

HUMANITARIAN NEEDS OVERVIEW

YEMEN

HUMANITARIAN
PROGRAMME CYCLE
2021
ISSUED FEBRUARY 2021



About

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

PHOTO ON COVER

Internally displaced girl with her little brother in an IDP site in Al-Dhale'e Governorate, 23 February 2020. Photo: UN/OCHA/Mahmoud Fadel-YPN.

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www.unocha.org/yemen
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Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

<https://www.humanitarianresponse.info/operations/yemen>



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.com



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.unocha.org/appeals/overview/2021



The Humanitarian Data Exchange (HDX) is an open platform for sharing data across crises and organizations. The goal of HDX is to make humanitarian data easy to find and use for analysis.

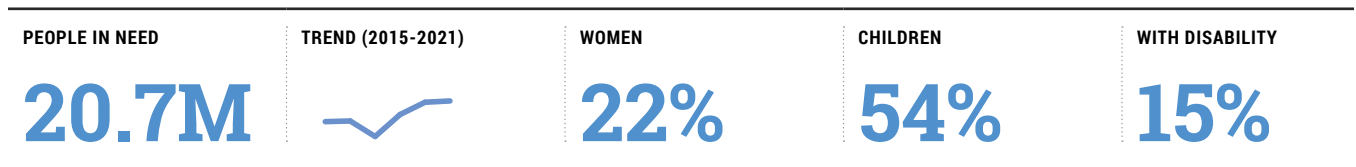
<https://data.humdata.org/group/yem>

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Summary of Humanitarian Needs and Key Findings

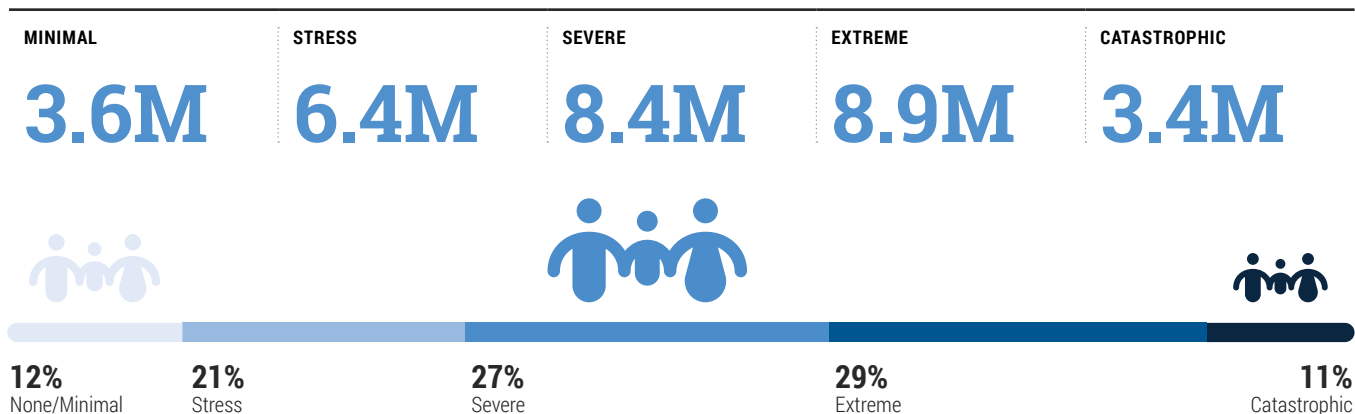
Key figures (2021)



IBB, YEMEN

A displaced girl tries on a face mask during IOM COVID-19 awareness raising activities in Ibb. Photo: IOM 2020

Severity of needs (2021):



By Population Groups

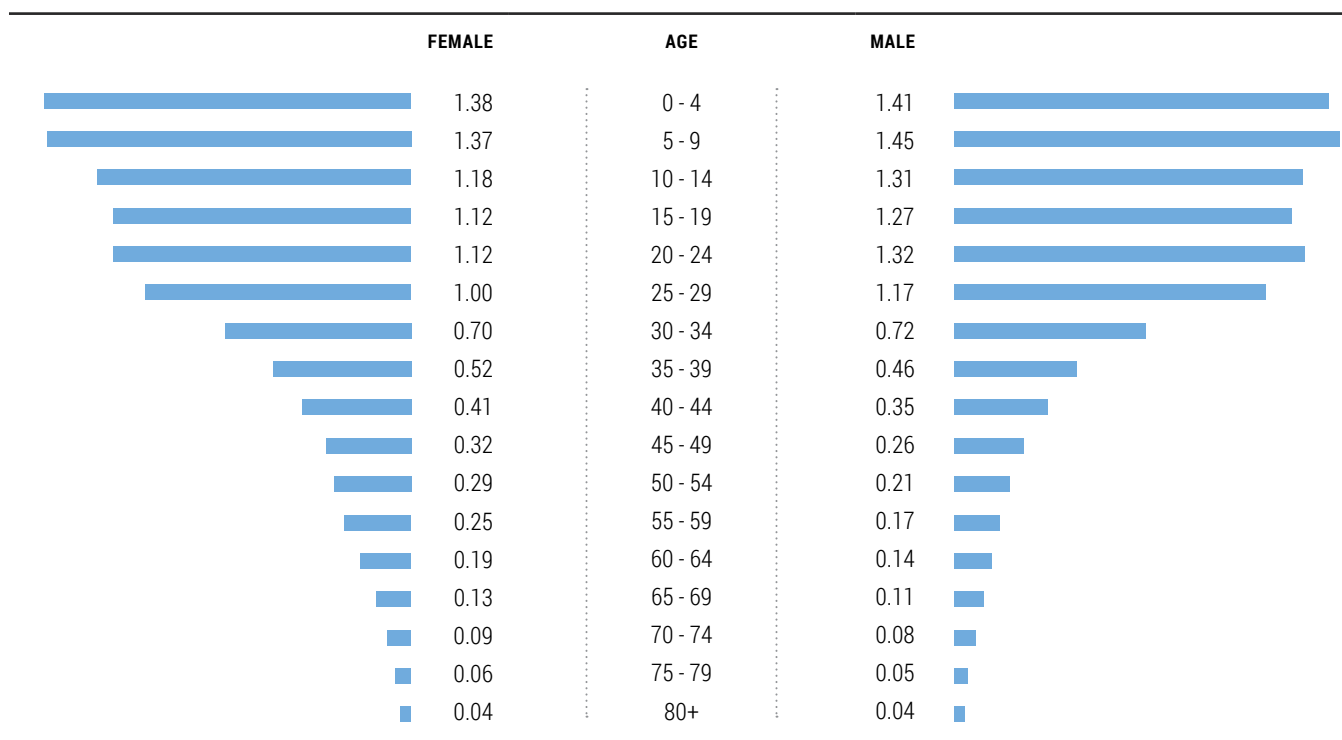
POPULATION GROUP	PEOPLE IN NEED
Persons with disabilities	3.1m
Internally displaced people	3.0m
Children under 5 y/o	2.8m
Pregnant and lactating women	1.7m

By Age

AGE	PEOPLE IN NEED	% PIN
Boys (0-17)	5.8m	28%
Girls (0-17)	5.5m	27%
Men (above 18)	4.8m	23%
Women (above 18)	4.6m	22%

People in Need by Age Groups and Sex (2021):

Numbers in millions



Context and Impact of the Crisis

Yemen remains the world's largest humanitarian crisis and aid operation. The crisis is the result of a brutal armed conflict that escalated six years ago. It has killed and injured tens of thousands of civilians, causing immense suffering for the Yemeni people. In 2020, the conflict intensified, the number of frontlines increased from 33 to 49, and 172,000 people were displaced, bringing the number of Internally Displaced People (IDPs) to at least 4 million.

The economy and the currency continued to collapse as foreign reserves were depleted and the government was unable to subsidize food and other commodities for which Yemen is 90 per cent import-reliant. The situation was exacerbated by the global COVID-19 turndown which led to a sharp drop in remittances – the largest source of foreign currency and a lifeline for many families where 80 per cent of people live below the poverty line. As a result, millions more people cannot afford to meet their basic needs. A fuel crisis in the north, part of a dispute over the use of revenues, led to fuel shortages and price hikes. Government capacity to regularly pay salaries and pensions to public employees has been hindered and public services have been degraded.

Yemen is also vulnerable to natural hazards. Between April and August 2020, heavy rains and flooding devastated communities, causing deaths and injuries, destroying infrastructure and livelihoods, and increasing the spread of deadly diseases. Tens of thousands of families were affected, many of them already displaced. Other natural hazards pose a threat, including desert locust infestations, which are expected to cause damage and loss worth \$222 million.

The impact of the drivers of the crisis is most visible in the growing risk of famine and severe acute malnutrition, disease outbreaks, conflict casualties, forced displacement and reversal of past development gains. In addition, the conduct of the parties to the conflict has had a profound impact on the aid operation – particularly humanitarian access, aid delivery and data collection.

Scope of the Analysis

This Humanitarian Needs Overview (HNO) analysis covers all 333 districts in Yemen; each has been affected by the humanitarian crisis. The analysis focuses particularly on the needs of IDPs, refugees, asylum seekers and migrants. Particular attention is given to the most vulnerable children, women, men, people with disabilities, older people, and marginalised groups such as the Muhamasheen. Needs were assessed using the enhanced global Humanitarian Planning Cycle (HPC) approach and the corresponding Inter-Agency Standing Committee (IASC) Joint Inter-sector Analysis Framework (JIAF) global guidance which takes a holistic approach to needs and measures severity in Yemen against 15 intersectoral indicators. The reduction in the number of people in need in 2021 does not reflect an improvement in the humanitarian situation but arises from the introduction of the new enhanced methodology and accessible assessments.

Humanitarian Conditions, Severity and People in Need

Based on the 2021 HNO analysis, 20.7 million people – 66 per cent of the population – are estimated to need humanitarian assistance in 2021; 12.1 million people of whom are estimated to be in acute need. These people are facing crisis or worse levels of severity of needs, in obtaining the necessities of life, maintaining their health and wellbeing, and the coping strategies employed just to stay alive.

Food insecurity and malnutrition are the main drivers behind the number of people in need. 16.2 million people will go hungry this year (Integrated Food Security Phase Classification (IPC) Phase 3 or higher). This includes 5 million people facing emergency conditions (IPC Phase 4) and nearly 50,000 who were already experiencing catastrophe conditions (IPC Phase 5). Over 2.25 million cases of children aged 0 to 59 months, and more than a million pregnant and lactating women are projected to suffer from acute malnutrition in the course of 2021. In addition, over 15.4 million people are in need of support to access their basic water and sanitation needs, of whom 8.7 million are in acute need. Yemenis are increasingly

forced to resort to negative coping mechanisms in relation to WASH access and behaviours, significantly heightening the risk of malnutrition and increasing WASH-related disease and outbreaks including, cholera and dengue. Protection of civilians remains a priority in Yemen. Some of the highest levels of vulnerability are concentrated in IDP sites where very few services are available.

Expected evolution of the situation over 2021

In 2021 the situation is expected to deteriorate further, and the severity of needs is expected to increase unless there is conflict de-escalation and an improvement in the economy and funding.

In the absence of a political agreement, violations of international humanitarian law (IHL) and international human rights law (IHRL) are likely to continue, causing civilian casualties and damaging critical infrastructure including hospitals, schools, main supply routes and economic markets. While armed conflict will continue to impede humanitarian operations, the response will predominantly be obstructed by bureaucratic restrictions. Violations against children are expected as economic hardship and a lack of access to education continue. These include family separation, child recruitment, child marriage, and exploitive forms of labour and child trafficking. IDPs, refugees, asylum-seekers, migrants and people with disabilities are likely to remain in extremely vulnerable situations. Protracted displacement of IDPs is very likely to continue to affect resilience and exacerbate existing vulnerabilities, resulting in higher needs and negative coping mechanisms.

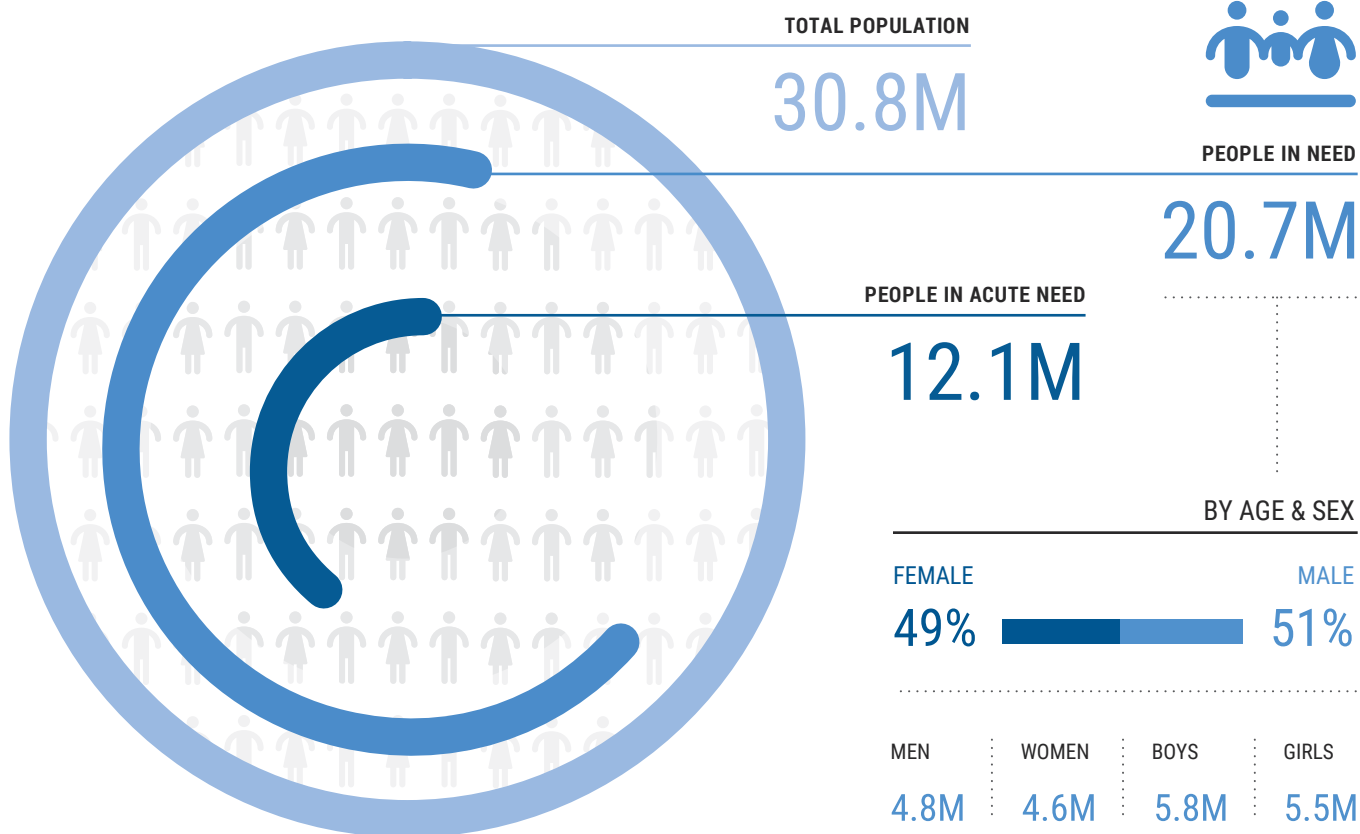
Without the lifting of the blockade, macro-economic stability and an adequately capitalized central bank, the socio-economic environment is expected to decline further in 2021.¹ Experts estimate that GDP losses endured in the first 5 years of the conflict could double to \$181 billion if the conflict continues through 2022. The Yemeni rial is expected to continue to depreciate, severely affecting the purchasing power of the population.

Recurring natural hazards will likely increase vulnerabilities and humanitarian needs in 2021. There is real risk of a major oil spill with potentially devastating implications for the population if the maintenance of the FSO 'SAFER' tanker, floating off the Red Sea Coast, is not conducted urgently.

The trajectory of the main epidemics and health risks affecting Yemen is expected to continue, with a severe impact on the physical and mental well-being of people across the country. The INFORM Epidemic Risk Index, indicates Yemen is 1 of only 11 countries assessed as facing 'very high risk' of infectious disease affecting humanitarian need. Conditions are not expected to change in 2021 due to the severe vulnerability of the population and lack of capacity to contain diseases and provide treatment. COVID-19 has placed additional pressure on existing facilities and resulted in under-use of health services, complicating the delivery of services to prevent other diseases. This will compound the effects of growing food insecurity and limited hygiene and sanitation services, particularly for women and children, on preventable disease and the long-term effects of malnutrition, which is projected to worsen in many areas.

Partners are finalizing the 2021 Humanitarian Response Plan (HRP) prioritizing the critical needs identified in the HNO. The HRP is built on three key strategic objectives: preventing famine and restoring livelihoods; treating infectious disease; and providing protection.

Estimated number of people in need

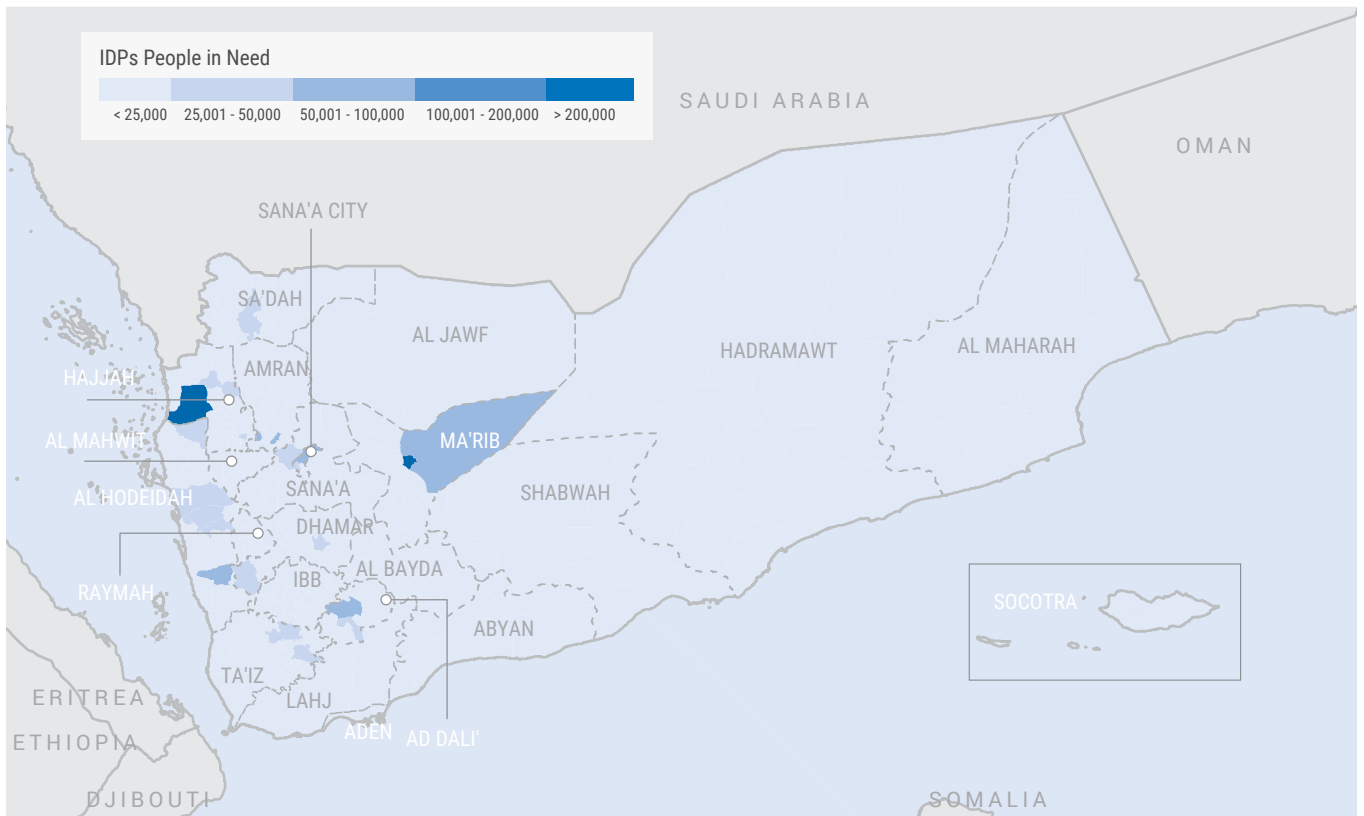
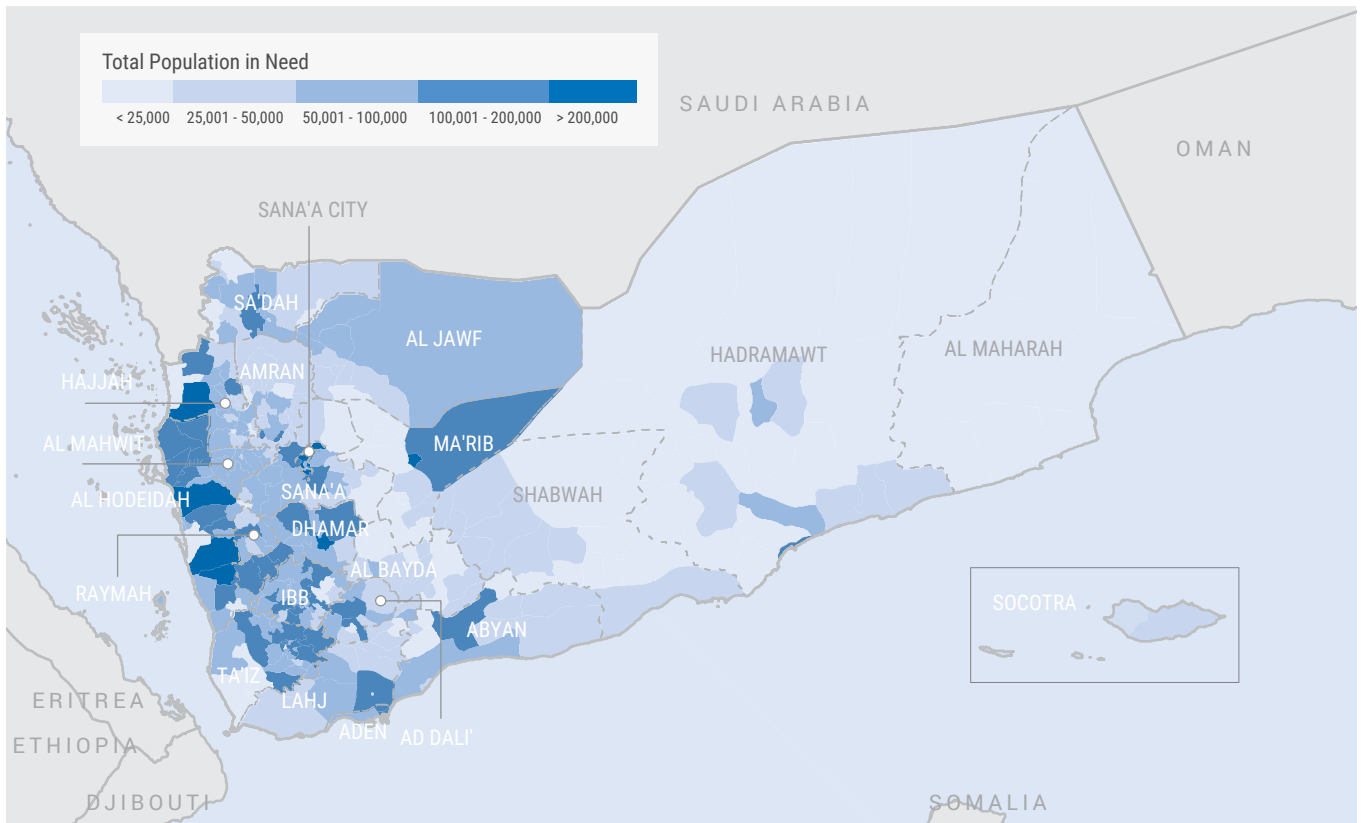


Source: Yemen Joint Inter-sector Analysis Framework

PEOPLE IN NEED BY SECTOR

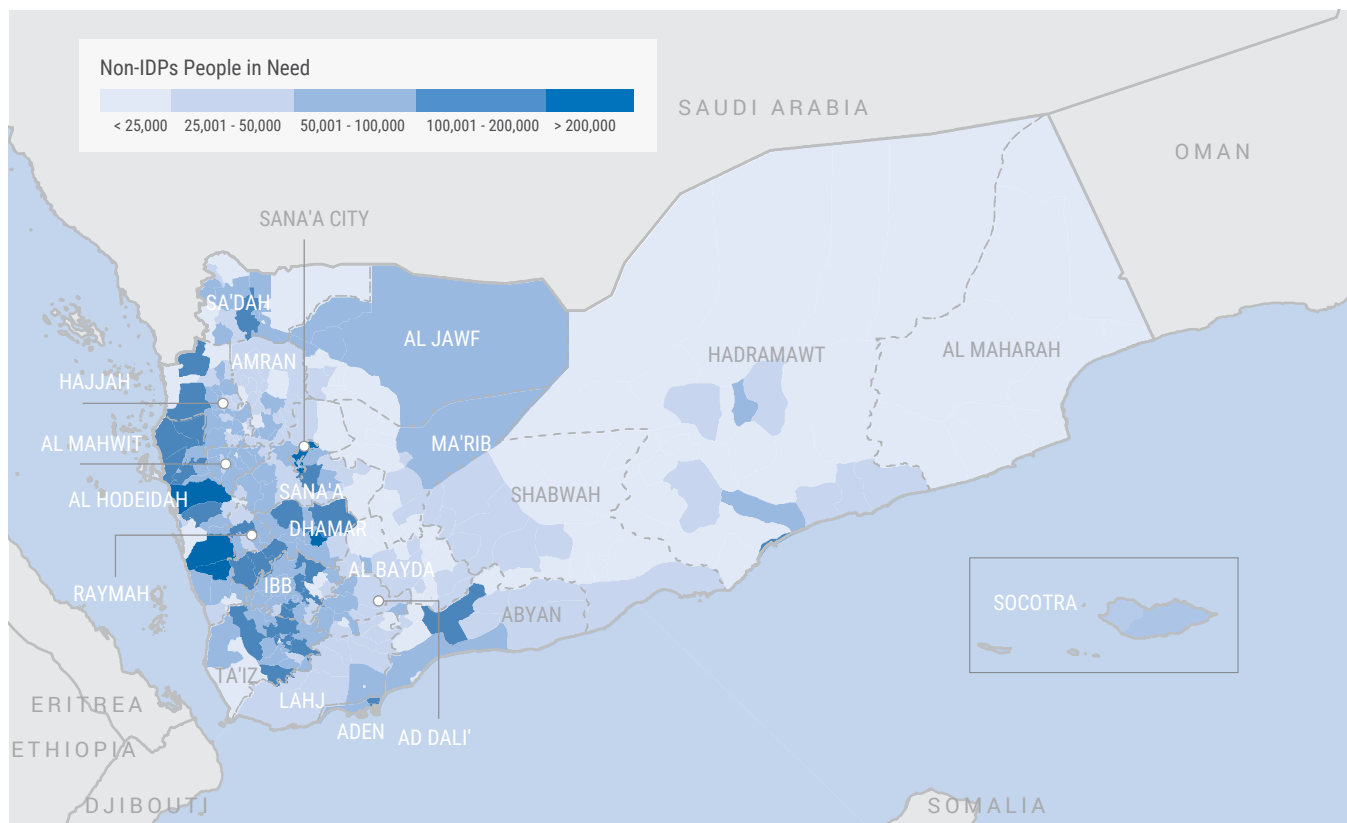
SECTOR	PEOPLE IN NEED	PEOPLE IN ACUTE NEED	BY SEX & AGE			
			MEN	WOMEN	BOYS	GIRLS
CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	1.19M	1.17M	0.27M	0.27M	0.33M	0.32M
EDUCATION	5.55M	2.93M	0.27M	0.21M	2.64M	2.42M
FOOD SECURITY AND AGRICULTURE	16.2M	5.1M	3.94M	3.88M	4.25M	4.07M
HEALTH	20.07M	11.55M	4.96M	4.89M	5.22M	5.00M
NUTRITION	7.56M	4.71M	-	2.46M	2.60M	2.50M
PROTECTION	15.77M	8.04M	3.62M	3.54M	4.39M	4.22M
REFUGEES AND MIGRANTS MULTI SECTOR (RMMS)	0.28M	0.28M	0.13M	0.08M	0.03M	0.03M
SHELTER/NON FOOD ITEMS (NFI)	7.34M	2.91M	1.70M	1.65M	2.03M	1.94M
WATER, SANITATION AND HYGIENE (WASH)	15.36M	8.66M	3.47M	3.47M	4.30M	4.13M

Severity of Humanitarian Conditions and Number of People in Need



Source: Yemen Joint Inter-sector Analysis Framework

Severity of Humanitarian Conditions and Number of People in Need



Source: Yemen Joint Inter-sector Analysis Framework

Severity of humanitarian conditions and number of people in need

INTERNALLY DISPLACED PEOPLE (IDPs)

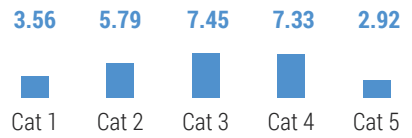
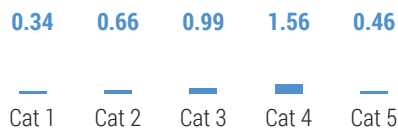
NON-DISPLACED POPULATION

People in need

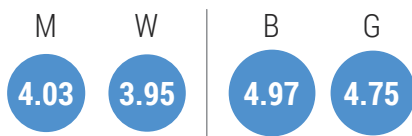
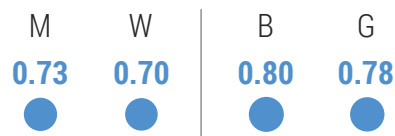
3
Million

17.7
Million

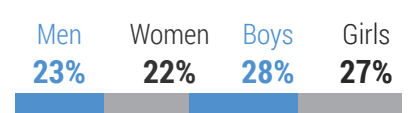
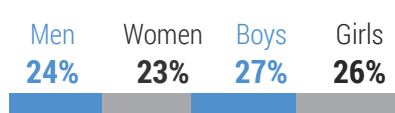
Severity of needs
(in millions)



Number by sex & age
(in millions)

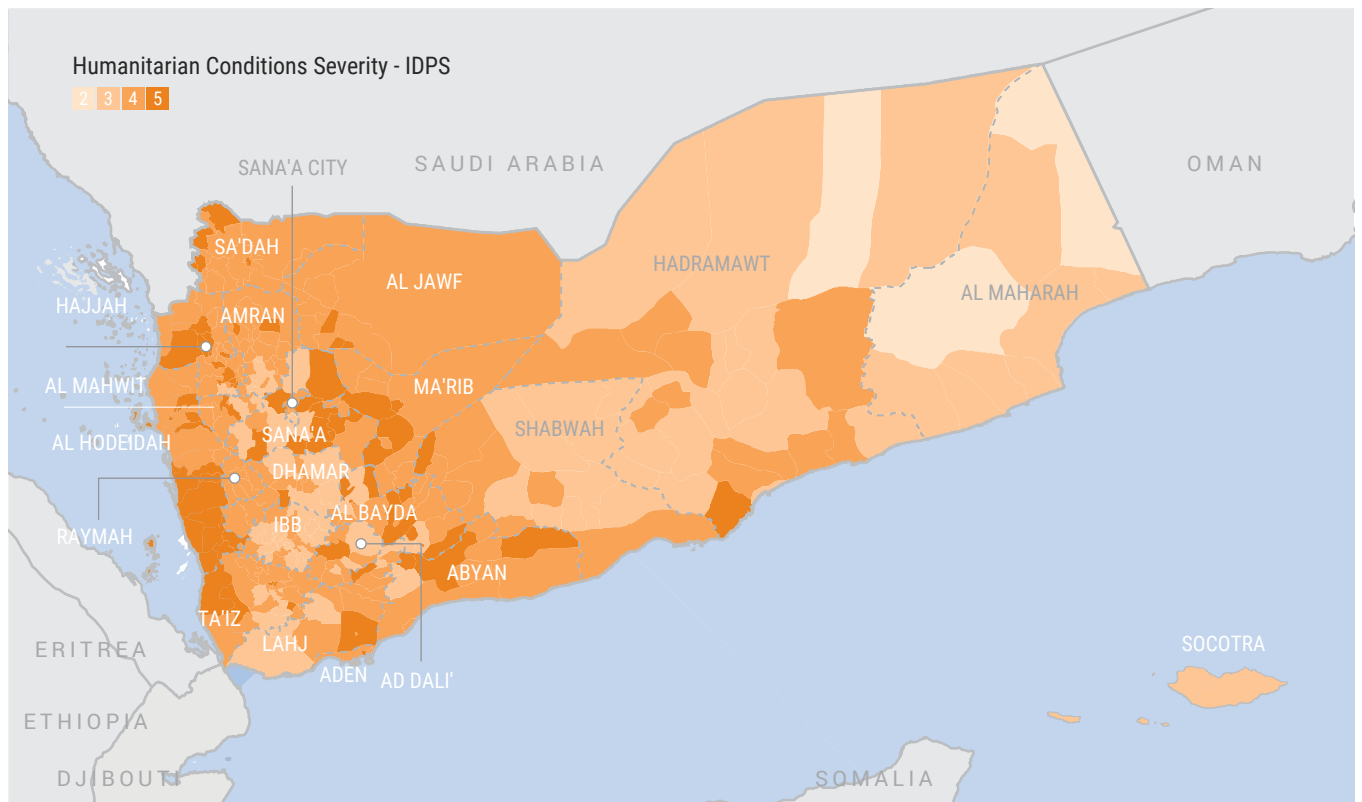


Per cent by sex & age



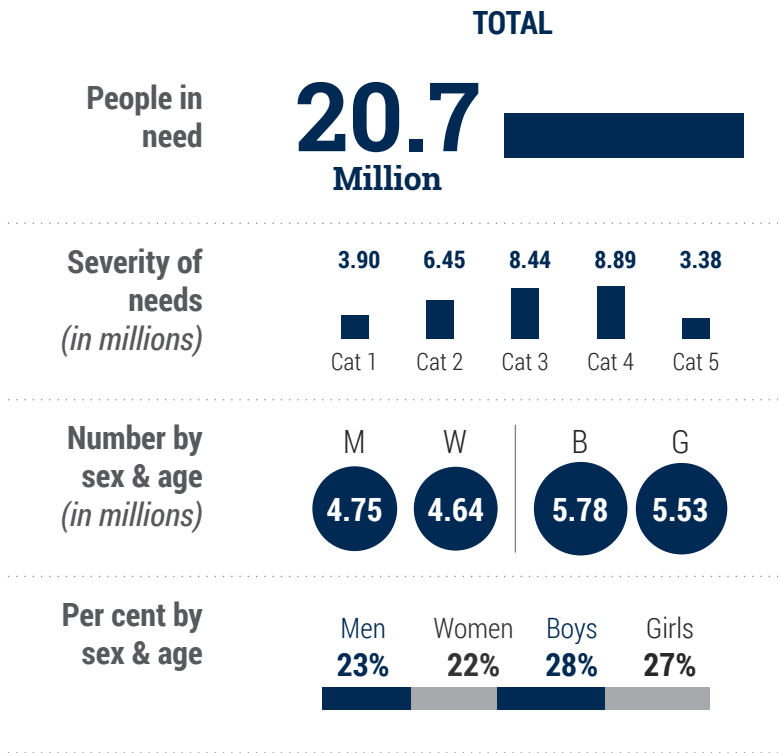
Cat 1: Minimal Cat 2: Stress Cat 3: Severe Cat 4: Extreme Cat 5: Catastrophic

Source: Yemen Joint Inter-sector Analysis Framework

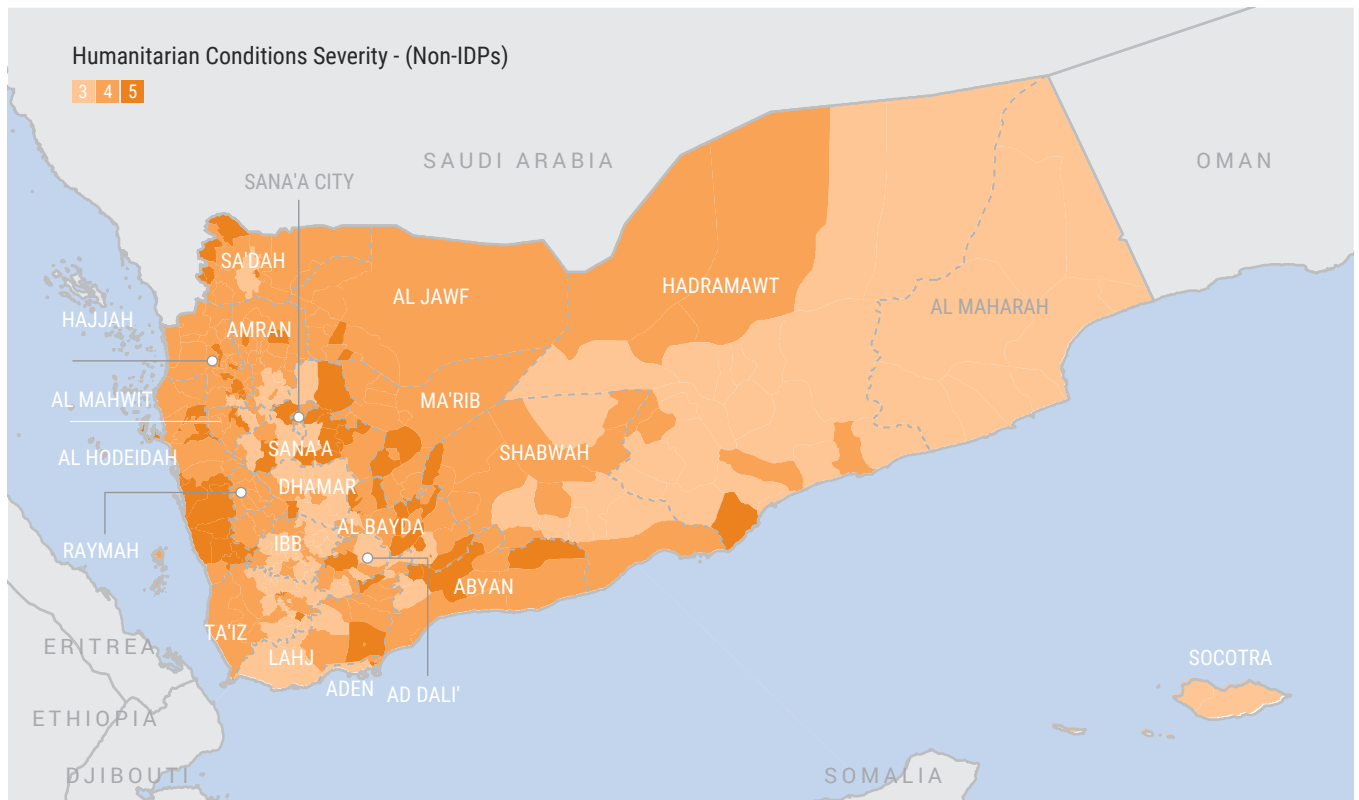


Source: Yemen Joint Inter-sector Analysis Framework

Severity of humanitarian conditions and number of people in need



Source: Yemen Joint Inter-sector Analysis Framework



Source: Yemen Joint Inter-sector Analysis Framework

Part 1: Impact of the Crisis and Humanitarian Conditions

AL-DHALEE, YEMEN

Internally displaced children in an IDP site
in Al-Dhale'e Governorate, 23 February
2020. Photo: OCHA/Mahmoud Fadel



1.1

Context of the Crisis

Yemen remains the world's largest humanitarian crisis. The crisis is the result of a brutal armed conflict that escalated six years ago, has killed and injured tens of thousands of civilians and which continues today. The war has fuelled displacement making Yemen now the fourth largest IDP crisis globally with 4 million people displaced, wrecked the economy, reversed pre-conflict development gains, exacerbated long-standing vulnerabilities, and severely frayed Yemen's social fabric, causing immense suffering. While Yemen had pre-existing vulnerabilities, the origins of the ongoing crisis – and ultimately the solutions to it – are political. The protracted nature of the crisis resulting in increasing poverty requires the implementation of and coordination between humanitarian assistance and other responses, including safety nets and social protection.

