

HUMANITARIAN NEEDS OVERVIEW

YEMEN

HUMANITARIAN
PROGRAMME CYCLE

2022

ISSUED APRIL 2022



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

Families had to flee their villages to displacement hosting sites in the Ma'rib desert when fighting broke out between Ansarullah and GoY-aligned forces in mid-2020, Ma'rib Governorate. Photo by Giles Clarke for UN/OCHA

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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>



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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 (2022)

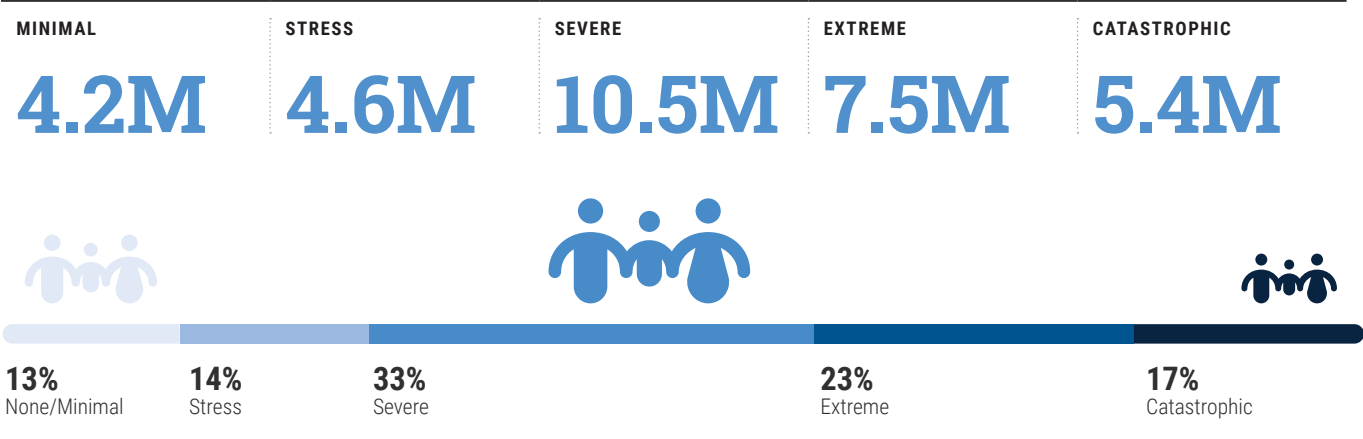
PEOPLE IN NEED	TREND (2015-2022)	WOMEN	CHILDREN	WITH DISABILITY
23.4M		22%	55%	15%



SANA'A, YEMEN

A displaced young girl walks through the rubble. ©UNFPA

Severity of needs (2022):



By Population Groups

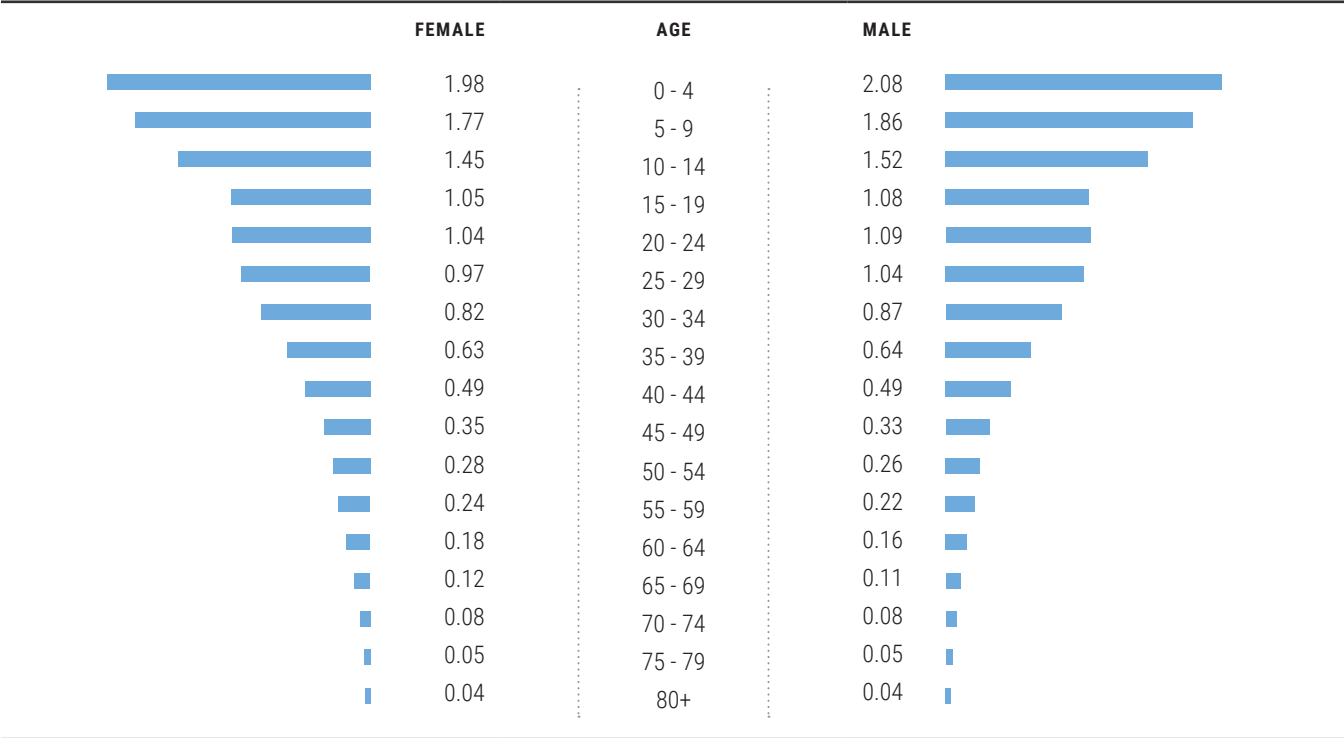
POPULATION GROUP	PEOPLE IN NEED
Children under 5 y/o	4.1m
Persons with disabilities	3.5m
Internally displaced people	3.3m
Pregnant and lactating women	1.9m

By Age

AGE	PEOPLE IN NEED	% PIN
Boys (0-17)	6.6m	28%
Girls (0-17)	6.3m	27%
Men (above 18)	5.3m	23%
Women (above 18)	5.2m	22%

People in Need by Age Groups and Sex (2022):

Numbers in millions



Context and Impact of the Crisis

More than seven years of armed conflict in Yemen has caused tens of thousands of civilian casualties and displaced over 4 million people, making Yemen one of the world's largest humanitarian crises and aid operations. Intensifying clashes over the past year increased the number of active front lines in Yemen from 49 in 2020 to 51 by mid-2021,¹ and early estimates indicate that two of the highest monthly civilian casualty rates since December 2019 occurred in October and December 2021. At least 286,700 people are estimated to have been displaced in 2021.²

Substantial devaluation of the Yemeni rial (YER) contributed to the further worsening of Yemen's economy in 2021, driving up the prices of essential goods and services including food, fuel and healthcare. The rial fell by some 57 per cent between January and December in Government of Yemen (GoY) areas, reaching successive historical lows in the process. In areas under Ansarullah control, severe fuel shortages have driven price increases even as the exchange rate has remained more stable. Consequently, public services have been further degraded and the authorities face even greater challenges to paying regular salaries and pensions to public employees. With the livelihoods situation remaining largely unchanged across the country, the average person's purchasing power is being substantially eroded, incentivizing increased adoption of harmful coping strategies.

Natural hazards continue to aggravate the crisis, with torrential downpours and recurrent flooding in 2021 causing deaths, injuries and displacements as well as inducing widespread damage to essential infrastructure, affecting at least 240,000 people. Other natural hazards also remain a threat, including desert locust infestations and the depletion of natural water sources, while the floating and storage offloading vessel (FSO) *Safer* continues to imperil the ecosystem of the Red Sea as well as the lives and livelihoods of millions of people in Yemen and its neighboring countries, especially in coastal areas.

COVID-19 also remains a serious health threat in Yemen, with nearly 11,000 confirmed cases and close to 2,000 associated deaths recorded in 2021. This is likely a severe underestimation of the disease's actual prevalence in the country, as COVID-19 cases are only

systematically tracked in areas under the Government of Yemen, and resources for tracking are insufficient. While vaccinations against COVID-19 began on 20 April 2021, a mere 2.1 per cent of Yemen's population had been at least partially vaccinated by 31 December 2021. Beyond the direct health and mortality risks posed by COVID-19, fears and stigma associated with the disease are reportedly also discouraging people from seeking treatment for other health concerns and from accessing other services, while measures introduced to mitigate the spread of COVID-19 have caused interruptions to various vital services, including for nutrition, protection and education.

The impact of the crisis is most visible in the pervasiveness of malnutrition, disease outbreaks, and civilian casualties and displacements in Yemen, as well as in the collapsing economy, looming famine and the reversal of the country's past development gains. While humanitarian partners reached an average of 11.6 million people a month with humanitarian and protection assistance in 2021, the operating environment remains restricted and characterized by extensive access challenges and insecurity. Some 10.9 million people live in areas of Yemen where bureaucratic and logistical impediments, as well as armed conflict and insecurity, represent major challenges for the delivery of humanitarian assistance.

Scope of the analysis

All 333 districts of Yemen are covered by this Humanitarian Needs Overview (HNO), with analysis particularly focusing on the needs of internally displaced persons, refugees, asylum seekers and migrants. Specific attention is also provided to population groups that experience heightened vulnerabilities, including children, women, people with disabilities, older persons, and marginalized communities such as the Muhamasheen.

For the second consecutive year, assessments of needs in this HNO are informed by the enhanced global Humanitarian Planning Cycle (HPC) approach and the corresponding Inter-Agency Standing Committee (IASC) Joint Inter-sector Analysis Framework (JIAF) global guidance. This approach holistically measures the severity of needs in Yemen against 24 intersectoral indicators. While comparisons with regard to people

in need (PiN) can be made between the 2021 and 2022 HNOs, PiN assessments in this HNO cannot be juxtaposed with preceding years, as the JIAF approach had not yet been adopted, and changes in the figures reflect the shift in methodology rather than any change in the situation.

According to the 2022 HNO analysis, 23.4 million people in Yemen are estimated to require humanitarian assistance in 2022, of whom 12.9 million people are assessed to be in acute need. The main instigators of the number of people in need are food insecurity and malnutrition, health, water and sanitation needs and protection. Some 19 million people require food assistance in 2022, including 7.3 million in acute need. In addition, 21.9 million people need support to access critical health services, while some 17.8 million people will require support to access clean water and basic sanitation needs. Some of the highest levels of vulnerability are concentrated in displacement hosting sites where very few services are available, and protection needs continue to be high across Yemen especially as the deteriorating humanitarian context incentivizes rising adoption of negative coping strategies.

Expected context evolution in 2022

Humanitarian needs in Yemen are expected to increase and intensify in 2022 as the context deteriorates further, at least in the absence of a deescalation of the conflict and significant improvements to the economy as well as funding for humanitarian and development partners. Violations of international humanitarian law and human rights law are likely to continue to cause additional harm to civilian populations and infrastructure. A nationwide ceasefire - and in the long-term a political agreement - is urgently needed to create the conditions for recovery and long-term peace.

Constraints on the humanitarian response will likely continue to be compounded by armed violence and bureaucratic challenges, while protracted displacement is set to further erode people's resilience and exacerbate vulnerabilities in displaced as well as host communities. As people increasingly resort to negative coping strategies, women and girls will face increased risk of gender-based violence (GBV) and other risks, while children will encounter diminished access to education and greater instances of family separation,

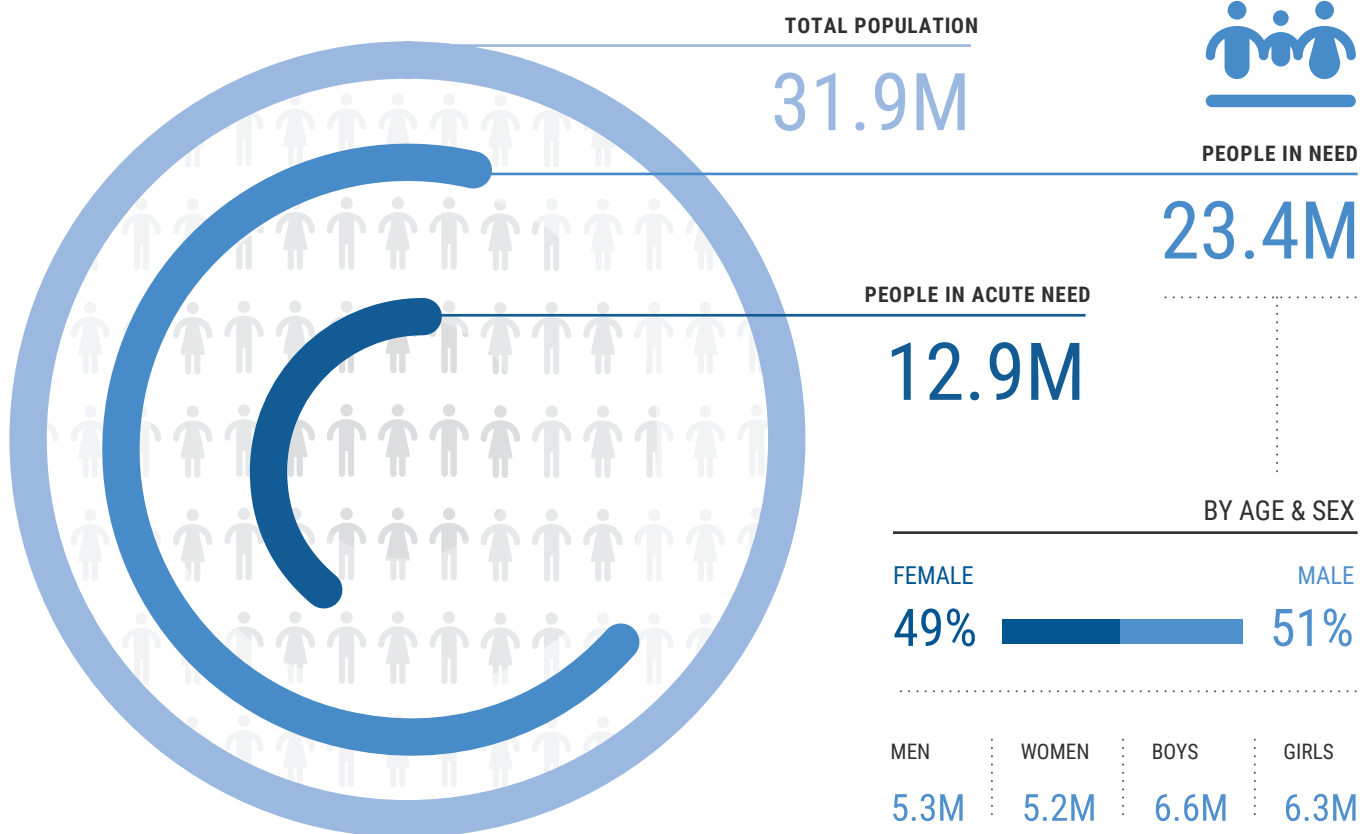
child recruitment, child marriage, child trafficking, and exploitative forms of labour. Other groups such as displaced people, refugees, asylum seekers, migrants, people with disabilities and older persons are also likely to see their vulnerability increase.

Yemen's socioeconomic environment is also expected to continue its deterioration in 2022, as a result of shrinking access to income, fuel supply shortages and further depreciation of the rial. Food supply challenges are also possible as a result of the war in Ukraine, given that Yemen imports a large share of wheat from Russia and Ukraine. These factors will continue to affect the availability, affordability and accessibility of essential goods and services throughout the country.

Seasonal rainfall and flooding will persist in 2022, while other natural hazards also remain threats. The presence of, and capacity to respond to, epidemics and other health risks – including COVID-19 - are expected to continue along similar trends as in 2021, with serious consequences for the physical and mental wellbeing of people across the country. This will compound the impacts of rising food insecurity and inadequate water, sanitation and hygiene (WASH) services on the prevalence of preventable diseases and malnutrition, which are projected to keep rising in 2022, and which will especially affect women and children.









To prioritize the critical needs identified in this HNO, humanitarian partners are currently finalizing the 2022 Humanitarian Response Plan (HRP), which is centered on three key strategic objectives: (i) reducing morbidity and mortality; (ii) improving resilience and living standards; and (iii) preventing and mitigating protection risks.

Estimated number of people in need

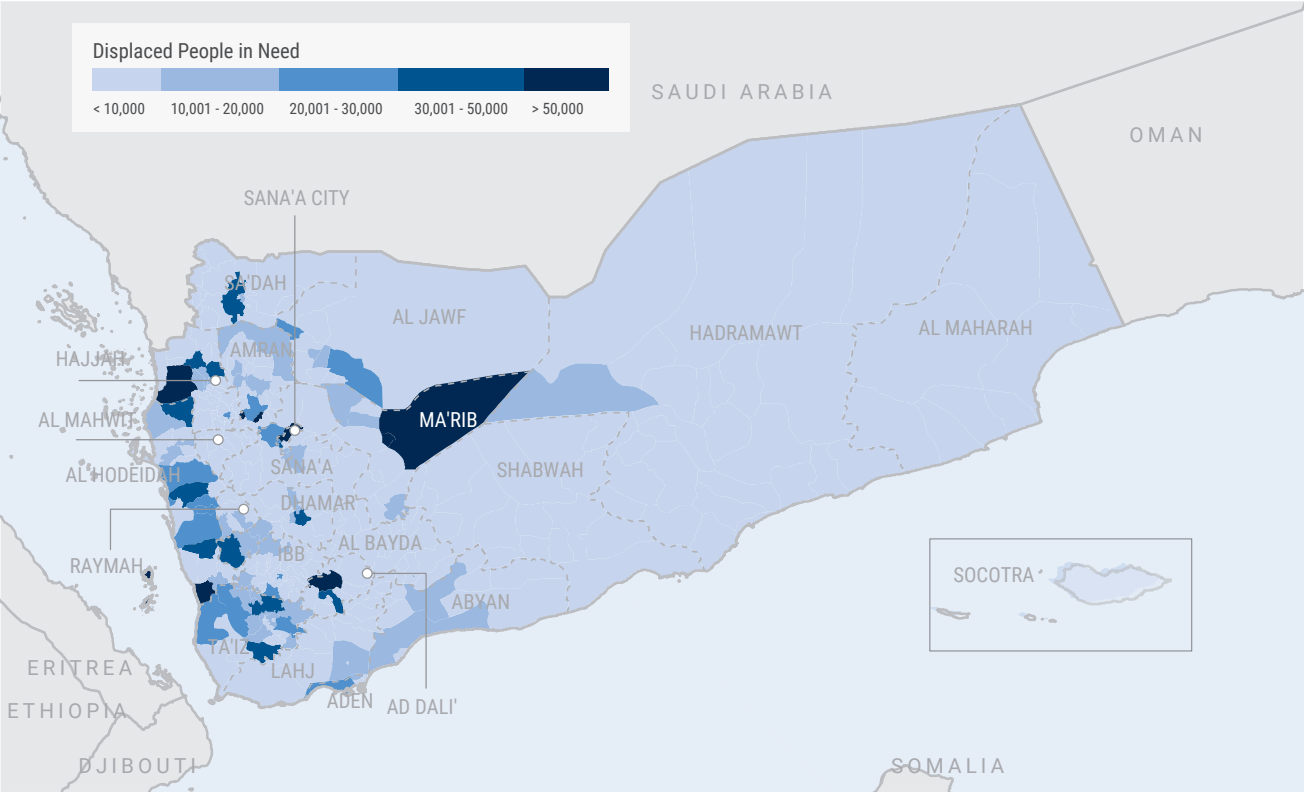
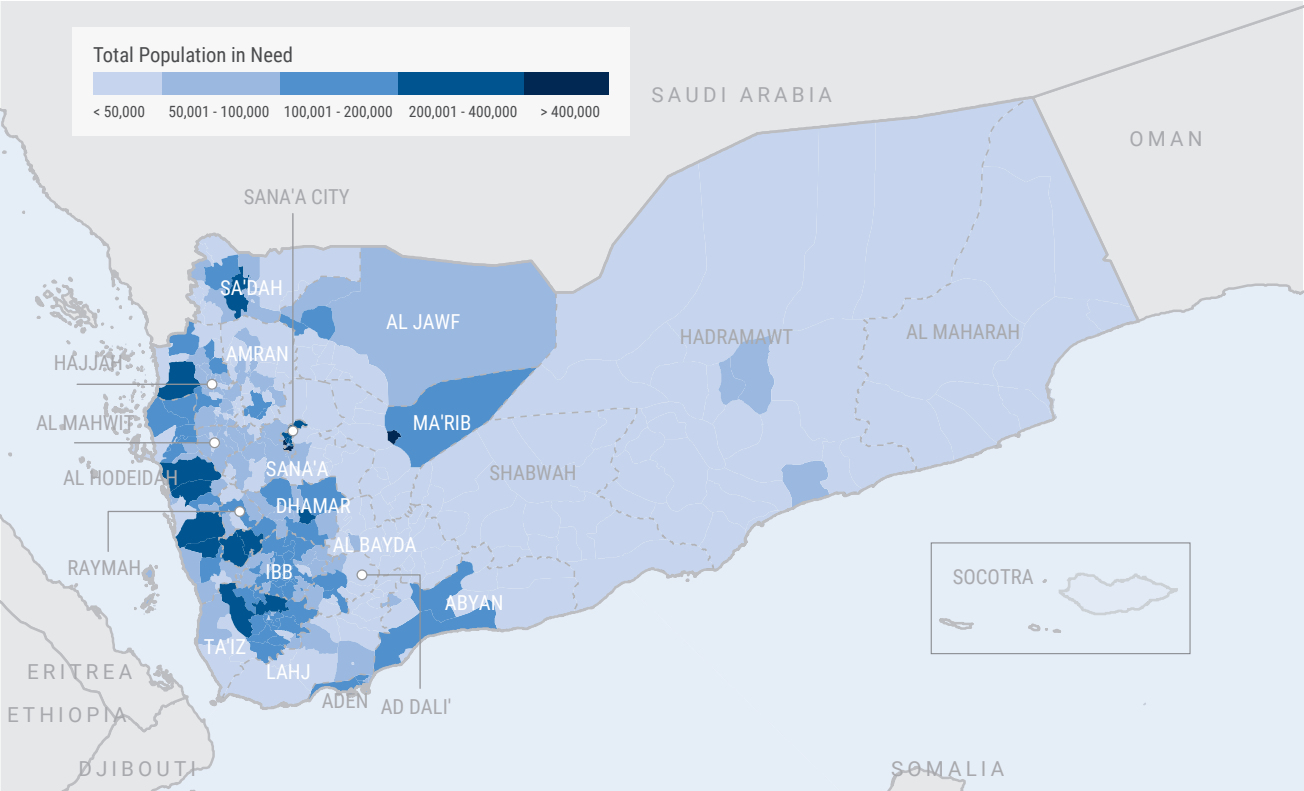


Source: Yemen Joint Inter-sector Analysis Framework

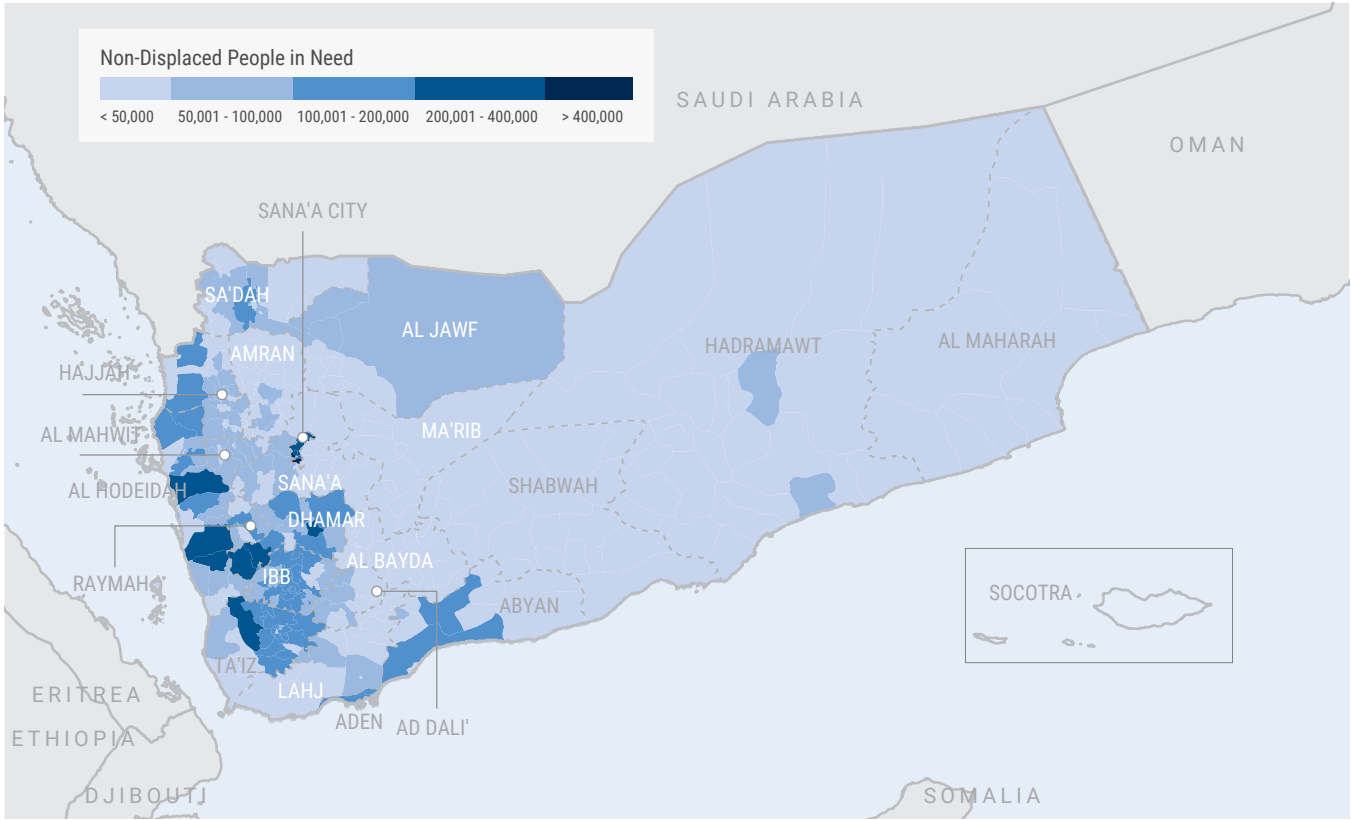
PEOPLE IN NEED BY SECTOR

SECTOR	PEOPLE IN NEED	PEOPLE IN ACUTE NEED	BY SEX & AGE			
			MEN	WOMEN	BOYS	GIRLS
 CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	1.8M	1.6M	0.4M	0.4M	0.5M	0.5M
 EDUCATION	8.5M	1.2M	-	-	4.5M	4.0M
 FOOD SECURITY AND AGRICULTURE	19M	7.3M	4.4M	4.2M	5.3M	5.1M
 HEALTH	21.9M	12.6M	5.0M	4.8M	6.1M	5.9M
 NUTRITION	8.1M	2.9M	-	2.6M	2.7M	2.8M
 PROTECTION	17.2M	9.2M	4.3M	4.1M	4.5M	4.3M
 REFUGEES AND MIGRANTS MULTI SECTOR (RMMS)	0.3M	0.3M	0.2M	0.1M	0.0M	0.0M
 SHELTER/NON FOOD ITEMS (NFI)	7.4M	4.4M	1.8M	1.8M	2M	1.8M
 WATER, SANITATION AND HYGIENE (WASH)	17.8M	11.2M	4.3M	4.3M	4.7M	4.5M

Severity of Humanitarian Conditions and Number of People in Need



Source: Yemen Joint Inter-sector Analysis Framework



Source: Yemen Joint Inter-sector Analysis Framework

Severity of humanitarian conditions and number of people in need

INTERNALLY DISPLACED PEOPLE

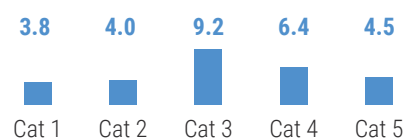
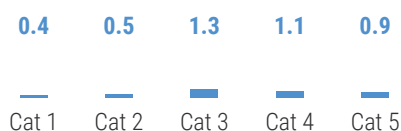
NON-DISPLACED POPULATION

People in need

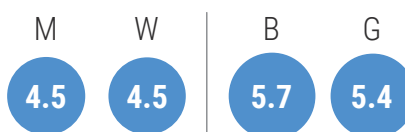
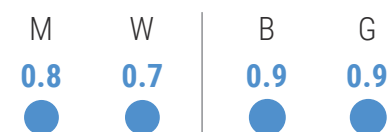
3.3*
Million

20.1
Million

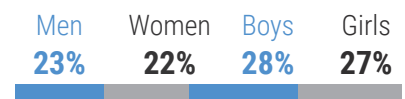
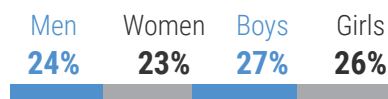
Severity of needs
(in millions)



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

*There are 4.3 million internally displaced people in Yemen, of whom humanitarian aid agencies estimate 3.3 million require assistance.

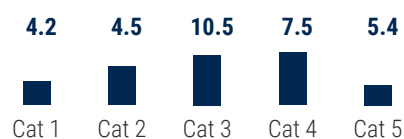
Severity of humanitarian conditions and number of people in need

TOTAL

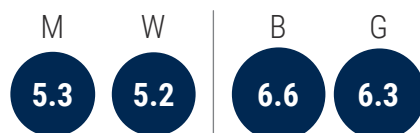
People in need

23.4
Million

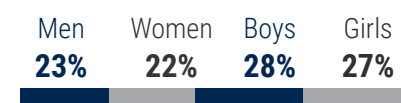
Severity of needs
(in millions)



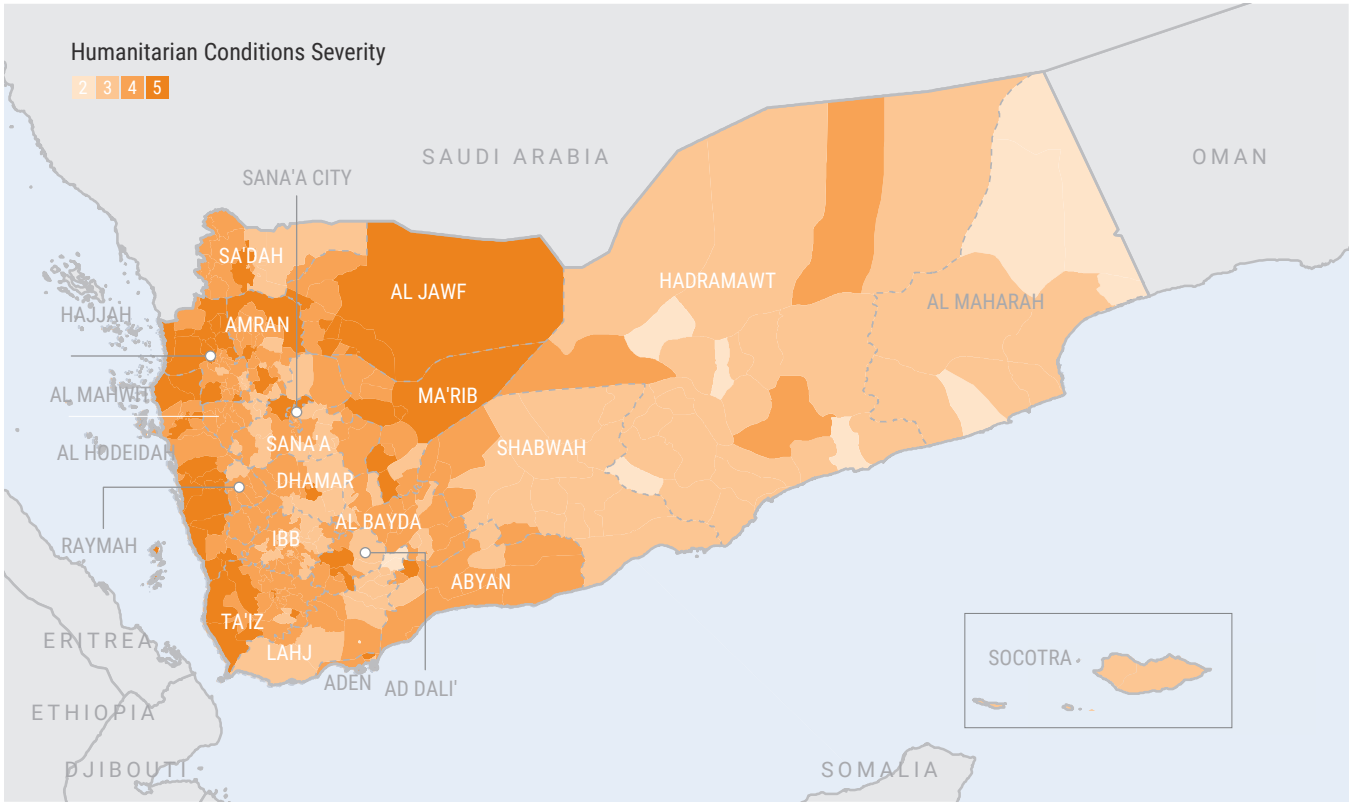
Number by sex & age
(in millions)



Per cent by sex & age



Source: Yemen Joint Inter-sector Analysis Framework



Source: Yemen Joint Inter-sector Analysis Framework

Part 1:

Summary of Humanitarian Needs and Key Findings

ADEN, YEMEN

A displaced family in front of their makeshift shelter at hosting site in Aden, December 2020. ©UNFPA



1.1

Context of the Crisis

More than seven years of armed conflict have created catastrophic humanitarian needs in Yemen, uprooted millions of people from their homes, destroyed the economy and fostered the spread of diseases, including COVID-19. The collapse of the economy, basic services and public institutions, coupled with persistent import restrictions, are further eroding the resilience of people in Yemen, who are already enduring one of the world's largest humanitarian crises and its fourth-largest displacement crisis. Past development gains are being reversed, with population groups already experiencing heightened vulnerability disproportionately impacted, including women and children, people with disabilities, internally displaced persons, migrants, asylum seekers and refugees, as well as marginalized groups such as the Muhamasheen. The acute symptoms of the crisis require the delivery of efficient and effective humanitarian assistance, while the protracted nature of the crisis necessitates sustainable solutions coordinated between humanitarian, development and peace actors.

Armed conflict

Yemen has experienced intermittent flashes of armed conflict throughout the past decades. The current crisis resulted from growing tensions and confrontations in 2013 that escalated into wider violence in 2014, and again intensified following the intervention of the Saudi-led Coalition in March 2015. In the seven years since then, more than 21,780 civilians have been killed or injured as a direct result of armed hostilities. The UN verified that 10,200 children were killed or injured as a direct result of hostilities, including at least 47 during the first two months of 2022. The actual number of child casualties is likely higher.³

The ongoing conflict emerged from – and continues to be mainly characterized by – confrontations between the Government of Yemen (GoY) and aligned forces and the non-state actor Ansarullah (also known as the Houthis) and affiliated forces. In September 2014, Ansarullah and their allies seized control of the country's capital, Sana'a, and began expanding into other parts of

the country in the subsequent months. In March 2015, a Saudi-led Coalition began participating in the conflict in support of the GoY, initially through aerial support and subsequently with the deployment of Coalition troops and increased support to GoY-aligned forces.

With this support, the GoY and other actors fighting against Ansarullah – including the Southern Transitional Council as well as informal militias, local tribal groups and other entities – regained control of much of Yemen's southern and eastern areas. By August 2015, broad lines of control emerged between areas under the GoY in the south and east and areas under Ansarullah in the north-west.

Since then, active conflict has primarily continued to take place along these lines of control, as well as along the border to the Kingdom of Saudi Arabia. In 2021, there were roughly 50 active front lines in Yemen, with fighting particularly intensifying in parts of Ma'rib, Al Jawf, Shabwah, Ta'iz and Al Hodeidah governorates. The most significant front line shifts in 2021 occurred in September and October in parts of Shabwah Governorate and southern Ma'rib Governorate, with the associated military escalations driving the displacement of nearly 10,000 people in Ma'rib Governorate in September alone – the highest displacement rate recorded in the governorate in a single month of 2021.

