

2018

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

22.2M

DEC 2017



YEMEN

# YEMEN REFERENCE MAP



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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This document is produced on behalf of the Humanitarian Country Team and partners. This version was published on 4 December 2017.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs 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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## HUMANITARIAN

# NEEDS & KEY FIGURES

More than two and a half years since the escalation of the conflict, Yemeni people continue to bear the brunt of ongoing hostilities and severe economic decline. People are increasingly exhausting their coping mechanisms, and as a result the humanitarian crisis remains extremely widespread: an estimated 22.2 million people in Yemen need some kind of humanitarian or protection assistance, including 11.3 million who are in acute need – an increase of more than one million people in acute need since June 2017. 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



#### Protection of civilians

Yemen is one of the world's largest protection crises, in which civilians face serious risks to their safety, well-being and basic rights. As of 15 October 2017, health facilities reported 8,757 conflict related deaths and over 50,610 injuries, and over three million people have been forced to flee from their homes. All parties to the conflict have repeatedly violated their obligations under International Humanitarian Law (IHL) and civilian infrastructure, including schools, health facilities and markets have been subject to attack. Reports of grave violations of child rights and gender-based violence have increased.

2



#### Collapse of basic services and institutions

Conflict, displacement, and economic decline are placing immense pressure on essential basic services and are accelerating the collapse of the institutions that provide them. The public budget deficit expanded significantly since the last quarter of 2016, leading to a discontinuation of the provision of operating costs for basic social service facilities. There have been major irregularities and disruptions in payment of public sector salaries since August 2016. As a result, humanitarian assistance is now forced to fill some of these gaps and is increasingly stretched beyond its scope and remit.

3



#### Basic survival

Millions of people in Yemen need humanitarian assistance to ensure their basic survival. An estimated 17.8 million are food insecure, 16 million lack access to safe water and sanitation, and 16.4 million lack access to adequate healthcare. Needs across the country have grown more acute since June 2017, with 11.3 million in acute need of humanitarian assistance in order to survive – this is an increase of 15 per cent in five months.

4



#### Loss of livelihoods and impacted private sector

The economy has contracted sharply since the conflict escalated, and imports and internal movement of goods have become more difficult and costlier as a result of restrictions imposed on the economy. In this situation, even Yemenis not directly affected by the conflict may be in need of humanitarian assistance due to a lack of livelihood options and sharp economic decline. Enterprises have on average reduced operating hours by 50 per cent, leading to layoffs that are estimated at 55 percent of the workforce. The agriculture and fishery sectors, which employed more than 54 per cent of the rural workforce and was the main source of income for 73 per cent of the population prior to the escalation of conflict has been severely impacted. Consequently, the livelihoods of 1.7 million rural households engaged in crop and livestock production has been seriously compromised. An estimated 8.4 million affected people require livelihood assistance.



**29.3**  
million

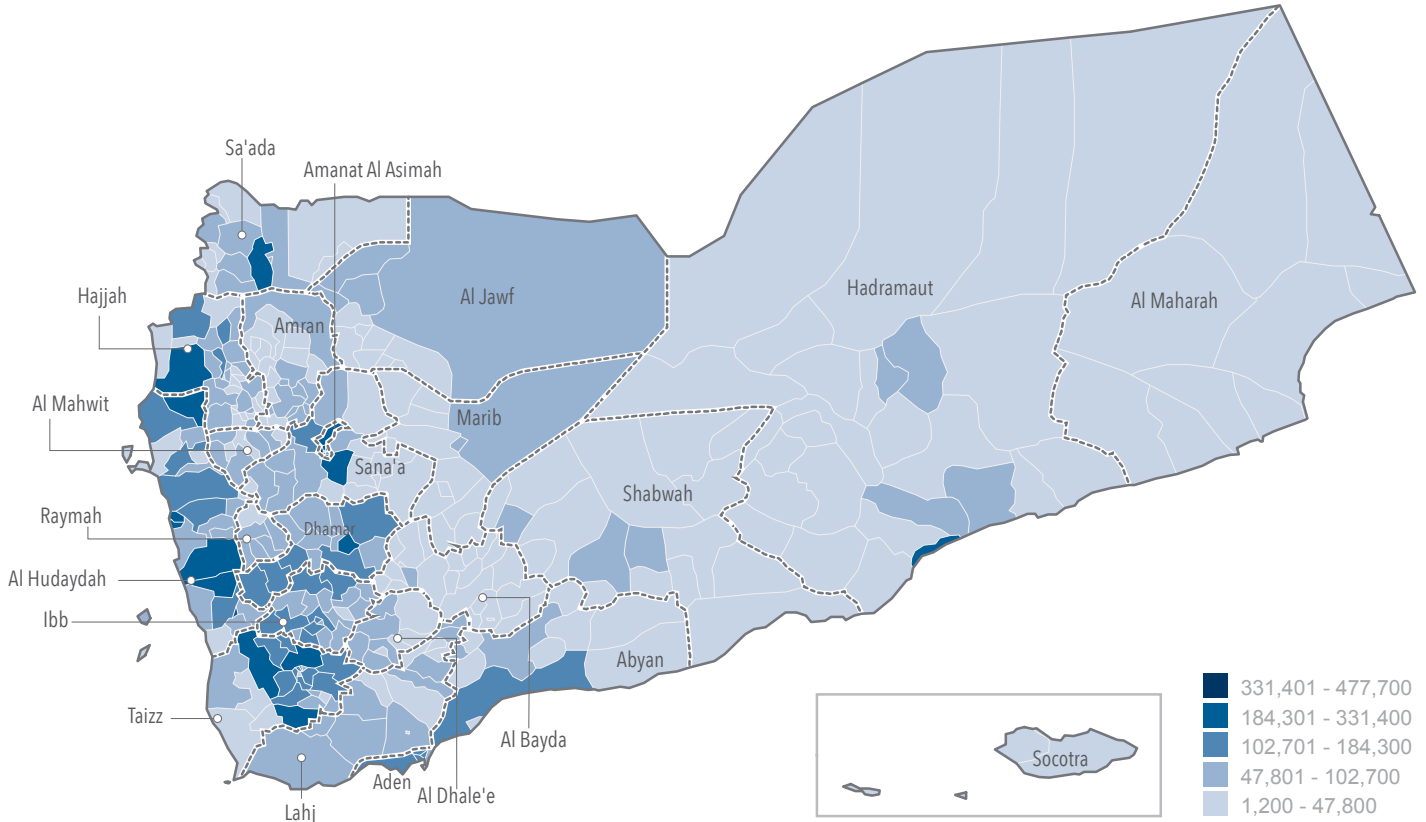


**22.2**  
million

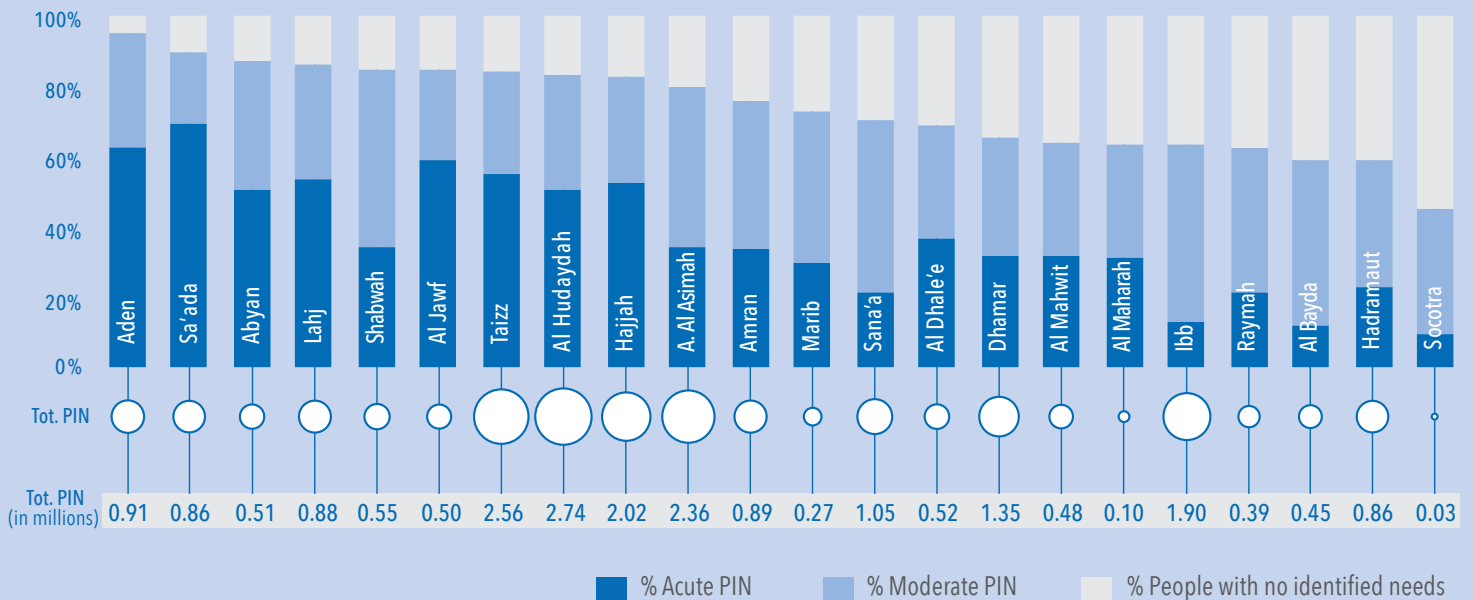


**11.3**  
million

PEOPLE IN NEED BY DISTRICT



% PEOPLE IN NEED BY GOVERNORATE (ACUTE & MODERATE)



KEY FIGURES

(in millions)



POPULATION MOVEMENTS <sup>(2)(4)</sup>

**3.44**



IDP RETURNNEES <sup>(4)</sup>

**1.0**



REFUGEES & MIGRANTS <sup>(2)(5)</sup>

**0.44**

TOP 5 GOVERNORATES OF DISPLACEMENT <sup>(2)</sup>

IDPs <sup>(4)</sup>

**2.0**

**1.16**

- 0.38 Hajjah
- 0.32 Taizz
- 0.16 A. Al Asimah
- 0.16 Amran
- 0.14 Ibb

TOP 5 GOVERNORATES OF RETURN <sup>(4)</sup>

- 0.33 Aden
- 0.19 A. Al Asimah
- 0.09 Taizz
- 0.07 Lahj
- 0.07 Shabwah

Asylum seekers

0.009

- 0.008 Somalia
- 0.001 Others

Migrants

0.16

- 0.08 Somalia
- 0.08 Others

Refugees

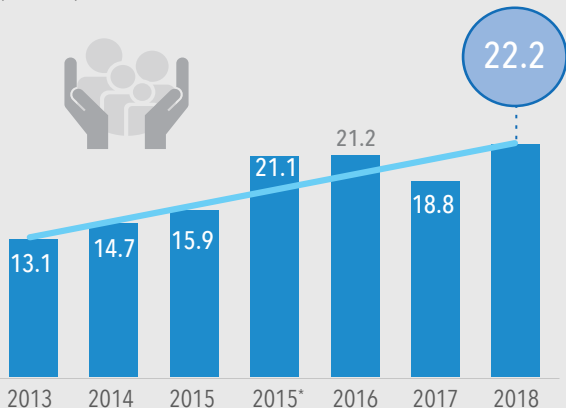
0.27

- 0.256 Somalia
- 0.015 Other

<sup>(\*)</sup> 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.  
<sup>(1)</sup> Yemen Central Statistical Organization (2017)  
<sup>(2)</sup> UNHCR (as of Aug 2017) and IOM (as of October 2017).  
<sup>(3)</sup> Calculated by deducting "Population Movements" figures from "People in Need".  
<sup>(4)</sup> Figures include people displaced by conflict and natural disasters. Task Force on Population Movement (TFPM), 16th Report (Oct. 2017).  
<sup>(5)</sup> Breakdown refers to countries of origin.

PEOPLE IN NEED (2013 - 2018)

(in millions)



POPULATION TYPE BY SEX AND AGE

(in millions)

	WOMEN	GIRLS	MEN	BOYS
PPL IN NEED	5.4	5.5	5.5	5.8
PPL IN ACUTE NEED	2.7	2.8	2.8	3
IDPs	0.46	0.54	0.42	0.56
RAM <sup>(**)</sup>	0.05	0.02	0.08	0.02

\*Revised HNO 2015; HNO 2016; HNO 2017.  
 Sources: CAP 2013; HNO 2014, HNO 2015;

<sup>(\*\*)</sup> Refugees and Migrants.

# IMPACT OF THE CRISIS

## Man-made Crises and Deepening Vulnerabilities

For two and a half years, airstrikes, armed clashes and attacks on civilian infrastructure have pushed Yemen into a downwards spiral, resulting in the world’s largest food security crisis, and enabling the spread of cholera at an unprecedented scale. Half of the Yemeni population live in areas directly affected by conflict, many of whom are suffering from the deliberate targeting of civilians and civilian infrastructure, and other apparent violations of International Humanitarian Law (IHL). The crisis in Yemen is one of the world’s largest protection crises, and has forcibly displaced three million people from their homes.

### Conflict and chronic vulnerabilities

Humanitarian needs have increased sharply across all sectors since the escalation of the conflict in 2015, which has exacerbated pre-existing vulnerabilities, degraded community resilience and accelerated the collapse of public institutions. Severe restrictions on imports, movements and financial transactions are stifling the commercial sector, which is essential to people’s survival, and hindering the delivery of humanitarian aid. The import of basic commodities, the maintenance of public services and the payment of civil servants have been further obstructed by collapsing public finance and depleted foreign exchange reserves. Deliberate policies and tactics have devastated the economy and social services, pushing large parts of the population into poverty and dependence on humanitarian assistance, even if not directly affected by the conflict.

The resilience and coping capacity of the Yemeni population have been remarkable, but are increasingly exhausted after two and a half years of conflict. Millions of Yemenis are at great risk of death, as they face the threat of conflict, famine, cholera and economic decline. Some 22.2 million people are in need

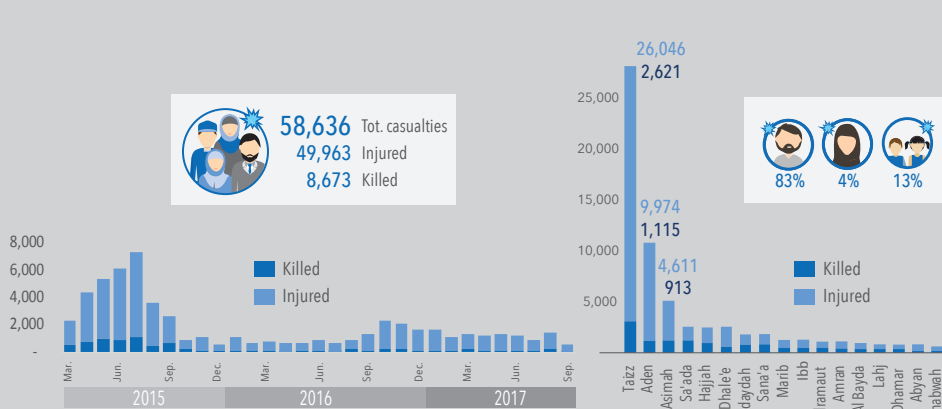
of humanitarian assistance – an increase of 1.5 million people since June 2017 and representing approximately 76 per cent of the population.

### Conflict and widespread protection crisis

Ongoing conflict continues to inflict civilian casualties and to cause extensive damage to public and private infrastructure. All parties to the conflict display a disregard for International Humanitarian Law (IHL) and International Human Rights Law and impede the principled and timely delivery of humanitarian assistance.

From 1 October 2016 to 30 September 2017, a total of 8,878 conflict-related incidents, including airstrikes, armed clashes, and shelling, were reported throughout Yemen<sup>1</sup>. Approximately 82 per cent of these incidents took place in five governorates: Taizz, Sa’ada, Al Jawf, Hajjah, and Sana’a. Over 1,800 schools have been directly impacted by the conflict, including more than 1,500 that have been damaged or destroyed and 21 that are occupied by armed groups<sup>2</sup>.

HEALTH FACILITY-BASED REPORTED CASUALTIES<sup>(1)</sup> BY MONTH & GOVERNORATE (MAR 2015-SEP 2017)

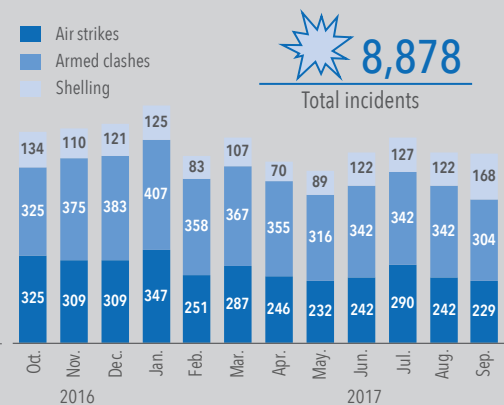


<sup>(1)</sup>Due to the high number of health facilities that are not functioning or partially functioning as a result of the conflict, these numbers are underreported and likely higher.

Source: UN Source (Sep 2017)

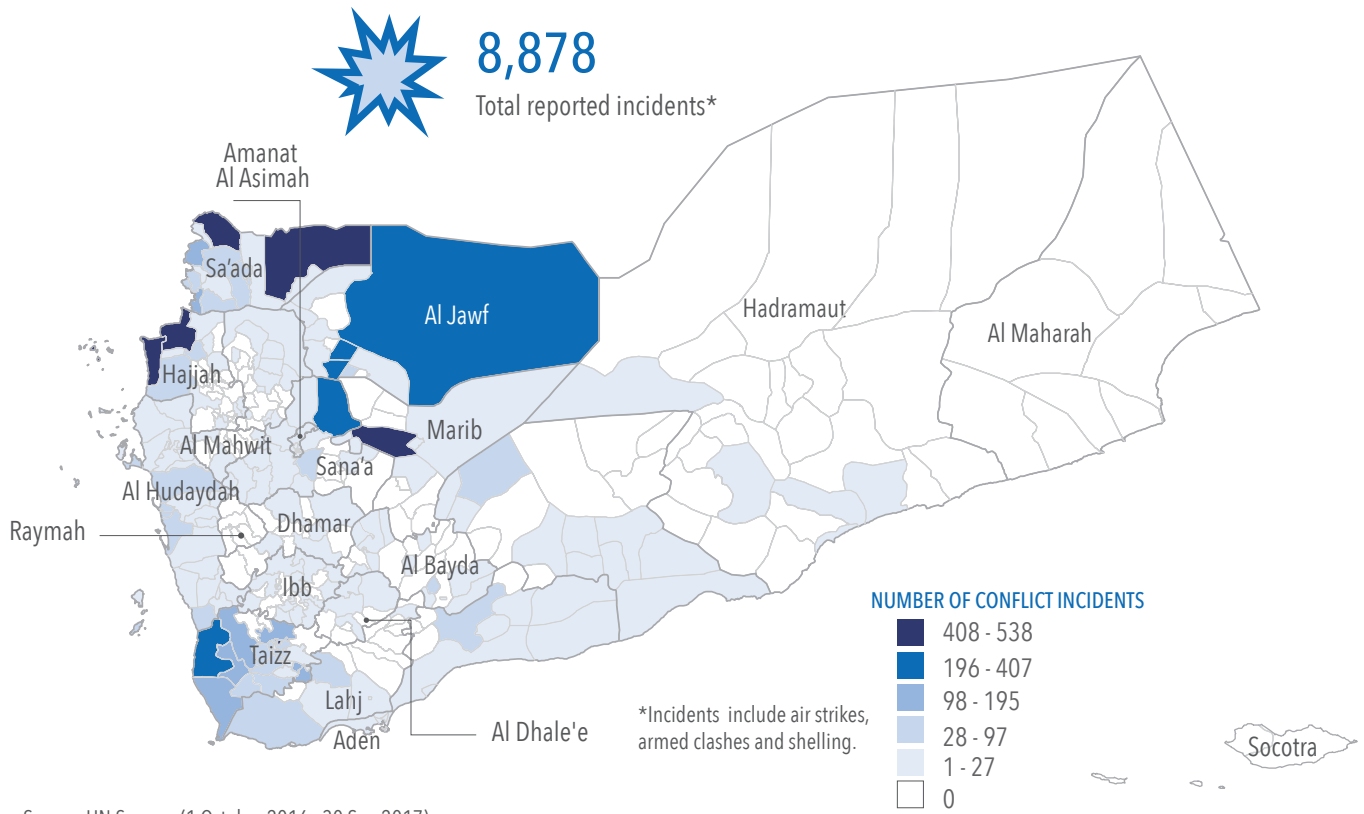
Source: WHO (as of Sep 2017)

CONFLICT INCIDENTS (OCT 2016 - SEP 2017)



Source: UN Source (Oct 2017)

NUMBER OF CONFLICT INCIDENTS (OCT 2016 - SEP 2017)



Source: UN Sources (1 October 2016 - 30 Sep 2017).

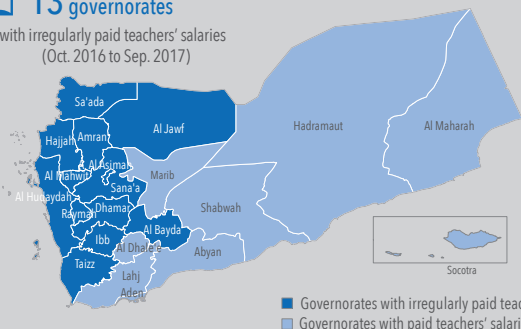
As of 15 October 2017, health facilities reported 8,757 conflict related deaths and over 50,610 injuries – meaning that an average of 65 people have been killed or injured every day since the escalation of the conflict<sup>3</sup>. Given that only 50 per cent of health facilities remain functional, and acknowledging the limited reporting capacity across the country, this number is significantly underreported. Using a separate methodology, OHCHR verified at least 13,520 civilian casualties since April 2015, with 4,980 killed and 8,540 injured - including 2776 children.

**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 has expanded since the last quarter of 2016, resulting in irregularities and disruptions of salary payments and interruptions in the provision of operating costs for basic social facilities. Approximately 1.25 million civil servants have not received salaries or received them only intermittently since August 2016. This salary gap is estimated

**TEACHER SALARY STATUS**

**13 governorates**  
with irregularly paid teachers' salaries  
(Oct. 2016 to Sep. 2017)



SCHOOLS	77%	23%	12,240 affected schools
TEACHERS	72%	28%	173,400 affected teachers
STUDENTS	79%	21%	4,382,600 affected students

Source: Education Cluster (Sept. 2017).



to affect a quarter of the population – civil servants and their families – leaving them without a regular income at a time of shortages and rising prices.

Because of collapsing public institutions, people's access to essential services such as water, sanitation, health care and education has been further constrained. Only 50 per cent of the total health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff.

Similarly, some 16 million people lack adequate access to clean water, sanitation and hygiene, which is attributed to physical damage to infrastructure, lack of resources (including fuel), suspension of salaries, decline in revenue generation and non-payment of water bills by the consumers. Crippled public health and WASH systems, contributed to the unprecedented scale of the 2017 cholera outbreak.

Before the crisis, the education system exclusively relied on public funds for salaries and operational costs. However, these have become unavailable with the growing financial crisis towards the end of 2016. Consequently, teachers in 13 governorates have not received any salary since October 2016<sup>4</sup>. Two-thirds of teachers have been affected and an estimated 4.5 million children have not been able to resume their education with the start of the school year in October 2017.

Collapse in the public sector is increasingly pressuring humanitarian organizations to compensate for the absence of government spending, which goes beyond their mandate and capacity to respond. For example, the recent cholera outbreak has forced humanitarian partners to cover the operating costs of hospitals and health facilities and to pay incentives to public servants in critical roles, especially health care. This sets a potentially problematic precedent by stretching scarce humanitarian resources beyond their mandate and into the public sector to compensate for the failing social services.

### Severe economic decline

Already ailing before the escalation of the conflict, the Yemeni economy has contracted sharply since the conflict erupted and Yemen is facing an extraordinary fiscal challenge in 2017. Gross Domestic Product (GDP) declined 41.8 per cent between 2015 and 2017 – equivalent to a loss of

US\$32.5 billion, or US\$1,180 per capita<sup>5</sup>. Since January 2017 the Yemeni Rial has lost 28 per cent of its value, further undermining the Yemeni economy which heavily relies on imports paid for in US dollars.

Adding to these elements is an ongoing liquidity crisis in Yemen. This crisis is a consequence of multiple reinforcing factors, including a reduction in oil and gas production and a severe economic recession. These factors have led to a significant loss of consumer confidence in the Yemeni Riyal and in the banking sector, and deposits in the main commercial banks have fallen to almost to zero as people and businesses have rushed to withdraw money from the formal banking system. The Central Bank of Yemen (CBY) has been unable to meet requirements from commercial banks for the hard currency. Commercial banks subsequently imposed capital controls and strictly limited daily withdrawals from savings accounts. This has reduced consumer demand across the country and increased the costs for businesses to undertake activities. Together, these factors have driven a decline in consumer spending, worsening the ongoing recession and creating a negative feedback cycle in the labour market.

Private companies have on average reduced operating hours by 50.6 per cent compared to the pre-crisis period, and private sector operating costs have surged due to insecurity and unreliable or lack of supplies and inputs, leading to layoffs that are estimated at 55 per cent of the workforce<sup>6</sup>. An estimated 26 per cent of private sector businesses in the industry, trade and services sectors have closed since the escalation of the conflict<sup>7</sup> in March 2015.

Similarly, the agriculture sector has been severely constrained by a shortage of agricultural inputs, particularly vaccines, drugs, feeds and other essential commodities for the livestock and poultry sector. The price of poultry feed concentrates increased by 70 per cent, since the beginning of the crisis<sup>9</sup>. The doubling fuel price has increased irrigation costs and water prices, forcing more farmers to abandon their farms and further exacerbating loss of livelihoods. This is similar to the situation in 2015 during which an estimated 40 per cent of the farmers abandoned their agricultural land<sup>9</sup>.

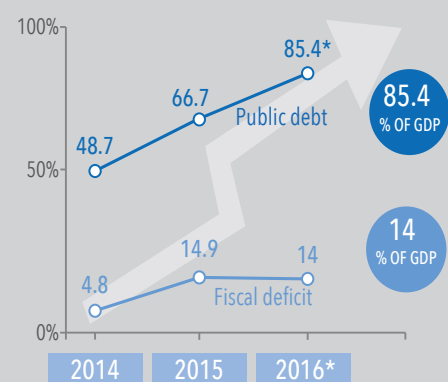
GDP & INFLATION (2015-2017)



GDP LOSSES (2014-2017)



FISCAL DEFICIT & PUBLIC DEBT (2014-2017)



## Restrictions on imports

Just as humanitarian assistance cannot compensate for public institutions, it also cannot replace commercial imports and functioning local markets to meet the vast majority of Yemenis' survival needs. Before the escalation of the crisis, Yemen imported 80 - 90 per cent of its staple foods and required an estimated 544,000 metric tons of imported fuel per month for transportation and powering water-systems and health facilities, among other activities<sup>10</sup>. Fuel imports have fallen since the beginning of the crisis, and reached only 190,000 metric tons in September 2017<sup>11</sup>. The closure of Sana'a airport by the Saudi-led Coalition and the Government of Yemen for commercial aircraft since August 2016 has further limited the ability to move goods into the country and prevented Yemenis seeking medical treatment abroad from leaving the country.

Fluctuating restrictions on imports, damaged port infrastructure, insurance and banking hurdles, security risks and high transport costs are key factors negatively affecting imports and distribution of critical goods across Yemen. Attacks on Yemen's key ports have further undermined the ability to import key commodities including food, fuel, and medical supplies at the scale required. Al Hudaydah port, which accounts for 70 to 80 per cent of commercial imports in Yemen, remains a critical lifeline. However, this port has been operating at reduced capacity since it was damaged by airstrikes in August 2015.

The United Nations Verification and Inspection Mechanism for Yemen (UNVIM) reports delays in the Coalition's issuance of clearances for commercial container vessels carrying food and humanitarian goods into Yemen. In the months of August and September, the processing delays for container vessels were on average 14 days, ranging from one to 59 days. This is a considerable increase from the average of the previous 12 months, which was three to four days.

Despite these challenges, food imports into the country have been able to continue through sea ports and over land at a reduced level. According to the FAO -FSIS and Food Security Technical Secretariat (FSTS), the quantity of wheat grain imported during January to June 2017 is higher than during the same period in 2016<sup>12</sup>. However, critical food and energy imports are facilitated exclusively through private channels

which has created uncertainty over sustained imports of food and non-food items and increased variations in the market.

The closure of Yemen's ports (sea, land and airports) on 6 November 2017 by the Saudi-led Coalition, threatens Yemenis' lifelines, and remains partially effective in Hudaydah, Salif and Sana'a. Within 24 hours, prices for food, fuel and water had soared, putting them out of reach of vulnerable populations. This highlights the volatility of the situation in Yemen, as it is unable to withstand any further shocks at this time. Market disruptions directly translate into more people in need of humanitarian assistance as prices increase in basic commodities including food and fuel.

The data underpinning the analysis in this Humanitarian Needs Overview has been collected before the beginning of the blockade. Humanitarian partners in Yemen continue to monitor the situation and will adapt their response planning in the 2018 YHRP, if and when there is a significant change in humanitarian needs.

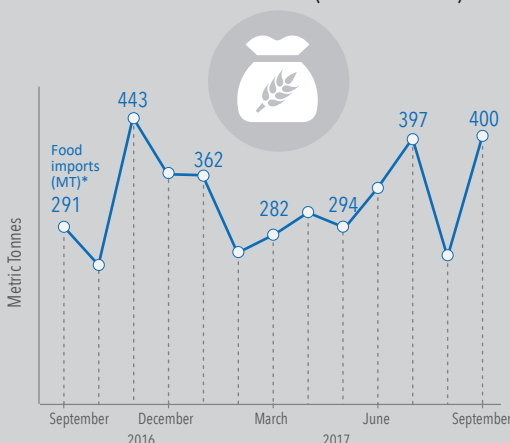
## Access to Markets

Economic decline and import restrictions are impacting the availability and price of basic goods in markets. According to WFP monthly bulletins, the domestic food prices are high, volatile, and likely to increase further throughout 2018 exacerbated by conflict and dwindling economic situation.<sup>13</sup> Due to the intensification of the conflict, and restrictions of movement in active conflict areas, the formal market systems are disconnected and commodity movements are disrupted resulting in to scarcity and escalation of prices of essential food and non-food commodities.<sup>14</sup>

A recent survey of nearly 1,400 market traders across 13 governorates indicates that the three main perceived obstacles to their activities are the increase in prices, the ongoing liquidity crisis and the increased costs of transport.<sup>15</sup> Despite these disruptions, basic goods can enter the market and almost all areas report fairly good availability of items. Households also report that they can access local markets despite increased insecurity in many areas.

