

HUMANITARIAN NEEDS OVERVIEW

YEMEN

HUMANITARIAN
PROGRAMME CYCLE

2023

ISSUED December 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 needs 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

Fatima, a displaced woman in Al-Mishqafa IDP site in Tuban District in Lahj using firewood as she can't afford the price of cooking gas cylinders, 17 January 2022.

Photo: Mahmoud Al-Filastini/NRC

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Humanitarian RESPONSE

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

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

Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action provides a comprehensive overview of the humanitarian landscape by merging two platforms – the former stand-alone Humanitarian Insight and the Global Humanitarian Overview (GHO).

<https://humanitarianaction.info/>



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.

<https://fts.unocha.org/appeals/overview/2022>



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

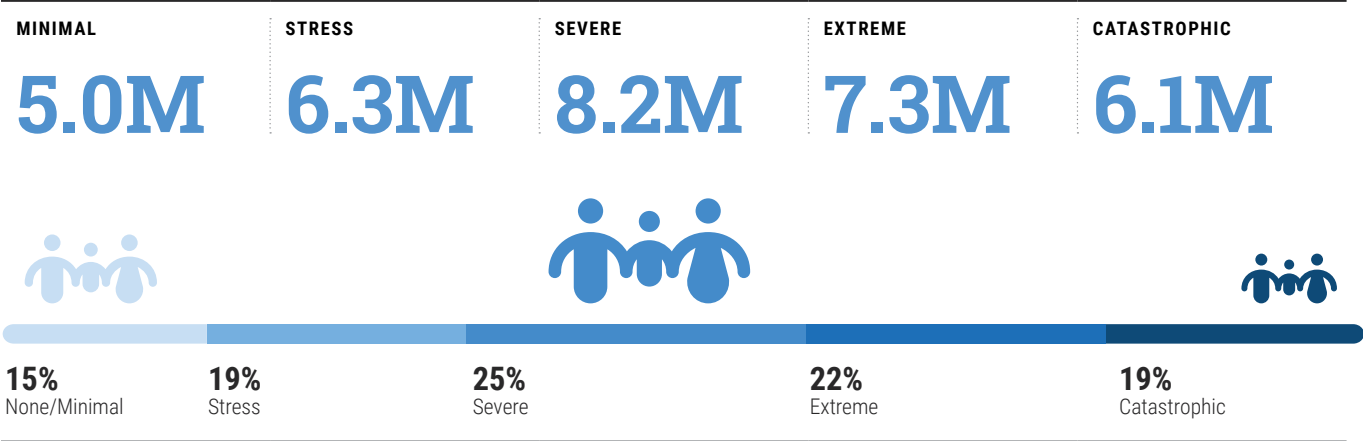
Key figures (2023)

PEOPLE IN NEED	TREND (2015-2022)	WOMEN	CHILDREN	WITH DISABILITY
21.6M		24%	51%	15%



TA'IZ, YEMEN
Amal, an 8-year-old girl fetches water for her family in Al Makha District in Tai'z Governorate, Yemen, 3 February 2022.
Photo: Malka Mohammed/NRC

Severity of needs (2023):



By population groups

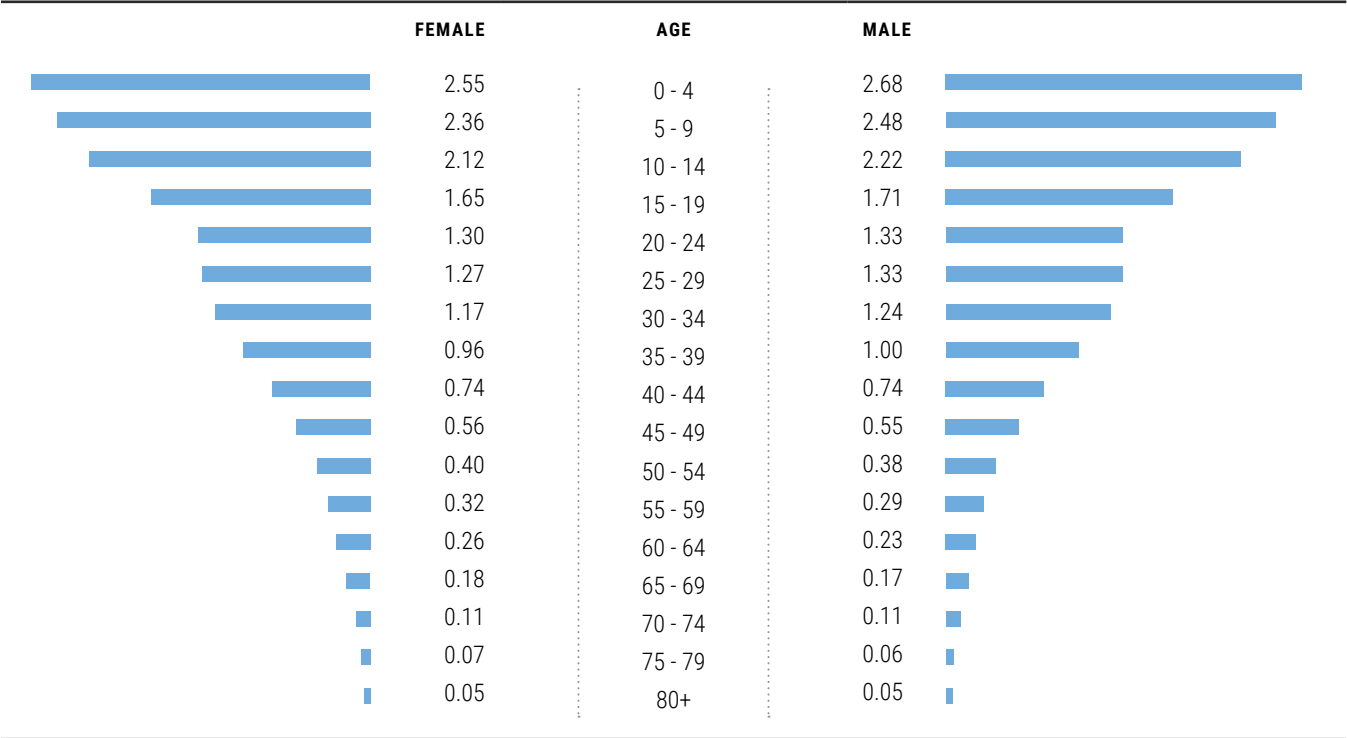
POPULATION GROUP	PEOPLE IN NEED
Children under 5 y/o	3.4M
Persons with disabilities	3.2M
Internally displaced people	3.1M
Pregnant and lactating women	1.7M

By age

AGE	PEOPLE IN NEED	% PIN
Boys (0-17)	5.7M	26%
Girls (0-17)	5.3M	25%
Men (above 18)	5.4M	25%
Women (above 18)	5.2M	24%

People in need by age group and sex (2023):

Numbers in millions



Context and impact of the crisis

After more than eight years of conflict, millions of people in Yemen are suffering from the compounded effects of armed violence, ongoing economic crisis and disrupted public services. In 2023, an estimated 21.6 million people will need humanitarian assistance and protection services, a slight decrease from the 23.4 million people in need in 2022. This is largely due to technical changes in cluster-level needs assessments, as well as revised food security projections released in late 2022, rather than an overall improvement in the humanitarian outlook.

Following intense fighting in the first months of 2022, the political and conflict environment shifted significantly in April upon the transition of power to the Presidential Leadership Council and announcement of a UN-brokered truce. The subsequent six-month period, up to the truce's expiry on 2 October, offered a glimpse of hope for many people. Civilian casualties and displacement decreased, a steady flow of fuel imports were received through Al Hodeidah port and commercial flights resumed through Sana'a International Airport. Despite these overarching benefits, localized clashes continued in some areas, including Ta'iz and Ad Dale', and landmines and explosive remnants of war (ERW) posed heightened risks, especially in the context of increased civilian movement. Tensions have increased following the truce's expiry, although no major military escalation or offensive has taken place. Despite extensive efforts, an agreement to extend the truce had not been reached as of end November.

The continued fragility of Yemen's economy in 2022 exacerbated vulnerabilities among poor families, including as a result of depreciation of the Yemeni rial (YER), macroeconomic instability, the de facto separation of economic institutions and issuance of competing monetary policies and decreasing household purchasing power. Being largely reliant on imported food and goods, Yemen is extremely vulnerable to fluctuations in global prices. Throughout the course of the year, pressures on international supply chains stemming from the crisis in Ukraine has heightened global food insecurity and contributed to increased food prices in Yemeni markets. The Black Sea Grain Initiative provided for the resumption of some exports, easing pressures on global prices and supply chains, although uncertainties in the market remain.

Yemen's public services and infrastructure have been severely impacted by the conflict, deteriorating economy and recurrent natural hazards. More than 80 per cent of the country's population struggles to access food, safe drinking water and adequate health services, while nearly 90 per cent of the population has no access to publicly supplied electricity. Most public sector employees, including teachers and healthcare workers, have not received a regular salary in years—while this issue has formed part of discussions between the parties throughout 2022, little progress had been made by the end of the year.

Overall, some 17.7 million people are estimated to be in need of protection services in 2023. This includes people exposed to the risks associated with landmines and ERW, including unexploded ordnance (UXO). Legal and civil issues also perpetuate disadvantage and protection risks, such as the lack or loss of civil documentation, which undermines and prevents people from exercising their basic rights.

The humanitarian operating environment remains severely restricted. Bureaucratic impediments continue to delay and hinder the delivery of principled humanitarian assistance, and security incidents increased throughout the course of 2022, including carjackings, kidnappings and attacks on humanitarian personnel and infrastructure.

The humanitarian situation moving into 2023 remains bleak, and sustained humanitarian assistance is needed to prevent further deterioration of needs. In parallel, increased focus on collaboration between humanitarian, development and peace actors is key to delivering more sustainable solutions, including to rebuild Yemen's fragile economy and diminished public services.

Scope of the analysis

This Humanitarian Needs Overview (HNO) covers all 333 districts of Yemen's 22 governorates, with a particular focus on internally displaced people, the Muhamasheen community and people with disabilities. It also evaluates the needs of groups with additional vulnerabilities, including women and girls, asylum seekers, refugees, migrants and children.

For the third consecutive year, assessments of need 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. A total of 22 intersectoral indicators were used to comprehensively measure the severity of needs in Yemen.

This HNO analysis estimates that 21.6 million people will need humanitarian assistance in 2023. The main factors behind these figures are food insecurity, malnutrition, health, water and sanitation, and protection needs. This includes some 17.3 million people who are estimated to need food and agriculture assistance, 20.3 million people who need support to access critical health services and 15.3 million people who will require support to access clean water and meet basic sanitation needs. Some of the highest levels of vulnerability are concentrated in displacement hosting sites, where very few services are available. Across Yemen, protection needs remain extremely high as a result of the grim humanitarian outlook, which has led to the increased adoption of negative coping strategies.

Expected context evolution in 2023

In March 2023, the people of Yemen will enter their ninth year of conflict since its escalation in 2015. As of November 2022, the post-truce period remained relatively stable, without any major escalation in hostilities or military operations. However, increasing tensions and heightened rhetoric between the parties carries the potential for a resumption of armed violence. If this occurs, civilian casualties and displacement would likely increase, with host communities feeling the strain of even further stretched resources.

In the absence of country-wide mine clearance activities, landmines and ERW will continue to endanger lives, hinder movements, including returns to places of origin, and impede engagement in livelihood activities and access to basic services.

Without sustained support from international financial institutions, donors and development actors, ongoing macro-economic instability will likely lead to the continued erosion of household purchasing power. This will erase any gains made in 2022 by limiting people's access to food and other basic goods and drive already significant levels of need even higher. Without the restoration of essential public services and infrastructure, people will continue to be forced to contend with malnutrition, disease outbreaks, poor health outcomes and loss of opportunities.

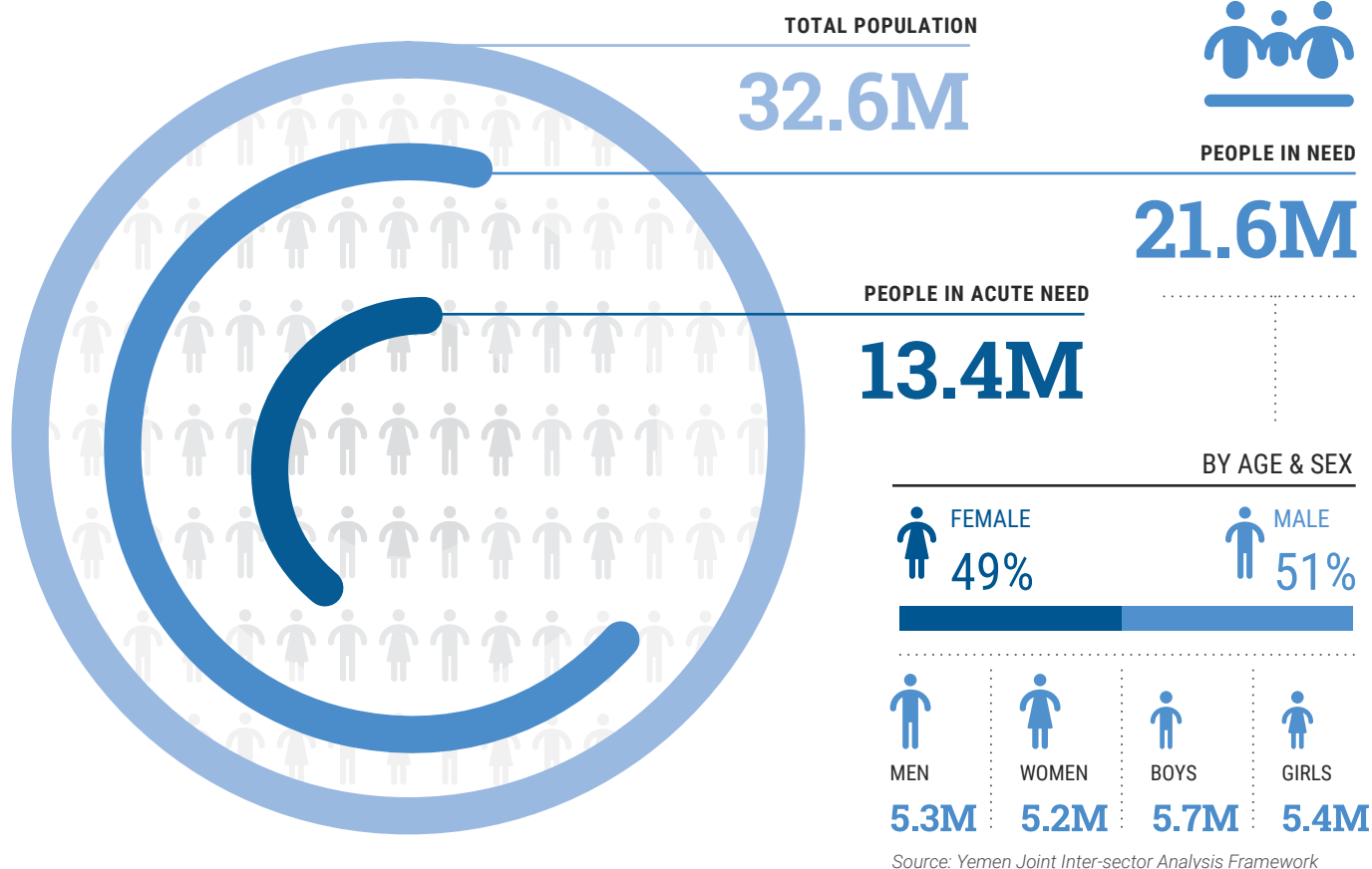
Women and girls will continue to bear a disproportionate impact of the crisis, including compounded forms of violence. Further restrictions on their rights, including the widespread imposition of mahram (male guardian) requirements in areas controlled by Ansar Allah (AA, also known as the Houthi de facto authorities) over the course of 2022 could serve to worsen existing structural inequalities.

Protection needs are likely to remain high, including due to continued violations of international humanitarian law (IHL) and international human rights law (IHRL). Vulnerable and marginalized groups, such as internally displaced people, refugees, asylum seekers, migrants, people with disabilities and older persons, are also likely to see their vulnerabilities remain extremely high.



Continuing on the same trajectory as in 2022, access impediments, including bureaucratic restrictions and other constraints, are set to continue to significantly impact aid delivery, especially in AA-controlled areas. Protecting humanitarian space will require sustained and collective advocacy over the course of 2023.

Yemen's vulnerability to climate change will likely be palpable again in 2023. Natural disasters such as severe seasonal flooding and droughts will disrupt livelihoods and services, force families to leave their homes and increase existing vulnerabilities.

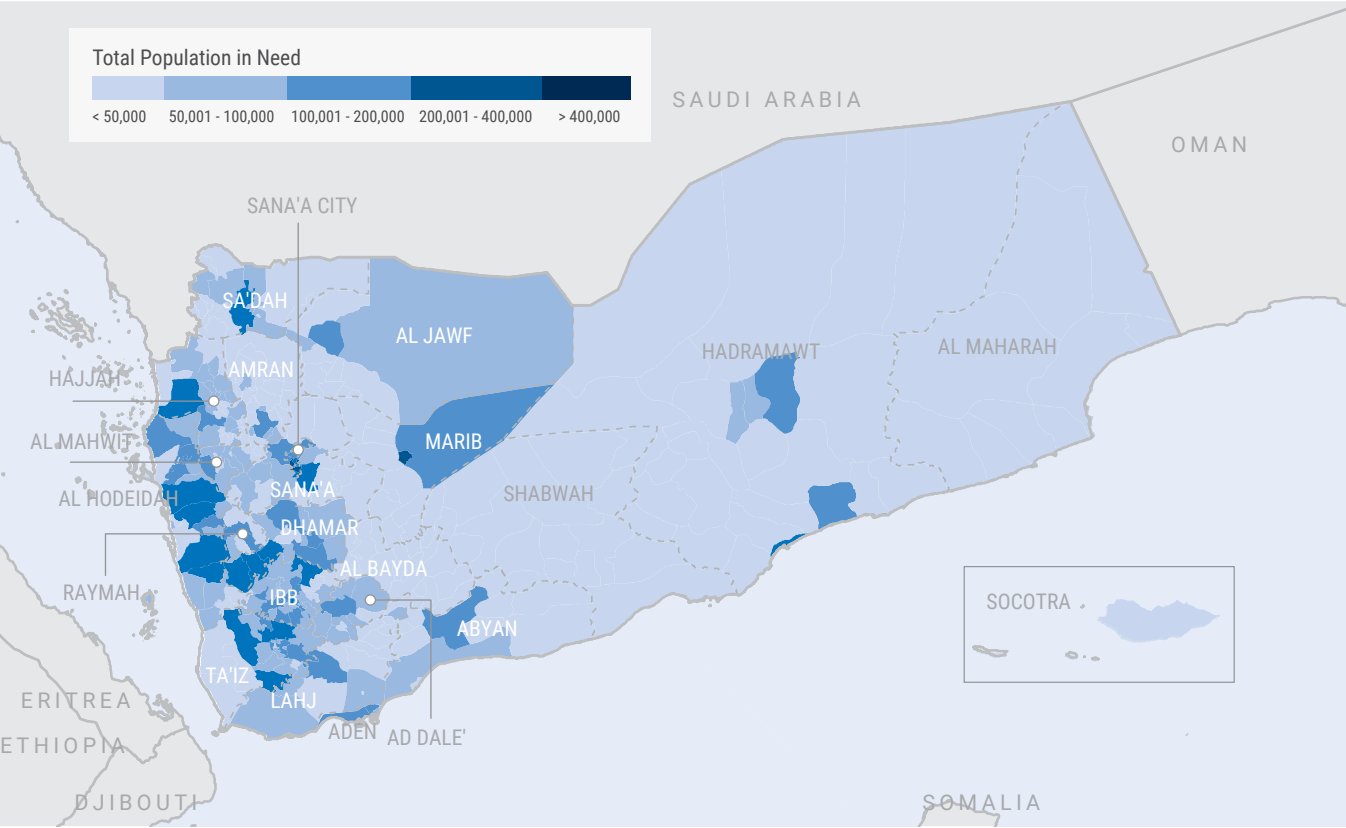
Estimated number of people in need



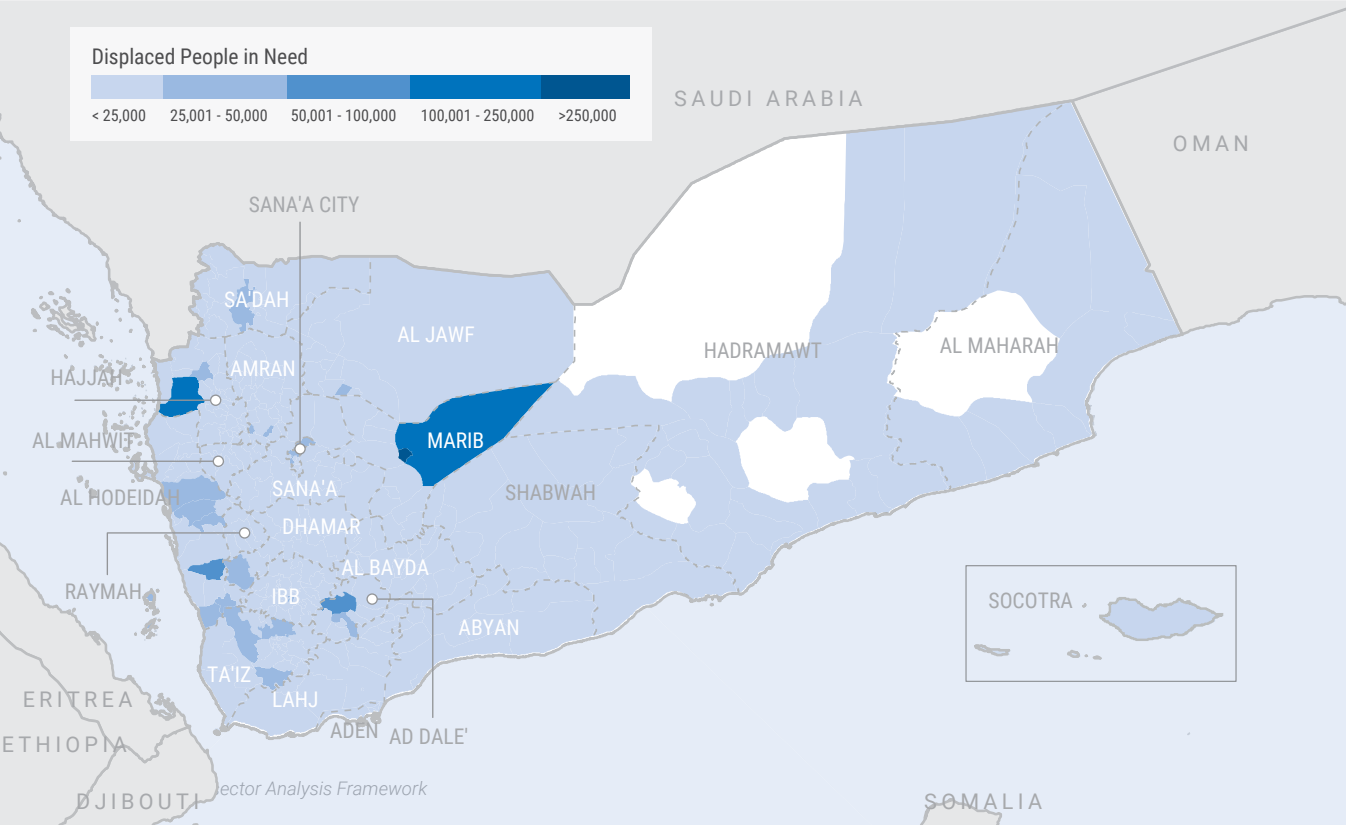
People in need by sector

SECTOR	PEOPLE IN NEED	BY SEX & AGE			
		MEN	WOMEN	BOYS	GIRLS
 CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	1.9 M	0.4M	0.4M	0.5M	0.5M
 EDUCATION	8.6 M	0.0M	0.0M	4.6M	4.0M
 FOOD SECURITY AND AGRICULTURE	17.3 M	4.3M	4.2M	4.6M	4.4M
 HEALTH	20.3 M	5.0M	4.9M	5.3M	5.1M
 NUTRITION	11.9 M	0.0M	2.6M	2.7M	6.7M
 PROTECTION	17.7 M	4.4M	4.3M	4.6M	4.4M
 REFUGEES AND MIGRANTS MULTI SECTOR (RMMS)	0.3 M	0.16M	0.08M	0.04M	0.03M
 SHELTER/NON FOOD ITEMS (NFI)	7.5 M	1.9M	1.8M	1.9M	1.9M
 WATER, SANITATION AND HYGIENE (WASH)	15.3 M	3.7M	3.7M	4.0M	3.9M
 RAPID RESPONSE MECHANISM (RRM)	0.38 M	0.10M	0.09M	0.10M	0.09M

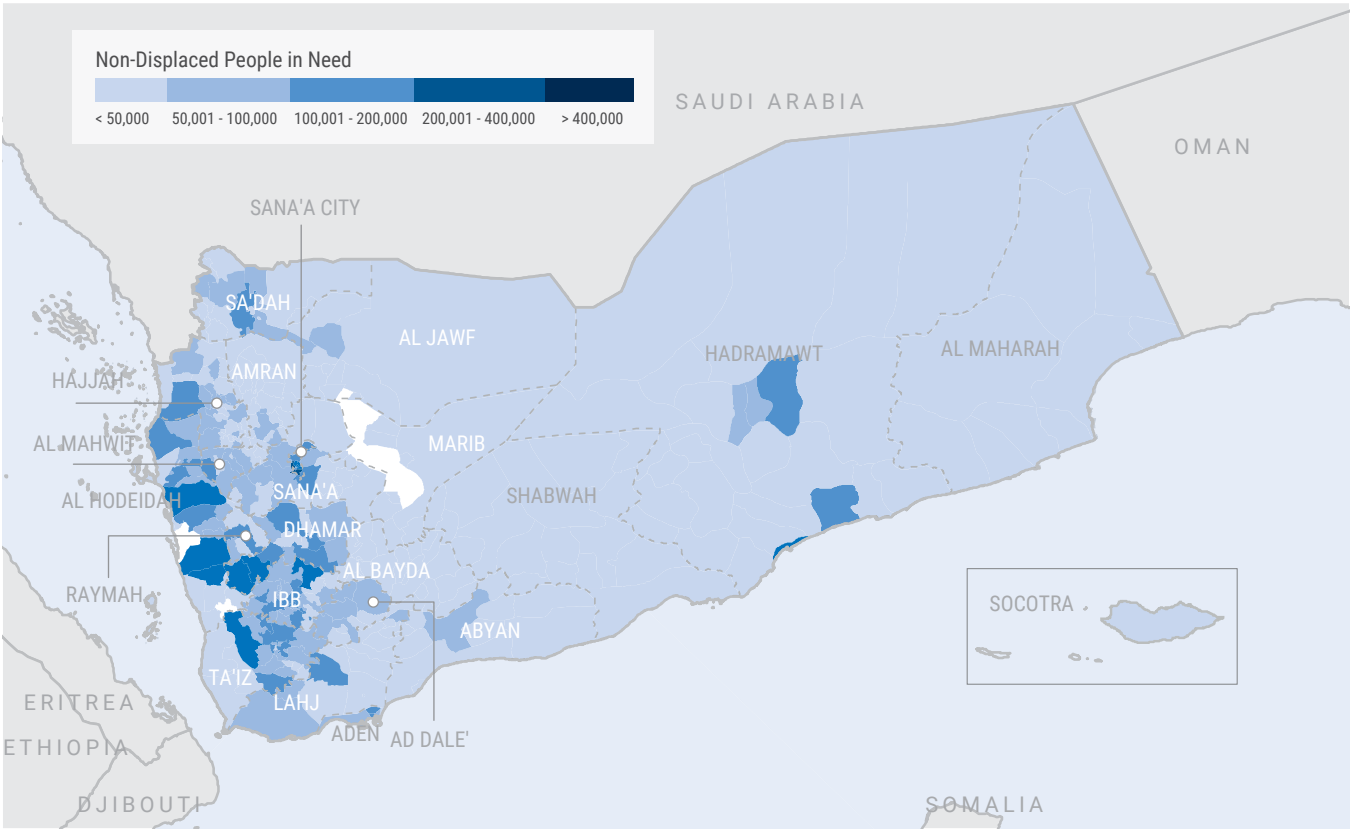
Number of people in need and severity of humanitarian needs: by geographic area



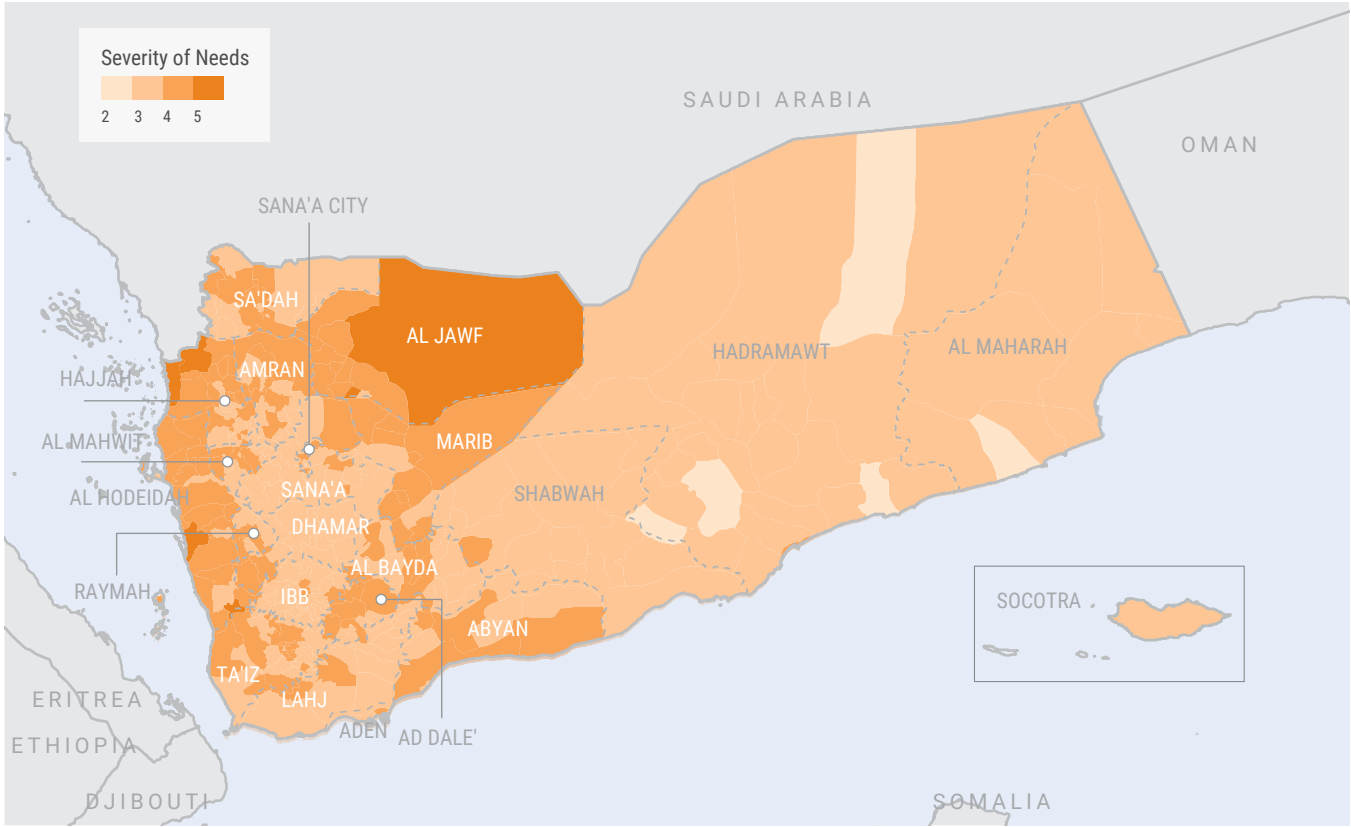
Source: Yemen Joint Inter-sector Analysis Framework



Source: Yemen Joint Inter-sector Analysis Framework

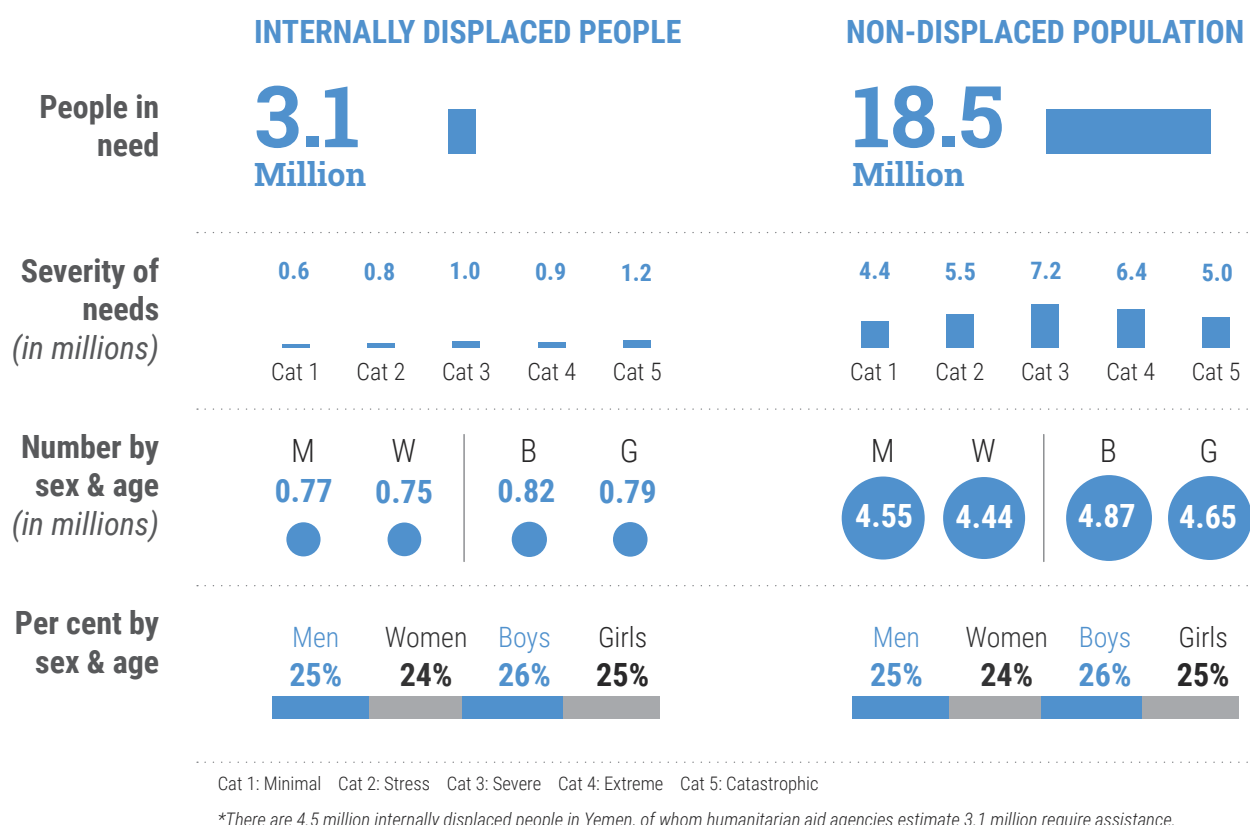


Source: Yemen Joint Inter-sector Analysis Framework

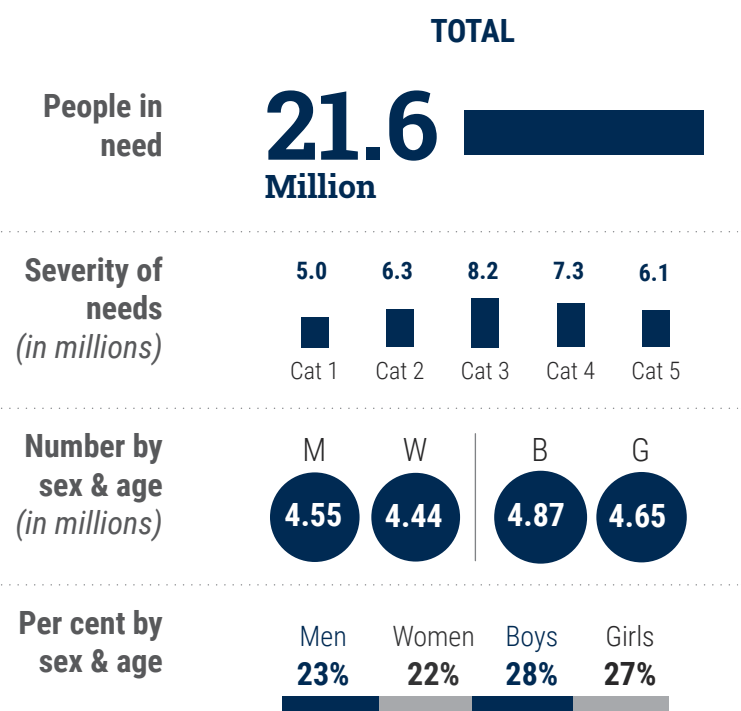


Source: Yemen Joint Inter-sector Analysis Framework

Severity of humanitarian conditions and number of people in need: displaced and non-displaced populations



Severity of humanitarian conditions and number of people in need: total population



Source: Yemen Joint Inter-sector Analysis Framework

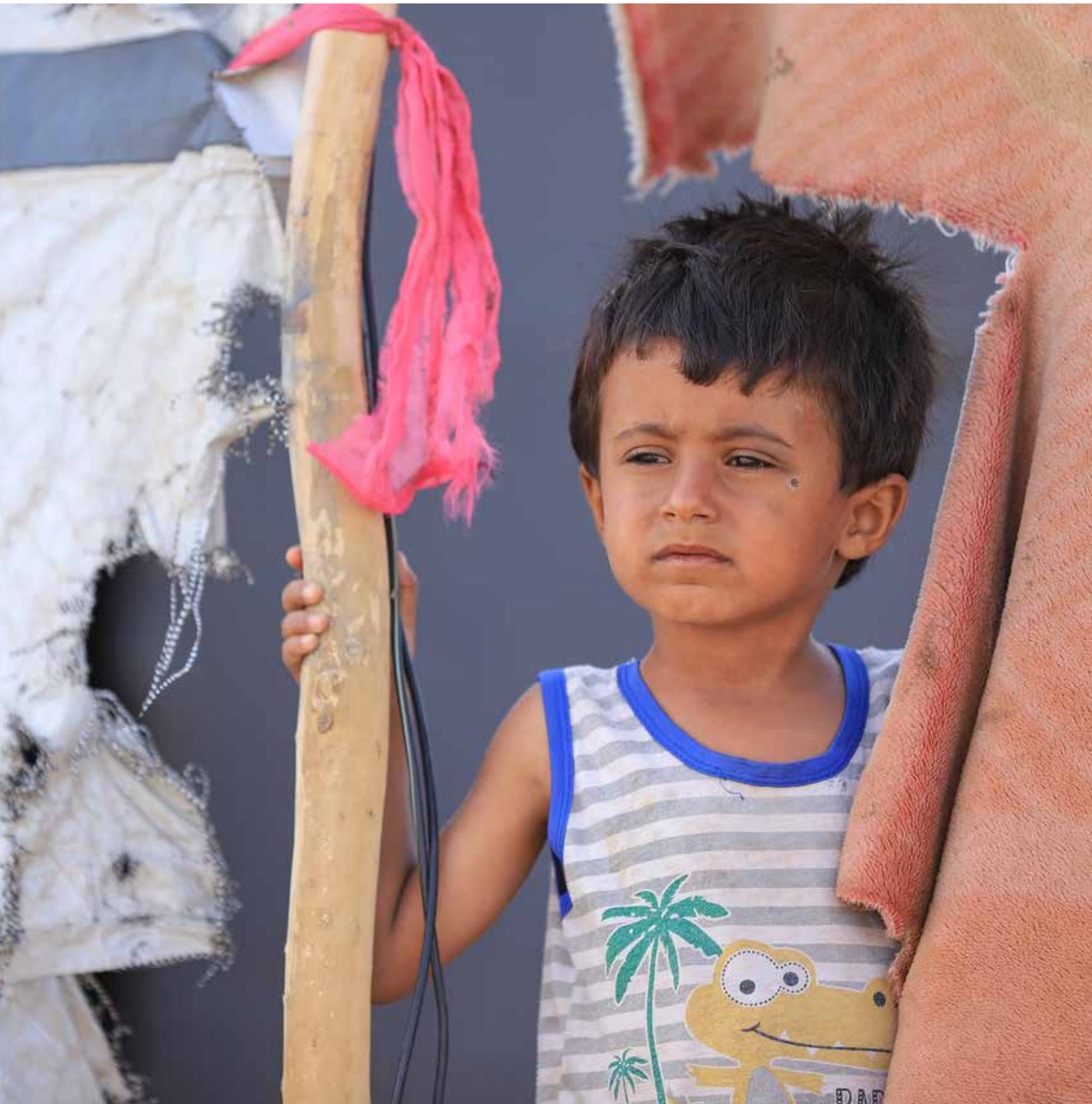
Part 1:

Summary of humanitarian needs and key findings

MARIB, YEMEN

Waleed, a 4-year-old child, stands outside his family's shelter in Al Sumaya displacement site in Marib, Yemen, 13 October 2022.