Armed conflict

Armed conflict in hotspots has occurred intermittently for decades and the underlying causes have never been fully addressed. The current conflict emerged from confrontations in 2013 and 2014 between the Internationally Recognized Government of Yemen² (IRG) and mostly Ansar Allah³. These confrontations escalated as the Houthis and their allies seized Sana'a in September 2014 and began to push into the rest of the country in the following months. In March 2015, a Saudi-led Coalition (SLC) launched air strikes in support of the Government. Several months later, SLC troops landed in Aden, and supported the Government and other anti-Houthi forces to take control of much of the south and east of the country.

By August 2015, broad lines of control had emerged between the Houthi-controlled north and the IRG-controlled south. Anti-Houthi forces at various times have included the separatist Southern Transitional Council (STC), informal militias, local tribal groups and

other entities, in addition to Government troops. In the north, Houthi forces have steadily consolidated power, effectively seizing control of the state apparatus after clashing with allies from the General People's Congress (GPC) in late 2017. Al Qaida in the Arabian Peninsula (AQAP) and other militants are active in several areas.

With several exceptions, active conflict has mostly continued to be waged around lines of control that emerged in August 2015, as well as along the border with Saudi Arabia. Territory in these areas has intermittently changed hands. Sustained changes to lines of control occurred during an SLC-backed offensive in 2017-18, which took parts of the south-west and a strip of territory along the Al Hodeidah coast. In January 2018, and again in August 2019, the STC temporarily seized parts of the south, though this territory has been officially returned to IRG-control.

In 2020, conflict escalated in several areas, mainly along the established lines of control. There are now 49 active front lines in Yemen – including 14 that opened up in 2020. A comprehensive political settlement remains elusive. In December 2018, the Internationally Recognized Government and the Houthis signed the UN-mediated Stockholm Agreement, which established a ceasefire in Al Hodeidah and introduced other measures intended to pave the way for a wider political solution. Efforts to reach that wider solution continue. In November 2019, Saudi Arabia mediated the Riyadh Agreement to end fighting between the Internationally Recognized Government and the STC. The STC is now represented in the cabinet of the Government of Yemen formed in December 2020.



ADEN, YEMEN

Internally displaced children in Dar Sa'ad IDP site in Aden governorate, 22 February 2020.

Photo: OCHA/Mahmoud Fadel

Economic collapse

Parties to the conflict have weaponized the economy as part of the larger war effort. Since 2015, the economy has shrunk by half, and more than 80 per cent of Yemenis now live below the poverty line. This collapse is most visible in loss of income, depreciation of the Yemeni rial (YER), loss of Government revenue, commercial import restrictions and rising commodity prices. More than 40 per cent of Yemeni households are estimated to have lost their primary source of income. As jobs became scarcer, remittances from Yemenis working abroad have become the largest source of foreign exchange in the country. It was estimated that up to 80 per cent of remittances, worth 3.8 billion in 2019, have dried up⁴ in the wake of the COVID-19 global economic slowdown.

Remittance inflows to the Middle East and North Africa in 2019, World Bank Report⁵

US\$ billion, 2019

COUNTRY	INFLOWS	
Egypt	26.8	<div style="width: 100%;"></div>
Lebanon	7.5	<div style="width: 28%;"></div>
Morocco	6.7	<div style="width: 25%;"></div>
Jordan	4.5	<div style="width: 17%;"></div>
Yemen	3.8	<div style="width: 14%;"></div>
West Bank and Gaza	2.4	<div style="width: 9%;"></div>
Tunisia	1.9	<div style="width: 7%;"></div>
Algeria	1.8	<div style="width: 7%;"></div>
Syria	1.6	<div style="width: 6%;"></div>
Iran	1.3	<div style="width: 5%;"></div>

Remittance inflows to the Middle East and North Africa in 2019, World Bank Report

Percentage of GDP, 2019

COUNTRY	PERCENTAGE
West Bank and Gaza	16.3%
Lebanon	12.7%
Yemen	12.6%
Jordan	10.2%
Egypt	8.9%
Morocco	5.6%
Tunisia	4.9%
Djibouti	1.9%
Algeria	1.0%
Iraq	0.3%

Yemenis who still have a source of income have witnessed reduced household purchasing power by the unprecedented depreciation of the Yemeni rial. In the south, the rial was trading at roughly YER920/US\$ in mid-December 2020 – the worst rate ever recorded and about four times more than the pre-crisis rate. In the north, the rial was trading around YER600/US\$.⁶ Because Yemen imports nearly all its food and other essential commodities, the currency collapse has driven food and other commodity prices significantly higher. As a result, millions more people cannot afford to meet their basic needs.

Monthly food basket trends, and exchange rate fluctuations

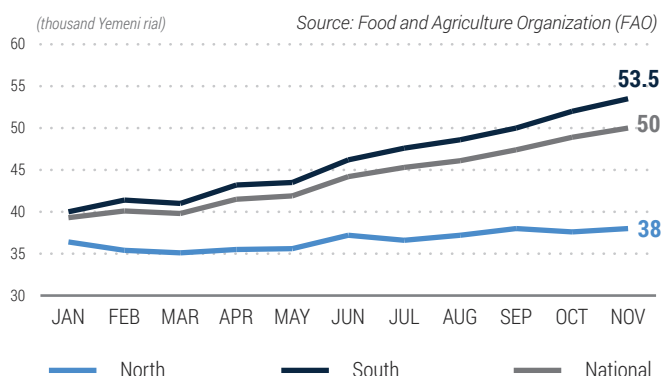
In the absence of macroeconomic stability, the Government has struggled to shore up the rial and subsidize fuel and other critical imports due to depleted foreign reserves. This hinders Government capacity to provide reliable services, ensure availability of commodities and regularly pay salaries and pensions to public employees. It is estimated that 60 per cent of the Government revenue comes from oil and gas exports, which currently run at just 10 to 15 per cent of capacity

and face much lower prices on the global market⁷. In 2018, a \$2 billion deposit by Saudi Arabia to the Central Bank of Yemen helped to stabilize a similar economic decline, but this has been depleted. In the north, Houthi authorities erratically pay partial salaries to public employees and do not provide detailed accounting for revenue or expenditure.

Restrictions on commercial imports have also played a prominent role in Yemen’s economic collapse. Periods of blockade⁸ have prevented adequate supplies of essential goods from entering all ports. This included an SLC-imposed total blockade in late 2017. Although that blockade lasted only several weeks, fluctuating Government or SLC policies have continued to restrict commercial imports entering ports under Houthi control. In June 2020, the Government stopped clearing most commercial fuel imports through Al Hodeidah port as part of a wider dispute with the Houthis about the management of fuel import revenue. From May to September, fuel imports through Al Hodeidah port declined, resulting in a sharp decrease in the availability of fuel in official fuel stations in northern governorates driving consumers to unofficial markets at hugely inflated prices. Although commercial fuel imports via southern ports reportedly rose during this period, fuel shortages have also remained a serious challenge in the south due to diminishing foreign reserves.⁹

The depreciation of the rial and inflation were key factors in driving up food prices in 2020. The price of food doubled between 2015 and 2019 and prices continued to rise throughout 2020. Experts predict further loss of income, rising food prices and inflation and declining food imports in coming months.

MINIMUM FOOD BASKET (MFB) PRICES IN 2020¹⁰



AVERAGE VALUE OF THE YEMENI RIAL AGAINST THE US DOLLAR SINCE JULY 2018¹¹

Source: World Food Programme (WFP)

Many of Yemen's economic challenges could be solved by lifting the blockade and introducing measures to increase economic stability. The Central Bank of Yemen remains severely under-capitalized and lacks the resources to implement these policies. The Central Bank is also fragmented, with branches in Aden and Sana'a issuing competing policies and exchange rates. This has accelerated Yemen's economic decline and continues to create challenges for commercial and humanitarian sectors who must navigate the situation. Economic collapse and subsequent poverty have had a detrimental effect on protection pushing people into negative coping mechanisms, many of which are extremely harmful such as sexual exploitation, child marriage, forced marriage and recruitment.

Natural disasters and environmental degradation

The Notre Dame Global Adaptation Index ranks Yemen among the countries least prepared for climate shocks and among the most vulnerable to climate change. In 2020, once-in-a-generation flooding devastated southern communities and fuelled the spread of diseases like cholera, dengue, malaria and diphtheria. More than 300,000 people, most of them IDPs who fled conflict areas, lost their shelters, incomes and any form of livelihoods they may have had. These floods followed several years of abnormally intense cyclonic activity.

Moreover, locusts have affected 4,609 hectares of farmland and are expected to cause agricultural losses estimated at \$222 million¹², thereby exacerbating food insecurity and threatening the

region. In Yemen – particularly in the dry and coastal areas – desert locust¹³ populations are present in various levels of concentration according to the Desert Locust Monitoring and Control Centre (DLMCC) of the Ministry of Agriculture and Irrigation. Yemen is a key frontline country for desert locusts and the source of devastating plagues in the past. Desert locusts pose an unprecedented threat to agriculture-based livelihoods and food security. If not controlled, the food security impacts will be significant with the greatest impact felt by vulnerable agricultural and livestock dependent households due to the potential for significant crop or pasture losses.

Meanwhile, with water sources slowly depleting and desertification brought on by agricultural pressures, recurrent drought and climate change is threatening the availability of arable land and access to safe drinking water. Yemen also is witnessing a reduction of farming and breeding production. As a result of the associated loss of income and livelihoods, food insecurity will lead to increased malnutrition and associated mortality and other long-term irreversibility effects on child growth and development. Moreover, these pressures contribute to greater internal migration towards large population centres, which will increase and put additional pressure on already stretched infrastructure.

Yemen's Red Sea coastline – and that of neighbouring countries – is at risk of an environmental and humanitarian disaster if the FSO Safer oil tanker, moored off the coast of Al Hodeidah, leaks or explodes. The FSO Safer is carrying 1.1 million barrels



SOCOTRA, YEMEN

Flooding on Socotra. Photo: UNHCR/Fahmi
Moh. Saeed Salman

of oil and has had almost no maintenance since 2015. A worst-case spill scenario would devastate Yemen's coastal communities and could close Al Hodeidah port – where most food enters the country – for up to six months. Houthi authorities approved a UN mission plan to assess the FSO Safer in November 2020, but agreement on all logistical arrangements remains pending. The UN mission, should it proceed, would complete whatever initial maintenance may be feasible to reduce the immediate risk of a spill.



TAIZ, YEMEN

A displaced child in Al-Safia IDP site in Taiz governorate, 24 February 2020.
Photo: OCHA/Mahmoud Fadel

1.2 Shocks and Impact of the Crisis

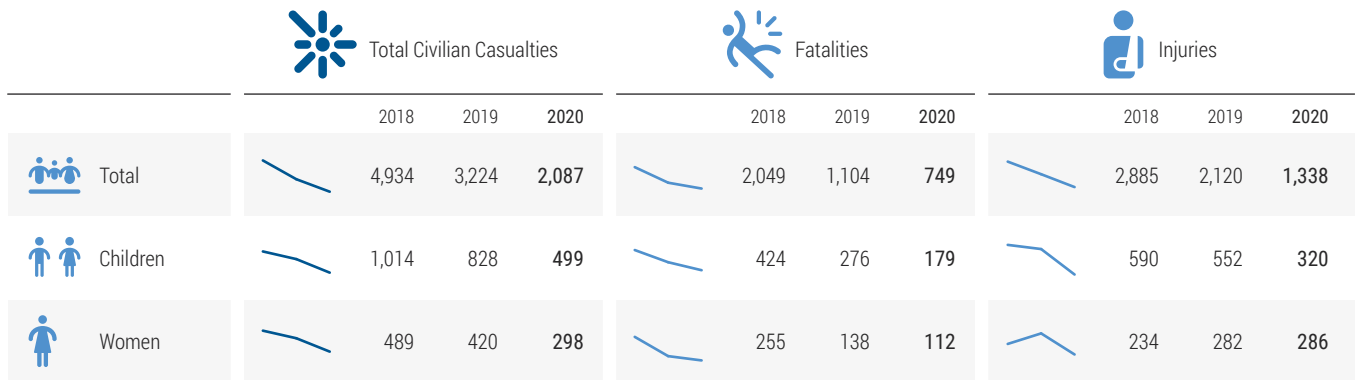
The impact of armed conflict, economic decline, natural hazards and other crisis drivers is most visible in the growing risk of famine, severe acute malnutrition, conflict casualties, forced displacement, disease outbreaks and reversal of past development gains. The conduct of the parties to the conflict has had a profound impact on the aid operation – particularly humanitarian access and data collection.

Impact on People

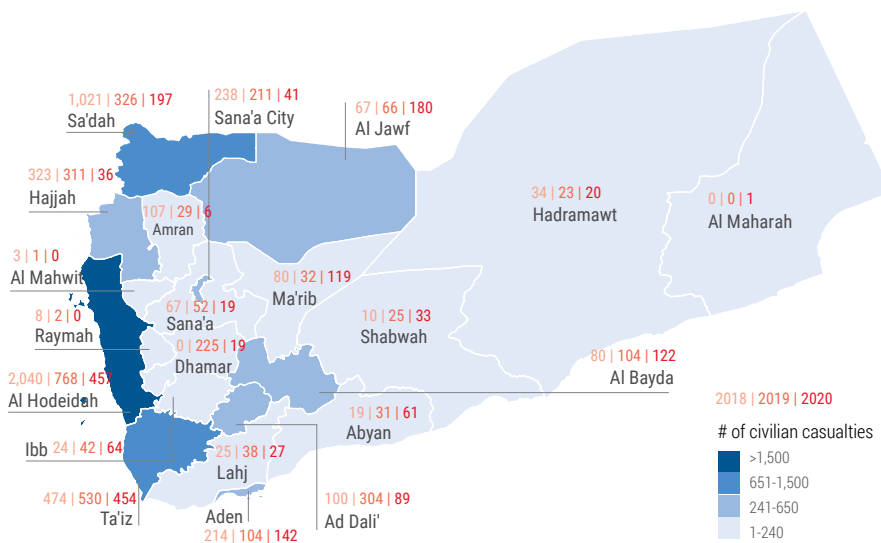
Death and injury due to conflict – According to independent analysis, by 2019, the armed conflict had killed nearly a quarter of a million people either directly

as a result of hostilities or indirectly due to inadequate supplies of food, healthcare and infrastructure¹⁴. More than 20,000 civilian deaths and injuries have been verified as a direct result of hostilities since 2015. While civilian casualties fell by over a third between 2019 and 2020, the number of casualties increased in the last quarter of 2020 as clashes in Al Hodeidah and Ta'iz escalated. These figures include only casualties that could be independently recorded and verified; the true numbers are almost certainly much higher. In 2020 alone, an estimated 2,087 civilians were killed or injured, with an increased proportion of these being women and children. Civilian casualties increased towards the end of the year as conflict escalated along several frontlines.¹⁵

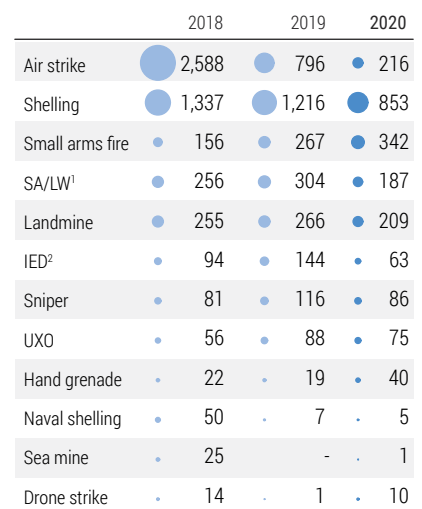
NUMBER OF CIVILIANS CASUALTIES RECORDED IN YEMEN (2018 - 2020)



NUMBER OF CIVILIANS CASUALTIES IN KEY GOVERNORATES (2018 - 2020)



CIVILIANS CASUALTIES BY TYPE OF ARMED VIOLENCE (2018 - 2020)

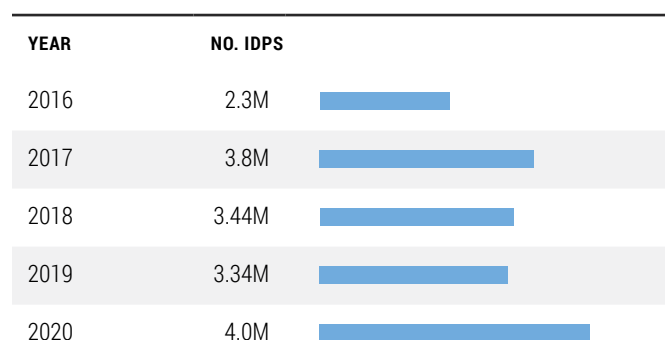


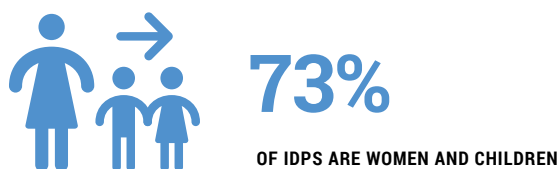
¹ Small arms/light weapons, ² Improvised explosive device

Forced displacement - Yemen has the fourth highest level of internal displacement in the world. More than 4 million people have been displaced since 2015, including 172,000 who fled their homes in 2020. Most internally displaced persons (IDPs) in Yemen have been displaced for more than two years, and often multiple times, straining their resources, and exacerbating vulnerabilities. Moreover, the influx of large numbers of IDPs can put an additional burden on resources and infrastructure in hosting communities, which often also are conflict-affected and have significant humanitarian needs. While approximately 1 million former IDPs have returned home, they often remain exposed to protection risks from the ongoing conflict and struggle to access support. Conflict remains the overwhelming cause of displacement, although natural disasters, in particular floods, also displaced significant numbers of people each year.¹⁶

Impact of the Crisis

Millions of people





Famine risk – In December 2018, an Integrated Food Security Phase Classification (IPC) analysis confirmed that 239,000 people would fall into famine-like (IPC Phase 5) conditions in the absence of large-scale humanitarian assistance. Food security surveys had never before confirmed IPC Phase 5 catastrophic conditions in Yemen. Analysis attributed this deterioration primarily to ongoing conflict, economic decline, disrupted livelihoods and impeded humanitarian access. Generous funding levels, global mobilization to expand multi-sectoral assistance, support to the economy and de-escalation of violence prevented large-scale famine from taking hold two years ago. In 2020, the risk of famine returned, as funding for the aid operation significantly decreased, the economy again unravelled, and conflict escalated. The December 2020 IPC analysis projects that 16.2 million people – more than half the country – will go hungry this year (IPC Phase 3 and above) with 47,000 people projected to experience IPC Phase 5 conditions in the first half of 2021.

Malnutrition risk – Yemen recorded one of the highest levels of acute malnutrition with a devastating toll on children under age 5. Over 2.25 million children aged 0 to 59 months, and more than a million pregnant and lactating women, are projected to suffer from acute malnutrition in the course of 2021 in Yemen. Based on the IPC Acute Malnutrition (AMN) analysis conducted in the south in August 2020 and in the North in December 2020, covering 35 zones in 333 districts, the nutrition situation was projected to deteriorate in 18 zones in the north and south between August and December 2020 period across the country. Five more zones were projected to deteriorate in northern governorates during the first quarter of 2021 where information was available for the analysis.

Cholera, COVID-19 and other disease outbreaks – Conflict, displacement, flooding and economic decline have fostered conditions favourable to communicable disease outbreaks while health and WASH services –

which would mitigate the prevalence of such outbreaks - have been underfunded. Four years ago, Yemen experienced the worst cholera outbreak in modern times. Underlying conditions – including poor water and sanitation services, inadequate living conditions and other vulnerabilities – are still in place, limiting chances of eradication and enabling transmission to continue in over 70 per cent of the country.

Although just over 2,000 cases of COVID-19 had been officially reported by October 2020, these numbers are believed to significantly under-count actual incidence of the disease. Indicators suggest the virus is still spreading. A lack of testing facilities and official reporting, people delaying seeking treatment because of stigma, difficulty accessing treatment centres, and perceived risks of seeking care are some of the reasons behind the low number of reported cases. Some of these issues are also driving lower utilization rates for health, nutrition, education and other sectors, as people forego these services due to the closure, fear of contracting COVID-19 or other reasons.

Conditions that favour the spread of cholera and COVID-19 also facilitate the spread of other communicable diseases. Since 2015, increased cases of diphtheria, polio and other diseases have all been reported, included dengue fever, which saw over 65,000 cases in 2020, affecting 69 per cent of districts in Yemen. In addition, 2020 saw the declaration of a polio outbreak following reported cases of vaccine derived poliovirus type 1 (cVDPV1) in the first weeks of August 2020, for the first time since it was eradicated in 2000.

Impact on Services and Systems

Decaying infrastructure and basic services - Conflict and economic collapse have significantly degraded the quality, quantity and accessibility of Yemen's public services and essential infrastructure. Essential services and the institutions have been seriously weakened in Yemen due to the pressure on these systems, erratic salary payments and dependency on humanitarian aid. Only half of health facilities (10,000) and two-thirds of schools (16,000) are currently functioning. Water infrastructure is operating at less than 5 per cent efficiency. Roads, including major truck routes between

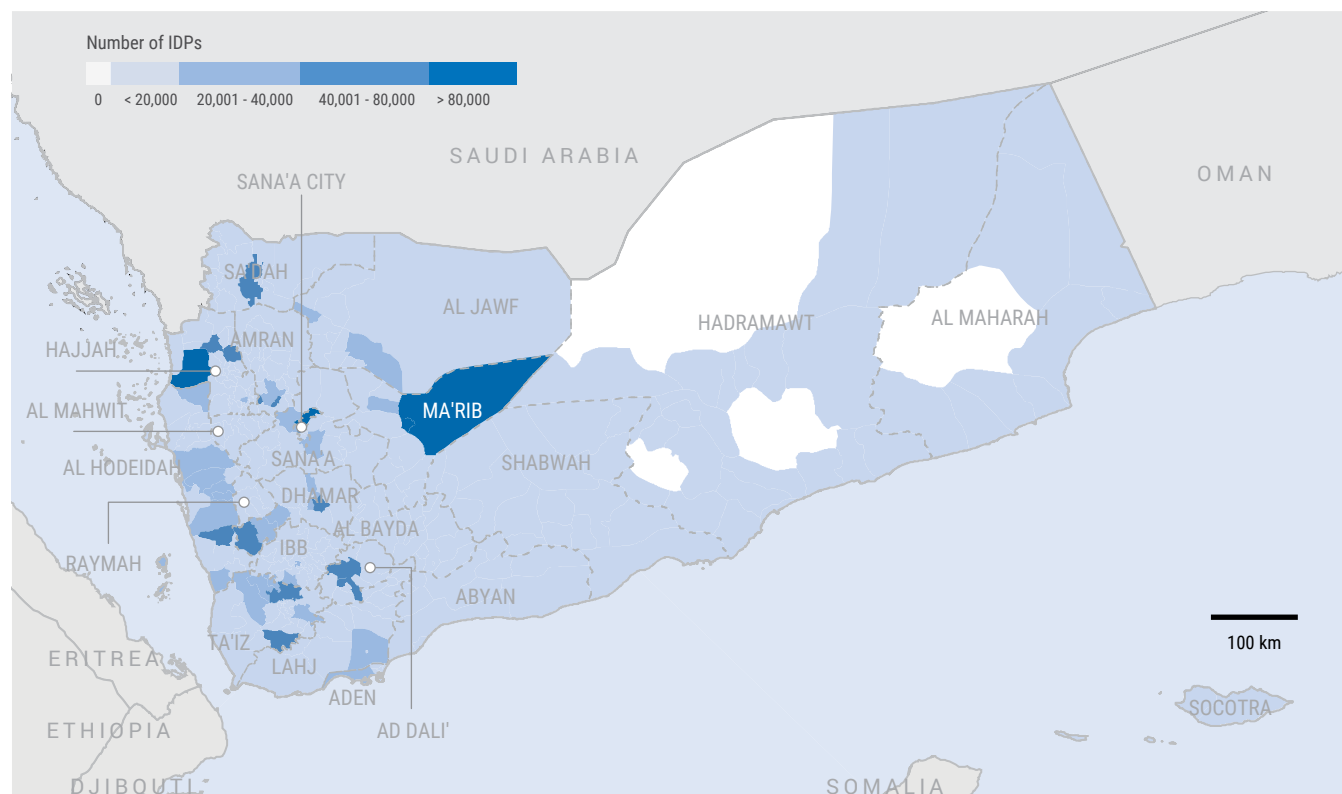
northern and southern Yemen, are closed or damaged, unable to support the tonnage required to keep basic goods moving swiftly to local markets. An estimated 90 per cent of the population lacks access to publicly provided electricity, with shortages due to chronic under-supply, lack of plant capacity, conflict-related damage, inadequate maintenance and fuel shortages. Reliable, secure telecommunications and internet services are also lacking, which compounds economic challenges and constrains aid agencies' ability to operate.

Development reversals – Yemen was already the poorest country in the Middle East prior to the escalation of conflict. Despite long-standing development challenges, progress had been achieved in key sectors by 2014, including decreases in chronic food insecurity and malnutrition. Six years of conflict have reversed those gains. Between 40 and 60 per cent of the population now has limited or no access to basic services. A lack of access to services undermined their protection, livelihoods and led¹⁷ to adopt negative coping mechanisms to survive. Independent experts estimate that human development has already been set back by 21 years.

Impact on Humanitarian assistance

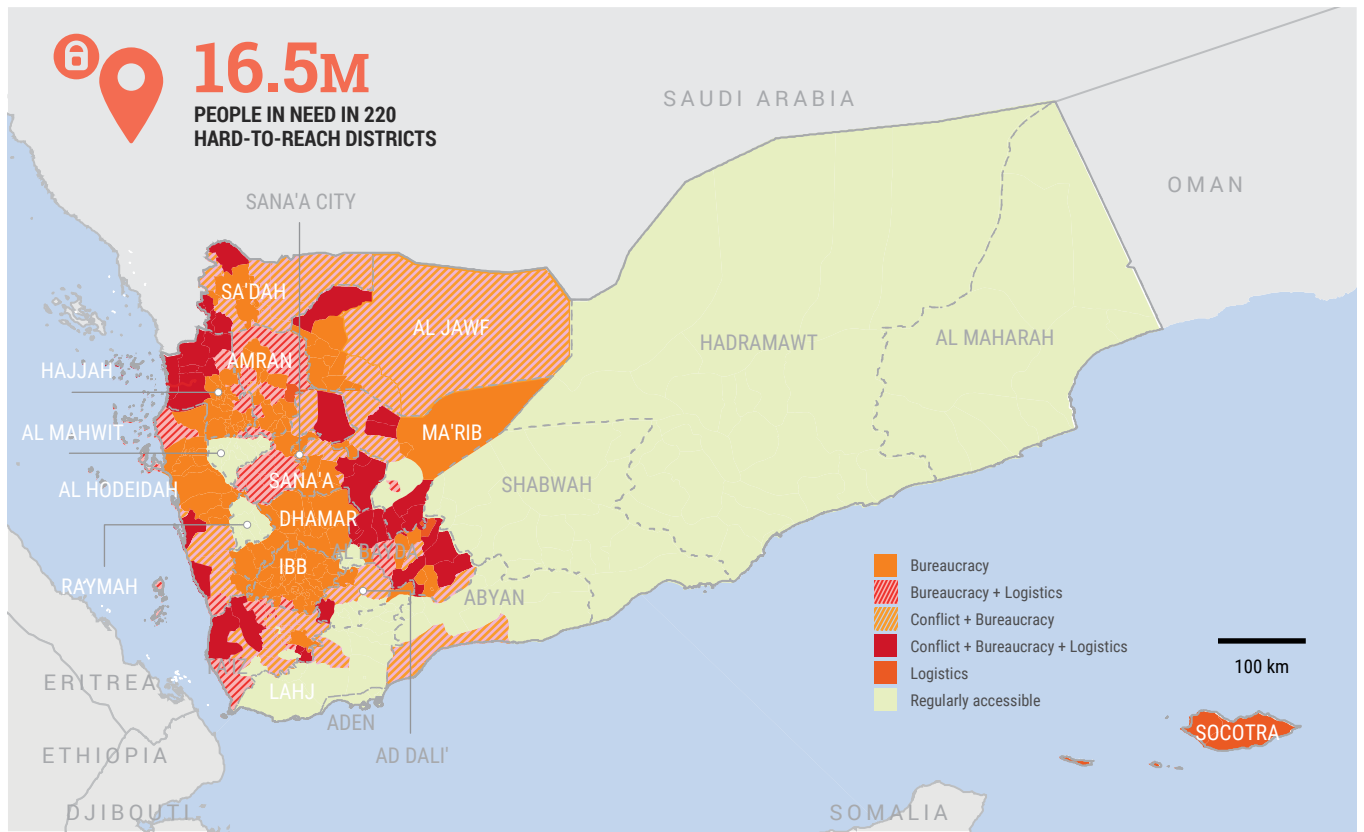
Although aid agencies assisted, on average, more than 10 million people every month in 2020 across the country, delivering aid is much more difficult than it should be. Nearly 16.5 million people in need were estimated to be living in areas that humanitarian organizations consider to be Hard to Reach, i.e., where safe, sustained and principled humanitarian access for the delivery of assistance and services at a scale commensurate with the assessed needs were challenged by bureaucratic impediments, armed conflict and insecurity and logistical impediments. The Hard-to-Reach areas were predominantly found in northern Yemen where most of the people in acute need of humanitarian assistance were located. In 2020, these impediments delayed or otherwise interrupted assistance for at least 9 million people at some point during the year. A coordinated effort by aid agencies and donors to advocate for a more permissive operating environment in the north has shown some progress, though additional steps are needed to enable an unhindered, principled humanitarian response.

Impact on people: internal displacement

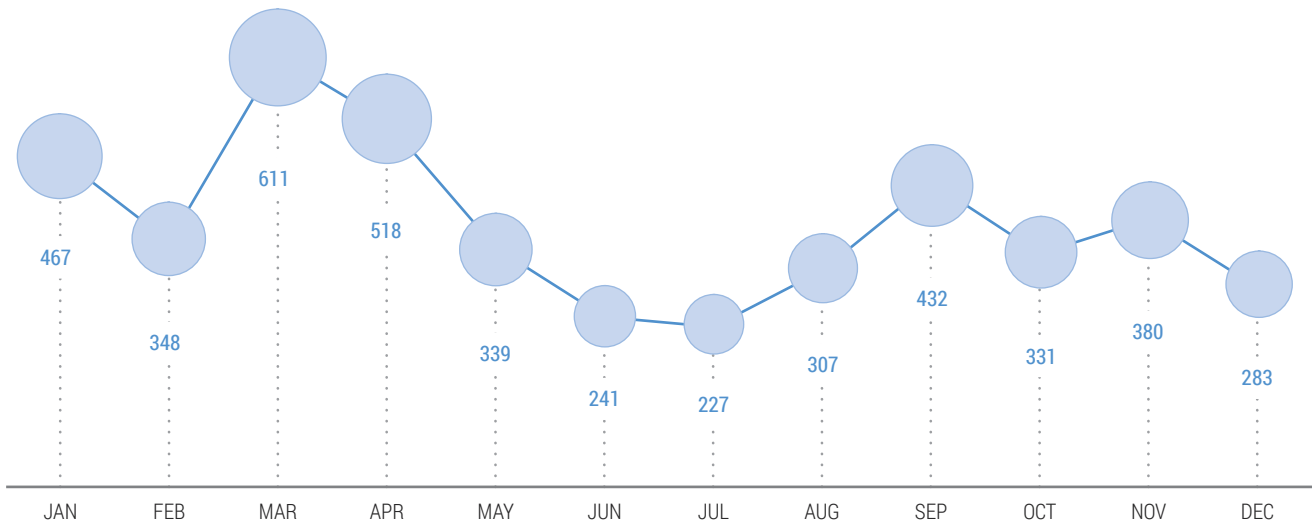


Source: Yemen Joint Inter-sector Analysis Framework

Hard-to-reach districts by principal impediment (as of August 2020)



Total number of incidents of humanitarian access restrictions and constraints reported in 2020





AL JAWF, YEMEN

Social distancing during distribution of rapid response kits. July 2020.

Photo: YARD/UNFPA Yemen

1.3 Scope of Analysis

This HNO analysis covers all of Yemen's 333 districts; each has been affected by the humanitarian crisis. The analysis focuses particularly on the needs of internally displaced persons (IDPs), refugees, asylum seekers and migrants. Six years of conflict in Yemen have increased their vulnerability and put people at high risk of exclusion, limiting access to basic services or assistance. Particular attention is given to the most vulnerable: children, women, men, people with disabilities, older persons, and marginalised groups such as the Muhamasheen when analysing the humanitarian impact and effects of the conflict.

Indicators of needs, taken from assessment and other sources of information are used to quantify the severity of each of these dimensions, and support an estimation of intersectoral needs, and severity of these needs.¹⁸



TAIZ, YEMEN

Various shots of displaced families in Al-Safia IDPs Camps in Taiz governorate.
Photo: OCHA

1.4 Humanitarian Conditions and Severity of Needs

For the 2021 HNO, Yemen applied the enhanced global Humanitarian Planning Cycle (HPC) approach and the corresponding IASC Joint Inter-sector Analysis Framework (JIAF) global guidance. The JIAF Framework promotes a method for the sectors to jointly analyse the needs through a pillar approach. This is used to analyse and draw common conclusions first about the context of a crisis, the main drivers and their impacts, and then most importantly, how these factors are affecting humanitarian conditions overall, and why. Humanitarian Conditions are framed around 3 key dimensions: Living Standards, coping mechanisms, and physical and mental wellbeing. The JIAF also provides an opportunity

to identify and focus on both geographic locations and population groups in highest need.

In line with JIAF guidance, a combination of datasets was used, including 15 JIAF indicators and 3 critical indicators to determine the severity of needs and PiN.¹⁹ This new methodology brings the Yemen HNO into the latest global guidance and required several adjustments to the methodology used in past years. By more tightly defining the criteria for humanitarian needs, this approach has resulted in a lower PiN figure relative to 2020. As such, the reduced number of people in need in 2021 compared to 2020 should not be seen

as a reflection of any improvements in the humanitarian situation, but rather as a result of the implementation of this new methodology. A comparison between both methodologies will be difficult and mislead on the understanding of the humanitarian needs. In fact, the humanitarian situation has continued to deteriorate at an alarming rate, as demonstrated in the IPC analysis and other individual assessments.

The contextual factors described in Part 1.1 and the humanitarian impacts summarized in Part 1.2 have caused a total of 20.7 million people, 66 per cent of the population, to be in need of humanitarian assistance in 2021. These people are facing crisis or worse levels of severity of needs in Yemen, in obtaining the necessities of life, maintaining their health and wellbeing, and the coping strategies employed just to stay alive.

The December 2020 IPC analysis projects that 16.2 million people – more than half the population – will go hungry this year (IPC Phase 3 or higher). This includes 5 million people facing emergency conditions (IPC Phase 4) and nearly 50,000 who were already experiencing catastrophe conditions (IPC Phase 5). Any additional shocks could push these numbers higher and tip the country into famine.

Based on the Nutrition Cluster severity score, about 29 per cent of children under 5 years need acute malnutrition treatment, live in 48 districts falling into the critical category of the Nutrition Cluster severity scale. About 39 per cent of people with nutritional needs live in 98 districts classified as severity scale 3 (Serious) and the remaining 33 per cent live in 187 districts classified as severity scale 2 (Alert). Over 2.25 million cases of children aged 0 to 59 months, and more than a million pregnant and lactating women are projected to suffer from acute malnutrition in the course of 2021. Based on the IPC AMN analysis conducted in August 2020 and December 2020 covering 35 zones in 333 districts, the nutrition situation was projected to deteriorate in 18 zones between August and December 2020 in the south and north of Yemen. Five more zones were projected to deteriorate in the north during the first quarter of 2021 where information was available for the analysis.

Over 15.4 million people are in need of support to access their basic water and sanitation needs, of whom 8.7 million are in acute need. According to the countrywide household FSLA survey and more than 134 WASH Cluster assessments, an estimated 49 per cent of Yemenis have no access to safe water and 42 per cent lack adequate sanitation. Yemenis are increasingly forced to resort to negative coping mechanisms in

Most vulnerable groups

FINAL HUMANITARIAN CONDITION SCORE	# SEVERITY CLASSES						TOTAL PIN	NUMBER OF AFFECTED DISTRICT
	# OF POPULATION							
	Severity class 3		Severity class 4		Severity class 5			
	#	%	#	%	#	%		
Severe (3)	3,814,610	74%	1,321,785	26%	-	0%	5,136,395	69
Extreme (4)	3,913,800	37%	6,691,726	63%	50,499	0%	10,656,025	165
Catastrophic ((5)	712,003	14%	892,913	18%	3,316,408	67%	4,921,324	99
Totals	8,440,413	42%	8,906,424	42%	3,366,907	17%	20,713,744	333

relation to WASH access and behaviours, significantly heightening the risk of malnutrition and increasing WASH-related disease and outbreaks including, cholera and dengue. In 2021, 101 districts are projected to have extreme and catastrophic conditions, where 4.3 million

people are in acute need and less than a quarter of households have access to safe water and sanitation. In 2021, 5 districts are expected to face catastrophic WASH conditions, where over 116,000 people will be in catastrophic conditions and in acute need.

