

2016

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

21.2M

NOV 2015



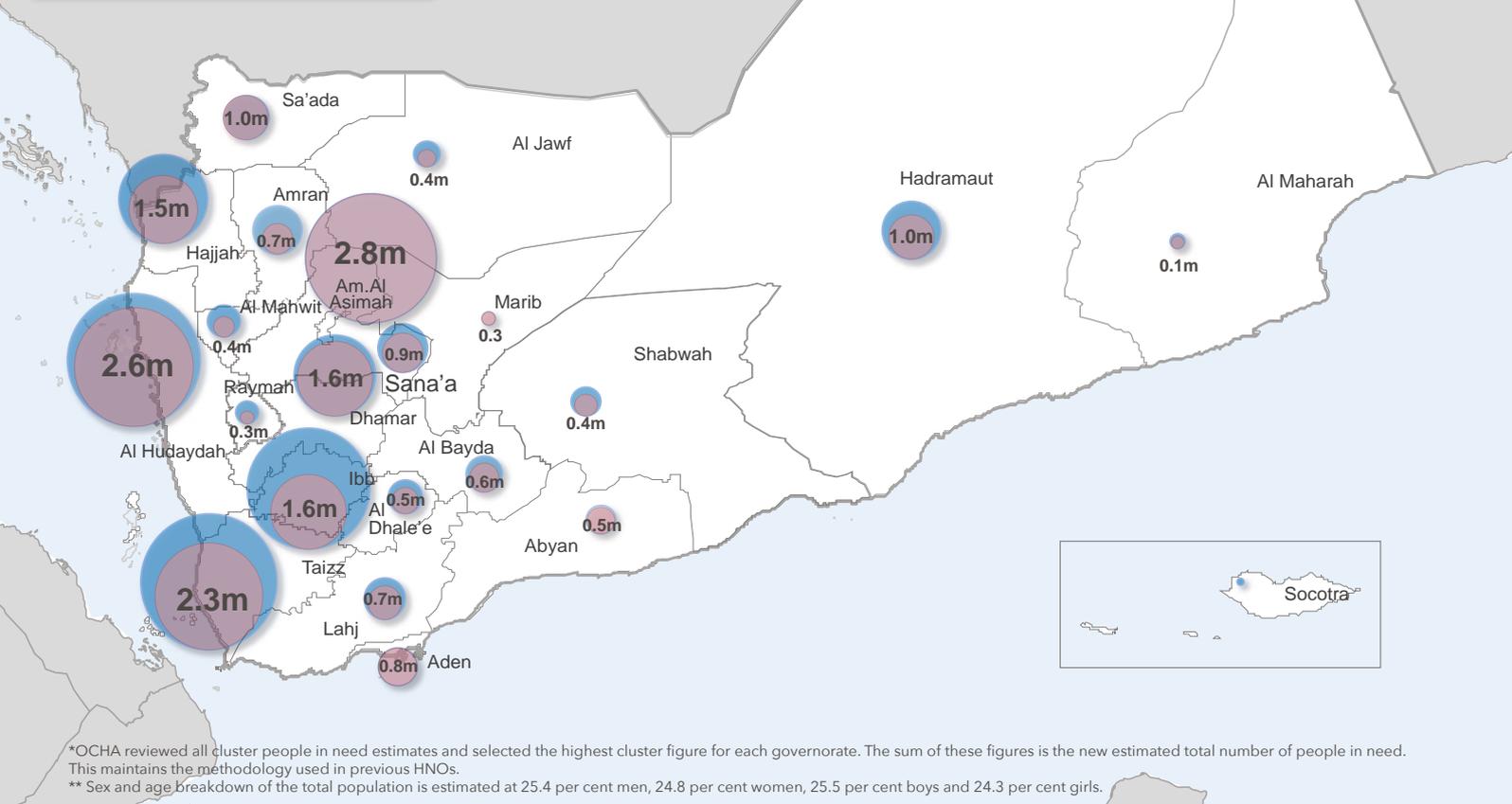
**YEMEN**

# 21.2M

People in need of assistance out of the total population by governorate (in millions)

● People in need of assistance\*    ● Total population\*\*

Source: All clusters, October 2015.



\*OCHA reviewed all cluster people in need estimates and selected the highest cluster figure for each governorate. The sum of these figures is the new estimated total number of people in need. This maintains the methodology used in previous HNOs.

\*\* Sex and age breakdown of the total population is estimated at 25.4 per cent men, 24.8 per cent women, 25.5 per cent boys and 24.3 per cent girls.

This document is produced on behalf of the Humanitarian Country Team and partners.

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

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



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## HUMANITARIAN

NEEDS &  
KEY FIGURES

Ongoing conflict is devastating Yemen. Humanitarian partners now estimate that 21.2 million people – or 82 per cent of the population – require some kind of humanitarian assistance to meet their basic needs or protect their fundamental rights. The severity of needs among vulnerable people has also intensified across sectors.

## HUMANITARIAN NEEDS

**1** Protection of civilians

Six months of conflict have taken a severe toll on civilians' lives and basic rights. Since 26 March, health facilities have reported more than 32,200 casualties – many of them civilians. In the same period, OHCHR has verified 8,875 reports of human rights violations – an average of 43 violations every day. Verified incidents of child death or injury from March to September are almost five times higher than 2014 totals.

**2** Basic survival

Millions of people in Yemen need assistance to ensure their basic survival. An estimated 14.4 million are food insecure (including 7.6 million severely food insecure); 19.3 million lack adequate access to clean water or sanitation; and nearly 320,000 children are severely acutely malnourished. Conflict has exacerbated chronic vulnerabilities in all these sectors.

**3** Essential services

The collapse of basic services in Yemen continues to accelerate. Partners estimate that 14.1 million people lack sufficient access to healthcare; 3 million children and pregnant or lactating women require malnutrition treatment or preventive services; and 1.8 million children have been out of school since mid-March. Solid waste removal has come to a halt in several areas. Service availability is rapidly contracting due to direct impact of conflict and insufficient resources to pay salaries or maintain services.

**4** Effects of displacement

Partners estimate that 2.3 million are currently displaced within Yemen – about half of whom are in Aden, Taizz, Hajjah and Al Dhale'e governorates – and an additional 121,000 have fled the country. About 2.7 million people now require support to secure shelter or essential household supplies, including IDPs and vulnerable host families. IDPs are currently sheltering in 260 schools, preventing access to education for 13,000 children.

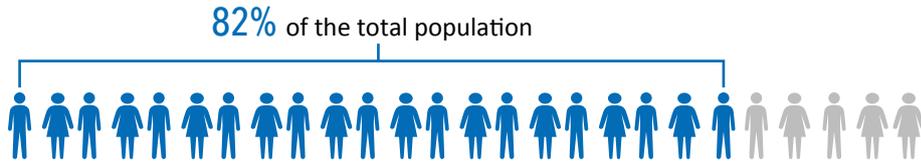
TOTAL POPULATION

26M



NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

21.2M

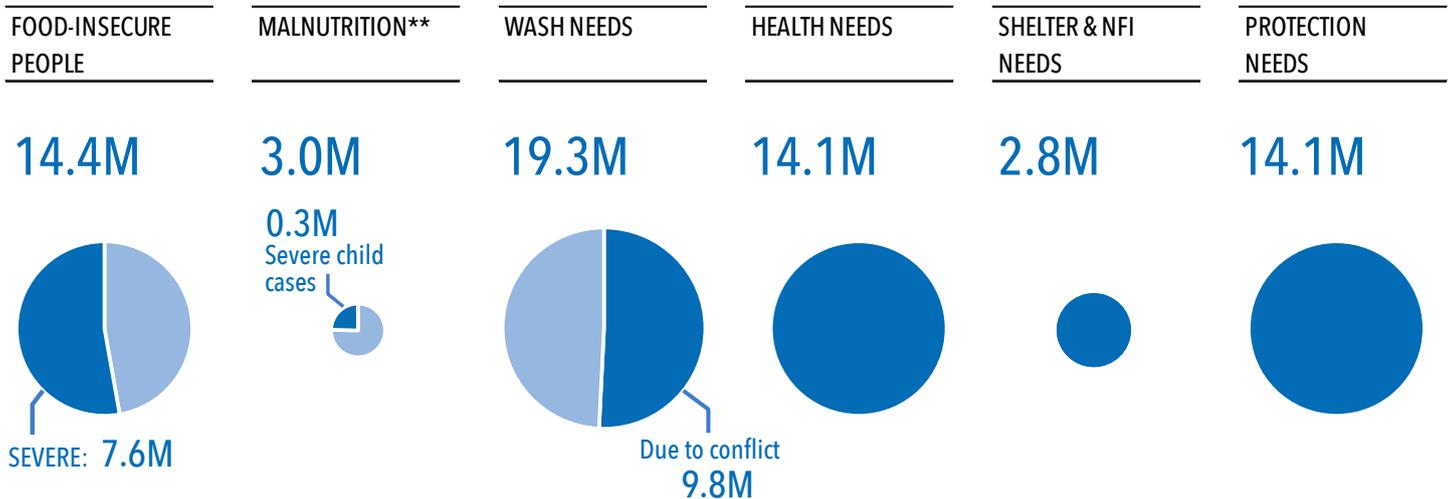
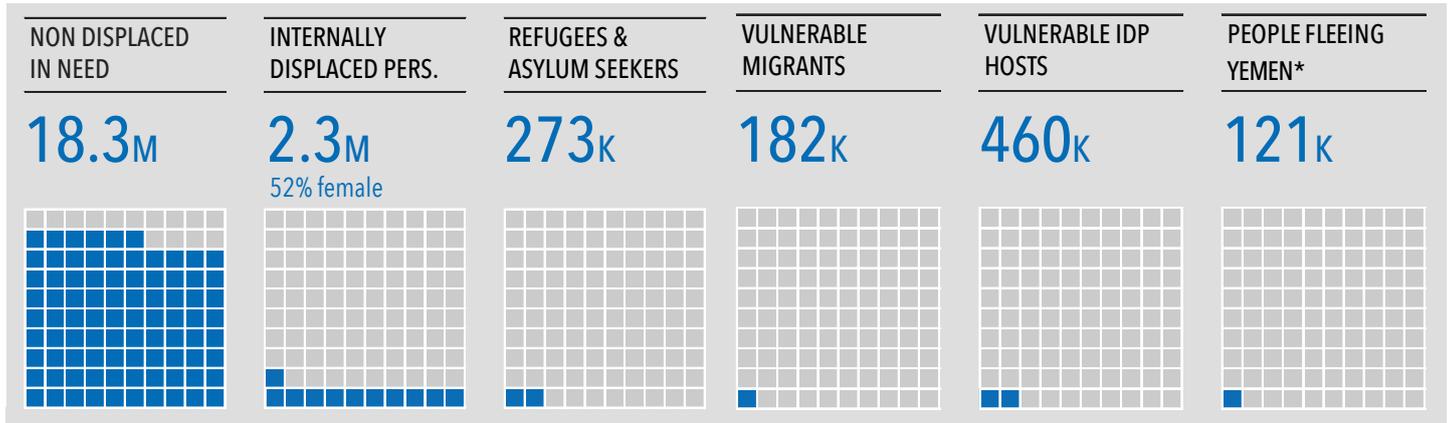