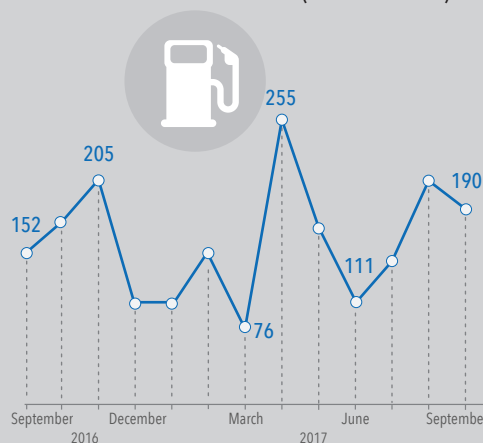
While markets still offer basic supplies in most of the country, prices have increased dramatically since the beginning of

MONTHLY FOOD IMPORTS - MT (SEP 16-SEP 17)



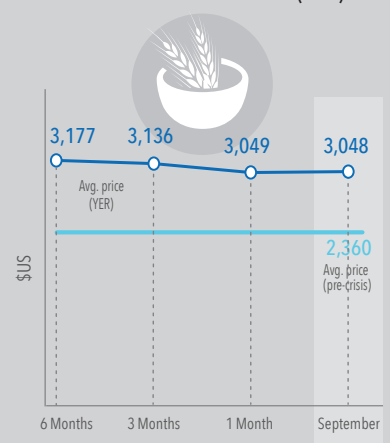
\*by cargo discharged in Northern ports of Al Hudaydah, Ras Isa and As Salif

MONTHLY FUEL IMPORTS - MT (SEP 16-SEP 17)



Source: UNVIM (September 2017).

PRICE OF BASIC FOOD BASKET (YER)



Source: WFP (Sep 2017).

the crisis, putting these supplies increasingly out of reach of vulnerable populations as people see their livelihoods diminish or disappear and savings are depleted. In August 2017, the cost of an average food basket was 30 per cent higher than before the crisis. Prices of fuel commodities in August 2017 are significantly higher – cooking gas rose by 73 per cent, petrol by 64 per cent, and diesel by 52 per cent<sup>16</sup>. These figures can mask significant variations by location, with conflict-affected areas hardest hit. For example, the price of an average food basket in Taizz is 50 per cent higher than before the crisis. At the same time, the Riyal has lost value against the dollar, driving up the costs of household goods, but labour costs have remained the same. Cash for Work rates paid by humanitarian actors for example, are based on market rates and hence have remained at around 2,500 Yemeni Riyal per day. However, the value of this transfer has dropped from \$8 an hour in January to \$6.25 in October.

As a result, an increasing number of households not otherwise 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. An estimated 80 per cent of Yemenis are now estimated to be in debt, and more than half of all households have had to buy food on credit<sup>17</sup>. An increasing number of households are exhausting even these measures as they find themselves without assets that can be sold and traders no longer providing credit.

These families are increasingly shifting from moderate to

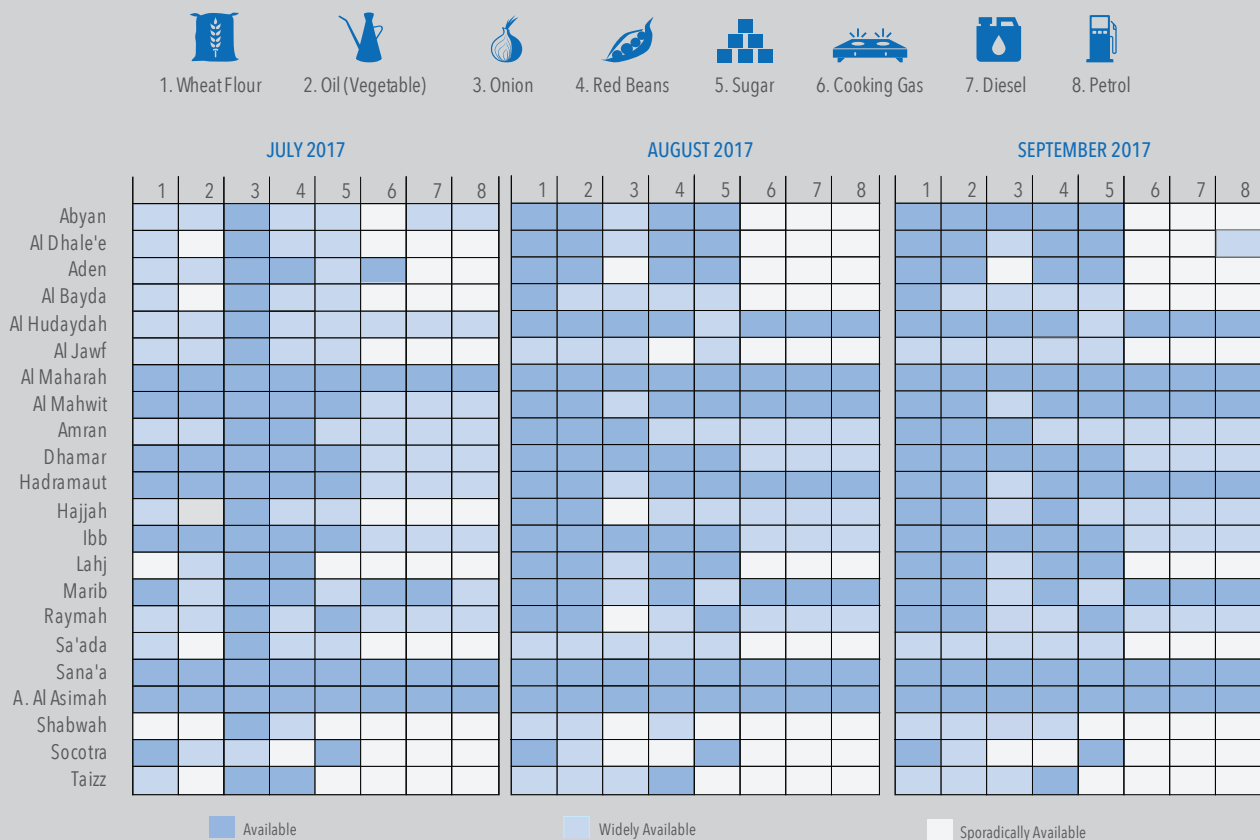
acute need of humanitarian assistance.

### The world’s largest man-made food security crisis

Yemen is now the world’s largest man-made food security crisis. However, this crisis is not driven by a lack of food in the country. Rather, Yemen’s food crisis is driven by factors constraining the supply, distribution and people’s diminishing purchasing power. Ongoing conflict and economic decline have steadily eroded people’s coping mechanisms, leaving large parts of the population at the risk of famine.

17.8 million people are now food insecure – a 5 per cent increase over 2017 HNO estimates. Out of this, approximately 8.4 million people are severely food insecure and at risk of starvation. This figure has jumped from 6.8 million in 2017, translating to a worrying increase of 24 per cent. Some 1.8 million children and 1.1 million pregnant or lactating women are acutely malnourished, including approximately 400,000 children under age 5 who are suffering from severe acute malnutrition. The current estimation is that 15 per cent of children under the age of 5 is acutely malnourished in a country that is already breaching WHO emergency thresholds, and the Global Acute Malnutrition (GAM) prevalence is even higher. A total of 107 of 333 districts are now facing heightened risk of sliding into famine, an increase by 13 per cent since April 2017.

### BASIC COMMODITY AVAILABILITY



Source: WFP (September 2017).

## Unprecedented cholera outbreak

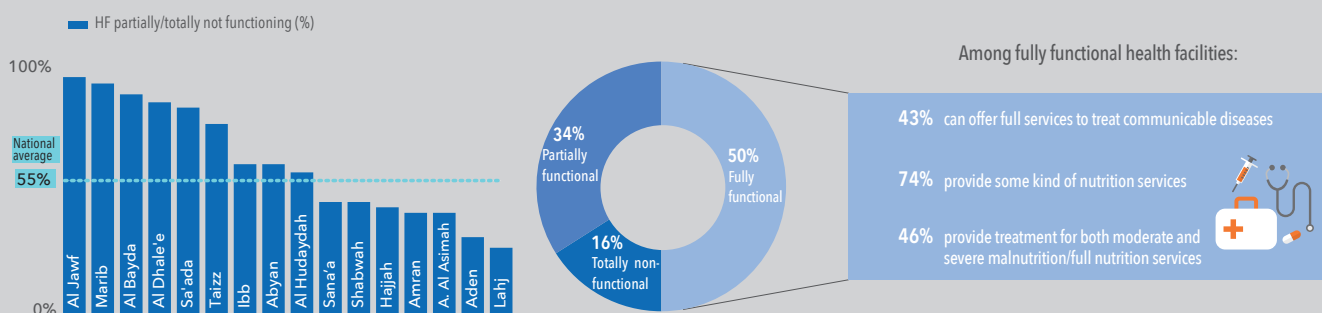
Yemen is facing a cholera outbreak of an unprecedented scale. As of 5 November, more than 900,000 suspected cholera cases and 2,192 associated deaths were reported<sup>18</sup> since the second wave of Acute Watery Diarrhea (AWD)/ suspected cholera hit the country in April 2017. The outbreak has affected 21 of the country's 22 governorates, infecting 305 out of 333 districts. On 14 May, a state of emergency was declared, indicating that the health system is unable to contain this unprecedented health and environmental disaster. The highest cumulative suspected cases are reported from the governorates of Al Hudaydah, Amanat Al Asimah, Hajjah and Amran, which accounts for 41 per cent of all suspected cholera cases. Cholera is affecting the most vulnerable Yemenis: Over 2 million IDPs are particularly at-risk due to the conditions in overcrowded shelters and settlements with inadequate water and sanitation facilities. Children under the age of 15 account for 41 per cent of suspected cases and a quarter of the deaths while those aged over 60 represent 30 per cent of all fatalities. The outbreak peaked in week 26 (early July 2017), and since then the overall epidemic curve has been declining gradually. However, pockets displaying an upward trend can be found in a total of 81 districts, notably in Lahj, Hajjah and Amran governorates.

The key factors contributing to the outbreak are contaminated water sources in affected communities, disruptions of the public health system and collapsing water, sanitation and hygiene services. These are structural causes that slow down the response to the crisis and risk future outbreaks at similar scales if not systematically addressed in a sustainable manner. The integrated Health and WASH cluster cholera response and prevention efforts need to continue to scale up to fully contain and control the outbreak. Currently 222 districts, or 11.6 million people are considered in acute need of WASH assistance as compared to 160 districts or 7.3 million people in the last consolidated analysis of needs. This dramatic increase can be attributed in part to the increase in suspected cholera cases across the country in 2017.

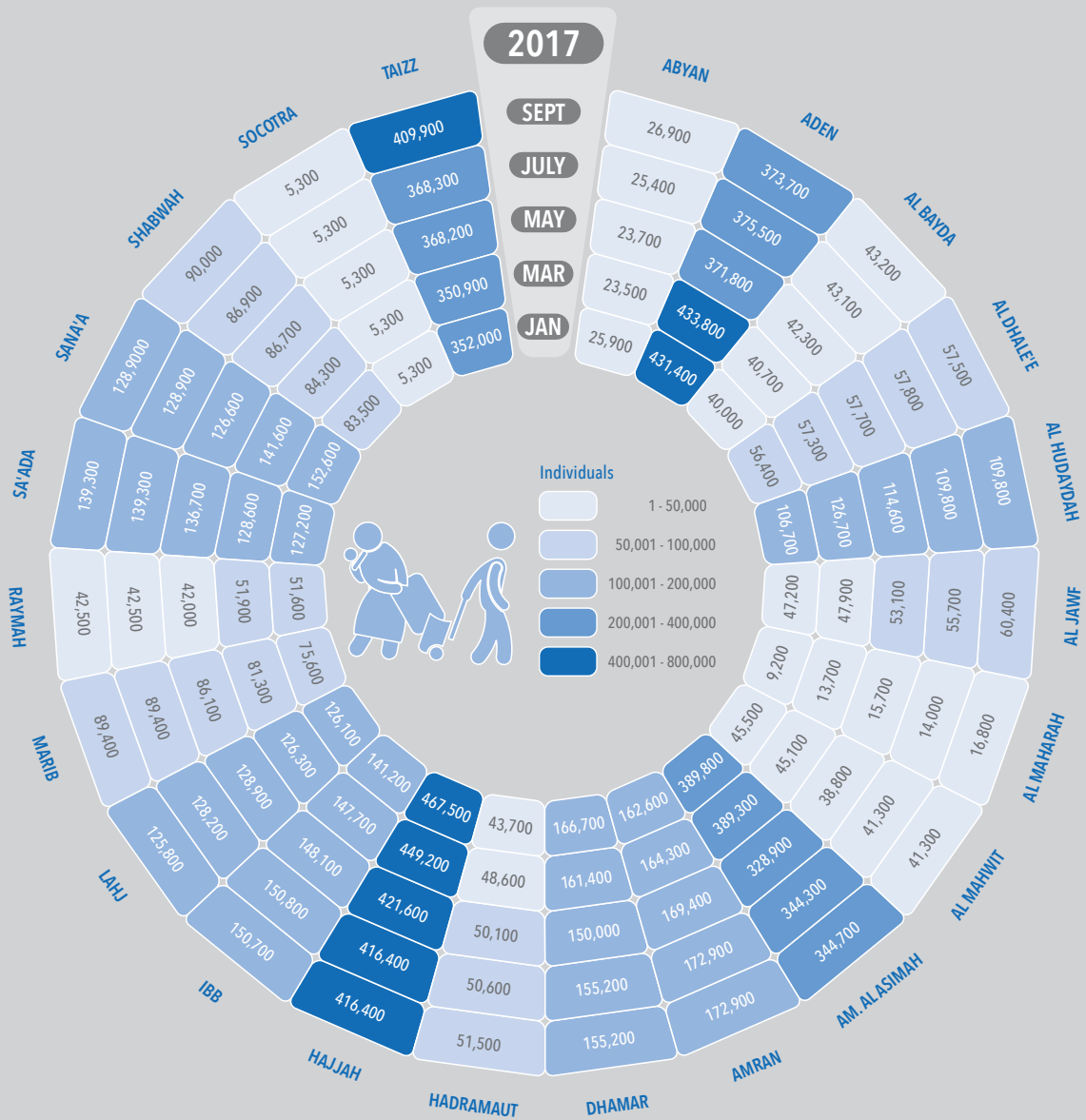
## Increased and prolonged displacement

More than 10 per cent of the total population of Yemen has experienced the shock of displacement due to conflict in the last 30 months. As of 1 September 2017, the TFPM has identified 2,014,026 internally displaced persons (IDPs) (335,671 households) dispersed across 21 governorates. Most of the IDPs are displaced from conflict hot spot areas including Taizz, Hajjah, Sa'ada and Amanat Al Asimah, and some 44 percent remain displaced within their governorate of origin. After two and a half years of conflict, displacement is becoming a protracted status for the vast majority of IDPs, straining their – and their hosts' – ability to cope making them increasingly vulnerable.

### STATUS OF HEALTH FACILITIES

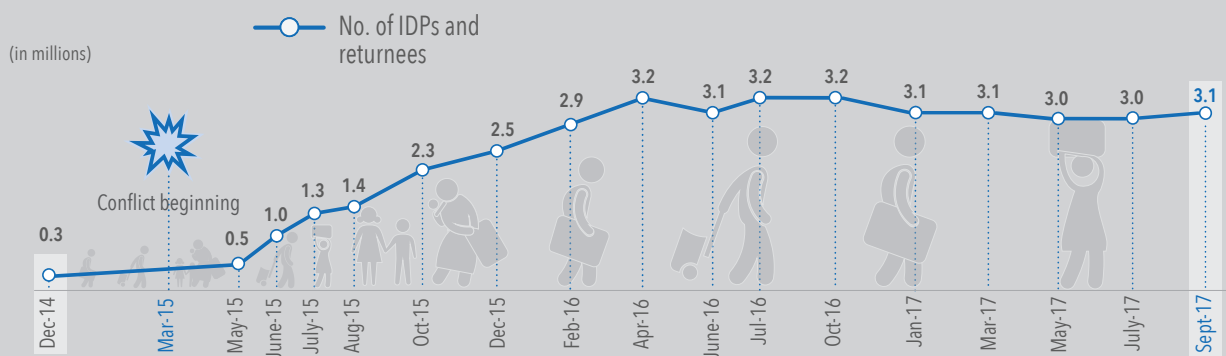


IDPS AND RETURNEES BY LOCATION OVER TIME



Source: Task Force on Population Movement - TFPM (2017).

DISPLACEMENT LEVELS (2014-2017)



Figures include people displaced by conflict and natural disasters.  
Source: Task Force on Population Movement, 16th Report (September 2017).

## Growing needs in key humanitarian sectors

Two and a half years of conflict have left 22.2 million people in need of humanitarian assistance, 11.3 of which are in acute need. This increase is driven by a deterioration of the situation in key humanitarian sectors.



### Food Security and Agriculture

17.8 million people in Yemen are food insecure. Out of this, approximately 8.4 million people are severely food insecure and at risk of starvation - a worrying increase of 24 per cent. The conflict has destroyed people's livelihoods and reduced their purchasing power, making it difficult for many Yemenis to meet minimal food needs.



### Health

With only 50 per cent of health facilities fully functional, and a disruption of salaries paid to health personnel, 16.4 million people in Yemen require assistance to ensure adequate access to healthcare - 9.3 million of whom are in acute need. The overriding humanitarian need is access to minimum healthcare for people whose lives are at risk due to illness or injury. The latest cholera outbreak has underscored the impact of the failing health system.



### Water, Sanitation and hygiene

An estimated 16 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million are in acute need. Collapsing urban water and sanitation systems, deteriorating water and sanitation conditions in rural areas, and lack of means to maintain personal hygiene and purchase safe drinking water all contributed to one of the worst cholera outbreaks.



### Malnutrition

Some 1.8 million children and 1.1 million pregnant or lactating women are acutely malnourished, including 400,000 children under the age 5 who are suffering from severe acute malnutrition. An estimated 7.5 million people are in need of nutrition assistance, with 2.9 million people who will require treatment for acute malnutrition in 2017.



### Shelter and essential items

An estimated 5.4 million people need emergency shelter or essential household items, including IDPs, host communities and initial returnees. Ongoing conflict-related displacements, as well as initial returns to some areas, are driving these needs. 2.6 million people are in acute need of assistance.



### Protection

With the increasing conflict, Yemen is one of the world's largest protection crises. About 12.9 million people need assistance to protect their safety, dignity or basic rights, from violations of IHL, grave violations of children's rights and gender-based violence. Displacement and conflict has impacted vulnerable households and persons with specific needs, resulting in negative coping mechanisms and mounting psychosocial support needs. 4.9 million people are living in acutely affected areas.



### Education

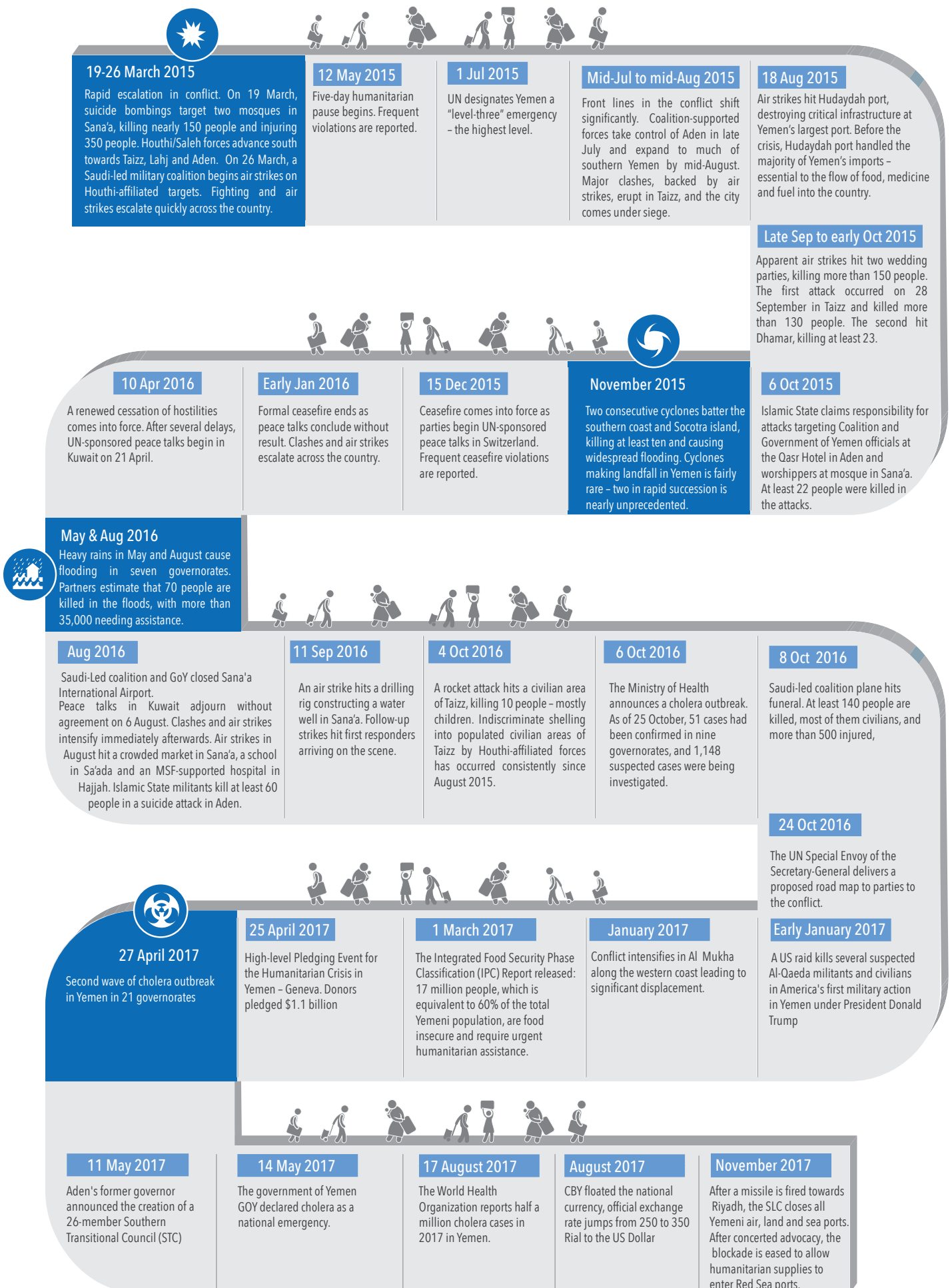
The 2017/2018 school year started with a setback in the education process in 13 out of 22 governorates. This is due to the extended time of non-payment of salaries for teachers. Schools across the country are unfit for use due to conflict-related damage, hosting of IDPs, or occupation by armed groups. An estimated 4.1 million school-age children require assistance to continue their education.



### Livelihoods and community resilience

Around 8 million conflict-affected individuals require livelihoods assistance to enhance their self-reliance to address basic needs and reduce dependency on relief assistance. Communities require support to promote resilience, including clearance of landmines and other explosives in up to 22 governorates.

## TIMELINE



## BREAKDOWN OF

# PEOPLE IN NEED

22.2 million people in Yemen now require some kind of humanitarian or protection assistance, including 11.3 million who are in acute need. These figures indicate that needs have risen by seven per cent compared to the 2017 Periodic Monitoring Report released in June, and the number of people in acute need has risen by 15 per cent.

For the first time, sectoral analysis of needs in the 2018 HNO has been complemented by an intersectoral analysis of key priority issues and population groups (Chapter 6). Sectoral needs and severity are presented and analysed at district level, which will greatly enhance the accuracy of planning and monitoring efforts.

For a full explanation of the methodology used, including criteria for acute need, please refer to the Methodology annex.

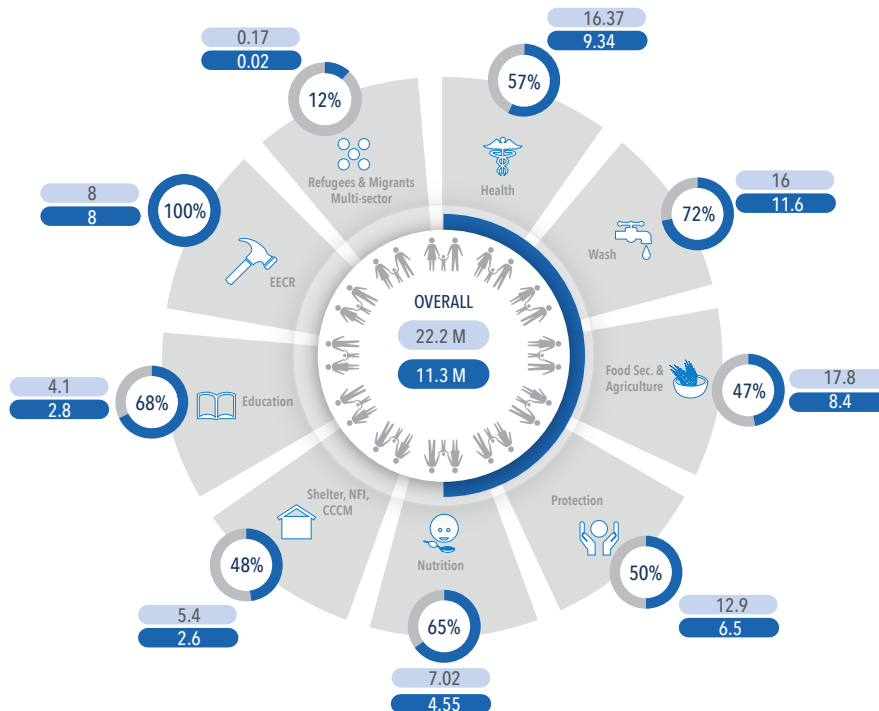
### NUMBER OF PEOPLE IN NEED

22.2M

### NUMBER OF PEOPLE IN ACUTE NEED

11.3M

### NUMBER OF PEOPLE IN NEED BY CLUSTER OR SECTOR



### TOTAL PEOPLE IN NEED BY SEX AND AGE

	Women	Men	Girls	Boys
TOT. PPL IN NEED				
Health	4	4	4.1	4.3
Wash	3.9	3.95	3.99	4.16
Food Sec. & Agriculture	4.4	4.4	4.4	4.65
Protection	3.12	3.21	3.19	3.34
Nutrition	2.30	0	2.3	2.4
Shelter, NFI, CCCM	0	0	1.84	2.3
Education	0.05	0.08	0.02	0.02
EECR	1.3	1.4	1.3	1.4

TOT. PPL IN NEED 22.2 M\*

PPL IN ACUTE NEED 11.3 M

% IN ACUTE NEED AMONG PPL IN NEED 51%

\* Total acute PIN was calculated based on the convergence of the inter-sector severity of acute needs (see methodology section for more details)

\*\* Clusters estimate the number of people in Yemen with sectoral needs, excluding refugees and migrants. The "wheel" chart on the left refers to cluster estimates only and does not include refugees or migrants. The Multi-Sector for Refugees and Migrants provides



POPULATION OVERVIEW (in millions)			POPULATION BY TYPE <sup>2</sup>			PEOPLE IN NEED AND ACUTE NEED	
GOVERNORATE	CURRENT ESTIMATED POPULATION <sup>1</sup>	IDPs	RETURNEES	REFUGEES and MIGRANTS	NON-DISPLACED	PEOPLE IN NEED	% PEOPLE IN ACUTE NEED
Abyan	0.58	0.02	0.01	0.002	0.56	0.5	58%
Aden	0.96	0.04	0.33	0.15	0.58	0.9	66%
Al Bayda	0.77	0.03	0.01	0.01	0.73	0.5	20%
Al Dhale'e	0.75	0.03	0.03	0.00	0.70	0.5	53%
Al Hudaydah	3.32	0.11	0.005	0.005	3.21	2.7	61%
Al Jawf	0.59	0.05	0.01	0.001	0.53	0.5	70%
Al Maharah	0.16	0.004	0.01	0.01	0.14	0.1	49%
Al Mahwit	0.75	0.04	0.001	0	0.71	0.5	49%
Am. Al Asimah	2.96	0.16	0.19	0.10	2.62	2.4	43%
Amran	1.17	0.16	0.02	0	1.00	0.9	44%
Dhamar	2.06	0.12	0.03	0.003	1.91	1.4	48%
Hadramaut	1.47	0.02	0.04	0.04	1.42	0.9	38%
Hajjah	2.44	0.38	0.04	0.03	2.03	1.9	63%
Ibb	3.02	0.14	0.01	0.003	2.87	2.0	20%
Lahj	1.03	0.06	0.07	0.04	0.90	0.9	62%
Marib	0.37	0.07	0.02	0.01	0.28	0.3	41%
Raymah	0.62	0.04	0.00	0	0.58	0.4	34%
Sa'ada	0.96	0.11	0.03	0.01	0.82	0.9	77%
Sana'a	1.50	0.13	0.003	0.002	1.37	1.1	30%
Shabwah	0.65	0.02	0.07	0.01	0.56	0.6	40%
Socotra	0.07	0.002	0.003	0	0.06	0.03	20%
Taizz	3.06	0.32	0.09	0	2.65	2.6	65%
<b>TOTAL</b>	<b>29.3</b>	<b>2</b>	<b>1</b>	<b>0.44</b>	<b>26.2</b>	<b>22.2</b>	<b>51%</b>

<sup>1</sup>CSO Population estimates for 2018 (excludes migrants); <sup>2</sup>TFPM 16th Report and RMMS, October 2017.

## MOST VULNERABLE

# GROUPS

The scope and complexity of the crisis in Yemen are impacting population groups differently, with some at greater risk than others. Within the total 22.2 million people in need, the most vulnerable can often be found among people affected by displacement, women, children, minorities, and refugees and migrants.

### IDPs/Returnees/Host Community

Since the escalation of the conflict in Yemen close to three million people have been forced to leave their homes, two million of who remain displaced.

The situation of most displaced population is becoming increasingly protracted: an estimated 88.5 per cent of IDPs have been displaced for one year or more, of whom some 69 per cent have been displaced for more than two years. The majority of IDPs (77 per cent) are housed in private settings. 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. This population group forms the silent majority of IDPs that are not easily identified by humanitarian partners. Currently, assistance is mainly focused on the collective shelters and hence does not sufficiently reach those in rented accommodation, or the host communities who are equally struggling to survive.

More than 1 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.

Women and children constitute three quarters of IDPs and are particularly vulnerable. 52 per cent of the displaced community live in women-headed households. Displaced school-aged children face a grim future, as they are at higher risk of missing education; boys face higher risk of recruitment by armed groups, while girls face higher risk of being held back from school.

The severity of need of the IDP population in Yemen has been analysed in the integrated section on IDPs and host communities, under the inter-sectoral needs analysis section of this document.