Most vulnerable groups

Millions of people (m)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
IDPs	3.01	0.34	0.66	0.99	1.56	0.46
Non IDPs (Residents)	17.7	3.56	5.79	7.45	7.33	2.92

MOST VULNERABLE GROUPS

Thousands of people

POPULATION GROUP	BY GENDER AND AGE				
	WOMEN	MEN	GIRLS	BOYS (%)	
IDPs	24	23	27	26	
Non-IDPs	23	22	28	27	

Population group #1

Internally Displaced Persons (IDPs)

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
4M	0.34M	0.66M	0.99M	1.56M	0.46M

Humanitarian conditions and drivers of severity -

Protracted displacement decreases IDPs' resilience and exacerbates existing vulnerabilities, resulting in higher needs, protection risks and negative coping mechanisms. Amidst a severe economic decline and long-term displacement, IDPs and their hosts are rapidly exhausting their resources to meet their needs. Although the majority of IDPs are hosted within communities, nearly 1 million IDPs are living in 1,589 verified sites, comprising both camps and informal settlements. IDPs often experience exclusion as a result of challenges related to integration with host communities, areas of origin, education levels, and access to income and to aid. Tensions have arisen between IDPs and host communities in some areas, particularly where there are scarce services or IDPs are living in public buildings, with the result that IDPs increasingly face discrimination and stigmatization as well as threats of, or actual, eviction. Food security assessments confirm that IDP households face higher food insecurity levels compared to non-displaced households²⁰, often resulting in IDPs having to resort to negative coping strategies that exacerbate protection risks. For example, the FSLA data for northern governorates showed that 27 per cent of the IDPs surveyed had poor food consumption, compared to only 17 per cent of residents. Similar disparities also exist in other sectors. Information on IDP needs appear in all sector chapters, with significant additional details especially in the Protection, Shelter and Non-Food Items (NFI). and Camp Coordination and Camp Management (CCCM) cluster chapters.

Women are disproportionately and severely affected by displacement. More than 70 per cent of IDPs in Yemen are women and children, and approximately 30 per cent of displaced households are now headed by females, compared to 9 per cent before conflict escalated in 2015²¹. IDP boys and girls face problems accessing education and other essential public services, often because they lack civil documentation such as birth certificates and / or their caregivers lack identity documents.

Men and boys are at heightened risk of protection risks including forced recruitment and arbitrary detention.

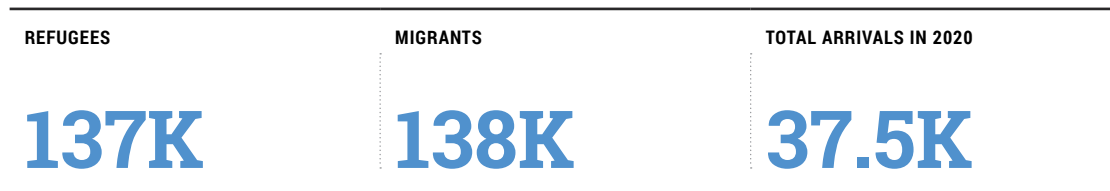
Older people have specific assistance and protection needs. However, they often do not receive adequate aid, nor aid that adequately addresses their specific needs. Among the reasons for this are a lack of systematic consultation with older persons, limited awareness and poor communication about their rights and entitlements, discrimination, and mobility challenges.²²



AL-DHALE'E, YEMEN

Internally displaced families in an IDP site in Al-Dhale'e Governorate, 23 February 2020.
Photo: UN/OCHA/Mahmoud Fadel-YPN

Population group #2 Refugees, Asylum-Seekers and Migrants



Humanitarian conditions and drivers of severity-

Migrants and refugees are among the most marginalized, excluded, and vulnerable groups in Yemen, in need of basic humanitarian and protection assistance. As of end December 2020, Yemen hosted some 138,000 migrants and 178,000 refugees and asylum seekers.²³ Mixed migration flows continue despite ongoing conflict, the COVID-19 pandemic, and the adverse humanitarian and protection context. Over 90 per cent of migrants in Yemen are of Ethiopian origin from the Oromo and Amhara regions of Ethiopia, while refugees and asylum-seekers are mainly Somali, with some Ethiopians with a small number of Eritreans, Syrians and Iraqis.

In Yemen, women and girls constitute about 40 per cent of the refugee population and over 18 per cent of migrants. They are more likely to experience grave rights violations including gender-based violence (GBV) and trafficking. At least 11 per cent of the total number of new arrivals in Yemen are unaccompanied minors and most are subject to detention, forced recruitment, smuggling. The key motivation for most migration remains economic and is driven by complex dimensions involving severe destitution and poverty. However, protection monitoring indicates that about 20 per cent of new arrivals may have a refugee profile and are affected by persecution, exploitation and violence in their country of origin. This number may increase in 2021 depending on the evolution of the situation in Ethiopia.

Migrants and refugees face extreme threats to their safety and dignity in Yemen, including GBV, arbitrary

and prolonged detention, forced labour, indiscriminate violence, lack of civil documentation, lack of freedom of movement, and are unable to meet their basic need for food, water, and health support without external intervention. The journey to Yemen is also replete with risks: in 2020 an estimated 20 people died attempting to cross the sea from the Horn of Africa during COVID-19 border closures and 450 were injured or killed as a result of indiscriminate shelling and gunfire.²⁴ Migrants, refugees and asylum seekers are completely reliant on external humanitarian assistance to ensure that they are able to safely settle or transit through Yemen in a dignified manner.

Migrants and refugees face distinct challenges and may face different severity of needs, as refugees in Yemen are usually settled and have better access to legal status and legal support, whereas migrants routinely face severe protection abuses while seeking to transit through Yemen. Trafficking and smuggling are endemic and pose a core risk for migrants attempting to travel to Gulf Countries. Sixty per cent of migrants are understood to have been subjected to some form of sexual violence and abuse, exploitation and maltreatment by smugglers²⁵. Children are among the most commodified and abused with an alarming number subject to forced labour, prostitution and abuse. Smuggling networks operate with complete impunity. Other notable protection risks include potential for arrest and detention of undocumented individuals –men, women and children as they move across governorates. Detainees routinely report poor and unhygienic living conditions in detention, and lack of access to basic services, and access to legal support.



LAHJ, YEMEN

A refugee woman from Somalia in Kharaz, Lahj. She stands in line to receive cash by UNHCR. Photo: UNHCR/YPN-March 2020



YEMEN

A Somali Refugee woman washes her hands as part of the protective measures against COVID19. Photo: UNHCR/YPN-May 2020

In addition to the conflict, the deteriorated socio-economic situation and the collapse of the state system, the COVID-19 pandemic has aggravated migrants' and refugees' vulnerable situation, worsening socio-economic conditions resulting in loss of income, depletion of assets and resources and leading to risks of eviction and triggering harmful coping mechanisms. With only 50 per cent of Yemen's health facilities fully functional in Yemen, migrants, refugees and asylum-seekers must entirely rely on UNHCR and IOM for medical support. In addition, during the COVID-19 pandemic, several thousand migrants and some refugees were reported stranded, trapped, or transferred to hard-to-reach areas unable to access life-saving assistance or safely cross international borders. They also faced heightened stigmatization as they were perceived as COVID-19 carriers.

Yemen is the only country in the Arabian Peninsula that has signed the 1951 Convention and its Protocol, granting prima facie status to Somalis since 1991, and providing a legal framework to address the refugee issue. However, Yemen lacks a framework for safe, orderly migration and accompanying international human rights standards that should be applied to irregular movements. In the absence of state-led mechanisms to facilitate the return of migrants that enter Yemen undocumented, migrants are constantly subjected to internal "deportations" or

forced transfers from one area of territorial control to another. Refugees and asylum seekers have access to asylum and benefit from a legal status resulting in better protection. However, registration, documentation and refugee status determination (RSD) are currently only available in areas under control of the internationally recognized government.



ADEN, YEMEN

Dar Sa'ad IDP site in Aden Governorate,
22 February 2020. Photo: Mahmoud
Fadel-YPN for UN/OCHA

Population group #3 Muhamasheen

TOTAL POPULATION

3.07M

Humanitarian conditions and drivers of severity -

The Muhamasheen community represent about 10 per cent of Yemen's population. They mostly live outside Yemen's traditional tribal social structures, with sizeable communities in conflict-affected cities, including Aden, Ta'iz and Al Hodeidah. For many years, including decades prior to the conflict, this group has suffered widespread discrimination, social exclusion and reduced access to public services. Reports of violence targeting the Muhamasheen, including GBV, also are common. Social exclusion is compounded by a lack of birth certificates and identification documents, which in turn limits their access to education and other public services. Nearly

40 per cent of the women have never attended school. In general, the women are further marginalized, particularly women who are widowed or unmarried, disabled or elderly. Children are often seen begging in the streets and not attending school. Many Muhamasheen have fled their homes as a result of conflict. IDPs from this group are less likely to be hosted by local communities due to social prejudice and are therefore more likely to seek shelter on farmland, in public spaces or in other sub-standard living conditions.

Population group #4 Persons with Disabilities

TOTAL POPULATION

4.6M

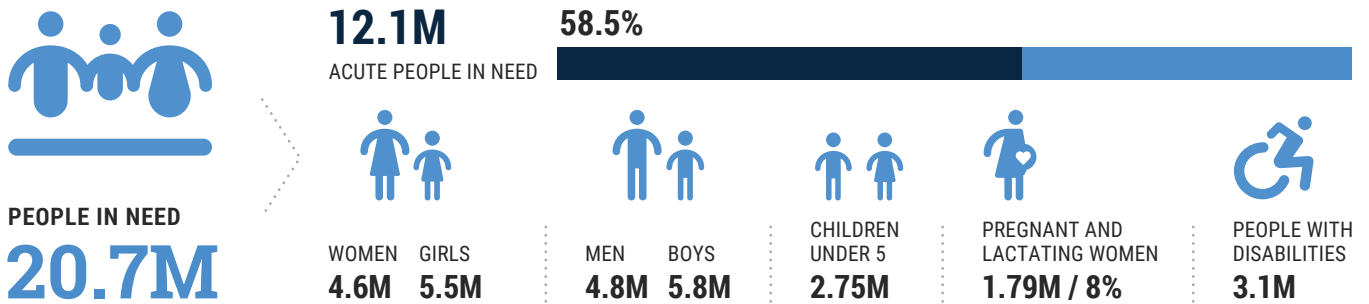
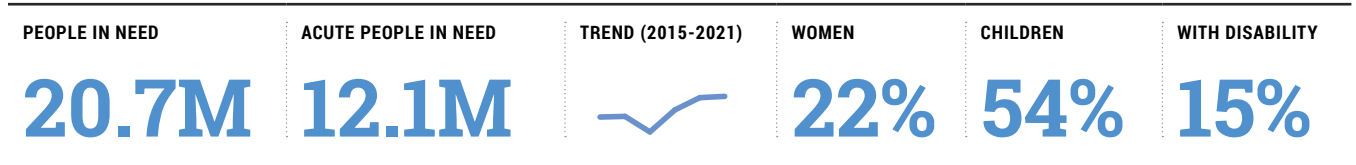
Humanitarian conditions and drivers of severity -

There is no reliable data for people with disabilities (PWDs) in Yemen but WHO's global estimates that 15% of any country's population comprises PWD suggest that 4.6 million people in Yemen have some form of disability. With the ongoing conflict and its consequent injuries to civilians, the actual number of PWDs in Yemen is likely significantly higher (Amnesty International 2019). Conflict and disasters disproportionately impact people with disabilities and their families. At the same time, these people often lack representation and may face significant and specific challenges, including access to services and aid. Major risks include family separation, loss of assistive and mobility devices, and difficulties accessing information. People with disabilities in Yemen are legally entitled to specific support, including free physical rehabilitation and monthly social assistance, but due to lack of awareness of

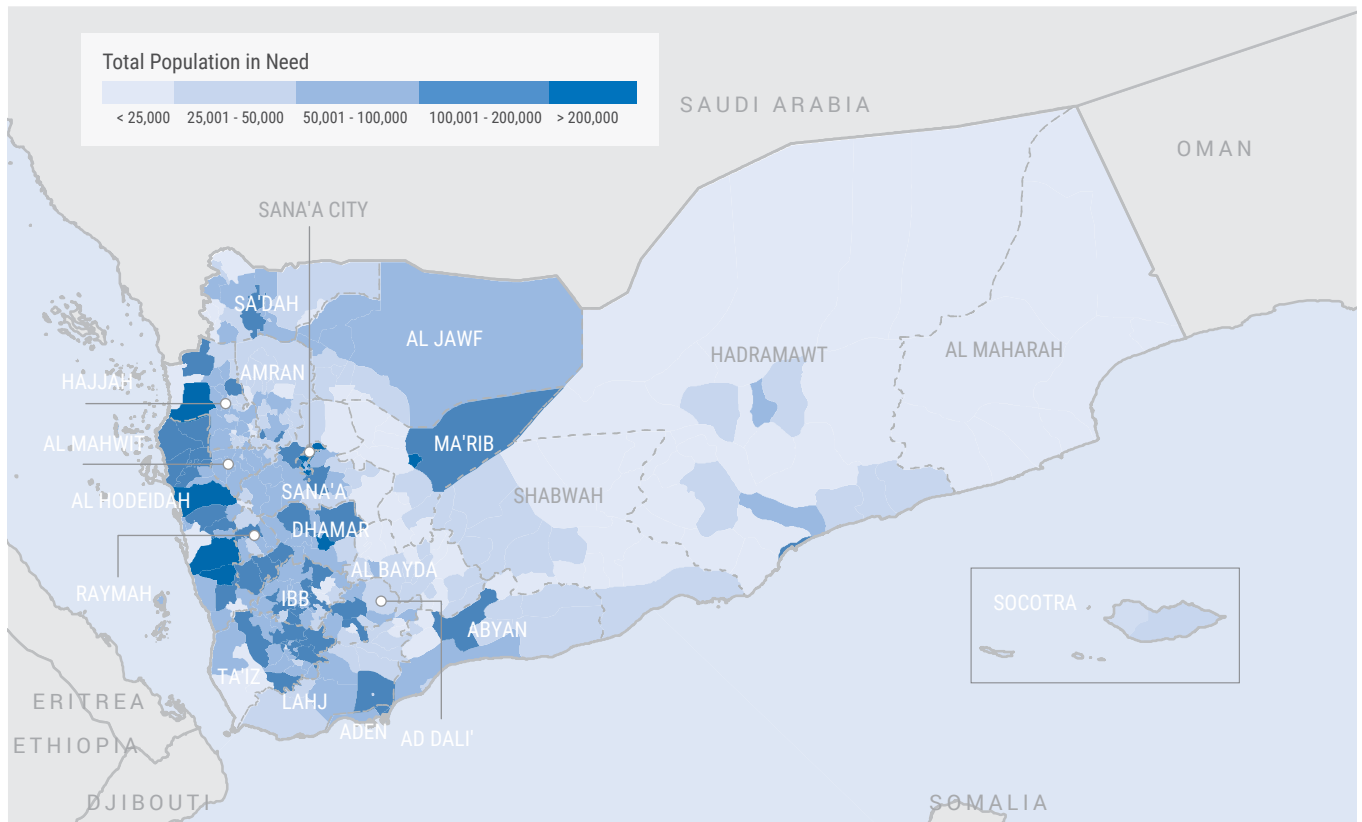
these entitlements, mobility challenges, economic constraints, and the ongoing conflict, they may be unable to undertake difficult journeys to urban centres to access this support. They may also face social stigma and discrimination. Moreover, the design and delivery of humanitarian assistance does not systematically incorporate adequate accessibility measures and appropriate expertise. IDPs with disabilities face heightened risks, including of exclusion. Further, delays in restoring health services in places of origin may also hinder sustainable return for displaced people with disabilities. For PWDs generally, opportunities for meaningful livelihoods are limited. Women and girls with disabilities are more at risk of GBV and available services for them often are not sufficiently adapted and equipped to address their specific needs.

1.5 Number of People in Need

Key figures (2021)



Estimated number of people in need



Source: Yemen Joint Inter-sector Analysis Framework

PiN by severity phase and location

Non Internally displaced people (Non-IDPs)/ Internally displaced people (IDPs)

GOVERNORATE	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Abyan	IDPs	36,035	4,067	8,349	10,353	7,569	5,697
Abyan	Non-IDPs	582,857	65,524	122,408	146,415	125,638	122,872
Aden	IDPs	89,992	10,824	18,283	22,294	31,969	6,623
Aden	Non-IDPs	963,463	119,646	181,912	199,711	342,093	120,101
Al Bayda	IDPs	53,523	6,525	8,774	10,802	13,929	13,494
Al Bayda	Non-IDPs	741,584	96,830	139,236	168,752	172,231	164,535
Ad Dali'	IDPs	161,978	15,199	17,858	28,901	45,229	54,792
Ad Dali'	Non-IDPs	656,529	88,949	107,027	156,238	222,192	82,124
Al Hodeidah	IDPs	425,059	29,241	41,158	60,355	122,556	171,749
Al Hodeidah	Non-IDPs	2,571,275	182,493	251,824	380,285	749,005	1,007,668
Al Jawf	IDPs	125,346	8,228	16,916	30,897	53,302	16,004
Al Jawf	Non-IDPs	508,250	31,263	69,935	164,959	212,765	29,329
Al Maharah	IDPs	9,144	1,152	4,659	2,616	718	-
Al Maharah	Non-IDPs	166,462	26,607	90,062	40,138	9,654	-
Al Mahwit	IDPs	40,127	3,501	5,970	9,149	15,372	6,134
Al Mahwit	Non-IDPs	730,793	74,522	129,248	205,977	268,944	52,102
Sana'a City	IDPs	248,967	29,626	44,171	55,104	120,066	-
Sana'a City	Non-IDPs	3,047,375	529,850	708,122	845,610	963,793	-
Amran	IDPs	254,231	19,570	45,440	90,172	84,352	14,697
Amran	Non-IDPs	967,677	85,499	190,750	370,344	269,943	51,141
Dhamar	IDPs	188,166	22,728	36,837	62,006	62,973	3,622
Dhamar	Non-IDPs	2,005,993	286,227	415,120	700,956	545,903	57,787
Hadramawt	IDPs	24,999	4,038	10,233	8,377	2,292	59
Hadramawt	Non-IDPs	1,526,348	304,279	652,297	446,688	104,001	19,083
Hajjah	IDPs	563,458	25,133	60,807	131,936	303,338	42,243
Hajjah	Non-IDPs	2,067,220	145,166	291,751	553,273	788,044	288,985
Ibb	IDPs	225,627	50,696	57,985	69,078	47,868	-
Ibb	Non-IDPs	2,918,191	647,906	726,251	865,109	678,925	-
Lahj	IDPs	64,841	10,807	14,764	10,436	8,580	20,255
Lahj	Non-IDPs	1,011,455	192,489	244,399	181,088	282,253	111,225
Ma'rib	IDPs	806,128	24,382	111,855	179,751	481,259	8,881
Ma'rib	Non-IDPs	280,535	14,966	41,295	60,314	137,363	26,597
Raymah	IDPs	58,314	6,228	11,123	26,116	14,848	-
Raymah	Non-IDPs	504,616	51,682	91,466	229,764	131,704	-
Sa'dah	IDPs	103,891	9,167	17,090	38,232	23,759	15,643
Sa'dah	Non-IDPs	830,310	78,161	138,622	280,096	212,800	120,631
Sana'a	IDPs	96,026	8,225	17,579	23,021	8,444	38,757
Sana'a	Non-IDPs	1,274,772	130,916	289,626	348,327	176,857	329,046
Shabwah	IDPs	28,302	2,924	5,647	5,477	12,882	1,372
Shabwah	Non-IDPs	648,106	94,778	168,569	158,320	204,504	21,935
Socotra	IDPs	158	27	47	60	24	-
Socotra	Non-IDPs	68,846	12,985	20,654	24,880	10,327	-
Ta'iz	IDPs	397,700	43,539	100,042	117,713	95,835	40,571
Ta'iz	Non-IDPs	2,706,879	303,260	715,092	807,435	607,966	273,126
		Sub-total	3,899,828	6,441,251	8,327,521	8,774,068	3,338,879
			Total PiN				20,713,743



MARIB CITY, YEMEN

Migrant women carry aid packages they just received from IOM at a distribution about 100km outside of Marib city. Photo: IOM 2020

A total of 20.7 million people, 66 per cent of the population, are estimated to need humanitarian assistance in 2021; 12.1 million people of whom are estimated to be in acute need (severity 4 and 5). This includes 4.6 million women, 5.5 million girls, 4.7 million men, and 5.7 million boys. Of these, 1.8 million are pregnant and lactating women, 2.8 million are children under age 5, 3.1 million are people with disabilities, and 4 million are IDPs.

Millions of people in Yemen experience food insecurity and malnutrition, fragile and disrupted livelihoods, displacement, disease, and protection threats. In 2020, needs for disease prevention, provision of food, livelihoods and nutrition assistance, and protection continued, and were exacerbated by the global COVID-19 pandemic, violent conflict, economic decline, natural hazards, and reduced funding for aid operations. Humanitarian needs assessments confirm that the outlook for 2021 is bleak. Further external shocks – especially major reductions in commercial

imports to Yemen and deeper economic decline – would quickly push humanitarian needs even higher (see “Risk Analysis” chapter for more details on potential shocks).

Severe needs require multiple sectors to address different aspects of needs in the same locations. Famine risk, cholera, COVID-19, malnutrition, and displacement are all examples of complex, multifaceted humanitarian needs, requiring converging multi-sectoral approaches. Most areas where needs have increased since the last humanitarian needs overview in 2019 are hard-to-reach for humanitarian actors, making it more difficult for aid agencies to provide timely and regular lifesaving assistance to those who need it most. By identifying key indicators that drive humanitarian needs across locations, the 2021 HNO projects where intersectoral needs will be the most severe during the year. Areas with the highest inter-sector needs require urgent and integrated life-saving assistance,

while attention will be given to the most vulnerable and highest priority groups regardless of where they are located.

For most of the clusters, the response is at the household level, not at the geographic level. The most vulnerable households should be assisted regardless of where they are to ensure no exclusion of any population in need.

In terms of people in need and severity per district, more than 5 million people are in severity 3 in an average of 97 districts – including 229,512 IDPs; more than 10 million people are in severity 4 in an average of 166 districts – including 1,374,793 IDPs; and nearly 5 million people are in severity 5 in an average of 69 districts – including 1,406,215 IDPs.

Inter-Sector Severity and People in Need

SEVERITY	TOTAL PEOPLE IN NEED	IDP POPULATION GROUP		NON-IDP POPULATION GROUP		AVERAGE NUMBER OF AFFECTED DISTRICTS
		PiN	# of Districts	PiN	# of Districts	
3 Severe	5,136,394	229,589	93	4,906,805	104	99
4 Extreme	10,656,025	1,374,793	167	9,281,232	164	166
5 Catastrophic	4,921,324	1,406,215	73	3,515,110	65	69
Totals	20,713,743	3,010,597	333	17,703,147	333	333

More than half of the population of Yemen live in districts registering the highest needs severity scores (3, 4 and 5). This inter-sector analysis does not exclude other vulnerable populations in need of humanitarian assistance and living in other locations. Indeed, the protracted humanitarian crisis has resulted in 65 of Yemen's 333 districts registering the highest needs severity scores (phase 5) and 164 registering the second highest (phase 4) across multiple sectors. A total of 3.5 million people out of a population of 4 million are in the highest category of need (phase 5) and 9.1 million people out of a population of 12.3 million are in the second highest (phase 4). Yemen's remaining 104 districts are classified as severity phase 3, with people in need totaling 4.8 million out of a population of 10.4 million. Sana'a, Al Hodeidah, Hajjah,

and Al Jawf governorates have the highest needs severity (phase 4 and 5).

Conflict is the overwhelming driver of humanitarian needs, with the highest severity of needs found in areas close to frontlines. Displacement also is common in these areas: an estimated 1.4 million IDPs live in 73 districts classified in severity phase 5; 1.4 million IDPs live in 167 districts in severity phase 4, and 230,000 IDPs live in 90 districts in severity phase 3.

It is important to distinguish between district size and population as often, larger geographical areas are sparsely populated. An estimated 70 per cent of the population lives in the north of the country; the remaining 30 per cent live in the south of the country.

Humanitarian needs estimates for 2021 were calculated using the Joint Inter-sectoral Analysis Framework (JIAF) approach, which looks holistically at needs and measures the severity of these needs using 15 intersectoral indicators. It aligns with the enhanced Humanitarian Programme Cycle rolled out globally in 2019. The indicators are outlined in the annex (Page 104) and are linked to protection, WASH, shelter, health, education, nutrition, and food security needs. Indicators are based on data collected through the nation-wide 2020 IPC process, the IOM Displacement Tracking Matrix, and other smaller-scale assessments.

Trends in PIN figures – Given the methodological enhancements since the last Yemen Humanitarian

Needs Overview in 2019, a year-on-year comparison cannot be made. It nonetheless is noteworthy, that following a peak in food insecurity in Yemen in late 2018, the food security situation in the country improved and remained stable for most of 2019 and early 2020 as a result of generous donor funding that enabled unprecedented levels of food assistance distributed. However, the deterioration in food insecurity indicators during the last three quarters of 2020 shows that those gains are fragile and easily reversible due to lack of improvement in the main drivers of humanitarian needs and significant funding shortfalls.

LAHJ, YEMEN

29 April 2020, Lahj, Yemen: NRC education team takes precautionary measures against COVID-19 into consideration during distribution of High Energy Biscuits to displaced families in Lahj governorate. Photo: Ahmed Aref/NRC



Rapid Response Mechanism

Overview

Over the past five years 4 million people had to flee their homes seeking safety and shelter in other locations due to the ongoing conflict in Yemen and natural disasters such as floods. The spread of diseases including COVID-19 and cholera, have exhausted the resources of the IDPs which pushed families to adapt negative coping mechanisms for survival. Following sudden displacement, the vulnerabilities of the affected populations increase as the Yemeni population is already in a dire circumstances given the protracted crisis. The most critical immediate needs of the displaced persons are food, hygiene items and essential household items as families are uprooted suddenly from their homes, often unable to collect or carry such items. While Rapid Response Mechanism (RRM) eligibility is based on displacement status, regular post-distribution monitoring exercises indicate that 95 per cent of IDPs reported that their immediate needs were met by the RRM kits.

The RRM aims to provide a minimum package of immediate and most critical life-saving assistance for newly displaced households who are on the move due to conflict or natural disasters, in collective sites, hard-to-reach areas or are stranded on or near military frontlines or have other sudden urgent needs until the full cluster response is activated. RRM provides an in-kind package of hygiene items and ready-to-eat food which covers basic needs for five to seven days. This in-kind assistance is provided on a blanket basis to all newly displaced households. In-kind assistance is followed by Multi-Purpose Cash Assistance based on vulnerability to meet basic needs and by a one-off emergency general food distribution.

Building on lessons learnt from the protracted conflict in Yemen and humanitarian response experience, there was an obvious need to provide immediate

life-saving assistance to respond to newly displaced families' needs to cover the gap until the clusters responses are activated. There was also a need to establish a mechanism that tracks displacement, refers household to clusters and highlight the needs and locations of newly displaced households. Thus, the RRM, established through a network of international NGOs, national NGOs and UN agencies with pre-positioning and distribution capacity across Yemen, was launched in June 2018 covering 328 out of 333 districts across 22 governorates.

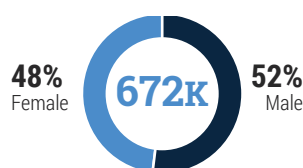
The registration and verification information of the affected populations collected by RRM partners are directly uploaded to a centralized database to enable swift referrals to relevant humanitarian stakeholders for subsequent cluster-based responses. The beneficiary lists are shared widely every week to inform the actors for a swift sequencing of the response.

Affected Population

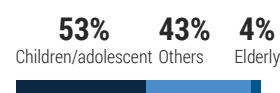
An estimate of 672,000 people is expected to be displaced in 2021 based on RRM historical data and displacement trends, 48 per cent of whom are women, 53 per cent are children and adolescents, and 4 per cent are older persons.

Breakdown of People in Need by Sex and Age

BY SEX



BY AGE



Analysis of Humanitarian Needs

Humanitarian needs in Yemen remain high given the protracted nature of the conflict and natural disasters resulting in 4 million IDPs – 13 per cent of the population. The RRM in-kind and cash package caters for a variety of these needs, as confirmed by targeted families.

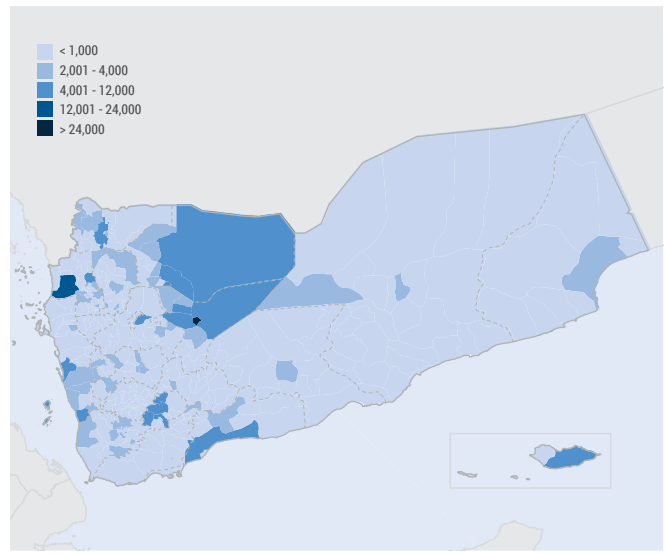
Protracted displacement decreases resilience and exacerbates existing vulnerabilities. The limited financial resources of the affected populations are depleted by spending on essential survival: food, water, hygiene, transport, health, and other items. Resulting in higher needs and households resorting to negative coping mechanisms, such as eating lower quality food, skipping meals, foregoing basic healthcare needs, and managing without basic essential day-to-day supplies which is leading to protection risks along with critical exposure to food insecurity and spread of communicable diseases. With limited shelter options, displaced women and girls tend to suffer most from lack of privacy, threats to safety and limited access to basic services, making them even more vulnerable to violence and abuse. Women and girls account for almost half of those displaced. In 2020, 23 per cent of the assisted families were female headed households and additionally, 88 per cent of the assisted beneficiaries in 2020 were located in hard-to-reach areas.

Projection of Needs

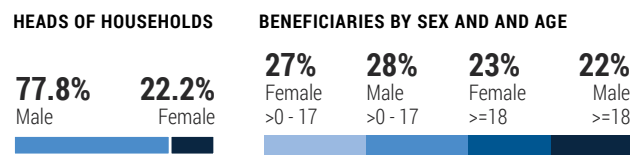
Cluster targeting is based on new displacement alerts from local authorities, the displacement tracking mechanism, key informants and networks of RRM partners across Yemen. The projected needs are based on RRM registration data, displacement trends and most likely scenarios based on the conflict analysis and contingency plans for the expected influx that are endorsed by humanitarian stakeholders.

Based on the contingency, scenario planning and current trends, we expect the displacement of 8,000 households per month.

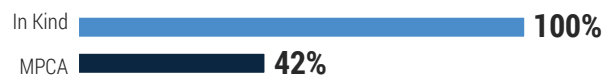
People in Need



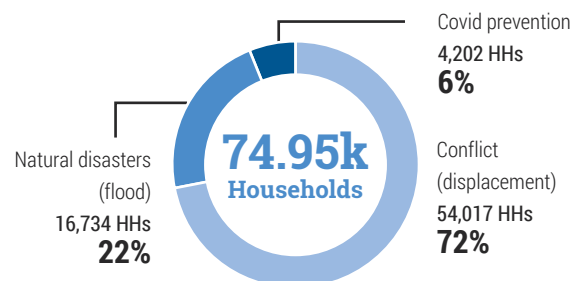
Rapid Response Mechanism (RRM) 2020 Key Achievements



BENEFICIARIES RECEIVED RRM IN KIND AND MPCA



BREAKDOWN OF ASSISTED BENEFICIARIES



Monitoring

RRM cluster targets to reach 672,000 newly displaced persons in 2021, who will be reached with RRM in-kind assistance and the most vulnerable households will be targeted with multi-purpose cash assistance (MPCA). Post-Distribution Monitoring (PDM) will be conducted on the RRM project implementation, impact, appropriateness of the assistance delivered and the use of the assistance.

RRM cluster adapts three main indicators:

of new IDPs receive RRM in-kind assistance.

of new IDPs receive MPCA assistance.

of PDMs conducted

Based on the above, partners will collect IDP data using harmonized household registration forms and monitor displacement alerts from the appropriate sources (Data Tracking Matrix, international NGOs, community-based organizations, local authorities) and triangulate it with the relevant sources. The household data will be uploaded on the RRM online central database for further sharing with humanitarian stakeholders.

LAHJ, YEMEN

ebatallah Munassar-(3)- Adony Mahdi, 70 years. He lives in Wadi Shabu in Almadarb district. He came with his camels to receive WFP food assistance at distribution in Hoeren- Almadarba-Lahj, Yemen on 8 April 2020. Photo: WFP/Hebatallah Munassar.



Part 2:

Risk Analysis and Monitoring of Situation and Needs

IBB, YEMEN

A displaced father holds his child while they practice wearing cloth face masks during COVID-19 awareness raising activities in Ibb. Photo: IOM 2020



2.1 Risk Analysis

Conflict and civil unrest

The number of frontlines in Yemen increased from 35 districts in 2019 to 49 districts in 2020. Since mid-January 2020, hostilities have escalated in border areas of Ma'rib, Sana'a and Al Jawf governorates, with frontlines encroaching on densely populated areas in Ma'rib governorate. Hostilities continue along existing frontlines in Al Hodeidah, Hajjah, Ad Dhale, Al Bayda, Sa'dah, Ta'iz and other governorates and there were recurring clashes in Aden, Abyan and Ta'iz governorates. Ongoing hostilities often obstruct the delivery of humanitarian assistance to people in need, including to those most exposed to risk such as women, boys, girls, older persons and PWD particularly in frontline areas. Conflict continues across Yemen in an increasing number of districts with active frontlines where there is a potential for the growth of non-state groups and actors that may fill newly formed security vacuums. With continued destabilizing regional trends highly likely, external support for parties to the conflict is likely to continue and the trend for extra-territorial attacks into the Kingdom of Saudi Arabia is likely to be sustained.

Humanitarian access and space will be further challenged and likely reduce with an anticipated increase in hard-to-reach areas throughout 2021. While armed conflict will continue to result in insecurities that will impede humanitarian operations, deliveries of humanitarian assistance and services will predominantly be obstructed by pervasive bureaucratic restrictions and impediments imposed by various local authorities. New directives, regulations, and requirements, particularly imposed on UN and NGO programming and project management components, along with humanitarian movements and other operational modalities, will further test the ability of humanitarian actors to ensure timely response as well as the nature and limits of a principled and effective

humanitarian response. Consequently, aid delivery will be delayed, disrupted, and compromised requiring sustained, principled, and courageous leadership, coordination, and negotiation to resolve access challenges.

Insecurity and impediments to humanitarian service delivery have a detrimental effect on the nutritional status of vulnerable children and women. Based on the 2020 Nutrition Cluster estimates, 69,572 cases of Severe Acute Malnutrition (SAM - about 19.4 per cent of the national SAM caseload) and 290,434 cases of Moderate Acute Malnutrition (MAM - about 16.4 per cent of the national MAM caseload) were children living in 49 front line/hard-to-reach districts where there is an increased risk of missing nutrition treatment services and of associated mortality. It is estimated that the risk of death among untreated SAM cases with complications is 9 out of 10 and for SAM cases without complications it is 1 out of 5 cases. The IPC results also confirm that food insecurity is more severe in areas with active fighting or bordering areas with limited access, and is particularly affecting Internally Displaced Persons (IDPs) and marginalized groups.

Violations of International Humanitarian Law and International Human Rights Law

In 2021, in the absence of a political agreement, a cessation of hostilities and an inclusive peace, violations of international humanitarian law (IHL) and international human rights law (IHRL) are most likely to continue, with devastating effects for civilians. Active ground hostilities, combined with shelling and air strikes, often in populated areas, are anticipated to continue and to indiscriminately harm and kill civilians and cause severe damage to civilian homes and infrastructure, including schools, hospitals, other life-saving services and IDP sites. Moreover, humanitarian

personnel themselves operate at significant risk: in 2018 and 2019, some 90 incidents of violence against humanitarian personnel were recorded including physical attacks, detention and threats. Given current conditions and the continuation of conflict in hotspot areas, these trends are expected to continue in 2021. Freedom of movement is likely to remain constrained by a combination of arbitrary restrictions imposed by the authorities, the presence of unexploded ordnance and mines, and active conflict and violence.

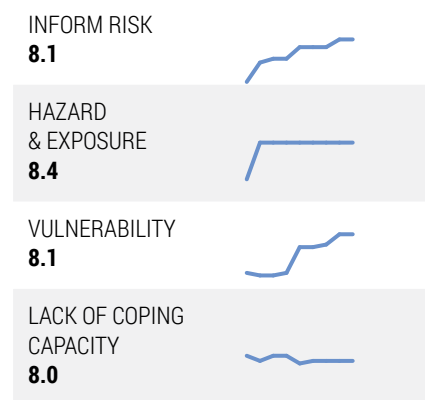
While the impact of armed conflict is expected to severely affect civilians, women and girls are expected to continue to be disproportionately affected and remain at high risk of violations and abuse. Yemen is ranked the worst globally in terms of gender equality according to the INFORM Risk Index and the protracted conflict is expected to further exacerbate pre-existing gender-based discrimination and heighten risks of GBV within communities. The risk of rights violations against children is very likely as severe protection risks exacerbated by the protracted conflict, economic hardship and a lack of access to education continue. These include family separation, child recruitment, child marriage, and exploitive forms of labour and child trafficking. IDPs, refugees, asylum-seekers and migrants are likely to remain in extremely vulnerable situations. Protracted displacement of IDPs is very likely to continue to affect their resilience and exacerbate existing vulnerabilities, resulting in higher needs and negative coping mechanisms, particularly among women and children. These groups are likely to face ongoing challenges in accessing assistance and critical protection services due to discrimination, lack of mobility and other factors.

Socio-Economic Environment

In the absence of the lifting of the blockade, macroeconomic stability and inadequately capitalized central bank, the socio-economic environment is expected to decline further in 2021. Yemen is likely to experience continued macroeconomic deterioration: experts estimate that GDP losses endured in the first five years of the conflict could double to \$181 billion if the conflict continues through 2022.²⁶ The Yemeni rial is expected to continue to depreciate, severely

affecting the purchasing power of the population, with the vast majority of food being imported. In 2020, the Central Bank withdrew almost the last of its foreign currency reserves provided by the Kingdom of Saudi Arabia; once exhausted, there will be a lack of foreign currency to cover the import of basic commodities. Economic contraction as a result of COVID-19, including due to reduced remittance flows, is likely to continue throughout the year.

The deterioration of the socio-economic situation mentioned above will lead to reduced family income to pay for health services, for sufficient and diversified diets that might contribute to an increase in malnutrition. This is because an increase in commodity prices implies less food on the table for vulnerable groups and therefore increased likelihood of malnutrition/poor health. Scale down/reduction of aid support/funding might lead to reduced number of people accessing food assistance and therefore increase households/population that are food insecure one of the causes of acute malnutrition.



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INFORM Index

Natural Hazards

The risk of natural hazards remains high, with the trends of the past several years likely to continue. Repeated desert locust infestations have destroyed crops in key agricultural areas and are likely to

continue to do so in 2021. Floods and droughts have led to the destruction of shelters and infrastructure, restricted access to markets and basic services, and displaced populations already weakened by years of conflict and economic instability. In southern Yemen, the cyclone season – in May and June, and October and November – brings heavy rainfalls, high winds, and flooding to coastal areas. In 2021, the impact of natural hazards, in combination with increased conflict and a deteriorating economic situation, will most likely increase vulnerabilities and humanitarian needs.