As the conflict enters its eighth year, a comprehensive political settlement remains elusive. In December 2018, the GoY and Ansarullah signed the UN-mediated Stockholm Agreement, establishing a ceasefire in Al Hodeidah Governorate, including in Al Hodeidah City and its seaports. The Stockholm Agreement also introduced measures intended to facilitate a wider political solution; efforts towards this continue. In November 2019, the Kingdom of Saudi Arabia mediated the Riyadh Agreement, designed to end the political and military conflict between the GoY and the Southern Transitional Council. Consequently, the Southern Transitional Council has been represented in the Cabinet formed in December 2020.

Economy

Yemen's economy has shrunk by half since 2015, with over 80 per cent of the population living below the poverty line. The stark economic collapse has been most apparent in loss of income, depreciation of the Yemeni rial (YER), loss of government revenue, rising commodity prices and commercial import restrictions, including for fuel. Traditional sources of foreign currency such as remittances, oil exports, and bilateral funding streams remain suppressed.

In 2021, the rial depreciated to new historical lows, devaluing by some 57 per cent between January and December in areas under the GoY. In these areas, the rial reached a record rate of YER 1,474 per US dollar in November, driving up the prices of essential items and eroding purchasing power in Yemen, where imports account for some 90 per cent of food and other basic commodities. In parts of Yemen under Ansarullah control, the exchange rate has hovered around YER 600 per US dollar throughout the year — nearly three times weaker than its pre-conflict value. As a result, millions more people across Yemen cannot afford to meet their basic needs, and are becoming increasingly dependent on humanitarian assistance to survive. With few alternatives, people are also more incentivized to adopt harmful coping strategies, such as sexual exploitation, child marriage, child labor, recruitment, and interrupting education.

Import restrictions and fuel prices

With Yemen importing some 90 per cent of its food and other critical goods, import restrictions continue to represent challenges, which have at various times affected the supply of fuel and other commercial goods. Other factors, including diversion and other forms of manipulation, have also contributed to shortages and price increases, particularly with regards to fuel.

In June 2020, in a wider dispute with the de facto authority in Sana'a over fuel import revenues, the GoY ceased clearing most commercial fuel imports to the Al Hodeidah seaport. This contributed to a sharp decrease in the availability of fuel in official fuel stations in Ansarullah-controlled areas, compelling consumers to resort to obtaining fuel at highly inflated prices on the unofficial market. The fuel crisis in these areas worsened in 2021, with the first quarter of the year

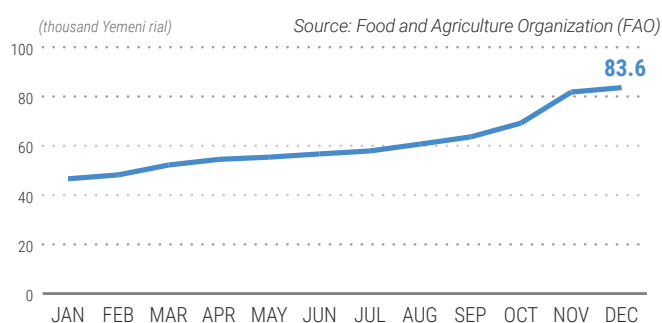
experiencing a 91 per cent drop in fuel imports through the Al Hodeidah seaports compared to the last quarter of 2020.⁴ Reports also emerged of Ansarullah-aligned actors refusing entry of overland fuel shipments, which would exacerbate local supply shortages and price rises.

Notably, no commercial fuel imports entered the Al Hodeidah seaports for 52 days during the first three months of 2021 — a first since the start of the conflict. By March, fuel prices in areas under the Ansarullah were over 300 per cent higher than the pre-crisis average.⁵ In GoY-controlled areas, the prices of diesel and petrol on both the official and unofficial markets also increased in 2021, at least doubling in the first nine months of the year. Shortages of affordable fuel are contributing to higher costs of transportation, food and other items, and threaten medical services and the supply of clean water and electricity, compounding the already difficult humanitarian situation endured by people in Yemen.

Food prices climb sharply

Under these conditions, the price of food in Yemen nearly tripled between January 2015 and December 2020, and continued to increase in 2021. By December 2021, the national average cost of the minimum food basket (MFB) — an indicator of the cost of living — was some 80 per cent higher than at the start of the year, or around four times the MFB cost at the start of 2015. Areas under the GoY were worst affected, with the MFB cost in December 2021 some 119 per cent higher than 12 months earlier, heavily induced by the collapse of the rial. In Ansarullah-controlled areas, the MFB cost rose by 41 per cent over the same period, largely due to the higher fuel prices. With livelihood and income opportunities generally unchanged, the higher MFB costs across Yemen are significantly eroding the purchasing power of the average civilian, forcing people to work more days to meet the minimum cost of food this year compared with previous years.

MINIMUM FOOD BASKET (MFB) PRICES IN 2021



Foreign currency and remittances

Yemen relies heavily on foreign exchange reserves to finance the importation of goods. Before 2015, Yemen depended heavily on hydrocarbon for foreign reserves, mainly crude oil and gas, with hydrocarbons representing 90 per cent of the country's overall exports and 40 per cent of the country's revenue source.⁶ As the conflict has steadily reduced income and revenue opportunities, Yemenis have increasingly relied on remittances from abroad to meet basic expenses. In 2019, remittances to Yemen totaled US\$ 3.8 billion, representing 13 per cent of the country's gross domestic product (GDP), and by 2021, some Government officials unofficially estimated they had reached as much as \$6 billion despite some decrease during the COVID-19 pandemic.

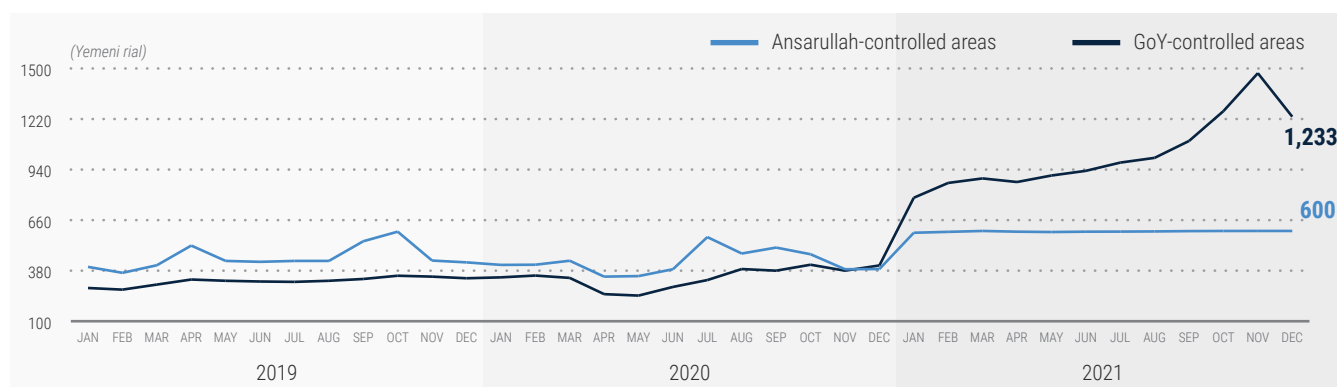
Depleted foreign currency reserves and the lack of macroeconomic stability in Yemen have impeded the ability of the authorities to support the rial and subsidize fuel and other essential imports. Consequently, the authorities in Yemen are increasingly unable to ensure the reliable delivery of services, the regular availability of affordable commodities, or the consistent payment of salaries and pensions to public employees. In 2018, a \$2 billion deposit by the Kingdom of Saudi Arabia to the Central Bank of Yemen enabled the stabilization of the economy in areas under the GoY, but these funds have since been depleted, and Yemen's economy is once again in precarious decline. Policy decisions taken towards the end of 2021, including the nomination of new leadership at the Central Bank in Aden, led to

an improvement in the value of the rial, but further instability may still be on the horizon without additional support. In areas under Ansarullah control, partial salaries continue to be erratically disbursed to public employees, and no detailed accounting of revenue or expenditure is available.

Remittances to Yemen have shown signs of recovery since October 2020, shifting in the process from informal to digital and formal channels. By the fourth quarter of 2021, there were indications that parts of the country are seeing a return of pre-COVID-19 remittance levels. However, despite signs of resilience in remittance inflows, the sector continues to be vulnerable to internal shocks, such as competing monetary policies and attempts by the GoY and Ansarullah to regulate financial service providers.⁷

Furthermore, the Central Bank of Yemen remains severely under-capitalized and lacks the resources needed to implement policies that could address many of Yemen's economic challenges and introduce stability. Foreign currency injections from donors, development partners and international financial institutions are urgently needed to sustain the importation of essential goods and prevent further devaluation of the rial. However, the effective functioning of the Central Bank is also impeded by its fragmentation, with branches in Aden and Sana'a issuing competing policies that result in divergent exchange rates. This discord is accelerating Yemen's economic decline, and causing continuing challenges for commercial and humanitarian actors forced to navigate across the two contexts.

AVERAGE VALUE OF THE YEMENI RIAL AGAINST THE US DOLLAR SINCE JANUARY 2019



Source: World Food Programme (WFP)

Natural disasters and environmental degradation

Temperatures in Yemen have risen faster than the global average over the last three decades,⁸ and the country has been deemed among the most vulnerable to climate change and least prepared for climate shocks, according to the Notre Dame Global Adaptation Index. Yemen is also one of the world's most water-stressed countries, experiencing gradual depletion of its water sources and desertification brought on by agricultural pressures. With recurrent drought and climate change, the availability of arable land and access to safe drinking water in Yemen are under threat.

Over the years, the conflict has overshadowed Yemen's alarming water scarcity problems. A recent report states that the country's groundwater resources have been at their lowest since 2002, and that its groundwater extraction rate surpasses the sustainable amount at which water can be replenished. Rising temperatures are also expected to cause Yemen's surface water and reservoirs to shrink at increasing rates. As water shortages continue to intensify, Yemen faces drops in agricultural productivity, with resulting heightened food insecurity leading to rising malnutrition, mortality and long-lasting and irreversible effects on child growth and development. Loss of income and livelihoods and reduced access to safe drinking water are also likely outcomes, driving displacement to other areas and putting additional pressure on infrastructure and essential services in these areas.

Compounding the threat to agricultural productivity in Yemen is the prevalence of locusts, especially in dry and coastal areas, where desert locust populations are present in various levels of concentration. Yemen is a key front-line country for desert locusts, and has in the past been a source of devastating locust plagues. The intense rainfall and cyclones in Yemen create ideal conditions for locusts to hatch, breed and spread quickly in vast swarms both across the country and across borders.⁹ In 2020, locusts infested some 4,609 hectares of farmland in Yemen, causing an estimated \$222 million worth of damage. While there were no major outbreaks of desert locusts in 2021, they remain a threat to agriculture-based livelihoods and food security due to the potential crop and pasture losses they impart, with the greatest impact typically felt by people who depend on agriculture or livestock for their income and livelihoods.

Yemen experiences extreme weather including drought and heavy rains, with seasonal flooding recurrent across the country, especially in coastal areas. In 2020, Yemen endured intense rainfall and flash floods that affected over 300,000 people and proliferated diseases such as cholera, dengue, malaria and diphtheria. In 2021, torrential downpours and flooding again caused widespread damage to infrastructure, including homes, shelters, roads, bridges, and irrigation and sewage systems, reportedly affecting at least 240,000 people. Abnormal weather patterns have occurred, with nonseasonal rains hitting the south and east of the country during the dry season.

A potential environmental and humanitarian disaster also looms at Yemen's Red Sea coast, in the form of the Safer floating and storage offloading (FSO) vessel — a converted oil tanker carrying 1.1 million barrels of oil that has been without maintenance since 2015. Moored 8 kilometres off the coast of Hodeidah, a major oil spill or explosion of the FSO Safer could devastate the ecosystems of the Red Sea, including coral reefs and mangroves; adversely impact coastal communities in Yemen and its neighboring countries, including fisherman and others reliant on the fishing industry; close a busy shipping lane; and prevent the operation of the Al Hodeidah seaport, through which Yemen receives most of its food. A fire aboard the FSO Safer could cover swathes of farmland with soot, causing potential crop losses, and expose a large population to air pollution, inducing various health issues and further burdening Yemen's already frail health system.^{10 11}

In February 2022, the UN Resident and Humanitarian Coordinator for Yemen obtained agreement in principle from the parties to a UN-coordinated proposal that would shift the oil on board the Safer to another ship. A detailed operational plan is being finalized now and will require donor support.

1.2

Shocks and Impacts of the Crisis

Civilian deaths and injuries, forced displacement and increasing protection risks as well as growing acute food insecurity, rising malnutrition and disease outbreaks are among the most tangible impacts of Yemen’s protracted armed conflict, economic deterioration, natural hazards and other crisis drivers. Beyond its immediate impacts, the crisis is also reversing past development gains, undermining the longer-term resilience of the country and its people.

Impact on people

Civilian casualties due to conflict

The ongoing conflict continues to worsen the protection crisis in Yemen. By the end of 2021, estimates indicate that 21,780 civilians had reportedly been killed or injured as a direct result of hostilities since the onset of the conflict in Yemen. Only casualties that could be independently recorded and verified are included in this figure; the true numbers are almost certainly much higher. Combined with indirect means — including inadequate food, health care and infrastructure — hostilities reportedly caused the deaths of nearly 377,000 people in Yemen from 2015 to 2021.¹²

While the number of recorded civilian casualties has fallen each year since 2016, it increased in 2021, with 2,508 civilian deaths and injuries recorded, compared with 2020, when 2,083 civilians were killed or injured. Preliminary estimates indicate that October and December of 2021 were tied as having the third-highest monthly civilian casualty count recorded since January 2019 – in October, some 114 people were killed and 244 injured, and in December, 105 were killed and 253 injured.¹³ The main drivers of these civilian casualties include shelling, air strikes and small arms fire, as well as improvised explosive devices (IED) and explosive remnants of war (ERW) such as landmines and unexploded ordnances (UXO).

Internal displacement

More than 4.3 million people have been displaced in Yemen since 2015, making it the world’s fourth largest internal displacement crisis. Most of Yemen’s internally displaced persons have been displaced for over two years, and many of them more than once, with each new displacement further straining their

resources, eroding their resilience and exacerbating their vulnerability. Available displacement figures likely underestimate the severity of the situation, particularly as systematic tracking of displacements in areas under Ansarullah control remains lacking.

At least 286,700 people are estimated to have been displaced in 2021, many of them multiple times. More than one-fifth of these displacements were driven by developments in Ma’rib Governorate, which saw hostilities escalate significantly in February as well as in September and October. Almost 10,000 people were displaced in accessible areas of Ma’rib Governorate in September alone, and humanitarian partners estimate that nearly 170,000 people have been displaced towards Ma’rib City since the start of 2020 — a third of

INTERNALLY DISPLACED PEOPLE BY YEAR

YEAR	INTERNALLY DISPLACED PEOPLE
2016	2.3M
2017	3.8M
2018	3.44M
2019	3.34M
2020	4.0M
2021	4.3M

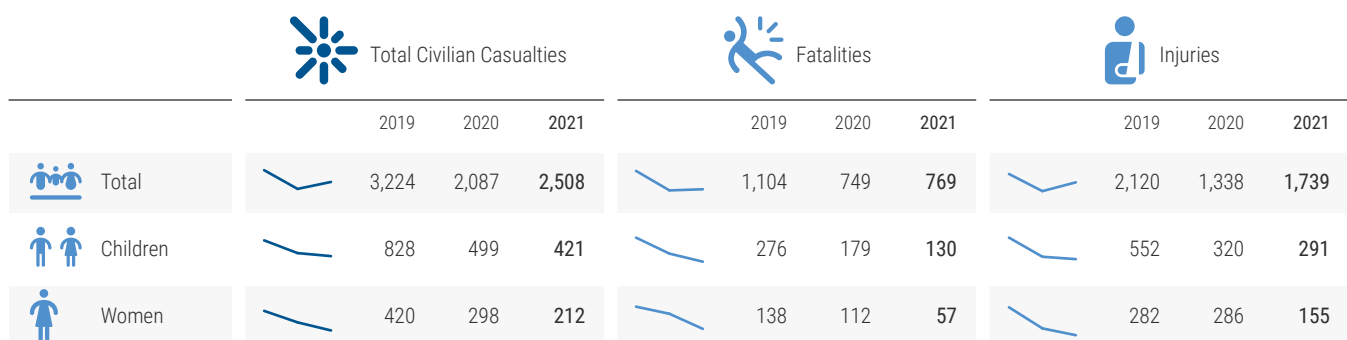
these between January and September 2021.

Conflict remains the main driver of displacement in Yemen, although natural hazards such as floods add to these numbers each year. As of 31 December

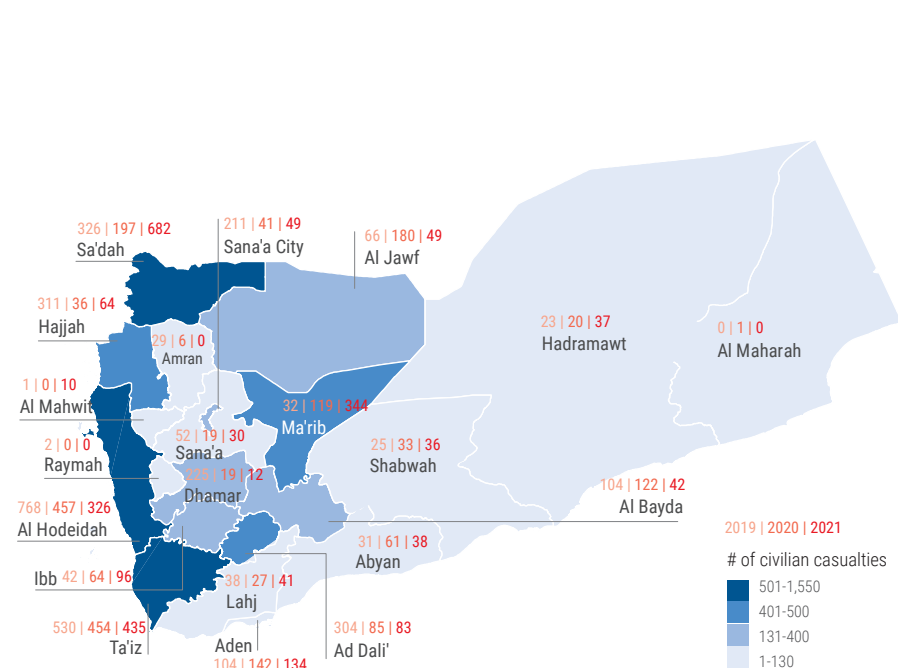
2021, some 1.55 million people were living in 2,358 displacement hosting sites across Yemen, with Al Hodeidah, Hajjah and Ma'rib governorates hosting the largest populations of internally displaced people living in hosting sites. Many other displaced people live among host communities, increasing the demand for existing resources and infrastructure, with scarcity often stoking tensions between host and displaced communities. This is particularly evident in host communities that have themselves been impacted by hostilities, natural hazards or other crisis drivers, and who have their own need for humanitarian assistance.

It is estimated that 1.3 million people have returned home after being displaced within Yemen since 2015. In many cases, they remain exposed to protection risks and the effects of the ongoing conflict, and face impediments to accessing services and support.

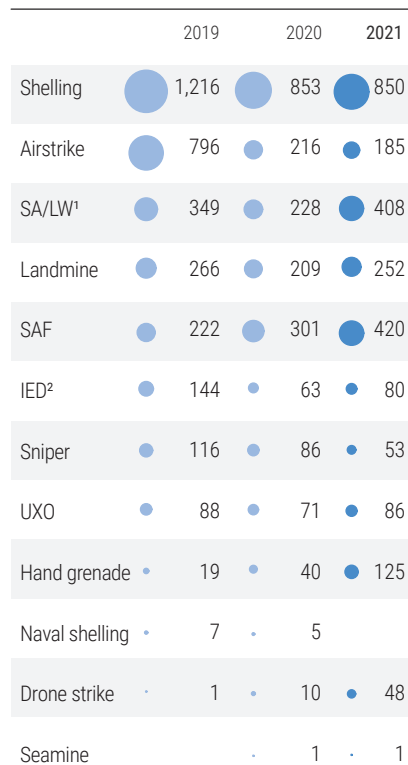
NUMBER OF CIVILIANS CASUALTIES RECORDED IN YEMEN (2019 - 2021)



NUMBER OF CIVILIANS CASUALTIES IN KEY GOVERNORATES (2019 - 2021)



CIVILIANS CASUALTIES BY TYPE OF ARMED VIOLENCE (2019 - 2021)



Source: Civilian Impact Monitoring Project; the figures are based on open sources and remain largely unverified

¹ Small arms/light weapons, ² Improvised explosive device

Acute food insecurity

In December 2018, a food security survey confirmed for the first time ever that hundreds of thousands of people in Yemen would fall into famine-like conditions if large-scale humanitarian assistance remained absent. This Integrated Food Security Phase Classification (IPC) analysis, which warned of Phase 5 catastrophic conditions in Yemen, attributed the risk mainly to the ongoing conflict and economic decline. Subsequently, generous funding levels, global mobilization to expand multi-sectoral assistance, support to the Yemeni economy and de-escalation of violence enabled the prevention of mass starvation in the country.

The risk of catastrophic food insecurity resurged in 2020 and 2021, as funding for the humanitarian operation in Yemen declined amidst further deterioration of the economy and renewed escalations of hostilities. Already inadequate food consumption scores (FCS) – a measure of hunger tracked by the World Food Programme (WFP) – are made worse by higher food prices, which in 2021 rose by around 60 per cent in some parts of Yemen. This sharp increase in the price of food is linked to the devaluation of the Yemeni rial, which has made it harder for ordinary people in Yemen to afford even basic food. While humanitarian partners strive to mitigate the higher costs of the minimum food basket (MFB) by aligning cash transfer amounts with market prices, keeping pace with the rapid price increases in Yemen remains prohibitive. A scale-up in humanitarian assistance, supported by generous donor funding particularly in the first half of 2021, helped to prevent large-scale suffering and starvation. However, funding shortages at the end of the year threatened to erase these fragile gains.

According to the Integrated Food Security Phase Classification (IPC) analysis, food insecurity in Yemen has deteriorated further in 2021, with 17.4 million people (IPC Phase 3 and above) in need of assistance in the first half of 2022, increasing to 19 million between June and the end of the year. Of these, some 7.1 million people are projected to face emergency conditions (IPC Phase 4) and 161,000 are expected to experience extreme hunger levels (IPC Phase 5 Catastrophe). Hunger levels may increase even further if additional conflict-induced or economic shocks occur.¹⁴

Malnutrition risk

In 2020, half of all children in Yemen under the age of 5 and over a million pregnant and lactating women (PLW) were at risk of acute malnutrition, including nearly 400,000 children below age 5 who suffered from severe acute malnutrition. In February 2021, an IPC Acute Malnutrition Analysis (AMN) found that of 22 zones analyzed in Yemen, malnutrition in the first quarter of 2021 was deemed 'serious' (IPC AMN Phase 3) in seven zones and 'critical' (IPC AMN Phase 4) in 15 zones. This includes five zones in which the nutrition situation was expected to deteriorate during this period.

Acute malnutrition remained a major health problem throughout 2021. Between January and December 2022, it is projected that 2.2 million children will suffer from acute malnutrition, including 538,000 children expected to experience Severe Acute Malnutrition. Furthermore, about 1.3 million pregnant and nursing women are projected to suffer from acute malnutrition in 2022.¹⁵

Several key factors drive the propensity of acute malnutrition in Yemen. These comprise (i) immediate causes, including the high prevalence of communicable diseases and the inadequate quality and quantity of consumed foods; (ii) underlying causes, including high levels of acute food insecurity, poor infant and young child feeding (IYCF) practices, and poor access to nutrition and health services as well as to water, sanitation and hygiene (WASH) services; and (iii) basic causes, namely the direct and indirect impacts of the protracted conflict, economic deterioration and prevalence of COVID-19 and other communicable diseases on people in Yemen.

COVID-19, cholera and other disease outbreaks

Conditions conducive to outbreaks of communicable diseases are being facilitated by Yemen's ongoing conflict, large-scale displacement, flooding and economic decline, especially in the absence of robust and well-funded health and WASH services, which could mitigate the spread and impact of outbreaks. Estimates indicate that in Yemen, a child dies every 10 minutes from vaccine-preventable diseases.¹⁶

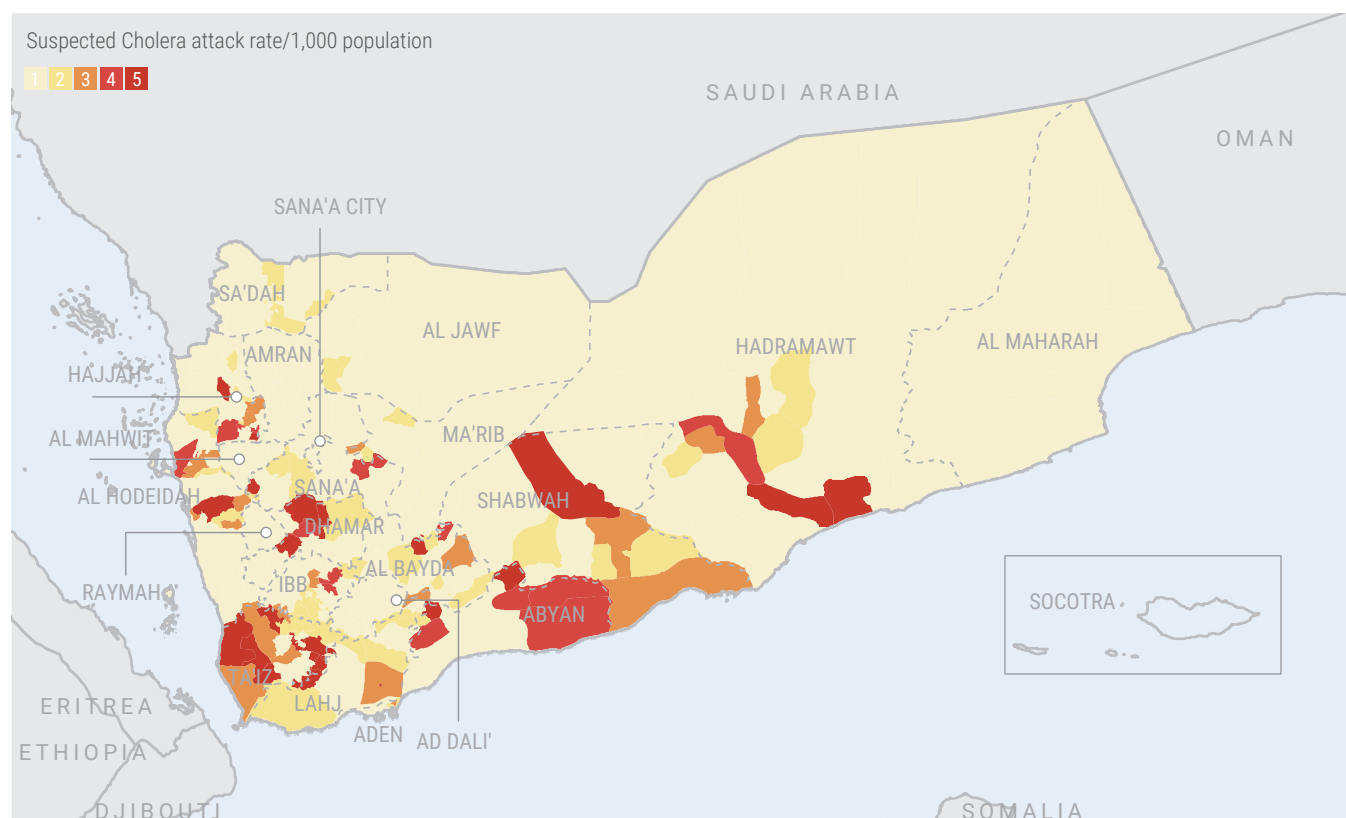
COVID-19 remains a serious health threat in Yemen, with 10,126 confirmed cases and close to 1,984 associated deaths as of 31 December 2021. As COVID-19 cases in Yemen are only systematically tracked in areas under the Government of Yemen, these figures likely severely underrepresent the actual number of cases and associated deaths in the country. Vaccinations against COVID-19 in Yemen began on 20 April 2021; nearly all have been conducted in Government of Yemen areas. By 31 December, just over 280,000 people had been fully vaccinated and some 389,890 people had been partially vaccinated – representing a mere 2.1 per cent of Yemen's population who are at least partially vaccinated.

Beyond the direct health and mortality risks posed by COVID-19, the prevalence of the disease as well as fears and stigma associated with it are reportedly also discouraging people from seeking treatment for other health concerns and from accessing other services. Furthermore, measures introduced to mitigate against the spread of COVID-19 since the start of the pandemic have caused interruptions to various vital services, including for nutrition, protection and education.

In 2017, Yemen's worst cholera epidemic in recent times peaked with nearly a million suspected cases and over 2,000 deaths that year alone. Having started in early October 2016, the outbreak was stemmed by a successful vaccination campaign that improved the situation by 2021. In 2021, 73,757 suspected cases of Acute Watery Diarrhea (AWD)/cholera were reported, with a case fatality rate (CFR) of 0.046 per cent, compared with some 155,500 suspected cases and 0.03 per cent CFR in 2020.¹⁷ However, opportunities to eradicate cholera infections or at least reduce transmission rates continue to be hampered by the persistence of the underlying conditions enabling it, including poor WASH services, inadequate living conditions and other vulnerabilities.

The conditions that facilitated the spread of COVID-19 and cholera have also enabled the spread of other communicable diseases, such as diphtheria, dengue fever and polio. Polio had been eradicated in Yemen in 2000, but resurged in the second half of 2020 with an outbreak of vaccine-derived poliovirus type 1 (cVDPV1). Since then, humanitarian partners have ramped up immunization campaigns, including vaccinating millions of children below age 5 against polio.

Suspected Cholera in Yemen | 2021



Source: Yemen Joint Inter-sector Analysis Framework

Impact on systems and services

Crumbling infrastructure and dwindling basic services

The quality, quantity and accessibility of Yemen's public services and infrastructure have been severely diminished by the ongoing conflict, deteriorating economy and recurrent natural hazards, due to physical damage and degeneration as well as systemic issues such as the erratic payment of public sector salaries. A lack of reliable and secure telecommunications and internet services across Yemen also compounds economic challenges, and constrains the operations of humanitarian organizations in the country.

Only half of Yemen's health facilities are currently operational, while 2,916 schools were destroyed, partially damaged, or utilized for non-educational purposes. Two-thirds of Yemen's teachers — nearly 172,000 people — have not received a regular salary for over four years because of the conflict and geopolitical divides. More than 80 per cent of the country's population struggles to access food, safe drinking water and adequate health services,¹⁸ and nearly 90 per cent of the population has no access to publicly supplied electricity, with the centralized grid beset by challenges including inadequate capacity, poor maintenance, fuel shortages and conflict-related damage. Severe damage has also resulted in water infrastructure in Yemen operating at less than 5 per cent efficiency, significantly impeding people's access to water and sanitation, while fuel shortages have compelled the closure of official fuel stations across the country for extended periods.

Other critical infrastructure such as roads and bridges — including on major trucking routes between governorates — have also been damaged or otherwise closed due to the drivers of the crisis, inhibiting the movement of civilians, market goods, and humanitarian assistance and personnel. Recurrent flooding worsens the conditions of infrastructure including roads, bridges and sewage systems each year, with such damage reported in 101 districts across 18 of Yemen's 22 governorates in 2021.¹⁹ Of the more than 2,500 schools in Yemen deemed unfit for use at the end of 2020, 58 per cent had been damaged by conflict or floods.

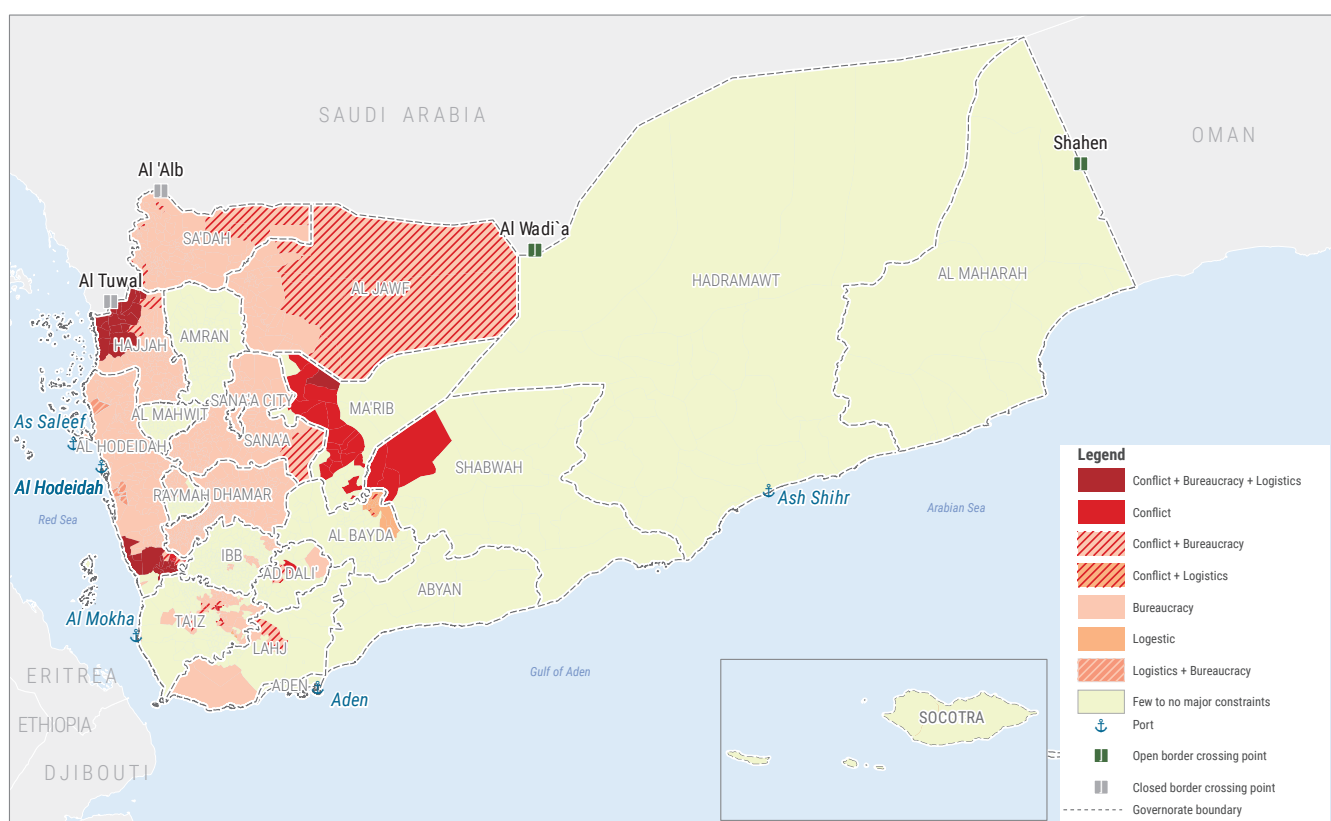
Development reversals

Long the poorest country in the Middle East, Yemen had been making significant progress in key development sectors before the onset of the current conflict, with improvements recorded in critical areas including food security and nutrition. These gains have been reversed by the impacts of more than seven years of war and economic decline, and some 40 to 60 per cent of Yemen's population now have either limited or no access to basic services. Consequently, more people are resorting to negative coping strategies to survive, raising protection challenges and setting back human development in Yemen by 21 years, according to independent expert estimates.