Photo: YPN/OCHA



1.1

Context of the crisis

After more than eight years of conflict, millions of people in Yemen are suffering from the compounded effects of armed violence, ongoing economic crisis and disrupted public services. In 2023, an estimated 21.6 million people will need humanitarian assistance and protection services, a slight decrease from the 23.4 million people in need in 2022. This is largely due to technical changes in cluster-level needs assessments, as well as revised food security projections released in late 2022, rather than an overall improvement in the humanitarian outlook.

Armed conflict

Prolonged armed conflict in Yemen has plunged the country into a devastating humanitarian crisis. Intermittent periods of conflict have taken place over recent decades, with growing tensions and confrontations in 2013 and 2014, leading to a significant escalation in early 2015. Now, nearly nine years into the current conflict, a comprehensive political settlement remains elusive.

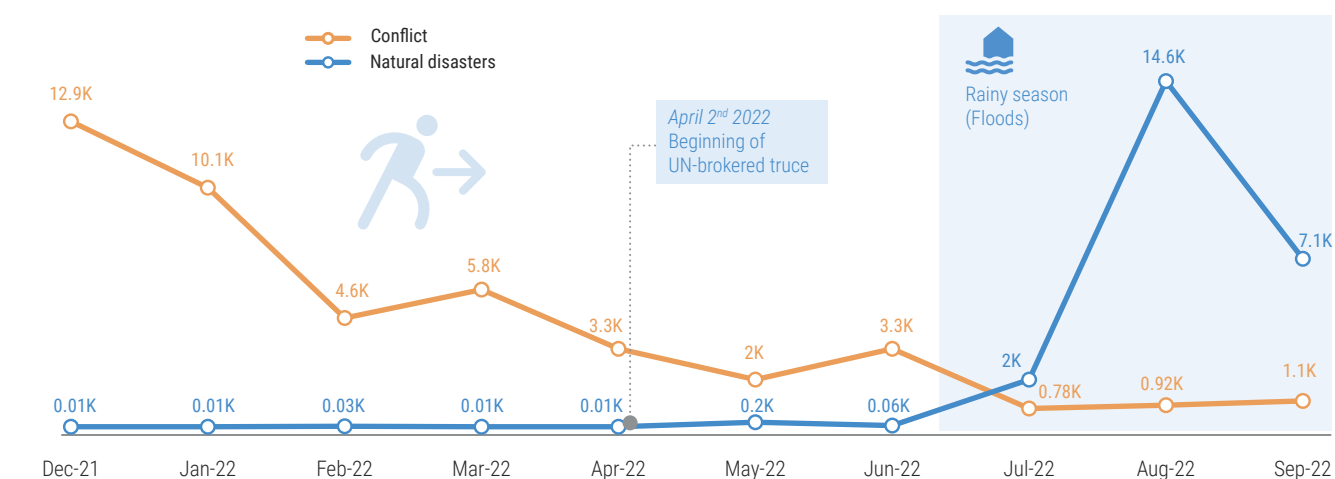
In 2022, the political and conflict environment shifted significantly upon the resignation of President Abd-Rabbu Mansour Hadi on 7 April and transfer of power to the newly appointed Presidential Leadership

Council, led by former adviser to President Hadi, Rashad Al-Alimi. The composition of the eight members appointed to the Council reflects some of the primary Government-aligned groups and forces in the conflict with AA.

Around the same time, a UN-brokered truce was agreed and came into effect on 2 April. The subsequent six-month truce period, up to its expiry on 2 October, offered a glimpse of hope for many people. Among the many overarching benefits of this period were an overall reduction in fighting—the first such extended reprieve since 2015. Civilian casualties and displacement decreased, and no airstrikes or major military operations took place. The truce also saw an increase in fuel deliveries and the smooth flow of other essential items through Al Hodeidah port, as well as the reopening of Sana'a International Airport after years of closure, enabling approximately 40,000 people to travel on commercial flights including to access medical treatment and education opportunities abroad.

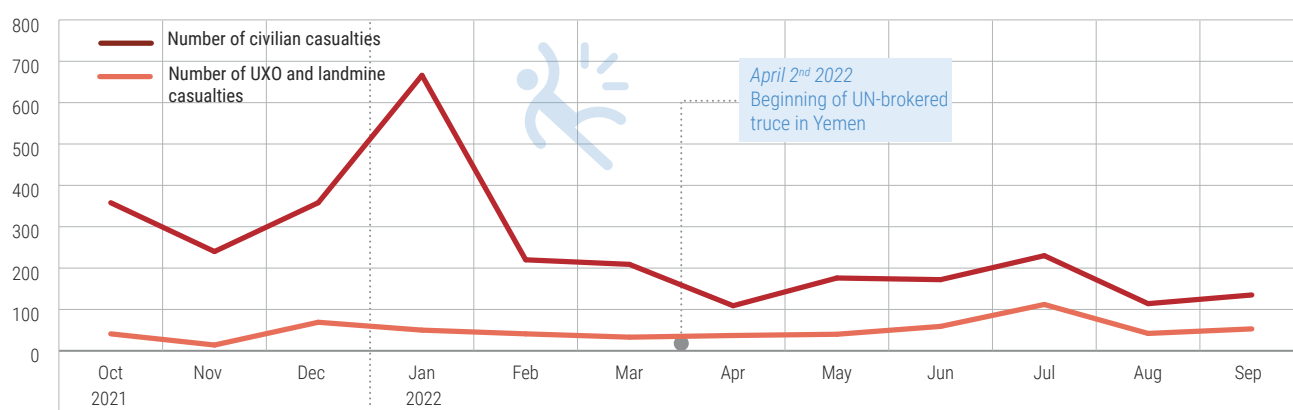
However, fighting did not completely cease and localized clashes continued in some pockets of the country, including in Ta'iz and Ad Dale', as well as in parts of Sa'dah, Al Hodeidah and Marib governorates. Civilians also continued to face other challenges and

Displacement trends by month and event type



Source: RRM

Civilian casualties



Source: CIMP

dangers related to the conflict, including increased exposure to landmines and ERW—the main cause of civilian casualties during the truce period.¹ In addition, the socio-economic benefits of the truce were not felt equally across Yemen, with many continuing to suffer high levels of need, resulting from economic conditions and environmental hazards.

Following the expiry of the truce, extensive efforts continued to extend and expand it. However, as of late November 2022, no agreement had yet been reached. Significant escalation of hostilities has not occurred, though many in Yemen face increased uncertainty and fear of a return to violence. Tensions continued to increase between the parties in the final months of the year.

The Global Peace Index 2022 ranked Yemen as the second least peaceful country in the world, after Afghanistan, and the conflict remains one of the deadliest for civilians by global measures. Women continue to bear the brunt of the conflict, experiencing high levels of displacement, challenges accessing essential goods and services, and gender-based violence (GBV), among others. Yemen was ranked third last, out of 170 countries, in the 2021/22 Women, Peace and Security Index (followed by Syria and Afghanistan).

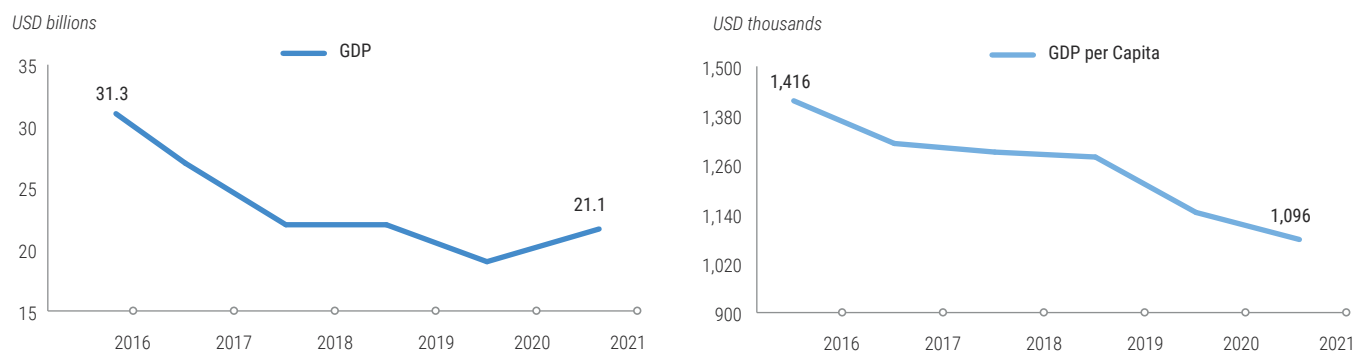
Economy

Throughout 2022, the Yemeni economy continued to weaken, affected by macroeconomic instability, the de facto separation of economic institutions and issuance of competing monetary policies, import restrictions, increased costs of food and other essential items and the impact of natural disasters.² The war in Ukraine triggered a global rise in commodity prices, heightening threats to the already dire socio-economic situation and food access.

Coupled with the collapse of basic services and public institutions, the economic situation has further eroded the resilience of people in Yemen. Past development gains are being reversed and Yemen's economy has shrunk by half since the escalation of the conflict. The economic deterioration has been most apparent in loss of livelihoods and income, depreciation of YER, loss of government revenue, rising prices of commodities and commercial import restrictions, including on fuel. Traditional sources of foreign currency—which are highly relied upon in Yemen—such as remittances, oil and gas exports and bilateral funding streams remain suppressed.

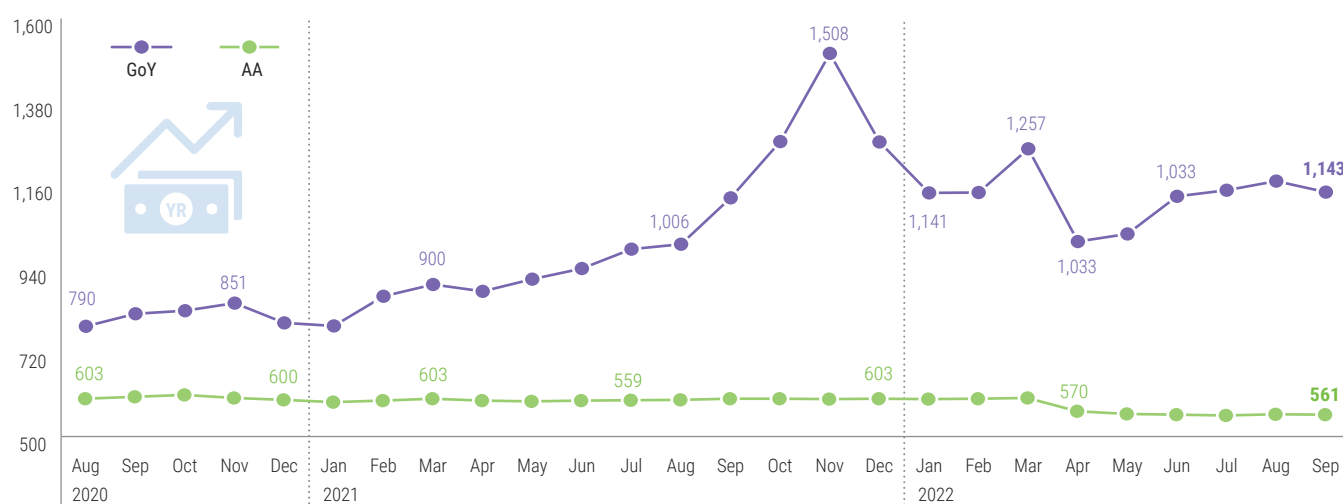
Following the announcement of the truce in April, the exchange rate made a short recovery before continuing to worsen. The YER in areas under the control of the Government of Yemen (GoY), while continuing to fluctuate, has lost approximately 22 per cent of its value since mid-April. Although the YER largely remained stable in AA-controlled areas at an average of YER560 to USD, prices have increased at a similar rate to those in GoY-held areas, largely due to global increases in food and fuel prices and restrictions on imports through ports in AA-controlled areas.³

Gross domestic product



Source: Vulnerability analysis and mapping (VAM) Food Security Analysis

Exchange rate over time



Source: Cash Consortium Yemen (CCY)

Commercial imports and price increases

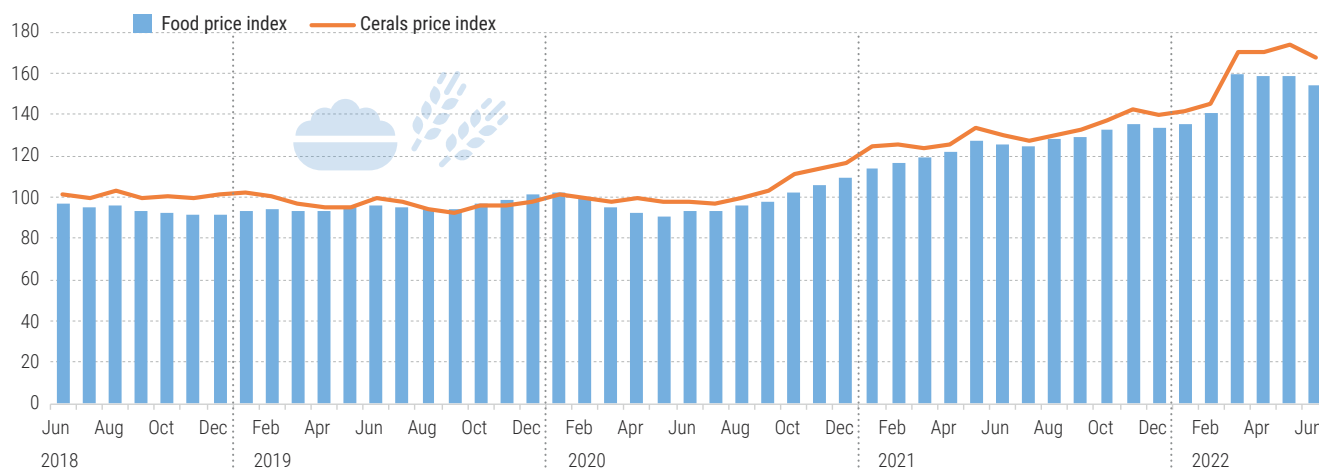
With Yemen importing some 90 per cent of its food and other critical goods, the country is extremely vulnerable to global market fluctuations, import restrictions and unstable currency exchange. These factors drive price increases in local markets, particularly for food and fuel. Conflict and insecurity have delayed the rehabilitation of oil exports, severely limiting government revenue and the supply of foreign exchange for fuel and other essential imports.⁴

Food prices continued to climb over the course of 2022, driven by continued depreciation of the YER (despite the slight improvement at the beginning of the truce in April 2022) and rising global prices stemming from the crisis in Ukraine. These events combined with the

lack of improvement in average household income or progress on the payment of regular civil salaries, have resulted in further heightened unaffordability. The cost of the minimum food basket increased by 42 per cent in AA-controlled areas and by 27 per cent in GoY-held areas, compared to 2021.

The entry of fuel ships into Al Hodeidah port in accordance with the provisions of the truce led to a steady flow of imports that was largely maintained throughout the truce period. Fuel quantities that entered Yemen through the port between 2 April and 30 September 2022 more than tripled compared to those recorded in 2021. During this period, 52 fuel ships unloaded 1.4 million metric tons of fuel through Al Hodeidah port, compared to only 23 fuel ships carrying

FOOD PRICE INDEX



Source: Food Security Report Apr-Sep 2022

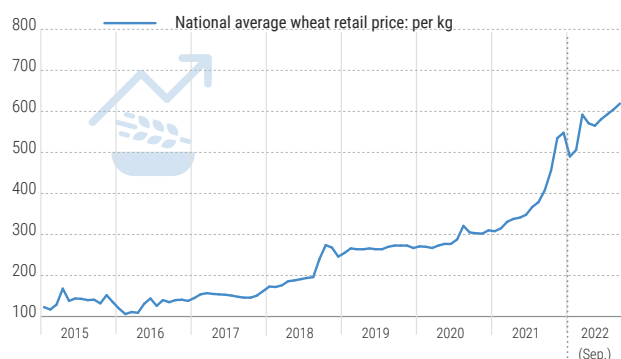
468,630 metric tons in 2021. This relatively steady supply relieved some of the pressure on vital services, such as water, healthcare, electricity and transportation, although prices increased significantly in GoY-controlled areas and, to a lesser extent, in AA-held areas.⁵

While the availability of fuel increased, fuel prices remained high in light of global inflation challenges and high global fuel prices. Increased prices and transportation costs throughout the year limited mobility and in some cases affected the provision of affordable services, leading to supply disruption and shortages. This also impacted the capacity of humanitarian organizations to implement their programmes. In addition, fuel prices have increased the cost of irrigated food crops and contributed to a reduction in local agricultural production, while increasing the cost of transporting locally produced food between governorates. Despite some local production in Marib, cooking gas prices also doubled

in 2022, due to production disruption resulting from insecurity and conflict in Marib Governorate and increased fuel costs.

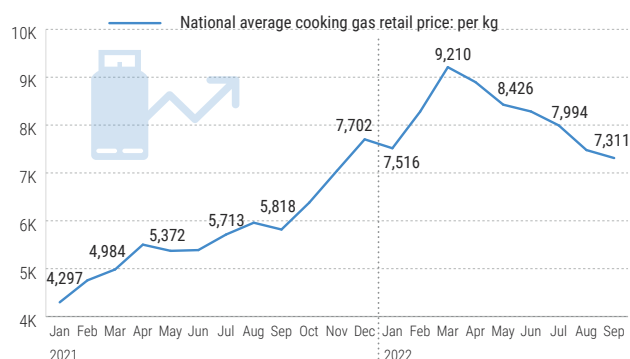
The truce has provided limited benefits for the economic situation, especially in AA-controlled areas, by stemming further price increases and improving availability of fuel and other items. However, the root causes of low household purchasing power persist, including the weak exchange rate, inflation, a lack of public salary payments and inconsistent salaries.^{6,7} 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 incentivized to adopt harmful coping strategies, such as sexual exploitation, child marriage, child labor, military recruitment of children and interruption of education.⁸

Wheat prices



Source: Vulnerability analysis and mapping (VAM) Food Security Analysis

Cooking gas prices



Natural and environmental hazards

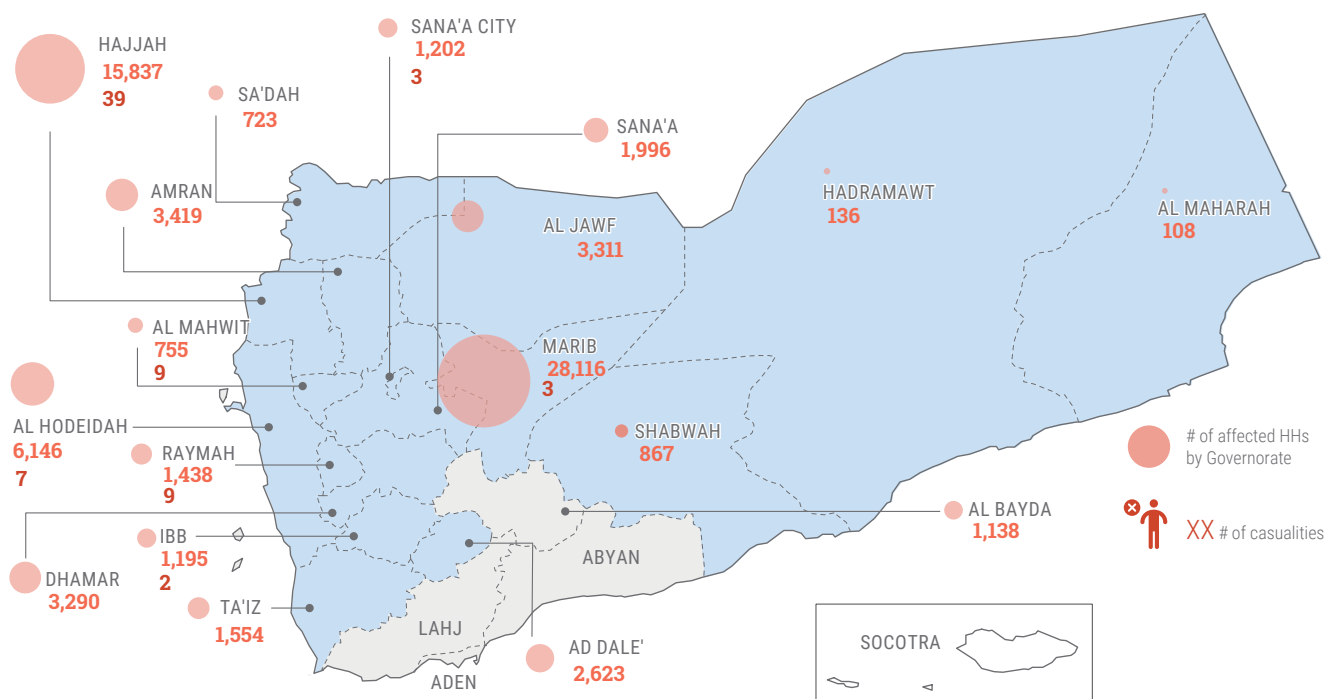
Natural disasters and environmental hazards represent a major threat to the lives, livelihoods and well-being of many communities across Yemen, often contributing to displacement and increased vulnerability, and putting additional pressure on infrastructure and essential services. Yemen has an INFORM Climate Change Risk Index for 2022 of 8.1,⁹ ranking third among the most vulnerable countries to climate change and least prepared for climate shocks, after Somalia and South Sudan, with temperatures rising faster than the global average over the past three decades.

Yemen is experiencing the multifold and devastating impacts of climate change. Weather updates from the Food and Agriculture Organization (FAO) show that Yemen experienced moderate to severe drought conditions between January and June 2022. These were coupled with an unprecedented rise in temperatures, affecting all cropped regions of the country. In August 2022, 80 per cent of the country received heavy rainfalls, with a cumulative amount of

about 2,500 millimetres. This was 45 per cent higher than the rainfall experienced in August 2021, triggering devastating floods across the country that affected hundreds of thousands of people.

Even before the current conflict, Yemen was one of the world's most severely water-stressed countries. The conflict has overshadowed the alarming water scarcity problems in the country, while the gradual depletion of water sources and desertification, brought on by agricultural pressures, recurrent drought and climate change, threaten the availability of arable land and access to clean, drinkable water for millions of Yemenis. This is particularly the case in urban areas, where populations in some regions receive less than three litres per capita per day (l/c/d), well below the Sphere standard of at least 15 l/c/d.¹⁰ Lack of access to clean water has in the past caused major health outbreaks, including the cholera outbreak that started in October 2016—the country's worst cholera outbreak in modern history.¹¹

Number of households affected by flooding per governorate (as of 30 September 2022)



Source: Clusters

Yemen is also a key frontline country for desert locusts and has in the past been a source of devastating locust plagues. Intense rainfall and cyclones create ideal conditions for locusts to hatch, breed and spread quickly in vast swarms both across the country and across borders.¹² This poses an additional threat to agricultural productivity, which is a key component of Yemen's economy.

Legal and policy issues

Normative and implementation gaps in the legal framework continue to diminish the protection of the rights of children, minority and marginalized groups, migrants and refugees, persons with disabilities and women and girls. Coupled with the absence of effective accountability mechanisms, these gaps lead to rights violations and increase people's exposure to serious protection risks that impact physical safety, well-being and access to critical services. Children also face additional challenges stemming from family separation, military recruitment, forced/early marriage, trafficking and child labor.

Land allocation by authorities and the legal framework with respect to access to land for certain groups, including tribes, can lead to social tensions and cohesion issues as well as further marginalization of minority and marginalized groups.

Lack of civil and identification documentation continues to affect freedom of movement and access to basic civil rights and services, including housing, land and property (HLP) rights. This is most prevalent in Hajjah, Al Hodeidah, Al Jawf, Tai'z, Marib, Amran, Ibb, Ad Dale', Al Bayda and Dhamar governorates. It impacts all population groups, with specific vulnerabilities among women and children. Returnees often face significant HLP challenges, including secondary occupation or missing ownership documentation, and are in need of legal assistance to access their property.

Women and girls

Discriminatory societal attitudes towards women's movement and economic and social engagement remain entrenched.¹³ Yemen has ranked last in the World Economic Forum's Global Gender Gap index for several consecutive years, and in 2021, was ranked in the bottom five countries in terms of women's economic participation, political empowerment and educational attainment.¹⁴

Over the course of 2022, AA authorities have increasingly imposed the mahram (male guardian) requirement, whereby women must be accompanied by a male family member to travel. This has also been applied to female national aid workers, which in turn has increasingly restricted the ability of the humanitarian community to deliver accountable, efficient and principled delivery of life-saving assistance, particularly to women and girls.

These restrictions also serve to worsen existing structural inequalities that hinder women's and girls' access to basic services, which can lead to or exacerbate, for example, a gender gap in literacy and basic education and high maternal mortality rates, among others. Restrictions on freedom of movement and full societal participation also exacerbate economic insecurity, further entrench political exclusion and can have severe repercussions for physical and mental health.

Women and girls also face major risks of being exposed to GBV, with this risk heightened for women and girls with disabilities, internally displaced people and other vulnerable groups.¹⁵ However, protection services remain overstretched across Yemen, and completely absent in some hard-to-reach areas.¹⁶ At the same time, data on GBV remains extremely sparse and unreliable, due to fear of reporting, stigma and lack of legal redress mechanisms, among other factors.

1.2

Shocks and impacts of the crisis

Yemen's protracted armed conflict, economic decline and natural hazards have driven civilian casualties, internal displacement and high levels of humanitarian need. These drivers have also led to the deterioration of the country's public services and infrastructure. Yemen remains vulnerable to shocks, including the potential resurgence of hostilities, climate-induced weather events and disease outbreaks.

Shocks and ongoing events

Climate and disasters

During 2022, Yemen experienced two successive extreme weather events, swinging from severe drought conditions to heavy rainfall and flooding.

Climate change has resulted in declining precipitation across the country, making 2022 the third driest year in the past four decades (after 2014 and 2000). Conditions intensified between April and May, and the prolonged drought and unprecedented rise in temperatures in the first half of the year affected all cropped regions across the country. This led to crop losses, heat stress and limited forage availability for livestock,¹⁷ threatening food security and livelihoods. Most farmers lost the first planting season (April to June), with one-third of households reporting that they have reduced their planted area.¹⁸

From July to September, the country was hit by heavy downpours, at nearly 300 per cent above normal rainfall.¹⁹ These made the second half of the season the wettest in nearly 40 years and caused floods and flash floods that impacted approximately 80 per cent of the country, leaving 74,000 households in need across 175 districts and 18 governorates. This included 50,000 households in Marib, Hajjah and Al Hodeidah governorates alone, the majority of which were in displacement sites. People with disabilities and the Muhamasheen minority group, already more susceptible to heightened vulnerabilities including due to residing in overcrowded and makeshift shelters,

were significantly impacted. Critical infrastructure, including roads, water sources and sewage systems were affected; farms and livelihoods were damaged, increasing the proliferation of diseases such as cholera, dengue, malaria and diphtheria and the risk of malnutrition; and already limited basic services were further disrupted. Flooding has also shifted landmines and ERW into new areas, posing a grave risk to civilians, especially children.

Disease outbreaks

Yemen remains vulnerable to disease outbreaks, including vaccine-preventable diseases. Years of conflict, displacement and recurring natural disasters have depleted the country's healthcare system and critical infrastructure, in turn increasing the likelihood of communicable disease outbreaks. Only half of the country's health facilities are functioning and many are operating with inadequate human resources, equipment and supplies.

Vaccination rates remain a key cause for concern. Yemen is the leading country in the Middle East and North Africa (MENA) region in numbers of under-vaccinated children, with almost a third of the population under the age of 1 missing routine vaccinations. This increases vulnerability to vaccine-preventable diseases such as diphtheria, measles and polio virus. Polio, which was eradicated in Yemen in 2000, resurged again in the second half of 2020. While humanitarian partners have since ramped up immunization campaigns, disruptions in 2022 due to low levels of funding, among other issues, impacted campaign efficacy. The devastating recent cholera epidemic, which peaked in 2017 with nearly a million suspected cases and over 2,000 deaths, was successfully targeted with a comprehensive vaccination campaign which slowed the spread of cases by 2021. However, the underlying factors which contributed to the initial outbreak of the disease remain in place and cases continued to be reported throughout 2022, with children under 5 most impacted. The same conditions

that contributed to the spread of cholera are also enabling the spread of other communicable and vector-borne diseases, such as malaria, diphtheria and dengue fever.

In 2023, susceptibility to disease outbreaks is likely to continue as a result of insufficiently equipped and staffed health facilities, closures of health programmes, continued gaps in water and sanitation systems and the aggravation of existing vulnerabilities, such as seasonal flooding and further displacement.

Impact on people

Civilian safety and threats

Under the truce, Yemen experienced a sharp reduction in conflict-induced civilian casualties. Some 936 civilian casualties, including 288 deaths, were reported during this period—a 54 per cent decrease from the six months prior.²⁰ Landmines and ERW accounted for 343 of the 936 civilian casualties (including 95 deaths and 248 injuries) reported between April and September, compared to 338 for all of 2021.²¹ This increase is due in part to civilian movement and returns to previously inaccessible areas near frontlines, as well as torrential seasonal rains and flooding in July and August, which caused devices to drift into new areas and warning signs to be destroyed.²² The areas most affected by landmines and ERW are current and former frontline areas, particularly in Al Hodeidah and Al Jawf governorates. People living in rural areas are particularly impacted due to the need to often travel long distances to access goods and services.

The widespread contamination of ERW and landmines prevents safe movements, restricts income generation and livelihood activities (such as fishing and farming) and limits access to basic services including education. Those injured often do not have access to victim assistance and other relevant support services.

Other than landmines and ERW, civilian casualties continued in the post-truce period as a result of localized shelling and small arms fire, among others. As of 31 October, the highest numbers of civilian casualties in 2022 were recorded in Sa'dah (450), followed by Al Hodeidah (294), Ta'iz (256), Marib (107) and Shabwah (104) governorates.

Children continue to bear the brunt of violent incidents,

particularly in the third quarter of 2022 when 108 child casualties were recorded, a 77 per cent increase from the second quarter (61 casualties), and above the 2021 quarterly average child casualty count of 105.²³ More than two thirds (74) of the child casualties reported during the third quarter resulted from landmine and ERW incidents.

Insecurity, uncertainty and protection concerns remain widespread even in the post-truce period, with continuing low-level fighting, including attacks on civilian objects and infrastructure. Any reversion to large-scale hostilities would quickly translate into heightened civilian safety threats.

People on the move

Yemen faces the sixth largest internal displacement crisis in the world, with some 4.5 million people internally displaced since 2015. Most of those displaced have been displaced for over a year and many of them more than once.

An estimated 1.6 million people currently live in 2,431 hosting sites across the country, the majority of which are located in the governorates of Al Hodeidah, Hajjah and Marib.²⁴ Other displaced people live among host communities, increasing demand for existing resources and infrastructure. In the context of widespread economic deterioration and limited access to essential services, scarcity of resources and infrastructure in these scenarios can often fuel tensions between host and displaced communities. This is particularly evident in host communities with pre-existing humanitarian needs. As host family arrangements become more complex due to rising rental costs and the protracted nature of the crisis, more displaced families are instead seeking shelter in spontaneous and camp-like settings.²⁵ Ongoing displacement is also leading to a breakdown of traditional livelihood opportunities in rural areas and subsequent rural-urban displacement.

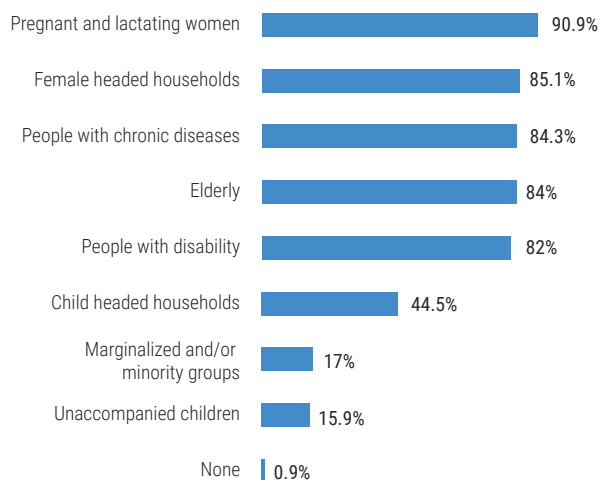
In the first three quarters of 2022, an estimated 222,000 people were newly displaced due to conflict across 173 districts, concentrated mainly in Al Hodeidah, Al Jawf, Marib and Ta'iz governorates.²⁶ During the truce period, the average monthly internal displacement rate reduced by 76 per cent compared with the six months prior to the truce.²⁷ Severe seasonal flooding caused over 160,000 new and secondary displacements between July and September 2022, 60 per cent of which occurred in Hajjah and Al Hodeidah governorates.