## Refugees and Migrants

Yemen continues to be major transit route for people trying to reach the Gulf countries and beyond, with the hope of finding better economic opportunities or protection. In 2017, the total asylum-seeker and refugee population is 280,395 and an estimated migrant population in Yemen of 154,675, making a total of 435,070 refugees, asylum-seekers and migrants. The majority of the refugee population live in Aden and Lahj governorates, along the southern coastline in Al Maharah governorate, and in Sana'a, Hadramaut and Taizz. There is also a significant number of migrants in Shabwah, Al Bayda, and Sana'a, and to a lesser extent in Al Jawf, Sa'ada, Hajjah, and Al Hudaydah.

It is estimated that over 60,000 asylum-seekers, refugees and migrants came to Yemen between January and July 2017, mainly from Ethiopia and Somalia, despite ongoing conflict and significant protection risks along the journey and upon arrival. While this is a reduction compared to 2016, the number of new migrant and refugee arrivals is projected to exceed 100,000 by the end of the year. Nearly 35 per cent of new arrivals are estimated to be unaccompanied minors.

Refugees, asylum-seekers and migrants often face greater challenges than Yemenis in accessing services such as health care and education, as well as in meeting their basic needs for water, food, shelter and protection; for undocumented migrants and undocumented asylum-seekers these challenges are even more acute. As of October 2017, an estimated 170,000 refugees, asylum-seekers and migrants were in need of humanitarian assistance, of whom more than 17,000 are considered to be in acute need. In focus group discussions with registered refugees and asylum-seekers in Basateen, Aden, over 25 per cent of the 50,000 registered persons reported relying on support from humanitarian agencies to meet basic needs. Children in Aden report dropping out of school due to the discontinuation of the school feeding programme. Likewise, in Kharaz camp, over 14,000 refugees rely on UNHCR and other humanitarian actors to meet their basic needs. Those with the most severe needs were located in strategic locations close to urban centres and along major land routes – mostly Hadramaut and Sa'ada, as well as Al Jawf, Al Hudaydah, Marib and to a certain extent, Sana'a. Populations

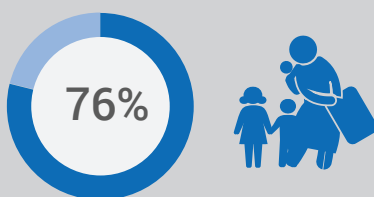
in Ibb, Taizz and Marib are mainly on the move to third countries. These areas face severe access challenges, and hence humanitarian assistance and protection programmes do not reach all those in need.

The asylum space has shrunk dramatically, aggravated by the suspension in northern Yemen of all registration and refugee status determination activities in 2016. Newly arrived asylum-seekers in the north remain undocumented and in legal limbo, putting them at greater risk of arrest and detention. Refugees are also unable to renew their documentation, preventing them from accessing some services and assistance. While refugees are able to register and renew documents in the south, the serious economic deterioration has detrimentally affected their living conditions, resulting in greater reliance on negative coping mechanisms. Asylum-seekers, refugees and migrants, particularly those from Horn of Africa, are also perceived by parties to the conflict as being susceptible to recruitment as mercenaries or transmitting life-threatening diseases, making their situation even more precarious.

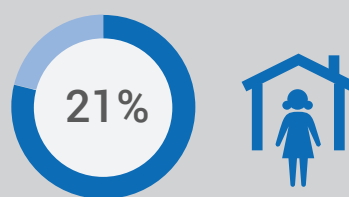
In this environment, asylum-seekers, refugees and migrants experience serious protection risks, including persecution, extortion, arrest, detention, abduction and forced returns. Children and women are particularly at risk of human rights violations, including abduction and abuse by smuggling networks, forced labour, sexual and gender-based violence and exploitation. Focus group discussions with women reveal that over 70 per cent reported having been sexually harassed, abused or exploited during their stay in Yemen. Newly arrived refugees, asylum-seekers and migrants often do not possess knowledge on services available to them, which limits their ability to claim their rights and forces them to resort to negative coping mechanisms to survive.

As a result, many urgently require multi-sectoral life-saving assistance, including health care, food and water, psychosocial support, hygiene and sanitation facilities, as well as legal assistance and appropriate durable solutions to their plight. While there are few prospects for local integration and resettlement for the majority of refugees, Somali refugees can now opt for the joint UNHCR-IOM Assisted Spontaneous Return programme. For other nationalities however, there are very few opportunities for durable solutions. IOM also offers

## WOMEN & GIRLS BY VULNERABILITY STATUS



76% of IDPs and returnees are women and children



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



Child marriage has escalated, with 66% of girls <18 marrying in 2017 against 52% in 2016

voluntary humanitarian return for vulnerable and stranded migrants who want to evacuate from Yemen to his/her country of nationality.

## Women and girls

Women and girls continue to face entrenched gender inequalities which result from prevailing social norms that limit their access to services, livelihoods and other opportunities. The conflict has only served to exacerbate the specific vulnerabilities and the limitations they face.

As families face the loss of male family members due to conflict-related death or injury or loss of traditional livelihoods, the level of economic hardship increases. This increasingly leads families to resort to negative coping strategies. Child marriage rates have escalated, rising from 52 per cent of Yemeni girls under the age of 18 marrying in 2016 to close to 66 per cent in 2017<sup>19</sup>. A UNICEF Knowledge, Attitude and Practices (KAP) survey (2017) revealed that in governorates with high numbers of IDPs, such as Hajjah, Al Hudaydah and Ibb, 44 per cent of all marriages involve girls under the age of 15.

Women and girls bear the disproportionate brunt of obstacles caused by protracted displacement, including lack of access to services and civil documentation. An estimated 76 per cent of IDPs and IDP returnees are women and children. Among female-headed IDP and host community households, nearly 21 per cent are headed by females below the age of 18.

Escalating conflict and forced movement of populations continue to create risks and instances of sexual and gender-based violence (GBV), including sexual exploitation and abuse. Focus group discussions have shown that women report psychological distress due to violence, fear for family members and fear of arrest or detention, whilst men report distress due to loss of livelihoods, restricted mobility and being forced to perform “women-specific roles”. These kinds of stress can contribute to increased levels of domestic violence, placing more women at risk.

Despite social norms which discourage reporting, there was still a 36 per cent rise in GBV access to services reported in 2017. According to the GBV Information Management System (IMS), up to September 2017, 37 per cent of these services related to psychological abuse, 27 per cent to physical assault, 24 per

cent to denial of resources, 9 per cent to child marriage and 2 per cent to rape. Most of cases (46 per cent) were reported by victims aged 26-40 years, with 21 per cent related to those under 18 years of age.

## Children

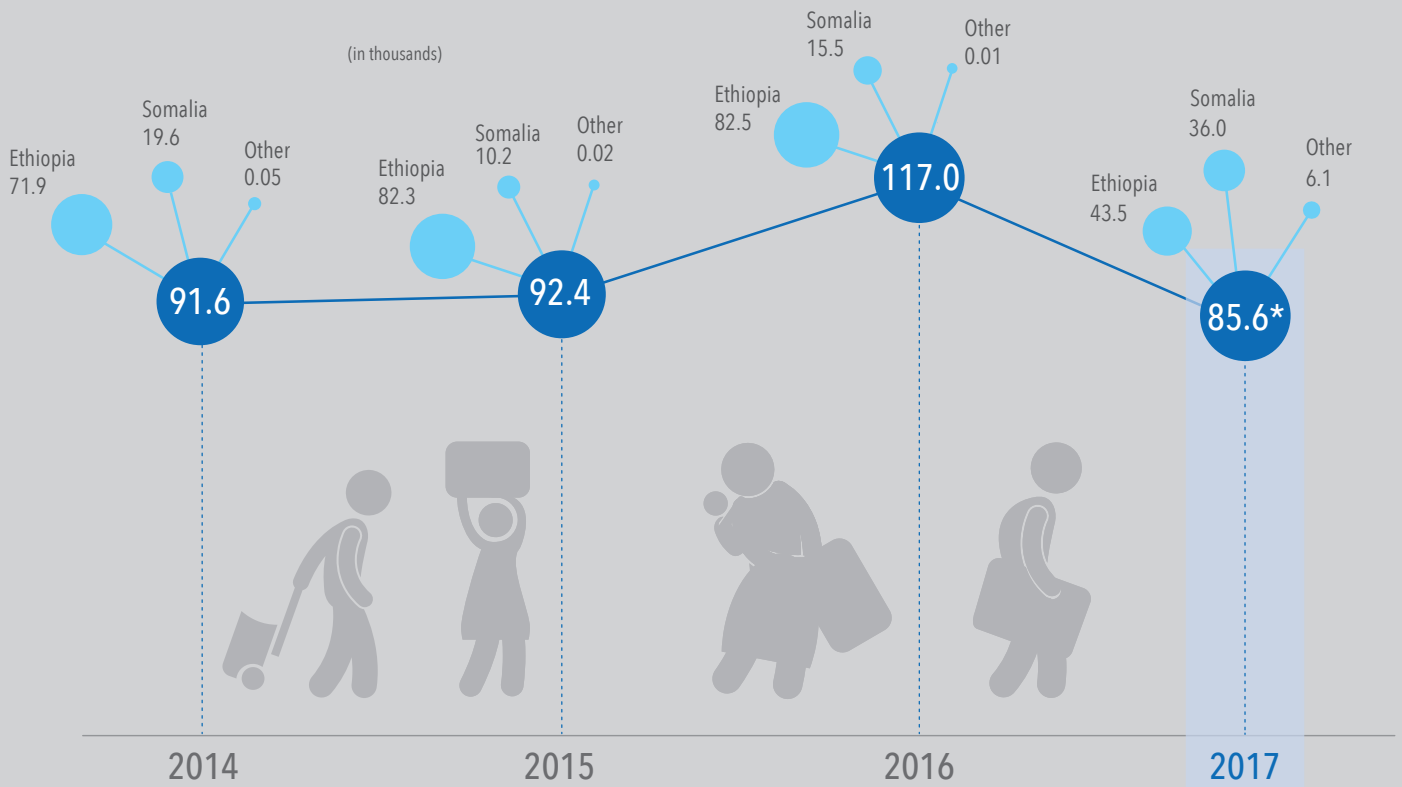
Children are among the most vulnerable groups and are disproportionately affected by the conflict. From October 2016 to September 2017 the Country-level Task Force on the Monitoring Reporting Mechanism (MRM) verified and documented 1,698 victims of grave child rights violations in Yemen (1,370 boys and 328 girls). Child recruitment continues to affect large numbers of boys under the age of 18. 606 cases of child recruitment and 1111 cases of killing and maiming/injuries (782 boys, 329 girls) were reported and verified from October 2016 to Sept 2017. The extent of grave violence against boys and girls can be assumed to be far higher than what is reported and verified. The under-reporting is attribute to lack of access in some conflict affected communities and the sensitivity of collecting protection related data.

An estimated 1.8 million children are acutely malnourished, including an approximate 400,000 suffering from Severe Acute Malnutrition (SAM). At least one child dies every ten minutes in Yemen because of preventable diseases such as diarrhoea, malnutrition and respiratory tract infections<sup>20</sup>. The 2017 cholera outbreak in Yemen most affected children, with over 57 per cent of suspected cases reported among children under 18 years.

The conflict is also taking a toll on children’s access to education. A total of 20 incidents of attacks on schools were reported and verified. Schools have been hit during both ground operations and aerial attacks, and many are currently unfit for use due to damage, presence of IDPs or occupation by armed groups. Some 2 million children are out of school, depriving them of an education and exposing them to child recruitment into armed groups and armed forces, or child marriage. Children who have experienced stressful situations are 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 further

### CHILDREN AFFECTED BY GRAVE CHILD RIGHTS VIOLATIONS (OCT 2016 - SEP 2017)

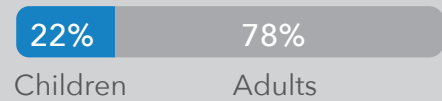
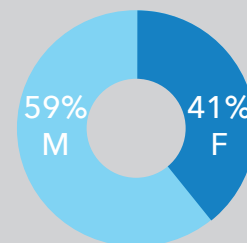
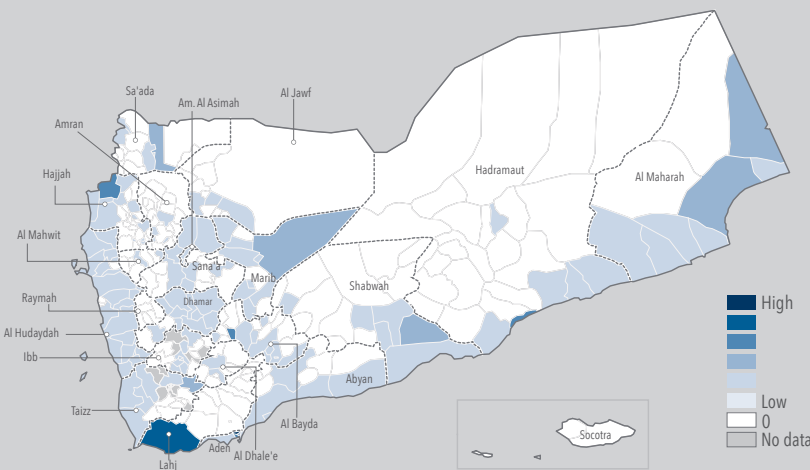




\* This estimate includes all newly arrived persons into Yemen, migrants and refugees, and persons who registered their intent to seek asylum in Yemen counted by UNHCR and partner agencies. UNHCR ended its mixed migration project as of May 2017, thus there were recordings of all newly arrived persons after May. IOM assumed this role for migrants. As of 1 June 2017, 802 persons registered with UNHCR and the Government of Yemen seeking international protection. Source: RMMS (Oct. 2017).

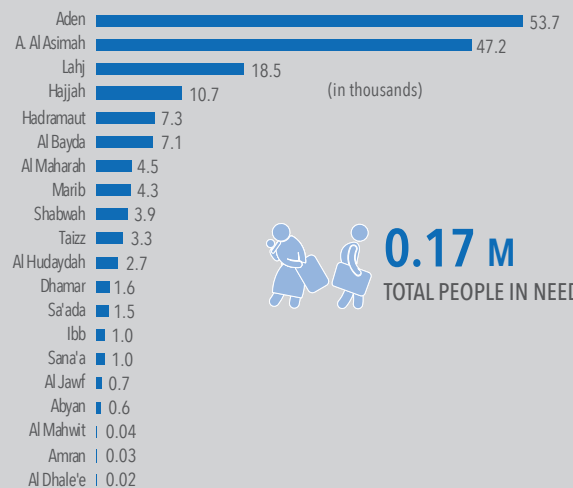
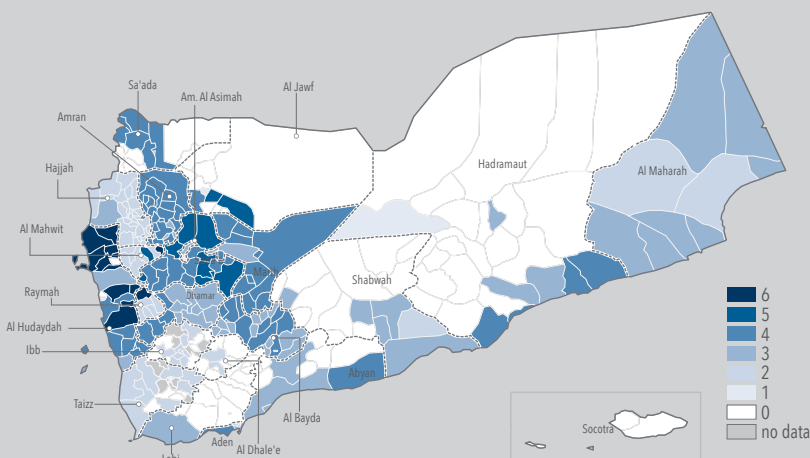
REFUGEES AND MIGRANTS IN NEED BY DISTRICT

REFUGEES AND MIGRANTS IN NEED BY SEX AND AGE



SEVERITY OF REFUGEES AND MIGRANTS' NEEDS

REFUGEES AND MIGRANTS IN NEED BY GOVERNORATE



**0.17 M**  
TOTAL PEOPLE IN NEED

aggravated by uncertainty about the future and disruption of their daily routine.

### **Minority groups**

While all Yemenis are suffering the reality of war and the prospect of more violence, devastation and poverty, the burden of the current conflict after two and a half years is heaviest on the country's most vulnerable. Though different groups have coexisted in Yemen for centuries, some of Yemen's religious minorities now struggle for their very survival as reported by OHCHR.

Existing patterns of discrimination before the outbreak of the war have been deepened by instability, violence and the humanitarian crisis. The war has also had a devastating impact on the Muhamasheen community, who suffer caste-based discrimination and fall outside of traditional tribal and societal structures. They traditionally live in slums on the outskirts of cities, and many are unemployed or confined to menial jobs, such as garbage collection.

The conflict has forced many Muhamasheen to flee, yet their experience of displacement has generally been different from that of other Yemenis. Due to social prejudice, displaced Muhamasheen are mostly unable to find accommodation in public institutions and schools which may be open to displaced Yemenis from other social groups. As a result, they have tended to flee to open farmland, parks and public spaces, and have been largely left to their own devices. The vulnerabilities of the Muhamasheen have been further exacerbated by the humanitarian community's limited capacities, lack of access, and inability to monitor aid distribution in certain areas.

## SEVERITY OF

## NEED

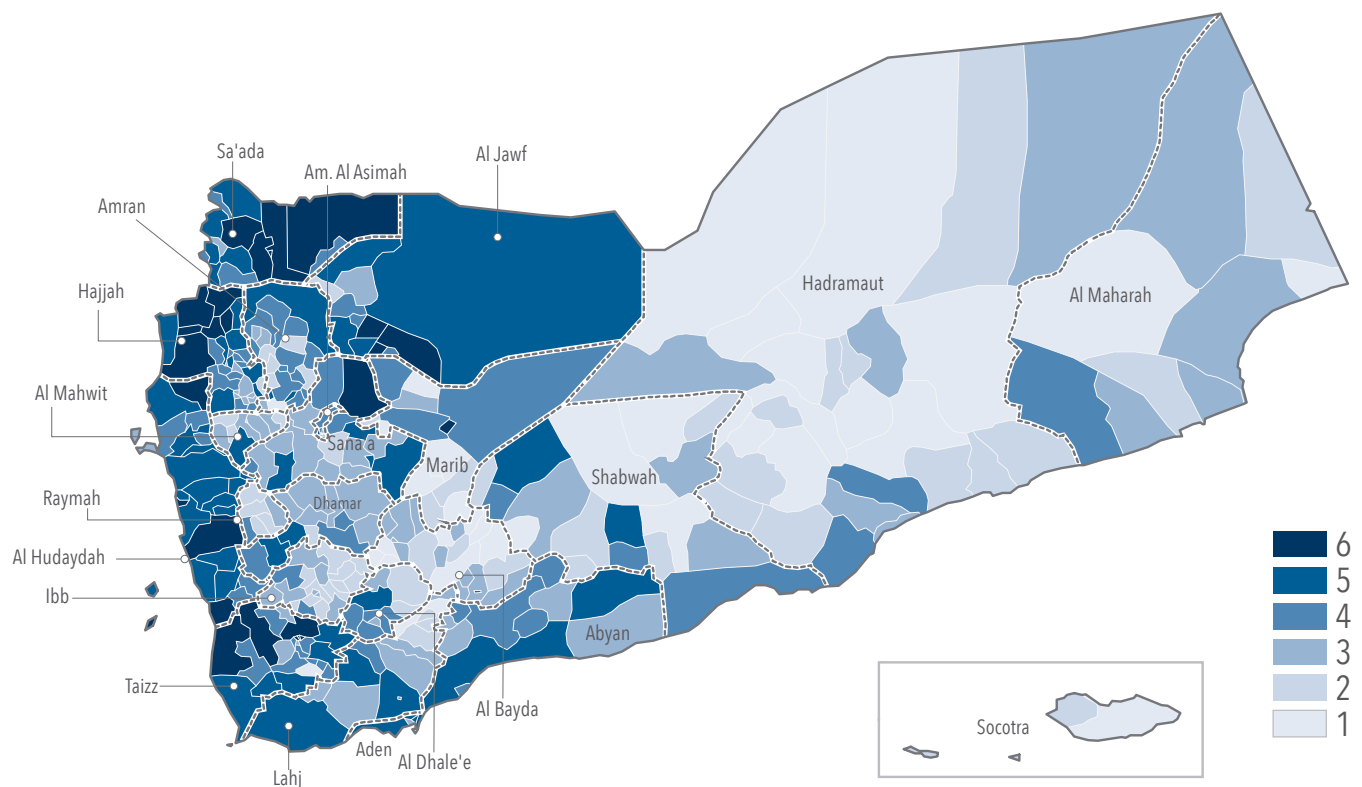
The most severe needs across multiple sectors are concentrated in areas of ongoing conflict or areas with large numbers of IDPs and returnees. Many of these areas were contending with chronic challenges in terms of food security, nutrition, water and healthcare before the current crisis. More than two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

The data analysed for this HNO further shows that there has been an expansion in the geographic distribution of severity, as a direct translation of the conflict-related incidents and protracted displacement. This is reflected in the increase of people in acute need, as well as in the number of districts affected – in only five months, the number of districts with the highest severity score (6) has increased from 21 to 26. While the 2017 HNO and PMR indicated that needs are most severe in and around Taizz, Hajjah and Sa'ada, this HNO highlights a further aggravation of needs of populations along the western coast. This geographic shift is attributed to large scale displacement in these areas, compounded with already

existing high level of vulnerability including high rates of malnutrition. With ongoing conflict and limited access for humanitarian partners to undertake assessments and deliver assistance to mitigate the deteriorating situation, these areas will continue to show high levels of severity.

Areas with the highest cross-sector needs severity urgently require an integrated response to ensure basic life-saving and protection services. These efforts must include concerted advocacy with parties to the conflict to ensure rapid, unimpeded access, particularly in active conflict zones

## 2018 SEVERITY OF NEEDS BY DISTRICT

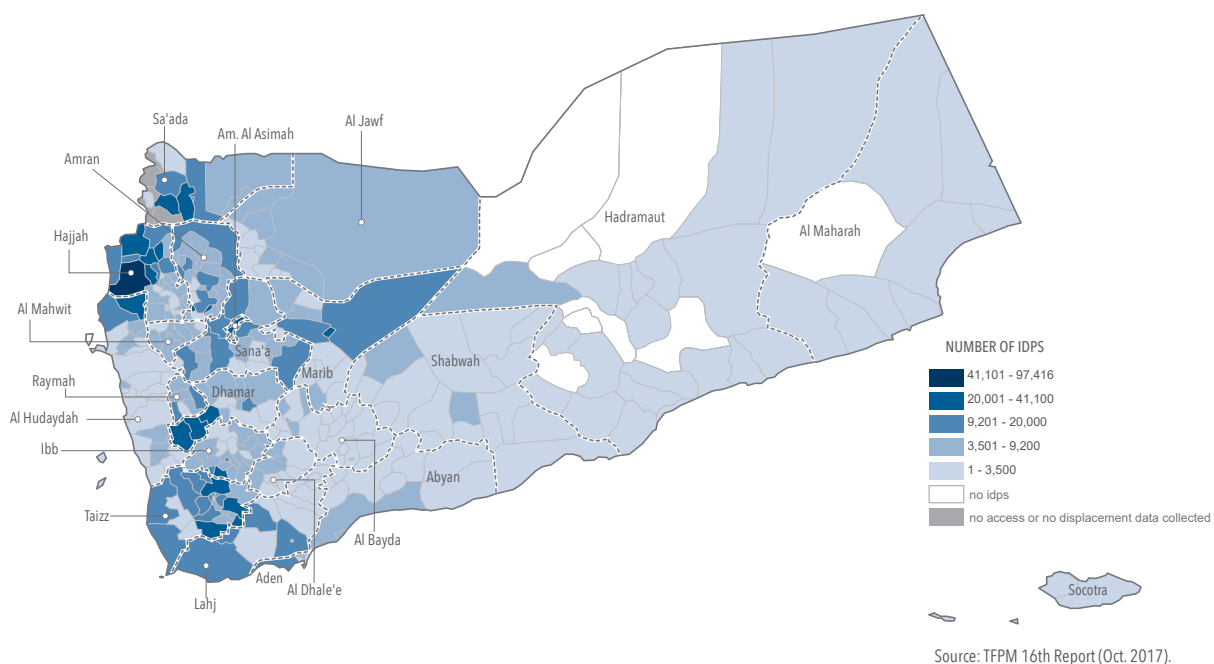


# INTERSECTORAL ANALYSIS OF NEED

The 2018 Yemen HNO presents for the first-time inter-sector analysis on key thematic areas (Famine and Cholera), and population group (IDP/Returnees/Host Community). The inter-sector analysis enables to understand the humanitarian situation and needs in a much more comprehensive manner including the common factors that cause or are associated with the needs to form the basis for integrated response.

## IDPS/RETURNS/HOST COMMUNITY

### NUMBER OF IDPS BY DISTRICT



### Protracted Displacement - IDPs and host community

As of September 2017, nearly 2 million people remain displaced within Yemen. More than half of the currently Internally Displaced Persons (IDPs) are sheltering in Hajjah, Taizz, Amanat Al Asimah and Amran. After two and a half years of conflict, displacement is becoming a protracted status for the vast majority of the IDPs, further deepening vulnerabilities. IDPs but also their hosts are rapidly exhausting their reserves. The prolonged displacement continues to put additional pressure on already scarce basic services.

Displacement triggers a wide range of needs from basic survival needs that require immediate lifesaving assistance, to more medium-term support, including livelihood assistance to enable self-reliance and support for host communities. According to the Task Force on Population Movement (TFPM) 16th report, the large majority of IDPs and host communities cite food as their priority need, followed by access to income, shelter, and water. However, the needs vary widely depending on the length of displacement, from lifesaving emergency needs of newly displaced, to longer-term support that builds on the capacities and skills of the displaced. The living conditions in private settings vary from



those in IDP hosting sites, with a direct impact on the levels of vulnerabilities, generating different needs, and as such requiring appropriate, targeted assistance to address specific needs.

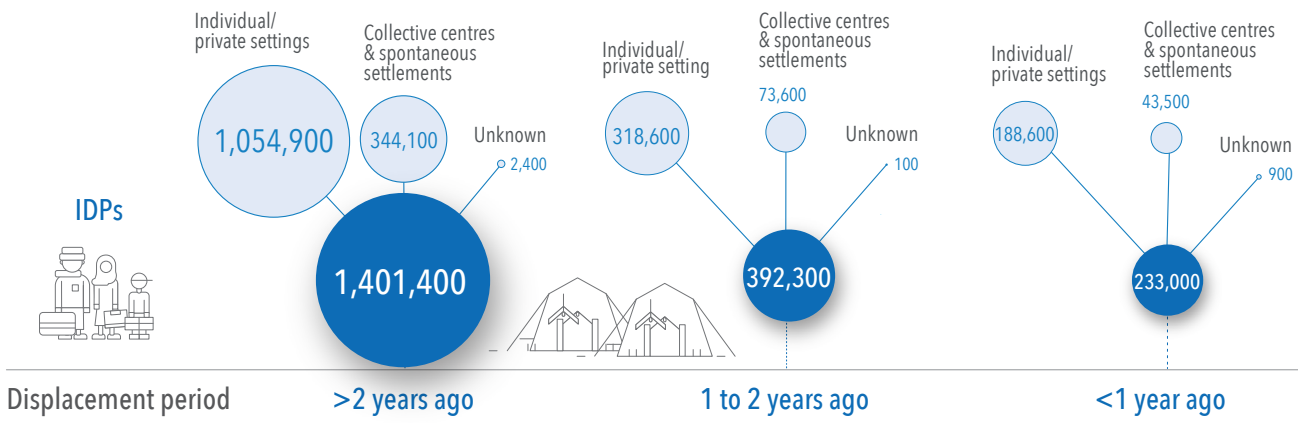
An estimated 23 per cent (417,600) of IDPs are living in public buildings, collective centres, or in dispersed spontaneous settlements. Services at these locations are often limited, and residents face significant protection risks, including exploitation, harassment and gender-based violence, requiring the humanitarian response to scale up. According to the 2017 IDP hosting sites baseline assessment carried out in 14 governorates, nearly 69 per cent of these sites face shortages of water; only about 58 per cent of the sites have access to sanitation facilities; and less 10 per cent of the sites have access to health services.

More than 77 per cent are living either with host communities (1.1 million people) or in rented accommodation (480,000 people). The protracted nature of displacement is straining the ability of IDPs and their host communities to cope, making them increasingly vulnerable. An estimated 88.5 per cent of the internally displaced persons (IDPs) have

been displaced for more than a year, including 69.2 per cent (1,401,360) displaced for more than two years. The situation is compounded by the impact of the economic decline on households, including loss of livelihoods, non-payment of salaries and disruption of social protection programmes, which is eroding community resilience. IDPs unable to afford to rent accommodation or live with host communities are even more vulnerable. An increasing number of families report that they owe their landlords large sums of money for rent, which can lead to forced evictions. This is illustrated by the rise in the percentage of displaced residing in IDP hosting sites: from 19 per cent in October 2016 to 23 per cent in September 2017. Districts with the highest IDP caseloads have also increasingly fallen into more severe food insecurity as compared to 2017, and 73 districts in 17 governorates face critical (highest severity score) WASH needs for IDPs and returnees.

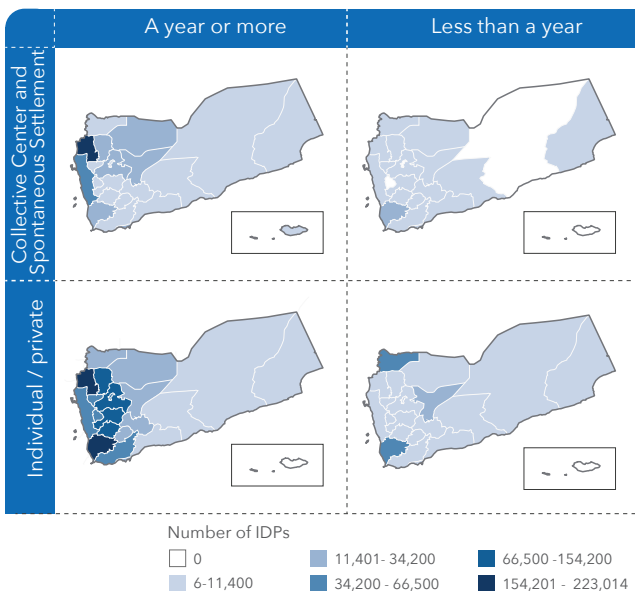
Beyond lifesaving emergency assistance, IDPs who have been displaced for a prolonged period and their hosts require more sustainable solutions. This includes access to livelihood and income generating activities to prevent further depletion of assets and to relieve the burden on host communities. The displaced population require enhanced access to basic services,

NUMBER OF IDPS BY DURATION AND SHELTER TYPE



Source: TFPM 16th Report, October 2017.