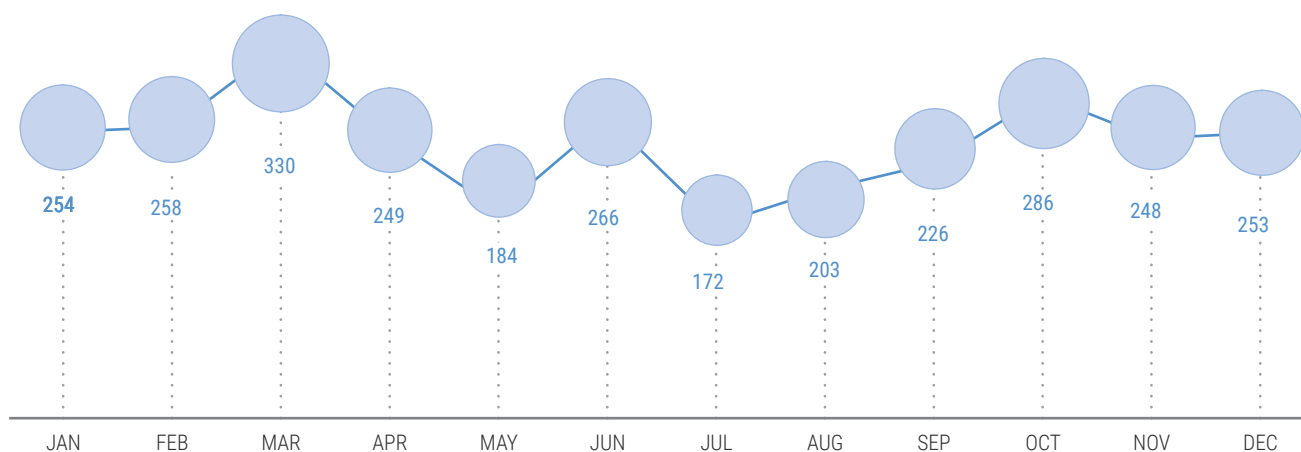
Impact on humanitarian assistance and access

In 2021, the humanitarian community in Yemen reached an average of 11.6 million people each month with aid and protection assistance, despite a restricted operating environment characterized by extensive access challenges and insecurity. Some 10.9 million people live in areas of Yemen where bureaucratic and logistical impediments, as well as armed conflict and insecurity, represent major challenges for the delivery of humanitarian assistance.

Primary constraints on humanitarian action (as of January 2022)



Total number of incidents of humanitarian access restrictions and constraints reported in 2021





MA'RIB, YEMEN

Displaced children play in an abandoned car in Ma'rib, 15 June 2021. ©UNHCR/YPN

System-wide efforts resulted in improvements in 2021, and work is ongoing to ensure a principled response and to allow humanitarians to reach the people most in need. 2021 nevertheless saw 2,929 access incidents reported across 108 districts and 19 governorates, delaying or otherwise interrupting assistance for at least 15.4 million people at some point during the year. Most of these were restrictions on humanitarian movements into and within Yemen as well as bureaucratic impediments, which respectively accounted for 38 per cent and 30 per cent of all incidents. In areas under the Ansarullah control, requirements for mahrams — male guardians accompanying female staff — gained prominence in 2021, with 14 such incidents reported by UN and NGO partners to have inhibited the movement of female staff in the course of the year. When principled delivery is at risk, humanitarian partners continue to calibrate assistance to reduce risk levels and strengthen measures to ensure aid and protection services go where they are needed. Agencies also continue to work closely with donors and other stakeholders to address operational constraints directly and to track progress against key priorities.

Ongoing hostilities also continued to curtail access to affected populations, with armed clashes in 2021 affecting 45 districts across 11 governorates. In many cases, these clashes impeded the movement of civilians out of affected areas, and limited the ability of humanitarian partners to safely and reliably access people in need within the affected areas. Across Yemen, COVID-19 also continued to exacerbate movement challenges, limiting humanitarian partners' capacity to maintain and scale up operations and programmes.



MA'RIB, YEMEN

Pupils prepare for exams on the sand next to the hosting site where they and their families now live after being forced to flee due to fighting, December 2020. ©Giles Clarke/UNOCHA

1.3 Scope of the Analysis

The analysis for this Humanitarian Needs Overview (HNO) covers all 333 districts in the 22 governorates of Yemen, with a focus on the needs of internally displaced persons, asylum seekers, refugees and migrants. Particular attention has also been paid to understanding the needs of populations facing heightened vulnerabilities, including women, children, older persons, people with disabilities, and marginalized groups such as the Muhamasheen. This HNO aims to identify the severity of conditions for people in different circumstances — including due to their individual situations and group memberships — in different parts of the country, through indicators used to quantify the severity of needs in an intersectoral manner.

1.4

Humanitarian Conditions and the Severity of Needs

The 2022 Yemen HNO is guided by the global Inter-Agency Standing Committee (IASC) Joint Inter-sector Analysis Framework (JIAF) — the second consecutive year in which this method has been used. Enabling the different sectors involved in the humanitarian operation to jointly assess needs through a pillar approach, the JIAF is part of the enhanced global Humanitarian Programme Cycle (HPC), analyzing the multiple needs of populations in crisis in order to provide a better understanding of the crisis' context, main drivers and impacts, and how these are impacting overall humanitarian conditions. The JIAF enables the identification of high concentrations of needs both geographically and within particular population groups, and frames humanitarian conditions around three key pillars: (i) living standards; (ii) coping mechanisms; and (iii) physical and mental wellbeing.

Utilizing 24 intersectoral indicators, the JIAF estimates that there are 23.4 million people in need (PiN) of aid in Yemen in 2022, and provides an assessment of the severity of these needs. This is a substantial increase from the 20.7 million people found to be in need of humanitarian assistance in 2021. Direct comparisons cannot be made to the PiN numbers prior to 2021, as the JIAF approach had not yet been adopted and a different methodology with a looser definition of humanitarian need was used. Individual assessments including the IPC analysis further demonstrate the continuing deterioration of the humanitarian situation.

The latest IPC analysis completed in December 2021 projects that around 19 million people in Yemen will go hungry in 2022, i.e., experience IPC Phase 3 conditions or worse. Of these, some 7.1 million people are projected to face emergency conditions (IPC Phase 4) and 161,000 to experience catastrophic conditions (IPC Phase 5). Hunger may increase for even more people if additional shocks occur, pushing the country into even more severe levels of food insecurity.

To evaluate the severity of malnutrition, all 333 districts in Yemen were assessed based on the Nutrition Cluster severity score and the IPC Acute Malnutrition Classification (IPC AMN) — a tool to classify the severity and characteristics of malnutrition. This projects that 2.2 million children and 1.3 million women will suffer from acute malnutrition; among those, 538,000 children will likely suffer from Severe Acute Malnutrition.

Water, sanitation and hygiene (WASH) services continue to be severely lacking in Yemen, with 17.8 million people requiring support to meet their basic water and sanitation needs, including 11.2 million in acute need. Access to safe WASH services is available to fewer than a quarter of households in Yemen. The countrywide Food Security and Livelihoods Assessment (FSLA) found that some 19.5 million people in Yemen (61 per cent of the population) are without access to safe water and 11.4 million (36 per cent) live with inadequate sanitation. This is incentivizing people to increasingly resort to negative coping strategies for meeting WASH needs, compounding malnutrition risk, and increasing WASH-related outbreaks of diseases, including COVID-19, cholera and dengue. In terms of WASH needs, some 386,300 people living in 7 districts are projected to face extreme and catastrophic conditions in 2022. A further 9.4 million people in 317 districts are projected to be in acute need as they endure catastrophic WASH conditions during the same period.

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			
	#	%	#	%	#	%		
Stress (2)	68,913	1%	47,292	1%	29,221	1%	145,425	11
Severe (3)	2,057,091	20%	1,274,992	17%	506,585	9%	3,838,667	99
Extreme (4)	6,239,992	59%	4,549,621	60%	2,789,420	52%	13,579,033	171
Catastrophic (5)	2,125,640	20%	1,662,561	22%	2,028,625	38%	5,816,826	52
Totals	10,491,635	45%	7,534,466	32%	5,353,850	23%	23,379,951	333

Most vulnerable groups

Millions of people (m)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Internally Displaced People	3.3	0.4	0.5	1.3	1.1	0.9
Non-Displaced People (Residents)	20.1	3.8	4.0	9.2	6.4	4.5

MOST VULNERABLE GROUPS

Thousands of people

POPULATION GROUP	BY GENDER AND AGE WOMEN MEN GIRLS BOYS (%)		
Internally Displaced People	23 24 26 27	<div><div></div><div></div><div></div><div></div></div>	
Non-Displaced People	22 23 27 28	<div><div></div><div></div><div></div><div></div></div>	



AMRAN, YEMEN

A displaced girl carrying her infant brother at an informal hosting site for displaced people in Amran Governorate. ©UNFPA

Population Group 1: Internally Displaced Persons

TOTAL POPULATION	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
4.3M	0.5M	0.5M	1.3M	1.1M	0.9M

Yemen hosts the world’s fourth largest population of internally displaced persons, with over 4.3 million people displaced within the country at the end of 2021. Many of Yemen’s displaced people have been displaced for many years, with many also having been displaced multiple times throughout the conflict. Both of these conditions — protracted displacement and multiple displacement — exacerbate existing vulnerabilities and accelerate the erosion of displaced persons’ resilience, intensifying need, increasing protection risks, and spurring the adoption of negative coping strategies.

The conflict remains the primary driver of displacement in Yemen, although some people are compelled to relocate due to other factors, such as flooding or access to services. At least 491,000 people were displaced in 2021, mainly in Ma’rib, Al Hodeidah and Ta’iz governorates, which saw frequent clashes throughout the year. As of December 2021, over 1.5 million people are estimated to live in nearly 2,350 hosting sites in Yemen, of whom less than half have access to humanitarian assistance.²⁰ Some 45 per cent of these sites, hosting around 700,000 people, are within 5 kilometers of active front lines.²¹

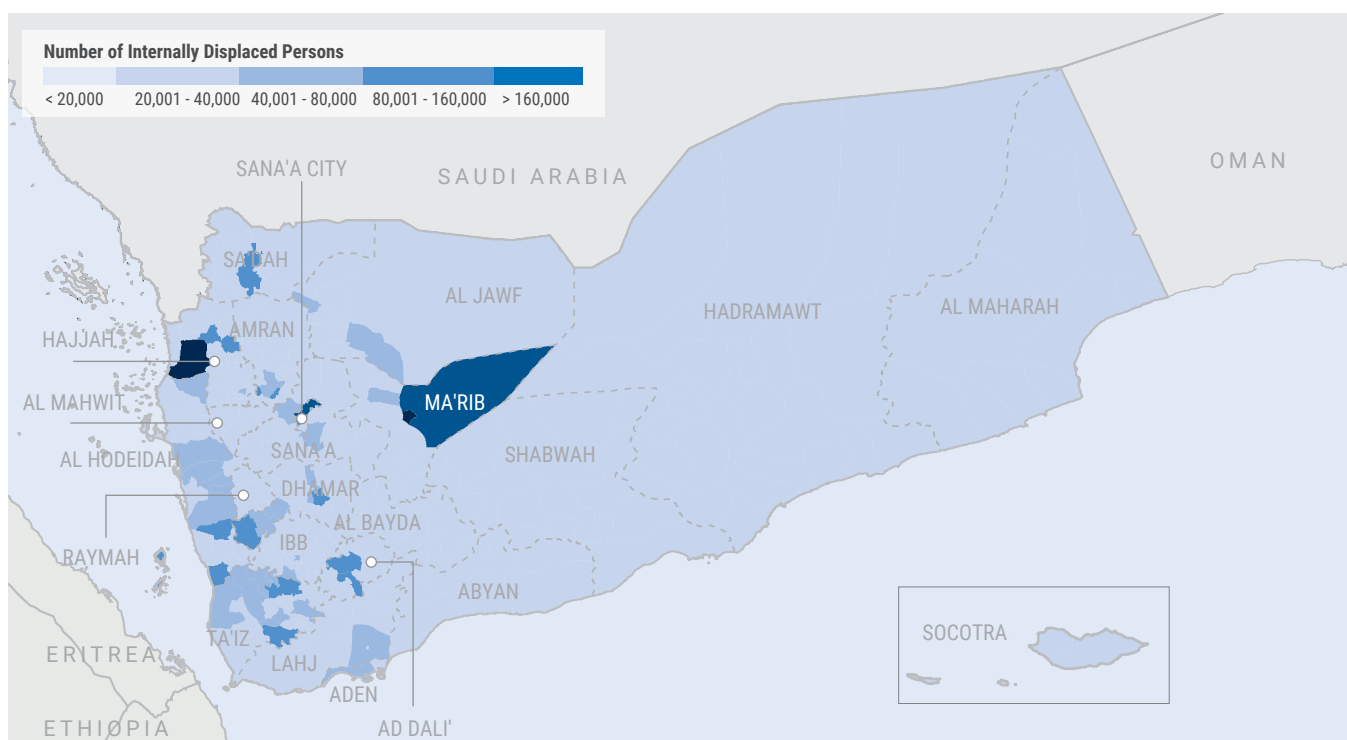
Most of Yemen's displaced population are hosted within established communities, however, adding pressure on host communities' already stretched resources, especially as the country's ongoing economic deterioration makes basic goods and services increasingly inaccessible for the average person. This fuels tensions between host and displaced communities as well as local integration challenges for internally displaced people, which are already complicated by factors including displaced persons' origins, education levels, and access to income and aid. Where displaced people reside in public buildings, tensions may be intensified by negative effects on the host community, such as when host community children are deprived of education due to schools being occupied for other purposes. Consequently, displaced persons face rising discrimination and stigmatization, as well as heightened eviction risks.

Across all sectors, displaced households continue to face higher levels of needs than non-displaced households, making them more vulnerable to protection risks and the adoption of negative coping strategies. Food security assessments, for example, show that 65 per cent of displaced people surveyed experienced poor food consumption, compared to 59 per cent of the non-displaced population. Food, shelter, NFI, water and protection are among the main priorities for displaced persons living in hosting sites. Information on displaced

persons' needs is included in all sectorial chapters in Part 3 of the HNO.

Different people experience displacement differently based on the identity groups to which they belong, as displacement vulnerabilities intersect with other existent marginalization factors such as gender, age and disability. More than 77 per cent of internally displaced persons in Yemen are women and children, and at least 26 per cent of displaced households are now female-headed, compared to 9 per cent prior to the conflict. Women and girls experience heightened risk of gender-based violence (GBV), including sexual exploitation and abuse as well as early marriage, while men and boys remain more at risk of arbitrary detention and forced conscription.

Furthermore, displaced children often struggle to access essential public services, including education, frequently because they or their caregivers lack adequate civil identification documents. Learning losses in Yemen are already severe and threaten to erase decades of progress, especially in girls' education, should they continue. Challenges also persist in meeting the specific assistance and protection needs of older displaced people due to limited awareness of older persons about their rights and entitlements, inadequate systematic consultations, mobility issues, and discrimination.



Source: Population task force



ADEN, YEMEN

A nurse administers vaccines to a child during medical checkups for Somali migrants in transition at an IOM centre in Aden. ©Giles Clarke/UNOCHA

Population Group 2: Refugees, asylum seekers and migrants

REFUGEES	MIGRANTS	TOTAL POPULATION IN 2021
102K	192K	294K

Mixed migration flows into Yemen have persisted despite the adverse humanitarian and protection context arising from the country's ongoing conflict, little or no access to services, economic collapse as well as the ongoing COVID-19 pandemic.

By the end of 2021, Yemen hosted 102,110 refugees and asylum-seekers and 191,800 migrants, a 7 per cent increase from the 275, 000 refugees, asylum seekers and migrants at the end of 2020. Over 90 per cent of migrants in Yemen are of Ethiopian origin,

predominantly from Ethiopia's Oromo and Amhara regions, while most refugees and asylum-seekers in Yemen are from Somalia, with others from Ethiopia, Eritrea, Syria and Iraq. In 2021, dozens of people died while attempting to cross the Red Sea to Yemen from the Horn of Africa – a number likely to be higher than estimates suggest due to underreporting.

Refugees, asylum-seekers and migrants are among the most marginalized and vulnerable groups in Yemen, and are largely dependent on external humanitarian

assistance to meet their basic needs. They also face extreme threats to their safety and dignity in Yemen, including through gender-based violence (GBV), arbitrary and prolonged detention, forced labour, indiscriminate violence, lack of civil documentation and restrictions on movements. Migrants are also particularly vulnerable to the effects of the conflict, frequently falling victim to conflict-related injuries at flashpoints and subjected to violently excessive border management practices at the border.

Comprising around 45 per cent of Yemen's refugee and asylum-seeker population and some 15 per cent of migrants, women and girls are more likely to experience grave rights violations including GBV and trafficking. At least 10 per cent of refugees, asylum-seekers and migrants in Yemen are unaccompanied minors, many subject to detention, exploitation, forced recruitment and trafficking.

Refugees in Yemen have access to legal status and support, although refugee status determination and some of the core registration services are currently only available in areas under GoY control. Migrants typically face severe protection abuses as well as trafficking and smuggling risks as they seek to transit through Yemen to reach the Gulf countries. Around 70 per cent of migrant women are estimated to have been subjected to some form of sexual violence, abuse, exploitation and maltreatment during 2021. Migrant children, who are particularly vulnerable, experience high rates of exploitation, violence and abuse. Undocumented persons are also at higher risk of arrest and detention, with detainees routinely reporting poor and unhygienic living conditions in detention, as well as lack of access to basic services and legal support. In early March 2021, a fire in a migrant holding facility in Sana'a resulted in dozens of deaths and more than 170 injuries. Run by the local authorities, the facility was three times overcapacity when the incident occurred.

The COVID-19 pandemic and Yemen's worsening socioeconomic conditions have further compounded the vulnerability of refugees, asylum-seekers and migrants, reducing incomes, depleting assets and resources, and increasing eviction risks, resulting in adoption of harmful coping strategies as a means of survival. The pandemic has also caused further stigmatization of refugees, asylum-seekers and migrants due to perceptions that they are carriers of the disease, while pandemic-related movement restrictions have stranded some 32,000 migrants in the country, mostly in urban transit hubs and in dire conditions. In March 2021, voluntary humanitarian return (VHR) flights for migrants were resumed following a year's suspension due to COVID-19. Between March and the end of 2021, 2,027 migrants were brought from Aden and Sana'a in Yemen to countries of origin. Thousands more, primarily from Ethiopia, remain stranded in Yemen.

Yemen remains the only signatory of the 1951 Convention relating to the Status of Refugees and its 1967 Protocol in the Arabian Peninsula. This has enabled Yemen to grant *prima facie* status to Somalis since 1991 and provides a legal framework for addressing the situation of refugees. However, a framework for safe and orderly migration compliant with international human rights standards applicable to irregular movements remains absent. Without a state-led mechanism to facilitate the return of migrants who enter Yemen without documentation, migrants are frequently subjected to forced transfers from one part of the country to another, including across front lines between areas of control.



Population Group 3: Muhamasheen

ADEN, YEMEN

Dar Sa'ad hosting site for displaced people in Aden Governorate. ©Giles Clarke/UNOCHA

TOTAL POPULATION

3.2M

Constituting some 10 per cent of Yemen's population, the Muhamasheen community is a Yemeni minority that mostly lives outside the country's traditional tribal social structures. Largely settled in conflict-affected cities such as Aden, Ta'iz and Al Hodeidah, the Muhamasheen have long suffered from discrimination, social exclusion and reduced access to public services, their ostracization commonly compounded by the lack of birth certificates and other identification documents.

As in other population groups, intersecting identities aggravate the situation for different members of the Muhamasheen community. Women are often further marginalized due to their gender, especially women who are unmarried, widowed, elderly or disabled, and nearly 40 per cent of Muhamasheen women have never attended school. Incidents of GBV targeting the Muhamasheen are also prevalent. Muhamasheen

children are often out of school, and can frequently be seen begging in the streets. In general, the community's exclusion has resulted in poor access to formal education and high illiteracy rates, contributing to perpetuating the cycle of poverty.

Many Muhamasheen are among the millions who have fled their homes to seek safety elsewhere since the start of the conflict. Compared to their compatriots, however, the Muhamasheen are more likely to seek shelter on farmland, in public spaces or in other places with sub-standard living conditions, as longstanding social prejudices mean that local communities in areas of arrival are less willing to host displaced Muhamasheen.



TA'IZ, YEMEN

November 24, 2021, Ta'iz, Yemen: Ahmed*, 16 lost both of his legs, his left hand, and the sight from his left eye after he was hit by shelling in Taiz, Yemen. ©Albara'a Mansoor/Save the Children.

Population Group 4: Persons with Disabilities

TOTAL POPULATION

4.8M

Official data on the number of persons with disabilities in Yemen has not been updated since prior to the conflict. Globally, the World Health Organization (WHO) reports that persons with disabilities comprise 15 per cent of any country's population. In Yemen, this would mean that around 4.78 million people have some form of disability. However, given the ongoing conflict and pervasiveness of IEDs and ERWs, causing civilian casualties, and the impact of widespread food insecurity and health problems, the actual number of persons with disabilities in Yemen is certainly much higher.

Frequently experiencing stigmatization and discrimination, persons with disabilities are also disproportionately impacted by the conflict and natural hazards and face specific challenges. These include heightened risk of family separation, including being left behind when the family flees, loss of assistive and mobility devices, and difficulties in accessing relevant information about humanitarian assistance and other support. Caregivers and others providing daily support, a role typically played by women within the family, and the broader families of persons with disabilities also often suffer from stigmatization and discrimination.



TA'IZ, YEMEN

Mubarak*, a Save the Children volunteer with Bara'a* 11, one of the children he's assisting, March 2021. ©Sami Jassar/Save the Children

and from the limited specific support for persons with disabilities and accessible services. While persons with disabilities in Yemen are legally entitled to support such as free physical rehabilitation and monthly social assistance, these entitlements often go uncollected due to lack of awareness, mobility issues, and the widespread damage to medical facilities and public services due to the ongoing conflict.

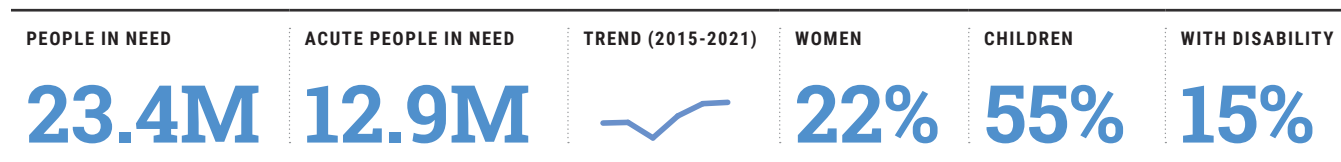
In Yemen, persons with disabilities commonly lack representation to advocate for their rights and needs, and have few opportunities for meaningful livelihoods or sustainable income. Available services are often not sufficiently equipped to address the specific needs of persons with disabilities, and service staff often lack appropriate knowledge to provide adequate support, including for women and girls with disabilities, who are highly vulnerable to GBV. Remoteness, lack of transportation, and adapted educational resources, have led children with disabilities to drop out from school, particularly girls. Moreover, persons with disabilities' risk of exclusion is compounded by the lack

of adequate, systematic accessibility measures in the design and delivery of aid. Inadequate health services may limit the places to which persons with disabilities and their families can move or flee and diminish their quality of life in places of displacement, while delays in the restoration of health services in places of origin may also impede the ability of persons with disabilities and their families to return home after being displaced, once these areas are safe.

1.5

Number of People in Need

Key figures (2022)



PEOPLE IN NEED

23.4M**12.9M**

ACUTE PEOPLE IN NEED

55%

WOMEN 5.2M
GIRLS 6.3M



MEN 5.3M
BOYS 6.6M



CHILDREN
UNDER 5
4.1M

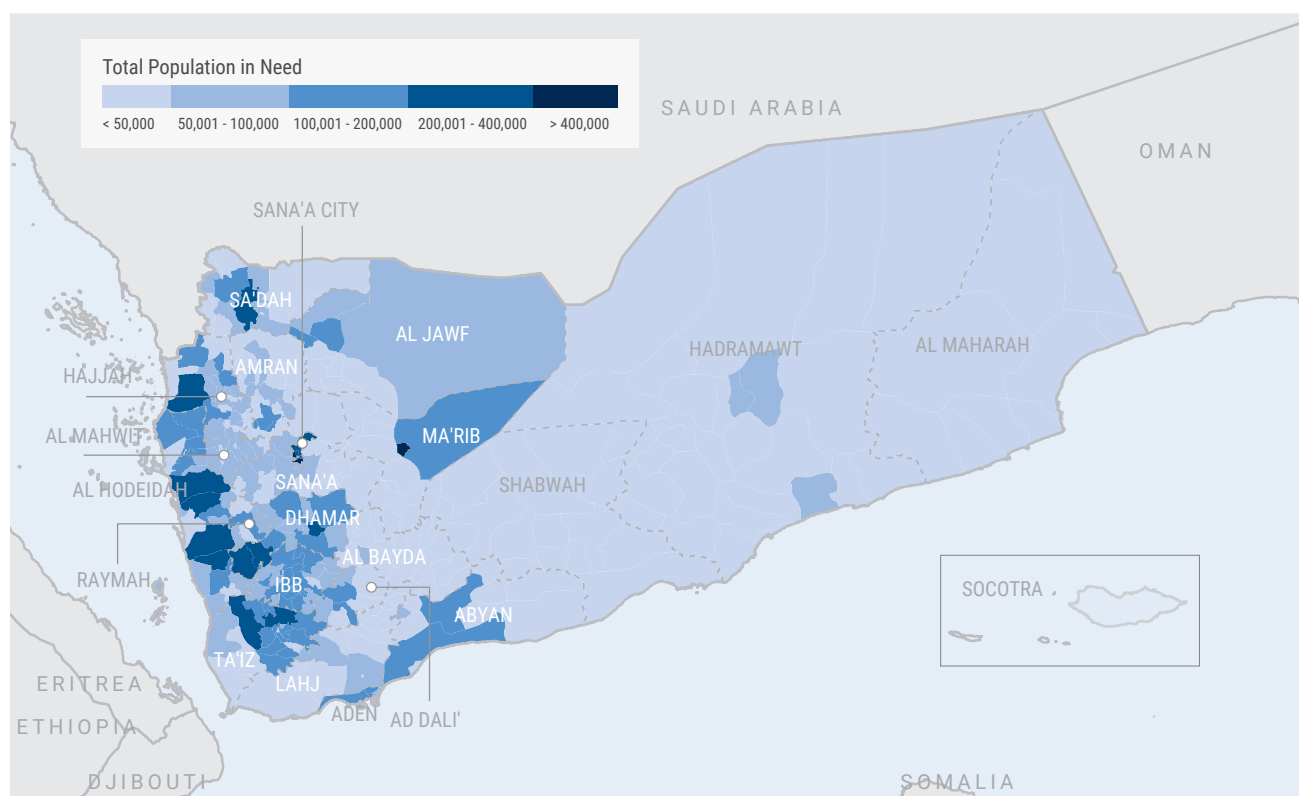


PREGNANT AND
LACTATING WOMEN
1.8M / 8%



PEOPLE WITH
DISABILITIES
3.5M

Estimated number of people in need



Source: Yemen Joint Inter-sector Analysis Framework

PiN by severity phase and location

Non Internally displaced people/ Internally displaced people

GOVERNORATE	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Abyan	Internally Displaced	51,379	6,865	6,701	19,528	9,890	8,395
Abyan	Resident	616,891	83,566	83,121	179,832	147,231	123,142
Aden	Internally Displaced	93,149	14,436	14,558	9,121	26,586	28,448
Aden	Resident	1,068,381	182,796	194,323	161,006	341,337	188,918
Al Bayda	Internally Displaced	66,284	9,555	9,625	15,394	15,515	16,195
Al Bayda	Resident	761,529	102,933	112,147	199,430	175,728	171,290
Ad Dali'	Internally Displaced	173,339	13,755	21,660	19,943	33,388	84,593
Ad Dali'	Resident	695,846	92,365	112,449	190,455	142,805	157,771
Al Hodeidah	Internally Displaced	472,253	25,819	39,926	143,569	119,058	143,881
Al Hodeidah	Resident	2,686,367	181,451	278,366	1,046,546	515,382	664,622
Al Jawf	Internally Displaced	140,200	7,436	16,322	68,155	41,299	6,989
Al Jawf	Resident	485,847	23,712	39,279	194,524	195,194	33,138
Al Maharah	Internally Displaced	15,444	603	8,663	381	1,426	4,370
Al Maharah	Resident	181,895	34,358	75,417	15,678	20,279	36,162
Al Mahwit	Internally Displaced	40,246	5,414	6,275	17,232	11,093	232
Al Mahwit	Resident	764,235	114,953	130,012	299,042	215,572	4,656
Sana'a City	Internally Displaced	249,723	22,975	32,910	71,265	66,100	56,473
Sana'a City	Resident	3,679,453	378,098	415,867	1,000,781	995,492	889,215
Amran	Internally Displaced	269,638	33,701	36,846	98,254	71,462	29,400
Amran	Resident	983,407	132,363	131,315	332,834	224,860	162,117
Dhamar	Internally Displaced	194,207	25,048	27,638	63,334	43,381	34,806
Dhamar	Resident	2,105,301	316,240	296,650	836,340	416,097	239,975
Hadramawt	Internally Displaced	39,216	7,675	6,774	10,703	13,012	1,051
Hadramawt	Resident	1,635,441	475,420	351,526	408,945	316,467	83,082
Hajjah	Internally Displaced	565,768	29,658	50,553	186,074	200,530	98,953
Hajjah	Resident	1,862,601	52,799	70,116	756,299	513,201	470,186
Ibb	Internally Displaced	226,929	39,201	37,049	64,973	54,198	31,508
Ibb	Resident	3,031,364	511,928	462,157	877,823	710,738	468,718
Lahj	Internally Displaced	76,517	23,878	17,569	22,017	12,601	452
Lahj	Resident	1,077,566	298,276	293,237	261,949	193,858	30,246
Ma'rib	Internally Displaced	876,422	77,932	69,508	318,911	228,298	181,773
Ma'rib	Resident	225,670	24,496	21,675	56,550	49,938	73,012
Raymah	Internally Displaced	59,714	4,057	9,154	33,148	11,672	1,683
Raymah	Resident	532,355	35,494	76,195	307,386	95,198	18,083
Sa'dah	Internally Displaced	104,885	9,821	14,176	30,135	40,605	10,149
Sa'dah	Resident	913,923	90,818	124,462	355,894	178,380	164,370
Sana'a	Internally Displaced	104,510	21,187	26,526	37,449	18,028	1,320
Sana'a	Resident	1,049,128	207,430	242,237	377,977	200,413	21,071
Shabwah	Internally Displaced	39,334	8,384	11,457	11,899	7,285	310
Shabwah	Resident	688,794	117,384	208,503	213,390	131,943	17,575
Socotra	Internally Displaced	158	39	47	55	16	-
Socotra	Resident	72,264	20,031	21,679	25,293	5,262	-
Ta'iz	Internally Displaced	429,424	50,752	50,809	136,066	96,055	95,741
Ta'iz	Resident	2,775,611	316,778	315,406	1,016,057	627,593	499,777
Total PiN							23,379,951

Rapid Response Mechanism

Overview

A total of 4.3 million people in Yemen have been displaced since 2015. In 2021, some 491,000²² people had to flee their homes seeking safety and shelter in other locations due to the ongoing conflict in Yemen and natural calamities such as floods. The vulnerabilities of the afflicted populations increase as a result of unexpected displacements. As families are torn from their homes and often unable to acquire or carry essentials items, the most critical immediate needs of the displaced persons are food, hygiene items and vital household items. While Rapid Response Mechanism (RRM) eligibility is determined by displacement status, regular post-distribution monitoring exercises show that 97 percent of internally displaced persons reported that their RRM kits addressed their immediate needs.

The RRM aims to provide a minimum package of immediate and most critical life-saving assistance to 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 front lines or have other sudden urgent needs until the full cluster response is activated. It is led by UNFPA and includes UNICEF and WFP as main supply partners along with 12 implementing partners (including UN agencies and international and national NGOs), covering 328 districts. RRM provides an in-kind package of hygiene items and ready-to-eat food that fulfils a family's basic necessities for five to seven days. The in-kind assistance is provided on a blanket basis to all newly displaced households including learning materials for school age children. Following the provision of in-kind assistance, Multi-Purpose Cash Assistance (MPCA) is provided by IOM to cover basic needs until the displaced households fall under the full cluster response. In addition, a one-off food distribution is also provided by WFP to the RRM beneficiaries as long as they are still within areas covered by the WFP-supported food distribution points.

Based on lessons learned from Yemen's protracted conflict and humanitarian response experience, it was clearly indicated that immediate life-saving assistance was critical to meet the needs of newly-displaced families in order to cover the gap until clusters responses are triggered. There was also a need to establish a mechanism that tracks displacement, refers households 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 capacities across Yemen, was launched in June 2018 covering 328 out of 333 districts across 22 governorates.

The enrolment 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. Beneficiary lists are disseminated widely twice a week to inform the actors for a swift response.

Affected Population

An estimate of 588,000 people are projected to be displaced in 2022, based on RRM historical data and displacement trends, while 49 per cent of those projected to be displaced are women, 4 per cent are elderly people, and 33 percent are of school age. Many of those girls and boys will see their education abruptly interrupted and are at risk of staying out of school. In areas of refuge, they would need some kind of learning materials to keep them connected to learning opportunities until they are reached by education services.

Analysis of Humanitarian Needs

Humanitarian needs in Yemen are ever-increasing given the protracted nature of the conflict and natural disasters with 4.3 million people estimated to be displaced – 14 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, as the limited financial resources of the affected populations are depleted by spending on essential survival food, water, hygiene, transport, health, and other items. Households are forced to resort 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, exacerbating protection risks, exposure to food insecurity and the 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 2021, RRM partners provided support to 68,484 families, 26.2 per cent of which were female-headed. 78 per cent of those who received assistance were located in hard-to-reach areas.

Projection of Needs

RRM targeting is based on new displacement alerts from local authorities, the Displacement Tracking Matrix, key informants and networks of RRM partners across Yemen. Projections of needs are based on RRM registration data, displacement trends, as well as the most likely scenarios based on conflict analysis and contingency plans endorsed by humanitarian stakeholders.

Based on contingency scenario planning, existing trends, as well as estimates from OCHA, RRM partners expect an average of 49,000 people to be displaced each month.

Monitoring

The RRM cluster plans to target some 588,000 newly displaced persons in 2022, who will be reached with RRM kits, in-kind food assistance and Multi-Purpose Cash Assistance (MPCA). Post-Distribution Monitoring (PDM) will be conducted to assess project impact and the appropriateness of the assistance delivered.

RRM cluster adapts four main indicators:

INDICATORS
of new internally displaced persons receiving RRM in-kind assistance.
of new internally displaced persons receiving MPCA assistance.
of new internally displaced persons school age girls and boys receiving learning materials.
of PDMs conducted.

Partners will collect displacement data using harmonized household registration forms and monitor displacement alerts from the Displacement Tracking Matrix, international NGOs, National NGOs, local authorities and the UNFPA/RRM Dashboard to triangulate inputs. The household data will be uploaded an online RRM database shared with humanitarian partners.

Part 2:

Risk Analysis and Monitoring of Situation and Needs

TA'IZ, YEMEN

A doctor provides medical care to a newly displaced woman in Al Makha, November 2021. © Rami Ibrahim/IOM



2.1

Risk Analysis

Conflict and civil unrest

In 2021, conflict intensified in Ma'rib, Al Jawf, Al Bayda, Shabwah, Ta'iz and Al Hodeidah governorates, along with continued clashes in Hajjah, Ad Dali', which challenged sustained humanitarian response and resulted in aggravated needs and further displacement. By the end of 2021, some 45 districts across Yemen are directly affected by active front lines, substantially higher than the number recorded in 2019, when 35 districts were impacted. Some 45 per cent of informal settlements hosting displaced persons are within 5 kilometers of an active front line. In 2021, armed violence resulted in 2,508 civilian casualties, including 769 fatalities and 1,739 injuries, an average of nearly 7 civilian casualties a day. Over 25 per cent of all casualties were children and women, with 130 children and 57 women killed, and 291 and 155 respectively injured, according to the Civilian Impact Monitoring Project (CIMP).²³ By December, at least 286,700 people are estimated to have been displaced, with a third of these in Ma'rib where hostilities intensified since February 2021. With 4.3 million internally displaced people in the country, Yemen remained the fourth largest internal displacement crisis in the world.