NUMBER OF PEOPLE LIVING IN CONFLICT-AFFECTED AREAS

12.4M



04



\* Includes Yemenis and other nationalities.

\*\* Includes children under 5 and pregnant and lactating women.

# IMPACT OF THE CRISIS

More than seven months of conflict have severely exacerbated Yemen's prior large-scale humanitarian emergency. Partners currently estimate that 21.2 million people require assistance – an increase of one-third since the crisis began in mid-March 2015. Major increases in need have occurred since the June 2015 Humanitarian Needs Overview in key sectors, including food security, nutrition and shelter. Displacement and human rights violations have also risen considerably.

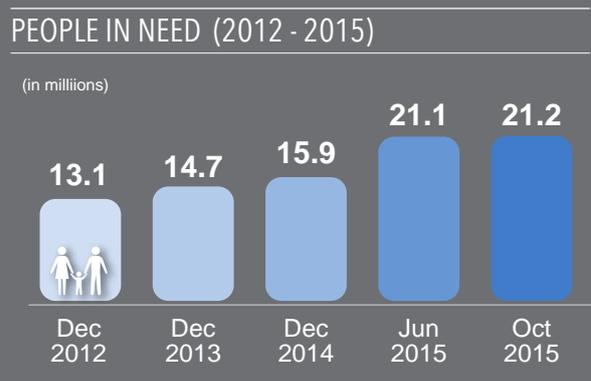
## Root causes: Chronic vulnerability, political instability and conflict

Even before the current crisis, Yemen faced enormous levels of humanitarian need, with 15.9 million people (61 per cent of the population) requiring some kind of humanitarian assistance in late 2014. These needs stemmed from years of poverty, under-development, environmental decline, intermittent conflict, and weak rule of law – including widespread violations of human rights. Following political turmoil that led to the resignation of long-time President Ali Abdullah Saleh in early 2012, an uneven political transition got under way. This process unravelled in late 2014, when Houthi militants effectively took control of Sana'a and national institutions, following a Houthi military expansion in the north earlier that year. Tensions further escalated in early 2015, and President Abd Rabbuh Mansour Hadi – whom Houthi militants had placed under house arrest – escaped to Aden in late February. In mid-March, Houthi

forces – reportedly allied with military units loyal to former President Saleh – pushed south toward Aden, prompting the Government to relocate to Saudi Arabia. On 26 March, a Saudi-led military coalition began air strikes in Yemen with the stated aim of restoring Hadi's Government to power.

In addition to growing insecurity and political instability, the years immediately preceding the current crisis saw pronounced declines in living conditions.

The number of people in need of humanitarian assistance rose consistently from 2012 to 2014, while real GDP per capita – already the lowest in the Arab world – declined from US\$590 to \$500, squeezing vulnerable communities' coping mechanisms. Throughout this period, food insecurity hovered



Source: CAP 2013, HNO 2014, HNO 2015, Revised HNO 2015, HNO 2016



Source: UNHCR and PMTF



Source: Ministry of Planning and International Cooperation (MOPIC)

around 10.5 million people; over 13 million people lacked access to clean water; roughly 8.5 million lacked access to health care; and about 350,000 remained displaced as a result of localized conflicts. Humanitarian assistance contributed to some improvements during this time, including an estimated 10 per cent decrease in acute malnutrition rates in 2014 and the rollout of a durable solutions programme for the long-term displaced.

**Increasing conflict, casualties and violations of human rights**

Conflict escalated rapidly from mid-March as Coalition forces intensified air strikes and ground clashes spread – mainly pitting Houthis/Saleh forces against local fighters in the south. By mid-April, heavy clashes, indiscriminate shelling and air strikes were entrenched in fiercely contested areas of the south. Air strikes and anti-aircraft fire also increased substantially in Sa’ada – declared a “military zone” by the Coalition in May – and other parts of the north. In late July, a Coalition-backed offensive began in Aden and quickly gained control of much of the south. By mid-August, this offensive had largely stalled in Marib and Taiz. As of mid-October, Taiz City and its environs – home to 600,000 people before the crisis – continued to experience heavy clashes, indiscriminate shelling and air strikes. Air strikes, shelling

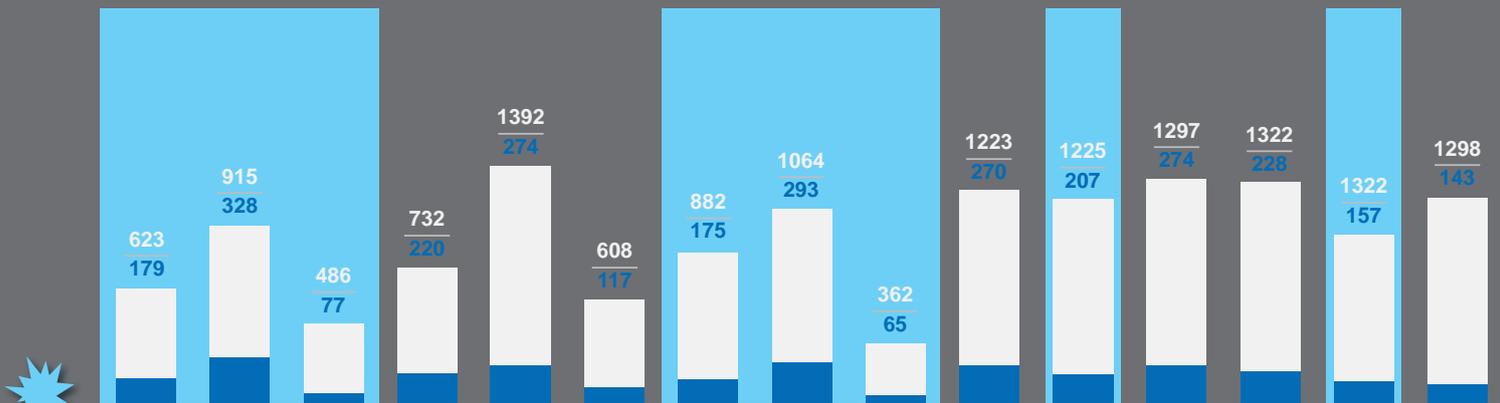
and isolated confrontations also continued to be reported in other locations. At the same time, concerns mounted over the growing role of extremist groups in the conflict – including the seizure of Mukalla City and its surroundings by Al Qaida in the Arabian Peninsula (AQAP) in April and high-profile attacks claimed by AQAP and Islamic State in Aden, Sana’a and other areas.

The conduct of hostilities has been brutal since fighting escalated in mid-March. As of 16 October, health facilities had reported 32,307 casualties (including 5,604 deaths) – an average of 153 injuries or deaths every day.

These figures are likely significant underestimates, given that many people are unable to access health facilities. The Office of the High Commissioner for Human Rights (OHCHR) and other human rights organizations have outlined major concerns regarding the conduct of the conflict, including credible reports of violations by all parties to the conflict of international humanitarian law and international human

**TIMELINE OF KEY EVENTS AND WEEKLY CASUALTIES REPORTED BY HEALTH FACILITIES**

Highlighted blue areas correspond to dates identified in timeline narrative.



- 19-20 March:** Houthi-led military advance south towards Taiz, Lahj and Aden. Suicide bombings in Sana’a target two mosques.
- 26 March:** Saudi-led Coalition begins air strikes. On 30 March, air strikes hit Mazraq IDP camp, killing 45, and on 31 March hit a dairy factory, killing dozens.
- 2 April:** Al Qaida in the Arabian Peninsula (AQAP) seizes control of Mukalla City and surrounding areas.