The impact of natural disasters will have further reaching and detrimental effect on the nutrition situation of the population particularly the most vulnerable groups. Given that food insecurity and increased risks of diseases are among the under-lying and immediate causes of malnutrition respectively; deterioration in these factors as a result of natural hazards, will contribute to increase in acute malnutrition cases in areas that will be affected.

Epidemics and Pandemics

The trajectory of the main epidemics and health risks affecting Yemen is expected to continue, with a severe impact on the physical and mental well-being of people across the country. According to the INFORM Epidemic Risk Index, Yemen is ranked seventh in the world, and is one of only 11 countries assessed as facing ‘very high risk’ of infectious disease affecting humanitarian need. In 2020, Yemen experienced six outbreaks of infectious disease; and conditions are not expected to change in 2021. This is due to the persistent, severe vulnerability of the population and lack of capacity to contain the spread of diseases and provide treatment. The health system is expected to remain overwhelmed, capacity to decline, and health workers to be underpaid or in short supply if no additional funding is provided. With 50 per cent of health facilities damaged as a result of the conflict, 121 health facilities no longer able to provide the Minimum Service Package²⁷ due to lack of funding and about a third of health facilities expected to have to stop or reduce services to 5.6 million people, the outlook for access to quality and consistent health

services looks increasingly grim for 2021.

The effects of declining access to health services are likely to be compounded by challenges related to logistics and basic supplies, such as fuel to run equipment and electricity to provide light and refrigeration. COVID-19 has placed additional pressure on existing facilities and resulted in under-utilization of health services, complicating the delivery of services to prevent other diseases. Multiple health risks, coupled with deteriorating access to and utilization of health services, will compound the effects of growing food insecurity and limited hygiene and sanitation services, particularly for women and children, on preventable disease and the long-term effects of malnutrition, which is projected to worsen in many areas. The cumulative impact of years of conflict and persistent humanitarian needs and trauma on mental health, coupled with limited access to psychosocial support services, will take a continued toll on people’s well-being, particularly for women, who bear a disproportionate burden of responsibilities for providing and seeking care for their families and community.

The link between diseases/morbidity as one of the immediate causes of malnutrition is well established in the UNICEF causal framework. Frequent illness predisposes children to malnutrition and undermines their immunity. The expected high prevalence and increase in common morbidities and disease outbreaks such as Cholera/AWD increases the risk of malnutrition and mortality. A child with severe acute malnutrition is 9 times more likely to die from common infections (malaria, diarrhea, pneumonia) and over 50 per cent of undernourishment among under-five is associated with diarrhea.

Environmental Hazards

Yemen has long been considered one of the world’s most water-poor countries, estimated to have the lowest water per capita availability globally. Water scarcity is partly due to dry weather conditions, which have been exacerbated by climate change in recent years, as well as rapid population growth, and expansion of groundwater use for agriculture, leading to rapid extraction for more water intensive crops,

such as qat. The result is that groundwater is now being depleted far quicker than it can be replenished.²⁸

Yemen also faces the real risk of a major oil spill with potentially dramatic implications for the population if maintenance of the FSO 'SAFER' tanker is not conducted urgently. The impact of a significant oil spill, if SAFER ruptures, sinks or explodes would be catastrophic, and there is limited national capacity to respond and challenges to deploying an international response. The devastating impact would be felt across the region with environmental disaster and degradation of ecosystems predicted in Yemen, Djibouti, Eritrea, and Saudi Arabia. Up to 28 million people who rely on these ecosystems for their livelihoods, especially fishermen, would be affected. Yemen is highly vulnerable to climate change-related impacts such as drought, extreme flooding, pests, changed rainfall patterns, increased storm frequency and severity and sea-level rise. In 2021,

such additional shocks could cause desolation for the already extremely vulnerable population.

Risk Analysis Table

The table below plots the main categories of risk outlined above against the likelihood and impact, using a one to five scale, where five is the highest level of likelihood and impact. By multiplying the likelihood by the impact scores, a composite risk score is generated. "Most likely" impact has been considered for this analysis although there remains the chance that the severity of impact could be greater if a risk occurs on a larger scale.

AL JAWF, YEMEN

Sister with their rapid response kit, July 2020.
Photo: YARD/UNFPA Yemen



TIMELINE OF EVENTS



JANUARY 2020

Escalation of fighting in Sana'a, Marib and Al Jawf governorates displaces thousands

ERC condemns attacks on NGOs in Al Dhale'e



FEBRUARY 2020

Medical aid bridge transporting patients for treatment in Jordan launched

UN calls for protection of civilians as war casualties spike in Marib and Al Jawf governorates

Humanitarian community expresses concern about shrinking operating space



MARCH 2020

31 of 41 UN major aid programmes face reduction or closure due to lack of funding

Heavy rains and floods hit southern governorates

YHF allocates US\$3.5m for critical services



APRIL 2020

The first case of COVID-19 in Yemen is announced

Aid agencies ramp up efforts to contain COVID-19

Yemen is hit by massive flooding for the second time



MAY 2020

COVID-19 threatens food availability

Humanitarian agencies sound the alarm on Yemen and call for urgent funding.



JUNE 2020

UN warns a tragedy is unfolding as funding shortages persist

Pledging conference makes urgent plea for US\$2.41 billion to save lives

Third wave of heavy rains and flooding hit southern and eastern governorates



JULY 2020

New food security analysis shows an alarming increase in the number of people facing high levels of acute food insecurity in southern governorates

Funding shortage forces closure of life-saving programmes as needs rise

Fuel crisis impacts the aid operation in northern governorates



AUGUST 2020

New wave of torrential rains and floods cause devastation across Yemen

Fuel crisis in northern governorate holds back the humanitarian response and drives food price increases

A Second YHF Reserve Allocation provides life-line funding for COVID-19 response and supports the Rapid Response Mechanism



SEPTEMBER 2020

Fuel crisis increases food prices and continues to restrict the aid operation

Exchange rate in southern governorates reaches all-time low

CERF funding boosts COVID-19 response & health programmes

Lack of funding cripples humanitarian operations in Yemen



OCTOBER 2020

Patients return home to Yemen after medical treatment in Jordan

Civilian casualties peak in October

NOVEMBER 2020

Rial reaches all-time low in southern governorates, compounding food security risks

SOM II recommit to tackling the humanitarian crisis in Yemen as the situation deteriorates

Pooled funds allocate \$167 million to underfunded response areas

DECEMBER 2020

UN agencies warn that window to prevent famine in Yemen is narrowing as new food security analysis finds that 13.5 million people face high levels of acute food insecurity

Security Council calls for urgent action to avert famine and prevent closure of UN programmes

Attack on Aden airport causes dozens of civilian casualties as new government arrived in Yemen

CONFLICT AND CIVIL UNREST

DESCRIPTION OF RISK	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
Continued escalation of geopolitical patterns and influences	5	5	25	All populations continue to be impacted, no change in PiN forecasted
Continued destabilizing regional patterns and trends	4.5	4.5	20	All populations continue to be impacted, no change in PiN forecasted
Continued protracted dynamic conflict across increasing number of active front lines in Yemen	4.5	4.5	20	All populations continue to be impacted, no change in PiN forecasted
Continued decrease of physical humanitarian access and space to provide a principled and effective response	4.5	4.5	20	All populations continue to be impacted, no change in PiN forecasted
Decreased access to life-saving-nutrition services and increase in mortality associated with malnutrition	4.5	5	20	Children under age 5, pregnant and lactating women

VIOLATIONS OF INTERNATIONAL HUMANITARIAN LAW / HUMAN RIGHTS LAW

DESCRIPTION OF RISK	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
Indiscriminate attacks against civilians and civilian infrastructure, including schools and health facilities continue	5	5	25	All populations continue to be impacted, no change in PiN forecasted
Attacks against humanitarian personnel continue	5	5	25	No change in PiN forecasted
Violation women's and children's rights persist	5	5	25	Women and children continue to be impacted, no change in PiN forecasted
Marginalized groups continue to be exposed to violations of rights (IDPs, refugees, migrants etc.)	5	5	25	Marginalized groups continue to be impacted, no change in PiN forecasted
Freedom of movement remains restricted	5	5	25	All populations continue to be impacted, no change in PiN forecasted

SOCIO-ECONOMIC ENVIRONMENT

DESCRIPTION OF RISK	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
Continued macroeconomic deterioration	5	5	25	All populations continue to be impacted, no change in PiN forecasted
Inadequate Central Bank capacity persists (lack of capitalization, divergent monetary policies)	5	5	25	All populations continue to be impacted, no change in PiN forecasted
Tight restrictions on commercial imports and exports are maintained	4	5	20	All populations continue to be impacted, no change in PiN forecasted
Reductions in international assistance and remittances continue	4	5	20	All populations continue to be impacted, no change in PiN forecasted
Deterioration in the health and nutrition situation	4.5	5	20	Children under age 5, pregnant and lactating women

EPIDEMICS / PANDEMICS

DESCRIPTION OF RISK	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
Increasing burden on fragile health system continues due to increased disease prevalence	5	4	20	All populations continue to be impacted, no change in PiN forecasted
Further disease outbreak and spread of epidemics to new areas and population segments	4	5	20	Up to 1.6 million people will require health assistance as a result of increased disease outbreak to new areas and segments of the population.
Worsening of malnutrition among n status of children & Pregnant and Lactating Women (PLW)	5	5	25	Children under age 5, pregnant and lactating women

NATURAL HAZARDS

DESCRIPTION OF RISK	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
Seasonal rainfall creates flooding in multiple locations	5	3	15	All populations continue to be impacted, particularly IDPs. No change in PiN forecasted
Locusts destroy the crops in key agricultural areas	5	3	15	All populations continue to be impacted, no change in PiN forecasted
Increased malnutrition in case of food insecurity and disease outbreaks resulting from natural hazards	5	4	20	Children under age 5, pregnant and lactating women.

ENVIRONMENTAL HAZARDS

ENVIRONMENTAL HAZARDS	LIKELIHOOD	IMPACT	SCORE	MOST IMPACTED GROUPS
FSO SAFER	5	5	25	Up to 8.4 million people in west coastal areas will be affected, of which 1.26 million may require immediate humanitarian assistance.

Most likely scenario

The humanitarian situation in Yemen is likely to worsen in 2021. In the first six months of 2021 a marked deterioration in quantitative and qualitative metrics of the conflict and civil unrest are predicted due to compounding, reinforcing, and overlapping geopolitical, security and monetary developments. Ongoing hostilities as well as the absence of a political settlement will increase displacement, vulnerabilities and set the stage for a further deterioration of the situation. While the implementation of the Riyadh Agreement has made progress, political divisions within the Government of Yemen are likely to undermine political stability in the south of the country. The deteriorating political and security environment will deter foreign, national, and local investment in an increasing number of locations and could dissuade foreign currency injections, critical to stabilizing the rial.

In 2021, in the absence of a political agreement, of a cessation of hostilities and of an inclusive peace, Yemen is likely to remain a protection crisis where civilians, particularly vulnerable and marginalized groups, will continue to bear the brunt of the protracted armed conflict. Additional factors such as a deteriorating economic situation, and worsening livelihoods, food security, and nutrition conditions, compounded by shocks such as disease outbreaks and natural hazards, especially flooding, will increase existing vulnerabilities and humanitarian needs. Other shocks such as an oil spill from the FSO SAFER would be catastrophic.



SANA'A, YEMEN

A health worker takes care and provides nutrition treatment for a baby laying in the incubator in ALGumhori Hospital in Sana'a within the emergency health and nutrition project Implemented by UNICEF, WHO, and the World Bank. July 2019.

Photo: Ahmed AbdulHaleem/YPN for WHO

2.2 Monitoring of Situation and Needs

The humanitarian community faced major challenges in 2020 in gaining the necessary approvals from the authorities to conduct monitoring and needs assessments. It is hoped that advocacy and engagement with the authorities across Yemen will facilitate enhanced monitoring and needs assessments in 2021, both of which are critical given the high volatility of the context and conflict-related developments. In addition, regular updated needs will support strategic-level decision-making at the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Mechanism (ICCM) levels, foster a shared understanding of the impact of the crisis, and directly inform operational response planning.

Situation monitoring is critical in the Yemen context given the severity of the crisis. In addition to the JIAF indicators, the ICCM will continue to closely monitor the most likely risks identified above (section 2.1), specifically macroeconomic status, regional patterns and trends, attacks against humanitarian infrastructure, flood susceptibility and disease prevalence.

In addition to the planned Multi-Cluster Location Assessment (MCLA), the IPC Analysis, SMART surveys and other cluster-specific assessments, the planned Joint Monitoring Framework for famine, the ICCM is committed to monitoring a series of both

cross-cutting and cluster-specific needs indicators throughout 2021 as part of the JIAF framework. IOM's Displacement Tracking Matrix will continue to track and monitor displacement and population mobility, while UNHCR will continue to provide regular updates on refugees and asylum seekers in Yemen.

Given the scale of the humanitarian crisis in Yemen and with the understanding that indicators accurately reflect changes in the severity of need, clusters have identified key inter-sectoral indicators to be used for continued monitoring of the situation throughout the 2021 HPC. These indicators will be reviewed on a regular basis to allow clusters to analyze trends and determine changes in the severity of needs. This analysis will inform decisions regarding potential response planning course corrections, as required.

Humanitarian partners will also continue to monitor displacement trends, access constraints, currency inflation and fuel price data throughout the year to guide preparedness and response. A variety of thematic working groups will engage in regular reviews in key areas. OCHA publishes a series of interactive dashboards and humanitarian updates that provide trend analysis for partners and help guide preparedness and response.

Indicators

#	INDICATORS	BASELINE	SOURCE
x01	Number of civilian casualties reported (killed or injured) in the last 12 months	2,087	Protection Cluster
x02	Number of incidents of armed violence with a direct civilian impact	2,213	CIMP ²⁹
x03	Number of districts directly affected by active frontline hostilities	49 ³⁰	OCHA
x04	Number of hard-to-reach districts	222 ³¹	OCHA
x05	Prevalence of waterborne and vector-borne disease	84 per cent	Health Cluster
x06	Number of people in IPC Phase 3 and above	16.2 million	Integrated Food Security Phase Classification Analysis
x07	Ratio of IDPs to host population	13 per cent	Population dataset
x08	Percentage of populated area with high flood susceptibility	25 per cent ³²	Shelter Cluster
x09	Number of incidents impacting civilian infrastructure	168	CIMP ³³
x10	Currency inflation	838 USD/YER ³⁴	The Yemen Joint Market Monitoring Initiative (JMMI)
x11	Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)	11 ³⁵	SMART Survey reports
x12	Fuel availability	4 per cent	Yemen Commodity Tracker (percentage of national fuel requirements met) ³⁶

Part 3:

Sectoral Analysis

LAHJ, YEMEN

Asma came to receive WFP food assistance at distribution in Lahj, Yemen on 10 September 2020. She is married and has 3 children. Photo: WFP/Mahmoud Fadel

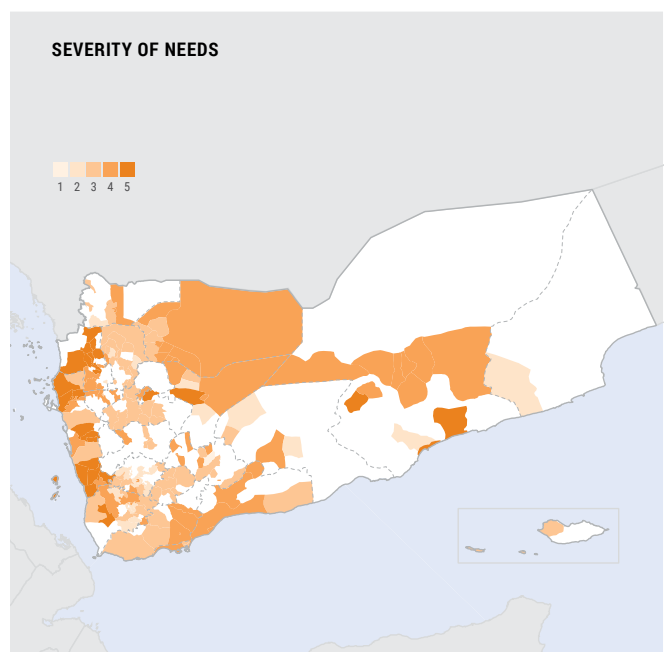
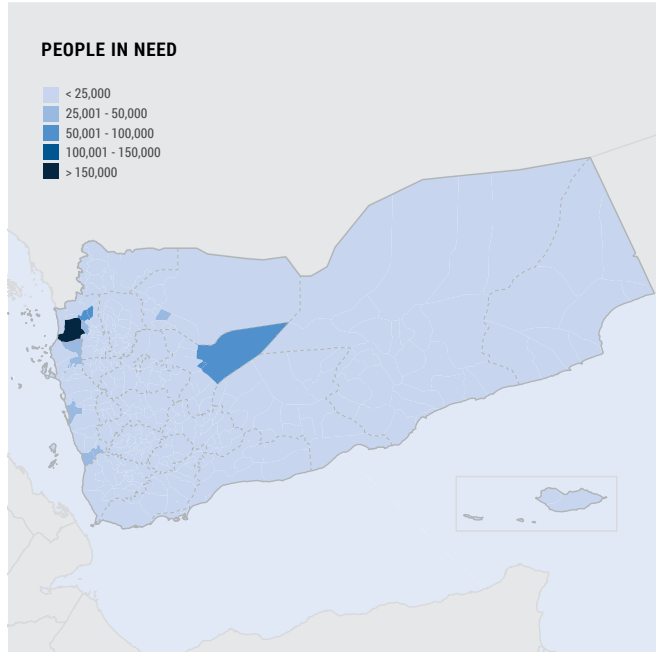
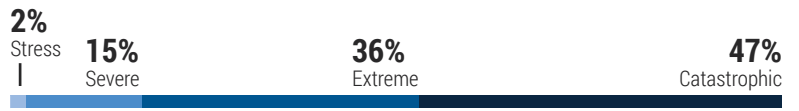


3.1 Camp Coordination and Camp Management (CCCM)

PEOPLE IN NEED

1.2m

SEVERITY OF NEEDS



3.2 Education

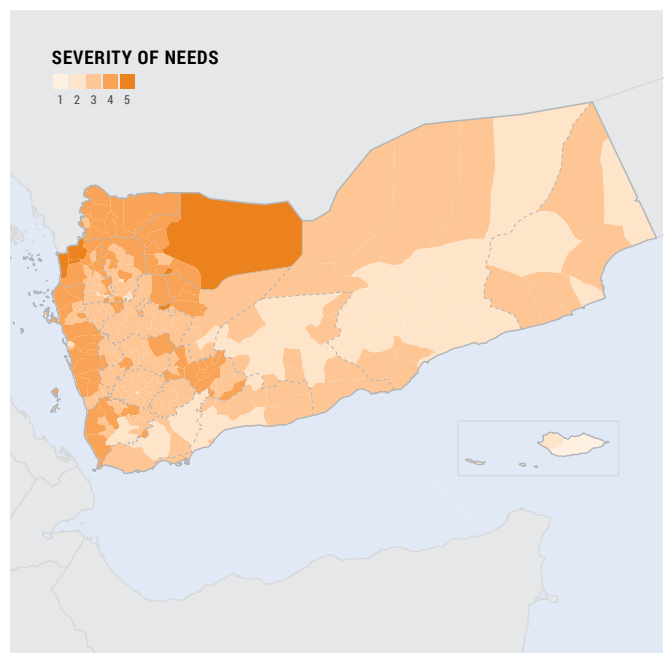
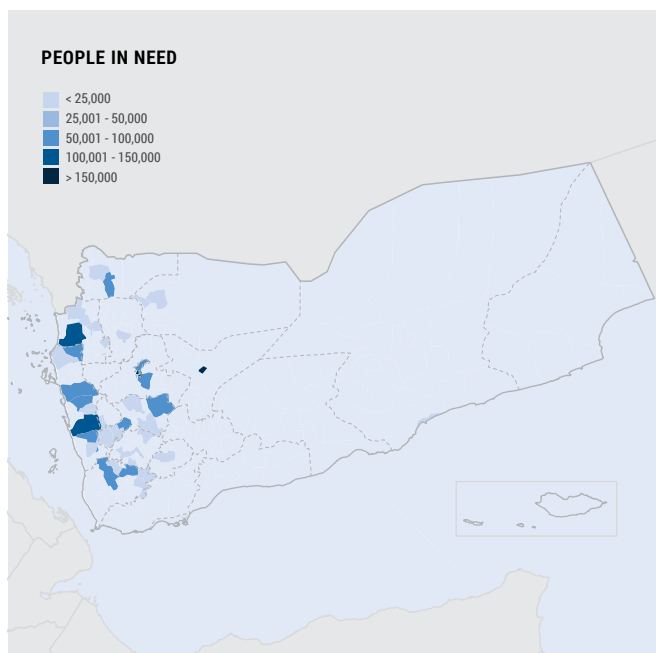
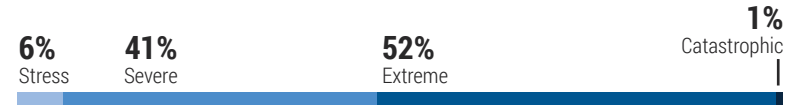
PEOPLE IN NEED

5.6m

TREND (2015-2020)



SEVERITY OF NEEDS



3.3 Food Security and Agriculture

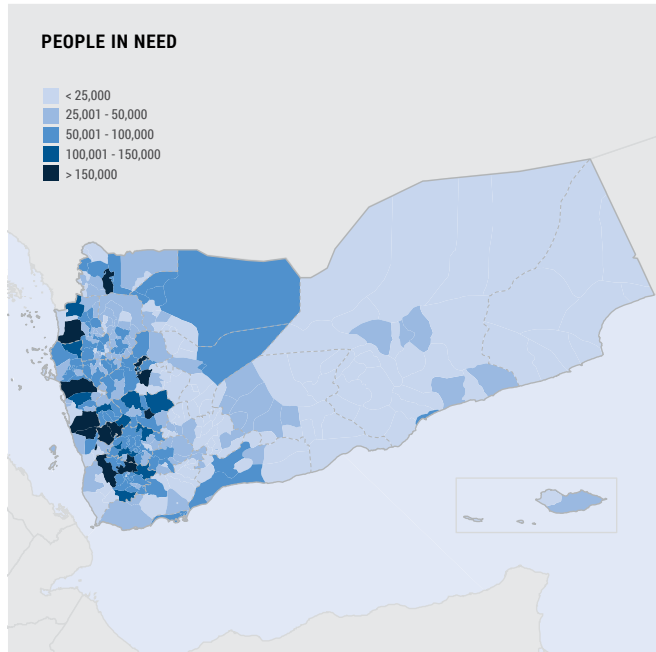
PEOPLE IN NEED

16.2M

TREND (2015-2020)



SEVERITY OF NEEDS



3.4 Health

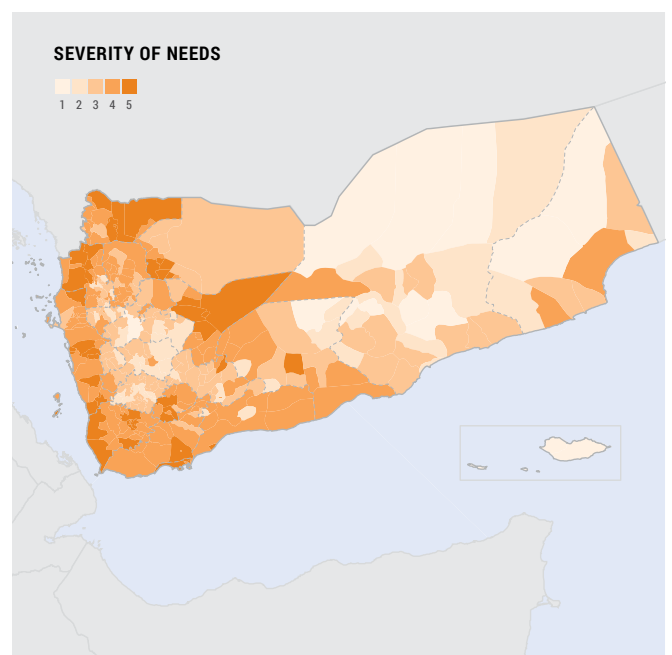
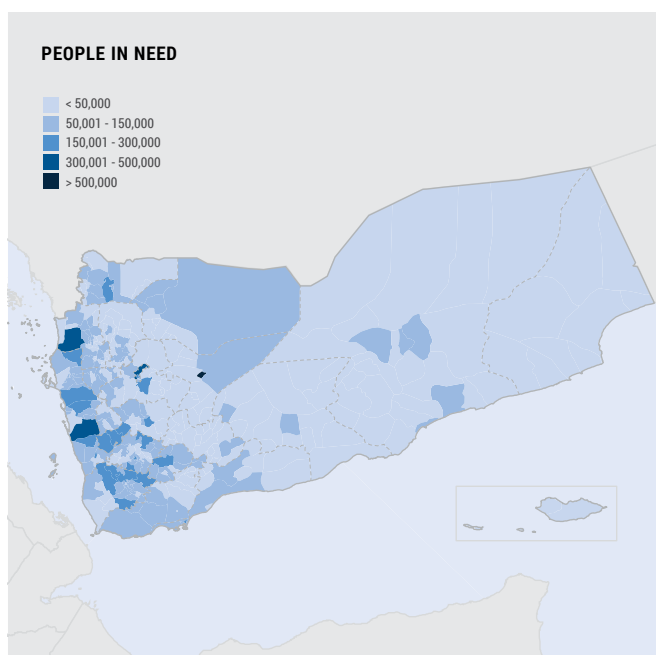
PEOPLE IN NEED

20.1m

TREND (2015-2020)



SEVERITY OF NEEDS



3.5 Nutrition

PEOPLE IN NEED

7.6M

TREND (2015-2020)

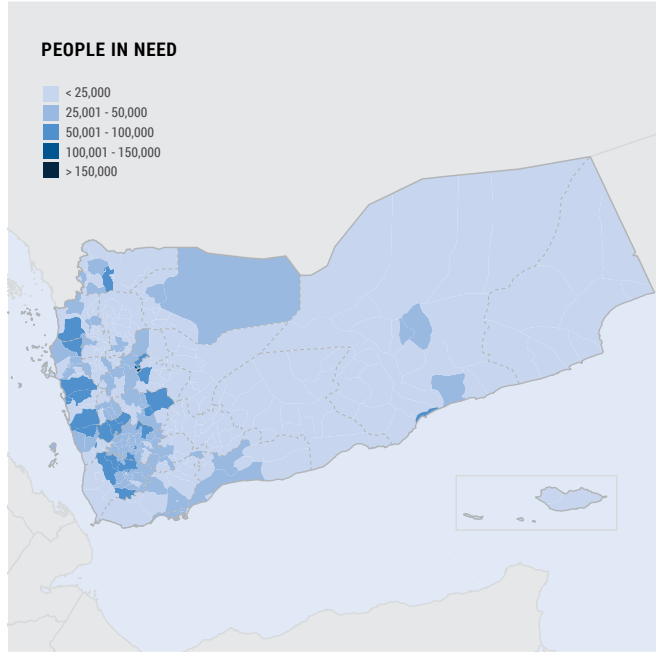


SEVERITY OF NEEDS

47%
Stress

34%
Severe

19%
Extreme



3.6 Protection

PEOPLE IN NEED

15.8M

TREND (2015-2020)



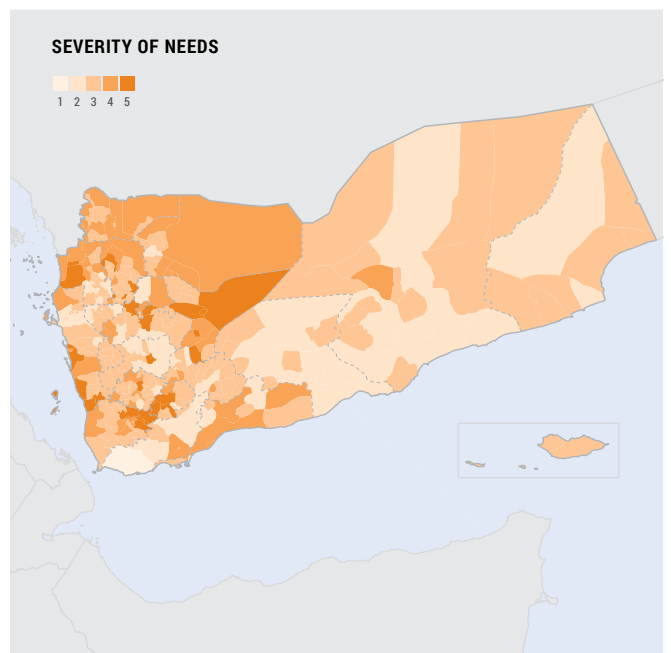
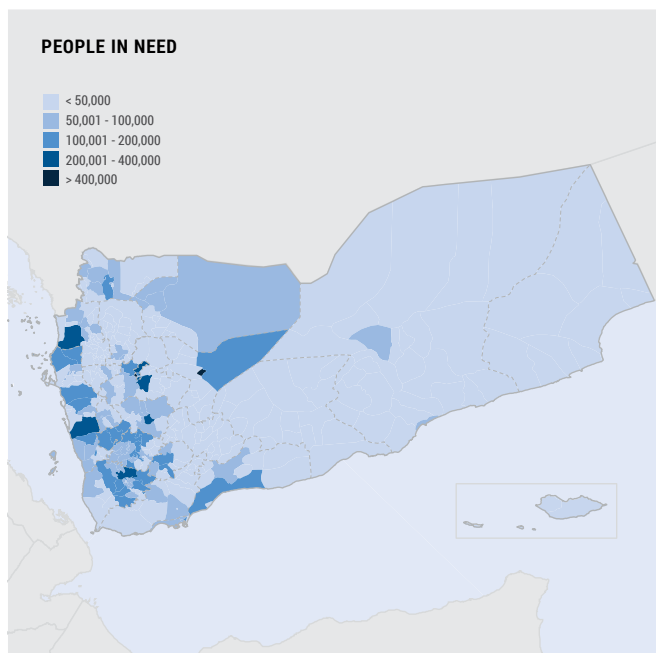
SEVERITY OF NEEDS

11%
Stress

38%
Severe

28%
Extreme

23%
Catastrophic



3.7 Refugees and Migrants Multi Sector (RMMS)

PEOPLE IN NEED

0.27m

TREND (2015-2020)

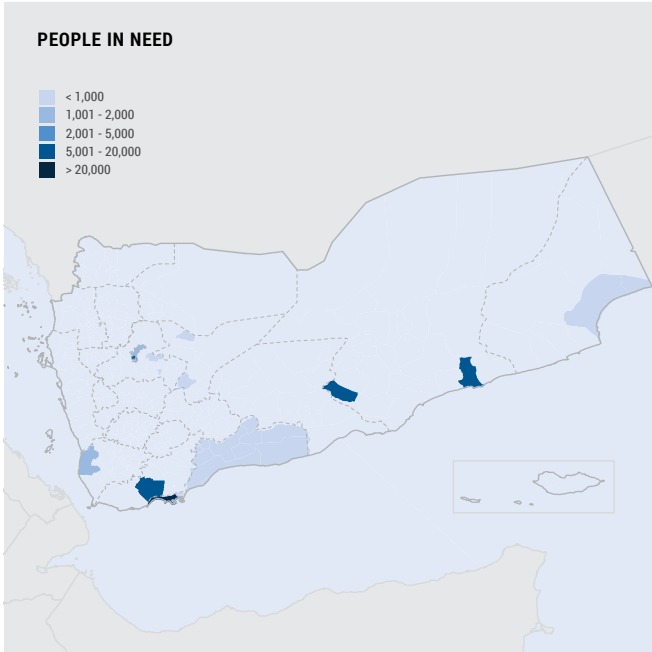


SEVERITY OF NEEDS

61%
Severe

27%
Extreme

12%
Catastrophic



3.8 Shelter and Non Food Items (NFI)

PEOPLE IN NEED

7.3M

TREND (2015-2020)

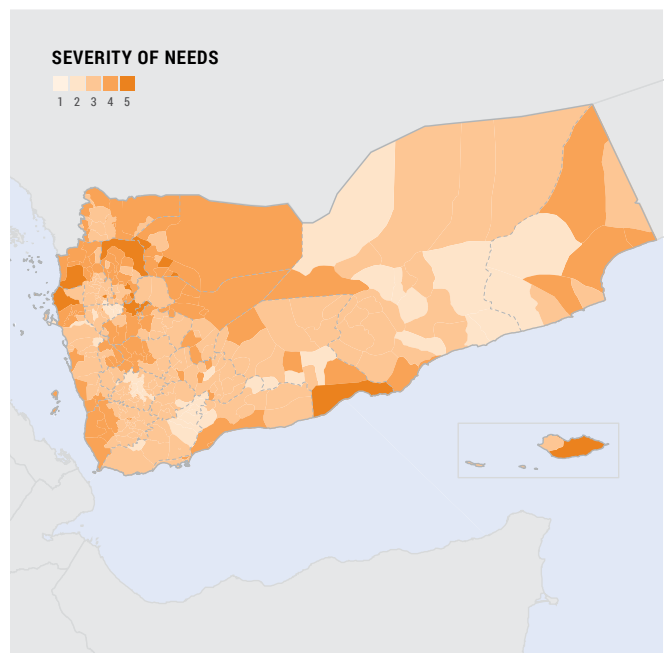
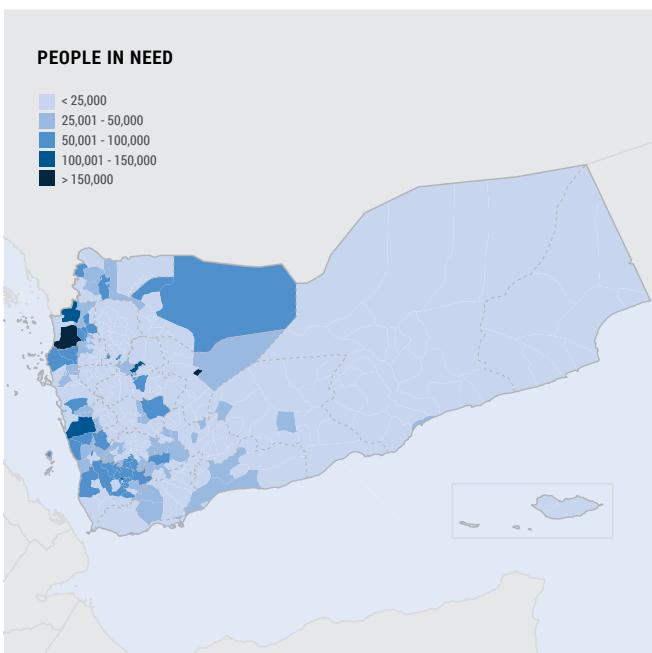


SEVERITY OF NEEDS

50%
Severe

42%
Extreme

8%
Catastrophic



3.9 Water, Sanitation and Hygiene (WASH)

PEOPLE IN NEED

15.4m

TREND (2015-2020)



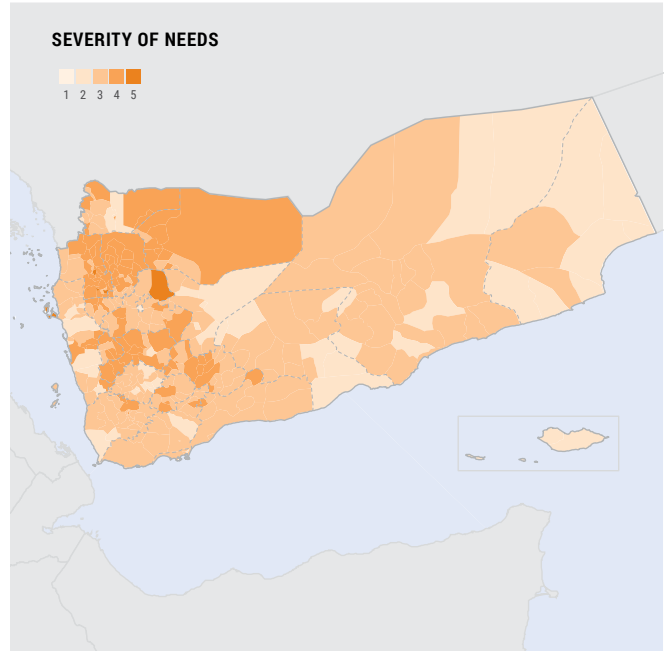
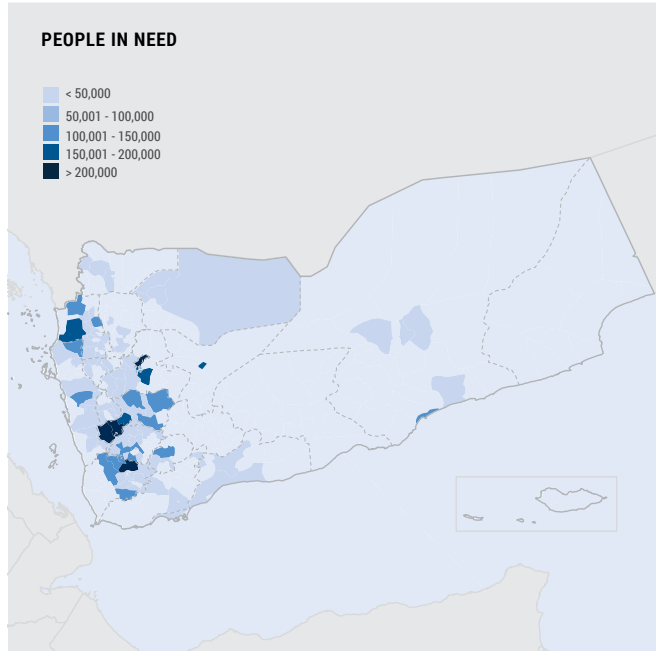
SEVERITY OF NEEDS

12%
Stress

50%
Severe

37%
Extreme

1%
Catastrophic



3.1

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED (PIN)	ACUTE PIN	WOMEN	CHILDREN	WITH DISABILITY
1.2m	1.2m	22%	55%	15%

Overview

More than 4 million displaced Yemenis have settled in over 1,500 spontaneous, unplanned camps and require support to meet their basic needs. The locations, population size and characteristics of these sites change over time. Currently, these sites are mostly in Hajjah (35 per cent of IDPs living in camp-like settings), Al Hodeidah (19 per cent), Ma'rib (15 per cent), Al Jawf (7 per cent) and Ta'iz (5 per cent).

IDP sites are often unsafe, undignified and a precarious place for displaced people. Data show that 76 per cent lack formal land tenancy agreements, which can lead to secondary displacement, and eviction threats, and which can compromise living conditions. Some 32 per cent of sites are at risk of flooding. About 48 per cent of people in IDP hosting sites are within 5 kilometres of areas of active hostilities.