While humanitarian partners are active in all 333 districts of Yemen, the operating environment has remained restrictive. In 2021, this was manifested in bureaucratic impediments and attempted interference with operations. Escalating hostilities continued to 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 persons with disabilities, particularly in front lines areas. As the conflict continues along active front lines in an increasing number of districts, the risk for the growth of non-state groups and actors that may fill newly formed security vacuums is increasing.

There were some improvements on access as a result of sustained advocacy and engagement with authorities in 2021. Still, armed conflict continues to give rise to safety and security concerns that impede humanitarian operations. Pervasive bureaucratic restrictions and impediments imposed by various local authorities will continue to obstruct the timely delivery of humanitarian assistance and services. Regulations and other obstacles imposed on aid agencies' programming and project management and humanitarian movements and other operational modalities continue to require continuous follow-up and advocacy to ensure a timely, principled, and effective humanitarian response. These efforts will continue to require agencies and donors to work together to provide sustained, principled, and courageous leadership, coordination, and engagement 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 associated mortality. It is estimated that the risk of death among untreated SAM cases with complications is 90 per cent and 20 per cent for those without complications. IPC findings confirm that food insecurity is more severe in areas with active fighting or bordering areas with limited access, and is particularly affecting displaced people and marginalized groups.

International Humanitarian Law and International Human Rights Law

In 2022, the conduct of hostilities, including in populated areas, is expected to continue, harming and killing civilians and causing severe damage to civilian homes and infrastructure, including schools, hospitals, other life-saving services and sites hosting displaced people. Moreover, humanitarian personnel themselves operate at significant risk: in the last four years, incidents of violence against humanitarian personnel were recorded, including physical attacks, detention, abductions and threats.

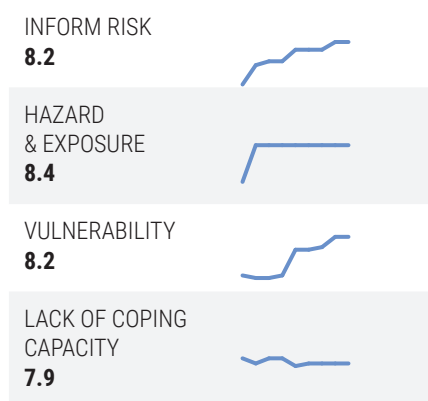
As the conflict continues, women and girls are expected to continue to be disproportionately affected, facing increasing protection risks. Yemen is ranked the worst globally in terms of gender equality according to the INFORM Risk Index 2022, and the escalating conflict is expected to further exacerbate pre-existing gender-based discrimination and heighten risks of GBV within communities. The protracted conflict, economic hardship and lack of access to education are expected to exacerbate the severe protection risks and rights violations children face in Yemen. These include family separation, child recruitment, child marriage, and exploitive forms of labour and child trafficking. According to UNICEF, the Yemen conflict hit another shameful milestone in 2021: 10,000 children have been killed or maimed since fighting started in March 2015. That is the equivalent of four children every day. Many more child deaths and injuries go unrecorded.

Internally displaced persons, refugees, asylum-seekers and migrants are likely to remain extremely vulnerable. Protracted displacement is eroding the resilience of displaced people and exacerbating existing vulnerabilities, resulting in higher needs, 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, increasing the risk of resorting to harmful coping mechanisms.

Socio-Economic Environment

The GoY has undertaken to spearhead a new monetary policy direction – with support of international partners – to stabilize the economy, but these efforts are yet to come to fruition. In the absence of macroeconomic stability, and without investment to support livelihoods opportunities and concerted efforts to reduce the conflict-induced inflation and rising costs and prices of imports into Yemen, the socioeconomic environment is expected to decline further in 2022. In 2021, three issues combined to further destabilize Yemen's macroeconomic position: namely, currency collapse (especially in GoY controlled areas), escalating economic warfare over monetary policies between GoY and Ansarullah authorities. Unless these challenges are addressed, Yemen is likely to experience continued macroeconomic deterioration. As a result, food prices will continue to rise across much of the country, making basic food unaffordable for ordinary people. With some 90 per cent of food and other essential items imported, the currency collapse will drive up prices, leaving millions more people unable to meet their basic needs. It is estimated that the conflict cost Yemen US\$126 billion in lost production by the end of 2021, according to UNDP.

If it continues in 2022, socioeconomic deterioration will lead to reduced family incomes, with less to pay for health services and sufficient and diversified diets, thus contributing to an increase in malnutrition. At the same time, forecasted increases in global food and fuel prices in 2022 will lead to even sharper increases in commodity prices in Yemen. As a result, vulnerable population groups are expected to face increased malnutrition and health risks. 2021 saw a significant increase in acute food insecurity and malnutrition rates. This worrying trajectory will continue in 2022 unless it is offset by increased levels of humanitarian assistance.



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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 2022. 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 2022, the impact of natural hazards, in combination with continuing conflict and a deteriorating economy, is expected to increase vulnerabilities and humanitarian needs. In the areas impacted by natural hazards, vulnerable population groups, such as women, children and displaced people will contend with food insecurity, increased health risks and acute malnutrition.

Most likely scenario

The humanitarian situation in Yemen is likely to deteriorate in 2022. The last quarter was marked by escalating hostilities and air strikes resulting in the displacement of more than 100,000 people. In the absence of a political breakthrough, armed conflict is expected to continue unabated, leading to displacement and setting the stage for further deterioration.

The deteriorating political and security environment will deter foreign and local investment and could dissuade foreign currency injections, critical to stabilizing the rial. In 2021, the value of the Yemeni rial in GoY-controlled areas reached an all-time low of YER1,600/US\$ in November, down from YER717/US\$ in January. At the same time, the protracted fuel crisis in Ansarullah-controlled areas, which started in June 2020, has continued, increasing the cost of food and compounding the difficult humanitarian situation.

The protection crisis in Yemen is also likely to continue, with civilians, particularly vulnerable and marginalized groups, bearing the brunt of the protracted armed conflict. In January and February 2022, hostilities escalated to a level not seen in three years, with escalating hostilities across the country and cross-border attacks into Saudi Arabia and the United Arab Emirates that caused civilian casualties, and damaged civilian infrastructure. January 2022 saw the highest number of civilian casualties in Yemen in at least three years.²⁴

Additional factors such as a deteriorating economic situation and worsening food security and nutrition conditions, compounded by shocks such as disease outbreaks and natural hazards, especially flooding, will increase existing vulnerabilities and humanitarian needs.

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 among the countries assessed as facing 'very high risk' of infectious disease affecting humanitarian need. Outbreaks of COVID-19, cholera and vector-borne diseases compound the humanitarian crisis in Yemen, and conditions conducive to their spread are not expected to change in 2022, nor is the population's severe and persistent vulnerability. Meanwhile, Yemen lacks the capacity to contain the spread of diseases and provide treatment. The health system is expected to remain overwhelmed, with its capacity potentially declining, especially if health workers go unpaid and support for high-risk communicable diseases and outbreak programmes is reduced due to underfunding.

The effects of declining access to health services are likely to be compounded by challenges related to logistics and supplies, such as the worsening fuel crisis, which is impacting essential service equipment and the availability of electricity to provide light and refrigeration. COVID-19 has placed additional pressure on existing facilities and spurred the diversion of precious resources for its mitigation and response programmes, complicating the delivery of services to prevent other diseases. Multiple health risks, coupled with deteriorating access to health services, will compound the effects of growing food insecurity and limited hygiene and sanitation services, particularly for women and children, who will remain vulnerable to malnutrition and preventable diseases. The cumulative impact of years of conflict, incessant privation 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 salience of morbidity as one of the immediate causes of malnutrition is well-established in UNICEF's Conceptual Framework on the Determinants of Maternal and Child Nutrition. 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/Acute Watery Diarrhoea (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 5 is associated with diarrhea. Furthermore, malnutrition makes early diagnosis and treatment even more challenging.

Environmental Hazards

Yemen has long been considered one of the world's most water-poor countries. It is 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, which has led 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.

Recent progress has been made on resolving the long-standing threat by the FSO Safer tanker. Still, the risk of a major oil spill with potentially catastrophic implications for the population remains. The impact of a significant oil spill would be disastrous, and there is limited national capacity to respond and challenges to deploying an international response. The devastating impact would be felt across the region.

Timeline of Events



JANUARY 2021

Acute malnutrition among children under 5 hits highest levels ever recorded

WHO supports COVID-19 national response plan

Fuel shortages persist in Ansarullah-controlled areas as the unofficial market flourishes



FEBRUARY 2021

Escalating hostilities in Ma'rib force thousands of displaced people to flee again



MARCH 2021

Donors pledge \$1.7 billion at High-Level Pledging Event for Yemen, UN calls for more support

2021 Humanitarian Response Plan aiming to avert famine, prevent disease outbreaks and protect civilians released

Persistent fuel shortages undercut humanitarian operations and exacerbate humanitarian needs

COVID-19 resurges in Yemen



APRIL 2021

Hostilities in Ma'rib continue to displace civilians as needs increase

COVID-19 vaccination campaign launched amidst rising cases in Yemen

OCHA spearheads collective action for humanitarian access on the Red Sea coast



MAY 2021

Floods sweep across Yemen causing extensive damage

Fuel crisis deepens affecting access to essential assistance and services

\$40 million in CERF emergency funding boosts humanitarian response



JUNE 2021

Second dose COVID-19 vaccination campaign launched

YHF allocates \$50 million for lifesaving response to marginalized and most vulnerable groups

Civilian casualties spike, making June the deadliest month for civilians in nearly two years



JULY 2021

Food prices increase as currency value of Yemeni rial hits record low

Torrential rains and widespread flooding hit Yemen for second time in 2021

Continuing fuel crisis exacerbates humanitarian situation



AUGUST 2021

Key humanitarian response sectors remain critically underfunded

YHF supports vulnerable groups and ensures access to safe drinking water and critical health services

Floods continue in August as climate crisis exacerbates humanitarian situation in Yemen



SEPTEMBER 2021

Food insecurity in Yemen grows as economy continues to shrink

Lack of vaccines and medical resources hinders effective covid-19 containment

Hostilities escalate in Ma'rib, Shabwah and Al Bayda governorates



MA'RIB, YEMEN

A father receives essential household items for his recently displaced family, April 2021. IOM reached more than 100,000 people with shelter assistance and non-food items in 2021. © E. Al Oqabi/IOM.



OCTOBER 2021

Aid agencies scale up response after Ma'rib, Shabwah and Al Bayda escalations

358 civilian casualties recorded in October; the third-highest monthly civilian casualty count recorded since January 2019



NOVEMBER 2021

YHF allocates \$45 million to assist people in acute need

More than 25,000 people displaced in Al Hodeidah Governorate

Aid agencies ramp up aid efforts as more than 16,000 people flee conflict-affected areas in Ma'rib



DECEMBER 2021

Hunger rises as WFP is forced to cut assistance due to lack of funding

CERF allocates \$20 million to support humanitarian response to newly displaced people in Ma'rib, Al Jawf and Hadramawt

358 civilian casualties were recorded again in December, tied with October as the third highest monthly civilian casualty count recorded since January 2019

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.

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 challenges to 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

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
Violations of 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 (internally displaced persons, 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 (global and domestic)	5	5	25	All populations continue to be impacted. PiN may rise.
Central Bank challenges persist (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 internally displaced persons. 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	Unknown	5	25	Millions of people could be affected



MA'RIB, YEMEN

Aid worker carries out house-to-house COVID-19 sensitization activities in Ma'rib Governorate. © E. Al Oqabi/IOM.

2.2 Monitoring of Situation and Needs

The humanitarian community faced major challenges in 2021 in gaining the necessary approvals from the authorities to conduct monitoring and needs assessments. These efforts were ultimately successful, and it is hoped that the gains achieved in 2021 through advocacy and engagement with the authorities in Yemen will mark a new beginning in facilitating principled humanitarian action, including for ongoing assessments and monitoring of needs and response.

The facilitation of countrywide needs assessments aided a richer understanding of the extent and severity of humanitarian needs in the country, providing a stronger evidence base for the 2022 Humanitarian Needs Overview (HNO). These assessments – the

Food Security and Livelihood Assessment (FSLA), the Multi-Cluster Location Assessment (MCLA) and the Standardized Monitoring and Assessment of Relief and Transitions (SMART) – supported strategic level decision-making at the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Mechanism (ICCM) levels, fostering a shared understanding of the impact of the crisis, informing operational response planning and guiding the determination of funding requirements for the 2022 Yemen Humanitarian Response Plan (HRP).

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 MCLA, IPC analysis, SMART surveys, and other cluster-specific assessments, 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 2022 Humanitarian Programme Cycle (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	BASELINE	SOURCE
x01	Number of civilian casualties reported (killed or injured) in the last 12 months	2,508	Protection Cluster
x02	Number of incidents of armed violence with a direct civilian impact	1,572	CIMP ²⁵
x03	Number of districts directly affected by active front-line hostilities	45	OCHA
x04	Number of hard-to-reach districts/sub-districts	155/1,011	OCHA
x05	Prevalence of waterborne and vector-borne disease	84 per cent	Health Cluster
x06	Number of people in IPC Phase 3 and above Classification Analysis	19 million	Integrated Food Security Phase
x07	Ratio of internally displaced persons to host population	13 per cent	Population dataset
x08	Percentage of populated area with high flood susceptibility	52.3 per cent	Shelter Cluster
x09	Number of incidents impacting civilian infrastructure	115	CIMP ²⁶
x10	Currency inflation	1,488 YER/US\$ ²⁷	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 per cent	SMART Survey reports

Part 3:

Sectoral Analysis

MA'RIB, YEMEN

Amani*, a displaced midwife, travels for hours on foot to provide services to displaced women in Ma'rib, May 2021. ©UNFPA



3.1 Camp Coordination and Camp Management (CCCM)

PEOPLE IN NEED

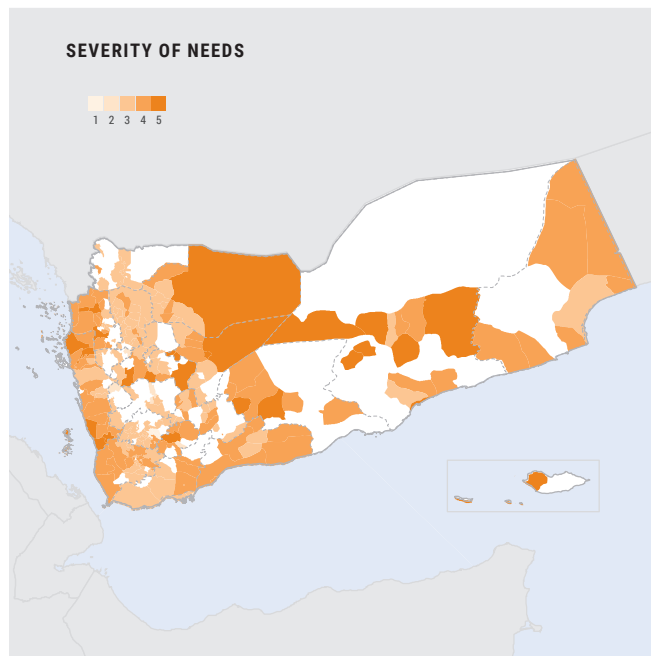
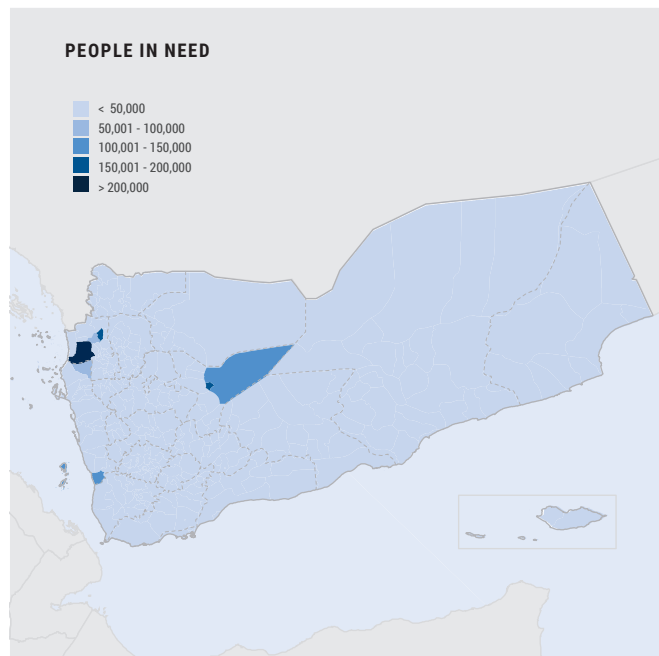
1.84m

SEVERITY OF NEEDS

12%
Severe

52%
Extreme

36%
Catastrophic



3.2 Education

PEOPLE IN NEED

8.5m

TREND (2015-2021)

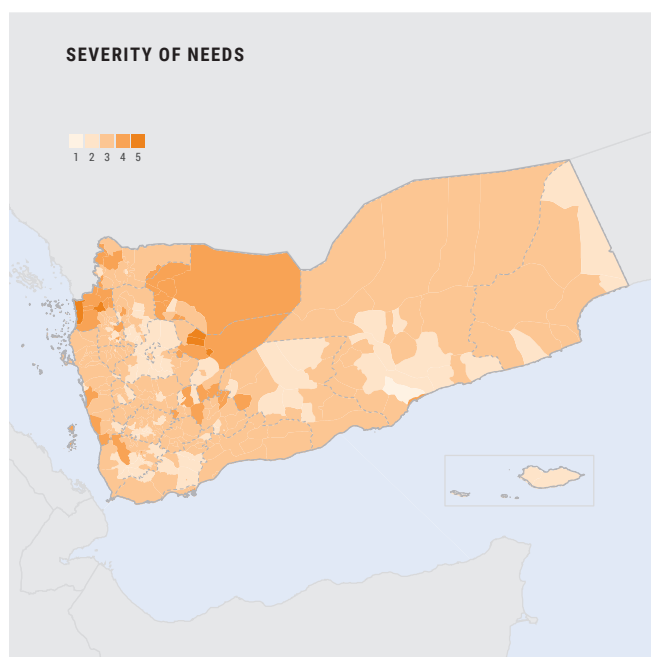
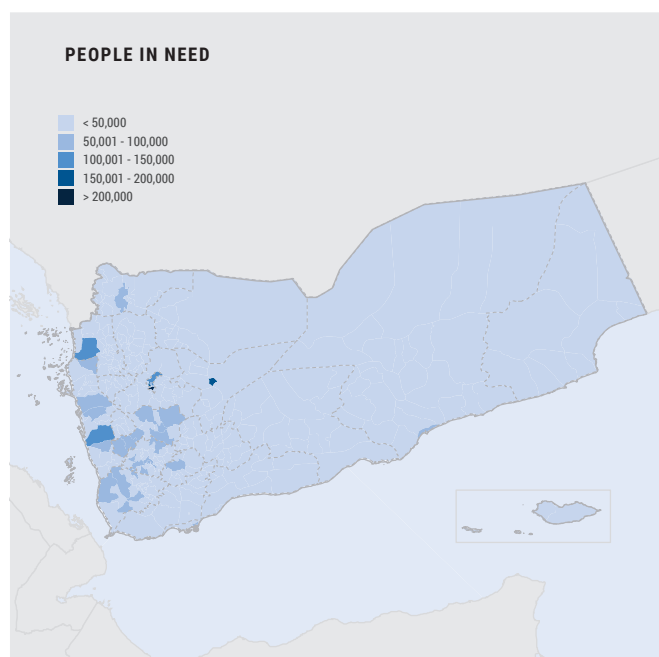


SEVERITY OF NEEDS

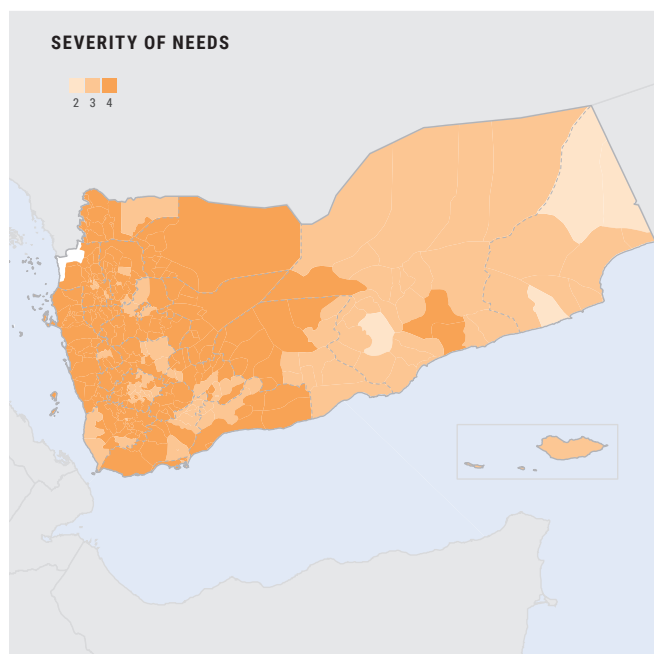
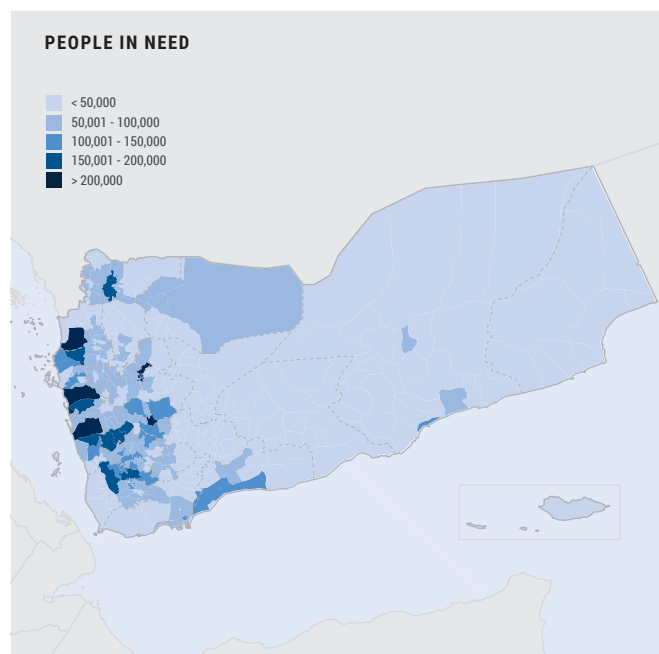
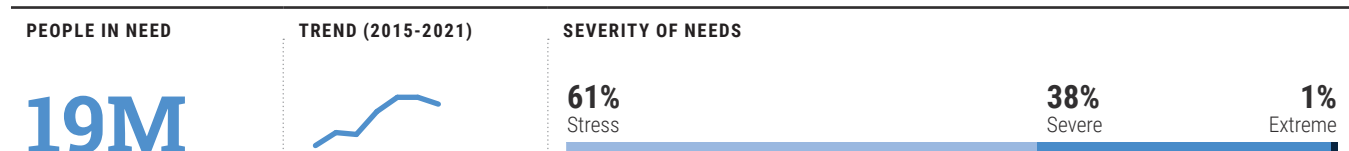
81%
Severe

16%
Extreme

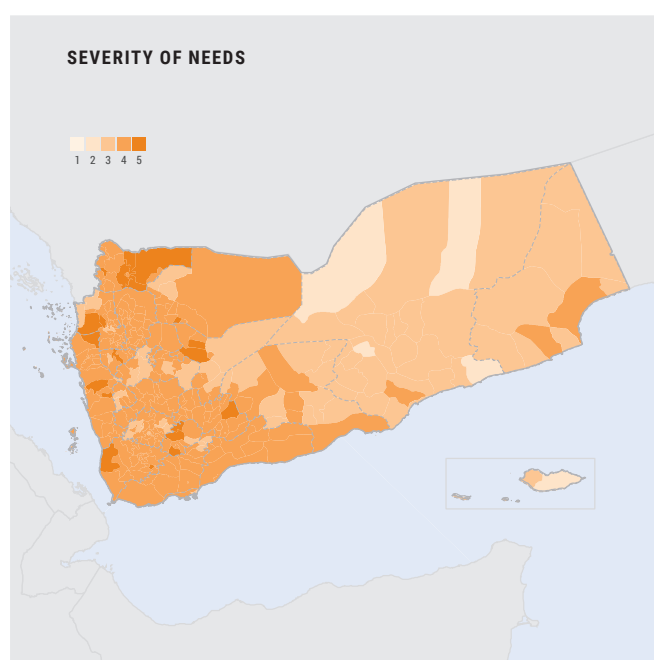
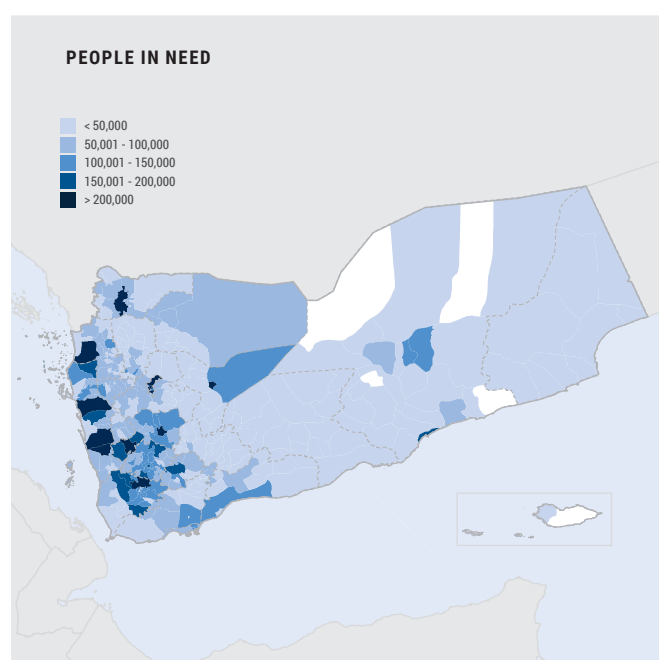
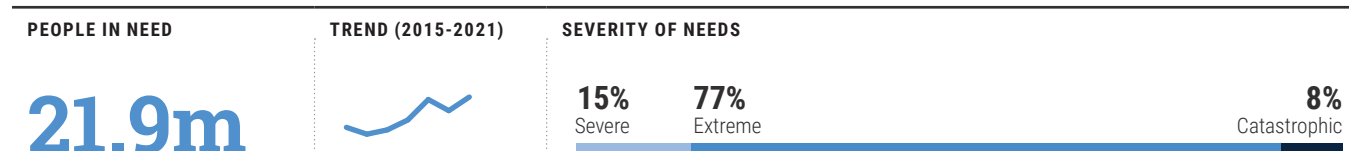
3%
Catastrophic



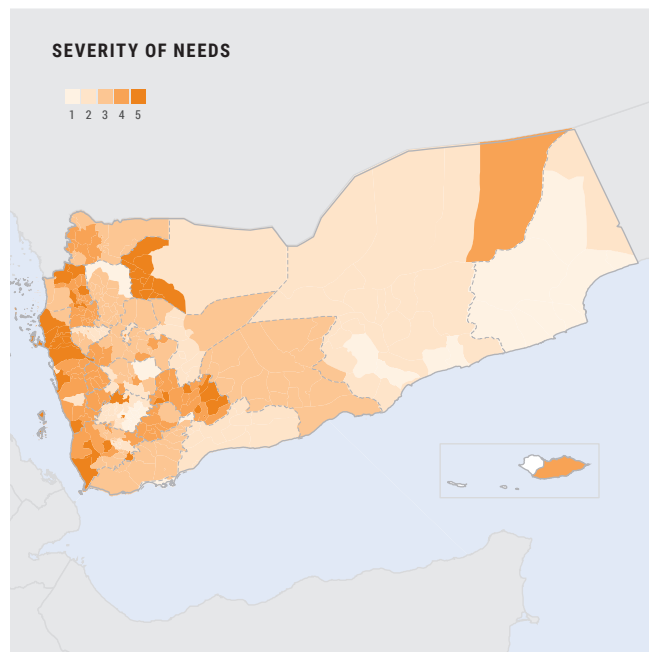
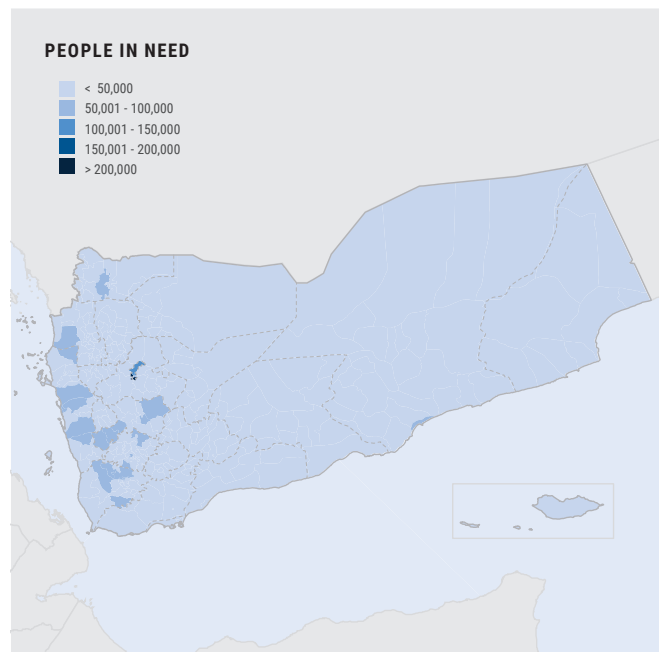
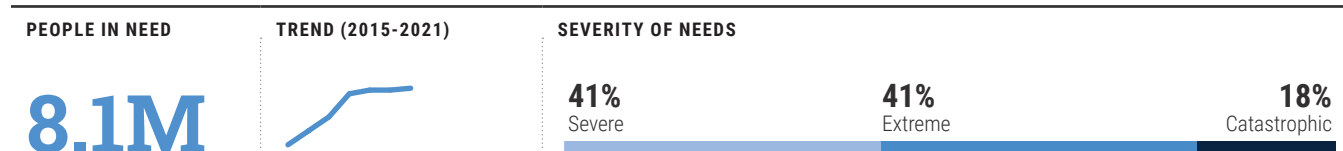
3.3 Food Security and Agriculture



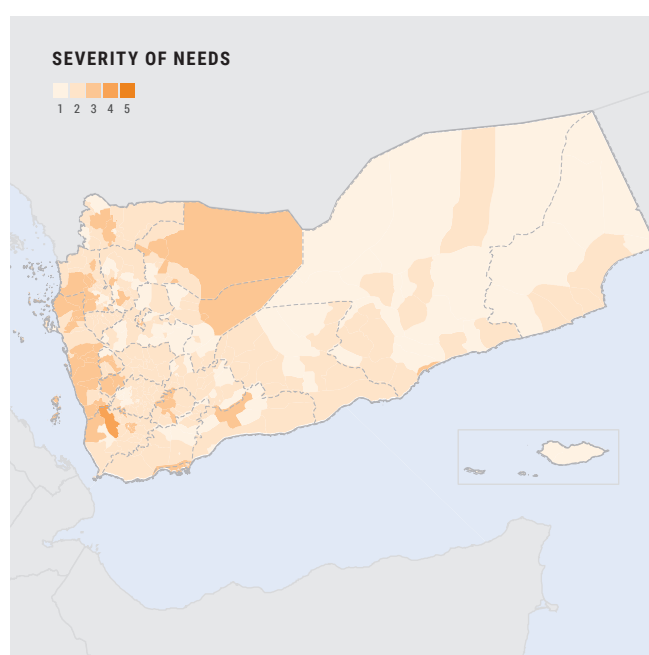
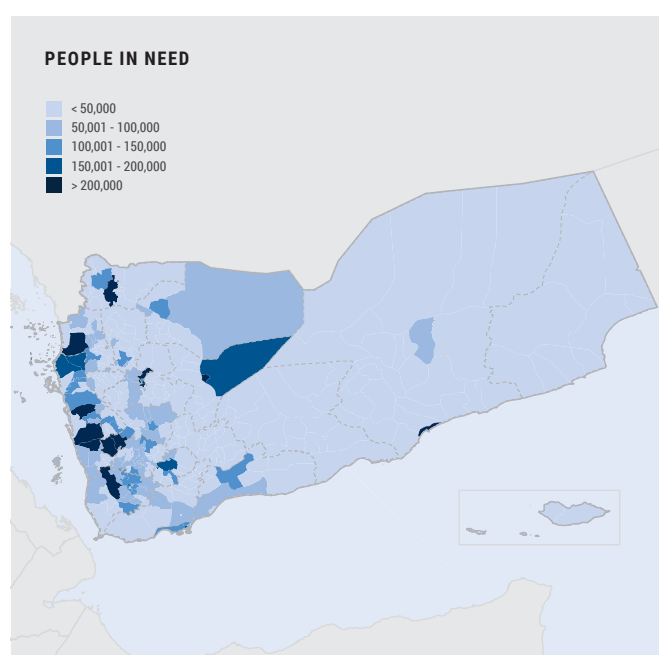
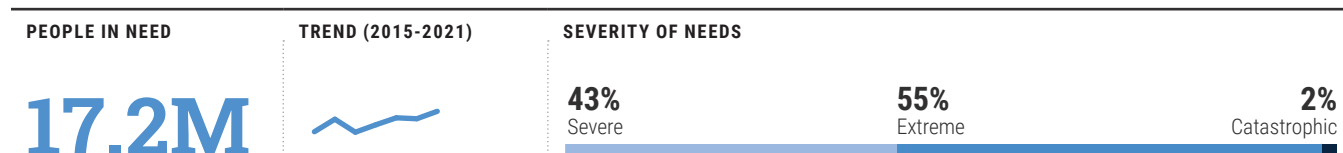
3.4 Health



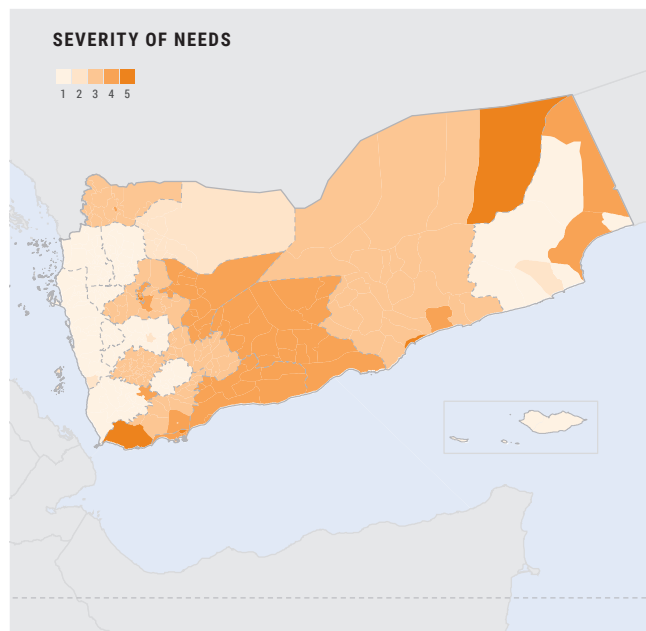
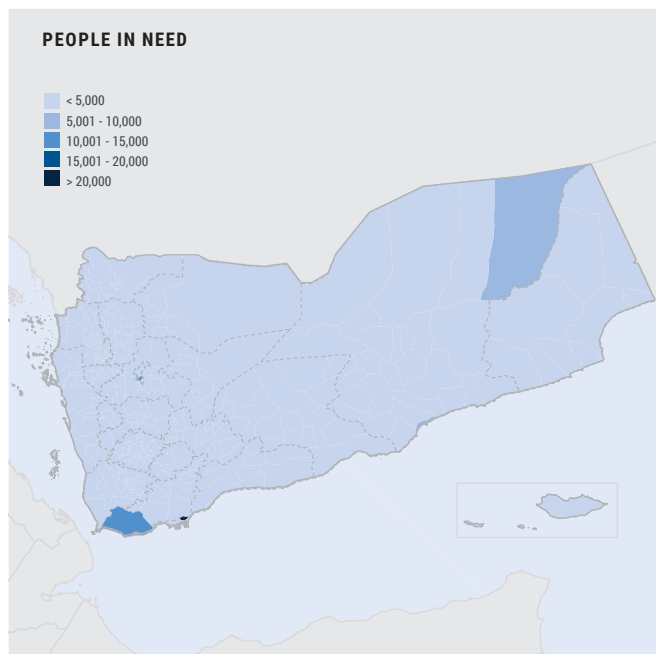
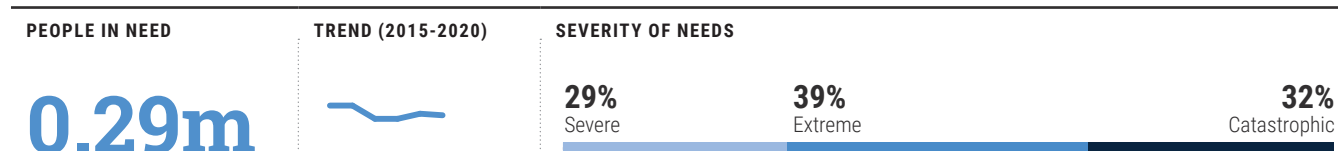
3.5 Nutrition