Hosting sites with high risk population groups and threats in sites



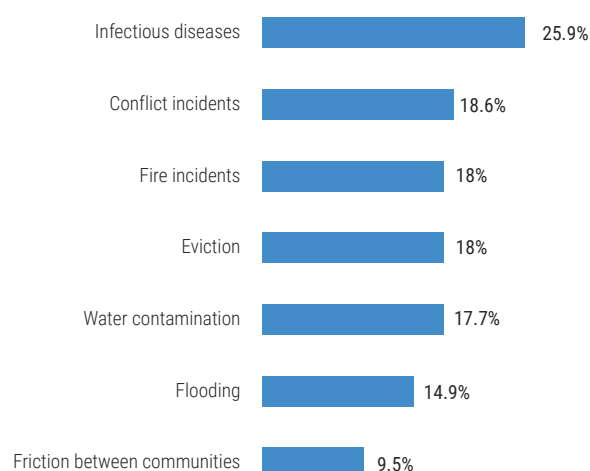
HIGH RISK GROUPS

Percentage of sites with presence of high risk groups*



SITE THREATS

Most common threats to sites*



*Respondents could select multiple options for these questions, and therefore overall figures may not add up to 100%

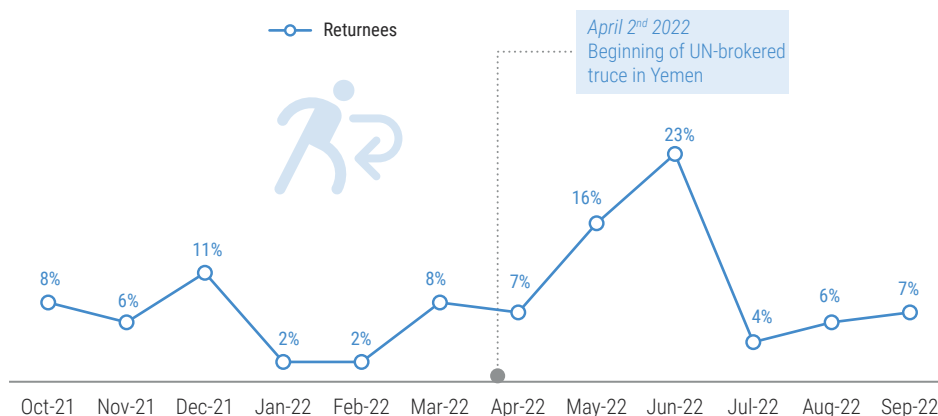
Source: CCCM Cluster, REACH

While conflict-related displacement decreased in 2022 compared to the previous year, climate-related events have triggered a 93 per cent increase. In light of the increasing frequency and severity of climate-induced natural hazards, these impacts are likely to continue in 2023.

As in previous years, available displacement figures likely underestimate the severity of the situation, including due to challenges implementing systematic tracking of displacement in areas under the control of AA.

Vulnerable groups are disproportionately represented in displacement figures and experience particular impacts. Women and children represent up to 80 per cent of the total displaced population,²⁸ with approximately 26 per cent of displaced households now headed by women, indicating increased economic precarity.²⁹ Displaced women and girls experience widespread protection risks, including GBV and sexual exploitation and abuse. With limited shelter options and a breakdown in formal and informal protection mechanisms, children are also increasingly vulnerable to child marriage, human trafficking, begging and child labor. An estimated 678,000 displaced people with disabilities experience

Trends analysis on returns prior to the truce (October 2021 to March 2022) and post-truce (April to September 2022)



Governorate	Pre-truce	Truce
Al Hodeidah	1,518	6,580
Al Jawf	3,647	3,344
Sa'ada	8	6,033
Marib	3,501	1,793
Taizz	2,151	1,013
Al Dhale'e	902	2,067
Amran	712	1,706
Sana'a	567	307
Al Bayda	30	339
Shabwah	0	173
Hajjah	126	42
Abyan	23	41
Aden	0	24
Ibb	18	0
Lahj	0	10
Dhamar	4	0
	13,207	23,472

Source: CCCM Cluster, REACH³⁵

compounding vulnerabilities, facing substantial barriers to accessing essential services and humanitarian aid.

An estimated 1.3 million internally displaced people have returned home since 2015. During 2022, the overall number of returns remained relatively limited, although the six-month truce saw a 77 per cent increase in the number of returnees compared to the previous six months.³⁰ Reported barriers to further returns during this period included insecurity and low-intensity conflict, as well as political and socio-economic uncertainty.

Migrants, refugees and asylum seekers are among the most marginalized groups in Yemen and face significant protection risks. This includes discrimination and difficulty accessing public services, as well as the risk of abduction, torture, detention, violence and exploitation. These risks increase even further for minors, who are exposed to the risk of military recruitment, child labor and exploitation. Migrants also experience sexual violence by smugglers, which has been reported at all transit points in Yemen, with women and girls disproportionately at risk of violations. The psychological and physical trauma that survivors of these incidents sustain, often remain unaddressed due to limited access and resources. From July to September 2022, according to The International Organization for Migration's (IOM) Displacement Tracking Matrix, over 15,700 migrants arrived at the shores of Yemen—bringing total arrivals since the beginning of the year to more than 42,000.³¹

The primary migration routes through Yemen are subject to considerable control and influence by smugglers and traffickers, including in key transit areas such as Marib. In areas near key landing points, such as Ras Al Ara in Lahj Governorate, frequent reports are received of physical abuse and detention towards migrants upon arrival. The situation for migrants, refugees and asylum seekers in border areas is precarious and rights violations have been reported throughout the year.

Acute food insecurity and malnutrition

Yemen is among the most acutely food insecure countries globally and in 2023, approximately 17.3 million people are estimated to face acute food insecurity. Primarily an issue of affordability, rather than availability, food insecurity and malnutrition in Yemen are predominantly driven by the primary and secondary

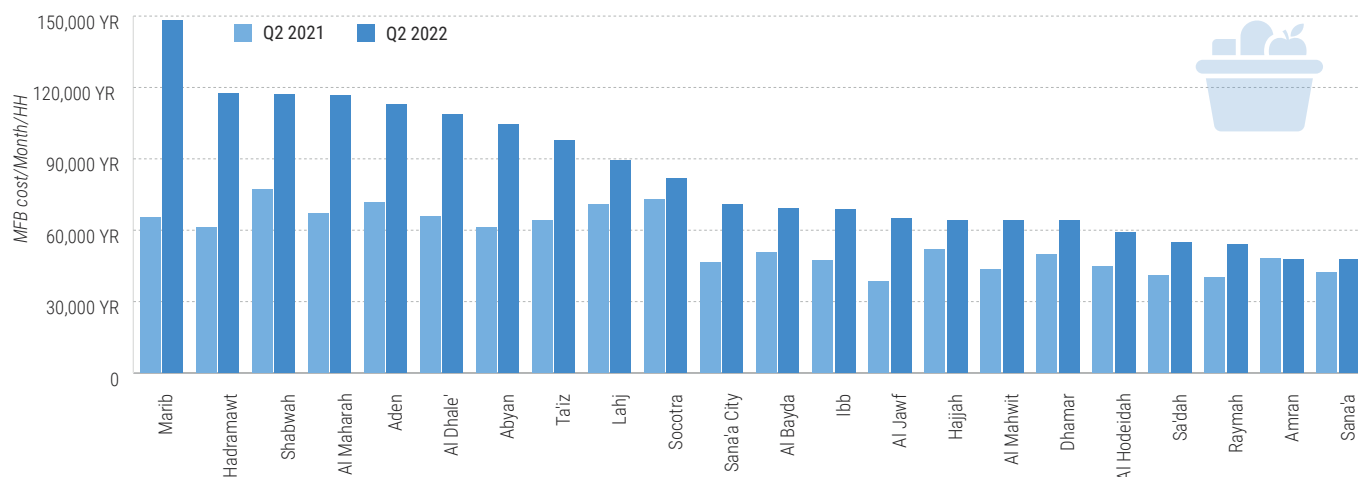
impacts of conflict and deteriorating macroeconomic conditions, which decrease household purchasing power. Other exacerbating factors include increased global food prices, humanitarian access constraints, disruption of public services and insufficient funding for humanitarian food assistance.³²

Global food insecurity has increased throughout 2022, partly due to the flow-on effects of the war in Ukraine. The crisis, which has precipitated global food shortages and pressures on supply chains, has exacerbated existing challenges for food-insecure and import-dependent countries such as Yemen. The Black Sea Grain Initiative enabled the resumption of some exports from Ukraine, easing some pressures on supply chains and triggering global price decreases.

The latest Integrated Food Security Phase Classification (IPC) analysis, published in October 2022, indicates a less severe situation in the food security outlook for the final three months of the year than initially expected in the projection released in March. The revised analysis estimated some 17 million people are likely to experience acute food insecurity (IPC 3 - Crisis) or worse between October and December. While this indicates a more positive situation than the 19 million people initially expected for the second half of 2022, more than half of the population nevertheless continue to face high levels of hunger. The analysis also shows that the risk of famine has reduced, with no IPC Phase 5 (catastrophic acute food insecurity) population between October and December, down from 161,000 projected in March. These improvements in the food security situation are primarily attributable to the six-month truce, which led to a reduction in hostilities and increased availability of fuel; better than expected agricultural conditions and seasonal labor opportunities in the second half of the year; and improved humanitarian access.³³

Throughout 2022, households in Yemen witnessed severe consumption gaps. In the second quarter of 2022, households reported more difficulty coping with food shortages than at any other point of time in the previous three years. Food consumption gaps are concentrated mainly in seven governorates: Al Hodeidah, Hajjah, Ibb, Amran, Abyan, Ta'iz and Lahj, with a particularly high food consumption gap in Ta'iz and Lahj. Reduced food portions, skipping meals and a lack of nutrient diversification are expected to further deteriorate acute and chronic malnutrition, with flow-on

MFB cost comparison, Q2 2021 and Q2 2022



Source: Food Security Report Apr-Sep 2022 ³⁶

effects for health outcomes.

Malnutrition figures remain among the highest in the world. Around 1.3 million pregnant or breastfeeding women, and 2.2 million children under five, are estimated to require treatment for acute malnutrition in 2023. One of the underlying drivers is the lack of access to appropriate water, sanitation and hygiene (WASH) and health services. In addition to issues related to access to functioning health facilities, the affordability of health services has been impacted by the conflict and economic crisis.

Impact on systems and services

Public services and infrastructure

Yemen's public services and infrastructure have been severely impacted by the ongoing conflict, deteriorating economy and recurrent natural hazards. The statistics are grim: more than 80 per cent of the country's population struggles to access food, safe drinking water and adequate health services, while nearly 90 per cent of the population has no access to publicly supplied electricity. Less than half of health facilities are functioning and many that remain operational lack basic equipment. Water infrastructure is operating at less than 5 per cent efficiency. Most public sector employees, including teachers and healthcare workers, have not received a regular salary in years—while this issue has formed part of discussions between the parties throughout 2022, little progress had been made by the end of the year.

Children are significantly impacted by disrupted services and infrastructure, with 8.6 million school-aged children in need of education assistance due to conflict-related damage and disruption. More than 2,700 schools have been destroyed, partially damaged or utilized for non-educational purposes. Climate-induced weather events exacerbate these challenges, with 370 schools across the country impacted by severe flooding in 2022.

Other vulnerable groups experience compounding challenges in accessing essential services, which serve to increase humanitarian needs. Internally displaced people living in displacement sites often have to travel long distances to reach services, with limited availability in or near displacement sites and often heightened tensions and demand within host communities. People with disabilities face extremely limited access as services are often inaccessible and insufficiently adapted to their needs. The Muhamasheen community also face access challenges resulting from discrimination, social stigmatization and a lack of identification documents. In addition, women and girls experience significant difficulties accessing appropriate services and care, including in relation to medical, reproductive and obstetric care, among others.

Civilian infrastructure has been severely damaged by conflict and recurrent natural hazards, although armed violence affecting critical infrastructure decreased throughout 2022 in conjunction with the truce (the first three months of the truce saw a 54 per cent

decrease compared to the first quarter of 2022). Roads and bridges, including on main supply routes, have been damaged or otherwise closed—hindering and/or delaying the movement of civilians, market goods, and humanitarian assistance and personnel. A lack of reliable and secure telecommunications and internet services further constrains the humanitarian operation.

Impact on health systems

Yemen's health system prior to the conflict was already weakened by poor governance and lack of investment. However, the prolonged and ongoing conflict, economic decline and institutional deterioration have led to its near collapse. Less than half of health facilities are currently reported to be functioning, with about 11 per cent fully or partially damaged due to the conflict. Access remains severely restricted, with approximately 42 per cent of the population having to travel more than an hour to reach the nearest fully or partially functional public hospital. Low levels of humanitarian funding threaten the suspension or closure of core programmes and services, as well as the payment of incentives for health workers. Unaffordability of health services has led to households resorting to negative coping mechanisms—including not seeking them at all.

Women bear the brunt of this crisis. Maternal mortality rates in Yemen remain extremely high, with one woman dying every two hours during childbirth, from causes that are almost entirely preventable.³⁴ Yemen now has one of the highest maternal and newborn mortality rates in the MENA region. In rural areas, women have little to no access to reproductive health services, antenatal care and safe delivery, with less than half of births assisted by skilled medical personnel and only one third taking place in a health facility.

The cumulative impact of conflict and deprivation has also taken a heavy toll on the mental health of Yemenis, particularly women and girls. Mental healthcare remains scarce and mental illness is highly stigmatized. An estimated 7 million people require mental health treatment and support, but only 120,000 have uninterrupted access to these services.

The absence of reliable data on morbidity and mortality will cause challenges for the prioritization and planning of future health programmes, and health data systems require reinforcement and support.

Impact on education

The conflict has disrupted Yemen's already fragile education system, with 2,783 schools destroyed, partially damaged, or utilized for non-educational purposes since the escalation of hostilities in 2015. This situation has been compounded by the 2022 floods that affected an estimated 368 schools, compromising the learning of nearly 1.5 million school-age children.

An estimated 2.7 million children are out of school, with girls making up 47 per cent of this number. Many displaced children have had their education abruptly interrupted, including over 870,000 children with disabilities, whose access to schooling is further limited by a combination of institutional, social, physical and financial barriers. Exclusion of minority groups, particularly the Muhamasheen community, has resulted in limited formal education and high illiteracy rates, exacerbating the cycle of poverty.

Impact on humanitarian access

The operating environment in Yemen remains extremely challenging. Bureaucratic impediments continue to delay and hinder the delivery of principled humanitarian assistance, the vast majority of which are being reported in AA-controlled areas. In GoY-controlled areas, security incidents have increased throughout 2022, including carjackings, kidnappings and attacks on humanitarian personnel and infrastructure.

In the first three quarters of 2022, movement restrictions within Yemen were the predominant access constraint, with 968 reported incidents. Interference in the implementation of humanitarian activities by authorities is another major challenge and is frequently reported by partners, with 195 incidents during this period. There were also 124 reported incidents of violence against humanitarian personnel assets and facilities. Throughout the same period, incidents that impacted the safety and security of aid workers increased by 36 per cent, with 17 kidnappings and 12 detentions reported by partners. ERW-related incidents also continue to pose a significant challenge to humanitarian and civilian access in Yemen.

In 2022, the humanitarian community has continued to work collectively on advocacy to address access challenges and has established monitoring mechanisms to ensure accountability and transparency in the humanitarian response.

**ADEN, YEMEN**

After being displaced to Lahj governorate, Hadeel spent months out of school until IOM rehabilitated Ber Nasir School which allowed hundreds more students to enrol in classes, March 2022. Photo: IOM

1.3 Scope of the analysis

This Humanitarian Needs Overview (HNO) covers all 333 districts of Yemen's 22 governorates, with a particular focus on internally displaced people, the Muhamasheen community and people with disabilities. It also evaluates the needs of groups with increased vulnerabilities, including women and girls, asylum seekers, refugees, migrants and children.

The HNO uses intersectoral analysis to identify the needs and severity of conditions of populations in crisis across the country.



ADEN, YEMEN

Stranded migrants prepare to embark on a Voluntary Humanitarian Return flight to Ethiopia from Aden, October 2022. IOM offers this crucial lifeline to thousands of migrants in Yemen who wish to leave a dangerous situation and return to their home countries. Photo: Rami Ibrahim/IOM

1.4

Humanitarian conditions and the severity of needs

The 2023 HNO is guided by the global Inter-Agency Standing Committee (IASC) Joint Inter-sector Analysis Framework (JIAF) for the third consecutive year. A total of 22 intersectoral indicators were used to allow different parts of the humanitarian response to jointly assess needs and better understand the context, main drivers and impacts of the crisis.

This analysis estimates that in 2023, there will be 21.6 million people in need (PiN) of humanitarian assistance and protection services in Yemen. This equates to 66 per cent, or two thirds, of the total population—a slight decrease from the 23.4 million people in need in 2022.

Data and needs figures are disaggregated and analysed through the following lenses: needs within particular sectors (such as nutrition or health), inter-sectoral

needs, protection risks, severity and geographic spread of needs, and the specific needs of men, women, boys and girls. Where data is available, analysis is also provided of the needs of marginalized, minority and vulnerable groups.

The latest IPC analysis, published in October 2022, revised the estimated number of people experiencing acute food insecurity for the final three months of the year from 19 million to 17 million people. It also revised the number of people facing catastrophic IPC 5 conditions to zero. However, the food security situation in Yemen remains fragile moving into 2023, including due to high global food and fuel prices and inflation and limited funding for the 2022 humanitarian response.

A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey finalized in 2022 indicated that 2.2 million children in Yemen are suffering from acute malnutrition, out of which 540,000 children are at direct risk of death and life-threatening complications due to severe acute malnutrition. Additionally, 1.15 million children under the age of five are suffering from moderate acute malnutrition. Taking into consideration existing research and the presence of all of the immediate, underlying and basic causes of malnutrition, it is estimated that malnutrition will increase fourfold during 2023. This would lead to an additional 540,000 acutely malnourished children, unless nutrition services are scaled up.

As a result of the prolonged conflict and underdeveloped WASH systems and services, an estimated 15.4 million people will need humanitarian WASH assistance and services in 2023. The deteriorating socio-economic situation is making meeting basic WASH needs, increasingly challenging for vulnerable communities and households, while new displacements to urban areas have overstretched existing WASH service capacity. Districts around active frontlines have been facing acute WASH needs for years, especially Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Marib, Shabwah and Ta'iz governorates, where 5.1 million people (including 1.4 million displaced people) currently have WASH needs.

Ongoing conflict and economic deterioration have severely compromised access to health services. In 2023, the number of people estimated to be in need of health services (20.3 million) decreases slightly from 2022 (21.9 million). Meanwhile, an estimated 7.5 million people—many of whom are in displacement sites—are living in inadequate shelter conditions and often without essential household items or access to services. More than 8.6 million school-aged children will need education assistance in 2023. Protection needs remain prevalent across Yemen, with some 17.7 million people estimated to need protection services in the year ahead, including more than 300,000 migrants, refugees and asylum seekers.

**Population Group 1:
Internally Displaced Persons**



In 2023, humanitarians project 378,000 people will be newly displaced, with children accounting for over half of those displaced, women accounting for 24 per cent and older persons for 2 per cent.

Internally displaced people face disproportionately high shelter, education and WASH needs and are often cut off from regular nutrition and health service provision. According to recent assessments conducted by clusters, 83 per cent of those surveyed reported shelter/ NFI as their top priority need, with at least 56 per cent of displaced households living in sub-standard makeshift shelters in need of major repair or replacement. This housing stress, coupled with overcrowded displacement sites, long distances to access basic services and precarious labor practices, also exacerbates other protection risks. These include the risk of GBV, including harassment and sexual assault, particularly for adolescent girls and women, and the spread of respiratory and epidemic diseases.

Due to high displacement flows from rural to urban and peri-urban areas, displaced people are frequently exposed to insufficient shelter conditions and the risk of eviction. More than two-thirds of internally displaced people are living in rental accommodation or hosting arrangements, the majority of whom lack rental agreements—exposing them to arbitrary price increases, harassment and violence. Eighty-two per cent of displaced people reported serious difficulties in paying rent, particularly low-income households whose ability to meet basic needs has declined due to deteriorating economic conditions and the rising cost of basic goods. This has also led to a drastic increase in evictions, with almost 32,000 reported between January and September 2022, mostly in Al Bayda, Amran, Dhamar, Ibb, Sa'dah and Sana'a governorates, and Sana'a City.

One third of displaced people live in hosting sites and are particularly exposed to hazards such as flooding, landslides, fire risks and ERW. The majority of people residing in these sites belong to the marginalized Muhamasheen community, who have been systematically excluded from accessing formal land and housing markets. Competition over access to and use of land and water resources in and around these sites has resulted in disputes between displaced people and host communities. This has in turn hampered the provision of shelter and WASH services as well as other humanitarian assistance, driving health and protection challenges.

Sub-standard living conditions in informal displacement sites are overlapping and mutually reinforcing—driving humanitarian needs and poor health and nutrition outcomes. For example, poor hygiene conditions like shared latrines, coupled with limited or insufficient health and WASH facilities, further heightens various health risks such as higher rates of acute diarrhoeal and other water-borne diseases.

Facing precarity, exploitation, multiple displacements and a lack of social safety net mechanisms, displaced people in Yemen are often less resilient to incoming shocks, leaving them vulnerable to direct impacts on their physical and mental wellbeing. Displaced persons are more likely to experience acute food insecurity due to lack of agriculture and livestock-based assets, depleted financial and other resources, limited access to income-generating opportunities, low communal support and high reliance on humanitarian assistance. In addition, the arrival of displaced people increases pressures on local job markets, can lead to wage reductions, and places additional strain on infrastructure. In light of poor economic conditions across the country, these impacts can fuel tensions with local populations.

Displaced people often experience limited access to service provision, due to service interruption during their displacement and inadequate access in their new homes, particularly in displacement sites. This can negatively impact physical and mental well-being. Displacement can also cause or exacerbate experiences of trauma, poor mental health and other protection concerns.

Internally displaced children also face additional protection risks and rights violations, including family separation, military recruitment and trafficking. Older persons and persons with disabilities face stigma and social isolation, as well as increased risk of being left behind and separated from their families and care providers during displacement.

Landmine and ERW risks increase in areas affected by conflict or close to frontlines, and where access to land has increased. Such risks prevent the safe return of internally displaced people to their areas of origin, particularly in Al Hodeidah, Al Jawf, Lahj, Marib and Ta'iz governorates.

Among the estimated 1.3 million returnees since 2015, at least 55 per cent of those assessed are living in substandard, damaged and/or inadequate shelter conditions, or are unable to rebuild their homes. As returnees often face immediate HLP challenges, such as secondary occupation or missing ownership documentation, the need for legal assistance to access their property remains high. This, combined with reduced remittances, loss of livelihood opportunities and family support networks, as well as exposure to explosive hazards in places of origin, add to returnees' vulnerability and impact prospects for return and durable solutions.

Population Group 2: Muhamasheen

TOTAL POPULATION

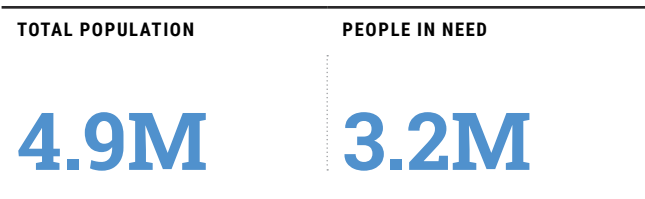
3.2M

The Muhamasheen community is a minority group that has traditionally been exposed to entrenched and systematic discrimination, social exclusion and limited access to essential public services. Predominantly situated outside of Yemeni tribal social structures, Muhamasheen experiences ostracization and severe disadvantage, which is often compounded by intersecting identities, such as for women and girls. Throughout 2022, the Muhamasheen community continued to face these challenges and humanitarian needs remain high moving into 2023.

Many Muhamasheen do not hold identification documents, obstructing access to livelihoods and services, among others. Children in the Muhamasheen community often do not have regular education and up to 40 per cent of Muhamasheen women have never attended school. Access to education and training is limited in light of the community’s social exclusion, which has served to further entrench disadvantage and continue inter-generational cycles of poverty.

Predominantly settled in conflict-affected areas such as Aden, Ta’iz and Al Hodeidah, as well as in Dhamar, Muhamasheen are particularly vulnerable to displacement. Due to longstanding social prejudices that limit support from host communities, Muhamasheen subject to internal displacement are more likely to seek shelter in informal settlements, such as on farmland or in public spaces.

**Population Group 3:
Persons with disabilities**



Recent data on persons with disabilities is scarce in Yemen, with official statistics not having been updated since before 2015. Applying the World Health Organization’s (WHO) global estimate of 15 per cent yields a population of around 4.9 million people, although the actual number of persons with disabilities is certainly significantly higher due to the impacts of the conflict, including the proliferation of landmines, ERW and improvised explosive devices (IEDs).

Persons with disabilities are disproportionately affected by the conflict and natural disasters; many are left behind when families are forced to leave their homes due to fighting or flooding and they often experience the loss of social structures, assistive devices and other essential support. Inadequate services can limit the places where persons with disabilities can flee to and equally impede their return if services are not restored. Stigmatization and discrimination are widespread and are especially acute for women and girls, internally displaced people and other marginalized people

with disabilities. The Committee on the Elimination of Discrimination against Women reported in 2021 that women and girls with disabilities in Yemen face precarious situations due to the suspension of basic services and displacement resulting from the conflict.³⁷

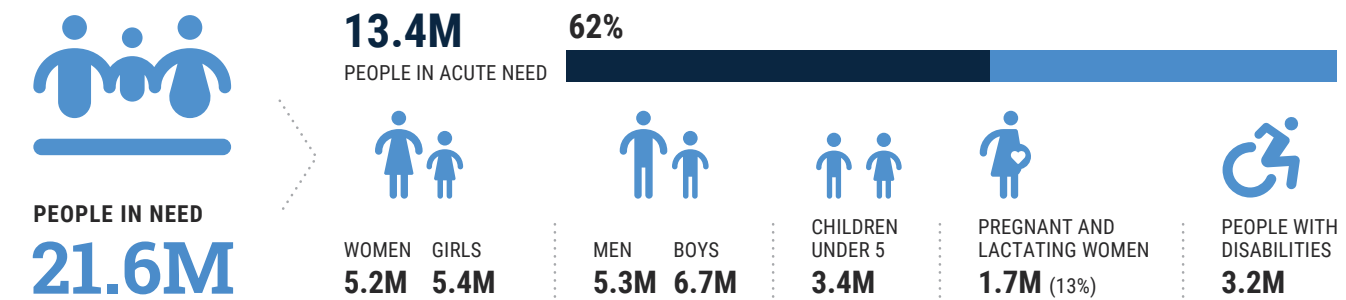
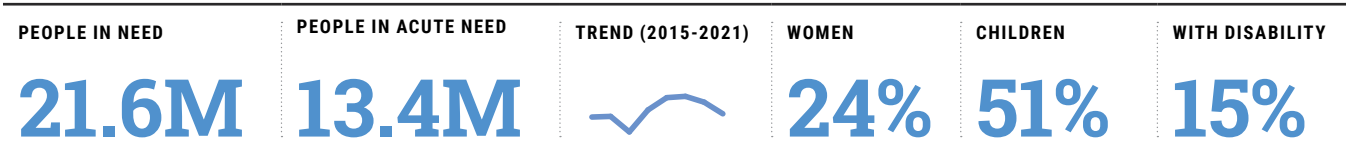
Social services for persons with disabilities were suspended in Yemen in 2015 due to the conflict.³⁸ Persons with disabilities face extremely limited access to basic services, such as health and education, which are often inaccessible and insufficiently adapted to their needs. Specialized services are also largely unavailable, with barriers including physical distance, lack of awareness, capacity gaps and damage to facilities. According to a recent study by Humanity & Inclusion, only a fraction of local organizations remain in Yemen to provide services for persons with disabilities, compared to over 300 organizations prior to the escalation of the conflict.³⁹ As Yemen’s economy has continued to deteriorate, persons with disabilities have faced increasing economic marginalization and struggle to find adapted income generation and livelihood opportunities. Together, these trends further contribute to the exclusion of persons with disabilities and increase their exposure to, for example, poverty, poor health and education outcomes and protection risks.

At the same time, persons with disabilities generally lack representation to advocate for their rights and needs, and remain greatly underrepresented in decision-making forums, including with relation to humanitarian assistance. This in turn exacerbates their limited access to aid, in tandem with other challenges including lack of adequate, systematic accessibility measures in the design and delivery of aid.

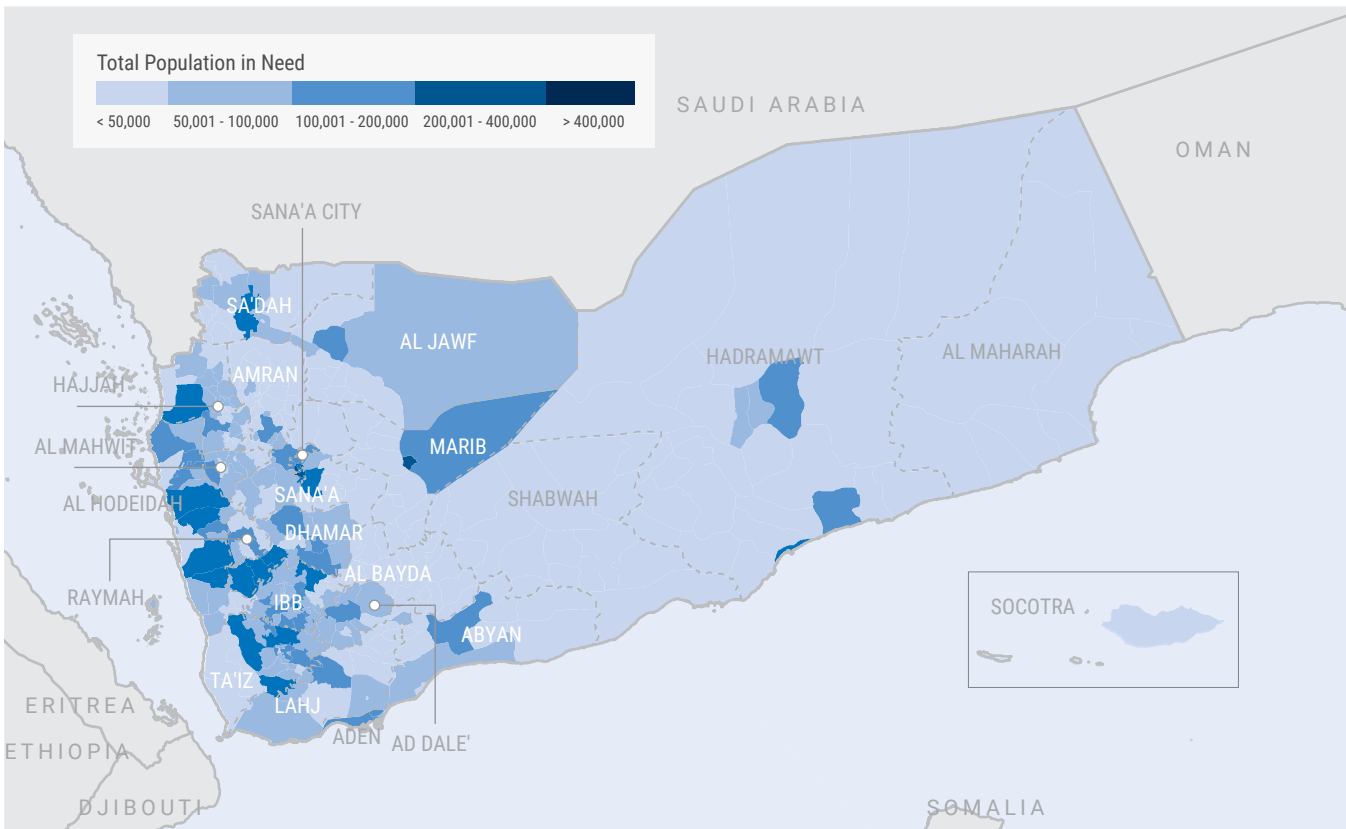
1.5

Number of people in need

Key figures (2023)



Estimated number of people in need



Source: Yemen Joint Inter-sector Analysis Framework

Severity of needs

FINAL HUMANITARIAN CONDITION SCORE	# SEVERITY CLASSES						TOTAL PIN	NUMBER OF AFFECTED DISTRICTS
	# OF POPULATION							
	Severity class 3		Severity class 4		Severity class 5			
	#	%	#	%	#	%		
Stress (2)	59,002	0%	14,230	0%	14,230	0%	87,462	5
Severe (3)	4,159,047	19%	3,595,394	17%	2,075,203	10%	9,829,643	202
Extreme (4)	3,896,926	18%	3,663,692	17%	3,986,022	18%	11,546,640	120
Catastrophic (5)	100,434	0%	29,618	0%	45,162	0%	175,215	6
Totals	8,215,409	38%	7,302,933	34%	6,120,617	28%	21,638,959	333

Severity of needs
Millions of people: by displacement status (M)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Internally Displaced People	3.1	0.6	0.8	1.0	0.9	1.2
Non-Displaced People (Residents)	18.5	4.4	5.5	7.2	6.4	5.0

Severity of needs
Percentage of people: by gender and age (%)

POPULATION GROUP	BY GENDER AND AGE WOMEN MEN GIRLS BOYS (%)		
Internally Displaced People	24 25 25 26	<div><div></div><div></div><div></div><div></div></div>	
Non-Displaced People	24 25 25 26	<div><div></div><div></div><div></div><div></div></div>	

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	62,009	6,731	23,834	6,230	5,725	19,490
Abyan	Resident	602,723	102,802	206,061	82,813	85,713	142,251
Ad Dale'	Internally Displaced	180,548	24,195	25,981	45,942	41,482	42,946
Ad Dale'	Resident	714,427	113,673	99,981	205,891	170,801	126,960
Aden	Internally Displaced	95,224	20,136	16,900	22,214	22,328	13,647
Aden	Resident	1,057,419	266,078	204,112	236,654	264,081	135,484
Al Bayda	Internally Displaced	72,957	11,086	22,630	18,546	12,425	8,271
Al Bayda	Resident	755,578	99,378	233,869	185,853	143,809	115,519
Al Hodeidah	Internally Displaced	562,957	68,238	89,656	149,990	124,309	130,765
Al Hodeidah	Resident	2,681,235	357,161	404,424	640,286	598,358	681,829
Al Jawf	Internally Displaced	172,728	11,940	7,211	48,046	43,776	61,754
Al Jawf	Resident	461,045	75,509	87,222	89,272	83,629	130,085
Al Maharah	Internally Displaced	16,878	9,740	1,089	1,236	2,453	2,360
Al Maharah	Resident	183,994	68,979	27,284	42,012	29,187	24,404
Al Mahwit	Internally Displaced	40,481	6,385	6,595	12,042	10,063	5,397
Al Mahwit	Resident	780,109	91,786	131,579	204,640	240,725	111,501
Amran	Internally Displaced	274,601	59,095	57,106	55,496	53,083	49,821
Amran	Resident	990,153	209,553	166,429	213,934	231,259	171,865
Dhamar	Internally Displaced	196,242	38,992	38,903	35,781	30,955	51,611
Dhamar	Resident	2,154,961	410,301	417,772	531,586	371,587	426,806
Hadramawt	Internally Displaced	42,555	7,750	8,395	11,152	7,918	7,340
Hadramawt	Resident	1,642,108	339,542	315,300	444,794	286,457	282,421
Hajjah	Internally Displaced	577,960	63,416	76,672	132,698	127,068	178,105
Hajjah	Resident	1,902,526	87,345	297,075	632,905	533,841	351,914
Ibb	Internally Displaced	228,123	42,393	57,360	49,854	49,283	29,233
Ibb	Resident	3,066,295	637,369	678,649	636,983	677,699	437,779
Lahj	Internally Displaced	79,163	18,879	21,436	14,426	16,597	7,826
Lahj	Resident	1,071,311	257,437	251,537	228,231	260,974	105,976
Marib	Internally Displaced	902,836	77,416	89,585	183,793	191,134	360,908
Marib	Resident	175,483	46,398	28,502	43,447	30,652	44,933
Raymah	Internally Displaced	59,700	6,324	8,999	22,220	15,104	7,053
Raymah	Resident	547,024	56,837	84,644	211,971	139,461	54,141
Sa'dah	Internally Displaced	107,989	11,351	20,770	30,120	21,893	23,855
Sa'dah	Resident	929,400	114,289	215,798	258,739	203,393	169,218
Sana'a	Internally Displaced	107,522	21,721	26,294	30,155	23,380	5,971
Sana'a	Resident	1,415,064	283,301	378,379	368,911	295,513	90,414
Sana'a City	Internally Displaced	250,335	12,042	89,165	50,723	39,885	58,520
Sana'a City	Resident	3,408,035	208,762	457,310	1,016,211	1,054,427	733,403
Shabwah	Internally Displaced	47,316	9,272	17,106	7,590	6,011	7,337
Shabwah	Resident	673,440	143,438	168,342	206,018	109,777	66,747
Socotra	Internally Displaced	158	27	23	59	28	21
Socotra	Resident	73,948	15,954	13,101	30,744	9,927	4,221
Ta'iz	Internally Displaced	444,740	56,124	105,682	103,393	95,626	83,914
Ta'iz	Resident	2,817,931	394,014	657,972	671,807	541,135	556,599
					Total PiN	21,638,959	

Part 2:

Risk analysis and monitoring of situation and needs

AD DALE', YEMEN

A temporary school for displaced children in Qa'tabah District, Ad Dale' Governorate before NRC with support from Yemen Humanitarian Fund (YHF) intervened to build Temporary Learning Spaces. 17 July 2022.

Photo: Malka Mohammed/NRC



2.1

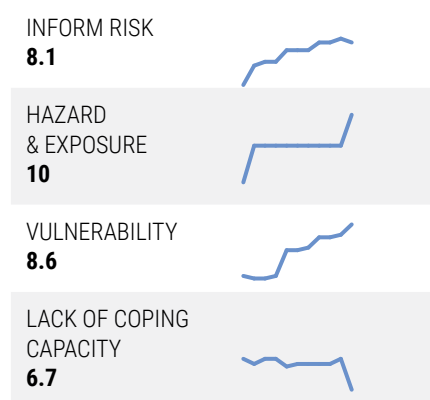
Risk analysis

Scope of risk analysis and 2023 planning scenario

This HNO risk analysis considers the developments that are likely to have an impact on needs for all population groups throughout 2023, in conjunction with the drivers of humanitarian needs outlined in Chapter 1. Potential risks and influences on the needs of populations of concern include conflict and insecurity, violations of IHL and IHRL, the socio-economic environment, disasters associated with natural hazards and disease outbreaks. This analysis has been produced using the JIAF, which provides a clear and common methodology to identify, understand and analyze humanitarian needs.