Sites also lack services. Data show that more than half of the sites are not reached by the humanitarian actors, and 93 per cent of camp-like settings across the country lack basic services such as food distributions, protection services, WASH, and education, of which 83 per cent face critical service gaps. Discrimination and exclusion are serious risks because of the high competition with host communities for scarce resources; risks that were especially amplified by the effects of COVID-19. The pandemic also increased the perception that IDPs were vectors of communicable diseases, exposing the most vulnerable IDP population groups living in sites to an even higher risk of exclusion from access to basic services. Economic instability, inflation and limited livelihood opportunities further

reduced household purchasing power resulting in more economic access barriers to services and thus forcing communities to resort to negative coping mechanisms.

In addition, there appears to be a correlation between displacement and risk of famine, as most of the IDP population living in sites appears to be concentrated in areas with the highest IPC severity scale.

Despite the risks, most residents feel it is still too unsafe to leave the sites where they live. In December 2020, residents of 94 per cent of IDP hosting sites reported their intention to remain in the sites in coming months.

Affected Population

IDP sites host many high-risk groups, including people with disabilities, older persons, child- and female-headed households, marginalized people, people with chronic and serious diseases, unaccompanied and separated children as well as pregnant and lactating women. Data show that 88 per cent of IDP sites host four or more of these high-risk groups.³⁷ Marginalized groups such as the Muhamasheen are present in 43 per cent of IDP sites. This group faces deeply rooted social, economic, and political marginalization that affects all aspects of their lives.

CCCM cluster partner assessments indicate that 1,192,424 IDPs in hosting sites require assistance, including 1,166,125³⁸ who are in need at JIAF severity phase 3, 4 and 5. Data show that 93 per cent of sites lack adequate shelter maintenance and assistance, 89

per cent lack adequate health services, 91 per cent lack adequate WASH services, and 82 lack adequate food distributions.

IDPs in sites reported the following as their highest priority needs: food (37 per cent of sites), shelter (24 per cent), water (10 per cent), and protection (8 per cent).³⁹ Only 0.2 per cent of sites report adequate access to multi-sectoral services.⁴⁰ Reasons for limited services include access restrictions imposed by authorities or the local community; difficulties due to natural hazards, such as flooding; and limited available funds. Compounding these risk factors, IDPs in sites are typically those that have no income to pay rent or have relatives with whom they can live and have thus settled in camp-like settings as a last resort.

Shelter conditions are inadequate in 68 per cent of sites. Shelter types include makeshift shelters (46 per cent of sites), emergency shelters (21 per cent) and open-air shelters (1 per cent of sites). IDPs living in hosting sites also face the risk of eviction (16 per cent of IDP households face active eviction threats), infectious diseases, water contamination and natural hazards. Protection risks are exacerbated by the overcrowded conditions of the sites and by the sub-standard living conditions. The proximity to the frontlines puts the lives of people at serious risk and can result in secondary displacement. Overcrowding affects privacy and space for dignified living conditions. The frequent lack of gender-segregated facilities (latrines and washrooms) puts women and girls at a particular risk of harassment and GBV. Lack of adequate lighting increases insecurity and limits freedom of movements at night. The overall lack of safe spaces and facilities have a detrimental effect on the well-being of children. Poor infrastructure exacerbates conditions for persons with disabilities, aggravating their marginalization and exclusion.

While conducting quantitative needs assessments for IDPs in hosting sites has been problematic in Yemen, CCCM cluster partners were able to collect site level information for 892 IDP hosting sites, covering 74 per cent per cent of IDPs living in various sites across the country between October 2019 and December 2020.

Projection of Needs

In 2021, displaced families will continue to seek temporary refuge in IDP sites, with inadequate access to basic services, substandard living conditions inadequate and heightened risk of exposure to communicable diseases. Economic instability and limited livelihood opportunities will further reduce household purchasing power, and impose increasing economic barriers to services, creating tensions with the host community; it also increases the likelihood IDPs will need to resort to negative coping mechanisms, with consequent protection risks, especially for children and women. For some IDP families, reaching public services is another challenge.

With three quarters of sites not having formal tenancy agreement, evictions are of particular concern and are expected to continue to rise, as landowners seek to reclaim their land, often for economic reasons. The associated risks of eviction threats will increase harassment, psychological distress and forced relocation of IDPs to other locations, increasing their vulnerability.

Based on the most likely scenario, needs are expected to significantly increase. Current figures suggest that 93 per cent of sites lack adequate shelter maintenance and assistance, 89 per cent lack adequate health services, 91 per cent lack adequate WASH services, 82 per cent adequate food distributions.

As CCCM partners continue to verify and map IDP sites and camp-like settings, more sites will be identified. In 2020, the number of people in camp-like settings rose by 25 per cent through this process.

In 2021, displaced families will continue to seek temporary refuge in IDP sites where they will face inadequate services, substandard living conditions and protection risks. These challenges will continue to be exacerbated by the fact that people living in these sites will face difficulties in reaching public services, given their location and the competition over scarce resources, including limited public services. The lack of alternatives will oblige IDPs to keep living or settle in camp-like settings as the only available option.

Monitoring

The CCCM Cluster will continue to monitor the activities of partners using the following indicators:

Indicators

#	INDICATORS
x01	<ul style="list-style-type: none"> sites covered by predictable multi-sector monitoring (baseline: 590) # of sites with functional site management teams # of CCCM staff and authorities with strengthened capacities in site management (disaggregated by sex) (baseline: 500) # of referrals tracked and addressed using the Area Based Approach (baseline: 20)
x02	<ul style="list-style-type: none"> # people incentivized through cash for work for site maintenance (disaggregated by sex) (baseline: 500) # site tool kits and material for maintenance, safety and hazard prevention (baseline: 0) # sites with safety and risk prevention community-led projects (baseline: 0)
x03	<ul style="list-style-type: none"> # of functional community self-organizing committees with inclusive, gender-balanced participation of both men and women (baseline: 200) # of community-based projects aimed at site management and community ownership (baseline: 50) # of mass information campaigns conducted (baseline:200) # of sites with functional Complaints and Feedback Mechanisms established (baseline: 150)

3.2 Education



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	GIRLS	WITH DISABILITY	NON FUNCTIONAL SCHOOLS
5.6m	2.9m	2.6m	52%	15%	2,507

Overview

Approximately 8.1 million school-age girls and boys need Education in Emergencies (EiE) assistance across Yemen. These include 1.65 million internally displaced children, 1.5 million children with a disability and minority groups who face challenges in accessing education. In addition, 171,603 teachers (80 per cent of them male) need support. A total of 2,507 schools are reported destroyed, damaged and/or utilized for non-educational purposes. Conflict and continued disruption of schooling across the country and the fragmentation of the education systems have had a profound impact on the learning and overall cognitive and emotional development of nearly all the 10.1 million school-age boys and girls in Yemen. The situation has been aggravated by COVID-19, as schools were temporarily closed from mid-March 2020 affecting the learning of nearly 5.8 million students, many of whom are at risk of not returning to school due to the socio-economic impact of COVID-19, especially girls. Another 2.05 million school-age girls and boys are out of school.

per cent of boys. Financial insecurity within the family prevents children from enrolling in school and causes children to drop out and move into child labour.

Anecdotal evidence confirms that families prioritize boys' education over girls due to safety concerns, a lack of female teachers and gender-sensitive WASH facilities, and distance to the nearest school. These issues are driving higher drop-out rates among girls, which increases the risk of early marriage and domestic violence. Boys are at higher risk of being recruited to join armed forces. To date, between 18,000 and 25,000 children have been recruited.⁴¹

The Education Cluster also estimates that over 171,600 teachers are not receiving salaries or incentives in 206 districts. This is negatively affecting the quality of learning for 3.6 million girls and boys in these areas. Teachers are not properly trained on psychosocial support, conflict sensitivity, inclusion and risk prevention.

Affected Population

The education response prioritizes girls and boys between 5 and 17-years-old, as well as overaged learners who missed years of schooling due to the conflict. Two-thirds of school-aged children live in areas that are hard to-reach due to conflict or other impediments.

Just over 2 million school-age girls and boys are out of school. Prior to the COVID-19 pandemic, approximately 47 per cent of girls were out of school compared to 53



2.05m

SCHOOL-AGE CHILDREN ARE OUT OF SCHOOLS^{42 43}



2.5k

SCHOOLS ARE NON-FUNCTIONAL CAUSING LOSS OF EDUCATIONAL OPPORTUNITIES TO SCHOOL-AGE CHILDREN IN 2020

Analysis of Humanitarian Needs

Of 10.1 million school-aged girls and boys (5-17-years-old) in Yemen, the Education Cluster estimates that 8.1 million need assistance. About 2.9 million are in acute need. Severity of needs has been estimated based on enrolment data, non-functional schools, school-aged displaced children, availability of paid teachers and areas with disease concerns.

Conflict and continued disruption of schooling are having a profound impact on the development of nearly all school-aged boys and girls in Yemen. Data show 2,507 schools have been destroyed, damaged or used for non-educational purposes, affecting learning for 1.1 million children. Of these schools, 58 per cent are damaged by conflict or floods, and 30 per cent are hosting IDPs, used as quarantine centres or occupied by armed groups.

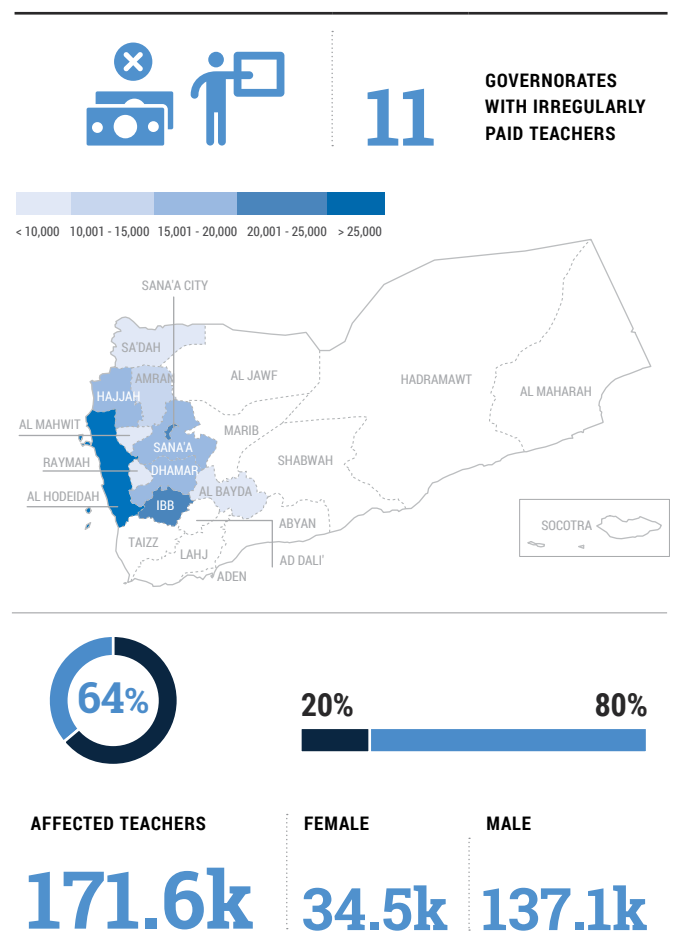
The conditions in functioning schools are inadequate. Overcrowded, under-resourced schools with mixed-aged and mixed-ability learning environments increase educational needs. COVID-19 has aggravated these risks. Schools closed from mid-March to October 2020, severely disrupting learning for 5.8 million students.

A pervasive issue in Yemen is a lack of teaching staff, many have left the sector to seek other sources of income. Across the country, functional schools suffer significant classroom overcrowding. In 2020 pre-COVID-19 conditions, the majority of teachers were unpaid in 11 governorates and received minimal allowances. These teachers constituted approximately 64 per cent of the teaching staff including 20 per cent who were female, which had a major impact on girls' access to education. The lack of qualified teaching staff is an ongoing problem. Teachers are not properly trained on psychosocial support, conflict sensitivity, inclusion, and risk prevention, which are essential in addressing the needs of conflict affected girls and boys. Delays in salary payments is a considerable disincentive for teachers to regularly report for work in functioning schools and often spurs them to seek out alternative livelihoods or supplement their income in other ways.

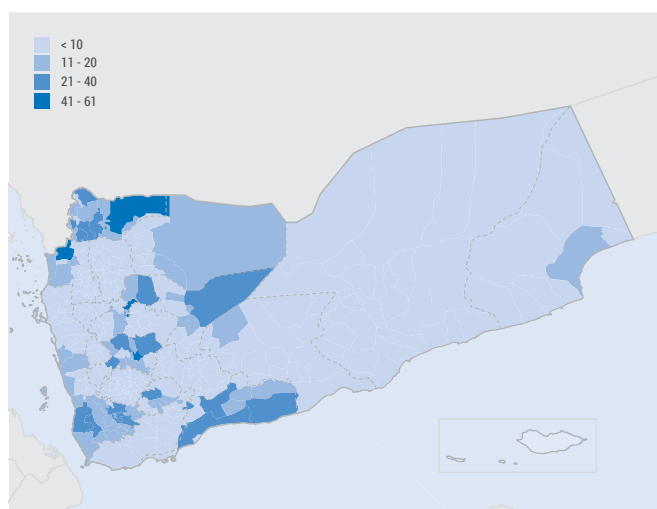
The risk of armed attacks or recruitment into armed

groups at schools, and general violence and protection concerns, were significant safety concerns for parents leading some to keep their children - especially girls - at home. Displacement has led to dropouts, limiting IDP enrolment in temporary learning spaces, overcrowding in existing schools and school closures where buildings are used as shelters or as quarantine centres. With higher risks of discrimination and physical and financial barriers to access essential services, 1.5 million children with disabilities face risks of stigmatization and loss of access to specialized educational services and support. Children not attending school are deprived not only of education but also of associated services such as school feeding and social assistance, while being at increased risk of domestic violence.

Teachers Salary Status in 2020



Affected Schools in 2020



Projection of Needs

The issues outlined above will all remain critical in 2021. Protection and socio-economic barriers beyond the Education Cluster will also need to be addressed to facilitate better access to education, particularly for IDP school-age boys and girls. COVID-19 and school closures have caused more children to drop out of school, which will increase the protection risks described above.

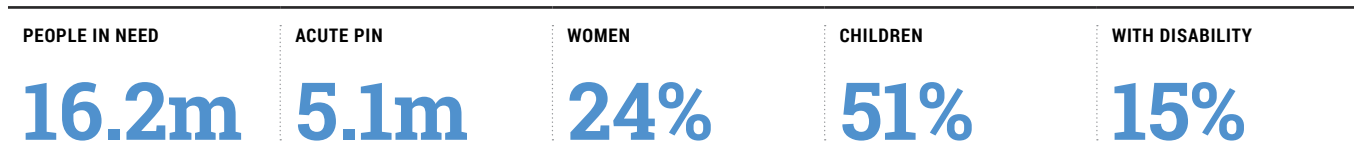
Monitoring

The Cluster uses seven indicators to estimate education needs and severity in all 333 districts in Yemen.

Indicators

#	INDICATORS	SOURCE
x01	2021 indicators	MOE
x02	% school-age children 5-17 years-old (girls and boys) enrolled in Formal and Non-Formal education	UNHCR
x03	Proportion of school-age children who are IDPs and/or returnees	WASH Cluster
x04	% children in schools in areas of high incidence rate of suspected cholera cases /acute watery diarrhoea	MOE
x05	% of school of closed/non-functional schools	Education Cluster reports
x06	Percentage of teachers (female and male) receiving salary/incentives	MOE
x07	Percentage of education personnel receiving professional development	4Ws MOE

3.3 Food Security and Agriculture



Between January and June 2021, the number of people likely to experience high levels of acute food insecurity (IPC Phase 3 or above) will increase by nearly 3 million to 16.2 million (54 per cent of the total population). Out of these, 11 million people are estimated to be in Crisis (IPC Phase 3), 5 million in Emergency (IPC Phase 4) and the number of those facing catastrophic food security conditions (IPC Phase 5), will likely increase to 47,000. Conflict and economic shocks are the principal drivers of food insecurity in Yemen.

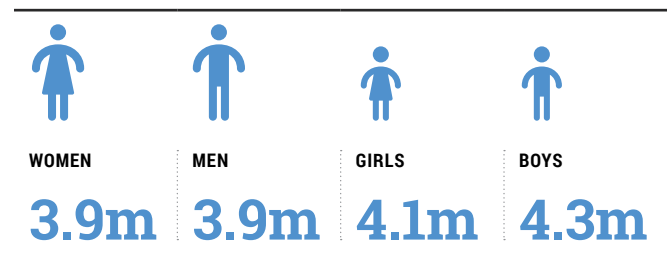
The acute food insecurity projection assumes that humanitarian food assistance that currently targets 13.5 million beneficiaries might reduce by 50 per cent between January and June because of an unfavourable funding outlook. Any further reductions including the possibility of zero assistance or other shocks could lead to heightened food insecurity levels, including further populations experiencing catastrophic food security conditions (IPC Phase 5).⁴⁴

Affected Population

More than half the population of Yemen (54 per cent) are projected to require humanitarian food and livelihoods assistance by June 2021. At risk groups - mainly IDPs, Muhamasheen⁴⁵, female-headed households, people with disabilities, landless daily labourers, older people, and women – face the most severe forms of food insecurity. Most rely on food consumption coping strategies such as reduced food portions, adults skipping meals so children can eat, and use of less preferred foods. The prolonged

crisis and resultant protracted displacement have decreased household resilience, exacerbated existing vulnerabilities, and led to the adoption of negative coping mechanisms translating to heightened vulnerabilities. Rural farming- dependent households are also facing increased food insecurity risks due to low production associated with the high price of inputs and diesel for irrigation, and limited access to farmlands due to conflict. The majority of these households lack meaningful employment and access to food, have already exhausted most of their livelihood coping mechanisms or depleted their livelihoods assets base. Moreover, the increased reliance on coping strategies indicates their stretched capacity to cope with further hazards thus increasing their susceptibility to any major shocks.

People in Need by Sex and Age



Overall, there are more than 4 million IDPs in Yemen who face worse food security outcomes compared to other segments of the population. IDPs show higher prevalence of inadequate food consumption, with 43 per cent of displaced households unable to meet their minimum food needs.⁴⁶ Of particular concern are the IDPs living in deplorable conditions in collective sites. Returnees who have gone back to their original locations also face difficulties

due to loss of livelihoods assets and widespread destruction of property.

FSAC partners will target the most food insecure and vulnerable groups facing IPC phase 3 and above through the twin track approach of “saving lives and livelihoods”. This strategy combines the provision of immediate life-saving emergency food assistance to the most vulnerable food insecure households allowing them to meet their basic food needs, and the provision of emergency livelihoods support and season specific cash transfers to protect, strengthen and restore livelihoods while stimulating economic recovery.

Analysis of Humanitarian Needs

The FSAC 2021 HNO analysis reflects the district-level IPC results for the projection period between January and June 2021 (<http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152947/>). This analysis classifies severity of Acute Food Insecurity into five phases based on common reference indicators: Phase 1 - None/Minimal; Phase 2 – Stressed; Phase 3 – Crisis; Phase 4 – Emergency; and Phase 5 – Humanitarian Catastrophe/Famine⁴⁷. As per IPC protocols, all people in IPC Phase 3 and above are considered to be in need.

Conflict remains the principal driver of food insecurity. It is associated with widespread displacement, humanitarian access constraints, disruption of public services, import restrictions, fuel shortages and economic collapse. Almost depleted foreign currency reserves, interrupted and irregular payment of public servant salaries and the lack of fiduciary controls have led to an erosion of the exchange rate of the Yemeni rial against the US dollar in the south. The medium-term path of the rial points to further depreciation across Yemen constraining food and fuel import capacity. Given high import dependency of the Yemeni economy, resultant high food and fuel prices affect nearly all families. Additional shocks driving food insecurity include income losses caused by the COVID-19 pandemic, and the impact of natural disasters such

as desert locust swarms and flash floods. All these elements intertwined have amplified the impact on vulnerable Yemeni households.

Reductions in humanitarian assistance due to funding shortfalls and a challenging operational environment have also led to increased levels of vulnerability for those who rely on humanitarian assistance. Food Security and Livelihoods Assessment (FSLA) data indicate that 43 per cent of households reported receiving humanitarian food assistance in the north and 54 per cent in the south, indicating a considerable reliance on humanitarian food assistance for nearly half of the Yemeni population. FSAC data indicates that in 258 out of 333 districts in Yemen, more than 25 per cent of the population received food assistance in 2020. Further reductions (including the possibility of zero assistance) could lead to heightened food insecurity levels, further increasing the populations experiencing catastrophic food security conditions (IPC Phase 5)⁴⁸.

Food insecurity is most severe in areas with active conflict or bordering areas where humanitarian access is limited by the security situation. It is also acute in areas where people survive on low and irregular sources of income and with limited access to public services. The households experiencing IPC Phase 5 (catastrophe) are found in Al Jawf, Hajjah and Amran governorates. In Al Jawf and Hajjah, conflict, displacement and limited humanitarian access are the main drivers. In Amran, high vulnerabilities of marginalized groups and lack of access to public services such as water, sanitation and health are the primary causes. Considering the number of people in IPC Phase 3 or above, Al Hodeida, Dhamar, Hajjah, Ibb, Sana’a City and Ta’iz governorates each have more than 1 million people in IPC Phase 3 (Crisis) or above.⁴⁹

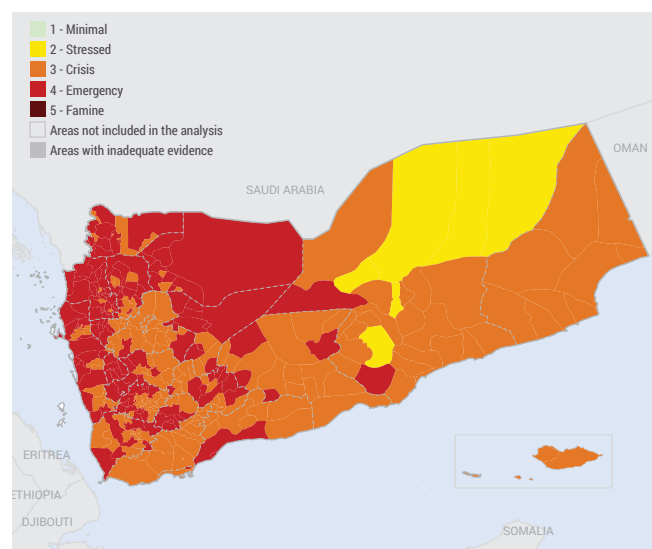
Protection needs related to food insecurity include ensuring safe, dignified and inclusive access to food, regular income, and humanitarian aid. These factors are directly affected by the ongoing conflict, tension between IDPs and host communities, the ability of women, older persons, persons with

disabilities and marginalized groups such as the Muhamasheen to access distributions, the location of distribution sites, and the ability of partners to target beneficiaries independently. Conflict or other access constraints can limit partners' ability to locate distributions in convenient areas or adhere to planned schedules. Beneficiaries face risks in travelling to access assistance or may be unable to transport assistance home due to lack of transport, disability or other challenges.

Projection of Needs

Food insecurity is already surpassing the extremely high levels observed in 2018 and 2019, with an increase of nearly 300,000 people in need of urgent humanitarian assistance in the first 6 months of 2021. Based on the assumptions of a funding outlook that allows for 50 per cent rations coupled with other economic shocks, 16.2 million people are likely to experience high levels of acute food insecurity (IPC Phase 3 or above) conditions between January and June 2021. The number of districts in Phase 4 will most likely be threefold those identified in 2018 and 2019 (increasing from 49 to 154 districts), while 11 districts are expected to have nearly 47,000 people experiencing IPC Phase 5 (Catastrophe) conditions. Households in these areas are engaging in crisis and emergency livelihoods coping strategies that are likely to hamper their resilience. The population classified in IPC Phase 3 and above will increase in 14 governorates compared to between 2018 and 2019. Peaks of increased severity will occur in Al Jawf, Hajjah, Ibb, Raymah and Sa'dah governorates⁵⁰.

Acute Food Insecurity Situation Projection for January - June 2021



The protracted dire situation risks further compromising fragile livelihoods, especially when combined with negative coping mechanisms, fewer income opportunities, reduced humanitarian funding and the impact of COVID-19. High food prices, an unaffordable minimum food basket, the high price of livelihoods inputs, and further depreciation of the Yemeni rial against the US dollar will continue affecting nearly all households. As the cost of food continues to rise, more households will shift to negative food and livelihood coping strategies. A large proportion of the population already have borderline food consumption in 69 per cent of districts. This population is barely consuming adequate amounts of staples and vegetables and may shift to more severe levels of nutrients deprivation. Increased household reliance on coping strategies points to the stretched capacity of households to cope with further shocks and hazards.

The conflict situation will most likely remain fluid with an escalation in some key battlefronts leading to widespread displacement, further humanitarian access constraints, disruption of public services including salaries and access to markets, as well as further import constraints. The current fuel crisis will exacerbate difficulties in nearly all sectors of the economy, agriculture livelihoods will be affected

by the high costs of inputs and water for irrigation while other sectors will pass the increased cost of transport to consumers further compromising household incomes, purchasing power and access to food.

Monitoring

In 2021, FSAC partners will ensure a people-centred response ensuring inclusion of all vulnerable groups and minimizing actual and potential exclusion errors. They will also assess and monitor the access of beneficiaries to food security programmes by collecting data disaggregated by age, gender, and location or specific community.

FSAC partners will track the main food insecurity risk factors and assumptions, including the US dollar to rial exchange rate; cost of the minimum food basket and associated prices of key food

commodities and livelihoods inputs; import volumes of key staples and commodities; fuel prices and impact on supply chains; and agricultural production. Standard monitoring including through remote calls will capture standard food security outcome indicators and highlight the evolution of needs. These will be compared to long-term trends from food security monitoring and to results of the 2019/2020 FSLA. Special emphasis will be given to monitoring food security in the 11 districts with pockets of population experiencing catastrophic (IPC Phase 5) conditions, both through face-to-face and remote monitoring methods.

3.4 Health



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
20.1m	11.6m	8.5m	24%	51%	15%

Overview

Approximately 20.1 million people (4,961,478 men, 4,893,469 women, 5,220,895 boys and 4,995,192 girls) need health assistance, including 11.6 million people who are in acute need. At least 1 child dies every 10 minutes in Yemen because of preventable diseases.

Health worker density in Yemen is 10 per 10,000 population (the WHO benchmark is more than 22 per 10,000) while density of specialists is 0.88 per 10,000 population. There are no doctors in 67 of Yemen's 333 districts.

Affected Population

Vulnerable groups include the poorest families, female-headed households, children under age 5, older persons, pregnant and lactating women, persons with disabilities, people with chronic or critical illnesses and GBV survivors.

Children are especially affected by increasing rates of malnutrition (see Nutrition Cluster narrative for further analysis). Women of childbearing age, particularly pregnant and lactating women, have limited or no access to reproductive health services including antenatal care, safe delivery, postnatal care, family planning and emergency obstetric and new-born care. The country has the highest maternal mortality ratio in the Arab region and has been placed among the "high alert" countries for maternal mortality in the Fragile Countries Index.⁵¹ Poor coverage, lack of specialized staff, lack of essential medical supplies and a lack of female doctors affect maternal health-seeking behaviour,

particularly for the 75 per cent of Yemeni women in rural areas.

People suffering from chronic and non-communicable diseases (NCDs) face a lack of medicines due to import restrictions resulting from access restriction and bureaucratic delays, rising prices and a growing gap between supply and demand. People with mental health issues, survivors of GBV with mental health and psychosocial challenges, and persons with disabilities (physical or mental) are also among the vulnerable.

Analysis of Humanitarian Needs

Currently, 273 districts (82 per cent) are in severe need of health assistance, including 34 hard-to-reach districts. According to the 2020 Health Resources and Services Availability Monitoring System (HeRAMS), only 51 per cent of health facilities in Yemen are fully functional.

Functional health facilities often cannot offer adequate care. Fewer than 40 per cent of secondary health facilities provide non-communicable disease and mental health services. Only 20 per cent provide integrated maternal and child healthcare. Since 2015, there have been 169 confirmed attacks on health care. The indirect and multiplying impact of armed violence on the health system includes attrition of medical personnel and the destruction or closure of health-care facilities, depriving communities of access to essential services.

Epidemics and other disease outbreaks are overburdening the weak health system. Despite a notable decline in cholera cases (273,551 suspected cases were reported from January to December 2020,

disrupted WASH and sanitation infrastructure and widespread malnutrition are increasing susceptibility to outbreaks of cholera and other communicable diseases. Vector-borne diseases are surging, including dengue fever and malaria, severe acute respiratory infections (SARI), and vaccine-preventable diseases due to disruption to vaccination services.

COVID-19 has aggravated the situation. Roughly 15 per cent of the functioning health system has been re-purposed for COVID-19, which has contributed to reducing overall health coverage by 20 to 30 per cent. Fewer patients are seeking healthcare partly due to fear of COVID-19, related stigma and constrained access. COVID-19 has also affected supply chains causing higher costs; increased demand; supply gaps; and significant delays.

Projection of Needs

Projected health needs in 2021 have increased by 11.9 per cent compared with 2020 levels. The COVID-19 pandemic and limited funding in 2020 resulted in significant decreases in daily medical consultations and vaccination services, mother and child health and reproductive health services, and services for people with disabilities. These and other factors will drive further increases in health needs during the year.

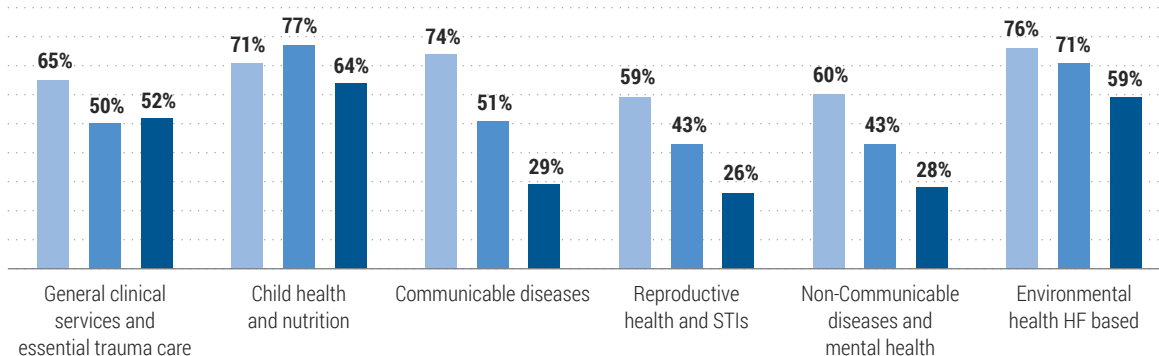
There is a need to capacitate the existing health workforce on various aspects of health service delivery.

This involves strengthening the existing integrated response to cholera and other outbreaks and famine risk reduction by conducting joint assessments and programming and strengthening community-based approaches to health services and health education across the board, thereby supporting the struggling health system in detecting potential threats to public health. To facilitate women’s and adolescent girls’ access to health care, there is a need to address sociocultural barriers (including by recruiting more female healthcare staff), train women from vulnerable communities as midwives and to provide more support for reproductive health services.

Priority health needs are maintaining and enhancing support to primary, secondary and tertiary care including trauma care, emergency and referral care, mother and child health based on the Minimum Service Package. Support to systems to prevent, detect, investigate, and respond to disease outbreaks, increased immunization coverage and management of non-communicable diseases is needed. Access to safe pregnancy and delivery care requires special focus, particularly due to defunding which reduced reproductive health services.

Maintaining and strengthening the disease surveillance system, supporting and capacitating rapid response teams, strengthening health information systems and investing in preparedness and response capacities is essential.

Availability of Health Services



There is a critical lack of mental health services throughout the country, with existing services highly centralized at the secondary healthcare level. Primary healthcare centers are unprepared to offer any type of mental health and psychosocial support (MHPSS).

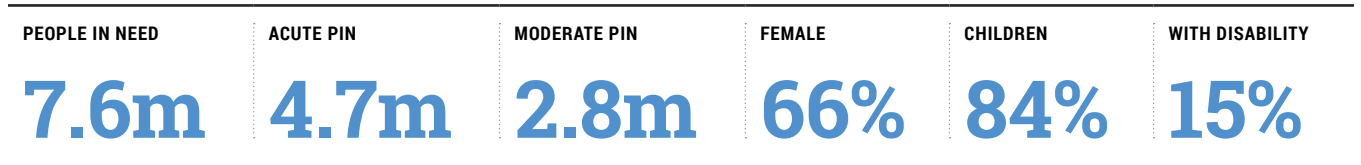
Monitoring

The Health Cluster PiN for 2021 is calculated based on a risk and severity analysis of the health infrastructure and other compounding factors such as access, increased demand for services, outbreaks, and endemic diseases. This analysis is based on the following indicators:

Indicators

#	INDICATORS
x01	# of medical consultations (out-patient/communicable disease) disaggregated by host community and IDPs
x02	# of vulnerable men, women, boys, girls, the older persons and disabled benefiting from the Minimum Service Package (MSP)
x03	# of consultations for non-communicable diseases disaggregated by host community and IDPs
x04	# of children less than 12 months provided with measles vaccination (MR1)
x05	# of children under age 1 year provided with Penta/DPT(3) vaccination
x06	# of health care workers (doctors, nurses, midwives, lab technicians, pharmacists) receiving financial support
x07	# of HFs provided with operational support (water L/mo., fuel L/mo., solar power), IPC and waste management support
x08	# of health facilities supported with medicines / medical supplies
x09	# of women receiving minimum initial service package (MISP) interventions
x10	# of deliveries attended by skilled birth attendants
x11	# children < 5 years with SAM complications treated/referred
x12	# of health workers receiving training on MSP; Integrated Management of Childhood Illness (IMCI); communicable disease prevention and control; SAM management and referral; Infection, Prevention and Control; emergency care and other trainings
x13	# of high-risk cases referred disaggregated by host community and IDPs
x14	# of people reached with health education sessions
x15	# of outreach visits by mobile health teams

3.5 Nutrition



Overview

An estimated 7.6 million people require services to treat or prevent malnutrition, including 4.7 million who are in acute need. This includes 3.5 million people who require treatment for acute malnutrition, of whom about 2.3 million are children under age 5 and 1.2 million pregnant and lactating women (PLW).

Affected Population

Children under age 18, especially children under age 5 and pregnant and lactating women, are the most vulnerable groups due to their physiological and biological needs. Women, young girls and boys suffer disproportionately from malnutrition. The risk of acute malnutrition increases among children in distressed conditions for example if they have been displaced or are in a situation of conflict. About 16 per cent of cases of acutely malnourished children under age 5 in Yemen live in 49 front-line districts. These children are more likely to miss out on life-saving nutrition services.

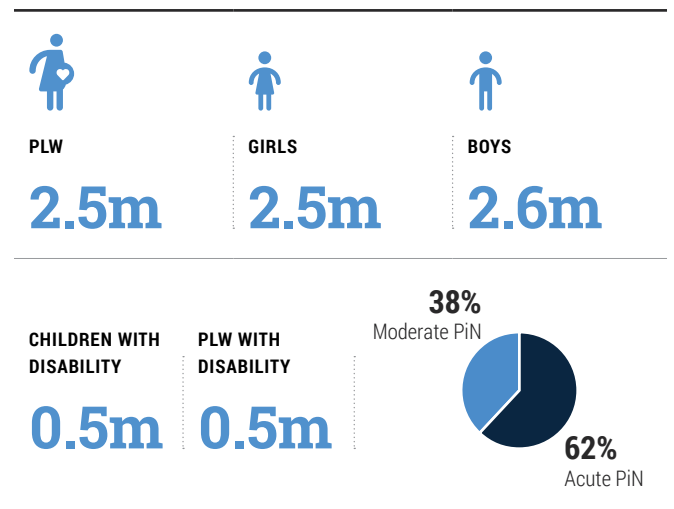
Malnourished children face heightened mortality risks. Children under age 5 with severe acute malnutrition (SAM) are 12 times more likely to die than their well-nourished peers. One in 5 children with SAM will die without treatment; this risk increases between 9 and 10 times for those with complications. Children with moderate acute malnutrition (MAM), are four times likely to die than their well-nourished peers.⁵²

Less than 16 per cent of children under age 5 meet the minimum acceptable diet in most parts of Yemen.

Anaemia prevalence in children aged between 6 and 59 months is 86 per cent and among pregnant and lactating women it is 71 per cent.⁵³ Women leaving the family home to collect food may weaken child care and result in a deteriorating nutritional status for mothers and their children. This risk is especially high in female-headed households which may not receive other support.

No data is available on the nutrition situation of other vulnerable groups, including adolescents, older persons, persons with disabilities, IDPs and the Muhamasheen. However, the severity of acute malnutrition among these groups is likely considerable and may exceed that of the general population. For instance, out of 1,452 IDP sites assessed by the Nutrition Cluster in December 2020, only about half were receiving nutrition services.

People in Need by Sex and Age



Analysis of Humanitarian Needs

The projected deterioration in health, water and sanitation services, and food security sector coupled with inadequate dietary intake and caring practices, will increase and aggravate the nutrition needs among vulnerable groups. The immediate life-saving needs are treatment of SAM with and without medical complications; treatment of MAM and Infant and Young Child Feeding (IYCF) practices among children under age 5 and pregnant and lactating women. It is worth noting that about 29 per cent of children under age 5 in need of acute malnutrition treatment live in 48 districts falling into the critical category of the Nutrition Cluster severity scale. About 39 per cent of children under age 5 with nutritional needs live in 98 districts classified into severity scale 3 (Serious) and the remaining 33 per cent live in 187 districts severity scale 2 (alert).

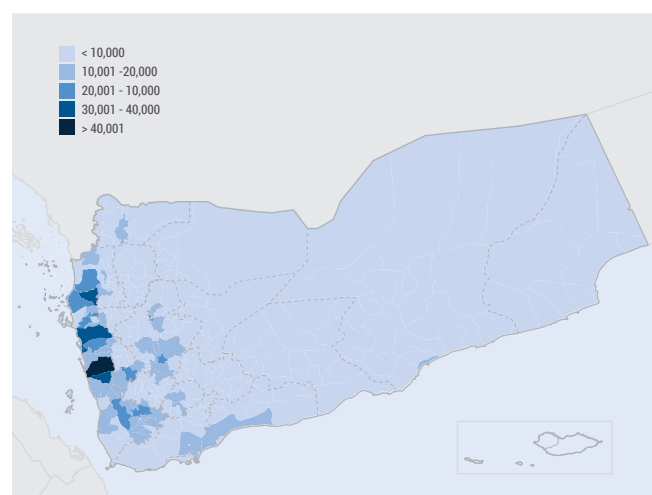
Preventive interventions focus on blanket supplementation feeding programmes and micronutrient supplementation among vulnerable groups given the high prevalence of acute malnutrition and anaemia among children under age 5 and pregnant and lactating women. Indirect needs include strengthening service providers' capacity and supportive supervision to improve service quality and continuity. Based on September 2020 assessments, 15 per cent of Community based Management of Acute Malnutrition (CMAM) staff and 48 per cent of IYCF staff need to be trained. Provision of nutrition education at nutrition sites and through different communication media is also required. Children attending or admitted to therapeutic feeding treatment sites require cognitive stimulation to accelerate full recovery.