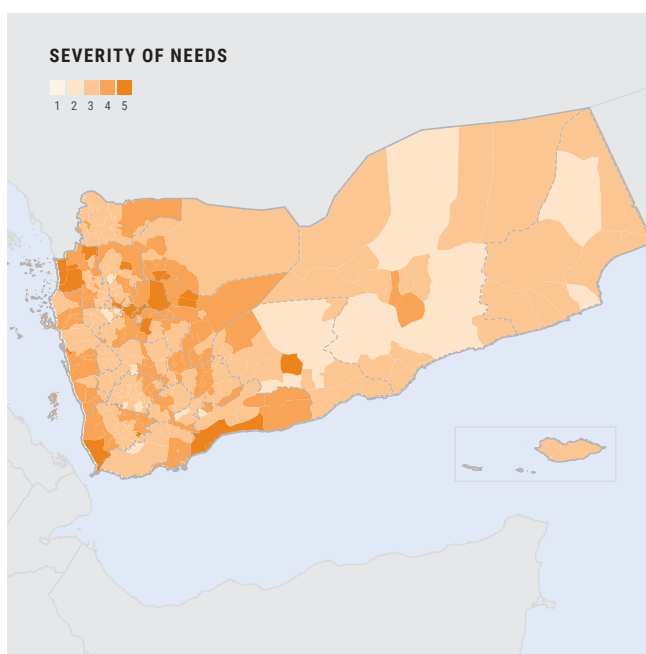
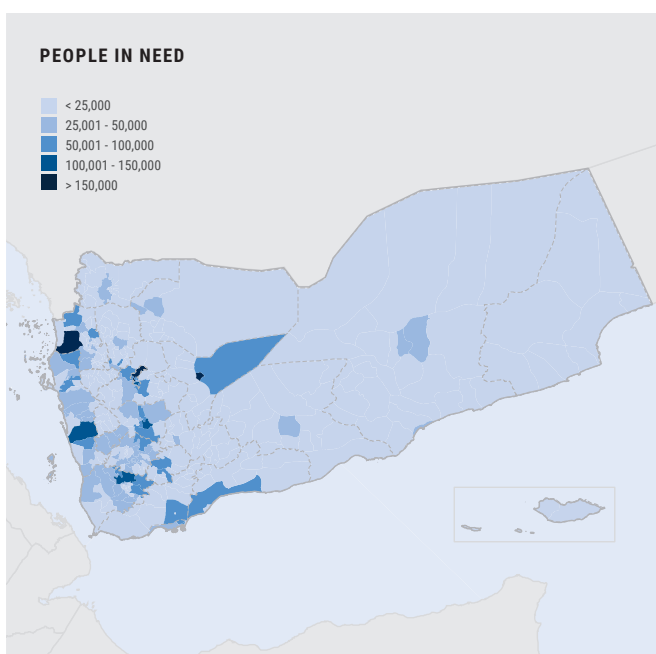
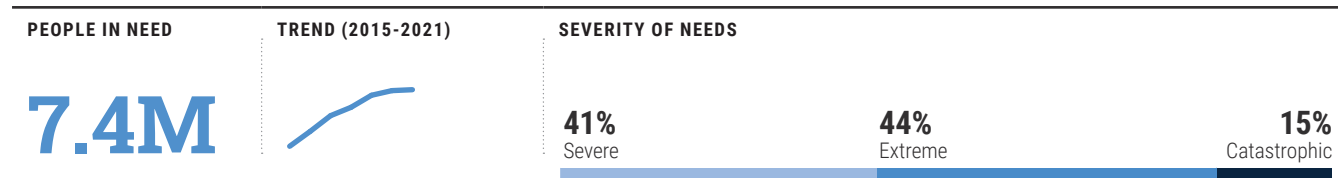
3.6 Protection



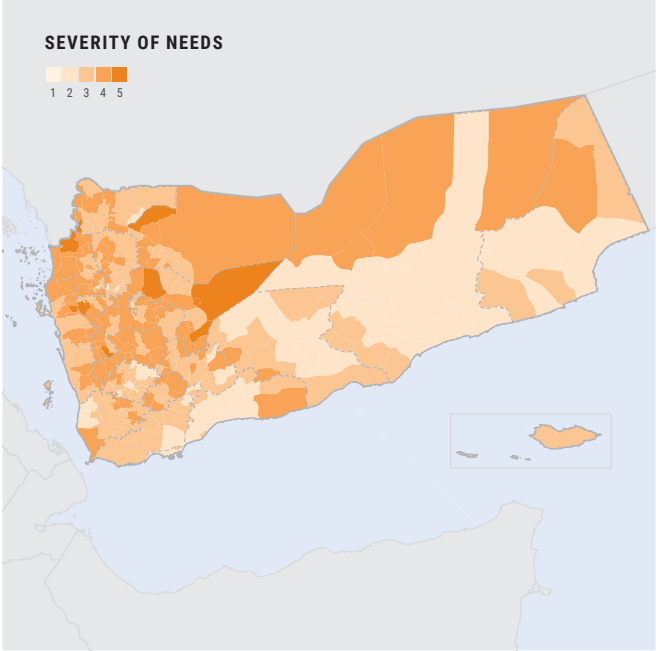
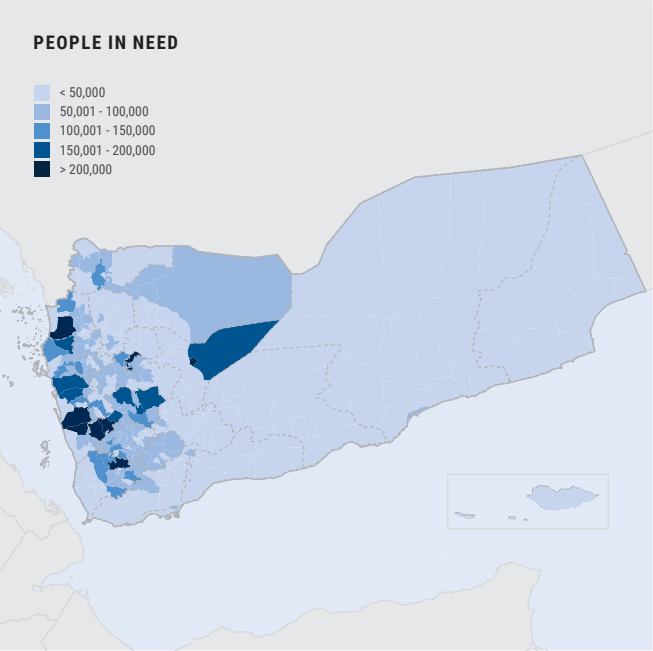
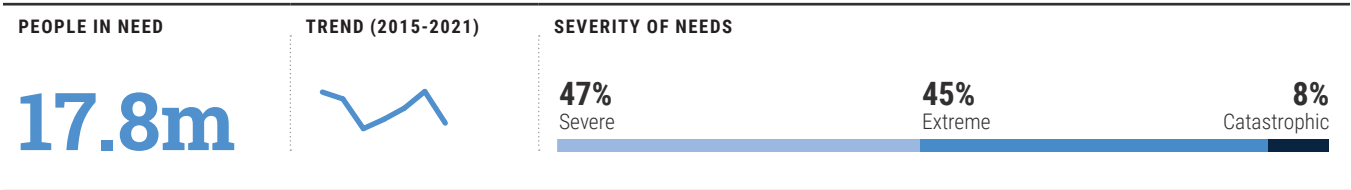
3.7 Refugees and Migrants Multi Sector (RMMS)



3.8 Shelter and Non Food Items (NFI)



3.9 Water, Sanitation and Hygiene (WASH)



3.1

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED (PIN)	ACUTE PIN	WOMEN	CHILDREN	WITH DISABILITY
1.84m	1.6m	23%	55%	15%

Overview

More than a third of the 4.3 million internally displaced people in Yemen have settled in over 2,300 spontaneous, unplanned hosting sites and require support to meet their basic needs.

Hosting sites are often unsafe, undignified, and precarious places for displaced people. 82 per cent of hosting sites lack formal land tenancy agreements, which can lead to eviction threats, compromised living conditions, and further displacement. Furthermore, people living in 16 per cent of hosting sites said they face the threat of flooding, while 90 per cent of sites lack basic measures for fire safety. Steady and protracted displacement has placed additional pressures on services in host communities.

In 2021, some 189 eviction threats and 89 flooding incidents were reported in hosting sites across Yemen. Despite these risks, most residents cannot leave these sites. People living in 90 per cent of hosting sites reported their intention to remain where they are in the short term.

Some 95 per cent of hosting sites lack basic services, including WASH, health, protection, education, as well as food assistance and shelter support. Displaced people have been particularly vulnerable to recurrent economic shocks, such as skyrocketing inflation and reduced livelihood opportunities, which have reduced household purchasing power and increased economic access barriers. Moreover, IPC findings indicate that people living in hosting sites are more likely to suffer acute food insecurity compared with the general population. These dynamics have further marginalized displaced people forcing them to resort to negative coping mechanisms, including child labour, early marriage and begging.

Affected Population

Displaced people living in hosting sites are typically those with no income to pay rent and no relatives with whom to seek shelter. They are, thus, forced to settle in unplanned, camp-like settings as a last resort. These sites typically 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 nursing women. Some 81 per cent of sites host four or more of these high-risk groups.

Depending on where they are located, access constraints might limit the services available to internally displaced persons living in hosting sites. It is estimated that some 45 per cent of hosting sites are within five kilometers of an active front line, heightening risks of death, injury or further displacement.

Assessments by CCCM Cluster partners indicate that 1.8 million people living in hosting sites and immediate surroundings require assistance, including 1.6 million who are assessed to be in acute need.

Most people living in hosting sites live in overcrowded makeshift and emergency shelters,²⁸ exacerbating protection risks. Overcrowding limits privacy and the space for a dignified living, while the frequent lack of gender-segregated WASH facilities exposes women and girls to harassment and gender-based violence (GBV) risks. At the same time, 65 per cent of hosting sites lack access to electricity, with the lack of adequate lighting limiting the freedom of movement at night for women and children. Moreover, safe spaces and educational facilities are mostly lacking in hosting sites, further undermining the well-being of children. Furthermore, poor infrastructure and lack of specialized facilities

exacerbate conditions for persons with disabilities, aggravating their marginalization and exclusion.

In 2022, CCCM Cluster partners collected site-level information for 1,331 hosting sites across Yemen, covering 71 per cent of internally displaced persons living in hosting sites.

Projection of Needs

In 2022, displaced families will continue to seek temporary refuge in informal hosting sites. Inadequate access to basic services, substandard living conditions and heightened risks of exposure to communicable diseases are expected to continue to prevail in these sites. Competition over access to basic services and local markets is expected to continue to stoke tensions with host communities. With 4 in 5 sites without a formal tenancy agreement, eviction risks are expected to remain high, and with them, the attendant risks of harassment, physical harm and psychological distress.

Without a countrywide cessation of hostilities, the number of sites hosting displaced people is projected to increase. At the same time, needs are expected to increase significantly in existing hosting sites. Assessments project that the number of hosting sites lacking adequate shelter maintenance, basic services and access to life-saving assistance will increase. CCCM partners will also continue to verify and map informal hosting sites and camp-like settings, which might result in an increase in the overall number of sites. In 2021, the number of hosting sites rose by 30 per cent as a result of this process.

Monitoring

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

#	INDICATORS
x01	# of sites with functional site management teams # of CCCM staff and authorities with strengthened capacities in site management (disaggregated) # of referrals tracked and addressed using the Area Based Approach
x02	# people incentivized through cash for work for site maintenance (disaggregated) # site tool kits and material for maintenance, safety and hazard prevention # sites with safety and risk prevention community-led projects
x03	# of functional community self-organizing committees with inclusive, gender-balanced participation of both men and women # of community-based projects aimed at site management and community ownership # of mass information campaigns conducted # of sites with functional Complaints and Feedback Mechanisms established

3.2 Education



PEOPLE IN NEED (PIN)	INTERNALLY DISPLACED PERSONS	IRREGULARLY PAID TEACHERS	GIRLS	CHILDREN WITH DISABILITIES
8.5m	1.42m	172k	47%	870k

Overview

Access to education for school-aged girls and boys has been impeded by years of conflict, economic decline and COVID-19. Nearly 8.5 million school-aged girls and boys need education assistance. The education system is on the verge of collapse, affecting 6.1 million boys and girls enrolled in formal education. Some 1.42 million internally displaced school-aged children and about 870,000 children with disabilities face serious challenges to access education.

Hostilities continue to disrupt schooling while the fragmentation of the education system is having a profound impact on learning and overall cognitive and emotional development, and the mental health of 10.6 million school-age boys and girls in Yemen.

Irregular payment of teachers' salaries continues to hinder structured learning. It is estimated that 65 per cent of teachers have been irregularly paid since 2016, with many opting to leave to pursue other income generating activities. In 2021, education was interrupted by COVID-19, compounding dropout risks due to financial insecurity. Today, 2.42 million school-aged girls and boys are estimated to be out of school.

Protracted displacement, distant schools, safety and security risks, including explosive hazards, coupled with a lack of female teachers – who represent only 20 per cent of the educational workforce – and a dearth of gender-sensitive and accessible WASH facilities, drive vulnerabilities, and encourage girls and boys to dropout. At the same time, dropping out of school exposes girls to increased risks of early marriage and domestic violence, while boys face a higher risk of being recruited into armed groups.

There is a clear need to establish, rehabilitate or expand schools near vulnerable communities. There is also a need to build the capacities of educators and teachers to equip them to maintain safe, inclusive and equitable learning environments. Furthermore, ensuring remuneration for some 172,000 teachers currently not receiving regular salaries or incentives is a first step in improving learning quality.

Affected Population

The Education Cluster prioritizes girls and boys aged 5 to 17 years, in addition to overaged learners who missed years of schooling due to the conflict. Two-thirds of school-aged children live in areas where there are significant challenges to aid delivery due to conflict or other impediments.

Over 2.4 million school-aged girls and boys are out of school. At the same time, 870,000 children are displaced, with many displaced more than once, having their education interrupted multiple times in the process.

Analysis of Humanitarian Needs

Of 10.64 million school-aged girls and boys in Yemen, the Education Cluster estimates that 8.5 million need assistance, with about 1.2 million in acute need. The Cluster calculated the severity of needs based on enrolment data, number of non-functional or affected schools, size of the school-aged population, number of displaced children and the availability of paid teachers.

Conflict – and consequent learning disruptions – are negatively impacting the development of nearly all school-aged boys and girls in Yemen. Some 2,916 schools have been destroyed, damaged or used for

non-educational purposes,²⁹ affecting the learning of about 1.5 million school-aged girls and boys. At the same time, even functioning schools are overcrowded and under-resourced, having to resort to mixed-aged and mixed-ability schooling.

Displaced girls and boys need learning materials to stay connected with learning and have a minimum sense of normalcy. 870,494 children with disabilities need support to overcome discrimination and physical and financial barriers to access essential services, including specialized educational services and support.

With many teachers leaving the sector to seek other income opportunities, the lack of qualified teachers remains a challenge. Since 2016, 65 per cent of teachers – including 20 per cent female teachers – in half of Yemen's governorates have been unpaid, receiving minimal allowances only. Predictably, salary nonpayment and delays disincentivize teachers, who regularly fail to report for work, opting to seek other opportunities to supplement their income. MCLA data confirmed that thousands of teachers are not regularly present in the classrooms with the highest absenteeism reported in Amran, Hajjah, Sana'a and Ta'iz. In addition, teachers need training on mental health and psychosocial support, conflict sensitivity and inclusion; skills essential for addressing the needs of conflict-affected girls and boys.

Across the country, functional schools suffer from classroom overcrowding, reaching in some areas more than 80 pupils per classroom, as well as the unavailability of textbooks and other teaching and

learning materials. According to surveyed households, textbooks and educational supplies are the highest in need. These challenges are compounded by school closures due to the use of buildings as displacement shelters and COVID-19 quarantine centres.

The risk of armed attacks or recruitment into armed groups at schools, as well as general violence and protection concerns, represent serious safety concerns, leading parents to keep their children – especially girls and those with disabilities – at home. According to MCLA, more than 3,400 surveyed households pointed out that schools are far from their homes. At the same time, frequent displacement increases dropout rates among displaced children, limiting enrolment in temporary learning spaces. In addition to learning losses, children not attending school are deprived of associated services such as school feeding, social assistance, and access to a safe environment that would enhance their ability to cope psychologically. Without schools, girls and boys are at increased risk of domestic and social violence.

Projection of Needs

The issues outlined above remain critical in 2022. Protection and socioeconomic barriers will also need to be addressed to facilitate better access to education, particularly for internally displaced school-aged boys and girls. Ongoing conflict, COVID-19 and school closures have caused more children to drop out of school, which is bound to increase the protection risks described above.

Monitoring

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

#	INDICATORS 2022	SOURCE
x01	% School aged children (girls and boys) enrolled in Formal and Non-Formal education.	MOE/Education Cluster
x02	% Children not attending school by sex and school-level (SADD).	MOE/UNOCHA/MCLA
x03	Proportion of school aged children who are internally displaced and/or returnees.	UNOCHA/RRM
x04	% of closed/non-functional schools.	MOE/Education Cluster/MCLA
x05	Percentage of Teachers (female and male) receiving salary/incentives	MOE

3.3

Food Security and Agriculture



PEOPLE IN NEED	ACUTE PIN	WOMEN	CHILDREN	WITH DISABILITY
19m	7.3m	24%	51%	15%

Overview

According to the latest IPC results, the number of people likely to experience high levels of acute food insecurity (IPC Phase 3 or above) is estimated to reach 17.4 million (54 per cent of the population) in the period between January and May 2022. Assuming food assistance might decrease during the coming months, deterioration in economic conditions and further devaluation of the Yemeni rial, rise in global food prices³⁰ and increase in fuel prices, the number of people in need is expected to reach 19 million (60 per cent of the population) starting in June 2022.

Between June and December 2022, 233 of Yemen's 333 districts are projected to be coping with emergency levels of hunger (IPC Phase 4), compared with 151 districts in the period between January and May. Worryingly, the number of districts with pockets of people experiencing catastrophic levels of hunger – IPC Phase 5 – is projected to increase sixfold, from 3 in the period between January and May to 22 from June to December.³¹

The proportion of the population in IPC Phase 3 or above is highest in Al Hodeidah, Raymah, Hajjah, Amran and Al Jawf governorates. In terms of absolute numbers, population-dense governorates witnessing conflict and increased displacement such as Al Hodeidah, Hajjah Ta'iz and Sana'a City host about half of the total population in IPC Phase 3 or above. Furthermore, all districts in Ma'rib Governorate are projected to be in IPC Phase 4 in June 2022.

Affected Population

The number of people in IPC Phase 3 (i.e., those unable to meet their minimum food needs) has almost doubled from 6 million to 11.7 million since 2015. As a majority of people in Yemen slip into acute food insecurity (IPC Phase 3 and above) their livelihoods are eroded and reliance on food assistance increases. Even minor shocks with a direct impact on food consumption such as decreased food assistance, import challenges, or sharp increases in food prices would be detrimental to the well-being of most people in Yemen.

Food Security and Agriculture Cluster (FSAC) partners aim to target the most insecure and vulnerable people – those facing IPC Phase 3 food insecurity levels or above – through the twin-track approach of 'saving lives and enhancing livelihoods'. This approach combines the delivery of immediate life-saving emergency food assistance to the most vulnerable and food-insecure households to meet their basic food needs with the provision of emergency livelihood support, the rehabilitation of community assets and productive infrastructures, technical assistance for the establishment of micro-businesses and training to boost employability while stimulating economic recovery.

Analysis of Humanitarian Needs

Conflict is the primary driver of the dire food insecurity situation in Yemen. It has caused damage to infrastructure, spurred internal displacement, reduced agricultural production, constrained the movement of people and goods, and disrupted livelihoods. Deteriorating macroeconomic conditions, with the combined effects of accelerating inflation, depreciation of the rial and falling incomes, have compounded food insecurity – a situation exacerbated by persistent fuel shortages, with the attendant disruption of public services, and humanitarian access constraints.

Based on the MCLA results, on average 87 per cent of those interviewed reported owing debt. Notably, 38 per cent reported that debt was due to purchasing food on credit; 3 per cent due to purchasing productive inputs such as seeds and fertilizers on credit; 4 per cent due to purchasing assets such as livestock and transportation on credit. Vulnerability of affected population is apparent from results indicating that combined, daily casual labour, gifts from relatives and borrowing represent the main source of income for 71 per cent of the surveyed households. In terms of what households require to improve livelihoods, the main needs were employment (57 per cent), business grants (16 per cent) and provision of small ruminants (7 per cent). With regards to ongoing humanitarian assistance, 37 per cent of the respondents highlighted the need to improve quantity of assistance with 32 per cent noting the need for better quality.

Governorates with a high prevalence of food-insecure populations (IPC Phase 3 and above) are characterized by the pervasiveness of active conflict zones. These include parts of Ta'iz, Al Hodeidah, Hajjah, Shabwah, Ma'rib and Ad Dali'. Conflicts in these areas have resulted in large population displacements, widespread loss of livelihoods, disruptions to food supply chains and market access, increased costs and risks for businesses and disrupted delivery of critical life-saving assistance. In addition to an extraordinary breakdown of access to basic services like healthcare, education, safe water and sanitation.

Yemen is reliant on imports for nearly 90 per cent of its food needs; a dependency that exposes it to external shocks such as a decline in remittances, international food price hikes, the COVID-19 induced global economic

slowdown, and currency fluctuations.³²

Increased food and fuel prices, intermittent salary payments, and dwindling remittances have reduced the purchasing power of households. In 2021, public sector employees and retirees had to contend with further purchasing power reductions due to delays in salary and pension payments and currency depreciation.

Yemen is ranked as the 30th most vulnerable and 17th least ready country to address climate change effects. Recent evidence suggests that large and abrupt climatic events have increased, frustrating food security efforts. In 2021, torrential rains were reported across much of the country, triggering flash floods in Aden, Hadramawt, Hajjah, Lahj, Abyan, Dhamar, Ma'rib and Al Bayda governorates. Rainstorms were in some cases accompanied by hail, which caused widespread damage to vegetables, particularly in the Central Highlands (northern parts of Ibb and southern part of Dhamar governorates). In the meantime, cold conditions encouraged the spread of maladies affecting vegetables and fruits. After the end of the winter season, dryness and a general increase in temperatures led to a decrease in soil moisture, negatively affecting agricultural activities, especially of small-scale farmers with little or no access to groundwater irrigation facilities. The increased cost of water pumping for irrigation – due to fuel shortage and high prices of other inputs – further hampered agricultural production. By the end of September 2021, locust groups formed in several areas, particularly the interior parts of Shabwah, Abyan, and Lahj governorates, critically affecting crops there. In addition, the appearance of Fall Armyworms (FAW) in several governorates – including Abyan, Lahj, Al Hodeidah, Hajjah and Raymah – presented a serious threat to cereal production, notably sorghum and maize crops.

In 2021, remittances to Yemen showed signs of recovery from the impact of the global economic slump induced by COVID-19. Nonetheless, the inherent vulnerability of remittances to shocks remains. Domestic developments in key remittances source countries suggest that the value of remittances to Yemen might see reductions in the medium and long terms. Reduction in remittances would have implications for import/trade financing and the exchange rate.

Reductions in humanitarian assistance due to funding shortfalls have also led to increased levels of vulnerability. Due to the fragile funding situation, FSAC partners were forced to adjust the volume or frequency of distributions, i.e., providing bi-monthly instead of monthly assistance or reducing food rations by half.

Protection of Needs

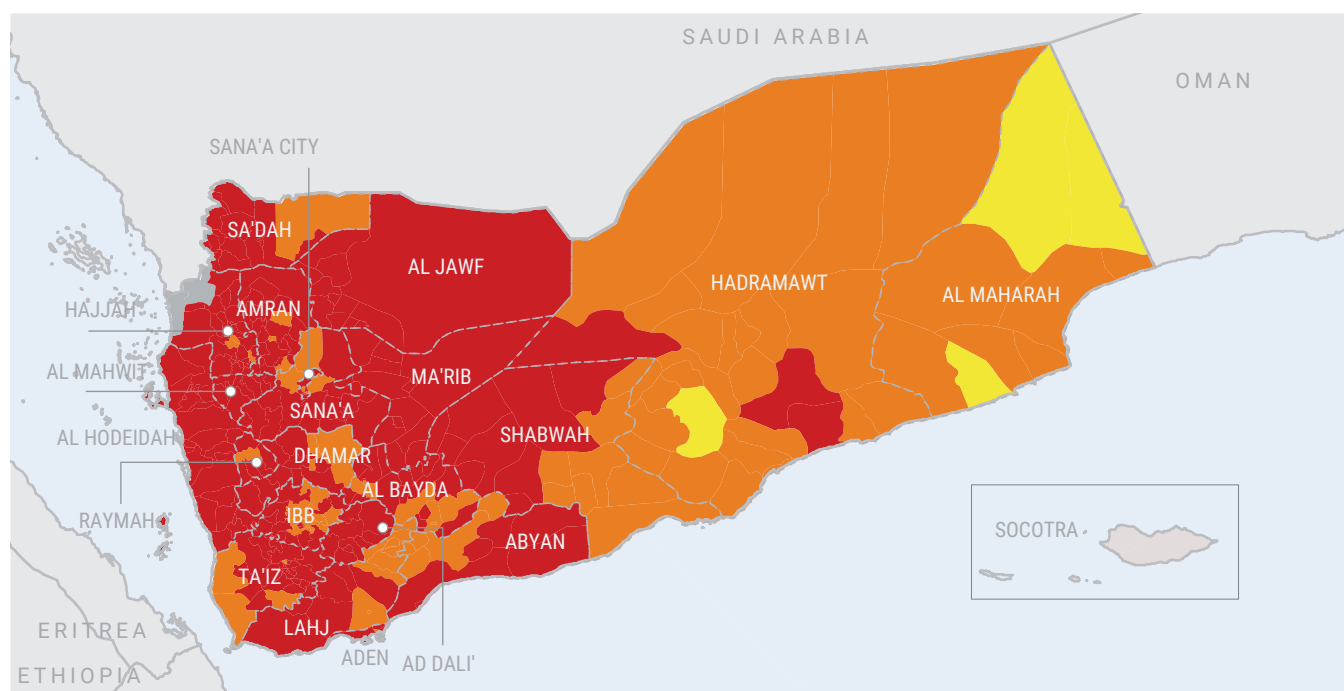
Acute food insecurity has aggravated existing inequalities and created new vulnerabilities, with certain social groups bearing the brunt of these developments. Women are forced to cope with the impact of reduced access to food through unsustainable strategies, such as reduced consumption to feed others, selling assets, or taking on risky jobs. Internally displaced people are among the most food-insecure population groups, largely due to reduced access to livelihood opportunities and lack of assets. Facing discrimination and enduring poverty, the Muhamasheen have reduced access to livelihood opportunities and basic needs and services, including food, safe water, sanitation and education. Refugees and migrants are heavily reliant on humanitarian aid to access food and other basic needs. The elderly and people with disabilities are disproportionately affected by food insecurity. Often marginalized, children with disabilities face particularly significant acute food insecurity risks.

According to the latest IPC findings, the number of people likely to experience high levels of acute food

insecurity (IPC Phase 3 or above) is expected to reach 19 million in June 2022 – a nine per cent increase from the 17.4 million experiencing the same conditions in the first half of 2022. This increase is largely attributed to expected reductions in food assistance due to underfunding.

Monitoring

FSAC partners work to ensure a people-centered response, safeguarding inclusion of all vulnerable groups and minimizing actual and potential exclusion errors. They collect data disaggregated by age, gender and location to monitor and assess beneficiaries' access to food security assistance programmes. FSAC partners will track the main food insecurity risk factors, including exchange fluctuations, the cost of the minimum food basket and other key commodities and livelihood inputs, import volumes of key commodities, fuel price fluctuations and the associated impact on supply chains, and agricultural production. Partners will rely on monitoring, including remote calls, to capture food security indicators and highlight the evolution of needs. Special emphasis will be given to monitoring food security in districts with pockets of population experiencing catastrophic conditions (IPC Phase 5), both through face-to-face and remote monitoring modalities. Information gathered through partners will also contribute to re-programming and targeting.



Source: Integrated Phase Classification (IPC)

3.4 Health



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
21.9m	12.6m	9.3m	22%	55%	15%

Overview

The health conditions of people in Yemen continue to deteriorate in wake of endless conflict, which has devastated the Public Health System. According to the 2020 HeRAMS, 49 per cent of health facilities are either non-functional or partially functional; and even fully functional health facilities struggle to provide health services due to staff shortages, inadequate supplies and equipment, inability to meet operational costs and power outages caused by lack of fuel. Assessments indicate that 11 per cent of health facilities are either fully or partially damaged and need rehabilitation. Additionally, 117 districts – 35 per cent of Yemen's 33 districts – have no functioning district-level hospitals, indicating a lack of access to secondary health care. Moreover, the number of health workers is well below the global WHO standard – 12 health workers per 10,000 people compared with 20 per 10,000; while 37 per cent of functioning hospitals lack specialist doctors. Furthermore, 19 out of Yemen's 22 governorates face severe shortages in available inpatient and maternity beds – 6 beds per 10,000 people: half of the WHO standard.³³ It is estimated that 42.4 per cent of Yemen's population live more than one hour away from the nearest fully or partially functional public hospital, and 30.6 per cent live more than 30 minutes away.³⁴

Maternal and child mortality is on the rise and the latest estimates point to one mother and six newborns dying every 2 hours in Yemen.³⁵ Additionally, armed conflict is now the third leading cause of death after ischemic health diseases and neonatal disorders. Injuries are responsible for 60 per cent of deaths in children between the ages of 5 and 14 and 36 per cent among adults. Trauma, therefore, places an enormous burden on an already overstretched and under-resourced public healthcare system. The conflict has spurred significant

outbreaks of communicable diseases including vaccine-preventable diseases such as cholera, diphtheria, dengue, measles. Recent years saw the resurgence of vaccine-derived polio viruses in Sa'dah, Ma'rib, Ta'iz, Dhamar, Al Hodeidah, Aden and Sana'a governorate. Although the last case of cVDPV1 was reported in March 2021; 16 cVDPV2 cases have been recorded in eight governorates. Declining routine immunization coverage; reduced supplementary immunization activities against polio; and extensive population movement from the Horn of Africa are some of the predisposing factors to these outbreaks.

The COVID-19 pandemic has further worsened the health situation, deepening health needs and negatively affecting the availability and accessibility of essential life-saving health services. Public health system fragmentation, lack of information sharing, weak infection prevention measures in health facilities, limited advanced care and testing resources, and vaccine hesitancy are among the challenges hindering an effective COVID-19 response in Yemen.

Health Needs

The ongoing conflict has compromised the availability and accessibility of health care, especially in rural and conflict-affected areas. In 2022, 21.9 million people are expected to need support to access health services, a nine per cent increase compared with 2021. Of those, 12.6 million are expected to be in acute need of health assistance. The number of people in acute need, and those who will be targeted with health assistance, is also expected to increase by nine per cent compared with 2021. The number of districts with severe and extreme health needs (severity scores 4 and 5), increased from 171 in 2021 to 253 districts: a 25 per cent increase.

Priority health needs include supporting community-based, primary, secondary and tertiary care; communicable disease control through enhanced surveillance and early detection; response to outbreak-prone and endemic diseases; strengthening trauma and emergency care; bolstering physical rehabilitation, including the provision of assistive devices for early mobility; reproductive, maternal, neonatal and child health care; mental health and psychosocial support (MHPSS); and non-communicable disease (NCD) management and referral based on the minimum service package. Furthermore, there is a need for increased support for community and primary level care through mobile health teams for populations unable to access health facilities; integrated outreach activities, the inclusion of NCD and MHPSS at the primary care level; and enhancing referrals between different levels of care.













































In addition, due to inadequate resources and weak governance, the number of health care workers is limited, and the capacity of those available is severely depleted. There is an urgent need for a sustained incentive payments model for essential health workers and medical specialists, particularly in rural and conflict-affected areas. More investment is also required in medium- and long-term capacity-building programmes, especially for hard-to-find medical specialties.

Furthermore, damaged and closed health facilities need rehabilitation to restore their functionality; and supply chain and dispatch facilitation support is required to ensure that functional health facilities have access to equipment and dependable supplies of medicines, fuel, oxygen and water.³⁶

Economic deterioration has deepened health needs. In rural areas, increased transportation costs – due to fuel shortages – and rising food prices are forcing people to choose between paying for transportation to seek health care or buying food. At the same time, people in areas seeing ongoing hostilities and shifting front lines are often unable to access health services.

Critical health needs are most prevalent in Ma'rib, Al Hodeidah, Hajjah, Sa'dah, Ad Dali' and Ta'iz governorates. However, military escalations and natural hazards have instigated increased needs in other governorates such as Shabwah, Al Jawf and Al Bayda.

AVAILABILITY OF HEALTH WORKERS AND BEDS DENSITY

GOVERNORATE	HWS DENSITY (PER 10K PEOPLE)	BEDS DENSITY* (PER 10K PEOPLE)
Al Maharah	34 	13 
Socotra	29 	10 
Aden	22 	15 
Abyan	21 	8 
Hadramawt	21 	9 
Shabwah	18 	9 
Ma'rib	17 	14 
Lahj	15 	9 
Amran	14 	6 
Sana'a City	13 	7 
Ad Dali'	12 	4 
Al Mahwit	12 	5 
Sana'a	12 	4 
Al Hodeidah	11 	3 
Raymah	10 	5 
Ta'iz	10 	6 
Al Bayda	9 	6 
Sa'dah	9 	4 
Al Jawf	8 	4 
Dhamar	8 	3 
Hajjah	8 	3 
Ibb	7 	4 

*3 of 22 governorates have enough inpatient beds (>10 beds per 10K people)

Affected Population

The most vulnerable groups requiring health assistance include internally displaced people, children, the elderly, people with disabilities, people with non-communicable diseases, people suffering from mental health and psychological issues, marginalized communities, and those injured and hostilities. Moreover, some 8.1 million women of reproductive age require assistance to access reproductive health services, including antenatal care, safe delivery, postnatal care, family planning, emergency obstetric and new-born care. It is estimated that 1.3 million women will deliver in 2022; about 195,000 will require assistance to access emergency cesarean operations to save their lives and that of their newborns.

Those suffering from chronic non-communicable diseases remain vulnerable due to the lack or unaffordability of medicines, given rial depreciation, rising inflation and non-payment of public sector salaries.

Given their status, migrants, refugees and asylum seekers have specific health needs. They often lack resources and referral pathways to access health care services. Thousands of migrants are expected to be stranded in urban transit hubs across Yemen, with extremely limited access to essential services, including health care.

MCLA findings highlighted that only 25 per cent of interviewed households can access the nearest health facility within 30 minutes. Whereas 35 per cent require more than 60 minutes to reach to the nearest health facility. Out of the interviewed, 67 per cent people have to pay some amount for health service at public health facility. Among those, 19 per cent considered cost of consultation and medication expensive, hindering them from accessing public health service. Due to this, households have to adopt negative coping strategies. Some 13 per cent of the households reported reduced spending on food as one of the negative coping strategy. Another 10 per cent reported that they were unable to get treatment due to higher-cost and lower paying capacity. This, in long run, will have serious impact on health and physical wellbeing of household members, specially for children, elderly and pregnant women. Around 17 per cent household reported borrowing money for health expenditure and 5 per cent reported selling household assets as a coping strategy.