- Early May:** Fighting intensifies in Aden, including fierce battles for the airport. City comes under siege, and air strikes, shelling and ground clashes escalate.
- 8 May:** Coalition declares Sa’ada a “military zone” ahead of heavy airstrikes; mass displacement reported to neighbouring areas.
- 12 May:** Five-day humanitarian pause begins. Frequent violations are reported.

**25 May:** Houthi forces and allies are pushed out of Al Dhale’e governorate in the south.

**18-20 June:** Islamic State claims responsibility for five bombs detonated at mosques in Sana’a at the start of Ramadan.

Source: WHO, Ministry of Health, OCHA.

rights law – some which may amount to war crimes. As of 31 July, initial analysis estimated that 86 per cent of civilian casualties were due to explosive weapons. OHCHR has verified 8,875 reports of human rights and abuses since mid-March – an average of 43 violations per day. Front-line areas –

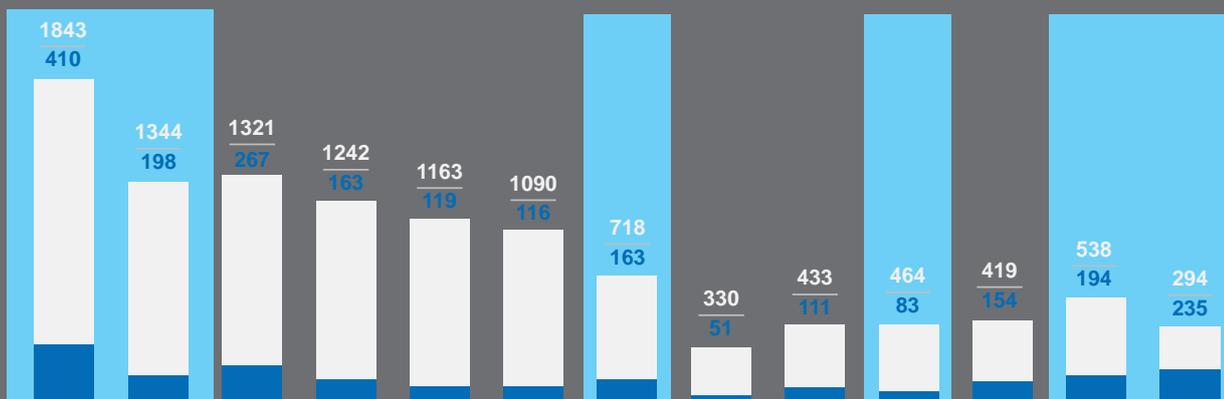
including Aden, Sa'ada, Taiz and areas along the Saudi border – have been devastated by sustained fighting, shelling or air strikes. As of mid-October, partners estimate that 14 million people require assistance to protect their basic rights – a 23 per cent increase since June.

### Restrictions on movement of critical supplies exacerbate humanitarian needs

Coalition-imposed import restrictions and localized blockages imposed by Houthi militants are hindering the rapid delivery of critical supplies to people in need. Both represent unacceptable burdens for civilians, to whom all parties to the conflict are legally obligated to facilitate humanitarian assistance in accordance with international humanitarian law. Resuming commercial imports and facilitating the distribution of essential supplies to all locations are essential to stemming further rapid increases in humanitarian needs.

Since the crisis began, Coalition restrictions on imports – as well as damage to port infrastructure due to air strikes – have added to the humanitarian burden by preventing or discouraging commercial imports into the country. Over 90 per cent of staple food (such as cereals) in Yemen was imported prior to the crisis, and the country was using an estimated 544,000 metric tons of fuel per month before the crisis. Fuel is essential to distribute food, pump water and run hospital generators, among other critical activities. In September, OCHA estimated that commercial fuel imports fell to just 1 per cent of monthly requirements, and food imports hit their second-lowest level since the crisis began. These restrictions constitute a major driver of shortages and rising prices of basic commodities, which have in turn contributed to crippling the economy. Health facilities continue to close at alarming rates due to shortages of fuel and other basic supplies. Without critical commodities, needs across sectors are rising, and response efforts are being hampered. Initial reports indicate that import levels are recovering in October.

Houthi militants have in some cases imposed crippling restrictions on the entry of life-saving supplies into contested areas. These restrictions have on occasion been overcome through negotiations, but the time lost represents an unacceptable burden for people desperately in need of assistance. These obstacles were imposed in Aden earlier this year, and more recently in Taiz, where up to 250,000 people remain essentially cut off from any assistance as of mid-October.



**1 July:** UN designation of Yemen as a "level-three" emergency – the highest level.

**15 July:** Most of Aden comes under control of pro-Government and other anti-Houthi forces.

**15 August:** Major clashes erupt in Taiz as anti-Houthi fighters seize several buildings. Fighting – backed by air strikes – escalates, and the city comes under siege. Reports increase of summary executions and indiscriminate shelling.

**18 August:** Air strikes hit Al Hudaydah port, severely damaging critical infrastructure.

**4 September:** Houthi forces launch a missile that hits a Coalition base in Marib, killing at least 45 soldiers. Air strikes escalate in Sana'a and other locations.

**28 September:** Apparent air strikes hit a wedding party in Taiz governorate, killing over 130 people.

**6 October:** Islamic State claims responsibility for a series of explosions in Aden targeting Coalition and Government of Yemen officials at the Qasr Hotel.

## Rising displacement

As of mid-October, over 2.3 million people were displaced within Yemen, and at least 121,000 people – mainly third-country nationals – had fled the country.

Of the 2.3 million IDPs, about half of are concentrated in Aden, Taizz, Hajjah and Al Dhale'e governorates, with additional significant populations in Abyan, Al Bayda, Ibb, Sa'ada and Amran.

Large-scale internal displacement began in Lahj and Al Dhale'e in late March as armed clashes escalated in the south, quickly forcing nearly 250,000 people from their homes. Intensifying air strikes and shelling in the north also led to mass displacements, primarily in Sa'ada, Amran and Hajjah. In parallel to mass displacement events, people in affected areas have continuously sought safety in steady movements out of conflict areas.

Displacement estimates have risen rapidly since April, including a 60 per cent increase between 5 August and 11 October. This rise is partially a result of new displacement in the last two months, but is mainly due to improved reporting. Displacement tracking systems now cover 275 districts (of 333 total), versus 213 in August and 165 in June.

Displacement has contributed to rises in needs across sectors – particularly shelter and NFIs, for which about 2.8 million IDPs and host community members currently require support.

As ground clashes have mostly shifted away from Aden and other parts of the south, partners are reporting some IDP returns, although overall estimates of returns are not currently available.

## Growing needs in key sectors

Conflict and import restrictions since mid-March have accelerated declines in living conditions and reversed fragile improvements recorded in several sectors in late 2014. 19.3 million people need access to safe water, 14.1 million people need access to basic healthcare and 1.8 million children need access to education.

21.2 million people currently need some form of humanitarian assistance – about one-third more than in late 2014.

Based on current estimates, 82 per cent of Yemenis now need some kind of humanitarian assistance.

## Food security

Food security has continued to deteriorate, with initial analysis estimating that 14.4 million people are now food insecure – including 7.6 million who are severely food insecure.

Female-headed households experience higher levels of food insecurity than male-headed households. Food availability has improved somewhat since June, but basic commodities remain only sporadically available in a majority of governorates as of mid-October, and several remain completely unavailable in Taiz. Despite modest market improvements, food may remain out of reach due to unaffordability. Wheat prices are on average 47 per cent higher than pre-crisis levels, with prices increasing by more than 100 per cent in Taiz and more than 50 per cent in Lahj and Al Hudaydah. Fuel prices remain several times higher – 273 per cent on average, with localized rises as high as 350 to 400 per cent in Al Hudaydah and Taiz respectively. Amid accelerating economic decline, partners estimate that half of conflict-affected people have seen their livelihoods destroyed as a result of the crisis, meaning they are even less equipped to absorb price rises and other shocks.

## Water, sanitation and hygiene

Already the seventh most water-scarce country in the world, an estimated 19.3 million people in Yemen now require humanitarian assistance to ensure access to safe drinking water and sanitation, of whom 9.8 million are in need as a direct result of the conflict.

Three in four Yemenis are unable to meet their basic WASH needs – a result of long-standing vulnerabilities aggravated by six months of conflict.

Local water corporations continue to struggle to secure fuel supplies to power piped networks – including in Taiz City, where an estimated 360,000 people have had no access to piped water since mid-August. Commercial water trucks – the main source of water for many communities – are reportedly between two and four times more expensive and are in some cases unable to enter affected areas due to insecurity – or are prevented from doing so by parties to the conflict. Uncollected waste, especially in urban areas, is exacerbating risks of public health crises.

### Health

An estimated 14.1 million people need support to ensure access to basic healthcare. Medical supplies for mass casualty management and medicine for chronic diseases are in increasingly short supply. Nearly 600 health facilities have stopped functioning due to conflict-related damage or lack of fuel, staff and supplies. Shortages in health facilities are often due to restrictions on importing key supplies.