Nutrition-specific protection needs are heightened during crisis, including risks of exploitative coping strategies including child labour, and early marriage. Provision of referrals and linkages with specialized services provided by the Protection Cluster will be supported.

Gathering evidence through SMART surveys and other assessments as well as strengthening routine programme monitoring and nutrition surveillance are

equally important and very critical to provide reliable information for understanding the evolving situation and decision making for the revision and estimation of nutrition needs. Although the plan is to conduct 22 SMART surveys in 2021, zones with limited/outdated nutrition information and some of the zones where the IPC-Acute Malnutrition Nutrition (AMN) has projected the deterioration in nutrition situation, will be prioritized.

Global Acute Malnutrition (GAM) Caseload Density



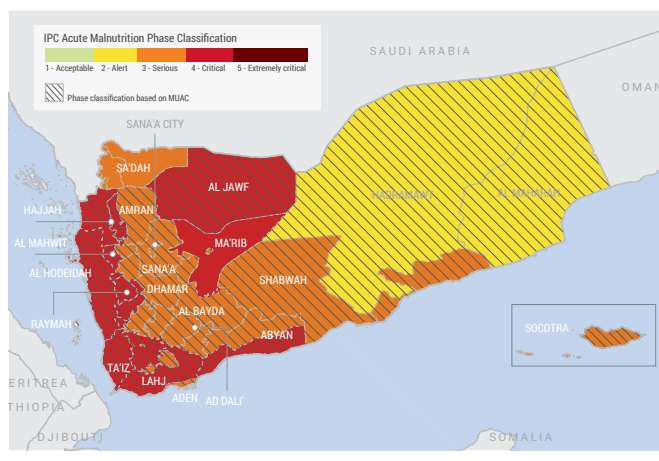
Projection of Needs

The nutrition situation is projected to deteriorate further given the projected intensification of risk factors. It is estimated that, the Global Acute Malnutrition (GAM) caseload will increase by 16 per cent, from 1.96 million in 2020 to 2.25 million in 2021. This deterioration is more pronounced among severe cases, with the SAM caseload increasing by 22 per cent, from about 325,209 to 395,195 children under age 5. The MAM caseload is estimated to increase by 14 per cent, from 1.63 million to 1.86 million.

Six governorates have acute malnutrition rates that exceed the 15 per cent WHO emergency threshold: Al Hodeidah, Lahj, Ta'iz, Hajjah, Aden and Abyan. These governorates include 83 districts that account for nearly half (46 per cent) of the acute malnutrition caseload. As indicated above, about 16 per cent of the acute malnutrition caseload live in 49 frontline districts.

The 2020 IPC AMN analysis indicated projected that nutritional status would deteriorate in 18 zones between August and December 2020. Five more zones were projected to deteriorate in the first quarter of 2021 making a total of 23 zones constituting a total of 192 districts that will guide prioritization of the scale up of nutrition response in 2021 (see IPC Map).

2020 IPC Acute Malnutrition (AMN)



The 2020 IPC AMN analysis identified several contributing factors to acute malnutrition. These include a deterioration in food insecurity, reduced

access to WASH and health services, poor infant and young feeding practices, a high prevalence of co-morbidities (malaria, diarrhoea, respiratory infections among children under age 5), ongoing conflict, and economic shocks. These factors have been compounded by the impact of COVID-19 pandemic on the use of health and nutrition services and challenges in maintaining essential health and nutrition services.

Given that there are no national estimates on disability among children under age 5 and among pregnant and lactating women, the nutrition cluster used the global guidance of 10 and 15 per cent disability prevalence among of any country's population (including countries not in conflict) to project their respective disability PiN. Based on the above percentage estimates, the cluster estimated that at least 502,520 children under age 5 and 486,664 pregnant and lactating women have either one of the three forms of disabilities (physical, mental/psychological or sensory) that might result in environmental, attitude and institutional barriers to accessing nutrition services.

Nutrition Cluster Projected needs (2020-2021) Thousands of people (k)

	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
Jun-20	7,366 K		3,554 K	2,535 K	1,277 K		Conflict, inadequate food intake, Food insecurity, diseases, inadequate Caring practices, poor health services, Economic decline	Pregnant and lactating women, Children U5
Dec-20	7,383 K		3,507 K	2,594 K	1,282 K		Conflict, inadequate food intake, Food insecurity, diseases, inadequate Caring practices, poor health services, Economic decline	Pregnant and lactating women, Children U5
Jun-21	7,562 K		3,584 K	2,680 K	1,298 K		Conflict, inadequate food intake, Food insecurity, Diseases, inadequate Caring practices, poor health services, Economic decline	Pregnant and lactating women, Children U5
Dec-21	7,562 K		3,584 K	2,680 K	1,298 K		Conflict, inadequate food intake, Food insecurity, diseases, inadequate Caring practices, poor health services, Economic decline	Pregnant and lactating women, Children U5

Monitoring

The nutrition cluster will employ various ways to monitor the evolving needs. Firstly, routine programme data collected through the Nutrition Information System (NIS) to monitor admissions of children under age 5 and pregnant and lactating women with acute malnutrition, as well as outcome of the treatment (including cure rates, death rates, defaulter and non-recovery rates) on a monthly basis. NIS allows for a comparison between months, years, and districts. Second, the nutrition surveillance system implemented by the Ministry of Public Health and Population (MOPHP) in collaboration with WHO in secondary health facilities will complement the understanding of the evolving nutrition in the sites, districts and governorates involved.

Third, at the population level, nutrition SMART surveys in selected/prioritized zones in prioritized governorates will be conducted to determine the

prevalence of acute malnutrition among children and women as well as gathering information on factors associated with acute malnutrition. Fourth, Mid-Upper Arm Circumference (MUAC) screening integrated with Food Security and Livelihoods Assessment (FSLA) conducted to understand the nutrition situation in the districts will continue to complement assessments at the district level and may be the source of nutrition data for IPC-AMN analysis in 2021.

Fifth, field level monitoring through supportive supervision and monitoring visits will also be conducted to monitor the programme and engage the community and other stakeholders to understand evolving needs, response implementation challenges guided by the following indicators.

Indicators

#	INDICATORS	DESCRIPTION	BASELINE 2020	DATA SOURCE	REMARKS
x01	Global Acute Malnutrition (GAM)	Prevalence of GAM based on WHZ-score among children 6-59 months	11 ⁵⁴	SMART Surveys reports	Plans are underway to re-start SMART surveys in 2021
x02	Number of boys and girls under age 5 with SAM without complications newly admitted for treatment in OTPs	Treatment of SAM without complications in children 6-59 months	268,276	Monthly Outpatient Therapeutic feeding Programme (OTP), MTs reports	As of December 2020, based on January to December 2020 reports with an 85% reporting rate
x03	Number of boys and girls under age 5 with SAM with complications newly admitted for treatment in TFCs	Treatment of SAM with complications in children 0-59 months	17,543	Monthly Therapeutic Feeding Centres (TFC) reports	As of December 2020, based on January to December reports in 2020 with an 84% reporting rate
x04	Number of children under age 5 MAM newly admitted for treatment in targeted Supplementary Feeding Programme (TSFP)	Treatment of MAM in children 6-59 months	722,898	Monthly TSFP, MTs reports	As of December, based on January to December reports in 2020 with 82% reporting rate
x05	Number of pregnant and lactating women with MAM newly admitted for treatment in TSPP	Treatment of acute malnutrition in pregnant and lactating mothers	752,264	Monthly TSFPs, MTs	As of December 2020, based on January to December reports in 2020 with 82% reporting rate

Indicators

#	INDICATORS	DESCRIPTION	BASELINE 2020	DATA SOURCE	REMARKS
x06	Number of caregivers of infants and children aged 0-23 months reached with IYCF counselling	IYCF counselling for mothers/ caregivers of infants children aged 0-23 months	2,390,384	Monthly OTPs, MTs, IYCF Corners, CVs, outreach	
x07	Number of girls and boys aged 6-59 months receiving multiple micronutrient Powder (MNP)	Micronutrient supplementations for girls and boys aged 6-59 months	867,089	Monthly OTPs, MTs, CVs, outreach	
x08	Number of children girls and boys aged 6-59 months receiving Vitamin A supplementation	Vitamin A supplementation for girls and boys aged 6-59 months	1,115,069	Monthly OTPs, MTs, CVs, outreach	
x09	Number of boys and girls aged 6-23 months at risk of malnutrition reached with Blanket Supplementary Feeding Programme (BSFP)	Prevent acute malnutrition in girls and boys aged 6-23 months through BSFP	714,087	Monthly reports Food Distribution Programmes (FDP) sites	
x10	Number of pregnant and lactating women at risk of malnutrition reached with BSFP	Prevent acute malnutrition in pregnant and lactating women through BSFP	520,389	FDP sites	
x11	Number of pregnant and lactating women receiving iron folate supplementation	Iron-folic supplementation for pregnant and lactating women	1,572,642	MOPHP antenatal care (ANC), MTs, CVs, outreach	
x12	Number of children under five screened through Nutrition Surveillance System	Screening for acute malnutrition of children under age 5 and referral of cases with wasting	302,000	MOPHP/WHO monthly bulletin/reports	

3.6 Protection



PEOPLE IN NEED (PIN)	ACUTE PIN	WOMEN	CHILDREN	WITH DISABILITY
15.8m	8.0m	23%	55%	15%

Overview

Protection of civilians remains a priority in Yemen which is the fourth largest IDP crisis in the world due to conflict⁵⁵ and natural hazards. After nearly 6 years of unrelenting conflict, it's estimated that at least 7,825 civilians have been killed including 2,138 children and 933 women and more than 12,000 have been injured due to attacks.⁵⁶ Over 4 million people are estimated to have been forcibly displaced.⁵⁷ Active ground hostilities, coupled with shelling and air strikes, often in populated areas, in violation of IHL continue to harm civilians and cause widespread damage to civilian homes and infrastructure while explosive remnants of war impede freedom of movement and kill and injure civilians.

Widespread displacement, including 172,000 civilians in 2020⁵⁸, severe food insecurity, economic downturn, collapse of state institutions, the declining rule of law and restricted humanitarian access, coupled with flooding and the spread of COVID-19 have provoked a dire humanitarian and protection crisis. Civilians continue to face serious risks to their safety, well-being, and the realisation of their basic rights with heightened risks reported by women, boys and girls, the older persons, persons with a disability and marginalised groups.

Women and girls are significantly affected by the ongoing conflict, deteriorating socioeconomic situation, abject poverty, degradation of living conditions and associated distress in families with repercussions including various forms of violence and negative coping mechanisms such as child marriage and exploitation. Protection risks for children have

increased, reducing their resilience and that of their families, making children more vulnerable and exposed to violence and human rights violations.

Natural hazards, particularly flooding and heavy rains present a dangerous threat to the population, with more than half a million individuals affected in 2020.

Affected Populations

The conflict has disrupted the lives of millions of Yemeni women, men, girls, and boys. People exposed to the indiscriminate effects of conflict, IHL violations, landmines and explosive remnants of war and the effect of disasters continue to be the most in need of protection. Civilians in the vicinity of the estimated 49 frontlines continue to experience immediate consequences of war, including being killed, injured, and displaced daily. In 2020, more than 2,000 civilian casualties were reported, 39 per cent of them women and children, with the majority recorded in Al Hodeidah, Ta'iz, Al Jawf, Sa'dah, Al Bayda and Ma'rib governorates.⁵⁹

Since 2015, over 13,000 grave violations against children have been reported, with killing and maiming being the most important. Over 4 million women, men, girls, and boys are dispersed across 1,594 IDP hosting sites, 48 per cent of which are within 5 kilometres of areas of active hostilities.⁶⁰ Makeshift sites are believed to be hosting some of the country's poorest and most marginalized IDPs, including socially discriminated groups such as the Muhamasheen, who living in 41 per cent of sites⁶¹. In these sites, women, older persons, people with disabilities, girls and boys face a heightened risk of exploitation, harassment, and GBV.

Generally, harsh living conditions increases IDPs' vulnerability and puts them at increased risk, particularly for women, girls and boys, the older persons, people with disabilities and marginalised groups. Host communities also face protection risks. Protection risks are heightened due to the multiple effects of the conflict, socio-cultural norms, the weak rule of law, and the deterioration of socio-economic conditions. Living conditions tend to be substandard due to limited access to basic services such as clean water, education and health, congested living arrangements, and unaffordable and inadequate accommodation, with many IDPs facing the risk of eviction. Meanwhile, in the context of the ongoing conflict, for most IDPs, the possibility of safe return to places of origin remains elusive due to ongoing insecurity and violence, widespread destruction of property, explosive hazard contamination and access to basic services further deteriorated by years of conflict. Increasing displacement continues to fuel tensions over scarce resources and the disruption of social cohesion between IDPs and host communities, who are also affected.

Women and children are disproportionately affected. In addition to making up 75 per cent of the total number of the displaced population, they face heightened risk of violence and abuse. Women and girls continue to face inequality, limited access to services and specific risks due to entrenched sociocultural norms. Men and adolescent boys continue to face specific protection risks such as recruitment by armed forces, detentions, the consequences of economic impact and loss of livelihoods.

Some groups are at particular risk of exclusion from basic services and humanitarian assistance, which drives negative coping mechanisms. These groups include IDPs, people with disabilities, Muhamasheen, older persons and women.⁶² It is estimated that 4.6 million Yemenis have at least one disability, and face specific challenges including difficulties in fleeing violence, accessing aid, inadequate living conditions and inaccessible sanitation facilities⁶³ undermining their inherent dignity, including IDPs in 81 per cent of hosting sites.⁶⁴

Prior to the conflict, the Muhamasheen, estimated to number up to 3.5 million people⁶⁵, experienced social marginalisation and discrimination, limiting their access to basic services, adequate housing, and meaningful employment. This has only worsened during the conflict which has compounded their existing vulnerabilities and poverty,⁶⁶ with large pockets of these communities living in the governorates of Hodeidah, Ta'iz, Ibb, Lahj, Al Mahwit, and the coastal areas of Hajjah and Hadramawt, often in slums on the outskirts of cities, without electricity, clean water or safe shelter.

Analysis of Humanitarian Needs

Indiscriminate fighting and the use of explosive weapons near densely populated areas continue to be a major cause of civilian deaths and injuries, with ongoing threats in over 50 districts near active frontlines. In rural districts, active hostilities continue to be heavily affected with more than 58 per cent of civilian casualties country-wide reported in these locations, the majority of which are in Al Mudhaffar and Salah districts in Ta'iz Governorate and At Tuhayta and Hays districts in Al Hodeidah governorate. In these areas, access to humanitarian assistance is severely limited with 89 per cent of rural front-line areas considered hard-to-reach, hampering the delivery of humanitarian assistance to civilians and protection services who are directly affected by the conflict.

Marib City hosts the largest number of IDPs in Yemen, and ongoing fighting in Marib Governorate remains a threat to the safety and well-being of nearly a million IDPs who have fled to the Governorate in recent years. More than 800,000 IDPs in sites live in the northern part of Yemen, with the majority in Hajjah, Al Hodeidah, Ma'rib and Al Jawf governorates. Abs and Mustaba districts in Hajjah Governorate host the largest number of displaced people living in IDP sites.

In 2020, on average, between five and six civilians have been injured or killed daily as a result of armed conflict.⁶⁷ Civilians injured and their families, including people with a disability, require comprehensive assistance, which includes not only urgent medical assistance but also specialised protection services, cash assistance, psychosocial support and community

resilience activities. Landmines and explosive remnants of war continue to pose a serious risk to the life and safety of millions of women, men, girls and boys in 19 governorates, as well as hindering access to livelihoods, movement of populations and goods, access to critical infrastructure and basic services, and access to humanitarian assistance.

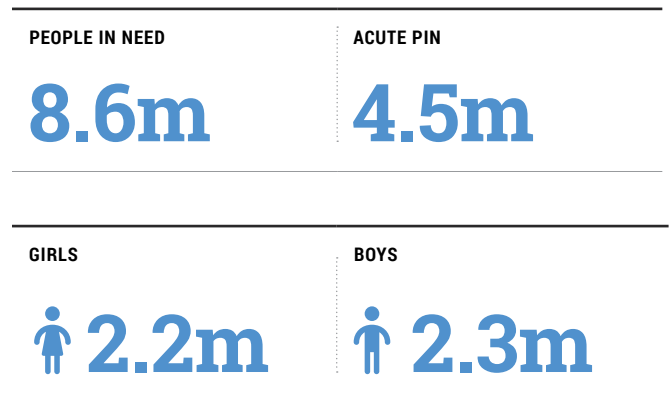
The consequences of years of conflict and the aforementioned factors have had a serious impact on the living standards and physical and mental well-being of affected people. The protection needs of IDPs and IDP returnees continue to rise including in relation to impediments in access to public services; civil documentation; family reunification; and housing, land, and property. Due to the combination of conflict, lack of services and dwindling livelihoods, those suffering most from conflict-exacerbated vulnerabilities often are compelled to resort to negative coping mechanisms, including begging, child labour and early marriage.

The vulnerability of civilians during the conflict is increasing as disputes over housing, land, and natural resources remain unresolved, often undermining people's ability to meet their basic needs including shelter, water and food.⁶⁸ Unresolved disputes preventing access to agricultural land and water resources for farming is a driver of food insecurity. In addition, nearly 20 per cent of people in a third of IDP hosting sites face the risk of eviction including through physical and verbal threats, intimidation and harassment and destruction of IDP and humanitarian property with the highest incidences in Lahj, Al Dhale, Aden, Ta'iz and Ibb.⁶⁹ Eviction risks are increasing with disputes unresolved, a particular challenge in 76 per cent of IDP hosting sites which do not have tenancy agreements.

Many IDPs lack proper identification documents⁷⁰, particularly women and children, including unaccompanied children, which severely hinders their freedom of movement, access to education and other public services and humanitarian assistance, and possibly exposes them to the risk of statelessness. The lack of identification documents is primarily attributed to the destruction of belongings due to conflict and flooding, lack of awareness, newly introduced administrative fees and bureaucratic procedures.

Among the Muhamasheen access to civil document was limited even prior to the conflict.

AoR 1: Child protection



Analysis of Needs

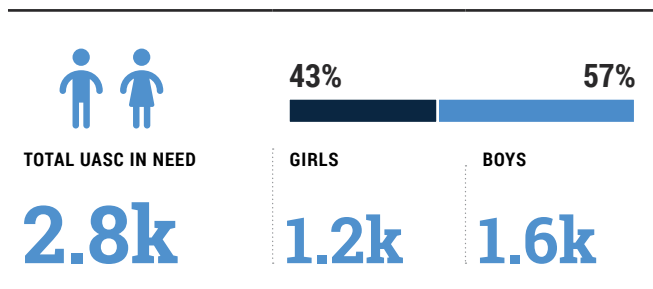
Child protection has been increasingly constrained in Yemen since the beginning of the conflict. The situation deteriorated further after the COVID-19 pandemic. Protection risks for boys and girls are high especially in areas where severity of needs is high. Children and their families are resorting to negative coping mechanisms harmful for boys and girls such as child labour, begging, child marriage, sexual violence and exploitation and forced recruitment. Boys face forms of work that could be identified as child labour, including the worst form of child labour –three times higher than girls- i.e. child recruitment. The number of boys affected by gross human rights violations is higher than the number of girls -1,784 boys, 450 girls –as indicated below.

Over 13,000 grave violations against children in Yemen since 2015 have been identified.⁷¹ Killing and maiming are the most prevalent violation, with over 9,200 child casualties, including 3,256 children killed and 5,559 children maimed since the beginning of the conflict. Forced recruitment and use of children by armed forces and groups remains considerably under-reported. A total of 3,513 children (3,452 boys, 61 girls), some as young as 12, were used and recruited by parties to the conflict.⁷² The number of children out of school and therefore exposed to multiple protection risks, is estimated at 2 million.

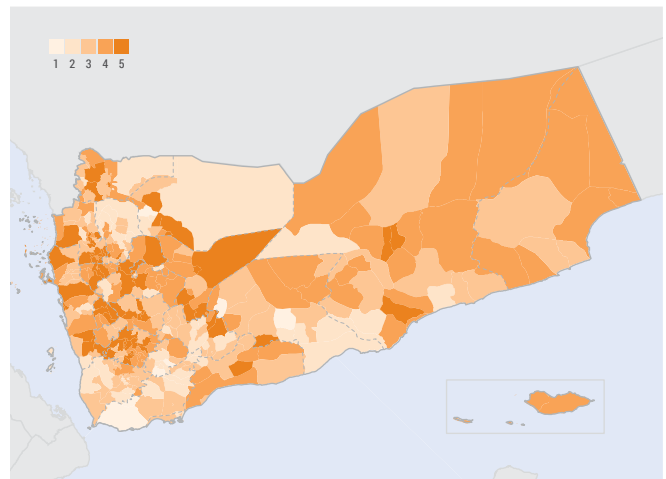
Since 2015, schools and hospitals have been damaged by hostilities and used for military purposes (229 schools and 148 hospitals), while sexual violence remains severely under-reported due to the risk and stigmatisation. Finally, more than 450 children have been arbitrarily detained or abducted since the start of the conflict and 7,270 children (3,066 boys, 4,204 girls) have experienced family separation. Unaccompanied or separated children have been identified in 30 per cent of IDP hosting sites.⁷³ Some of the key challenges hindering family reunification include humanitarian access, lack of civil documentation, stringent bureaucratic process, security, and huge funding gaps. Those children who have been successfully reunified with their families as well as those still waiting to be reunified need continuous protection and care.

There is an urgent need for physical and mental well-being support at the community level as well as specialist child services. Physical and mental well-being support is urgently needed for boys and girls of all ages to build their resilience and development. Children in IDPs settings are particularly at risk of violence, including GBV, forced recruitment, family separation and a lack of civil documentation such as birth certificates which reduce their capacity to access education and other basic services. Over 1 million children are in need of birth certificates annually. Child heads of household have been identified in 55 percent of IDP hosting sites⁷⁴ expose children in these households them greater risks of exploitation and exclusion from humanitarian aid.

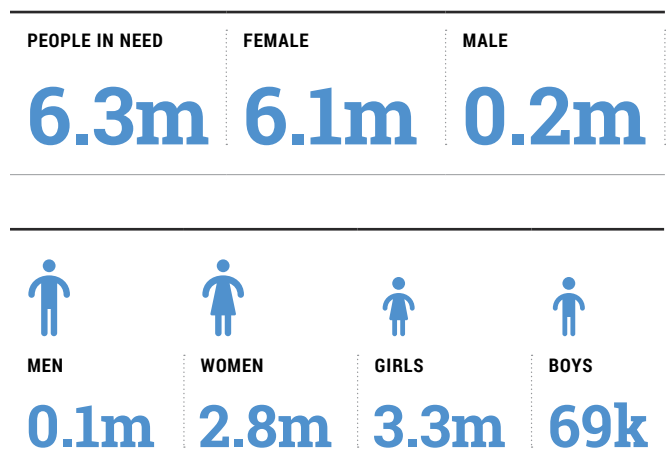
Unaccompanied and Separated Children (UASC) in Need



Child Protection Severity of Needs



AoR 2: Gender-Based Violence (GBV)⁷⁵



Analysis of Needs

In Yemen, child marriage is often used as a way to seek protection from host communities and to relieve financial burdens. Health, economic and lack of education consequences of child marriage play a major role in the incidence of GBV in the country. This continues to be a concern as a negative coping mechanism, as it is normalized by communities.

The common definition of child marriage in Yemen is marriage under age 15, and no laws have been endorsed defining the age under 18. A recent study exploring the impact of humanitarian situations on child marriage in the region, it was reported that about 1 in 5 IDP girls aged between 10 and 19 are

married, compared to 1 in 8 girls in host communities, with 16 being the average age of marriage. The outcome of other forms of violence against women and girls are negative maternal and child health conditions. It's estimated that approximately 1 in 10 married girls have lost their baby, demonstrating the health consequences of child marriage coupled with insufficient health services, especially reproductive health (RH).

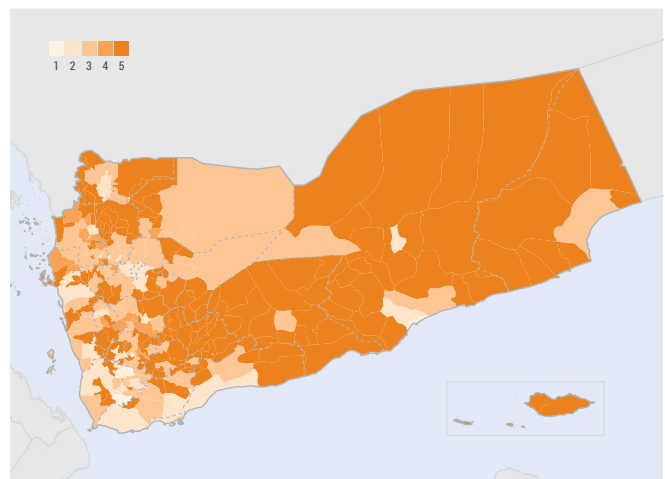
Although Yemeni social norms have traditionally placed men as the source of family authority, years of war and upheaval are driving social change. Sudden change of roles among men and women have put women under more economic pressure, as they struggle to provide for their families, sometimes without, any or limited prior experience in income generating activities. There is an urgent need for more income generating activities targeting women and adolescent girls no longer in school, with women identified in urgent need of support. For example, there has been a 20 per cent increase in the number of female headed households among beneficiaries, many if not most have no steady source of income, exposing these families to risks of exploitation, harassment, and abuse.

During the COVID-19 lockdown, reports of various forms of violence against women significantly increased. Engagement with men and boys is needed to increase inclusion of and empowerment of the role of women and girls in vital household and community decisions such as marriage and education and to protect against GBV risks. Engagement of community leaders in GBV issues in general needs to be fostered to establish stronger community-based prevention and response mechanisms.

Enhancing an integrated approach offering GBV services in RH clinics as an entry point, is also a priority to address the health consequences for child marriage survivors and rape survivors.

There is also a critical need for GBV activities in areas of acute severity, such as Ad Durayhimi District in al Hodeidah Governorate, Mahliyah District in Ma'rib Governorate and Qa'tabah District in Al Dhale Governorate.

GBV Severity of Needs



AoR 3: Mine Action

PEOPLE IN NEED

12.4m



MEN

3m



WOMEN

2.7m



GIRLS

3.2m



BOYS

3.5m

Analysis of Needs

In addressing the threat of explosive ordnances, the main challenge lies in the difficulty in conducting a country-wide assessment to identify contaminated areas and prioritise areas for decontamination. As the conflict in Yemen has continued for more than five years, frontlines have shifted, such that high-risk areas include active and former frontlines and border areas. Risks increase in areas recently affected by conflict and natural hazards such as floods and can prevent the safe return of IDPs to their areas of origin.

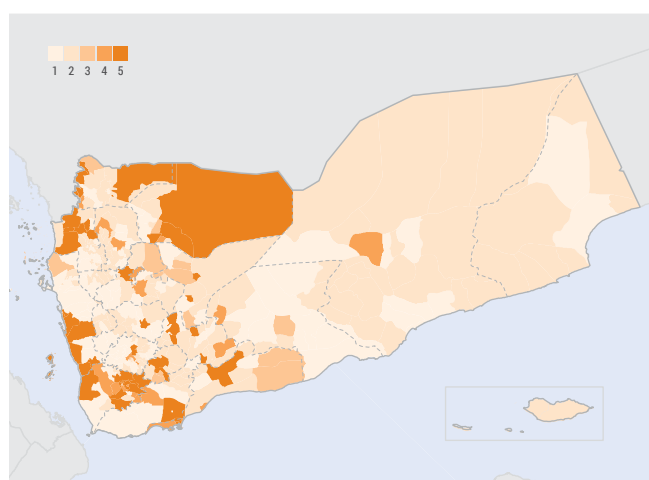
Non-technical and technical surveys, along with mine clearance and Explosive Ordnance Disposal (EOD), are key activities enabling civilians' safety, their freedom of movement, and humanitarian access.

Explosive hazard accidents can result in serious injury and death, leading to long-term physical and psychological distress for survivors and their families. Experience to date suggest that women, girls and boys might face more challenges to recover from physical or psychological distress to go back to a normal life in their communities. The number of casualties from explosive accidents has steadily increased, which has in turn added to the burden on the health sector, particularly with regards to the provision of specialised services including trauma care, physical rehabilitation, and psychosocial support and socio-economic inclusion. Organizations specialised in Victim Assistance activities are limited due to lack of funding and capacity, and are mainly carried out under the auspices of the Protection Cluster, including the Child Protection AoR, with specialised protection services and referrals to the health sector, which has the capacity to provide long-term assistance to victims and their rehabilitation into the society. Victim Assistance, as one of the five pillars of mine action, will continue to be a multi-sector priority, especially putting in place a referral mechanism and information exchange for victim support purposes.

Girls and boys are particularly at risk due their age, behaviour, awareness of and attitudes towards explosive hazards. They are most at risk as they tend to randomly pick up objects from the ground and encounter Explosive Remnants of War (ERW). In 2020, some 1,300 civilians including 347 girls and boys⁷⁶ were affected in landmine or ERW related incidents, although actual numbers likely are even higher as these incidents remain largely under-reported⁷⁷.

The governorates of Ta'iz, Al Jawf, Hajjah, Al Hodeidah, Sa'dah and Ma'rib are the most affected and have a severity score of 5, which represent 3.8 million people in need. The most affected area, namely in Ta'iz and Al Hodeidah, are agricultural lands, with incidents frequently reported while civilians are engaged in farming, and transportation is the most affected service.⁷⁸

Mine Action Severity of Needs



Projection of needs

In view of continuing fighting, the number of civilian casualties and people displaced are expected to rise, including in Marib, Hodeidah, Hajjah and Ta'iz, exacerbating the aforementioned needs based on the most likely scenario in section⁷⁹. Amidst unrelenting conflict coupled with severe food insecurity and the COVID-19 pandemic is anticipated to significantly affect the physical and psychological well-being of affected people, particularly women, older persons, people with disabilities, girls, and boys. Partners routinely report a rising number of people in need of community resilience services, mostly due to the distress caused by conflict and by the loss of property, assets, and livelihood. Moreover, displacement to and within the governorates such as Ma'rib, Hodeidah and Hajjah will likely put additional pressure on already inadequate services and increase competition between IDPs and host communities, resulting in rising social tension, threats, and actual evictions.

Tension between host communities and IDPs over insufficient resources and limited humanitarian assistance continue to fuel the mounting eviction crisis. The underfunded humanitarian response in Yemen combined with host communities' perception that IDPs receive a preferential treatment, will likely worsen tension among communities further exposing IDPs to protection risks, including evictions and premature return to areas with active hostilities and land riddled with explosive hazards.

Unresolved Housing, Land and Property (HLP) disputes will continue to undermine people's access to shelter, services and agriculture, further fuelling food insecurity.

Addressing ongoing needs for child protection, GBV and mine action will continue to remain a challenge and priority.

Monitoring

The Protection Cluster and its Areas of Responsibility (AORs) will continue to monitor protection needs using the following indicators:

Indicators

#	INDICATORS	SOURCE	BASELINE	FREQUENCY
x01	GP: # of civilian casualties	OHCHR / CIMP Data	TBC	Monthly
x02	GP # of people displaced	DTM/PTF	172,000	Quarterly
x03	CP: # of boys and girls in need of MHPSS support	5Ws, and MHPSS reporting tool	TBC	Monthly
x04	GBV: # of women, girls, boys and men reached with lifesaving, survivor centred, comprehensive GBV services, awareness and protection kits	GBV AoR Dashboard	Average of same services provided in 2020	Monthly
x05	MA: # of Civilians killed or injured by ERW	CIMP Data	TBC	Monthly

3.7

Refugees and Migrants Multi-Sector (RMMS)



PEOPLE IN NEED	ACUTE PIN	FEMALE	CHILDREN	REFUGEES	MIGRANTS
275k	275k	30%	21%	137k	138k

Overview

Meeting the minimum protection and humanitarian needs of migrants, refugees and asylum seekers in Yemen is paramount in 2021. Multiple factors including the violent conflict, severe levels of food insecurity, and an unfolding public health crisis, in a context with a weak rule of law and avenues for redress, continue to impose grave risks for this population. In 2021, the RMMS projects that 275,010 (138,289 migrants and 136,721 refugees and asylum seekers) will need basic humanitarian assistance and protection support.

Affected population

There is a long history of populations on-the-move traveling to or via Yemen. This population is comprised of migrants, largely in transit to Gulf countries. Yemen also hosts a protracted population of asylum-seekers and refugees. Migrants as well as refugees and asylum seekers are among some of the most marginalised and vulnerable during their journey and transit through Yemen and during their stay. They suffer from high levels of stigmatization and discrimination and are generally excluded from national and local systems of support and from safety nets. As a result, they resort to harmful coping strategies, putting them at further risk.

During monthly protection monitoring reports conducted jointly by migrant response actors, it is reported that over 80 per cent of the migrant caseload have more than one overlapping need including for access to food, water, and health support at all points

of their journey. In a registration exercise started in October 2020, over 5,000 migrants appealed for safe and dignified return home noting that their safety was at risk in Yemen.

Migrants in transit to Gulf countries are mostly Ethiopian nationals, comprised of a majority of young males, with 18 per cent women and 11 per cent unaccompanied children.⁸⁰ It is largely unknown how many migrants safely and successfully transit out of Yemen. The barriers to movement are significant with migrants facing grave risks along the routes through Yemen as a result of ongoing conflict. Female migrants anecdotally report alarming levels of SGBV, forced labour and abuses and due to their status in the country have limited options for accessing basic reproductive health care, or psychological support. Migrants are at constant risk of arrest and detention; conditions in detention remain below minimum standards and the potential of deportation or forcible transfer is high. Conflict has broken down social support mechanisms in Yemen and as a result migrants are no longer able to seek temporary aid and goodwill from host communities. Migrants frequently find themselves without access to food, health support, income, shelter, and other basic commodities increasing their risk of morbidities and mortality. Migration routes weave across active areas of hostilities and hard-to-reach areas, exposing people on the move to life threatening situations. In 2020, the COVID-19 pandemic worsened these trends with a concomitant demand for safe return to countries of origin. In 2021 it is estimated that thousands of migrants facing acute and prolonged harm, and an inability to safely migrate through Yemen, will seek voluntary return to their countries of origin.

UNHCR estimates that there were 178,000 asylum-seekers and refugees in Yemen as of December 2020, of whom some 135,000 are registered and in need of humanitarian assistance and protection services. This population mainly comes from Somalia (89 per cent), with smaller numbers from Ethiopia (5 per cent), Syria and Iraq. The refugee population is largely concentrated in urban areas in Aden/ Basateen (43 per cent), Sana'a (34 per cent), Al Mukalla (9 per cent) and in Kharaz camp in Lahj governorate, hosting some 9,250 refugees, mainly Somali. Forty per cent of the registered population are women and 20 per cent are children. Most of the 9,000 refugee and asylum seeker households assessed in 2020 have one or multiple specific needs including serious medical conditions (13 per cent) and disabilities (12 per cent). Most affected people are women children and older people. A total of 181 unaccompanied children were identified and 38 per cent of women and girls are considered at high risks due to their critical socio-economic situation.⁸¹ The collapse of the economy and of public services, compounded by the effects of the COVID-19 pandemic, have seriously affected refugees' self-reliance. Family income, often coming from engagement in work in the informal sector, has plummeted. This has in turn triggered harmful coping strategies including debt, early marriage, begging, child labour or even resorting to sale and sex exchange. In Kharaz Camp, some 9,000 asylum seekers and refugees continue to depend on WFP food support. Harmful coping mechanisms such as begging and withdrawal of children from schools are said to be on the increase when food needs are not met.

The majority of the refugee and asylum-seeking population live in unsuitable accommodation without access to water, in overcrowded and undignified spaces. The general lack of income and the further deterioration of their socio-economic situation due to the COVID-19 pandemic has affected many families' ability to afford to rent accommodation. As a result, families are under increasing threats of eviction. Although refugees and asylum-seekers can in principle access public health and education, they still suffer from discriminatory attitudes and

legal barriers when accessing public services and in pursuing livelihoods opportunities. Their general lack of knowledge about available services also undermines their access to assistance. More than 20,000 families rely exclusively on cash assistance as a safety net.

Yemen is the only country in the Arab Peninsula to have ratified the 1951 Convention, and all authorities continue to pledge respect towards the obligations to protect and assist asylum-seekers and refugees. However, while continuing in the areas controlled by the Government of Yemen in the south, in north Yemen, the authorities have suspended the registration process, preventing refugees and asylum-seekers from registering or renewing their documentation, leaving them with expired documentation. This situation increases asylum-seekers and refugees' difficulty in accessing services and exposes them to a higher risk of detention for irregular presence, to exploitation from smuggling and trafficking rings, and to forced transfers to Government of Yemen-controlled areas through dangerous crossing of active frontlines.

The prospect of durable solutions for refugees are limited. Resettlement opportunities are low; the Assisted Voluntary Return Programme for Somali refugees is currently on hold due to COVID-19 and voluntary repatriation to Ethiopia will need to be assessed in line with the evolving situation in the country. For migrants, no durable solution exists in Yemen, there is no legal framework or measures to combat smuggling and trafficking.

Projection of Needs

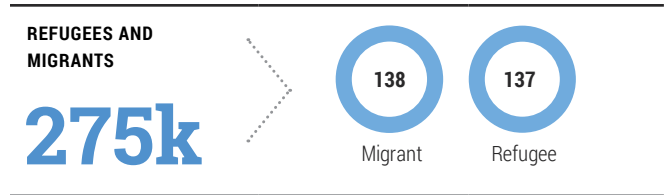
The ongoing conflict and the collapse of state institutions and basic services make the most vulnerable people unable to attain a basic living standard. In a context of limited resources, migrants and refugees will face additional challenges, including in their relationship with host communities. Consequently, their exposure to situations of neglect, abuse, and exploitation may increase, especially for women, boys and girls, as well as their dependence on humanitarian support.

RMMS assessments will continue to monitor the affected population and adapt programmes based on feedback mechanisms and participatory approaches, direct contact and situational analysis. In 2021, it is projected that new arrivals into Yemen may increase according to the current drivers of migration, as well as new situations such as the situation in Ethiopia and possibly in Somalia. This may generate new claims for asylum, as well as affect potential returns to countries of origin, particularly for specific affected population groups. Concurrently, the demand of migrants to return home safely in a voluntary manner increased in 2020 and is likely to continue apace in 2021.