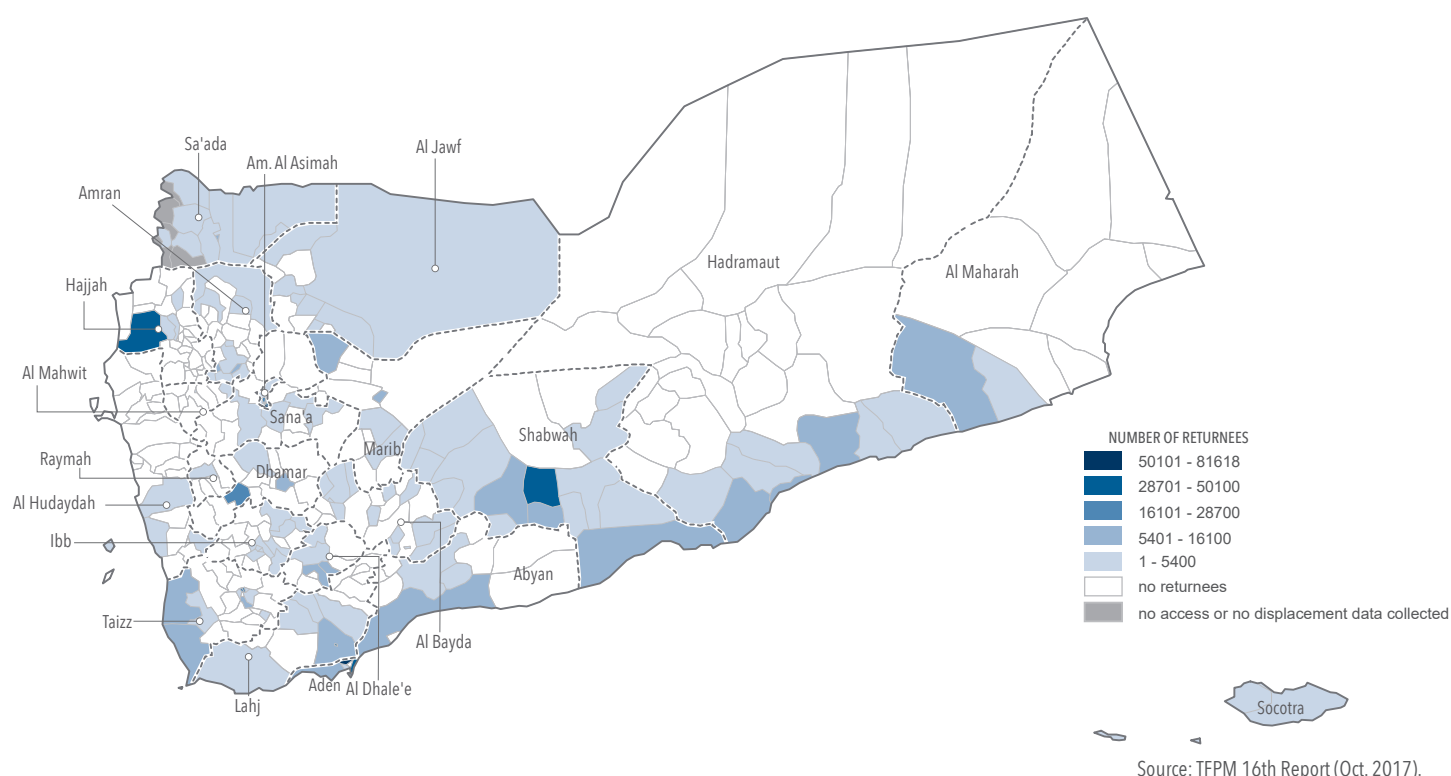
NUMBER OF IDPS BY DURATION AND SHELTER TYPE



including health, WASH and education, and there is thus a need to scale up support to existing public services in areas of displacement. Such a holistic approach aims to preserve the dignity of IDPs; improve their lives and self-reliance; and contributes to the development of their host communities. Most IDPs displaced in rural parts of Yemen have lost their crop farming, livestock and fishing in addition to other off-farm income sources and livelihoods. The abruptness and the life-threatening nature of the conflict based displacement has also affected assets like livestock, seed and agricultural equipment, which are normally mobile.

Meanwhile, new displacements continue to occur, mainly in areas where conflict persists. About 12 per cent (232,980 IDPs) have been displaced for less than 12 months, including 150,000 people displaced due to the escalated conflict in the western coast of Taizz in earlier 2017.

## NUMBER OF RETURNEES BY DISTRICT



## Returnees

More than 1 million people have returned from displacement to their area of origin across 22 governorates. An estimated 74 per cent of the returnees are in Aden (33 per cent), Amanat Al Asimah (18 per cent), Taizz (9 per cent), Lahj (7 per cent) and Shabwah (7 per cent). Most of the returnees (94 per cent) have returned to their former residences, many of which are damaged, and the returnees are generally unable to afford repairs. Returnees remain vulnerable, and require support to meet their basic needs, along with a more medium-term support to enable them to have access to livelihoods and basic services that will ensure their return is sustainable. The 16th TFPM report indicates food as the main priority need followed by access to income, and drinking water. Returnees also identified the need for financial support and psychosocial support, and called for a more sustainable response for adequate re-integration to the community.

## Associated factors and projections

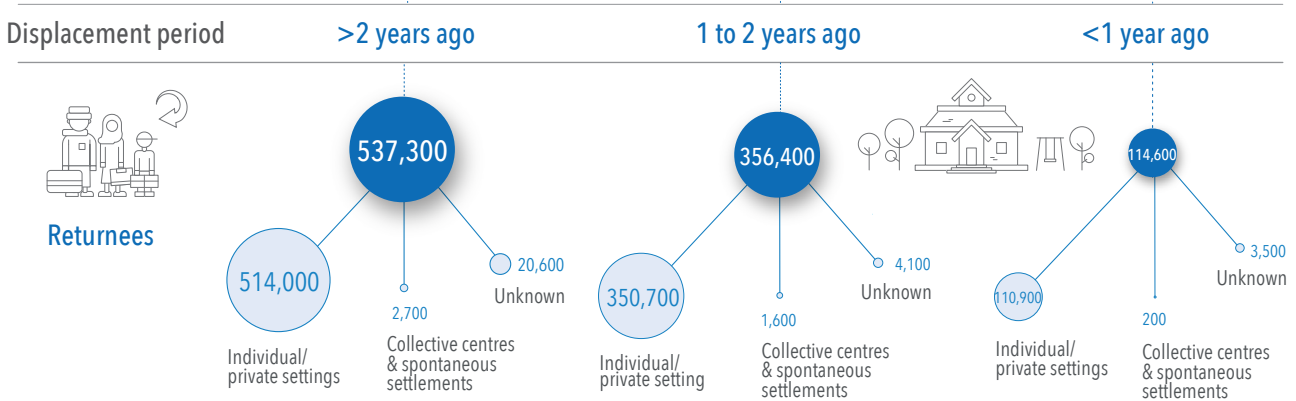
Approximately 1.5 million (74 per cent) of IDPs originate from four governorates: Taizz (550,416 IDPs or 27 per cent); Hajjah (375,048 IDPs or 19 per cent); Sa'ada (294,072 IDPs or 14 per cent); and Amanat Al Asimah (272,676 IDPs or 13 per cent). Nearly 44 per cent of the IDP population is displaced

within their governorate of origin.

## Related protection needs

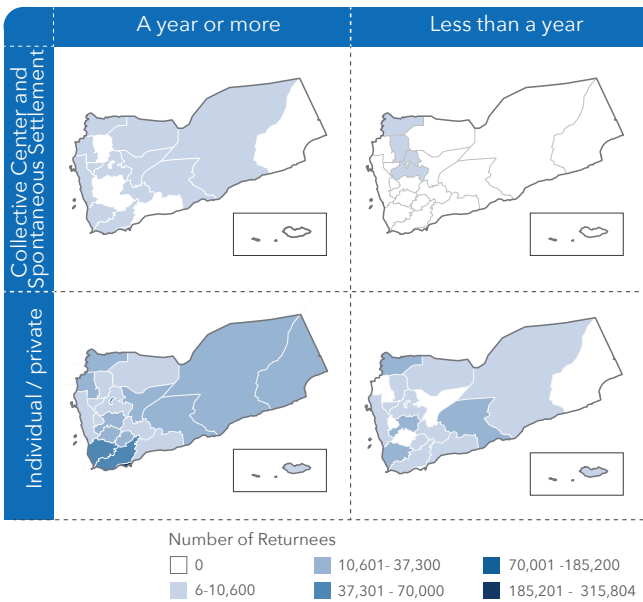
IDP and returnee populations require access to protection, including access to services, civil documentation, family separation and community empowerment. The 16th TFPM reports that women and children are most adversely affected by displacement and represent three quarters of all IDPs. They face a higher risk of gender based violence and are often the last to get access to economic and social opportunities, forcing many to revert to negative coping strategies. Displacement also exposes children – more than 50 per cent of all IDPs – to recruitment by armed elements. Domestic and communal violence may increase as families and communities grapple with accumulated stress and shortages. There are increasing reports of eviction from accommodations due to the non-payment of rent or the exploitation of IDP families by landlords. Discrimination against minorities may also become more acute as competition over resources grows. Tensions

NUMBER OF IDPS BY DURATION AND SHELTER TYPE



Source: TFPM 16th Report, September 2017.

NUMBER OF RETURNEES BY DURATION AND SHELTER TYPE

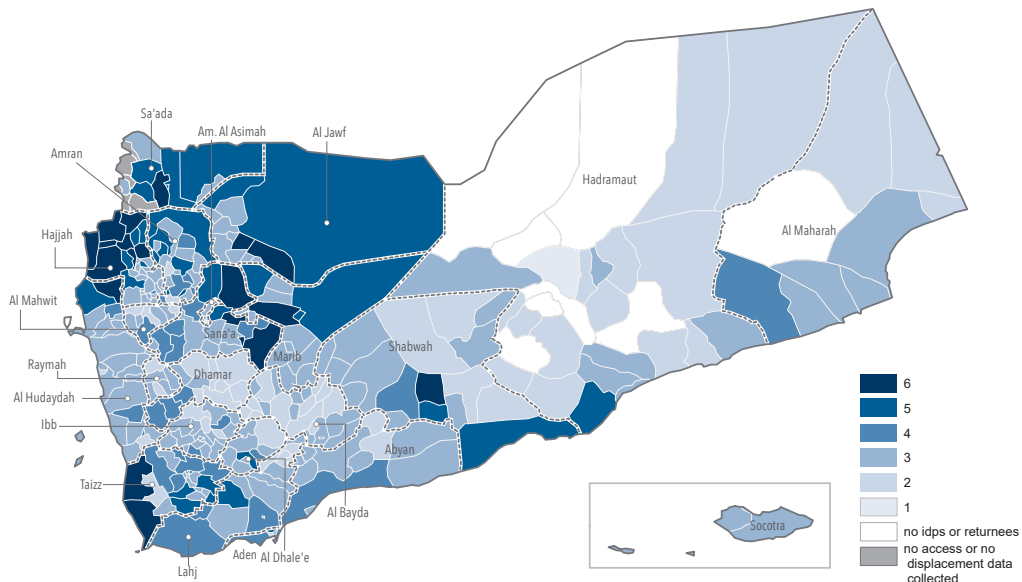


within communities, including between IDPs and their host communities, may increase as resources become scarcer.

**IDPs/Returnees/Host Communities inter-sector severity of needs**

While all IDPs/returnees/host communities are affected by the crisis and are in need of some form of humanitarian assistance, the most sever inter-sector needs converge mostly in Governorates that have districts with ongoing conflict, and districts that are hosting highest proportion IDPs and returnees. The below map is based on an inter-sectoral 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.

IDPS/ RETURNEES/ HOST COMMUNITY INTER SECTOR SEVERITY OF NEEDS



## FAMINE PREVENTION

### Heightened Risk of Famine

Famine is a catastrophe exhibited when substantial deaths have occurred due to a lack of food consumption on its own or by its interaction with disease. A famine situation is a sequential and causal series of events between severe food deficits (20 per cent of the households in the area face an extreme and severe scarcity of food); acute malnutrition (famine thresholds for Global Acute Malnutrition (GAM) using weight for height z-score and/or oedema is 30 per cent); and the final expression of deaths (more than 2 deaths per 10,000 people per day).

Increasing number of districts in Yemen are facing potential risk of sliding into famine as the situation rapidly deteriorates aggravated by the protracted conflict, severe economic decline, loss of livelihoods, and collapsing basis services.

A total of 107 districts<sup>21</sup> (32 per cent of all districts) are currently estimated to be at heightened risk of famine<sup>22</sup> - a 13 per cent increase since mid-2017. The majority of the 10.4 million individuals living in these 107 districts do not know where their next meal will come from, lack access to safe water for drinking and basic sanitation and hygiene facilities, require assistance to ensure adequate access to health care, and need nutrition assistance, in particular children under age five and pregnant or lactating women (PLW). Large segments of the population in these districts face extreme and severe deficits of food, have surpassed emergency malnutrition rates, and are at potential risk of death by starvation or due to the interaction of malnutrition and disease.

An estimated 70 per cent of the population (7.3 million individuals) in these 107 districts need urgent life-saving

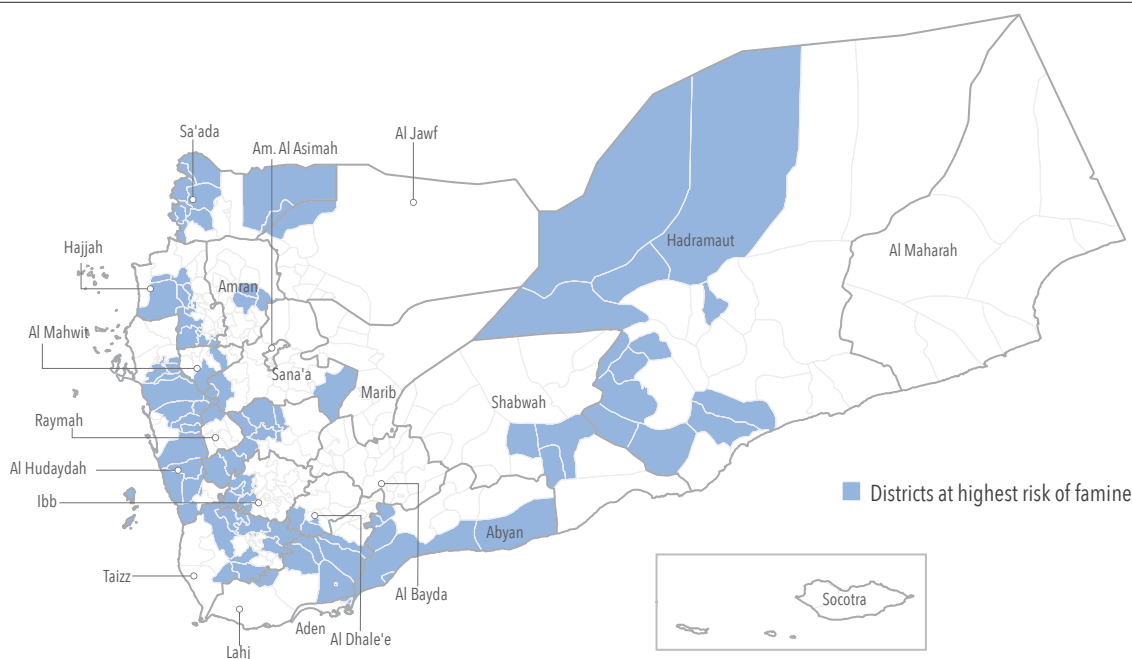
food and livelihoods assistance; 5.9 million people are in need of WASH support; 7.4 million people are in need of health services; and 2.4 million children under the age of five and PLW need nutrition assistance. To effectively address these needs, it is imperative to design integrated, coherent, and well-coordinated approaches that combine interventions from the Food Security and Agriculture Cluster, the Water, Sanitation and Hygiene Cluster, Nutrition Cluster and Health Cluster. Integrated interventions are critical to comprehensively address the threat of famine, while addressing underlying determinants, such as access to nutritious foods, health and sanitation environments, and child care practices.

### Associated Factors and projections

The three main underlying causes of malnutrition<sup>23</sup> in Yemen are (i) inadequate access to food and/or poor use of available food (ii) inadequate child care practices (with exclusive breastfeeding rates as low as 10 per cent nationwide) and (iii) poor water and sanitation (50 per cent of under nutrition is associated with infections caused by poor WASH<sup>24</sup>); and inadequate access to health. Only 50 per cent of health facilities are fully operational, and only 46 per cent provide treatment for both severe and moderate acute malnutrition). The protracted conflict in the country has exacerbated existing underlying conditions. An estimated 15 per cent of children nationally are acutely malnourished<sup>25</sup>.

The famine-like conditions in 107 districts have led to heightened vulnerability levels: Out of a total of 7.3 million individuals requiring immediate food assistance in these

### DISTRICTS AT HIGHEST RISK OF FAMINE



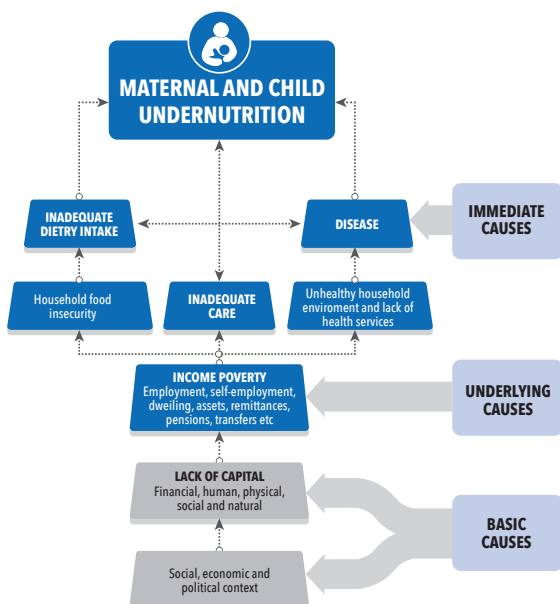
Source: FSAC, Nutrition, WASH and Health Clusters (Oct. 2017).

districts, 4.1 million individuals do not know where their next meal will come from and are at risk of starvation. In tandem with this is the fact that most vulnerable households' livelihood assets are near collapse, and coping strategies are almost exhausted. This is leading to extreme coping behaviours like sale of houses, land, productive assets, and livestock, which greatly compromises household food security. To access food, households purchase food on credit, borrow, or receive food as gifts, leading to high levels of household debt accumulation. The precarious situation has been further exacerbated by the large IDP caseloads that have stretched the coping mechanisms of host communities.

Access to improved water has significantly decreased and many people resort to unimproved water sources: many water systems within high-risk districts that depend on electricity or fuel are no longer functioning, or depend on humanitarian support. Access to improved water has significantly decreased and many people resort to unimproved water sources due to the lack of means to purchase trucked or bottled water. Drinking water from an unimproved water source carries a high risk of diarrheal disease which subsequently leads to deterioration of nutritional status and increased risk of mortality. The large-scale displacement within these high-risk districts puts additional pressure on scarce water sources and sanitation services.

Only an estimated 50 per cent of health facilities are fully functional in the high-risk districts<sup>26</sup>. The decline in the public health sector is attributable to the lack of salaries for health personnel and difficulties importing medicines and other critical supplies. Private sector health services (where they exist) are beyond the means of millions of vulnerable individuals due to high prices. The situation has led to increased mortality of patients suffering from communicable disease, malnutrition, non-communicable diseases.

#### UNICEF CONCEPTUAL FRAMEWORK FOR MULNUTRITION



#### Related Protection Needs

Despite mainstreaming protection throughout the humanitarian response, protection risks still exist, including during food security and agriculture interventions e.g. inappropriate or distant locations of distribution sites, not ensuring distributions are undertaken during day light hours or during hours which suit women's responsibilities at home, tensions created between host communities and IDPs, necessitating a need for empowering and supporting vulnerable populations to protect themselves. Interventions are hampered by access constraints, both security and bureaucratic related, including interference by authorities by imposing their own beneficiary criteria or insist on publication of beneficiary lists in public places. For those families with individuals at risk of malnutrition, women and the elderly are more likely to reduce their food intake and skip meals.

In most households in Yemen, women and children are responsible to fetch water. For many people, their primary water source has stopped functioning, which means they must walk a longer distance to collect water, posing additional threats on their lives and dignity, including gender based violence. Children may also drop out of school because they are tasked with fetching water.

#### Methodology For Estimating The Number Of Affected People

The selection of high priority districts is guided by international emergency standard thresholds of food insecurity using the IPC Phase Classification procedures, and WHO's classification thresholds (i.e.  $\geq 20$  per cent SFI &  $\geq 15$  per cent GAM).

The district level percentage of severely food insecure (SFI) populations was based on the October 2017 district level famine risk monitoring data collected by FSAC partners in 84 out of the 107 high priority districts. The SFI rates for the remaining 23 high priority districts were extrapolated based on the March 2017 Integrated Food Security Phase Classification (IPC), EFSNA 2016, and the Comprehensive Food Security Survey (CFSS) 2014 data. As no recent data for mortality existed for majority of the districts, it was not used for prioritisation.

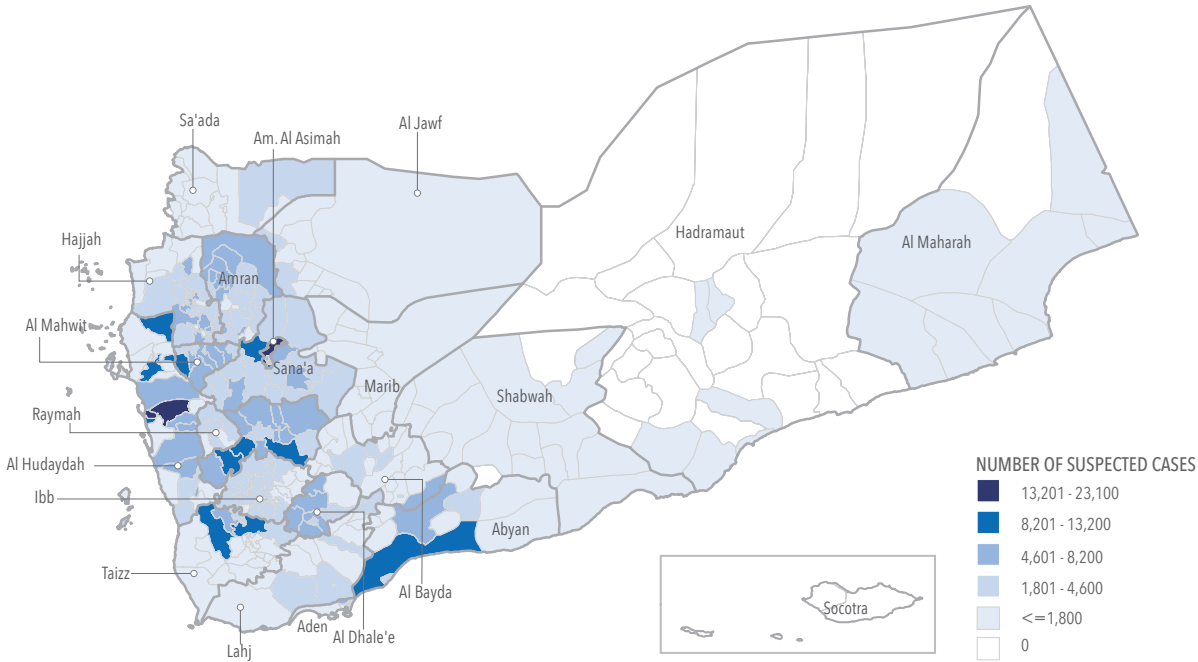
The GAM prevalence was based on the Standardized Monitoring and Assessment of Relief and Transitions (SMART) 2016-2017 survey and the Emergency Food Security and Nutrition Assessment (EFSNA) 2016. Due to a lack of representative district level data, districts were clustered by livelihood zone/agro-ecological zone/elevation with the proportion of GAM cases within new clusters re-calculated. The percentages used for the classification do not provide GAM prevalence rates for the high priority districts, instead they represent the proportion of children with GAM from the total number of children measured in the districts, providing an indication of the severity of the situation in that area.

# CHOLERA

A cholera outbreak was declared in Yemen in October 2016, which spread to 165 districts in 16 Governorates by the end of December 2016. The trend of the outbreak and case-fatality rate subsequently declined during January to March 2017, with only 25 districts reporting suspected cases. A total of

observed during week 26 with more than 50,000 suspected cases reported that week. Governorates with highest attack rates (above the national average of 314 suspected cases per 10,000 population) are Amran, Al Mahwit, Al Dhale, Abyan, Sana'a, Dhamar, Al Hudaydah and Al Bayda. Children under

## SUSPECTED CHOLERA CASES BY DISTRICT (27 APRIL TO 25 OCTOBER 2017)



25,475 suspected cases, including 143 associated deaths (with a case-fatality rate (CFR) of 0.44 per cent) were reported by the end of March 2017.

A resurgence of the cholera outbreak was observed during the last week of April 2017, followed by unprecedented spike with 900,000 suspected cases and 2,192 associated deaths (0.25 per cent CFR) between 27 April and 5 November 2017. The second wave of the outbreak has affected 305 districts in all governorates except Socotra. The peak of the outbreak was

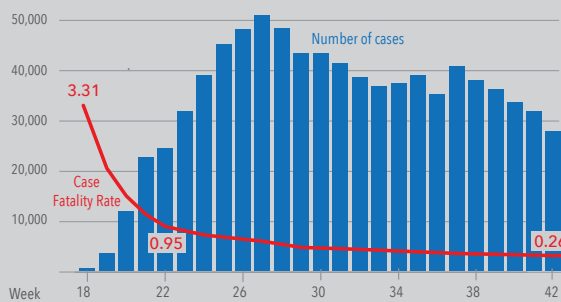
five represent almost a third (27 per cent) of all suspected cases as of October 2017. The outbreak spiked in a context of deteriorating water and sanitation systems and services, and poor hygiene practices.

An estimated 11.3 million people in 168 districts require emergency preparedness and preventative measures to avert likely resurgence of the outbreak in 2018.

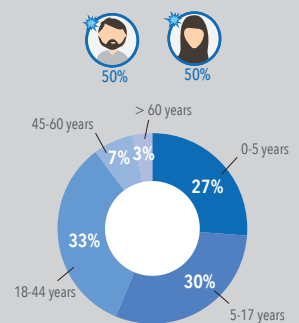
### SEVERITY OF SUSPECTED CHOLERA ATTACK RATE NUMBER OF CASES VS CASE FATALITY RATE (27 APRIL TO 19 OCTOBER) NUMBER OF CASES PER SEX & AGE

Suspected cholera attack rate severity	Number of districts	Total population
0	36	1.5M
1	8	0.6M
2	30	1.3M
3	91	7.8M
4	73	8.8M
5	81	7.6M
6	14	0.9M

Source: WASH Cluster (October 2017).



Source: WHO (as of 20 Oct. 2017).



Source: WHO (as of 1 Oct. 2017)

### Associated Factors And Projections

The cholera epidemic is spreading against the backdrop of a major humanitarian crisis with a failing public sector. The upsurge of suspected cholera cases is attributed to the disruption of overall basic social services including water and sanitation, health, education, food insecurity and widespread displacement. Lack of safe water, basic sanitation and poor community awareness of essential health and hygiene practices and cholera in specific contributes to the problem. Over 50 per cent of all health facilities do not function properly and more than 16 million people require support to meet their basic WASH needs. The situation is further aggravated by high prevalence of severe food insecurity and malnutrition in many parts of the country.

Since September 2017, the trend has been gradually declining, with not reports of suspected cases from 39 districts during the first three weeks of October. However, the epidemic is expected to continue for some time and another wave is likely unless basic infrastructure in WASH and health are restored immediately.

### Related Protection Needs

Not only are the vulnerable at greater risk from cholera, but those with specific needs face serious challenges in the absence of protection-sensitive measures, as well as the fact that cholera may have consequences on households that result in additional protection concerns. While men and women have been equally affected by the cholera epidemic, women in traditional domestic roles can be increasingly susceptible. The epidemic has disproportionately affected children and the elderly, with over 57 per cent of suspected cases children below 18 years, while more than 30 per cent of associated deaths people above 60 years. Displaced people living in poor environmental hygiene conditions, and poorest people living in densely populated areas are often more vulnerable

to contract cholera, as well as lacking awareness or understanding of the risk levels of cholera. While treatment of cholera is free of charge and relatively simple, specific protection-sensitive measures are needed for people with poor socio-economic status, people living with disabilities, pregnant women, and poor and marginalized communities, among others. These population groups may not be able to access health facilities due to mobility, accessibility or cost. Additional protection needs resulting from cholera include the enormous psychosocial impact on the wellbeing of affected children and risks of family separation. The loss of breadwinners to cholera can lead to negative coping mechanisms for households, which may result in child marriage or recruitment into hazardous forms of labour.

### Methodology For Estimating The Number Of Affected People

The main indicator that was used to determine the severity of the need for preparedness and prevention of cholera at district level is the incidence rate of acute watery diarrhoea (AWD) or suspected cholera per 10,000 population. Suspected cholera and AWD cases reported through the electronic Disease Early Warning Surveillance (eDEWS) system between October 2016 and October 2017 were used to calculate severity per district. Districts were considered to be in acute need if the attack rate was above 100 per 10,000 population. As a result, 168 districts were considered as acute; 121 districts were considered as moderate; and 44 districts were considered to be in low need. Depending on the severity scores, a percentage of the population was used to calculate the people in need of assistance at district level. A total of 14.8 million people are estimated to need support with cholera preparedness and prevention activities in 2018, out of which 11.3 million are considered in acute need.



PERCEPTIONS OF

# AFFECTED PEOPLE

The Community Engagement Working Group (CEWG) piloted a Community Perception Survey in 2016, which helps humanitarian partners better understand the needs and perceptions of affected populations. Three rounds of assessments have been completed since. Out of 1291 affected people responding to the survey in May and September 2017, 31 per cent were female.

The results highlight disparities between male and female respondents in terms of satisfaction with the humanitarian response and access to information (see graph).

42 per cent of respondents provided positive feedback, indicating satisfaction with assistance. Male respondents display a slightly higher satisfaction than female respondents (44 per cent male, 39 per cent female).


The survey also confirmed general agreement on priority needs amongst men and women, namely food, drinking water and access to health services. About 70 per cent of respondents agreed that the humanitarian assistance provided partially meets priority needs, and 19 per cent felt that humanitarian assistance does not meet priority needs. The survey also revealed that communities are rather sceptical whether those in need always receive assistance.

