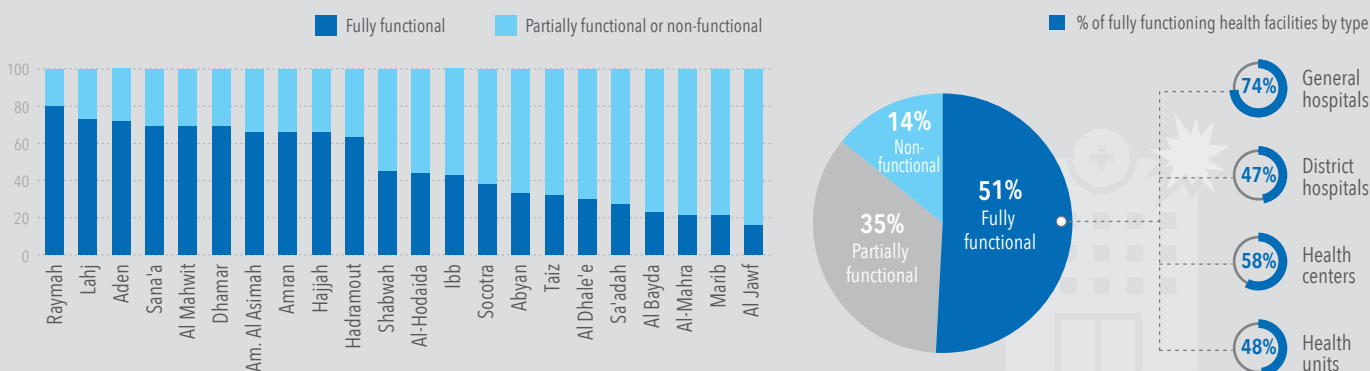
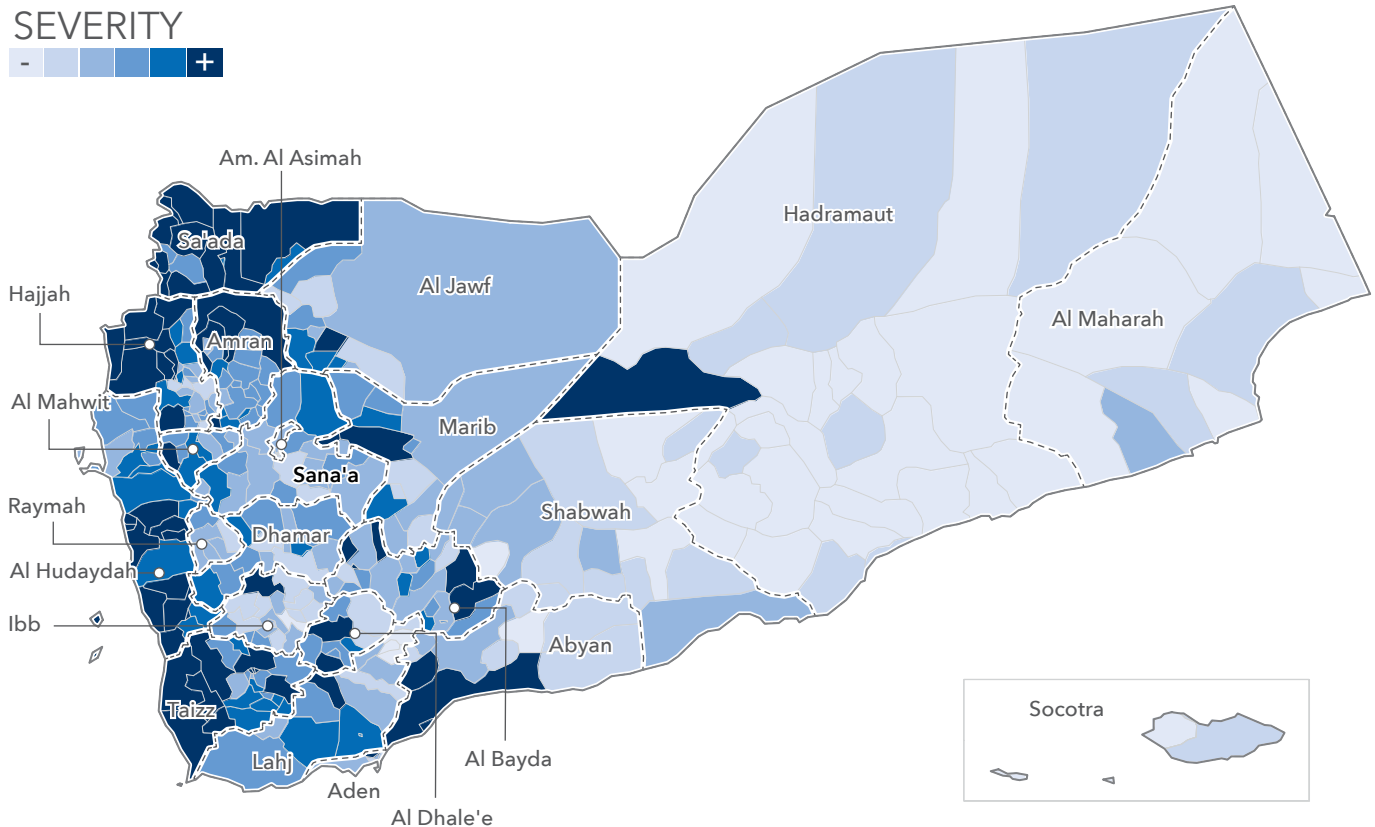Source: HeRAMS, November 2018

10

SEVERITY OF

NEEDS

The most severe needs across multiple sectors are concentrated in areas of ongoing conflict or areas with large numbers of IDPs and returnees. Many of these areas were contending with chronic and existing vulnerabilities in terms of food security, nutrition, water and healthcare before the current crisis. Nearly four years of conflict have exacerbated these challenges, pushing millions more into humanitarian need.

The deteriorating humanitarian situation has resulted in 104 districts registering the highest needs severity scores (5 and 6) across multiple sectors, including the 45 districts in which IPC Phase 5 (Catastrophe) is reported. All but one of the 104 districts are classified as IPC 4 Phase (Emergency). On average 44 per cent of the acute PiN across all clusters are located in these districts. Furthermore, an estimated 52 per cent of IDPs reside in these areas, and 64 of the districts are cholera priority districts (areas where there is a very high prevalence

of cholera). Conflict being the primary driver of the crisis, the highest severity of needs is mainly in areas experiencing the highest levels of violence, mainly Al Hudaydah, Taizz, Hajjah, and Sa'ada governorates. Areas with the highest cross-sector needs severity urgently require an integrated response to ensure basic life-saving and protection services; this is where it is critical that key clusters scale up the response. Efforts must include concerted advocacy with parties to the conflict to ensure rapid, unhindered humanitarian assistance.

11

2019 SEVERITY OF NEEDS BY DISTRICT

TIMELINE OF KEY EVENTS

DECEMBER 2017
Heavy clashes erupt in Sana'a and last for several days

20 DECEMBER 2017
SLC lifts temporary blockade of Al Hudaydah and Saleef ports

JANUARY 2018
CERF allocates $50 million to Yemen – the largest ever single allocation
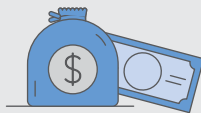
APRIL 2018
UN Secretary-General convenes high-level pledging conference in Geneva, raising $2 billion for humanitarian action

JUNE 2018
Major military escalation occurs in western Yemen, mainly in Al Hudaydah, Hajjah and Taizz governorates
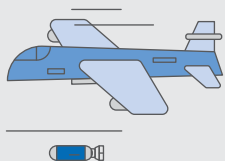
9 AUGUST 2018
Air strike hits school bus in Sa'ada, killing dozens

28 SEPTEMBER 2018
Mandate extended for UN Human Rights Council Group of Eminent Experts on Yemen

SEPTEMBER 2018
Economic crisis intensifies, including rapid depreciation of Yemeni rial

OCTOBER 2018
UN Security Council considers Yemen under the "conflict and hunger" agenda established by resolution 2417

06 DECEMBER 2018
Integrated Phase Classification confirms 20.1 million Yemenis food insecure – including 238,000 people in Phase 5

DECEMBER 2018
Political consultations take place in Sweden
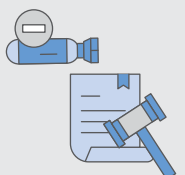
DECEMBER 2018
Parties adopt Stockholm Agreement and ceasefire enters into force in Hudaydah. UN Security Council endorses Stockholm Agreement

12

BREAKDOWN OF

PEOPLE IN NEED

24.1 million people in Yemen now require some kind of humanitarian or protection assistance, including 14.3 million who are in acute need. These figures indicate that the number of people in acute need has risen by a staggering 27 per cent compared to December 2017.

The 2019 HNO is for the first time informed by data from a nationwide Multi-Cluster Location Assessment (MCLA) covering all population groups, as well as the first ever district-level IPC analysis and other cluster-specific, in-depth assessments.

NUMBER OF PEOPLE IN NEED (PIN)

24.1 M

NUMBER OF PEOPLE IN ACUTE NEED

14.3 M

13

NUMBER OF PEOPLE IN NEED BY SECTOR

	TOTAL			BY SEX & AGE (in millions)				% BY SEX & AGE	
	People in need	People in acute need	% acute PiN	Men	Women	Boys	Girls	% female, male	% children, adult
Food Security & Agriculture	20.1M	9.9M	49%	4.9	4.9	5.3	5	49% | 51%	51% | 49%
Health	19.7M	14M	71%	4.7	4.8	5	5.2	50% | 50%	52% | 48%
Water, Sanitation & Hygiene	17.8M	12.6M	71%	4.2	4.4	4.5	4.7	51% | 49%	51% | 49%
Protection	14.4M	8.2M	57%	3.4	3.6	3.6	3.8	51% | 49%	52% | 48%
Nutrition	7.4M	4.4M	60%	0	2.5*	2.5	2.4	66% | 34%	67% | 33%
Shelter & NFIs, CCCM	6.7M	4.5M	67%	1.5	1.7	1.7	1.8	51% | 49%	51% | 49%
Education	4.7M	3.7M	79%	0	0	2.6	2.1	44% | 56%	100% | 0%
Refugees & Migrants Multi-sector	0.17M	0.17M	100%	0.08	0.05	0.02	0.02	41% | 59%	22% | 78%

*Pregnant and lactating women

POPULATION OVERVIEW (IN MILLIONS)

Governorate	Estimated Population	POPULATION BY TYPE				PEOPLE IN NEED	
		IDPs	Returnees	Refugees & Migrants	Non Displaced	People in need (PiN)	% Acute PiN, Moderate PiN
ABYAN	0.62	0.04	0.01	0.001	0.57	0.45	40% | 60%
ADEN	1.14	0.06	0.29	0.138	0.65	0.79	57% | 43%
AL BAYDA	0.78	0.05	0.01	0.002	0.72	0.68	47% | 53%
AL DHALE'E	0.78	0.04	0.03	0	0.71	0.61	63% | 37%
AL HUDAYDAH	2.99	0.36	0	0	2.62	2.65	72% | 28%
AL JAWF	0.60	0.13	0.01	0	0.46	0.46	56% | 44%
AL MAHARAH	0.17	0.03	0.01	0.002	0.13	0.12	37% | 63%
AL MAHWIT	0.77	0.05	0	0	0.72	0.66	68% | 32%
AM. AL ASIMAH	3.52	0.43	0.19	0.112	2.79	2.7	47% | 53%
AMRAN	1.21	0.16	0.02	0	1.03	1.01	66% | 34%
DHAMAR	2.18	0.19	0.03	0	1.96	1.92	61% | 39%
HADRAMAUT	1.54	0.02	0.04	0.034	1.45	0.8	31% | 69%
HAJJAH	2.51	0.42	0.04	0	1.96	2.01	69% | 31%
IBB	3.08	0.15	0.01	0	2.92	2.44	41% | 59%
LAHJ	1.09	0.09	0.07	0.034	0.92	0.79	57% | 43%
MARIB	0.50	0.27	0.02	0.006	0.21	0.38	73% | 27%
RAYMAH	0.65	0.05	0	0	0.59	0.53	52% | 48%
SA'ADA	1.00	0.31	0.03	0.023	0.65	0.84	90% | 10%
SANA'A GOV	1.47	0.06	0	0.001	1.41	1.18	46% | 54%
SHABWAH	0.73	0.03	0.08	0.067	0.55	0.5	43% | 57%
SOCOTRA	0.07	0	0	0	0.06	0.04	43% | 57%
TAIZZ	3.07	0.4	0.11	0.003	2.55	2.58	81% | 19%
TOTAL	**30.46M**	**3.34M**	**1M**	**0.42M**	**25.63M**	**24.14M**	**59 | 41%**

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

MOST VULNERABLE
GROUPS

Displaced people

As a result of conflict, as many as 4.3 million people have been displaced in the last three years, including approximately 3.3 million people who remain displaced and one million returnees.[16] More than half are living in Amanat Al Asimah, Hajjah, Taizz, Al Hudaydah and Sa'ada governorates[17], and about 60 per cent have been displaced since conflict escalated almost four years ago. Protracted displacement decreases resilience and exacerbates existing vulnerabilities, resulting in higher needs and negative coping mechanisms. Amid a severe economic decline and long term displacement, IDPs and their hosts are rapidly exhausting reserves to meet their needs. Food security assessments have confirmed that IDP households are facing the most extreme hunger levels resulting in adoption of negative coping strategies leading to protection risks.

An estimated 74 per cent of IDPs outside hosting sites are living in rented accommodation (43 per cent) or with host communities (22 per cent). This places a continued and prolonged burden on hosting families and the wider community as well as on IDPs paying rent and those sheltering in spontaneous settlements. In avoiding collective centres, many families find themselves intensely indebted from paying rent. IDPs in hosting sites are considered the most vulnerable due to limited alternatives. An estimated 26 per cent of IDPs are living in hosting sites including public

buildings, collective centres, or dispersed spontaneous settlements. Services at these locations are often limited, and residents face significant protection risks, including exploitation, harassment and gender-based violence (GBV).
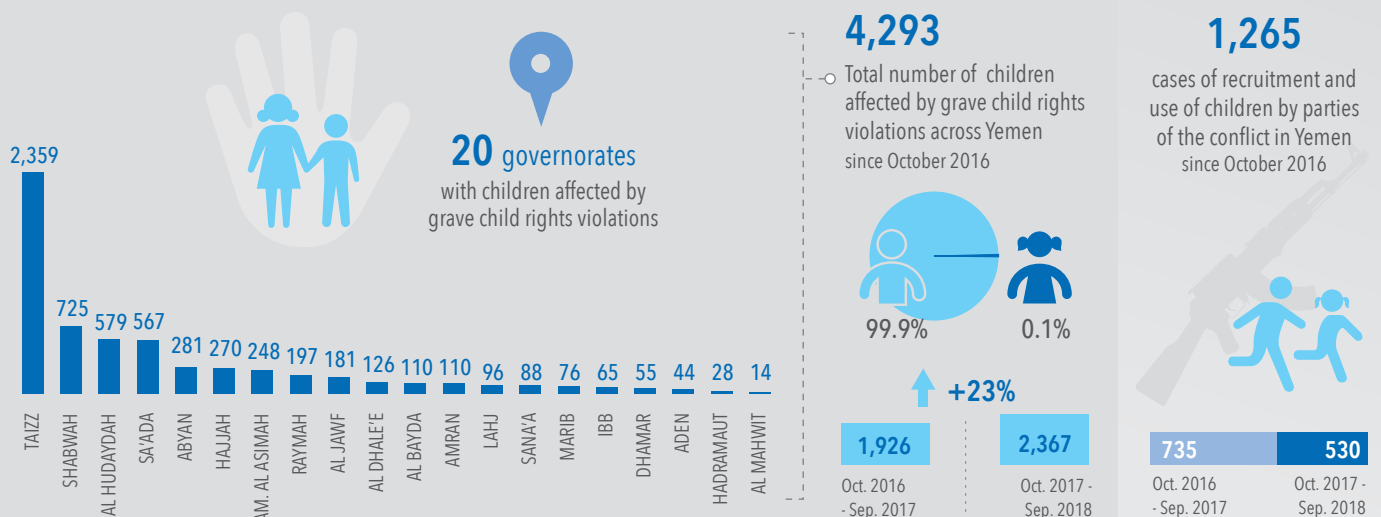
More than one million people have returned from displacement to their places of origin, predominantly to Aden Amanat Al Asimah, Taizz and Lahj. Returnees are facing difficulties in resuming a normal life due to the widespread destruction to their assets and property.

Children

Children are among the most vulnerable groups and are disproportionately affected by the conflict. An estimated 7.4 million children need humanitarian assistance, representing a 12 per cent increase since 2017. Severe protection risks, a nutrition crisis and interrupted schooling are the main consequences for children.
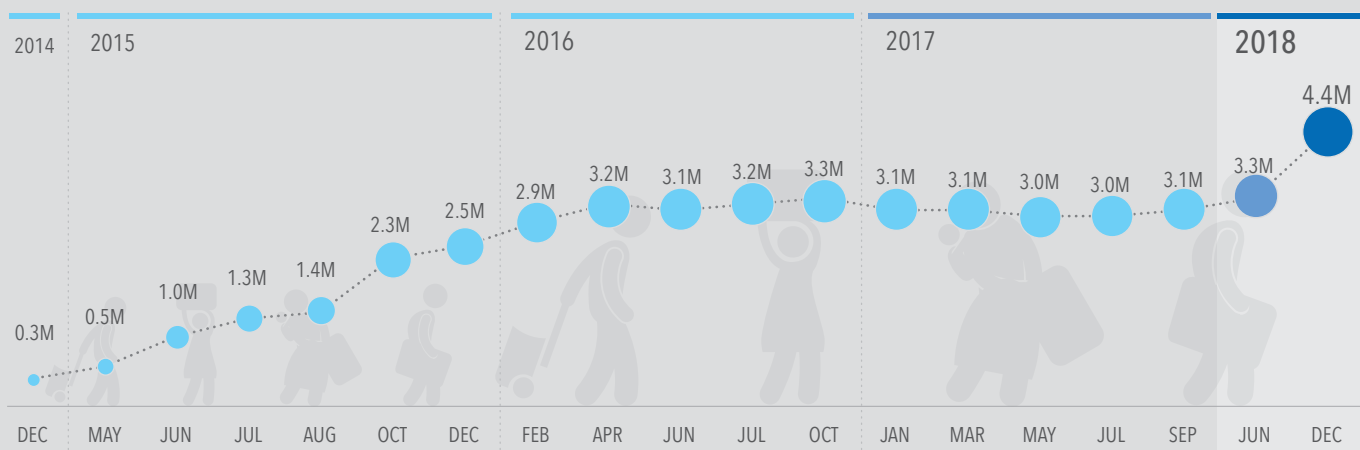
From October 2017 to September 2018, the Country-level Task Force on the Monitoring and Reporting Mechanism (MRM) verified and documented 2,367 victims of grave child rights violations (1,852 boys, 512 girls, 3 children of unknown sex) – an increase of 23 per cent from the previous year. This includes 1,843 cases of killing and maiming (1,346 boys, 494 girls, 3 children of unknown sex) – an increase

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CHILDREN AFFECTED BY GRAVE CHILD RIGHTS VIOLATION (OCT 2016 - SEP 2018)

20 governorates with children affected by grave child rights violations

TAIZZ	SHABWAH	AL HUDAYDAH	SA'ADA	ABYAN	HAJJAH	AM. AL ASIMAH	RAYMAH	AL JAWF	AL DHALE'E	AL BAYDA	AMRAN	LAHJ	SANA'A	MARIB	IBB	DHAMAR	ADEN	HADRAMAUT	AL MAHWIT
2,359	725	579	567	281	270	248	197	181	126	110	110	96	88	76	65	55	44	28	14

4,293
Total number of children affected by grave child rights violations across Yemen since October 2016

99.9%   0.1%

+23%

1,926	2,367
Oct. 2016 - Sep. 2017	Oct. 2017 - Sep. 2018

1,265
cases of recruitment and use of children by parties of the conflict in Yemen since October 2016

| 735	530
Oct. 2016 - Sep. 2017	Oct. 2017 - Sep. 2018

Source: Country-level Task Force on the Monitoring and Reporting Mechanism (CTFMRM), September 2018.

DISPLACEMENT TRENDS (2014 - 2018)

| 2014 | 2015 | 2016 | 2017 | 2018 |

0.3M
0.5M
1.0M
1.3M
1.4M
2.3M
2.5M
2.9M
3.2M
3.1M
3.2M
3.3M
3.1M
3.1M
3.0M
3.0M
3.1M
3.3M
4.4M

DEC | MAY | JUN | JUL | AUG | OCT | DEC | FEB | APR | JUN | JUL | OCT | JAN | MAR | MAY | JUL | SEP | JUN | DEC

Source: Taskforce on population movement, Population technical working group, October 2018

IDP LOCATION TRENDS

Total IDPs HNO 2018
2.03 million

Total IDPs HNO 2019
3.34 million

Change in
IDPs caseload*
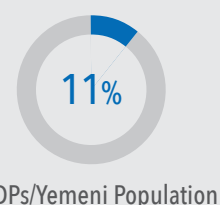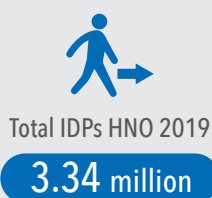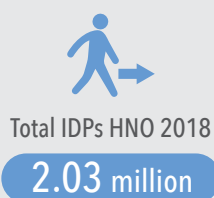
11%
% IDPs/Yemeni Population

	Total IDPs HNO 2018	Total IDPs HNO 2019	Change in IDPs caseload*	% IDPs/Yemeni Population
AM. AL ASIMAH	158.6K	430.9K	+272.3K	13%
HAJJAH	377.6K	420.8K	+43.3K	17%
TAIZZ	316.4K	402.3K	+85.9K	11%
AL HUDAYDAH	105.0K	361.9K	+256.9K	12%
SA'ADA	105.4K	306.1K	+200.7K	31%
MARIB	73.6K	274.4K	+200.8K	55%
DHAMAR	121.4K	185.3K	+6.9K	9%
AMRAN	157.8K	158.6K	+0.8K	13%
IBB	137.5K	149.1K	+113.6K	5%
AL JAWF	49.0K	127.0K	+78.0K	21%
LAHJ	55.3K	87.6K	+32.3K	8%
ADEN	41.0K	60.8K	+19.8K	6%
SANA'A	126.0K	56.7K	-69.3K	4%
RAYMAH	42.4K	52.8K	+10.4K	8%
AL MAHWIT	40.2K	51.3K	+11.1K	7%
AL BAYDA	35.0K	47.1K	+12.1K	6%
AL DHALE'E	26.9K	42.6K	+15.7K	5%
ABYAN	15.8K	38.2K	+22.4K	6%
SHABWAH	20.3K	29.8K	+9.5K	4%
AL MAHARAH	3.6K	28.7K	+25.1K	17%
HADRAMAUT	15.4K	21.0K	+5.6K	1%
SOCOTRA	2.2K	4.7K	+2.5K	7%

*The increase from 2million last year is due to new displacement in 2018 (685,000) and verification exercise of existing caseload
Source: Task Force on Population Movement, Yemen Central Statistical Organisation. Population Technical workgroup, RMMS

of 51 per cent since 2017. From October 2016 – September 2017 there were 1,926 victims of grave child rights violations (1,577 boys and 349 girls). Children, mostly boys, are at an elevated risk of recruitment to armed groups. Between October 2017 and September 2018, 530 cases of child recruitment were reported and verified, compared to 735 cases between September 2016 and October 2017. The actual extent of grave violations of children's rights is almost certainly far higher than reported and verified cases. Under-reporting is attributed to shrinking child protection space due to lack of access in some conflict-affected communities and sensitivities around protection issues.

Protracted conflict and economic hardship are increasing risks of family separation, child recruitment, child marriage, exploitive forms of labour and child trafficking. The MCLA findings confirm the presence of more than 1,200 unaccompanied and separated children in IDP settlements in Yemen. In 2018, 60 per cent of respondents to an inter-agency child protection assessment confirmed cases of family separation in their neighbourhood due to internal displacement. In addition, 72.2 per cent of respondents indicated awareness of child marriage and that child marriage rates were rising. Between 2017 and 2018, child marriage rates increased threefold for girls under 18.

Conflict is undermining children's psychosocial well-being. At least 35 per cent of child protection incidents reported to social workers in 2018 were related to mental health and psychosocial issues. In April 2018, an inter-agency needs assessment found that 96 per cent of respondents noted significant changes in the behaviour, attitudes and psychosocial well-being of children and childcare providers.[18] These changes were attributed to the conflict. Children who have experienced stressful situations are more likely to show changes in social relations, behaviour, physical reactions, and emotional response, manifesting as sleeping problems, nightmares, withdrawal, problems concentrating and guilt. These negative effects are aggravated by uncertainty about the future and disruption of daily routine.

At least one child dies every ten minutes in Yemen because of preventable diseases such as diarrhoea, malnutrition and respiratory tract infections. Children are especially affected by growing rates of malnutrition. An estimated two million children are acutely malnourished, including nearly 360,000 suffering from severe acute malnutrition (SAM). The risk of acute malnutrition for children under age 5 remains high especially in active-conflict or access-restricted communities such as Al Hudaydah, Hajjah and Taizz.
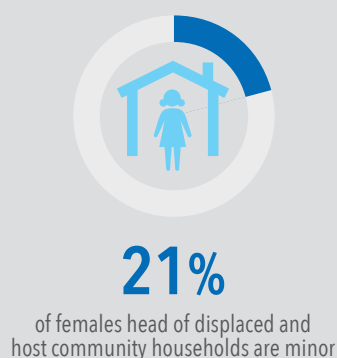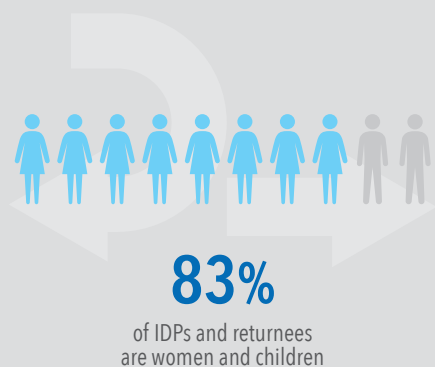
The conflict has taken a severe toll on children's access to education. Some two million children[19] are out of school, depriving them of an education and exposing them to greater risks of recruitment to armed groups and child marriage. About 2,000 schools have been affected by the conflict due to damage, presence of IDPs or occupation by armed groups. In 2018, the Education Cluster estimates that 37 schools were hit by ground clashes or aerial attacks.