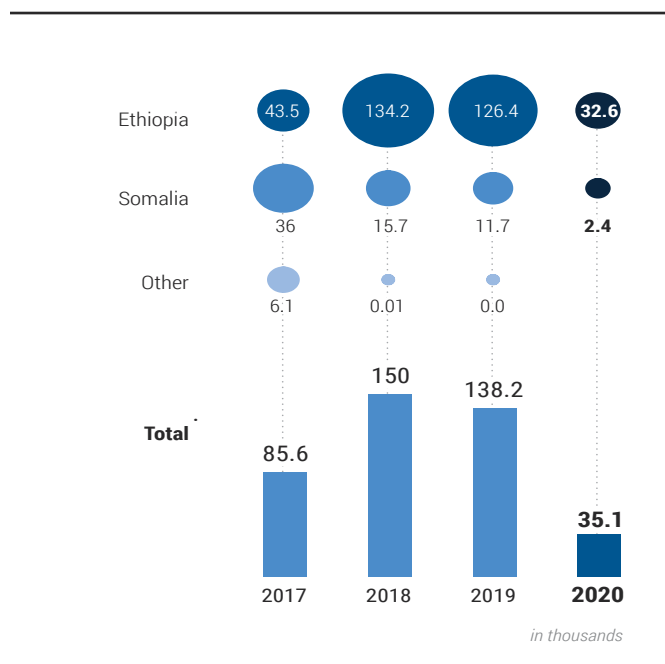
The risks and needs facing the population are expected to intensify in 2021 due to the negative perception of migrants and refugees in Yemen. The critical needs faced by the Yemeni population will remain similar for refugees, asylum-seekers and migrants, but the severity of needs will likely be greater for this population due to the lack of inclusion and widespread discrimination and social stigma.

Based on the severity analysis, 24 districts appear in extreme needs in the governorates of Sa'dah, Al Jawf, Sana'a, Al-Bayda, Ta'iz, Aden, Lahj and Ma'rib. Those locations will be prioritized for the migrant and refugee response. The response will also focus on the migratory routes where undocumented refugees are transiting along with migrants and are exposed to arbitrary detention, smuggling and trafficking.

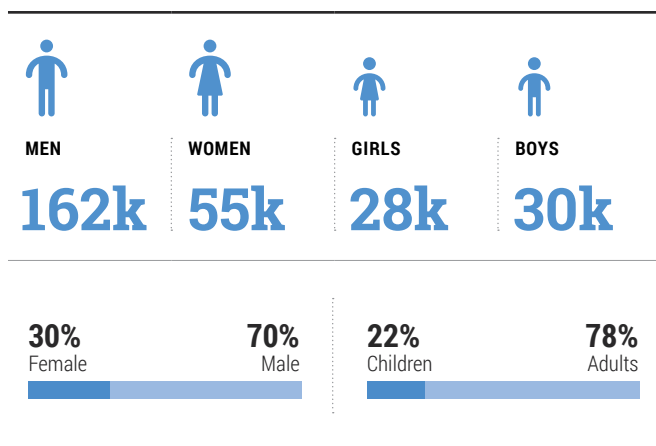
Breakdown of Estimated Population



New Arrivals to Yemen (2017 - 2020)



Refugees and Migrants in Need by Sex and Age



Monitoring

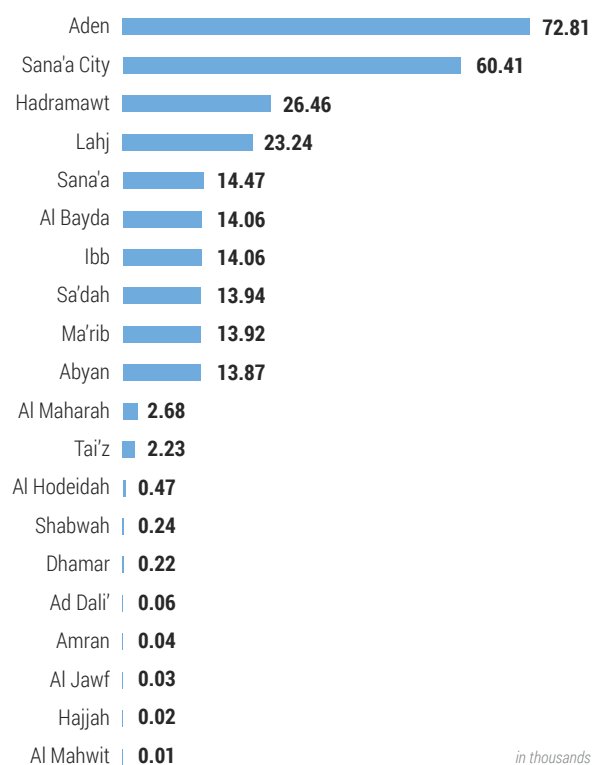
RMMS will prioritize two aggregate indicators relating to access to services and protection risks. Data and information will be collected through protection monitoring, registration data, post-distribution monitoring, service mapping and access analysis. Given the populations highly mobile nature, especially for migrants, monitoring will adapt to use key informant interviews, focus groups, observational information collection, crowd sourcing and other appropriate tools.

Indicators

% of refugees, asylum seekers and migrants able to safely access critical services (WASH, health, food) and attain a basic living standard

of refugees, asylum seekers and migrants that faced one or more protection need or vulnerability since the beginning of the 2020

Refugees and Migrants in Need by Governorate



3.8

Shelter / Non Food Items (NFI)



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
7.3m	2.9m	4.5m	23%	54%	15%

Overview

After nearly six years of conflict resulting in thousands of civilians killed, displacing more than four million people and causing destruction of critical civilian infrastructure, houses and farms, the people of Yemen have also endured recurrent natural disasters, depriving them of their right to access basic housing and eroding their capacity to access more long term housing solutions. In this complex crisis, 7.3 million people still require Shelter/NFI assistance with almost 2.9 million individuals living in extremely dire conditions, with the displaced population in the most urgent need. Their acute needs concern the lack of basic weatherproof shelter and access to essential items such as blankets, mattresses and sleeping mats. Lack of shelter or adequate shelter deprives them of the safety, security and dignity shelter can often provide, particularly for women and children. Coupled with a lack of basic NFIs (especially mattresses, blankets and cooking utensils they have left behind), psychological wellbeing and physical health can be negatively impacted, increasing risks of distress and the likelihood of catching communicable disease and developing chronic ones.

Land issues and disputes have been exacerbated by the conflict, with over four million people uprooted and displaced seeking alternative accommodation, economic decline, loss of livelihoods and increasing rent as contributing factors. Since the start of the conflict, around three million IDPs have fled to urban areas and are now facing exorbitant rental costs. A consequence of these factors has been an increase in threatened and actual evictions.

IDP families, especially those living in camp-like settings, continue to experience overcrowding, increasing threats of eviction, and other risks, including those exposed to flooding and those living close to active front lines. With 76 percent of sites without a tenancy agreement, it was observed that female-headed and child-headed households face higher eviction risks than males and are more at risk of gender-based violence in an overcrowded environment. Generally, women and members of historically marginalized populations often face obstacles related to Housing Land and Property (HLP), with socio-cultural limitations restricting their opportunity to favourably resolve disputes.

Previously, 90% of shelter aid was focused on life saving and short term assistance to mitigate immediate risks and needs. With the protracted conflict and continued displacement, more sustainable and medium term solutions are required including as part of the identification of durable solutions such as local integration or return when possible.

Affected Population

Over 11 million Yemenis living in districts near front lines, including IDPs in 45% of hosting sites which are within 5km of frontlines, are exposed on a daily basis to the impact of armed violence.

Natural and climate hazards affect without any distinction the most vulnerable people, from local communities and from IDPs settlements, who do not benefit from minimal Disaster Risk Reduction (DRR) measures.

In addition to nearly one million IDPs living in camp-like situations, more than three-quarters of the four million IDPs in Yemen live with host communities, often in urban or semi-urban contexts in rented or hosted premises (28% boys, 26% girls, 23% men, and 22% women), of which 48% directly renting their premises and 23% being hosted by their community. Further, 51% of IDPs reported that their former home was damaged by the conflict and for those in the rental sector 84% reported serious difficulty in paying rent. Furthermore, approximately 1.3 million IDP returnees in their areas of origin are struggling to rebuild their houses and sustain their living situation. It is also estimated that at least 270,000 individuals do not have any form of shelter, often sleeping under a tree, a piece of cardboard or in unfinished construction sites, changing frequently their location with very few belongings.

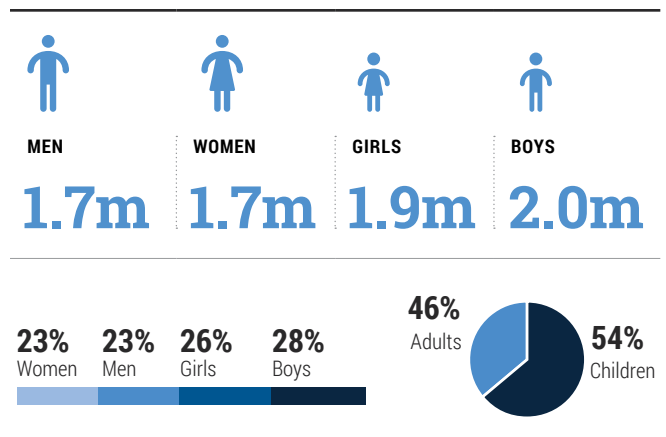
All categories together, it is estimated that over 1,654,589 women, 1,703,737 men, 1,944,058 girls, and 2,032,926 boys including the most vulnerable such as 353,762 elderly and 1,097,598 persons with disabilities are in need. Further, 36.6 per cent of the people in need (eq. to 2,678,140 people) are living in an urban context while 63.4 per cent are living in a rural context, including 471,422 people facing extreme winter temperatures and 594,686 people facing extreme summer temperatures.

Additionally, 3,025,148 people live in flood-prone locations recurrently affected by the rainy season.

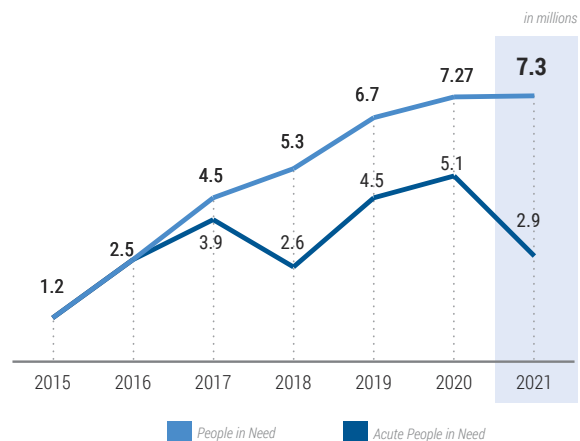
Recognizing that over 25 per cent of people in need have large families it's critical to ensure a more flexible, appropriate, and tailored response.

Geographically, Taizz (1,100,084 people), Hajjah (955,845), Al Hudaydah (871,886), Ibb (675,915), and Sa'ada (675,915) have the highest concentration of people in need where Al Jawf (312,972), Aden (265,982), Amran (256,651) and Sana'a (289,771) governorate were identified with the highest severity.

People in Need by Sex and Age



Increase of Shelter/NFI Total and Acute Needs



Analysis of Humanitarian Needs

The Shelter-NFI Cluster has identified humanitarian needs detailed through a three (3) layered approach:

1. Population impacted by armed violence – 5.1 million including those living in one of the 41 districts with severity 4 to 5. The ongoing conflict, with an increase of airstrike and shelling in 2020, has caused civilian casualties, widespread displacement, and damage to private and public infrastructure, thus increasing the need for Shelter/NFI support affecting particularly Marib, Sa'ada, Al Jawf, Hajjah, Al Hodeidah, and Sana'a governorates, and causing significant damage to civilian houses. During the first half of 2020, 547 incidents of armed violence directly impacted a

cumulative total of 2,490 civilian houses. Additionally, 86 per cent of all civilian homes directly affected by armed violence during the first half of 2020 reportedly have been concentrated in three Northern governorates with active frontlines: Al Hodeida, Sa'ada, and Marib.

Displacement is expected to increase in 2021 due to ongoing fighting along front lines. Further, the lack of coping mechanisms, security conditions or resources of IDPs may put them at risk of secondary displacement and further increase their vulnerability.

2. Climate and Natural Hazards – 2.5 million including those living in 32 districts with severity 4.

Climate and natural hazards influence current shelter needs in Yemen. Coastal plains with very hot climates and mountainous western highlands with rainfall and low temperatures affect the most vulnerable populations who live in substandard shelter conditions.

In July and August 2020, torrential rains and flooding hit 13 governorates, in particular Marib, Hajjah, Al Hodeidah, and Aden, bringing casualties, displacement, destruction of shelters and dams affecting over 62,500 families.

The Shelter Cluster identified 35,000 families as very vulnerable and requiring immediate assistance.

However, limited resources only allowed distribution of emergency shelter assistance to 41 per cent of the most vulnerable people, leaving a significant gap.

3. Population in need for long-term assistance – 2 million including those living in 58 districts with severity 4 to 5.

As civilians continue to bear the brunt of protracted armed conflict, Yemen needs to break the circle of recurrent emergency and invest in long-term solutions, where possible. The succession of crises in 2020 has led the humanitarian response to focus on immediate human-made and natural disaster response without focusing enough on the need for durable solutions such as repairs or low-cost housing

programs necessary to relocate the most vulnerable stranded in displacement. Furthermore, the Shelter Cluster recommends to introduce and develop a component of disaster risk reduction (DRR), through basic infrastructure rehabilitation, to strengthen civil resilience capacities and decrease the overall vulnerabilities of the most exposed communities.

Projection of Needs

Over 8,000 families displaced on monthly basis which represent a total of 192,000 people displaced over the year as reported by the RRM, often fleeing with little more than the clothes they are wearing, meaning their immediate needs are primarily essential household items and emergency shelter.

Further, more than half a million families are experiencing protracted displacement, including 93 per cent of IDPs living in camp-like settings with recurrent needs, including shelter maintenance, upgrade and transitional shelter solutions. Many IDPs and affected host communities with low/no income face eviction threats even more during the COVID-19 crisis as they have been struggling to afford the rent payment for proper housing to live in safety and with dignity. Further, climate change acceleration raises the risks of additional flooding episodes, and deteriorating dams and hydrological infrastructure makes populations more vulnerable to natural disasters.

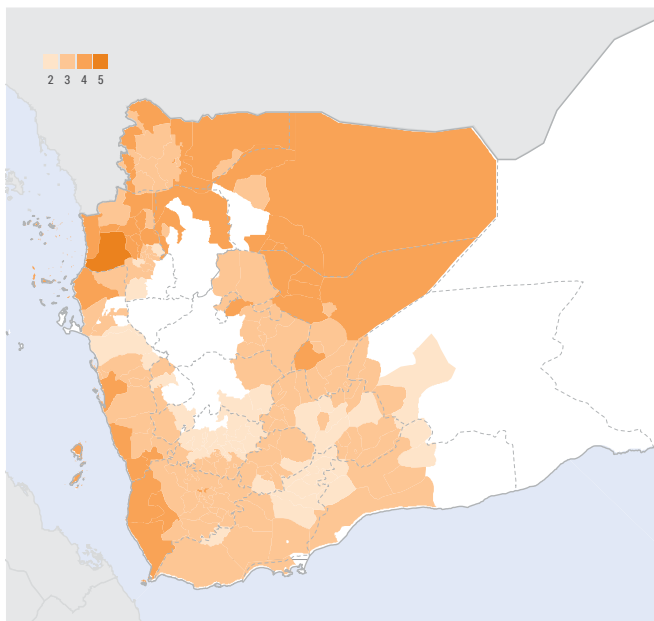
The alarming economic decline, including rapid depreciation of the Yemeni Rial and related price rises, has made household items and shelter materials increasingly unaffordable in local markets. The relationship between IDPs and host communities continues to be strained due to increasing tension over the sharing of limited resources. In often cramped and difficult conditions and without any prospect of peace in the near future, the internal family pressures are rising continuously which paired with a lack of privacy for both men and women, can lead to more frustration and violence against their family members.

People with disabilities and other vulnerable people experience challenges accessing services due to

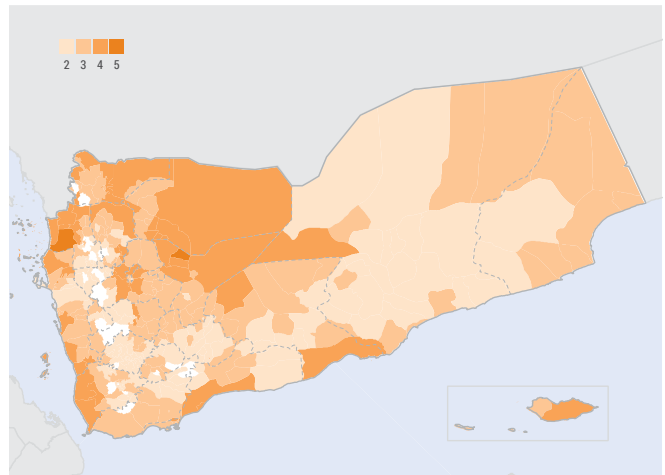
physical access challenges, economic barriers, sociocultural barriers, discrimination, lack of information, lack of services, and inability to travel. Minority groups such as the Muhamasheen are often not welcome among the host population or within the IDP settlements and as such have difficulty finding shelter for themselves.

Large-scale destruction of civilian homes and infrastructure has also caused shelter needs, particularly for IDPs returning to their place of origin. Many lack access to mechanisms for property restitution, rehabilitation, or reconstruction of their homes. In the meantime, some of them are accommodated in temporary and unsafe housing with minimal means to secure safe shelter or basic relief items. Close to the frontline, they are also often accommodated in heavily damaged structures or found their homes littered with unexploded ordnance or other explosive ammunition. For some of them, the only option is to move again. With the continuation of armed violence, needs and the affected population will increase, meanwhile the possibility to return is shrinking only to the safest areas.

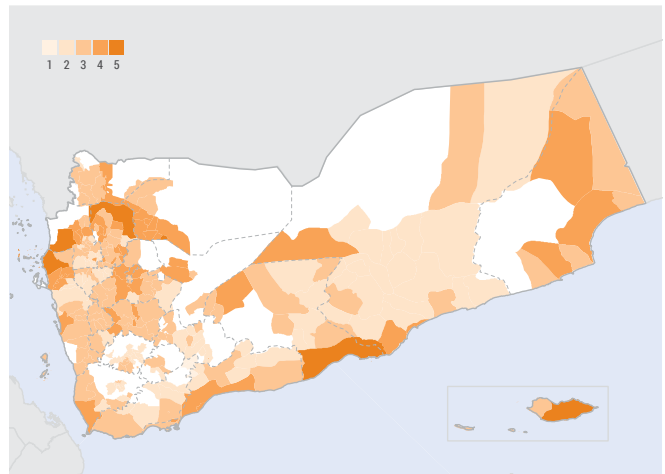
Severity of Needs: Districts Impacted by Violence



Severity of Needs: Climate and Natural Hazard



Severity of Needs: Long-Term Assistance



Monitoring

The Shelter Cluster will focus on 13 indicators, including the percentage of civilian houses partially or entirely uninhabitable due to damage or destruction, populated areas with high flood susceptibility,

households facing eviction threats particularly in urban contexts, and IDPs living in hosting sites relative to the total host population. The cluster will focus on regularly reporting on the percentage of HHs whose primary shelter type is unstable or non-existing.

Indicators

#	INDICATORS	SECTORS	SOURCE
x01	% of IDPs/returnees over total population	Protection, Logistics	AAP-1
x02	% of populated area with high flood susceptibility	Shelter / NFIs, Logistics	S1-1-2
x03	a. % of populated areas highly susceptible to extreme summer temperatures b. % of populated areas highly susceptible to extreme winter temperatures	Shelter / NFIs	S1-2-1
x04	% of IDP HHs in IDP sites reporting access to market in site or close proximity	Shelter / NFIs, Logistics	S1-1-2
x05	% of HHs whose primary shelter type is instable or non-existent	Shelter / NFIs	S1-2-1
x06	a. % of houses impacted by armed violence b. % of civilian houses and private dwelling partially/completely uninhabitable due to damage or destruction		
x07	% of people living in IDP hosting sites relative to total district population		
x08	% of IDP HHs in IDP sites who have basic services (fuel & electricity) in sites or close proximity		
x09	% of IDP HHs in IDP sites who have essential sectoral services in shelters/sites or close proximity		
x10	% of HHs facing eviction threats		
x11	% of HHs who report being able to pay rent regularly		
x12	% of district area impacted by violence		
x13	% of district potential for implementation of long-term solutions		

3.9

Water Sanitation and Hygiene (WASH)



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
15.4m	8.7m	6.7m	23%	55%	15%

Overview

Access to safe water and sanitation remains a high priority in Yemen which has the lowest water per capita globally, coupled with increased water scarcity and WASH related diseases that have reached critical levels. An estimated 15.4 million people require support to meet basic WASH needs, including 8.7 million who are in acute need. Infrastructure damage from conflict, the effects of climate change and natural hazards, a deterioration in socio-economic conditions and import disruptions (especially fuel) are the major drivers. Communities are forced to resort to negative coping practices which are significantly heightening the risk of malnutrition and increasing the WASH related disease burden and outbreaks including cholera.

Affected Population

The most severe needs are concentrated in 101 districts, where less than 25 per cent of households have access to safe WASH conditions. In these districts, severe WASH needs often coincide with severe needs in other sectors: 44 districts also have severe nutrition needs, 77 have IPC Phase 4 conditions and 69 are cholera priority locations. Five districts are facing catastrophic WASH conditions, with 116,205 people in acute need, including 10,000 IDPs.

Socio-economic status significantly affects access to WASH services and vulnerability to disease. Cost is the main barrier for the 55 per cent of households who lack soap, and 80 per cent of households do

not treat water at home due to lack of supplies. Over 17 per cent of families rely on purchased or trucked water, the cost of which increased by 25 per cent from January to November 2020.⁸² Conflict-affected people are also extremely vulnerable, particularly IDPs. Only 9 per cent of 688 assessed IDP hosting sites have adequate WASH services, and only 6 per cent have waste disposal. About 35 per cent of sites report open defecation due to lack of or inadequacy of facilities. Infectious disease (45 per cent) and water contamination (34 per cent) are the highest reported threats reported in these sites.

Inequitable access to WASH services can also create protection concerns. Women, adolescent girls and people with disabilities are disproportionately affected. Water collection is a burden which falls on women and girls, and 39 per cent of households report a travel time greater than 30 minutes. Fewer than 30 per cent of households report access to a gender-separated latrine, and many struggle to access menstrual hygiene items and 78 per cent of females feel excluded from assistance.⁸³ These conditions increase GBV risks and result in the use of unsafe coping mechanisms and unsanitary practices.⁸⁴ According to assessments, WASH facilities remain largely inaccessible to people with disabilities and the older persons.⁸⁵

Analysis of Humanitarian Needs

About 49 per cent of Yemenis have no access to safe water and 42 per cent have no adequate sanitation. Major disparities persist between rural and urban areas, with 51 per cent and 28 per cent

of these populations not using improved water sources respectively. People in rural areas are also less likely to use improved sanitation facilities (56 per cent compared to 79 per cent in urban areas). Lack of access to adequate water, sanitation or hygiene services rises considerably in cholera-priority districts and communities experiencing IPC Phase 4 conditions or above.

Water quality remains a serious issue, with 50 per cent of Yemenis reporting issues relating to taste, appearance or smell of their water source. Sanitation remains a major public health risk, with open defecation practised by 4 million people (13 per cent of population). Open defecation was observed in 88 per cent of cholera prioritized districts and is highest in areas with critical malnutrition rates. Only 9 per cent of households report garbage collection through a public system.

In terms of hygiene, only 45 per cent of Yemenis report having access to soap, whilst less than 50 per cent of populations in districts with high incidence of WASH related disease report washing their hands at critical times. These conditions greatly favour the spread of communicable disease, including COVID-19 and diarrhoeal disease that contributes to malnutrition, famine risk and cholera.

Projection of Needs

WASH needs are projected to increase in 181 districts in 2021, including in 86 cholera priority districts and 8.6 million people living in IPC Phase 4 conditions. Ongoing conflict, economic decline, increasing water scarcity, natural hazards and other challenges are expected to continue to push WASH needs higher during the year. This in turn is expected to drive higher rates of disease and poor health outcomes, including worsening acute malnutrition and a possible resurgence in cholera.



35%

OF IDP SITES REPORT OPEN DEFECATION AS THE ONLY OPTION FOR SANITATION



ONLY 45%

OF YEMENIS REPORT HAVING ACCESS TO SOAP, WITH COST REPORTED AS THE MAIN BARRIER



49%

OF YEMENIS HAVE NO ACCESS TO AN IMPROVED WATER SOURCE

Monitoring

The WASH Cluster will monitor needs against 28 core indicators which will be aggregated within 5 thematic activities:

Indicators

#	INDICATORS	SECTORS	SOURCE
x01	estimated # of women, men, boys and girls served by operational support to water supply systems	Protection, Logistics	AAP-1
x02	estimated # of women, men, boys and girls served by provision of spare parts and maintenance for water supply systems	Shelter / NFIs, Logistics	S1-1-2
x03	estimated # of women, men, boys and girls served by repair, rehabilitation or augmentation of water supply system	Shelter / NFIs	S1-2-1
x04	estimated # of women, men, boys and girls served by repair, rehabilitation or installation of alternative water sources	Shelter / NFIs, Logistics	S1-1-2
x05	estimated # of women, men, boys and girls served by provision of water disinfecting agents and support for water supply treatment	Shelter / NFIs	S1-2-1
x06	estimated # of women, men, boys and girls served by water quality surveillance		
x07	estimated # of women, men, boys and girls served by operational support to sanitation systems		
x08	estimated # of women, men, boys and girls served by provision of spare parts and maintenance for sanitation systems		
x09	estimated # of women, men, boys and girls served by repair, rehabilitation or augmentation of sanitation systems		
x10	estimated # of women, men, boys and girls served by support to solid waste collection and disposal		
x11	# of women, men, boys and girls supported with access to at least 15 lpd of safe water		
x12	# of women, men, boys and girls served by provision of communal water tanks / taps		
x13	# of women, men, boys and girls provided with ceramic water filters		
x14	# of women, men, boys and girls provided with treatment chemicals		
x15	# of women, men, boys and girls supported with access to a safe, gender appropriate and functioning latrine		
x16	# of women, men, boys and girls served by rehabilitation / desludging of latrines		
x17	estimated # of women, men, boys and girls served by cleaning campaigns		
x18	# of women, men, boys and girls served by washing / bathing facilities		
x19	# of women, men, boys and girls provided with a basic hygiene kit		
x20	# of women, men, boys and girls provided with a consumable hygiene kit		

Indicators

#	INDICATORS	SECTORS	SOURCE
x21	# of women, men, boys and girls reached with hygiene promotion and community engagement activities		
x22	# of women, men, boys and girls provided with a disinfection kit		
x23	# of people trained with water supply and Sanitation capacity building activities		
x24	# of volunteers trained in key hygiene messages and community engagement approaches		
x25	# of people reached with capacity building activities		
x26	# of WASH needs assessments informing cluster indicators shared with YWC		
x27	# of functional cluster coordination mechanisms at national and sub level		
x28	# of Gap Analysis Shared		

Part 4

Annexes

ADEN, YEMEN

Internally displaced children in Dar Sa'ad IDP site in Aden governorate, 22 February 2020. Photo: UN/OCHA/Mahmoud Fadel-YPN



4.1 Data Sources

Quality, methodologically sound and independent needs assessments are essential for informed operational decision-making and required for comprehensive humanitarian planning. In 2020, despite serious challenges faced due to COVID-19 and bureaucratic impediments, humanitarian partners conducted more than 343 assessments, including the Food Security and Livelihoods Assessment (FLSA), 232 WASH assessments, and 15 Health assessments.

While the FSLA and smaller scale, cluster-specific assessments were carried out in 2020. Two crucial UN-led assessments, namely the Standardized

Monitoring and Assessment of Relief and Transitions (SMART), and Multi-Cluster Locations Assessment (MCLA) were delayed, impacting the evidence based for the 2021 Humanitarian Programme Cycle.

While the quality of needs assessments in Yemen can still be improved, the scope and depth of data collected to inform the 2021 HNO provides a solid evidence base for a more effective and accountable humanitarian response. The below infographics show response-wide and cluster-specific assessment coverage in Yemen last year.

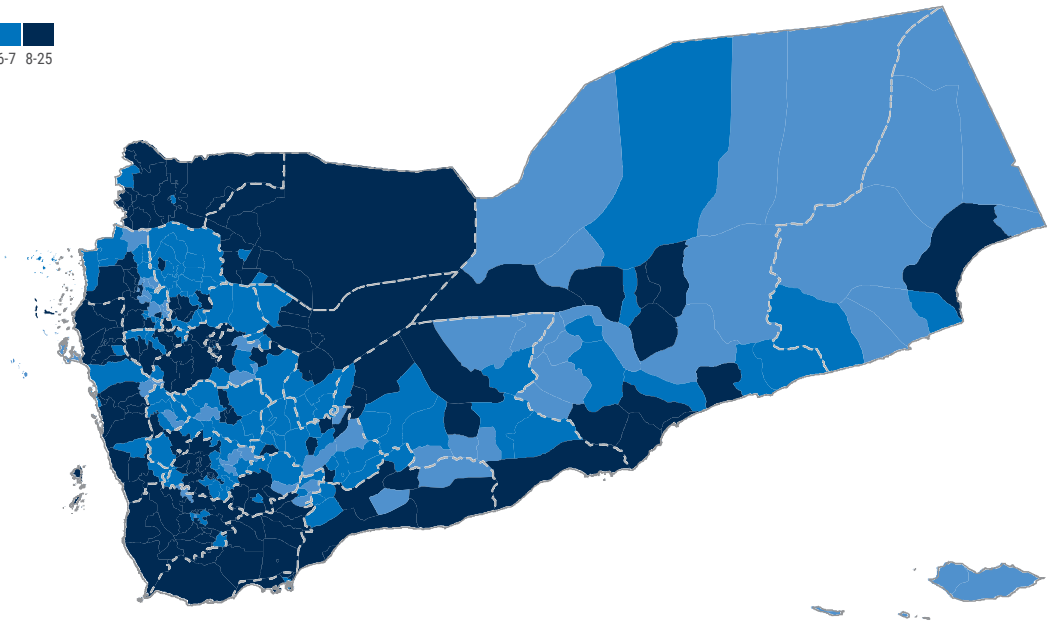
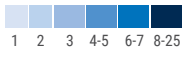
Assessment Coverage by Governorate

	CCCM	Education	Food security*	Health	Nutrition	Protection	Shelter	NFIs	WASH
Abyan	1	2	1	3	-	1	5	1	12
Aden	1	1	1	3	-	1	3	1	10
Al Bayda	1	1	1	3	-	1	2	1	5
Ad Dali'	1	1	1	3	-	1	5	2	9
Al Hodeidah	1	3	8	5	-	6	14	2	8
Al Jawf	1	1	1	3	-	1	7	1	8
Al Maharah	-	-	1	4	-	3	2	-	2
Al Mahwit	-	-	1	3	-	1	1	1	4
Sana'a City	1	1	1	3	-	1	3	1	4
Amran	1	-	2	3	-	1	1	1	7
Dhamar	1	1	2	3	-	1	1	1	4
Hadramawt	1	1	2	5	1	5	8	1	4
Hajjah	1	1	7	3	-	1	7	1	12
Ibb	1	1	3	3	-	1	4	1	4
Lahj	-	2	1	3	-	1	1	1	24
Ma'rib	-	1	1	5	-	3	11	1	7
Sa'dah	-	1	1	3	-	1	8	2	22
Sana'a	-	1	1	3	-	1	4	1	20
Shabwah	-	-	1	4	1	2	2	1	8
Ta'iz	1	3	2	4	1	2	9	1	14
Socotra	1	1	1	3	-	-	1	2	1
Raymah	1	-	1	8	-	1	2	-	1

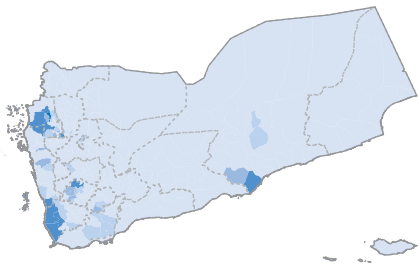
* The food security column represents only 41 localized assessments; IPC covered all 333 districts of Yemen.

Assessment coverage

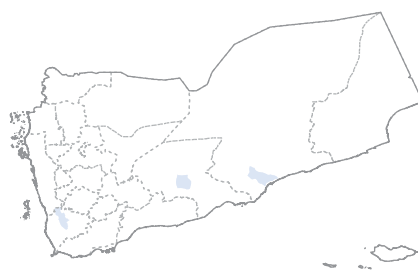
OVERALL



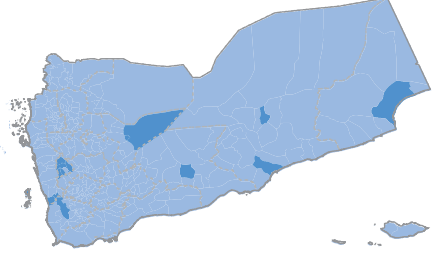
FSAC



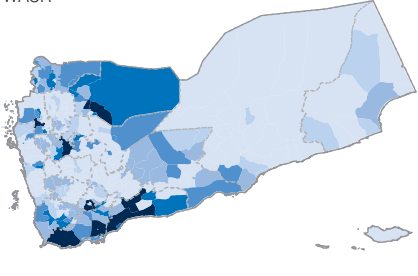
Nutrition



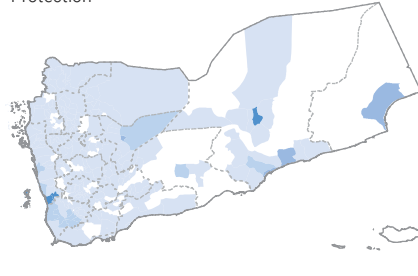
Health



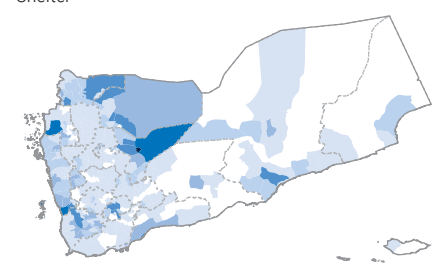
WASH



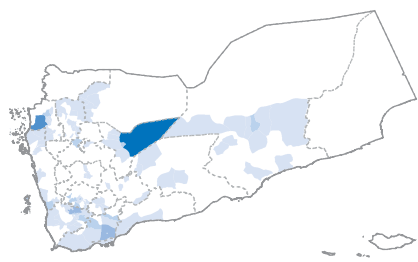
Protection



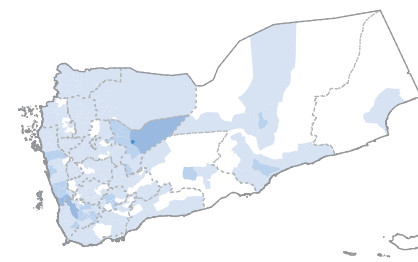
Shelter



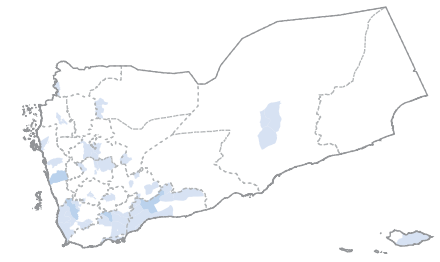
CCCM



NFIs



Education



Assessments Used by Cluster

CLUSTER	ASSESSMENTS USED TO INFORM CLUSTER-SPECIFIC HNO ANALYSIS
FSAC	District level Food Security and Livelihood Assessment District level Integrated Food Security Phase Classification (IPC) Acute Food Insecurity analysis WFP and FAO market monitoring data FEWS NET rainfall data MAI agricultural production assessment data FSAC partners localized food security and livelihoods assessment and monitoring data
WASH	Yemen WASH Cluster (YWC) Secondary Data Review (SDR) SMART surveys Electronic Disease Early Warning System (eDEWS)
Nutrition	SMART surveys IPC AMN
Health	HeRAMS EPI Electronic Disease Early Warning System (eDEWS) Health Cluster assessments Hard to Reach classification
Protection	OHCHR Casualty Reports UNHCR Rapid Needs and Vulnerability Assessment Civilian Impact Monitoring Project (CIMP) Displacement Tracking Matrix (DTM) Service mapping Cluster 4W reports IPC Education Cluster assessments UNDP assessments
Education	Ministry of Education assessments UNHCR assessments IOM assessments WASH Cluster assessments Education Cluster reports Cluster 4W reports
CCCM	CCCM Master List CCCM Site Reporting Population baseline analysis Any reference to DTM?
Shelter/NFI	REACH CCCM Site Reporting Analysis 2020 REACH Flood Susceptibility Calculations 2019 REACH Weatherization Calculations 2019 UNHCR Initial Needs Assessment/Protection Monitoring Tool (INAT/PMT) Analysis 2020 CIMP infrastructure damage data 2018-2020 CCCM Master List for IDP Sites (July 2020) Shelter Cluster Severity Score Calculations 2019 Shelter Cluster Refugee & IDP data 2018-2020 OCHA dataset on districts impacted by violence (August 2020)
RMMS	WASH, FSAC, Health data service mapping Protection monitoring reports Detention databases (UNHCR) Individual counselling and needs assessments Refugee registration database (UNHCR)



ADEN, YEMEN

March 2019

Photo: UN/OCHA/Giles Clarke

4.2 Methodology

Yemen 2021 HNO Inter-Cluster Severity and People in Need Methodology

For the 2021 Humanitarian Needs Overview, Yemen applied the enhanced HPC approach and the corresponding IASC Joint Inter-sector Analysis Framework (JIAF) global guidance. This enhanced approach strengthened intersectoral analysis and identification of the severity of people's humanitarian conditions (living standards, coping capacity, physical and mental well-being), their interlinkages, and compounding effects by population groups. It also provided an opportunity to identify and focus on both

geographic locations and population groups in highest need. In line with JIAF guidance, a combination of datasets was used, including 15 JIAF indicators and three critical indicators to determine the severity of needs and People in Need (PiN).

The adoption of the JIAF approach resulted in significant shifts to inter-sector analysis compared to previous years. For the 2021 HNO, the framework utilized disaggregated analysis of two categories of population groups in need: internally displaced people and non-displaced Yemenis. It also involved

additional analysis for key vulnerable groups such as refugees, migrants, the Muhamasheen, and people with disabilities and to apply gender and age disaggregation. In previous years, analysis did not focus specifically on vulnerable groups. As in previous years, the 2021 HNO involved geographic analysis covering all 333 districts in the country.

The 2021 HNO uses new severity threshold definitions and rankings. While the 2019 used a seven-point inter-sector severity scale requiring the ranking of districts from 0 to 6, the 2021 HNO uses a five-point scale. In 2019, districts ranked as 4, 5 and 6 were considered to be experiencing acute severity. In 2021, acute severity is reserved for districts ranked as 4 and 5.

Past inter-sector analyses relied heavily on aggregated cluster severity and PiN analysis, while the 2021 analysis uses the 'critical indicators' approach. For example, the 2019 inter-cluster PiN was an aggregation of the highest cluster PiN per district. The 2021 HNO inter-cluster PiN was estimated using 'critical indicators' to select the highest percentage of PiN in severity 3, 4 or 5, by population group and district. Three critical indicators (IPC, water and vector borne disease, and civilian casualties) were then applied to the inter-sectoral framework.

Given the major methodological shifts in inter-sector and cluster analysis, a degree of caution should be exercised when comparing severity and PiN trends across years.