Protection Needs

Violence against health workers, assets and patients remains a serious risk. In 2020 and 2021, 175 attacks on health workers, patients, facilities, ambulances, warehouses and other assets were reported.³⁷ Such attacks have severe consequences, depriving communities of access to essential health services. The destruction of accessible assets and infrastructure exacerbates the challenges people with disabilities and older persons face in accessing health services. Anecdotal evidence indicates an increase in reported GBV cases in 2021. However, the number of health workers trained to provide services for survivors remains limited, while appropriate services, including

outreach services, separated spaces and the availability of female health workers – necessary for improving women and children's access to health care in general – are sorely inadequate.

According to WHO/Lancet estimates, about seven million people require mental health treatment and support, but only 120,000 have uninterrupted access to these services. Some 3.5 million persons with disabilities in need of assistance lack specialized health and protection support due to the limited number of specialized health facilities, which tend to be concentrated in major urban centres. At the same time, lack of quick access to trauma and rehabilitation services is leaving people suffering from acute injuries with permanent disabilities.

Integrated Programming: Health, Nutrition, FSAC, WASH and Protection

Health Cluster partners will work in collaboration with the WASH Cluster on strengthening the response to water and vector-borne diseases, and with the Nutrition, FSAC and WASH clusters to bolster the response to malnutrition based on the Integrated Famine Risk Reduction (IFRR) approach. The Health Cluster will also adopt integrated programming with other sectors to enhance protection mainstreaming, PSEA, MHPSS and environmental sustainability. It will also work on enhancing reporting through stronger data disaggregation.^{38 39}

Humanitarian Development Peace Nexus (HDPN)

Health Cluster partner will emphasize sustainable interventions in the provision of life-saving and life-sustaining assistance, addressing the needs of people in minimal stress categories (1, 2 and 3) through development and resilience activities. Health partners will advocate with development stakeholders for synergies to address medium and long-term development needs and sustain health financing to strengthen the health system. This will be done by focusing on building the capacities of health workers, restoring health facilities to full functionality, and expanding physical rehabilitation services to conflict-affected areas. These measures will increase the resilience of vulnerable population groups, contributing to SDG-3 (Good Health and Well-being).

Monitoring

As per Health Cluster DHIS2 reporting system, health partners will report on a monthly basis against the below indicators to monitor the health response.

#	INDICATOR
X01	# Mobile team
X02	# Health facilities (hospitals/health centers/health units)
X03	# Total of out-patient consultations
X04	# Outpatient consultations - host community
X05	# Outpatient consultations -internally displaced persons
X06	# Outpatient consultations - migrants/refugees/asylum seekers
X07	# Outpatient consultations for people with disabilities
X08	# Outpatient consultations for elderly (above 65 years)
X09	# Consultations for communicable diseases
X10	# of admissions (hospitalization)
X11	# Conflict-related trauma cases received life support
X12	# Surgeries
X13	# SGBV cases provided clinical care
X14	# of referrals
X15	# of antenatal care visits
X16	# of normal deliveries
X17	# of postnatal care visits
X18	# of C-section
X19	# Consultations for heart disease
X20	# Consultations for diabetic patients
X21	# Consultations for hypertensive patient
X22	# Consultations of dialysis
X23	# Mental health consultations
X24	# Psychosocial support beneficiaries
X25	# of children under 1 year received Penta3
X26	# SAM cases admitted children under 5 years
X27	# Health facility with provision of fuel
X28	# Health facility with health center provision of water
X29	# of health care trained
X30	# Beneficiaries of medicines/ total
X31	# Health facility support in IPC supplies
X32	# Health facility rehabilitated- refurbished

3.5 Nutrition



PEOPLE IN NEED	ACUTE PIN	MODERATE PIN	FEMALE	CHILDREN	WITH DISABILITY
8.1m	2.9m	4.5m	67%	68%	15%

Overview

More than eight million people in Yemen need life-saving curative and preventive nutrition assistance. Some 2.2 children under 5 are projected to need treatment for acute malnutrition, including 538,000 severely malnourished children – 54,000 of whom are projected to suffer from severe acute malnutrition with complications – and 1.6 million moderately malnourished children. Furthermore, 1.3 million pregnant and nursing mothers need treatment for acute malnutrition.

The IPC and SMART assessments show that even though the projected numbers of malnourished children did not change compared with 2021, the burden of severe acute malnutrition among children under 5 increased by 36 per cent. At the same time, the projected burden of acute malnutrition among pregnant and nursing mothers saw a 12 per cent increase compared to last year.

More than 2.4 million children under 5 are suffering from chronic malnutrition and, therefore, face a significant risk of losing their future development and learning opportunities because of stunting. In some governorates, such as Hajjah and Al Hodeidah, half of the children have already lost their future learning and developmental potential. Additionally, it is estimated that at least 362,000 children under 5 are suffering from both acute and chronic malnutrition. These children are losing their future and have a 12 times greater chance of losing their lives.

In Yemen, over 2 million children under the age of 5 show weights below the healthy weights for their respective ages. These children are at higher risk of developing malnutrition, including micronutrient deficiencies that would adversely affect their survival and development. Acute needs for life-saving curative and preventive nutrition interventions are present in 122 of Yemen's 333 districts. In 34 districts, needs are very severe, requiring urgent life-saving nutrition interventions. Concentrated in Hajjah, Al Hodeidah, Ta'iz, Al Jawf, Sa'dah, Ma'rib, Amran and Ad Dali', these are the same district with emergency levels of acute food insecurity. By mid-2022, Abs and Hayran districts of Hajjah Governorate are projected to have extremely critical (IPC Phase 5) levels of acute malnutrition.

SEVERITY RANKING	NUMBER OF DISTRICTS	DISTRIBUTION OF THE POPULATION IN NEED IN PERCENTAGE
Minimal	29 districts	8 percent
Stress	80 districts	31 percent
Severe	98 districts	25 percent
Extreme	82 districts	25 percent
Catastrophic	44 districts	11 percent

The latest IPC assessments, published in March 2022, suggest an apparent deterioration in food security in many districts during the first half of 2022, with 151 of Yemen's 333 – 45 per cent – having emergency levels of food insecurity (IPC Phase 4). By mid-2022, that number increases to 233, i.e., 70 per cent of all districts. A weakened health system and limited access to safe water and sanitation services are expected to accelerate the deterioration in children and mothers' nutritional and food security situation in Yemen. Continuing conflict and economic shocks will further compound the problem, especially in districts along the Red Sea coast, where malnutrition and food insecurity rates are more prevalent.

Affected Population

After seven years of war, access to healthy and diverse food is hampered by economic deterioration, massive and repeated displacements, and limited access to markets in conflict-affected areas. It is estimated that 2.2 million children are acutely malnourished, i.e., suffering or will suffer life-threatening conditions due to acute malnutrition. Some 538,000 children are in imminent danger of death because of severe acute malnutrition. These children are 12 times more likely to die than their well-nourished peers. Without appropriate treatment, between 30 and 50 per cent of these children will die. In other words, between 190,000 and 316,000 severely malnourished children are at the risk of death if timely care is not provided. This number includes some 3,000 deaths among severely malnourished infants younger than six months. Furthermore, 54,000 children suffer from acute malnutrition with complications, increasing their likelihood of death tenfold.

Conflict, large-scale displacement, and recurrent climate shocks are creating an environment conducive to communicable disease outbreaks. This is at a time when the COVID-19 pandemic is adding additional burdens on an already overstretched health system.

In Yemen, 1.6 million children under 5 suffer from moderate acute malnutrition. They face the risk of suffering from other morbidities and developing severe acute malnutrition. The risk of death among moderately malnourished children is four times higher than well-nourished children.

Epidemiologic data of acute malnutrition suggest multi-faceted causality of acute malnutrition in Yemen, necessitating multi-sectoral public health and protective nutrition interventions. The majority of the people interviewed in the MCLA reported that more than 2,740 water containers were dirty and not sealed and this may lead to the spread of diseases such as malaria, diarrhea and others which may worsen malnutrition conditions. MCLA findings also show that some bad hygiene practices such as open defecation may lead to an increasing rate of malnutrition as well as promote the spread of diseases. Additionally, around two million children under 5 are losing their future potential because of chronic malnutrition-induced stunting. These children will not benefit from investment in their education and will not reach their full prospects as adults if they survive. Stunted children face a six-fold increase in mortality compared to children with normal anthropometries. The 2021 SMART survey showed levels of stunting exceeding 15-20 per cent in Yemen, and levels of stunting exceeding 40 per cent in all areas except Aden, Shabwah, Hodeidah City, the high and lowlands in Abyan, Hadramawt, Ta'iz City and the Lahj highlands. MCLA results indicated that 14 districts suffer from high numbers of severe acute malnutrition cases.

The integrated food security phase classification (IPC-AFI) shows that at least three million children under 5 and 1.4 million pregnant and nursing mothers live in food-insecure areas. These numbers are projected to increase in the second half of 2022, reaching 3.3 million children under 5 and 1.5 million pregnant and nursing mothers.

The SMART assessment showed that in many areas in Yemen between 70 and 90 per cent of children under 5 are being fed with diets not meeting the minimum acceptable diet standards in terms of quality and quantity. The prevalence of anemia in children aged between 6 and 59 months is 86 per cent, and 71 per cent among pregnant and nursing women. At least one million children under 5 and 450,000 pregnant and nursing mothers need urgent food assistance.

Nutrition Cluster partners estimate that available capacity is enough to provide life-saving curative and preventive nutrition assistance to 70 per cent of children and women in need – that is, if 2021 funding levels are maintained. Absent the scale-up of nutrition services

in Yemen, 200,000 acutely malnourished children, one million chronically malnourished children, and 400,000 million pregnant and nursing mothers will be left without care.

In 2022, ramping up curative and preventive nutrition care will avert 239,000 children under 5 deaths, and prevent 129,000 mothers from facing death or morbidity because of anemia and micronutrient deficiencies. Moreover, over half a million new cases of severe acute malnutrition and 21,000 deaths among children under 5 will be prevented by scaling up moderate acute malnutrition management.

Analysis of Humanitarian Needs

The drivers of malnutrition in Yemen are complex, consisting of primary, contextual and contributing vulnerabilities. The protracted conflict and a weakened and overstretched health system have reduced equitable access to health, WASH and nutrition services for children under 5 and pregnant and nursing mothers. Some 5.4 million children under 5 and 2.5 million pregnant and nursing mothers need life-saving curative and preventive nutrition services, including 3.2 million children and 1.5 women who have acute needs. This includes 500,000 children with disabilities.

2021 saw a noticeable increase in the number of children affected by diarrheal diseases, acute respiratory tract infections, and fevers such as malaria. Moreover, economic deterioration in 2021, which saw skyrocketing inflation and unprecedented devaluation of the local currency in many parts of Yemen, weakened household purchasing power. In 2021, the average cost of the minimum food basket more than doubled in parts of Yemen, which resulted in a marked increase in rates of inadequate food consumption. These factors negatively impacted access to healthy and diverse food, increasing nutrition deprivations among women and children and the adoption of harmful coping mechanisms, such as child labour and child marriage.

Except for very few zones, the results of the SMART assessment indicate a deterioration in all nutrition indices compared with 2018 and 2019. Moderate acute malnutrition rates are three-fold those of severe acute malnutrition, suggesting that the overall food security and malnutrition situation is deteriorating. Of great concern is the finding that in 130 districts,

between 50 and 70 per cent of children under five have already lost their future development opportunities due to irreversible yet preventable chronic malnutrition. Between 20 and 40 per cent of children under 5 are chronically malnourished in the remaining 203 districts. Similarly, some 50 per cent of pregnant and nursing mothers are malnourished and face, therefore, increased risks of developing anemia, infections or other complications associated with pregnancy and delivery. They, moreover, have very constrained abilities to appropriately feed and take care of their children, who will have increased chances of being malnourished. Thus, addressing nutrition vulnerabilities in Yemen must take a mother and child-centered approach.

Integrated multi-sectoral preventive and curative approaches are needed in Yemen. Using and strengthening existing mechanisms such as community management of acute malnutrition, blanket supplementary feeding programmes, integrated famine risk reduction, a community-centered health approach – including mobile health services as well as minimum health, and mental health and psychosocial support (MHPSS) services – is critical to address the complex nutrition situation in Yemen.

Over the past three years, more than two million moderately and one million severely malnourished children were reached with treatment. However, annual admissions for treatment averaged around 320,000 and 712,000 severe and moderate acute malnutrition cases. These trends show the importance of prevention and early detection in managing acute malnutrition. A comprehensive approach is of primary significance, using all possible operational entry points such as immunization, protection, and reproductive health services.

In addition to scaling up existing preventative and curative nutrition services, addressing nutrition needs in Yemen requires the adoption of innovative approaches such as using protection and nutrition as reciprocal entry points to scaling both services, using cash and voucher assistance to improve access to health and nutrition services and improve dietary diversity through complementary feeding among infants.

Without scaling up timely life-saving nutrition preventive and curative interventions, severe acute malnutrition and moderate acute malnutrition cases will increase

four folds and three folds, respectively, in 2022. With a 70 per cent coverage of areas in need, the death of more than one million children under 5 with severe and moderate acute malnutrition can be averted; 800,000 cases of acute malnutrition will be prevented from deteriorating to severe acute malnutrition, and 250,000 pregnant and nursing mothers will be spared from health complications and death.

Projection of Needs

Prevention of acute malnutrition reduces demand on an already overstretched health system. The scale of early detection mechanisms will lessen the need for hospitalization. Without a comprehensive mother and child-focused preventive approach focusing on the first 1,000 days of the child's life, the inter-generational cycle of malnutrition and stunting will continue.

The latest IPC Acute Malnutrition (IPC AMN) classification results show that 40 districts are currently in the critical phase (IPC Phase 4), compared with 19 between January and June 2022. In the second half of 2022, the number of districts in the critical phase is projected to increase to 108. By June 2022, the districts of Abs and Hayran in Hajjah Governorate are projected to be in the extremely critical (IPC Phase 5) acute malnutrition phase.

The IPC-AFI suggests that the number of children facing acute food insecurity has increased from 2.8 million during 2021 to 3 million children during the first half of 2022, and 3.2 million by the end of 2022.

Currently, 33 districts in Al Hodeidah, Hajjah and Ta'iz are in the emergency IPC-AMN phase (IPC Phase 4). It is estimated that 1.2 million children under 5 and pregnant and nursing mothers live in these areas (15 per cent of the people in need of life-saving nutrition interventions), including 184,338 severely malnourished children, 433,921 moderately malnourished children, 149,947 acutely malnourished mothers, and 405,000 stunted children.

It is estimated that 58,000 children under 5, who have disabilities, will require life-saving preventive and curative treatment of acute malnutrition. Disability among 60,000 children under 5 is compounded further because of chronic malnutrition. The Nutrition Cluster uses the Washington questions and criteria to define children with disabilities, which includes children with motor, mental, psychological or sensory disabilities.

Monitoring

The Nutrition Cluster will employ several ways to monitor evolving needs. First, it will use routine programme data collected monthly through the Nutrition Information System (NIS) to monitor admissions of children under 5 and pregnant and nursing women with acute malnutrition, as well as the outcome of the treatment (including cure rates, death rates, defaulter and non-recovery rates). Second, it will utilize the nutrition surveillance system implemented by the Ministry of Public Health and Population (MoPHP), in collaboration with WHO in secondary health facilities, to complement the understanding of the evolving nutrition needs in specific sites and at district and governorate levels.

Third, nutrition SMART surveys will be conducted in select zones in prioritized governorates to determine the prevalence of acute malnutrition among children and women and gather information on other associated factors. Fourth, Mid-Upper Arm Circumference (MUAC) screening integrated with Food Security and Livelihoods Assessment (FSLA) conducted to understand the nutrition situation will continue to complement assessments at the district level.

Finally, field-level monitoring through supportive supervision and monitoring visits will also be employed to monitor the programme and engage the community and other stakeholders to understand evolving needs and response implementation challenges. The following indicators will guide these:

#	INDICATORS	DESCRIPTION	BASELINE 2021	DATA SOURCE
x01	Global Acute Malnutrition (GAM)	Prevalence of GAM based on WHZ-score among children 6-59 months		SMART Surveys reports
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		Monthly Outpatient Therapeutic feeding Programme (OTP), MTs reports
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		Monthly Therapeutic Feeding Centres (TFC) reports
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		Monthly TSFP, MTs reports
x05	Number of pregnant and lactating women with MAM newly admitted for treatment in TSFP	Treatment of acute malnutrition in pregnant and lactating mothers		Monthly TSFPs, MTs
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		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		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		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		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		FDP sites
x11	Number of pregnant and lactating women receiving iron folate supplementation	Iron-folic supplementation for pregnant and lactating women		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		MOPHP/WHO monthly bulletin/ reports

3.6 Protection



PEOPLE IN NEED (PIN)	ACUTE PIN	WOMEN	CHILDREN	WITH DISABILITY
17.2m	9.2m	24%	51%	15%

OVERVIEW

Mounting civilian casualties, widespread and protracted displacement, economic deterioration and acute food insecurity, the collapse of public services and institutions, a weak rule of law, and the COVID-19 pandemic have combined to create a serious protection crisis in Yemen.

Civilians continue to face serious protection risks to their safety and well-being. Prolonged displacement – often in substandard living conditions – and continuing conflict have caused widespread psychological distress and increased mental health problems. A waning economy is eroding people’s resilience and increasing vulnerabilities; while public institutions are dilapidated, offering little in the way of redress. In this context, the most severe protection risks are faced by segments of the population with specific vulnerabilities such as women, boys and girls, the elderly, persons with disabilities and marginalized groups.

Women – particularly those heading a household – and girls are significantly affected by the deteriorating socioeconomic situation, abject poverty, degradation of living conditions and associated distress in families, with repercussions on the incidence of various forms of violence and negative coping mechanisms such as child marriage and other situations of exploitation. Protection risks for children remain high, either due to the direct impact of the conflict or the plunging resilience of their families, making children more vulnerable to exploitation, and more exposed to violence and human rights violations.

While in 2021 natural hazards, particularly in the form of seasonal torrential rains and flooding, have been less severe than in the previous year, they continue to present serious risks to the population, particularly

internally displaced people living in hosting sites. The Protection cluster has used different data sources such as PTF/DTM, CIMP, INAT/PMT, Service mapping, 3/4Ws and Education dataset. Also, the MCLA was one of the protection data sources used to validate the other previous protection data sources to identify the protection severity scores and PiN for the HNO 2022. Moreover, the MCLA has served as an overlay or comparison with previous protection data sources.

Affected Populations

The conflict has disrupted the lives of millions of Yemeni women, men, girls and boys. The people most in need of protection interventions include those exposed to death, injury, loss of property or other international humanitarian law (IHL) violations due to the indiscriminate conduct of hostilities, those exposed to risks from explosive remnants of war (ERW); those impacted by new or protracted displacement, and those facing risks from natural hazards.

Civilians living in areas close to active front lines are disproportionately impacted. It is estimated that 2,508 civilians were killed or injured in 2021 – almost half of whom women and children. The majority of incidents impacting civilians were recorded in Al Hodeidah, Ta’iz, Sa’dah, Sana’a and Ma’rib governorates.⁴⁰

Some 4.3 million women, men, girls and boys have been internally displaced since the start of the conflict. Over 1.5 million are dispersed across 2,358 hosting sites, many of which are acutely under-served, and often exposed to shifting front lines. According to assessments covering 45 per cent of hosting sites conducted by the CCCM Cluster, 20 per cent of displaced people living in sites perceived them to be threatened by conflict, 30 per cent lack sanitation facilities and 90 per cent lack fire safety measures.⁴¹

Makeshift sites are believed to be hosting some of Yemen's poorest and most marginalized internally displaced people. This includes people groups facing discrimination such as the Muhamasheen,⁴² who are said to be living in 41 per cent of sites.⁴³ Furthermore, hosting sites have high concentrations of social groups with specific needs, including female heads of households (present in 82 per cent of assessed sites); the elderly (in 81 per cent of sites); persons with disabilities (in 76 per cent of sites); and unaccompanied children (in 14 per cent of sites). These groups endure degrading and unsafe living conditions and the lack of adequate facilities, and face a heightened risk of exploitation and violence, including gender-based and other forms of physical and psychological violence.

Displacement increases vulnerabilities, putting women, children, the elderly, people with disabilities and marginalized groups at heightened risks. More than 80 per cent of internally displaced families have at least one family member with a specific vulnerability, i.e., a woman or child at risk, a person with a disability, an older person without adequate support, or a person with specific legal needs.⁴⁴

Living conditions for internally displaced families tend to be substandard due to limited access to basic services such as clean water, sanitation, education and health care. Overcrowdedness, particularly but not exclusively in hosting sites, coupled with the unaffordability or inadequacy of available accommodation, exposes many internally displaced families to the risk of eviction. This creates secondary displacement and further disrupts the lives of internally displaced people.

The possibility for safe return remains elusive for most internally displaced people due to continuing conflict and the associated security risks, destruction of property, risks from ERW and the lack of basic services. Increasing rates of displacement fuel tensions between displaced people and host communities, who are also impacted by conflict and in many cases need humanitarian assistance, over scarce resources.

Women and children are estimated to constitute 49 per cent of the total number of displaced people.⁴⁵ Women and girls continue to contend with inequality and limited resources and face specific risks due to prevalent sociocultural norms. Countywide surveys found women with specific needs – such as pregnant

or nursing women or female household heads – in 44 per cent of assessed households. At the same time, men and adolescent boys face livelihood losses and limited economic opportunities, leading to the adoption of negative coping mechanisms, such as recruitment in armed groups.

Other at-risk social groups such as persons with disabilities, the Muhamasheen and older people face exclusion from basic services and humanitarian assistance.⁴⁶ According to WHO estimates, some 4.8 million people in Yemen have disabilities. They face specific challenges, including when fleeing violence or accessing assistance. They often must contend with inadequate living conditions and the inaccessibility of sanitation facilities; conditions particularly rampant in sites hosting displaced people, where services are limited.⁴⁷

Prior to the conflict, the Muhamasheen, estimated at 3.5 million people,⁴⁸ have experienced social marginalization 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.⁴⁹ With large pockets in Al Hodeidah, Ta'iz, Ibb, Lahj, Al Mahwit, and coastal areas of Hajjah and Hadramawt governorates, the Muhamasheen often reside in slums or sites hosting displaced people on the outskirts of cities, without electricity, clean water or safe shelter, and with restricted access to education and other social and legal services, including civil status documentation. The locations of their settlements are often the result of discriminatory social attitudes that relegate them to the margins of communities.⁵⁰

Analysis of Humanitarian Needs

Indiscriminate fighting, air strikes, and the use of explosive weapons near densely populated areas continue to threaten the physical safety and mental wellbeing of civilians. They particularly affect child development,⁵¹ cause injuries and disabilities, destroy facilities need for the provision of essential services and determine specific protection needs.

Areas affected by the conflict in 2021 and underserved areas require stronger protection interventions. These include areas exposed hostilities such as Ma'rib, Al Hodeidah, Ta'iz and Shabwah; areas with high numbers of internally displaced people living in IDP sites, such as

Hajjah; or in urban settings, such as Sana'a and Aden, and remote and hard-to-reach areas in Sa'dah, Al Jawf, Al Bayda and Ad Dali'. Due to the density of displaced population and multitude of hosting sites in Ma'rib, the need for a robust protection presence and for scaled-up specialized protection services are likely to persist, both in the urban areas and in the most recently created hosting sites along the main roads in the vicinity of the city.⁵² Furthermore, it is estimated that more than 978,000 displaced persons live hosting sites in areas under Ansarullah control, with the majority located in Hajjah, Al Hodeidah and Al Jawf governorates. Abs and Mustaba districts of Hajjah Governorate host the largest number of displaced people living in hosting sites.

In 2021, on average, seven civilians including boys and girls were injured or killed every day. Civilians injured as a result of armed conflict, especially those left with disabilities at different degrees of severity, as well as their families, require comprehensive assistance, notably psychosocial support, health and rehabilitation support, cash assistance and community resilience activities.

ERW continue to pose a serious risk to the life and safety of millions of women, men, girls and boys in 19 governorates. They also hinder access to livelihoods, the movement of populations and goods, and access to critical infrastructure and basic services and humanitarian assistance. In 2021, cases of children injured by unexploded ordnance (UXO) were most prevalent among boys, who were exposed to these risks as a result of their involvement in child labour activities, e.g., pasturing in contaminated areas. To address these risks, robust technical surveying and clearance interventions and targeted mine risk education activities are required.

Due to the combination of conflict, lack of services and dwindling incomes, families suffering from conflict-exacerbated vulnerabilities resort to negative coping mechanisms such as child marriage, forced marriage, street begging and child labour. As a result, needs for specialized protection services – such as psychosocial first aid, psychosocial support and comprehensive case management for children at risk and GBV survivors – continue to rise, especially in conflict hotspots and among internally displaced people. There is also a

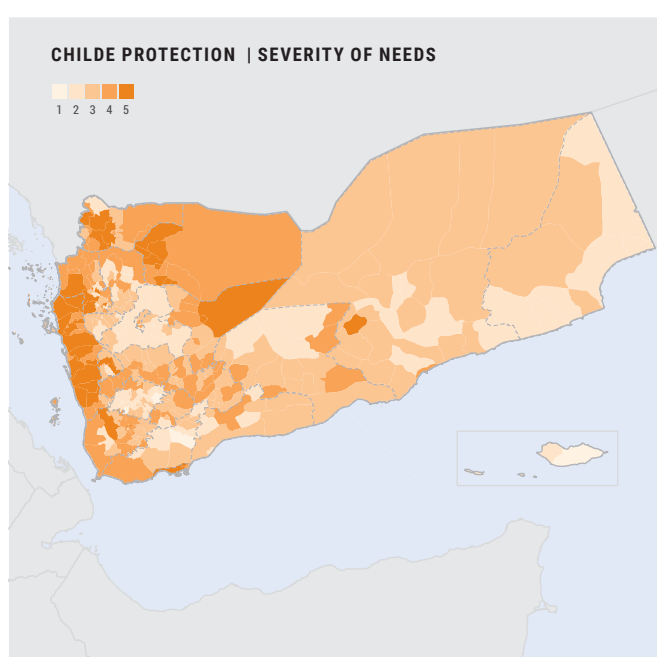
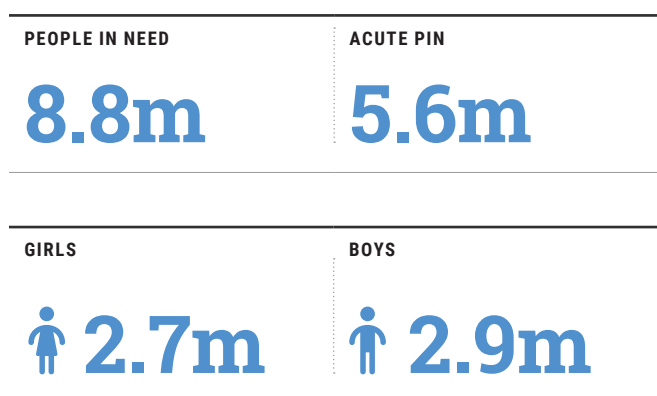
need for family unification interventions, particularly at the early stages of displacement. Access to civil status documentation remains critical to access public services, including for returnees.

Disputes over housing, land, property and natural resources remain unresolved, both in hosting sites and urban areas, often undermining people's ability to meet their basic shelter, water and food needs.⁵³ Unresolved disputes prevent access to agricultural land and water resources, thus, exacerbating food insecurity. About 20 per cent of displaced people living in hosting sites are facing risks of eviction. They are subjected to intimidation, harassment and destruction of property – including items received from humanitarian partners. A high prevalence of such incidents was recorded in Ma'rib, Hajjah, Ad Dali', Ta'iz, Al Hodeidah, Aden and Ibb governorates.⁵⁴

Eviction risks – and unresolved disputes – are increasing, causing additional strains for displaced people living in hosting sites that do not have tenancy agreements; estimated at 82 per cent of hosting sites. Housing, land and property (HLP) issues need to be more systematically analyzed and addressed, including for returnees, through more integrated CCCM, Shelter and Protection cluster collaboration.

Many internally displaced persons lack proper identification documents,⁵⁵ particularly women and children, including unaccompanied children, which severely hinders their freedom of movement and access to services, including humanitarian assistance. It might also expose them to the risk of becoming stateless. Lack of identification is primarily attributed to the destruction of belongings due to conflict and floods, lack of awareness, newly introduced administrative fees and bureaucratic procedures. Access to legal assistance is, therefore, critical to improve rights awareness and support the most vulnerable to navigate administrative and bureaucratic procedures and seek redress.

AoR 1: Child protection



Analysis of Needs

Child protection has faced constraints in Yemen since the beginning of the conflict; a situation that has deteriorated due to increased hostilities in 2021. Protection risks for boys and girls are especially high in those areas where the severity of needs is high and conflict is still ongoing. Children and their families are resorting to negative harmful coping mechanisms such as child labour, begging, child marriage, sexual violence and exploitation and child recruitment. Boys face forms of work that could be described as child labor or worse, i.e., recruitment to armed forces and groups. Boys endure higher rates of grave human rights violations than girls.

More than 21,000 grave violations against children have been recorded in Yemen since 2013.⁵⁶ Killing and maiming are the most prevalent form of violation, with over 10,000 incidents recorded and verified, including 3,350 children killed and 6,650 children maimed since the beginning of the conflict. Forced recruitment and use of children by armed forces and groups remains largely underreported. Some 3,750 children – two per cent of whom are girls and some as young as nine years – have been verified as being used and recruited by parties to the conflict.⁵⁷ Two million children are out of school, and, therefore, exposed to multiple protection risks. Sexual violence remains severely underreported due to risks and stigmatization.

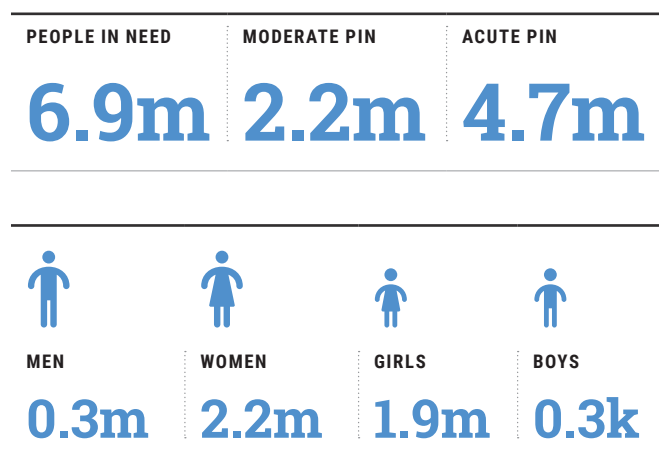
More than 450 boys have been arbitrarily detained, while 100 children, including three girls, have been abducted since the beginning of the conflict. Some 7,268 children – 4,204 girls and 3,066 boys – have suffered from family separation. Unaccompanied or separated children have been identified in 18 per cent of hosting sites for internally displaced people.⁵⁸ Some of the key challenges hindering reunification include humanitarian access, stringent bureaucratic process, security constraints and underfunding. Those children who have been successfully reunified and those still waiting for reunification need continuous protection and care.

There is an urgent need for physical and mental wellbeing support at the community level. There is a clear need for child specialized services, especially for boys and girls with disabilities. This support is essential to build resilience and aid the healthy development of those boys and girls who experience violence, abuse or exploitation. In 2021, reports of suicides among boys and girls increased.

Children living in displacement sites and those living in communities near active front lines face increased risks of violence, including GBV, as well as forced recruitment into armed groups and family separation. They are also more likely to lack civil documentation, reducing their chances of accessing education and other basic health services. More than a million children are estimated to need birth certificates every year.

Children who head of households – identified in 45 per cent of displacement sites⁵⁹ – are exposed to greater risks of exploitation or exclusion from accessing humanitarian aid.

AoR 2: Gender-based violence⁶⁰



Analysis of Needs

Yemen remains one of the most challenging contexts for achieving gender equality.⁶¹ Women and girls, who find little or no protection from institutions and often have no recourse in societal norms and attitudes, are disproportionately affected by the crisis in Yemen.⁶² They face challenges in all spheres of life that often violate their most basic human rights. The most common GBV violations include domestic violence, emotional violence and denial of access to services and opportunities. Furthermore, the incidence of child marriage, ascribed to food insecurity, lack of access to education and poverty, remains a major concern. Efforts to increase the legal marriage age from 15 to 18 continue to face significant challenges.

Similarly, calls for enshrining strengthened protection requirements for women and girls find scant endorsement in draft laws and policies.⁶³ Consequently, protection concerns are exacerbated by traditional attitudes whereby women and girls are decided for – by a husband or a male relative – in all spheres of their lives, from movement, education and employment to marriage and childbearing.⁶⁴

While social norms traditionally place men as the source of family authority, years of conflict are driving the shifting of roles between men and women and

increasing economic pressure on women and families is forcing women to become providers. However, discriminatory societal attitudes remain unchanged. Food insecurity increases the exposure of vulnerable women, notably women heading households, and girls to exploitation, in or outside of their homes. Moreover, food insecurity is often the result of GBV, as women and girls are denied access to food and other basic services.⁶⁵

Natural hazards, such as floods, add to needs induced by the conflict and economic deterioration, necessitating urgent life-saving assistance and increased support for livelihood opportunities that focus on the empowerment of women and girls.

Women struggle to find support to address mental health issues caused by traumatic experiences – such as the loss of a child, lack or loss of income, and displacement – and different forms of GBV. Assessments show that the debilitating immediate and long-term impacts of their exposure to high levels of distress and protection risks threaten their overall psychosocial well-being at the individual, family and community levels.⁶⁶ Women in Yemen have limited access to basic social services, and the availability of quality multi-level mental health and psychological support (MHPSS) is even more limited, especially in hard-to-reach areas. There is a great need for capacity-building initiatives targeting both non-specialized and specialized skills for MHPSS and GBV service providers, whose numbers are growing. The requirement to support the expansion and institutionalization of GBV-specific MHPSS capacities through training and mentorship is an integral part of the short- medium- and long-term solutions needed to address the acute mental health needs of increasing numbers of women.

Equally important, there is a growing need for enabling safe service provision, i.e., safe service points such as women and girls' safe spaces and shelters. While GBV services are overstretched across Yemen, they are completely absent in some hard-to-reach areas.

Furthermore, increased support is needed to provide adequate reproductive services to GBV victims across Yemen, and especially in Ansarullah-controlled areas, where stand-alone specialized GBV services are often impeded. There is a need to strengthen legal aid interventions to support the protection of women and

girls and identify formal and informal structures that have the potential for enhancing the overall status of women and girls.

Finally, there is a need for awareness-raising activities on GBV prevention and support for community-based prevention and response mechanisms that engage local communities and community leaders, especially in hard-to-reach areas, where the lack of telecommunication networks and basic infrastructures represent additional challenges.