Women and girls

Women and girls suffered disproportionately from GBV, poverty and violations of basic rights before the conflict. After nearly four years of conflict and economic decline, women and girls are now facing even more complex risks and vulnerabilities. The World Bank estimates that women are shouldering an inequitable share of the burden in terms of worsening poverty rates and deprivations than the average of the population.[20]

Deteriorating security and economic conditions are affecting women's and girls' mobility, as well as their access to services and resources. About half of IDPs are female, including 27 per cent who are below age 18. With limited shelter options, displaced women and girls tend to suffer most from lack of privacy, threats to safety and limited access to basic services – especially in overcrowded collective centres. Women and girls are at greater risk of protection and health threats in areas where they are responsible for fetching water and fuel. At the same time, their ability to reach health, nutrition and other services remains a challenge due to distance and lack of financial means to afford transport. Displaced girls are more likely to lose access to school as families with limited resources de-prioritize their right to education.

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WOMEN AND GIRLS BY VULNERABILITY STATUS

83%
of IDPs and returnees
are women and children

21%
of females head of displaced and
host community households are minor

Child marriage
has escalated by **3** fold
between 2017 and 2018

Sources: Task Force for Population Movement (TFPM); United Nations Fund for Population Activities (UNFPA) , December 2018

Displaced women and girls from marginalized groups or with disabilities struggle even more to secure access to services.

The death of male relatives, when men are usually the primary breadwinners in Yemeni families, increases economic pressure, especially for female-headed households. As noted in the previous section, rates of child marriage and child labour are increasing. The pressure is even more intense in cases where women or girls suddenly find themselves responsible for providing for their families but have been deprived of basic education or vocational training that would prepare them for the labour market. Assessments indicate that 21 per cent of female- headed households are under the age of 18. Without empowerment and support, women and girls can more easily become vulnerable to negative coping strategies. Supporting women who have found access to the labour market is essential, including efforts to strengthen women's overall social and economic empowerment.[21] Integrating support for this empowerment into other services will be key towards improving women's and girls' access to humanitarian assistance.

Conflict and economic pressure are increasing risks of GBV, which disproportionately affects women and girls. In 2018, GBV Information Management System (IMS) data indicates that women and girls have received nearly 85 per cent of all services for GBV survivors, including psychological, legal, health and shelter support. About 12 per cent of these services were provided to displaced women and girls. Overall, the level of GBV survivor services increased by 70 per cent in 17 governorates, which reflects both increased need and stronger geographical coverage. In three high-need governorates, services decreased due to insecurity, limited partners and access challenges.

Refugees, asylum-seekers and migrants

The situation for refugees, asylum-seekers and migrants deteriorated in 2018. An estimated 150,000 individuals arrived in Yemen in 2018, despite protracted conflict and grave risks. Over 90 per cent of incoming asylum-seekers, refugees and migrants originate from Ethiopia; the rest are from Somalia. More than 30 per cent of new arrivals are unaccompanied minors, and the most vulnerable groups are pregnant and lactating mothers (four per cent) and children under five (four per cent). Altogether, more than 422,000 refugees, asylum-seekers and migrants live in Yemen – new arrivals and established populations –and 170,000 of them with acute needs are estimated to need some form of assistance.[22]

Recent focus-group discussions with refugees and asylum-seekers in Aden, Kharaz camp (Lahj) and Mukalla indicate that over 40 per cent of registered persons in the south need humanitarian assistance to meet basic needs. Nearly half of families surveyed reported reducing the number of meals per day, and 52 per cent reported buying cheaper, less preferred food. Protection assessments have indicated that highest-priority needs are food (39 per cent), cash assistance (34 per

cent), health (13 per cent) and water (nine per cent). About a third of households reported having no income at all.

Trafficking remains a serious protection risk. Analysis by the Aden Mixed Migration Working Group reveals an increasing number of asylum-seekers and migrants reporting incidents of abuse and trafficking on their journey to Yemen and on arrival. A recent trend of migrants and asylum-seekers being forced off boats away from shore has resulted in an increase in deaths. Other incidents include arbitrary detention, abuse and human rights violations. A major concern is the increasing number of unaccompanied Ethiopian minors who have been lured to Yemen, and who are often vulnerable to abuse, with reports of child labour and prostitution. Traffickers appear to operate with near impunity due to the prevailing security situation, especially along the western coast, and the lack of a functioning judicial system.

The migrant, asylum-seeking and refugee population face other protection risks. They often face language and cultural barriers to accessing humanitarian services, markets and livelihoods. They generally lack social safety nets and frequently face discrimination. Those living with chronic illnesses may be stigmatized within their communities and find little support. Most migrants lack documentation and fear exposure could lead to detention, trafficking or retaliation. Suspension of registration of asylum-seekers and renewal of refugees' documentation in the north starting in August 2016 led to large numbers of refugees and asylum-seekers with expired or no documentation, increasing the risk of arrest, detention or deportation, and hindering access to services or employment. Registration resumed in November 2018, but many remain undocumented due to barriers to registration.

In Aden, Lahj, Hadramaut and Al Maharah, 54 per cent of surveyed households reported at least one vulnerability, including a medical condition, physical disability, being a single parent or caregiver, or GBV concerns. About 15 per cent of households reported at least one member with legal or physical protection needs. Due to extreme hardship, persons of concern increasingly resort to negative coping mechanisms that exacerbate risks, including begging and forcing children to drop out of school to beg or work. A UNHCR assessment found that more than 80 per cent of male refugee children and more than 70 per cent of female refugee children who do not go to school either do nothing or engage in begging. Parents have complained that youths are prone to recruitment by fighting forces. Focus-group discussions revealed that refugee children feel inhibited and anxious and are under severe psychological stress. A third of male respondents reported arbitrary assaults and arrests, most frequently in Al Jawf, Hudaydah, Hadramaut, Shabwah, and Sa'ada.

Few persons of concern have benefitted from durable solutions in 2018. Resettlement opportunities remain scarce, and local integration has been unattainable for the overwhelming majority of refugees and asylum-seekers. Somalis were able to benefit from the Assisted Spontaneous Return (ASR) programme, but refugees from other

countries often found themselves stranded in Yemen despite their wish to leave. Durable solutions for refugees of all nationalities will remain a protection priority. Similarly, many migrants wish to return home voluntarily. Offering them safe, dignified passage home is crucial. This includes facilitation of pre-departure, transportation, and relevant documentation assistance.

Marginalized groups

Marginalized groups have existed in Yemen for centuries but are now increasingly struggling to survive. One such group is the Muhamasheen community who suffer from caste-based discrimination and fall outside established Yemeni tribal and societal structures. Historically, the Muhamasheen have mostly lived in poor conditions in slum areas on the outskirts of cities. Many are unemployed, and those who do work are often confined to menial, low-paid jobs.

The conflict has forced many Muhamasheen to flee their homes. However, their experience of displacement has been different to that of other Yemenis. Because of social prejudice, they are unlikely to find accommodation in public institutions and schools. As a result, they have had to reside in open farmland, parks and other public spaces, and struggle to access basic services or other support mechanisms. This has further exacerbated their existing vulnerabilities.
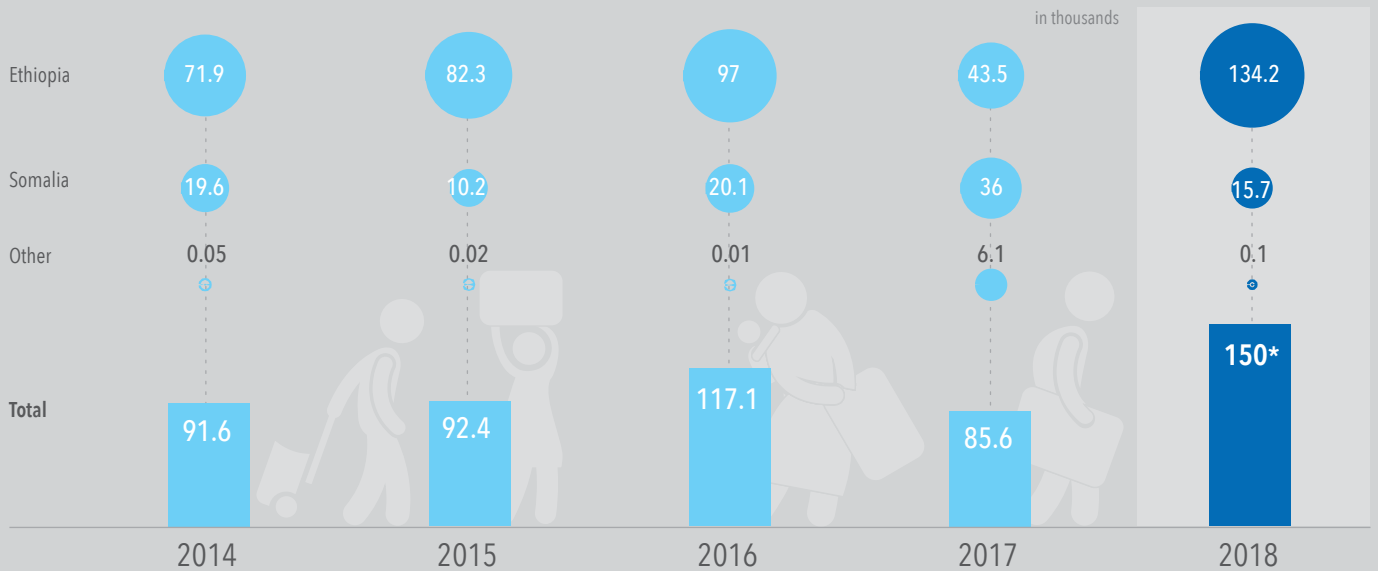
In 2018, an assessment[23] in Amanat Al Asimah and Sana'a governorates found that the most urgent needs reported by Muhamasheen households are food, health, shelter and education. Most of the working age population are illiterate and unskilled, with around half out of work. Daily per capita income was estimated to be below $1.90 per day, suggesting that all households fall below the international poverty line. Due to extreme hardship, families are increasingly forced to resort to negative coping strategies.

19

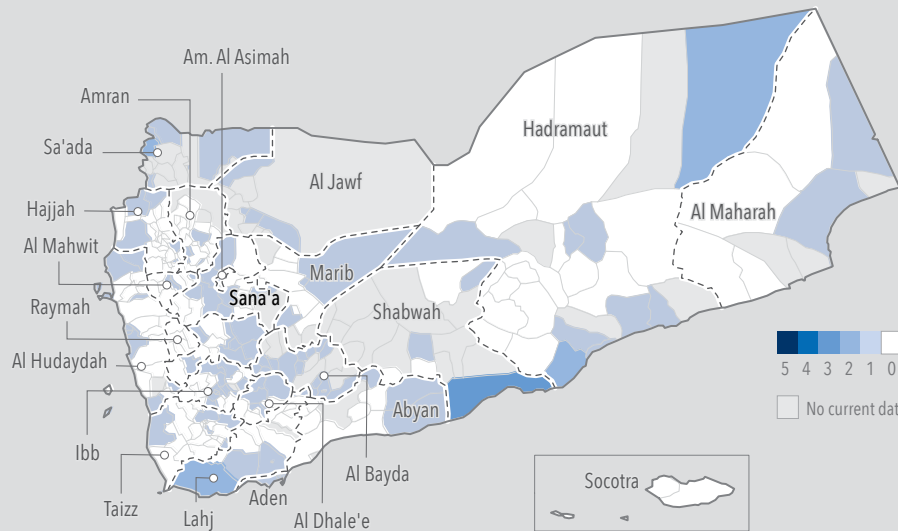Rescuing migrants, who are arriving in Yemeni waters.

Credit: UNHCR

NEW REFUGEE AND MIGRANT ARRIVALS TO YEMEN (2014-2018)

in thousands

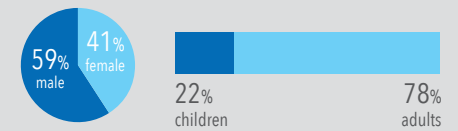|	2014	2015	2016	2017	2018
Ethiopia	71.9	82.3	97	43.5	134.2
Somalia	19.6	10.2	20.1	36	15.7
Other	0.05	0.02	0.01	6.1	0.1
Total	91.6	92.4	117.1	85.6	150*

*This estimate includes all newly arrived persons into Yemen, migrants and asylum-seekers who registered their intent to seek asylum in Yemen. From December 2017 to October 2018, 4,632 individuals registered with UNHCR and the Government of Yemen seeking international protection, mostly in Southern Yemen as registration activities were suspended in Northern Yemen during the reporting period.
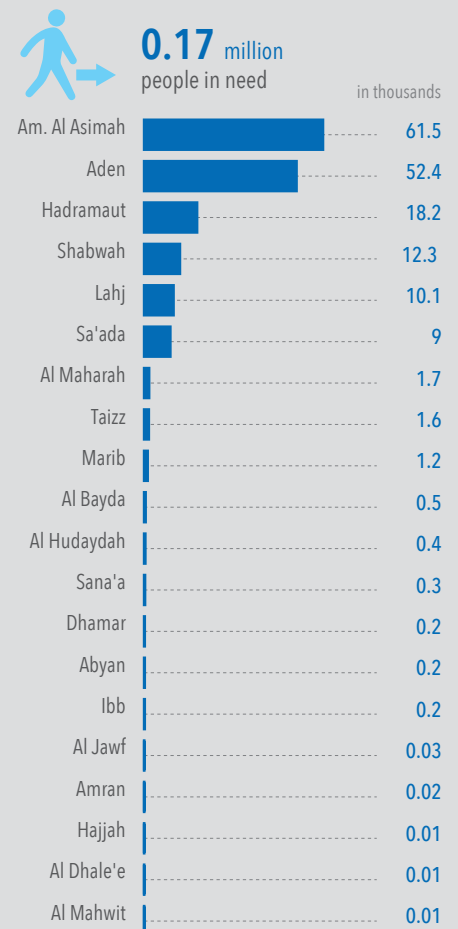Source: RMMS, November 2018.
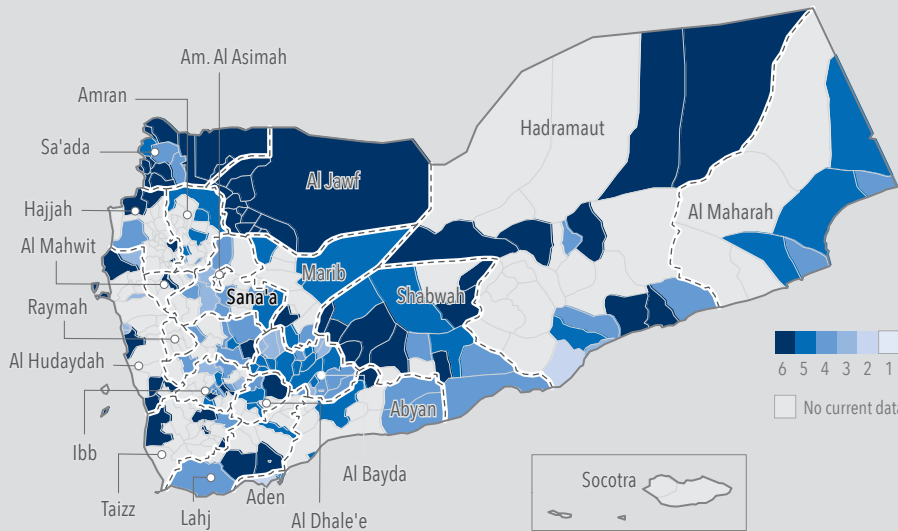
REFUGEES AND MIGRANTS IN NEED BY DISTRICT

5 4 3 2 1 0
No current data

Socotra

SEVERITY OF REFUGEES AND MIGRANTS' NEEDS

6 5 4 3 2 1
No current data

Socotra

Refugees and Migrants Multi-Sector, October 2018.

REFUGEES AND MIGRANTS IN NEED BY SEX AND AGE

59% male
41% female

22% children
78% adults

REFUGEES AND MIGRANTS IN NEED BY GOVERNORATE

0.17 million
people in need

in thousands

Am. Al Asimah	61.5
Aden	52.4
Hadramaut	18.2
Shabwah	12.3
Lahj	10.1
Sa'ada	9
Al Maharah	1.7
Taizz	1.6
Marib	1.2
Al Bayda	0.5
Al Hudaydah	0.4
Sana'a	0.3
Dhamar	0.2
Abyan	0.2
Ibb	0.2
Al Jawf	0.03
Amran	0.02
Hajjah	0.01
Al Dhale'e	0.01
Al Mahwit	0.01

PERCEPTIONS OF
AFFECTED COMMUNITIES

Beneficiaries of humanitarian assistance are the primary stakeholders in the response. They have a right to participate in the decisions that affect their lives, to receive information they need to make informed decisions and to voice their concerns if they feel assistance programmes are not adequate or have unwelcome consequences.

The 2018 MCLA enhanced understanding of affected communities' perceptions of the response by relying on more than 22,000, key informant interviews.[24] Most key informants reported receiving some form of assistance in the past three months - food, cash, nutrition, non-food items (NFIs) and medical assistance were the most commonly reported types received.

A mapping exercise in October 2018 revealed that most cluster partners have feedback or complaints mechanisms. The most popular tools include complaints boxes, community meetings, and telephone hotlines. However, MCLA key informants reported that the majority of people in most population groups did not know how to provide feedback to humanitarian partners, including 91 per cent of migrant and 79 per cent of IDP key informants.

These results highlight the need to enhance two-way communication with affected communities. The Community Engagement Working Group (CEWG) is undertaking a Community Engagement Perception Survey (CEPS) to understand communities' priority needs, satisfaction, perceptions and information needs. Survey results will be released in early 2019 and will inform enhanced humanitarian programming.

21

**TOP 3 MOST COMMON TYPES OF ASSISTANCE/PROVIDERS REPORTED BY POPULATION GROUP**

	1st most reported type		2nd most reported type		3rd most reported type	
	Type of Assistance	Type of Provider	Type of Assistance	Type of Provider	Type of Assistance	Type of Provider
Host Communities	Food	Humanitarian agencies	Cash assistance	Traders	Nutrition	Community volunteers
IDPs	Food	Humanitarian agencies	Cash assistance	Host communities	None	Friends/relatives
Migrants	None	Humanitarian agencies	Food	Do not know	Nutrition	Religious groups
Non-Host Communities	Food	Humanitarian agencies	None	Host communities	Nutrition	Community leaders/Sheikh
Refugees	Cash assistance	Humanitarian agencies	Legal assistance	Community leaders/Sheikh	Food	Traders
Returnees	Food	Humanitarian agencies	None	Community volunteers	Water	Local authorities (district/village)

Source: Multi-Cluster Location Assessment, December 2018

PRIORITY NEEDS AMONG IDPS, RETURNEES AND HOST COMMUNITIES IN ASSESSED LOCATIONS

	IDPs	Returnees	Host Communities	Non-Host Communities	Refugees	Migrants
ABYAN	Food	Food	Food	Food	Food	N/A
ADEN	Food	Food	Food	Food	Food	Food
AL BAYDA	Food	Food	Food	Food	Food	Food
AL DHALE'E	Food	Food	Food	Food	Food	N/A
AL HUDAYDAH	Food	Food	Food	Food	Food	N/A
AL JAWF	Food	Food	Food	Food	N/A	N/A
AL MAHARAH	Drinking water	N/A	Protection support services	Food	Food	Food
AL MAHWIT	Food	N/A	Food	Food	N/A	N/A
AM. AL ASIMAH	Food	Food	Food	Food	Food	Food
AMRAN	Food	Food	Food	Food	Food	N/A
DHAMAR	Food	Food	Food	Food	Food	other
HADRAMAUT	Food	Food	Food	Food	Food	Livelihoods
HAJJAH	Food	Food	Food	Food	Food	N/A
IBB	Food	Food	Food	Food	Food	other
LAHJ	Food	Food	Food	Food	Food	Livelihoods
MARIB	Food	Food	Food	Food	Shelter/housing	Physical protection/safety
RAYMAH	Food	N/A	Food	Food	N/A	N/A
SA'ADA	Food	Drinking water	Food	Food	Food	Shelter/housing
SANA'A	Food	Food	Food	Food	Food	N/A
SHABWAH	Food	Drinking water	Drinking water	Food	Food	N/A
SOCOTRA	Food	N/A	Food	Food	N/A	N/A
TAIZZ	Food	Food	Food	Food	N/A	Don't know

Legend (icons):
- Drinking water
- Food
- Healthcare/Medication
- Livelihoods/Access to income-generating activities
- Protection support services
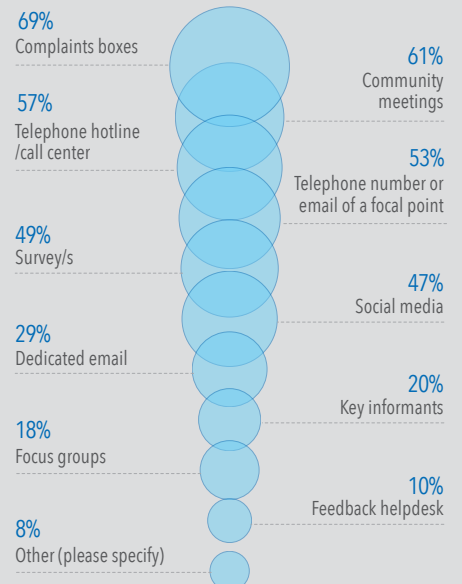- Shelter/housing
- Physical protection/safety

Other answers include: access to sanitation, hygiene items, education for children, education for adults, household items (NFIs), collective centers/points, immigration and safe return to country of origin.
Source: Multi-Cluster Location Assessment, December 2018.

TYPES OF FEEDBACK AND COMPLAINTS TOOLS USED BY HUMANITARIAN PARTNERS

Legend:
- ■ In all districts where the organization is working
- ■ In most districts where the organization is working (more than 50% of those districts)
- □ In some districts where the organization is working (less than 50% of those districts)

Categories (bar chart, scale 0–100):
- Health
- Protection
- Gender Base Violence
- Child Protection
- WASH
- Shelter/NFIs
- Food Security & Agriculture
- Nutrition
- Education
- Early Recovery

Source: Feedback Mechanism Mapping Tool, Community Engagement Working Group, October 2018

FEEDBACK AND COMPLAINTS TOOLS

- 69% Complaints boxes
- 61% Community meetings
- 57% Telephone hotline /call center
- 53% Telephone number or email of a focal point
- 49% Survey/s
- 47% Social media
- 29% Dedicated email
- 20% Key informants
- 18% Focus groups
- 10% Feedback helpdesk
- 8% Other (please specify)

INTERSECTORAL
ANALYSIS OF NEEDS

FAMINE PREVENTION

The risk of famine in Yemen is intensifying and requires an integrated analysis and response. Based on analysis of food security, nutrition, WASH and health conditions, partners estimate that 230 districts (69 per cent of all districts in the country) are currently at heightened risk of sliding into famine.[25] An estimated 18.7 million people live in these districts, including 7.4 million who need life-saving food and livelihoods assistance, 8.3 million people in acute of WASH support and nearly 8.9 million who are in acute need of healthcare. In addition, 3 million people need nutrition assistance, including 2 million acutely malnourished children under age 5.

Associated factors and projection

Famine occurs when a significant number of deaths occur due to lack of food or the interaction of food deficits with disease.

A famine involves a sequential, causal series of events that include severe food deficits[26], acute malnutrition[27] and death.[28]

Food deficits

An estimated 7.4 million people in the 230 highest-risk districts do not know how they will obtain their next meal. Most households' livelihoods in these districts have totally or nearly collapsed. This has triggered spiralling coping behaviours like sale of houses, land, productive assets, and livestock, exacerbating household food insecurity. Families are increasingly going into debt to access food. The large IDP population is stretching host communities ability to cope.

Malnutrition

Malnutrition in Yemen has three main underlying causes: (i) inadequate access to food or poor use of available food; (ii) inadequate childcare practices; and (iii) poor water, sanitation and health services. The past three years of conflict in Yemen have further exacerbated the impact and severity of these factors.

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DISTRICTS AT HIGHEST RISK OF FAMINE

Legend:
- IPC 4 districts
- IPC 5 pockets
- High GAM IPC 2 and 3 districts
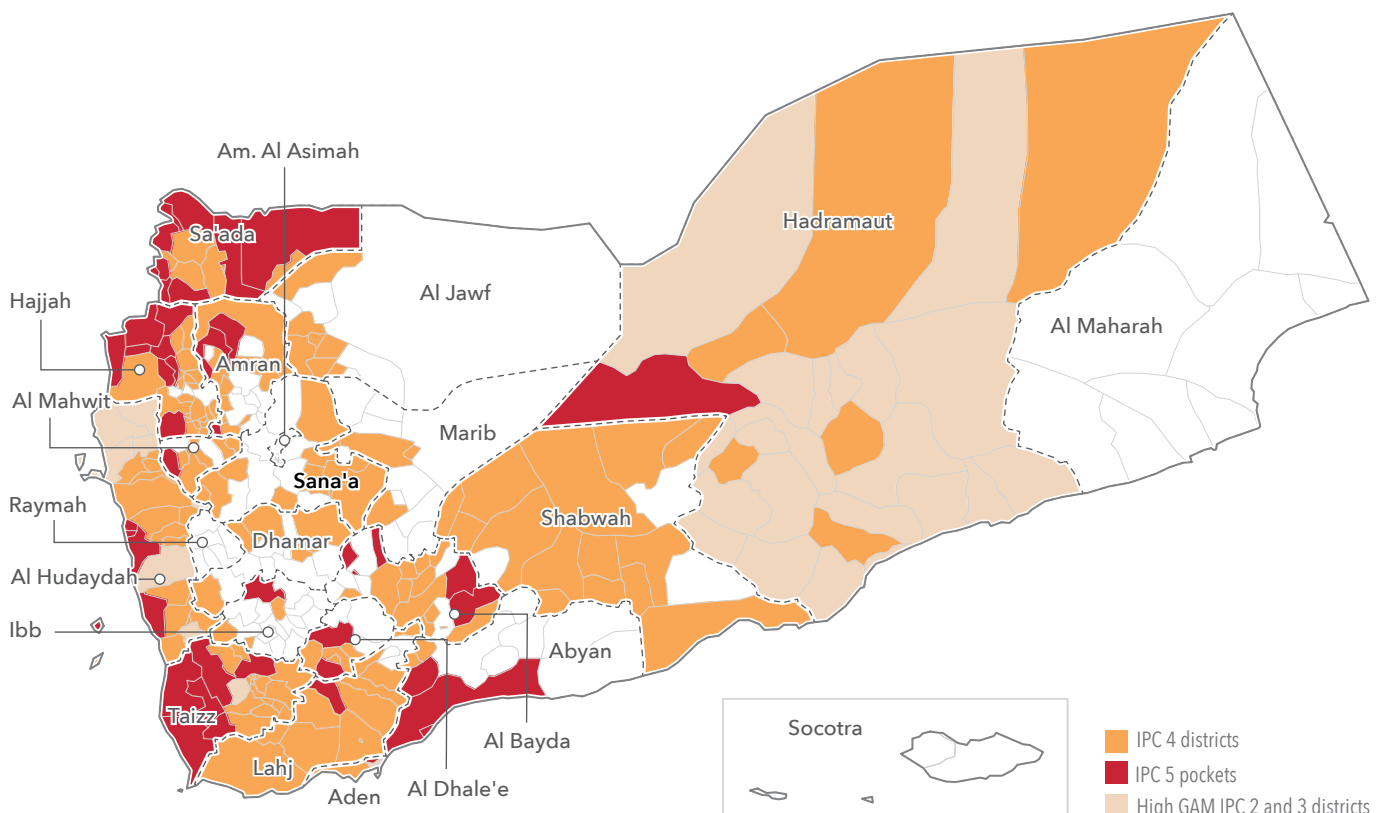
Source: FSAC, Nutrition, WASH and Health clusters, November 2018

More than half the population currently lacks adequate access to water and sanitation, recognising that, about 51 per cent of under-nutrition worldwide is associated with infections caused by inadequate WASH conditions[29], and poor sanitation is the second leading cause of stunting.[30] Currently only about 50 per cent of health facilities are fully functioning, whilst feeding and care practices are sub-optimal: the exclusive breastfeeding rate is only about 10 per cent, and the rate of timely introduction of complementary feeding is about 60 per cent.