The analysis indicates that the humanitarian outlook and planning scenario for 2023 remains grim for all population groups across the country despite a slight decrease in the total projected number of people in need in 2023 - 21.6 million people from 23.4 million in 2022.

In this section, risk analysis tables are used to plot the main categories of risk against their likelihood and impact based on key indicators, 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'



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INFORM
INDEX FOR RISK MANAGEMENT

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 insecurity

In the absence of a political breakthrough in negotiations between the parties following the expiry of the truce on 2 October, rising tensions and a more volatile security situation risk a relapse of violence and conflict. This would, in turn, likely lead to increased displacement and protection risks, as well as deterioration of conditions for civilians.

An additional 378,000 civilians are projected to be internally displaced in 2023 due to fighting, natural hazards and increased pressure on informal settlements. Rental costs will rise as demand increases, risking people's housing security and leading to a deterioration in housing conditions for the most vulnerable. New displacements will also increase pressure on host communities and on other sectors, such as health, with the number of people in need of health assistance projected to increase by 10 per cent in 2023.

Impacts on civilians of any escalation in hostilities would extend beyond casualties and displacement, risking damage to homes and other civilian infrastructure, such as schools and hospitals. It would restrict access to medical and other services, as key roads and transportation routes are cut off by shifting frontlines and critical infrastructure is damaged or destroyed. Delivery of much-needed humanitarian assistance would be hindered and humanitarians would also be at heightened risk, facing additional access and security obstacles. A resumption of violence would further be expected to threaten current and future livelihoods opportunities, hamper mine action activities in areas close to frontlines and become a major obstacle to the return of thousands of displaced people to their homes. In addition, the fragmentation of armed

actors might lead to additional violence and heighten the risk of non-state armed groups filling newly formed security vacuums.

A worsening political and security environment would also have multiple and varied flow-on effects for the economy, such as likely deterrence of foreign and local investment and foreign currency injections, critical to stabilizing YER. It would further have destabilizing effects on the wider region and risk undermining long-term prospects for peace.

The humanitarian response is jeopardized by significant bureaucratic restrictions and other impediments to humanitarian access set by authorities, including movement restrictions and interference in the implementation of humanitarian activities. Despite the collective efforts by the humanitarian community to address these constraints and maintain humanitarian space, incidents remain prevalent especially in AA-controlled areas.

In GoY-controlled areas, security and other violent threats continued to rise throughout 2022. These include carjackings, kidnappings and violence towards humanitarian staff and assets. These incidents are predominantly linked to the desperate economic situation and loss of livelihoods, as well as the fragmentation of security systems and presence of non-state armed groups. Absent the introduction of measures to improve macro-economic stability and improve livelihood opportunities, this situation is likely to continue in 2023.

Conflict and insecurity

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 and international human rights law

In the event of a resurgence of hostilities, increased IHL and IHRL violations, combined with limited access to domestic justice mechanisms or other effective remedies, will continue to disenfranchise people in Yemen.

Ranked the worst globally in terms of gender equality (according to the INFORM Risk Index 2022), the crisis is likely to exacerbate pre-existing gender-based discrimination and heighten risks of GBV within communities. There is a high risk that restrictions and limitations for women and girls will continue to be more strictly enforced throughout 2023, including the application of mahram (male guardian) requirements. The increasing imposition of these restrictions is particularly prevalent in areas controlled by AA. While the humanitarian community undertook extensive and sustained advocacy for the removal of these requirements throughout the year, as of the end of November, these efforts have had limited success.

The protracted conflict, economic hardship and lack of access to education are expected to exacerbate the severe protection risks and rights violations children face, including family separation, child recruitment, child marriage, exploitative forms of labour and child trafficking.

Internally displaced people, refugees, asylum seekers and migrants are likely to continue to experience heightened vulnerabilities and challenges accessing assistance and critical protection services. Resource and service pressures on host communities are likely to heighten tensions between host and displaced communities, particularly in light of the dire economic situation. While the reduction of fighting during the truce has triggered some small-scale returns of displaced people, as well as increased expressions of intent to return, returns remained limited throughout 2022. This has been paired with a corresponding increase in HLP issues—a growing protection concern across the country. Lack of legal identification negatively impacts the ability of current and future generations to access basic services, undermines efforts to resolve HLP issues and restricts access to a range of other human rights. These outcomes ultimately erode prospects for durable solutions, as returnees are unable to prove identification or ownership of property, among other challenges.

Landmine and ERW incidents also pose a significant protection concern and obstacle for civilians and humanitarian access across Yemen.

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

Yemen's economic outlook remains highly uncertain and hinges critically on the trajectory of the conflict. The depreciating exchange rate is likely to continue, possibly with a more pronounced trend than in previous years. The significant reduction in remittances, oil exports and foreign currency reserves, coupled with the division in the country's governmental financial structures, will be the main drivers of a continued depreciation of the YER. Injections of foreign currency into the Aden-based Central Bank of Yemen, as occurred in 2018, would have a major stabilizing effect on the currency and prices.

Negotiations on the payment of public sector salaries across the country have failed to reach agreement to date. The lack of regular salary payments, together with the decline in remittances, high unemployment rate and climate shocks, are having a devastating impact on livelihoods and the macro-economic situation of the already vulnerable Yemeni population. These factors have resulted in high inflation, reduced purchasing power and inability to secure food and essential items.

Despite a slightly less severe food insecurity outlook than initially projected for late 2022, driven in part by the impacts of the six-month truce, IPC analysis indicates that food insecurity remains a major challenge in Yemen. With over 17 million people expected to experience high levels of acute food insecurity (IPC phase 3 or above) moving into 2023, Yemen is among the most food insecure countries globally. Any further deterioration or sudden shock could risk reversing these fragile gains.

Prior to the crisis in Ukraine, imports from Russia and Ukraine accounted for nearly half of Yemen's wheat imports.⁴⁰ The crisis is continuing to impact the humanitarian situation in Yemen, in light of global increases in food prices throughout 2022 and increased pressure on supply chains. Rising fuel prices could also cause further food price inflation, making basic food items unaffordable for a growing number of Yemenis. In the event of increased fighting, local food production could decline as access to arable land decreases. Agricultural employee numbers may also decline further, as more people become engaged in the fighting or are displaced.

Meanwhile, funding for the humanitarian response in Yemen has steadily declined over recent years, with a challenging global funding context during 2022. In 2019, the Yemen Humanitarian Response Plan (HRP) received 87 per cent of its required funding; in 2022, by the beginning of December, it was only 55 per cent funded. Reliance on humanitarian aid in Yemen is likely to continue in 2023, while at the same time humanitarian organizations will be increasingly limited in their ability to deliver assistance due to sustained funding gaps. In this context, humanitarian efforts to support livelihoods and strengthen community resilience will be a major challenge. Slow economic progress and insufficient funding for long-term development programmes will also potentially lead to further depreciation of the YER, aggravating economic vulnerability and reliance on negative coping mechanisms, particularly in rural areas.

These economic conditions have differing impacts for some groups. Women are uniquely impacted by the fragile economy due to more precarious financial positions, insecure property rights, linkages between negative coping strategies and increased risks of GBV. The relationship between displaced people and host communities will also continue to be strained due to increasing tensions over the sharing of limited resources.

According to the 2022 Multi-Cluster Location Assessment (MCLA), most vulnerable populations in Yemen resort to limiting their expenditure to basic commodities and food items, often choosing not to pay for health, WASH and education services. Deterioration in and inflation of market prices can lead vulnerable populations to increasingly adopt negative coping mechanisms, with food security and nutrition most impacted. As access to WASH and health services is further challenged, malnutrition numbers are likely to increase, also impacting those in urban and semi-urban settings. This alarming trajectory will continue in 2023 unless it is offset by more sustained levels of humanitarian assistance.

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

Natural and environmental hazards

The risk of natural hazards in 2023 remains high, with the trends of recent years likely to continue and expected to increase in frequency and severity. In particular, severe 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 parts of the country, the cyclone season—from May to June and October to November—brings heavy rainfalls, high winds and flooding to coastal areas. The monsoon season—from July to September—in northern and central parts of Yemen has been the main cause of flash floods, especially in periods following prolonged drought. In the absence of adequate water drainage structures, especially in semi-urban settings, displaced people are most at risk and flooding is a leading cause of secondary and tertiary displacement.

In 2023, the impact of natural and environmental hazards, in combination with continuing or escalating 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.

The already dire humanitarian situation in 2022 will likely be exacerbated by further severe drought conditions in 2023. Yemen has the lowest water per capita availability globally, with scarcity partly due to dry weather conditions. This challenge has been exacerbated by climate change in recent years, as well as rapid population growth and expansion of groundwater use for agriculture. The result is that groundwater is now being depleted far quicker than it can be replenished due to erratic precipitation patterns. Climate change also negatively impacts WASH services as some people migrate due to quality of water. Since 90 per cent of water resources are used for agricultural activities in Yemen, the reduction of available water resources may have wide-ranging negative impacts for these activities and living standards more broadly.

In the recent past, the country has experienced an increasing severity and frequency of floods, which have repeatedly resulted in human casualties, displacement and major economic damage. The aftermath of flooding is known to significantly increase the risk of water-borne disease and malaria, putting the health of the most vulnerable people at risk. In 2022, flash flooding was particularly felt in Hajjah, Al Jawf, Al Hodeidah, Amran, Marib and Sana'a governorates, and in Sana'a City. Based on a trend analysis of recent years, it is estimated that up to 500,000 additional civilians will be displaced by floods in 2023. With rains and floods, ERW and landmines also pose an increased threat to civilians.

Preparedness and resilience-building activities need to be strengthened to prepare communities for the next flood season, while also mitigating the impacts.

The FSO *Safer*, an aging oil tanker moored off Yemen's Red Sea coast, poses a critical environmental risk. Now beyond repair, it is at risk of breaking, exploding or spilling at any time. Any major delays in the implementation of the UN-coordinated operational plan could turn the FSO *Safer* into a regional environmental and humanitarian catastrophe in the case of a spill of the approximate 1.1 million barrels of oil stored

in the vessel. An oil spill could potentially erode fishing capabilities and livelihoods for millions along coastlines, and have devastating impacts for coral reefs, mangroves and other marine life. It could also force the temporary closure of the ports of Al Hodeidah and As Salif, which are essential for the importation of lifesaving humanitarian assistance and food for millions of people in need. A fire on board the FSO *Safer* has the potential to cover vast agricultural areas with soot, causing crop losses and exposing local populations to harmful pollution.

Natural and environmental 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.
FSO SAFER	Unknown	5	25	Millions of people could be affected

Disease outbreaks

According to the INFORM Epidemic Risk Index, Yemen is ranked among the countries assessed as facing 'very high risk' of infectious disease, exacerbating existing vulnerabilities and humanitarian conditions. Due to the limitations of its healthcare system, the country is likely to continue to be impacted by disease outbreaks in 2023. In addition to measles, occurrences of cholera/acute watery diarrhoea (AWD) outbreaks may continue, especially in the event of increased hostilities which could prevent people from accessing adequate and safe water sources and cause displacement to settlements with poor WASH and health access. Continued drought conditions will also cause increased water scarcity and result in pathogen accumulation in stagnant water, with people and cattle pushed to use these contaminated resources, sharply increasing the risk of cholera/AWD.

The effects of declining access to health services are likely to be compounded by challenges related to logistics and supplies, such as high fuel prices or

unavailability, which can restrict access to essential service equipment and the availability of electricity to provide light and refrigeration. Most health facilities in Yemen rely on fuel supplies provided by the World Health Organization (WHO). Continuing increases in fuel prices and an uncertain humanitarian funding landscape is likely to put the functionality of these facilities at the highest risk since the beginning of the conflict.

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 remain vulnerable to malnutrition and preventable diseases.

Disease outbreaks

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

2.2

Monitoring of situation and needs

In 2022, the humanitarian community faced major challenges in obtaining the necessary approvals from the authorities to conduct monitoring and needs assessments. These efforts were ultimately successful, although continued and concerted efforts will be needed in 2023 to preserve humanitarian space and to carry out assessments and monitoring in an effective, timely and principled manner.

Facilitating country-wide needs assessments contributes to an evidence-based understanding of the extent and severity of humanitarian needs across Yemen. The Food Security and Livelihood Assessment (FSLA), the MCLA and the SMART surveys support strategic decision-making in the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Mechanism (ICCM) levels. They foster a shared understanding of the impacts of the crisis, inform operational response planning and guide the determination of funding requirements for the 2023 Yemen HRP.

Situation monitoring is critical in Yemen. The ICCM will continue to closely monitor the most likely risks identified in section 2.1, including conflict and insecurity, the macroeconomic situation, regional patterns and trends, attacks against humanitarian infrastructure, flood susceptibility and disease prevalence.

In addition to the 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 2023 as part of the JIAF framework. IOM's Displacement Tracking Matrix will track and monitor displacement and population mobility and contribute to reviewing needs trends. The United Nations High Commissioner for Refugees (UNHCR) will continue to provide regular updates regarding refugees and asylum seekers in Yemen.

These organizations and mechanisms monitor the evolution of the humanitarian situation in Yemen, assessing broadly how needs evolve. They provide an overall indication of trends and are useful in triggering further detailed assessments to look at specific population subgroups who are likely to be most affected.

Given the multifaceted and cross-sectoral nature and scale of the key drivers of the humanitarian crisis in Yemen, clusters have identified key inter-sectoral indicators that accurately reflect changes in the severity of needs. These indicators will be used for ongoing monitoring throughout the 2023 Humanitarian Programme Cycle. This analysis will inform decisions regarding potential response planning course corrections, as required.

Humanitarian partners will also continue to monitor displacement trends, access constraints, disaster impact data, currency inflation and fuel price data, among others, throughout the year to guide preparedness and response. The United Nations Office for the Coordination of Humanitarian Affairs publishes a series of interactive dashboards and humanitarian updates that provide data for partners on these trends. A variety of thematic working groups will also engage in regular reviews in key areas.

#	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
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	17 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
x10	Currency inflation	1,488 YER/ US\$	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

Timeline of events



JANUARY 2022

UN Special Envoy & UN Resident and Humanitarian Coordinator for Yemen express alarm over the escalating violence.

CERF releases US\$20 million for displacement response in Marib, Al Jawf and Hadramawt Governorates.

Civilian casualties surge as fighting intensifies.



FEBRUARY 2022

Underfunding jeopardizes critical assistance programmes.

Aid reaches 11.6 million people.

HC visits several governorates.



MARCH 2022

US\$1.3 billion pledged at the high-level pledging event.

Acute hunger at unprecedented levels amid a severe funding gap.

UNHCR Special Envoy Angelina Jolie visits Yemen.

UN plan finalized to resolve the FSO Safer threat.



APRIL 2022

HNO released showing deteriorating humanitarian situation.

HRP launched seeking US\$4.3 billion to help 17.3 million people.

Parties agree to a two-month UN-led truce.

CERF allocates US\$20 million in response to rising food insecurity.

Measles response underway, targeting nearly 1.4 million children.



MAY 2022

Humanitarian space improves somewhat following truce.

Truce brings a reduction in civilian casualties and displacement; ERW toll remains high.

US\$33 million pledged during donor conference to address the FSO Safer threat; more funding needed.



JUNE 2022

Aid operation faces severe underfunding; aid delivery significantly impacted.

Heavy rains & flooding affect 6,800 households across the country.

Women pay the price as reproductive health funding dries up.

Crowdfunding campaign to kickstart the FSO Safer initial emergency operation.



JULY 2022

Extensive flooding affects hundreds of thousands across Yemen.

Inter-Agency Humanitarian Evaluation urges strengthening of humanitarian response in Yemen.

Funding gap impedes aid agencies' ability to scale-up response amid worsening needs.

YHF allocates US\$44 million for life-saving response.



AUGUST 2022

An unstable economy worsens an already alarming food insecurity situation.

Parties agree to renew the truce.

Country-level Management Response Plan to the Inter-Agency Humanitarian Evaluation is submitted to the Emergency Relief Coordinator



SEPTEMBER 2022

Underfunding jeopardizes viability of life-saving response programmes.

Floods devastate already fragile Yemen, leaving almost 74,000 households with humanitarian needs.

Yemen receives US\$20 million of the US\$100 million released from CERF to boost underfunded humanitarian operations in 11 countries in Africa, Asia, the Americas and the Middle East.



OCTOBER 2022

Parties to the conflict fail to reach an agreement to extend the truce.

Joyce Msuya, Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator visits Yemen to assess the humanitarian situation.

Part 3:

Sectoral analysis

MARIB, YEMEN

Displaced families collect shelter rehabilitation materials distributed by IOM in Al Mil displacement site in Ma'rib, February 2022.
Photo: Elham Al-Oqabi/IOM



3.1 CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

PEOPLE IN NEED

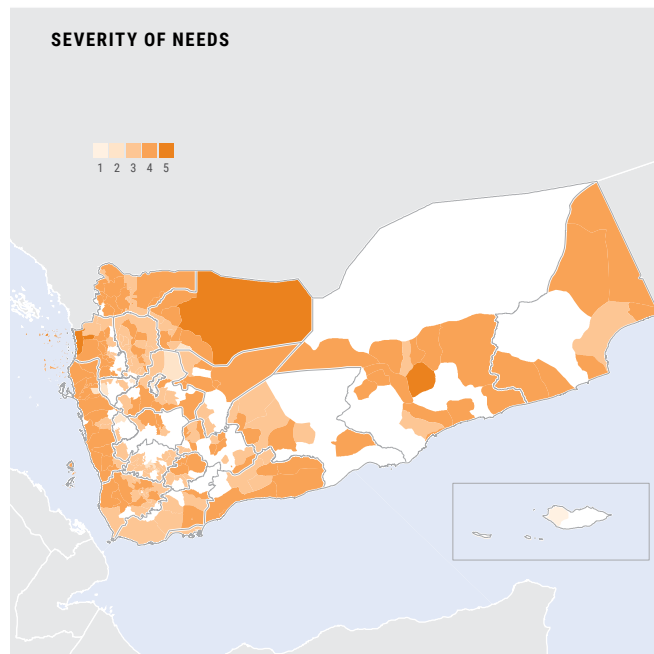
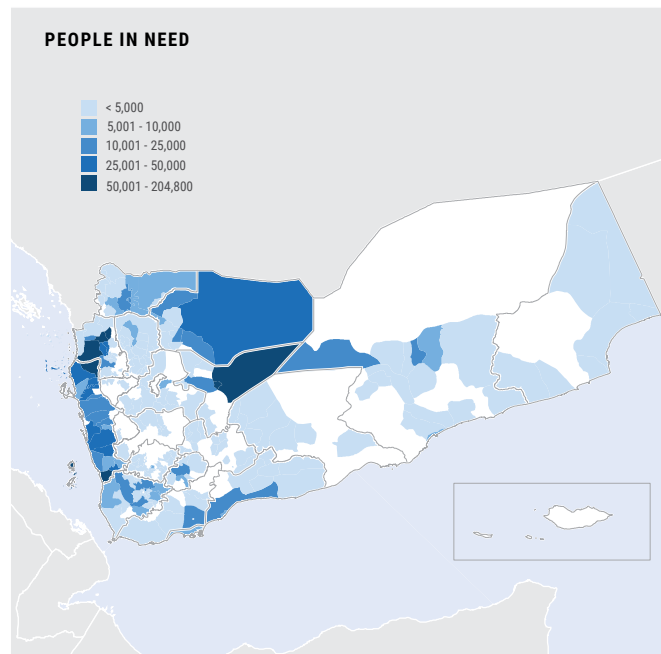
1.9M

SEVERITY OF NEEDS

10%
Severe

87%
Extreme

3%
Catastrophic



3.2 EDUCATION

PEOPLE IN NEED

8.6M

TRENDS (2015-2022)

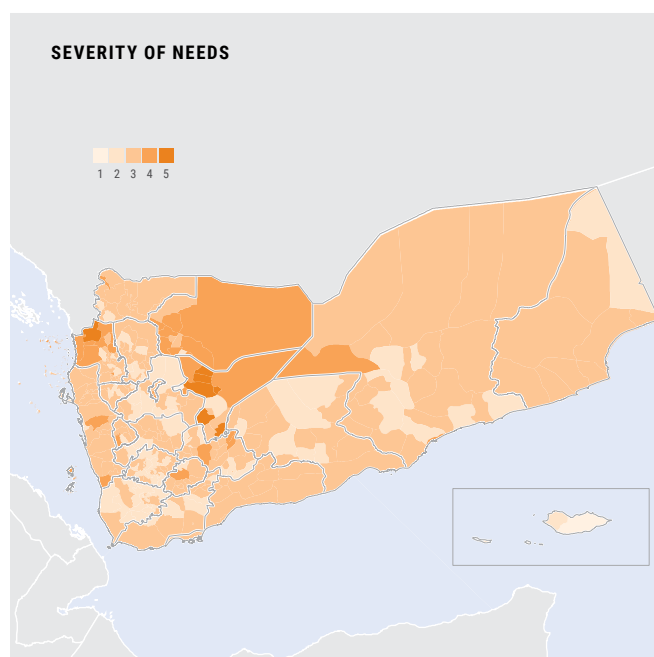
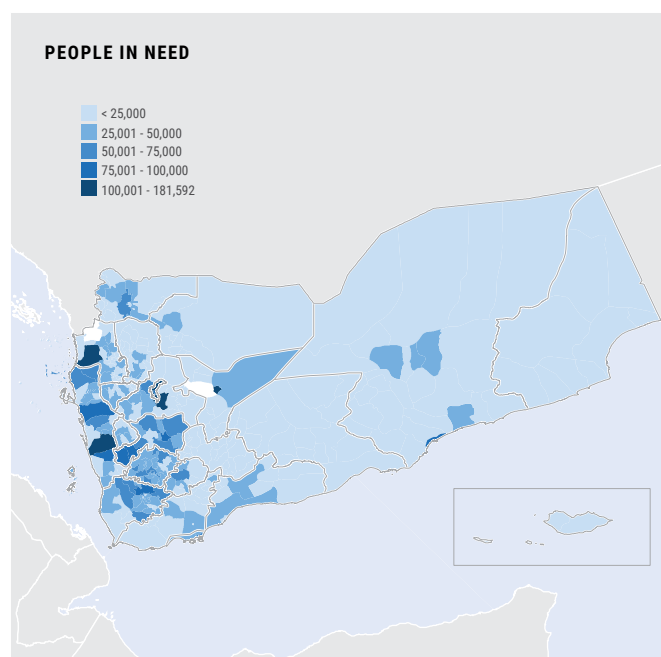


SEVERITY OF NEEDS

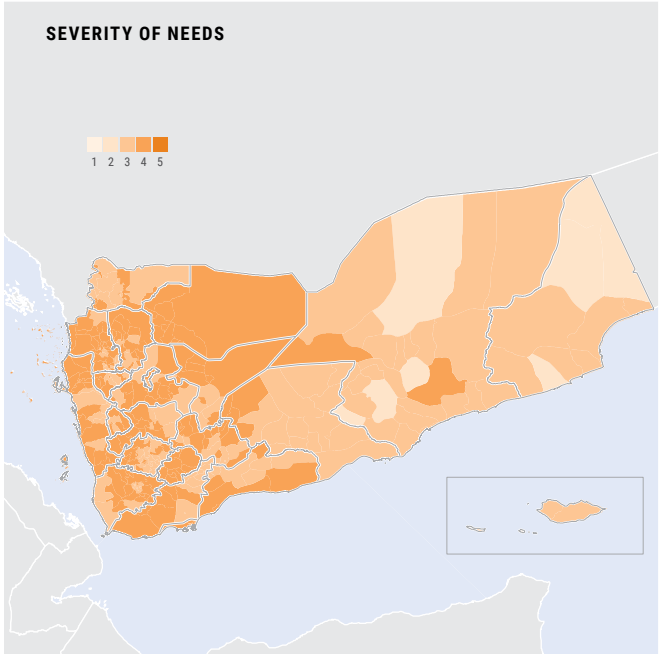
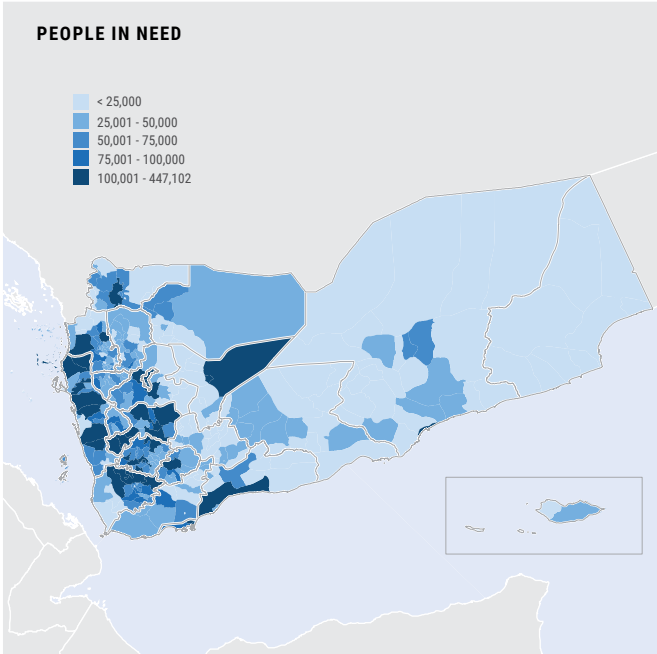
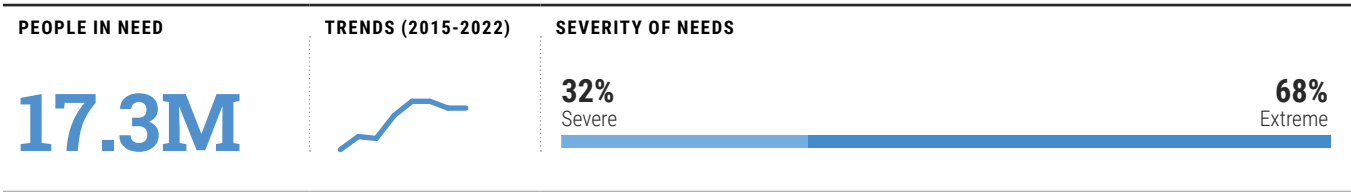
80%
Severe

18%
Extreme

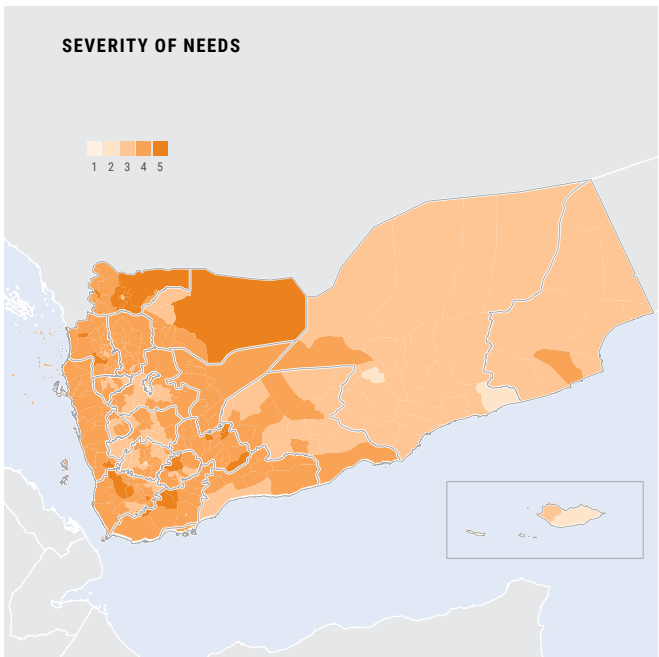
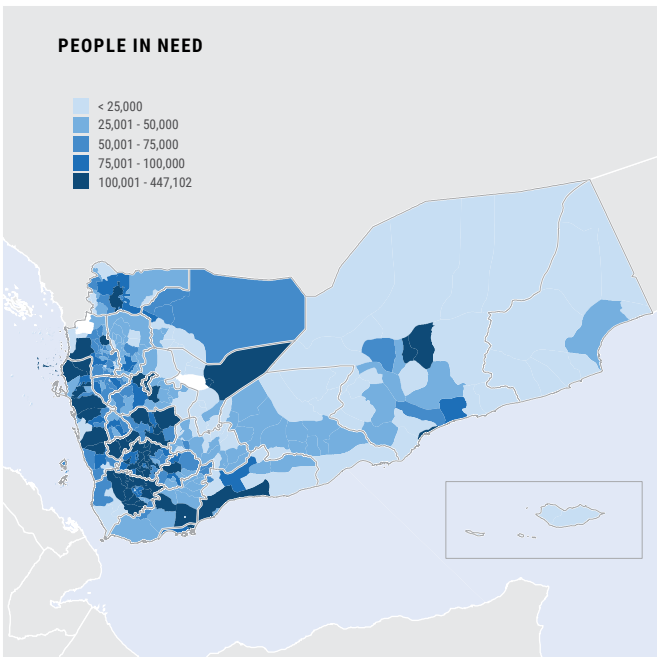
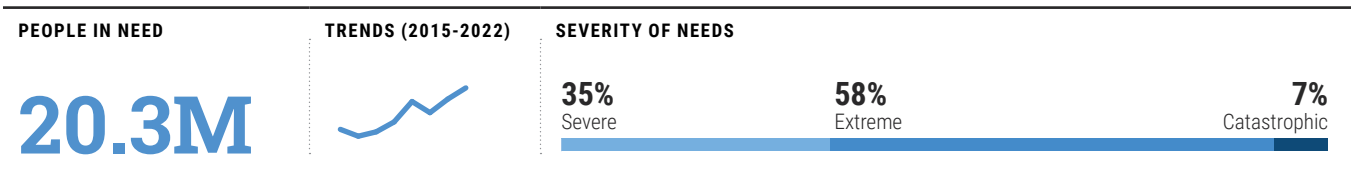
2%
Catastrophic



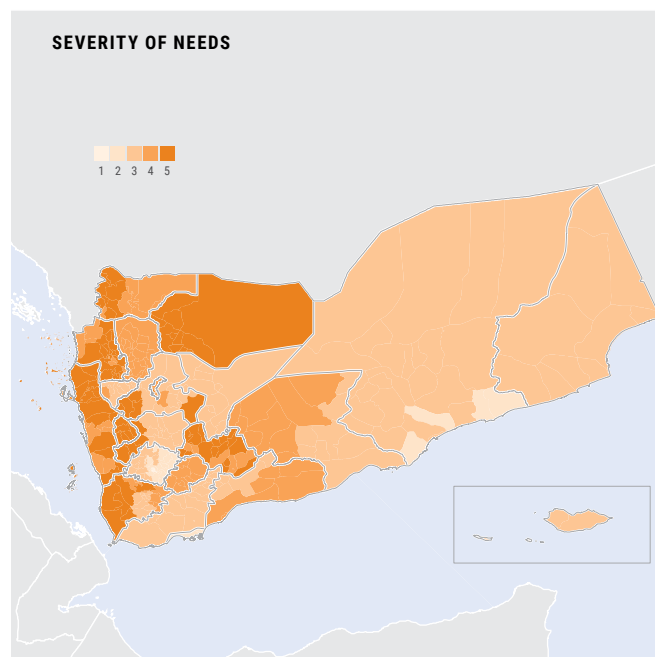
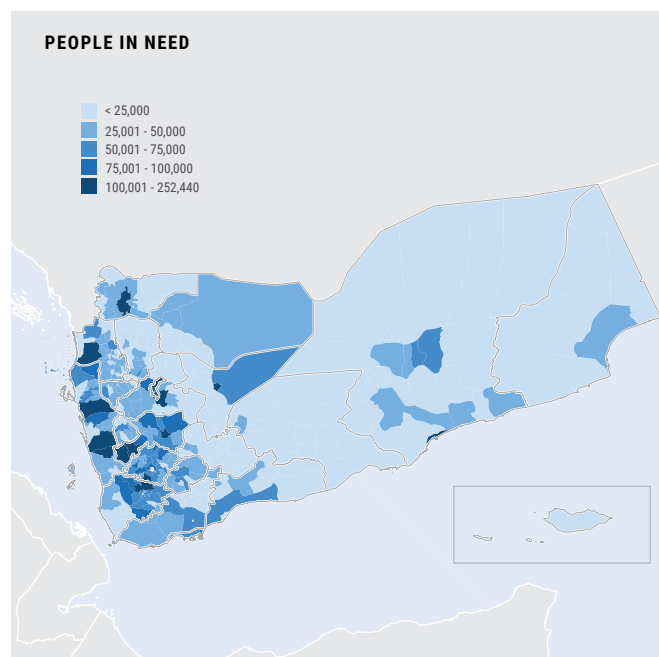
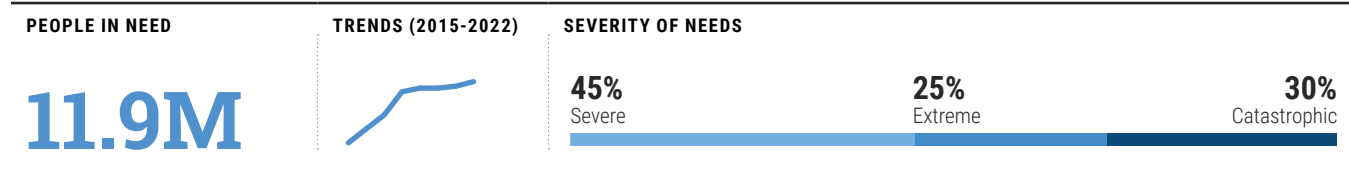
3.3 FOOD SECURITY AND AGRICULTURE



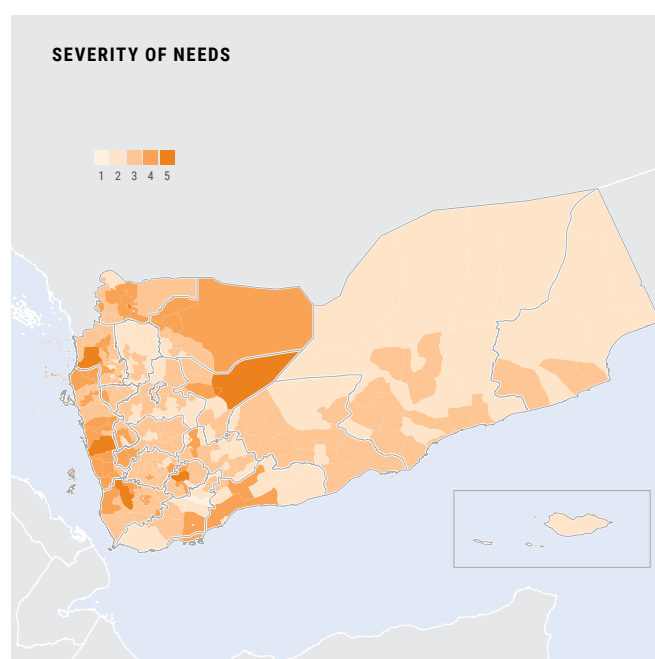
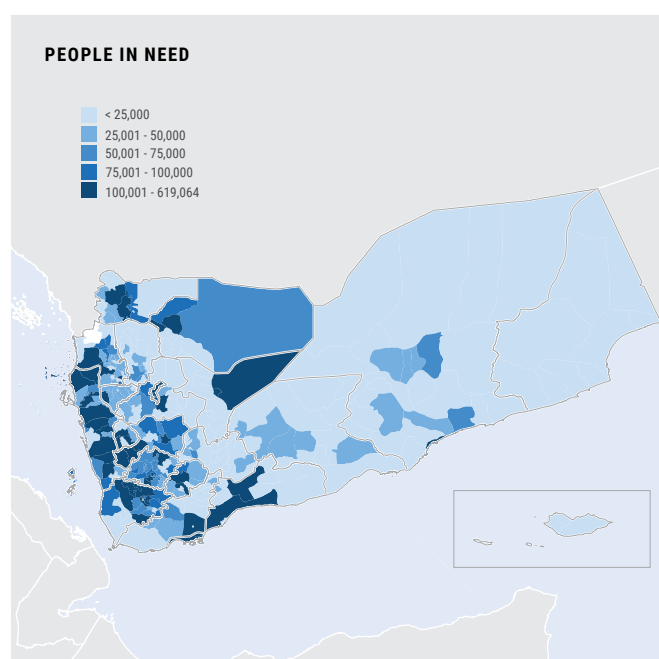
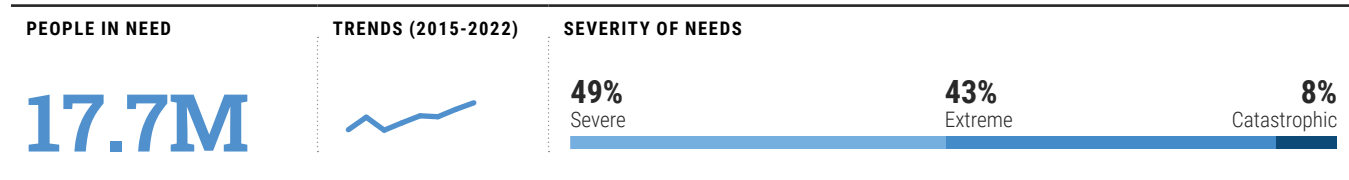
3.4 HEALTH