AoR 3: Mine Action

PEOPLE IN NEED

5.3m



MEN

1.3m



WOMEN

1.2m



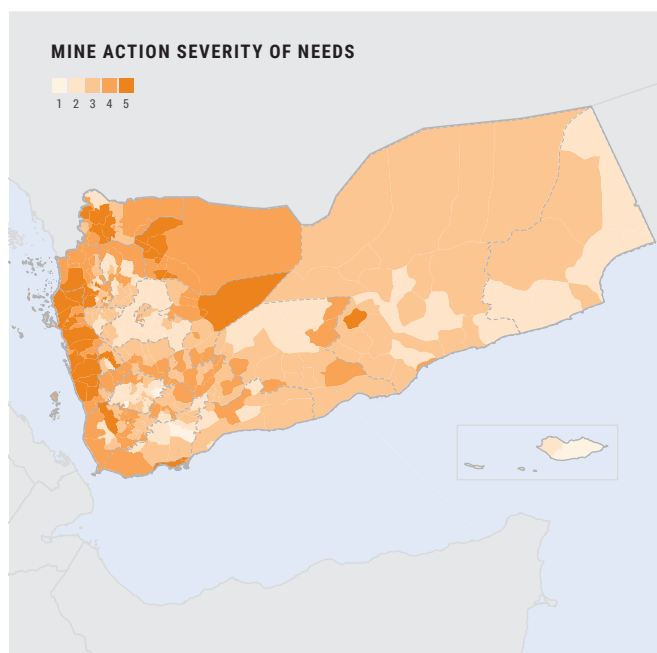
GIRLS

1.4m



BOYS

1.4m



Analysis of Needs

The main challenge in addressing the threat of explosive ordnance in Yemen lies in the difficulty of conducting a countrywide assessment to identify contaminated areas and efficiently prioritize the areas that need to be cleared first. Seven years into the conflict, front lines continue to constantly shift. High-risk areas include active and former front lines and bordering areas. Risks from explosive ordnance increase in areas recently affected by conflict, and where access to land becomes more readily available. Such risks prevent the safe return of internally displaced persons to their areas of origin.

Non-technical and technical surveys, along with mine clearance and Explosive Ordnance Disposal (EOD), are required to allow humanitarian access for the provision of life-saving assistance.

Explosive hazards can cause serious injury and death, leading to long-term disabilities and psychological distress for survivors and their families. Women, girls and boys usually face more challenges in their way to recovery from the trauma caused by these incidents.

The number of casualties caused by explosive hazards has been steadily increasing, adding additional burdens on an already overstretched health system, especially when it comes to the provision of specialized services such as trauma care, physical rehabilitation and psychosocial support.

Victim Assistance support is limited due to a lack of funding and capacity. It is mainly provided through Protection Cluster partners, who provide specialized protection services and referrals to the health sector, which has the capacity to provide long-term assistance to victims and support their rehabilitation into society.

Victim Assistance, as one of the five pillars of mine action, will continue to be a multi-sector priority, focusing on strengthening referral mechanisms and information exchange for victim support purposes.

Girls and boys are particularly at risk due their age, behaviour and attitudes towards explosive hazards. Their vital organs are usually closer to a blast due to their behaviour patterns at the time of the accident, as they tend to randomly pick up objects from the ground and are more exposed to encountering Explosive Remnants of War (ERW). In 2021, around 327 children⁶⁷ were affected by ERW-related incidents, although these tend to be significantly underreported.⁶⁸

Ta'iz, Al Jawf, Hajjah, Al Hodeidah, Sa'dah and Ma'rib are the governorates most affected by explosive ordnance hazards, with some 3.3 million people in need of assistance. Agricultural lands and transportation services tend to be most impacted.⁶⁹

Projection of needs

Conflict persists across the country, with different levels of intensity, evolving military tactics, frequent disregard for IHL principles. As a result, civilian casualties and displacement are expected to continue to increase – particularly in Ma'rib, Shabwah, Al Hodeidah, Hajjah and Ta'iz governorates – along with humanitarian needs. Moreover, severe food insecurity and the long-term impacts of the COVID-19 pandemic will continue to negatively impact the physical and psychological wellbeing of affected people, including vulnerable population groups such as women, children, older persons, people with disabilities.

Partners routinely report a rising number of people in need of community resilience services, chiefly due to the distress caused by conflict, including the loss of property, assets and livelihoods. Moreover, displacement within and the influx of internally displaced people to Ma'rib, Al Hodeidah, Ta'iz and Hajjah will likely put additional pressure on already overstretched services in these governorates, increasing tensions between internally displaced people and host communities, and fueling mounting eviction threats.

Underfunding of critical humanitarian response sectors – such the CCCM, Shelter, WASH and Protection – combined with perceptions among host communities that internally displaced people received preferential treatment, will likely raise tensions, exposing internally displaced persons to risks associated with evictions and premature return to areas with active hostilities or those riddled with explosive hazards.

HLP disputes, if not properly addressed, will continue to undermine people's access to services and agriculture, fueling food insecurity and hindering the voluntary return of internally displaced persons.

Responding to child protection, GBV and mine action needs will continue to remain a priority.

Monitoring

The Protection Cluster and its AORs will continue to monitor protection needs using the following indicators:

INDICATOR		SOURCE	BASELINE	FREQUENCY
xGP	# of civilian casualties	CIMP Data	TBC	Monthly
xGP	# of people displaced	DTM/PTF	172,000	Quarterly
xCP	# of boys and girls in need of MHPSS support	5Ws, and MHPSS reporting tool	TBC	Monthly
xGBV	# of women, girls, boys and men reached with life-saving, survivor centred, comprehensive GBV services, awareness and protection kits	GBV AoR Dashboard	Average of same services provided in 2020	Monthly
xMA	# of Civilian 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
294k	294k	26%	14%	102k	192k

Overview

The manifold impacts of violent conflict, food insecurity, economic collapse, and an ongoing public health crisis, set against a backdrop of a weak rule of law and few avenues for redress, continue to present critical risks for migrants, refugees and asylum-seekers in Yemen in 2022. With the continued growing humanitarian needs of the host population, there are risks arising from increasing intolerance of the presence of foreigners, leading to recurring violations of the human rights of migrants and a shrinking asylum space.

In 2022, the Refugee and Migrant Multi-Sector Response Plan (RMMS) projects that 293,910 (191,800 migrants and 102,110 refugees and asylum-seekers) will need basic humanitarian assistance and protection services.

Affected Population

Yemen has been hosting migrants, who are mainly in transit to Gulf countries, and a protracted population of asylum-seekers and refugees. These population groups are subjected to high levels of stigma and discrimination and are generally excluded from local support systems and protective mechanisms. They have challenges accessing basic public services, affecting their resilience and leading them to resort to harmful coping strategies.

Migrants en route to Gulf states are mostly Ethiopian nationals, mainly comprised of young males, with 15 per cent women and 10 per cent unaccompanied children. The majority of Ethiopian migrants disembark at Beir Ali and Ras Al Ara in Shabwah and Lahj governorates, according to the MCLA. This aligns with

RMMS data collected by mobile response teams who provide emergency life-saving assistance to migrants upon arrival often after prolonged and arduous journeys. While arrivals remain lower than before the COVID-19 pandemic (27,000 in 2021 compared to 37,575 in 2020), they have been increasing in recent months – a trend that is expected to continue in 2022.

With the ongoing conflict and the impact of COVID-19, the ability and capacity of host communities to support migrants have been reduced, resulting in migrants with inadequate or no access to basic services. Denial of access to education and health services as well as basic commodities is supported by MCLA data. Such deprivation results in almost total reliance on humanitarian actors, given a total absence of livelihood or income generating opportunities, as cited by a majority of Ethiopian migrants interviewed for the MCLA. It is unknown how many migrants safely and successfully transit out of Yemen. However, all migrants reportedly face grave risks when attempting to do so, including being killed or injured from conflict-related incidents, particularly when trying to exit Yemen through irregular border crossings in active conflict zones. This is supported by data from the MCLA that shows that conflict-related injuries and abuses are foremost amongst migrants' protection concerns, specifically including direct violations and threats of abuse perpetrated against household members due to the conflict. Female migrants, including minors, report concerning levels of gender-based violence, forced labour and abuses, with limited access to basic reproductive health care or psychological support. Indeed, MCLA data suggests that exploitation was cited as the second most common violation experienced by migrants en route through Yemen, after conflict-related violations. Migrants are at constant risk of

arrest and detention. Conditions in detention remain below minimum standards, with forced transfers from Ansarullah-controlled areas to those controlled by the GoY. With the ongoing COVID-19 pandemic, movement restrictions within Yemen and instability in countries of origin, force migrants, who have stated their intent to return to their home countries, to remain at peril in Yemen.

An estimated 102,110 asylum-seekers and refugees who have been hosted in Yemen, as of December 2021, need humanitarian assistance and protection services in 2022. This population mainly comes from Somalia (74 per cent), with smaller, but growing numbers from Ethiopia (17 per cent), Eritrea, Iraq and Syria. This population is mainly urban. In the Government of Yemen (GoY) controlled areas, it is largely concentrated in Aden/ Basateen (43.7 per cent), Hadramaut (27 per cent) and in Kharaz camp in Lahj governorate (20 per cent), the only camp setting in Yemen hosting some 9,600 Somali refugees. In the areas controlled by the de facto authorities, 93 per cent of the registered refugees and asylum-seekers are in Sana'a City and Sana'a Governorate. Overall, 45 per cent of the total population of registered refugees and asylum-seekers are women and 20 per cent are children. Unaccompanied and separated children remained a category at risk and some 125 unaccompanied children were identified and needed a comprehensive assessment on their best interests, including fostering arrangements.

The collapse of the economy and public services, compounded by the effects of the COVID-19 pandemic, and the presence of legal barriers to formal employment, have seriously affected refugees' self-reliance. Family income, mainly generated through engagement in the informal sector, has plummeted. This has, in turn, triggered harmful coping strategies, including debt, early marriage, begging, child labour, or even sale and sex exchange. In Kharaz Camp, some 9,600 asylum seekers and refugees continue to depend on WFP food support. Harmful coping mechanisms such as begging and the withdrawal of children from schools operating in the camp increase when food needs are not met.

The majority of the refugee and asylum-seeking population cannot afford to rent accommodation due to lack of income and live in overcrowded and undignified spaces in urban areas without access to

water, facing an increased threat of eviction. Without personal documentation or with expired refugee IDs or certificates, the refugees and asylum seekers face discriminatory attitudes and legal barriers when accessing public services. Their general lack of knowledge about available services also undermines their access to assistance. At the same time, the support of the humanitarian organizations to these public services remains critical to improving acceptance and integration. More than 43,000 highly vulnerable refugees and asylum-seekers rely exclusively on cash assistance as a safety net. This number regularly increases during the winter season as refugees and asylum-seekers need some means to survive harsh weather conditions compounding the negative impacts of the prolonged economic crisis.

Yemen is the only country in the Arab Peninsula to have ratified the 1951 Convention, and all authorities continue to pledge their respect towards the obligations to protect and assist asylum-seekers and refugees. However, continuous challenges persist in ensuring compliance with minimum protection standards. While registration is continuing in the areas controlled by the GoY, Ansarullah authorities have suspended the registration of new asylum seekers since 2016, with brief periods of resumption in 2019, and currently only allow already registered individuals to renew their documentation. This situation increases asylum-seekers and refugees' difficulty in accessing services, exposes them to a higher risk of detention for irregular presence, including forced transfers to from the governorates under Ansarullah control to Government of Yemen-controlled areas through dangerous crossing of active front lines. Increasing bureaucratic requirements to be able for humanitarian actors to operate in certain areas have also started to affect the delivery of assistance and the fulfilling of unmet needs of refugees and asylum-seekers.

The prospect of durable solutions for refugees are limited. Resettlement opportunities are scarce, as very few resettlement countries accept refugees from Yemen. The Assisted Voluntary Return Programme for Somali refugees remains on hold since April 2020 due to COVID-19 protocols, and return to Ethiopia will need to be assessed in line with the evolving situation in the country. For migrants, no durable solution exists in Yemen, and there is no adequate legal framework or measures to combat smuggling and trafficking.

Projection of Needs

Refugees, asylum-seekers and migrants remain among the most vulnerable population groups in Yemen. In the current context of extremely limited resources, migrants and refugees face additional challenges, including in their interactions with authorities and host communities; legal and administrative barriers that may limit their access to services and livelihood opportunities; and a deteriorating perception and antagonism against the presence of foreigners in the country, especially when originating from the East and Horn of Africa. Those circumstances result in increased exposure to violence, abuse, neglect and exploitation, particularly for women, girls and boys, and dependence on humanitarian assistance.

In 2022, new arrivals into Yemen are projected to increase because of current drivers of population movements and the evolving situation in Ethiopia and possibly in Somalia. This may generate new claims for asylum and affect potential voluntary returns to countries of origin, particularly for certain affected population groups. The demand by migrants to return home safely in a voluntary manner increased in 2021

and is likely to continue in 2022.

The risks and needs faced by migrants and refugees are expected to further intensify in 2022 due to the negative perception of various stakeholders in Yemen, with a likely greater severity of needs because of lack of inclusion and widespread discrimination and social stigma.

Based on severity analysis, needs are concentrated in Abyan, Aden, Ma'rib, Sa'dah and Sana'a governorates.

Monitoring

RMMS will prioritize two aggregated 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 highly mobile nature of the migrant populations, monitoring will adapt to use key informant interviews, focus groups, observational information collection, crowdsourcing, and other appropriate tools.

INDICATOR

% 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 year

3.8

Shelter / Non Food Items (NFI)



PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
7.4m	4.4m	3m	24%	51%	15%

Overview

Displacement and the destruction of homes and infrastructure cause significant shelter needs in Yemen. Requirements for shelter support and non-food items are increasing across the country, with about 4.4 million people (59 per cent) in acute need of 7.4 million people who require Shelter and NFI support.

The number of people with acute Shelter/NFI needs is 51 per cent higher than in 2021. The increase in acute Shelter/NFI needs is due to a sizable portion of the population remaining in a protracted displacement context with a pressing need for more durable and sustainable solutions.

The relative inadequacy of shelter is preventing households from becoming self-reliant. The alarming economic decline, including the rapid depreciation of the local currency, the lack of salary payments for civil servants, limited livelihood opportunities, fuel shortages, and the COVID-19 pandemic, i.a., has deepened the socioeconomic vulnerability of people in Yemen and displaced persons. These factors have led to steep increases in housing and shelter material prices, undermining the sustainability of host family arrangements and affecting rent affordability, resulting in more families seeking shelter in spontaneous displacement sites. Currently, 1.55 million internally displaced persons are living in 2,358 displacement sites.

The availability of adequate shelter with appropriate basic facilities (such as hygiene, water, roads, drains, etc.) is critical for ensuring minimum living standards and meeting the protection, health, mental well-being, and education needs of displaced and host communities. Durable shelter solutions for displaced

people and returnees remain limited due to significant funding shortages and Housing, Land and Property (HLP) challenges. At the same, concerted efforts have focused on extending life-saving and short-term assistance to newly displaced families or those in protracted displacement. These efforts have expended about 98 per cent of the shelter assistance provided in 2021.

The availability and accessibility of NFIs were challenged by the displacement of some 286,700 people in 2021,⁷⁰ seasonal floods – which affected about 150,000 people, and the persistent needs of four million people in protracted displacement. These drivers were compounded by COVID-19, a deteriorating economy, and increased prices of essential household items in local markets such as blankets, mattresses, and sleeping mats. Access to suitable NFIs is lifesaving, especially during winter when vulnerable families cannot access essential items to keep themselves warm, such as blankets, winter clothes, heating devices and fuel. The Shelter/NFI Cluster common pipeline has proven critical in addressing the needs of newly displaced households. This crucial resource will be enhanced in 2022.

HLP issues, including lack of access to suitable land and adequate shelter/housing, insecurity of tenure and HLP disputes, remain a significant challenge to the effective delivery of humanitarian assistance. HLP disputes impede the provision of shelter and other humanitarian assistance, give rise to protection challenges and weaken the precarious relationship between internally displaced people and host communities. Evictions of internally displaced persons living in rental or host family arrangements or those living in sites located on private land have increased the

demand for suitable land, sustainable housing solutions, and coordination among the humanitarian partners and government counterparts.

Geographically, shelter and NFI needs are concentrated in Sana'a City, 950,000; Al Hodeidah, 860,000 people in need; Hajjah 820,000; Ta'iz, 760,000; and Ibb 540,000 people. The highest levels of severity of needs are in Ma'rib, 330,000 people in need; Sana'a 360,000; Al Jawf, 190,000; Al Hodeidah, 860,000; and Abyan 190,000 people.

Affected Population

Some 7.4 million people need Shelter and NFI support, including 1.8 million women, 1.8 million men, 1.9 million girls and 1.9 million boys. These include social groups with specific vulnerabilities, including one million persons with disabilities and 600,000 old persons. Additionally, 658,000 people face moderate and extreme winter temperatures during the winter season. It is estimated that 26 per cent of the people in need live in urban contexts while 74 per cent are living in rural environments.

Of the 4.3 million internally displaced persons, at least two-thirds live in rental accommodations or host family arrangements. The primary housing solution for most population groups is renting private accommodation. However, high displacement flows into urban areas exposed internally displaced people to insufficient shelter, insecure rental agreements, and resulted in inflation in the rental market due to high demand. Lack of livelihood and income opportunities due to the drivers highlighted above puts more displaced people at the risk of evictions.

On the other hand, some 1.55 million internally displaced persons still reside in last-resort informal and spontaneous settlements, which tend to be overcrowded and lack adequate access to basic services and essential infrastructure. These sites are regularly exposed to severe flooding, fire incidents, threats of eviction, and other protection risks, including for those living in proximity to active front lines. Yemen's 'no-IDP-camp' ethos implies limited investment in settlement assessment and planning. While infrastructure upgrades, provision of emergency shelters, NFIs, rental support, winterization support, and maintenance or upgrades to existing shelters remain

vital, it is equally important to invest in more sustainable mid-term shelter solutions.

Furthermore, about 1.3 million returnees struggle to rebuild their houses, access basic services, or find sustainable livelihood opportunities. This has created additional challenges, increasing the chances of secondary displacement. In addition, exposure to explosive hazards creates additional obstacles for those trying to return to their areas of origin. Those who return to their places of origin face immediate HLP challenges such as secondary occupation, missing ownership certificates, or lack of property ownership. If these issues are not addressed, these families may face protracted disputes over land and property claims or be forced to resort to overcrowded hosting arrangements or inadequate shelters. In many cases, the most socioeconomically vulnerable households – such as female-headed households or large families – would adopt negative coping strategies.

Many host communities are overburdened, often hosting more internally displaced people than residents. Some of these places include Majzar, Raghwan, Sirwah districts in Ma'rib, Al Hazm, and Al Ghayl districts in Al Jawf and Hays district in Al Hodeidah. Vulnerable host communities live in dire situations, some in damaged and inadequate shelters where repair and rehabilitation and multisectoral responses are needed to ensure access to essential services.

Vulnerable population groups, such as female-headed households, people with disabilities, and older people, bear the worst consequences of sub-standard living conditions, especially in overcrowded settings with no privacy and limited mobility. They are, thus, at higher risk of resorting to harmful coping mechanisms, including taking on debt or taking refuge in unsuitable living arrangements. Furthermore, lack of adequate living space for those with chronic diseases may expose them to more significant risks of contracting COVID-19 when physical distancing is not possible. The Muhamasheen are often not welcome among the host population or within displacement sites and, as such, have difficulty finding adequate shelter.

Moreover, it is estimated that three million people live in flood-prone locations. Vulnerable population groups in local communities and displacement sites tend to be the most severely impacted by natural hazards. They

tend to benefit the least from Disaster Risk Reduction (DRR) measures.

Analysis of Humanitarian Needs

The number of people requiring shelter and NFI assistance remains substantial, with 7.4 million people in need, including those affected by the conflict, which remains the primary driver of displacement, natural hazards, or fires in displacement sites. Needs are intensified by substantial new displacement, protracted displacement, critical infrastructure gaps, and a lack of durable solutions. Moreover, despite extensive and severe needs, the shelter response cannot be scaled up sufficiently due to a lack of resources and access restrictions.

In 2021, an increase in hostilities, including air strikes and shelling, has caused civilian casualties, widespread displacement, and damage to private and public infrastructure, thus increasing the need for Shelter/NFI support. Ma'rib, Al Hodeidah, Hajjah, Ta'iza and Al Jawf were the most severely impacted governorates.

Inadequate shelter conditions increase protection and public health risks, particularly when combined with overcrowding and inadequate access to water, sanitation, and health services, creating an environment conducive to respiratory and epidemic-prone diseases, including COVID-19. Socioeconomic degradation has increased the reliance on insecure sources of income – such as daily or temporary work in the informal sector, thus negatively impacting the ability of many families to pay rent.

The situation is also challenging within host communities, where local resilience capacities are being overstretched amid growing resource competition resulting in tensions and, in some cases, evictions of internally displaced people. Such incidents were documented in Aden, Lahj, Abyan, and Ad Dali'. In the meantime, although a prerequisite for a minimum standard of living, basic NFIs are becoming increasingly more expensive when families' purchasing power is diminishing. These needs, especially in the winter season, lead to severe health and protection risks and directly affect people's ability to pursue normal productive socioeconomic activities.

Natural hazards influence shelter needs in Yemen. In 2021, torrential rains and floods swept through 19 of Yemen's governorates, affecting over 34,200 families. These floods displaced families, destroyed property, damaged infrastructure, and devastated crops and livestock. However, limited resources only allowed the provision of NFIs to 51 per cent and shelter assistance to 68 per cent of those in need. Furthermore, introducing and developing a component of DRR, through basic infrastructure rehabilitation, is vital to strengthen civil resilience capacities and decrease the overall vulnerabilities of the most exposed communities. The availability of land remains an issue of concern, as some displacement sites are under the threat of eviction or are in flood-prone areas. This limits the construction of additional shelters as viable alternative locations remain lacking.

As civilians continue to withstand the worst of protracted armed conflict, Yemen needs to break the continuous circle of recurrent emergency response and invest in longer-term, more durable solutions. Although the Shelter/NFI Cluster common pipeline has proved to be hugely effective in addressing the immediate needs of newly displaced persons, the succession of crises has led the humanitarian response to focus on immediate human-made and natural disaster responses, without focusing enough on the need for durable solutions. These can include transitional shelters to relocate the most vulnerable families stranded in protracted displacement and house rehabilitation or reconstruction for returnees.

Projection of Needs

A further intensification of the armed crisis in Yemen could result in significant levels of displacement and increasing pressure on existing informal sites, with new hosting sites emerging. Furthermore, the ongoing economic crisis, which is compounded by COVID-19, will continue to negatively impact household resilience through all areas, further reducing families' ability to pay rent, address shelter issues, meet their basic needs, thus, potentially causing more households to move to last resort sites. Rental costs will continue to rise as demand increases, and for the most vulnerable, housing conditions will deteriorate as they are forced to look for new lower-cost alternatives. The cost of essential household items will continue to increase due to a currency devaluation and rising inflation. Livelihood

losses may increase socioeconomic vulnerabilities across all population groups.

Furthermore, the lack of coping mechanisms, unfavorable security conditions, or limited resources may put internally displaced people at risk of secondary displacement and further increase their vulnerability. In often cramped and difficult conditions, internal family pressures continue to rise, which, paired with a lack of privacy for both men and women, can lead to more frustration and violence against family members, with women and children being the most vulnerable. These conditions would further exacerbate the need for shelter and NFI support. The relationship between internally displaced people and host communities may be strained due to increasing tensions over limited resources.

In 2022, humanitarian partners will continue providing life-saving assistance, including NFIs and emergency shelter, rental, and winterization support, while emphasizing improving shelter conditions by providing transitional shelters and house rehabilitation and reconstruction.

With the continuation of armed violence, needs and the affected population will increase, while possibilities for return are shrinking to only the safest areas. Furthermore, climate change raises the risks of more severe flooding. At the same time, deteriorating dams and hydrological infrastructure is making populations more vulnerable to natural disasters, necessitating DRR responses.

Data sources and use of MCLA:

The Shelter and Non-Food Items Cluster considered eight data sources. The primary data source is UNHCR INAT/PMT with over 190,000 interviews conducted. In comparison, MCLA had about 18,500 interviews and focused on people living in houses or apartments representing 80 per cent of total interviews. UNHCR INAT/PMT results were used in three indicators to assess access to NFIs, Shelter adequacy and threats of evictions as it had a stronger sampling size and more representative results than MCLA. MCLA was used as a gap filler or in areas where it had good coverage for the same indicators. MCLA results were also used to inform an additional indicator focusing on assessing access to adequate and functional facilities (i.e., kitchen, toilets, water, lighting, floor space, protection from climate). MCLA was intended to be used for the house damages indicator, but it was not possible to link the relevant MCLA questions results with the Internally displaced persons' place of origin.

Monitoring

The Shelter and Non-Food Items (NFI) Cluster nationally and sub-nationally will regularly monitor progress and gaps in shelter and NFI responses using 4Ws and post-distribution monitoring tools. In addition, the sector is developing its multi-year strategy and will maintain an updated activity matrix and gaps analyses to guide the implementation of the response. The sector's information management team will provide technical information management support and keep a record of all activities.

#	INDICATORS	SECTORS	SOURCE
x01	Proportion of IDPs by district over total population (or host population and returnees)	Shelter/NFI	OCHA population dataset 2022
x02	Percentage of populated areas highly susceptible to floods ⁷¹	Shelter/NFI	Flood susceptibility model 2019 led by the Shelter Cluster and supported by REACH
x03	Presence of extreme winter conditions	Shelter/NFI	Shelter Cluster Winterization Analysis 2021/2022
x03.a	Percentage of populated areas with winter nights equal or below 10°C	Shelter/NFI	Weatherization data 2019 led by the Shelter Cluster and supported by REACH
x03.b	Populated district areas with average high elevation	Shelter/NFI	Elevation data 2021 developed by the Shelter Cluster
x04	Percentage of households with inadequate shelter	Shelter/NFI	UNHCR INAT/PMT 2021/MCLA 2021
x05	Percentage of civilian houses/private dwellings partially or completely uninhabitable due to damage or destruction	Shelter/NFI	Shelter Cluster Expert Discussion 2021 Protection Cluster CIMP data 2018-2021 on impact to civilian houses
x06	Percentage of households facing the threat of eviction	Shelter/NFI	UNHCR INAT/PMT 2021/ CCCM Site Report 2021-2022 /MCLA 2021
x07	Percentage of HHs without access to critical non-food items	Shelter/NFI	UNHCR INAT/PMT 2021/MCLA 2021
x08	Percentage of households with access to adequate and functional facilities	Shelter/NFI	MCLA 2021

3.9

Water Sanitation and Hygiene (WASH)

PEOPLE IN NEED (PIN)	ACUTE PIN	MODERATE PIN	WOMEN	CHILDREN	WITH DISABILITY
17.8m	11.2m	6.6m	24%	51%	15%

Overview

Water scarcity and poor water resource management have been enduring challenges in Yemen even before the start of the current conflict, which further restricted the adequate provision of safe water in many urban and rural areas.⁷² It is also estimated that all groundwater sources in Yemen will be dry in less than 20 years if current groundwater exploitation rates continue.⁷³ Drivers disrupting access to WASH services and facilities include conflict-induced infrastructure damage, climate change and natural hazards such as floods, socioeconomic deterioration and fuel import disruptions. The limited operation capacity of WASH service providers necessitates humanitarian interventions to sustain essential WASH services, without which the public health environment would further deteriorate and risks of major disease outbreaks would increase.

It is estimated that 17.8 million people require support to meet basic WASH needs in 2022 – a 16 per cent increase from 2021, whereas the number of people with acute WASH needs increased by 28.7 per cent, from 8.7 million to 11.2 million people. These increases are largely attributed to an increase in the number of internally displaced people and an increasing trend of open defecation as documented by the countrywide Food Security and Livelihood Assessment (FSLA). The situation is exacerbated by water scarcity and a decrease in water services coverage due to limited resources and the weakened operational capacity of water service providers. As a result, communities are forced to resort to negative coping practices, significantly heightening the risk of malnutrition and increasing risks of WASH-related diseases and outbreaks including cholera/AWD. The MCLA indicated that 55 per cent of respondents noted that they walk

more than 30 minutes to access safe drinking water.

Affected Population

Socioeconomic deterioration has negatively affected access to WASH services and by extension, vulnerability to disease. The continuing economic downward spiral has made it difficult for many municipal WASH service providers to sustain service levels. The most severe WASH needs are concentrated in eleven districts, where less than 10 per cent of the population have access to safe WASH services. According to the FSLA, 112 districts across 19 governorates have severe WASH needs, with 6 million people in acute need and 2 million with moderate needs. Less than one-fourth of the population in these districts have access to safe WASH services. WASH needs in these districts often coincide with severe needs in other sectors. Some 58 of these districts have severe nutrition needs; 82 have emergency levels of food insecurity (IPC Phase 4); 13 are Cholera/AWD priority locations.

Districts with active front lines face water scarcity and extreme WASH needs. Concentrated in Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Ma'rib, Shabwah and Ta'iz governorates, these districts house 5.3 million people with acute WASH needs, including 2.6 million internally displaced people. For instance, the population in Ta'iz City, where people have been suffering from a lack of safe water for an extended period, is severely affected by the lack of operational water supply network and limited water production, while the sewage system needs significant rehabilitation and maintenance due to deterioration caused by aging; all of this has caused a relatively large number of AWD cases.

It is estimated that some 29 per cent of people internally displaced in Yemen do not have access to safe drinking water and 47 per cent do not have sanitation facilities. Inadequate access to WASH services exacerbates protection risks, especially for women, adolescent girls, persons with disabilities, and the elderly. Furthermore, internally displaced persons living in hosting sites need more durable WASH support. Those reached by emergency WASH support are falling into acute need again due to the non-durable nature of the WASH services extended to them, such as time-bound water trucking and temporary latrines requiring continuous support and periodic maintenance.

Recent trends indicate that vulnerable population groups, especially internally displaced people, are susceptible to shelter loss or damage and displacement due to seasonal flash floods. A joint Shelter Cluster-REACH analysis has shown that poor solid waste management in floods susceptible areas exacerbates flooding risks, with stagnated stormwater posing public health concerns including possible water-borne disease outbreaks. Those affected by floods need rapid WASH support, including the distribution of WASH items, quick repair of damaged WASH facilities and desludging of sanitation facilities.

Analysis of Humanitarian Needs

About 16.3 million people in Yemen (51 per cent of the population) have no access to safe water and 8.9 million people do not have adequate sanitation services. Economic fragility and increased prices – or unavailability – of fuel have made it increasingly difficult for many municipal WASH service providers to sustain WASH services in urban areas. In addition, population growth and the influx of internally displaced persons have increased water demand in some areas even though water resources are already limited due to groundwater depletion; estimated at a rate of 3 to 7 metre per year.⁷⁴ Consequently, the response to emergency WASH needs must be linked with development interventions and planning that focuses on long-term water resource management and the development of more resilient WASH services and facilities.

The FSLA has shown that poor sanitation remains a major public health risk, with open defecation practiced by 4.9 million people (15 per cent of the population).

According to the MCLA, only 29 per cent of the population said that garbage is collected through the public system, while 28 per cent buried and burned the garbage by themselves and 43 per cent responded that disposed garbage was never collected which posed public health risks. The poor quality and limited coverage of WASH services hinder improvements in nutrition and health conditions among the most vulnerable population groups.

According to Health Cluster surveillance data, more than 10,000 suspected AWD cases were reported in 32 districts, which represents 43 per cent of total suspected cases in 2021. WASH service improvement and hygiene promotion are needed in close coordination with Health Cluster interventions. The MCLA also indicated limited water treatment practices because 64 per cent of the respondents expressed lack of chlorine tablets while 19 per cent said that they have no idea about water treatment methods.

CCCM site monitoring data shows that 15.3 per cent of the informal sites hosting internally displaced people use unprotected water sources (unprotected surface water, wells, rainwater, etc.) and 28 per cent are dependent on water trucking, while 52 per cent do not have access to improved sanitation. Moreover, 83 per cent of hosting sites lack waste disposal services, increasing health risks. Most WASH facilities available at hosting sites are temporary – requiring frequent maintenance support to sustain functionality – highlighting the need for more durable WASH solutions. According to the CCCM, infectious diseases, water contamination and floods are among the most prevalent risks facing people living in hosting sites.

The availability of WASH services at health care facilities is essential for the provision of quality care and improved health outcomes at the community level, especially in AWD hotspots.⁷⁵ According to the Health Cluster, however, 70 per cent of health facilities in Yemen do not have sustainable water sources. They rely on water trucking or water supply services available less than five days a week. Furthermore, 61 per cent of health facilities do not have adequate sanitation facilities.⁷⁶ An integrated WASH and Health response is needed to connect water supply systems to health facilities to ensure improved health outcomes, especially in some 20 districts with severe WASH and health needs.

Monitoring

The WASH Cluster will monitor needs against 23 core indicators of WASH response activities which will be aggregated within 5 thematic activities:

#	INDICATORS	SECTORS	SOURCE
x01	estimated # of women, men, boys, and girls served by repair, rehabilitation, augmentation and maintenance of water supply system	WASH	WASH Activity Info
x02	estimated # of women, men, boys, and girls served by water harvesting system	WASH	WASH Activity Info
x03	estimated # of women, men, boys, and girls served by improved water treatment system	WASH	WASH Activity Info
x04	estimated # of women, men, boys, and girls served by repair, rehabilitation, augmentation and maintenance of sanitation system	WASH	WASH Activity Info
x05	Estimated # of women, men, boys, and girls served by support to solid waste collection and disposal	WASH	WASH Activity Info
x06	# of women, men, boys, and girls supported with access to at least 15 l/c/d of safe water	WASH	WASH Activity Info
x07	# of women, men, boys, and girls served by provision of communal water tanks / taps	WASH	WASH Activity Info
x08	# of women, men, boys, and girls provided with ceramic water filters	WASH	WASH Activity Info
x09	# of women, men, boys, and girls provided with treatment chemicals, and other treatment options	WASH	WASH Activity Info
x10	estimated # of women, men, boys, and girls served by operational support to water supply systems	WASH	WASH Activity Info
x11	estimated # of women, men, boys, and girls served by provision of spare parts and maintenance for water supply systems	WASH	WASH Activity Info
x12	estimated # of women, men, boys, and girls served by provision of water disinfecting agents and support for water supply treatment	WASH	WASH Activity Info
x13	estimated # of women, men, boys, and girls served by water quality surveillance	WASH	WASH Activity Info
x14	# of women, men, boys, and girls supported with access to a safe, gender appropriate and functioning latrine	WASH	WASH Activity Info
x15	# of women, men, boys, and girls served by rehabilitation / desludging of latrines	WASH	WASH Activity Info
x16	estimated # of women, men, boys, and girls served by cleaning campaigns	WASH	WASH Activity Info
x17	# of women, men, boys, and girls served by washing / bathing facilities	WASH	WASH Activity Info
x18	estimated # of women, men, boys, and girls served by operational support to sanitation systems	WASH	WASH Activity Info
x19	estimated # of women, men, boys, and girls served by provision of spare parts and maintenance for water supply systems	WASH	WASH Activity Info
x20	# of women, men, boys, and girls provided with a basic hygiene kit	WASH	WASH Activity Info
x21	# of women, men, boys, and girls provided with a consumable hygiene kit	WASH	WASH Activity Info
x22	# of women, men, boys, and girls reached with hygiene promotion and community engagement activities	WASH	WASH Activity Info
x23	# of women, men, boys, and girls provided with a disinfection kit	WASH	WASH Activity Info

Part 4:

Annexes

HAJJAH, YEMEN

Arwa*, 15 months is assessed at the health clinic where she is found to be suffering from malnutrition, June 2021.

©Sami Jassar/Save the Children



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 2021, 212 assessments were completed in 20 governorates of Yemen, with the main focus being protection, WASH, shelter, education and food security. Aden and Ad Dali saw the largest number of assessments, comprising 48 rapid needs assessments, eight in-depth sector-specific assessments, seven initial assessments, two in-depth multi-cluster assessments and two initial situation tools (IST). By the end of 2021, four other assessments were ongoing and six more were planned.

Food Security and Livelihoods Assessments (FSLA) have been concluded; data collection in both GoY-controlled areas and areas under Ansarullah control was completed in January 2022 and results were published in March 2022.

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys covering both GoY and Ansarullah controlled areas were completed on 7 February 2022.

The Multi-Cluster Location Assessment (MCLA) has been completed in areas under GoY control in August 2021 and data was validated in November 2021. There were several challenges that led to the delay of the MCLA in Ansarullah-controlled areas. However, data collection was completed in March 2022, achieving 100 per cent coverage. Data analysis is shared with the clusters and is a significant data source for the









humanitarian community. A full MCLA report will be produced at a later stage. MCLA covered more than 95 per cent of Yemen's 333 districts.

The Multiple Indicator Cluster Surveys (MICS) have been delayed in both GoY and Ansarullah controlled areas pending clearances from authorities.