Water, sanitation and hygiene

Over half of districts in Yemen (167 of 333) are in acute need of sanitation support. Most water systems in famine-risk districts are heavily reliant on humanitarian assistance for fuel or other services. An estimated 55 per cent of the population do not have access to improved water sources. As a result, people are increasingly resorting to unimproved water sources and lack adequate sanitation. This increases the risk of diarrhoeal disease, which in turn leads to deteriorating nutritional status and, in some cases, greater risk of death. Although trucked or bottled water may offer relatively safer water sources, prices have risen considerably – up to 45 per cent in some areas.
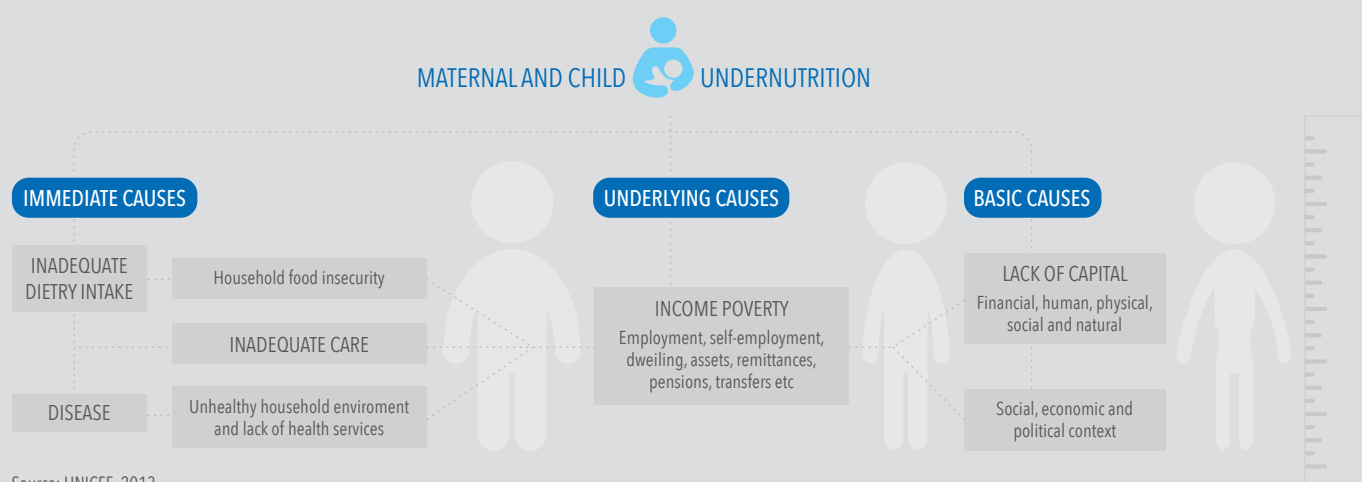
Healthcare

With only 51 per cent of health facilities fully functional[31], access to healthcare is severely limited. Lack of salaries for heath personnel, damage to health facilities and difficulty importing medicines and medical supplies are all accelerating the decline of public health services. Where private-sector health services exist, they remain out of reach for millions of vulnerable people due to high prices. Mortality in famine is often driven by disease preying on weakened immune systems. Famine-risk districts are particularly vulnerable, as many children, mothers and people with illnesses or malnutrition in these areas may be unable to access healthcare.

Related protection needs

Children and women are particularly vulnerable to protection violations in famine-risk areas. Women leaving the home in search of food may be exposed to abuse, and time away from the home can reduce mothers' ability to breastfeed and affect childcare. In most households, women and children are responsible for collecting water. Many primary water sources have stopped functioning, which means longer distances to travel and additional threats to safety and dignity, including GBV. Children may remain out of school so they can fetch water, which families may prioritize over education.

The methodology used for estimating the districts at risk of famine is indicated in the Methodology annex.

UNICEF CONCEPTUAL FRAMEWORK FOR MALNUTRITION

MATERNAL AND CHILD UNDERNUTRITION

IMMEDIATE CAUSES

INADEQUATE DIETRY INTAKE

Household food insecurity

INADEQUATE CARE

DISEASE

Unhealthy household enviroment and lack of health services

UNDERLYING CAUSES

INCOME POVERTY
Employment, self-employment, dweiling, assets, remittances, pensions, transfers etc

BASIC CAUSES

LACK OF CAPITAL
Financial, human, physical, social and natural

Social, economic and political context

Source: UNICEF, 2013

CHOLERA

1,359,504
Suspected cases
Including 311,288 since 1 Jan 2018

2,760
Associated deaths
Including 401 since 1 Jan 2018

0.21%
Case fatality rate
0.13% since 1 Jan 2018

92%
Districts affected
306 / 333 districts in 21/22 governorates

Since late 2016, more than 1.3 million suspected cholera cases and nearly 2,800 associated deaths have been reported in 306 districts across Yemen – the worst single outbreak on record. In 2018 alone (January to November), more than 311,000 suspected cases were reported – considerably less than the 987,000 suspected cases during the same period in 2017. Effective joint programming by the Health and WASH clusters significantly improved cholera prevention and treatment, working through a joint response plan that helped to decrease new infections and improve treatment outcomes.

However, the outbreak is not yet beaten, and the rate of new cases rose sharply towards the end of the year. This increase was due to ongoing prevalence of risk factors, including collapsing health, water and sanitation facilities. In October, weekly suspected case reports peaked at more than 61,000, although they had declined to 10,000 to 12,000 per week by the end of the year. Between 250,000 and 350,000 suspected cholera cases are expected in 2019. The outbreak will likely continue until sustainable solutions can be found – including effective, reliable water and sanitation infrastructure and health services. Risk communication and community outreach are key to containing the spread.

SUSPECTED CHOLERA CASES BY DISTRICT (28 SEP 2016 - 25 NOV 2018)

Number of suspected cases
- 30,001 - 43,463
- 20,001 - 30,000
- 10,001 - 20,000
- 1,001 - 10,000
- 1 - 1,000
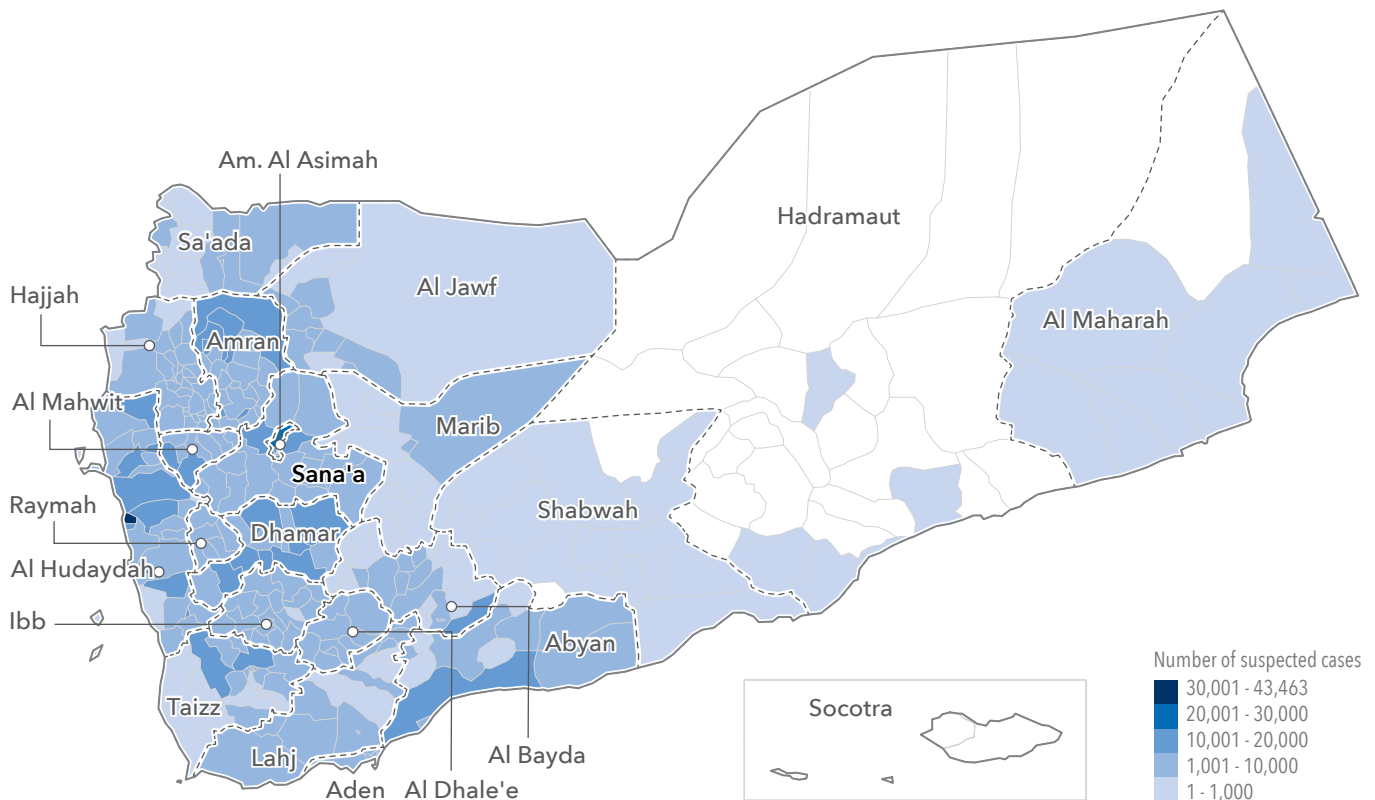
Source: WHO, 28 September 2016 - 25 November 2018

Associated factors and projections

The disruption of the health care system continues to be a major challenge to cholera control. Across Yemen, only 51 per cent of health facilities are fully functional due to staff shortages or lack of medicines, equipment, supplies, operational cost and limited access. Health Cluster partners are supporting 146 diarrhoea treatment centres (DTCs) and 346 oral rehydration corners (ORCs) in 127 priority districts. However, 65 districts still have no DTCs or ORCs.
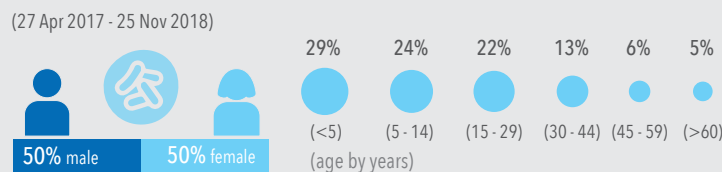
Lack of safe water, inadequate sanitation and poor community awareness of health and hygiene habits are significant drivers of cholera transmission. Health Cluster partners estimate that 14 million people are in acute need of healthcare. Only 22 per cent of rural and 46 per cent of urban populations are connected to partially functioning public water networks, and trucked water is mostly unregulated and expensive. As a result, communities resort to unsafe water sources, and only 24 per cent of households treat water at home.[32] Annual flooding and poor drainage combined with unsafe environmental conditions increase the risk and spread of cholera, which particularly affects vulnerable groups. Growing food insecurity and malnutrition have made many communities more vulnerable to disease outbreaks, including cholera.

Related protection needs

In 2018, the epidemic disproportionately affected children and the elderly compared to other age groups. Over 55 per cent of suspected cases were children under 15, and the case fatality rate is highest among people over 60 (CFR=0.76). While treatment is free of charge and relatively simple, people with poor socio-economic status often face barriers in accessing this care, including insecurity, inability to afford transport or arriving too late for successful treatment. Displaced people living in poor hygiene conditions, poor people living in densely populated areas, and marginalized communities are most vulnerable. More generally, deteriorating WASH conditions are placing people across income groups at risk, particularly amid inadequate healthcare and a weak understanding of cholera risks.
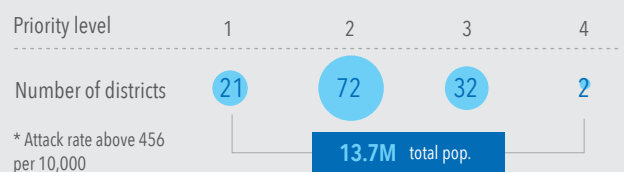
The methodology used for estimating the cholera priority districts is indicated in the Methodology annex.

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NUMBER OF CHOLERA CASES BY SEX AND AGE

(27 Apr 2017 - 25 Nov 2018)

50% male | 50% female

29%	24%	22%	13%	6%	5%
(<5)	(5 - 14)	(15 - 29)	(30 - 44)	(45 - 59)	(>60)

(age by years)

Source: WHO, 25 November 2018

PRIORITY OF CHOLERA DISTRICTS IN ACUTE NEED

Priority level	1	2	3	4
Number of districts	21	72	32	2

* Attack rate above 456 per 10,000

13.7M total pop.

Source: WHO, 25 November 2018

NUMBER OF CHOLERA CASES VS CASE FATALITY RATE (28 SEP 2016 - 25 NOV 2018)

in thousands

Suspected cases — CFR%

2016 | 2017 | 2018
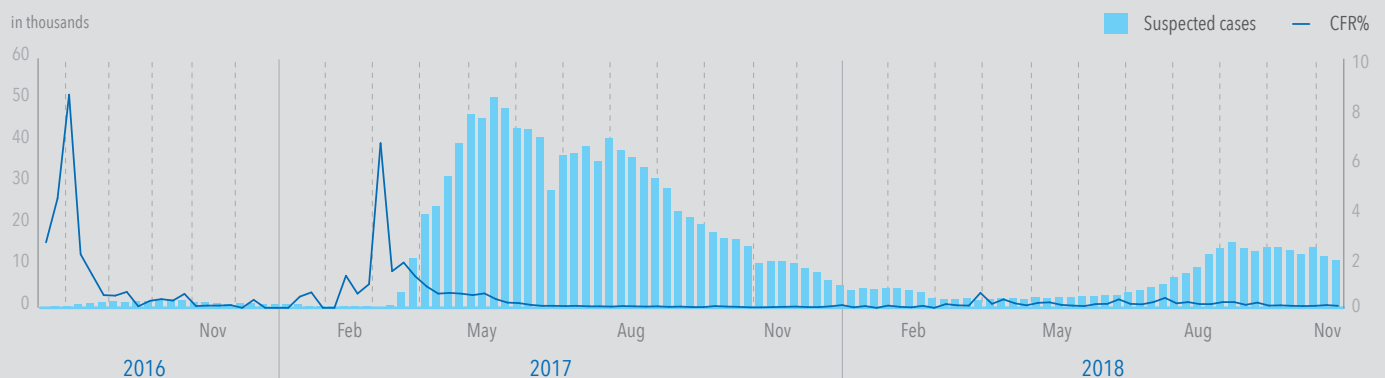
Source: WHO, 25 November 2018

CHOLERA PRIORITY DISTRICTS WITH GAPS IN DIARRHOEA TREATMENT CENTRES (DTC) / ORAL REHYDRATION CORNERS (ORC)

Am. Al Asimah

Sa'ada

Hadramaut

Al Jawf

Al Maharah

Hajjah

Amran

Al Mahwit

Marib

Sana'a

Raymah

Dhamar

Shabwah

Al Hudaydah

Ibb

Abyan

Cholera priority district (192)

Gaps in DTC or ORC (127)

Taizz

Al Bayda

Socotra

Lahj

Al Dhale'e

Aden
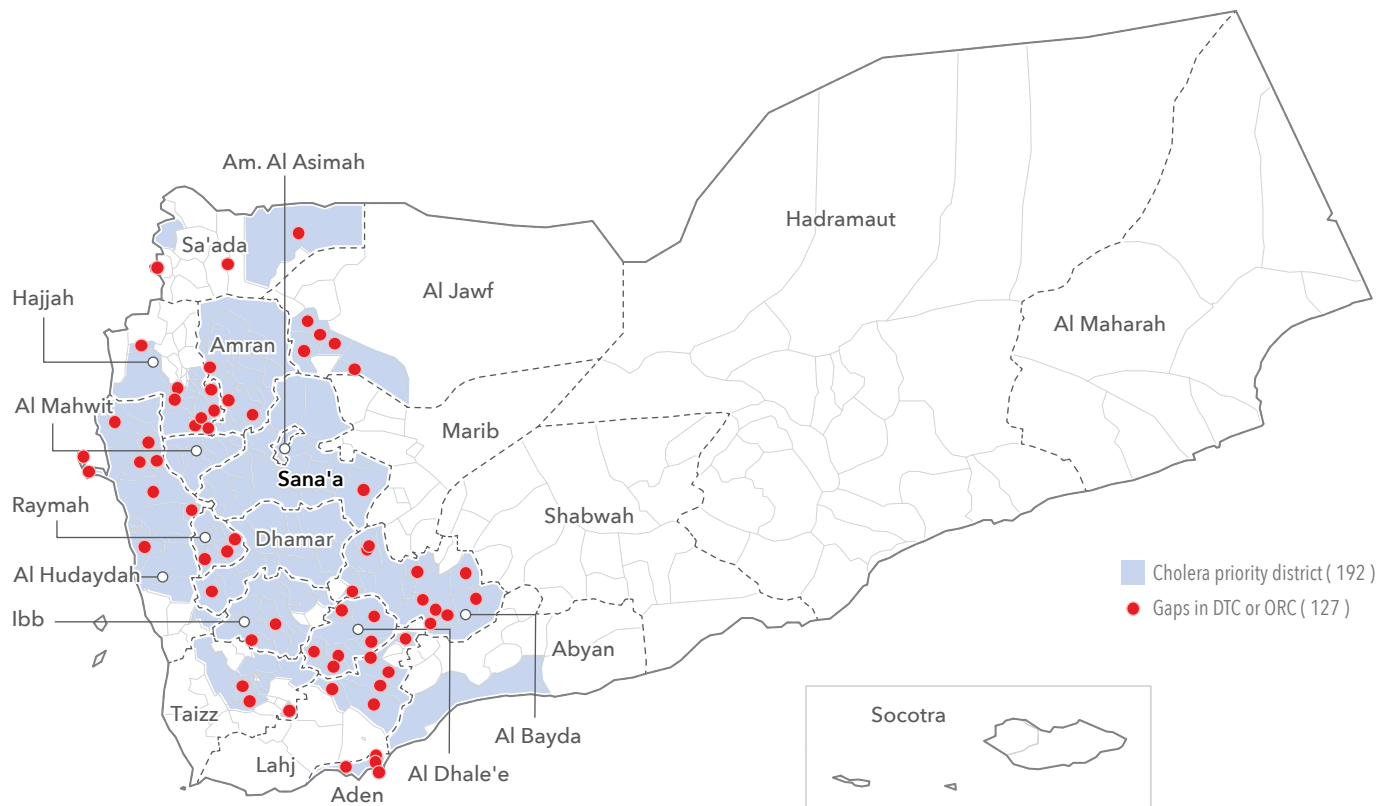
Source: WHO, December 2018

IDPS/RETURNEES/HOST COMMUNITY

IDPs and Host Communities

As of late 2018, an estimated 3.3 million people remained displaced in Yemen.[33] More than half are living in Amanat Al Asimah, Hajjah, Taizz, Al Hudaydah and Sa'ada governorates[34], and about 60 per cent have been displaced since conflict escalated almost four years ago. Protracted displacement decreases resilience and exacerbates existing vulnerabilities, resulting in higher needs and negative coping mechanisms.

NUMBER OF IDPS BY DISTRICT

Number of IDPs
- 60,001 - 130,788
- 40,001 - 60,000
- 20,001 - 40,000
- 10,001 - 20,000
- 1 - 10,000
- 0
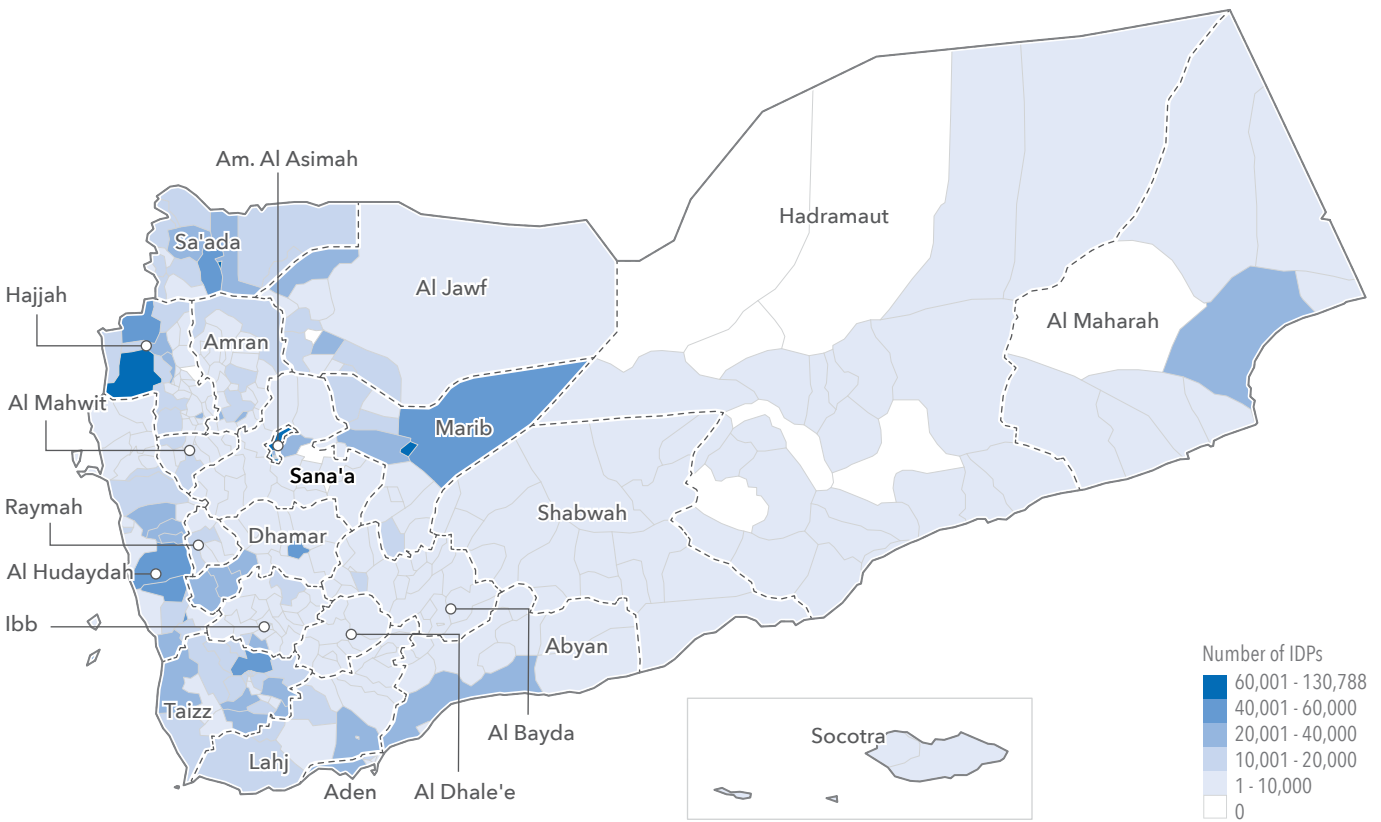
Source: Task Force on Population Movement (TFPM) report, November 2018

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% OF IDPS BY YEAR OF DISPLACEMENT
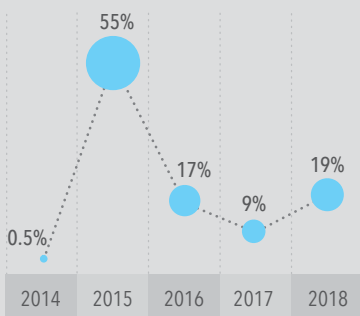
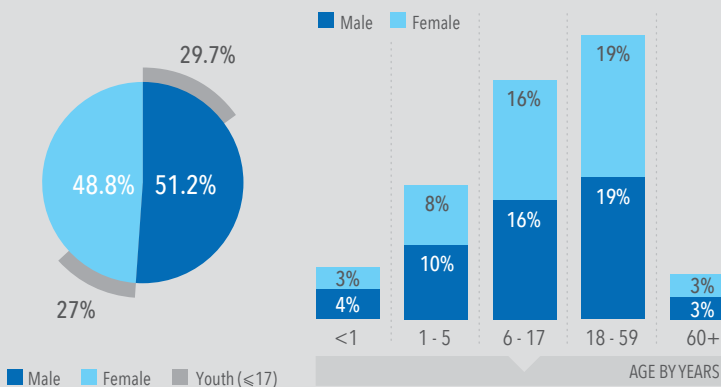| 2014	2015	2016	2017	2018
0.5%	55%	17%	9%	19%

*The increase from 2million last year is due to new displacement in 2018 (685,000) and verification exercise of existing caseload

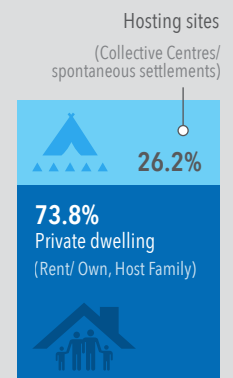Source: Displacement Tracking Matrix (DTM) area assessment 2018

IDPS BY SEX AND AGE

- 48.8% Female
- 51.2% Male
- 29.7% Youth (≤17) (top)
- 27% Youth (≤17) (bottom)

■ Male ■ Female ■ Youth (≤17)

Age	Male	Female
<1	4%	3%
1 - 5	10%	8%
6 - 17	16%	16%
18 - 59	19%	19%
60+	3%	3%

AGE BY YEARS

Source: Multi-Cluster Location Assessment (MCLA) 2018

% OF IDPS BY HOUSING TYPE

Hosting sites
(Collective Centres/ spontaneous settlements)

26.2%

73.8%
Private dwelling
(Rent/ Own, Host Family)

Significant new displacement occurred in 2018. With the escalation of conflict along the west coast, approximately 685,000 people were displaced from Al Hudaydah (511,310) and Hajjah (157,120) starting in June. Other conflict-affected areas, such as Sa'ada, saw temporary displacement and further displacement of existing IDPs, as people moved out of areas experiencing violence for a period of days or weeks. In October, Tropical Cyclone Luban also displaced nearly 6,000 families in Al Maharah Governorate.[35]

Displacement triggers a wide range of needs, for immediate assistance and medium-to longer-term support for livelihoods and for host communities. Large-scale new displacement in 2018 demonstrated the need for a rapid response mechanism to cover needs in the immediate displacement period. According to MCLA findings, IDPs, host communities and returnees most frequently identified food, livelihoods and drinking water as their top three priorities. However, needs vary depending on the length of displacement, with recent IDPs prioritizing immediate, life-saving assistance.