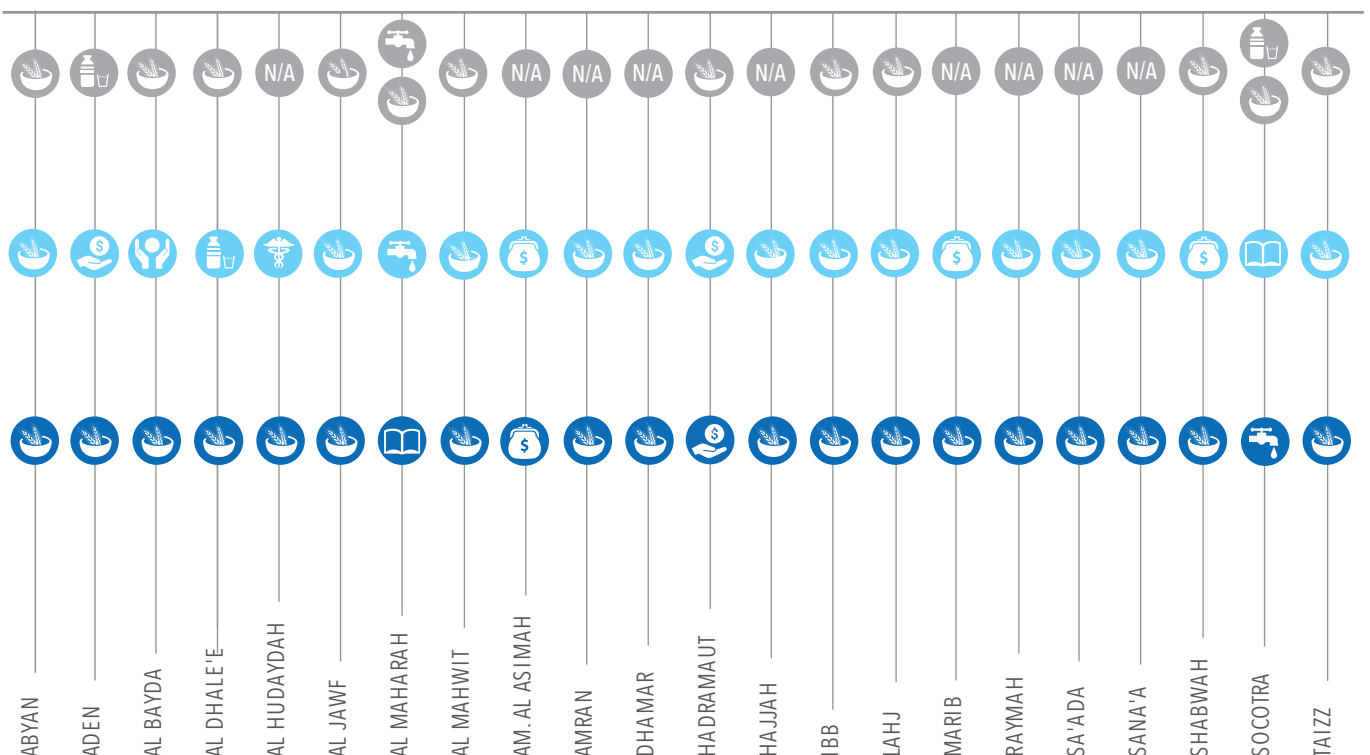
PRIORITY NEEDS AMONG IDPS, RETURNEES AND HOST COMMUNITIES IN ASSESSED LOCATIONS

-  Wash
-  Drinking water
-  Education
-  Food
-  Access to income
-  Shelter/housing
-  Financial support
-  Household items (NFI)
-  Health/medical support
-  Psychological support

**IDPs**  
priority need  **83%**  
of locations

**RETURNEES**  
priority needs  **69%**  
of locations

**HOST COMM.**  
priority needs 



Source: IDPs & Returnees: TFPM 16th Report (Oct. 2017), calculated by location; Host communities: TFPM MCLA (Oct. 2017) - data available for 12 governorates only, calculated by assessed location.

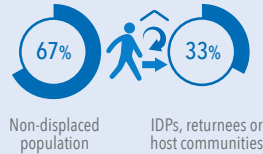


A significant discrepancy can be noted with respect to the IDP population: only 23 per cent of all IDPs covered by the survey are satisfied with the assistance provided. The integrated analysis of the needs of IDPs in this HNO is a first step to improve the assistance provided to this vulnerable group.

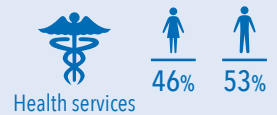
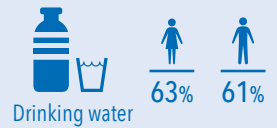
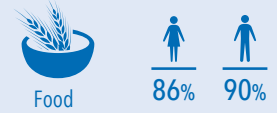
Engaging with communities and providing two-way communication channels are crucial. As of September 2017, only 40 per cent of community members know how to provide feedback, and only 43 per cent of the women provided a positive answer to this question. Moving ahead, feedback mechanisms will need to be made accessible to women, men as well as other vulnerable groups. Key information needs for both men and women are 1) where to access information, 2) how to get food, 3) how to get work.

COMMUNITY ENGAGEMENT FINDINGS

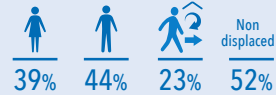
Coverage



Priority Needs



Satisfaction



Community Perceptions

Humanitarian assistance is meeting priority needs of affected people.

Does not meet	Meets partially	Meets	Exceeds
19%	70%	11%	0%

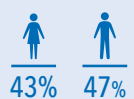
People most in need always receive assistance.

No	1	2	3	4	Yes
8%	17%	29%	23%	17%	7%

Information needs

Communities have information to access humanitarian assistance.

No	1	2	3	4	Yes
13%	15%	29%	27%	10%	6%
15%	15%	31%	32%	4%	3%



TOP 3 INFORMATION NEEDS



Results based on Community Engagement Survey September 2017 and May 2017



Giles Clarke/UNOCHA

# PART II: NEEDS OVERVIEW BY SECTOR

	Food Security and Agriculture.....	33	
	Health.....	36	
	Water, Sanitation and Hygiene (WASH).....	38	
	Protection.....	40	
	Nutrition.....	43	
		Shelter and Non-Food Items (NFIs) Camp Coordination and Camp Management (CCCM).....	45
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	Emergency Employment and Community Rehanilitation....	49	
		Operational Needs.....	52

## FOOD SECURITY AND AGRICULTURE

Contact: Gordon Dudi ([gordon.dudi@fao.org](mailto:gordon.dudi@fao.org))

### OVERVIEW



Since the conflict began in mid-March 2015, the food security situation has rapidly deteriorated. The conflict has destroyed people's livelihoods and ability to purchase food, making it difficult for many Yemenis to meet minimal food needs. The food insecurity levels continue their upward trend with approximately 17.8 million Yemenis (61 per cent of the population) struggling to feed themselves and not sure of where their next meal will come from<sup>27</sup>. This dire situation represents a 5 per cent increase in needs compared to the needs in 2017. A district level analysis<sup>28</sup> indicates large variations across the 22 governorates of Yemen with highest levels of food insecurity manifested in Lahj, Taiz, Abyan, Sa'ada, Hajjah, Al Hodaidah, Shabwah, Sana'a, Hadhramaut, Ibb, Dhamar, Al Jawf, Amran, and Al Bayda governorates. The significant level of needs are attributed to the depreciation of the Yemeni currency<sup>29</sup>, severe disruption and loss of livelihoods<sup>30</sup> and income (including suspension of public servants' salaries since September 2016). The precarious situation has been further exacerbated by large IDP caseloads that have virtually stretched the coping mechanisms of the IDP households and host families to the brink of exhaustion, leading to extreme and elevated hunger conditions across the country.

Moreover, livelihoods of a significant segment of the population dependent on agriculture has been disrupted<sup>31</sup>. Local food production has been severely compromised with indications that the October/November harvest will most likely not offset the local cereal production deficit<sup>32</sup>. According to FAO, the cultivated land under rain fed condition decreased by 11 per cent, irrigated land under cereals decreased by 40 per cent, while production of small ruminants has reduced by 25 per cent for both sheep and goats compared with pre - crisis period<sup>33</sup>. The decrease in irrigated land is mainly due to high diesel prices<sup>34</sup>. The fishing activities in the Red Sea coast has significantly decreased directly affecting 75 per cent of fishermen who have lost their livelihoods, income and household food security<sup>35</sup>.

The protracted conflict has severely worsened the socio-economic situation in the country leaving millions of poor households struggling to meet their minimum food requirements. The current situation and socio-economic indicators project further worsening of the overall food security situation in the country with the number of food insecure population expected to increase with no noticeable improvement<sup>36</sup>.

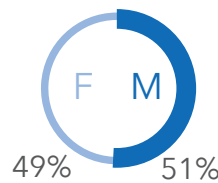
### NUMBER OF PEOPLE IN NEED (TOTAL)

17.8M

### NUMBER OF PEOPLE IN NEED (ACUTE)

8.4M

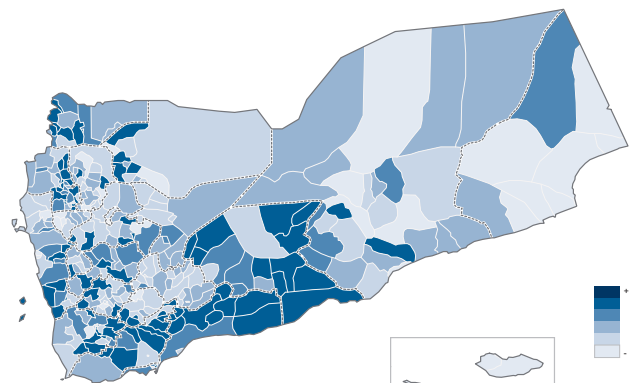
### BY SEX



### BY AGE

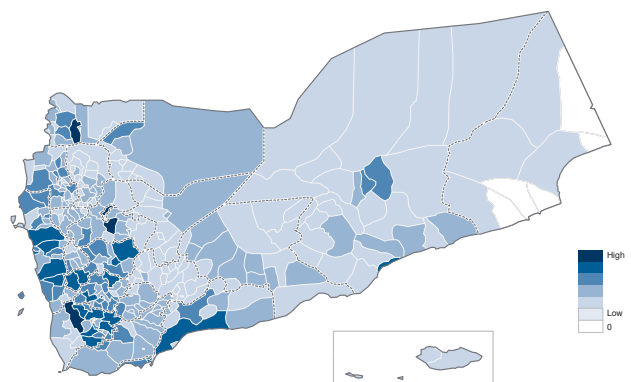


### SEVERITY OF NEEDS



FSAC needs severity is taken from IPC phases 1 to 5.

### ESTIMATED POPULATION IN NEED



### HUMANITARIAN NEEDS OF THE POPULATION

An estimated 17.8 million – six out of every 10 Yemenis – don't know where their next meal will come from. Out of this, approximately 8.4 million individuals are severely food insecure and face elevated hunger levels and heightened risk of starvation. This is despite a marked improvement in macro-level food availability during the past few months attributed to the good level of imports, which has had little impact for

the millions of severely food insecure Yemeni households who have lost their livelihoods and income sources<sup>37</sup>. The food insecurity in Yemen is due to a lack of economic access (disposable incomes) and insufficient household level crop production, as opposed to food availability. Most of these vulnerable households depend on market purchases as their main source of food, making them very susceptible to rising food prices. In addition to market purchases, food-insecure households access food also by buying on credit, borrowing, and receiving food as gifts. These are food sources that are generally considered to be less reliable leading to high levels of household debt accumulation.

The millions of food insecure households face severe food consumption deficits that are life threatening and will need urgent emergency life-saving unconditional food assistance in the form of relief food, cash or voucher transfers. Additionally, their livelihood assets are at near collapse and coping strategies are almost exhausted leading to spiralling extreme coping behaviours like sale of houses, land, productive assets, and livestock which is greatly compromising their household food security status. This thus necessitates emergency livelihoods assistance through agricultural, livestock, and fishery inputs support<sup>38</sup>. To further arrest the down-ward spiralling of the food security levels, households will also need longer term assistance to recover, restore and rebuild their livelihoods through activities

that will generate regular income e.g. agro-processing. Community rehabilitation and resilience activities through asset transfers<sup>39</sup> will also be employed in relevant districts.

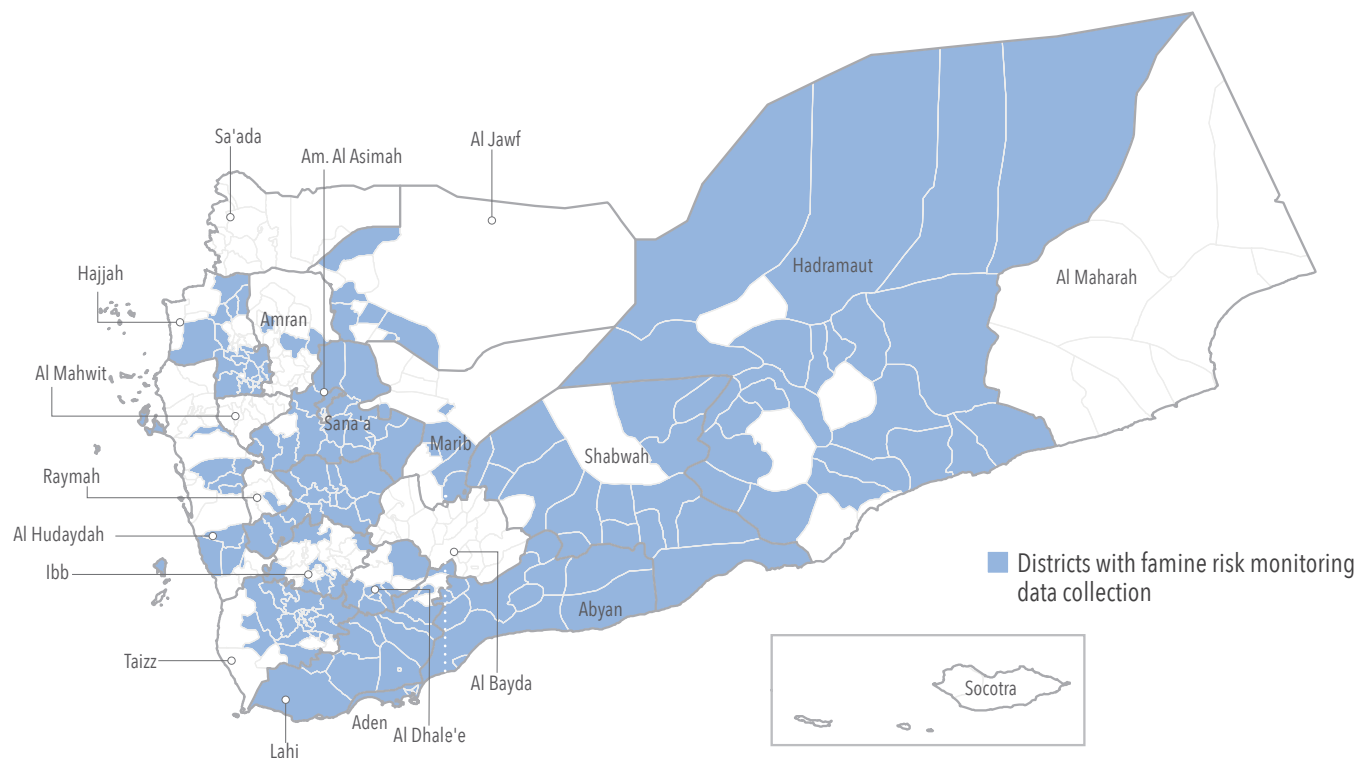
For increased impact, these mainstay FSAC activities will be further integrated and synchronized with the nutrition, WASH, and health cluster activities at the relevant delivery platform (household, community or health facility levels). It is envisaged that this approach will save lives and lessen the humanitarian caseload in the short term, while at the same time building the road towards recovery in the medium to long term.

## AFFECTED POPULATION

Approximately 8.4 million (2 million men, 1.9 million women, 2.3 million boys, and 2.2 million girls) severely food insecure individuals<sup>40</sup>, equivalent to 29 per cent of the total population face severe food deficits, elevated hunger levels, and are at the brink of starvation. A majority of these vulnerable segments of the population are located within Lahj, Taiz, Abyan, Sa'ada, Hajjah, Al Hudaydah, Shabwah, Sana'a, Hadhramaut, Ibb, Dhamar, Al Jawf, Amran, and Al Bayda governorates.

Data from the FSAC district level famine risk monitoring exercise indicates that the most vulnerable populations at highest risk are IDPs (both in collective centres and hosted

## DISTRICTS WITH FAMINE RISK MONITORING DATA COLLECTION



Source: Food Security and Agriculture Cluster (Oct. 2017).

by hosts), host households hosting IDPs, households with PLWs & under-five children admitted in CMAM programs, marginalized communities, female headed households, and households headed by elderly or physically challenged heads. The households facing the precarious food security situation will require immediate life –saving emergency food assistance (through relief food, cash or voucher transfers) and emergency livelihoods assistance in the form of agricultural, livestock and fisheries support.

## RELATED PROTECTION NEEDS

The main protection needs identified by cluster partners relate to the safety, dignity and access of beneficiaries to humanitarian aid during distributions amidst the ongoing conflict, tension between IDPs and host communities in certain locations<sup>41</sup>, access to women and elderly persons, beneficiary selection, prioritization approach, and location of distribution sites. Active conflict and/or related access constraints are also hampering FSAC partners' distributions to adhere to programmed schedules or sites. Ensuring distribution sites are as close as possible to the targeted beneficiaries will reduce the exposure to protection risks. The identification of these protection threats has enabled FSAC partners to harmonize and fine-tune food security activities to address, mitigate or reduce these threats, and ensure that what is done does not generate disagreement or conflict. It also ensures that beneficiaries can safely access assistance without cause of harm while maintaining their dignity.

## KEY CHANGES IN 2017

The overall number of food insecure Yemenis has increased from 17 million to 17.8 million (5 per cent increment compared to 2017)<sup>42</sup>. Additionally, 8.4 million individuals are now estimated to be severely food insecure compared to 6.8 million in 2017, translating to a worrisome increment of 24 per cent. This effectively means that a significant proportion of the population have virtually exhausted all coping strategies available to them, consequently plummeting from moderate food insecurity to the brink of starvation. Overall, there are no significant differences in the absolute estimated severity of

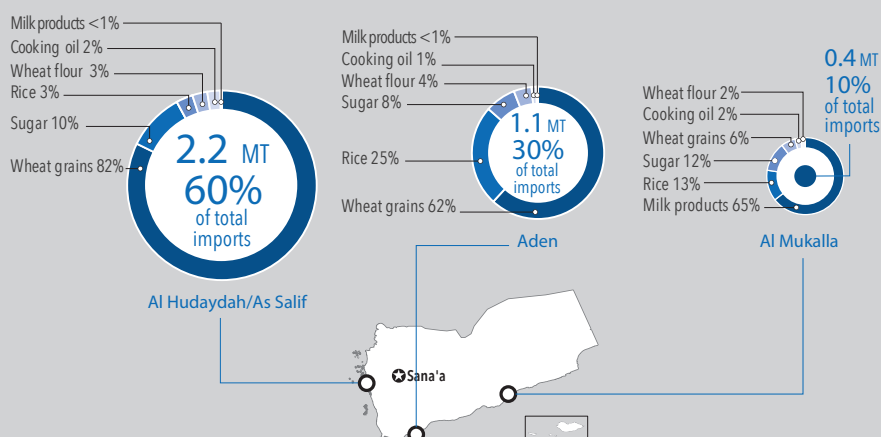
food security needs, with governorates in IPC Emergency (Phase 4)<sup>43</sup> and IPC Crisis (Phase 3)<sup>44</sup> continuing to exhibit the highest needs across the country. While there are no major changes at the governorate level severity, the district level analysis reveals that an increased number of districts (especially those with the highest IDP caseloads) have slid into more severe forms of food insecurity as compared to 2017. Conflict and insecurity continue to be the main drivers of acute food insecurity, with devastating effects on livelihoods and the nutrition situation. In conflict areas, restrictions and disruptions of commercial and humanitarian imports, mass displacements, loss of income, fuel scarcity and high prices, disrupted market systems, high food prices and the collapse of public services are aggravating the situation.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

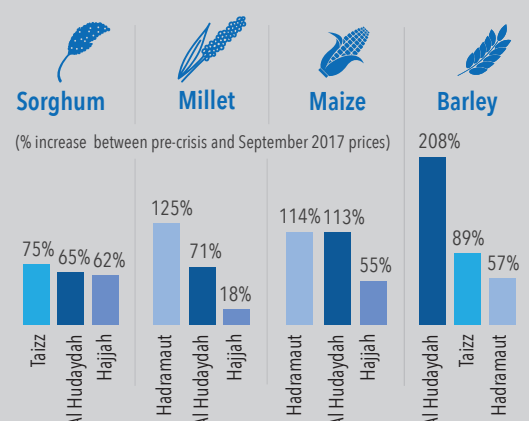
District level famine risk monitoring data was collected by FSAC partners in 182 districts<sup>45</sup> across the country (except for Al Bayda, Al Mahra and Socotra governorates). Data was collected on three main food security indicators: Food Consumption Score, Full coping Strategies Index (consumption related), and Coping strategies (Livelihood change/ asset depletion measures). A simple stratified random sampling technique<sup>46</sup> was employed to select a minimum of 100 households (proportionate to size) from within each district at 90 per cent confidence level

The severity of needs was determined by the percentage of severely food insecure populations based on Food Consumption Score (FCS)<sup>47</sup> cut off points on a scale of 1 to 5 (with 5 being the most severe). The FCS thresholds applied were based on the internationally recognized thresholds, and applicable thresholds in Yemen (where oil and sugar are eaten on a daily basis)<sup>48</sup>. For the other 151 districts where district level data was not collected, extrapolations were made based on the March 2017 IPC, EFSNA 2016, and CFSS 2014 data sets<sup>49</sup>.

### IMPORTED FOOD COMMODITIES (JAN-AUG 2017)



### GOVERNORATES WITH LARGEST INCREASE IN LOCALLY-PRODUCED CEREALS SINCE-CRISIS



## HEALTH

Contact: Alaa Abou Zeid ([abouzeida@who.int](mailto:abouzeida@who.int))

### OVERVIEW



16.4 million people in 215 districts across Yemen require assistance to ensure adequate access to healthcare – 9.3 million of whom are in acute need. This represents a 79.3 per cent increase since late 2014, illustrating the catastrophic impact of the health system's collapse after two and a half years of conflict. Only 50 per cent of health facilities in 16 surveyed governorates are fully functional. A lack of salary payment to health personnel and difficulties in importing medicines and other critical supplies are depleting the capacity of the public health sector, while private sector health services remain unaffordable to most of the population. The cholera epidemic that started in 2016 is the latest demonstration of the extent of the failing health system with 900,000 suspected cases and 2192 deaths until 5 November 2017.

As of the last available update on the Expanded Program on Immunization (EPI) in September 2017, routine immunization coverage remains low (Pentavalent vaccine 3rd dose at 68 per cent; measles and rubella 2nd dose at 47 per cent). Excess mortality is mainly concentrated among children, mothers and patients suffering from communicable diseases, malnutrition, non-communicable diseases, or those who cannot access care because of the conflict.

### HUMANITARIAN NEEDS OF THE POPULATION

The overriding humanitarian need is access to minimum healthcare for people whose lives are at risk due to illness or injury. Only 50 per cent of health facilities are fully functional. This rate falls below 20 per cent of facilities in several conflict-affected governorates, including Marib, Al Jawf and Al Bayda, and below 30 per cent in Taizz, Sa'ada and Al Dhale'e. Humanitarian health programs in 2015 and 2016 were based on at least minimal Ministry of Public Health and Population (MOPHP) capacity to provide services. Since August 2016 MOPHP has been unable to provide funding to cover operational costs. Since then, pressure increased on humanitarian partners to fill the enormous gap in primary and secondary health care services.

Major health care needs to address across all population groups include:

- Lack of access to life-saving minimum service package at primary and secondary health care facilities.
- Lack of access to life-saving basic and hospital care and breakdown in public health programmes that will increase the risk of maternal and new-born deaths and communicable disease outbreaks, leading to excessive avoidable morbidity and mortality (e.g., cholera, measles and acute watery diarrhea in 2017) and potential cross-border outbreaks

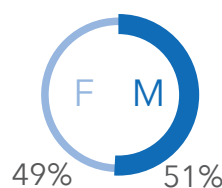
NUMBER OF PEOPLE IN NEED (TOTAL)

16.37M

NUMBER OF PEOPLE IN NEED (ACUTE)

9.3M

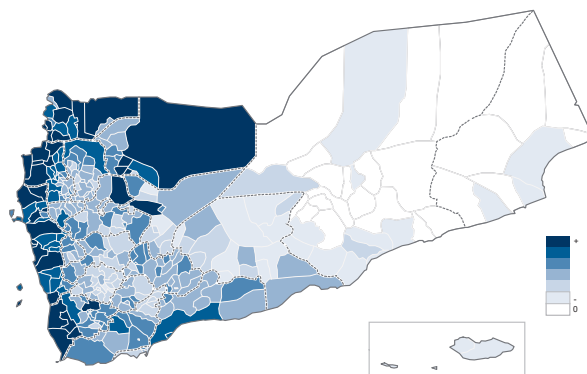
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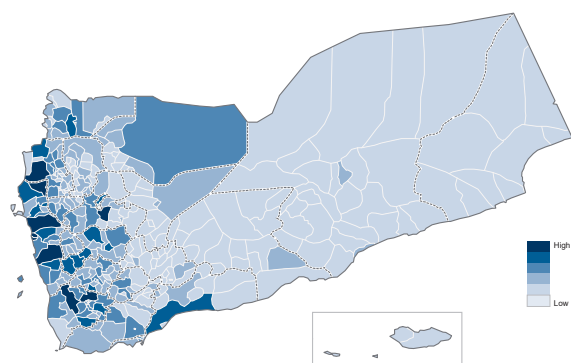
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### SEVERITY OF NEEDS



### ESTIMATED POPULATION IN NEED



- Insufficient capacity for prevention and control of epidemics and outbreaks, mainly cholera, through provision safe water, sanitation, proper case management and immunization.
- Unavailability of operational costs including salaries for health staff so health facilities can operate in at a minimum capacity.
- Lack of basic medicines, medical supplies and equipment with reliable pipelines by removing restrictions on imports and financial transactions.

- Declining vaccination coverage due to lack of routine national programs such as Expanded Program on Immunization (EPI), programs on reproductive health and Integrated Management of Childhood Illness (IMCI).

## AFFECTED POPULATION

The most vulnerable groups include children under 5 years old and mothers. Rising rates of acute malnutrition presents a significant risk contributing to under-5 mortality associated with low routine immunization coverage, further exposing children to life-threatening diseases.

Mothers lacking access to reproductive health services including antenatal care, safe delivery, postnatal care and emergency obstetric and newborn care are at particular risk. Patients with chronic illnesses are becoming more vulnerable as treatments are increasingly unavailable due to import difficulties, rising prices and a growing gap of health personnel and services. People injured in conflict also require immediate medical assistance. As of September 2017, health facilities had reported more than 58,000 conflict-related casualties.

Large-scale population movements are driving serious health needs among IDPs, host communities and returnees.

## RELATED PROTECTION NEEDS

All patients (men, women and children) in need of health services in conflict areas continue to be exposed to risks of death and injury as homes or health facilities are directly or indirectly targeted by parties to the conflict.

Women, children, the elderly and disabled are at greater risk of losing access to health services. Appropriate services – including outreach services, separated spaces and availability of female health workers – which are necessary for women and children to access health care generally and more specifically as victims of gender-based violence (GBV), are sadly lacking.

Patients lack the financial resources to access better quality but high cost health care in the private sector as compared to low quality but free services in the public health sector, and are resorting to negative coping strategies. This may lead to stigmatization within communities and marginalization, causing further deterioration in their health status.

## KEY CHANGES IN 2017

The most dramatic change since last year is the accelerating collapse of the health system, as funds for operational costs, including salaries, remain unavailable. This is further exacerbated by the most devastating cholera epidemic Yemen faced for over a Year, which spiked since April 2017. This catastrophic situation has added to the challenges of health cluster partners to provide health services and support health facilities.

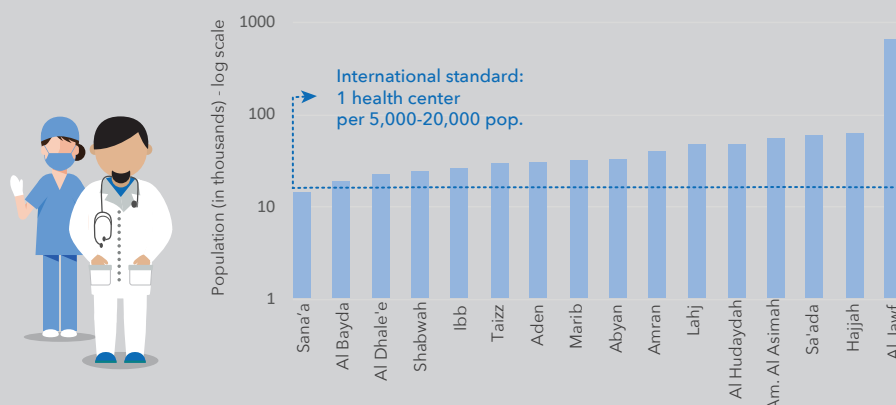
Because of the continuing conflict, humanitarian space has been reduced, with health partners facing access constraints from all parties to the conflict. Ongoing restrictions on imports and financial transactions are also resulting in numerous “silent deaths” among patients who cannot afford or cannot find essential lifesaving treatments. As the general livelihoods situation continues to deteriorate, people’s ability to afford the cost of health care has significantly declined.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

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 2016 Health Resources Availability Mapping System (HeRAMS), 2017 disease surveillance and eDEWS data, WASH, Nutrition and FSAC clusters along with indicators covering hazards, impact on exposed population as well as indicators covering social determinants of health. Indicators were grouped into eight groups with equal weight and then districts were classified into one of the seven levels using the scoring system.

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.

## POPULATION COVERAGE BY HEALTH CENTERS



Source: WHO, Ministry of Health (Oct. 2016), Service Availability and Health Facilities Functionality in 16 Governorates.

