

2017

HUMANITARIAN **NEEDS** OVERVIEW

PEOPLE IN NEED

18.8M

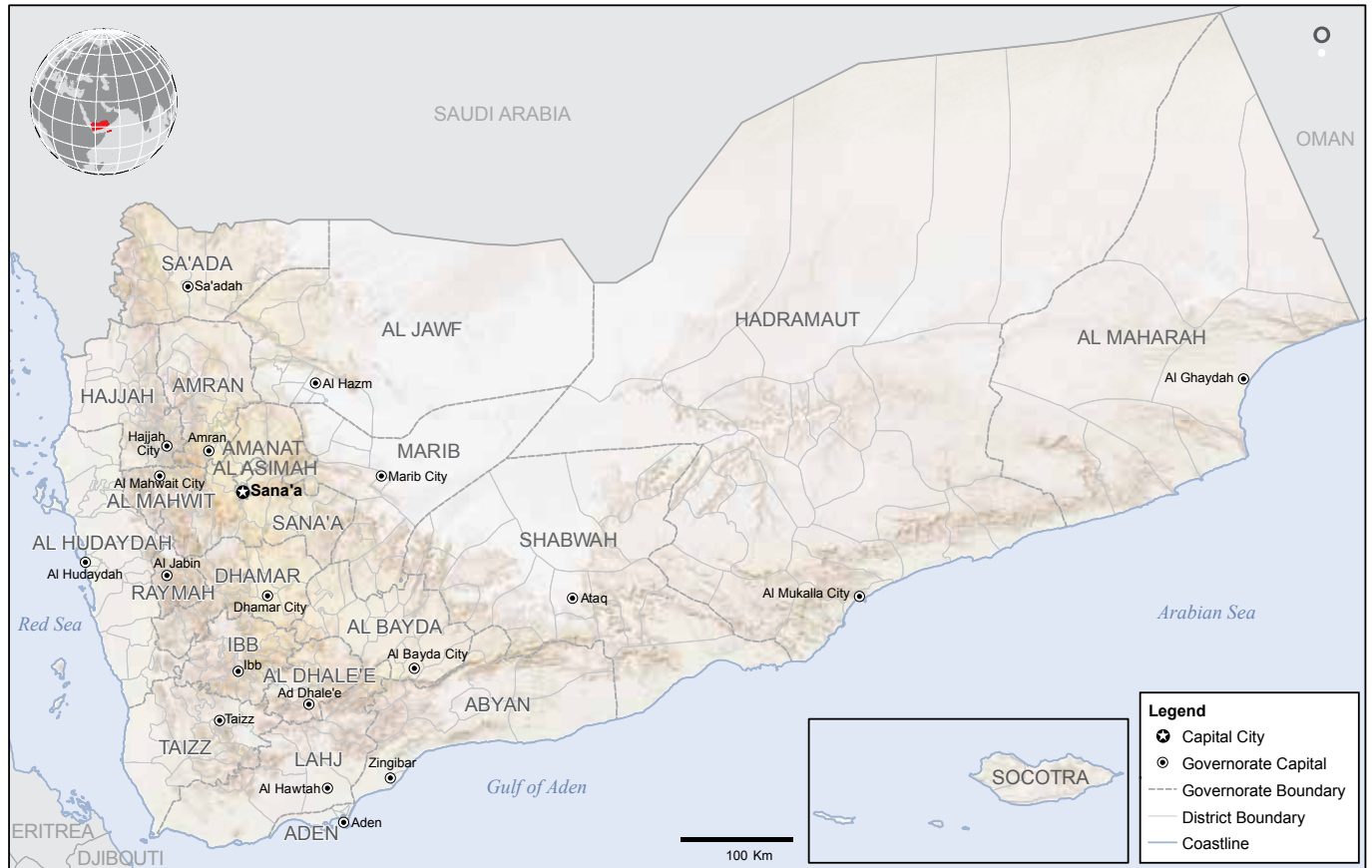
NOV 2016



YEMEN

Photo: Julien Harneis.

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.
Creation date: 25 July 2016 Sources: GoY/MoLA/CSD

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.








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

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PART I: SUMMARY

- 
-  Humanitarian needs & key figures
 -  Impact of the crisis
 -  Breakdown of people in need
 -  Most vulnerable groups
 -  Severity of need
 -  Perceptions of affected people

PEOPLE IN NEED

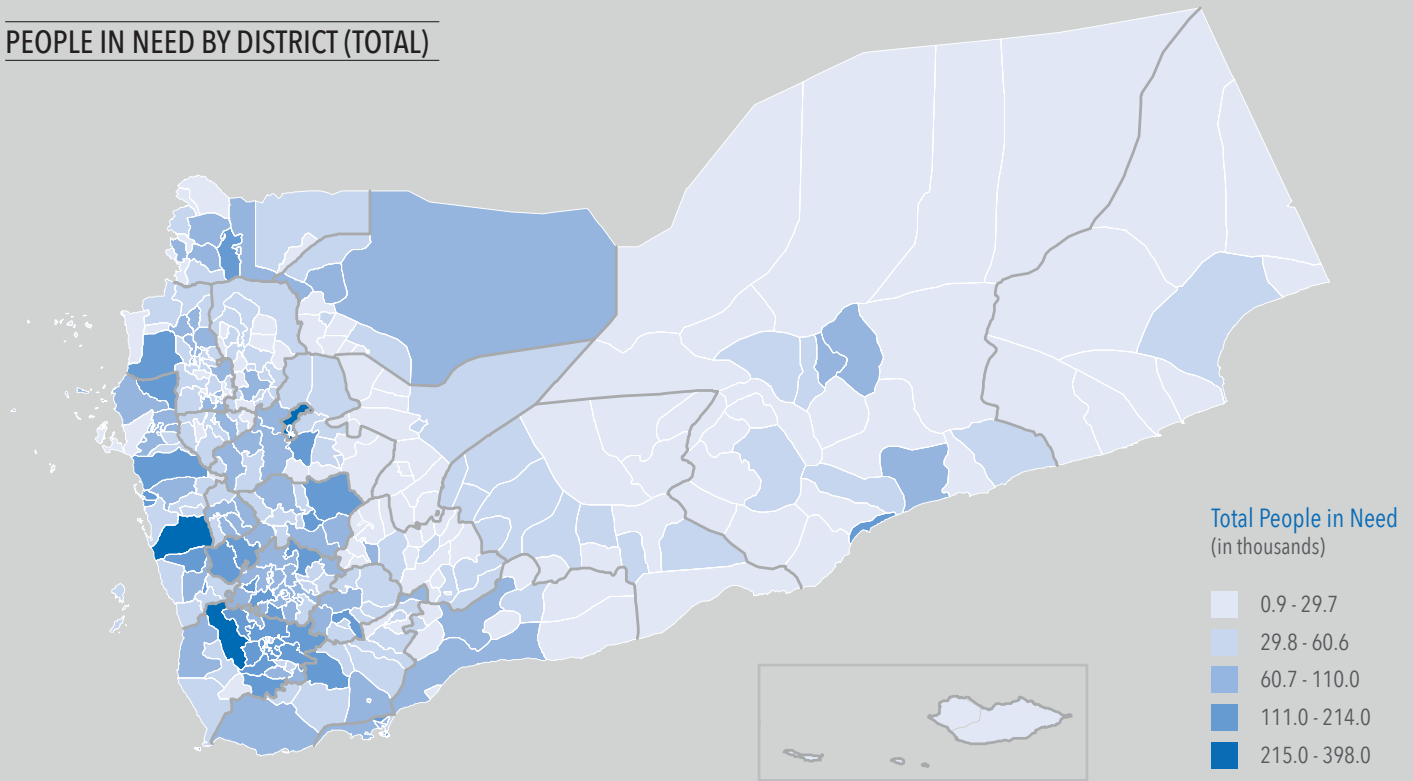


27.4 M
Total population



18.8 M
Total people in need

PEOPLE IN NEED BY DISTRICT (TOTAL)

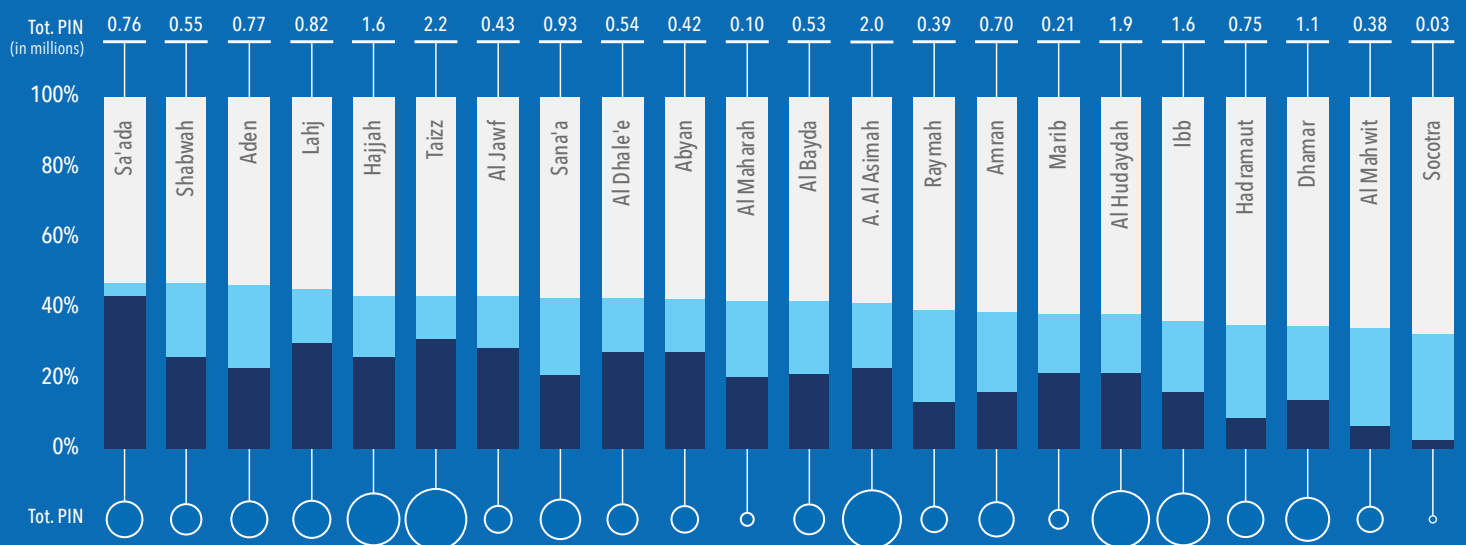


PEOPLE IN NEED BY GOVERNORATE (ACUTE & MODERATE) *



10.3 M in acute need

8.5 M in moderate need



Source: Task Force on Population Movement (TFPM); Clusters.

* 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. Barchart arranged by percentage of total population in need against total estimated population in each governorate.

Total population figures based on 2016 population projections of the Central Statistics Office (CSO) adjusted for population movements (displacements and return) as estimated in the 11th report of the Task Force on Population Movements (TFPM). For more information on the methodology used to estimate people in need and in acute need, see "Methodology" annex and individual sector chapters.

HUMANITARIAN

NEEDS &
KEY FIGURES

An estimated 18.8 million people in Yemen need some kind of humanitarian or protection assistance, including 10.3 million who are in acute need. Escalating conflict since March 2015 has created a vast protection crisis in which millions face risks to their safety and basic rights, and are struggling to survive.

With more quality data available than at any time since 2014, this year's analysis is based on a substantially more rigorous methodology for estimating how many people require assistance and the severity of their needs. 2017 priority needs estimates are about 10 per cent lower than last year. This decrease reflects better data collection only, and can in no way be interpreted as an "improvement" in Yemen's catastrophic humanitarian situation. For a full explanation of the methodology, including criteria for "acute need", see the Methodology annex.

KEY HUMANITARIAN ISSUES



1 Protection of civilians

A severe protection crisis is under way in Yemen in which civilians face serious risks to their safety, well-being and basic rights. More than 19 months of conflict have killed or injured nearly 44,000 people and forced more than 3 million people from their homes. Parties to the conflict have attacked private and public civilian infrastructure, including 325 verified attacks on schools, health facilities, markets, roads and other sites. Rates of grave violations of child rights and gender-based violence are rising rapidly.



2 Basic survival

Millions of people in Yemen need assistance to ensure their basic survival. An estimated 14 million are food insecure (including 7 million severely food insecure); 14.4 million lack access to safe drinking water or sanitation; 14.7 million lack adequate healthcare; and 3.3 million are acutely malnourished, including 462,000 children who face Severe Acute Malnutrition (SAM). Of 18.8 million people in need of some kind of assistance, 10.3 million are in acute need.



3 Essential services & infrastructure

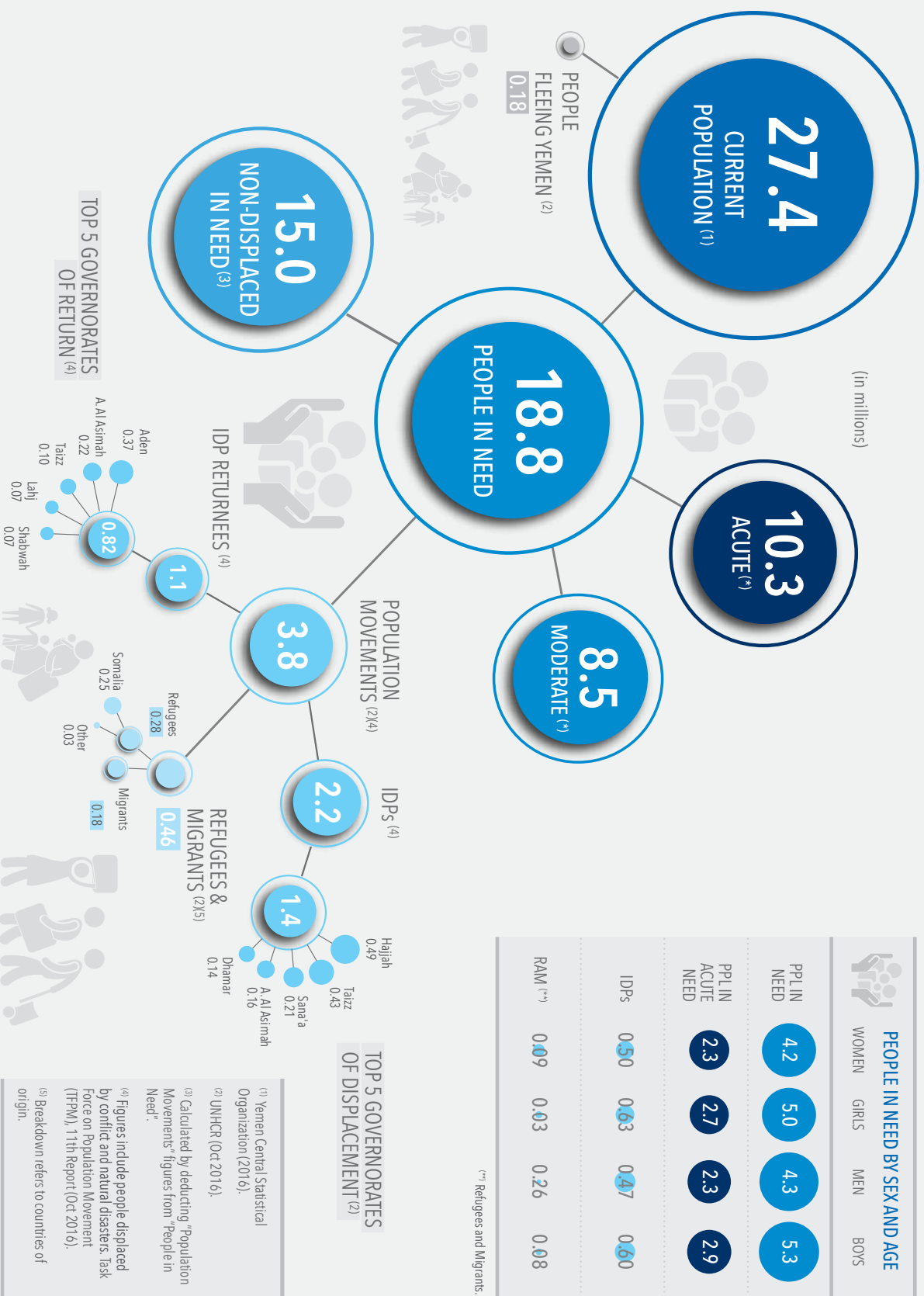
Basic services and the institutions that provide them are collapsing, placing enormous pressure on the humanitarian response. Only 45 per cent of health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff. More than 1,600 conflict-affected schools are unfit for use, and 2 million children are out of school. Most public sector salaries – on which about 30 per cent of the population depend – have been paid irregularly in the past several months.



4 Livelihoods & private sector collapse

Conflict and restrictions on imports and financial transactions are devastating livelihoods, pushing millions of people into dependence on humanitarian aid or negative coping strategies. Basic commodity prices are on average 26 per cent higher than before the crisis at a time when purchasing power has eroded substantially, and most goods are only sporadically available in markets. Humanitarian partners cannot replace a functioning commercial sector, which is being deliberately undermined.

KEY FIGURES



^(*) 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.

IMPACT OF THE CRISIS

More than 19 months of conflict have devastated Yemen, leaving 18.8 million people in need of humanitarian and protection assistance – including 10.3 million who are in acute need. The conflict is rapidly pushing the country towards social, economic and institutional collapse.

Conflict and chronic vulnerabilities

Even before March 25, 2015, when the conflict in Yemen escalated, the country faced enormous levels of humanitarian need, with 15.9 million people requiring some kind of humanitarian or protection assistance in late 2014. These needs stemmed from years of poverty, under-development, environmental decline, intermittent conflict, and weak rule of law – including widespread violations of human rights.

The number of people in need of humanitarian assistance rose consistently from 2012 to 2014, while real Gross Domestic Product (GDP) per capita – already the lowest in the Arab world – fell by just under 50 per cent from 590 USD to 326 USD per capita between 2012 and 2015 and by almost 35 per cent in 2015 alone. Since the escalation of conflict, government authorities estimate that GDP per capita has contracted by about 35 per cent and that inflation has risen by 30 per cent. The impact has squeezed the coping mechanisms of vulnerable families even further, leaving more people in need of humanitarian assistance.

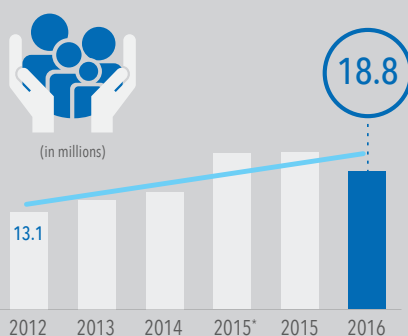
More than 19 months of conflict have exacerbated chronic vulnerabilities leaving an estimated 18.8 million people in need of humanitarian and protection assistance – a nearly 20 per

cent increase since late 2014. This includes 10.3 million people in acute need, who urgently require immediate, life-saving assistance in at least one sector. Due to the conflict, which has caused a pervasive protection crisis, forced displacement, severe economic decline, and the collapse of basic services and institutions, humanitarian needs have risen sharply in all sectors. This chapter addresses these underlying factors and their impact on the overall humanitarian situation; sector-specific needs analyses appear in Part 2 of the HNO.

Widespread protection crisis

The conduct of hostilities has been brutal. As of 25 October 2016, health facilities had reported almost 44,000 casualties (including nearly 7,100 deaths) – an average of 75 people killed or injured every day. These figures significantly undercount the true extent of casualties given diminished reporting capacity of health facilities after 19 months of war and many people's inability to access healthcare at all. UN Member States, UN organizations, humanitarian partners and human rights organizations, have outlined serious concerns regarding the conduct of the conflict, in which violations of international humanitarian law and international human rights law have been committed by all parties to the conflict.

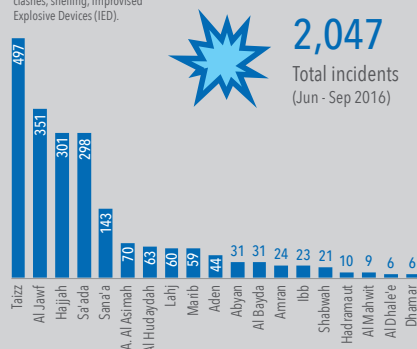
PEOPLE IN NEED (2012-2017)



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

CONFLICT INCIDENTS* BY GOVERNORATE

*Incidents include air strikes, armed clashes, shelling, improvised Explosive Devices (IED).



Source: UNSSS (Sep 2016).

GDP & INFLATION 2015-2016 CHANGE

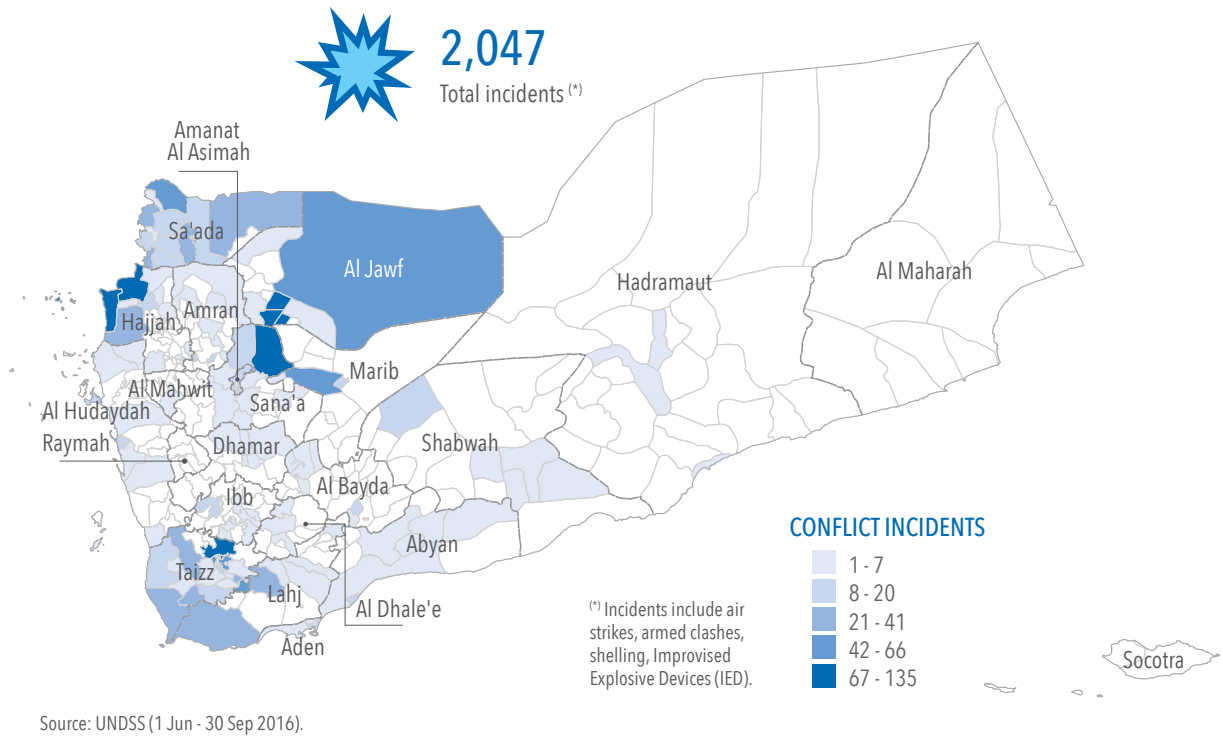
-35%
GDP change from 2015

30%
Inflation change from 2015



Source: MOPIC (2016).