Living conditions exacerbate needs. IDPs in hosting sites are considered the most vulnerable as they have practically no other option. An estimated 26 per cent of IDPs are living in hosting sites including public buildings, collective centres, or dispersed spontaneous settlements.[36] Many IDP hosting sites are spontaneously constructed from rudimentary materials, while a number are in unfinished buildings or structures. Some spontaneous settlements are erected on drainage lines,
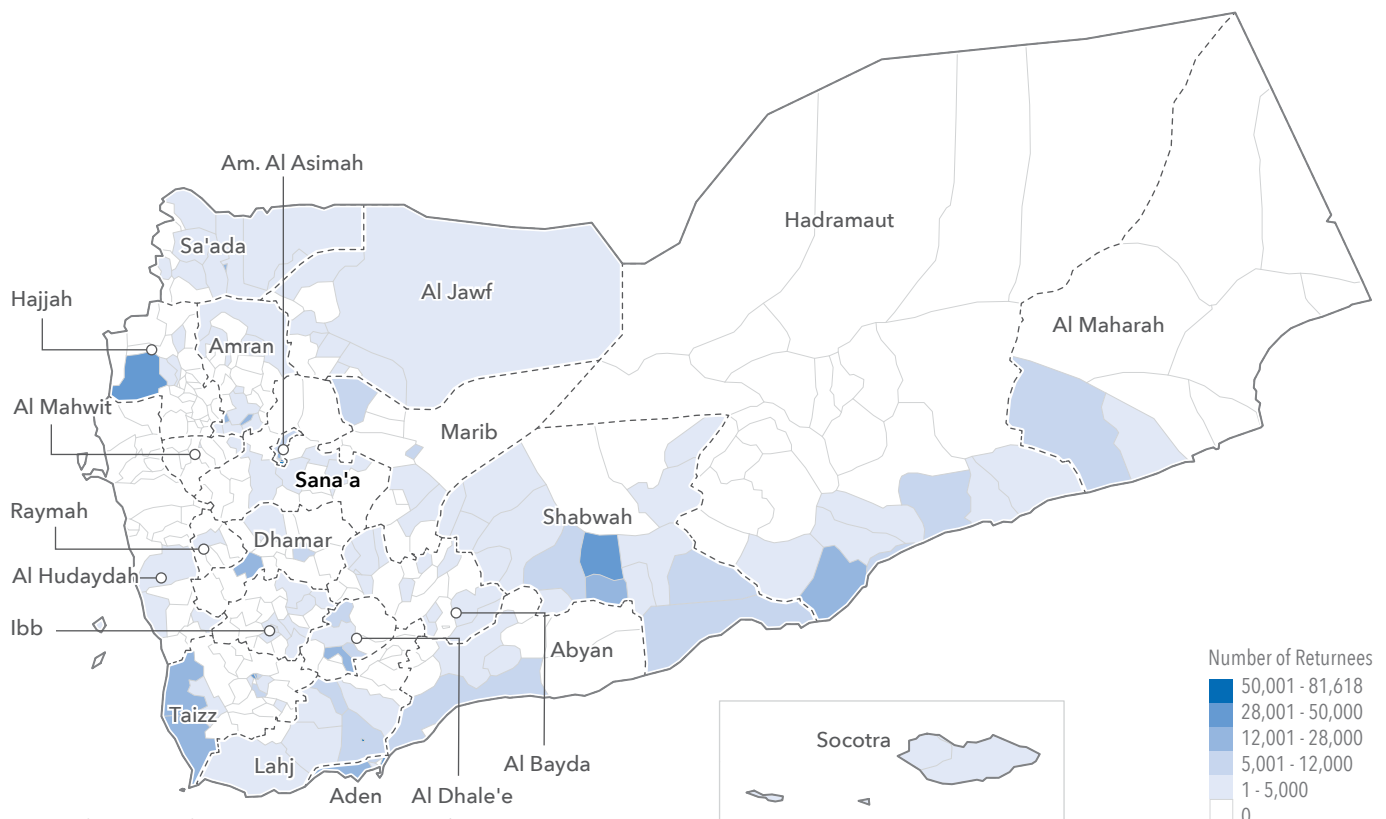
or in valleys where they are exposed to flooding or landslides. Conditions in these sites are often dire, and providers at these sites may deliver uncoordinated or inconsistent services. IDPs at these sites report "assessment fatigue" with inadequate follow-up assistance. Strengthening the capacity of service providers at hosting sites is essential, and more efforts are needed to improve IDP self-governance.

The 74 per cent of IDPs outside hosting sites are living in rented accommodation (43 per cent) or with host communities (22 per cent). This represents a change from 2017, when more IDPs were staying with host families. Protracted displacement is likely straining host families' ability to cope. IDPs in rental accommodation often face difficult circumstances in which they must pay rent but lack income. An increasing number of families report they owe landlords large sums of money for rent. Families are reporting increases in evictions or threats of eviction due to rent arrears.

Returnees

More than one million people have returned from displacement to their areas of origin. Assessments indicate that Aden, Amanat al Asimah and Taizz have the highest numbers of returnees. Most returnees have returned to their former residences, many of which are damaged, and they are generally unable to afford repairs. Returnees often face challenges to restore social, health, housing and community infrastructure

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NUMBER OF RETURNEES BY DISTRICT

Number of Returnees
- 50,001 - 81,618
- 28,001 - 50,000
- 12,001 - 28,000
- 5,001 - 12,000
- 1 - 5,000
- 0

Source: Task Force on Population Movement (TFPM) report, November 2018

to restart their lives, and often require support to resume their livelihoods. MCLA findings indicate that returnees most frequently identify food among their top three priorities, followed by livelihoods and drinking water.

Severity of needs of IDPs, returnees and host communities

The most severe needs among IDPs, returnees and host communities across sectors converge mostly in districts experiencing ongoing conflict or hosting the highest proportions of IDPs and returnees. The below map is based on an intersectoral set of indicators and severity is based on convergence of highest needs across sectors. The list of indicators can be found in the methodology annex.

Associated factors and projections

Conflict is the major driver of displacement in Yemen. Shifting frontlines, food insecurity, disputes over land use and ownership, and natural disasters all contribute to primary and secondary displacement. In 2019, displacement is anticipated to continue in proportion to the intensity of conflict, with partners projecting that between 500,000 and 1.2 million people will be newly displaced depending on conflict dynamics. Meanwhile, in a best-case scenario that

would see an end of conflict in Al Hudaydah and Taizz cities, an estimated 750,000 displaced people are projected to return to both cities.

Related protection needs

Displacement presents significant protection challenges, particularly for women and children, as households lose safety nets and may experience poor living conditions, particularly in IDP hosting sites. Major protection issues include overcrowding, weak self-regulation, lack of privacy, structural issues, loss of key official documents, psychosocial stress, absence of state authorities and lack of information on available services. Land disputes or animosity between IDPs and host communities can also increase protection risks, including eviction threats.

Women, men, boys and girls in these environments are more likely to face domestic violence, child marriage and sexual harassment. Discrimination against groups from different areas or minority groups such as the Muhamasheen is a serious risk. Returnees may be returning to unstable areas or situations where they are unable to resume their livelihoods and are therefore more susceptible to negative coping strategies or further displacement.

30

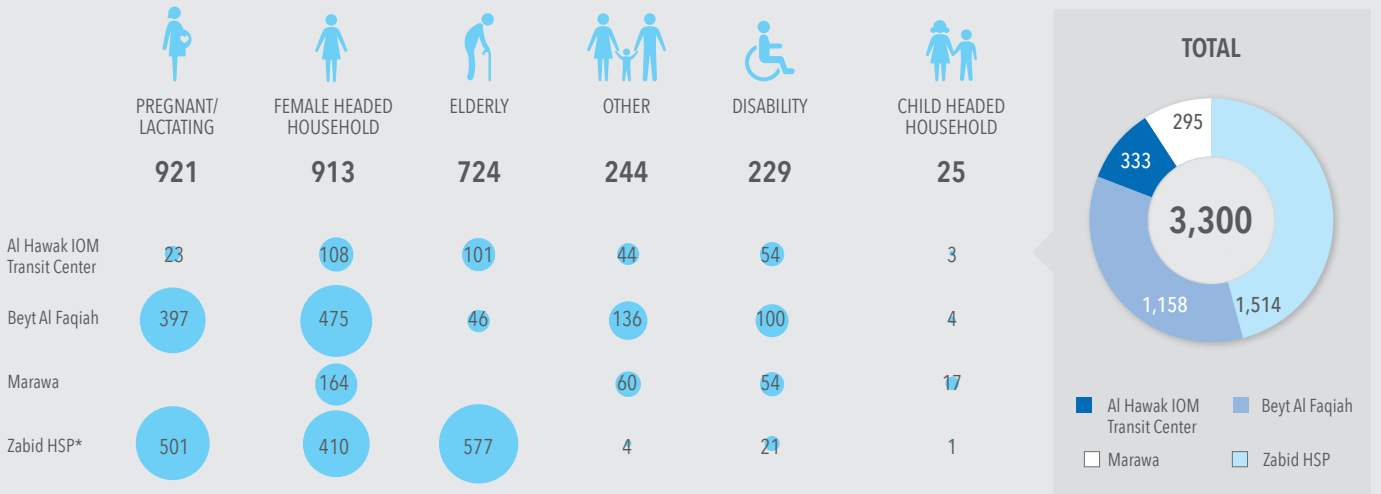## IDPS/RETURNEES/HOST COMMUNITY INTER-SECTOR SEVERITY OF NEEDS
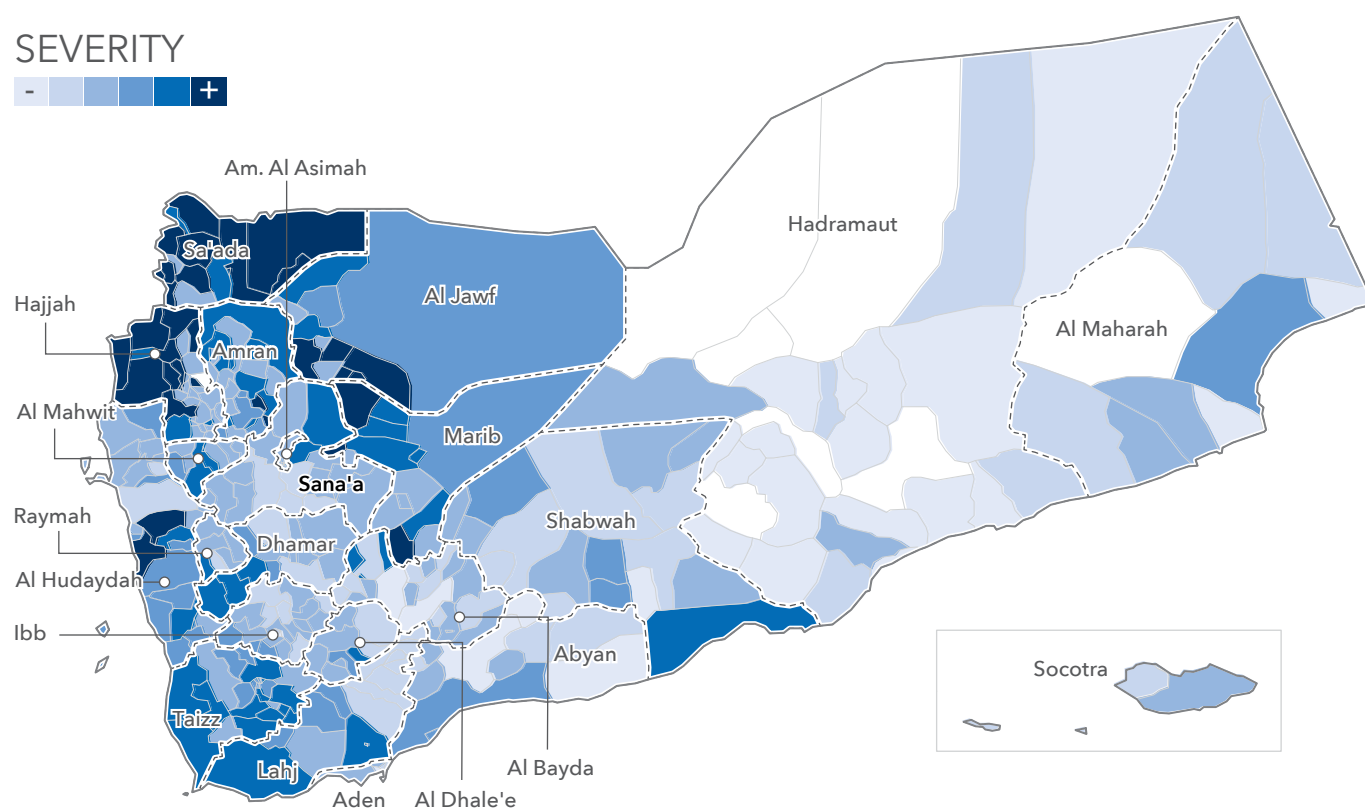
Source: Task Force on Population Movement (TFPM) report, November 2018
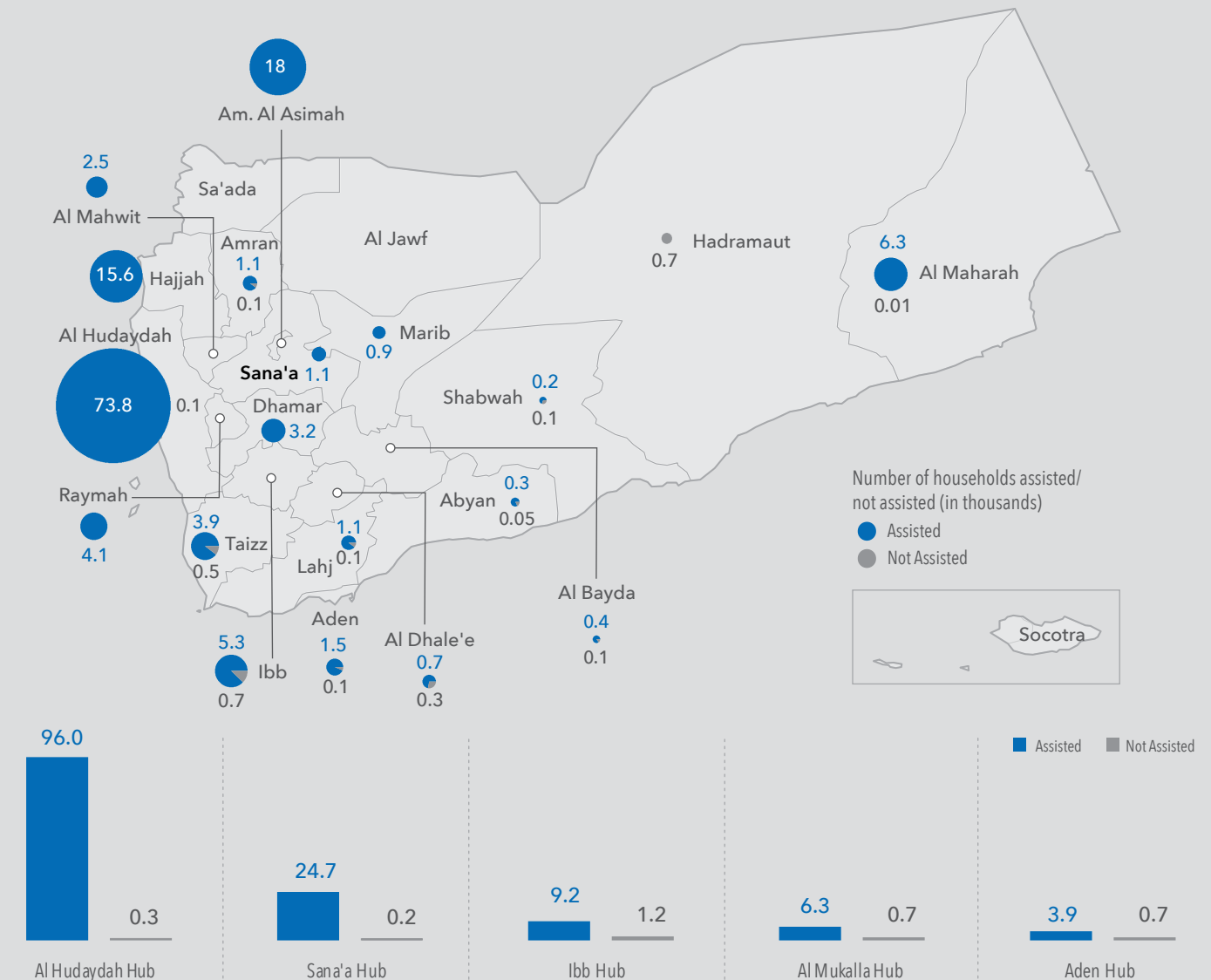
RAPID RESPONSE MECHANISM (RRM)

PEOPLE ASSESSED WITH VULNERABILITIES AT SERVICE POINTS FOR RAPID RESPONSE MECHANISM (RRM)

	PREGNANT/ LACTATING	FEMALE HEADED HOUSEHOLD	ELDERLY	OTHER	DISABILITY	CHILD HEADED HOUSEHOLD
	921	913	724	244	229	25
Al Hawak IOM Transit Center	23	108	101	44	54	3
Beyt Al Faqiah	397	475	46	136	100	4
Marawa		164		60	54	17
Zabid HSP*	501	410	577	4	21	1

TOTAL

3,300

- 295
- 333
- 1,158
- 1,514

- ■ Al Hawak IOM Transit Center
- □ Marawa
- ■ Beyt Al Faqiah
- □ Zabid HSP

*Humanitarian Service Point (HSP)

Source: UNFPA

NUMBER OF HOUSEHOLDS ASSISTED WITH RAPID RESPONSE MECHANISM (RRM) PER GOVERNORATE/HUB

Am. Al Asimah 18

Al Mahwit 2.5

Sa'ada

Amran 1.1 / 0.1

Al Jawf

Hadramaut 0.7

Al Maharah 6.3 / 0.01

Hajjah 15.6

Al Hudaydah 73.8 / 0.1

Sana'a 1.1

Marib 0.9

Dhamar 3.2

Shabwah 0.2 / 0.1

Raymah 4.1

Taizz 3.9 / 0.5

Lahj 1.1 / 0.1

Abyan 0.3 / 0.05

Ibb 5.3 / 0.7

Aden 1.5 / 0.1

Al Dhale'e 0.7 / 0.3

Al Bayda 0.4 / 0.1

Socotra

Number of households assisted/ not assisted (in thousands)
- ● Assisted
- ● Not Assisted

■ Assisted ■ Not Assisted

	Assisted	Not Assisted
Al Hudaydah Hub	96.0	0.3
Sana'a Hub	24.7	0.2
Ibb Hub	9.2	1.2
Al Mukalla Hub	6.3	0.7
Aden Hub	3.9	0.7

Source: UNFPA

PART II:
NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

Food Security

Water, Sanitation and Hygiene

Health

Nutrition

Shelter / Non-Food Items / Camp Coordination and Camp Management

Protection

Education

Operational Needs

FOOD SECURITY AND AGRICULTURE

OVERVIEW

Conflict and insecurity remain the major drivers of food insecurity in Yemen. Since conflict escalated in 2015, food security across Yemen has deteriorated alarmingly. The protracted conflict has destroyed livelihoods, limited income opportunities and reduced families' ability to purchase food. Slightly more than 20 million Yemenis (67 per cent of the population) are food insecure – an unprecedented situation and a 13 per cent increase from last year. Of these people, 9.6 million are one step away from famine (IPC Phase 4 Emergency) – a 14 per cent increase since last year and almost twice the figure before the escalation of the conflict. For the first time ever, assessments have confirmed that close to a quarter of a million people (238,000 individuals) are facing catastrophic levels of hunger (IPC Phase 5 Catastrophe) and are barely surviving. Any change in their circumstances, including any disruption in their ability to access food on a regular basis, will bring them to the brink of death. Across the country, 190 of 333 districts are facing emergency conditions (IPC Phase 4), which means that nearly two thirds of all districts in the country are pre-famine.[37]

HUMANITARIAN NEEDS OF THE POPULATION

Approximately 9.9 million people (9.65 million in IPC Phase 4 and close to a quarter of a million in IPC Phase 5) face severe food deficits, elevated hunger, and risk of starvation. Large-scale emergency food assistance is needed to address this crisis. Cluster partners are planning to expand operations to target 12 million people per month – an increase of 43 per cent. This will include 10 million severely food-insecure people and 2 million IDPs in acute need who require unconditional in-kind food, cash or voucher transfers. In addition, livelihoods assets have nearly collapsed, and negative coping behaviours are becoming more common. This requires support through agricultural, livestock, and fishery supplies, and kickstarting and resuscitating non-agricultural livelihoods. Affected households need longer-term livelihoods support to increase assets and incomes while community rehabilitation and resilience activities are needed in some areas.

AFFECTED POPULATION

Food insecurity is most severe in areas with active fighting and is particularly affecting IDPs and host communities, marginalized groups, fishing communities and landless wage labourers. At least two million IDPs (60 per cent of all IDPs) face worse food security outcomes than other segments of the population – particularly IDPs living in collective centres. Female-, elderly- and disabled-headed households are seriously affected. All these population groups have virtually exhausted their coping strategies and have limited social support.
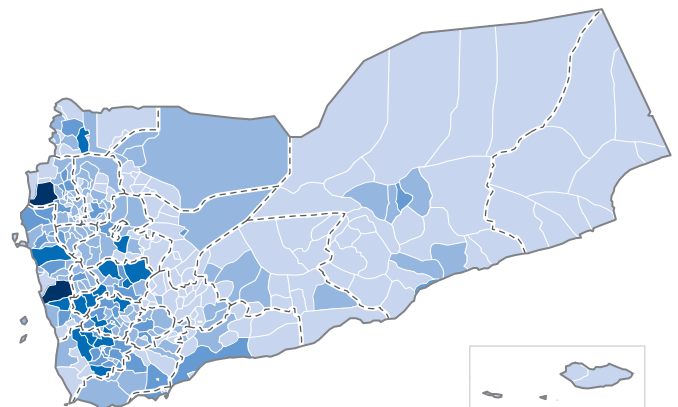
PEOPLE IN NEED

20.1 M

PEOPLE IN ACUTE NEED

9.9 M

BY SEX

51% male 49% female

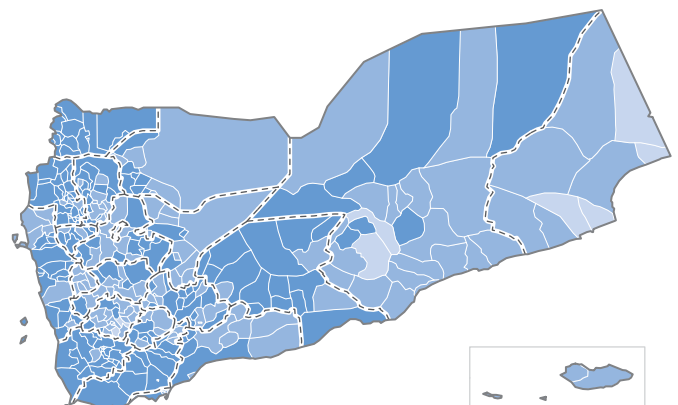### BY AGE

51% children   49% adult
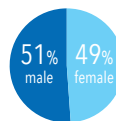
PEOPLE IN NEED MAP

SEVERITY MAP (IPC SCORE)

33

The worst affected areas are in Al Hudaydah, Amran, Hajjah, Taizz and Sa'ada governorates. In terms of magnitude, Al Hudaydah, Amanat Al Asimah, Dhamar, Hajjah, Ibb and Taizz governorates each have more than 1 million people in IPC Phase 3 (Crisis) and above. Thirteen governorates have pockets where the population is experiencing catastrophic conditions (IPC Phase 5): Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Mahwit, Amran, Hadramaut, Hajjah, Ibb, Lahj, Sa'ada and Taizz.[38] The IPC Phase 5 population is spread across 45 districts within these governorates.

RELATED PROTECTION NEEDS

The main protection needs relate to safety, dignity and access to humanitarian assistance. These factors are directly affected by ongoing conflict, tension between IDPs and host communities in some areas, freedom and capacity of women and the elderly to access distributions, location of distribution sites and the ability of partners to target beneficiaries independently. Conflict or other access constraints can limit partners' ability to locate distributions in convenient areas or adhere to planned schedules. Beneficiaries may face risks in moving to access assistance or may be unable to transport assistance home due to lack of transport, disability or other challenges.
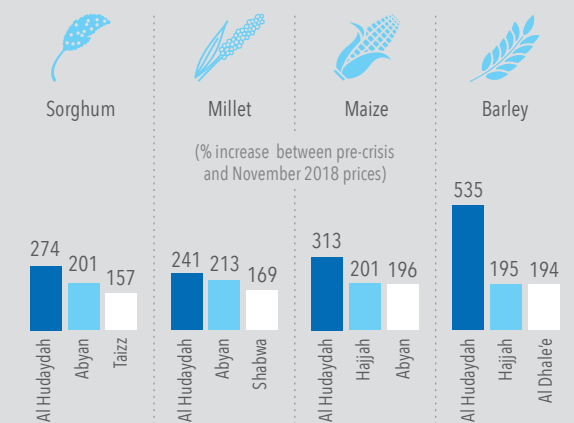
UNDERLYING CAUSES AND KEY DRIVERS

The ongoing conflict and the resultant economic crisis are the main drivers of food insecurity in Yemen. Almost four years of protracted conflict have left the country's critical economic and civil infrastructure in ruins, displaced more than three million people, led to significant loss of income and livelihoods, increased prices of basic foods and pushed the economy towards collapse. The liquidity crisis and hard currency scarcity are straining the economy, and imports of essential commodities continue to suffer from lack of

foreign reserves and an unfavourable exchange rate.[39] Despite relatively functional markets, economic access to food and lack of purchasing power mean that millions of families are unable to afford food and have been pushed out of markets. The collapse of livelihoods exacerbates challenges in accessing food as incomes disappear.