Joint Inter-sector Analysis Framework

Through consultations, the Yemen Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Mechanism, supported by the JIAF team, completed the following steps:

- Defined and agreed on the scope of the analysis (population groups, geographic areas, and thematic sectors) in October 2020.
- Drafted a joint analytical framework in November and December 2020, summarizing available indicators and data. These indicators were then assigned to humanitarian consequences.
- Designed and endorsed the inter-sectoral model for estimating PIN by severity in December 2020. The process included:
 - Joint selection of core severity needs indicators to illustrate the different dimensions and aspects of each humanitarian consequence based on: (a) indicator appropriate and relevant to explain the consequence; (b) data for the indicator available and reliable, with possibility to organize findings on the five-point severity scale; and (c) information collected available at the agreed unit of analysis with possibility to aggregate findings at the required geographic level (district).
 - Realignment of thresholds and scales to permit categorization of the assessed population directly within a one to five severity scale.
 - Agreement that the inter-sectoral model is based on three humanitarian consequences – well-being, living standards, and coping mechanisms – with protection mainstreamed across the three.
 - Development of a series of severity scenarios using different sets of indicators to present severity that most reflected the context on the ground.
 - Following several rounds of consultations with the JIAF team, the team selected 15 inter-sector indicators focused on conditions related to physical and mental wellbeing, living standards and coping capacity.
 - Three critical indicators were applied, specifically related to protection (civilian casualties and contamination), infectious disease (prevalence of water- and vector-borne disease) and food security (IPC).
 - As a final step, the estimated refugee and migrant population in need was added to the final PiN calculation.

- In parallel, OCHA prepared the humanitarian profile or population baseline, using IOM-DTM figures for IDPs, UNHCR data for refugees and IOM data for migrants.
- In December 2020, JIAF team estimated PiN by selecting the highest percentage from among the PIN categorized to be in severity 3, 4 or 5 by population group and district.
- People in categories 4 and 5 constitute 'people acutely in need' corresponding to the two upper levels from the five-point scale severity (extreme and catastrophic) where needs are more severe, time-critical and compounded.
- More than 17 million people in need, fell under the stress and extreme severity categories (3 and 4 respectively) as a result of a deterioration of living standards and basic services, an increased reliance on the use of negative coping strategies and the significant impact of the conflict on physical and mental harm.

The ICCM and JIAF team jointly presented and discussed the summary of the PiN and severity by condition, population group and district with the HCT. Amendments were made to reflect these consultations, and then it was presented and endorsed by the HCT in January 2021. The final HNO dataset will be available on HDX.

Due to volatile nature of the Yemen crisis and the complex operating environment, an overall projected PiN was not estimated. However, risk analysis was conducted using additional data and trends, including available contingency plans, displacement trends, INFORM index and other key sources to determine possible increases in needs across the different population groups and different geographic areas. The most likely scenarios and estimates are reflected in the 'Risk Analysis' section (section 2.1).

ADEN CITY, YEMEN

Al Sadaqah hospital - 18 March 2020. A doctor attends to a little girl suffering from malnutrition.
Photo: Ayman Fuad/YPN for WHO



The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities



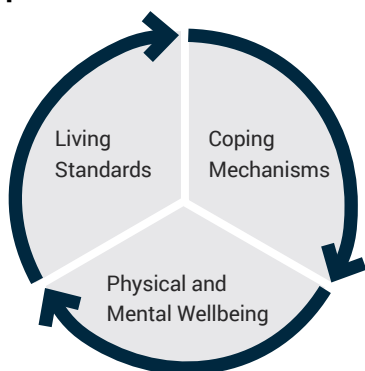
People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

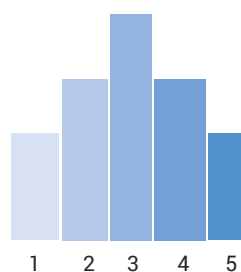


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

YEMEN Inter-Sectoral Framework for Humanitarian Conditions Analysis, PIN and Severity

CLUSTER	INDICATORS		SEVERITY SCALE				
Subpillar	2021 HNO Indicator	Source	None/Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Physical and mental wellbeing	Number of civilian casualties reported (killed or injured) in district in the last 12 months AND # of incidents as a result of contamination of mines, UXOs, ERW, airstrikes and conflict	OHCHR casualty report/ CIMP as a complementary data source, CIMP & YEMAC	1-5 civilians killed or injured // no contamination incidents	6-10 civilians killed or injured // 1 - 100 contamination incidents	11 - 15 civilians killed or injured // 101 - 200 contamination incidents	16 - 20 civilians killed or injured // 201 - 300 contamination incidents	+20 civilians killed or injured // +300 contamination incidents
Living standard	Proportion of households with access to safe and adequate WASH services and facilities	WASH Cluster	More than 75% of households with access to safe and adequate WASH services and facilities	More than half (>=51%, <75%) of households with access to safe and adequate WASH services and facilities	Less than half (>=26%, <50%) of households with access to safe and adequate WASH services and facilities	Less than a quarter (>=11%, <25%) households with access to safe and adequate WASH services and facilities	Very few (<10%) households with access to safe and adequate WASH services and facilities
Physical and mental wellbeing	District level prevalence of water and vector borne diseases	Health / MOPHP	0	>0 - <=6	>6 - <=20	>20 - <=30	>30
Coping Mechanism	% of IDPs who resorted to living in IDP hosting sites	"CCCM Master List - CCCM Site Reporting Population OCHA"	Very few (>0%, <10%) people are living in IDP hosting sites	Very few (>10%, <30%) people are living in IDP hosting sites	(>=30%, <60%) of people are living in IDP hosting sites	(>=60%, <90%) of people are living in IDP hosting sites	Almost all (>=90, <=100%) population is living in IDP hosting sites
Living Standards	% of IDP households in sites facing eviction threats	CCCM Site Reporting	Very few (>0%, <10%) households are facing eviction threats	Very few (>10%, <30%) households are facing eviction threats	(>= 30%, <60%) of households are facing eviction threats	(>=60%, <90%) of households are facing eviction threats	Almost all (>=90, <=100%) HHs living in informal IDP hosting sites
Living Standards	% of HHs whose primary shelter type is instable or non-existent	UNHCR INAT/ PMT	(>0%, <10%) of households whose primary shelter type is instable or non-existent	(>=10%, <20%) of households whose primary shelter type is instable or non-existent	(>=20%, <30%) of households whose primary shelter type is instable or non-existent	(>=30, <50%) of households whose primary shelter type is instable or non-existent	(>=50%) of households whose primary shelter type is instable or non-existent
Coping Mechanism	"% of households facing eviction threats"	UNHCR INAT/ PMT	Very few (>=0%, <10%) households are facing eviction threats	(>=10%, <20%) of households are facing eviction threats	(>=20%, <40%) of households are facing eviction threats	(>=40%, <75%) of HH are facing eviction threats	(>=75%) of households are facing eviction threats
Physical and Mental Wellbeing	Percentage of children aged six months to 15 years who have received measles vaccination")	EPI data (VCE)	>= 95%	90% - < 95%	85% - < 89%	80% - < 84%	< = 80%

YEMEN Inter-Sectoral Framework for Humanitarian Conditions Analysis, PIN and Severity

CLUSTER	INDICATORS		SEVERITY SCALE				
Subpillar	2021 HNO Indicator	Source	None/Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Physical and Mental Wellbeing	Number of cases or incidence rates (attack rate) for (cholera)	eDEWS	<= 0.25%	< 0.25% - >= 0.75%	< 0.75% - >= 0.50%	< 1.0 % - >= 0.75 %	>= 1.0%
Living Standards	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit")	HeRAMS	> 5	4	3	2	<= 1
Living Standards	% school aged children (girls and boys) enrolled in Formal and Non-Formal education	"MoE annual survey 2019-2020 YEC Data"	All 100% of school-aged children attended school in the current/most recent school year	Area: >75% of school-aged children attended school in the current/most recent school year	"Some school-aged children attend school in. Area: >50% of school-aged children attended school in the current/most recent school year"	Area: >25% of school-aged children attended school in the current/most recent school year	"No school-aged children attend school Area: 0-25% of school-aged children attended school in the current/most recent school year"
Physical and mental Wellbeing	Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)	SMART Surveys 2017-2018	<5%	5-9.9	10-14.9%	15-29.9%	>= 30%
Physical and mental well being	IPC	IPC Analysis					

Cluster-specific needs severity

Each cluster was asked to estimate the severity of needs in their respective sector for all 333 districts in Yemen, using an agreed five-point severity scale (1 to 5) to align with the JIAF and the OCHA-generated humanitarian profile (population baseline). This included agreeing on thresholds for indicator values along the five-point severity scale to ensure that datasets from different clusters would be comparable across clusters, even though widely divergent datasets were used. In parallel, partners worked to organize and carry out assessments that could provide data to populate the severity scales. Once all data had been collected and analyzed, clusters translated the results into severity scores according to the thresholds in their agreed severity scales. Each cluster then combined individual indicator scores into a single composite severity score for every district. Formulas for generating composite scores were determined by the clusters based on internal technical agreement (including simple average and weighted average). Composite severity scores are the basis for all sector-specific needs severity maps in the 2021 HNO.

Food Security and Agriculture

FSAC relied on the IPC analysis to estimate the number of people in need. This analysis was conducted in Sana'a and Aden and covered the entire country. Evidence included the FSLA data as the main source of food security outcome indicators (food consumption score, household dietary diversity score, household hunger score, food-related coping strategies, and livelihoods-related coping strategies) supplemented by further data on contributing factors on residence status, expenditures, assets, WASH situation etc. Humanitarian food assistance response data was provided by FSAC, Market related data was provided by WFP's VAM market monitoring system and the FAO-FSIS/FSTS market monitoring data. Malnutrition and mortality data were provided by the Nutrition Cluster, UNICEF and MoPHP, and were based on MUAC and Oedema data collected from the FSLA

and SMART surveys conducted in 15 governorates. Health and disease outbreak data were provided by WHO/MoPHP (eDEWS). The analysis benefited from OCHA reports, FEWS NET rainfall data, agricultural production assessments by MAI, TFPM reports and various cluster data.

Water, Sanitation and Hygiene (WASH)

The analytical framework for WASH-related indicators for the 2021 HNO is based on the Joint Inter-Sectoral Analysis Framework (JIAF). Due to context-related barriers to primary data collection, the 2021 WASH Severity Score and PIN calculation is based on secondary review of WASH assessments conducted throughout 2020. The framework relies on rigorous selection and analysis of assessments carried out by YWC partner organizations.

WASH-related indicators for physical and mental wellbeing consequences include one indicator for the prevalence of Global Acute Malnutrition (GAM) and one for the prevalence of cholera. Additionally, a WASH-related composite indicator on access to WASH services will contribute to overall living standards consequences. This composite indicator is informed by sub-indicators relating to access to an improved water source, sufficient quantities of water, functioning sanitation facilities, functioning handwashing facilities and adequate environmental sanitation.

Health

For the 2021 HNO, the Health Cluster relied on two main components for health HNO and PIN calculations based on health infrastructure and compounding factors such as access and increased demand for services with surge patients due to events or population movements, outbreaks or endemic diseases prevalence.

The Health Cluster adopted the JIAF 1 to 5 severity scale instead of the previous Health Cluster 0 to 6 scale. Calculations were done at the district level (Admin02), in line with inter-cluster and cluster

analysis frameworks. The Health Cluster vulnerability/severity matrix is based on 22 indicators grouped into four main pillars: (1) impact on exposed population, (2) access score, (3) health system capacity and (4) morbidity. Each indicator is established with threshold limits to define the severity level and have one common scale from which the overall pillar severity was derived. Pillar severity was calculated using the mean of the sub-pillar severity to get a value from 1 to 5. The mean value of each pillar is then used to calculate the overall severity scoring, using the weighting for each pillar to provide the final score for each district.

Nutrition

Nutrition Cluster severity scores were derived at the district level and calculated based on SMART/assessment results based on the three indicators: Global Acute Malnutrition (GAM) prevalence, Severe Acute Malnutrition (SAM) prevalence, and stunting prevalence. Each indicator was categorized into severity thresholds ranging from one to five. After the initial scoring of prevalence of GAM, SAM and stunting, scores were weighted (multiplied) by 0.5 for GAM scores, 0.3 for SAM scores and 0.2 for stunting scores. As a final step, the Nutrition Cluster summed the weighted scores for the three indicators (GAM, SAM, stunting) and rounded the summed result at the district level. The summed and rounded figures form the basis of the Nutrition Cluster's overall severity score by district on a scale of one to five, of which one is the lowest score implying a normal situation and five is the highest score implying catastrophic situation

Protection

District severity estimates are calculated based on available data including civilian casualties, explosive ordnance contamination, available GBV services, protection risks, out-of-school children, and population data on displacement and specific needs. Data is drawn from established monitoring mechanisms, including monitoring and documentation of civilian

casualties by OHCHR, CIMP, GBV Information Management System (IMS), as well as other available data sources and through field-level consultations with partners where data was not available.

Shelter / Non-Food Items (NFI)

The Shelter Cluster decided in spring 2020 to classify all sectoral activities according to their relevance to three groups, or "lenses", organized by the following areas: 1) armed violence, 2) climate and natural hazards and 3) long-term assistance. This approach was aimed at informing strategic planning and ensuring a more relevant, flexible, and efficient humanitarian response. To ensure that quality data was used to calculate severity scores, the Shelter Cluster only used assessments conducted by NGOs or UN agencies within a recent timeframe (2018-2020) and wider geographic scope.

Severity scores per district were calculated based on 15 indicators. For each district, each indicator was calculated based on available secondary data. If information for an indicator was missing, an average of the closest three districts within 100 km (if available) was used to fill the gaps. Following these calculations, districts were assigned a severity score based on a 5-point severity scale. Total severity scores per district were calculated by aggregating all indicators per district. If a limited number of indicators were available for a certain district, the resulting 2020 severity scores were merged with 2019 shelter severity scores to bolster the analysis and provide a holistic severity score.

Education

Seven indicators were used to estimate education needs severity in every one of Yemen's 333 districts. Based on district severity scoring and related percentages, an estimated 8.1 million children are in need of education-related services and hygiene-related response.

Camp Coordination and Camp Management

Three methodologies were used to calculate the level of severity of need in each district. Since the target CCCM population are IDPs living in sites, these methodologies only apply to districts in which IDP hosting sites exist and for which information for all indicators is available. All other districts will be assigned a severity score of N/A or zero.

For districts covered by the site reporting exercise, one aggregated CCCM severity score per district was calculated by taking a weighted average of the severity scores for each indicator, using a five-point scale. For districts not covered by the site reporting exercise, but for which governorate level data was available, severity scores were calculated using 2019 severity scores adjusted by average differential change for districts in that governorate. For districts not covered by the site reporting exercise, and for which no governorate level data was available, severity scores were calculated using the 2019 severity scores adjusted by average differential change for all districts across Yemen. Since the 2019 severity score scales ranged from zero to six, but the 2021 HNO severity score scales range from one to five, 2019 severity scores were re-calculated using a five-point. The resulting adjusted 2019 HNO severity scores were then used to facilitate better comparability.

Refugees and Migrants Multi-Sector (RMMS)

Refugees and Migrants Multi-Sector (RMMS) district-level PiN estimates of refugees, asylum seekers and migrants were derived from a range of quantitative and qualitative data collection methodologies. The 2019 MCLA remains the key baseline for determining numbers of migrants, refugees, and asylum seekers in need; this was correlated with DTM flow monitoring statistics, refugee registration information and protection monitoring reports provided by partners. However, for the 2021 HNO, the PiN figure reflects the results of assessments conducted in areas with a high concentration of vulnerable persons. Also, the PiN figure for refugees and asylum seekers was based on the registration database, which records specific needs identified during assessments.

Severity indicators under the enhanced HPC 2021 are concentrated on the most critical markers that measure the protection situation including vulnerabilities, safety, dignity, and well-being of the concerned population group. Sectoral needs such as food, health and WASH were also considered and aligned with cluster severity, as refugees, asylum seekers and migrants face similar challenges to the Yemeni population regarding the availability of basic services. However, other factors including marginalization and stigmatization of migrants and refugees also create additional barriers to assistance. The severity score was calculated based on the migrant flows, refugee databases, services and assistance databases managed by RMMS partners, DTM results, individuals' assessments, and protection monitoring.

Cluster Severity Indicators

Food Security and Agriculture

INDICATOR	DATA SOURCE
Percentage decrease in the number of people facing IPC phase 3 and above conditions	Integrated Food Security Phase Classification (IPC) analysis FSLA assessments WFP mVAM data FSAC partners monitoring data
Percentage of targeted households with improved food consumption score	Integrated Food Security Phase Classification (IPC) analysis FSLA assessments WFP mVAM data FSAC partners monitoring data

Water, Sanitation and Hygiene

INDICATOR	DATA SOURCE
% Households reporting accessing an improved primary water source for drinking water in the past 30 days	YWC SDR
% Households reporting water collection time does not exceed 30 minutes for a round trip, including queuing	YWC SDR
Average household water quantity use, measured in litres of water per person per day	YWC SDR
% Households reporting use of improved sanitation facilities, by type of facility	YWC SDR
% Households accessing clean and functional latrines	YWC SDR
% Households having handwashing facilities with water and soap	YWC SDR
% Households who did not witness visible wastewater in the vicinity (30 metres) of their shelter in the last 30 days	YWC SDR
% Households whose garbage is being collected through public system	YWC SDR
% of HHs living in districts with high prevalence of GAM	Nutrition cluster
% of HHs living in districts with high incidence rate of suspected cholera cases/acute watery diarrhea (AWD)/10,000 population	Health cluster

Health

INDICATOR	DATA SOURCE
Affected population: % of population are IDPs/returnees	Protection cluster
Access: Hard to Reach	OCHA
Health facility density	HeRAMS / EPI
Partially functioning / all functioning HFs	HeRAMS / EPI

INDICATOR	DATA SOURCE
Health worker density	HeRAMS / EPI
Specialist density	HeRAMS / EPI
Bed density	HeRAMS / EPI
Availability of general and trauma care services available	eDEWS
Availability of IMCI services	eDEWS
Health facilities with fully available essential newborn care services/10000	HeRAMS / EPI
Health facilities with fully available family planning services/10000	HeRAMS / EPI
Health facilities with fully available ANC services/10000	HeRAMS / EPI
Health facilities with fully available BEOC services/500,000	HeRAMS / EPI
Health facilities with fully available for NCD/100000	HeRAMS / EPI
Coverage of measles vaccination (6 months–15 years) (%)	eDEWS
Coverage of DPT/PENTA-3 (0-12 months)	eDEWS
Measles incidence rate /100,000	eDEWS
Acute Watery Diarrhea - suspect cholera incidence rate /10000	eDEWS
ILI (Influenza-like illnesses) /10,000	eDEWS
Diphtheria incidence rate /100,000	eDEWS
Malaria incidence rate /1,000	eDEWS
Suspected dengue cases /10,000	eDEWS

Nutrition

INDICATOR	DATA SOURCE
Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months	SMART surveys
Prevalence of SAM based on WHZ<3 and or bilateral pitting oedema among children 0-59 months	SMART surveys
Prevalence of stunting based on HAZ<2 among children 0-59 months	SMART surveys

Protection

INDICATOR	DATA SOURCE
Number of casualties reported (killed or injured) in a district in the last 12 months	OHCHR Casualty Reports CIMP
Ratio of IDPs and IDP returnees to host population	DTM
Percentage of girls / women without access to GBV-related services	Service mapping
Percentage of households with at least one child protection risk identified	IPC
Number of children out of school	Education cluster
Intensity of contamination in line with density of population	UNDP CIMP

Shelter / Non Food Items

INDICATOR	DATA SOURCE
Percentage of IDPs/returnees over total population	Population baseline
Percentage of populated area with high flood susceptibility	REACH Flood Susceptibility Calculations 2019
Percentage of populated areas highly susceptible to extreme summer temperatures	REACH Weatherization calculations 2019
Percentage of populated areas highly susceptible to extreme winter temperatures	REACH Weatherization calculations 2019
Percentage of IDP households in IDP sites reporting access to market in site or close proximity	Shelter Cluster Severity Score Calculations 2019
Percentage of households whose primary shelter type is instable or non-existent	Shelter Cluster Severity Score Calculations 2019
Percentage of houses impacted by armed violence	Civilian Impact Monitoring Project (CIMP)
Percentage of civilian houses and private dwelling partially/completely uninhabitable due to damage or destruction	Shelter Cluster Severity Score Calculations 2019
Percentage of people living in IDP hosting sites relative to total district population	REACH Camp Coordination and Camp Management (CCCM) Site Reporting Analysis 2020
Percentage of IDP households in IDP sites who have basic services (fuel and electricity) in sites or close proximity	REACH Camp Coordination and Camp Management (CCCM) Site Reporting Analysis 2020
Percentage of IDP households in IDP sites who have essential sectoral services in shelters/sites or close proximity	REACH Camp Coordination and Camp Management (CCCM) Site Reporting Analysis 2020
Percentage of households facing eviction threats	INAT/PMT

INDICATOR	DATA SOURCE
Percentage of households who report being able to pay rent regularly	INAT/PMT
Percentage of district area impacted by violence	OCHA
Percentage of district potential for implementation of long-term solutions	INAT/PMT

Camp Coordination and Camp Management

INDICATOR	DATA SOURCE
Percentage of people living in IDP hosting sites in relation to district IDP population	CCCM Master List - CCCM Site Reporting
CCCM Site Reporting	SMART surveys
Population Baseline	SMART surveys
Percentage of people living in informal IDP hosting sites over total number of people living in IDP hosting sites	CCCM Site Reporting
Percentage of IDP households facing eviction threats	CCCM Site Reporting
Percentage of IDP households vulnerable to eviction due to living in sites without tenancy agreement	CCCM Site Reporting
Percentage of IDP households facing flooding threats	CCCM Site Reporting
Percentage of IDP households facing critical service gaps	CCCM Site Reporting
Percentage of IDP households who have access to adequate sectoral services	CCCM Site Reporting
Percentage of IDP households whose primary shelter type is a makeshift shelter, emergency shelter or open-air shelter	CCCM Site Reporting
Percentage of IDP sites with presence of four or more different types of vulnerable groups	CCCM Site Reporting

Education

INDICATOR	DATA SOURCE
Percentage of school aged children (girls and boys) enrolled in formal and non-formal education	Ministry of Education
Proportion of school-age children who are IDPs and/or returnees	UNHCR IOM
Percentage of children in schools in areas of high incidence rate of suspected cholera cases /acute watery diarrhea	WASH Cluster
Percentage of closed/non-functional schools	Ministry of Education
Percentage of school used for non-educational purposes	Ministry of Education Education Cluster reports
Percentage of teachers (female and male) receiving salary/incentives	Ministry of Education
Percentage of education personnel receive professional development	Cluster 4W reports Ministry of Education

Refugees and Migrant Multi-Sector

INDICATOR	DATA SOURCE
% of refugees, asylum seekers and migrants able to safely access critical services (WASH, health, food) and attain a basic living standard	Partners' database on services provided in 2020; protection monitoring, participatory assessments and FGD results
Number of refugees, asylum seekers and migrants that face one or more protection need or vulnerability since the beginning of the year	Protection monitoring reports; Individual counselling and needs assessments, refugee registration database



MARIB, YEMEN

A displaced boy carried a large bottle of water back to his family's tent in a displacement site in Marib.

Photo: Olivia Headon/IOM 2020

4.3 Information Gaps and Limitations

As with any data collection exercise, datasets and analysis methodologies, there are limitations and gaps, and continuous adjustments are required to ensure these are addressed. Improving access to, and quality of, data and analysis continues to be a priority in Yemen.

This year, COVID-19 presented significant challenges in data collection, planning and response monitoring operations. In the absence of epidemiological data and lack of official reporting, humanitarian partners

struggled to understand the scale and scope of the COVID-19 pandemic in Yemen. The first confirmed COVID-19 case was reported on 10 April 2020, however as of 11 February 2021, Yemen has recorded only 2,134 infections and 616 deaths from the disease. The underestimation is largely due to low availability of testing as well as a number of other factors. Increased testing and reporting are needed to better understand COVID-19's impact on Yemen and inform effective humanitarian response.

Independent humanitarian assessments ensure a needs-based approach to the delivery of assistance in line with humanitarian principles. In addition to COVID-19-related restrictions, humanitarian partners continue to face serious challenges in implementing country-wide assessments to inform needs analysis and the timely preparation of the HNO and HRP. Throughout 2020, numerous planning obstacles, obstructions by authorities, interference in control and independence continued to impede a credible, timely and neutral evidence base. While progress was made with implementation of the Food Security and Livelihood Assessment in early 2020 (pre-COVID), continued advocacy efforts are needed to provide an impartial understanding of the increasing severity of needs.

In 2021, concerted efforts will be made to ensure the implementation of the Multi-Cluster Location Assessment (MCLA) and SMART surveys in line with minimum standards for independent and impartial assessments to inform the 2022 HNO.

Thematically, there are information gaps related to displacement tracking as well as information related to sensitive issues such as exclusion, gender-based violence and PSEA. Additional information gaps include mortality rate, disability prevalence, and mental health support needs. In the absence of data and for the purposes of the 2021 HNO, the WHO global estimate of 15 per cent disability prevalence was applied. As when indicators related to these issues could not be included in multi-sectoral needs assessment tools, efforts should have been made to collect data via specialized tools for including in the joint inter-sectoral analysis. Analysis would have been strengthened by efforts to ensure gender parity in data collection exercises; this would require dedicated resources and sustained advocacy to better understand the specific needs of women and girls.

The unit of analysis and specificity of needs can be further refined. For the 2021 HNO, severity and PiN analysis was conducted at the district level (admin level 2). The current tools, capacities and resources are not set up to permit analysis, and

eventually targeting, at the sub-district level (admin level 3) or location level (admin level 4). Linked to this, it remains difficult to estimate the numbers of people statistically and confidently in need belonging to specific vulnerable groups. Shifting to more geographic specificity and more detailed sampling will require additional resources and capacity. In 2021, technical working groups such as Information Management Working Group will manage conversations on unit of analysis with relevant constituencies in order to generate options that will allow the ICCM and the HCT to make an informed decision.

Other limitations of the 2021 HNO stem from the methodology used for the 2021 cycle. The enhanced approach was rolled out in Yemen for the first time in 2020; the 2021 HNO is the first HNO in Yemen to use the enhanced approach. Comparison across years should be conducted cautiously and adequately caveated. The selection of JIAF indicators and the severity thresholds may need to be further calibrated following regular monitoring and analysis.

4.4 Acronyms

AMN	Acute Malnutrition	SADD	Sex and age disaggregated data
ANC	Antenatal Care	GBV/SGBV	Gender Based-violence/Sexual and Gendered-Based Violence
BSFP	Blanket Supplementary Feeding Programme	HeRAMS	Health Resources Availability Monitoring System
BPHS	Basic Package of Health Services	HCT	Humanitarian County Team
CCCM	Camp Coordination and Camp Management	HF	Heath Facility
CfW	Cash for Work	IMCI	Integrated management of childhood illness
CIMP	Civilian Impact Monitoring Project	IOLDCs	International Organisation for the Least Developed Countries
COVID-19	Corona Virus Disease 2019	IPC	Integrated Phase Classification
CMAM	Community-based Management of Acute Malnutrition	MAM	Moderate Acute Malnutrition
CVs	Community Volunteers	MCLA	Multi-Cluster Location Assessment
cVDPV1	Vaccine-Derived Poliovirus type 1	MHPSS/PSS	Mental Health and Psychosocial Support/Psychosocial Support
DTM	Displacement Tracking Matrix	MISP	Minimum Initial Service Package
eDEWS	Electronic Disease Early Warning System	MNP	Micronutrient Powder
FDP	Food Distribution Point/Programme	MOPHP	Ministry of Public Health and Population
HH	Household	MSP	Minimum Service Package
HPC	Humanitarian Programme Cycle	MT	Mobile Teams
IASC	Inter-Agency Standing Committee	MUAC	Mid-Upper Arm Circumference
ICCM	Inter-Cluster Coordination Mechanism	NFI	Non-Food Item
IHL	International Humanitarian Law	OTP	Outpatient Therapeutic feeding Programme
IHRL	International human rights law	PiN	People in Need
IDP	Internally Displaced Person	PLW	Pregnant and Lactating Women
IYCF	Infant and Young Child Feeding	PoC	Protection of Civilians
JIAF	Joint inter-sector analysis	PTF	Population Task Force
SDR	Secondary Data Review		

PSEA	Protection against sexual exploitation and abuse
SAM	Severe Acute Malnutrition
SARI	Severe Acute Respiratory Infection
SDR	Secondary Data Review
SMART	Standardized Monitoring and Assessment of Relief and Transition
STC	Southern Transitional Council
TFC	Therapeutic Feeding Centre
TSFP	Target Supplementary Feeding Programme
YER	Yemeni Rial
WASH	Water, Sanitation and Hygiene

4.5

End Notes

- 1 UNDP 2019
- 2 Also referred to as the Government of Yemen
- 3 Also named “Houthi” - refers to supporters of the Ansar Allah movement. Between 2014 and 2017, the Houthis were allied with the General People’s Congress (GPC), Yemen’s former, long-time ruling party.
- 4 Humanitarian Country Team. COVID-19 Preparedness and Response Monthly Report, June 2020, Yemen_COVID Monthly Report_June_V3.pdf (reliefweb.int).
- 5 World Bank Group - Phase II: COVID-19 Crisis through a Migration Lens, Migration and Development Brief 33, October 2020, World Bank Document.
- 6 The banning of southern bank notes in the north has resulted for the first time in a clear separation in the exchange rate of the YER across the country. and exchange rates remain distinct.
- 7 Yemen’s Economic Outlook-October 2018, World Bank.
- 8 The economic blockade of Yemen refers to a sea, land and air blockade imposed by the Saudi-led Coalition in 2015. The blockade has severely restricted the flow of food, fuel, and medicine to civilians- mainly in the north, in violation of international humanitarian law. While the coalition eased some restrictions in late November 2017, it continues to restrict some commercial imports from reaching areas in the north. (Emergency Employment and Community Rehabilitation, January 2019.
- 9 World Bank, Yemen’s Economic Update 18-mpo-am20-yemen-yem-kcm2.pdf (worldbank.org)
- 10 <https://reports.unocha.org/en/country/yemen/card/2hgBHtZG6m/>
- 11 Yemen - Value of the Yemeni rial against the US dollar since July 2018 | Digital Situation Reports (unocha.org)
- 12 Food and Agriculture Organization.
- 13 The desert locust is considered the most destructive migratory pest in the world, as it is highly mobile and feeds on large quantities of any kind of green vegetation, including crops, pasture and fodder. A typical swarm can be made up to 40 to 80 million locusts per square km, which in one day can consume the equivalent of food sufficient to feed 35 000 people
- 14 Link to UNDP-funded study.
- 15 Civilian Impact Monitoring Project (CIMP).
- 16 Section 1.3 addresses the particular needs of IDPs.
- 17 ACAPS, A crisis with no end in sight: How the ongoing crisis in Taiz Governorate continues to put civilians at risk.
- 18 More details on the scope of analysis and the methodology are provided in Part 4.
- 19 See Annex 2 – HNO 2021 methodology for more details. Annex 4: JIAF Indicators.
- 20 WFP mVAM monitoring reports
- 21 Closing the Gender Gaps in Humanitarian Action/UN Women May 2019
- 22 DRC Exclusion Study
- 23 According to UNHCR 135,000 are currently registered in the refugee registration database
- 24 Based on media and protection monitoring
- 25 Figure derived from general interviews, counselling and anecdotal information collected by Refugee and Migrants Multi Sector (RMMS) partners
- 26 UNDP 2019
- 27 The Minimum Service Package (MSP) is a health delivery mechanism aimed at strengthening the access and availability of health care services therefore strengthening the health system in Yemen. World Health Organisation.
- 28 UNDP 2019
- 29 This figure is a 2019 figure; 2020 figures are not yet available. <https://civilianimpactmonitoring.org/onewebmedia/2019%20CIMP%20Annual%20Report.pdf>
- 30 As of January 2021
- 31 As of August 2020
- 32 Shelter Severity Scores and PiN 2021 Secondary Data Review Report https://www.sheltercluster.org/sites/default/files/docs/shelterclusterreach_report_shelter_severity_scores_pin_final_24.11.2020_2.pdf
- 33 This figure is a 2019 figure; 2020 figures are not yet available. <https://civilianimpactmonitoring.org/onewebmedia/2019%20CIMP%20Annual%20Report.pdf>
- 34 Parallel Market (new currency) rate from November 2020, JMMI https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_YEM_JMMI_Situation-Overview_December_2020.pdf
- 35 The reference is for 2019 as there were no SMART surveys conducted in 2020 due to the COVID-19 pandemic
- 36 This is a quarterly tracker that monitors commercial imports to Al Hodeidah and Saleef ports via the United Nations Verification and Inspection Mechanism (UNVIM). It also reports prices of basic food and fuel commodities as monitored by WFP. <https://reliefweb.int/report/yemen/yemen-commodity-tracker-july-september-2020>

- 37 In total, findings suggest that 93 per cent of sites host pregnant and lactating women, 84 per cent host female-headed households, 84 per cent host elderly people, 82 per cent host people with chronic diseases/serious medical conditions, 82 per cent host people with disabilities, 53 per cent host child-headed households, 43 per cent host marginalized people and 30 per cent host unaccompanied/separated children. Since such figures are constantly changing, they should be considered as indicative.
- 38 Final severity score and PiN figures were a result of CCCM Severity Score and PiN calculations and expert judgment from Sub-National Cluster Coordinators. In addition, IDP hosting site figures were inflated by 15 per cent to account for surrounding host community members.
- 39 The top five second priority needs reported are water (17 per cent), cash (15 per cent), medical assistance (13 per cent), sanitation services (13 per cent) and shelter maintenance assistance (12 per cent), while the top five third priority needs reported are cash (15 per cent), sanitation services (12 per cent), medical assistance (12 per cent), livelihood services (11 per cent) and non-food items (10 per cent).
- 40 IDP households are considered to have access to adequate sectoral services when all critical services (WASH, Shelter, Food and Health) in a site are marked as adequate, or at least three critical services and all other services (RRM distributions, non-food items, protection, education, cash, livelihood, nutrition, waste disposal) are marked as adequate. Adequate refers to least 70 per cent of the site population having access to a functional service.
- 41 The International Organization for LDCs, 2019)
- 42 Enrolment data of Students Ministry of Education (2019-2020)
- 43 Number of Teachers, Ministry of Education (2019-2020)
- 44 Yemen IPC Acute Food insecurity Analysis, October 2020 – June 2021. Issued in December 2020
- 45 Socially and economically marginalized groups
- 46 WFP mVAM report, September 2020
- 47 IPC Global Partners. 2019. Integrated Food Security Phase Classification Technical Manual Version 3.0. Evidence and Standards for Better Food Security and Nutrition Decisions. Rome.
- 48 IPC Global Partners. 2019. Integrated Food Security Phase Classification Technical Manual Version 3.0. Evidence and Standards for Better Food Security and Nutrition Decisions. Rome.
- 49 Yemen IPC Acute Food insecurity Analysis, October 2020 – June 2021. Issued in December 2020
- 50 Yemen IPC Acute Food insecurity Analysis, October 2020 – June 2021. Issued in December 2020
- 51 Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
- 52 Addressing malnutrition in Yemen, 2019 Need full reference - author or organization?)
- 53 Yemen DHS, 2013
- 54 The reference is for 2019 since there were no SMART surveys conducted in 2020 due to COVID-19 Pandemic
- 55 Internal Displacement Monitoring Centre <https://www.internal-displacement.org/database/displacement-data>
- 56 Armed Conflict Location & Event Data Project (ACLED): <https://acleddata.com/2020/03/25/acled-resources-war-in-yemen/>
- 57 IOM, Displacement Tracking Matrix (DTM), Yemen available at <https://dtm.iom.int/yemen>
- 58 IOM, Displacement Tracking Matrix (DTM), Yemen available at <https://dtm.iom.int/yemen>
- 59 Civilian Impact Monitoring Project, Mid December 2020, available at <https://civilianimpactmonitoring.org/>
- 60 CCCM Cluster Yemen (November 2020), IDP Hosing Sites Overview
- 61 CCCM Cluster National Site Report: https://reach-info.org/yem/cccm_sites/
- 62 “For Us but Not Ours: Exclusion from Humanitarian Aid in Yemen” 90% of respondents said that assistance does not reach those in need with 76% saying that they are not able to access assistance due to; lack of accountability of local authorities and traditional community representatives; poor communication with affected populations; Inadequacy of humanitarian aid; conflict; conditions of roads and remoteness; and social norms, customs and structures.
- 63 “Excluded: Living with Disabilities in Yemen’s Armed Conflict”, Amnesty International: <https://www.amnesty.org/download/Documents/MDE3113832019ENGLISH.PDF>
- 64 CCCM Cluster National Site Report: https://reach-info.org/yem/cccm_sites/
- 65 Report of the Special Rapporteur on Minority Issues,” United Nations Human Rights Council Thirty-First Session, January 28, 2016. https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/31/56
- 66 “The Historic and Systematic Marginalization of Yemen’s Muhamasheen Community”, Sana’a Centre for Strategic Studies: <https://sanaacenter.org/publications/analysis/7490>
- 67 Civilian Impact Monitoring Project, Mid December 2020, available at <https://civilianimpactmonitoring.org/>
- 68 NRC Report: Repairing Fractured Landscapes; Challenges and opportunities for resolving disputes over land, housing, water and other natural resources in Yemen: <https://www.nrc.no/resources/reports/repairing-fractured-landscapes/>
- 69 CCCM Cluster “Note on Evictions”: <https://reliefweb.int/report/yemen/note-evictions-idp-hosting-sites-september-2020>
- 70 NRC, How Afrah received an Identity, available at <https://www.nrc.no/perspectives/2020/how-afrah-received-an-identity/>
- 71 The figures are cumulative from March 2015 – Oct 2020 – Sources of data is UNCTFMR

- 72 The figures are cumulative from March 2015 – Oct 2020 –
Sources of data is UNCTFMR
- 73 CCCM Yemen 2020
- 74 CCCM Yemen 2020
- 75 Information included in this session is based on programme
data and protection FGDs.
- 76 CIMP source, Q1-Q2 and Q3 2020 reports.
- 77 RAMA Report in Hodeidah and Ta'iz pp.16 table 7;
pp.18 Table 10.
- 78 RAMA Report in Hodeidah and Ta'iz pp.1.
- 79 Part 2 - RISK ANALYSIS AND MONITORING OF
SITUATION AND NEEDS
- 80 Protection Context for Migrants Passing Through Yemen,
Merakai Labs (2019), and migrant partner monitoring
- 81 Data from the results of assessments conducted and recorded
in the UNHCR database
- 82 Joint Market Monitoring Initiative, REACH and Yemen WASH
Cluster, November 2020
- 83 DRC, 2020, 'For Us But Not Ours'
- 84 GenCap field Mission, 2020
- 85 100 per cent of assessments analyzing disabilities report
that people with limited mobility face challenges in accessing
WASH facilities.

**HUMANITARIAN
NEEDS OVERVIEW**
YEMEN

ISSUED FEBRUARY 2021