In addition to small scale cluster specific assessments were carried out in 2021, the MCLA, FSLA and SMART assessment were utilized to provide a solid evidence base for the 2022 Humanitarian Programme Cycle.

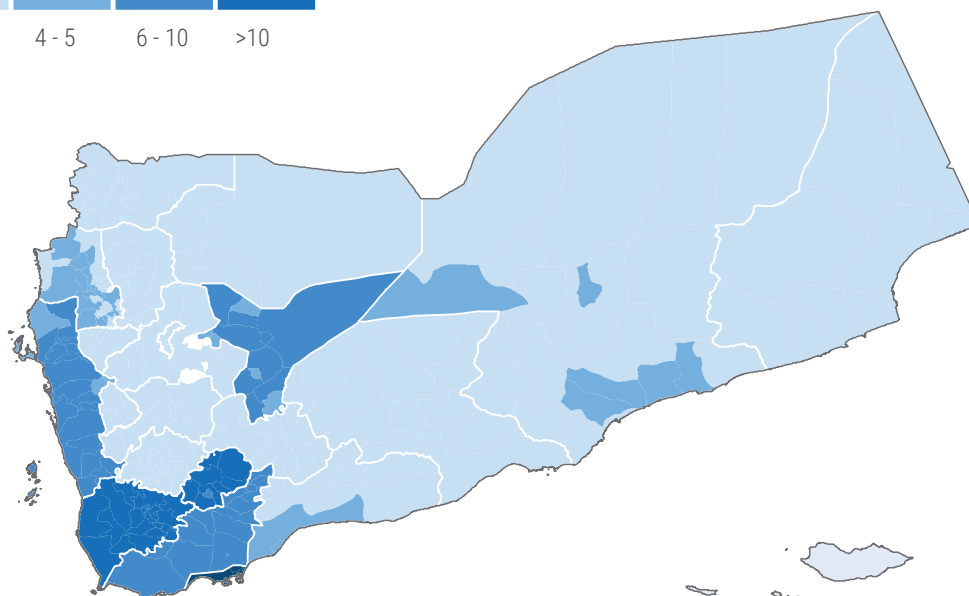
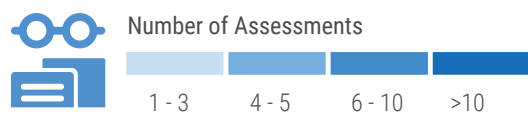
While the quality of needs assessments in Yemen can still be improved, the scope and depth of data collected to inform the 2022 HNO provides a solid evidence base for a more effective and accountable humanitarian response. The below infographics show response-wide and cluster-specific assessment coverage in Yemen last year.

Assessment Coverage by Governorate

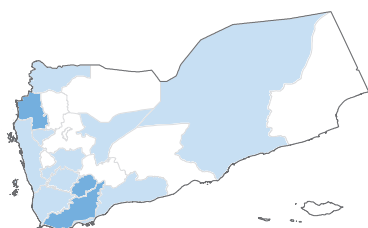
								
GOVERNORATE	CCCM	EDU	FSAC	HEA	NUT	PRO	SNC	WASH
Abyan	1	3	2	5	2	7	3	4
Aden	1	2	2	4	1	9	33	35
Al Bayda	1			8		20	1	
Ad Dali'	1	8	10	6	4	19	11	10
Al Hodeidah	1	5	2	8		25	4	6
Al Jawf	1	2		10		13	1	1
Al Maharah	1	1		4				
Al Mahwit	1	1	2	4		3	1	1
Sana'a City				4		10	1	
Amran	1			7		20	1	
Dhamar	1		1	4	2	5	1	2
Hadramawt	1	1	1	4		7	2	3
Hajjah	1	4	4	4	2	19	3	4
Ibb	1	1	1	5	1	16	3	2
Lahj	1	5	6	4	4	11	4	8
Ma'rib	1	1	2	15	2	11	7	8
Raymah	1	1		5		3	1	
Sa'dah	1		1	4		14	1	
Sana'a	1			4		14	1	
Shabwah	1	3		4		2	1	1
Socotra				4				
Ta'iz	1	7	3	12	11	22	10	15

* The food security column represents only 36 localized assessments; IPC covered all 331 districts of Yemen.

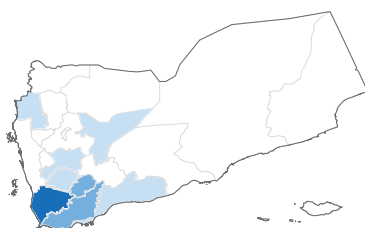
Assessment coverage



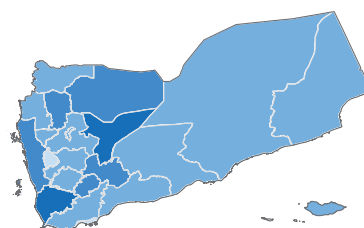
FSAC



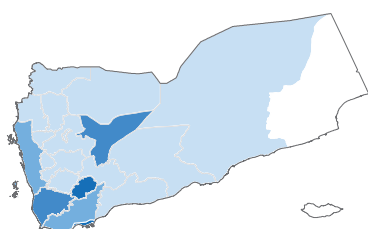
Nutrition



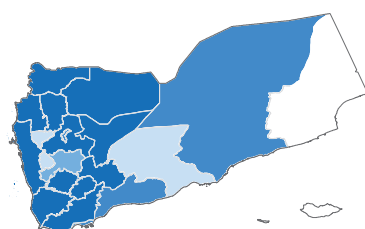
Health



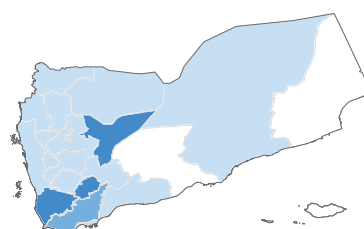
WASH



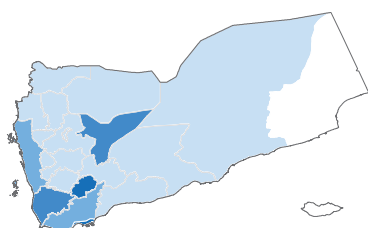
Protection



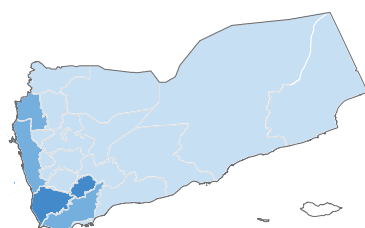
Shelter



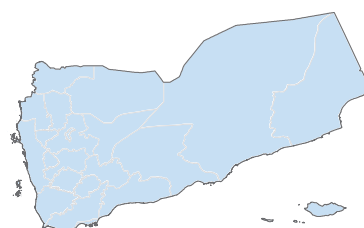
NFIs



Education



CCCM



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	
CCCM	CCCM Master list, CCCM Site Reporting CCCM Flood report CCCM Eviction Tracker	
Health	Health Resources and Services Availability Monitoring System (HeRAMS) Expanded Program of Immunization (EPI) Electronic Integrated Disease Early Warning System (eDIEWS) Health partners' Assessment Public Health Situation Analysis (PHSA), updated Dec., 2021	
Shelter	UNHCR INAT/PMT Analysis (January – December 2021) Shelter Cluster Flood Susceptibility Calculations 2019 (led by the Shelter Cluster and supported by REACH) Shelter Cluster Winterization Analysis 2021/2022 (based on REACH weatherization data 2019 and Shelter Cluster elevation data 2021) Shelter Cluster Expert Discussion 2021 on damages to civilian houses Protection Cluster CIMP data 2018-2021 on impact to civilian houses CCCM Cluster IDP Sites Report 2021-2022 OCHA Population Estimates 2022 Multi-Cluster Location Assessment 2021	
Nutrition	SMART survey 2021 IPC AFI 2021 Population data projection from OCHA Nutrition surveillance data December 2021	
RMMS	WASH, FSAC, Health data service mapping Protection monitoring reports Detention databases (UNHCR) Individual counselling and needs assessments Refugee registration database (UNHCR)	
WASH	Multi-Cluster Location Assessment 2021 WASH needs tracking system (WANTS) Food security and livelihood assessment (FSLA)	
Education	Ministry of Education UNHCR assessments IOM assessments UNICEF assessments CCCM Cluster OCHA Education Cluster Partners 19 assessments Cluster 4W reports	
Protection	PTF / DTM Civilian Impact Monitoring Project (CIMP) Cluster 4Ws report Education Cluster Nutrition Cluster WASH Cluster Health Cluster Protection Cluster	Child Protection Cluster " CS Data MRM Data" Education Cluster Data (Out of School Data) CIMP on explosive hazards only Service Mapping 3/4Ws Multi-Cluster Location Assessment 2021



TA'IZ, YEMEN

Three displaced girls playing with WFP oil containers at an IDP site in Ta'iz. © WFP

4.2 Methodology

Yemen 2022 HNO Inter-Cluster Severity and People in Need Methodology

For the 2022 Humanitarian Needs Overview, Yemen continued to apply 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 mechanism, 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 with the highest need. In line with JIAF1.1 guidance, a combination of datasets was used, including 24 JIAF indicators to determine the severity of needs and People in Need (PiN).

The adoption of the JIAF1.1 approach resulted in significant shifts to inter-sector analysis compared to previous years. For the 2022 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 2022 HNO involved geographic analysis covering all 333 districts in the country.

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 the years, particularly data prior to the 2021 HNO which introduced the JIAF for the first time.

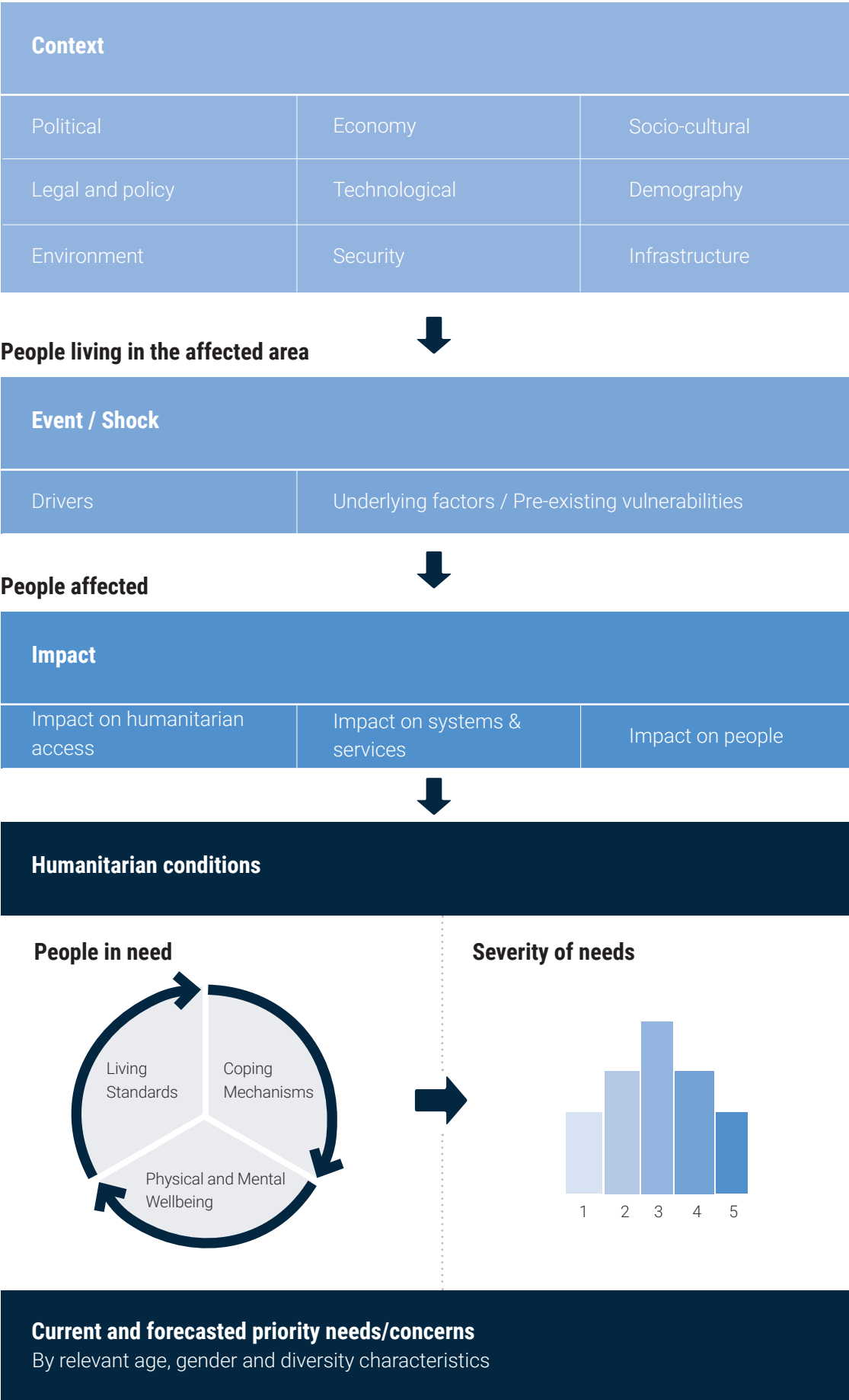
Joint Inter-sector Analysis Framework

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 September 2021.
- Drafted a joint analytical framework in October and November 2021, 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 February 2022. The process included:
 - Joint selection of core severity needs indicators to illustrate the different dimensions and aspects of each humanitarian consequence based on: (a) appropriate and relevant indicator to explain the consequence; (b) reliable and available data for the indicator, with the possibility to organize findings on the five-point severity scale; and (c) available information collected 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.
 - Following several rounds of consultations with the JIAF team, the team selected 24 inter-sector indicators focused on conditions related to physical and mental wellbeing, living standards and coping mechanism.
 - As a final step, the estimated refugee and migrant population in need was added to the final PiN calculation.
- In parallel, population task force prepared the humanitarian population baseline.

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. Then it was presented and endorsed by the HCT in February 2022. The final HNO dataset will be available on HDX.

The Joint Intersectoral Analysis Framework (JIAF)



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	2022 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Physical and mental wellbeing	Ratio of IDPs to host population	PTF / DTM	IDPs are between 1% - 3% of the HC	IDPs are between 4% - 7% of the HC	IDPs are between 8% - 11% of the HC	IDPs are between 12% - 15% of the HC	IDPs are more than 15% of the HC
Physical and mental wellbeing	# of civilian casualties reported (killed or injured) in district in the last 12 months	CIMP	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
Physical and mental wellbeing	# of protection services available for IDPs and affected people per district	PC reporting dataset 2021/ MCLA	The available services are >=12	The available services are between 8 and 11	The available services are between 6 and 7	The available services are between 4 and 5	The available services are less/ equal 3
Physical and mental wellbeing	# of vulnerable individuals with special protection needs per district	INAT/PMT	Number of individuals with specific vulnerability 1-50	Number of individuals with specific vulnerability 51-100	Number of individuals with specific vulnerability 101-200	Number of individuals with specific vulnerability 201-400	Number of individuals with specific vulnerability >400
Coping mechanisms	% Of GBV service points available for each 20,000 Female	Service mapping, 3/4W	>=80% (% Of GBV service points available /20,000 Female by district)	60%-79% (% Of GBV service points available /20,000 Female by district)	35%-59% (% Of GBV service points available /20,000 Female by district)	10%-34% (% Of GBV service points available /20,000 Female by district)	<10% (% Of GBV service points available /20,000 Female by district)
Coping mechanisms	% of Girls / Boys engaged in hazardous child labor (SADD)	UNICEF & CP AoR database /MCLA	0 none/ minor problem	1-30 stress problem	31-60 severe problem	61-100 extreme problem	101+ catastrophic problem
Coping mechanisms	% of Children who are likely at risk to increased exposure to violence, neglect, abuse and exploitation as result of dropping out of schools	CP AoR database & UNICEF & Education Cluster	Where equal or less than 20% children out of schools None/ Minor Problem	Where 21% to 35% of children out of schools Stress Problem	Where 36% - 50% of children out of schools Severe Problem	Where 51% - 65% of children out of schools Extreme Problem	Where +65% of children out of schools Catastrophic Problem
Physical and mental wellbeing	# of women, men, boys and girls killed or injured be EO	CIMP on explosive hazards only	0 – 5 of women, men, boys and girls killed or injured be EO	6 - 10 of women, men, boys and girls killed or injured be EO	11 - 14 of women, men, boys and girls killed or injured be EO	15 - 20 of women, men, boys and girls killed or injured be EO	21+ of women, men, boys and girls killed or injured be EO

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

CLUSTER	INDICATORS		SEVERITY SCALE				
SUBPILLAR	2022 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living Standards	% of IDP sites reported facing eviction as site threat	CCCM Site Report	Site residents are not facing eviction threats and there is a tenancy agreement in place	Households are living in sites without tenancy agreement in public property, but no eviction threat received	Households are living in sites without tenancy agreement in private property, but no eviction threat received	Households are facing eviction threats without official notice from land owner	Households are facing eviction threats with official notice from land owner
Living Standards	% School aged children (girls and boys) enrolled in Formal and Non-Formal education	Ministry of Education/ Education Cluster	All 100% of school-aged children attended school in the current/most recent school year	HH: NA Area: >75% of school-aged children attended school in the current/most recent school year	HH: NA Some school-aged children in the attend school Area: >50% of school-aged children attended school in the current/most recent school year	HH: NA Area: >25% of school-aged children attended school in the current/most recent school year	HH: NA No school-aged children attend school Area: 0-25% of school-aged children attended school in the current/most recent school year
Living Standards	% Children not attending school by sex and school-level (SADD)	Ministry of Education/ UNOCHA	All school-aged children in the Area attend school Area: 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 in the Area attend school 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 in the Area attend school Area: 0-25% of school-aged children attended school in the current/most recent school year
Living Standards	Proportion of school-age children who are IDPs and/or returnees	UNOCHA/RRM	No IDPs and/or returnees. Living conditions are normal	IDPs and/or returnees constitute more than 10% of the school-age population	IDPs and/or returnees constitute more than 30% of the school-age population	IDPs and/or returnees constitute more than 40% of the school-age population	IDPs and/or returnees constitute more than 50% of the school-age population
Physical and mental wellbeing	Integrated Phase Classification (IPC)	IPC Analysis					

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

CLUSTER	INDICATORS		SEVERITY SCALE				
SUBPILLAR	2022 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Physical and mental wellbeing	% of HHs having sufficient access to a functional and improved sanitation facility	Multi-Cluster Location Assessment 2021 (MCLA)	Improved sanitation facility That is clean and functional	Improved sanitation facility That is functional but dirty	Improved sanitation facility That is not functional and dirty	Unimproved sanitation facility That is not functional and dirty	In the open
Physical and Mental Well being	% of HHs having access to sufficient handwashing facilities and soap	Multi-Cluster Location Assessment 2021 (MCLA)	Both soap and water	Soap only	water only	-	No water and Soap
Physical and Mental Wellbeing	% of HHs having access to water sources of sufficient quality and availability	Multi-Cluster Location Assessment 2021 (MCLA)	Water comes from an improved water source which is located on premises	Water comes from an improved water source, provided collection time is not more than 30 minutes for a roundtrip, including queuing	Water comes from an improved source for which collection time exceeds 30 minutes for a roundtrip, including queuing	Water comes from an unimproved water source	Surface water (rivers, lakes, ponds, etc.)
Physical and Mental Well being	% of HHs having access to a sufficient quantity of water	Multi-Cluster Location Assessment 2021 (MCLA)	more than 50 l/d/p	15 or more but less than 50 l/d/p	9 or more but less than 15 l/d/p	3 or more but less than 9 l/d/p	Less than 3 l/d/p
Living Standards	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit")	HeRAMS	> 5	4	3	2	<= 1
Living Standards	Percentage of children aged 9 months to 2 years who have received measles vaccination (MR1) - (Urban & Rural)	EPI data (VCE)	> 90%	> 85%-<=90%	<=85%- >80%	<=80%- >75%	<=75%
Physical and Mental Wellbeing	Suspected Cholera attack rate/1,000 pop- by administrative unit"(district)	eIDEWS	<=0.25%	<0.25% - >=0.50%	>= 0.50%- < 0.75%	>= 0.75% -<1.0%	>= 1.0%

CLUSTER	INDICATORS		SEVERITY SCALE				
SUBPILLAR	2022 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living standard	% of IDP HHs whose primary shelter type is inadequate or non-existent	UNHCR INAT/ PMT/MCLA	(>0%, <10%) of households whose primary shelter type is inadequate or non-existent	(>=10%, <25%) of households whose primary shelter type is inadequate or non-existent	(>250%, <50%) of households whose primary shelter type is inadequate or non-existent	(>=50, <75%) of households whose primary shelter type is inadequate or non-existent	(>=75%) of households whose primary shelter type is inadequate or non-existent
Living standard	% of households without sufficient quantity of non-food items	UNHCR INAT/ PMT/MCLA	(>0%, <10%) of households do not have access to critical non food items	(>=10%, <25%) of households do not have access to critical non food items	(>=25%, <50%) of households do not have access to critical non food items	(>=50, <75%) of households do not have access to critical non food items	(>=75%) of households do not have access to critical non food items
Physical and Mental Wellbeing	Combined Global Acute Malnutrition among Children 0-59 months	SMART Survey 2022	5 %-9%	10%-14%	15%-19%	20%-24%	25% or more
Physical and Mental Wellbeing	Prevalance of chronic malnutrition among children under the age of 5 years	SMART Survey 2022	10%-19%	20%-29%	30%-39%	40%-49%	50% or more

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 provided the indicator dataset distributed by the total population for each severity. 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 2022 HNO.

Food Security and Agriculture

FSAC relied on the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Analysis to estimate the number of people in need. This analysis covered the entire country, although two districts were ultimately excluded from the analysis due to data quality concerns. 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 such as residence status, expenditures, assets, WASH conditions. 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. The analysis benefited from OCHA reports, FEWS NET rainfall data, agricultural production assessments and various cluster data.

Water, Sanitation and Hygiene (WASH)

The analytical framework for WASH-related indicators for the 2022 HNO is based on the Joint Inter-Sectoral Analysis Framework (JIAF). The 2022 WASH Severity Score and PiN calculation is based on district level Food Security and Livelihood Assessment (FSLA), Multi-Cluster Location Assessment (MCLA) and WASH Needs Tracking System (WANTS) assessments conducted throughout 2021. WASH-related indicators fall under physical and mental wellbeing consequences which include access to an improved water source, water availability and access to functioning and improved sanitation facilities.

Health

For the 2022 HNO, the Health Cluster relied on two main components for health HNO and PIN calculations based on health system functions, health infrastructure, morbidity indicators 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. 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 was established with threshold limits to define the severity level and achieve 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 weightage for each pillar to provide the final score for each district. Then, for the severity score (1-5) of each district, health needs (PiN) percentage was estimated using the level of severity, 80% for scored 5 decreased per district scoring

Acute health PiN which is the target for health response in 2022, was calculated as 60%, 58% & 55% for districts scoring 5, 4 & 3, following achievements/target for 2021.

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 MCLA, civilian casualties, explosive ordnance contamination, available GBV services, protection risks, out-of-school children, as well as population data on displacement and specific needs. Data is drawn from established monitoring mechanisms, including monitoring and documentation of civilian casualties by 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. Moreover, the MCLA has served as overlaying with previous protection data sources.

Shelter / Non-Food Items (NFI)

The Shelter and Non-Food Items Cluster developed an analytical framework to guide the analyses of Shelter/NFI-related indicators for the 2022 HNO based on the Joint Inter-Sectoral Analysis Framework (JIAF). The process involved the review of all humanitarian consequences with a heavier focus on living standards and physical and mental wellbeing. All three consequences were informed by seven shelter and NFI-related indicators and two sub-indicators analyzed at the district level using recent needs assessments and other essential data sources. For each district, each indicator was calculated based on available secondary data. If the 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. All indicators were aggregated based on their unique weight. If the information for certain indicators was missing, the remaining indicators were inflated proportionally to bolster the analysis and provide a holistic severity score.

Education

The Education Cluster severity scores were calculated at district based on 5 indicators. The severity was calculated based on the 2021 available data at district level. Key issues impacting a high severity are the combination of school enrollment against number of children not attending schools, the unavailability of functional schools, IDP displacement in addition to the irregularly paid teachers. To support and verify, the Education cluster has conducted a secondary data review based on 26 assessments.

Camp Coordination and Camp Management

CCCM severity scores and PiN estimate were derived from the CCCM Master List, and the Site Report which has profiles of 1,331 sites in 20 governorates. Since the target CCCM population are IDPs living in sites, severities were applied to districts in which IDP hosting sites exist and for which information is available. All other districts assigned a severity score of zero. PiN estimates represent displaced population in need living in IDP hosting sites, inflated by 15% to account for the host community living near IDP sites.

Two methodologies were used to calculate the severity of need in each district. For districts covered by the Site Report assessment, one aggregated CCCM Severity Score per district was calculated by taking a weighted average of the severity scores for a total of eight indicators. For districts not covered by the Site Report assessment, one aggregated CCCM Severity Score per district was calculated by taking a weighted average of only two out of eight indicators, namely "Percentage of people living in IDP hosting sites in relation to district IDP population" and "Percentage of IDP sites that are not managed by CCCM partners".

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. PiN estimates were primarily based on the DTM flow monitoring statistics, information collected during registration of refugees and asylum-seekers and during the provision of support at migrant response points, as well as protection monitoring reports provided by partners. In addition to primary bio data, registration information collected from refugees also includes data related to their specific needs and vulnerabilities.

Cluster Severity Indicators

Food Security and Agriculture

INDICATOR	DATA SOURCE
Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Analysis.	Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Analysis and, indirectly, Food Security and Livelihood Assessment, WFP and FAO market monitoring data, MAI agricultural production assessment data and FSAC partners assessments

Water, Sanitation and Hygiene

INDICATOR	DATA SOURCE
% of HHs having sufficient access to a functional and improved sanitation facility	MCLA
% of HHs having access to sufficient handwashing facilities and soap	MCLA
% of HHs having access to water sources of sufficient quality and availability	MCLA
% of HHs having access to a sufficient quantity of water	MCLA

Health

INDICATOR	DATA SOURCE
Affected population: % of population are IDPs/returnees	Protection cluster
HWs density per 10K people per Governorate	HeRAMS
Beds density per 10K people per Governorate	HeRAMS
Availability of Health Services per HF level	HeRAMS
Health Facility Functionality	HeRAMS
Availability of general and trauma care services available	HeRAMS
Availability of IMCI services	HeRAMS
Health facilities with fully available essential newborn care services/10000	HeRAMS
Health facilities with fully available family planning services/10000	HeRAMS
Health facilities with fully available ANC services/10000	HeRAMS
Health facilities with fully available BeMONC services/500,000	HeRAMS
Health facilities with fully available CeMONC services/500,000	HeRAMS
Health facilities with fully available for NCD/100000	HeRAMS
Coverage of measles vaccination-MR1% (6 months–2 years)	EPI
Coverage of DPT/PENTA-3 (0-12 months)	EPI
Measles incidence rate /1000	eIDEWS
Suspect cholera incidence rate /1000	eIDEWS
Suspected Diphtheria incidence rate /1000	eIDEWS
Malaria incidence rate /1,000	eIDEWS
Suspected dengue cases /10,000	eIDEWS
COVID-19 confirmed cases per district*	eIDEWS
COVID-19 vaccination coverage % per district*	eIDEWS

Nutrition

INDICATOR	DATA SOURCE
Combined Global Acute Malnutrition among Children 0-59 months	SMART Survey 2022
Maternal Acute Malnutrition by MUAC	SMART Survey 2022
Prevalance of Underweight among children under the age of 5 years	SMART Survey 2022
Prevalance of chronic malnutrition among children under the age of 5 years	SMART Survey 2022
Under five years mortality rate	SMART Survey 2022
Crude Moratlity Rate	SMART Survey 2022
Prevalance of anemia among mothers	Nutrition Surveillance
Minimal Acceptable Diet	SMART Survey 2022
Exclusive Breast Feeding	SMART Survey 2022
Food Consumption Score	SMART Survey 2022
IPC Classification	IPC
Percentage of households having access to an improved water source	SMART Survey 2022
Practice of handwashing after toilet use and before meals	SMART Survey 2022
Proportion of children under the age of five years with diarrhoea	SMART Survey 2022
Proportion of children under the age of five years with fevers	SMART Survey 2022
Children with disability	Nutrition Cluster Report
Pentavalent 3/Polio 3 for children aged 12 to 59 months	SMART Survey 2022
Vitamin A supplementation among children aged 6 to 59 minths within the last 6 months	SMART Survey 2022
Measles vaccination for children aged 12 to 59 months	SMART Survey 2022
Coverage of nutrition programme	Nutrition Cluster Report

Protection

INDICATOR	DATA SOURCE
Ratio of IDPs to host population	PTF / DTM
# of civilian casualties reported (killed or injured) in district in the last 12 months	Civilian Impact Monitoring Project (CIMP)
# of protection services available for IDPs and affected people per district	Cluster 4Ws report
Number of adequate and functional services available at district level targeting children in needs of protection response in IDPs sites as well as host communities (Child Protection, Protection, WASH, Health, Nutrition, and Education)	Education Cluster Nutrition Cluster WASH Cluster Health Cluster Protection Cluster Child Protection Cluster
Number of children affected by violence, neglect abuse and exploitations in the affected areas.	CS Data MRM Data
Children out of schools, including children dropped out from schools, who are likely at risk to increased exposure to violence, neglect, abuse and exploitation as result of dropping out of schools.	Education Cluster Data (Out of School Data)
# of women, men, boys and girls killed or injured by EO	CIMP on explosive hazards only
% Of GBV service points available for each 20,000 Female	Service Mapping 3/4Ws

Shelter / Non Food Items

INDICATOR	DATA SOURCE
Proportion of IDPs by district over total population (or host population and returnees)	OCHA Population Estimates 2022
Percentage of populated areas highly susceptible to floods[1]	Shelter Cluster Flood Susceptibility Calculations 2019 (led by the Shelter Cluster and supported by REACH)
Presence of extreme winter conditions	Shelter Cluster Winterization Analysis 2021/2022 (based on REACH weatherization data 2019 and Shelter Cluster elevation data 2021)
Percentage of populated areas with winter nights equal or below 10°C	Shelter Cluster Winterization Analysis 2021/2022 (based on REACH weatherization data 2019)
Populated district areas with average high elevation	Elevation data 2021 developed by the Shelter Cluster
Percentage of households with inadequate shelter	UNHCR INAT/PMT Analysis (January – December 2021)
Percentage of civilian houses/private dwellings partially or completely uninhabitable due to damage or destruction	Shelter Cluster Expert Discussion 2021 on damages to civilian houses
Percentage of households facing the threat of eviction	Protection Cluster CIMP data 2018-2021 on impact to civilian houses
Percentage of HHs without access to critical non-food items	UNHCR INAT/PMT Analysis (January – December 2021)

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 - Population Estimates OCHA
Percentage of IDP sites not managed by CCCM Cluster partners	CCCM Site Report
Percentage of IDP sites reported to be facing eviction as a site threat	CCCM Site Report
Percentage of IDP sites vulnerable to eviction due to living in sites without verbal or written tenancy agreement	CCCM Site Report
Percentage of IDP sites reported to be facing flooding as a site threat	CCCM Site Report
Percentage of IDP sites facing critical service gaps	CCCM Site Report
Percentage of IDP sites who do not have access to adequate sectoral services	CCCM Site Report
Percentage of IDP sites whose primary shelter type is a makeshift shelter, emergency shelter or open-air shelter	CCCM Site Report
Percentage of IDP sites with presence of four or more different types of vulnerable groups	CCCM Site Report

Education

INDICATOR	DATA SOURCE
% School aged children (girls and boys) enrolled in Formal and Non-Formal education	MOE / Education Cluster
% Children not attending school by sex and school-level (SADD).	MOE / UNOCHA
Proportion of school-age children who are IDPs and/or returnees	UNOCHA / RRM
% Of closed/non-functional schools	MOE / Education Cluster
Percentage of Teachers (female and male) receiving salary/incentives	MOE

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 2021; 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 protection assessments, refugee registration database

4.3

Information Gaps and Limitations

All known data collection exercises and analysis methodologies have their limitations and gaps, and continuous adjustments are required to ensure these are addressed. Improving access to, and quality of, data and analysis continue 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. As of March 2022, Yemen has recorded only 11,771 infections and 2,135 deaths from the disease. The Fully vaccinated population is 280,073 and partially vaccinated is 389,886. There is underestimation largely due to low availability of testing as well as several other factors. Increased testing and reporting are needed to better understand COVID-19's impact on Yemen and inform effective and principled humanitarian response. 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 2021, numerous planning obstacles, obstructions by authorities, and attempts at 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 2021, advocacy efforts are needed to provide an impartial understanding of the increasing severity of needs.

In 2021, concerted efforts were 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 2022 HNO, the WHO global estimate of 15 per cent disability prevalence was applied. If 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 more 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 2022 HNO, Severity and PiN analysis was conducted at the district level (admin level 2). It is still as a challenge to estimate the numbers of people statistically and confidently in need belonging to specific vulnerable groups. In 2022, technical working groups such as Information Management and Assessments Working Group will manage conversations on unit of analysis with relevant constituencies to generate options that will allow the ICCM and the HCT to make an informed decision.

Other limitations of the 2022 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 (1.1) 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	The International Organization 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		
SDR	Secondary Data Review		

PTF	Population Task Force
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 Active front lines increased from 49 in 2020 to 51 by mid-June 2021, decreasing gradually to reach 45 active front lines by December 2021, largely due to the withdrawal of GoY-aligned forces from coastal districts in Al Hodeidah. OCHA Yemen: Situation Update No. 3 - Humanitarian Impact in Al Hodeidah and Red Sea Coast, 1 December 2021.
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- 10 TIME, A Rusting Oil Tanker Off the Coast of Yemen Is an Environmental Catastrophe Waiting to Happen. Can Anyone Prevent It?, May 14, 2021
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- 13 Source: Civilian Impact Monitoring Project (CIMP). CIMP relies on data derived from open-source reporting.
- 14 Integrated Food Security Phase Classification (IPC), Famine Review of the IPC Acute Food Insecurity and Acute Malnutrition Analyses: Conclusions and Recommendations for Five Areas in Yemen
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- 18 Health Sector in Yemen – Policy Note (worldbank.org)
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- 20 Data Source: Yemen CCCM Partners Reporting – December updates
- 21 Source: Yemen CCCM Partners Reporting – December updates
- 22 RRM Cumulative IDP Tracker.
- 23 The CIMP analysis is based on data derived from open source reporting
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- 25 Civilian Impact Monitoring Project, 2021 Annual Report
- 26 Civilian Impact Monitoring Project, 2021 Annual Report
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- 28 It is estimated that one per cent of the total IDP population in IDP sites live in the open
- 29 64 per cent are damaged by conflict or floods and 17 percent are hosting IDPs or occupied by armed groups.
- 30 The FAO Food Price Index averaged 140.7 points in February 2022, increasing by 5.3 points or 3.9 per cent from January 2022; and as much as 24.1 points or 20.7 per cent, compared with February 2021.
- 31 Projections for the period between January and May assume a 50 per cent reduction in food assistance. In December 2021, 13.2 million people were supported.
- 32 Domestic cereal production contributes less than 20 per cent of national needs, while domestic wheat production contributes between 5 per cent and 10 per cent.
- 33 World Health Organization (WHO) & Ministry of Public Health & Population (MOPHP) : The Health Resources and Services Availability Monitoring System (HeRAMS), 2020.
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- 42 also referred to by the authorities as the Descendants of Bilal
- 43 CCCM Cluster National Site Report: https://reach-info.org/yem/cccm_sites/
- 44 UNHCR socio-vulnerability and protection needs assessments Jan – Dec 2021, based on 237,000 assessed HH
- 45 Ibid
- 46 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.
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- 49 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
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- 70 This figure excludes internally displaced persons who were displaced multiple times. The total number of new displacements in 2021 is 491,085. Yemen Rapid Response Mechanism.
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- 74 (UNDP, 2021)
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HUMANITARIAN NEEDS OVERVIEW

YEMEN

ISSUED APRIL 2022