**As of mid-October, 69 health facilities had been reported partially or substantially damaged, 27 ambulances hijacked, eight health workers killed and 20 injured.**

Patient consultations at health facilities have decreased by approximately 20 per cent since the conflict began, and reporting rates for Yemen's disease surveillance system are currently at 71 per cent – considerably lower than the 94 per cent pre-crisis average in early 2015. With ongoing violence posing risks of injury and compounding risks of disease outbreaks – as illustrated by deadly dengue fever outbreaks earlier this year – accessible healthcare and disease surveillance are urgent priorities. Women – especially pregnant women and women in rural areas – are particularly disadvantaged by a lack of gender-sensitive health services.

### Nutrition

Needs in the nutrition sector have continued to rise. An estimated 3 million people now require treatment or preventive services for malnutrition.

**About 2 million are currently acutely malnourished, including 1.3 million children – 320,000 of whom are suffering from severe acute malnutrition.**

More than 190 health facilities providing nutrition services have closed, and deteriorating food security and WASH conditions are exacerbating risks of malnutrition.

### Education

More than 1,100 schools are currently unfit to re-open for the school year, the start of which has already been delayed several times due to conflict.

**About 1.8 million children have been out of school since the conflict began – one-third the school-age population.**

Rapid assessments suggest that girls are facing greater difficulties in returning to school. As of mid-October, 174 schools have been destroyed and 611 damaged since the conflict had begun. In addition, 260 schools are hosting IDPs, affecting access to education for 91,000 children. Armed groups have occupied 58 schools -- almost all in Taizz.

**BREAKDOWN OF**

# PEOPLE IN NEED

Seven months of conflict have exacerbated immense pre-existing needs in Yemen. More than four in five Yemenis now require some kind of humanitarian assistance. Cluster-specific estimates have risen between 25 and 100 per cent since the escalation of conflict in mid-March.

As part of their needs analysis, clusters estimated the total number of people in need of cluster services in each governorate. In order to avoid double counting, the highest cluster-specific figure in each governorate was taken as a proxy for all people in need in that governorate.

**NUMBER OF PEOPLE IN NEED**

## 21.2M

**BREAKDOWN BY CLUSTER**

	Men (total)	Women (total)	Boys (total)	Girls (total)	Refugees and migrants*	People in need of assistance*
 Food Security and Agriculture	3.5	3.3	3.9	3.8	0.1	14.4M
 Water, Sanitation and Hygiene	4.6	4.5	5.2	5.0	0.1	19.3M
 Health	2.7	3.1	4.2	4.1	0.1	14.1M
 Nutrition	0	0.8	1.1	1.1	0.1	3.0M
 Shelter, NFIs and CCCM	0.7	0.8	0.6	0.6	0.1	2.8M
 Protection	3.4	3.2	3.8	3.7	0.2	14.1M
 Child Protection	0	0	3.8	3.6	0.01	7.4M
 Gender-Based Violence	0.1	0.2	0.1	0.2	0.02	0.6M
 Education	0.04	0.02	1.6	1.3	No data	3.0M
 Early Recovery	1.8	1.7	1.7	1.7	No data	6.9M
 Multi-Sector for Refugees and Migrants	0.2	0.1	0.1	0.04	0.46	0.46M
<b>TOTAL *</b>	<b>5.1</b>	<b>4.2</b>	<b>5.7</b>	<b>5.5</b>	<b>0.46M</b>	<b>21.2M</b>

\* People in need - including refugees and migrants - may access multiple forms of assistance across sectors. The total number of people in need is calculated based on governorate-level estimates, not by adding cluster-specific totals. See the "Methodology" annex for more details.

PEOPLE IN NEED (in millions)	Total Pop.	IDPs	Vulne- rable hosts	Refugees & migrants	Non- displaced in need	Total people in need	% Total pop. in need
 Abyan	0.5	0.2	0.03	0	0.3	0.5	94%
 Aden	0.8	0.4	0.08	0.1	0.3	0.8	100%
 Al Bayda	0.7	0.1	0.03	0.01	0.4	0.6	79%
 Al Dhale'e	0.7	0.2	0.04	0	0.3	0.5	80%
 Al Hudaydah	2.9	0.04	0.01	0.01	2.5	2.6	89%
 Al Jawf	0.6	0.07	0.01	0	0.3	0.4	69%
 Al Maharah	0.1	0.00	0	0.01	0.1	0.1	61%
 Al Mahwit	0.6	0.03	0.01	0	0.4	0.4	60%
 Am. Al Asimah	2.8	0.09	0.02	0.06	2.7	2.8	100%
 Amran	1.0	0.07	0.01	0	0.6	0.7	64%
 Dhamar	1.8	0.06	0.01	0	1.6	1.6	93%
 Hadramaut	1.3	0.1	0.02	0.01	0.9	1.0	76%
 Hajjah	2.0	0.3	0.06	0.05	1.1	1.5	77%
 Ibb	2.7	0.1	0.02	0	1.5	1.6	62%
 Lahj	0.9	0.03	0.01	0.02	0.7	0.7	80%
 Marib	0.3	0.05	0.01	0.01	0.2	0.3	94%
 Raymah	0.5	0.04	0.01	0	0.2	0.3	56%
 Sa'ada	1.0	0.08	0.02	0	0.9	1.0	100%
 Sana'a	1.1	0.01	0	0	0.9	0.9	79%
 Shabwah	0.6	0.04	0.01	0.02	0.4	0.4	74%
 Socotra	0.06	0.01	0	0	0	0.0	24%
 Taizz	3.0	0.3	0.06	0.01	2.0	2.3	79%
Dispersed*	0	0	0	0.1	0	0.1	N/A
<b>TOTAL</b>	<b>26.0</b>	<b>2.3</b>	<b>0.46</b>	<b>0.46</b>	<b>18.0</b>	<b>21.2</b>	<b>82%</b>

\*This figure includes refugees and migrants dispersed throughout Yemen who are difficult to track due to frequent movements.

### Vulnerable groups

Pre-crisis needs, escalating conflict and severe import restrictions have left more than four in five people in Yemen in need of assistance. If conflict continues at the current trajectory, the entire population will likely be affected. Coping mechanisms are already stretched to the breaking point. This section outlines how different major vulnerable groups are affected.

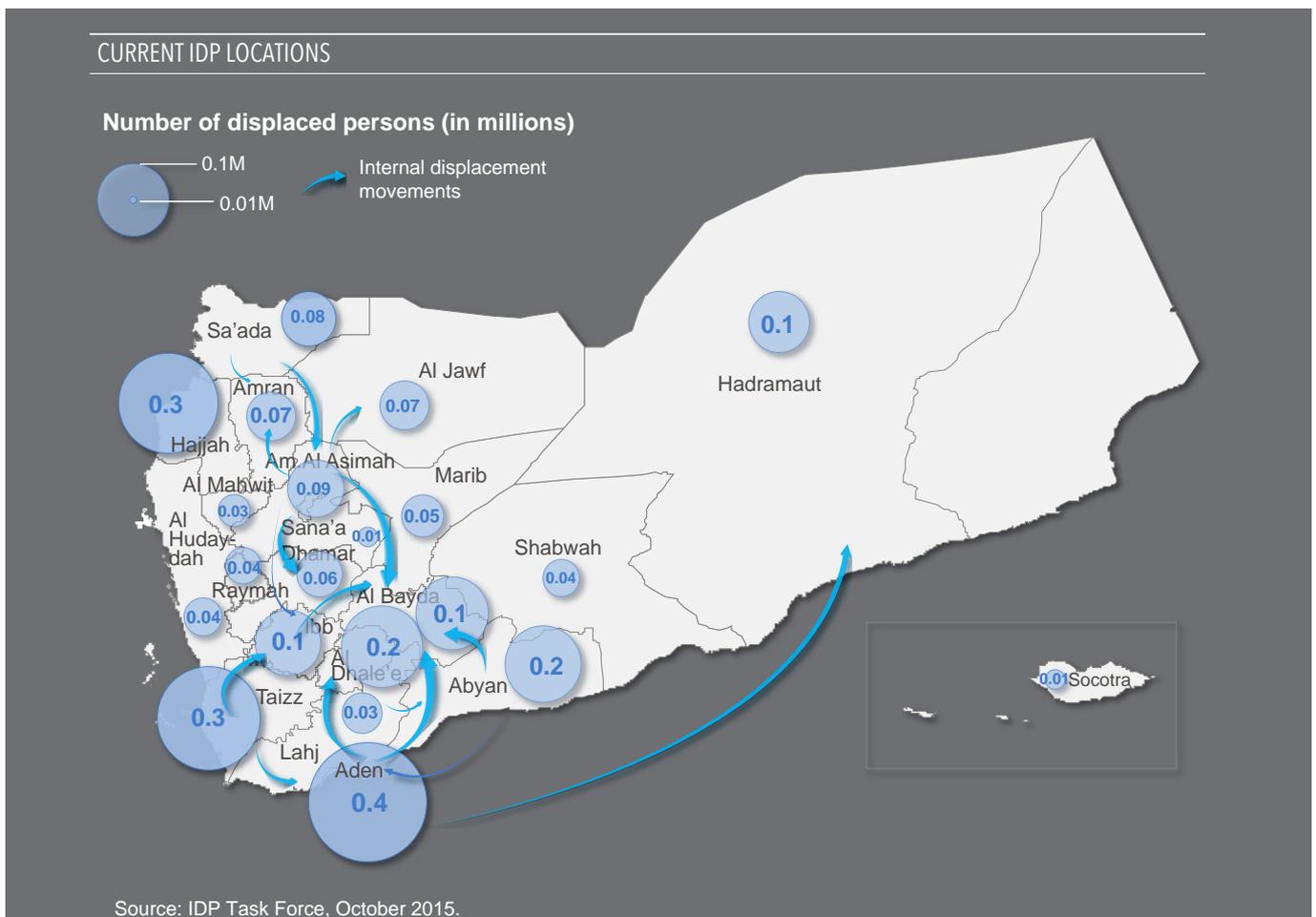
#### Conflict-affected people (including IDPs and host communities)

An estimated 12.4 million people are living in districts affected by recurrent airstrikes, anti-aircraft fire or armed clashes, including 2.3 million IDPs and 460,000 vulnerable host community residents. Conflict incidents expose civilians to heightened risks of death, injury, displacement and psychological trauma. As of mid-October, the most heavily conflict-affected districts are concentrated in Taiz, Sa'ada, Hajjah, Marib and Sana'a, while the highest reported displacement concentrations are in Aden, Taiz, Al Dhale'e and Hajjah. Although direct conflict has receded in many parts of the south, its devastating consequences continue to affect local residents, including hundreds of thousands of

people who remain displaced. Reports of growing insecurity – especially in Aden – are also a significant concern.