Households are increasingly turning to negative strategies to access food, including selling the last female animal, begging and selling household assets. These actions compromise families' ability to cope with food gaps in the future. Falling agricultural production due to rainfall shortages, costly farming supplies and limited access to fishing grounds are reducing food availability further. Access to low-quality water, reduced water supply and high fuel prices are driving unsafe food consumption practices.

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

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IMPORTED FOOD COMMODITIES (JAN-NOV 2018)

50% of total imports
Al Hudaydah/As Salif

- 73%
- 15%
- 9%
- 3%

46% of total imports
Aden

- 40%
- 17%
- 16%
- 13%
- 12%
- 4%

4% of total imports
Al Mukalla

- 48%
- 17%
- 15%
- 12%
- 4%
- 3%

■ Wheat grains ■ Wheat flour ■ Rice ■ Sugar □ Cooking oil □ Milk Products
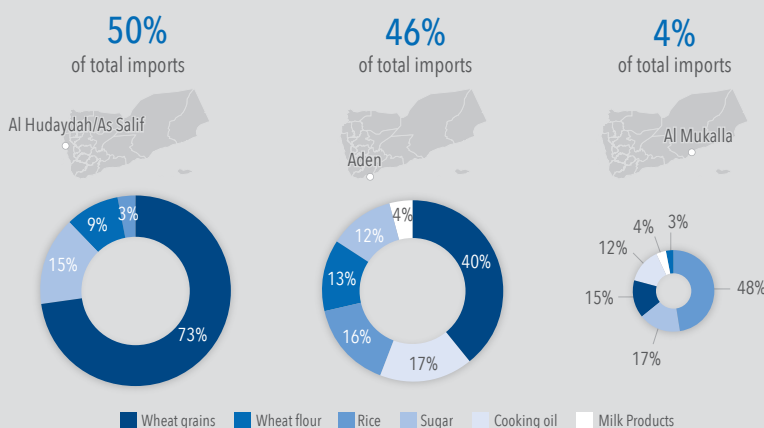
Source: FAO monthly monitoring report, December 2018

PRICES IN GOVERNORATES WITH LARGEST INCREASE IN LOCALLY-PRODUCED CEREALS SINCE PRE-CRISIS

Sorghum | Millet | Maize | Barley

(% increase between pre-crisis and November 2018 prices)

	Sorghum			Millet			Maize			Barley	
Al Hudaydah	274			241			313			535	
Abyan		201			213				196			
Taizz			157									
Shabwa						169						
Hajjah								201			195	
Al Dhale'e												194

Source: FAO monthly monitoring report, December 2018

WATER, SANITATION AND HYGIENE (WASH)

OVERVIEW

Over two-thirds of Yemenis (17.8 million people) require support to meet their basic WASH needs, including 12.6 million who are in acute need. Inadequate access to WASH services is a major driver of communicable disease outbreaks and acute malnutrition. Years of underdevelopment, extensive damage from conflict, unstable fuel imports and natural disasters have left water and sanitation systems struggling to uphold minimum services.

HUMANITARIAN NEEDS OF THE POPULATION

Public water and sanitation systems require increased support to provide minimum services and avoid collapse. Only 22 per cent of rural and 46 per cent of urban populations are connected to partially functioning public water networks, and lack of electricity or public revenue creates significant reliance on humanitarian support.[40] Over half of districts (167) are in acute need of sanitation support, and in 197 districts, over 55 per cent of the population has no access to an improved water source.[41] With reduced safe water access, communities resort to unsafe water sources, and only 24 per cent of households treat water at home, mostly due to cost.[42] Approximately 60 per cent of households report leaving garbage in public areas due to a lack of collection systems. Local providers are irregular due to fuel dependency and require support to ensure continuity.[43]

Soaring prices and reduced purchasing power have created economic barriers to access safe water and personal hygiene items. Such critical water and sanitation conditions are aggravating the risk of cholera, malnutrition and other WASH-related diseases. Combined with significant population displacement and loss of livelihoods, communities are resorting to negative coping mechanisms related to WASH access and behaviours, which particularly affects women and girls. A minimum package of comprehensive WASH assistance is needed to protect vulnerable populations from the risk of WASH-related disease and malnutrition.

AFFECTED POPULATION

Socio-economic status significantly has a direct effect on access to safe, adequate WASH services and vulnerability to disease. More than 80 per cent of Yemenis are living below the poverty line, and only 28 per cent of the poorest households have safe water access.[44] About 75 per cent of households without soap cited cost as the main reason, and trucked water prices have increased by 53 per cent.[45] Poorer, vulnerable and marginalized groups, such as Muhamasheen, are forced to reduce hygiene practices and use unsafe water sources.[46]
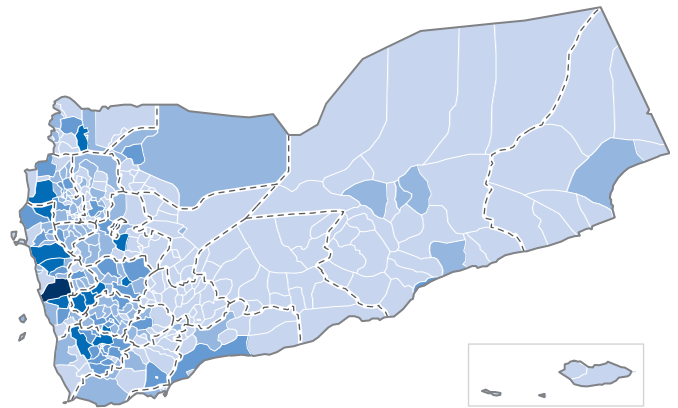
PEOPLE IN NEED

17.8 M

PEOPLE IN ACUTE NEED

12.6 M

BY SEX

49% male
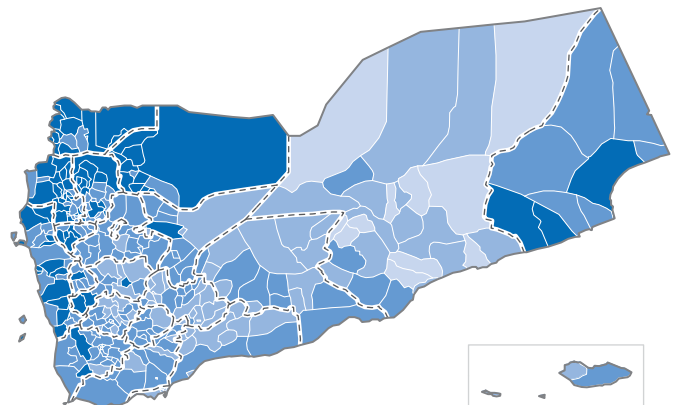51% female

BY AGE

51% children
49% adult
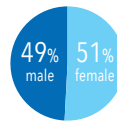
PEOPLE IN NEED MAP

SEVERITY MAP

People living in informal settlements are particularly exposed to sanitation risks. Most are not connected to public networks or have unemptied cesspits, leading to open sewage and worsening health outcomes for vulnerable populations, especially women and children. Women struggle to access menstrual hygiene items due to financial constraints or lack

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of availability.[47] Over 50 per cent of IDPs living in hosting sites are in acute need of WASH assistance. In 157 districts, less than 40 per cent of IDPs have access to safe, functioning toilets and are thus at greater risk of disease, such as cholera and malnutrition.

RELATED PROTECTION NEEDS

The conflict has directly and indirectly exacerbated WASH-specific protection needs. Children, women and poorer, marginalized groups are particularly vulnerable to risks, including disease, violence and access barriers. In 2018, partners reported that 26 water systems were destroyed by conflict, killing 28 civilians and preventing safe water access to over 167,000 people.[48] Water scarcity is creating risks, with 60 per cent of households reporting they spend more than 30 minutes and travel greater distances to collect water. This poses threats of violence and harassment, especially for women and children, who are most often responsible for the task.[49]

Assistance programmes can also create protection risks, including inadvertently excluding marginalized groups. A recent survey found that 86 per cent of people with disabilities and other vulnerable groups experience problems accessing services.[50] Latrines and water points should be fully accessible for people with disabilities to prevent unsafe and undignified defecation practices. All facilities in all locations should ensure participation of all groups to ensure safe, private and gender-appropriate facilities to minimize risks for women and girls, including GBV.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

In the last year, the number of people in need of WASH assistance rose from 16 million to 17.8 million, and 1 million people and 21 districts shifted from moderate to acute need. Districts in acute need of sanitation increased over fourfold from 36 to 167 districts. Of these districts, 86 are experiencing the most severe needs, with over 85 per cent of households lacking access to safe sanitation.

In 2018, the devastating effect of cyclones also caused significant destruction of infrastructure and left many homeless. Conflict in Al Hudaydah displaced many people to urban areas where WASH needs for many IDPs remain unmet. This destruction and displacement, compounded with currency volatility, stretched coping capacities and exacerbated WASH-related vulnerabilities.

UNDERLYING CAUSES AND KEY DRIVERS

Escalating conflict has severely exacerbated pervasive WASH vulnerabilities that existed in Yemen before 2015. About 90 per cent of Yemen has an arid to hyper-arid climate, and irrigated agriculture consumes about 90 per cent of groundwater. Critical water and sanitation infrastructure remained underdeveloped for decades. In 2015, only 52 per cent of Yemenis had access to improved drinking water[51]; 48 per cent had access to improved sanitation; and 30 per cent were practising open defecation.[52] About 25 per cent of people lacked water or soap to practise good hygiene, and low levels of education contributed to negative hygiene behaviours.

Other stress factors include outdated water infrastructure (only 4 per cent efficiency); illegal groundwater wells and lack of water governance.[53] Yemen's geography and mountainous terrain create challenges, as technological WASH solutions are scarce and cost-inefficient. Import dependency for fuel leaves water and sanitation systems vulnerable to shocks.

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

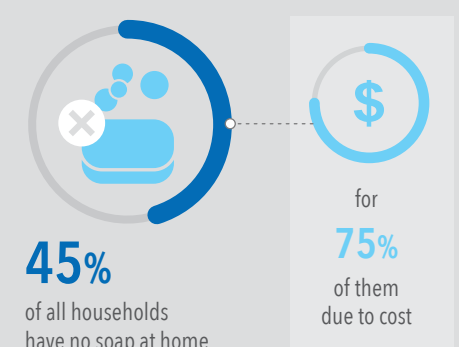36

ACCESS TO IMPROVED WATER SOURCE

55%
of men, women, boys and girls do not have access to an improved water source
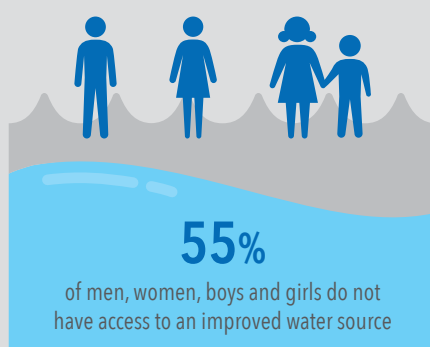
Source: WASH Cluster, December 2018

IDP ACCESS TO SANITATION

1 in every 2
internally displaced persons has no access to safe sanitation

Source: WASH Cluster, December 2018

ACCESS TO HYGIENE PRACTICES

45%
of all households have no soap at home

for
75%
of them due to cost

Source: WASH Cluster, December 2018

HEALTH

OVERVIEW

Approximately 19.7 million people need health assistance in Yemen – an increase of 3.1 million people in the last year. Two-thirds of districts (203 of 333) are in the most severe need due to poor access to health services, displacement and deteriorating socio-economic conditions. Specific vulnerable groups include children, women, girls, elderly, IDPs and marginalized people.

The conflict has devastated the health care system in Yemen. According to the 2018 Health Resources Availability Monitoring System (HeRAMS) assessment, 49 per cent of health facilities are not functioning or only partially functioning due to staff shortages, lack of supplies, inability to meet operational costs or limited access. Since 2015, there have been 120 incidents recorded as attacks on health care.[54]

Fewer specialized staff are working in district and tertiary hospitals: 53 per cent of health facilities lack general practitioners, and 45 per cent of functional hospitals lack specialists. There are ten health workers per 10,000 people in Yemen – less than half the WHO minimum benchmark (22). Most of the equipment in hospitals is non-functioning or obsolete, and many health personnel have not received regular salaries for two years. Immunization coverage has dropped by 20 to 30 per cent, resulting in children being more vulnerable than ever to vaccine-preventable diseases. Only 20 per cent of health facilities provide integrated maternal and child health care. Less than 40 per cent of secondary health facilities provide services for non-communicable diseases or mental health. Non-communicable diseases are estimated to account for 57 per cent of all deaths.[55]

HUMANITARIAN NEEDS OF THE POPULATION

Access to all levels of care is compromised, especially in rural areas, due to long distances to health facilities, insecurity, inadequate staff, high costs and poverty. Priority health needs are to support primary, secondary and tertiary care, including trauma, emergency, reproductive health and referral care based on the minimum service package (MSP). Support for surveillance systems and community-based surveillance systems is also needed to contain diseases before they turn into outbreaks.

In addition, training is needed for health workers, and qualified professionals require incentive payments to ensure that the health system does not entirely collapse. Health facilities need continuous, dependable stocks of medicines, equipment and medical supplies, which will require support for supply chains. Damaged and closed facilities need repair. Community-based approaches to health services and education need strengthening to support early detection of potential threats to public health. There is also a need to strengthen the integrated cholera response and famine prevention, working with other sectors across the programme cycle.
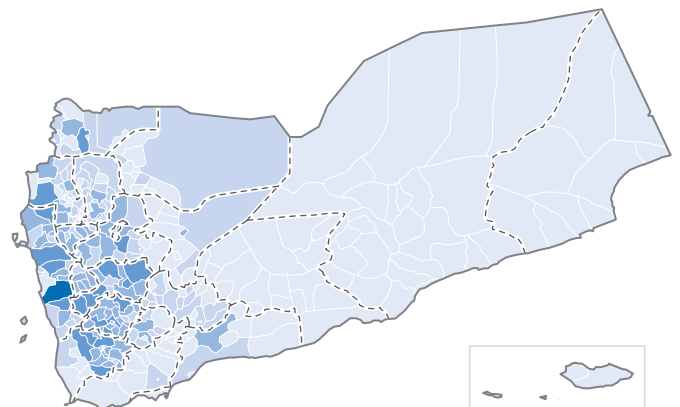
PEOPLE IN NEED

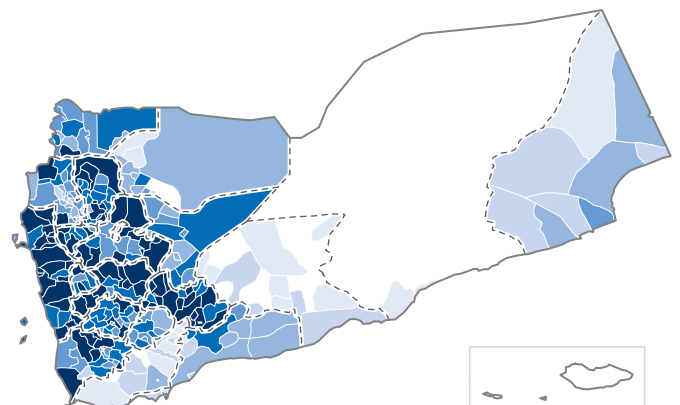# 19.7 M
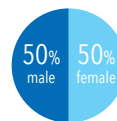
PEOPLE IN ACUTE NEED

14 M

BY SEX

50% male 50% female

BY AGE

52% children   48% adult

PEOPLE IN NEED MAP

– +

SEVERITY MAP

– +

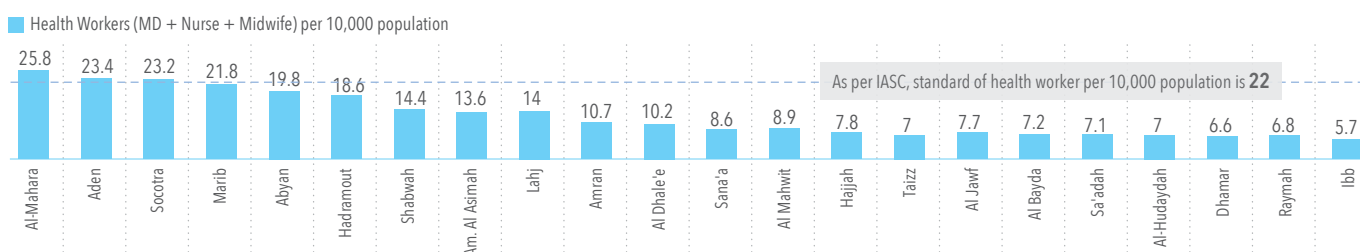## AFFECTED POPULATION

The most vulnerable groups are women of child bearing age, children under age 5, the elderly, people with disabilities and special needs, people with non-communicable diseases or mental health problems, and marginalized communities such as the Muhamasheen. The poorest across all these groups are especially at risk. The worst affected governorates are Sa'ada, Taizz, Ibb, Al

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HEALTH WORKERS DENSITY PER 10,000 POPULATION

■ Health Workers (MD + Nurse + Midwife) per 10,000 population

As per IASC, standard of health worker per 10,000 population is **22**

	Value
Al-Mahara	25.8
Aden	23.4
Socotra	23.2
Marib	21.8
Abyan	19.8
Hadramout	18.6
Shabwah	14.4
Am. Al Asimah	13.6
Lahj	14
Amran	10.7
Al Dhale'e	10.2
Sana'a	8.6
Al Mahwit	8.9
Hajjah	7.8
Taizz	7
Al Jawf	7.7
Al Bayda	7.2
Sa'adah	7.1
Al-Hudaydah	7
Dhamar	6.6
Raymah	6.8
Ibb	5.7

Source: Health Resources Availability Monitoring System (HeRAMS), 2018

Bayda, Abyan, Hajjah, Al Hudaydah and Raymah. Immunization coverage is especially low in Amanat al Asimah, Al Hudaydah, Taizz, Ibb and Sa'ada.

Women of child bearing age, particularly PLW, have limited or no access to reproductive health services including antenatal care, safe delivery, postnatal care, family planning and emergency obstetric and new-born care. Those suffering from chronic and non-communicable diseases are vulnerable due to lack of medicines caused by import difficulties and rising prices. People with war-related injuries continue to need special care. As of October 2018, health facilities had reported more than 60,000 conflict-related injuries since 2015.[56]

RELATED PROTECTION NEEDS

Violence against healthcare workers, assets and patients is a serious risk. More than 120 attacks have been reported since 2015.[57] Incidents that limit access to healthcare or disrupt healthcare systems have severe consequences, including direct injury or damage or departure of medical personnel. These events can deprive whole communities of access to essential services.

Incidents of GBV are rising. Appropriate services – including outreach services, separated spaces and availability of female health workers – are necessary for women and children to access healthcare in general – and especially for victims of GBV. These kinds of facilities are currently in very short supply.

Lack of income or poverty leaves affected people at greater risk; these people require medication and services free of charge.

There is a wider need for social protection programmes that ensure everyone can access care, including by meeting transport or other indirect costs.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

Health conditions continue to deteriorate. The number of people in need increased by 20 per cent in the last year, and the number of people in acute need rose by more than 50 per cent. The 2018 HeRAMS confirms a deterioration in the delivery of some components of health services. At health centres, reproductive health (14 per cent), non-communicable disease and mental health (3 per cent) and environmental health (10 per cent) services have shown a downward trend in availability. The availability of health services at hospitals and health units have improved.

Out of total of 4,974 health facilities assessed, 2,521 (51 per cent) are supported by humanitarian actors. Functioning facilities are facing ever larger burdens as displacement increases, budgets dry up and some health workers flee conflict-affected areas. The instability of the rial has driven up the cost of medicines and supplies, and health workers in many areas still face at best erratic salary payments.

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

FUNCTIONAL HEALTH FACILITY SERVICES (2016 vs 2018)

	HOSPITAL		HEALTH CENTER		HEALTH UNIT	
	2016	2018	2016	2018	2016	2018
General services and trauma management	41%	59%	45%	50%	46%	49%
Child Health and Nutrition	51%	69%	63%	63%	53%	75%
Communicable Disease	53%	71%	48%	31%	27%	53%
Reproductive Health	41%	54%	40%	26%	26%	41%
Noncommunicable disease and mental health	40%	43%	30%	27%	15%	29%
Environmental Health	54%	73%	70%	60%	66%	70%

Source: HeRAMS 2016-2018

NUTRITION

OVERVIEW

The nutrition situation in Yemen remains alarming. An estimated 7.4 million people require services to treat or prevent malnutrition[58], including 4.4 million who are in acute need. This includes 3.2 million people who require treatment for acute malnutrition: 2 million children under 5 and 1.14 million PLW.[59] Five governorates have acute malnutrition rates that exceed the 15 per cent WHO emergency threshold: Al Hudaydah, Lahj, Taizz, Aden and Hadramaut.

From January to September 2018, admissions to the Outpatient Therapeutic Programme (OTP) and Target Supplementary Feeding Programme (TSFP) increased by 15 per cent and 18 per cent respectively, compared to the same period in 2017. This is partially attributed to increased reporting rates and expansion of the Community-based Management of Acute Malnutrition (CMAM) programme, which led to an increase in the number of treatment sites.

HUMANITARIAN NEEDS OF THE POPULATION

Malnourished children risk irreversible damage to their development and cognitive abilities. Families locked into cycles of recurring illness and faltering growth are most vulnerable. In 2019, partners project that acute malnutrition among children under age 5 will increase slightly, to just over 2 million children, including nearly 360,000 severe acute malnutrition (SAM) cases. Although overall acute malnutrition will increase, SAM cases will be slightly lower (6.6 per cent decrease), partially due to expanded treatment programmes last year (29 per cent increase in TSFP and 8 per cent increase in OTP). Acute malnutrition among PLW will also increase slightly, from 1.12 million women to 1.14 million.

Major nutrition needs include increased access to services to prevent and treat acute malnutrition, support for Infant and Young Child Feeding (IYCF) programming, micronutrient supplementation for children under age 5 and mothers, and Blanket Supplementary Feeding Programmes (BSFP) for children under age 5. Indirect needs include strengthening service providers' capacity and supportive supervision to improve service quality and keep service delivery systems working. Implementation of integrated programmes (WASH/health/food security clusters) and gathering evidence through SMART surveys and other assessments are likewise crucial.

PEOPLE IN NEED

7.4 M

PEOPLE IN ACUTE NEED

4.4 M

BY SEX

34% male
66% female

BY AGE

67% children   33% adult
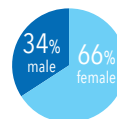
PEOPLE IN NEED MAP
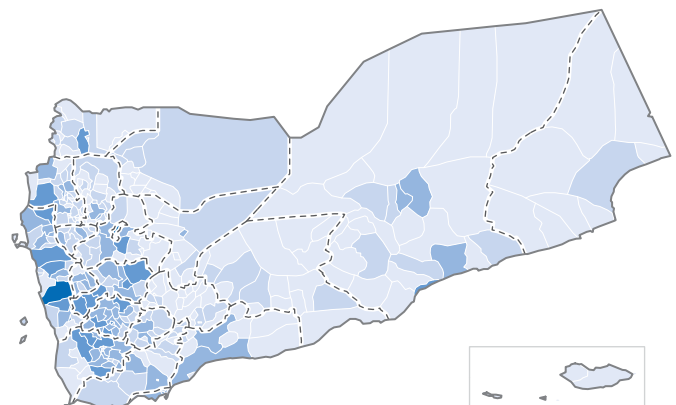
SEVERITY MAP
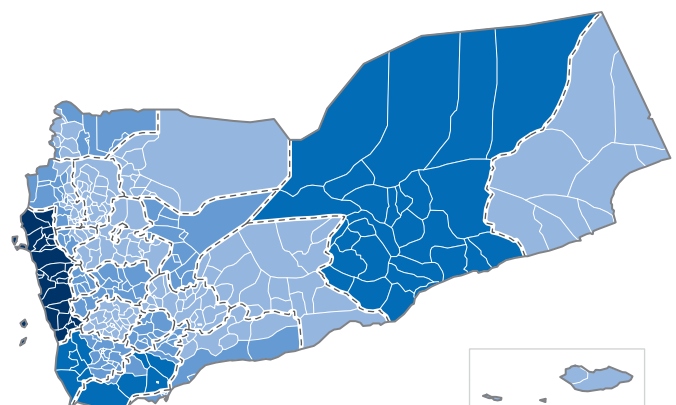
AFFECTED POPULATION

Children under 18 – and especially children under age 5 – and PLW are the most vulnerable groups due to their physiological and biological needs. Women and young girls and boys suffer disproportionately; the mortality rate among children under age 5 with SAM is estimated to be 12 times higher than their well-nourished peers, for those with moderate acute malnutrition (MAM) the rate is 4 times higher.

The risk of acute malnutrition increases among children in distressed conditions, such those living in active-conflict or access-restricted areas. The largest number of districts[60] that have crossed the critical threshold are located in Al Hudaydah, Taizz and Hajjah governorates, where conflict has been intense, and access has been limited in the last year. These areas account for 42 per cent of total admissions, and Al Hudaydah alone accounts for 22 per cent.

Sub optimal IYCF practices increase the risk of acute and chronic malnutrition and micronutrient deficiencies. SMART surveys in 2018 indicate that 20 per cent of infants under six months are exclusively breastfed, and complementary feeding practices remain suboptimal. This calls for scale-up of IYCF programmes for 2.3 million PLW and caregivers. Anaemia prevalence in children aged 6-59 months is 86 per cent and in PLWs it is 71 per cent. As a result, partners estimate that 2.3 million PLWs and 4.7 million of children under age 5 need micronutrient supplementations.

RELATED PROTECTION NEEDS

Nutrition-specific protection needs are heightened during crisis. Women, boys and girls are particularly vulnerable to all forms of risks and may be forced to engage in exploitative coping strategies (e.g. child labour or early marriage) which will increase the need for psychosocial care. Children attending therapeutic feeding treatment require cognitive

stimulation through psychosocial and Early Childhood Development (ECD) programmes to accelerate full recovery.