## WATER, SANITATION AND HYGIENE (WASH)

Contact: Marije Broekhuijsen ([mbroekhuijsen@unicef.org](mailto:mbroekhuijsen@unicef.org))

### OVERVIEW



More than half of the Yemeni population continues to require support to meet their basic water, sanitation and hygiene needs. Since the start of the crisis, access to improved water sources significantly reduced in 11 out of 20 governorates, and the number of governorates where less than half of the population can access water from improved sources has almost doubled since 2014<sup>50</sup>. Protracted displacement continues to put additional pressure on already scarce water sources and sanitation services. Collapsing urban water and sanitation systems, deteriorating water and sanitation conditions in rural areas, and lack of means to maintain personal hygiene and purchase safe drinking water all contributed to one of the worst cholera outbreaks Yemen has ever faced.

### HUMANITARIAN NEEDS OF THE POPULATION

An estimated 16 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million are in acute need.

Water and sewage networks require increased support to continue providing a minimum level of services. An estimated 38 per cent of Yemen's population are connected to a piped water network, with higher coverage in urban areas (42 per cent)<sup>51</sup>. Due to the lack of electricity and revenues, the functionality of these piped networks is depending heavily on support from humanitarian partners. Where piped networks have stopped, people revert to free but unimproved water sources or depend on charity from others, often resulting in irregular and insufficient access to unsafe water sources. With 78 per cent of households suffering from reduced economic status since 2015<sup>52</sup>, only part of the population can afford trucked water. With an estimated 6 per cent of households treating their water at home, it can be assumed that the majority of the population is not able to access safe water for drinking. In the context of the recent cholera outbreak, increased water quality assurance efforts are needed to ensure the population has access to safe water.

Poor performance of sewage systems and waste water treatment in urban areas, and weak sanitation and hygiene conditions in rural areas further aggravates the risk of spreading cholera and other diseases. Garbage collection services are primarily provided by local authorities in most parts of the country, but most are barely functioning in the current situation. Therefore, as a result of operational challenges, efforts are needed to strengthen the regularity and quality of solid waste management.

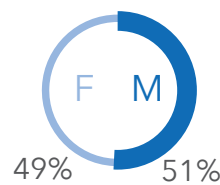
### NUMBER OF PEOPLE IN NEED (TOTAL)

16M

### NUMBER OF PEOPLE IN NEED (ACUTE)

11.6M

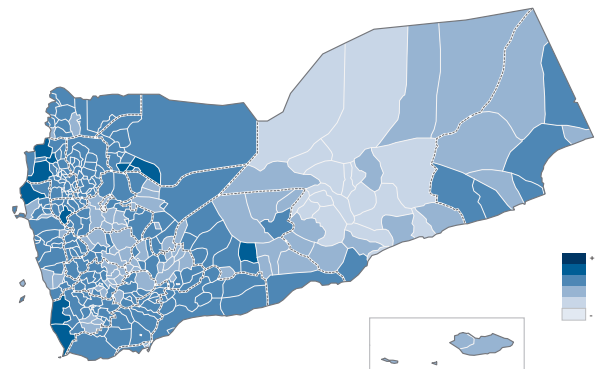
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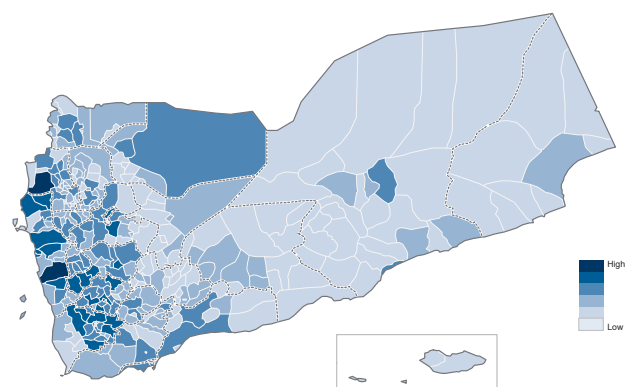
### BY AGE



### SEVERITY OF NEEDS



### ESTIMATED POPULATION IN NEED



### AFFECTED POPULATION

There is a strong disparity between different socio-economic segments of the population. Improved water access ranges from 28 per cent amongst the poorest households to 82 per cent amongst the richest<sup>53</sup>. Water trucking is often a last resort for people to access water if other options are unavailable, which is costly and can have significant impact on household expenditure, especially for the poorest segments of the population. This leaves no other option than using drinking water from unprotected water sources.



2 million people have fled their homes, and IDPs identify access to safe drinking water as their priority need. IDPs in hosting sites have particularly identified the need for urgent WASH support, including access to water, toilets and hygiene materials. Similarly, returnees identify access to drinking water as one of the gaps in meeting their basic needs. Overall, there are 73 districts in 17 governorates that show critical WASH needs for IDPs and returnees (severity score 6).

People living in areas with poor WASH conditions are at high risk of cholera and other WASH related diseases such as malaria and dengue. As of October 2017, 92 per cent of districts in the country are affected by suspected cholera, and 95 districts in 16 governorates are most affected with attack rates exceeding 200 suspected cases per 10,000 population<sup>54</sup>. Diarrhea also attributes to stunting. Globally, 50 per cent of undernutrition is associated with infections caused by poor WASH<sup>55</sup> and estimates suggest that poor sanitation is the second leading causes of stunting worldwide<sup>56</sup>. This provides a strong incentive to prioritize WASH interventions in areas with high malnutrition rates.

### RELATED PROTECTION NEEDS

In most households in Yemen, women and children are responsible to fetch water. For many people, their primary water source has stopped functioning, either due to conflict related damage or lack of maintenance, which means they must walk further or use private or group transport to collect alternative sources of water, imposing additional costs and/or additional threats to their safety and dignity, including gender based violence. Spending more time on collecting water also reduces their time spent with family and taking care of the children. Vulnerable groups, such as the elderly and disabled, are forced to pay others to fetch water which is beyond their own physical capacity to do so. In addition, some children will remain out of school or have less time to spend on their homework, because they are tasked with the burden to fetch water, which is considered more important than their education.

Water and sanitation infrastructure has been targeted by all parties to the conflict, exposing people that are fetching water at water points to great risks and causing further collapsing of critical water and sanitation systems. In collective centres

or spontaneous settlements, women and girls continue to face risks due to a lack of segregated toilets and showers that are lockable and well lit. Tensions increase when water is scarce and needs to be shared amongst additional or returning community members.

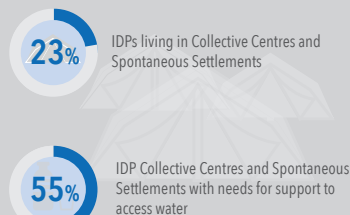
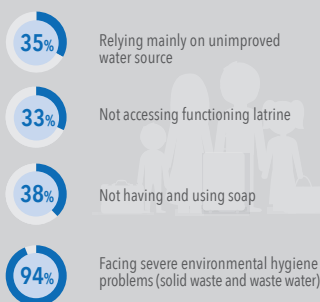
### KEY CHANGES IN 2017

The estimated number of people in need of WASH assistance slightly increased from 15.7 million to 16 million people. This can in part be contributed to the estimated population growth. At the same time, it should be noted that there has been a significant shift from people in moderate need to acute need. Currently 222 districts or 11.6 million people are considered in acute need as compared to 160 districts or 7.3 million people. This can be attributed in part to the increase in suspected cholera cases across the country in 2017. More accurate information gathered on WASH needs for IDPs also reveals an increase in the severity of the situation, especially in the context of a continued large-scale displacement situation in which many WASH needs for IDPs, returnees and host communities remain unmet.

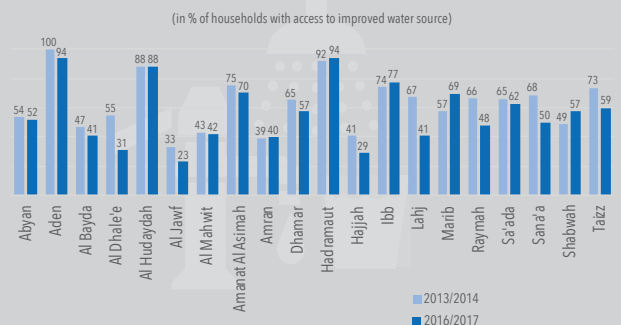
### METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The WASH cluster selected indicators that are directly and indirectly linked to the WASH conditions in Yemen. Indicators included access to improved water and sanitation at community level and for IDPs, returnees and host communities. Specific indicators were included to identify the distinct needs of IDPs in hosting sites as compared to the overall WASH needs for displaced population and their host community. Morbidity data on WASH related diseases for suspected cholera, dengue and malaria, as well as malnutrition data was added as proxy indicators. Most data came from inter cluster surveys, including TFPM, SMART, EFSNA and CFFS surveys, while morbidity data was taken from eDews. The data was further triangulated with information collected during expert consultations at subnational level. Weighing was given to each indicator depending on relevance and data quality, which resulted in severity scores at district level. Severity scores were then used to count the people in need.

### DRINKING WATER AS A TOP PRIORITY NEED INADEQUATE ACCESS TO WATER



### CHANGE IN ACCESS TO IMPROVED WATER SOURCE



Source: TFPM MCLA (Oct. 2017), data available for 12 governorates only.

Source: TFPM 16th Report (Oct. 2017); IDPs Hosting Site Baseline Assessment (June-August 2017), data available for 14 governorates only.

Source: Access to improved water source in Yemen, WASH Cluster/REACH (July 2017)

## PROTECTION

Contact: Samuel Cheung ([cheung@unhcr.org](mailto:cheung@unhcr.org))

### OVERVIEW



Protection of civilians remains paramount, with more than 13,893 civilian casualties reported since September 2015, and thousands more threatened by ongoing violations of IHL<sup>68</sup>

3 million IDPs and IDP returnees, 76 per cent of which are women and children<sup>69</sup>, are facing obstacles to accessing services, civil documentation, protracted displacement, increased vulnerability and challenges to return.

More than 1.2 million persons identified with specific needs, directly caused or exacerbated by conflict, resulting in negative coping mechanisms and mounting psycho-social support needs.

Grave violations of child rights remained significant, including killing, maiming and child recruitment, in addition to needs relating to mine risk education and unaccompanied and separated children.

36 per cent rise in GBV services reported in the last year<sup>70</sup>, as well as heightened risk for IDP households headed by females.

### HUMANITARIAN NEEDS OF THE POPULATION

Widespread violations of IHL pose an ongoing threat to the life and safety of civilians. The number of airstrikes and armed clashes significantly increased in 2017, with the resulting impact on civilians including loss of life, displacement, destruction of vital infrastructure and worsened vulnerabilities. IDP and returnee populations, both recently displaced and the 88.5 per cent protracted cases, require assistance with protection, access to services, civil documentation, family reunification, community empowerment as well as housing, land and property. The conflict-affected population, particularly women, children and persons with specific needs, suffer from exacerbated and newly created vulnerabilities, resort to negative coping mechanisms and mounting psychosocial support needs. Weak rule of law and the deteriorating security situation result in the most vulnerable and marginalized at risk of rights violations, including detention or enforced disappearances.

#### Child Protection

Grave violations of children's rights have continued to occur because of the conflict, including indiscriminate killing and maiming of children, child recruitment and attacks against schools and hospitals. While underreported due to lack of access in some conflict-affected locations, some 1,698 grave violations against children were documented and verified between October 2016 and September 2017<sup>71</sup>. Children affected by armed conflict need individual follow-up, medical referrals and psychosocial support, among others. Mine risk education remains critical, as well as support for unaccompanied and separated children and children heading households.

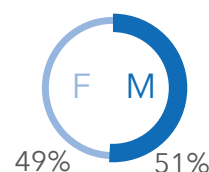
### NUMBER OF PEOPLE IN NEED (TOTAL)

12.9M

### NUMBER OF PEOPLE IN NEED (ACUTE)

6.5M

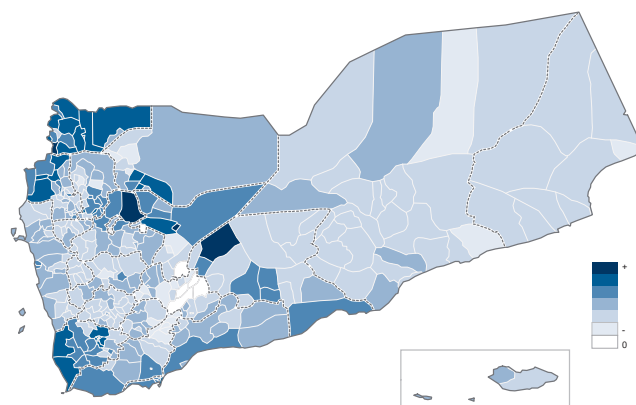
### BY SEX



### BY AGE

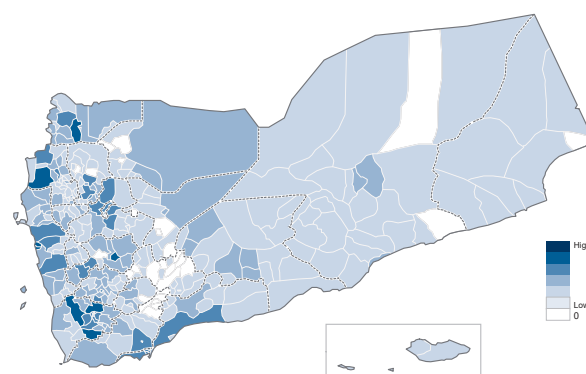


### SEVERITY OF NEEDS



Includes main cluster, child protection and GBV sub-clusters.

### ESTIMATED POPULATION IN NEED



Includes main cluster, child protection and GBV sub-clusters.

### Gender Based Violence

Gender-based Violence (GBV) incidents, despite being underreported, have significantly risen since the escalation of conflict, in part due to protracted displacement and the increase in female heads of households, who face elevated GBV risks while providing for their families. GBV survivors and at-risk groups require access to safe, confidential, multi-sectoral response services, including timely follow-up and referral, medical assistance, psychosocial support, emergency

shelter or legal assistance, while efforts in training, technical guidance and support are needed to prevent and mitigate the threat of GBV.

## AFFECTED POPULATION

Among the affected population requiring protection assistance are those whose life and safety are threatened by conflict and violations of IHL. In 2017, some 57 per cent of districts<sup>72</sup> in Yemen were affected by airstrikes, armed clashes, and indiscriminate and targeted attacks on residential areas, public and private infrastructure and schools and health facilities benefitting from special protection, with the worst 10 per cent affected on a weekly or daily basis. Among the 2 million IDPs and 1 million returnees, are those with specific needs or requiring assistance as a result of displacement such as civil documentation, access to services and social cohesion, not least preventing and responding to exploitation for the vulnerable, including women and children. More than 1.2 million civilians have been identified with specific needs - including female and minor heads of households, persons with disabilities, elderly, conflict-affected children, women at risk, marginalized groups and survivors of trauma - who are most at protection risk and negative coping mechanisms due to conflict and its effects on governance and basic services.

### Child Protection

Children continue to be exposed to grave violations and the effects of armed conflict, particularly in areas of or near active conflict, where needs for mine risk education and prevention and response programmes to support reintegration, economic empowerment and life skills remain critical. While underreported, some 606 children were reported to have been recruited into armed groups while more than 1,000 were killed or injured. An estimated 33,000 separated children in displaced and host communities, as well as trafficked and migrant children, need assistance and support with family tracing, reunification, interim care services and psychosocial support. Boys and girls heading households, for which more than 76,000 have been identified among displaced and host

community households, are also among the most affected.

### Gender Based Violence

Women and girls are disproportionately subject to various forms of GBV, including sexual violence, domestic violence, forced and child marriages, denial of resources, and psychological and emotional abuse. Risks are heightened due to protracted displacement, particularly for the more than 77,000 displaced and host community households headed by females, as well as more than 16,000 headed by girls under eighteen.

## COPING MECHANISMS

The humanitarian crisis in Yemen is, at its heart, a protection crisis that threatens the life, safety and well-being of millions, not least those already vulnerable and those struggling to survive. Conflict combined with other humanitarian needs, ranging from food insecurity to cholera, exacerbate or cause new vulnerabilities, with the loss of heads of households or primary earning members, family separation and the breakdown of community support network structures. These factors have forced conflict-affected persons to resort to negative coping mechanisms, leading to increases in extreme forms of child labour, begging or child marriages, among others, which put persons at risk of exploitation, recruitment into armed groups and forces, and family violence. Particularly during conflict, addressing mental health and psycho social support needs is critical to preserving life and mitigating protection risks. If unaddressed through integrated responses - for example, where lack of privacy increases risks of sexual exploitation, medical conditions result in family separation, or food insecurity leads to child labour - protection consequences can have irreversible effects, particularly on women and children.

## KEY CHANGES IN 2017

With violations of IHL continuing to take its toll on civilians, including women and children, and increasing vulnerabilities

### CIVILIAN CASUALTIES (2015-2017)

**13,920** Tot. casualties  
6,947 Injured  
8,761 Killed

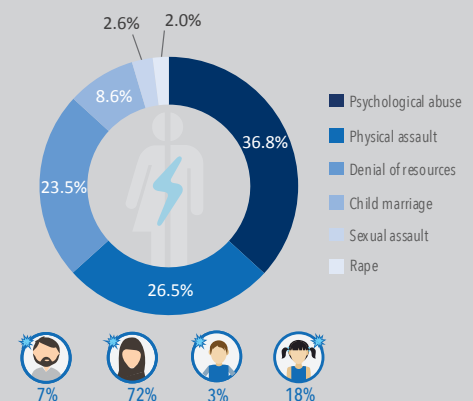


### CHILDREN KILLED/MAIMED BY ARMED FORCES AND ARMED GROUPS (OCT 2016 - SEP 2017)

**1,111**  
children killed or maimed since Oct. 2016



### GBV INCIDENTS BY TYPE



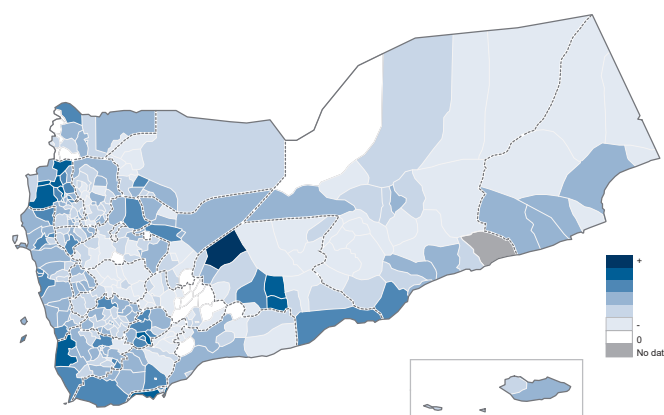
of the displaced and conflict-affected population, the number of people estimated to be in need of protection assistance has increased by 15 per cent compared to last year, while those in acute need increased by 100 per cent. The number of airstrikes and armed clashes increased significantly in 2017, resulting in more civilian casualties, damage to residential and civilian infrastructure and landmines, explosive remnants of war (ERW) and unexploded ordnances (UXOs). Conflict in frontline areas such as Taizz resulted in more than 150,000 newly displaced in 2017, in addition to the increasing needs of protracted IDPs as well as IDP returnees facing challenges to return and solutions. Increasing risk of famine and the cholera outbreak combined with conflict and economic collapse have added to the risk of negative coping mechanisms by households and individuals as well as mounting psychosocial support needs. In addition, grave violations of children's rights, child marriage has increased by 142 per cent child marriage since 2016. The 36 per cent increase in GBV services reported in 2017 reflects also an increase in GBV survivors who have experienced multiple forms of GBV, men and boys experiencing assault, along with an increase in women and child headed households.

#### METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

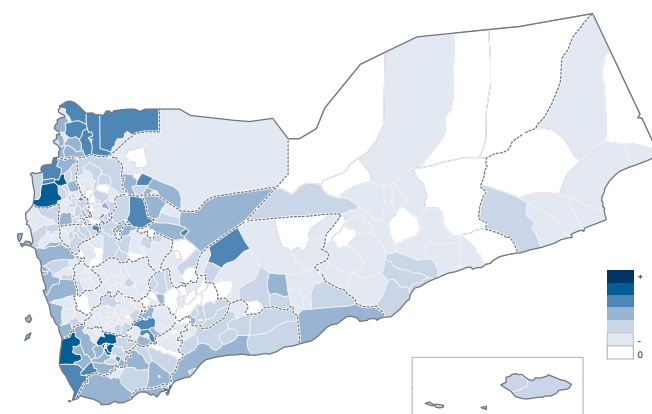
Estimated severity of need by district was determined using indicators for, among others, civilian casualties, airstrikes and armed clashes, grave violations of children's rights, GBV incidents, IDP and returnee populations, persons with specific needs. Data was drawn from established monitoring mechanisms, including tracking of civilian casualties by OHCHR, the Monitoring and Reporting Mechanism (MRM), Gender Based Violence Information Management System (GBV IMS), the Task Force on Population Movement (TFPM), as well as other available data sources and through field-level consultations with partners where data was not available.

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

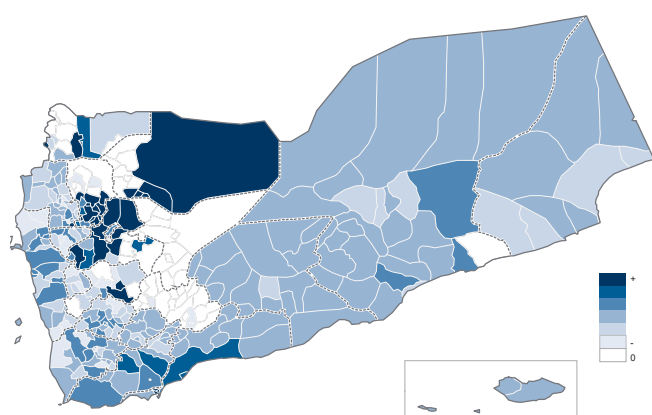
#### PROTECTION SEVERITY OF NEEDS (MAIN CLUSTER ONLY)



#### CHILD PROTECTION SEVERITY OF NEEDS (SUB-CLUSTER ONLY)



#### GBV SEVERITY OF NEEDS (SUB-CLUSTER ONLY)



## NUTRITION

Contact: Anna Ziolkovska ([aziolkovska@unicef.org](mailto:aziolkovska@unicef.org))

### OVERVIEW



The nutrition situation in Yemen continues to be negatively impacted by the conflict, which has exacerbated chronic vulnerabilities. Five governorates (Al Hudaydah, Lahj, Taizz, Abyan and Hadramaut) have acute malnutrition rates above 15 per cent, and additional seven governorates report GAM rates between 10 to 15 per cent with aggravating factors<sup>57</sup>. A total of 12 out of the 22 governorates are therefore classified as emergency. An estimated 7 million people require services to treat or prevent malnutrition, including 2.9 million people who require treatment for acute malnutrition - 1.8 million under 5 children and 1.1 million pregnant and lactating women (PLW). Nearly, 2.3 million PLW and caretakers of children aged 0-23 months require preventative nutrition services including infant and young child feeding counselling.

### HUMANITARIAN NEEDS OF THE POPULATION

Since the escalation of the conflict, community mobilization significantly declined, reversing the progress attained in scaling up Community Management of Acute Malnutrition (CMAM) in the pre-crisis period. Community mobilization is critical for the effective identification and referral of malnutrition at an early stage and for routine follow up at household level including adequate infant and young child feeding (IYCF) practices

Only 50 per cent of health facilities are fully operational<sup>58</sup>, and of these functional facilities only 74 per cent provide some kind of nutrition services, and 46 per cent provide treatment for both severe and moderate acute malnutrition. The escalated conflict further exacerbated underlying conditions of malnutrition including sub-optimal feeding and care practices (exclusive breastfeeding rate at only 10 per cent<sup>59</sup>), inadequate food security, limited access to health services and safe drinking water, and poor and hygiene practices. This has resulted in an increased rate of acute malnutrition - an estimated 15.1 per cent of children are acutely malnourished<sup>60</sup> with 47 per cent<sup>61</sup> stunting rate. The deteriorating nutritional status combined with micronutrients deficiencies, has deleterious impact on children under 5 and PLW's survival (anemia prevalence in children aged 6-59 months is 86 per cent and in PLW is 71 per cent<sup>62</sup>).

### AFFECTED POPULATION

Children under the age of five and pregnant and lactating women continue to bear the brunt of Yemen's nutrition crisis. Despite the attempts to scale up the nutrition response by partners on the ground, the governorates with high acute and chronic malnutrition prevalence still record the highest malnutrition caseload and are therefore an immediate priority for the nutrition cluster. Based on GAM, SAM and

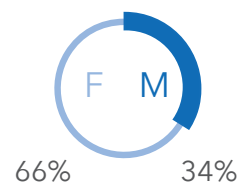
### NUMBER OF PEOPLE IN NEED (TOTAL)

7.02M

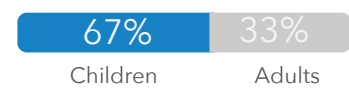
### NUMBER OF PEOPLE IN NEED (ACUTE)

4.55M

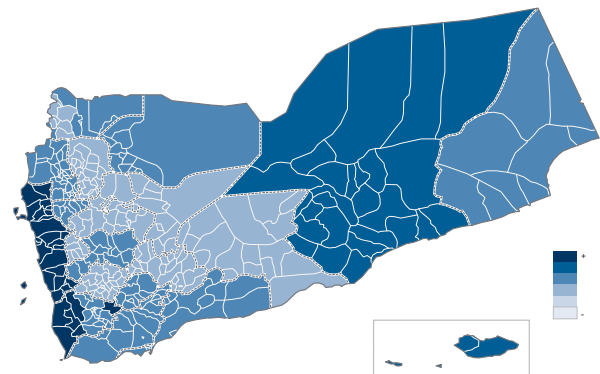
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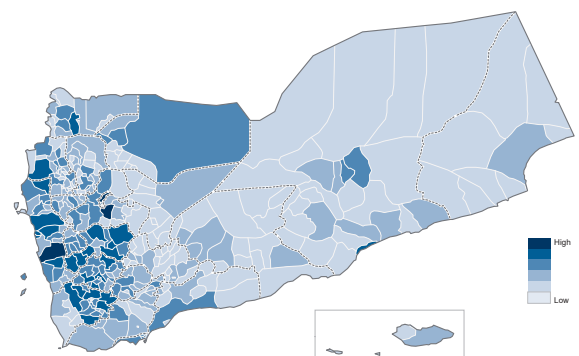
### BY AGE



### SEVERITY OF NEEDS



### ESTIMATED POPULATION IN NEED



stunting rates, 32 districts are identified as highly critical<sup>63</sup> and 171 as critical<sup>64</sup>. SMART surveys conducted in 2017 show GAM prevalence ranging from 3.9 per cent in Ibb Eastern Highlands to 25.3 per cent in Lahj Lowlands<sup>65</sup>. An estimated 1.8 million children are acutely malnourished, including approximately 400,000 suffering from Severe Acute Malnutrition (SAM), who require immediate admission into therapeutic nutrition programmes. Maternal nutrition is also of particular concern with some 1.1 million pregnant and lactating women suffering from acute malnutrition.

Inappropriate infant and young child feeding practices

significantly increase the risk of acute malnutrition and micronutrient deficiencies – only 10 per cent of infants are exclusively breastfed, and 15 per cent of children 6-23 months are fed in accordance with all three recommended IYCF practices<sup>66</sup>. Consequently, 2.3 million pregnant, lactating women and caregivers of children aged 0-23 months are in need of IYCF counselling.

Furthermore, 2.3 million of PLW and 4.6 million of children under 5 are in need of micronutrient supplementation, considering that anemia prevalence in children aged 6-59 months is 86 per cent and in PLW 71 per cent. Vitamin A supplementation coverage remains at 55 per cent, iron supplementation is 6 per cent and deworming coverage is 12 per cent respectively<sup>67</sup>.

### RELATED PROTECTION NEEDS

In emergency situations, children under the age of 5 years, and pregnant and lactating women and girls under 18 years of age are the most vulnerable groups. The main protection risks associated with nutrition services delivery in Yemen are caused by widespread violations of human rights and IHL, including airstrikes and shelling, armed clashes on the ground, and restricted access (physical, financial, political, lack of information) to basic services.

The lack of appropriate and separated space for women and girls to breastfeed within or near nutrition centres continues to be a challenge. Outreach workers face access barriers and protection risks themselves. Children and women are particularly vulnerable to all forms of risks, and may be forced to engage in exploitative coping strategies (e.g. prostitution, child labour, early marriage, neglect), hence they require psychosocial and other services, including child protection and gender-based violence support. In families at risk of malnutrition, women are more likely to leave the family home looking for food, leading to possible neglect in their traditional care practices and deteriorating nutritional status for them and their children.

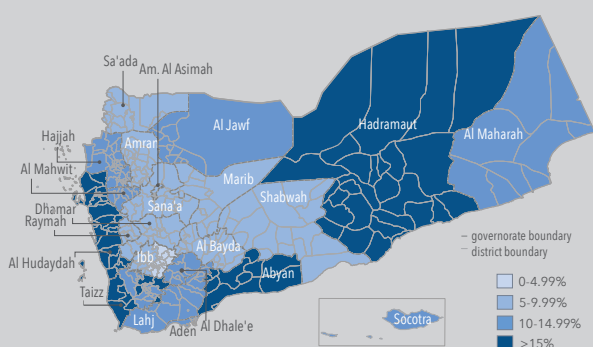
### KEY CHANGES IN 2017

The total number of people in need has increased from 4.2 to 7 million due to the inclusion of children and pregnant and lactating women in need of micronutrient supplementation to the total population in need of nutrition services (vitamin A and iron-folic acid supplementation). Overall, the estimated severity of the crisis remains similar to 2017, mainly due to unavailability of quality and timely nutrition data for many governorates since the escalation of the conflict. The coastal areas generally display the highest acute malnutrition rates and more severe needs when compared to other areas.

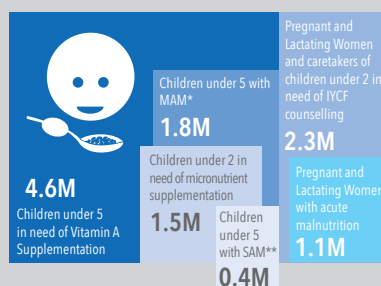
### METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The estimation of people in need is based on global guidance and on the data available at the time of the HNO development. “Combined GAM/SAM prevalence” (EFSNA 2016, SMART 2016-2017, CHFS 2014) was used for the CMAM caseloads calculations in line with the MoPHP CMAM guideline (currently being revised), which accounts for a child being identified as acutely malnourished based on one or more of the following: MUAC, WFH Z-score, oedema. Number of PLW was estimated as 8 per cent of total population per district based on global estimates.

#### GLOBAL ACUTE MALNUTRITION



#### BREAKDOWN OF PEOPLE IN NEED BY STATUS



\*MAM: Moderate Acute Malnutrition (children aged 6-59 months)  
 \*\*SAM: Severe Acute Malnutrition (children aged 0-59 months)  
 \*\*\*IYCF: Infant and Young Child Feeding (children aged 0-23 months)

Source: Nutrition Cluster (October 2017).