Neither displacement nor living in a conflict-affected area is an automatic indicator of need, but both constitute significant risk factors. The Task Force on Population Movements (TFPM) does not compile data on the relative vulnerability or living situations of displaced people and host communities. However, individual partner reports indicate that many IDPs are living with friends or relatives, which can place additional stress on often already vulnerable communities. Initial results of an assessment of six governorates with some of the highest IDP populations indicate that between 13 and 31 per cent of respondents characterize hosting IDP relatives as burdensome.

Localized assessments and individual partner reports also indicate that significant numbers of extremely vulnerable IDPs are living in makeshift shelters, public buildings or in the open. As of late October, assessments show that 230 schools are currently sheltering IDPs – two-thirds of which are in Taiz and Ibb. The most vulnerable IDPs are living in makeshift shelters or in the open; localized reports of these conditions are most common in isolated areas of Hajjah and Amran governorates.



### Women and girls

Women and girls in Yemen face entrenched gender inequalities that limit their access to basic services and livelihoods opportunities. More than six months of conflict have exacerbated the impact of these inequalities. As of mid-October, an estimated 52 per cent of IDPs were female (30 per cent women and 22 per cent girls). Displaced women often bear the burden of supporting their families, despite challenges in accessing assistance, especially outside their communities. These challenges are even more acute for female-headed households, which assessments have found to comprise over 30 per cent of displaced households in some areas. Pre-crisis assessments in Yemen demonstrated that women in food insecure families often eat less in order to provide for their children – a phenomenon likely to increase amid rising food insecurity. Conflict and displacement also increase the occurrence of gender-based violence (GBV), especially sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs. Despite uneven reporting, recorded GBV incidents show a clear upward trend since March, with 70 per cent more incidents reported in September than March. Overall, women are also more acutely affected by declines in living conditions and service availability. Social welfare transfers for females have fallen by 73.3 per cent since mid-March versus only 60 per cent for males.

### Children

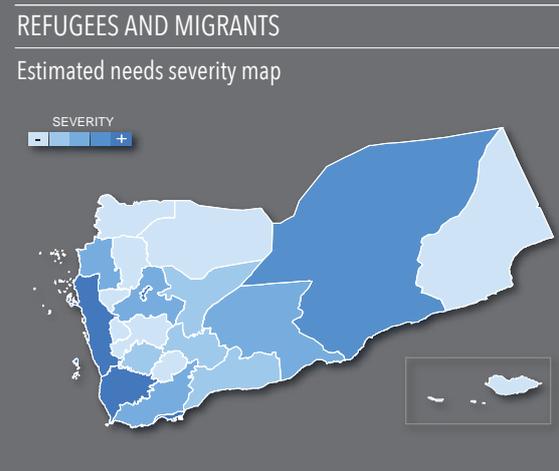
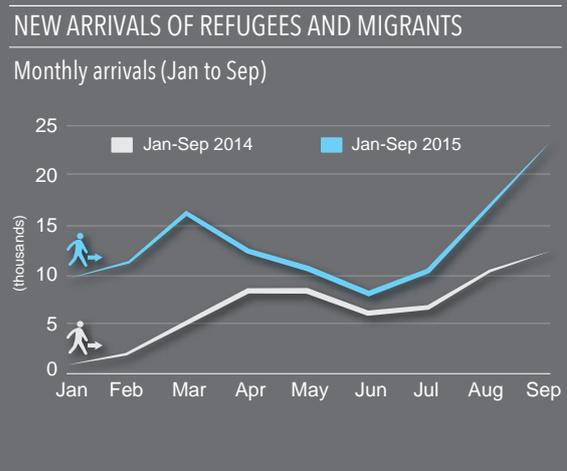
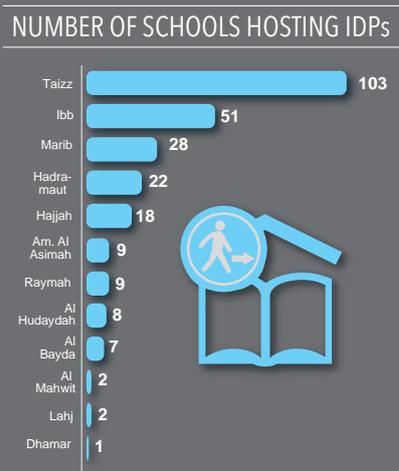
Children are among the most vulnerable groups impacted by the conflict. About 1.3 million are acutely malnourished, and an additional 880,000 are at risk of malnutrition. In addition, 1.8 million children have been out of school since mid-March, placing them at increased risk of recruitment by armed groups and other forms of abuse. Altogether, 7.4 million children need protection, including the estimated 20 per cent of migrants in Yemen who are unaccompanied boys. Rates of grave violations of child rights continue to increase dramatically. By the end of September, partners had verified nearly 1,500 cases of children being killed or maimed since January – the vast majority of which occurred after the

conflict escalated in March. This represents roughly seven times the total number of such incidents recorded in the same period of 2014. Over 500 incidents of child recruitment were verified this year from January to September – almost four times the rate for all of last year. Children who have experienced stressful situations are likely to show changes in social relations, behaviour, physical reactions and emotional response, manifesting as sleeping problems, nightmares, withdrawal, problems concentrating, and guilt. These problems are compounded by uncertainty about the future and disruption to routine.

### Refugees and migrants

Refugees and migrants often face greater difficulty in accessing services than Yemeni nationals. As of mid-October, an estimated 460,000 refugees and migrants in Yemen need some kind of assistance. Those with the most severe needs are mainly located in coastal governorates and major urban centres. Compared to the 2015 HNO, the number of refugees and migrants in need of assistance has fallen by about half due to the suspension of forcible large-scale expulsions of Yemeni migrants from Saudi Arabia. If expulsions resume, the number in need could rise precipitously. Despite more than six months of conflict, new refugees and migrants continue to arrive in Yemen. Nearly 60,000 have arrived since January, meaning new arrival figures in 2015 are almost identical to the same period last year.

Vulnerable refugees and migrants need a range of services, including basic food and drinking water, non-food items, healthcare, temporary safe shelter, access to hygiene and sanitation facilities, referrals to other services (e.g., GBV counselling and child protection) and protection monitoring. Refugees may also require access to humanitarian admissions programmes or third-country resettlement, and migrants may require support for voluntary return to their home countries. Refugees and migrants often have limited knowledge of their rights and available services, lack personal resources and networks, and run greater risk of human rights violations when travelling to or upon arrival in Yemen. Irregular migrants have no immigration status in Yemen and find it difficult to survive.



Source: UNICEF, October 2015.

Source: UNHCR and IOM.

Source: Multi-Sector for Refugees and Migrants (Cluster).