Women leaving the family home for food may lead to neglect of child-care and deteriorating nutritional status for them and their children. This risk is especially strong in female-headed households who may not receive other support. IDPs in and outside hosting sites, orphans, abandoned children, single-parent children (children below the age of 18 years who are parents), patients of neglected diseases, people with disabilities and marginalized communities are likely to have limited access to nutrition services in some locations.

Awareness raising and programming for marginalized communities could increase access and coverage for nutrition services. Establishing nutrition delivery sites in locations that do not put women, girls, men and boys at increased risk is critical. Nutrition services provide a unique platform for the referral of PLWs who might have a need for specialized GBV services.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

Increases in household food insecurity, disease outbreaks, collapse of the health system, economic decline and high inflation have all contributed to aggravating the nutrition situation. In the last year, the number of districts with critical levels of acute malnutrition increased from 79 districts to 91 districts – or 27 per cent of all districts across the country. The number of people in need of nutrition services increased by 5 per cent in the same period. Stunting has increased from 46.5 per cent in 2015 to 48.2 per cent in 2018.

This implies that, while the nutrition situation remained relatively stable at the national level, in some areas there was a serious deterioration (i.e. 12 districts moved from serious to critical). Expanding nutrition services have played an important role in limiting the degree of deterioration. OTP

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BREAKDOWN OF PEOPLE IN NEED BY STATUS

4.8M Children under 5 in need of vitamin A and micronutrient supplementation

2.4M Mothers/caregivers of infants' children under 2 in need of IYCF counselling

1.7M Children under age 5 with MAM

1.2M Pregnant and lactating women at risk of malnutrition in need of BSFP

0.8M Children under age 2 at risk of malnutrition in need of BSFP

1.1M Pregnant and lactating women in need of iron folate supplementation

0.4M Children under age 5 with SAM

BSFP: Blanket Supplementary Feeding Programme, IYCF: Infant and Young Child Feeding
MAM: Moderate Acute Malnutrition , SAM: Severe Acute Malnutrition

GLOBAL ACUTE MALNUTRITION RATE BY DISTRICT

Rate of GAM
>15%
10% - 14.99%
5% - 9.99%
0% - 4.99%
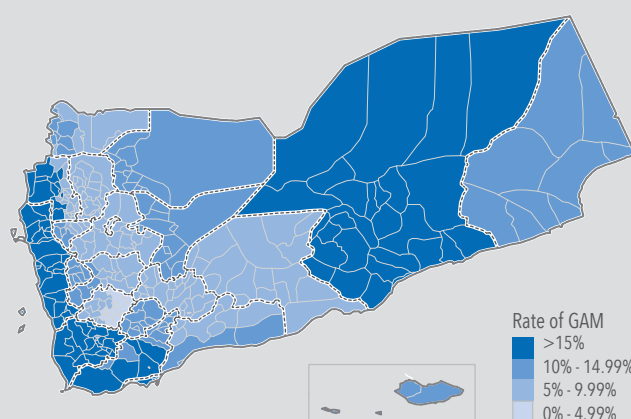
Source: Nutrition Cluster/SMART Surveys 2016-2018, EFSNA 2016,DHS 2013, CFSS 2016

admissions have increased by 70 per cent since 2014, with reporting rates and geographic coverage moving from 50 per cent in 2015 to 83 per cent in 2018. TSFP admissions have increased by more than 200 per cent during the same period. Altogether, national-level global acute malnutrition (GAM) rates have remained stable, moving from 12.7 per cent in 2014 to an estimated 12 per cent in 2018.[61],[62]

UNDERLYING CAUSES AND KEY DRIVERS

The UNICEF conceptual framework identifies three sets of causes of malnutrition:

- Immediate causes operating at the individual level (inadequate dietary intake and diseases),

- Underlying causes influencing households and communities (i.e. inadequate access to food, inadequate child care practices, poor water and sanitation and inadequate health services);

- Basic causes around the structure and processes of societies.

The availability and coverage of health, WASH, food security, feeding and caring practices are critical to the nutrition situation. In Yemen, these factors have a negative impact. According to the WASH Cluster, at least 55 per cent of the population have no access to improved water sources, while 167 districts acutely need sanitation support. According to HeRAMS, only 51 per cent of health services are fully functional, which contributes to higher morbidities on cholera or acute watery diarrhoea. Food security continues to worsen with an estimated 20.1 million people food insecure. Conflict is disrupting farming, livelihoods and markets, and can constrain access to health and nutrition services. Economic decline characterized by high inflation and diminishing purchasing power is another major driver of the worsening nutrition situation.

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

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SHELTER AND NON-FOOD ITEMS, CAMP COORDINATION AND CAMP MANAGEMENT

OVERVIEW
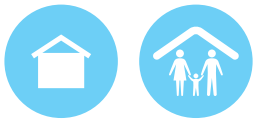
Approximately 6.7 million people require assistance to meet needs related to shelter, NFIs or camp coordination and camp management services (CCCM). This includes 4.5 million people who are in acute need. Rising needs reflect the impact of escalating conflict in the last year, which saw the number of IDPs increase by 65 per cent to 3.3 million people.

New IDPs have settled mainly in Taizz, Hajjah, Amanat Al Asimah and Al Hudaydah governorates, putting increased strain on host communities who in many cases were already struggling. Needs are intensifying in areas such as Dhamar, Amran and Sana'a governorates, where conditions have worsened. Established IDP populations remain in other governorates, and about one million people have returned to their areas of origin.

HUMANITARIAN NEEDS OF THE POPULATION

Needs for Shelter, NFIs and CCCM cluster services have increased.[63] IDPs often flee with little more than the clothes they are wearing, meaning they lack the basic NFIs required for their survival and often need emergency shelter items. The most frequently reported needs are lack of essential items, insufficient lighting in shelters, overcrowding, inability to afford rent or basic goods and the high cost of shelter materials.[64] IDPs living in hosting sites often face poor living conditions and need improved services to coordinate and manage these sites. Life-saving winterization assistance is critical to ensure that shelter and NFI assistance is sufficient in cold winter months, particularly between October and February.

Established IDP populations need resilience support to reduce negative coping strategies and help them to find longer-term solutions, including cash for rental subsidies and livelihoods support. Rehabilitation of damaged houses and other kinds of support are needed in areas where IDPs have returned home, particularly in Aden, Amanat Al Asimah, Taizz, Shabwah and Lahjgovernorates.

AFFECTED POPULATION

The most vulnerable people are the approximately 300,000 IDPs living in 1,228 IDP hosting sites across the country. Many of these people live in extremely alarming conditions. Baseline assessments[65] confirm that 77 per cent of hosting sites have no site management structure; 83 per cent do not have access to health services; 39 per cent report water access problems; and 43 per cent have no access to toilets.

PEOPLE IN NEED
6.7 M

PEOPLE IN ACUTE NEED
4.5 M

BY SEX

49% male
51% female

BY AGE

51% children
49% adult
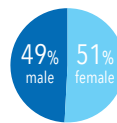
PEOPLE IN NEED MAP
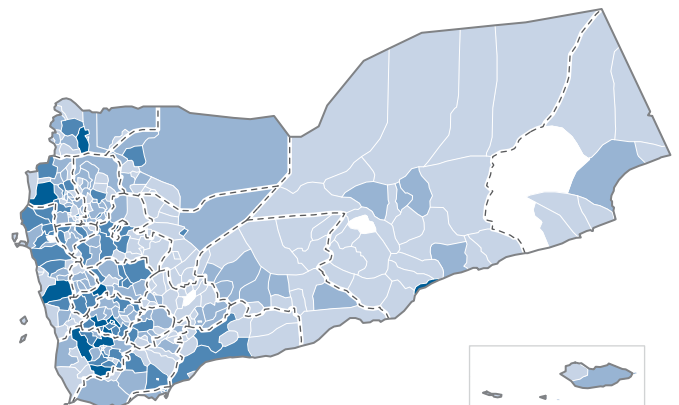
SEVERITY MAP
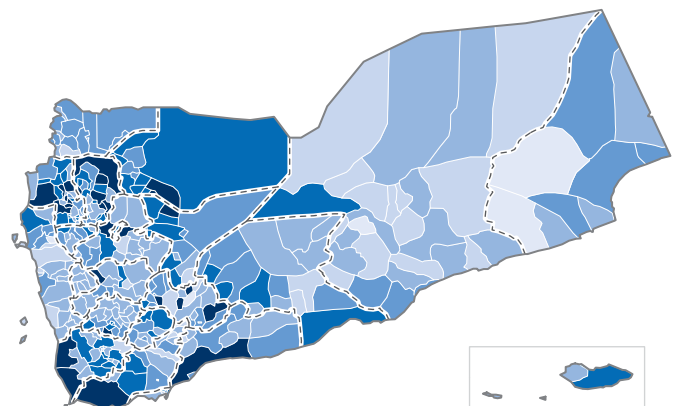
Residents of hosting sites often report a lack of access to dignified assistance, feeling unsafe, lack of privacy, limited representation of their needs, limited freedom of movement and harassment from other IDPs or the host community.

About 2.4 million IDPs (74 per cent of the total) are living in private settings, either in rented accommodation or with host communities.[66] Host families, many of whom were already on the margins of poverty, are accommodating additional people, and many report that at least three people are living per room.[67] A large majority of IDPs have been displaced for over a year, which is compounding the strain on host communities. IDPs in rented accommodation often struggle to afford rent or other essentials and are at risk of eviction or abuse. Assessments estimate that the rate of eviction from IDP hosting sites increased from 15 per cent last year to 18 per cent in 2018; partners believe this indicates a need to respond to increasing needs in IDP hosting sites.

Nearly 90 per cent of the one million returnees[68] returned to their areas of origin more than a year ago.[69] However, 10 per cent of returnees still lack shelter or have settled in makeshift shelters, and 6 per cent are staying in IDP hosting sites. These outcomes are due to multiple factors, including damage to homes, insecurity and limited access to services and livelihood opportunities.

RELATED PROTECTION NEEDS

Women, girls, boys and men often have different needs for shelter and NFIs. About 80 percent of IDP household members are children, women or elderly individuals.[70] Women, children and the elderly may struggle to reach distribution sites. Assessments have found that 86 per cent of people with disabilities and other vulnerable people experience problems accessing services due to physical access challenges, economic barriers, socio-cultural barriers, discrimination, lack of information and services and inability to travel.[71] Marginalized groups are likely to face greater challenges in accessing shelter or NFI support due to discrimination from the community. Distributions of shelter materials, NFIs or other assistance should take place in a non-discriminatory manner in safe locations for all population groups.

Protection risks intensify as the period of displacement grows longer. For example, more families may seek to marry off younger daughters after living another year in sub-standard shelter conditions. Inadequate services in hosting sites and the inability of heads of households to provide for their families may increase frustration that manifests as aggressive behaviour, domestic violence and other abuse. Adequate services are needed that reflect these different needs and protection risks. Shelters should be designed to ensure the right to minimum living space per person, privacy, and separated facilities are required for toilets.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

Needs for cluster services increased over the last year both in terms of scope and severity. The number of people in need increased by 24 per cent (to 6.7 million people), and the number of people in acute need increased by 78 per cent (to 4.5 million people). New displacement was a primary driver of these increases. The increases were exacerbated by the fact that many emergency shelter kits distributed to established IDP populations have now worn out. Protracted displacement is straining IDPs and their hosts, making them increasingly vulnerable.

People are less able to meet their shelter and NFI needs independently. Steep economic decline, including rapid depreciation of the Rial and related price rises, has made household items and shelter materials increasingly unaffordable in local markets. MCLA key informants report that less than 30 per cent of people have access to regular or sustainable income. An increasing number of families report that they owe their landlords large sums of money for rent, which can lead to forced evictions.

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

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BREAKDOWN OF SHELTER VULNERABILITIES

Types of Shelter: **IDPs** **Returnees**

No Shelter/Makeshift Shelter* 12% 10%

Own House Or Apartment (Self-Owned Property) 9% 57%

With Host Family 22% 7%

Rented Accommodation 43% 20%

Collective Centers 14% 6%

77% of IDP hosting sites in need of management and coordination support

*Typically built from waste and temporary materials.
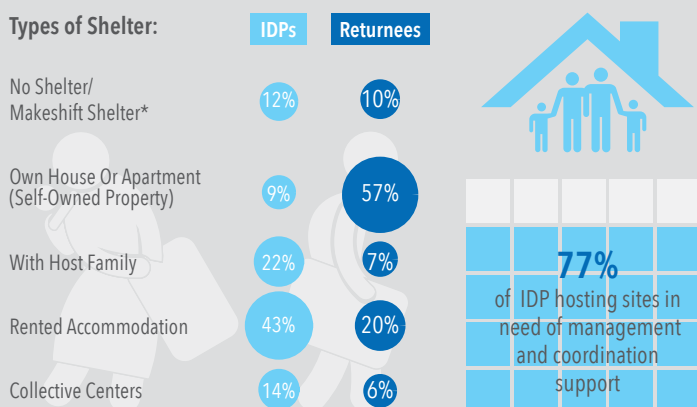
TOP 3 SHELTER / NFI NEEDS FOR IDPS AND RETURNEES

IDPs

Shelter
- Shelters are over-crowded
- The family cannot afford the rent/threatened to be evicted
- Shelter materials including for repair are too expensive

NFIs
- People lack basic household items and cannot afford to buy them
- Families do not have cooking stove/fuel
- Shelters do not have lighting

Returnees

Shelter
- Homes are so damaged to a degree that they are uninhabitable
- Shelters are over-crowded
- Shelter materials including for repair are too expensive

NFIs
- People lack basic household items and cannot afford to buy them
- Families do not have cooking stove/fuel
- Shelters do not have lighting

Source: Shelter/NFI/CCCM Cluster and Multi-Cluster Location Assessment (MCLA) 2019

PROTECTION

OVERVIEW

Protection of civilians remains a major priority in Yemen. More than 17,700 estimated civilian casualties[72] have been verified since September 2015, and thousands more people have been threatened by indiscriminate attacks and violations of international humanitarian law (IHL). An estimated 14.4 million people need protection assistance, including 8.2 million in acute need.

Conflict has left more than 3.3 million displaced[73], including some 685,000 newly displaced since the military escalation along the western coast in June 2018. Catastrophic hunger, disease outbreaks and lack of services due to destruction of vital civilian infrastructure has exacerbated the situation of more than one million people with specific needs. Millions of civilians in 19 governorates are at risk from landmines or explosive remnants of war (ERW).

Grave violations against children remain high, following a 51 per cent increase in verified cases of killing and maiming of children compared to the previous year. Urgent needs persist for mine risk education, unaccompanied and separated children, mental health and psychosocial support for children and adolescents. As reports of GBV continue to increase, survivors need multi sectoral GBV services.

HUMANITARIAN NEEDS OF THE POPULATION

Conflict, indiscriminate attacks and IHL violations continue to exact a brutal toll on civilians. Efforts to improve protection of civilians and assist victims of conflict are increasingly needed, following an 11 per cent year-on-year increase in civilian casualties verified by OHCHR for the period September 2017 to August 2018. More than half of these casualties occurred in victims' own homes, at the market or in cars and buses. Following a 64 per cent increase in displacement, related needs for IDPs and IDP returnees have risen for protection; access to services; civil documentation; family reunification; and housing, land and property. Due to the combination of conflict, lack of services and dwindling livelihoods, those suffering most from conflict-exacerbated vulnerabilities resort to negative coping mechanisms. Mounting psychosocial needs require individual follow-up and referrals. Weak rule of law continues to place the most marginalized at risk of rights violations, including detention and disappearances.

Child Protection

The situation of children has worsened. This year, 4.3 million children are in acute need compared to 3.3 million children last year. Grave violations of children's rights continue to occur,
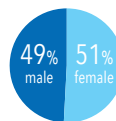
including indiscriminate killing and maiming of children, child recruitment and attacks against schools and hospitals. While under-reported due to lack of access in some conflict-affected locations, partners documented and verified 2,367 cases of children affected by grave violations between October 2017

PEOPLE IN NEED

14.4M

PEOPLE IN ACUTE NEED

8.2M

BY SEX

49% male 51% female

BY AGE

52% children   48% adult

PEOPLE IN NEED MAP

- [ ] [ ] [ ] [ ] +

SEVERITY MAP

- [ ] [ ] [ ] [ ] +

and September 2018. In Sa'ada and Al Hudaydah governorates, these incidents more than doubled, highlighting the need for child protection services.

Children affected by armed conflict need individual follow-up, medical referrals and psychosocial support. About 35 per cent of child protection incidents addressed by social workers through the case management system in 2018 were related to mental health and psychosocial support. Mine risk education remains critical as reports of child victims of mines and unexploded ordnance increased from 119 to 227 in the last year. Support for unaccompanied and separated children and children heading households remains critical. An estimated 19,000 separated children, seven per cent of whom are in displaced communities, need assistance.

Gender Based Violence

With the continuing conflict, response to incidents of GBV have increased by 70 per cent compared to last year, despite chronic under-reporting. Sudden and new displacement has increased the vulnerability of women and girls, with consequent increased needs for multi sectoral services, including expansion of geographical coverage and strengthened capacities for service providers. Critical needs include timely follow-up and referral, medical assistance, psychosocial support, emergency shelter and legal assistance. In addition, training, technical guidance and support are needed to prevent and mitigate GBV risks.

Mine Action

Landmines and explosive remnants of war continue to pose a serious risk to the life and safety of millions of people in 19 governorates, as well as hindering access to livelihoods, movement of populations and goods, access to critical infrastructure and basic services. High risk areas include active and former frontlines and borders areas, with risks increasing in areas formerly affected by conflict where access to land becomes

more readily available, which can hinder safe return of IDPs to their areas of origin. Victims and survivors of explosive-related incidents need access to proper assistance, including medical, rehabilitation, psychosocial and socio-economic inclusion, particularly when survivors are women. Children are particularly at risk as they tend to mistake cluster munition, abandoned explosive ordnance (AXOs) and landmines for toys. In 2018, around 227 children were affected in landmine or ERW-related incidents, although these incidents remain largely under-reported.

AFFECTED POPULATION

People threatened by indiscriminate effects of conflict and IHL violations are most in need of protection. In 2018, more than 56 per cent of districts in Yemen were affected by airstrikes, shelling or armed clashes.[74] The worst-affected 10 per cent of districts experienced these incidents almost every day, notably in Sa'ada and Al Hudaydah, where there were significant increases from last year. Large numbers of incidents were reported in Taizz, Al Jawf, Hajjah and parts of Marib and Sana'a.

In addition, more than 1 million people have been identified with specific needs, including female and child heads of households, persons with disabilities, unaccompanied elderly, survivors of trauma, and other women and children at risk. Governorates with the most people with specific needs include Al Hudaydah, Al Jawf, Amran, Hajjah, Sa'ada and Taizz. Roughly 685,000 newly displaced people, mainly from Al Hudaydah, and people living in hosting sites and spontaneous settlements are among the most affected.

Children continue to face grave violations and the effects of armed conflict, particularly in or near conflict-affected areas. Children who have experienced or are at risk of such violations need assistance and support, including mine risk education, family tracing, reunification, interim care services and psychosocial support. Child-headed households are among the most vulnerable.

45

CIVILIAN CASUALTIES (2015-2018)

10.8K
Injured

17.7K
Tot. civilian casualities
since March 2015

6.9K
Killed
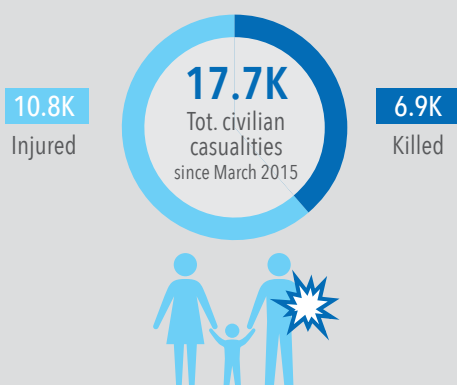
Source: OHCHR, March 2015 – 30 November 2018

GBV INCIDENTS BY TYPE (2018)

Physical assault   46%
Psychological abuse   22%
Denial of resources   17%
Child marriage   11%
Sexual abuse   3%
Rape   1%
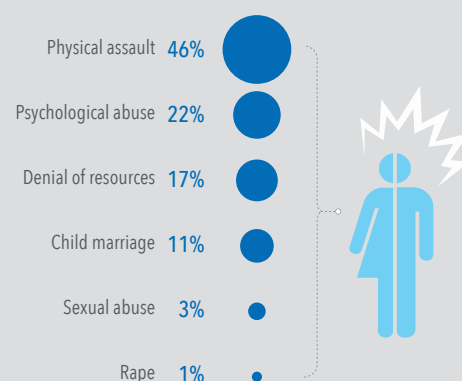
Source: UNFPA, December 2018

Women and girls continue to be subjected to different forms of GBV. Sudden displacement and the lack of resources for women and girls, especially for those who are responsible for their families and for child marriage survivors, has heightened their vulnerabilities. The economic empowerment of women and girls remains a critical need.

CENTRALITY OF PROTECTION

As the conflict deepens, protection remains at the heart of the humanitarian crisis in Yemen. Conflict has created a man-made catastrophe, where needs related to food insecurity, disease outbreaks and lack of shelter, among others, result in specific protection risks and consequences. Sectoral needs disproportionately affect groups such as women and adolescent girls, children, older persons, persons with disabilities and other vulnerable, marginalized or socially excluded persons with specific needs. Impacts include negative coping strategies, such as extreme forms of child labour, begging or child marriages, further risks of exploitation, recruitment into armed groups and forces, and family violence. Heightened vulnerabilities, family separation and the breakdown of family or community support structures may obstruct access to humanitarian assistance and services. In addition, mental health and psychosocial support needs are critical to preserving life and mitigating protection risks, particularly during conflict. If unaddressed, all these protection consequences can have irreversible effects, particularly on women and children.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

The conflict continues to take a brutal toll on civilians, including women and children, and heighten vulnerabilities of the displaced and conflict-affected population. The number of people in need of protection assistance has increased by 12 per cent to 14.4 million people, compared to 12.9 million last year. The most significant increases in severity were seen in Al Hudaydah, as a result of the military escalation on the western coast, as well as in Amanat al Asimah, Marib, Al Jawf, Al Bayda and Al Dhale'e governorates. Decreases in the number of people in need of protection assistance were seen in Shabwah, Maharah, Hadramaut, Aden and parts of Taizz, reflecting lower intensity of conflict compared to last year.

Needs are increasing. The number of people in acute need increased by 27 per cent to 8.2 million people, compared to 6.5 million last year. This reflects a deepening of the protection crisis, particularly in areas where intense conflict occurred over the last year (mainly Al Hudaydah, Amanat al Asimah, Al Dhale'e and Hajjah governorates).

For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

EDUCATION

OVERVIEW

The Education Cluster estimates that 4.7 million children need education assistance, including 3.7 million in acute need. This includes roughly 2 million children who are out of school. Girls are more likely to lose out on education, with 36 per cent out of school compared to 24 per cent of boys.

Support for teacher incentives is an urgent need for the upcoming school year. Approximately 10,000 schools in 11 governorates are seriously affected by the non-payment of teachers' salaries, and 51 per cent of teachers have not received their salaries since October 2016. Many have been forced to flee the violence or to find other opportunities to survive.

Education Cluster data confirms that an estimated 2000 schools are unfit for use due to the conflict. This includes 256 schools that have been destroyed by air strikes or shelling; 1,520 schools that have been damaged; 167 schools that are sheltering IDPS; and 23 schools that are still occupied by armed groups.

HUMANITARIAN NEEDS OF THE POPULATION

The Education Cluster estimates that 4.7 million children need education assistance across Yemen, including 3.7 million in acute need. This includes 2.1 million girls and 2.6 million boys.

Support for teacher incentives is the most critical and urgent need for the upcoming school year.

Access to education for 3.7 million children in 11 governorates is at stake due to non-payment of salaries for more than two years. This is having a serious impact on schools, teacher performance and access to education.

An estimated two million children who are out of school need assistance to regain access to education. Support is needed to provide these children with temporary learning spaces (TLS) and alternative learning opportunities.

Support is also needed for schools that are still functioning, including school supplies and school furniture. The collapse of health and WASH services has further affected 5.8 million children in schools who need adequate WASH services, including hygiene promotion, to prevent the spread of acute watery diarrhoea (AWD) and cholera. Support is needed to provide supplies and school meals to children as an incentive to keep children in school, as families may de-prioritize education in difficult economic times and send children to work.

AFFECTED POPULATION

Collapsing basic services are affecting children's access to education across the country. About 3.7 million children in
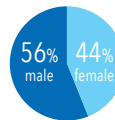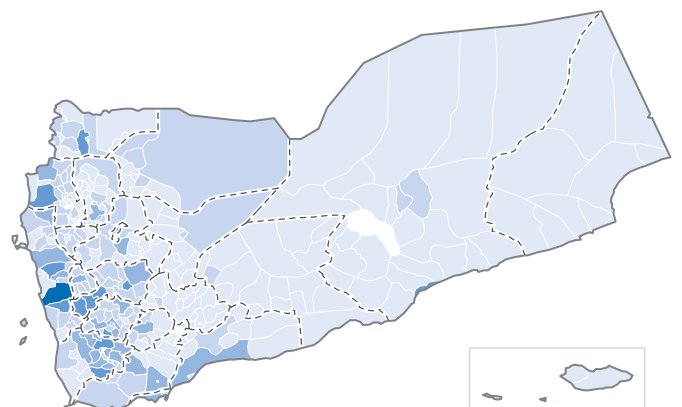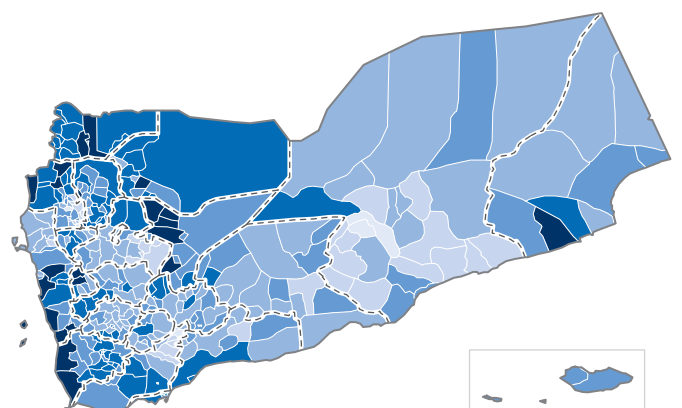
northern governorates are affected by non-payment of teacher salaries, as detailed above. In addition, about one million children in southern governorates governorates have lost two months of schooling due to teacher strikes following the devaluation of the rial and inflation in the last quarter of 2018.