#### ACUTE MALNUTRITION

**2 out of 5**  
 children aged 5-69 months  
 will be acutely malnourished in 2018



Source: Nutrition Cluster (October 2017).

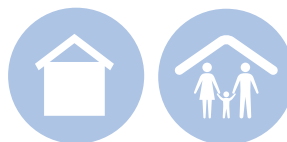
Source: SMART (2016-2017), EFSNA (2016), CHSS (2014).

## SHELTER AND NON-FOOD ITEMS (NFIS)

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

Contact: Charles Campbell ([coord.yemen@sheltercluster.org](mailto:coord.yemen@sheltercluster.org))

#### OVERVIEW



In 2017 the Shelter/NFI/CCCM Cluster targeted an estimated 50 per cent of the 4.5 million individuals in need of support out of which only 31 per cent have been assisted

as of the end of October 2017. Reports from Cluster Partners indicate that the living conditions of the affected population continues to deteriorate as their basic needs become more acute. According to the TFPM 16th report (September 2017), Shelter remains the third most critical need for both IDPs and Returnees after food and access to income/financial assistance. Families living in IDP Hosting Sites need to be supported to identify more sustainable shelter solutions. Despite significant efforts from partners, there remain several Governorates where the gap in assistance is over 95 per cent such as Aden, Marib, Abyan, Al Mahwit, Al Maharah, Raymah, Sana'a, Shabwah and Al Jawf.

#### HUMANITARIAN NEEDS OF THE POPULATION

Immediate emergency assistance for newly displaced families remains a significant challenge as the majority of displaced families tend to live in precarious situations for several weeks before basic emergency shelter and NFI assistance can be provided. The majority of IDPs in Yemen are living with host families but displacement already lasted longer than anticipated, and resources run out and the capacity of host families is extremely stretched. Additionally, over the course of the year, an increasing number of IDPs families who are living in rented accommodation admitted to owing their landlords large sums of money for rent, others left their rented accommodation out of shame or were forced out by the landlords and ended up residing in IDP hosting sites or host families. The percentage of populations in IDP Hosting sites rose from 19 per cent at the end of 2016 to 23 per cent at the end of the September 2017, indicating that people are running out of adequate shelter options. Support to families living in IDP hosting sites is also critical as the IDP hosting sites baseline assessment for 14 governorates indicated that 69 per cent of the sites have no site management focal point present at the site who can be expected to act as an advocate for populations residing in IDPs hosting sites to ensure provision of response to emerging needs at the site-level. Close to 69 per cent of the sites report water shortage and only about 58 per cent of the sites have some sort of access to latrines and 59 per cent to showers. Just under 8 per cent of the sites reported having access to health services. As the displacement becomes more protracted target population groups including IDPs, Host communities and returnees are expected to increase and

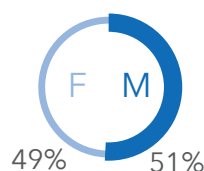
#### NUMBER OF PEOPLE IN NEED (TOTAL)

5.4M

#### NUMBER OF PEOPLE IN NEED (ACUTE)

2.6M

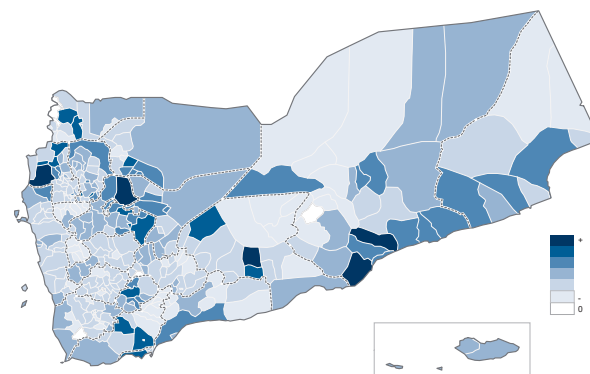
#### BY SEX



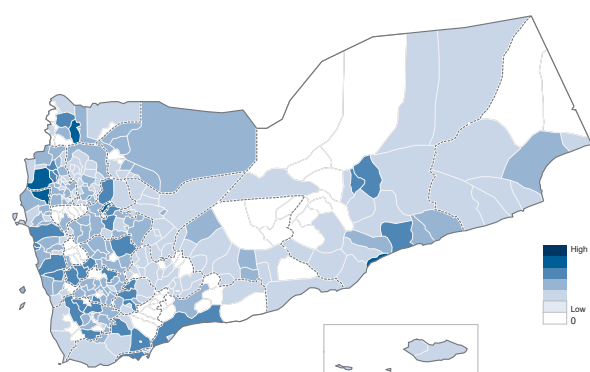
#### BY AGE



#### SEVERITY OF NEEDS



#### ESTIMATED POPULATION IN NEED



the needs to become more acute.

#### AFFECTED POPULATION

According to the cluster vulnerability criteria, vulnerable families can be IDPs, Host communities or Returnees, women headed households, child headed households,

families with physically or mentally disabled individuals’ etc. If one member of a family is vulnerable this indicates that this family’s capacity to earn has been severely affected or diminished. Vulnerable families are spread across the Governorates however in Al Bayda, Amran, Hadramaut, Hajjah and Sanaa, close to 30 per cent of the IDP and Returnee population have specific needs when compared to the host population. Evidence that shows that women and girls are disproportionately disadvantaged when it comes to providing shelter and NFI assistance highlights the need for Cluster Partners to ensure that data on needs is disaggregated by gender, is properly analyzed and is consistently used as the basis of the cluster response.

### RELATED PROTECTION NEEDS

Negative coping strategies include marrying off daughters to ensure they are provided for. Cramped and untenable conditions in IDP hosting sites have heightened the risk of the occurrence of gender based violence in these sites. A lack of privacy for both men and women for extended periods of time has meant that families are no longer at ease in their accommodation, leading to frustration and violence against their family members. Reports indicate that heads of households, whether women or men, but especially men, have become ashamed and emasculated by the fact that they are unable to provide for their families. This has led to violence or self-destructive behaviour including excessive chewing of Qat.

There have also been many reports of evictions from homes due to the non-payment of rent or the exploitation of IDP families by unscrupulous landlords. The IDP hosting sites baseline assessment for 14 governorates indicated that 12 per cent of the sites are at risk of eviction. The patience of host communities continues to be tested, as available resources they share with IDPs are depleted even further. IDPs that belong to vulnerable groups, such as the elderly and disabled, or marginalized groups, such as the Muhamasheen, face even more challenges in relation to the shelter choices available to them, including physical barriers and discrimination.

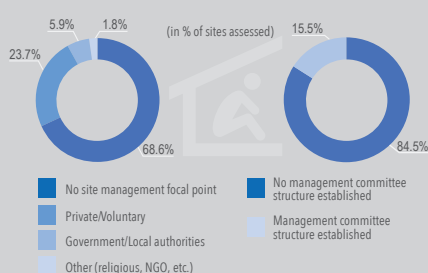
### KEY CHANGES IN 2017

The needs for Shelter and NFI has significantly increased over the past year, outpacing the resources, access and reach to respond to growing needs. The humanitarian situation remains volatile with continued multiple internal displacement during the past two and a half years in addition to a prolonged emergency which has deepened existing vulnerabilities and depleted the coping mechanisms of affected populations. The severity of need has gradually shifted from Taizz, Aden, Hajjah, Raymah and Al Mahwit to Al Dhale’e, Ibb, Hadramaut, Al Hudaydah and Amanat Al Asimah as those locations are hosting high percentage of newly displaced persons. The quality of data on the severity of need has improved in the third quarter of 2017. Consequently, the PIN has increased from 4.5 million to 5.4 million representing a 17 per cent increase over last year’s PIN.

### METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

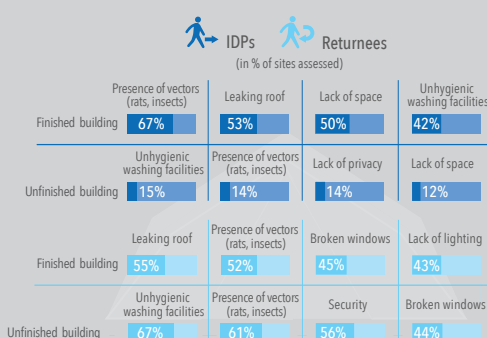
The Shelter/NFI/CCCM Cluster used option 3 of the HNO guidance to estimate the PIN (People in Need) which is based on the severity score and percentage of the district population (adjusted for displacement and return). If a district received a score of 2 or 3, district PIN is categorized as “moderate” while if the district received a score of 4, 5 or 6, it is categorized as “acute”. PIN estimates for districts scored 0 or 1 are not included in total PIN estimates. For example, a district that received scores of 4-6 would estimate 40 per cent of the adjusted population of that district to be in need, and those people would be categorized as acute PIN and districts received 2-3 would estimate 15 per cent of the adjusted population of that district to be in need, and those people would be categorized as moderate PIN. Using the above methodology the PIN has increased from 4.5 million to 5.4 million representing a 17 per cent increase over last year’s PIN.

#### SITE MANAGEMENT STRUCTURE



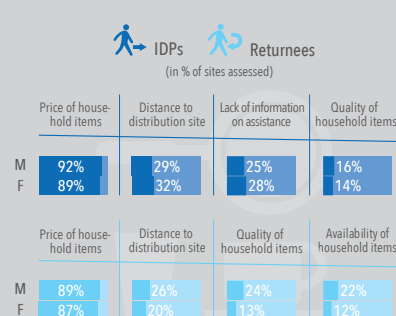
Source: IDPs Hosting Site Baseline Assessment (August 2017), data available for 14 governorates only.

#### TOP 4 SHELTER ISSUES (IDPS, RETURNEES)



Source: TFPM MCLA (October 2017), data available for 12 governorates only.

#### TOP 4 NFI ISSUES (IDPS AND RETURNEES)



Source: TFPM MCLA (October 2017), data available for 12 governorates only.



## EDUCATION

Contact: Afkar Al Shami (aalshami@unicef.org)

### OVERVIEW



7.5 million school-aged children in Yemen including around 523,646 IDP school-aged children.

1.9 million Children are considered to be out of school.

4,147,218 million Children need assistance to ensure continuation of their education

7.5 million school-aged children in Yemen are under the risk of being exposed by ADW\Cholera diseases.

The discontinuation of the payment of teacher salaries has created an education crisis, risking a generation of illiterate children if no mitigation measures are put in place. In the long-term, the development and progress of the entire country will be affected due to large numbers of non-educated children, many of whom carry emotional and physical scars associated with the conflict. The prospects of future business, political, religious and government leaders will thus be marred for many generations. The rise in the number of people displaced by the conflict, the salary crisis and the closure of schools have increased pressure on schools in host areas. All of which has led to an increase in the number of people in need, and the wider geographical area that falls within acute need.

### AFFECTED POPULATION

The Education Cluster estimates that 1.9 million children are missing out on education in Yemen, and more than 4.1 million students need support. Displaced school-aged children and school-aged children in the closed schools' areas are at higher risk of missing education, with children with special needs at risk of being ignored and denied their right to education in the current conflict. Boys face higher risk of recruitment by armed groups, while girls face higher risk of being held back from school or exposed to the risk of early marriage.

As result of the spread of ADW/Cholera disease across the country, more than 7.5 million students are at risk of being affected by spreading diseases considering the collapse of health and WASH Services in the affected governorates

### HUMANITARIAN NEEDS

By September 2017, 256 schools were totally damaged due to airstrikes and shelling, and another 1,413 schools have been partially damaged during the conflict. IDPs are currently sheltering in 150 out of 686 schools which have been used for the same purpose since the beginning of the conflict for lack of alternative shelter, and 23 out of 34 schools are still being occupied by armed groups. The Education Cluster estimates that about 4.1 million school children are in need for education support, and in need for hygiene related response. Of these

NUMBER OF PEOPLE IN NEED (TOTAL)

4.1M

NUMBER OF PEOPLE IN NEED (ACUTE)

2.8M

BY SEX

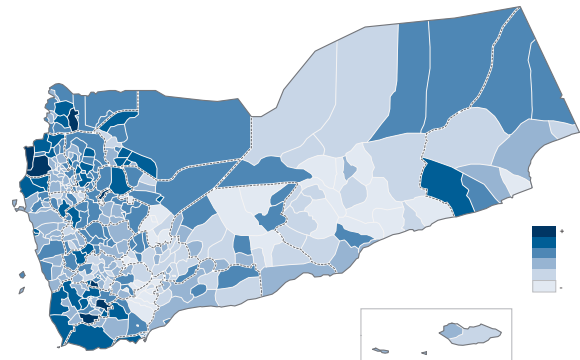


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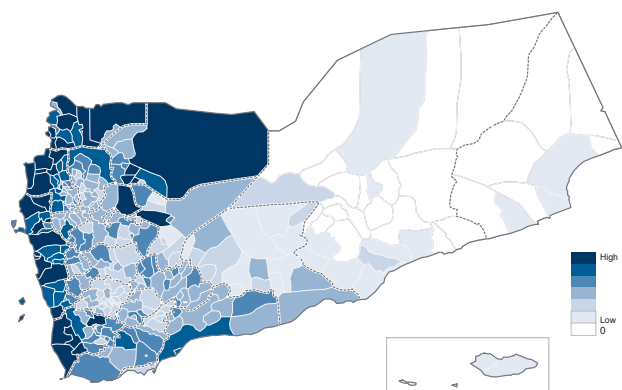
100%

Children

### SEVERITY OF NEEDS



### ESTIMATED POPULATION IN NEED



children, 523,646 are IDPs. The number of displaced teachers is unknown. Affected children need support in the form of school rehabilitation, alternative education solutions such as temporary learning classrooms and catch up class, PSS, school supplies and training and outreach for educators and families, hygiene related activities and WASH rehabilitation

## RELATED PROTECTION NEEDS

Without the learning and protective environment that schools provide, and the further collapse of economic conditions, more boys and girls in Yemen are vulnerable to and at risk of child labour, recruitment into combat, and joining extremist or criminal groups. Girls in particular are at increased risk of dropping out of school, exposing them to early marriage and domestic violence. A lack of toilets and WASH facilities is generally considered as one of the main reasons for girls dropping out of school. Further, long travel distances to schools discourage families to enroll their children (both boys and girls) in schools.

Marginalized children, such as Muhamasheen, and the disabled, are less likely to access their rights to basic and secondary education compared to children from the general population.

Children’s need for adequate psychosocial support services is not matched by the resources available, which denies them the ability to recover from conflict-related trauma and violence they have been exposed to in schools, and in the community at large.

for more than twelve months. Financial resources available to the education system has substantially declined.

Exacerbated by the cholera outbreak in April 2017, schools will continue to be at higher risk for the spread of AWD/ suspected cholera. It is therefore crucial to ensure that hygiene promotion and other WASH activities continue to be scaled up in schools during 2018. There is a global policy change of transferring WASH activities in schools from WASH Cluster to the Education Cluster, and therefore the WASH needs in schools are captured in the Education Cluster needs analysis of this document.

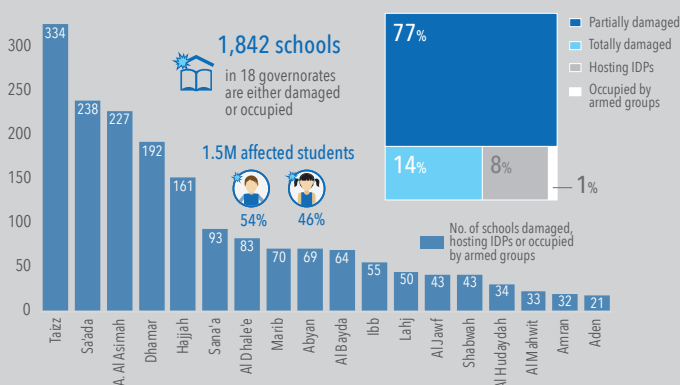
## KEY CHANGES IN 2017

48

Poverty amongst the population has continued to rise significantly, affecting the ability of parents to meet the associated costs of providing their children with an education. Malnourished children continue to struggle with concentration in their studies.

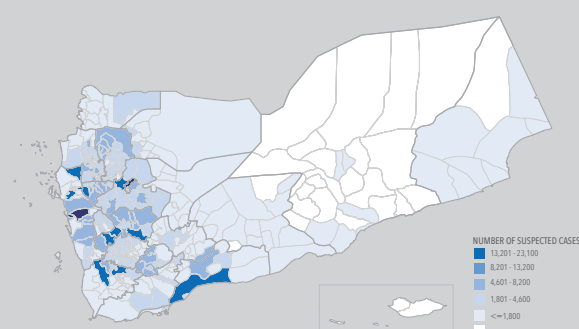
The 2017/2018 school year started with a setback of the education process in 13 out of 22 governorates due to the extended time of non-payment of salaries for teachers crippling the education system. Two-thirds of teachers are affected due to non-payment of salaries for more than a year, losing their main source of income and becoming unable to provide for their family. Schooling was disrupted in 12,240 schools in 13 governments during the 2016/2017 school year due to non-payment of salaries, affecting an estimated 4.5 million students

SCHOOLS AFFECTED BY GOVERNORATE



Source: Education Cluster (September 2017).

SUSPECTED CHOLERA CASES BY DISTRICT (27 APRIL - 25 OCTOBER 2017)



Source: WHO (as of 25 October 2017).

## EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

Contact: Stean Tshiband ([stean.tshiband@undp.org](mailto:stean.tshiband@undp.org))

### OVERVIEW



The crisis significantly eroded jobs, livelihoods sources and social safety nets for millions of Yemenis.

Lack of income is one of the main causes of the threatening famine and malnutrition throughout the country, in particular for vulnerable populations. Two in three people in Yemen cannot afford basic commodities or access to key services, including food and health care.

Around 3 million people remained displaced or continue to carry displacement-related vulnerabilities despite returning to their villages. Returnees still do not have the required accompaniment in support of a sustainable reintegration.

Public service delivery seriously regressed due to lack of salary payment for civil servants and ongoing hostilities.

Landmines and other Explosive Remnants of War (ERW) continue to pose a serious threat to physical integrity of populations and prevent access to basic services and income opportunities.

### AFFECTED POPULATION

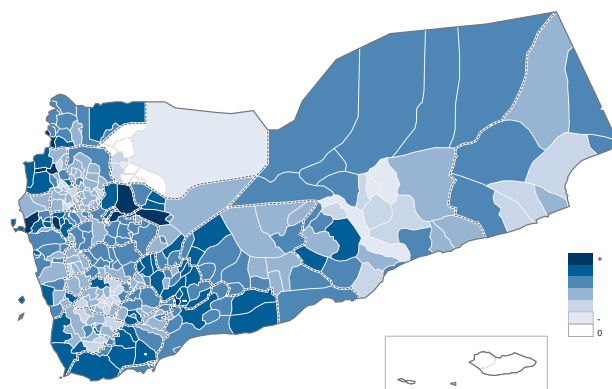
An estimated 8.4 million conflict-affected individuals require livelihoods assistance to enhance their self-reliance on basic needs and reduce dependency on relief assistance. Among these, are populations from the 107 FSAC and Nutrition priority districts. Livelihoods needs estimations will be based on Food Security and Agriculture Cluster's People in Acute Need across 22 Governorates.

3 million IDPs and returnees require livelihoods assistance and further support to access basic services to achieve durable solutions. Among the 2 million Internally Displaced Persons, access to income is the 2nd most important need (8 per cent of respondents) after access to food (74 per cent) according to the latest TFPM data.

Close to 1 million returnees also state access to income (14 per cent) and financial support (24 per cent) as the 2nd most pressing need after the need for food (46 per cent). Lack of disposable income, the depreciation of the Yemeni Riyal and the liquidity crisis as some of the main factors exacerbating food insecurity and malnutrition.

Around 26.4 million people live in Governorates potentially contaminated by landmines and/or ERWs<sup>73</sup>.

### SEVERITY OF NEEDS



### HUMANITARIAN NEEDS

More than two and a half years into the crisis, the situation of millions of Yemeni households has been in a continuous downward spiral, on top of pre-existing poverty-related vulnerabilities.

(a) Despite the increasing number of livelihoods restoration and protection initiatives under the 2017 YHRP and Humanitarian Plus projects, there has been a steady regression of the economic status of 78 per cent households - as supported by the March – July 2017 Integrated Food Security Phase Classification (IPC). Access to income for populations in conflict affected areas remains one of the major factors contributing to the risk of famine and malnutrition. The lack of salary payment for civil servants, damages and losses resulting from the conflict as well as the collapse of major companies and factories impacted on the survival of many SMEs and the informal business sector, which constitutes 60-80 per cent of the economy of Yemen<sup>74</sup>. The collapse of the economy resulted in the increase of unemployment and the destruction of livelihoods.

(b) An estimated 3 million IDPs and returnees still carry displacement-related vulnerabilities. Prospects for sustainable solutions for around 2 million IDPs who remain displaced in remote locations within the current context of ongoing hostilities and resources scarcity. Approximately 1 million returnees still require accompaniment to achieving durable solutions, even months after returning to their locations of origin. Economic empowerment and access to key services through livelihoods and income generation opportunities would permit IDPs or returnees to meet their basic needs, which is a key step towards Durable Solutions.

(c) The presence of landmines and ERWs has been suspected or confirmed in 19 Governorates. The risk of

landmines remains a serious threat to the lives of these populations, as well as constituting a major obstacle to livelihoods, employment recovery and access to public services.

(d) Local actors (national NGOs, CSOs and the Private Sector) still require capacity enhancement to support localization of humanitarian response and contribute to resilience enhancement.

### RELATED PROTECTION NEEDS

Many families have lost their primary bread-winner. This forced many unskilled and uneducated females to seek alternative sources of income. This often creates tensions with and resentment of males in the household, exposing women to the risk of domestic violence. Women who head households without the presence of men also become vulnerable to exploitation, including sexual exploitation.

Close to three years of conflict have affected social dynamics within communities in affected areas. This includes increased social polarization between IDPs, host communities and returnees in some areas, and often unequal access to basic protection and social safety nets. In this context, minorities and marginalized groups may be particularly disadvantaged.

The crisis significantly impacted vulnerable household

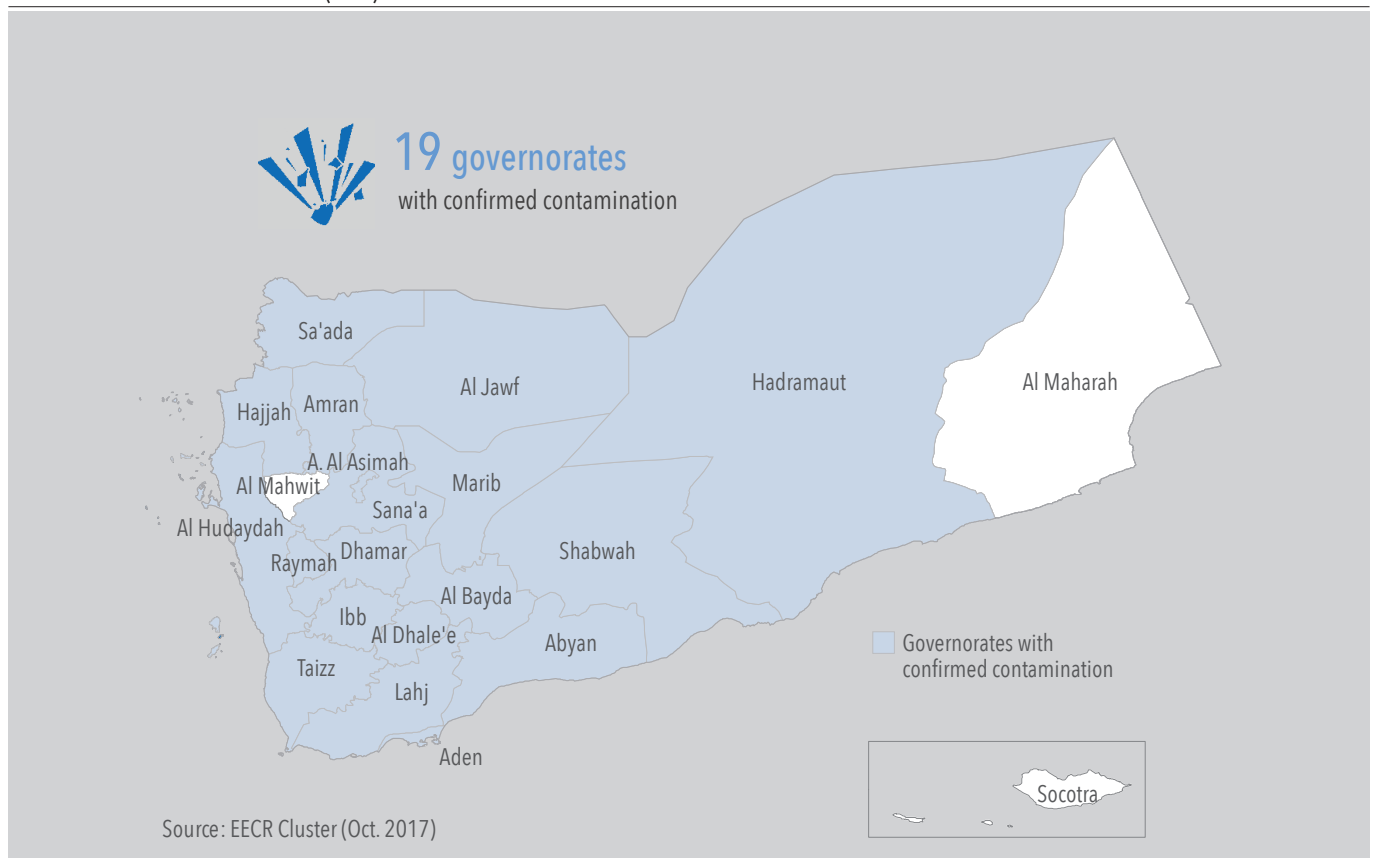
economy leading them to resort to negative coping mechanisms such as child marriage and prostitution. Two in 3 children are married before the age of 18 compared to less than 50 per cent before the crisis<sup>75</sup>. Families marry off children to relieve themselves from the burden of care and in hopes of generating income through dowry to support remaining members of the family.

The risk of injury and death posed by landmines and UXOs, primarily a threat to individual and community safety, continues to be an obstacle for accessing livelihoods and basic services. Services for those disabled by landmines and UXOs are sadly lacking which exposes them to additional vulnerability.

### KEY CHANGES IN 2016

In 2017, over 235 000 people were reached through livelihoods initiatives and Humanitarian Plus initiatives implemented under the New Way of Working, which frames the work of development and humanitarian actors, along with national and local counter-parts, in support of collective outcomes that reduce risk and vulnerability and serve as instalments toward the achievement of the Sustainable Development Goals<sup>76</sup>. Livelihoods opportunities offered under the New Way of Working are increasingly reaching affected populations and

### EXPLOSIVE ORDNANCE DISPOSAL (EOD) CONTAMINATION



significantly contributing to famine prevention efforts and cholera response. In addition to this, more than 3,000 people could return to work as their factory resumed productive activities for the first time since the March 2015 escalation.

A total of 245 000 m<sup>2</sup> and 2.7 million m<sup>2</sup> of land were respectively surveyed and cleared. Landmine/UXO clearance and increased the physical safety of populations, allowed resumption of productive activities and employment as well as allowing movement of populations and goods in 55 districts across 14 Governorates.

This complex emergency has compounded Yemen's development needs. Integration of a more holistic response to the crisis in Yemen focusing on resilience-building and on building the foundation for longer-term recovery in the current humanitarian response, envisaged through the New Way of Working is needed to prevent further development stagnation in Yemen. To prevent prospects for long-term aid dependency among Yemenis under the current context in Yemen, Early Recovery remains an essential component of humanitarian response, as it builds foundations for the post-crisis phase, and a return to a sustainable pathway of development.

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## METHODOLOGY FOR NEEDS ANALYSIS

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The 2017 EECR Cluster needs estimation was based on a range of methodology and approaches, including DELPHI expert consultations and secondary data analysis conducted by Cluster partners and other clusters. DELPHI expert consultations brought together sectorial experts from various Governorates to build consensus on sectorial needs in Aden, Mukalla, Sana'a, Al Hudaydah, Ibb, and Sa'ada.

The EECR Cluster also built its needs assessment on assessments conducted by partners. Among them, the UNDP Market Assessment, the ILO's rapid assessments in informal apprenticeship in Lahj, Abyan, Al Hudaydah and Hajjah, the World Bank Group's Dynamic Needs Assessment, the Task Force on Population Movement's 16th Report, as well as other significant studies and analyses conducted by partners.

## OPERATIONAL NEEDS

### OVERVIEW



The Humanitarian Needs Overview focuses on the needs of affected people in Yemen. However, it also considers some broader operational needs that

must be met to provide assistance across the country. More specific requirements will be articulated in the 2018 Yemen Humanitarian Response Plan.

### LOGISTICS

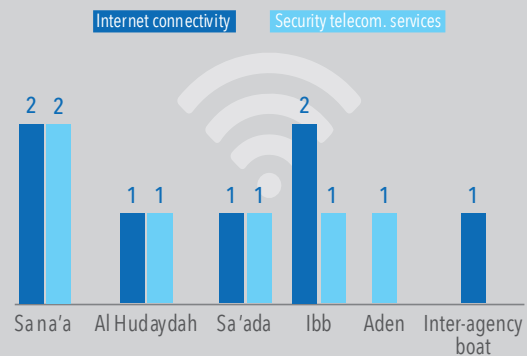
With 22.2 million people in need of some kind of humanitarian assistance and with a number of critical challenges faced by the humanitarian community, Yemen is one of the largest and most logistically complex emergency responses. A volatile security situation, restricted access to some parts of the country, fuel shortages and damaged road infrastructure are all factors that put a strain on organizations responding to the crisis, and that may prevent them from meeting their targets. In 2018, the Logistics Cluster will continue to address these challenges by supporting coordination across humanitarian logistics, addressing gaps in logistics services and information, and mitigating bottlenecks that hamper humanitarian aid movements, particularly in Al Hudaydah, Aden and Sana'a. Specifically, humanitarian organizations require assistance to overcome limited access to conflict-affected areas, to ensure reliable transport of goods and staff to, from and within Yemen, to de-congest supply movements at main entry points, to compensate for inadequate or damaged infrastructure, and to ensure sufficient quantities of fuel at affordable prices.