NUMBER OF CONFLICT INCIDENTS (JUN - SEP 2016)



As of late 2016, ongoing conflict between Coalition-backed forces, Houthi/Saleh forces, and other groups continued to inflict heavy casualties, cause extensive damage to public and private infrastructure, and impede rapid delivery of humanitarian assistance. After more than 19 months of fighting, parties to the conflict have created a pervasive protection crisis in which millions of civilians

face tremendous threats to their well-being, and the most vulnerable struggle simply to survive. Parties to the conflict are required to comply with their obligation to uphold international humanitarian and human rights law at all times.

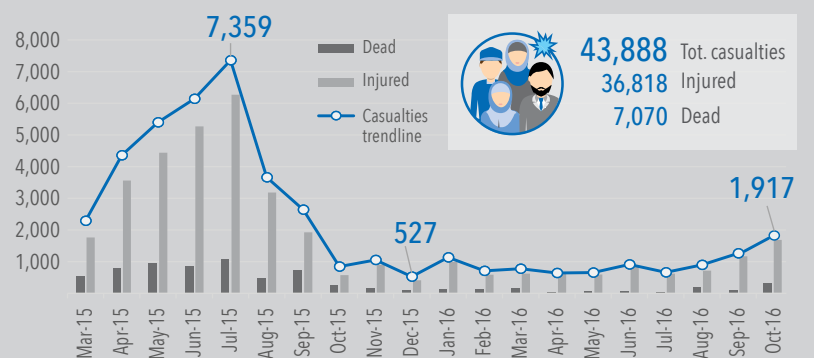
HEALTH WORKER CASUALTIES SINCE MARCH 2015

13 killed **31** injured



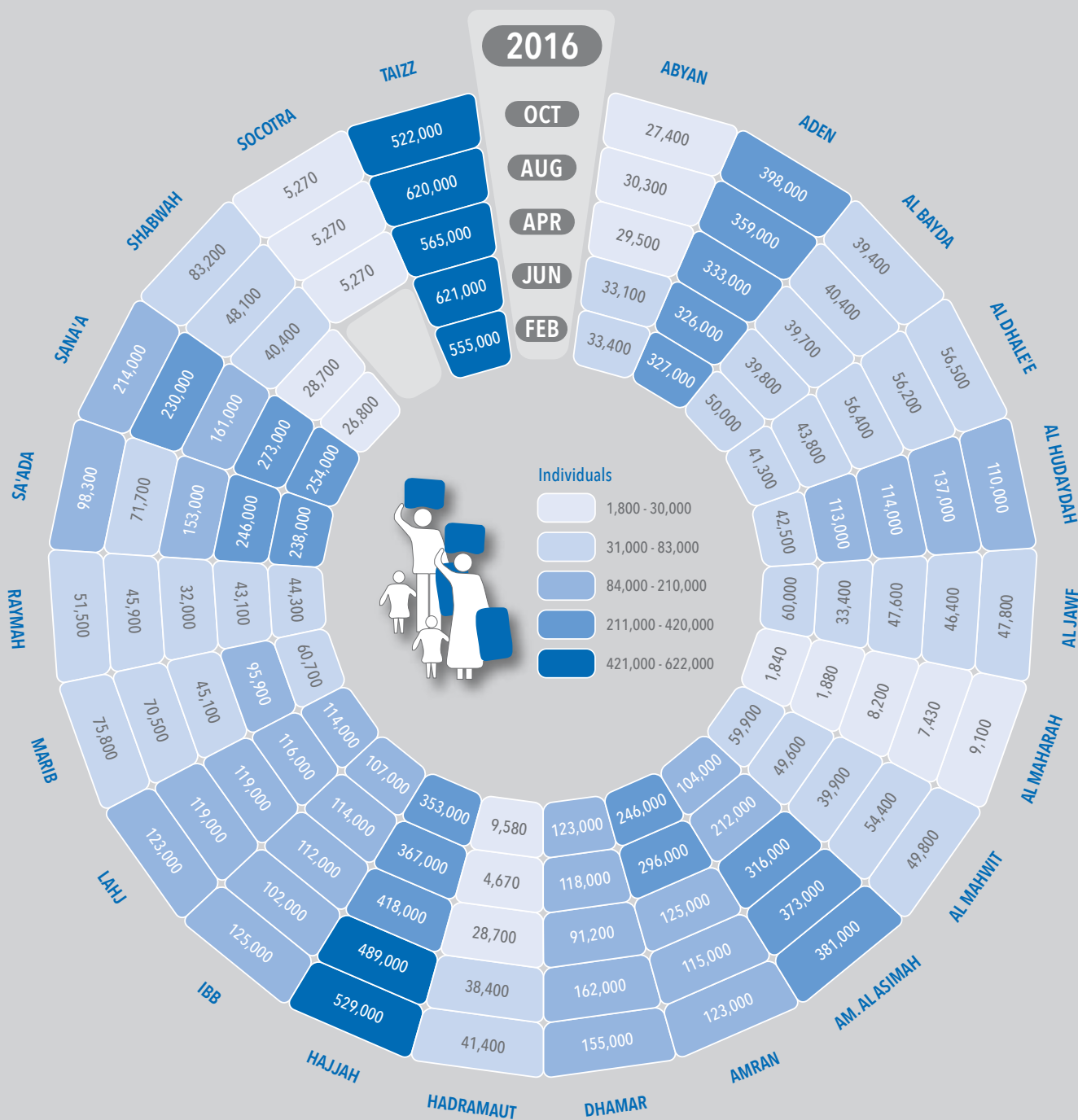
Source: WHO (Sep 2016).

CASUALTIES REPORTED BY HEALTH FACILITIES¹



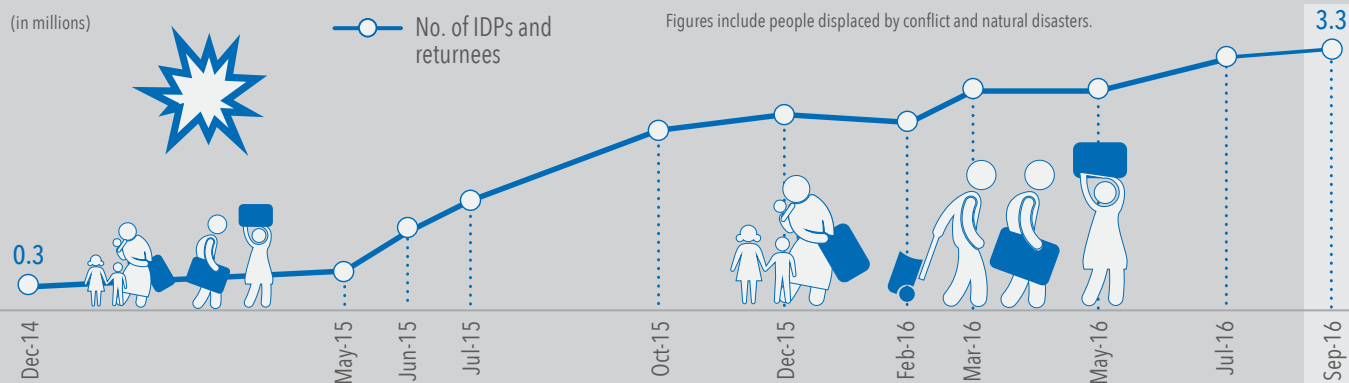
⁽¹⁾ Due to the high number of health facilities that are not functioning or partially functioning as a result of the conflict, these numbers are underreported and likely higher. Source: WHO (as of 25 October 2016).

IDPS AND RETURNEES BY LOCATION OVER TIME



Source: Task Force on Population Movement - TFFPM (2016).

DISPLACEMENT LEVELS (2014-2016)



Source: Task Force on Population Movement (IOM/UNHCR).

Forced displacement and returns

As of October 2016, nearly 2.2 million people remained displaced within Yemen. More than half of current Internally Displaced Persons (IDPs) are sheltering in Hajjah, Taizz and Sana'a, and roughly 77 per cent are living with host families, or in rented accommodation, straining already scarce resources. New displacements continue to occur in areas where conflict persists, largely offsetting the impact of initial returns. Total displacement estimates have remained fairly stable in the last year, ranging between 2.1 million and 2.8 million people, even as the number of returnees has increased. After 19 months of conflict, the average length of displacement has also grown substantially. Ninety per cent of current internally displaced persons (IDPs) have been displaced for more than 10 months, straining their ability – and their hosts' – to cope.

Just over 1 million IDPs have provisionally returned to their areas of origin, although the sustainability of these returns remains precarious. Nearly 70 per cent of returnees are in Aden, Sana'a or Taizz, with more than 85 per cent living in their original residences. Substantial numbers are living in damaged houses, are unable to afford repairs and face serious protection risks. (More information on the needs of IDPs and returnees appears in the "Most Vulnerable Groups" and "Perceptions of Affected People" chapters below.)

Severe economic decline

The Yemeni economy is being wilfully destroyed, with preliminary results of the Disaster Needs Assessment estimating \$19 billion in infrastructure damage and other losses – equivalent to about half of GDP in 2013. The World Bank estimates that the poverty rate in Yemen has doubled to 62 per cent, and millions of people are now unable to meet their basic needs independently. Deliberate policies and tactics are driving this decline. On numerous occasions, parties to the conflict have targeted key economic infrastructure such as ports, roads, bridges, factories and markets with air strikes, shelling or other attacks. They have also imposed severe access restrictions that severely disrupt the flow of private sector goods essential to civilians' survival, including food,

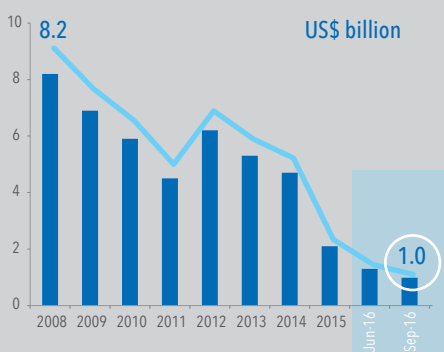
fuel and medicine. Millions of people are now unable to meet their needs independently as a result of the economic decline – itself the result of deliberate policies. Imposed restrictions on imports, movements and financial transactions are crippling the commercial sector and hindering the delivery of humanitarian aid. The end result is an economic environment in which basic commodities are becoming scarcer and more expensive, putting them increasingly out of people's reach. Humanitarian partners face growing pressure to compensate for the entire commercial sector, which is beyond both their capacity and appropriate role for humanitarian action.

Restrictions on imports and movements

Parties to the conflict routinely impose severe restrictions on movements of people, goods and humanitarian assistance. Reported restrictions on imports by the Coalition, as well as air strikes on critical infrastructure like Al Hudaydah Port, have added to the humanitarian burden by severely reducing commercial imports into the country. Fluctuating Coalition restrictions on imports, as well as air strikes on critical infrastructure like Al Hudaydah Port, have added to the humanitarian burden by severely reducing commercial imports into the country. More than 90 per cent of staple food in Yemen was imported before the crisis, and the country was using an estimated 544,000 metric tons of fuel per month. In August 2016, fuel imports fell to 24 per cent of estimated requirements, and food imports hit their lowest level this year. Since August 2016, the Coalition and the Government of Yemen have also banned commercial flights from using the Sana'a airport. Prior to the ban, Yemenia Airlines estimates that at least one third of passengers were travelling abroad to seek medical care, often for chronic diseases for which treatment in Yemen has become almost non-existent due, in part, to import difficulties. Altogether, this means that more than 6,500 people have been unable to access medical care due to the closure of civilian air space. Yemenia Airlines further estimates that 18,000 Yemenis are stranded abroad.

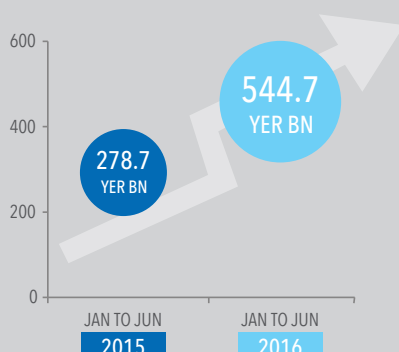
Houthi/Saleh and other forces have at times imposed crippling restrictions on people and basic supplies from entering contested areas, including recurrent restrictions in Taizz and nearby areas. Reports have also emerged of landmines being

FOREIGN EXCHANGE RESERVES



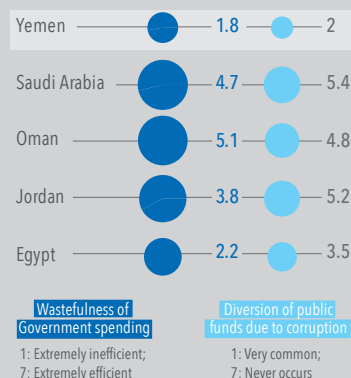
Source: MOPIC and Central Bank of Yemen (2016).

PUBLIC BUDGET DEFICIT



Source: MOPIC (2016).

PERCEIVED STRENGTH OF INSTITUTIONS



Source: WEF Global Competitiveness Index (2016 - 2017).

laid in many areas, including along parts of the western coast that prevent fishermen from providing for their families in an area of growing hunger and malnutrition. Authorities in Sana'a and other areas routinely deny or delay clearances for humanitarian activities, including visas for humanitarian staff, movement requests to deliver or monitor assistance, and customs approval for critical supplies. These restrictions are at times resolved through dialogue, but the time lost represents an unacceptable burden for people who desperately need assistance.

Liquidity crisis, commodity shortages, and rising prices

Conflict, severe economic decline and imposed restrictions are all contributing to basic commodity shortages and price rises, making it difficult for millions of Yemenis to afford food, water, fuel and other necessities even when these are available in markets. For months, nearly all basic commodities have been only sporadically available in most locations, and basic commodity prices in August were on average 26 per cent higher than before the crisis. The impact of price increases on Yemeni families is considerable, given that purchasing power has fallen substantially as livelihoods opportunities continue to diminish or disappear.

At the same time, Yemen is experiencing a severe liquidity crisis in which people, traders and humanitarian partners struggle to transfer cash into and around the country. As conflict and import restrictions have persisted, lenders have become increasingly reluctant to offer letters of credit to Yemeni traders. This reluctance has reportedly grown since the Government's decision in September to relocate the Central Bank of Yemen (CBY) from Sana'a to Aden. These developments are having a pronounced impact on the ability to finance imports of food, medicine, and other critical supplies, compounding the effect of direct import restrictions, as well as considerably restricting people's ability to access cash.

Despite the liquidity crisis, minimal banking services remain available in many areas. Probably the three most common institutions for domestic cash transfers – Yemen Post Office, Al Amal Bank and Al Kuraimi Bank – report a combined total of 894 active branches or authorized agents across all governorates,

although 24 per cent of post offices are not functioning. When considered with at least sporadic commodity availability in markets, this raises the possibility of a stronger need for multi-sector cash assistance to help Yemenis cope in a time of conflict, economic decline and institutional collapse. More analysis is required on this issue, particularly regarding how to ensure the proper enabling environment, minimize protection risks, and overcome external and internal limitations on financial transactions. As of October 2015, humanitarian partners in Sana'a reportedly cannot withdraw more than YR 400,000 in cash per day from banks (about \$1,300); in Al Hudaydah, the limit falls to YR 200,000.

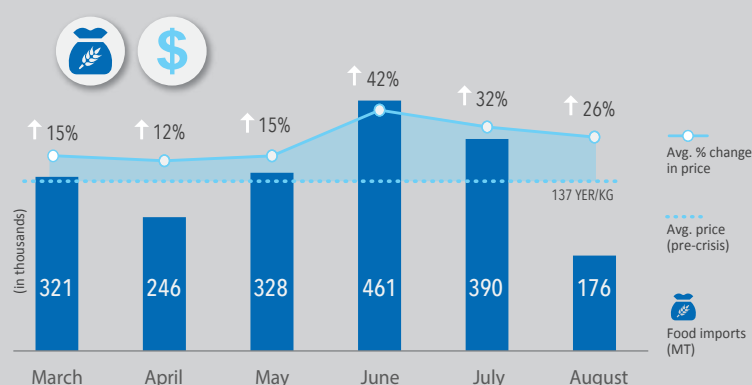
Collapse of basic services and institutions

Conflict, displacement, and economic decline are placing severe pressure on essential basic services and the institutions that provide them, pushing them towards total collapse.

Humanitarian programmes in Yemen are predicated on an assumption of at least minimal functionality of state services in key sectors like health, water, education and social protection. However, growing evidence points to imminent institutional collapse across large swathes of the country. The Ministry of Planning and International Cooperation (MOPIC) in Sana'a reports that Central Bank foreign exchange reserves dropped from \$4.7 billion in late 2014 to less than \$1 billion in September 2016. The public budget deficit has nearly doubled in the last year, to about \$1.8 billion. Salaries for health facility staff, teachers and other public sector workers go increasingly unpaid, leaving 1.25 million state employees and their 6.9 million dependents – or nearly 30 per cent of the population – without an income at a time of shortages and rising prices. Despite Government commitments to the contrary, relocation of the Central Bank to Aden had not resolved salary arrears as of late October.

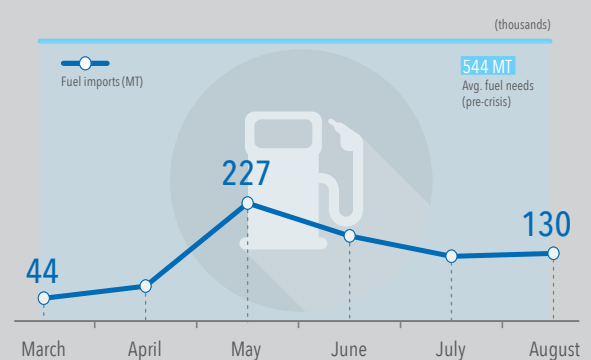
State-provided social services are rapidly collapsing while needs are surging. In August, the Ministry of Public Health and Population (MOPHP) in Sana'a announced it could no longer cover operational costs for health services. As of October 2016, only 45 per cent of health facilities were functional; this rate falls below 25 per cent

MONTHLY FOOD IMPORTS AND PRICE FLUCTUATION (MAR - AUG 2016)



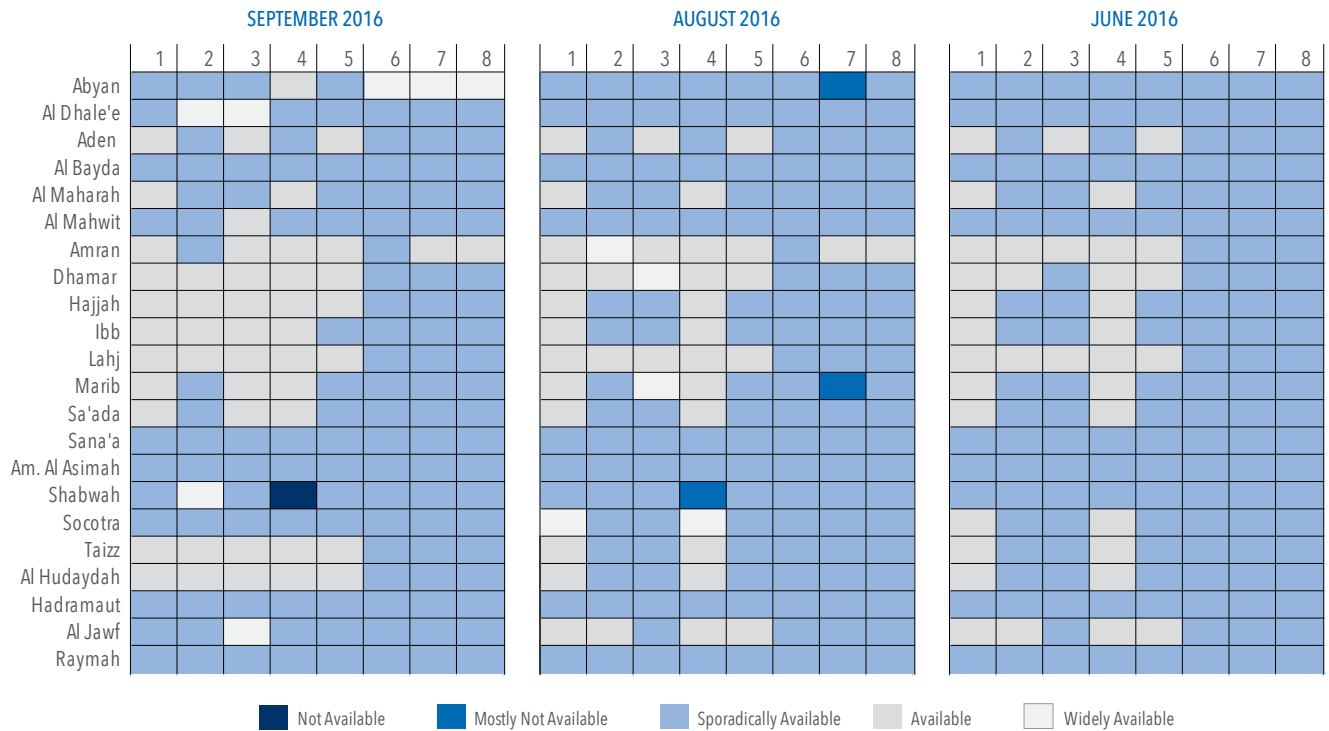
Source: Logistics Cluster (Aug 2016).