PEOPLE IN NEED
4.7 M

PEOPLE IN ACUTE NEED
3.7 M

BY SEX

56% male · 44% female

BY AGE

100% children

PEOPLE IN NEED MAP

SEVERITY MAP

Conflict-affected children are especially at risk. Military operations along the west coast seriously obstructed access to education. Altogether, an estimated 300,000 children are out of school in districts with high levels of conflict, including Al Hudaydah, Sa'ada, Al Dhale'e, Al Bayda and Hajjah. In Al Hudaydah, one-third of schools are closed due to fighting. In the worst affected areas of Al Hudaydah, only one in three students can continue attending school, and less than one quarter of teachers are present in school. Approximately 1.1 million IDP children need education support. These children are often affected by the loss of family income, loss of civil documentation, overcrowded schools, and general hardships caused by displacement. These children often need access to TLSs and alternative learning opportunities.

Communities affected by natural disasters have restricted access to education. More than 40,000 students were affected by cyclones in Hadramaut, Al Maharah and Socotra governorates.

RELATED PROTECTION NEEDS

Families may prioritize boys' education over girls, and girls are therefore more likely to be out of school. Parents may have concerns about sending daughters to school due to security issues, a lack of female teachers or if the school is a long distance from home. A lack of separated toilets or WASH facilities is a major cause of girls dropping out of school. Girls who are out of school face a higher risk of early marriage and domestic violence. Boys face a higher risk of recruitment by armed groups. Given economic challenges, boys and girls are both at risk of being held back from school and sent to work.

Conflict-affected children, including IDP children, are more likely to need psychosocial support services (PSS).

Marginalised children, such as Muhamasheen and children with disabilities, are more likely to be ignored when it comes to education.

TRENDS ANALYSIS AND KEY CHANGES IN 2019

The number of children who need education assistance is increasing year-on-year, rising from 2.3 million in 2017 to 4.7 million in 2019. The vulnerability of school-age children has increased significantly due to escalation of conflict, severe deterioration of the economic situation and increased displacement.

UNDERLYING CAUSES AND KEY DRIVERS

Despite gains made in enrolment in the last decade, Yemen was not able to achieve education millennium development goals (MDGs). The quality of education and weak institutional capacity have deteriorated further, which is further straining the education system.

The primary reasons for this decline are successive cycles of conflict, which have taken a severe toll on civilians, and the worsening economic crisis. These have resulted in significant losses in human, physical and economic capital, leading to drastic deterioration of public services, including education.

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AFFECTED SCHOOLS BY GOVERNORATE AND STATUS

Governorate	Affected schools
Am. Al Asimah	227
Dhamar	192
Hajjah	161
Marib	89
Al Dhale'e	83
Al Hudaydah	80
Abyan	69
Al Bayda	64
Al Jawf	60
Ibb	55
Lahj	50
Amran	41
Al Mahwit	33
Aden	21
Hadramaut	1

Source: Education Cluster, November 2018

2,000 affected schools in 15 governorates

48%	20%	16%	15%	1%
Occupied by IDPs	In the front line	Partial Damage	Totally Damage	Occupied by armed groups
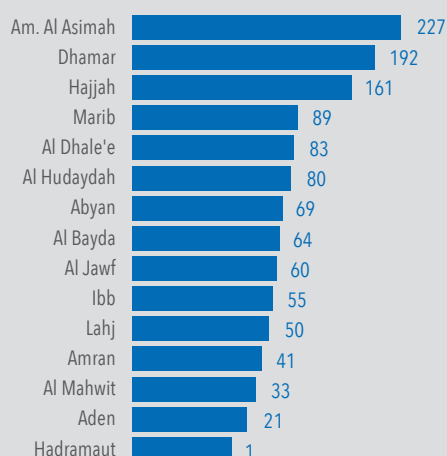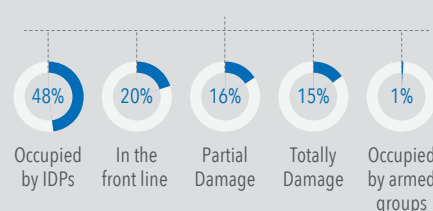
OPERATIONAL NEEDS

OVERVIEW

The Humanitarian Needs Overview focuses on the needs of affected people in Yemen. However, it also considers broader operational needs to provide assistance across the country. More specific requirements will be articulated in the 2019 Yemen Humanitarian Response Plan.

LOGISTICS

Yemen is the world's largest humanitarian crisis and the largest humanitarian operation. A volatile security situation, restricted access to some parts of the country, fuel shortages and damaged road infrastructure are all factors that strain the response.

Humanitarian organizations require assistance to overcome limited access to conflict-affected areas; ensure reliable transport of goods and staff to, from and within Yemen; de-congest supply movements at main entry points; compensate for inadequate or damaged infrastructure; and ensure sufficient quantities of fuel for humanitarian organizations. Fuel provision to health facilities and the water supply system has been identified as a critical need to ensure continuity of essential services. Timely logistics-related information is also required for humanitarian organizations to plan and implement their activities.

EMERGENCY TELECOMMUNICATIONS CLUSTER

The lack of reliable, secure telecommunications and internet services severely constrains partners' ability to operate. This challenge is exacerbated by a lack of infrastructure, shortages of necessary equipment and difficulties in importing needed supplies. Information Technology (IT) support is also required.

These challenges are present in all humanitarian hubs: Aden, Al Hudaydah, Ibb, Sa'ada and Sana'a. IT and telecommunications support will particularly be needed to support the establishment of new emergency sites and hubs in 2019. Humanitarians will require reliable solar-powered solutions to overcome power outages and fuel shortages.

49

FUEL ALLOCATED AND TRANSPORTED (JUL 2015 - OCT 2018)

27.8M*
litres

57
PARTNERS

*Including fuel provided by WFP to health and water sanitation facilities on behalf of UNICEF and WHO.
Source: Logistics Cluster, November 2018

RELIEF ITEMS TRANSPORTED (JUL 2015 - OCT 2018)

PARTNERS

13K MT   by land   23

8.4K MT   by sea   23

2.3K MT   by air   26

AIR AND SEA PASSENGER SERVICES (2015-2018)

29K   air passengers /UNHAS 2015 - Nov. 2018   64

HUMANITARIAN WORKERS   PARTNERS

2.6K   sea passengers May 2016 - Nov. 2018   37

ETC SERVICES PROVIDED (2018)

10   ETC hubs and service provision   41 PARTNERS

1.6K   Help desk tickets registered & resolved   19 PARTNERS

27   EOC established and supported**   1 PARTNER
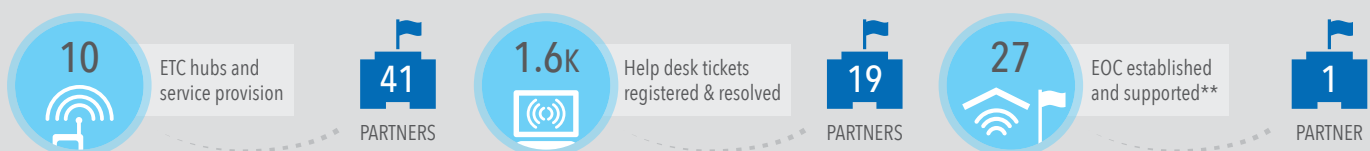
** Emergency Operation Centre (EOC) response to to the Cholera Response funded by WHO

PART III: ANNEX

- Assessments and Information Gaps

- Methodology

ASSESSMENTS AND INFORMATION GAPS

In 2018, significant efforts were made to expand primary data collection and enhance evidence-based needs analysis to inform the Yemen response. Consequently, in addition to cluster-specific assessments such as Famine Risk Monitoring (FRM), WASH household assessment, HeRAMs, and SMART surveys, a nationwide MCLA was conducted to better understand the scale and scope of humanitarian needs.

This year, humanitarian partners conducted more than 100 assessments with the understanding that quality, methodologically sound and independent needs assessments are essential for informed operational decision-making and required for comprehensive humanitarian planning.

MULTI-CLUSTER LOCATION ASSESSMENTS

The Yemen MCLA was conducted as one, coordinated data collection exercise to fill information gaps and promote a more effective humanitarian response by providing district-level analysis of needs per population group. For the first time, the MCLA covered all population groups (IDPs, returnees, host community, non-host community, refugees and migrants) in 331 out of 333 districts in 6,791 locations. One or more population groups were targeted in each location and more than 22,000 interviews were conducted using a KI methodology. The MCLA complemented cluster-specific assessments and provided comparable data across the clusters, specifically WASH, Shelter/NFI/CCCM, Health, Education, Protection (child protection and GBV), and the Refugee Migrants Multi-Sector (RMMS). In addition, cross-cutting issues such as demographic information, displacement trends, priority needs, and livelihoods were included.

CLUSTER-SPECIFIC ASSESSMENTS

Data collected through the MCLA was combined with sector-specific technical studies, including household-level FRM, SMART surveys, household-level WASH assessment and HeRAMS, which directly informed cluster severity scales as well as People in Need (PiN) calculation methods. See the Methdology annex for a complete list of indicators and data sources informing the 2019 HNO.

ASSESSMENTS USED BY CLUSTER

Education
Multi-Cluster Locations Assessment (MCLA)
Famine Risk Monitoring (FRM)
TFPM/DTM

Food Security and Agriculture
Famine Risk Monitoring (FRM)
IPC

Health
Multi-Cluster Locations Assessment (MCLA)
HeRAMS
eDews morbidity data
SMART surveys
TFPM/DTM

Shelter/NFI/CCCM
Multi-Cluster Locations Assessment (MCLA)
CCCM Baseline Assessment
TFPM/DTM

Nutrition
SMART surveys
Famine Risk Monitoring (FRM)
HeRAMS
TFPM/DTM

Protection
CIMP
OHCHR
Country-level Task Force on the Monitoring and Reporting Mechanism (CTFMRM)
Gender Based Violence Information Management System (GBV IMS)
Multi-Cluster Locations Assessment (MCLA)
TFPM/DTM

WASH
WASH HH-level assessments (REACH)
Multi-Cluster Locations Assessment (MCLA)
eDews morbidity data
Famine Risk Monitoring (FRM)
SMART surveys
CCCM Baseline Assessment
TFPM/DTM

RRM
Multi-Cluster Locations Assessment (MCLA)
Protection Baseline Assessment
IOM DTM

NUMBER OF ASSESSMENTS

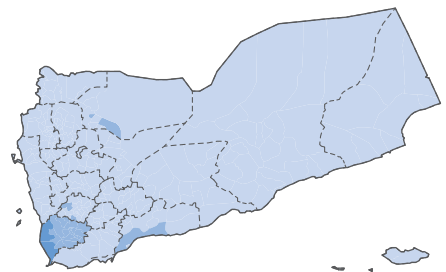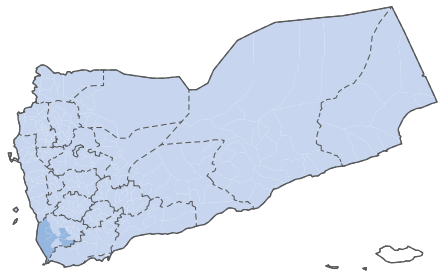0   1 - 5   6 - 10   11 - 15   16 - 20   21 - 23

Am. Al Asimah

Hadramaut

Sa'ada

Al Jawf

Al Maharah

Amran

Hajjah

Marib

Al Mahwit

Sana'a

Raymah

Dhamar

Shabwah

Al Hudaydah

Socotra

Ibb

Abyan

Taizz

Lahj

Al Dhale'e   Al Bayda

Aden
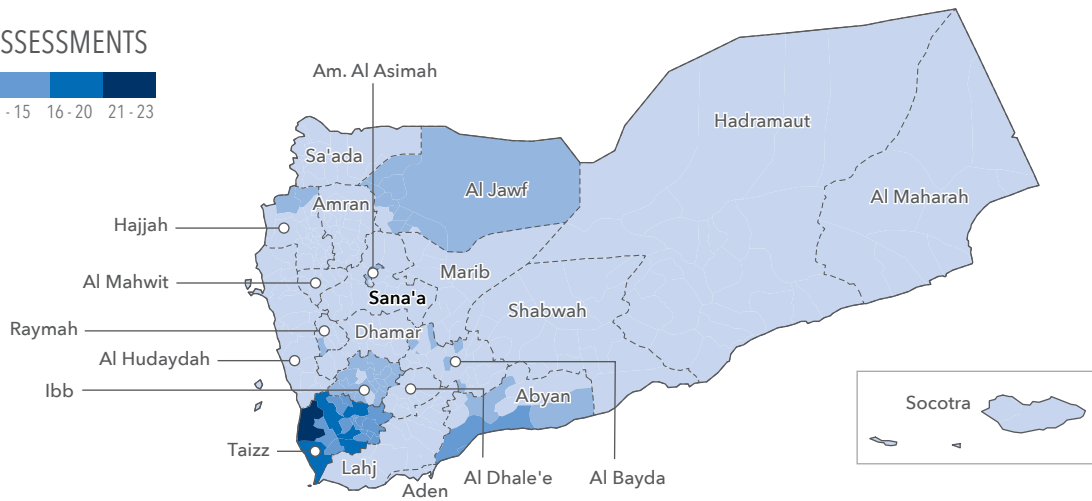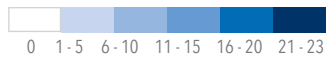
FOOD SECURITY & AGRICULTURE
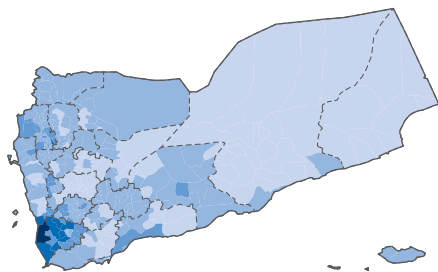
WASH
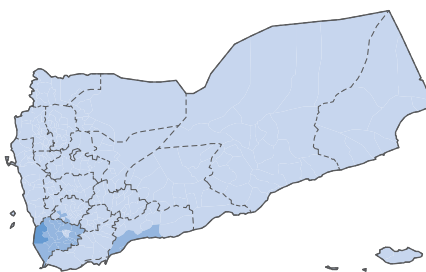
HEALTH

PROTECTION

NUTRITION
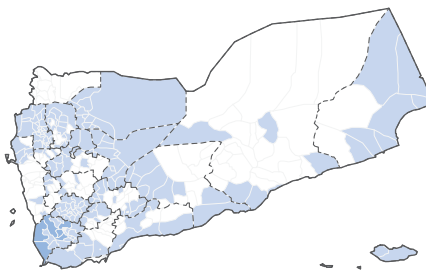
SHELTER / NFI / CCCM
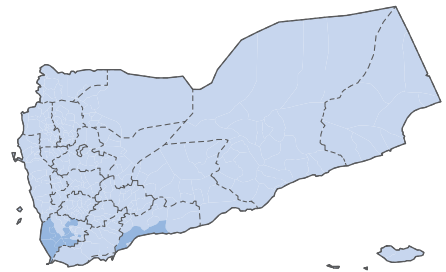
EDUCATION
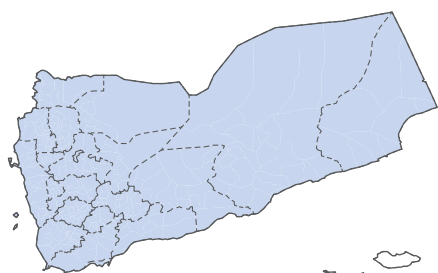
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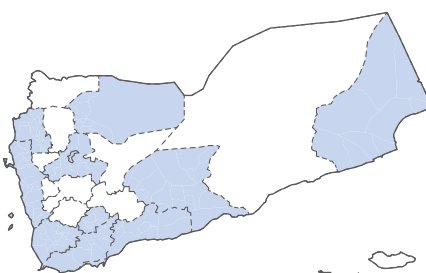
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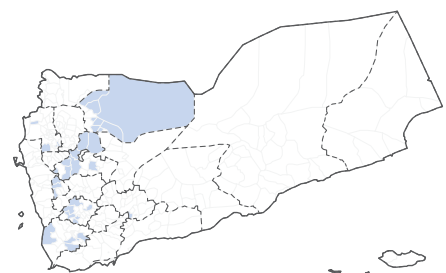
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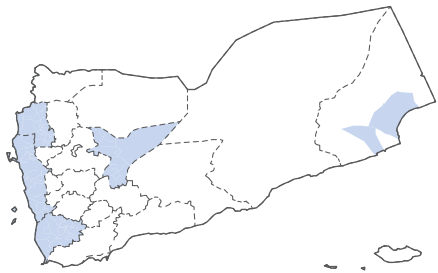
LIVELIHOODS

2019 DISTRICT-LEVEL INTEGRATED FOOD SECURITY PHASE CLASSIFICATION

The 2018 Yemen IPC shifted from governorate-level to district-level analysis covering all 333 districts for the first time. The process brought together available food security information in a systematic manner to produce the analysis of the food security situation. Information sources included data collected from two rounds of the FRM system in September/October 2018 and May 2018. The FRM data included all IPC direct evidence for food consumption (food consumption score, household dietary diversity score, household hunger score and food related coping strategies) as well as livelihood coping strategies. Market-related data was provided by WFP's Vulnerability Analysis and Mapping (VAM) market monitoring system and market monitoring data from the Food Security Technical Secretariat (FSTS) of the Ministry of Planning and International Cooperation and FAO's Enhancement of Food Security and Resilient Livelihoods Programme (FAO-EFRLP). Malnutrition and mortality data were provided by Nutrition Cluster SMART surveys conducted in 2018 for 15 governorates. Health and disease outbreak data were provided by WHO and the Ministry of Public Health and Population through the Electronic Disease Early Warning System- eDEWS. In addition, the analysis benefited from rainfall data from Famine Early Warning Systems Network (FEWS NET), data from government institutions including agriculture production assessments from the Ministry of Agriculture and Irrigation (MAI), recent reports from the Task Force for Population Movement (TFPM) and others, which were made available to the IPC analysis. In addition, the latest reports from various clusters (including Nutrition, Food Security and Agriculture (FSAC), and WASH), reports from different governorates and local knowledge and expertise from the analysis team contributed to the IPC analysis and classification across governorates.

2019 CONTINUED SITUATION MONITORING AND ASSESSMENT PLANS

In 2019, increased efforts will be made to enhance situation monitoring given the high volatility of the context and conflict-related developments. Regular needs updates will support strategic-level decision-making at the HCT and ICCM levels and the development of a shared understanding of the impact of the crisis, and directly inform operational response planning. Given the scale of the humanitarian crisis in Yemen and with the understanding that select cluster emergency indicators accurately reflect changes in the severity of need, clusters have identified key situation indicators to be used for continued monitoring of the situation throughout the 2019 Humanitarian Planning Cycle. In addition an update of the IPC analysis is planned for March 2019.

INFORMATION GAPS

Independent humanitarian assessments ensure a needs-based approach to the delivery of assistance in line with humanitarian principles. While progress continues to be made compared to previous years, continued advocacy efforts are needed to provide an impartial understanding of the increasing severity of needs.

Although substantial advancements in terms of geographic and thematic coverage were made in 2018, more granular information is required to better understand the specific needs of vulnerable groups. This requires going beyond location-level key informant interviews to gather household-level information on needs and vulnerabilities to better inform response planning. Furthermore, efforts are needed to ensure gender parity in data collection exercises, which will require dedicated resources and sustained advocacy to better understand the specific needs of women and girls.

In order to achieve these improvements, more frequent and improved needs assessments are planned for 2019. These will include:

- quarterly IPC updates in high-severity districts;
- enhanced MCLAs;
- 22 SMART surveys across all governorates;
- WASH household-level surveys;
- comprehensive monthly Integrated Programme for Famine Risk Reduction (IFRR) monitoring framework with nutrition, health, food security and WASH impact and outcome indicators; and
- stronger focus on harmonizing tools, enhancing data quality, and improving partner capacity.

While the quality of needs assessments can still be improved, the scope and depth of data collected to inform the 2019 HNO provides a solid evidence base for a more effective and accountable humanitarian response.

ASSESSMENT COVERAGE BY LOCATION AND SECTOR

Legend: 0 | 1-5 | 6-10 | 11-15 | 16-20 | 20+

	EECR[1]	Education	Food Security & Agriculture	Health	Livelihood	Nutrition	Population Movement Tracking	Protection	RMMS[2]	Shelter/ NFIs/CCCM	WASH[3]
ABYAN											
ADEN											
AL BAYDA											
AL DHALE'E											
AL HUDAYDAH											
AL JAWF											
AL MAHARAH											
AL MAHWIT											
AM. AL ASIMAH											
AMRAN											
DHAMAR											
HADRAMAUT											
HAJJAH											
IBB											
LAHJ											
MARIB											
RAYMAH											
SA'ADA											
SANA'A											
SHABWAH											
SOCOTRA											
TAIZZ											

1 Emergency Employment and Community Rehabilitation; 2 Refugees & Migrants Multi-Sector; 3 Water, Sanitation and Hygiene.

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METHODOLOGY

The 2019 HNO is based on the most recent population projections issued by the Yemen Central Statistical Organization (CSO), adjusted with data generated through the 17th TFPM report. Cluster and inter-cluster estimations of people in need and needs severity have been calculated by using the methodologies set out below.

Cluster-specific needs severity

Each cluster was asked to estimate the severity of needs in their respective sector for all 333 districts in Yemen, using an agreed seven-point severity scale (0 to 6). This included agreeing thresholds for indicator values along the seven-point severity scale to ensure that datasets from different clusters would be comparable across clusters, even though widely divergent datasets are used. In parallel, partners worked to organize and carry out assessments that would provide data to populate the severity scales, including the MCLA. Once all data had been collected and analysed, clusters translated these results into severity scores according to the thresholds in their agreed severity scales. Each cluster then combined individual indicator scores into a single composite severity score for every district. Formulas for generating composite scores were determined by the clusters based on internal technical agreement (including simple average, weighted average). Composite severity scores are the basis for all sector specific needs severity maps in the 2019 HNO.

Inter-cluster needs severity

The inter-cluster needs severity overlays all clusters' severity scores with a double weight for the IPC scores to identify districts with the greatest concentration of severe needs across multiple sectors. There are 104 districts with highest severity scores (6 and 5) across multiple sectors, including 45 districts with pockets of people in IPC Phase 5. Clusters calculated their composite needs severity scores for every district. Cluster scores for every district were then added together to generate a "needs severity sum" for all districts. District sums were clustered using Jenks natural breaks so that each district was assigned a score based on its sum. The 45 IPC Phase 5 districts were overlaid with the highest inter-sector severity districts. Severity indicators measuring the needs of refugees and migrants were also excluded from the intersectoral severity analysis given the limited number of affected people.

In line with the 2017 and 2018 methodology, the Yemen ICCM endorsed the seven-point severity scale (0 to 6) against which to "grade" these values and implemented this scale for every district. A score of 2 to 3 indicates people in moderate need, who require assistance to stabilize their situation and prevent them from slipping into acute need. A score of 4 to

6 indicates people in acute need, who require immediate life-saving assistance. The outcome of this process forms the basis of the inter-sector needs severity map in the "Severity of Needs" chapter of the 2019 HNO.

Cluster-specific estimates of people in need (moderate/acute)

OCHA designed a flexible methodology for clusters to estimate people in need (PiN), including distinctions between acute and moderate need. Recognizing that clusters possess varying degrees of data on which to base district-level PiN estimates, two options were provided to maintain flexibility without sacrificing rigor.

Under option 1, clusters designed their own methodology entirely. This option was selected by two clusters, the FSAC, and the Nutrition Cluster. Under option 2, clusters relied on their composite severity scores to estimate total PiN and to categorize this estimate as moderate or acute. Severity scores were mapped to broad percentage estimates of the total district population (adjusted for displacement), with each score point (0-6) equivalent to 15 per cent of the population (0= 0 per cent; 6= 90 per cent). For example, a district that received a score of 5 would estimate 75 per cent of the adjusted population of that district to be in need, and those people would be categorized as acute PiN. Five clusters selected option 2: WASH, Education, Shelter/NFIs/CCCM, Protection and Health.

Inter-cluster estimates of people in need (moderate/acute)

OCHA estimated total PiN in Yemen across clusters in three steps: 1) identifying the single-highest cluster total PiN estimate in every district; 2) adding the estimate of refugees and migrants in need in every district to the single highest cluster PiN figure; and 3) adding all district-level totals together. This approach provides district-level total PiN estimates without double counting. To categorize total PiN as acute or moderate, OCHA relied on sectors' needs severity scores and the total PiN for each district. Scores of 2 or 3 were categorized as moderate, and scores of 4, 5 or 6 were categorized as acute. The proportion of moderate and acute scores in each district were then applied to the PiN for each

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district (e.g. if 45 per cent of sector severity scores fell in the acute range (4-6), 45 per cent of total PiN were categorized as acute, and 55 per cent as moderate). Similar to the overall PiN calculations, for each district people in acute need identified by the Refugees and Migrants Multi-Sector (RMMS) were added to the calculated inter-cluster acute PiN.

Inter-sector IDP/returnee/host community severity

While all IDPs/returnees/host communities are affected by the crisis and are in need of some form of humanitarian assistance, the most severe inter-sector needs converge mostly in governorates that have districts with ongoing conflict,

and districts that are hosting the highest proportion of IDPs and returnees. The ICCM identified a set of multi-cluster indicators to estimate the severity of needs per district, in districts hosting IDPs and where returnees are residing. Indicator scores for each district were summed up. The district sums were then clustered using Jenks natural breaks so that each district was assigned a score based on its sum. Districts with no IDPs or returnees were assigned a score of zero. Districts where the inter-sector needs converge with highest scores were identified as high priority districts to be prioritized for inter-sector IDP/returnee/host community response. In addition to this, each cluster will identify other priority districts for their specific cluster response.

INDICATORS OF INTER-CLSUTER IDP/RETURNEES/HOST COMMUNITY SEVERITY

INDICATOR	SECTOR	SOURCE
IDPs and returnees as percentage of current community population	Cross-sector	Population TWG , Oct 2018
Percentage of people in need of shelter assistance	Shelter/NFIs /CCCM	Shelter/NFIs /CCCM
Percentage of people in need of NFI assistance	Shelter, NFIs and CCCM	Shelter/NFIs /CCCM
Percentage of persons with specific needs	Protection	Shelter/NFIs /CCCM
Proportion of IDP and returnee communities in the district accessing an improved water source;	WASH	MCLA 2018/ WASH cluster
Proportion of IDP and returnee communities in district accessing a functioning latrine	WASH	MCLA 2018 / WASH cluster
School aged IDPs/returnees as percentage of same age group in the resident community	Education	Education cluster
Proportion of IDPs and returnee communities in the district accessing health services	Health	MCLA 2018
Governorate level conflict intensity	Cross-sector	2018 incident dataset
Food security score	FSAC	Food security and agriculture cluster (IPC scores)

Methodology for estimating districts at risk of famine

The selection of 230 districts at risk of famine is guided by IPC protocols and WHO's classification thresholds (i.e. ≥ 20 per cent severe food insecurity and ≥ 15 per cent GAM). Cut off points for each category were assigned based on international thresholds and the local context. The selection of the districts at heightened risk of famine followed the below process:

- All districts in IPC Phase 4 '(Emergency) and with pockets of populations in IPC Phase 5 (Catastrophe) were selected. This resulted in 190 districts (including 42 districts where pockets of the population are facing catastrophi" conditions).