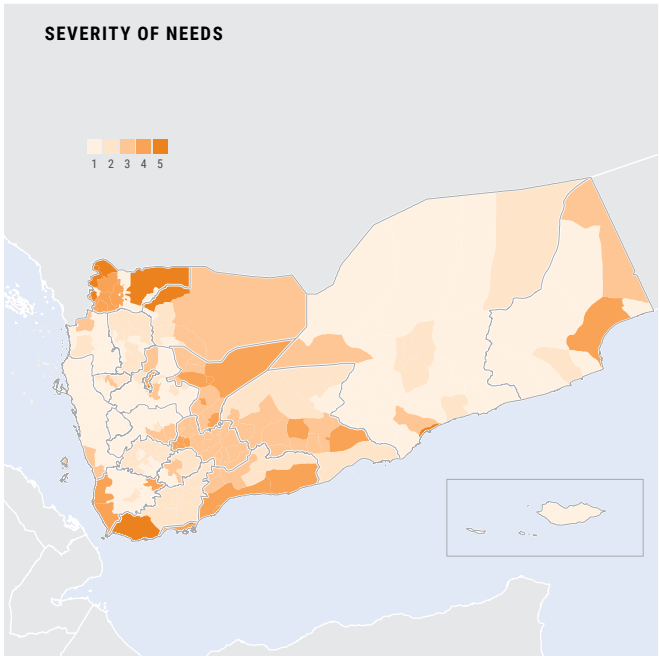
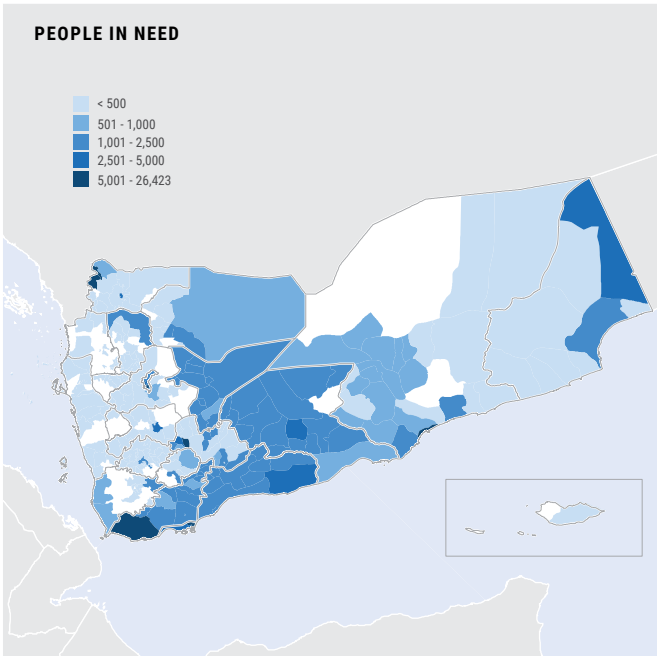
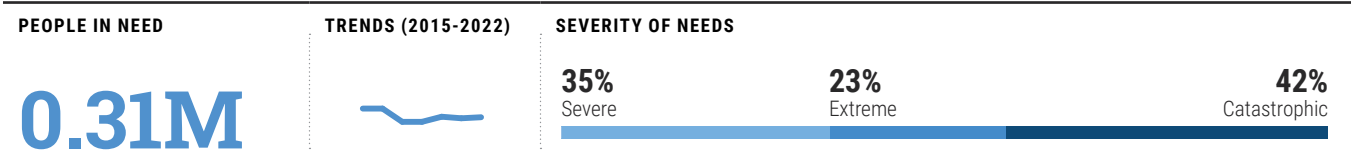
3.5 NUTRITION



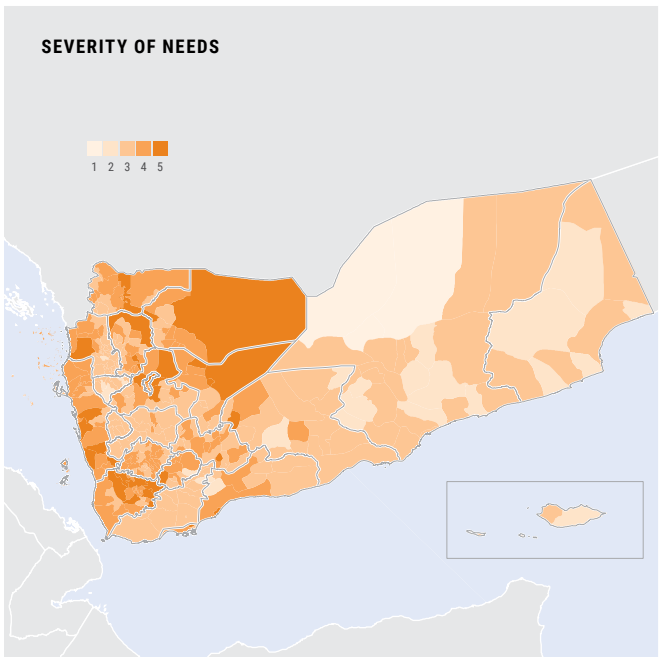
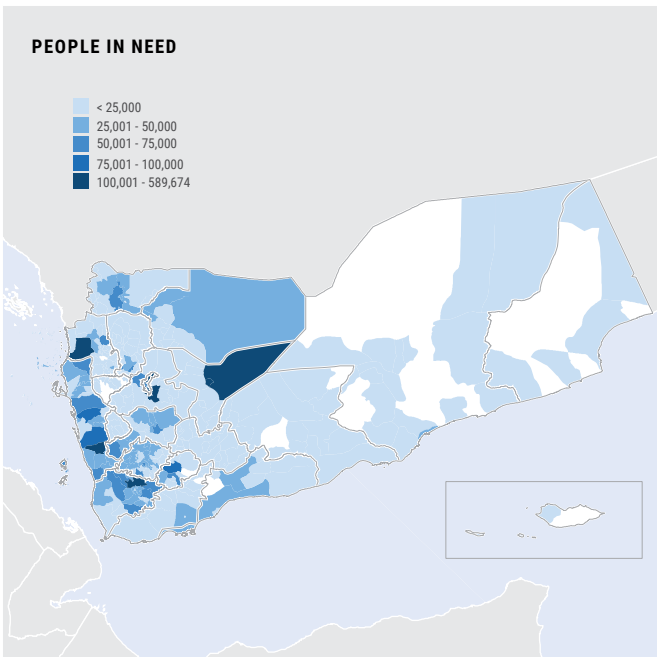
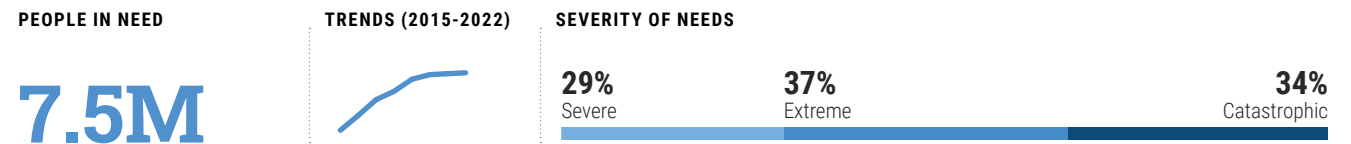
3.6 PROTECTION



3.7 REFUGEES AND MIGRANTS MULTI SECTOR (RMMS)



3.8 SHELTER AND NON FOOD ITEMS (NFI)



3.9 WATER, SANITATION AND HYGIENE (WASH)

PEOPLE IN NEED

15.3M

TRENDS (2015-2022)

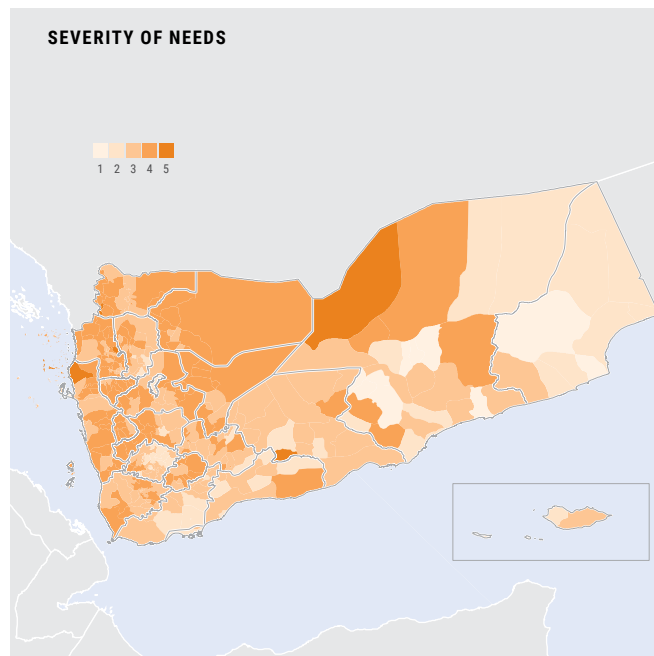
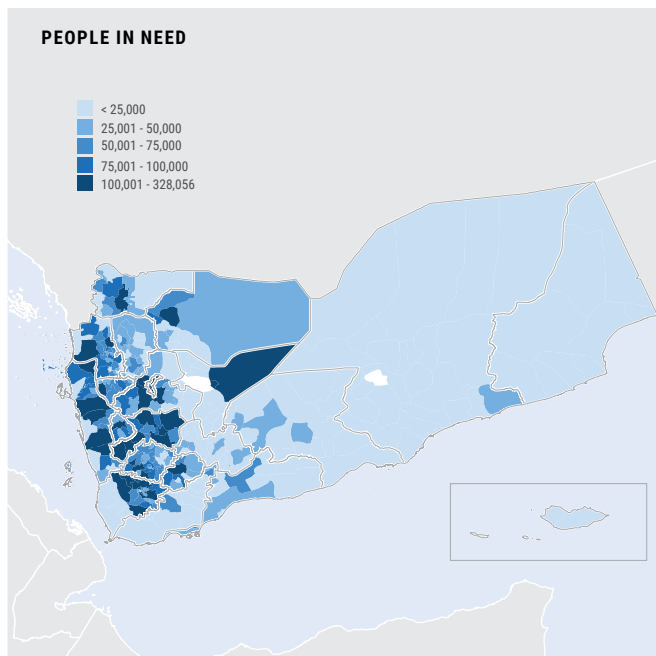


SEVERITY OF NEEDS

48%
Severe

51%
Extreme

1%
Catastrophic



3.1

Camp Coordination and Camp Management (CCCM)



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
1.9M	23%	55%	15%

Overview

An estimated 1.6 million of the most vulnerable displaced people have settled in 2,431 substandard hosting sites since 2015, with inadequate or without access to predictable assistance and services. Almost all these sites are self-settled and 87 per cent do not have any occupancy agreements with the landowners. Moreover, these sites are in risk-prone, undignified, hazardous, congested environments, posing displaced people to harassment from host communities, mass evictions and limited freedom of movement.

As a result of the reduction of fighting in 2022, there was a downward trend in new displacements, compared to the previous years, with only a 5 per cent increase in 2022. This increase resulted from the verification of some displacement sites, which were previously out of reach and from new arrivals of people fleeing the conflict in Al Hodeidah, Al Jawf and Marib between December 2021 and February 2022. However, since the onset of the truce in April, the Camp Coordination and Camp Management (CCCM) Cluster noted a 1.5 per cent decrease in total site population.

Returns have reportedly been minimal for displaced people in hosting sites. A very small return movement was tracked by CCCM partners in Majzar and Sirwah districts of Marib, and in Hays District of Al Hodeidah as the conflict deescalated. However, in approximately 90 per cent of sites, the most common stated intention is to remain in situ for the coming three months.

As of November 2022, there are 2,431 sites across the country. The majority of displaced people in these sites have experienced protracted and repeated displacement. CCCM data shows the majority of existing sites were settled between 2015 and 2018.

Evictions and flooding continue to trigger secondary displacement. Between 2020 and 2022, as a result of mass eviction, at least 3,800 families were relocated from displacement sites to existing and new sites.

Affected population

As of September 2022, 1,638,668 people, including persons with disabilities, those with chronic diseases, older persons, female- and child-headed households, unaccompanied and separated children, Muhamasheen and other marginalized groups, are hosted in displacement sites. Eighty-eight per cent of displacement sites host at least four of these groups.

Many displaced people in sites lack regular income and social safety nets to peruse better and safer housing. Makeshift and emergency shelters remain the predominant shelter types in 69 per cent of sites. A hydrological flood risk analysis found 721 displacement sites hosting a total of 730,000 people were at risk of flooding. Most sites also lack basic fire mitigation measures. In 2022, 44,000 people⁴¹ living in sites were affected by floods and 923 by fire incidents. Lack of lighting poses many risks, especially to women and girls. Access to electricity and solar power in sites is lower than the national average, with two-thirds of the displaced people in sites having no access to electricity or solar power.

Access to WASH, and health services is inadequate or non-existent in over 90 per cent of sites, heightening exposure to communicable disease outbreaks. The impact is even higher on the most vulnerable, including pregnant and lactating women, children and older persons.

Marginalized Muhamasheen women, girls, men, and boys in displacement sites face additional hardships in accessing basic services and dignified resilience as they usually experience discrimination and exclusion from aid. A survey conducted with the Muhamasheen population in four governorates in the GoY-controlled areas showed 83 per cent of surveyed people having insufficient income to cover their basic needs. One out of four Muhamasheen people surveyed reported discrimination as an obstacle to finding a job.

Projection of needs

Displaced people in hosting sites will continue to require minimum services in order to meet basic needs. Sustainable and voluntary returns for displaced people in hosting sites are not yet viable in most sites. If the truce is extended or a peace process is initiated, new displacement will likely decline, while the security situation in places of origin will probably improve.

Nevertheless, without improved security situation, sustainable livelihood opportunities and housing support, displaced people in sites cannot realize durable solutions or achieve resilience.

Heavy rains and year on year flooding, as well as housing, land and property issues will likely affect thousands of families in sites. The availability of suitable land to provide safer shelter remains very limited in many locations in the country.

Monitoring

The CCCM Cluster uses 11 indicators to estimate 7 categories of need and severity in all 333 districts in Yemen. Severity scores were given to 222 of these districts, while the remaining districts do not have any recorded site population.

#	INDICATORS	SOURCE
01	People living in IDP sites and number of unsupported sites	CCCM Master List Population OCHA
02	Site with HLP issues	CCCM Site Reporting CCCM Eviction Tracking Matrix
03	Sites vulnerable to environmental risks	CCCM Site Reporting CCCM Flood Report REACH National Flood Risk Analysis in displacement sites CCCM Fire Report
04	Sites with service gaps	CCCM Site Reporting
05	Sites with substandard shelter conditions	CCCM Site Reporting
06	Sites hosting high-risk groups	CCCM Site Reporting
07	Sites without complaints and feedback mechanism and community participation support	CCCM Site Reporting CCCM 2022 Indicator Report

3.2 Education



PEOPLE IN NEED (PIN)	IRREGULARLY PAID TEACHERS	GIRLS	CHILDREN WITH DISABILITY
8.6M	155K	47%	870K

Overview

With the conflict entering into eight years, access to education is further exacerbated by economic decline, natural disasters and a fragmented education system. More than 8.6 million school-aged girls and boys are still in need of education assistance whether in or out of schools. While 5.9 million are in schools, they are not in receipt of quality education. In addition, the cognitive and emotional development, as well as the mental health of all the 10.76 million school-age boys and girls in Yemen, remain a concern. All children in Yemen are affected, however, the most vulnerable are those 1.5 million internally displaced, 2.7 million out-of-school children and an estimated 870,495 girls and boys with a disability. Across the country, 2,783 schools are destroyed, partially damaged or utilized for non-educational purposes; a situation that has been compounded by the 2022 floods that affected more than 368 schools.

The conflict has continuously disrupted schooling across the country and its impact aggravated the already collapsing education system. The continuous dropout of teachers, who have been irregularly paid, or not for seven consecutive years, further hinders structured learning.

Financial insecurity within families, multiple displacements, distant schools, safety and security including explosive hazards, lack of female teachers (68 per cent are male teachers) and gender-sensitive and accessible water, sanitation and hygiene facilities are drivers to increased vulnerabilities. Moreover, these factors result in dropout among girls, resorting to early marriage, while boys at higher risk of recruitment into armed groups.

Schools that are location near to the most vulnerable communities need to be established, rehabilitated or expanded. The quality of learning is negatively affected by nearly 155,312 teachers not receiving salaries or any incentives. In addition, educators and teachers need to be equipped or supported to maintain a safe, inclusive, equitable and uninterrupted learning environment for school-aged girls and boys.

Affected population

The school age population in Yemen (5 to 17 years old) represents nearly 33 per cent of the overall population. Two-thirds of school-aged children live in areas that are hard-to-reach due to conflict or other impediments.

Over 2.7 million school-aged girls and boys are out of school, and many of the 1.5 million displaced children have had their education abruptly cut due to multiple displacements. School going girls and boys in areas of high displacement are forced to cope with overcrowded classrooms, and overburdened and unequipped teachers. Assessments have shown that girls and boys are particularly vulnerable to protection risks and are subject to discrimination, especially if they have sought refuge in a new community.

Forty per cent of the children among households interviewed as part of the MCLA reported not attending school. The ratio of out-of-school children was slightly higher among displaced communities, where 42.5 per cent of the displaced children were not going to school.

Children with disabilities represent one of the most vulnerable groups and have limited access to services. These obstacles, which predate the conflict, have since further compounded their vulnerability.

The Education Cluster prioritizes girls and boys between 5 and 17 years old, as well as overage learners who have missed years of schooling due to the conflict.

Analysis of humanitarian needs

The Education Cluster estimates that 8.6 million out of the 10.76 million school age girls and boys (5 to 17 years old) are in need of assistance. Of those in need, close to 1.7 million are in acute need. The severity of educational needs has been indicated and estimated based on enrolment data, non-functional or affected schools, school-age population, displaced children and availability of paid teachers.

Overcrowded, under-resourced schools with mixed age and ability learning environments increase educational needs. Those displaced multiple times have their education interrupted and need some learning materials in the form of rapid response mechanisms to enable them to stay connected and have a minimum sense of normalcy.

Surveyed parents during the MCLA reported several barriers to providing their children with quality education, including the inability to afford the cost of education (90 per cent) and transportation (66 per cent). A similar proportion (66 per cent) reported that their children were working to support their families, either through child labour or the engagement of children in household chores.

The availability of qualified teachers is at the core of teaching and learning. Teachers have dropped out through the eight years of conflict, seeking other sources of income or have already reached retirement age and are not replaced by newly recruited teachers. Those who remain committed to teach are faced with overcrowded and unequipped classrooms, compounded with the unavailability of textbooks and supplementary learning materials. Recent data shows that the majority of teachers in 15 governorates have received minimal allowances since 2016, representing 61 per cent of the teaching staff. Furthermore, only 32 per cent are female, impacting girls' access to education. The volunteer teachers filling the gap are lacking the required minimum teaching qualifications. Teachers are also not adequately trained on mental health and psychosocial support, conflict sensitivity, inclusion and risk prevention, which are essential in

addressing the needs of conflict-affected girls and boys. For those who are paid, the salaries are minimal and delayed, disincentivizing teachers to regularly report to schools and prompting teachers to seek alternative livelihoods to supplement their income.

Vulnerabilities are increasing due to the risks of armed attacks, recruitment into armed groups at school and the general protection concerns related to violence. Safety of girls and boys is hampered by the presence of ERWs, including landmines and unexploded ordinance, that children encounter on their way to and from schools. This presented a serious concern during the rainy season, with ERWs dislodging and shifting to areas that had been demined. Prior to the brokering of the truce, displacement continued through to the middle of the academic year, forcing children to dropout due to limited access to overcrowded schools or unavailability of temporary learning spaces. Children with disabilities are among the most vulnerable, marginalized and discriminated against. The conflict has increased the physical, communication and information, as well as attitudinal barriers. The needs of nearly 870,494 children with disabilities to access inclusive or specialized educational services have not been met.

The unavailability of learning opportunities and spaces are also depriving learners of access to additional educational services, such as school feeding, social assistance, safer environment, structured learning and increased resilience, putting them at a higher risk of social and domestic violence.

The low quality and limited access to education in Yemen emerges from socioeconomic and protection barriers. The above-outlined issues continue to be critical in 2023 and a concern particularly for the most vulnerable population and internally displaced school age boys and girls, including those with a disability, putting them at higher risk of discrimination and exposure to threats to their protection.

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	SOURCE
01	Percentage of school aged children (girls and boys) enrolled in formal and non-formal education.	Ministry of Education (MOE)/ Education Cluster
02	Percentage of children not attending school by sex and school-level (SADD).	MOE/UNOCHA/MCLA
03	Proportion of school-age children who are displaced and/or returnees.	UNOCHA/RRM
04	Percentage of closed/non-functional schools.	MOE/Education Cluster
05	Percentage of teachers (female and male) receiving salary/incentives	MOE

3.3

Food Security and Agriculture



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
17.3M	24%	51%	15%

Overview

As of September 2022, 48 per cent of the population living in areas controlled by AA and 56 per cent of those in the GoY-held areas suffer from inadequate food consumption (critically high level ≥ 40 per cent). The IPC Acute Food Insecurity (AFI) updated analysis, conducted in September 2022 and based on the 22 UN validated population dataset, indicates that, 17 million people experience high levels of AFI (IPC Phase 3 or above) between October and December 2022. Of the Yemen's 333 districts, 184 districts (55 per cent) are classified in IPC Phase 4 (Emergency) and 140 districts (42 per cent) in IPC 3 (Crisis). The proportion of population in IPC Phase 3 or above is highest in Al Hodeidah, Dhamar, Hajjah, Marib, Sana'a, Sa'ada and Ta'iz governorates. Based on the 2023 UN validated population dataset, about 17.3 million people are estimated to suffer from high levels of AFI (IPC Phase 3 or above) in 2023.





The IPC AFI update indicates enhancement in the food security outlook, compared to the previous analysis carried out in February 2022, when over 19 million people (60 per cent) estimated to be food insecure, including 160,000 people classified in IPC Phase 5 (Catastrophe). Key drivers include ; the six-month truce, which led to reduction in hostilities, increased availability of fuel, improved humanitarian access and enhanced access to goods, services and economic opportunities. In addition, above-normal rainfall in the second half of 2022 resulted in better water and pasture for livestock as well as production of cash and food crops (fodder, legumes, vegetables and fruits), providing valuable income to small-scale producers and improve access to food and non-food items. Increased humanitarian assistance, compared to assumptions, made in February 2022 also contributed to these gains.

Despite progress, Yemen remains one of the most food-insecure countries in the world due to structural instability aggravated by human-induced factors and climate change. Extending the truce and committing to long-term peace would be vital to tackle food insecurity.

Affected population

Since the beginning of the conflict, the number of people in IPC Phase 3 and IPC Phase 4 has dramatically increased, with 17 million between October and December 2022, meanwhile the number of people in IPC Phase 2 (Stressed) has dropped by 36 per cent, stood at 9 million. As the majority of Yemenis slip into IPC Phase 3 and above, their livelihoods have deteriorated and reliance on food assistance has increased. Any minor shock having direct impact on food consumption, such as reduced food assistance, import shocks or sharp rise in food price, is detrimental to most of the population.

People in need by sex and age

			
WOMEN	MEN	GIRLS	BOYS
4.2M	4.3M	4.3M	4.4M

Analysis of humanitarian needs

Yemen is among the countries with the highest number of people in IPC Phase 3 and above. The main driver of this dire situation remains conflict causing population displacement, widespread infrastructure damage,

reduced agricultural production, constraints to freedom of movements of people and goods and disruption to livelihoods. Meanwhile, deteriorating macroeconomic conditions - with accelerated inflation, currency depreciation and falling incomes - also contribute to food insecurity, further compounded by humanitarian access constraints and disruption of public services.

Conflict aggravates people's food insecurity situation. Before the six-month truce, governorates where a large portion of the population are food insecure (IPC Phase 3 and above) were mostly characterized by active conflict. Conflict in these areas led to massive civilian displacements, widespread loss of lives and livelihoods, challenges in food supply chains and market access, increased cost and risk of doing business, and disrupted delivery of critical life-saving assistance. Moreover, they have caused unprecedented breakdown of access to basic services like healthcare, education, water and sanitation. The truce was key for a significant reduction in hostilities, strengthened availability of fuel (imports through Red Sea ports increased by 259 per cent during the first three quarters of 2022, compared to 2021), improved humanitarian access, promoted human capital mobility in search of better labour opportunities and enhanced access to goods and services due to ease of transport. Although the truce expired at the beginning of October 2022, major implications of potentially reverting the above improvements are yet to be seen. Living conditions throughout the country are still fragile and a return to the pre-truce situation would jeopardize these improvements. Maintaining the truce and committing to peace would be vital for relief and development efforts to tackle food insecurity.

Dependency on imports makes Yemen, whose 90 per cent of food is imported, highly exposed to external shocks, including decline in remittances, international food price hikes partially due to the Ukraine crisis and global economy slowdown, as well as currency fluctuations. Between January and September 2022, total food imports through Al Hodeidah and Salif ports were 7 per cent higher, compared to 2021, whereas they decreased by 44 per cent in Aden and Mukalla ports. Domestic cereal production meets less than 20 per cent of the Yemeni demand, while domestic wheat production between 5 per cent and 10 per cent.

Decreased purchasing power among households in 2022 resulted from currency depreciation, increase in

food and fuel prices, delayed and/or reduced salary payments and a decline in remittances exacerbate people's access to food. The cost of the minimum food basket increased by 42 per cent in areas controlled by AA and by 27 per cent in the GoY-held areas, compared to 2021. Likewise, petrol and diesel prices were one-and-half compared to 2021 in the GoY-controlled areas, while they increased by 5 and 15 per cent respectively in areas under the control of AA. The increased cost of water pumping for irrigation - due to diesel shortage along with the high prices of inputs - hampered the production.

Climatic shocks intensify the food insecurity situation in the country. Between January and June 2022, Yemen experienced moderate to severe drought conditions, coupled with an unprecedented rise in temperatures, affecting all cropped regions. Between July and September 2022, torrential rains triggered widespread flooding, with Al Hodeidah, Al Jawf, Amran, Dhamar, Hajjah, Marib and Ta'iz governorates most affected. Field reports indicate that the number of affected households reached almost 74,000 by the end of September 2022. Cold weather encourages the spread of diseases, mainly on vegetables and fruits. The increased cost of water pumping for irrigation - due to diesel shortage along with the high prices of inputs - hampered the production.

Falling remittances affect the import, trade and currency exchange although, in 2022, it continued to recover from the impact of COVID-19. Nonetheless, the inherent vulnerability of remittances to shocks remains. Monitoring the trajectory of domestic developments in key remittance source countries, such as the Kingdom of Saudi Arabia, suggests that the value of remittances to Yemen might reduce in the medium to long-term. Any reduction in remittances would have implications for import, trade financing and the exchange rate.

Reduction in humanitarian assistance in 2022, due to funding shortfalls and a challenging operational environment, has also led to increased levels of vulnerability for those who rely on it. Despite the improvement in the second half of 2022, FSAC partners were forced to adjust the frequency of distributions to stretch available resources, such as providing assistance once every two months instead of every month or providing assistance every month with reduced rations.

Projection of needs

In 2023, the severity of needs is expected to remain at the same level of 2022. In the event of non-extension of the truce, new or recurrent displacements across the country are likely to increase. In Yemen, where 71 to 78 per cent of the population is estimated to live below the poverty line, the economic instability continues to aggravate food insecurity, malnutrition rates, dire living conditions and protection concerns. Despite continued efforts to mitigate the risks, 17 million people experienced high levels of AFI (IPC Phase 3 or above) from October to December 2022.

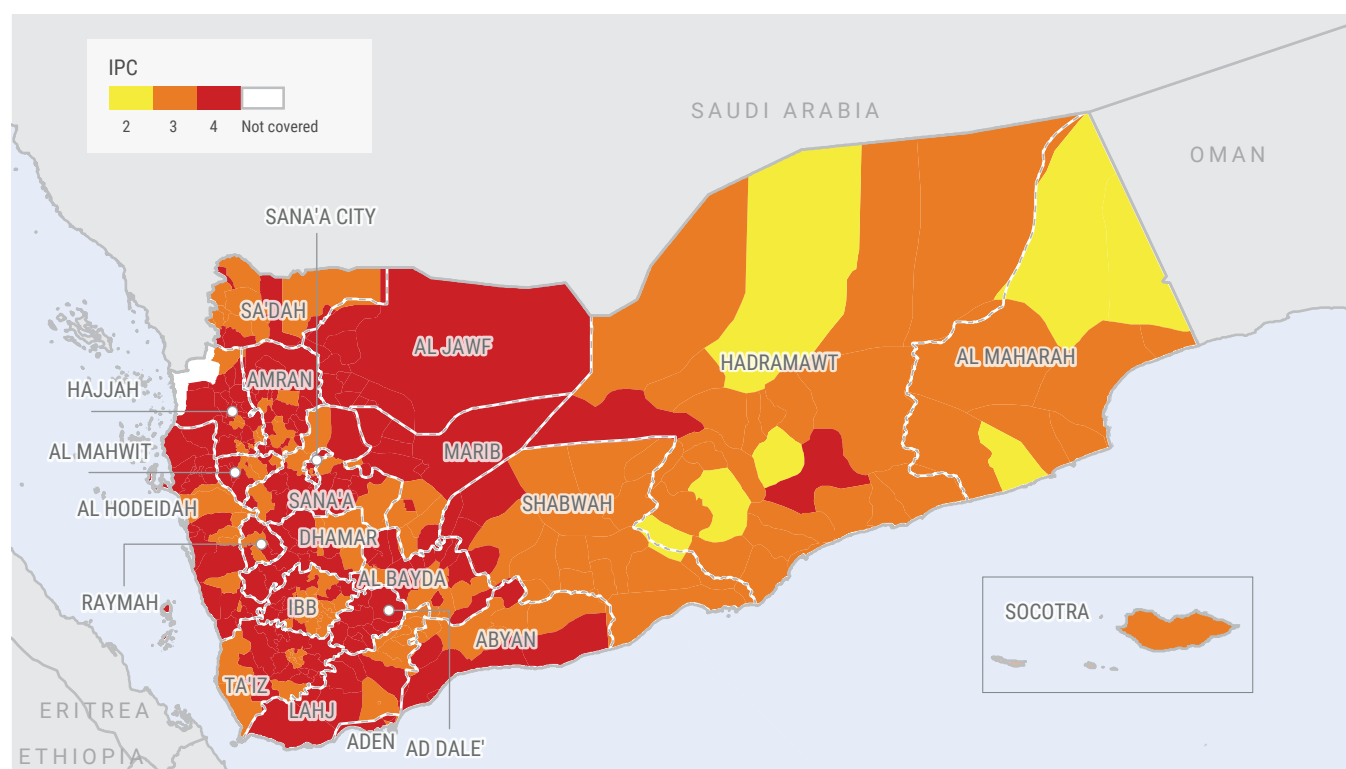
Seasonal flooding, locusts and disruption in the agricultural sector might negatively affect livelihoods. At the same time, decline in remittances, high unemployment rate and climate shocks might continue deteriorating the macro-economic situation, causing high inflation, reduced purchasing power and inability to secure food and livelihoods. Furthermore, slow economic recovery and insufficient funding for long-term programmes might also lead to further depreciation of the Yemeni Riyal (YER), increase the economic vulnerability and the use of negative coping mechanisms. Humanitarian assistance is likely to play a significant role in alleviating the suffering of vulnerable people and triggering improvement in the overall food security situation.

Monitoring

FSAC partners will assess and monitor people's access to food security programmes by collecting data disaggregated by age, gender and location or specific community.

FSAC partners will track the main food insecurity risk factors and assumptions, including the USD to YER exchange rate; cost of the minimum food basket and associated prices of key food commodities and livelihoods inputs; import volumes of key staples and commodities; fuel prices and impact on supply chains; and agricultural production. Standard monitoring, including remote calls, will capture food security outcome indicators and highlight the evolution of needs. Information gathered through the partners will also contribute to re-programming and targeting.

#	INDICATOR	SOURCE
01	IPC Classification Phase	2022 IPC AFI Update



Source: Integrated Phase Classification (IPC)

3.4 Health



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
20.3M	24%	51%	15%

Overview

In 2023, the number of people requiring health assistance has decrease by 1.6 million compared to 2022. While the target for health assistance will be increase by 0.3 million as collapse of the health system, environmental degradation leading to food insecurity and weakened essential services have profoundly affected the health of host communities and nearly of 4.5 million displaced persons.

The Health Resources and Services Availability Monitoring System (HeRAMS), updated in 2022 reveals 49 per cent of health facilities are either partially functional or non-functional due to staff, fund and power shortages, as well as lack of medicines, supplies and equipment. Meanwhile, 11 per cent of health facilities are either fully or partially damaged and in need of renovation and rehabilitation. Out of 333 districts, 117 (35 per cent) districts have no functioning district hospital, leaving people without secondary health care. Ratio of health worker to population is low with only 12 workers per 10,000 people – significant shortfall of the WHO standard of 20:10,000. Among functioning hospitals, 37 per cent lacks specialist doctors. There is a severe shortage of inpatient and maternity beds available (less than 6 per 10,000 people – half WHO standard) in 19 out of 22 governorates of Yemen. More than 42 per cent of the population require more than 1 hour to reach the nearest fully or partially functional public hospital.⁴²

Long distance to health facilities, the unavailability of the required type of service and unaffordability are major obstacles for vulnerable households to receive quality health assistance. Around 80 per cent of the HeRAMS respondents reported that they had to pay an exceptionally high amount, on average YER43,800, to get the required medical service.

Affected population

In 2023, the number of people in need of health services remain nearly the same as 2022—20.3 million, including 12.9 million with acute need. Of the 333 districts, 226 (68 per cent) are with severe and extreme health needs (severity score 4 and 5).

Internally displaced people, children, women, the elderly, people with a disability, people with non-communicable diseases, including mental health and psychosocial problems, marginalized communities, and conflict--affected injured people, including mine survivors, are the most vulnerable groups, requiring health support. In districts with high severity, 5.2 million women need health support, including 3.2 million who require access to medical, reproductive, and other health support, with nearly 1.1 million pregnant women needing emergency obstetric care.

Those suffering from chronic/non-communicable diseases are also vulnerable due to lack of medicines at primary care level, as well as rising prices due to the economic deterioration, currency depreciation and lack of disposable income. Migrants, refugees and asylum seekers with specific health needs and given their status, lack of resources and insufficient referral pathways are particularly vulnerable due to pervasive lack of access to health care. IOM and partners estimate that 65,000 migrants will require health support in 2023.

Analysis of humanitarian needs

The ongoing conflict in Yemen and economic deterioration has compromised people's access to health facilities. In rural areas, costly transportation, insecurity and the widespread non-availability of required services have worsened people's access to services. The armed conflict is the third leading cause of death after ischemic heart disease. Injuries are responsible for 60 per cent of deaths in children between the ages of 5 and 14 and 36 per cent among adults between the ages of 18 and 64.

Women of childbearing age, particularly pregnant and lactating women, have limited or no access to reproductive health (RH) services, including antenatal care, safe delivery, postnatal care, family planning and emergency obstetric and new-born care. Poor coverage, lack of specialized staff, inadequacy of essential medical supplies and a lack of female doctors, particularly at primary health care (PHC) facility level, affects three-quarters of rural women's access to maternal health services.⁴³ The under-five mortality rate is higher at 59 per 1,000 live birth, compared to the infant mortality rate (IMR) at 46 per 1,000 live birth.⁴⁴ The key drivers of the high maternal mortality rate in Yemen are the poor access to and utilization of lifesaving reproductive maternal and new-born health (RMNH) services. According to the 2013 nationwide survey on RMNH situation, only 45 per cent of births in Yemen were assisted by a skilled provider, including 30 per cent that took place at a health facility (HF).⁴⁵ Only 60 per cent of women received antenatal care at least once during their pregnancy; far fewer (25 per cent) received this care at least four times. The proportion of mothers who received postnatal care within 2 days of birth was only 20 per cent and the contraceptive prevalence rate among married women was 29 per cent, while unmet need for family planning (FP) was also 29 per cent. Without access to lifesaving medicines, about 1 million women who are estimated to deliver annually are particularly at risk. Another 1 million women who would want to use family planning to postpone pregnancy during this crisis period will be at risk of unwanted pregnancies and consequent risk to their lives and their new-borns from high-risk pregnancies and unsafe abortions. Lack of access to other

reproductive health medicines, including for prevention and treatment of sexually transmitted infections and responses to gender-based violence (GBV), exacerbates RH morbidity and mortality for both women and men.

Immunization coverage has deteriorated with 28 per cent of children under 1 year of age missing routine vaccinations. This has led to multiple outbreaks of communicable diseases, including vaccine preventable diseases such as Diphtheria, Pertussis, Measles and Polio in various governorates. The number of zero dose and under vaccinated children in Yemen has risen in the last three years, placing Yemen as the leading country in MENA region with a total of 272,000 children under vaccinated (97,000 under vaccinated based DPT3 and 176,000 zero dose/unvaccinated based on DPT1 coverage). Children continue to suffer from common childhood illnesses, including pneumonia and acute watery diarrhoea (AWD).