MONTHLY FUEL IMPORTS (MAR - AUG 2016)



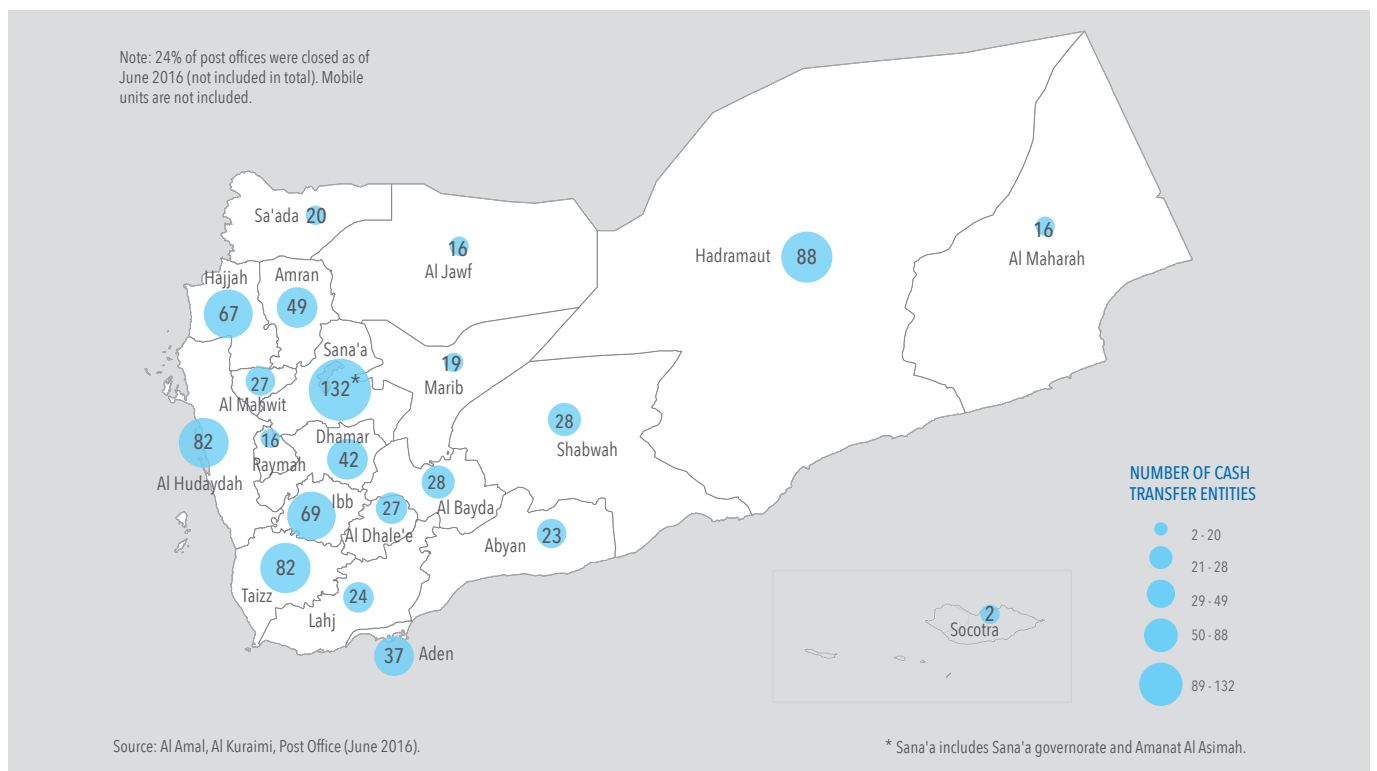
Source: Logistics Cluster (Aug 2016).

BASIC COMMODITY AVAILABILITY



Source: WFP (Sep 2016).

LIQUIDITY: MOST COMMON CASH TRANSFER INSTITUTIONS



in five governorates, including Marib, Al Jawf and Al Dhale'e. Absenteeism among key staff – doctors, nutrition counsellors, teachers – is reportedly rising as employees seek alternatives to provide for their families. On top of pressure to compensate for a faltering commercial sector, humanitarian partners are fielding calls to fill gaps created by collapsing public institutions, which is beyond both their capacity and remit. It is essential for all stakeholders to stem this collapse, including through selective re-engagement of development programmes, which have been largely frozen since early 2015.

Growing humanitarian needs in key sectors

More than 19 months of conflict have left an estimated 18.8 million people in need some kind of assistance or protection in order to meet their basic needs, including 10.3 million who are in acute need. This represents an increase of almost 20 per cent since late 2014 and is driven by increases across key sectors. The 18.8 million people in need estimation is lower than the 21.2 million cited for 2016. These changes do not reflect an improvement in the catastrophic humanitarian situation in Yemen, but rather a further tightening around priorities.

Food security and agriculture

An estimated 14 million people are currently food insecure, including 7 million people who do not know where their next meal will come from. This represents a 33 per cent increase since late 2014. Agricultural production, employing more than half of the population, has also drastically declined due to insecurity, high costs, and sporadic availability of agricultural inputs. The fishery sector has also been heavily impacted with a near 50 per cent reduction in the number of fishermen due to the impact of the crisis.

Water, sanitation, and hygiene

An estimated 14.4 million people require assistance to ensure access to safe drinking water and sanitation, including 8.2 million who are in acute need. This represents an increase of 8 per cent since late 2014, and the severity of needs has intensified.

Health

An estimated 14.8 million people lack access to basic healthcare, including 8.8 million living in severely under-served areas. Medical materials are in chronically short supply, and only 45 per cent of health facilities are functioning. As of October 2016, at least 274 health facilities had been damaged or destroyed in the conflict, 13 health workers had been killed and 31 injured.

Nutrition

About 3.3 million children and pregnant or lactating women are acutely malnourished, including 462,000 children under 5 suffering from severe acute malnutrition. This represents a 63 per cent increase since late 2015 and threatens the lives and life-long prospects of those affected.

Shelter and essential items

An estimated 4.5 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.

Protection

About 11.3 million people need assistance to protect their safety, dignity or basic rights, including 2.9 million people living in acutely affected areas. Vulnerable people require legal, psychosocial and other services, including child protection and gender-based violence support.

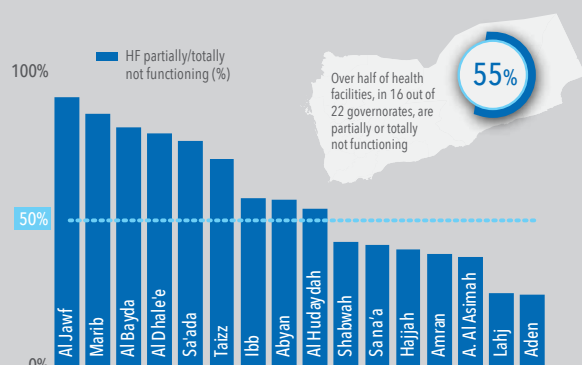
Education

About 2 million school-age children are out of school and need support to fulfil their right to education. More than 1,600 schools are currently unfit for use due to conflict-related damage, hosting of IDPs, or occupation by armed groups.

Livelihoods and community resilience

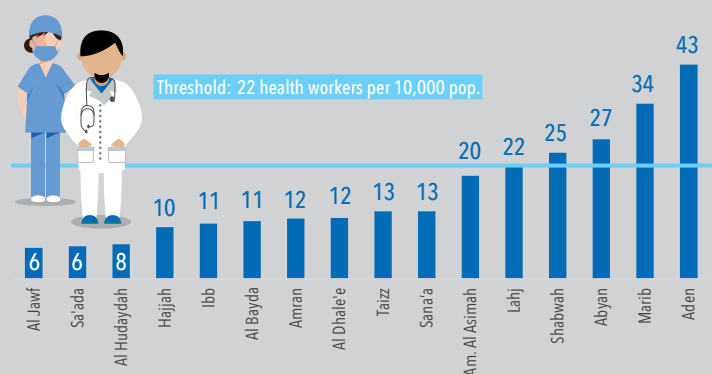
An estimated 8 million Yemenis have lost their livelihoods or are living in communities with minimal to no basic services. Communities require support to promote resilience, including clearance of landmines and other explosives in up to 15 governorates.

STATUS OF HEALTH FACILITIES



Source: WHO, Ministry of Health, Final Report (Oct 2016).

NUMBER OF HEALTH WORKERS PER 10,000 POPULATION



Source: WHO, Ministry of Health, Final Report (Oct 2016).

TIMELINE



19-26 March 2015

Rapid escalation in conflict. On 19 March, suicide bombings target two mosques in Sana'a, killing nearly 150 people and injuring 350 people. Houthi/Saleh forces advance south towards Taizz, Lahj and Aden. On 26 March, a Saudi-led military coalition begins air strikes. Fighting and air strikes escalate quickly across the country.

12 May 2015

Five-day humanitarian pause begins. Frequent violations are reported.

Mid-Jul to mid-Aug 2015

Front lines in the conflict shift significantly. Coalition-supported forces take control of Aden in late July and expand to much of southern Yemen by mid-August. Major clashes, backed by air strikes, erupt in Taizz, and the city comes under siege.

Late Sep to early Oct 2015

Apparent air strikes hit two wedding parties, killing more than 150 people. The first attack occurred on 28 September in Taizz and killed more than 130 people. The second hit Dhamar, killing at least 23.

1 Jul 2015

UN designates Yemen a "level-three" emergency – the highest level.

18 Aug 2015

Air strikes hit Hudaydah port, destroying critical infrastructure at Yemen's largest port. Before the crisis, Hudaydah port handled the majority of Yemen's imports – essential to the flow of food, medicine and fuel into the country.

6 Oct 2015

Islamic State claims responsibility for attacks targeting Coalition and Government of Yemen officials at the Qasr Hotel in Aden and worshippers at mosque in Sana'a. At least 22 people were killed in the attacks.

November 2015

Two consecutive cyclones batter the southern coast and Socotra island, killing at least ten and causing widespread flooding. Cyclones making landfall in Yemen is fairly rare – two in rapid succession is nearly unprecedented.



15 Dec 2015

Ceasefire comes into force as parties begin UN-sponsored peace talks in Switzerland. Frequent ceasefire violations are reported.

Aug 2016

Peace talks in Kuwait adjourn without agreement on 6 August. Clashes and air strikes intensify immediately afterwards. Air strikes in August hit a crowded market in Sana'a, a school in Sa'ada and an MSF-supported hospital in Hajjah. Islamic State militants kill at least 60 people in a suicide attack in Aden. Sana'a airport closed to civilian traffic.

8 Oct 2016

Multiple air strikes on a community hall in Sana'a kill at least 140 people and injure more than 600 in one of the worst single-incident casualty events of the conflict.

10 Apr 2016

A renewed cessation of hostilities comes into force. After several delays, UN-sponsored peace talks begin in Kuwait on 21 April.

4 Oct 2016

A rocket attack hits a civilian area of Taizz, killing 10 people – mostly children. Indiscriminate shelling into populated civilian areas of Taizz by Houthi-affiliated forces has occurred consistently since August 2015.

Early Jan 2016

Formal ceasefire ends as peace talks conclude without result. Clashes and air strikes escalate across the country.

11 Sep 2016

An air strike hits a drilling rig constructing a water well in Sana'a. Follow-up strikes hit first responders arriving on the scene.

24 Oct 2016

The UN Special Envoy of the Secretary-General delivers a proposed road map to parties to the conflict.

May & Aug 2016

Heavy rains in May and August cause flooding in seven governorates. Partners estimate that 70 people are killed in the floods, with more than 35,000 needing assistance.



6 Oct 2016

The Ministry of Health announces a cholera outbreak. As of 25 October, 51 cases had been confirmed in nine governorates, and 1,148 suspected cases were being investigated.



BREAKDOWN OF

PEOPLE IN NEED

Approximately 18.8 million Yemenis now require some kind of humanitarian or protection assistance, including 10.3 million who are in acute need. Needs have risen by 15 per cent compared to pre-crisis levels.

With more quality data available than at any time since 2014, this year’s analysis is based on a substantially more rigorous methodology for estimating how many people require assistance and the severity of their needs. 2017 priority needs estimates are about 10 per cent lower than last year. This decrease reflects better data collection only, and can in no way be interpreted as an “improvement” in Yemen’s catastrophic humanitarian situation. For a full explanation of the methodology, including criteria for “acute need”, see the Methodology annex.

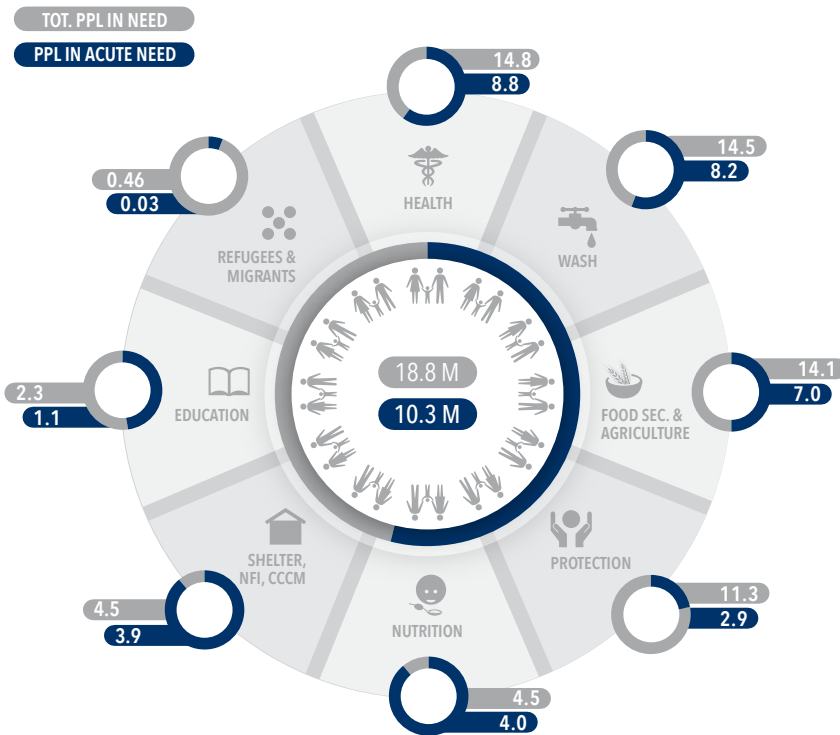
NUMBER OF PEOPLE IN NEED

18.8M

NUMBER OF PEOPLE IN ACUTE NEED

10.3M

NUMBER OF PEOPLE IN NEED BY CLUSTER OR SECTOR*
























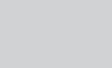
TOTAL PEOPLE IN NEED BY SEX AND RAM

Cluster	TOT. PPL IN NEED		PPL IN ACUTE NEED		PPL IN NEED (RAM (**))
	Female	Male	Female	Male	
HEALTH	7.3	7.5	4.3	4.5	0.15
WASH	7.1	7.4	4.0	4.2	0.11
FOOD SEC. & AGRICULTURE	7.0	7.1	3.5	3.5	0.14
PROTECTION	5.5	5.7	1.4	1.5	0.22
NUTRITION	2.8	1.7	2.5	1.5	
EDUCATION	1.1	1.2	0.54	0.6	0.03
REFUGEES & MIGRANTS	0.12	0.34	0.01	0.02	
SHELTER, NFI, CCCM	2.2	2.3	1.9	2.0	0.11

(*) Total and acute.

(**) 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 (RAM) provides estimates of sectoral needs for refugees, asylum seekers and migrants in Yemen. These figures appear under the "RAM" column in the table on the right.

BREAKDOWN OF PEOPLE IN NEED

PEOPLE IN NEED October 2016 (in millions)		CURRENT ESTIMATED POPULATION	IDPs	VULNERABLE HOSTS	REFUGEES and MIGRANTS	RETURNEES	TOTAL PEOPLE IN NEED	% TOTAL POPULATION IN ACUTE NEED
	Abyan	0.57	0.02	0.01	0.00	0.11	0.42	48%
	Aden	0.89	0.03	0.02	0.11	0.37	0.77	43%
	Al Bayda	0.75	0.03	0.01	0.03	0.00	0.53	37%
	Al Dhale'e	0.71	0.03	0.06	0.00	0.03	0.54	48%
	Al Hudaydah	3.2	0.10	0.04	0.01	0.00	1.9	34%
	Al Jawf	0.57	0.04	0.01	0.00	0.00	0.43	50%
	Al Maharah	0.14	0.00	0.00	0.01	0.00	0.10	35%
	Al Mahwit	0.72	0.05	0.04	0.00	0.00	0.38	10%
	Am. Al Asimah	2.9	0.16	0.02	0.09	0.22	2.0	39%
	Amran	1.1	0.11	0.06	0.00	0.01	0.70	26%
	Dhamar	1.9	0.14	0.11	0.01	0.02	1.1	21%
	Hadramaut	1.4	0.01	0.00	0.03	0.03	0.75	13%
	Hajjah	2.1	0.49	0.24	0.00	0.04	1.6	46%
	Ibb	2.9	0.11	0.12	0.00	0.01	1.6	25%
	Lahj	0.99	0.06	0.06	0.05	0.07	0.82	55%
	Marib	0.34	0.05	0.01	0.01	0.03	0.21	35%
	Raymah	0.60	0.05	0.08	0.00	0.00	0.39	22%
	Sa'ada	0.85	0.07	0.06	0.00	0.03	0.76	82%
	Sana'a	1.2	0.20	0.25	0.00	0.00	0.93	37%
	Shabwah	0.63	0.01	0.02	0.10	0.07	0.55	49%
	Socotra	0.06	0.00	0.00	0.00	0.00	0.03	3%
	Taizz	2.8	0.43	0.46	0.01	0.10	2.2	55%
TOTAL		27.4	2.2	1.7	0.46	1.1	18.8	38%

MOST VULNERABLE

GROUPS

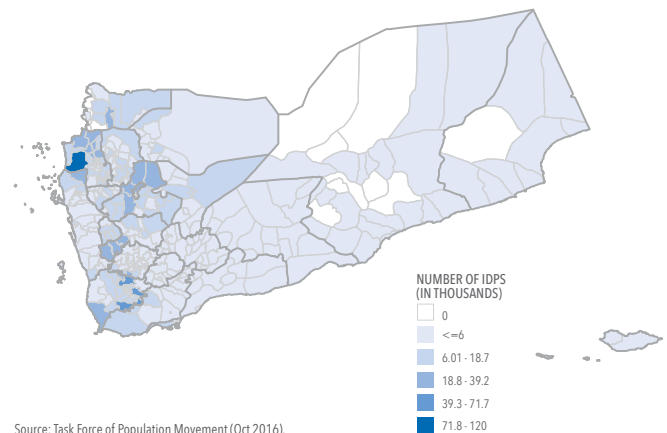
The scope and complexity of the crisis in Yemen are impacting population groups differently, with some at greater risk than others. Within the total 18.8 million people in need, the most vulnerable can often be found among people affected by displacement, women, children, minorities, and refugees and migrants.

IDPs, returnees and host communities

An estimated 2.2 million people are currently IDPs, of whom 77 per cent are living either with host communities (1.2 million people) or in rented accommodation (480,000 people). Displacement alone is not an indicator of need, but it constitutes a significant risk factor, particularly as displacement becomes more protracted. About 90 per cent of IDPs have now been displaced for more than 10 months, including 85 per cent who have been displaced for more than a year. Amid a severe economic decline and long-term displacement, IDPs and their hosts are rapidly exhausting reserves to meet their needs. IDPs unable to afford rental accommodation or live with host communities are even more vulnerable. About 19 per cent 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.

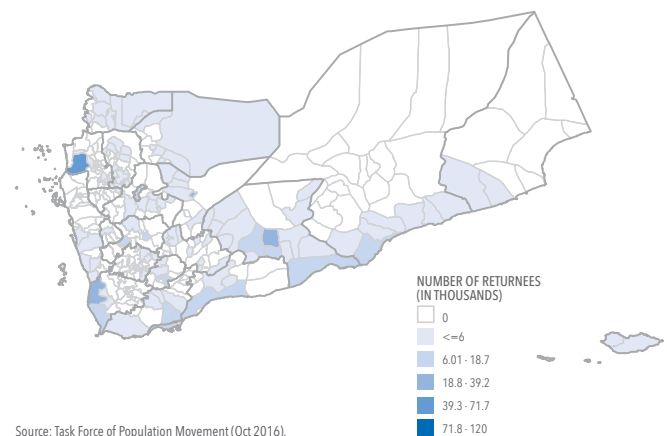
In addition, slightly more than 1 million people have returned to their areas of origin, of whom 86 per cent are living in their former residences. Returns accelerated considerably between March and May 2016, potentially reflecting pockets of stability in some areas or decreased conflict during the April-August period. Information on conditions facing returnees also highlights their vulnerability. Key informants in 69 per cent of assessed locations nationwide indicate that returnees are living in damaged houses, and 16 per cent of locations report that returnees' former homes are uninhabitable. They also report that building materials are too expensive for returnees in 45 per cent of locations, and that they cannot afford rent in 41 per cent of locations. Returnees also face significant protection risks, including the presence of landmines in or around their areas of residence, or reliance on negative coping strategies to meet their needs in the absence of reliable livelihoods.

IDPS BY DISTRICT



Source: Task Force of Population Movement (Oct 2016).

RETURNEES BY DISTRICT



Source: Task Force of Population Movement (Oct 2016).

Women and girls

Even before the current crisis, women and girls in Yemen faced entrenched gender inequalities that limited access to services, livelihoods and other opportunities as a result of prevailing social norms. Conflict has in many cases exacerbated these limitations, and women and girls face a range of specific vulnerabilities. Female-headed households face additional challenges as they seek to provide for their families in a difficult environment, potentially relying on negative coping strategies that leave them susceptible to exploitation and abuse. Key informants across the country report that 10.3 per cent of IDP households are headed by females, including 2.6 per cent headed by minor females. Child marriage remains a serious issue, with 52 per cent of Yemeni girls marrying before age 18, and 14 per cent before age fifteen. Rates of child marriage are reportedly increasing as families seek dowry payments to cope with conflict-related hardship. An IDP assessment in Taizz revealed that 8 per cent of girls aged 12 to 17 are pregnant, indicating a prevalence of early marriage.

Escalating conflict and displacement are also associated with greater risks and incidence of gender-based violence (GBV), including sexual abuse. Focus group discussions have shown that women report psychological distress due to violence, fear for family members, and fear of arrest or detention, while men report distress due to loss of livelihoods, restricted mobility, and being forced to perform “women-specific roles”. These kinds of stress among males can lead to increased levels of domestic violence, placing more women at risk. The GBV Information Management System (IMS) recorded 8,031 incidents between January and September 2016, 64 per cent of which were cases of emotional or psychological abuse (3,373 cases) or physical assault (1,767 cases). However, the true extent is certainly far greater in light of social norms that discourage reporting.

Children

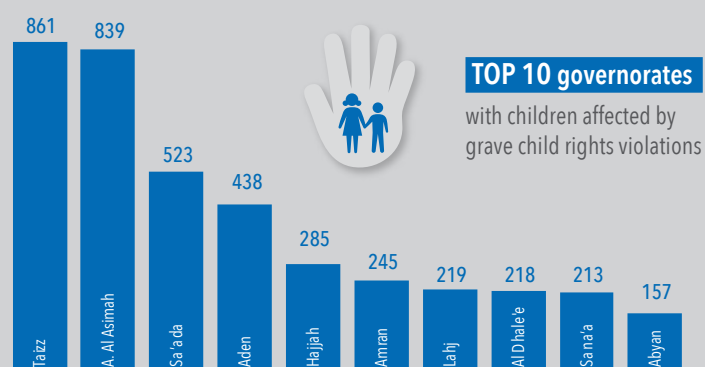
Children are among the most vulnerable groups and are disproportionately affected by the conflict. The Monitoring and Reporting Mechanism (MRM) verified 1,309 cases of child death as a result of conflict between January 2015 and September 2016, in addition to 1,950 cases of child injury. A further 1,275 cases of child recruitment by armed groups were verified in the same period. Grave violations of child rights have increased as the conflict has continued. In the first quarter of 2016, child deaths and injuries increased by 19 per cent compared to the last quarter of 2015 (increased from 374 to 445 children). Furthermore, verification of recruitment and use cases of children have increased by 35 per cent compared to the last quarter of 2015 (increase in verified cases from 103 to 140). The abduction and arbitrary detention of children continued through-out the year of 2016.