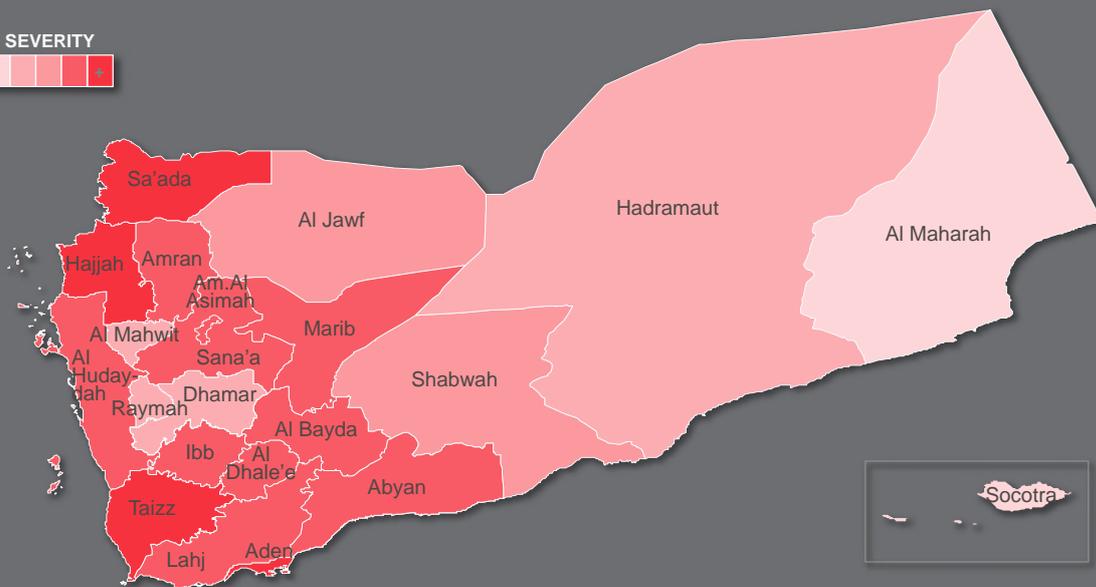
SEVERITY OF

NEED

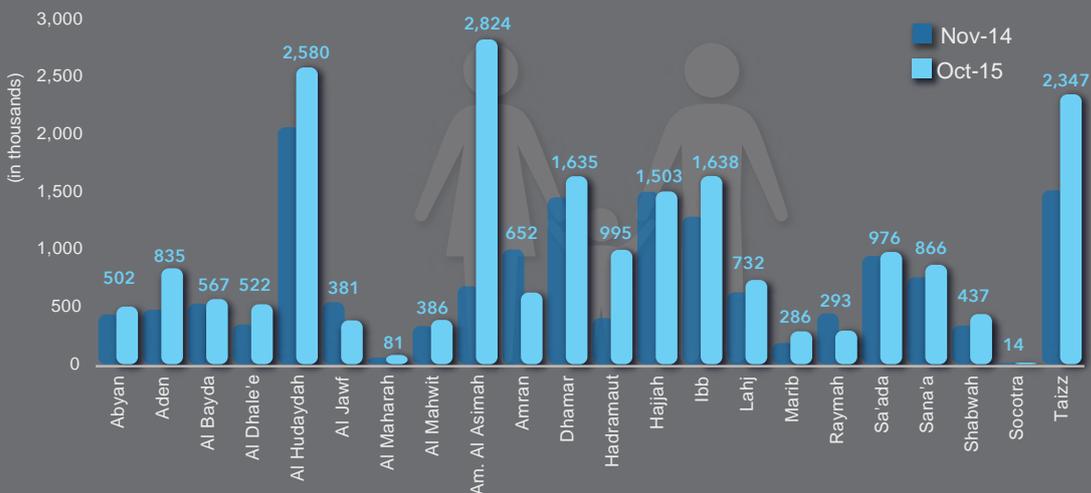
In addition to estimating the number of people in need in each governorate, humanitarian partners ranked the severity of people’s needs along a five-point scale. This analysis shows that the severity of needs has deepened considerably in the last several months.

Partners estimated the severity of needs along a five point scale in each governorate, in addition to estimating the number of people in need in those governorates. More details on how these estimates were calculated appear in the “Methodology” annex.

ESTIMATED SEVERITY OF NEEDS (across all clusters) - October 2015



PEOPLE IN NEED PER GOVERNORATE (November 2014 and October 2015)



# ANNEX: NEEDS OVERVIEW BY CLUSTER

## INFORMATION BY CLUSTER

-  Food Security and Agriculture
-  Water, sanitation and hygiene
-  Health
-  Nutrition
-  Shelter/NFIs/CCCM
-  Protection
-  Education
-  Early Recovery
-  Logistics
-  Emergency Telecommunications

ANNEX II: INFORMATION GAPS  
AND ASSESSMENT PLANNING

ANNEX III: METHODOLOGY

# FOOD SECURITY AND AGRICULTURE

## NUMBER OF PEOPLE IN NEED



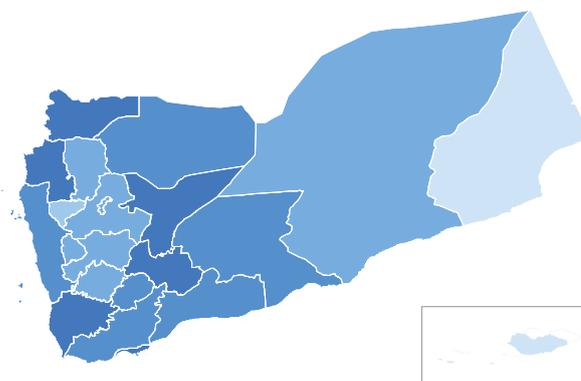
### OVERVIEW

- Nearly six in 10 Yemenis need food security or livelihoods support – including three in 10 who need immediate life-saving food assistance.
- Basic food commodities remain only sporadically available in most governorates. Access to food remains a serious problem due to high prices and falling production.
- Partners expect a 30 per cent reduction in the crop harvest, worsening the overall food security outlook.

### AFFECTED POPULATION

Partners estimate that 14.4 million people (55.6 per cent of the population) are now food insecure, including 7.6 million who are severely food insecure. This represents a 36.1 per cent increase since late 2014, and a 17 per cent increase since June. Women, boys and girls are most affected – particularly expectant mothers, infants and young children. In October, WFP estimated that 42.3 per cent of Yemenis had inadequate food consumption (“poor” or “borderline”); this figure rose to 57 per cent among IDPs. Reliance on negative coping strategies is on the rise: more than 60 per cent of respondents in an October survey reported eating less preferred foods and limiting portion sizes. Growing numbers of IDPs in host communities are also putting pressure on limited food resources. This phenomenon is strongest in Abyan, Aden, Al Dhale'e, Hajjah and Taizz, which account for 57 per cent of displaced people.

## SEVERITY MAP



### HUMANITARIAN NEEDS

Food insecurity is increasing due to sporadic availability of essential food commodities, insufficient fuel, lack of income or employment opportunities, and disruption of markets and trade. Wheat prices have increased by an average of 47 per cent since the crisis began, with localized increases as high as 100 per cent in Taiz and more than 50 per cent in Lahj and Al Hudaydah. Fuel prices are on average more than 250 per cent higher than before the crisis, raising costs of commercial food distribution, which in turn is contributing to food shortages and higher prices. Although food availability has improved in many locations since June, basic commodities remain only sporadically available in 18 of 22 governorates as of mid-October. Rising prices and sporadic availability mean that food remains out of reach for many people, whether due to its absence from markets or unaffordability.

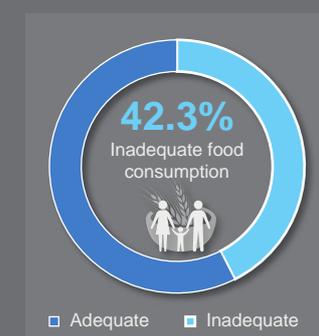
At the same time, agricultural production is falling due to poor rains and the high cost and uneven availability of agricultural inputs (seed, fertilizer, farm tools, animal feed, fuel for irrigation pumps etc.). Humanitarian partners are projecting a 30 per cent reduction in crop harvests in key

FSA - PEOPLE IN NEED (October 2015)



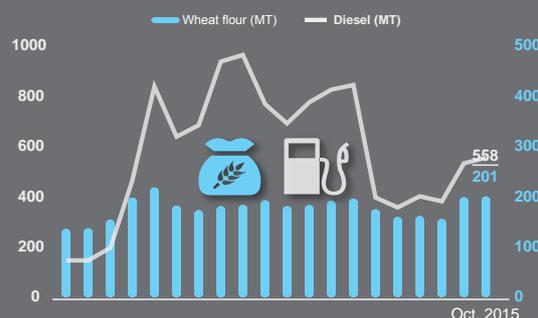
Source: Food Security and Agriculture Cluster.

FOOD CONSUMPTION LEVELS (% pop.)



Source: WFP, October 2015.

AVG. WHEAT FLOUR & DIESEL PRICES (Jan - Oct 2015)



Source: WFP, October 2015.

agricultural areas in the coming seasons. Falling productivity in the fishery sector has also heavily impacted the livelihoods of over 500,000 people. Altogether, agricultural and fishery activities constitute 22 per cent of GDP and form the livelihoods of an estimated 54 per cent of the population. Based on the current situation, the most urgent needs include the following:

- Emergency food and livelihoods assistance – especially for the severely food insecure
- Emergency livelihoods assistance – including agricultural, livestock and fisheries inputs
- Prevention of extreme gaps in food consumption by supporting livelihood restoration for people only able to meet their minimum food needs.

## WATER, SANITATION AND HYGIENE

### NUMBER OF PEOPLE IN NEED



19.3M

### OVERVIEW

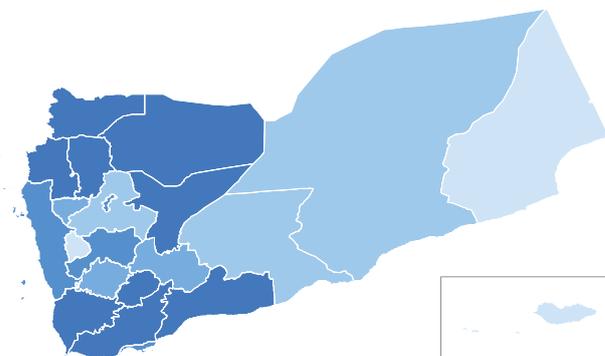
- Three in four Yemenis require support to meet their basic water, sanitation and hygiene needs.
- In urban areas, more than 6 million people have seen their water supply disrupted or cut due to conflict, and rural water supply schemes have stopped serving 2 million people.
- The return of fuel to the market at affordable prices would greatly reduce the number of people in need.