Between January and June 2022, 14,021 suspected cases of AWD (suspected cholera) were reported, with 11 associated deaths, across 159 districts in 14 governorates. During the same period, 11,832, COVID-19 cases were officially reported, with 2,149 associated deaths. Almost all the cases reported are from the southern & eastern governorates, other than the first four reported cases during 2020 in the northern governorates. This is in large part due to the lack of reporting of COVID-19 in the northern governorates.

Vaccine Derived Polio type 2 (VDPV2) cases continues to occur, with a total of 216 cases in 19 governorates confirmed between January and October 2022, around 84 per cent being in the Northern areas.

Health care worker (HCWs) capacity is severely depleted, and availability is inequitable due to the inadequacies of resources and lack of governance, which requires improvement and consideration for medium and long-term specialized training for hard-to-find specialties. Ensuring HCWs capacity building (medium and long-term) with a sustained financial compensation payments model for essential HCWs and hard-to-find specialties particularly in rural/conflict affected areas to ensure that the health system does not further collapse.

Health facilities need continuous, dependable stocks of medicines, equipment, fuel, water, oxygen and other medical supplies, requiring reliable supply chains and logistical support. Damaged and closed facilities need repair and maintenance, renovation and rehabilitation to restore their functionality. Economic deterioration deepens health needs as fuel shortages and raising prices of foods and medication, cost of transportation and living expenses, especially in remote areas, forces people to choose between spending money on transportation to HFs or basic necessities, effectively reducing their chances of recovery.

The worst affected governorates in terms of health vulnerability are Hajjah, Marib, Al Hodeidah, Sa'dah, Ad Dale' and Ta'iz, however the natural disasters have exposed the other governorates to additional vulnerabilities.

Projection of needs

If conflict escalates, new displacements across the country are likely to increase PiN by 10 per cent in 2023 considering the continuity of other internal and external risks to the health system and capacities. The economic instability will continue to aggravate food insecurity, malnutrition rates, dire living conditions and protection concerns, affecting the wellbeing of people. These will increase the health vulnerability in the priority districts scored 3,4 &5.

As a result of poverty, early pregnancy and malnutrition, as well as lack of access to emergency obstetric care a, many women are expected to be suffering from obstetric complications including fistula.

The continuity of some outbreaks (COVID-19, Polio, Measles, Dengue Fever, AWD) and health needs in 2023 is expected to continue, exacerbated by the current low immunization coverage, vaccination hesitancy and primary duty bearer's lack of willingness to address root causes.

Health needs can be further driven by drinking water shortages and lack of proper waste management, increased food, medicine, and fuel prices. Displaced population in IDPs sites will be highly impacted and continuing to be suffered as the access to health care facilities and weakened health system, cost of services in private sector and deteriorated economic status and salary non-payment and depreciation of Yemeni Riyals. Climate change effect on water scarcity and extremes of droughts and floods impacting food insecurity and malnutrition.

Monitoring

The cluster will use the indicators below to monitor the health support and assistance.

#	INDICATORS	
01	Number of Health facilities supported (hospitals/health centers/health units)	Health Cluster DHIS2-Monthly Partners' reporting system
02	Number of mobile teams operated	Health Cluster DHIS2-Monthly Partners' reporting system
03	Total Number of out-patient consultations	Health Cluster DHIS2-Monthly Partners' reporting system
03.a	Number of outpatient consultations - host community	Health Cluster DHIS2-Monthly Partners' reporting system
03.b	Number of outpatient consultations -internally displaced persons	Health Cluster DHIS2-Monthly Partners' reporting system
03.c	Number of outpatient consultations - migrants/refugees/asylum seekers	Health Cluster DHIS2-Monthly Partners' reporting system
03.d	Number of outpatient consultations for people with disabilities	Health Cluster DHIS2-Monthly Partners' reporting system
03.e	Number of outpatient consultations for elderly (above 65 years)	Health Cluster DHIS2-Monthly Partners' reporting system
04	Number of consultations for communicable diseases	Health Cluster DHIS2-Monthly Partners' reporting system
05	Number of admissions (In-patient/hospitalization)	Health Cluster DHIS2-Monthly Partners' reporting system
06	Number of conflict-related trauma cases received life support	Health Cluster DHIS2-Monthly Partners' reporting system
07	Number of surgeries(Major and Minor)	Health Cluster DHIS2-Monthly Partners' reporting system
08	Number of GBV cases provided clinical care	Health Cluster DHIS2-Monthly Partners' reporting system
09	Number of referrals supported	Health Cluster DHIS2-Monthly Partners' reporting system
10	Number of antenatal care visits	Health Cluster DHIS2-Monthly Partners' reporting system
11	Number of postnatal care visits	Health Cluster DHIS2-Monthly Partners' reporting system
12	Total Number of Skilled Assisted Births supported	Health Cluster DHIS2-Monthly Partners' reporting system
12.a	Total Number of Normal Deliveries supported	Health Cluster DHIS2-Monthly Partners' reporting system
12.b	Number of C-section supported	Health Cluster DHIS2-Monthly Partners' reporting system
13	Number of Consultations for diabetic patients	Health Cluster DHIS2-Monthly Partners' reporting system
14	Number of Consultations for hypertensive patients	Health Cluster DHIS2-Monthly Partners' reporting system
15	Number of Consultations for heart diseases' patients	
15	Number of Mental health consultations supported	Health Cluster DHIS2-Monthly Partners' reporting system
16	Number of Psychosocial support beneficiaries	Health Cluster DHIS2-Monthly Partners' reporting system
17	Number of children under 1 year received Penta3	Health Cluster DHIS2-Monthly Partners' reporting system
18	Number of children received MR1	Health Cluster DHIS2-Monthly Partners' reporting system
19	Number of SAM cases among children under 5 years admitted to TFCs	Health Cluster DHIS2-Monthly Partners' reporting system
20	Number of Health facility with provision of fuel(Total L/Month)	Health Cluster DHIS2-Monthly Partners' reporting system
21	Number of Health facility with health center provision of water (Total L/Month)	Health Cluster DHIS2-Monthly Partners' reporting system
22	Number of health care workers trained	Health Cluster DHIS2-Monthly Partners' reporting system
23	Number of health care workers supported with financial top-up(incentives)	Health Cluster DHIS2-Monthly Partners' reporting system
24	Number of Health facility support in IPC supplies	Health Cluster DHIS2-Monthly Partners' reporting system
25	Number of Health facility rehabilitated- refurbished	Health Cluster DHIS2-Monthly Partners' reporting system
26	Total Number of Beneficiaries of medicines (pharmaceuticals)	Health Cluster DHIS2-Monthly Partners' reporting system

3.5

Nutrition



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
11.9M	54%	46%	27%

Overview

The protracted crisis in Yemen has negatively impacted the delivery of the basic services required to maintain the optimal health and nutrition well-being of both the mothers and the children living in Yemen. A SMART survey finalized in 2022 indicates that 2.2 million children in Yemen are suffering from acute malnutrition, out of which 540,000 children are at direct risk of death and life-threatening complications due to severe acute malnutrition. Additionally, 1.15 million children under the age of five years are suffering from moderate acute malnutrition. Without proper treatment of severely malnourished children, mortality odds remain high at 30 to 50 per cent.

In areas under the control of AA, for each severely malnourished child, an additional five moderately malnourished children exist, which suggests a combination of food and health problems causing acute malnutrition. Additionally, around 2 million Yemeni children under the age of 5 years are losing their future potential because of chronic malnutrition (stunting). These children will not benefit from any investment in their education and will not reach their full potential as adults if they survive into adulthood. Stunted children have a six fold increase in mortality compared to children with normal anthropometries. The results of the SMART survey for 2021 shows levels of stunting exceeding 15 to 20 per cent in all of Yemen and levels of stunting exceeding 40 per cent across the country, excluding Aden, Shabwah, Al Hodeidah City, Abyan high and lowlands, Hadramawt, Ta'iz City and Lahj highlands.

Affected population

Yemen has suffered a protracted protection and public health crisis for over eight years, which has caused multiple drivers to malnutrition among children and mothers. This includes a severe disruption to the health system, with repeated outbreaks and diseases—such as respiratory tract infections, diarrhoeal diseases and fevers (e.g. malaria). Nevertheless, as reported by the Yemeni Ministry of Public Health and Population (MOPHP), acute malnutrition among children under the age of 5 years remains the main cause of mortality and morbidity among Yemeni children.

Lack of essential services, such as safe drinking water, sanitation, and access to healthy and diverse food are affected by economic deterioration, massive and repeated displacements and insecurity, especially in conflict-affected areas and front lines. The problem of malnutrition, which is widespread across Yemen and being multi-faceted in causation, is not limited by ethnic and geographic nor by status-based boundaries. Vulnerability is determined by population, levels of malnutrition and acute food insecurity.

Around 1.3 mothers are estimated to suffer from acute malnutrition in Yemen. Additionally, anemia prevalence in children aged between 6 and 59 months is 86 per cent and among pregnant and lactating women it is 71 per cent. The 2021 SMART survey showed that in many areas in Yemen 70 to 90 per cent of children under the age of 5 years are being fed diets not meeting the minimum acceptable diet standards in terms of quality and quantity. At least 1 million children under the age of 5 years and 450,000 pregnant and lactating mothers need urgent food assistance. Access to safe drinking water and sanitation remains a challenge in many areas in Yemen, together with the recurrent episodes of

diarrhoea, fevers and respiratory tract infections among children. Cholera remains a constant additional concern. These complex causalities of malnutrition do not only correlate with the persistent high burden of both acute and chronic malnutrition, but establish a ground for deteriorating well-being and future of both mothers and children in Yemen.

Analysis of humanitarian needs

Following eight years of the protracted humanitarian crisis in Yemen, malnutrition remains one of the prominent humanitarian and public health crises in the country. There is an obvious geographic overlapping between acute food insecurity and malnutrition in at least 100 districts across Yemen. Out of the total 333 districts, the existing capacities for the treatment and prevention of acute malnutrition among mothers and children need to be maintained and scaled up in 134 districts, while multisectoral integrated assistance is needed in 100 districts to prevent hunger and famine. Without delivering the needed quality humanitarian services not only will child survival be at risk because of acute malnutrition, but also the intergenerational transmission of malnutrition and chronic malnutrition will place the future of Yemeni children and mothers at risk. The Nutrition Cluster severity analysis shows that 183 districts are in greater need of humanitarian lifesaving nutrition preventative and curative services, out of which 100 districts are in need of integrated solutions to address both hunger and malnutrition. These needs are largely concentrated in Al Bayda, Ta'iz, Al Jawf, Hajjah, Al Hodeidah, Dhamar, Sa'dah and Raymah governorates, and Sana'a City.

Severely malnourished children are 12 times more likely to die than their well-nourished peers. Without appropriate and timely treatment, 190,000 to 316,000 severely malnourished children are at risk of death, including up to 3,000 deaths among severely malnourished children younger than 6 months. Out of the total severely malnourished children, 54,000 children suffer severe acute malnutrition with complications, which further increases their likelihood of death by 9 to 10 times. Furthermore, 1.63 million children under the age of 5 are suffering moderate acute malnutrition and at risk of suffering other morbidities and/or developing severe acute malnutrition as well as death (the risk of death among moderately malnourished children is four times higher than otherwise well-nourished children).

In 2022, out of the total 31.8 million population, 19 million were food insecure, including 3.17 million children under the age of five years, 2.28 million adolescent girls and 1.52 million pregnant and lactating mothers. It is evident that 59 per cent of Yemeni children under the age of five years, adolescent girls, and pregnant and lactating mothers are acutely malnourished as shown in the below table:

FOOD SECURITY STATUS	IPC 2+ FOOD INSECURE	IPC 3+ ACUTE FOOD SECURITY	IPC 3 CRISIS	IPC 4 EMERGENCY
Total Population	19	18.8	11.7	7.1
Children under 5	3.17	3.14	1.95	1.19
Adolescent girls	2.28	2.26	1.4	0.85
Pregnant and lactating mothers	1.52	1.5	0.94	0.57

Projection of needs

Taking into consideration the existing research evidence and the presence of all the immediate, underlying and basic causes of malnutrition, malnutrition will increase by four folds during the year 2023, leading to an addition of 540,000 acutely malnourished children, unless nutrition services are scaled up. With the current capacity to treat acute malnutrition in Yemen, approximately 20 per cent of severely malnourished children with complications might not have access to lifesaving treatment because of conflict or a weakened health system. Climate change impacts, such as floods and drought, cause additional threats that would likely aggravate the malnutrition situation in Yemen.

Without the appropriate implementation of 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, in line with a projected 2 per cent increase in global acute malnutrition (GAM) (average annual increase in GAM is reaching 2 to 4 percent). However, in some areas like Hajjah and Al Hodeidah, the increase could be higher (10 to 15 per cent) during 2022 and 2023 based on reviewing the SMART survey data



AL HODEIDAH, YEMEN

Health worker Hana'a holds 8-month-old Jourri in UNICEF supported health facility of AlHussainya, Hodeidah, Yemen, September 2022. Jourri currently weighs 5.1 kg which means she needs to put on 3.5 kilograms to be in the average weight for a child at her age. Photo: UNICEF

for the years 2018-2021.

The IPC analysis conducted during the last quarter of 2022 indicates no improvement in the food security situation in the areas controlled by the GoY. While no IPC analysis has been conducted in the AA-held areas, a positive change in the food security remains remote. Without longer-term investment in integrated public health, food security, nutrition and protection solutions, the intergenerational and household vicious cycle of hunger and malnutrition will not be averted.

Monitoring

The Nutrition Cluster will employ various methods to monitor the evolving needs. Routine programme data will be collected through the Nutrition Information System (NIS) to monitor admissions of children under age 5 and pregnant and lactating women with acute malnutrition, as well as treatment outcomes (including

cure rates, death rates, defaulter and non-recovery rates) on a monthly basis. NIS allows for a comparison between months, years and districts. Additionally, the nutrition surveillance system implemented by the MOPHP, in collaboration with WHO, in secondary health facilities will complement the understanding of the evolving nutrition in the sites, districts and governorates involved. At the community level, nutrition SMART surveys in selected zones in prioritized governorates will be conducted to determine the prevalence of acute malnutrition among children and women, as well as to gather information on factors associated with acute malnutrition. Mid-Upper Arm Circumference (MUAC) screening integrated with Food Security and Livelihoods Assessment (FSLA) conducted to understand the nutrition situation in the districts will continue to complement assessments at the district level and may be the source of nutrition data for IPC-Acute Malnutrition analysis in at 2023.

Finally, field-level monitoring through supportive supervision and monitoring visits will also be conducted to monitor the programme and engage the community

and other stakeholders to understand evolving needs and respond to implementation challenges guided by the following indicators.

#	INDICATORS	DESCRIPTION	DATA SOURCE
01	Global Acute Malnutrition (GAM)	Prevalence of GAM based on weight for height and MUAC among children 6-59 months	SMART Surveys reports
02	Number of boys and girls under age 5 with severe acute malnutrition (SAM) without complications newly admitted for treatment in Outpatient Therapeutic feeding Programme (OTP)	Treatment of SAM without complications in children 6-59 months	Monthly outpatient treatment sites and mobile teams reports
03	Number of boys and girls under age 5 with SAM with complications newly admitted for treatment in therapeutic feeding centres (TFCs)	Treatment of SAM with complications in children 0-59 months	Monthly TFC reports
04	Number of children under age 5 moderate acute malnutrition (MAM) newly admitted for treatment in targeted Supplementary Feeding Programme (TSFP)	Treatment of MAM in children 6-59 months	Monthly TSFP, MTs reports
05	Number of pregnant and lactating women with MAM newly admitted for treatment in TSFP	Treatment of acute malnutrition in pregnant and lactating mothers	Monthly Targeted Supplementary Feeding Program (TSFP)
06	Number of caregivers of infants and children aged 0-23 months reached with Infant and Young Child Feeding (IYCF) counselling	IYCF counselling for mothers/caregivers of infants children aged 0-23 months	Monthly OTPs, MTs, IYCF Corners, Community volunteers, outreach
07	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, Community volunteers, outreach
08	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, Community volunteers, outreach
09	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
10	Number of pregnant and lactating women at risk of malnutrition reached with BSFP	Prevent acute malnutrition in pregnant and lactating women through BSFP	Blanket Supplementary Feeding Program (BSFP) sites reports
11	Number of pregnant and lactating women receiving iron folate supplementation	Iron-folate supplementation for pregnant and lactating women	MOPHP antenatal care (ANC), MTs, Community volunteers, outreach
12	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)	WOMEN	CHILDREN	WITH DISABILITY
17.7M	24%	51%	15%

Overview

Pervasive features of the crisis in Yemen include targeted and indiscriminate physical attacks on civilians and on infrastructure, widespread gender-based violence (GBV), serious violations against children, forced displacement, forced evictions, lack of civil documentation, and contamination of explosive hazards. The destruction and loss of housing and property, as well as protracted and multiple cycles of displacement and sub-standard living conditions exacerbate protection needs. Civil documentation, Housing Land and Property (HLP) rights and freedom of movement remain major countrywide protection issues.

Lack/loss of civil documentation impacts 4 per cent of the acute people in need of assessed communities and spreads across 20 governorates. The top 10 most affected governorates include Hajjah, Al Hodeidah, Al Jawf, Ta'iz, Marib, Amran, Ibb, Ad Dale', Al Bayda and Dhamar.

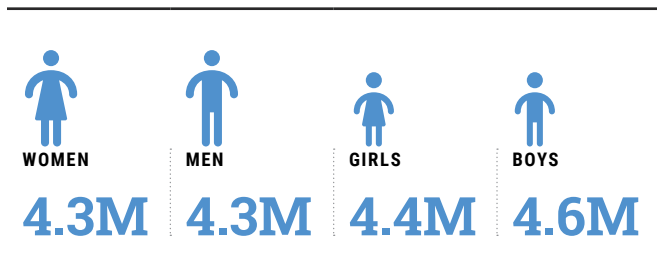
In areas directly affected by hostilities or close to the front lines, the affected population, including internally displaced, returnees, host communities, refugees and migrants, continue to face suffering, death and injury, particularly in Sa'dah, Ta'iz, Al Bayda and Al Jawf governorates. Explosive remnants of war (ERW), including landmine, continues affecting people.

Heavy rains and floods deteriorate the shelter conditions of vulnerable people, exposing them to the protection risks, including lack of privacy and potential exploitation and abuse.

Achieving durable solutions is complicated by political dynamics, continuous fighting and insecurity including uncertainty as a result of the end of the truce (2 April – 2 October 2022). While intentions to return are high, due to the positive impact of the six-month UN-brokered truce, current obstacles to return undermine prospects for sustainable return and solutions. Field monitoring suggests that those who have returned have not achieved a durable solution to their displacement and require further support. Furthermore, the displaced population, unable or unwilling return, consider local integration to be a preferred option, where access to livelihood opportunities, housing, education, and healthcare are available.

Negative coping mechanisms are on the rise, such as increased GBV, child labour, begging, school drop-out, early and forced marriage which further strain the capacities of families and communities to protect the most vulnerable especially children, adolescent girls and boys.

People in need by sex and age



Affected population

Refugees, asylum seekers and migrants arriving from conflict-affected countries continue to be among the most affected communities. They face threats to their safety and dignity including through gender-based violence, arbitrary and prolonged detention, forced labour, violence and restrictions to their freedom of movement at the hands of the authorities or smuggling/trafficking networks. Other refugee groups living in Yemen also face serious protection risks including lack of civil documentation and restrictions on their movement, language barriers, reliance on smugglers and lack of information. Along the road, migrants lack basic food and non-food items, as well as a lack safe drinking water and shelter. Reported protection risks by migrants include risks of targeted violence, human trafficking, forced recruitment, unpaid labour, forced movements and deportation, detention, and physical and psychological abuse including torture and rape.

People displaced by conflict and insecurity—many of whom are in protracted displacement or displaced multiple times, face heightened protection risks. These people face psychosocial distress due to disruption in daily routines, forced evictions, lack of access to land tenure and breakdown of social fabric and cohesion. In some cases, children are separated from families or caregivers. The absence or damage to civil documentation also impacts children's access to basic services (e.g. education), livelihood opportunities and solutions.

The Muhamasheen communities, that have largely settled in the conflict-affected cities of Aden, Ta'iz, and Al Hodeidah, as well as in Al Dhamar (Jabal Al Sharq district), have long suffered from discrimination, social exclusion, reduced access to public services and their ostracization commonly compounded by the lack of birth certificates and civil documentation. The Muhamasheen communities also live in inadequate informal settlements and are at constant risk of eviction. Women, especially those who are unmarried, widowed, divorced, elderly, or living with disabilities, are often further marginalized due to their gender. The Muhamasheen children are often out of school and are frequently seen begging in the streets. In general, the community's exclusion has resulted in poor access to basic services, formal education and high illiteracy rates, contributing to the cycle of poverty.

Older persons and persons with disabilities face stigma and social isolation, as well as are at increased risk of being left behind and separated from their families and care providers due to displacement. Children face severe protection risks and rights violations, including family separation, child recruitment, child marriage and exploitive forms of labour and child trafficking as a result of conflict, economic hardship and lack of access to education

Women, girls, men and boys who expose to the direct, immediate threat of explosive remnants of war (ERW) incidents, airstrikes, rockets, shelling and small arms incidents suffer physical and psychological trauma; limited freedom of movement and direct threats to their life and security. Persons and their families with injuries and impairment, including survivors of ERW and other conflict related incidents, face emergency needs for support due to limited comprehensive victim assistance.

Spontaneous IDP returns continue, of which the majority returned to Aden, Ta'iz, Shabwah and Lahj governorates, and Sana'a City. Trends analysis following the truce show an increase in returns, compared to periods before the truce. Returnees struggle to rebuild their houses, access basic services or find sustainable livelihood opportunities, causing challenge, with increased chances of secondary displacement. In addition, exposure to ERWs creates additional obstacles for those trying to return to areas of origin. Those who are able to return 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.

Women and girls of all age groups continue to be disproportionately affected by GBV. The absence of institutions that guarantee women's and girl's rights and safety undermines their right to live in safety and dignity. Access to basic rights and freedoms are even more challenging for women and girls living with disabilities, particularly those in rural or remote areas, as well as women and girls who lack access to legal documentation due to discriminatory laws and

procedures. This lack of legal documentation often trickles down to affect their children, particularly those from minority groups and female-headed households, exacerbating the situation and undermining the rights of future generations.

Inequitable gender norms relegate women and girls to positions of subordination and are used to justify the use of violence against them across the country. While the severity of the conflict has subsided across the country, there is a high risk that restrictions and limitations on women and girls will be fortified – due the far-reaching application of the maharam , particularly in the areas controlled by AA, and threats from other forms of violence in the GoY-held areas in light of presence of non-state armed groups. Despite the conservative cultural and social norms, boys and men are not spared from GBV albeit services are rarely adequately responding to their needs.

Analysis of humanitarian needs

The security situation from January to September 2022 remained volatile, with civilians directly and indirectly affected by physical attacks, clashes and /or use of explosives. Even during the six-month period of UN-led truce, there have been continued reports of hostilities in certain pockets along the frontlines. As of October 2022, a total of 1,137 events of violence have been reported in Yemen during the course of the year through the Civilian Impact Monitoring Project (CIMP). Figures show that on a monthly basis, over the past year, countrywide civilian casualty numbers have generally dropped, however, certain pockets have seen a rise in civilian casualties. The highest number of civilian casualties was recorded in Sa'dah (705), followed by Al Hodeidah (294), Ta'iz (256), Marib (107) and Shabwa (104).

Lack of freedom of movement due to insecurity and/or lack of legal documentation has serious consequences for the lives, health and well-being of displaced people and communities. It limits their ability to seek safety away from the effects of the conflict, limits their access to basic services and humanitarian assistance, while impeding their ability to secure sustainable livelihoods. In some instances, it also leads to the separation of families and poses obstacles to family reunification. Overall, it is likely to result in increased poverty, marginalization and dependency on humanitarian aid.

The lack/loss of civil documentation undermines and prevents people from accessing their basic rights, exacerbates discriminatory practices, increases limitations to freedom of movement, has serious implications for the enjoyment of their HLP and other rights and impedes prospects for sustainable return and solutions, including local integration. Additionally, movement restrictions resulting from the absence of civil documentation impacts people's ability to access basic humanitarian services across clusters, including for their health, education, food and livelihood needs.

The UN-brokered truce has resulted in the reduction of fighting, triggered small-scale spontaneous returns, as well as increased intent to return, alongside a corresponding increase in HLP issues—a growing key protection concern across the country. Furthermore, land allocation by the authorities and the legal framework with respect to access to land especially for certain groups/tribes exacerbates discriminatory practices, marginalization, social tensions and undermines social cohesion.

The HLP Working Group has estimated that 1.4 million people are living in insecure tenure, facing HLP issues and threats of eviction, requiring support to meet their HLP rights. Of them, 592,000 people are in acute need. Tenure insecurity stems from precarious tenure arrangements and unaffordability of housing - over two-thirds of the 4.5 million displaced people live in rented accommodation or hosting arrangements. The majority of whom lack rental agreements, leaving them vulnerable to arbitrary price increases harassment and violence. Eighty-two per cent of displaced people reported difficulties in paying rent, with some 76 per cent not being able to pay rent for more than three months. This has led to a drastic increase in evictions, in many cases leading to the confiscation of household belongings including civil and HLP documentation and imprisonment of the head of households, severely heightening protection risks of the already impoverished households unable to meet their basic needs including rent.

The remainder of the displaced people live in one of the 2,431 under-served hosting sites and collective centres, with 75 per cent on private land and only 13 per cent having occupancy agreements. The majority of the displaced people residing in hosting sites belong to the marginalized Muhamasheen community, who

have been systematically excluded from accessing the formal land/housing markets. Competition over the access and use of land and water resources in and around the sites has resulted in marked HLP disputes between displaced people and the host communities. These disputes have impeded the provision of durable shelter and WASH services and other humanitarian assistance, driving health and protection challenges and weakening the underlying precarious relationship between displaced people and the host communities.

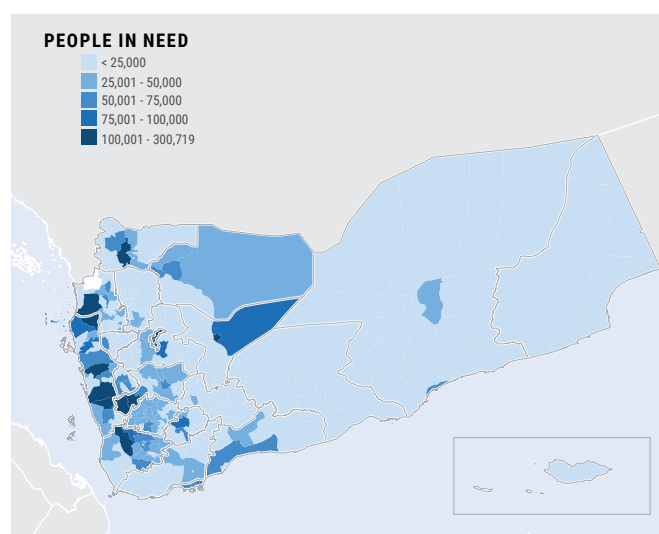
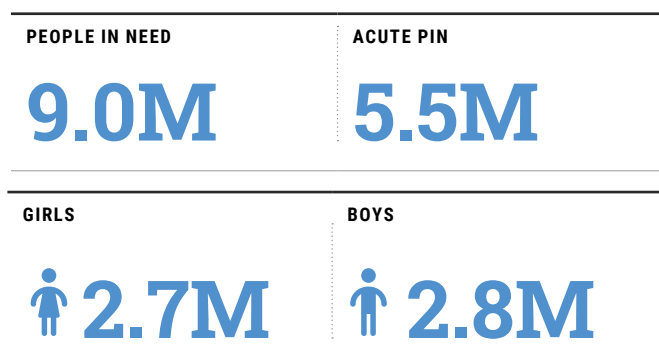
The UN-brokered truce saw a steady increase in spontaneous return to their places of origin, with 47 per cent of displaced people indicated their intention to return to their place of origin if the situation improves. Determining factors cited include: long-term safety and security (51 per cent); access to adequate housing or property rehabilitation, including HLP (21 per cent); access to basic services (13 per cent); access to livelihood opportunities (28 per cent); and clearance of landmines/ERWs/UXOs (21 per cent). An estimated 257,000 households require durable solutions related HLP assistance, including recovery assistance and replacement of lost or damaged HLP documentation. These people also need support to make housing and land claims regarding secondary occupation of their homes and land in their places of origin and with accessing suitable land, adequate housing/housing stock and tenure security in places of integration.

Forced evictions are a serious protection concern with a total of 31,807 recorded between January and September 2022. The majority have been reported in Al Bayda, Amran, Dhamar, Ibb, Sa'dah and Sana'a governorates, and Sana'a City.

ERW endangers the lives of civilians, limits freedom of movement in safety and dignity and impacts economic opportunities, worsens food insecurity, hampers rehabilitation of public infrastructure such as schools or roads and limits the safe delivery of humanitarian aid and safe access to services for people in need. Landmines and unexploded ordnances (UXO) are also key obstacle to the return of thousands of displaced to their homes, particularly in Al Hodeidag, Al-Jawf, Lahj, Marib and Ta'iz.

The impact of the crisis is further aggravated by bureaucratic impediments, which limit humanitarian access, affecting people who need protection services and restricting humanitarian partners from reaching them. The mahram requirement (conditioning movement of women and girls with the approval and/or escort of male relatives) further limits the access to the affected people by preventing female humanitarian staff to access population groups of different genders to ensure the provision of principled, quality, and appropriate response to all population groups, including the female population. The mahram requirement does not take into accounts the needs of female-headed households or those with first degree family members who cannot give up their work or education to accompany the female staff outside the office. It also limits and imposes serious restrictions to freedom of movement with respect to the female population in the AA-controlled areas and further undermines their access to safe and dignified information, health and other critical basic services.

AOR1: CHILD PROTECTION



Analysis of needs

Child Protection risks for boys and girls continue to be severe, especially in areas where severity of needs is high and where conflict is still on-going. Children and their families are putting in place negative coping mechanisms harmful for boys and girls such as child labour, begging and child marriage, while exposing them to sexual violence and exploitation and child recruitment. Boys face forms of work that could be identified as child labour or worst forms of child labour.

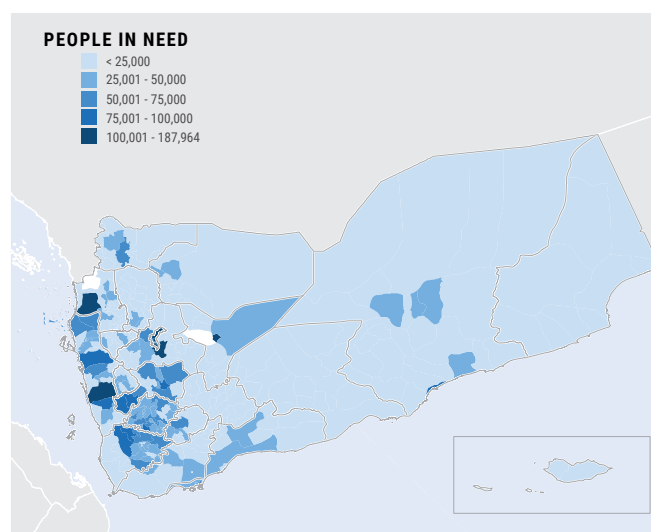
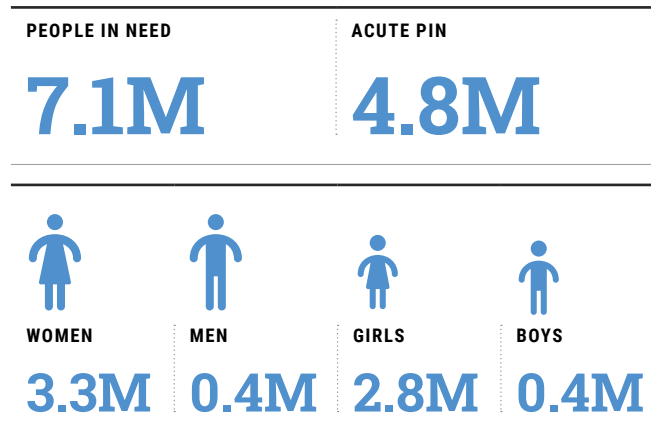
Grave violations against children are on the rise, according to CIMP quarterly report (July-September 2022) - 108 child casualties were reported across Yemen in 2022, marking a 77 per cent increase from the 61 child casualties reported in the second quarter of 2022. More than two-thirds (69 per cent) of the child casualties were on account of ERW, including 41 child casualties reported as a result of UXO incidents and another 33 in landmine explosions. During the third quarter of 2022, ERW resulted in 39 child casualties. Children, including displaced and returnee children, who are less familiar with their environment are particularly

vulnerable to UXO incidents.

Child marriage continues to be a serious protection risk. According to the UNICEF Study on Social Norms and Behavioral Drivers Related to Child Marriage in Yemen, 62 per cent of assessed people strongly/somewhat agreed that seizing the opportunity for a good marriage is more important than continuing their education, where 82 per cent either strongly or somewhat agreed that a woman's most important role is to take care of the home, children and family.

The absence of an inter-agency Child Protection Information Management System limits the reliability of data on children exposed to protection risks across the country, which in turn presents a challenge to accurately reflecting the needs and gaps in the child protection area of responsibility.

AOR2: GENDER-BASED VIOLENCE



Analysis of needs

The life of women and girls, and at times that of boys and men in Yemen, continues to be subject to restrictions and violations because of their gender. Yemen's social divide between genders is fortified with systemic and institutionalized discrimination. Women and girls of all ages, across social or cultural background or origin face the risk of and actual exposure to violence, marginalization and discrimination on a daily basis. The situation is even more aggravated for minority members, those displaced, female-headed households and those living with disabilities. The needs of women and girls are consistently challenged by culture and tradition, undermining adequate and quality responses to their needs. Women's and girls' needs (and voices) are denied by (overwhelmingly male-dominant) decision-makers, while the little services that do exist are continuously challenged in their operation yet overwhelmed with women and girls in need.

With different layers of crisis, war, food insecurity and general poverty women and girls struggle for wellbeing. Little of the comfort provided through aid, and any community-based or state-owned protection, are becoming more out of reach or ineffective with each move, displacement or disability Mahram requirement increases their dependence on the male decision makers; hampers professional or personal development of women and girls' potential, imposing high costs on their freedom of movement and their dignified access to services such as health, including mental health and psychosocial support (MHPSS). Child and early marriage are at times coping mechanisms and other women are forced to marry having no male relative to help them access services. Yet even where mahram is not required (in areas controlled by GoY), the needs as basic as food and water, personal hygiene needs and education, remain overwhelmingly unanswered due to destroyed systems of protection and infrastructure, leading to increased risks—various forms of GBV, such as sexual exploitation and abuse, denial of access to services and opportunities, domestic violence (intimate partner violence), child and forced marriage, to name a few.

MHPSS needs continue to increase but are met with limited access to specialized services, especially in hard-to-reach areas, leaving women and girls to their own means in processing their trauma, risking isolation, (sexual) abuse and exploitation or other. At the same

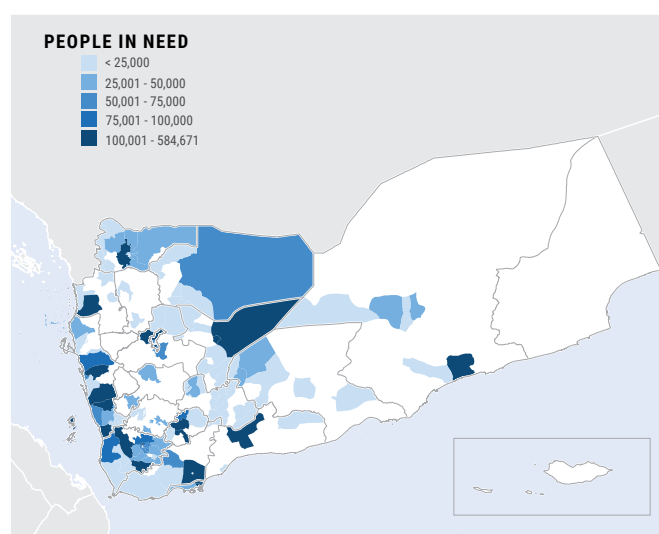
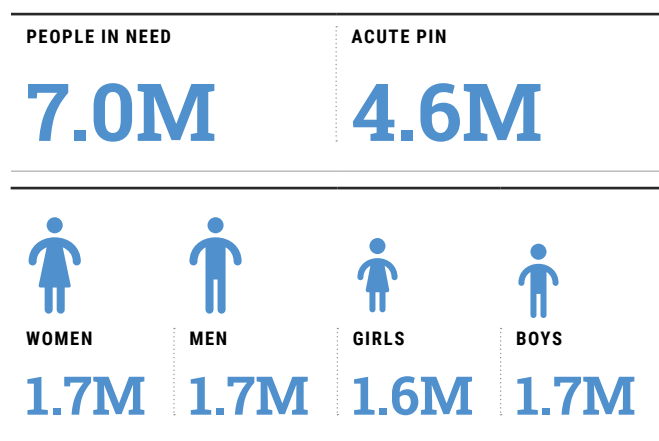
time, lacking safe access to information, women and girls are kept in the dark regarding their rights and ability to safely seek help. Help-seeking of the survivors is actively discouraged through actions such as suspension of provision of the clinical management of rape in some areas or limitations on distributions of post-rape kits and/or of dignity kits.