The conflict is also taking a toll on children’s access to education. Schools have been hit in the course of ground operations and aerial attacks, and partners estimate that 1,604 schools are currently unfit for use due to damage, presence of IDPs or occupation by armed groups. Some 2 million children are out of school, further jeopardizing their future. 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 effects are compounded by uncertainty about the future and disruption to routine.

Minority groups

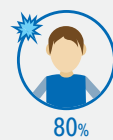
Different groups have coexisted in Yemen for centuries, including a diversity of Muslim adherents and non-Muslim religious minorities. Many Yemenis from different groups stress that sectarianism is “un-Yemeni” and that it runs counter to centuries of practice in Yemeni society. However,

CHILDREN AFFECTED BY GRAVE CHILD RIGHTS VIOLATIONS JAN 2015 - SEP 2016



4,744

children affected by grave child rights violations since January 2015 across Yemen



1,275

cases of recruitment and use of children by parties of the conflict in Yemen



after 19 months of conflict, divisions have become more pronounced among some groups as they compete for available resources, and sectarianism is rising in some quarters. In some cases, minority groups have been the target of detention (e.g., reports of Baha'is detained in August in Sana'a) or expulsion (e.g., reports of "northerners" being expelled from southern governorates). Poverty and socio-economic marginalization have also played a role in the ability of radical movements to mobilize, recruit, and promote sectarianism, especially among youth. Beyond religious differences, caste-based discrimination against marginalized groups like the *muhamashin* has persisted for generations, and *muhamashin* communities are often poorer and more vulnerable. This vulnerability has intensified during the conflict, particularly around access to services. Special care is required to ensure that humanitarian assistance takes stock of the different needs of minority groups and reaches them equitably.

Refugees, asylum seekers and migrants in Yemen

Government authorities estimate that the total population of refugees, asylum seekers (300-400K) and migrants in Yemen could range as high 1.7M to 2M people with many transiting temporarily through Yemen on their way to Saudi Arabia or other Gulf countries. Despite ongoing conflict and the extremely hazardous journey, nearly 97,900 new arrivals were observed between January and September 2016 – the highest rate since records keeping began in 2006. Most new arrivals are in dire need of basic humanitarian assistance and protection. Nearly 35 per cent are unaccompanied minors. Similar arrival rates are expected to persist in the absence of significant change in the situation in the Horn of Africa.

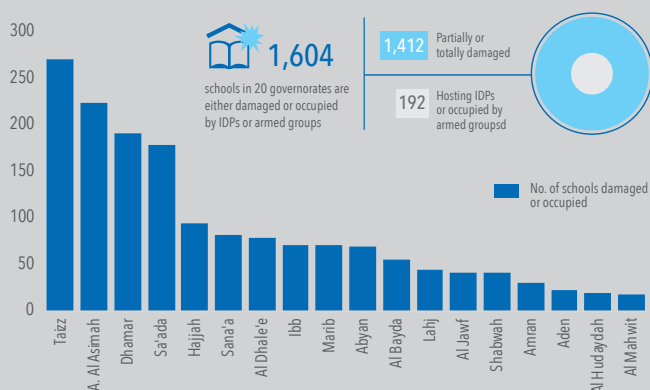
As of October 2016, humanitarian partners estimate that 460,000 refugees, asylum seekers and vulnerable migrants need humanitarian assistance. This includes more than 278,000 refugees and asylum seekers officially registered with UNHCR, of whom 90 per cent are Somalis with *prima facie* refugee status. Most asylum seekers report they are Ethiopian,

and many have arrived as part of mixed migratory flows. The majority of refugees and asylum seekers live in the south, with large numbers of migrants also in the south and significant concentrations in Sana'a, Hudaydah and Hajjah. A relatively large "population on the move" are in Ibb, Taizz and Marib where delivering assistance and protection is extremely difficult.

The conflict has severely impacted Yemen's capacity to absorb refugees, asylum seekers and migrants, or deliver basic services to them. Shrinking protection space is a critical issue. Newly arrived refugees, asylum seekers and migrants often experienced serious protection risks or violations prior to their arrival, including persecution, conflict, extortion, abduction, starvation or prolonged captivity by smugglers or criminal gangs. Protection monitoring reveals lack of access to civil status documentation for refugees, which constrains their freedom of movement and access to livelihoods. Migrants may also face arrest, detention and forced returns across dangerous waters. Women and children are at particular risk of rights violations, including forced labour, recruitment and exploitation; incidents of child protection violations and GBV are widespread. Refugees, asylum seekers and migrants often possess limited knowledge of their rights and available services, and lack personal resources and networks. Main protection service needs include legal aid, psychosocial support, assisted voluntary returns, cash grants, humanitarian admissions programmes, referrals to other services (including GBV and child protection services) and durable solutions.

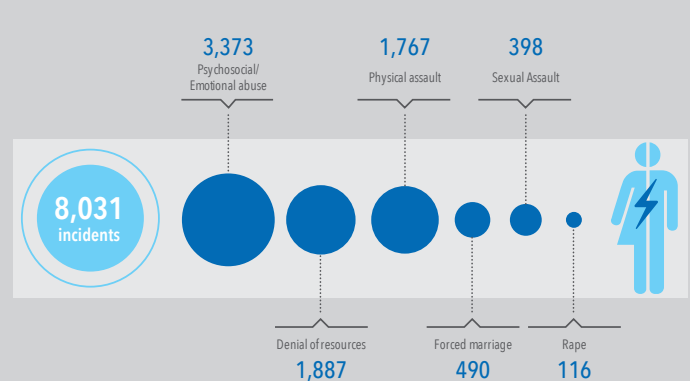
Beyond direct protection needs, many refugees, asylum seekers and migrants arrive destitute and urgently require healthcare, food, drinking water, non-food items, temporary safe shelter and access to hygiene and sanitation facilities. The severity of these needs and difficulty accessing assistance may force them to rely increasingly on negative coping mechanisms that compound already serious protection risks.

SCHOOLS AFFECTED BY GOVERNORATE



Source: Education Cluster (as of 25 Oct 2016)

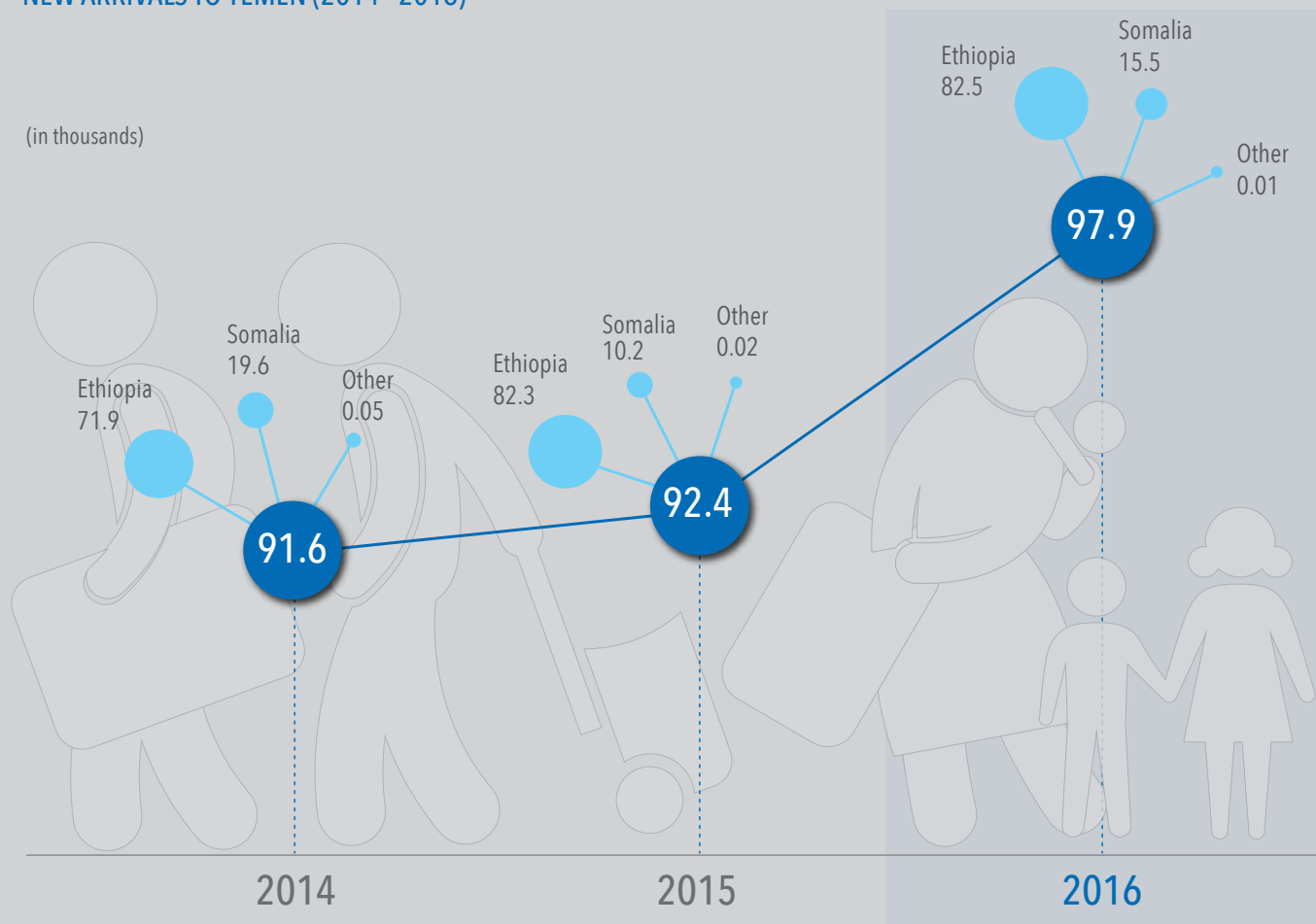
GBV RELATED INCIDENTS IN 2016



Source: GBV sub-cluster (Jul 2016)

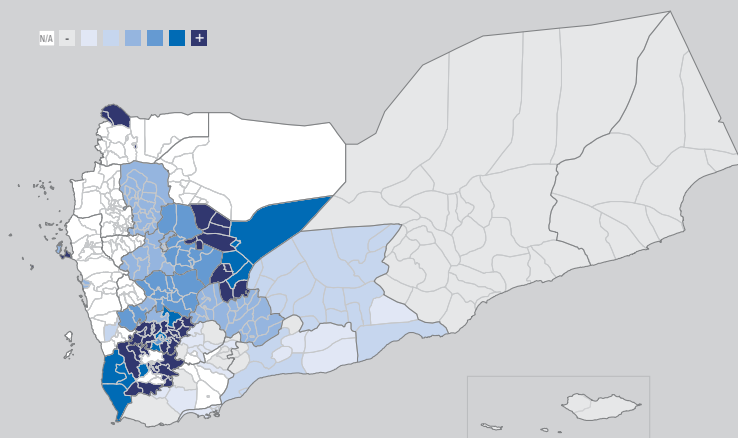
NEW ARRIVALS TO YEMEN (2014 - 2016)

(in thousands)

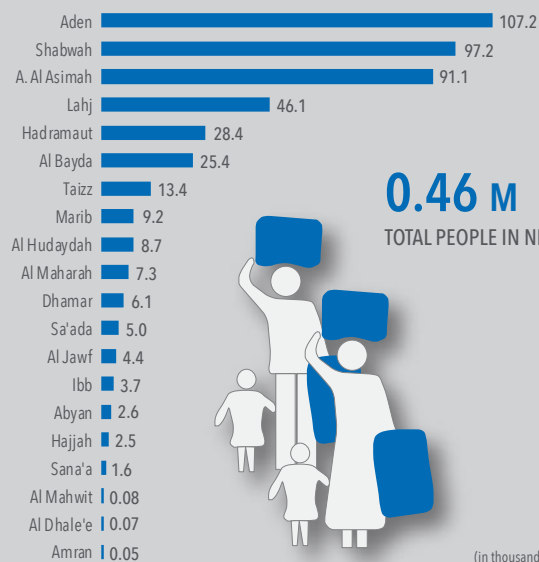


Source: UNHCR (September 2016).

SEVERITY OF NEEDS BY DISTRICT



REFUGEES AND MIGRANTS IN NEED BY GOVERNORATE



Source: Refugees and Migrants Multi-Sector.

SEVERITY OF

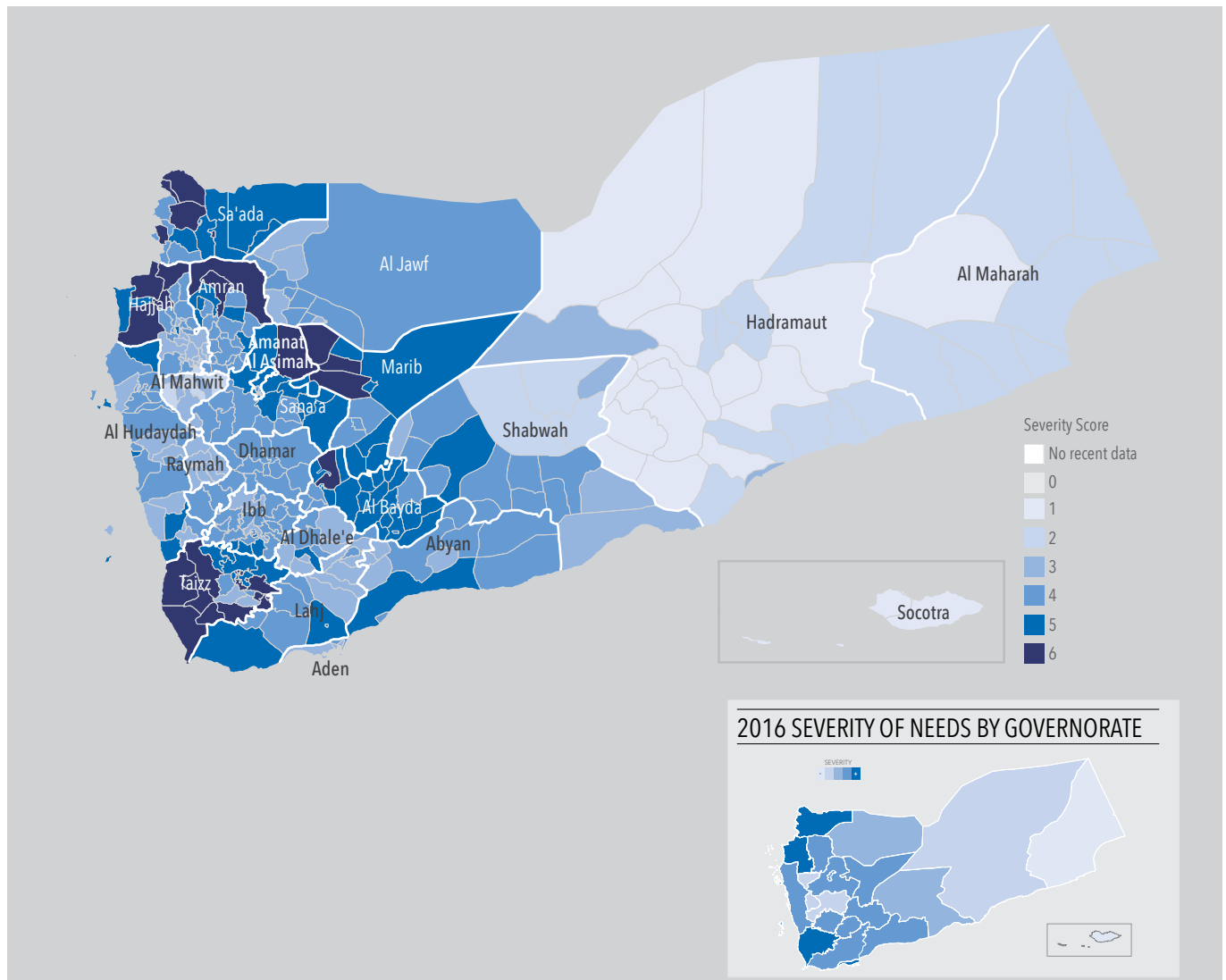
NEED

The most severe needs across multiple sectors are concentrated in areas of ongoing conflict or areas with large numbers of IDPs. Many of these areas were contending with chronic challenges in terms of food security, nutrition, water and healthcare before the current crisis. More than 19 months of conflict have exacerbated this situation, pushing millions more into humanitarian need.

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. This year's district-level severity analysis is the result of overlaying sector-specific severity estimates based on specific indicators; more details appear in the Methodology annex.

2017 SEVERITY OF NEEDS BY DISTRICT



PERCEPTIONS OF

AFFECTED PEOPLE

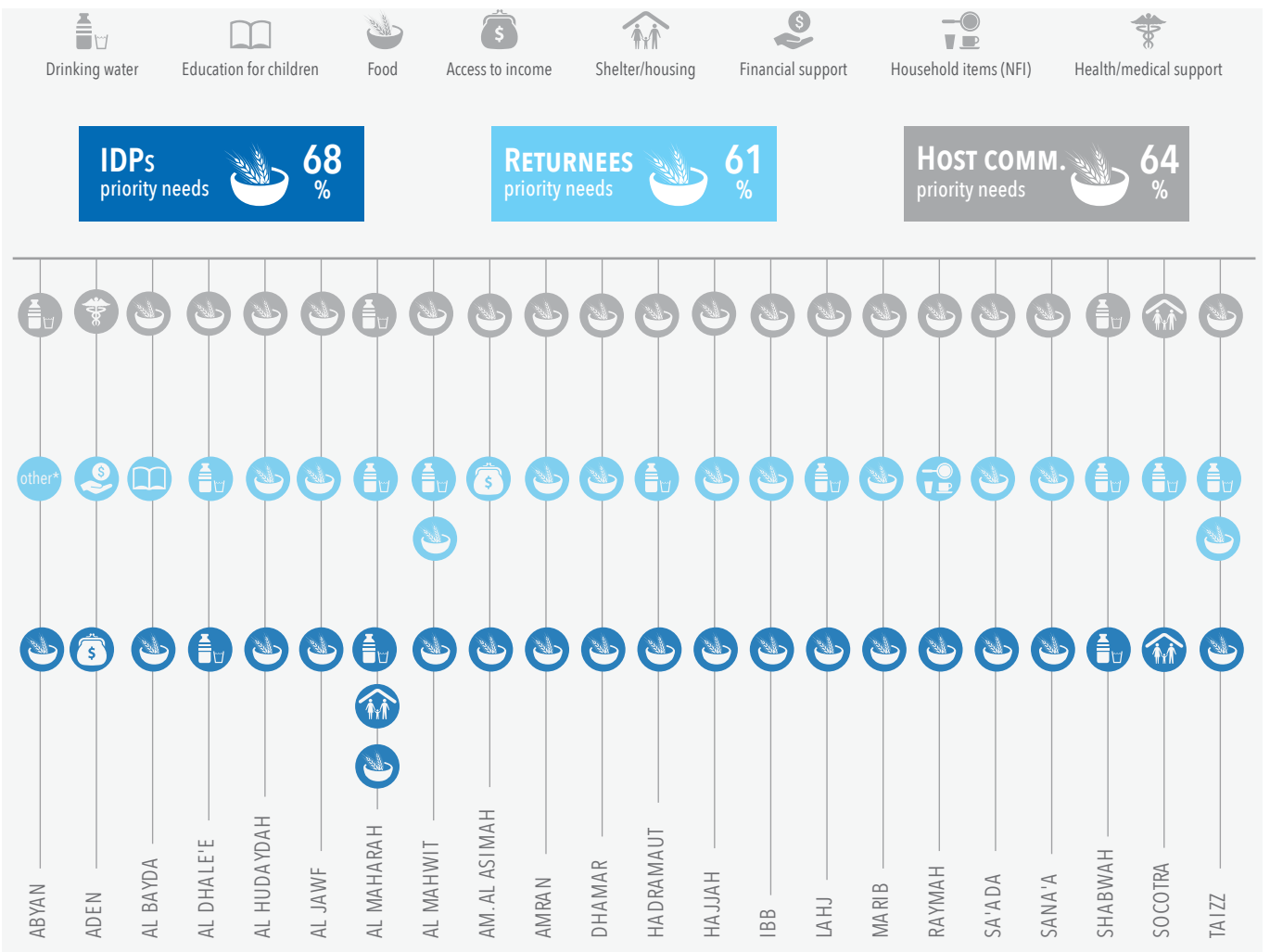
Assessments in 2016 have substantially improved understanding of affected people’s priorities and how they view the response. Large majorities of IDPs, host communities and returnees cite food as their top priority, followed by shelter and water. About half of affected people surveyed feel that humanitarian assistance was at least partially meeting community needs, but fewer than half understand how to access assistance or provide feedback to humanitarian partners.

**Location Assessment (TFPM):
IDPs, host communities and returnees**

Between June and September, the Task Force on Population Movements (TFPM) surveyed key informants covering 3,292

individual locations in every district of the country in order to identify priority needs among IDPs, returnees and host communities. The results provide a wealth of information on sector-specific needs and priorities among these groups and substantially improve the evidence base for an integrated

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



Source: TFPM, Location Assessments (September 2016). *Other unspecified services or commodities.

response in 2017. Top priority across all three groups was food, followed by shelter and water. Sector-specific results have been incorporated into cluster needs severity analysis, and sector-specific Location Assessment results appear in the sector chapters below. The full TFPM Location Assessment report will be published in November.

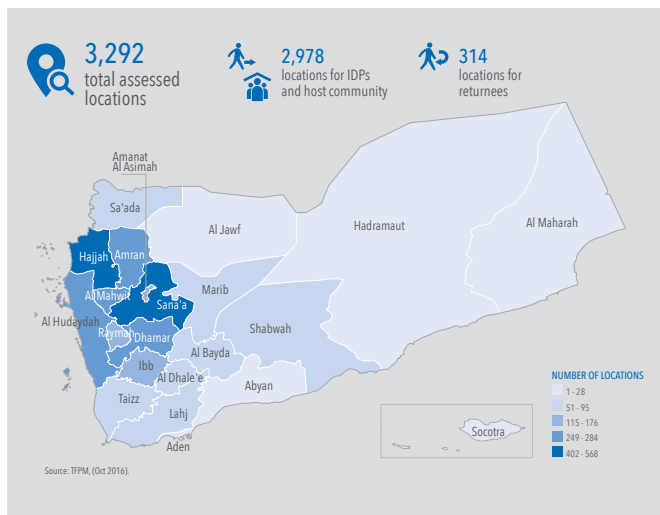
Community Engagement Survey

In order to improve understanding of how affected people view the humanitarian response, the Community Engagement Working Group (CEWG) piloted a short questionnaire in 16 governorates that surveyed 944 affected people (35 per cent female), primarily in areas where partners are providing assistance. Results indicate significant room for improvement in how humanitarian partners engage affected people in the planning, implementation and monitoring of assistance.