### AFFECTED POPULATION

An estimated 19.3 million people – 75 per cent of the population – now require some kind of assistance to meet their WASH needs. Of these people, about 9.8 million have become vulnerable since the conflict escalated in mid-March.

Urban, rural and displaced people are affected differently, although all lack sufficient clean water, adequate latrines, solid waste collection and disposal, and proper sewage treatment. These factors threaten survival and – combined with hot, humid climates and limited WASH services – pose risks of outbreaks of WASH-related diseases. In urban centres, 6.1 million people are at potentially greater risk of a public health crisis due to these factors and population density. People in rural areas who depend on motorized water supply schemes are affected due to limited fuel and electricity, with about 2 million already impacted by loss of services of rural water supply schemes. IDPs living in rural and urban areas are straining already precarious WASH services. The most

### SEVERITY MAP



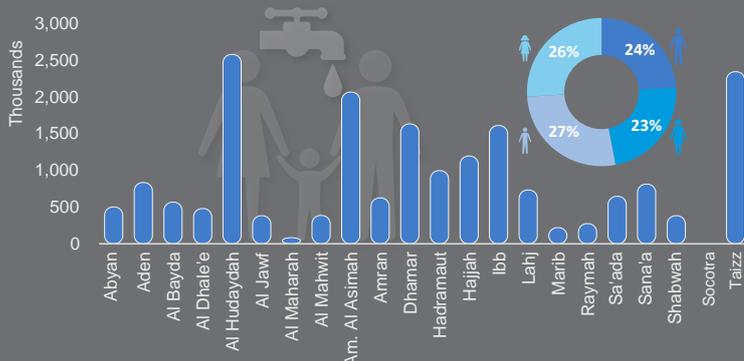
vulnerable IDPs are living in the open or in public buildings with little to no access to WASH facilities.

### HUMANITARIAN NEEDS

Yemen is estimated to be the seventh-most water-scarce country in the world, and pre-crisis service availability was low: only 55 per cent of the population had access to improved water and 53 per cent to improved sanitation. Access to water and sanitation services is mainly dependent on fuel supplies to operate piped water networks, pump water from the ground, and operate commercial water trucks, as well as ensure sewage treatment and solid waste management. Reliable access to water and sanitation has dropped precipitously, mainly as a result of fuel shortages, conflict-related damage to infrastructure and significant increases in prices charged by private water vendors. Critical WASH infrastructure and supplies have been damaged in the conflict, and partners have reported denial of access or confiscation of WASH materials by parties to the conflict.

In addition to posing an immediate threat to lives, declining availability of clean water and sanitation significantly

WASH - PEOPLE IN NEED BY GOVERNORATE (October 2015)



Source: WASH cluster, October 2015.

**3 in 4**  
Yemenis need WASH assistance

aggravates the risk of WASH-related diseases like diarrhoea and acute respiratory infections. The return of fuel to the market at affordable prices is essential and would dramatically reduce the level of need for WASH services. Humanitarian assistance is required mainly for the following:

- Support for existing structures capable of providing more sustainable WASH services, for example by prioritizing fuel for water corporations over additional water trucking, or repairing existing infrastructure.
- Direct provision of WASH services to those living where existing structures are not in place or cannot be supported (i.e., IDPs in remote areas, in public facilities with no WASH services or in over-burdened host communities; residents of areas with destroyed WASH infrastructure; etc.).

# HEALTH

## NUMBER OF PEOPLE IN NEED

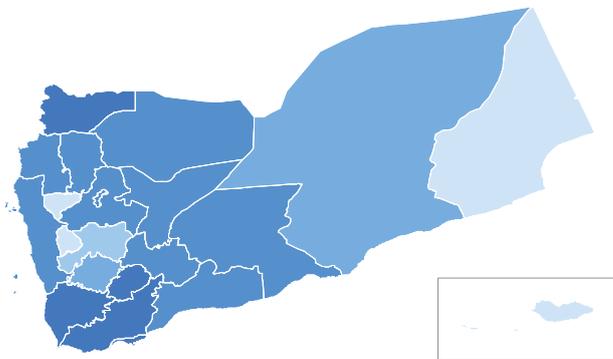


14.1M

## OVERVIEW

- The pre-crisis decline in health services is being accelerated by more than six months of conflict. Nearly 14.1 million people require support to access adequate healthcare, including more than 522,000 pregnant women (15 per cent of whom are expected to face delivery complications).
- Nearly 27,000 people were reported wounded as of mid-October, illustrating the scope of needs for trauma care. Disease outbreaks in 2015 – including malaria and dengue fever – illustrate risks associated with declining health services.
- As of mid-October, nearly 600 health facilities had reportedly stopped functioning, including 69 damaged or destroyed by conflict. Eight health workers have been killed and 20 injured.

## SEVERITY MAP



dire conditions in light of increased risk of injury and often less available health services, particularly for women. More than 522,000 women are currently estimated to be pregnant in Yemen – nearly 80,000 of whom are expected to face complications in delivery. Vulnerable IDPs may have no access to medical care if living in remote areas, or may live in areas where existing services are severely stretched. In a recent survey of six conflict-affected governorates, 48.6 per cent of respondents said that they had faced difficulties accessing medical care “very often” or “often” in the last 30 days.

## AFFECTED POPULATION

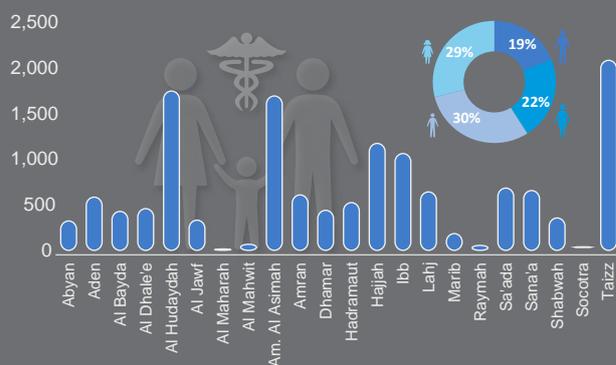
The health system is in a state of collapse in Yemen, leaving an estimated 14.1 million people in need of assistance in order to access adequate healthcare. Prolonged conflict is disproportionately affecting under-5 children, pregnant women and people suffering from chronic diseases – including cancer, hypertension, diabetes – as resources are often unavailable to provide routine medical care. In 2014, chronic diseases, accounted for 39 per cent of all mortality in Yemen.

People living in directly conflict-affected areas face more

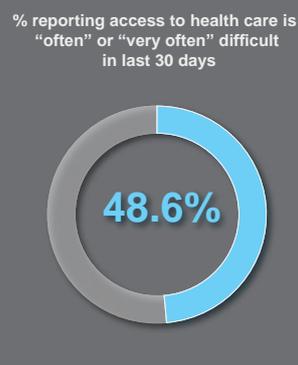
## HUMANITARIAN NEEDS

Prior to the conflict, the health system in Yemen was significantly strained, with only three doctors per 10,000 people as of 2010. More than six months of conflict have seen available services decline substantially due to lack of supplies, medicines, electricity, fuel for generators, staff or equipment. As of mid-October, patient consultations at health facilities were down by about 20 per cent compared to the pre-crisis period in 2015. Reporting rates of health facilities also declined from 94 per cent (pre-crisis average

### HEALTH - PEOPLE IN NEED BY GOVERNORATE

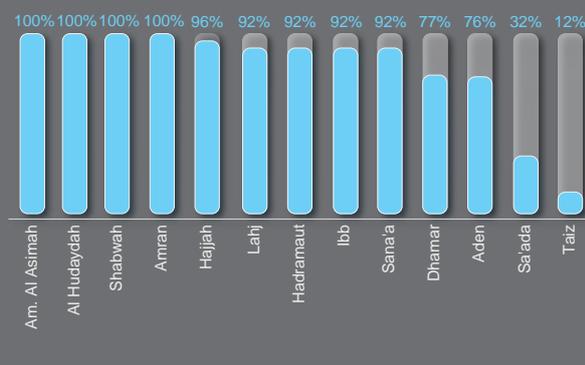


### ACCESS TO HEALTH CARE



Source: UNDP. Refers to Sa'ada, Hajjah, Am. Al Asimah, Taizz, Aden and Abyan only.

### HEALTH FACILITY REPORTING RATES (mid-Oct 2015)



Source: Ministry of Health, WHO.

in 2015) to 71 per cent in mid-October. With growing gaps in basic care, people are at greater risk of serious illness or death from disease. Deadly outbreaks of dengue fever this year demonstrate the scope of this challenge. Increasing gaps in maternal and neonatal care illustrate the need for urgent support to reproductive, maternal and newborn health services – including emergency care.

Conflict is also taking a more direct toll on people's health needs. As of mid-October, nearly 27,000 people had been reported as injured by health facilities, illustrating the scope of needs for trauma care. Health services are less likely to

be available in areas of active conflict, as demonstrated by significantly lower health facility reporting rates in Taiz as of mid-October. By mid-October, health partners estimated that nearly 600 health facilities had closed due to damage or lack of fuel, staff and supplies, including 69 facilities reported as partially or substantially damaged. Conflict has also seen 27 ambulances hijacked, eight health workers killed and 20 injured. Restrictions on Yemen land entry ports and airports have also eroded the health sector's capacity to import critical fuel and medicines. Imposed restrictions by parties to the conflict have prevented – or unduly delayed – critical supplies from reaching contested areas.