Women and girls are equally challenged in accessing justice and fair processes, increasing their needs for legal aid, particularly in cases of civil status, documentation, inheritance and custody rights. The victim-blaming environment often brings women and girls into conflict with the law, including detention, based on the discrimination tolerated with the criminal law. While amendments to this and similar laws and norms are a necessary preventive action, there is a need for legal support in line with the principles of confidentiality, recovery and safe reintegration of these women in society.

Women and girls with disabilities remain invisible to service providers, including humanitarian aid, as safe access and principled, targeted needs assessments are not secured by the authorities across Yemen. This in effect requires women and girls with disabilities to adapt to the ongoing, existing services, while the overall response provides little opportunity or encouragement. Yet, assessing properly the needs of any woman and/or girl is at serious risk, as female aid workers are being more and more restricted from engagement in the field (due to mahram).

Women and girls and others at risk from GBV in Yemen need holistic support, from safety and health to legal aid and economic empowerment. A prerequisite for providing these remains safety for all, the service providers, and the beneficiaries. In order to enable safe access to services and prevent the incidence of GBV, the need for continued awareness with communities and their leaders remains, especially in the areas with little to no access to services.

AOR3: MINE ACTION



Analysis of needs

ERW, including landmines, UXO and IEDs, have resulted in thousands of civilian casualties in Yemen since the start of the conflict. ERW risks become more intensified during the rainy season, with heavy rains and flooding drifting devices, warning signs being washed away and people being displaced to unsafe areas. With two rainy seasons each year, this threat is also pertinent in Yemen.

Since 2018, ERW has resulted in 2,311 reported civilian casualties, including 822 fatalities, according to CIMP data—an open, unverified source. Civilian casualties dropped in 2020, but the numbers rose again in 2021, with 419 civilian casualties reported on account of ERW, an 18 per cent increase from the year before. Moreover, with 620 civilian ERW casualties already having been reported since January 2022, the annual total will be the highest on CIMP records. The monthly average number of civilian ERW casualties until October 2022 is 62, 44 per cent higher than the 2021 monthly average of

35. Landmine incidents have been responsible for the highest numbers of ERW casualties since the start of 2018, at 1,286, accounting for 56 per cent of the total, followed by 506 civilian UXO casualties and 492 IED casualties.

Governorates with active frontlines have typically seen the highest civilian ERW casualty. Al Hodeidah has consistently seen among the highest numbers of civilian ERW casualties in the country, totaling 985 since the start of 2018. Ta'iz has seen 385 civilian ERW casualties in the same time period, while Al Jawf, Al Bayda and Ad Dale' have each seen more than 100 civilian ERW casualties.

In the frontline areas, the majority of ERW incidents reported are on account of UXO and landmines. Al Hodeidah, Ta'iz, Al Jawf and Al Bayda have seen the highest numbers of civilian casualties reported as a result of landmine incidents, while the highest UXO casualty numbers have been recorded in Al Hodeidah, Sa'dah, Sana'a and Marib. IED threat appears more prevalent in urban areas such as Aden, Ta'iz and Al Makha cities, as well as in flashpoints in several governorates under the control of AA.

Since the start of 2022, the five governorates with the most civilian ERW casualties are Al Hodeidah, Ta'iz, Sa'dah, Marib and Al Jawf, with Al Hodeidah seeing exponentially high number—685 civilian ERW casualties reported since the start of 2018 and 243 (35 per cent) in the year since the frontlines in the governorate shifted in November 2021. The 200 civilian casualties so far reported in Al Hodeidah in 2022 already exceeds the 2021 annual total of 118. In Sa'dah, numbers have already more than doubled from 2021, when 18 civilian ERW casualties were reported. Marib saw an increase in ERW casualties, with 40 civilian ERW casualties reported so far in 2022, 38 per cent of the total 106 civilian ERW casualties recorded in the governorate since the start of 2018.

The main challenge in addressing ERW threat lies in the difficulty of conducting a countrywide assessment, especially in the areas controlled by AA, to identify contaminated areas and efficiently prioritize the areas that need to be cleared first. No systematic survey has been put into place in the AA-held areas, while a baseline survey started in the areas under the control of the GoY in November 2021, with the support of all implementing partners. Constant shifting of frontlines continues in high-risk areas, including active and former front lines and bordering areas, continues threatening the lives and livelihoods of girls, boys, women and men.

ERW risks 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 people 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 ordnance risk education (EORE) to the most at risk, especially children, is required in parallel to land release activities. Victim Assistance support, including specialized protection services and referrals to the health sector, which is mainly provided through Protection Cluster partners, is limited due to a lack of funding and capacity.

Projection of needs

In several parts of the country, especially frontline areas, active hostilities continue to cause civilian casualties and displacement. Lack of legal identification will negatively impact future generations' ability to access basic services and undermine people's efforts to resolve their HLP issues, and access to other rights which ultimately undermines prospects for durable solutions. The displaced population, particularly those unable or unwilling to return to their area of origin due to safety and other considerations may become increasingly vulnerable and reliant on humanitarian assistance

Ongoing hostilities, economic hardships, breakdown of community support structures and lack of services will continue to take a huge toll on children. Women and girls will continue to face a disproportionate impact of the crisis, and compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion. Explosive ordnance contamination will continue to present a significant risk for populations living in areas having witnessed hostilities, and increasingly for individuals returning to their communities and will remain the top access constraint for safe delivery of humanitarian aid and assistance to the people in need. Increased vulnerability will result in further neglect of persons with disabilities and the elderly. Barriers to achieving durable solutions will become more nuanced and difficult to address.

Due to the situation in the Horn of Africa combined with the fact that the majority of refugees, asylum seekers and migrants originate from conflict-affected countries of origin, a high number of individuals transiting or staying in Yemen in 2023 is expected. This flow will also put pressure on the already deteriorated facilities and services in country, creating additional tensions among communities

Monitoring

The cluster uses eleven indicators to estimate needs and severity in all 333 districts in Yemen:

#	INDICATORS	SOURCE
01	The ratio of IDPs to host population	PTF / DTM
02	Number of civilian casualties reported (killed or injured)	CIMP ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
03	Number of protection services available for IDPs and affected people per district	PC reporting dataset 2022
04	Number of vulnerable individuals with special protection needs per district	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
05	Number of individuals without valid civil documentation and unable to obtain them	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
06	Number of households with housing/shelter damaged or destroyed due to violence, conflict, or natural hazards	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
07	Number of households reporting incidents of threats of eviction	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
08	Percentage of GBV service points available for each 20,000 Female	Service mapping, 3/4W
09	Number of women, men, boys, and girls killed or injured by EO by the community (SADD)	CIMP on explosive hazards only Protection Analysis Update, November 2022 ACAPS datasets
10	Percentage of Girls / Boys engaged in hazardous child labour (SADD)	UNICEF CP AoR database MCLA Protection Analysis Update, November 2022
11	Percentage of Children who are likely at risk of increased exposure to violence, neglect, abuse, and exploitation as a result of dropping out of schools	CP AoR database MCLA UNICEF & Education Cluster CIMP Protection Analysis Update, November 2022

3.7

Refugees and Migrants Multi-Sector (RMMS)



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
308K	34%	23%	15%

Overview

Yemen's crisis throughout 2022 remains overwhelmingly a protection crisis. As a result of continued conflict, food insecurity, economic collapse and an ongoing public health crisis, setting against a backdrop of weak rule of law, exclusion of women and few avenues for redress, continue to present critical risks for both the Yemeni and the non-Yemeni population. A growing intolerance against the presence of the latter, leads to recurring violations of the human rights of migrants and a shrinking asylum space. In 2023, an estimated 308,218 migrants, refugees and asylum-seeking women, girls, boys and men will need humanitarian assistance protection and services. This includes 209,505 migrants, and up to 100,000 refugees and asylum-seekers.

Affected population

Yemen has historically been a destination country and the main transit to Saudi Arabia and Gulf countries for migrants and refugees and asylum seekers from the Horn of Africa.

Yemen is the only country in the Arab Peninsula to have ratified the 1951 Convention with the authorities continuing to pledge their respect towards the obligations to protect and assist asylum-seekers and refugees. However, this is increasingly becoming a declaratory stance, with access to the rights prescribed under the Refugee Convention including the right to seek asylum and register with the authorities or UNHCR being limited.

As of 30 September 2022, 98,713 asylum-seekers and refugees have been registered in Yemen, all of whom are in need of humanitarian assistance and protection services. This population mainly comes from Somalia (71 per cent), with smaller—but growing—numbers from Ethiopia (19 per cent), Eritrea, Iraq and Syria. In the Government of Yemen (GoY)-controlled areas, refugees are largely concentrated in Aden (57 per cent), Hadramawt (21 per cent) and Kharaz camp in Lahj Governorate (16 per cent)—the only camp setting in Yemen hosting some 9,400 Somali refugees. In the areas controlled by AA, 93 per cent of the registered refugees and asylum-seekers live in Sana'a Governorate and the metropolitan area. Overall, 34 per cent of the total population of registered refugees and asylum-seekers are women and 23 per cent are children.

Migrants, refugees and asylum seekers who are en route to Saudi Arabia and the Gulf States are mostly Ethiopian nationals, comprised largely of young males, with 22 per cent women and 10 per cent children. While arrivals remain lower than at the onset of the COVID-19 pandemic, they have increased significantly in 2022, with 27,693 people arrived. An increase in arrivals is expected in 2023, when 62,629 arrivals are projected by the end of 2023.

Analysis of humanitarian needs

Migrants, refugees and asylum seekers who represent some of the most marginalized and vulnerable groups in Yemen have limited prospects for becoming self-reliant and face significant challenges to access basic public services. They are subject to high levels of stigma and discrimination and are generally excluded from local systems of support and community-based protection mechanisms.

It is unknown exactly how many migrants, refugees and asylum seekers transit through Yemen. However, protection monitoring indicates mixed population groups on the move face grave risks, including the impact of the conflict, and the presence of smuggling and trafficking networks. Casualties from conflict-related incidents are common, as well as excessive border enforcement measures against people trying to exit Yemen in border areas, resulting in injuries from gunshots, mortars and artillery fire. The exploitative practices of smugglers and traffickers, limits on the freedom of movement and changing front lines leave migrants stranded, preventing them from progressing with their journeys and wholly reliant on humanitarian services. Female migrants, refugees and asylum seekers, including children, report exposure to high levels of gender-based violence, forced labour and abuse. Due to a lack of legal status in the country, they have few safe options for accessing basic reproductive health care or psychological and other support.

People in need of international protection are unable to register their asylum claims with UNHCR or the authorities due to the suspension of new registration in the areas controlled by AA since 2016. This exposes them to the risk of arrest, detention or forced transfer from the AA-held areas to the GoY-controlled areas, while excluding them from services available to asylum seekers and refugees in the country. Conditions in detention remain below minimum standards, with up to 500 persons reported to be forcibly transferred from the AA-controlled areas to the GoY-held areas every week. Due to the nature of the prolonged crisis and the impact of the COVID-19 pandemic on service provision, community support structures have been fragmented to such an extent that non-Yemenis cannot rely on the assistance and goodwill of host communities that have long supported them. Migrants, refugees and asylum seekers thus frequently find themselves without access to essentials required for survival, including food, water, healthcare, shelter or cash.

For those who are able to register as asylum seekers or refugees, UNHCR and its partners provide some assistance and services targeting primarily the most vulnerable. However, due to the limited funding and bureaucratic and access restrictions affecting delivery, these are below the level required to match actual needs.

The collapse of the economy and public services, compounded by the long-term effects of the COVID-19 pandemic and the presence of legal barriers to formal employment, have severely affected refugees' capacity to become self-reliant. Family income, often coming from work in the informal sector, has plummeted, as the Yemeni population, equally destitute due to the protracted conflict, is competing for the limited number of jobs on offer. This has in turn triggered harmful coping strategies, including taking on debt, begging, child labour and survival sex. In Kharaz Camp, some 9,805 asylum seekers and refugees continue to depend on humanitarian food assistance. Harmful coping mechanisms, such as begging and withdrawal of children from schools operating in the camp, have increased when food needs are not met.

The majority of the refugee and asylum-seeking population live in inapt accommodation in overcrowded spaces without access to water or sanitation, particularly in urban areas, sharing the space with internally displaced people. Lack of income linked to an increase in destitution has affected many families' ability to afford to rent accommodation, exposing to increasing threats of eviction. Although refugees and asylum-seekers can in principle access public health and education, they still suffer from discriminatory attitudes and legal barriers, particularly if without personal documentation or when using expired refugee identification or asylum certificates. More than 13,000 extremely vulnerable refugees and asylum-seekers rely exclusively on cash assistance as a safety net.

GBV remains widely under-reported. Yet, more than 1,000 refugee and migrant women and girls were identified with a need for GBV-related protection services. A comprehensive assessment is needed for unaccompanied and separated children, both refugees and migrants, to identify specialized assistance they may need, including fostering arrangements and registration to return to their home country, ensuring their best interests.

Prospect for durable solutions is limited. The lack of safe routes and significant movement restrictions within Yemen, together with the challenging economic situation and instability both in Yemen and in countries of origin, prevent many migrants, refugees and asylum seekers, who seek assistance to return home, from doing so. Some voluntary returns to Ethiopia and Somalia, facilitated by UNHCR and IOM, resumed in 2022 but numbers remain low. Efforts are hindered due to complex political dynamics, challenging logistics and limited funding.

For refugees, resettlement opportunities are scarce, as very few resettlement countries accept refugees from Yemen and thus far, no country has been willing to travel to Yemen for a selection mission. As such, only submissions to the countries that accept refugees on a dossier basis or are able to conduct remote interviewing, are possible.

Projection of needs

In the current context of significantly reduced resources following the Ukraine crisis and spike in energy and food prices, migrants and refugees are facing increasing levels of hostility and xenophobia directed against the presence of foreigners in the country, especially when originating from the East and Horn of Africa.

The risks and needs facing the population are expected to further intensify in 2023. The critical needs faced by the Yemeni population will remain similar for

refugees, asylum-seekers and migrants, but the level of vulnerability is likely greater for this population due to their lack of inclusion and widespread discrimination.

The demand for migrants and refugees to return home safely in a voluntary manner increased in 2022 despite ongoing and emerging challenges in countries of origin. At the same time, there has been an increase in new arrivals and therefore need is likely to continue apace in 2023.

In 2023, needs are high in Abyan, Aden, Marib, Sa'dah and Sana'a and the major urban-hosting areas of Aden, Lahj, Mukhalla and Sana'a, as well as in Kharaz camp.

Monitoring

RMMS partners will continue to monitor the situation of refugees and migrants and adapt programmes based on community feedback mechanisms and participatory approaches, direct contact, formal assessments and situational analysis. RMMS will prioritize four aggregated indicators relating to access to services, protection risks and durable solutions. Data and information will be collected through protection monitoring, registration data, post-distribution monitoring, service mapping, community feedback mechanisms and access analysis. Given the highly mobile nature of mixed population movements, monitoring will adapt to use key informant interviews, focus groups, observational information collection, crowdsourcing and other appropriate tools.

#	INDICATORS	SOURCE
01	Percentage of refugees, asylum seekers and migrants able to safely access critical services (WASH, health, food, shelter) and attain a basic living standard.	Partners' database on services provided; UNHCR Activity info Database, protection monitoring, participatory assessments and focus group discussion (FGD) results
02	Number of refugees, asylum seekers and migrants that faced 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
03	Number of refugees, asylum seekers and migrants able to achieve a durable solution (return or resettlement in the case of refugees).	Resettlement statistics; voluntary humanitarian return database; assisted spontaneous return database.
04	Number of persons in need of international protection able to access asylum procedures through registration with the authorities or UNHCR	UNHCR proGres database

3.8

Shelter / Non Food Items (NFI)



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
7.5M	1.8M	3.8M	1.1M

Overview

The Shelter and Non-Food Items (NFI) Cluster estimates that 7.5 million people in Yemen reside in inadequate shelter conditions, often without essential household items; a 2 per cent increase since 2022. Among them, over 5.3 million people are in acute need. The increase in needs is primarily due to the recent conflict-induced displacement of 234,000 people, the impact of climate change, which affected nearly 517,00 people in 2022, as well as the protracted nature of the crisis, affecting over 4 million people who have been displaced for more than a year.

The number of people in need of shelter assistance has increased to 6 million. Shelter adequacy issues stem from a range of root causes, including inadequate protection from the elements owing to the emergency nature of the shelter, unaffordability of repairs due to insufficient income, and loss of or insufficient security of tenure and ownership documentation. A recent assessment revealed that at least 56 per cent of shelters of displaced people are in poor condition, with the major repair or replacement needed. The lack of sustainability of the host family arrangement due to the protracted nature of the crisis and increased rent prices resulted in more families resorting to seeking shelter in camp-like settings (1.6 million displaced people in 2,431 sites).

Moreover, living in inadequate or hazardous shelter conditions impacts people's safety and dignity, and prevents self-reliance. Such conditions, when combined with overcrowding, significantly increase the possibility of exposure to protection risks and promote the spread of respiratory and epidemic diseases. A far greater number of conflict-affected people, particularly returnees, have shelter needs that require longer-term solutions. Significant funding shortages in 2022 limited progress on durable shelter solutions.

The number of people in need of NFIs has increased to 4.1 million and is expected to surge if a further worsening of household economic conditions continues. Consequently, essential items are further out of reach as household purchasing power diminishes over time. Seasonal NFIs are also required to protect families experiencing harsh winter conditions.

Affected population

Internally displaced people continue to face a myriad of challenges, with the average household displacement being eight years and at least 25 per cent displaced two times or more. Of the 4.5 million displaced people, over two-thirds are living in rental accommodation or hosting arrangements. In a recent study, 82 per cent of displaced people reported serious difficulties in paying rent. Some 76 per cent did not pay rent for more than three months, thus heightening the risk of eviction, particularly in low-income households whose ability to meet basic needs (such as rent) diminished due to deteriorating economic conditions and increased cost of basic necessities. The other third of displaced people reside in last-resort informal and spontaneous settlements, exposed to hazards such as flooding, landslides, fire risks, landmines and unexploded ordnances. Notably, 83per cent of displaced people interviewed identified Shelter/NFI support as their priority need.

The latest figures indicate a population of approximately 1.3 million returnees. At least 55 per cent of returnees interviewed live in substandard, damaged, inadequate shelter conditions or are unable to rebuild their houses, with nearly 84 per cent stating an inability to meet their basic needs. Those who return to their areas of origin often face immediate housing, land and property (HLP) challenges, such as secondary occupation or missing

ownership documentation. In addition, the presence of and exposure to explosive hazards in returnee areas and damages to houses pose further obstacles, impacting prospects for return or and sustainability thereof.

Host communities are often overburdened, especially in areas hosting more displaced people than the resident population. About 36 per cent of the host community households live in damaged and/or inadequate shelters, where repair and rehabilitation are needed alongside a multisectoral response to ensure access and availability of basic services.

Analysis of humanitarian needs

An estimated 7.5 million people—over 1.8 million women, 1.9 million men, 1.9 million girls and 1.9 million boys, including the most vulnerable 0.6 million elderly and 1.1 million persons with disabilities—need shelter and NFI assistance in 2023. Needs are concentrated in Al Hodeidah, Ta'iz and Marib governorates.

The armed conflict remains the prime driver of displacement, although it had decreased in 2022, notably during the truce, by 18 per cent compared to 2021. A recent assessment confirmed that 77 per cent of displaced people interviewed were displaced due to the conflict. Additionally, 55 per cent of displaced people interviewed do not have a source of income and 35 per cent earn less than \$45 per month. The high reliance on insecure sources of income, with 53 per cent resorting to daily or temporary low-wage work. The deteriorated economic situation in the country negatively affects livelihoods and results in an inability of families to pay rent. The situation of displaced people in sites is also worsening, with immediate significant shelter maintenance and upgrades needs. Records show that 22 per cent of displaced people interviewed received notification of eviction in the last 6 months, of which 5 per cent were written and 92 per cent verbal, with 37 per cent given less than a month to vacate the premises. The situation is also challenging for host communities, where livelihoods capacities are being overstretched amid growing competition for resources, resulting in tensions and, in some cases, evictions.

Results from a recent assessment showed that at least 19 per cent of displaced people's houses in places of origin are destroyed, 32 per cent damaged, 37 per cent unknown and 2 per cent occupied. Generally, 47 per cent of displaced interviewed intend to return to their place of origin if the situation improves, 1 per cent of displaced people are ready to return immediately and 42 per cent would remain in the current place of displacement due to unclarity on the country's situation and other reasons. The main enabling return factors expressed by displaced people include 51 per cent long-term safety and security, 21 per cent access to adequate housing or property rehabilitation, 13 per cent access to basic services, 28 per cent access to livelihood opportunities and 21 per cent clearance of landmines/ERWs/UXOs. A significant increase in funding is necessary to meet the pressing need for durable solutions and decrease the vulnerability of returnees and the population in protracted displacement. It is also crucial to strengthen 'greening' the shelter and settlements response, take further mitigation actions to reduce potential environmental consequences and maintain and improve the quality and sustainability of the response.

Access to affordable essential household items, a prerequisite for a minimum standard of living, continues to be challenging, with about 81 per cent of the affected population reporting that they lack minimum household items and 38 per cent resort to reduced expenditure on essential household items. Harsh winters continue to threaten the lives and well-being of the affected population, particularly for 91,000 families facing extreme temperatures during the winter season in 59 districts. Such extreme conditions exacerbate the humanitarian needs of conflict-affected people due to a significant decline in the household's economic capacity to afford essential winter items.

The impacts of the climate emergency include spikes in the frequency and magnitude of extreme weather events, such as flooding, droughts, harsh winter temperatures, heat waves and fire incidents. Torrential rains and floods in 2022 affected 517,000 people living in 175 districts and 18 governorates in the country. Floods displaced families, caused property destruction and devastated infrastructure, services, agriculture and livestock. Similarly, drought caused displacements mainly to urban centers, and for some displaced families, it exposed them to onward displacements. Drought also limits the availability of local materials

used in shelter solutions. Lack of settlement planning due to the spontaneous nature of displacement sites in the country presents tremendous challenges, particularly to both flood- and drought-affected populations.

Across all population groups, women and children (especially pregnant and lactating women, female-headed households and unaccompanied minors), older persons (especially those unable to care for themselves), persons with disabilities or serious medical conditions, minority groups, and persons at risk or survivors of GBV bear the worst consequences of sub-standard living conditions, especially in overcrowded settings with no privacy and limited mobility. This places them at further risk of adopting harmful coping mechanisms as they may have to take on additional debt; since 66 per cent of displaced people interviewed spent their entire savings or resorted to unsuitable living arrangements to meet their basic living needs. Protection issues related to civil documentation and HLP issues remain major countrywide impediments to Yemeni's access to humanitarian assistance. At least 60 per cent of displaced people, returnees and host communities interviewed do not have official civil documentation. HLP-related issues also need to be addressed to ensure the security of tenure and fulfill the further enjoyment of HLP rights in support of mid-term and long-term shelter solutions.

Projection of needs

The severity of the need for shelter support is expected to remain in line through 2023, with some displaced people returning to their places of origin necessitating increased support to durable shelter solutions.

If the conflict escalates, the situation might lead to increased displacement, forcing many to flee their homes and thus increasing the existent pressure on informal settlements. Displaced people will continue to live in sub-standard living conditions, with limited access to adequate housing. Rental costs will rise as demand increases. For the most vulnerable, housing conditions will deteriorate as they are forced to look for new lower-cost alternatives or resort to living in spontaneous settlements. Household ability to meet basic needs will continue to decline. The internal family pressures will continue to rise, coupled with a lack of privacy for both men and women, which may lead to

more frustration and violence within the household unit. The relationship between displaced people and host communities may continue to be strained due to increasing tension over the sharing of limited resources. Harsh winter weather conditions are expected to cause further hardship.

In both scenarios and aligned with the contingency plan, the Shelter and NFI Cluster's common pipeline needs sufficient contingency supplies of emergency shelter kits and NFIs. Provision of rental and winterization support will continue to be vital life-saving assistance, while a greater focus should be given to improving shelter conditions (maintenance and upgrades), provision of transitional shelters, and house rehabilitation and reconstruction.

Durable shelter solutions for those both in displacement and in return areas will remain limited due to the scale of housing destruction, HLP issues and shortage of funding. If such challenges are not addressed, returning families may end up in overcrowded sites as they do not have the means to sustain their lives and rebuild their houses.

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 5Ws and post-distribution monitoring tools. In addition, the sector will monitor implementation of 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	SOURCE
01	Proportion of IDPs by the district over the total population	OCHA population dataset 2023
02	Percentage of populated areas highly susceptible to floods	Shelter Cluster Flood Susceptibility Analysis (Supported by REACH)
03	Presence of extreme winter conditions 3a. Percentage of populated areas with winter nights equal or below 10°C 3b. Populated district areas with average high elevation	Shelter Cluster Winterization Analysis 2022/2023
04	Percentage of households with inadequate shelter	UNHCR INAT/PMT 2022, MCLA 2021
05	Percentage of houses partially damaged or destroyed	UNHCR INAT/PMT 2022, Protection Cluster CIMP Data 2018 – 2022, Shelter experts' discussions
06	Percentage of households experiencing Housing Land and Property issues	UNHCR INAT/PMT 2022, CCCM Cluster Site Monitoring 2022, MCLA 2021
07	Percentage of households without a sufficient quantity of non-food items	UNHCR INAT/PMT 2022, MCLA 2021
08	Percentage of households without access to shelter and NFI market	MCLA 2021
09	Percentage of household in need of rental support	UNHCR INAT/PMT 2022, MCLA 2021
10	Percentage of women, girls, men, boys, and people with disabilities in overcrowded accommodation	UNHCR INAT/PMT 2022, MCLA 2021
11	Percentage of households without access to livelihood	UNHCR INAT/PMT 2022, MCLA 2021

3.9

Water Sanitation and Hygiene (WASH)



PEOPLE IN NEED (PIN)	WOMEN	CHILDREN	WITH DISABILITY
15.3M	24%	52%	15%

Overview

The humanitarian situation in Yemen remains critical with economic decline that has exacerbated quality and coverage of water, sanitation and hygiene (WASH) services. WASH systems and services throughout the country have suffered from damage and underdevelopment, resulting in 15.4 million people in need of WASH assistance in 2023. The lack of access to safe WASH services forced vulnerable households to use unprotected and unsafe water sources. Despite the six month truce, the protracted armed conflict has caused many Yemenis to be in acute need of assistance and has further aggravated essential WASH services and infrastructure, including those at healthcare facilities and schools, and significantly damaging the economy and the social fabric of the country.

The current humanitarian WASH needs cannot be solely addressed by humanitarian stakeholders due to the limited water resource availability and the impact of climate change. Even though durable WASH support has reached 3 million people as of September 2022, a significant number of people remain in need of WASH support. One of the major reasons is that WASH service in urban and rural areas could not be significantly improved by humanitarian WASH response activities due to lack of funding for resilient WASH response activities as well as technical and environmental constraints. Additionally, most lifesaving WASH response actions require recurrent costs to sustain minimum WASH services, such as water trucking, fuel support, maintenance of emergency latrines at displacement sites, periodic distribution of WASH non-food items and solid waste disposal. According to the Joint Market Monitoring Initiative (JMMI), the WASH Minimum Expenditure Basket (MEB) price has increased by 11 per cent in the AA-controlled areas and by 19 per

cent in the GoY-held areas since the beginning of 2022. Lack of ownership, leadership and capacity in service improvement among service providers and Government agencies may be a further reason why humanitarian needs cannot be reduced.

Affected population

Due to an influx of displaced populations into urban and neighboring areas, water demand has been increasing beyond water service capacity, forcing many to depend on private water trucking services. Climate change has been also posing significant challenges especially for those who depend on rainwater harvesting as tanks went dry due to an inadequate rainfall in some governorates, leaving the affected community with no other options, but using unprotected water sources. Districts around active frontlines have been facing acute WASH needs for years, especially Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Marib, Shabwa and Ta'iz governorates, where 5.1 million people and 1.4 million displaced people are identified with WASH needs.

People in informal displacement sites often experience worse WASH conditions, making them particularly vulnerable. Newly displaced people face specific and emergency WASH, while. women and girls, people living with disabilities and the elderly, together with female-headed households experience more constraints and various protection risks in accessing WASH services.

In rural areas, women and girls have to walk more than 30 minutes to collect drinking water, sometimes have to take unsafe journey, which may place them at increased risks of various forms GBV and other protection risks on the way to or at crowded water points. Long absences for water collection by women and girls may also

cause increased tension within the households. Having little to no access to information due to remoteness or repressive social norms that prevent women and girls to safely access information, awareness of women and girls about protection risks is minimal, directly increasing the number of, sometimes fatal, incidents. When such journeys risk, women and girls are becoming dependent on the presence of a mahram, a male escort, in meeting their basic needs in dignity.

Women and girls are also facing challenges in addressing their menstrual health and hygiene in overcrowded displacement sites, where they do not have enough privacy or access to female-friendly handwashing stations and soap to clean themselves or solid waste bins to dispose of menstrual products. This may cause them to go into forests or alleyways to find discreet places to change, creating safety concerns. People with disabilities and older people are other vulnerable population groups that face additional challenges in meeting their WASH needs. Accessing WASH services and information is challenging due to physical barriers and inaccessible information on how to access support or share a complaint. Stigma and discrimination faced within communities may also put people with disabilities and older people at higher risk, as they may refrain from fully participating in their communities or lack information on emergency preparedness.

Analysis of humanitarian needs

Disruptions and poor quality of services in displacement sites have negative physical and mental well-being and protection consequences, notably on women and girls and other vulnerable groups. Due to the lack of funding, many WASH partners have had to discontinue water trucking even though there is neither a durable solution nor exit strategy to water trucking. I

According to CCCM site data covering 1,201 displacement sites in Yemen, about 280,000 people in 351 sites (29 per cent) depend on unsafe water, such as surface water and unprotected wells, including illegal connections, while temporary water trucking is the only source of safe drinking water in 384 sites, where 318,000 people (32 per cent) are being hosted. Access to safe sanitation in displacement sites is very limited, with 172,000 people practicing open defecation in 295 sites (25 per cent), while unsafe latrines are

used among 259,000 people in 270 sites (22 per cent). Currently functioning flush and pit latrines in 636 sites (53 per cent), serving 640,000 people, also need regular maintenance either by CCCM or WASH partners, which is a significant challenge for partners under the current underfunded situation. CCCM data also shows that there is no existing waste disposal arrangement in 936 sites (78 per cent), affecting 737,000 people. Poor waste management and poor drainage, especially at a time of flash floods, at displacement sites is a potential root cause of disease outbreak, physical accidents, and deaths or illness related to contaminated waters. These figures clearly illustrate urgent WASH response needs in most displacement sites, including recurrent support to sustain minimum WASH service standards until a more durable solution is adopted.

Out of 100 Integrated Famine Risk Reduction (IFRR) shortlisted districts, 93 districts fall under WASH severity 3, 4 and 5. In these districts, vulnerable communities need multi-sectoral support, covering food security, nutrition, health and WASH needs. According to the Health Cluster, more than 1 suspected cholera cases were reported in 127 districts, where 103 districts (81 per cent) fall under WASH severity 3, 4 and 5. Improvement of WASH facilities and service at healthcare facilities is also recognized as an urgent life-saving WASH response needs.

The deteriorating socioeconomic situation is making meeting basic WASH needs increasingly challenging for vulnerable communities and households in accessing safe and equitable WASH services. Women and girls, child-headed households, people with disabilities, elderly people and marginalized groups, such as the Mohamasheen, are facing various and specific barriers and discrimination to access WASH assistance and to meet their basic needs. Reported coping mechanisms adopted by the affected population will continue to severely undermine sectoral efforts to minimize the prevalence of water-borne diseases. As such, gender and protection mainstreaming, and inclusive WASH support are urgently needed in a protracted emergency situation like Yemen.

WASH needs assessments and country-wide needs assessment surveys have their own limitations to identify protection and inclusion-related WASH needs among women, girls and boys, and people with disabilities, due to access challenges and other

restrictions. It is estimated that about 6.9 million women, girls, boys and 1.4 million people with disabilities are in acute need of life-saving WASH support. However, consultations with women and girls carried out by some humanitarian partners indicate that women and girls are seeking alternative means to access to safe water and adequately safe WASH facilities. In some urban areas, there are cases reported of women and girls collecting water from the air conditioning instruments in the public buildings. At other times they risk sexual exploitation and abuse with the long journey, or one carried out at night when reaching bathrooms/washrooms. Absence of toilets including gender-segregate safe toilets in camps denies the opportunity for exercising personal hygiene management in dignity, due to taboos, especially those related to menstruation. Furthermore, girls that do take long journeys to reach water points will likely be absent from school, with impacts that extent into her future.

Projection of needs

The severity of WASH needs is expected to remain the same or even worsen if the socioeconomic situation further deteriorates and no proactive mitigation measures on water resource management are urgently implemented. As JMMI data illustrate, basic commodity prices have been increasing which increases the

financial burden on the population to access services and also poses a challenge for service providers to sustain the services. In the worst-case scenario, WASH service in displacement sites might be even suspended to maintain the minimum service level to host communities as has happened in some districts. Degradation of service quality and coverage may lead to an increase in water-borne diseases and malnutrition in communities and displacement sites, which will increase the severity of multi-sectoral needs.

Climate change also negatively impacts on WASH services, as some people migrate due to quality of water and seasonal floods affecting thousands of populations in the country. If climate change does not allow effective groundwater recharge in some areas due to irregular precipitation patterns, some existing boreholes may not be able to continue supplying water for the population depending on the condition of aquifers and hydrogeological formation. Since 90 per cent of water resources have been used for agricultural activities in Yemen, reduction of available water resources may degrade not only the living standard of the population but also economic and agricultural activities as a whole. Therefore, sustainable water resource management is fundamental not only for the country's development agenda but also an acute humanitarian concern.

Monitoring

The cluster uses 4 indicators to estimate WASH needs and severity in all 333 districts in Yemen

#	INDICATORS	SOURCE
01	Percentage of households having access to improved water source	WASH Needs Tracking System (WANTS), CCCM, MCLA
02	Percentage of households by time (minutes) taken to fetch water (round trip by walking, queuing and time needed to fetch water)	WANTS, MCLA, FSLA
03	Percentage of households with water and soap available at handwashing facility	WANTS, MCLA
04	Percentage of households using a sanitation facility - by type of sanitation facility used	WANTS, CCCM, MCLA, FSLA

Rapid Response Mechanism (RRM)



Overview

In Yemen, 4.5 million people have been displaced since 2015. Due to the ongoing conflict and prevalence of natural disasters like floods, 382,690⁴⁶ people had to leave their homes in 2022, seeking safety and shelter in other areas. The protracted and recurring nature of conflict continue to drive civilian displacement, increasing people's existing vulnerabilities. Households that are uprooted are frequently unable to secure access to essential services and basic needs, including food, hygiene supplies and essential household items.

Newly displaced households who are on the move due to conflict or natural disasters, in collective sites, hard-to-reach areas, are stranded on or near military frontlines need a minimum package of immediate and lifesaving assistance. Based on the lessons learnt from Yemen's prolonged conflict and the humanitarian response to the crisis, it became evidence that urgent lifesaving assistance is vital to meet the needs of newly displaced families in order to bridge the gap between sudden onset displacement and cluster response activation. A mechanism that records displacement, refers households to clusters, and highlights the needs and locations of newly displaced households was also required.

RRM partners verify the information of affected people, including displacement, which is uploaded to a centralised database,⁴⁷ allowing for rapid referrals to appropriate humanitarian stakeholders for subsequent cluster-based interventions. Lists of people affected by crises enrolled to the system are released twice a week to notify partners for a swift response.

RRM was launched in June 2018 by a network of international NGOs, national NGOs and UN agencies with pre-positioning and distribution capacities across Yemen, encompassing 328 out of 333 districts across 22 governorates.

Affected population

The RRM is a lifesaving intervention and is a no-regrets unconditional and status-based support, only the origin and length of displacement are validated in partnership with local authorities and local leadership on the ground.

As a result, the RRM provides urgent, life-saving supplies to families fleeing conflict or natural catastrophes. These families are usually located in hard areas near military frontlines, stranded in between frontlines, or seeking refuge in host communities.

When comparing the 12 months of 2021 to the first nine months of 2022, it is evident that RRM has observed a

significant decrease in displacement patterns in 2022, with a 45 percent reduction in conflict-related displacement and a 193 percent increase in climate-change disasters.

Analysis of humanitarian needs

Yemen's humanitarian needs are expanding due to the prolonged nature of the conflict and increased frequency of natural disasters continue to result in new displacement. Since 2015, 4.5 million people—14 per cent of the population—remain displaced. Nearly half of those who have been displaced are women and girls. Displaced women and girls frequently experience loss of privacy, safety risks and restricted access to essential services, making them even more susceptible to abuse and violence. According to monitoring results during 2022, the RRM in-kind and cash package meets a range of essential requirements. In 2022, RRM partners provided support to 54,670 families, 24 per cent of which were female-headed. In addition, 72 per cent of those who received assistance were located in hard-to-reach areas.

Financial resources of the affected people are depleted by spending on essential survival food, water, hygiene, transport, health and other items. Households are compelled to use unhealthy coping strategies, such as consuming lower-quality food, skipping meals, putting off basic healthcare requirements and getting by without basic daily necessities. This increases the risk of food insecurity, exposure to security and protection risks, and the spread of communicable diseases.