The greatest information needs relate to accessing humanitarian assistance – who is entitled, how to register, where to receive assistance and how to provide feedback. More than half of affected people (56 per cent) indicate that they do not have this information. Affected people also feel that community priorities often go unmet – only 12 per cent of respondents felt that humanitarian assistance is supporting the community to meet priority needs, and 51 per cent indicated that humanitarian assistance does not do this. At the same time, 66 per cent of affected people were satisfied with assistance being provided in their communities. The apparent discrepancy between relatively low agreement that assistance is addressing community priorities, but much higher satisfaction with existing assistance, may indicate a gap between what communities prioritize and what is actually being provided.

Many survey results were more pronounced among women and girls, with fewer females indicating that humanitarian assistance was meeting community priorities, fewer reporting satisfaction with assistance being provided, and only one third indicating they had information on how to access assistance.

TFPM LOCATION ASSESSMENT: LOCATIONS COVERED



COMMUNITY ENGAGEMENT FINDINGS

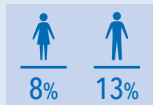
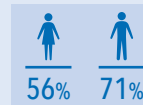
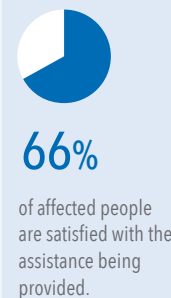
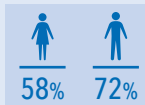
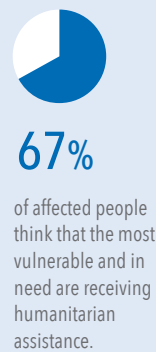
Coverage



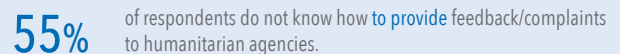
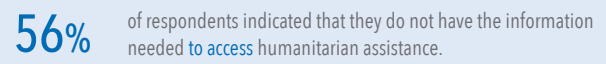
Priority Needs



Community Perceptions



Information needs



TOP 3 INFORMATION NEEDS



PART II: NEEDS OVERVIEW BY SECTOR

INFORMATION BY SECTOR



Food Security and Agriculture



Water, Sanitation and Hygiene (WASH)



Health



Nutrition



Shelter and Non-Food Items (NFIs)

Camp Coordination & Camp Management (CCCM)



Protection



Education



Emergency Employment and Community Rehabilitation



Operational Needs

FOOD SECURITY AND AGRICULTURE

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

OVERVIEW



- 14.1 million people are food insecure, including more than 7 million – or a quarter of the total population – who are severely food insecure. This represents a 33 per cent increase since late 2014.
- As of September 2016, the average price of the monthly minimum food basket was 20 per cent higher than the before the crisis escalated in March 2015. Price increases are coming at a time of vanishing livelihoods, pushing more people towards food insecurity.
- The livelihoods of 50 per cent of the rural Yemeni population is in jeopardy due to a drastic decline in agricultural production. The fishery sector has also been heavily impacted with the livelihoods of over 500,000 people at risk.

AFFECTED POPULATION

Partners estimate that 14.1 million people (51 per cent of the population) are now food insecure, including 7 million who are severely food insecure. This represents a 33 per cent increase since late 2014. “Food insecure” refers to people who lack reliable access to sufficient quantities of nutritious food.

Governorates with the highest prevalence of Global Acute Malnutrition (GAM) and highest levels of food insecurity (IPC-Phase 4 and IPC-Phase 3) are the most severely affected. Within these governorates the most affected and vulnerable groups include:

- IDP households and households hosting IDPs;
- Households with children under 5 or pregnant or lactating women;
- Households with children under 5 suffering from severe or moderate acute malnutrition;
- Households headed by female, child, elderly, chronically ill or physically challenged family members;
- Households with no productive assets or reliable means of income;
- Households within marginalized communities (e.g., muhamashin).

HUMANITARIAN NEEDS

Conflict, insecurity, import restrictions, a collapsing economy, and chronic vulnerabilities are driving food insecurity in Yemen. Food insecurity has continued to increase due to sporadic availability of essential food commodities, insufficient fuel, lack of income or employment opportunities, and disruption of markets and trade. The suspension of safety net and public works programmes has exacerbated these trends, leaving 14.1 million people food insecure.

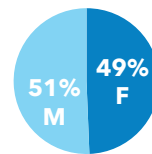
NUMBER OF PEOPLE IN NEED (TOTAL)

14.1 M

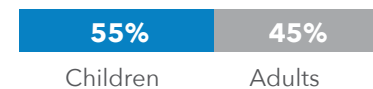
NUMBER OF PEOPLE IN NEED (ACUTE)

7 M

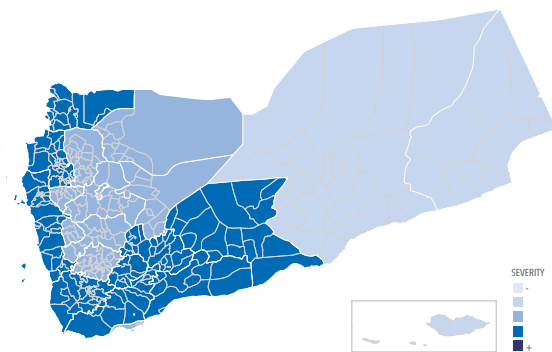
BY SEX



BY AGE

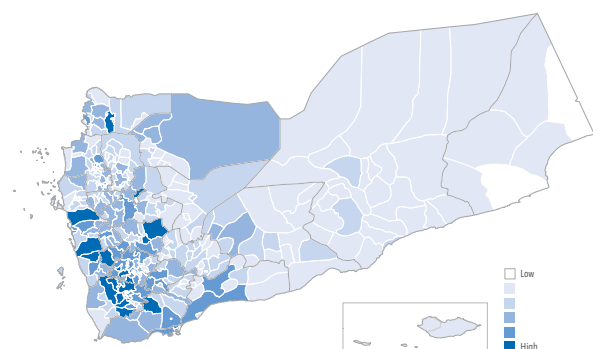


SEVERITY OF NEEDS



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

ESTIMATED POPULATION IN NEED



Yemen is highly reliant on food imports to satisfy domestic demand (over 90 per cent wheat and 100 per cent of rice was imported prior to March 2015), making Yemenis especially vulnerable to food price volatility. This puts a majority of vulnerable households in a precarious food security situation, particularly in light of import fluctuations due to restrictions on shipping and banking. As of September 2016, the average price of the monthly minimum food basket was 20 per cent higher than before the crisis. The trend is similar for locally produced staple commodities (Sorghum, Millet, Maize, and Barley) with September prices above 50 per cent compared

to pre-crisis levels. Average fuel prices in September were about 25 per cent higher than before the crisis, raising costs of commercial food distribution, which in turn contributes to higher prices and scarcity in some areas. The Agriculture sector (employing more than 50 per cent of rural Yemenis) has suffered immensely from the conflict. Production has declined due to insecurity, high costs, and sporadic availability of agricultural inputs (seed, fertilizer, farm tools, animal feed, machinery rents, and fuel for irrigation pumps). The fishery sector has also been heavily impacted with the livelihoods of over 500,000 people at grave risk. Estimates from FAO indicate that the number of fishermen has reduced by nearly 50 per cent due to increased prices of fuel, lack of cold storage facilities, and blockage of fish exports to neighbouring countries, destruction of fishing equipment, and limited access to fishing areas. Although food commodities remain at least sporadically available in most locations, rising prices and localized shortages mean that food remains out of reach for many people, whether due to absence from markets or unaffordability. According to the TFPM Location Assessment, key informants in 95 per cent of assessed locations in all governorates identified high prices as the main problem associated with food for IDPs, returnees and host communities. Distance from markets and quantity of supplies were the next most frequently identified problems (48 per cent and 36 per cent of assessed locations respectively)

of respondents reported eating less preferred foods and limiting portion sizes. Nearly 60 per cent also reported reducing meals and adult consumption

KEY CHANGES IN 2016

Food insecurity has continued to worsen throughout 2016, with a 9.3 per cent increase in the number of people estimated to be food insecure between June 2015 and June 2016. Geographic distribution has remained mostly the same, with governorates along the western and southern coasts worst affected. Food security levels are expected to continue to deteriorate, particularly in governorates affected by active conflict.

METHODOLOGY FOR NEEDS ANALYSIS

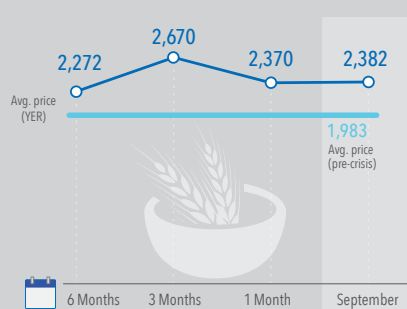
The HNO analysis is based on June 2016 Integrated Phase Classification (IPC) figures that have been re-analysed to the district level, as well as more recent food security and market monitoring data. The IPC is a global and standardized tool that aims to promote a “common currency” for classifying the severity and magnitude of food insecurity. The Yemen IPC utilizes numerous data sets covering Nutrition, Food security, health, WASH indicators from all 22 governorates. Results are validated in a multi-day workshop that brings together humanitarian partners and technical experts drawn from the UN, INGOs, NNGOs, and relevant national line ministries. For the 2017 HNO, IPC results were lightly re-analysed to provide district – level estimates of food insecure and severely food insecure people. Partners continue to advocate to complete the household-level Emergency Food Security and Nutrition Assessment (EFSNA), which has faced bureaucratic impediments for more than one year.

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.

RELATED PROTECTION NEEDS

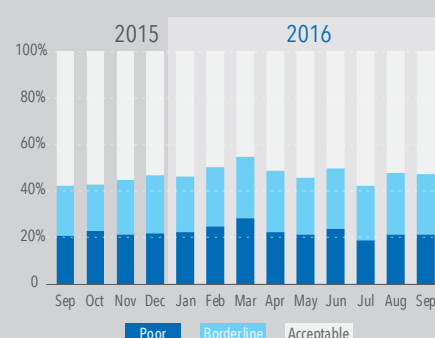
IDPs, particularly minorities and marginalized groups, and female-headed households are experiencing higher levels of food insecurity and have some of the worst food security indicators in the country. In September 2016, WFP estimated that 47 per cent of Yemenis had inadequate food consumption levels (“poor” or “borderline”); this figure rose to almost 58 per cent among IDPs. A majority of vulnerable households are increasingly adopting negative coping strategies such as limiting food consumption, skipping meals altogether and selling household assets. In September, more than 70 per cent

PRICE OF BASIC FOOD BASKET (YER)



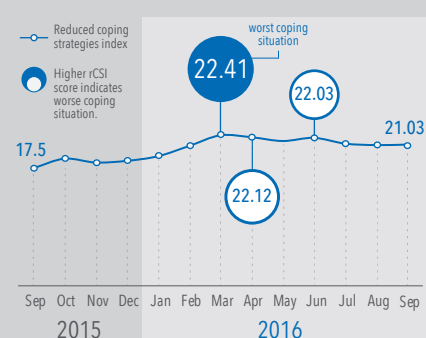
Source: WFP (Sep 2016).

HOUSEHOLD FOOD CONSUMPTION LEVELS



Source: WFP (Sep 2016).

REDUCED COPING STRATEGIES INDEX (rCSI)



Source: WFP (Sep 2016).

WATER, SANITATION AND HYGIENE (WASH)

Contact: Marije Broekhuijsen (mbroekhuijsen@unicef.org)

OVERVIEW



• 14.5 million people need support to meet their basic water, sanitation and hygiene needs. This includes 8.2 million people who are in acute need. Over the last 19 months, this figure has increased by 8 per cent.

- Access to drinking water is a major priority for IDPs. Large-scale and prolonged displacement puts additional burden on already scarce water sources.
- Failing urban water and sanitation systems are contributing to a public health crisis, with a significant increase in malnutrition rates and outbreaks of cholera, dengue and scabies occurring in 2016.
- Critical WASH infrastructure and supplies have been damaged in the conflict. Urgent efforts are needed to prevent water and sanitation systems from collapsing and to provide services to those living where existing structures are not in place or cannot be supported.

AFFECTED POPULATION

An estimated 14.5 million Yemenis need humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, including 8.2 million who acutely need support. Safe drinking water is a major priority for IDPs, host communities and returnees. Key informants in 17.4 per cent of assessed locations across Yemen identified drinking water as the top priority for IDPs; this figure rises to 20.8 per cent for communities hosting IDPs. Displacement tracking data also shows that 19 per cent of IDPs are residing in collective centres or spontaneous settlements, which often have minimal or no WASH facilities. The majority of IDPs live with host families or rent accommodation, but long-term displacement combined with high concentration of IDPs in certain locations are placing exceptional pressure on scarce water sources, especially in Taizz, Al Jawf, Hajjah, Sana'a and Marib governorates.

The majority of people living in urban areas have seen a reduction or complete stop in the water they receive through the public network, including in large cities such as Sana'a, Aden, Taizz and Hudaydah. Poor performance of sewage systems and waste water treatment is posing a serious health threat for people in densely populated areas in Aden, Hadramaut, Hajjah, Hudaydah, Ibb, Sa'ada, Sana'a and Taizz.

HUMANITARIAN NEEDS

Already the world's seventh most water-scarce country before the current crisis, public water and sanitation systems in Yemen are hanging by a thread. Water infrastructure is repeatedly targeted and damaged by parties to the conflict.

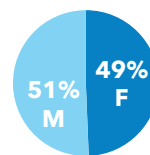
NUMBER OF PEOPLE IN NEED (TOTAL)

14.5M

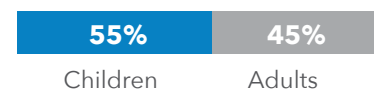
NUMBER OF PEOPLE IN NEED (ACUTE)

8.2M

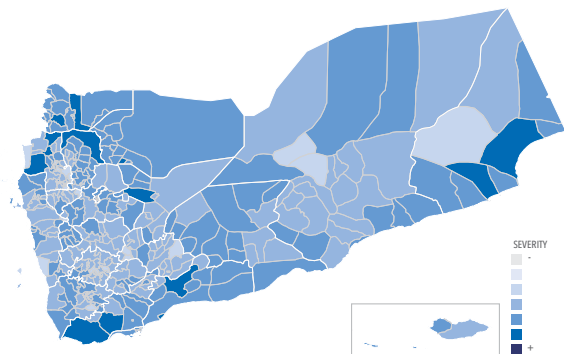
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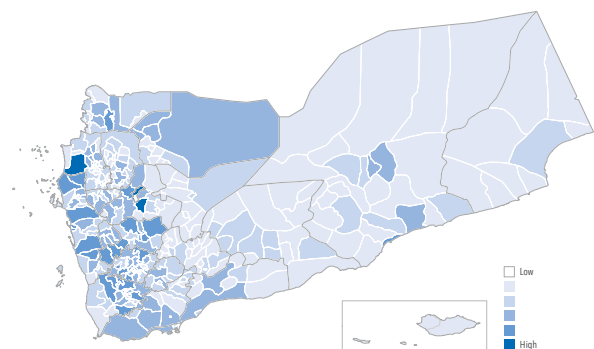
BY AGE



SEVERITY OF NEEDS



ESTIMATED POPULATION IN NEED



Conflict-affected areas also had to contend with rare cyclones at the end of 2015 and flooding in both 2016 rainy seasons.

Across the country, rural and urban water networks have reduced services or stopped functioning altogether, and local water authorities in most cities are no longer able to maintain or rehabilitate water and sanitation infrastructure. This is a direct result of fuel shortages to run water pumps, inability of consumers to pay their water bills, and conflict-related damage. Lack of access to safe water, overflowing sewage and solid waste piling up in the streets are contributing to a public health crisis. Recent outbreaks of cholera, dengue and

scabies are evidence of the poor WASH situation in Yemen. Malnutrition rates have also gone up, which is indirectly linked to contaminated drinking water and poor sanitation and hygiene. Sustainable and large-scale assistance for human resources, consumables and infrastructure is urgently needed to keep water and sewage networks operational and prevent a complete collapse.

IDPs are struggling to find sufficient safe drinking water, sanitation and hygiene services. Large-scale, prolonged displacement also places an additional burden on water sources within host communities. Key informants in about 50 per cent of assessed locations across the country indicate that neither IDPs nor host communities have access to the required 15 litres of drinking water per day. The most frequently identified constraints on access to water for IDPs and host communities in these locations are high prices (60 per cent of locations), distance to water sources (50 per cent), and water quality (33 per cent). Results from returnee locations skew more towards high prices (70 per cent). In terms of sanitation, the most frequently identified problems for IDPs are fewer than one toilet per 20 people (40 per cent of assessed locations), too few showers (31 per cent) and a lack of separate facilities for women (30 per cent). Answers from host communities were broadly similar.

have also been reported in which *muhamashin* IDPs have been targeted by other IDPs and community groups when searching for water resources.

KEY CHANGES IN 2016

The estimate of people in need of WASH assistance has decreased from 19.3 million to 14.5 million. This reflects a more rigorous methodology (see below) and not an improvement in the WASH situation, which remains dire. In late 2014, partners estimated that 13.4 million people needed WASH support; conflict over the last 19 months has increased this figure by 8 per cent and deepened the severity of people's needs.

Needs persist in the most densely populated areas and are being aggravated by recent disease outbreaks such as dengue and cholera. Malnutrition rates have also increased and are indirectly linked to poor WASH conditions. Access to safe water, toilets and hygiene items has therefore become more urgent in high-malnutrition areas. As the scale and duration of displacement have grown, IDPs and host communities need cost-effective solutions to provide them with sustainable solutions to access safe water.

METHODOLOGY FOR NEEDS ANALYSIS

The methodology to estimate people in need has been adjusted to focus only on those in immediate and continuous need for humanitarian assistance to meet their basic needs in water, sanitation and hygiene. These estimates were linked to severity scales defined by the cluster for indicators directly and indirectly linked to WASH conditions. Indicators include functionality of water schemes and solid waste management (using data collected by Yemeni water and sanitation authorities and triangulated by consultations with field-based partners), pertinent data from other clusters (GAM rates, etc.) and WASH-related data from the TFPM Location Assessment and field consultations.

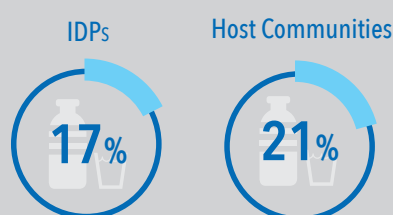
For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

RELATED PROTECTION NEEDS

A recent study by Oxfam, CARE and GenCap shows that women in Yemen spend more time collecting water than men; earlier surveys had also indicated that women and children are mainly responsible for this task. With many households' primary water sources no longer functioning, collecting water often means travelling further distances, which poses additional threats to women's and children's safety and dignity, including making them more vulnerable to gender-based violence. Children are also remaining out of school in order to help with household tasks, including collecting water. Women and girls – especially in IDP collective centres or spontaneous settlements are facing greater risks due to the lack of separated toilets with locks and adequate lighting. Water infrastructure has been targeted by parties in the conflict, exposing people collecting water or making repairs to great risk. Incidents

DRINKING WATER AS A TOP PRIORITY NEED

% of assessed sites where each individual in the IDP/Host community family identified drinking water as a top priority need.

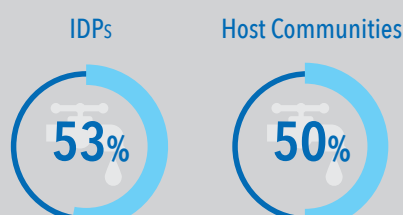


Total locations surveyed (IDPs & host comm.): 2,978

Source: TFPM, Location Assessments (Sep 2016).

INADEQUATE ACCESS TO WATER

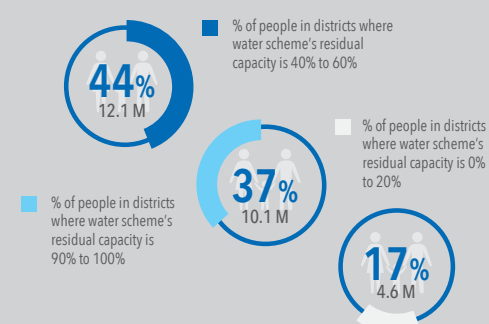
% of assessed sites where each individual in the IDP/Host community family have access to less than 15 litres/day of potable water.



Total locations surveyed (IDPs & host comm.): 2,978

Source: TFPM, Location Assessments (Sep 2016).

POPULATION BY STATUS OF DISTRICT WATER SCHEME



Source: Estimates by General Authority for Rural Water Supply (GARWP); Local Water Corporations (LWC).

HEALTH

Contact: Khalid Shibib (shibibk@who.int)

OVERVIEW



- 14.8 million people require assistance to ensure adequate access to healthcare – 8.8 million of whom are in acute need. This represents a 76 per cent increase since late 2014, illustrating the magnitude of the health system's collapse after 19 months of conflict.
- Only 45 per cent of health facilities in 16 surveyed governorates are functional. As of late 2016, routine immunization coverage is low (Pentavalent vaccine 3 at 64 per cent; measles and rubella at 59 per cent).
- Excess mortality is mainly concentrated among mothers, children and patients suffering from non-communicable diseases, malnutrition or communicable diseases who cannot access care as a result of the conflict. Outbreaks of cholera and acute watery diarrhoea in 2016 demonstrate the scope of this threat.
- Lack of salary payments to health personnel and difficulties importing medicines and other critical supplies are depleting the capacity of the public health sector, while private sector health services remain largely out of reach due to high costs.

AFFECTED POPULATION

Health partners have identified 14.8 million people living in areas without adequate health services or affected by high disease incidence. Of these, 8.8 million are living in severely affected areas and urgently require aid to ensure basic healthcare. This represents a 76 per cent increase since late 2014, demonstrating the extent to which Yemen's already threadbare health system has been a major victim of the conflict.

The most vulnerable include chronically ill patients whose treatments are increasingly unavailable due to import difficulties, rising prices or lack of health personnel and services. Mothers and children under 5 are also at particular risk – particularly the nearly 3.3 million acutely malnourished mothers and children who are more susceptible to disease. Rising rates of acute malnutrition represent a huge risk of mainly under-5 mortality, while low routine immunization coverage further exposes children to life-threatening diseases. People injured in conflict are also directly affected and require care. As of 25 October, health facilities had reported more than 43,000 conflict-related casualties; this figure is certainly an undercount in light of uneven reporting rates and many people's inability to access health facilities at all.