- Three districts in IPC Phase 3 (Crisis) and with populations in IPC Phase 5 were added to the previous list of districts in IPC Phase 4.

- 37 districts (34 in IPC Phase 3 and 3 in IPC Phase 2) with critical nutrition situations but not in IPC Phase 4 were added.

Methodology for estimating cholera priority districts

The main indicator used to determine severity of need for cholera preparedness and prevention is the incidence of AWD or suspected cholera per 10,000 of the population. Suspected cholera and AWD cases reported through the eDEWS between January 2018 and end of October 2018 were used to calculate severity per districts. Districts were considered in acute need if the attack rate was above 456 per 10,000 of the population. This analysis identified 22 districts as priority one, 95 districts as priority two, 65 districts as priority three and 10 districts as priority four.

CLUSTER METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

Food Security and Agriculture

FSAC relied on the IPC analysis to estimate the number of people in need.[75] This analysis was conducted in Sana'a and Aden and covered the entire country. Evidence included the FRM data (food consumption score, household dietary diversity score, household hunger score, food-related coping strategies, and livelihoods-related coping strategies). Market-related data was provided by WFP's VAM market monitoring system and the FAO-EFRLP and FSTS market monitoring data. Malnutrition and mortality data were provided by the Nutrition Cluster, UNICEF and MoPHP, and were based on SMART surveys conducted in 15 governorates. Health and disease outbreak data were provided by WHO/MoPHP (eDEWS). The analysis benefited from FEWS NET rainfall data, agricultural production assessments by MAI, TFPM reports, and cluster data.

Water, Sanitation and Hygiene (WASH)

To estimate people in need, data was collected against eight core indicators (including two composite indicators) linked to WASH conditions and WASH-related disease. Indicators include access to improved water and sanitation, as well as hygiene behaviours, at the household level for IDPs, returnees and host communities, including the distinct needs of IDPs in hosting sites. Morbidity data for suspected cholera, dengue and malaria, as well as malnutrition data, were added as proxy indicators. Indicators were scored on a seven-point scale (0-6) to define severity based on the percentage of population in need.

Indicators, and indirectly severity scores, were calculated based predominantly on the WASH household assessment and the MCLA, as well as SMART surveys, and eDews morbidity data. Data was triangulated with partner assessments and expert consultations at the sub-national level. At district level, each indicator was weighted based on its contribution to overall WASH severity, giving final districts severity scores. PiN were associated with severity scores, with each score point equivalent to 15 per cent of the population. PiN was broken into acute and moderate need, separating IDPs and the host community.

Health

Health partners selected a set of indicators in order to estimate the severity of the health situation in all districts of Yemen, drawing mainly from a combination of the 2018 HeRAMS, and eDEWS data, MCLA, as well as indicators covering social determinants of health. Indicators were grouped into three with double weight on the HeRAMS group and then districts were classified into seven levels using the scoring system from the lowest,0, to the highest severity level, 6. PiN were estimated with higher density in the high severity districts and was reduced in the districts with lower severity scoring. Acute PiN was estimated proportionately

from the PiN with higher percentage and the districts with a high severity score; the percentage of acute PiN was reduced for districts with a lower severity score. The total target beneficiaries was taken as 80 per cent of the PiN.

Nutrition

For estimating the people in need, the combined GAM)/SAM prevalence[76] using 2018 SMART surveys from 15 governorates[77] and older SMART surveys, the Emergency Food Security and Nutrition Assessment (EFSNA) 2016 and Comprehensive Food Security Survey (CFSS) 2016 for the remaining seven governorates. For the SAM and Moderate Acute Malnutrition (MAM) caseloads calculations the correction factor of 2.6 was used estimating SAM and MAM caseloads while 2.0 was used for PLW.

Number of PLW in need of IYCF counselling was estimated at 8 per cent of the total population per district based on a global estimate. All children aged 6-59 months are in need of micronutrient supplementation. BSFP programmes for children under age 2 was estimated as all children aged 6-23 months in all districts with a high level of acute malnutrition and food insecurity.

Shelter / Non-Food Items (Nfi) / Camp Coordination and Camp Management

The Shelter/NFI/CCCM Cluster estimated the severity score 0-6 scale at the district level for nine needs-based indicators according to the severity thresholds of each indicator and data from assessments and other reliable sources. If the district received a score of 2 or 3,pthe PiN is categorized as moderate. If the district received a score of 4, 5 or 6, it is categorized as acute. The total PiN was estimated using option 2 of the HNO guidance and generated using severity scores for acute and moderate districts. Thirty per cent of the 2019 population projection was calculated as people in need for districts under acute severity of needs, while 15 per cent was calculated for districts under moderate severity of needs. PiN estimates for districts scored 0 or 1 are not included in total PiN estimates. Using the above methodology, the total PiN for 2019 is 6.7 million people, up from 5.4 million last year, a 24 per cent increase, and those in acute need are 4.5 million people, up from 2.5 million last year, a 78 per cent increase.

Protection

District severity estimates are calculated based on available data, among others: civilian casualties, conflict incidents, grave violations of children's rights, affected schools, GBV incidents and services available, and population data regarding displacement and specific needs, including mental health and psychosocial support. Data is drawn from established monitoring mechanisms, including monitoring and documentation of civilian casualties by OHCHR, the MRM, GBV Information Management System (IMS), the TFPM, as well as other available data sources and through field-level consultations with partners where data was not available.

Education

Five indicators were used to estimate education needs severity in every district of Yemen. The Education Cluster agreed to adapt the severity scoring to double weigh indicator three (IDPs/Returnees burden on education) in the severity scale. Based on district severity scoring and its related percentages, an estimated 4.7 million children are in need of education-related services, this is in addition to the hygiene-related response. The overall PiN is calculated focusing on child enrolment rates based on 75 per cent of the CSO population estimates of school-age children (6-17 years old) in 2019.

Refugees and Migrants Multi-Sector (RMMS)

Refugees and Migrants Multi-Sector (RMMS) district-level population estimates of refugees, asylum seekers and migrants were developed by using 2017 estimates as the baseline. These baseline figures were adjusted using new arrivals data and the UNHCR proGres database to extrapolate refugee and asylum seeker statistics and profiles (location and gender). Field-based consultations in humanitarian hubs (Delphi methodology) were conducted to collect feedback from partners operating in different field locations. For the purpose of the 2018 HNO, the PIN was calculated using severity scores from Delphi-discussions questions. For the 2019 HNO, the same PIN was used; however to reflect the deterioration of the situation for refugees, asylum-seekers and migrants in Yemen, it was considered that all the People in Need are in Acute Needs as all persons of concern are targeted with at least of type of assistance or service from humanitarian partners in 2019.

CLUSTERS' SEVERITY INDICATORS

Food Security and Agriculture

	INDICATOR	DATA SOURCE
1	Level of food insecurity (Number of moderate and severely food insecure individuals at district level)	Integrated Food Security Phase Classification (IPC) analysis (2018); FSAC Famine Risk Monitoring assessments
Livelihoods		
2	Percentage of individuals accessing a stable source of livelihood/income per district	MCLA, FSAC Famine Risk Monitoring assessments; FAO Assessments

Water, Sanitation and Hygiene (WASH)

	INDICATOR	DATA SOURCE
1a	IDPs and returnees as percentage of current population	TFPM Location Assessment
1b	Proportion of IDP and returnee HH in district accessing an adequate / sufficient water source	MCLA 2018 WASH HH assessments and partner assessments / KAPS (SDR)
1c	Proportion of IDP and returnee HHs in district accessing a safe and functioning latrine	MCLA 2018 WASH HH assessments and partner assessments / KAPS (SDR)
1d	Proportion of IDP and returnee HHs in district having and using soap	MCLA 2018 Additional = WASH HH assessments and partner assessments / KAPS (SDR)
1e	Proportion of IDP and returnee HH facing severe environmental hygiene problems (solid waste and waste water)	MCLA 2018 WASH HH assessments and partner assessments / KAPS (SDR)
1f	Proportion of IDPs living in CC/SS out of the total IDP population	MCLA 2018 and IDP Hosting Site Assessment Baseline CCCM / Shelter / NFI cluster, TFPM
1g	Population of IDPs in CC/SS in need of support to access water	IDP Hosting Site Assessment Baseline CCCM / Shelter / NFI cluster, Cluster Assessments
1h	Population of IDPs in CC/SS in need of support to sanitation & waste removal services	IDP Hosting Site Assessment Baseline CCCM / Shelter / NFI cluster, Cluster Assessments
2a	Attack rate of suspected cholera/acute watery diarrhoea (AWD) (/10000 population) figure	Health cluster – WHO Epi (EdEWs) data – weekly (Jan – Sept)
2b	Attack rate of dengue (/10,000 population) figure	Health cluster – WHO Epi (EdEWs) data – weekly (Jan- Sept)
2c	Attack rate of malaria (/1,000) figure	Health cluster – WHO Epi (EdEWs) data – weekly (Jan – Sept)
3	Rate of Global Acute Malnutrition (wasting in children)	SMART nutrition surveys, EFSNA, (Nutrition Cluster- 2018 varied months)
4	Proportion of HHs accessing an improved water source	WASH HH Assessment (Sept 2018) SMART surveys 2018, & MCLA 2018 + WASH partner assessments and KAP, cluster SDR (includes partner assessments, GARWSP, GIZ, in 2018)
5	Proportion of HHs accessing a safe and functioning latrine	MCLA 2018 WASH HH Assessment (Sept 2018) + WASH Cluster SDR (includes partner assessments, GARWSP, GIZ, in 2018
6	Proportion of HHs in district accessing an adequate/sufficient quantity of water	MCLA 2018 WASH HH Assessment (Sept 2018) + WASH Cluster SDR (includes partner assessments, GARWSP, GIZ, in 2018
7	Proportion of HHs facing severe environmental hygiene problems (solid waste and waste water)	MCLA 2018 WASH HH Assessment (Sept 2018) + WASH Cluster SDR (includes partner assessments, GARWSP, GIZ, in 2018
8	Occurrence of flooding in the district	Delphi and partner assessments / SDR

Health

		INDICATOR	DATA SOURCE
Health Systems Capacities	1	Totally damaged HFs	2016-18 HeRAMS
	2	Partially damaged HFs	2016-18 HeRAMS
	3	Fully & partially functioning public health facility density	2016-18 HeRAMS
	4	Public health facility functionality	2016-18 HeRAMS
	5	Average distance from residency to health facility in the district	MCLA (question I_4)
	6	Health worker density	2016-18 HeRAMS
	7	Specialist density	2016-18 HeRAMS
	8	Public health hospital bed density	2016-18 HeRAMS
	9	Measles coverage in U1 by routine EPI and outreach rounds, Jan – Aug 2018	MoPHP / Immunization Program
	10	Under 1-year Penta3 coverage due to the 5 outreach EPI rounds (Jan – Aug 2018)	MoPHP / Immunization Program
	11	Polio campaign coverage in U5	MoPHP / Immunization Program
	12	HFs with fully available essential newborn care services	2016-18 HeRAMS, MCLA
	13	HFs with fully available Family planning services	2016-18 HeRAMS, MCLA
	14	HFs with fully available ANC services	2016-18 HeRAMS, MCLA
	15	HFs with fully available BEmOC services	2016-18 HeRAMS, MCLA
	16	HFs with NCD Services	2016 – 2018 HeRAMS, MoPHP
	17	Percentage of individuals in the district facing problems associated with health facilities	MCLA

		INDICATOR	DATA SOURCE
Morbidity	1	Diphtheria incidence	MoPHP / Surveillance program
	2	Measles incidence	eDEWS, MCLA
	3	Suspected cholera incidence	MoPHP / Surveillance program, MCLA
	4	CFR for AWD / cholera suspected cases	MoPHP / Surveillance program
	5	Neonatal tetanus incidence	eDEWS
	6	Malaria incidence	eDEWS, MCLA
	7	Dengue fever incidence	eDEWS

		INDICATOR	DATA SOURCE
Health Outcomes	1	Neonatal mortality	Demographic Health Survey 2013
	2	Infant mortality	Demographic Health Survey 2013
	3	Under 5 mortality	Demographic Health Survey 2013

Protection

	INDICATOR	DATA SOURCE
1	Number of casualties reported	OHCHR; MCLA 2018
2	Ratio of IDPs and IDP returnees to host population	17th report of the Task Force on Population Movement (TFPM); 2015 Central Statistics Office (CSO) population projections;
3	Ratio of persons with vulnerabilities/specific needs to entire population	MCLA 2018; Delphi Discussions
4	Number of persons exhibiting signs of conflict-related psychosocial distress in the last 12 months	MCLA 2018; Delphi Discussions
5	Percentage of schools affected by damaged, hosting IDPs, and occupied by armed groups or children not attending because of safety, conflict or mines/UXOs	MOE Update on School Status
6	Percentage of children with reported child rights violations	MRM database
7	Number of safe multi-sectoral GBV services out of 5 types (health, shelter, legal/justice, and psychosocial and livelihoods support) available and accessible at the district level	GBV dashboard, GBV Multi-sectoral services mapping, possibly Delphi if there are gaps
8	Number of GBV incidents reported in the last 12 months	GBVIMS; MCLA 2018
9	Number of airstrikes, shellings or landmine and other ERW incidents reported in the last 12 months	Civilian Impact Monitoring Project (CIMP); Open sources

Nutrition

	INDICATOR	DATA SOURCE
1	Rate of Global Acute Malnutrition (wasting in children)	SMART nutrition surveys, EFSNA, CFSS
2	Rate of SAM Acute Malnutrition (severe wasting in children)	SMART nutrition surveys, EFSNA, CFSS
3	Rate of stunting	SMART nutrition surveys, EFSNA, CFSS

Shelter / Non-Food Items (NFI) / Camp Coordination and Camp Management (CCCM)

	INDICATOR	DATA SOURCE
1	Ratio of IDPs and Returnees over total affected population	MCLA 2018, Latest TFPM report, CSO Population Projection for 2018
2	Percentage of the population (IDPs/Returnees) living in locations where damage to homes is one of the most serious shelter issues	MCLA 2018
3	Percentage of people in need of shelter assistance	MCLA 2018
4	Percentage of people in need of NFI assistance	MCLA 2018
5	Percentage of persons with specific needs	MCLA 2018
6	Percentage of people who know how to submit complaints/feedback	MCLA 2018
7	Percentage of IDPs hosting sites under threats of eviction	CCCM baseline assessment 2017/2018
8	Percentage of IDPs in hosting sites in critical needs for assistance (needs here refer to general need e.g. NFIs / Shelter / WASH/ Health).	CCCM baseline assessment 2017/2018, Site monitoring
9	Percentage of sites in need of management and coordination support	CCCM baseline assessment 2017/2018, Cluster database

Education

	INDICATOR	DATA SOURCE
1	Children's access to education in the district (enrolment rate)	Enrolment records, Education Office /MoE, Cluster partner assessment, MCLA question disaggregated by gender; possibly Delphi for gaps in data
2	Percentage of affected schools in the district [1]	Education Office /MoE, Cluster partner assessment, MCLA question, Delphi if need be
3	School aged IDPs/returnees as percentage of same age group in the resident community	TFPM /Education Office /MoE (Cluster partners assessment / MCLA / Delphi analysis will fill in gaps)
4	Schools located in areas affected by cholera or other epidemic infections.	MoPH/WHO
5	Number of non-paid teachers received incentives in the targeted districts	MoE/UNICEF

Refugees and Migrants Multi-Sector (RMMS)

	INDICATOR	DATA SOURCE
1	Percentage of persons with special needs or vulnerabilities in the past 12 months	MCLA 2018 – Protection Baseline Assessment (November 2018) – IOM DTM 2018
2	Percentage of refugees and migrants facing problems associated with health facilities	MCLA 2018
3	Percentage of male refugees/migrants in need of shelter assistance	MCLA 2018 Protection Baseline Assessment (November 2018) (TBC)
4	Percentage of female refugees/migrants in need of shelter assistance	MCLA 2018 Protection Baseline Assessment (November 2018) (TBC)
5	Percentage of individuals among the total refugee and migrant population accessing an adequate/sufficient quantity of water	MCLA 2018
6	Percentage of individuals among the total refugee and migrant population having access to safe and functioning latrines	MCLA 2018
7	Percentage of individuals among the total refugee and migrant population accessing a sustainable/regular income	MCLA 2018 Protection Baseline assessment (November 2018) (TBC)
8	Percentage of individuals facing security incidents at the hands of authorities in the past 12 months	Delphi
9	Percentage of individuals in need who benefited from a solution in the past 12 months	For Assisted Spontaneous Return (ASR) and resettlement, data will be provided by UNHCR directly as per the database and IOM will provide the data on the voluntary humanitarian return.

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1. Affected schools impact on functionality of schools due to total damage, used by IDPs or armed groups, used as DTCs, insecurity in the area.

ENDNOTES

1   UN sources, October 2018

2   Civilian Impact Monitoring Reports, 2018

3   Yemen Socio Economic Update (YESU) Issue 34, June 2018; MOPIC estimate based on updated GDP forecasting for 2017-2018 and Central Statistical Office (CSO) National Accounts Bulletin, 2016.

4   Yemen Economic Monitoring Brief-Fall 2018, World Bank

5   Yemen's Economic Outlook-October 2018, World Bank

6   FAO-FSIS and Food Security Technical Secretariat (FSTS) October 2018; the exchange rate is a national average and in some locations the exchange rate is higher than the average.

7   Yemen's Economic Outlook-October 2018, World Bank

8   Ibid

9   Yemen's Economic Outlook -October 2018, World Bank

10 Yemen Economic Monitoring Brief-Fall 2018

11 Ibid

12 Yemen Socio-Economic Update (YSEU), Issue 35, July 2018

13 Yemen Multi-Cluster Location Assessment (MCLA) 2018 (for all population groups except for migrants)

14 2017 Yemen Humanitarian Response Plan (YHRP), February 2017

15 Yemen-Monthly Market Watch, Issue 29, WFP, October 2018

16 The increase from 2 million in 2017 is due to new displacement in 2018 (685,000 people) and verification of the existing caseload.

17 Population Technical Working Group Update 2018

18 Assessment were conducted in in Amanat Al Asimah, Al Huydadah, Taizz, Al Dhale'e and Hadramaut governorates.

19 Education Cluster field monitoring reports 2018.

20 Yemen Economic Outlook-October 2018, World Bank

21 From the Ground Up: Gender and Conflict Analysis in Yemen, CARE, GenCAP and Oxfam, 2016.

22 Based on the 2018 HRP, a further assessment is underway, the final number of people in need and people targeted will be confirmed when the assessments are completed.

23 Integrated Model of Social and Economic Assistance and Empowerment (IMESA), UNICEF, September 2018

24 There are some limitations of MCLA data in terms of understanding community perceptions; the vast majority of 22,000 interviews conducted were with men; in addition, due to challenges in identifying migrant key informants, MCLA findings on migrants should be seen as indicative.

25 According to the Integrated Food Security Phases Classification (IPC), famine exists in areas where, even with the benefit of any delivered humanitarian assistance, at least one in five households has an extreme lack of food and other basic needs; extreme hunger and destitution is evident; and significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease, is occurring.

26 Twenty percent or more of households in an area face extreme and severe food scarcity.

27 Famine thresholds for Global Acute Malnutrition (GAM) using weight for height z-score and/or oedema is 30 per cent and above.

28 Famine thresholds for Crude Death Rate (non-trauma deaths) are over 2 people, and for children under age 5, 4 deaths per 10,000 people per day.

29 Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health, WHO 2008

30 Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional & Country Levels; Danaei G et al. (2016); PLoS Medicine 13(11): e1002164. doi:10.1371/journal.pmed;1002164

31 This figure varies considerably from one district to another.

32 WASH Household Assessment, REACH, 2018

33 The increase of 2 million in 2017 is due to new displacement in 2018 (685,000 people) and verification of the existing caseload.

34 Population Technical Working Group Update 2018

35 Displacement Tracking Matrix (DTM) Emergency Tracking Matrix (ETT), IOM

36 Yemen Multi-Cluster Location Assessment (MCLA) 2018

37 Yemen Acute Food Insecurity Analysis December 2018 – January 2019, Integrated Phase Classification (IPC), December 2018

38 Ibid.

39 Ibid.

40 WASH Household Assessment, REACH, 2018

41 Improved water source is a source that, by nature of construction, protects water from contamination, particularly faecal matter.

42 WASH Household Assessment; REACH, 2018; the majority of households reported not being able to afford water treatment products.

43 Ibid.

44 Water Supply in a War Zone, World Bank Group, July 2018

45 Joint Market Monitoring Initiative, Cash and Market Working Group (CMWG), WASH Cluster, and REACH, 2018, CMWG identified this increase between July 2018 and October 2018

46 Ibid.

47 WASH Household Assessment, REACH, 2018

48 Civilian Impact Monitoring Project, 2018

49 WASH Household Assessment, REACH, 2018

50 Humanity & Inclusion, 2018

51 National Water Sector Strategy and Investment Programme (NWSSIP) December 2014

52 Joint Monitoring Program for Water Supply, UNICEF

53 Yemen's Water Crisis Review of background and potential solutions, USAID, June 2012

54 Surveillance System for Attacks on Healthcare, WHO Global Report

55 WHO Non-communicable Diseases (NCD) Countries Profile, 2018

56 WHO Casualty Report, 2018

57 Surveillance Systems for attacks on Healthcare, WHO Global Report

58 Pregnant and lactating women - 2,403,337, boys - 2,535,329 and girls - 2,435,904

59 Boys -1,043,023, girls-1,002,120

60 Including 122 priority districts identified for integrated famine risk reduction in 2019.

61 Comprehensive Food Security Survey (CFSS), 2014

62 Weighted GAM from SMART surveys in 2018.

63 Multi-Cluster Location Assessment (MCLA) 2018 and Cluster Analysis

64 Ibid.

65 CCCM Baseline Assessment 2017/2018

66 Multi-Cluster Location Assessment (MCLA) 2018

67 Yemen Shelter/NFI/CCCM Cluster Housing Rental Market Assessment, 2018

68 Task Force on Population Movement (TFPM), 17th Report, August 2018

69 Task Force on Population Movement (TFPM), 16th report, September 2017

70 Multi-Cluster Location Assessment (MCLA) 2018

71 Humanity & Inclusion – Shelter/NFI/CCCM, Yemen 2018

72 OHCHR, November 2018

73   Task Force on Population Movement (TFPM), 2018

74 UN and open source reports

75 The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming. For IPC, acute food insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

76 Combined SAM prevalence was used for the caseloads and targets calculations in line with the MoPHP CMAM guidelines (currently being revised), which accounts for a child being identified as severely or moderate acutely malnourished based on one or more of the following: MUAC, WFH Z-score, oedema.

77 Amran, Abyan, Al Jawf, Hajjah, Lahj, Socotra, Sanaa, Dhamar, Mareb, Al Mahra, Aden, Al-Dhale,, Al Mawit, Taiz, Al Baidha.

ACRONYMS

AWD	Acute Watery Diarrhoea
ANC	Antenatal Care
ASR	Assisted Spontaneous Return
BeMOC	Basic Emergency Obstetric Care
BSFP	Blanket Supplementary Feeding Programmes
CC	Collective Centre
CCCM	Camp Coordination and Camp Management Services
CAP	Consolidated Appeal Process
CSO	Central Statistical Organization
CFR	Case Fatality Rate
CFSS	Comprehensive Food Security Survey
CIMP	Civilian Impact Monitoring Project
CEPS	Community Engagement Perception Survey
CEWG	Community Engagement Working Group
CMAM	Community-based Management of Acute Malnutrition
DHS	Demographic and Health Surveys
DTCs	Diarrhoea Treatment Centres
DTM	Displacement Tracking Matrix
ECD	Early Childhood Development
EFSNA	Emergency Food Security and Nutrition Assessment
EECR	Emergency Employment and Community Rehabilitation
EOC	Emergency Operation Centre
ETC	Emergency Telecommunications Cluster
EPI	Epidemiology
ERW	Explosive Remnants of War
FRM	Famine Risk Monitoring
FAO	Foodand Agriculture Organization
FEWS NET	Famine Early Warning Systems Network
FSAC	Food Security and Agriculture Cluster
GARWSP	General Authority for Rural Water Suppy Projects
GDP	Gross Domestic Product
GBV IMS	Gender Based Violence Information Management System
GBV	Gender-Based Violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HeRAMS	Health Resources Availability Monitoring System
HF	Health Facility
HNO	Humanitarian Needs Overview
HSP	Humanitarian Service Point
IDP Kis	Internally Displaced People Key Informats
IDPs	Internally Displaced People
IYCF	Infant and Young Child Feeding
IMS	Information Management System
IPC	Integrated Food Security Phase Classification
ICCM	Inter-Cluster Coordination Mechanism
IHL	International Humanitarian Law
KAP	Knowledge, Attitude and Practice
KI	Key Informant
MAI	Ministry of Agriculture and Irrigation
MDGs	Millennium Development Goals
MSP	Minimum Service Package
MOPIC	Ministry of Planning & International Cooperation
MAM	Moderate Acute Malnutrition
MoE	Ministry of Education
MRM	Monitoring and Reporting Mechanism
MoPHP	Ministry of Public Health and Population
MCLA	Multi Cluster Locations Assessment
NCD	Non-Communicable Diseases
NFI	Non-Food Items
OHCHR	Office of the United Nations High Commissioner for Human Rights
ORCs	Oral Rehydration Corners
OTP	Outpatient Therapeutic Programme
PIN	People In Need
PMR	Periodic Monitoring Revew
PLW	Pregnant and Lactating Women
PSS	Psychosocial Support Services
RRM	Rapid Response Mechanism
RMMS	Refugees and Migrants Multi-Sector
SDR	Secondary Data Review
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transition
SS	Spontaneous Settlement
TSFP	Target Supplementary Feeding Programme
TFPM	Task Force for Population Movement
TLS	Temporary Learning Spaces
eDEWS	eletronic Disease Early Warning System
TWG	Technical Working Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UXOs	Unexploded Ordnances
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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