Projection of needs

According to current trends and contingency scenario preparation, the RRM partners anticipate that 31,500 people will be displaced on average each month. In order to triangulate inputs, partners will collect displacement data using standard household registration forms and track alerts, including from local authorities, the Displacement Tracking Matrix (DTM), key informants and key informant networks. The estimation of needs is based on RRM registration data, displacement trends, the most likely scenarios derived from conflict analysis and contingency plans supported by humanitarian stakeholders.

Based on RRM historical data and displacement trends, an estimated 378,000 people will be displaced in 2023, with women accounting for 23 percent of those displaced and the elderly accounting for 2 percent.

The household data will be uploaded to an online RRM database that is accessible by humanitarian organizations.

Part 4:

Annexes

AD DALE', YEMEN

Displaced children playing with dolls in a makeshift camp in Qa'tabah, Ad Dale' governorate, Yemen, 17 July 2022.
Photo: Malka Mohammed/NRC



4.1

Data sources

Independent needs assessments are essential for informed operational decision-making and required for comprehensive humanitarian planning. The primary four country-wide assessments were subject to delays in 2022, primarily due to a lack of funding. Key sources used in the HNO are the MCLA, released in October, and the revised projected IPC, released in October 2022. Over the course of the year, 144 micro-assessments were completed in 20 governorates of Yemen and six were performed at the national level. The majority of these assessments were related to protection, WASH, shelter, education, food security and CCCM. Ta'iz and Al Jawf saw the largest number of assessments.










The revised IPC analysis indicated that for the period October to December 2022, an estimated 17 million people will likely experience high levels of acute food insecurity (IPC Phase 3 or above). An estimated 6.1 million people are classified in IPC Phase 4. This analysis update indicates a less severe situation in the food security outlook for the final three months of the year than initially expected in the projection released in August.

The MCLA covered more than 95 per cent of Yemen's 333 districts. The Multiple Indicator Cluster Surveys (MICS) provided more than 100 indicators that the clusters applied to their PIN calculations. In addition, various small-scale cluster-specific assessments were carried out in 2022 and fed into the 2023 HNO.

While the quality of needs assessments in Yemen can still be improved and identified gaps will be targeted in the 2024 HNO, the scope and depth of data collected to inform the 2023 HNO provides a suitable evidence base for an effective and accountable humanitarian response.

The below infographics show response-wide and cluster-specific assessment coverage in Yemen throughout 2022.

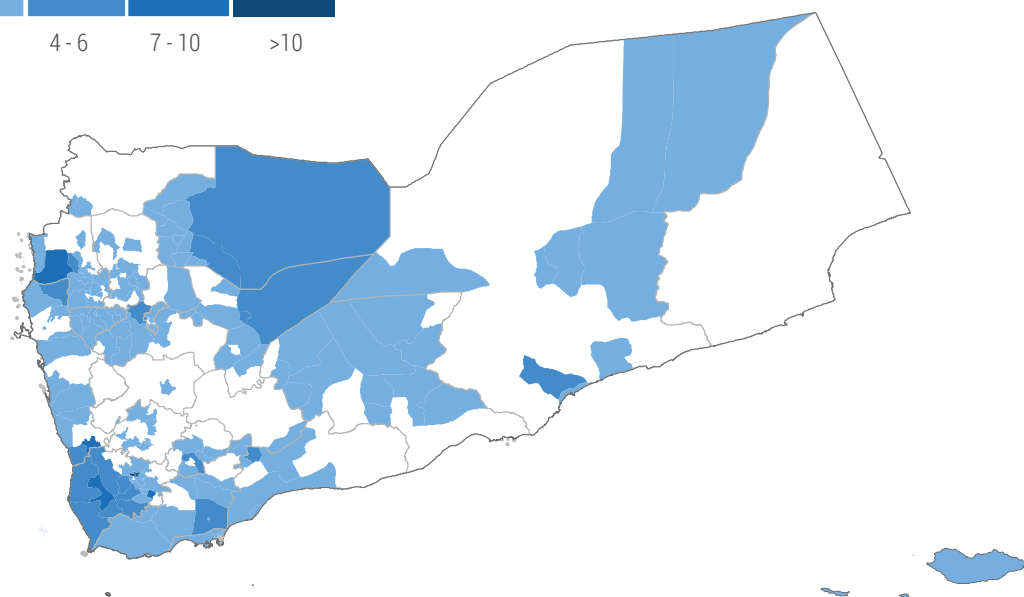
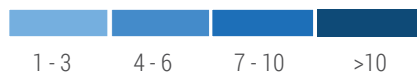
Assessment coverage by governorate

									
GOVERNORATE	CCCM	EDU	FSAC	HEA	NUT	PRO	SNC	WASH	MULTI
Abyan	3	2	4	2	1	2	4	6	2
Aden	1	3	2	1		5	2	1	3
Al Bayda	3		3	1	1	1	2		1
Ad Dale'	1	1	2	1		4	3	7	3
Al Hodeidah	2	6	3	1		5	1	4	3
Al Jawf	8	7	7	5		11	11	8	8
Al Maharah			1						
Al Mahwit	2	1	3	1	1	2	3		2
Sana'a City	1	1	2	1		3	3	2	3
Amran	3	2	6	3	1	3	4	2	2
Dhamar	1		1			1	1		2
Hadramawt	3	4	2	2		7	2	2	4
Hajjah	6	2	8	3	2	2	9	6	2
Ibb	1		3			3	1	2	2
Lahj	1	3	2	1		4	4	2	3
Marib	3	4	2	1		3	3	3	3
Raymah	1		1			1	1		1
Sa'dah	1	2	3	2	2	3	3	2	2
Sana'a	1	3	4	1		5	4	3	3
Shabwah	1	1	1			2	1	1	2
Socotra			1						
Ta'iz	5	14	11	4	1	9	9	23	3

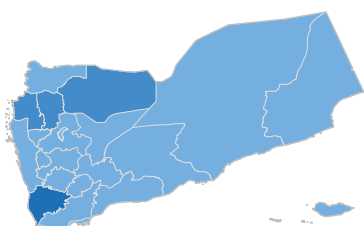
Assessment coverage



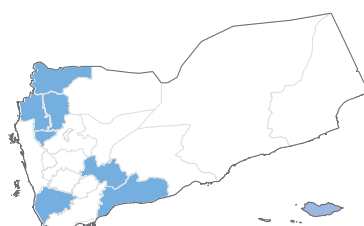
Number of Assessments



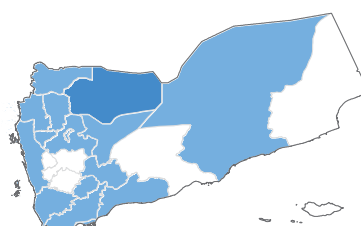
FSAC



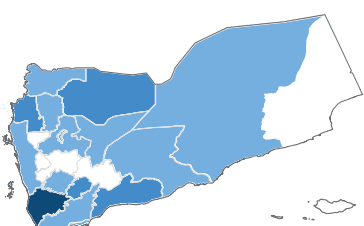
Nutrition



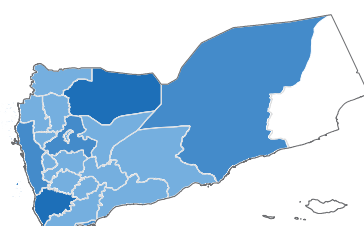
Health



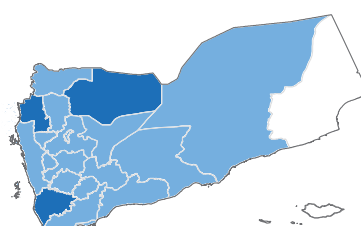
WASH



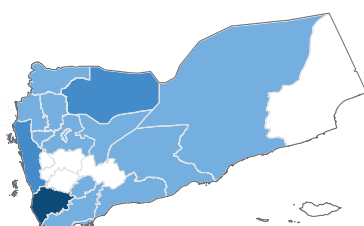
Protection



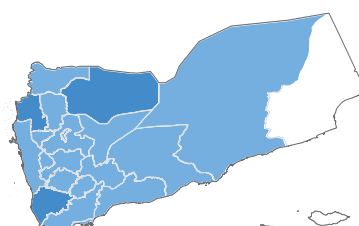
Shelter



Education



CCCM



Assessments used by cluster

CLUSTER	ASSESSMENTS USED TO INFORM CLUSTER-SPECIFIC HNO ANALYSIS
CCCM	CCCM Site Reporting Tool REACH National Flood Risk Analysis in displacement sites CCCM 2022 Indicator Report 2022 Yemen Muhamasheen Community Profile Survey in South Yemen, conducted by Cluster partners: ACTED, IOM, and NRC For data triangulation: CCCM Flood Report CCCM Fire Report CCCM Eviction Tracking Matrix
Education	Ministry of Education UNHCR assessments IOM assessments USAID assessments UNICEF assessments CCCM Cluster OCHA MCLA Education Cluster Partners 37 assessments Cluster 4W reports
FSAC	FSLA, informing the IPC AFI 2022 (and its Update) IPC-AFI/IPC AMN 2022-2023
Health	Health resources availability -HeRAMS Immunization coverage-EIP data Morbidity indicators -eDIEWS Health Partners' health-specific and joint assessments Flood impact-OCHA Nutrition status-Nutrition cluster Population vulnerability-OCHA IMWG
Nutrition	SMART Survey 2022
Protection	CIMP PMT/INAT CCCM – IDP Site Assessments ACAPS Datasets Consultations with the Protection SAG and Protection Cluster partners comprising NGO and INGO partners CIMP-National Protection Cluster Thematic Report: A review of how flooding can exacerbate civilian vulnerabilities to the ERW threat in Yemen, August 2022 Protection Cluster Flood Guidance, August 2022 Protection Analysis Update, November 2022 4Ws
Child Protection	CIMP Consultations with the Protection SAG and Protection Cluster partners comprising NGO and INGO partners MMR Protection Analysis Update, November 2022
GBV	Consultations with the NGO-members of the Protection cluster and the governmental counterparts. Protection Analysis Update, November 2022 GBV IMS GBV SDR
Mine Action	CIMP Consultations with the Protection SAG and Protection Cluster partners comprising NGO and INGO partners CIMP-National Protection Cluster Thematic Report: A review of how flooding can exacerbate civilian vulnerabilities to the ERW threat in Yemen, August 2022 Protection Analysis Update, November 2022 Yemen baseline survey

CLUSTER	ASSESSMENTS USED TO INFORM CLUSTER-SPECIFIC HNO ANALYSIS
RMMS	WASH, FSAC, Health data service mapping, Protection monitoring reports (RMMS partners), Detention databases (UNHCR), Individual counselling and needs assessments, Refugee registration database (UNHCR), VHR database (IOM), DTM Flow Monitoring Reports (IOM).
Shelter/NFI	<p>UNHCR Initial Needs Assessment Tool (INAT) / Protection Monitoring Tool (PMT) (January – September 2022).</p> <p>Shelter Cluster Flood Susceptibility Analysis 2019 (Supported by REACH).</p> <p>Shelter Cluster Winterization Analysis 2022/2023.</p> <p>Protection Cluster Civilian Impact Monitoring Project (CIMP) Data (2018 – 2022).</p> <p>Shelter Cluster Experts' Discussions on Damaged Houses.</p> <p>CCCM Cluster Site Monitoring Report – Eviction data (January 2021 – September 2022).</p> <p>United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Population Estimates 2023.</p> <p>Multi-Cluster Location Assessment (MCLA) 2021</p>
WASH	<p>2021 MCLA</p> <p>2021 FSLA</p> <p>2022 WASH Needs Tracking System (WANTS)</p> <p>WASH needs assessment by partners</p> <p>2022 WASH data from CCCM Site Reporting</p>

4.2

Methodology

Yemen 2023 HNO inter-cluster severity and people in need methodology

For the 2023 HNO, Yemen continued to apply the enhanced HPC approach and the corresponding IASC Joint Inter-sector Analysis Framework (JIAF) global guidance. This enhanced approach strengthens intersectoral analysis and the 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 provides an opportunity to identify and focus on both geographic locations and population groups with the highest levels of need. In line with JIAF1.1 guidance, a combination of datasets was used, including 22 JIAF indicators to determine the severity of needs and overall number of people in need (PiN).

The adoption of the JIAF1.1 approach resulted in significant shifts to inter-sectoral analysis compared with previous years. For the 2023 HNO, the framework used disaggregated analysis of two categories of population groups in need: internally displaced people and non-displaced people. It also involved additional analysis for key vulnerable groups such as refugees, migrants, the Muhamasheen community and people with disabilities. It also applied gender- and age-based disaggregation. In previous years, analysis did not focus specifically on vulnerable groups. As in previous years, the 2023 HNO involved full geographic analysis, covering all 333 districts in the country.

Given the major methodological shifts in intersector and cluster analysis, a degree of caution should be exercised when comparing severity and PiN trends across the years, particularly when looking at data prior to the 2022 HNO, which introduced the JIAF for the first time.

Joint Inter-sector Analysis Framework

Through consultations, the Yemen HCT and the IICCM, 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 2022.
- Drafted a joint analytical framework in October 2022, 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 November 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 indicators 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 the possibility to aggregate findings at the required geographic level (district).
- Realignment of thresholds and scales to permit categorization of the assessed population directly within the five-point 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 all three.
- Following several rounds of consultations with the JIAF team, the team selected 22 inter-sector indicators focused on conditions related to physical and mental wellbeing, living standards and coping mechanisms.
- As a final step, the estimated refugee and migrant population in need was added to the final PiN calculation.
- In parallel, the population taskforce prepared the humanitarian population baseline.

The ICCM and JIAF team jointly presented to and discussed with the HCT the summary of the PiN and severity by condition, population group and district analysis. This was then endorsed by the HCT in November 2022. The final HNO dataset will be available on the Humanitarian Data Exchange (HDX).

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).</p> <p>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.</p> <p>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. 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

Camp Coordination and Camp Management

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living Standards	% of population in sites that are not physically and socially appropriate site environments	Site Report; HEC-RAS flood analysis; CCCM HRP indicator report	All four of the following criteria met:	Three of the following criteria met:	Two of the following criteria met:	One of the following criteria met:	None of the following criteria met:
			1- The site is not located in an area of high risk of flooding;	1- The site is not located in an area of high risk of flooding;	1- The site is not located in an area of high risk of flooding;	1- The site is not located in an area of high risk of flooding;	1- The site is not located in an area of high risk of flooding;
			2- The site is not at risk of fire due to at least 2 functional mitigation measures;	2- The site is not at risk of fire due to at least 2 functional mitigation measures;	2- The site is not at risk of fire due to at least 2 functional mitigation measures;	2- The site is not at risk of fire due to at least 2 functional mitigation measures;	2- The site is not at risk of fire due to at least 2 functional mitigation measures;
			3- The site has a management and administration structure;	3- The site has a management and administration structure;	3- The site has a management and administration structure;	3- The site has a management and administration structure;	3- The site has a management and administration structure;
			4- IDPs have a tenancy agreement with the landlord	4- IDPs have a tenancy agreement with the landlord	4- IDPs have a tenancy agreement with the landlord	4- IDPs have a tenancy agreement with the landlord	4- IDPs have a tenancy agreement with the landlord

Yemen inter-sectoral framework for humanitarian conditions analysis, PiN and severity

Education

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living standard	% School aged children (girls and boys) enrolled in Formal and Non-Formal education	MOE/ 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	Some school-aged children in the HH 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 standard	% Children not attending school by sex and school-level (SADD)	MOE/ UNOCHA/ MCLA	All school-aged children in the HH attend school	HH: NA Area: >75% of school-aged children attended school in the current/ most recent school year	HH: Some school-aged children in the HH 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: No school-aged children in the HH attend school Area: 0-25% of school-aged children attended school in the current/ most recent school year
Living standard	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

Yemen inter-sectoral framework for humanitarian conditions analysis, PiN and severity

Food Security and Agriculture

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living Standards	% of people in IPC3+ (% depend on the specific activity)	Integrated Phase Classification	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress coping strategies	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.

Health

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living Standards	Number of inpatient beds per 10,000 population, by administrative unit	HeRAMS	>= 18	>= 18	12 < =17	6 < = 11	<= 5
Living Standards	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit	HeRAMS	4+	4+	3	2	<= 1
Physical and Mental Wellbeing	Coverage of Measles vaccine (MR1) in < 1 year old, by administrative unit	EPI-HMIS/HIS	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%
Physical and Mental Wellbeing	Coverage of PENTA3/DPT3 in < 1 year old, by administrative unit	EPI-HMIS/HIS	>= 95%	90% < 95%	85% < 89%	80% < 84%	< = 80%

Yemen inter-sectoral framework for humanitarian conditions analysis, PiN and severity

Protection

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 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)	CIPM	1-3 civilians killed or injured	4-6 civilians killed or injured	7 - 10 civilians killed or injured	11 - 30 civilians killed or injured	>30 civilians killed or injured
Physical and Mental Wellbeing	# of individuals missing identity documents	PMT/INAT	1-250 Individuals without a civil document	251-500 Individuals without a civil document	500-1500 Individuals without a civil document	1501-5000 Individuals without a civil document	>5000 Individuals without a civil document
Coping Mechanism	% of Girls / Boys engaged in hazardous child labor (SADD)	CP AoR DataSet / 5W reports	0 none/ minor problem	1-30 stress problem	31-60 severe problem	61-100 extreme problem	101+ catastrophic problem
Physical and Mental Wellbeing	% of Children who are likely at risk to increased exposure to violence, neglect, abuse and exploitation as result of dropping out of schools	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 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)
Physical and Mental Wellbeing	# of women, men, Boys and girls killed or injured by EO by community (SADD)	OHCHR casualty report/ CIMP as a complementary data source, IM Mine Action	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

Yemen inter-sectoral framework for humanitarian conditions analysis, PiN and severity

Shelter / Non-Food Items (NFI)

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Living standard	Percentage of households with inadequate shelter	UNHCR INAT/ PMT 2022, MCLA 2021	(0%, <10%) of households whose shelter is inadequate or non-existent	(≥10%, <25%) of households whose shelter is inadequate or non-existent	(≥25%, <50%) of households whose shelter is inadequate or non-existent	(≥50%, <75%) of households whose shelter is inadequate or non-existent	(≥75%) of households whose shelter is inadequate or non-existent
Living standard	Percentage of households without sufficient quantity of non-food items	UNHCR INAT/ PMT 2022, MCLA 2021	(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
Living standard	Percentage of houses partially damaged or destroyed	UNHCR INAT/ PMT 2022, Protection Cluster CIMP Data 2018 - 2022, Shelter expert discussions	Very few (0%, <10%) of houses partially damaged or destroyed	(≥10%, <25%) of houses partially damaged or destroyed	(≥25%, <50%) of houses partially damaged or destroyed	(≥50%, <75%) of houses partially damaged or destroyed	(≥75%) of houses partially damaged or destroyed

Water, Sanitation and Hygiene

INDICATORS			SEVERITY SCALE				
SUB-PILLAR	2023 HNO INDICATOR	SOURCE	NONE/MINIMAL (1)	STRESS (2)	SEVERE (3)	EXTREME (4)	CATASTROPHIC (5)
Physical and Mental Wellbeing	% of HHs having access to improved water source	MCLA2021, FSLA2021	Bottled water	Borehole / Protected well / Protected rainwater tank / Protected spring /	other	Unprotected well / Unprotected rainwater tank / Unprotected spring /	Surface water (river, dam, lake, pond, stream, canal)
Physical and Mental Wellbeing	% of HHs reporting water collection time (including queuing) does not exceed 30 minutes for a round trip	MCLA2021, FSLA2021	Water source is located on premises	Water collection time is less than 30 minutes	Water collection time is between 30-60 minutes	Water collection time is more than 1 hour	
Physical and Mental Wellbeing	% of HHs using improved sanitation facilities	MCLA2021, FSLA2021	flush latrine tank sewer system	flush latrine to the open/ dry latrine / pit latrine-covered with slab		pit latrine-open without slab	in the open

Cluster-specific needs severity

Camp Coordination and Camp Management

The CCCM cluster used updated data from the site reporting assessment covering 53 per cent of the displacement site population, across 985 sites. In addition, other assessments were used to complement and triangulate the data from the site report. To estimate the severity scores per district, the cluster used three methodologies:

Methodology 1: For districts covered by the site reporting exercise, one aggregated CCCM severity score per district is calculated by taking a weighted average of the severity scores for a total of eleven indicators in the table below.

Methodology 2: For districts not covered by the site reporting exercise, one aggregated CCCM severity score per district is calculated by taking a weighted average of only four out of eleven indicators, namely 'percentage of people living in P hosting sites in relation to district displaced population', 'percentage of displacement sites not managed by CCCM cluster partners', 'percentage of displacement sites reported to be facing flooding as a site threat' and 'percentage of assessed sites with functioning Complaint and Feedback Mechanism (CFM)'.

Methodology 3: In rare cases, where information for an indicator is not available per district, the information for the remaining indicators (weights) is proportionally inflated.

Suggested severity scores are submitted to the CCCM cluster for expert review. This review involves an informed discussion with the CCCM Strategic Advisory Group, the CCCM sub-national cluster coordinators and CCCM area-based coordinators about the situation in each district to determine if each severity score reflects the situation on the ground. Specific focus of the review is given to districts with limited data (i.e., methodology 2), while the data is considered sufficient for districts where a high number of site reports is available.

Recommended severity scores may be adjusted per district if there is a clear justification for doing so.

The total CCCM PiN figure includes displaced people in hosting sites, as well as a 15 per cent inflation of the PiN to account for vulnerable people from the host community who will be included in CCCM programming.

The analysis shows 1.9 million people, across 210 districts in 20 governorates, are in severe to catastrophic need. Of these, nearly 1.7 million people in 16 governorates are in extreme and catastrophic need.

Education

The education severity scale methodology is used to assess to what extent assistance is needed at district level. The severity scale indicators include variables in the two pillars of education access and quality of education.

In order to understand the education needs, risks and vulnerabilities of school-age children in Yemen, the 2023 HNO assesses education-related indicators across districts. The cluster has produced an analysis of these indicators to determine the number of people in need and the severity of needs by demographic group and geographic location.

The 2023 education severity score and PiN calculation are based on a secondary data review of 45 education assessments conducted throughout 2022.

Food Security and Agriculture

The updated IPC analysis, released in October 2022, indicates that an estimated 17 million people are likely to face high levels of acute food insecurity (IPC Phase 3 or above) between October and December 2022. On the basis of this analysis and the 2023 UN validated population dataset, an estimated 17.3 million people will likely suffer from high levels of acute food insecurity in 2023. Therefore, over half of the population in Yemen is expected to already be experiencing one of the following conditions:

1. Food consumption gaps, which are reflected in high or higher than usual acute malnutrition, or marginal capacity to meet minimum food needs (only through depletion of essential livelihood assets or crisis-coping strategies) (IPC Phase 3);
2. Large food consumption gaps, which are reflected in very high acute malnutrition and excess mortality,

or capacity to mitigate large food consumption gaps by employing emergency livelihood strategies and asset liquidation (IPC Phase 4).

Health

The Health Cluster used data from more than 5,000 health facilities across all districts of Yemen, as well as from the Ministry of Public Health and Population and other cluster assessments, to score the districts. The indicators were aggregated in pillars and weighted to identify the final score for each district. This showed that the majority of districts are scored in severity 4 and 5 (226 districts) and 98 in severity 3.

Nutrition

Nutrition severity scores were derived at the district level and calculated based on Standardized Monitoring and Assessment of Relief and Transition (SMART) and IPC assessment results based on the fourteen nutrition-specific and sensitive indicators:

1. Seven nutrition-specific severity indicators which are: Combined global Acute Malnutrition (cGAM) prevalence, the prevalence of malnutrition among mothers using MUAC, The actual burden of acute malnutrition, and stunting prevalence. Each indicator was categorized into severity thresholds ranging from one to five.
2. Seven nutrition-sensitive (inter-sectoral and cross-sectoral) as explained in the table below to help in guiding the nutrition-specific severity and also guide the inter-sectoral nutrition-sensitive severity convergence which would then guide the desired operational and programmatic integration/convergence.

Protection

The overall number of people in need of general protection services in 2023 is 17.7 million, 9 million of which are children (51 per cent) and 7.1 million are women and girls (40 per cent). Out of the total, 1.6 million (36 per cent) are in displacement camps/settlements; 29,505 are migrants; and 98,714 are refugees and asylum seekers (84,254 refugees and 14,460 asylum seekers). The number of people in need of protection has increased by 4 per cent in comparison with the 2022 PIN. The increase is primarily attributed to ongoing insecurity, conflict and climatic shocks, as well as poor economic conditions, which heighten protection needs.

Over 27 per cent of the people in need are located in 6 governorates, with a severity score rank of 5 (1,216,709 of these are internally displaced people). A total of 16 governorates, where 18 per cent of the people in need are, fall under severity rank 4 (including 1.2 million displaced people).

Refugees and Migrants Multi-Sector (RMMS)

Refugees and Migrants Multi-Sector (RMMS) district-level PiN calculations and severity scores 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 Displacement Tracking Matrix (DTM) flow monitoring statistics, information collected during registration of refugees and asylum-seekers, information collected during the provision of support at migrant response points, as well as protection monitoring reports provided by partners. In addition to primary biodata, registration information collected from refugees also includes data related to their specific needs and vulnerabilities. The number of migrants returning, both spontaneously and through assisted voluntary returns, as well as the estimated proportion of new arrivals who have exited Yemen to the Gulf states, was also taken into consideration.

The severity of needs in each district was calculated based on qualitative information from community focal points, migrant and refugee response actors, protection monitoring data, availability of and access to services, and Civilian Impact Monitoring Project (open source data) reports. This is highly influenced by migratory flows into and out of areas, some of which are transit points and other areas where migrants tend to become stranded due to restrictions on freedom of movement, lack of services or access thereof, lack of income earning opportunities and malevolent practices of smugglers and traffickers.

Shelter / Non-Food Items (NFI)

One in four Yemenis needs shelter and NFI assistance. Women and children constitute two-thirds of the people in need. Of the people in need, over 5.3 million are in acute need of shelter assistance (52 per cent in extreme situations and 48 per cent in catastrophic situations). Living in an inadequate or hazardous shelter shapes the severity of the needs of displaced people and returnees. Adequate shelter conditions are vital to maintaining a secure and healthy living environment, with privacy and dignity, protection from the elements, space to live and store belongings, and comfort and emotional security.

Shelter severity of needs witnessed a significant increase for 2023. The number of people with acute conditions increased by 23 per cent, compared with the previous year. Locations with catastrophic needs also rose from 21 to 34 districts. Funding shortages have left significant gaps in the response to the needs of new and protracted displacement, returnees and vulnerable people in host communities. The majority of those displaced experience protracted displacement, in need of durable shelter solutions. Displaced people in rental accommodation often struggle to afford rental payments.

Host community capacity is strained by the protracted nature of displacement and lack of space and resources. Displaced people in sites continue to live in substandard shelter conditions, with over 35 per cent of displaced people not having any form of shelter, often sleeping in the open or under a tree, living in makeshift or emergency shelters or unfinished buildings. Of the more than 1.3 million returnees across Yemen, many have been unable to sustain their return or rebuild their homes. All of these factors contributed to the increased vulnerability of the affected population, moving a significant portion of the people in need from the moderate to acute category. The top three locations with high severity include Al Hodeidah, Hajjah and Ta'iz governorates.

Water, Sanitation and Hygiene (WASH)

The analytical framework for WASH-related indicators for the 2023 HNO is based on the JIAF. Due to data scarcity and the absence of nationwide household assessments, the 2023 WASH severity score and PiN calculations are based on a secondary desk review of WASH assessments conducted in 2021 and 2022. Multiple data sources from this period were reviewed, and the final calculations are informed by four sources: 2022 Wash Needs Tracking System (WANTS), 2022 CCCM Site Reporting tool, 2021 MCLA and the 2021 FSLA. Based on OCHA's recommendations for the 2023 Humanitarian Programme Cycle and in order to capture

the particular difference in needs between internally displaced people and non-displaced, PiN and severity scores were calculated separately for both population groups.

For WASH, the 2023 HNO will primarily consider the sub-pillar: physical and mental well-being. This pillar will be informed by four indicators: 1) access to improved water source; 2) access to sufficient quantity of water; 3) access to functional handwashing facilities and soap; and 4) access to functional sanitation facilities. Based on the percentage per answer choices for the selected indicators recorded by these assessments, a five-point severity score was assigned for each indicator at the district level. An overall severity score was calculated per district, using an average of all five indicators for each population group based on the 25 per cent rule. The overall severity score for each district will be the highest score between displaced and non-displaced populations. To calculate the percentage of PiN for each indicator, the percentage of people under severity scores 3, 4 and 5 will be added to calculate the PiN at the district level for each population group. The final PiN is based on an average of the PiN from each indicator. Due to the lack of nationwide and localized assessments conducted in 2022, secondary desk review was the only option available to generate severity scores and PiN for the WASH cluster. Thus, multiple sources of data from 2021 and 2022 were used for this exercise.

Cluster severity indicators

Camp Coordination and Camp Management

INDICATORS	DATA SOURCE
1.1 Percentage of people living in identified hosting sites in relation to total district displaced population	• CCCM Master List
1.2 Percentage of identified displacement sites not managed by CCCM Cluster partners	• Population OCHA
2.1 Percentage of assessed displacement sites reported to be facing eviction as a site threat	• CCCM Site Reporting
2.2 Percentage of assessed displacement sites reported to be without verbal or written tenancy agreement	• CCCM Eviction Tracking Matrix
3.1 Percentage of assessed displacement sites reported to be facing flooding as a site threat	• CCCM Site Reporting
3.2 Percentage of assessed displacement sites reported to be facing fire as a common threat and lacking fire safety measures	• CCCM Flood Report
	• REACH National Flood Risk Analysis in IDP Sites
	• CCCM Fire Report
4.1 Percentage of assessed displacement sites facing critical service gaps	• CCCM Site Reporting
5.1 Percentage of assessed displacement sites, where primary shelter type is a makeshift shelter, emergency shelter or open-air shelter	• CCCM Site Reporting
6.1 Percentage of assessed displacement sites with the presence of five or more different types of vulnerable groups	• CCCM Site Reporting
7.1 Percentage of assessed displaced people in sites with established community committees	• CCCM Site Reporting
7.2 Percentage of assessed sites with functioning complaint and feedback mechanism (CFM)	• CCCM 2022 Indicator Report

Education

INDICATORS	DATA SOURCE
Percentage of school aged children (girls and boys) enrolled in formal and non-formal education.	• MOE/Education Cluster
Percentage of children not attending school by sex and school-level (SADD).	• MOE/UNOCHA/MCLA
Proportion of school-age children who are displaced and/or returnees.	• UNOCHA/RRM
Percentage of closed/non-functional schools.	• MOE/Education Cluster
Percentage of teachers (female and male) receiving salary/incentives	• MOE

Food Security and Agriculture

INDICATORS	DATA SOURCE
IPC Classification Phase	2022 IPC AFI Update

Health

INDICATORS	DATA SOURCE
Public Health Facility density	HeRAMS
Public Health Facility functionality	HeRAMS
Beds density	HeRAMS
Health Workers density	HeRAMS
Specialist density	HeRAMS
General Services and Trauma Care	HeRAMS
HFs with fully available ANC services	HeRAMS
HFs with fully available essential newborn care services	HeRAMS
HFs with fully available BEOC services	HeRAMS
HFs with fully available CEMOC services	HeRAMS
HFs with NCD services	HeRAMS
Health Facilities with IMCI services	HeRAMS
MR Coverage for U1 (Routine and Outreach)	EPI
DPT/Penta1 Coverage for U1 (Routine and Outreach)	EPI
DPT/Penta3 Coverage for U1 (Routine and Outreach)	EPI
Polio Coverage for U5 (Routine and Outreach)	EPI
Acute Watery Diarrhoea/Suspected cholera - Incidence	eDIEWS
Measles incidence rate	eDIEWS
Diphtheriae incidence rate	eDIEWS
Sever Acute Respiratory Infection (SARI) incidence rate	eDIEWS
Malaria Incidence rate	eDIEWS
Dengue Fever Incidence rate	eDIEWS
GAM % Prevalence	Nutrition
IDPs% by district,2022	OCHA IMWG
% women per district	OCHA IMWG
% of children <5 per district	OCHA IMWG

Nutrition

INDICATORS	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

INDICATORS	DATA SOURCE
The ratio of IDPs to host population	PTF / DTM
Number of civilian casualties reported (killed or injured)	PTF / DTM CIMP ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
Number of protection services available for IDPs and affected people per district	PC reporting dataset 2022
Number of vulnerable individuals with special protection needs per district	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
Number of individuals without valid civil documentation and unable to obtain them	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
Number of households with housing/shelter damaged or destroyed due to violence, conflict, or natural hazards	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
Number of households reporting incidents of threats of eviction	INAT/PMT ACAPS datasets Protection Analysis Update, November 2022 Protection Cluster Flood Report, August 2022
Percentage of GBV service points available for each 20,000 Female	Service mapping, 3/4W
Number of women, men, boys, and girls killed or injured by EO by the community (SADD)	CIMP on explosive hazards only Protection Analysis Update, November 2022 ACAPS datasets
Percentage of Girls / Boys engaged in hazardous child labour (SADD)	UNICEF CP AoR database MCLA Protection Analysis Update, November 2022
Percentage of Children who are likely at risk of increased exposure to violence, neglect, abuse, and exploitation as a result of dropping out of schools	CP AoR database MCLA UNICEF & Education Cluster CIMP Protection Analysis Update, November 2022

Refugees and Migrant Multi-Sector

INDICATORS	DATA SOURCE
Percentage 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 2022; 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
Number of refugees, asylum seekers and migrants able to achieve a durable solution (return or resettlement).	Resettlement statistics; voluntary humanitarian return database; assisted spontaneous return database.
Number of persons in need of international protection able to access asylum procedures through registration with the authorities or UNHCR	UNHCR proGres database

Shelter / Non Food Items

INDICATORS	DATA SOURCE
Proportion of IDPs by the district over the total population	OCHA population dataset 2023
Percentage of populated areas highly susceptible to floods	Shelter Cluster Flood Susceptibility Analysis (Supported by REACH)
Presence of extreme winter conditions 3a. Percentage of populated areas with winter nights equal or below 10°C 3b. Populated district areas with average high elevation	Shelter Cluster Winterization Analysis 2022/2023
Percentage of households with inadequate shelter	UNHCR INAT/PMT 2022, MCLA 2021
Percentage of houses partially damaged or destroyed	UNHCR INAT/PMT 2022, Protection Cluster CIMP Data 2018 – 2022, Shelter experts' discussions
Percentage of households experiencing Housing Land and Property issues	UNHCR INAT/PMT 2022, CCCM Cluster Site Monitoring 2022, MCLA 2021
Percentage of households without a sufficient quantity of non-food items	UNHCR INAT/PMT 2022, MCLA 2021
Percentage of households without access to shelter and NFI market	MCLA 2021
Percentage of household in need of rental support	UNHCR INAT/PMT 2022, MCLA 2021
Percentage of women, girls, men, boys, and people with disabilities in overcrowded accommodation	UNHCR INAT/PMT 2022, MCLA 2021
Percentage of households without access to livelihood	UNHCR INAT/PMT 2022, MCLA 2021

Water, Sanitation and Hygiene

INDICATORS	DATA SOURCE
Percentage of Households having access to improved water source	WANTS, CCCM, MCLA
Percentage of households by time (minutes) taken to fetch water (round trip by walking, queuing and time needed to fetch water)	WANTS, MCLA, FSLA
Percentage of households with water and soap available at handwashing facility	WANTS, MCLA
Percentage of households using a sanitation facility - by type of sanitation facility used	WANTS, CCCM, MCLA, FSLA

4.3

Information gaps and limitations

Various information limitations and gaps were observed in 2022, and adjustments are required to address these ahead of the 2023 HPC cycle.

Throughout the year, planning impediments, obstruction by authorities, and attempts to interfere in assessment exercises hindered a credible, timely and neutral evidence base. While progress was made with implementation of the FSLA in late 2022, advocacy efforts are needed in the coming year to ensure humanitarians are able to provide an impartial understanding of the severity of needs.

Other assessments such as SMART, MICS and MCLA have projected their timelines to end of 2022 and early 2023. These assessments face serious fading gaps by the end of 2022.

Thematically, there are gaps related to information on displacement tracking as well as on sensitive issues such as exclusion, gender-based violence and protection against sexual exploitation and abuse. Other information gaps include mortality rate, disability prevalence and mental health support needs. In the absence of sufficient data, for the purposes of the 2023 HNO, the 2020 estimated child mortality rate for Yemen has been used, estimated as 59 deaths per 1000 live births by the UN Inter-agency Group for Child Mortality Estimation.

Due to a lack of accurate data on the number of persons with disabilities in Yemen, the WHO global estimate of 15 per cent disability prevalence was used in this HNO. If indicators related to these issues cannot be collected in multi-sectoral needs assessments, efforts should be made in the coming years to collect data via specialized tools for inclusion in the joint inter-sectoral analysis.

While efforts were undertaken to ensure gender parity in data collection exercises, this was not achieved. More work is needed, including through dedicated resources and sustained advocacy, to better understand and assess the specific needs of women and girls.

4.4

Acronyms

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

PiN	People in Need
PLW	Pregnant and Lactating Women
PoC	Protection of Civilians
PTF	Population Task Force
PSEA	Protection against sexual exploitation and abuse
RRM	Rapid Response Mechanism
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

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