Large-scale population movements are also driving serious health needs among IDPs, host communities and returnees. Loss of livelihoods, overcrowding and unhygienic conditions facing many of these people are a major cause of susceptibility to communicable diseases, exacerbated by absent health

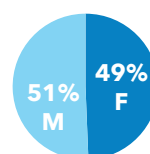
NUMBER OF PEOPLE IN NEED (TOTAL)

14.8M

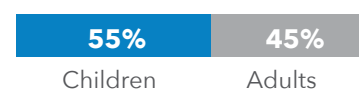
NUMBER OF PEOPLE IN NEED (ACUTE)

8.8M

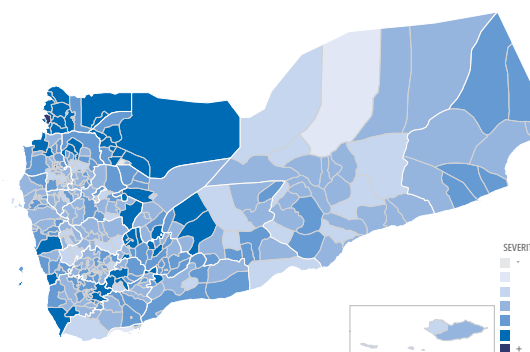
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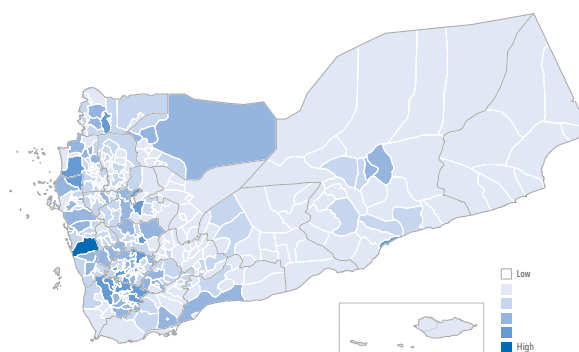
BY AGE



SEVERITY OF NEEDS



ESTIMATED POPULATION IN NEED



services in many areas, particularly outside major population centres. The financial crisis faced by the Ministry of Public Health and Population (MOPHP) is likely to leave broad swathes of Yemen without health services, especially in remote areas not served by private-sector providers.

HUMANITARIAN NEEDS

The overriding humanitarian need is access to minimum healthcare for people whose lives are at risk due to illness or injury. Only 45 per cent of health facilities are functional

in 16 surveyed governorates. 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 Dhalé. Results from the TFPM Location Assessment confirm a widespread lack of healthcare. Key informants in 38 per cent of assessed IDP and host community locations reported that no health services were available in their community at all; where services were available, key informants in 46 per cent of locations indicated that high prices prevented people from accessing care, and 40 per cent cited a lack of available services.

Humanitarian health programmes in 2015 and 2016 were based on at least minimal MOPHP capacity to provide services. With the August 2016 MOPHP announcement that Ministry funding can no longer cover operational costs, pressure is likely to increase on humanitarian partners to fill the enormous gap.

In light of all these challenges, major needs to address across all population groups include:

- 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., measles, cholera and acute watery diarrhoea in 2016) and potential cross-border outbreaks
- Lack of basic medicines, supplies, reliable pipelines and health workers due to restrictions on imports and financial transactions, as well as the MOPHP budget crisis
- Declining vaccination coverage due to lack of routine expanded programmes on immunization (EPI) and lack of functioning health facilities from which to base outreach
- Treatment of conflict-related trauma

RELATED PROTECTION NEEDS

Men, women and children accessing health services in conflict areas are exposed to risks of death or injury in the event that a health facility is directly or indirectly targeted by parties to the conflict. As of October 2016, 274 health facilities have been damaged by conflict – including 69 that have been destroyed. One third of destroyed health facilities are located in Sa'ada governorate.

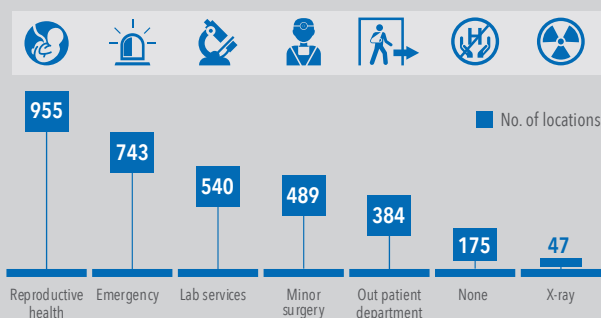
Appropriate services – including separated spaces – are also needed for women to access health care safely and for victims of gender-based violence (GBV), including children. According to the TFPM Location Assessment, key informants indicated that reproductive health services are only available in 32 per cent of assessed IDP and host community locations; this figure falls to 28 per cent of returnee locations. In areas where health services are available, no female health workers are available in 19 per cent of IDP and host community locations or 16 per cent of returnee locations. This poses a significant barrier to women and girls seeking healthcare.

Finally, rising prices, including for healthcare, are seen to be encouraging negative coping strategies. These decisions may lead to stigmatization within communities and further marginalization, causing health status to decrease.

KEY CHANGES IN 2016

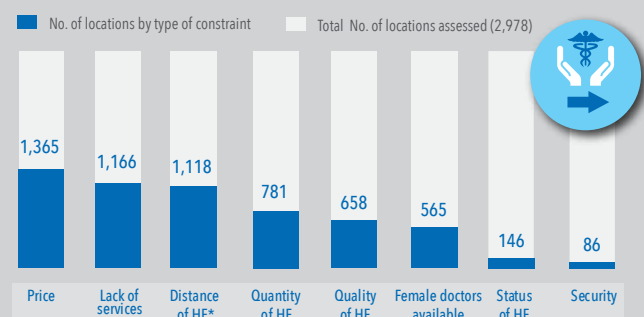
The most dramatic change since last year is the accelerating collapse of the health system, particularly in light of the MOPHP announcement in August that it can no longer cover Ministry operational costs. As a result, MOPHP is working with humanitarian partners to prioritize and re-distribute financial resources in order to target the most urgent health needs as a priority.

AVAILABLE HEALTH SERVICES IN ASSESSED LOCATIONS*



Source: TFPM, Location Assessments (Sep 2016). * 2,978 IDP locations assessed across the 22 governorates.

CONSTRAINTS ON ACCESS TO HEALTHCARE IN ASSESSED LOCATIONS



Source: TFPM, Location Assessments (Sep 2016).

* HF: Health facility.

Ongoing restrictions on imports and financial transactions are also resulting in numerous “silent deaths” among patients who cannot afford or cannot find essential treatments. As the general livelihoods situation continues to deteriorate, people’s ability to afford care – 70 per cent of which was paid out-of-pocket before the crisis – is declining rapidly as traditional safety nets become depleted and savings are exhausted.

METHODOLOGY FOR NEEDS ANALYSIS

Health partners selected ten indicators in order to estimate the severity of the health situation in all districts of Yemen, drawing mainly from the 2016 Health Resources Availability Mapping System assessment, 2016 disease surveillance data and consultations with field partners. About 96 per cent of indicator data came from assessments and monitoring mechanisms, while 4 per cent was taken from consultations with field-based humanitarian partners. Indicators were weighted differently to produce a composite severity score for each district. This score was then linked to district population estimates of people in need and acute need.

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.

NUTRITION

Contact: Jemal Seid Mohammed (jsmohammed@unicef.org)

OVERVIEW



- Almost 4.5 million people require services to treat or prevent malnutrition, including 4 million in acute need who live in the worst affected areas. This represents a 148 per cent increase since late 2014.
- Within the population in need, nearly 462,000 children are currently suffering from Severe Acute Malnutrition (SAM) – a nearly 200 per cent increase since 2014. In addition, 1.7 million children and 1.1 million pregnant or lactating women are suffering from Moderate Acute Malnutrition (MAM).
- Global Acute Malnutrition (GAM) rates are as high as 31 per cent in some locations – more than twice the emergency threshold. The most pressing needs are concentrated in Al Hudaydah, Hajjah, Amanat al Asimah, Sa'ada, Taizz, Ibb, Dhamar, Hadramaut, Lahj and Aden.
- Nearly 1.2 million infants and young children require preventative nutrition services, including supplementation of a high-energy diet and support on infant and young child feeding.

AFFECTED POPULATION

Malnutrition rates are rising rapidly as a result of chronic vulnerability and 19 months of conflict, reversing tentative improvements recorded at the end of 2014. Partners now estimate that 4.5 million people require treatment or prevention services for malnutrition – a 148 per cent rise since late 2014. Children under five – including infants – and pregnant and lactating women are the most affected.

Of the 4.5 million people in need, nearly 3.3 million are currently estimated to be acutely malnourished, including 462,000 child SAM cases and 2.8 million children and pregnant or lactating women affected by MAM. Children suffering from SAM are ten times likelier to die than their healthy peers; children with moderate acute malnutrition are three times likelier to die. Acute malnutrition weakens the immune system, leaving sufferers significantly more susceptible to communicable diseases. Affected children may also face life-long stunting and cognitive impairment as a result of the condition.

HUMANITARIAN NEEDS

Conflict has contributed significantly to the catastrophic nutrition situation in Yemen. Health services have accelerated their collapse, with only 45 per cent of facilities functional nationwide (see “Health” above). Conflict has also exacerbated key drivers of malnutrition, including water shortages, displacement and poor sanitation, all of which promote diseases like diarrhoea and measles to which malnourished people are especially susceptible. Growing

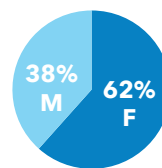
NUMBER OF PEOPLE IN NEED (TOTAL)

4.5M

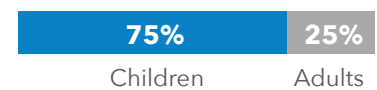
NUMBER OF PEOPLE IN NEED (ACUTE)

4M

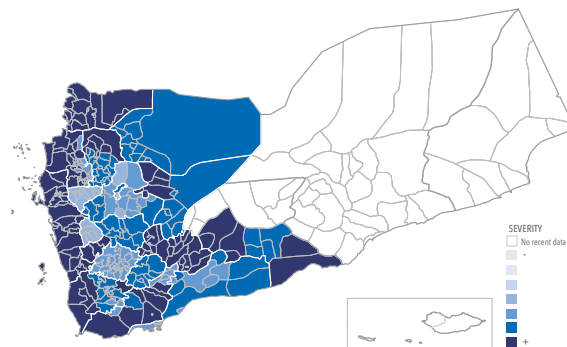
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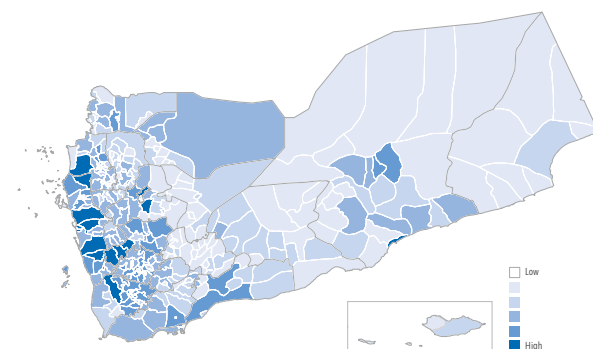
BY AGE



SEVERITY OF NEEDS



ESTIMATED POPULATION IN NEED



food insecurity also plays a serious role in the deteriorating nutritional status of the population.

Surveys have been completed in eight governorates since August 2015: Al Bayda, Taizz, Hajjah, Al Hudaydah, Sa'ada, Sana'a, Aden and Lahj. These surveys reveal GAM rates above the 15 per cent emergency threshold in all locations in Al Hudaydah, Aden and Sa'ada governorates, with similarly high rates reported in some in lowland areas of Taizz, Hajjah, Lahj and Sana'a. GAM rates as high as 31 per cent were reported

in some districts of Hajjah – well over twice the emergency threshold. Stunting rates range from 16.7 per cent in Aden to a shocking 78 per cent in some areas of Sa'ada. These surveys also identified a significant association between the presence of diarrhoea, acute respiratory infections and undernutrition.

RELATED PROTECTION NEEDS

Children under 5, pregnant and lactating women are the most vulnerable groups affected by the current nutrition crisis. The major protection risk associated in the delivery of nutrition services to children and pregnant and lactating mothers today relates to the risk the parties to the conflict targeting civilian areas including health facilities. In addition, in 2016 there are 117 nutrition treatment centres closed due to the conflict (air strike, fighting on the ground, health workers left) resulting in children and pregnant lactating mothers not receiving appropriate nutrition services. Moreover, having appropriate and separate space for women and girls to breastfeed within or near the nutrition centres is a challenge.

KEY CHANGES IN 2016

The number of people who need nutrition treatment or preventive services has increased by 148 per cent since late 2014 and by nearly 48 per cent since last year. Both incidence and severity are growing rapidly. Estimated SAM cases are currently 44 per cent higher than last year, and current MAM cases are 55 per cent higher. Partners report a 48 per cent increase in

malnutrition treatment admissions when comparing January to August 2015 to the same period in 2016 – including a 54 per cent rise in SAM admissions. The faster relative increase in SAM admissions is of grave concern.

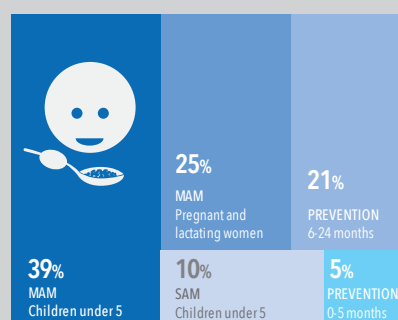
METHODOLOGY FOR NEEDS ANALYSIS

The results of Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys in eight governorates in 2015 and 2016 were used to estimate people in need and the severity of the nutrition situation in all districts of these governorates. New or repeated SMART surveys are planned to be completed in the coming months in Amran, Lahj, Hajjah, Shabwah, Al Dhale'e and Aden, with subsequent surveys planned in Al Hudaydah, Ibb, Al Jawf, Abyan and Hadramaut.

Where new SMART survey results were not available, consultations with field-based humanitarian partners reviewed data from older nutrition assessments, including the 2014 SMART surveys, Comprehensive Food Security Situation (CFSS) and 2013 Demographic Health Survey (DHS) and estimated changes based on partner reports and other information.

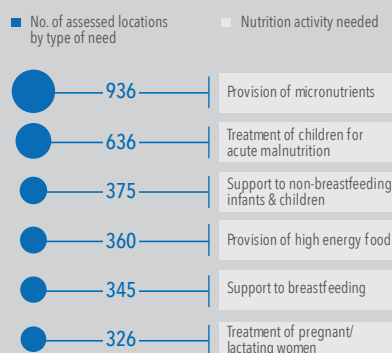
For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

PEOPLE IN NEED BY NUTRITION STATUS



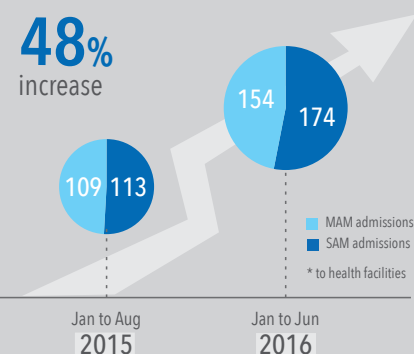
Source: Nutrition Cluster (Oct 2016).

MOST NEEDED NUTRITION ACTIVITIES



Source: TFPM, Location Assessments (Sep 2016).

MONTHLY SAM AND MAM ADMISSIONS^(*)



Source: UNICEF, ACF (Jan-Aug 2015 and Jan-Jun 2016).

SHELTER AND NON-FOOD ITEMS (NFIS)

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

Contact: Monir Al Sobari (al-sobari@unhcr.org)

OVERVIEW



• More than 4.5 million people require assistance with shelter, non-food items (NFIs), or management of collective centres in which they are living. Of these people, 3.9 million are in areas of acute need. This represents an enormous 748 per cent increase since late 2014 – the result of large-scale population movements during 19 months of conflict.

- Violent clashes, indiscriminate shelling and air strikes have forced millions of people to flee their homes. Some 2.2 million people are currently displaced, 51 per cent of whom are sheltering in Taizz, Hajjah and Sana'a. Approximately 90 per cent of IDPs have been displaced for at least 10 months.
- An additional 1 million people have returned to their areas of origin. Of all returnees, 68 per cent have returned to 33 districts in Aden, Amanat Al Asimah and Taizz. However, the sustainability of their return is precarious.
- About 55 per cent of IDPs are living with host communities, straining already scarce resources, and 19 per cent are living in collective centres or spontaneous settlements that require basic services. Among returnees, 86 per cent have returned to their original homes.

AFFECTED POPULATION

An estimated 4.5 million people in Yemen currently require shelter support, non-food items (NFIs), or camp coordination and camp management services. This includes 3.9 million people living in acutely conflict-affected areas. The most vulnerable include IDPs sheltering in collective centres and spontaneous settlements (about 420,000 people), as well as the long-term displaced – 90 per cent of IDPs fled their homes at least 10 months ago and are increasingly exhausting their coping mechanisms. Vulnerable host communities already struggling with scarce resources also require assistance, particularly given that 55 per cent of IDPs are living with host communities. About 1 million people have returned to their areas of origin (86 per cent to their original homes) and require basic services and other support to ensure the sustainability of their return and move towards recovery.

People with specific needs are particularly affected by the crisis, including people living in poverty, women, children, the elderly, people with serious illness, people living with disabilities, female-headed households, minority groups and IDPs living in the open and public buildings.

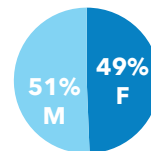
NUMBER OF PEOPLE IN NEED (TOTAL)

4.5M

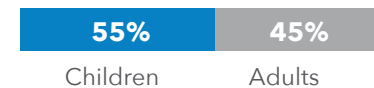
NUMBER OF PEOPLE IN NEED (ACUTE)

3.9M

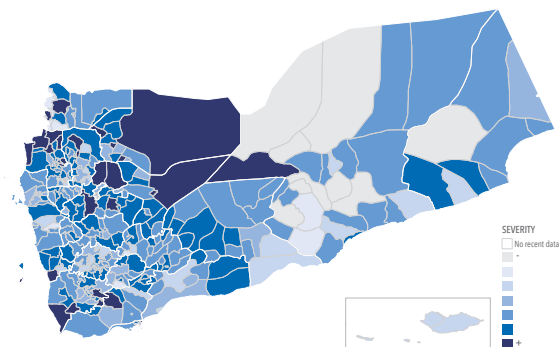
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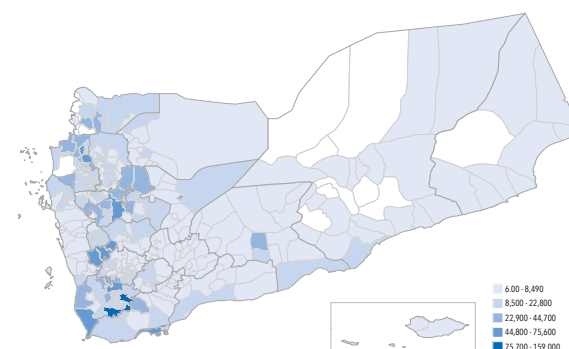
BY AGE



SEVERITY OF NEEDS



ESTIMATED POPULATION IN NEED



HUMANITARIAN NEEDS

Displacement and destruction of homes and infrastructure have caused significant needs for shelter and NFIs. Shelter patterns have shifted since the beginning of the conflict, and better data now provides a clearer sense of affected people's length of displacement, shelter status and NFI needs.

Of the 2.2 million current IDPs, about 19 per cent (420,000 people) are living in collective centres or spontaneous settlements. In this context, there is an urgent need for camp coordination and camp management to ensure dignified and safe living conditions. About 55 per cent of IDPs (1.2 million people) are living with host communities, and they and their hosts require shelter support and NFIs. According to the TFPM Location Assessment, key informants in about 80 per cent of assessed locations nationwide identified overcrowding as a major shelter problem. The next most frequently identified problems were damaged homes (30 per cent of locations) and the price of materials needed to repair them (36 per cent). IDPs and host communities also cited high rent (44 per cent of IDP locations and 14 per cent of host communities), illustrating the degree to which the long period of displacement is depleting resources. Most frequently cited shelter needs for IDPs were family tents (63 per cent of assessed locations), emergency shelter kits (61 per cent) and winterization materials (55 per cent). NFI needs were chiefly identified as kitchen sets, blankets and clothes (by women) and blankets, mattresses and clothes (by men).

Almost 1 million returnees are facing similar needs though with somewhat different dynamics. Key informants in returnee locations nationwide most often identified damage to homes as a main shelter problem (68 per cent of locations), as well as difficulty affording tools to repair homes (45 per cent), inability to pay rent (41 per cent) and over-crowding (30 per cent). Most frequently identified NFI and shelter needs for returnees are broadly similar to IDPs, with a higher proportion of locations identifying rental subsidies as a priority need (30 per cent).

RELATED PROTECTION NEEDS

IDPs living in collective centres or spontaneous settlements are often under threat of eviction, particularly if they are living in public buildings such as schools. Land disputes are not uncommon at these locations, and displaced families report that they may face harassment from local communities over scarce resources, particularly IDPs

that belong to marginalized groups like the *muhamashin*. Collective centres and spontaneous settlements also present considerable protection risks due to lack of privacy, limited access to services and overcrowding. Lack of appropriate site management or coordination can also create an environment more conducive to violence and exploitation, including gender-based violence. In some instances, marginalized groups find themselves excluded from collective centres or spontaneous settlements altogether, forcing them to sleep in the open under little or no cover.

IDPs in hosted situations must often compete with each other and their hosts over scarce resources. Host communities are increasingly stretched to the limit, with many having shared their own meagre resources for more than a year. Available data does not yet indicate that social tensions have become a widespread problem: key informants in only seven per cent of assessed locations nationwide identified the presence of status-based threats in their community. However, reports of tensions are appearing more frequently, and this trend could accelerate as available resources become depleted.

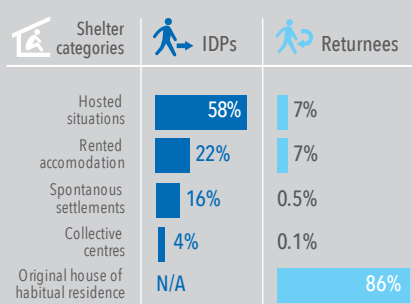
KEY CHANGES IN 2016

Estimates of people in need of shelter, NFI and camp coordination or management services have increased by 748 per cent since late 2014 and 64 per cent since 2015. These increases are the result of continuing conflict and population movements. Major concentrations of IDPs and returnees have also shifted as front lines in the conflict have evolved. The protracted nature of the conflict is increasingly stretching affected people's coping capacity beyond their limits, and the resilience of host communities is steadily deteriorating.

METHODOLOGY FOR NEEDS ANALYSIS

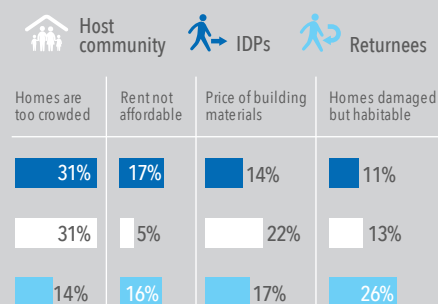
The availability of better data on IDPs, returnees and host communities has allowed a more rigorous methodology for analysing needs. People in need estimates were based on the total IDP and returnee population, plus 55 per cent of the IDP population as a proxy for directly affected host communities

% OF IDPS & RETURNEES BY SHELTER CATEGORY



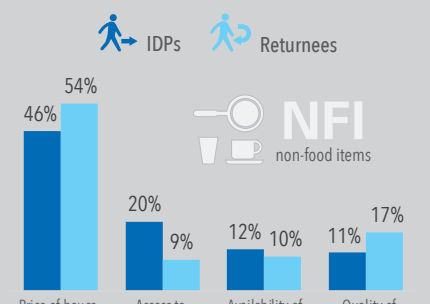
Source: TFPM (Oct 2016).