### EMERGENCY TELECOMMUNICATIONS (ETC)

The lack of reliable telecommunications and internet services – accompanied by a lack adequate infrastructure, shortages of required equipment, limited local market and difficulties in importing IT/telecommunication supplies – severely

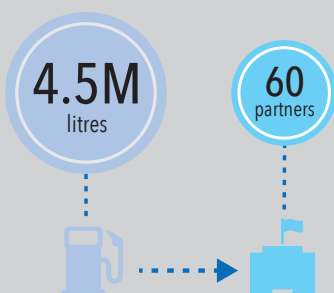
constrains humanitarians and partners' ability to operate. Telecommunications networks have been severely impacted by the conflict, and partners need assistance to ensure reliable telecommunications, internet connectivity and IT support – particularly in field hubs in Sana'a, Sa'ada, Hudaydah, Ibb and Aden. Humanitarians and the IT infrastructure also require reliable solar-powered solutions to overcome power outages and fuel shortages. The provision of these services remains vital for the safety, security and effectiveness of humanitarian personnel and programmes.

### SITES PROVIDED WITH ETC SERVICES



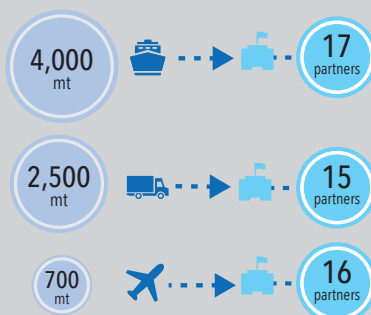
Source: ETC Cluster (Oct 2017).

### FUEL ALLOCATED AND TRANSPORTED (APR 2015 TO SEP 2017)



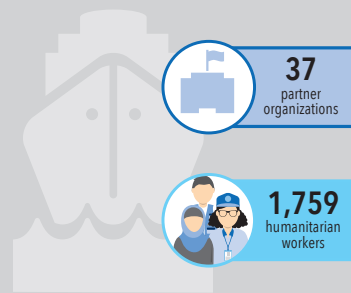
Source: Logistics Cluster (June-September 2017).

### RELIEF ITEMS TRANSPORTED (APR 2015 TO SEP 2017)



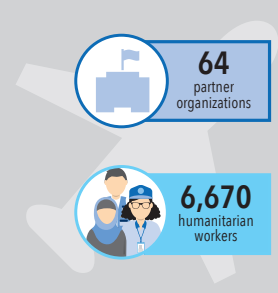
Source: Logistics Cluster (September 2017).

### SEA PASSENGER SERVICE (MAY 2016 TO SEP 2017)



Source: Logistics Cluster (September 2017).

### AIR PASSENGER SERVICE/UNHAS (JAN 2017 TO JUNE 2017)



Source: Logistics Cluster (September 2017).

# PART III:

# ANNEX



**Assessments & Information Gaps**



**Methodology**

## ASSESSMENTS & INFORMATION GAPS

In 2017, humanitarian Partners have reported a shrinking space to carry out humanitarian needs assessments, including delays and/or denials of authorization to carry out much needed assessments. Independent assessments are a prerequisite to ensure humanitarian partners can deliver a response that is based on needs, and in line with the humanitarian principles.

Nevertheless, since the start of 2017, 33 partners have completed 154 assessments, indicating a similar reach as in 2016. Reporting rates however are understood to be low, and more assessments are estimated to have been completed. Increased efforts need to be made by humanitarian partners to coordinate assessment activities and to work together to close critical knowledge gaps.

Key intersectoral assessments that have provided formative information for this HNO include:

- IDP Hosting Sites Baseline Assessment<sup>77</sup>, conducted across 22 governorates, in IDP hosting sites of five or more IDP households, where assistance and protection services can be delivered collectively. The assessment has informed targeting and response planning by humanitarian stakeholders, including authorities, UN agencies, local and international non-governmental organizations and provides a baseline of key multi-sectoral indicators across IDP hosting sites in 22 governorates, based on data collected through interviews

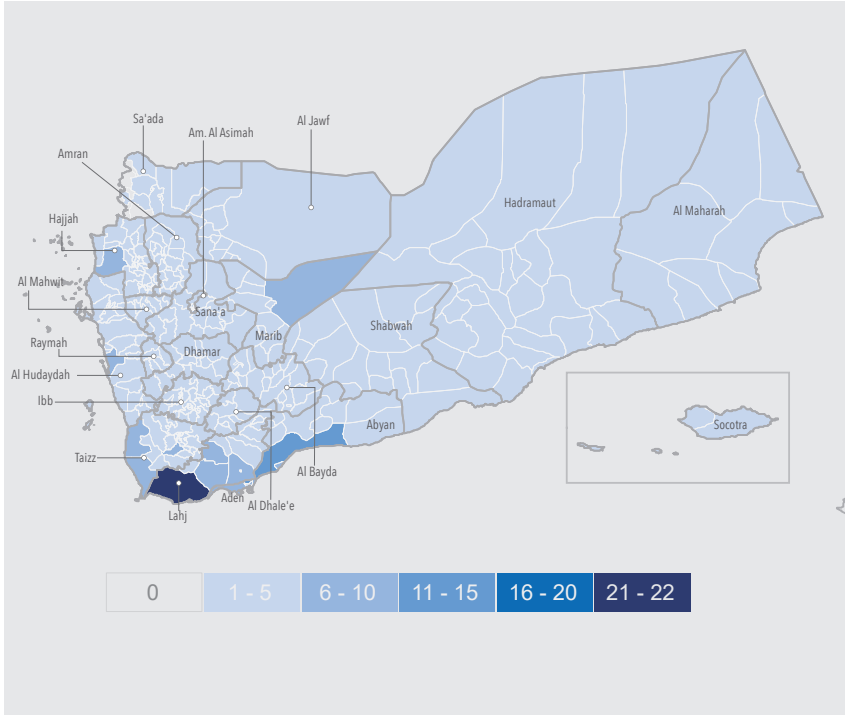
with key informants in each site.

- Multi-Cluster Location Assessment (MCLA) carried out under the umbrella of the Task Force on Population Movements. This assessment was used to collect data about the host community in areas of displacement, and the non-displaced community in return areas, to provide further insight about their needs. The 16th Report of the Task Force on Population Movements (TFPM) was instrumental in informing humanitarian partners of the needs of displaced and returned populations as well as in providing the basis for the adjusted populations figures at district level.
- Famine Risk Monitoring was conducted in 182 districts in October 2017. Data was collected on three main food security indicators; Food Consumption Score, Full coping Strategies Index (consumption related), and Coping strategies (Livelihood change/ asset depletion measures) which has provided the basis for the integrated intersectoral famine analysis and will inform food security programming.

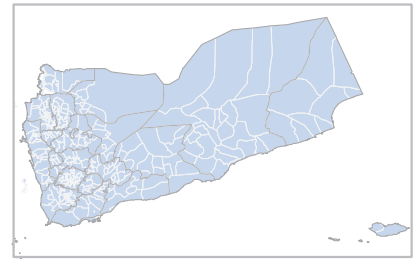


DISTRICTS WITH ASSESSMENTS

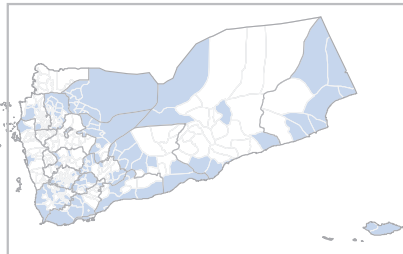
Number of Assessments



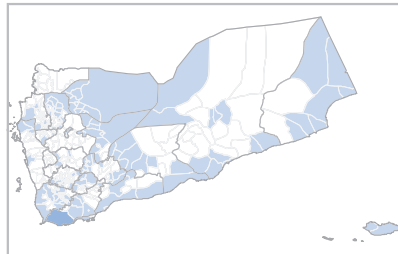
Population Movement Tracking



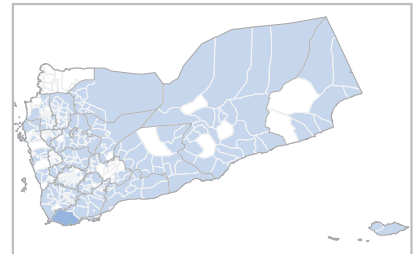
EECR



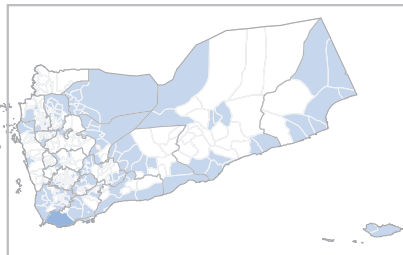
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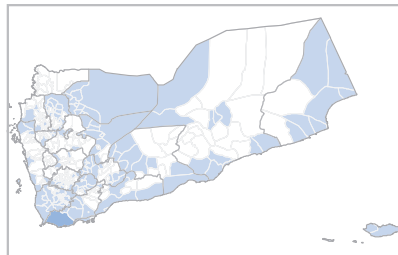
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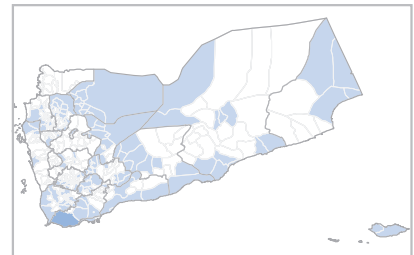
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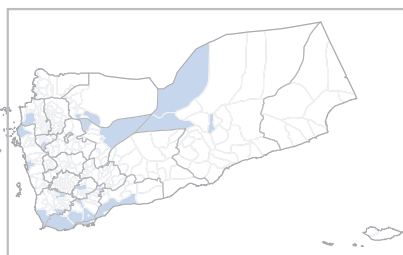
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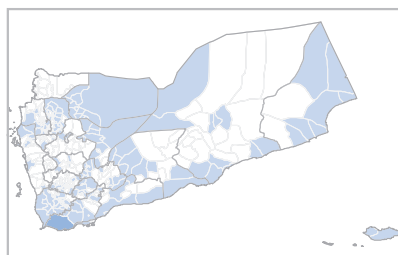
Protection



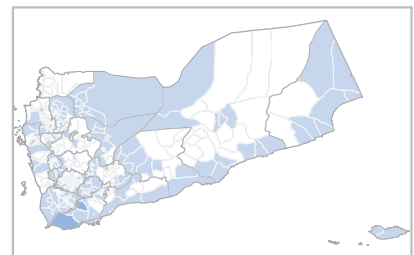
Refugees and Migrants



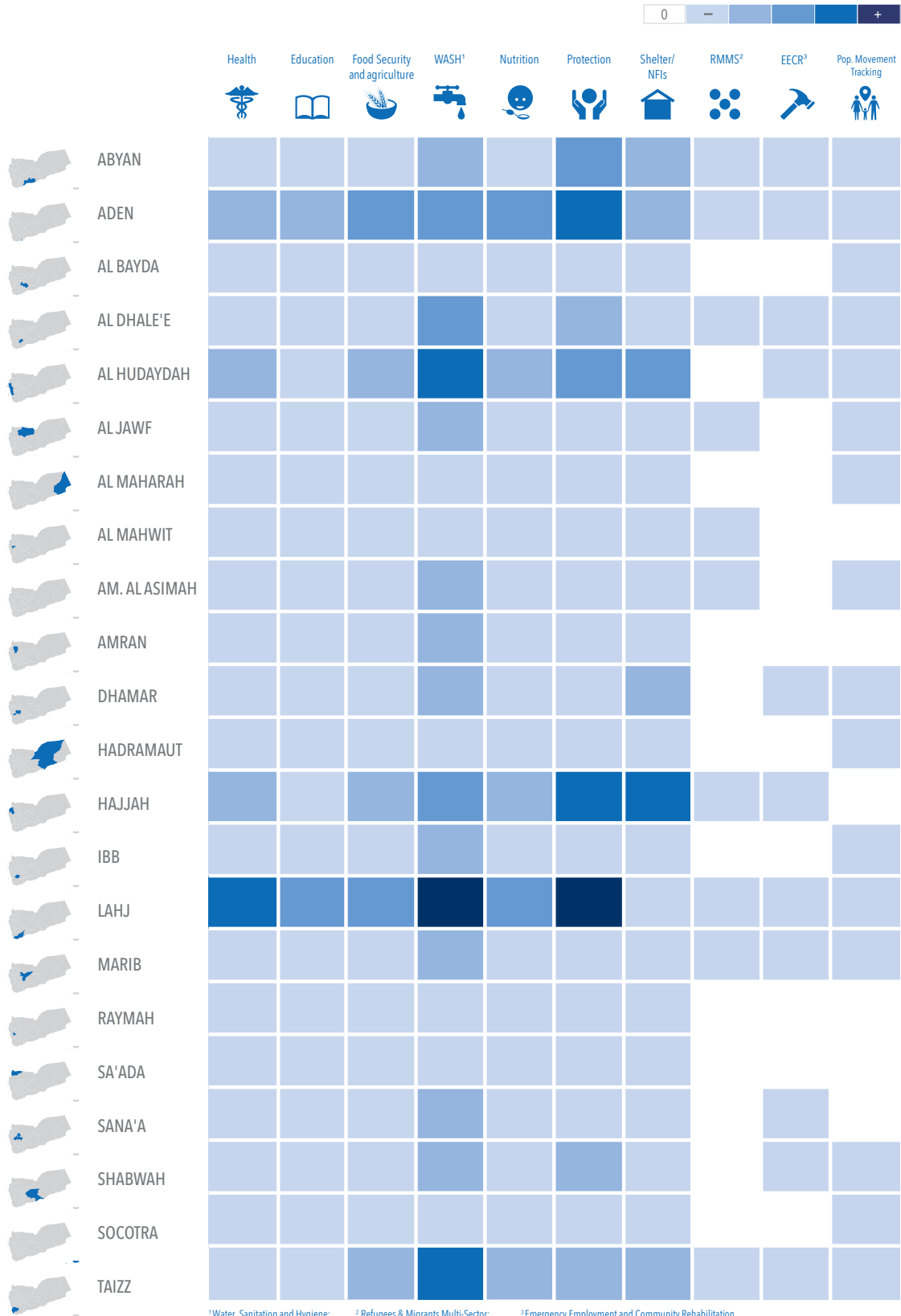
Shelter / NFI / CCCM



WASH



ASSESSMENT COVERAGE BY LOCATION AND SECTOR



<sup>1</sup>Water, Sanitation and Hygiene;

<sup>2</sup>Refugees & Migrants Multi-Sector;

<sup>3</sup>Emergency Employment and Community Rehabilitation.

## METHODOLOGY

This HNO is based on the 2018 population projections issued by the Yemen Central Statistical Organization, adjusted with data generated through the 16th TFPM report. Sectoral and inter-sectoral figures on people in need and needs severity have been calculated by using the below methodology:

### Sector-specific needs severity

Each cluster was asked to estimate the severity of needs in their sector for all 333 districts in Yemen, using a mutually agreed seven-point severity scale (0 to 6). This work included agreeing on thresholds for indicator values along the seven-point severity scale to ensure that datasets from different clusters could be aggregated across clusters, even though widely divergent datasets would be used. Using the indicators developed for the 2017 HNO as a basis, clusters reviewed their indicators and thresholds and updated them as needed.

In parallel, partners worked to organize and carry out assessments that would provide data to populate the severity scales, and overview of which is presented in Annex 1 of this HNO. Recognizing the difficult data collection environment in Yemen, partners agreed that hard data would likely be unavailable for all indicators in all 333 districts. As a backup, every indicator was translated into a focused discussion question with answer choices mapped along the same seven-point severity scale.

OCHA organized needs analysis workshops in Sana'a, Ibb, Sa'ada, Hudaydah, Mukhallah and Aden in September to review these questions and provide answers through Delphi analysis (Expert Consultations). This approach is methodologically sound and already employed in humanitarian and other programmes around the world. Delphi results were used to triangulate data-based scores or to replace data-based scores in districts where data was unavailable. They also significantly contributed to decentralizing the overall analysis work. Once all data and Delphi results had been collected, clusters translated these results into severity scores (0 to 6) 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 (simple average, weighted average, etc.). Composite severity scores are the basis for all sector specific needs severity maps in the 2018 HNO. A full list of sector severity indicators and sources appears in the table at the end of this annex.

### Inter-sector needs severity

Inter-sector needs severity overlays all clusters' severity analysis to identify districts with the greatest concentration of severe needs across multiple sectors. 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. Composite scores from the EECR Cluster were not included in this analysis due to data shortages that required EECR scores to be based on Delphi analysis only. Severity indicators measuring the needs of Refugees and Migrants were also excluded from the inter-sectoral severity analysis given the limited number of affected populations.

In line with the 2017 methodology, the Yemen Inter-Cluster Coordination Mechanism (ICCM) endorsed a seven-point severity scale (0 to 6) against which to "grade" these values, and implemented this scale for every district accordingly. 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 assistance to save and sustain their lives. The outcome of this process forms the basis of the inter-sector needs severity map in the "Severity of Needs" chapter of the 2018 HNO.

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

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 Food Security and Agriculture Cluster (FSAC), and the Nutrition Cluster. For FSAC, the severity of needs was determined by the percentage of severely food insecure populations based on Food Consumption Score (FCS) cut off points on a scale of 1 to 5 (with 5 being the most severe). The FCS thresholds applied were based on the internationally recognized thresholds, and applicable thresholds in Yemen. District level data was collected by FSAC partners in 182 districts. For the other 151 districts where district level data was not collected, extrapolations were made based on the March 2017 IPC, EFSNA 2016, and CFSS 2014 data sets.

For Nutrition, Combined GAM/SAM prevalence (EFSNA 2016, SMART 2016-2017, CHFS 2014) was used for the CMAM caseloads calculations, which accounts for a child being identified as acutely malnourished based on one or more of the following: MUAC, WFH Z-score, oedema. Number of PLW was estimated as 8 per cent of total population per district based on global estimates.

Under Option 2, clusters relied on their composite severity scores to estimate total PIN and to categorize this estimate as moderate or acute. This option was best suited to clusters that

lack sufficient data to support district-level PIN estimates. 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. However, some clusters used different multipliers.

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

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; 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 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 acute people in need for RAM cluster was added to the calculated inter-cluster acute pin.

### Refugees, asylum seekers and migrants

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. Reports on services provided last year were also drawn from various assessments carried out by protection and other actors. Analysis of these information sources informed final severity scores for each hub, the average being from all severity scores from delphi-discussion questions. This average was given a weight; districts receiving a score of 4 to 6 were categorized as having acute needs, whereas districts with scores of 2 and 3 were considered having moderate needs (districts which scored 0 and 1 were not included in total population in need estimates). Such weight was calculated against the total population number to give the final PIN.

### Inter-sector IDP/refugee/host community severity

The Inter-Cluster Coordination Mechanism (ICCM) identified a set of multi-cluster indicators (see table below) to estimate the severity of needs per districts, in districts hosting IDPs and where returnees are residing. Indicators' 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 will be identified as high priority districts to be prioritized for inter-sector IDP/returnee/host community response. In addition to this, the respective clusters will identify other priority districts for their specific cluster response.

#### INDICATORS OF INTER-SECTOR IDP/REFUGEES/HOST COMMUNITY SEVERITY

INDICATOR	SECTOR	SOURCE
IDPs and returnees as percentage of current community population	Cross-sector	October 2017 TFPM data
% of IDPs in Hosting Sites / total IDPs population	Shelter, NFIs and CCCM	From cluster
Ratio of persons with vulnerabilities/specific needs to host population	Shelter, NFIs and CCCM	From cluster
% of IDPs hosting sites under threats of eviction	Protection	From cluster
Proportion of IDP and returnee communities in the district accessing an improved water source; and Proportion of IDP and returnee communities in district accessing a functioning latrine	WASH	From cluster
School aged IDPs/returnees as percentage of same age group in the resident community	Education	From cluster
Proportion of IDPs and returnee communities in the district accessing health services	Health	Calculated from MCLA 2017, 2016
Intensity of conflict in the same governorate		
Food security score	FSAC	From cluster

CLUSTER OR SECTOR	INDICATOR	DATA SOURCE
<b>Food Security and Agriculture</b>	Integrated Phase Classification (IPC) analysis (July 2016)	IPC (WFP, FAO, Government, partners)
<b>Water, Sanitation and Hygiene</b>	IDPs and returnees as percentage of host community population	TFPM Location Assessment
	WASH prioritization by IDP / returnees / host	TFPM Location Assessment
	Incidence of acute watery diarrhoea (AWD)	e-DEWS (MoPHP, WHO)
	Prevalence of Global Acute Malnutrition (GAM) amongst children under 5 years	SMART surveys, MoPHP, Nutrition Cluster
	Estimated functionality of water schemes in the district	GARWP, Delphi
	Estimated environmental sanitation functionality	GARWP, Delphi
	Occurrence of flooding in the district	Delphi only
<b>Health</b>	Water availability (lack of)- Proportion of population who meet standard access to drinking water (15L/day)	Delphi only
	Number of health workers (medical doctor + nurse + midwife) per 10,000 populations.	2016 HERAMS (MoPHP, WHO)
	Number of HF with Basic Emergency Obstetric Care/ 500,000 population	2016 HERAMS (MoPHP, WHO)
	Number of cases or incidence rates of AWD	e-DEWS (MoPHP, WHO)
	Number of cases or incidence rates for Measles	e-DEWS (MoPHP, WHO)
	Number of cases or incidence rates for Dengue Fever	e-DEWS (MoPHP, WHO)
	Coverage of Penta 3 vaccination	2015 IDSR (MoPHP, WHO)
	Coverage of measles vaccination (6 months–15 years)	2015 IDSR (MoPHP, WHO)
	Number & percentage of functional health facilities	2016 HERAMS (MoPHP, WHO)
	MAM Rate	SMART surveys, MoPHP, Nutrition Cluster
<b>Nutrition</b>	Rate of Global Acute Malnutrition (wasting in children)	2015-16 SMART surveys; Pre-2015 data verified via Delphi
	Proportion of infants under 6 months who are exclusively breastfed	2015-16 SMART surveys; Pre-2015 data verified via Delphi
	Prevalence of chronic malnutrition in children (stunting)	2015-16 SMART surveys; Pre-2015 data verified via Delphi
<b>Shelter, NFIs and CCCM</b>	Displaced persons / host community ratio	TFPM
	Duration of displacement	TFPM
	Households living in Collective Centres and Spontaneous Sites	TFPM
	Damaged / destroyed houses per location.	TFPM, Delphi
	Needs / response ratio in a location	TFPM, Shelter-NFI-CCCM Cluster monitoring

CLUSTER OR SECTOR	INDICATOR	DATA SOURCE
<b>Protection</b> (includes Child Protection and GBV sub-clusters)	Number of civilian casualties reported (killed or injured)	OHCHR, Delphi
	Ratio of IDPs to hosts	TFPM, Delphi
	Presence of persons with vulnerabilities/specific needs	TFPM, Delphi
	Community perceptions regarding humanitarian assistance meeting priority needs	TFPM, Delphi
	Impact of the conflict on children's protective environment, including learning spaces	Ministry of Education, UNICEF, Delphi
	Number of children with reported and verified child rights violation incidents by the Monitoring and Reporting Mechanism	MRM on Grave Violations of Child Rights in Conflict
	Availability of safe multi-sectoral GBV services	UNFPA, Delphi
	Number of GBV incidents reported	GBV IMS, Delphi
	Overcrowding and lack of privacy in IDP and host community settlements	TFPM, Delphi
<b>Education</b>	Children's access to education in the district (enrolment rate)	Ministry of Education, UNICEF, Delphi
	Percentage of functional schools in the district	Ministry of Education, UNICEF, Delphi
	Potential strain on host community education facilities due to enrolment of IDP children	TFPM, Delphi
<b>Emergency Employment and Community Rehabilitation</b>	Presence of mines, UXO and ERW and degree of survey or clearance	Delphi only
	Livelihoods and income generation through employment, self-employment	Delphi only
	Status of essential service provision	Delphi only
	Availability of well capacitated NNGOs for response implementation	Delphi only
	Level of conflict and social cohesion (including enrolment of youth in armed groups)	Delphi only

## ENDNOTES

1. UN sources, October 2017
2. Education Cluster, figure as of September 2017
3. WHO
4. Education Cluster
5. YESU– July 2017
6. World Bank, Toward a Blueprint for the Recovery and Reconstruction of Yemen – October 2017
7. YESU– July 2017
8. FAO Report
9. FAO situation update on soaring prices - November 2017.
10. 2017 YHRP
11. UNVIM September 2017
12. Food Security Technical Secretariat (FSTS) and the Food and Agriculture Organization (FAO) – July 2017
13. WFP August 2017 Market watch
14. FAO-FSIS programme Food Security update May 2017
15. OCHA Market Study – to be updated once released
16. WFP Yemen Market Watch Report – August 2017
17. WB report October
18. Electronic Disease Early Warning System (eDEWS), 5 November 2017
19. [http://files.unicef.org/yemen/Yemen2Years-children\\_falling\\_through\\_the\\_cracks.pdf](http://files.unicef.org/yemen/Yemen2Years-children_falling_through_the_cracks.pdf)
20. UNICEF
21. Updated based on recent food security data collected in 182 districts country wide (and existing Nutrition, WASH and Health data)
22. 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. Significant mortality, directly attributable to outright starvation or to the interaction of malnutrition and disease is occurring.
23. The main causes of malnutrition mirror the UNICEF conceptual framework
24. WHO (2008). Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health.
25. Please refer to FSAC, Health, WASH and Nutrition Sections in Part II of this HNO.
26. This figure varies considerably from one district to another
27. Based on district level Food Consumption Score (FCS) data collected by FSAC partners as part of the famine risk monitoring activity. This methodology however differs from the IPC which in addition to the FCS, also analyses other secondary outcomes (nutritional status and mortality) and non-food security specific contributing factors like disease, water/sanitation, health, social services etc.
28. District level data was collected by FSAC partners on three main food security indicators in 182 districts across 19 governorates (with the exception of Socotra, Al Mahra and Al Bayda)
29. WFP data indicates an 88 per cent depreciation since the crisis started (the exchange rate was 1USD=215 YER in February 2015 as opposed to the current exchange rate of 1USD= 405 YER)
30. The agricultural and fisheries livelihoods have borne the brunt of the ongoing crisis - The limited rain and high cost of fuel for pumping irrigation water has adversely reduced agricultural production; the fishery sector is severely damaged due to access restriction to fishing sites and cross border trade; extension services have virtually grinded to a halt affecting domestic and transboundary livestock diseases surveillance
31. Crop production in Yemen covers around 25-30 per cent of the country food needs (cereals and horticulture combined). Livestock production covers more than 60 per cent of the livestock product's needs, while the poultry sector covers close to 100 per cent of the country eggs needs.
32. On average, total domestic cereal production covers less than 20 per cent of the total utilization (food, feed and other uses). The country is largely dependent on imports from the international markets to satisfy its domestic consumption requirement for wheat, the main staple. The share of domestic wheat production in total food utilization in the last ten years is between 5 to 10 percent, depending on the domestic harvest.
33. FAO-FSIS thematic area studies in 7 governorates of Al-Hudaydah, Al-Mahweet, Amaran, Sana'a, Dhamar, and Ibb in July 2017
34. Increased by 70 per cent in Tihamah and between 58 per cent and 69 per cent for central and northern highlands. FAO-FSIS
35. The fishing industry is dominated by the small-scale sector, which currently supports the livelihoods of an estimated 83,367 small-scale fishers and 583,625 of their household members. Out of this, around 18,652 employees and 130,000 families who rely on the fishery value chain is affected in the Red sea coastal area.
36. Yemen Food Security Update, September 2017. FAO-EFLRP Program
37. WFP Yemen August Market Watch Report
38. Emergency support through provision of agricultural seeds, tools; vaccinations and distribution of livestock feed/concentrate; provision of fishing gear (nets, mono filaments, "fish finders") etc.
39. Cash for Assets, Food for Assets, Cash for Work, Food for Work etc.
40. Based on district level famine risk monitoring data from 182 districts, and extrapolation for the remaining 151 districts based on the IPC March 2017 results
41. In certain locations hosts feel that IDPs get the bulk of assistance at their expense causing some bit of friction
42. Mostly attributed to the population increment. Overall, the food security severity of needs has only increased by 1 per cent (from 60 per cent to 61 per cent of the total population)

43. Seven governorates (Lahj, Taiz, Abyan, Sa'ada, Hajjah, Al Hudaydah, Shabwah) - IPC March 2017
44. Three governorates in IPC phase 3! (Al Jawf, Al-Dhale'e, and Al Bayda); 10 governorates in IPC phase 3 (Aden, Amran, Dhamar, Sana'a, Amanat Al Asimah, Ibb, Marib, Raymah, Al Mahwit, and Hadhramout) - IPC March 2017
45. Includes 72 districts out of the 95 high priority districts at highest risk of famine
46. Stratified random sampling is a method of sampling that involves the division of a population into smaller homogenous/similar groups known as strata. The population within each district are divided into subgroups or strata, and random samples are taken, in proportion to the population, from each of the strata created. The members in each of the stratum formed have similar attributes and characteristics e.g. similar livelihood options, similar agro-ecological/climatic conditions, face the same hazards or vulnerabilities, source food from the same markets etc.
47. The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency and relative nutrition importance of different food groups.
48. Severely food insecure 0-28; moderately food insecure 28.5 – 42; Food secure >42.5
49. WFP is currently undertaking district level famine risk monitoring activities in 68 districts and this data will feed into the YHRP accordingly, once available
50. SDR Access to improved water. REACH and WASH Cluster, 2017
51. Ibid
52. IPC analysis 2017
53. SDR Access to improved water. REACH and WASH Cluster, 2017
54. Yemen Cholera response - weekly epidemiological bulletin W41. eDews, October 2017
55. Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health. WHO, 2008
56. Risk Factors for Childhood Stunting in 137 Developing Countries: A Comparative Risk Assessment Analysis at Global, Regional & Country Levels. Danaei G et al. (2016).
57. EFSNA 2016, SMART 2016-2017, CFSS 2014
58. HERAMS 2016
59. DHS 2014
60. Estimations based on the SMARTS 2016-2017, EFSNA 2016 and CFSS 2014
61. DHS 2014
62. DHS 2014
63. Severity scoring 6 of 6, see methodology annex for further information
64. Severity scoring 4&5 of 6, see methodology annex for further information
65. Pending validation of the data by the Nutrition Cluster Assessment Working Group
66. DHS 2014
67. DHS 2014
68. OHCHR
69. TPM MCLA October 2017
70. GBV IMS
71. Central Task Force on Monitoring and Reporting
72. UN and open source reporting
73. Total population of Governorates identified as potentially contaminated by landmines and UXOs during DELPHI consultations
74. Yemen Economy, Chronicles of the Middle-East and North Africa, <https://fanack.com/yemen/economy/>
75. UNICEF, State of Children in the World 2016.
76. OCHA, New Way of Working
77. [https://reliefweb.int/sites/reliefweb.int/files/resources/reach\\_yem\\_situation\\_overview\\_idp\\_hosting\\_site\\_comparative\\_overview\\_june\\_....pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/reach_yem_situation_overview_idp_hosting_site_comparative_overview_june_....pdf)



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 needs 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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