TOP 4 SHELTER ISSUES (IDPs, hosts, returnees)



Source: TFPM, Location Assessments (Sep 2016).

TOP 4 NFI ISSUES (IDPs, returnees)



Source: TFPM, Location Assessments (Sep 2016).

(given that 55 per cent of IDPs are living with hosts as per the 11th TFPM Report). Needs severity within this population was based on a set of five indicators measured at the district level based the 11th report of the TFPM, the TFPM Location Assessment, Shelter/NFI /CCCM Cluster database of collective centres and settlements, and expert “Delphi” discussions results. For one indicator, field-based partners provided feedback in structured consultations. Indicator scores were combined into a composite estimate of needs severity for every district in the country.

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

Contact: Mohammed Khan (khanmo@unhcr.org)

OVERVIEW



- Nearly 11.3 million people need protection assistance including 2.9 million living in the most acutely affected areas.
- As of October 2016, 11,332 civilian casualties had been reported by community-level human rights monitors since the escalation of the conflict, including 4,125 deaths and 7,207 injuries. These figures almost certainly understate the true extent of civilian casualties due to limited reporting mechanisms.¹
- In 2016, the GBV Information Management System (IMS) reported 8,031 incidents of GBV. Almost 1 million children are currently displaced in Yemen. In 2016, there have been 699 verified incidents of grave violations of child rights.

AFFECTED POPULATION

Although nearly all civilians in Yemen face protection risks, humanitarian partners estimate that 11.3 million people require protection, GBV and child protection assistance. This assistance is particularly needed by people with special needs or vulnerabilities, including IDPs, returnees, women or child-headed households, widows, older people, people with disabilities or chronic illnesses, marginalized groups, GBV survivors and those at risk of GBV, as well as conflict-affected children.

Civilians face critical protection challenges, including risk of death and injury during hostilities, freedom of movement restrictions and conflict-related psychological trauma. Many lack information about humanitarian assistance, have depleted their financial resources, lost their civil status documents, and have limited access to legal assistance. Women and girls are disproportionately subject to various forms of GBV, including sexual violence, domestic violence, forced and early marriages, denial of resources, and psychological and emotional abuse. In addition, children continue to be killed and maimed, exposed to mines/ERW/UXOs, recruited by armed groups, separated from their families, and subject to psychological distress and exploitation.

Based on analysis of available data on civilian casualties, displacement, child rights violations and GBV incidents, as well as feedback from field-based partners, the most acute protection needs have been identified in districts of the following governorates: Aden, Al Hudaydah, Amran, Amanat Al Asimah, Dhamar, Hajjah, Ibb, Raymah, Sa'ada, Sana'a and Taizz. Approximately 2.9 million people live in these districts and need immediate support.

1. OHCHR civilian casualty numbers are not a subset of the WHO health facility based casualty numbers. They are independent efforts using different methodologies and cannot be compared. While considered under-reported, both provide a notional understanding of the evolving toll on the population.

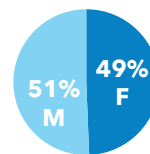
NUMBER OF PEOPLE IN NEED (TOTAL)

11.3M

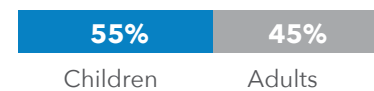
NUMBER OF PEOPLE IN NEED (ACUTE)

2.9M

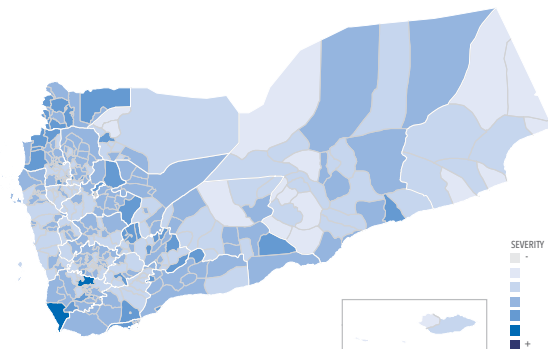
BY SEX



BY AGE

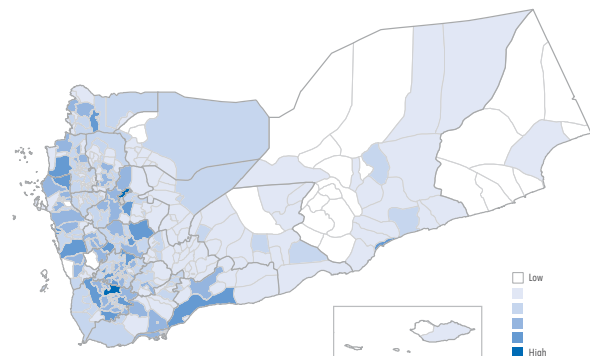


SEVERITY OF NEEDS



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

ESTIMATED POPULATION IN NEED



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

HUMANITARIAN NEEDS

Vulnerable, conflict-affected people require access to information on displacement-related rights and availability of humanitarian assistance; case management and referral to service providers; psychosocial counselling; unconditional cash assistance to meet basic needs and avoid recourse to negative coping strategies; legal advice and direct legal

assistance; and community-based protection networks need to be supported. In order to foster an environment conducive to the realization of the rights of the displaced, humanitarian partners – across all sectors – require capacity building and technical support on protection mainstreaming. Local authorities would benefit from training on humanitarian principles, protection programming, international human rights and humanitarian law. Given the limited number of INGO protection partners, there is a need to strengthen the capacity of local partners to deliver protection assistance.

Incidents of GBV have risen significantly since the conflict escalated in March 2015. Comparing the first quarter of 2015 (i.e., pre-conflict) to the same period in 2016 reveals a 63 per cent rise in GBV incidents reported to the GBV IMS. Risks are also rising as a result of protracted displacement. According to the TFPM Location Assessment, 10.3 per cent of IDP households are headed by females, including 2.6 per cent headed by girls under eighteen. Among host communities and returnees, the share of households headed by females is 5.4 per cent and 3.4 per cent respectively. Female heads of household may face elevated GBV risks as they seek to provide for their families. GBV survivors and at-risk groups require access to safe, confidential, multi-sectoral GBV services, including timely case management and referral, medical assistance, psychosocial support, emergency shelter, legal assistance and livelihoods programmes. On the prevention side, humanitarian partners – across all sectors – require training, technical guidance and support to ensure measures are in place to prevent and mitigate GBV risks and threats.

Grave violations of child rights are increasing as a result of conflict. Comparing the first quarter of 2015 (i.e., pre-conflict) to the same period in 2016 reveals that verified child deaths and injuries more than doubled. Since January 2015, 1,275 cases of child recruitment have also been verified – the true extent of this phenomenon is certainly much wider. Children exposed to grave violations of their rights require a holistic protection response, including case management, medical referral and rehabilitation assistance, and psychosocial support through access to child-friendly

spaces and community-based child protection networks. In order to prevent harm to children, mine risk education and prevention messaging related to recruitment are essential. Children released by armed groups require assistance with socio-economic reintegration. At the same time, unaccompanied and separated children – including trafficked children – need assistance and support with family tracing and reunification as well as interim care services. According to the TFPM Location Assessment, key informants estimated that more than 7,000 unaccompanied children are living in IDP communities and more than 19,000 are living in host communities. Key informants also estimated that up to 10 per cent of IDP households were headed by minors compared to 4 per cent of host community households.

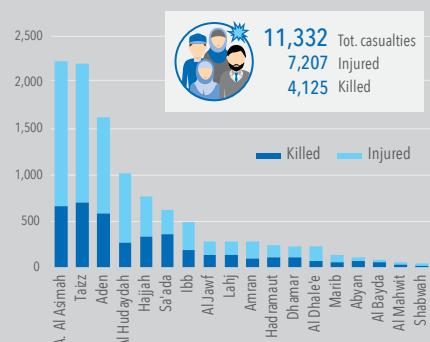
COPING STRATEGIES

Conflict-affected families with limited or no income prioritize their basic needs in all sectors, although they may only be able to fulfil these needs by resorting to negative coping strategies. For example, if the costs of pursuing legal remedies are prohibitive, some individuals may choose not to pursue their rights.

Poverty can also force conflict-affected households to engage in negative coping strategies that place them at heightened risk of GBV and other protection risks. For instance, sharing shelter with others can result in overcrowding, which raises risks of lack of privacy and sexual exploitation. Similarly, begging as a means of generating income can expose individuals – particularly women, boys and girls – to exploitation, harassment and physical or sexual assault.

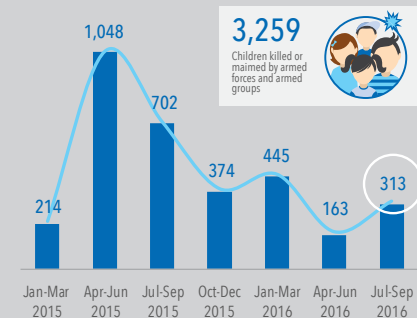
As the conflict prolongs, more families resort to negative coping mechanisms that often create irreversible effects on their children. Examples include pulling children out of school to engage them in child labour, separating them from the family, marrying off girls at an early age, and sending children to armed groups or forces. Adolescents are one of the groups most likely to adopt risky behaviour and coping mechanisms which often put them at even greater risk of abuse and exploitation.

CIVILIAN CASUALTIES BY GOVERNORATE



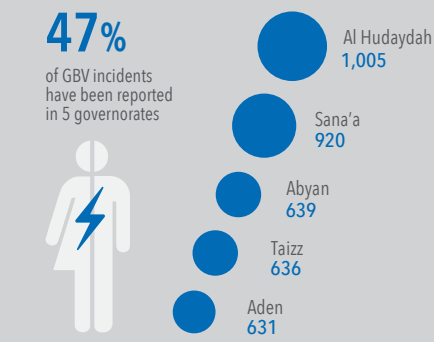
Source: OHCHR (Mar 2015 - Oct 2016).

CHILDREN KILLED/MAIMED by armed forces and armed groups (Jan 2015 - Sep 2016)



Source: Monitoring and Reporting Mechanism - MRM (Sep 2016).

TOP 5 GOVERNORATES BY GBV INCIDENTS



Source: GBV IMS (Jan 2015 - Aug 2016).

KEY CHANGES IN 2016

The number of people estimated to require protection assistance has decreased by 2.8 million people since the 2016 HNO due to the application of a much more rigorous methodology (see below). This decrease cannot be interpreted as an improvement in the protection situation in Yemen, which remains dire and continues to deteriorate. Nearly all civilians in Yemen currently face serious protection risks.

Displacement dynamics have changed considerably since 2015, notably with over 1 million people having provisionally returned to their areas of origin. These returns may not be sustainable in light of widespread insecurity, and people continue to be newly displaced by ongoing conflict in other parts of the country. With more than 90 per cent of IDPs having been displaced for more than 10 months, the need for cash assistance to meet protection needs among IDPs and returnees is growing as people deplete their savings and struggle to establish reliable sources of income. Returnees in many cases find their original homes damaged, destroyed or occupied by others, leading to challenges with property restitution and secondary displacement.

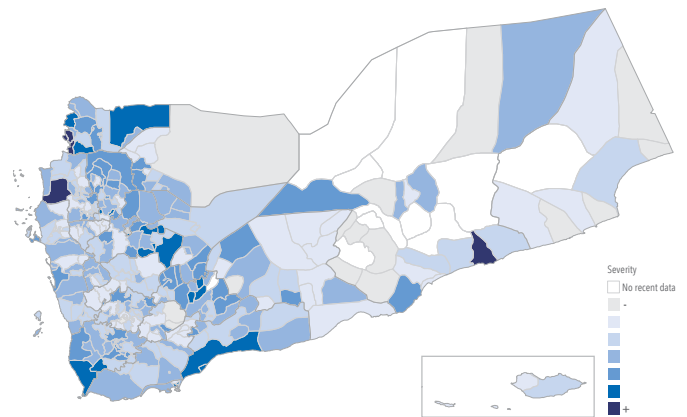
Conflict dynamics have also changed, with air strikes in 2016 occurring over wider geographic areas, and ongoing landmine and Explosive Remnants of War (ERW)/Unexploded Ordnance (UXO) contamination posing a continuous risk of death and injury, particularly to children. Increasing numbers of children are being illegally detained and arrested. As noted above, the number of GBV incidents has risen, with survivors often subject to multiple forms of GBV and higher rates of men and boys experiencing assault. With the accelerating collapse of the health system, medical services for survivors of any kind of abuse are increasingly limited.

METHODOLOGY FOR NEEDS ANALYSIS

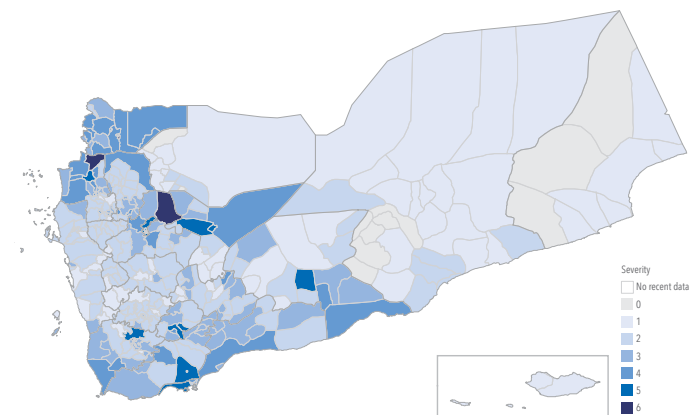
Nine needs severity indicators and related severity scales were used to estimate needs severity. Of these, four were in relation to general protection, three were related to GBV and two were related to child protection. Each component (Protection, GBV and Child Protection) defined thresholds for their needs severity scores and estimated scores per district based on available data or field-level consultations with partners where data was not available. Data sources include established monitoring mechanisms such as the Monitoring and Reporting Mechanism (MRM), Gender Based Violence Information Management System (GBV IMS) and OHCHR civilian casualty tracking. Severity scores were averaged into a composite protection severity score for all districts in the country. The Protection Cluster Steering Advisory Group reviewed and endorsed all composite scores. Estimates of people in need for each component, and at the composite level were generated based on agreed district severity scores.

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.

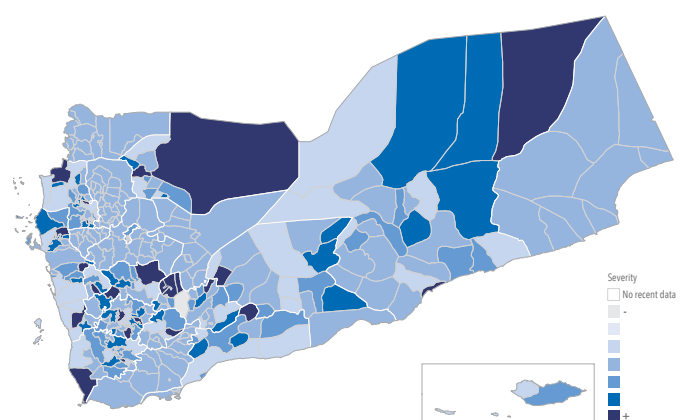
PROTECTION SEVERITY OF NEEDS (MAIN CLUSTER ONLY)



CHILD PROTECTION SEVERITY OF NEEDS (SUB-CLUSTER ONLY)



GBV SEVERITY OF NEEDS (SUB-CLUSTER ONLY)



EDUCATION

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

OVERVIEW



- About 2 million children in Yemen are currently out of school. This represents 27 per cent of the 7.3 million school-aged children and includes 513,000 IDP children.

- Altogether, 2.3 million people need support to ensure that crisis-affected children can access education. This includes 1.1 million people living in acutely affected areas.
- More than 1,600 schools across the country have been affected by the conflict, including conflict-related damage, presence of IDPs or occupation by armed groups.
- Resources available to education authorities have declined substantially, decreasing authorities' ability to ensure continuity of the education system.

AFFECTED POPULATION

The Education Cluster and Ministry of Education estimate that 2 million children are currently out of school in Yemen. This figure includes approximately 350,000 children who have been out of school since the conflict escalated in March 2015 as well as 513,000 IDP children. Altogether, 2.3 million people – including students, parents and teachers – require support to ensure that crisis-affected children are able to attend school. Displaced children are at higher risk of missing education. Boys face higher risks of recruitment by armed groups, while girls face higher risk of being held back from school.

HUMANITARIAN NEEDS

The Education Cluster and Ministry of Education estimate that 1,604 schools across the country are currently directly affected by the conflict, putting at risk education for more than 720,000 students. As of September 2016, 248 schools had been destroyed by shelling or air strikes, and 1,164 had been partially damaged in the course of conflict. IDPs are currently sheltering in 167 schools – considerably less than the 737 schools that have served as IDP shelters at various times during the conflict. Finally, 25 schools – almost all in Taizz – are being occupied by armed groups in a violation of international humanitarian law. Altogether, 33 schools have experienced occupation by armed groups at different times since March 2015.

Displacement of children, teachers and educational staff is exacerbating difficulties around ensuring all children's right to education is fulfilled. Some 513,000 school-aged children are among the total IDP population of 2.2 million, and these children are more likely to face enrolment difficulties in the communities where they are sheltering. The number of displaced teachers is unknown. Affected children need support in the form of school rehabilitation, alternative education

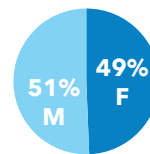
NUMBER OF PEOPLE IN NEED (TOTAL)

2.3M

NUMBER OF PEOPLE IN NEED (ACUTE)

1.1M

BY SEX

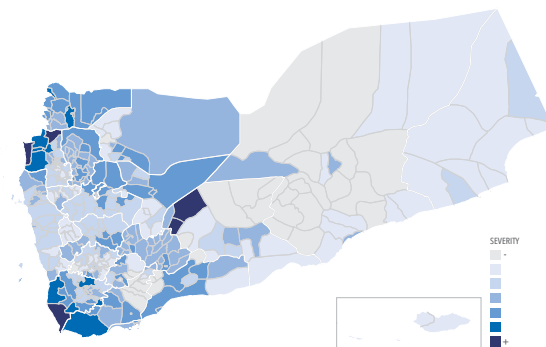


BY AGE

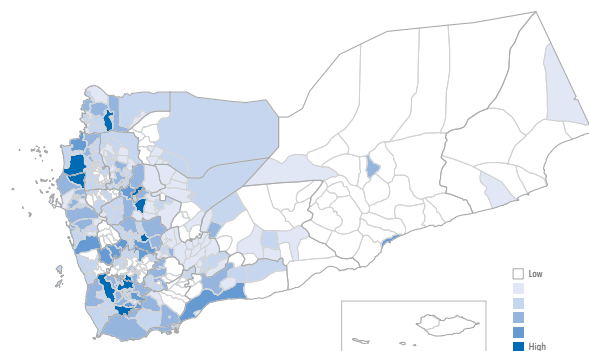
100%

Children

SEVERITY OF NEEDS



ESTIMATED POPULATION IN NEED



solutions, school supplies and training and outreach for educators and families.

RELATED PROTECTION NEEDS

Lack of toilets and WASH facilities in many schools is considered one of the main reasons for girls dropping out of school. Additionally, a recent survey carried out in six of the most severely affected areas in Amran Governorate indicate that a main reasons for not enrolling in schools by girls and boys is due long travel distances to these facilities.

muhamashin children are significantly less likely to access their rights to basic and secondary education compared to children from the general population. Only 40 per cent of *muhamashin* boys are enrolled in school compared to 74 per cent of their peers from the general population; and only 37 per cent of *muhamashin* girls are enrolled in schools compared to 62 per cent to non- *muhamashin* girls of that age group.

KEY CHANGES IN 2016

Poverty among the population increased significantly. The inability of the authorities to pay the civil servant salaries led to the de-prioritization of education. Girls have become more vulnerable as the education of boys is seen to be more important. Boys have become more vulnerable to recruitment

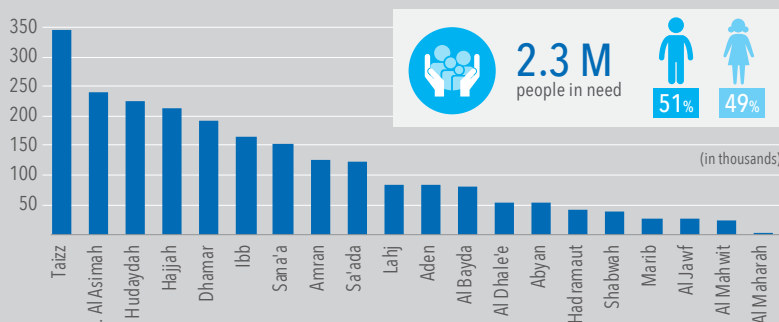
Many teachers in a number of governorates are striking due to lack of salaries, which is impacting badly on schooling. There is a threat of a collapsing education system due to the deteriorating situation.

METHODOLOGY FOR NEEDS ANALYSIS

Four indicators were used to estimate education needs severity in every district of Yemen. Data from the Ministry of Education, TFPM and other sources such as the OOSC Survey in Amran governorate, (January 2016) and the *muhamashin* Mapping Survey in Taizz, (October 2014) were used to measure these indicators wherever possible. If data was missing, partners relied on structured consultations with field-based partners. Indicator scores were consolidated into a weighted average score for all districts. Estimates of people in need were generated from the 2013 enrolment rate applied to districts receiving composite severity scores indicating a need for external assistance. These figures were then adjusted for population growth projections and recent displacement.

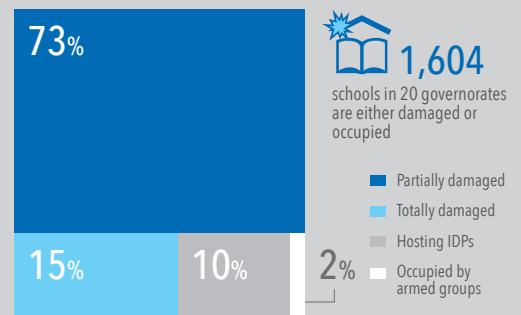
For a complete list of indicators and methods used in the sector analysis (and an overview of how these were combined with other sectors to generate HNO inter-sector estimates), see the Methodology annex.

PEOPLE IN NEED OF EDUCATION SUPPORT BY GOVERNORATE



Source: Education Cluster.

NUMBER OF SCHOOLS AFFECTED BY CONFLICT



Source: Education Cluster (as of 25 Oct 2016).

EMERGENCY EMPLOYMENT AND COMMUNITY REHABILITATION

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

OVERVIEW



- 15 Governorates are confirmed or suspected to have areas contaminated with landmines and Unexploded Ordnance (UXO), putting communities at risk and hindering recovery.
- Conflict has taken a serious toll on livelihoods and basic safety nets. Suspension of social protection programmes such as the Social Welfare Fund and Social Fund for Development are leaving millions of people without any source of income or employment.
- With sufficient capacity building and support, local organizations could increase their role in the humanitarian response, considerably expanding reach into difficult to access areas and strengthening community engagement.

AFFECTED POPULATION

Millions of people have lost their livelihoods since the escalation of the conflict, pushing many into dependence on humanitarian aid. Although exact figures are difficult to confirm, partners estimate that roughly 8 million people are living in areas where communities require assistance to promote livelihoods, clear landmines and other explosives, and ensure critical basic services.

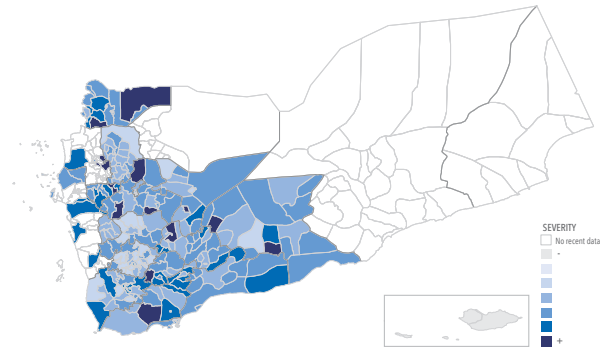
Among affected people, just over 1 million returnees especially require support as they seek to re-integrate into their communities. According to the TFPM 11th Report, 80 per cent of returnees are concentrated in five governorates: Aden, Amanat Al Asimah, Taizz, Lahj and Shabwah.

HUMANITARIAN NEEDS

Conflict in Yemen has led to multi-dimensional effects on communities and institutions in affected areas, including the following:

- Landmine, UXO and explosives contamination: Contamination remains a major obstacle for humanitarian access, livelihoods, basic services and infrastructure, and creates a particular danger for children who may mistake them for toys. Fifteen governorates are either confirmed or suspected to have contaminated areas. A comprehensive mine action programme is required to survey and clear contaminated areas, increase awareness through mine risk education and assist victims.
- Loss of livelihoods and collapse of social protection: UNDP estimates that more than one quarter of firms have suspended operations in Yemen, leading to a dramatic spike

SEVERITY OF NEEDS



in unemployment at a time when basic commodity prices are rising and social safety nets are weak or absent. Affected people need cash-for-work and similar programmes to generate employment and promote resilience.

- Limited role of local organizations in the response: National NGO partners' capacities require enhancement to take a greater role in the humanitarian response, including leadership. Capacity building programmes for these partners will strengthen the ability of the coordinated response to reach people in need in more areas and improve community engagement.

RELATED PROTECTION NEEDS

More than 19 months of conflict have affected social dynamics within communities in affected areas. This includes increased social polarization and often unequal access to basic protection and social safety nets. In this context, minorities and marginalized groups may be particularly disadvantaged.

The impact of conflict on private enterprise was especially strong on female-owned small and medium enterprises (SMEs), which have closed in greater numbers. This has further increased women's relative socio-economic vulnerability.

The risk of injury and death posed by landmines and UXOs, primarily a threat to individual and community safety, is also an obstacle for accessing livelihoods and basic services

KEY CHANGES IN 2016

The capacity of the Yemen Mine Action Centre increased in 2016 as a result of outreach and training. This has improved the overall environment for conducting mine action activities, which has historically been very challenging in Yemen.

METHODOLOGY FOR NEEDS ANALYSIS

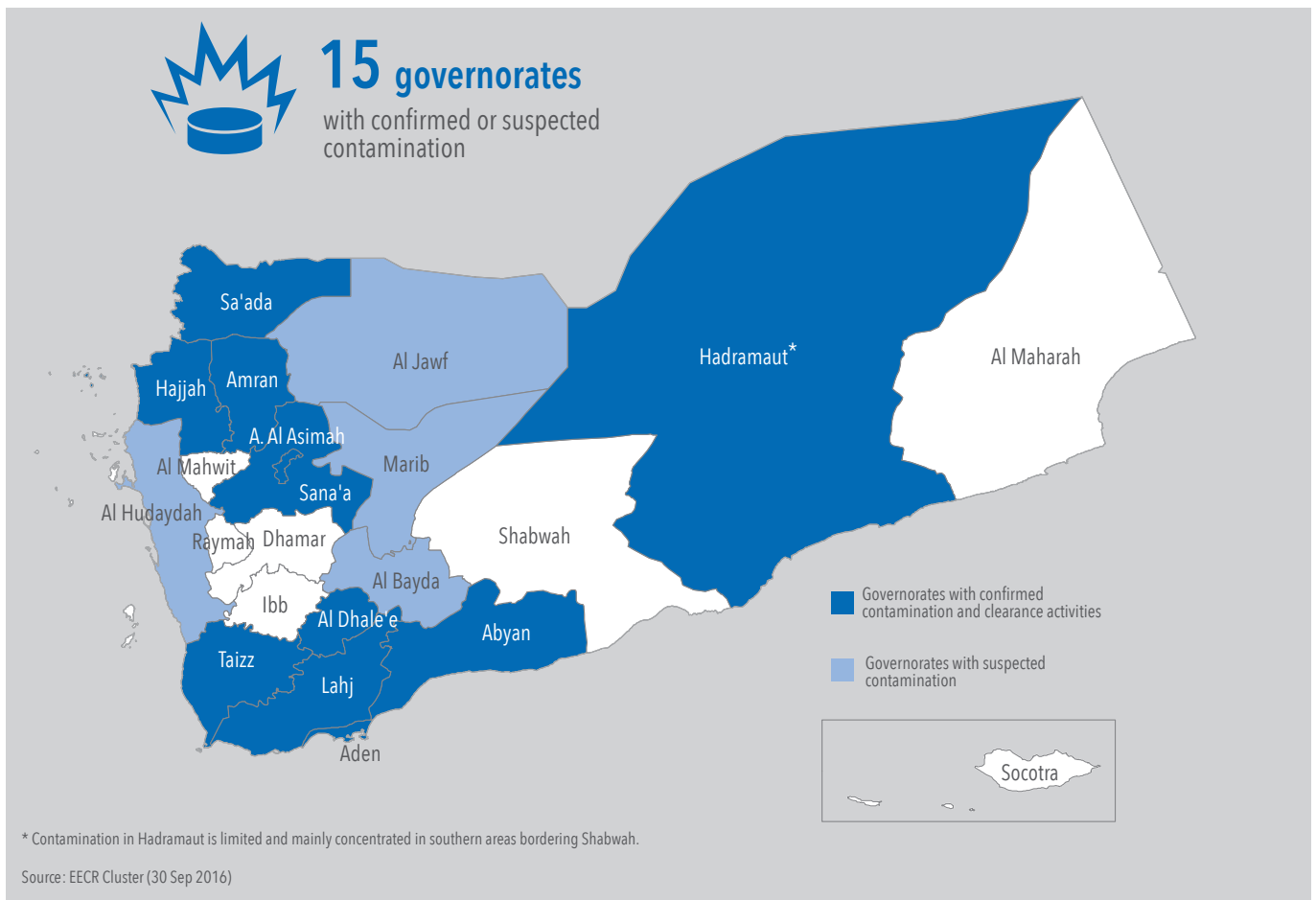
Needs severity analysis is based on five indicators that were discussed by field-based humanitarian partners in structured feedback sessions. These sessions awarded scores for each indicator, which were then averaged into a single composite score for all districts where responses were available for at least three out of five indicators.

The Cluster also relied on various thematic assessments, analyses and studies when formulating the HNO analysis.

These included the Yemen NNGO Capacity Assessment, analysis from mine action partners, TFPM data and preliminary results of the World Bank-supported Disaster Needs Assessment (DNA).

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.

LANDMINE CONTAMINATION AND CLEARANCE ACTIVITIES



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 in order to provide assistance across the country. More specific requirements will be articulated in the 2017 Yemen Humanitarian Response Plan.

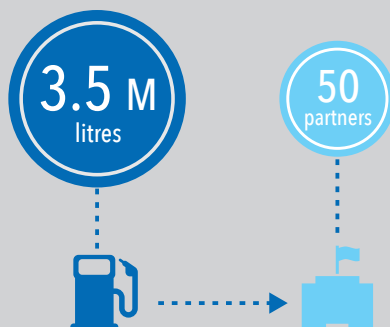
LOGISTICS

With 18.8 million people in need of some kind of assistance, the scope of the emergency response demands a logistically complex operation. At the same time, the complicated security situation and the strain of multiple actors working through limited infrastructure and services restrict partners' ability to meet targets. The Logistics Cluster is therefore needed to support coordination across humanitarian logistics, to address gaps in logistics services and information, and to mitigate bottlenecks that hamper humanitarian aid movements, particularly in Hudaydah, Aden and Sana'a. Specifically, partners require assistance to overcome limited access to conflict-affected areas; ensure reliable transport of goods and staff to, from and within Yemen; de-congest supply movements at main entry points; compensate for inadequate or damaged infrastructure; and ensure sufficient quantities of fuel at affordable prices.

EMERGENCY TELECOMMUNICATIONS (ETC)

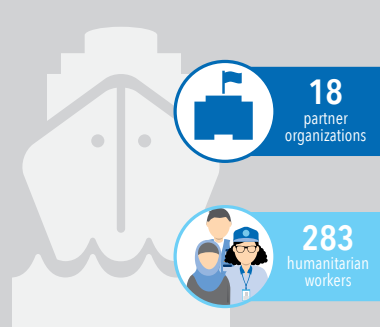
The lack of reliable telecommunications and internet services – accompanied by a lack of infrastructure, shortages of necessary equipment and difficulties in importing needed supplies – severely constrains partners' ability to operate. Telecommunications networks have been severely impacted by the conflict, and partners need assistance to ensure secure telecommunications, internet connectivity and IT support – particularly in field hubs in Sana'a, Sa'ada, Hudaydah, Ibb and Aden. Humanitarians 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 programmes.

FUEL ALLOCATED (APRIL 2015-SEP 2016)



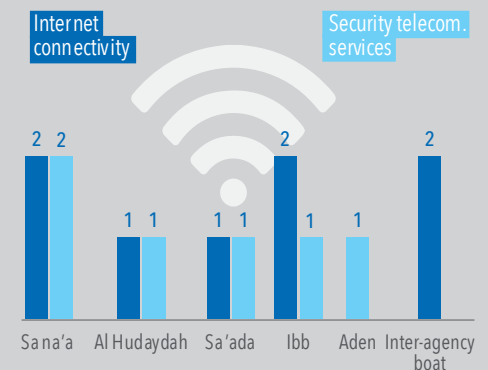
Source: Logistics Cluster (Sep 2016).

SEA PASSENGER SERVICE TO ADEN



Source: Logistics Cluster (Sep 2016).

SITES PROVIDED WITH ETC SERVICES



Source: ETC Cluster (Sep 2016).



Assessments & Information Gaps

Methodology

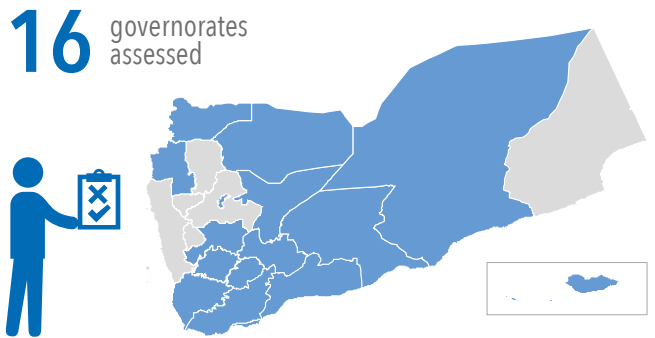
ASSESSMENTS & INFORMATION GAPS

Since the start of 2016, 41 humanitarian partners have shared 141 assessment reports through the Assessment and Monitoring Working Group (AMWG), nearly doubling the number reported last year. Most assessments have been cross-sectoral and of limited geographical scope. The highest number of reports cover communities in Abyan, Aden, Amran, Hajjah and Sa'ada. However, reporting rates continue to be fairly low, and significantly more assessments are estimated to have been completed. Improving reporting rates remains a top priority.

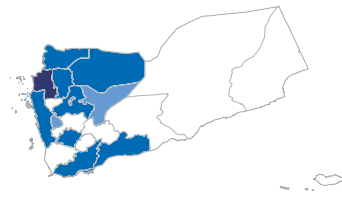
While substantial progress has been made with the nationwide TFPM IDP and Returnee Location Assessment and other initiatives this year, a review of assessment reports highlights a common information gap – the lack of a comprehensive needs framework to understand vulnerabilities and coping mechanisms of communities, households and individuals. This will mean striving to go beyond community-level priorities and key informant interviews to gather more household-level information on needs, existing capacities and the impact of humanitarian assistance. While some of this information can be obtained through community-level assessments, it will also require more focused and statistically robust methods grounded in gender and protection analyses. Achieving this will require dedicated resources and sustained advocacy, particularly in light of challenges around assessments and information gathering in some parts of the country.

Completed assessments can be found online at: <https://www.humanitarianresponse.info/en/operations/yemen/document/completed-assessment-2016-hno>

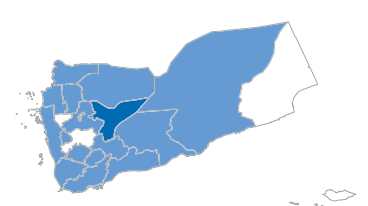
GOVERNORATES WITH ASSESSMENTS



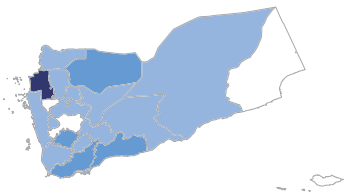
CROSS SECTORAL



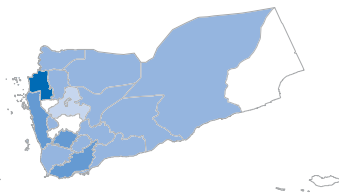
FOOD SECURITY



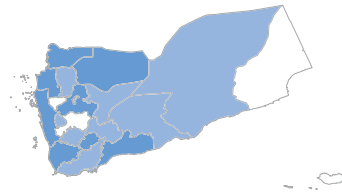
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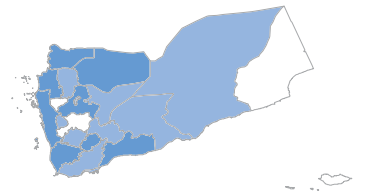
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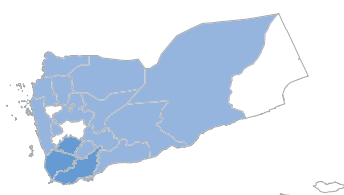
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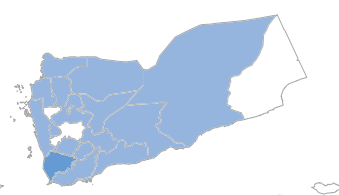
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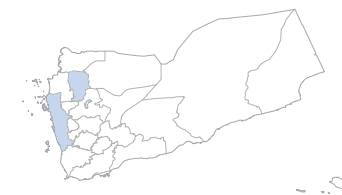
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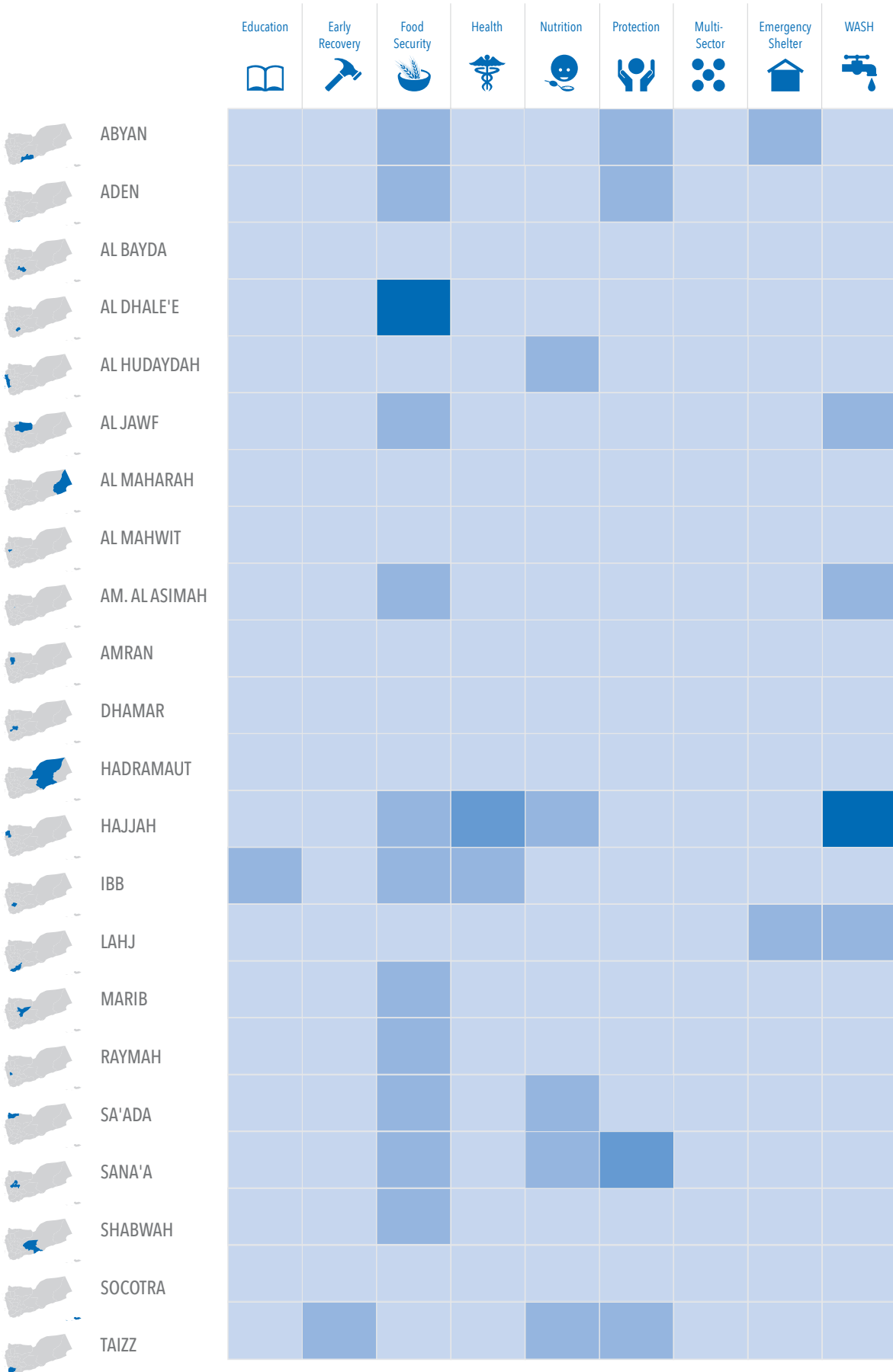
EMERGENCY TELECOMM.



REFUGEES AND MIGRANTS



ASSESSMENT COVERAGE BY LOCATION AND SECTOR



METHODOLOGY

Based on feedback from key stakeholders last year, the Yemen Humanitarian Country Team (HCT) significantly improved the methodology for this year's needs analysis. Specifically, partners committed to four major improvements: 1) Deliver an estimate of people in need (total and per cluster) that distinguishes people in acute, immediate need from people in moderate need; 2) Provide severity analysis and people in need figures at the district level (not governorate only); 3) Decentralize analysis and include more direct input from field-based partners; and 4) Use data as the priority source for needs analysis, relying on more indirect estimates only when data is not available.

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). Starting in June, each cluster worked with partners and OCHA to define a set of indicators that would best estimate needs severity in their sector and was expected to have at least partial district-level datasets available by 15 September. This work included agreeing 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. In parallel, partners worked to organize and carry out assessments that would provide data to populate the severity scales. This included sector-specific assessments, such as the Health Resources Availability Mapping System (HERAMS) or SMART surveys, as well as the nationwide TFPM Location Assessment, which produced data for multiple sectors. Partners also relied on established monitoring mechanisms such as the MRM or the Electronic Disease Early Warning and Surveillance (e-DEWS) system.

Recognizing the often 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 all five field hubs (Sana'a, Ibb, Sa'ada, Hudaydah and Aden) in August and September that brought together more than 400 people from UN agencies, INGOs, Gulf-based organizations, NNGOs and local authorities to review these questions and provide answers through Delphi analysis. 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 de-centralizing 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 2017 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. 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.

After needs severity sums had been generated, 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 2017 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, three options were provided to maintain flexibility without sacrificing rigour.

Under Option 1, clusters designed their own methodology entirely. The Food Security and Agriculture Cluster (FSAC) was the only cluster to select this option, basing all estimates on IPC data that was lightly re-analysed to the district level. The IPC is a distinct methodology that includes five phases of acute food insecurity – 1: Minimal, 2: Stressed, 3: Crisis, 4: Emergency and 5: Famine.

Under Option 2, clusters designed their own methodology for estimating total PIN without distinction between moderate and acute PIN. This option was best suited to clusters with an established approach and sufficient data to generate total PIN estimates at the district level, but that lacked an approach to produce the acute-moderate distinction. After clusters generated total PIN estimates using their own methodology, OCHA categorized each district-level PIN estimate based on the cluster's composite needs severity score. If a district received a score of 2 or 3, district PIN was categorized as "moderate". If the district received a score of 4, 5 or 6, it was categorized as "acute". PIN estimates for districts scored 0 or 1 were not included in total PIN estimates. Under this approach, governorate-level PIN estimates distinguish between acute and moderate, but district-level estimates do not. Three clusters selected Option 2: Nutrition, Shelter/NFIs/CCCM and Education. The Multi-Sector for Refugees and Migrants also selected Option 2.

Under Option 3, 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. As in Option 2, governorate-level PIN estimates distinguish between acute and moderate, but district-level estimates do not. Four clusters selected Option 3: WASH, Health, Protection and EECR.

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).

Refugees, asylum seekers and migrants

District-level population estimates of refugees, asylum seekers and migrants were developed by using 2014 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. Field-based consultations in humanitarian hubs (Delphi methodology) were also used to collect feedback from partners operating in different field locations. Reports on services provided last year were also consulted through ActivityInfo, in addition to various assessments carried out by protection and other actors. Analysis of these information sources informed final severity scores and estimates of the population in need by district.

CLUSTER OR SECTOR	INDICATOR	DATA SOURCE
Food Security and Agriculture	Integrated Phase Classification (IPC) analysis (July 2016)	IPC (WFP, FAO, Government, partners)
Water, Sanitation and Hygiene	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
Health	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
Nutrition	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
Shelter, NFIs and CCCM	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
Protection (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
Education	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
Emergency Employment and Community Rehabilitation	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