# NUTRITION

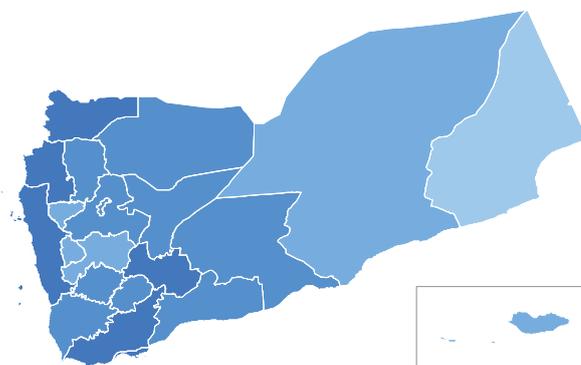
## NUMBER OF PEOPLE IN NEED



### OVERVIEW

- 3 million people need malnutrition treatment or prevention services. Of these, 2.1 million are currently malnourished – including 320,000 severe cases.
- Nutrition service availability is falling. Since the conflict escalated in mid-March, 192 health facilities providing nutrition services have closed – a 20 per cent increase since June.
- Recent SMART surveys in Aden, Hajjah and Hudaydah identified general acute malnutrition rates between 9.9 and 31 per cent, with many locations above the 15 per cent critical threshold.

## SEVERITY MAP



## HUMANITARIAN NEEDS

Conflict has contributed significantly to the worsening of the nutrition situation. Health services have accelerated their pre-crisis decline (see “Health” above), with 192 health facilities that provide nutrition services reportedly having closed since mid-March due to insecurity or fuel shortages. Conflict has also exacerbated other key drivers of malnutrition, including water shortages, displacement and poor sanitation, all of which promote diseases like diarrhoea and measles to which the malnourished are especially susceptible. Growing food insecurity also plays a serious role.

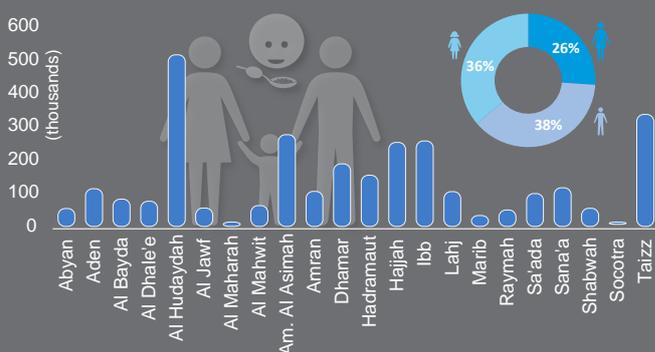
According to SMART surveys completed in three governorates in August and September 2015, general acute malnutrition (GAM) rates are all well above the critical 15 per cent threshold in Aden (19.3 per cent) and coastal areas of Hajjah (20.9 per cent) and Al Hudaydah (31 per cent). In Al Hudaydah, this result represents a more than 10 per cent increase since the last survey in 2014; Aden and Hajjah showed much smaller increases. Mountain areas of Hajjah showed a 9.9 per cent GAM rate.

Humanitarian response is urgently needed to scale up

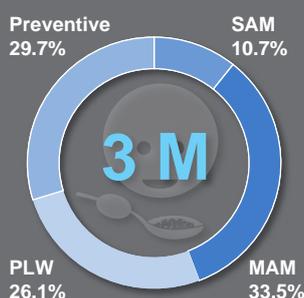
## AFFECTED POPULATION

Malnutrition rates are rising in Yemen, and partners now estimate that 3 million people require treatment or prevention services for malnutrition – a 65 per cent rise in people in need since late 2014. Children under the age of five – including infants – and pregnant and lactating women are the most affected. Within this population, IDPs are most at risk. Of the 3 million people in need, nearly 2.1 million are currently estimated to be malnourished, including 320,000 children suffering from severe acute malnutrition (SAM) and 1 million children affected by moderate acute malnutrition (MAM). Children suffering from SAM are nine times more likely to die than their healthy peers; children with MAM are three times more likely to die.

### NUTRITION - PEOPLE IN NEED BY GOVERNORATE (October 2015)

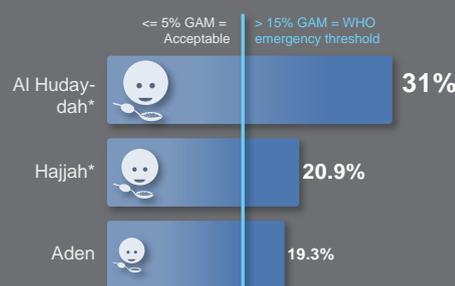


### BREAKDOWN OF PEOPLE IN NEED



Source: Nutrition Cluster. "SAM" and "MAM" refer to children under 5 with severe acute malnutrition and moderate acute malnutrition respectively. "PLW" refers to pregnant and lactating women with moderate acute malnutrition. "Preventive" refers to children under 2 at risk of malnutrition.

### GAM RATES (Aug - Sep 2015)



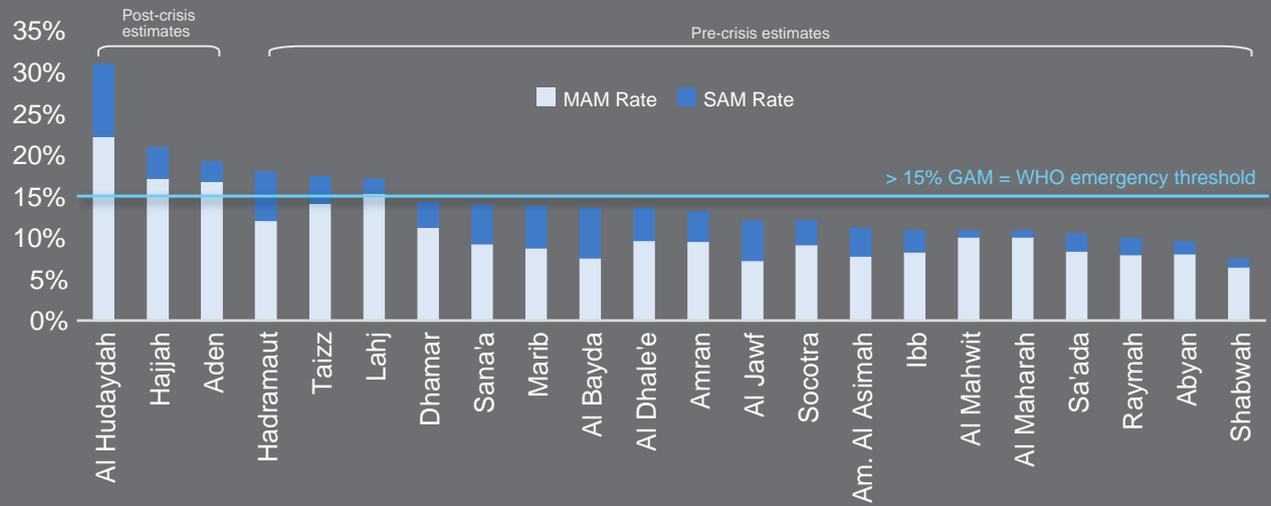
\*GAM rates for coastal areas

Source: UNICEF SMART Surveys (Aug-Sep 2015). GAM estimates since the crisis have only been finalized for these locations.

community-based management of acute malnutrition (CMAM) services in all governorates. Infant and young children feeding in emergencies should also be an integral

part of activities targeting infants and young children (0-24 months), along with blanket supplementary feeding for young children (6-24 months).

## MAM AND SAM RATES BY GOVERNORATE



Source: Nutrition cluster, October 2015.

## SHELTER/NFIS/CCCM

### NUMBER OF PEOPLE IN NEED



### OVERVIEW

- 2.3 million IDPs are currently living in Yemen – more than four times higher than estimates in April.
- Partners estimate that 460,000 vulnerable host community members also need shelter or NFI support.
- Needs for shelter and essential items are becoming more urgent as winter approaches.

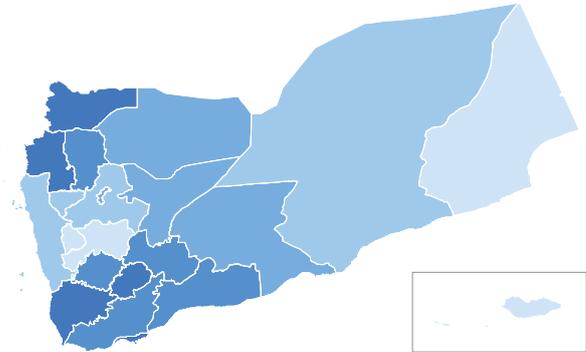
### AFFECTED POPULATION

An estimated 2.8 million people currently need shelter or essential non-food items – an increase of over 400 per cent since late 2014. This increase is being driven almost entirely by large rises in displacement. According to the Task Force on Population Movements (TFPM), an estimated 2.3 million IDPs are currently living in Yemen. Many IDPs are hosted by local communities, and sharing meagre resources can cause tension and conflict. Shelter Cluster partners estimate that 460,000 vulnerable host community members require assistance. People with specific needs are particularly affected by the crisis, including people living in poverty, women, children, the elderly, people with serious illness, people living with disabilities, female-headed households, minority groups and IDPs living in the open and public buildings.

### HUMANITARIAN NEEDS

Displacement and large-scale destruction of homes and infrastructure have caused significant needs for shelter and

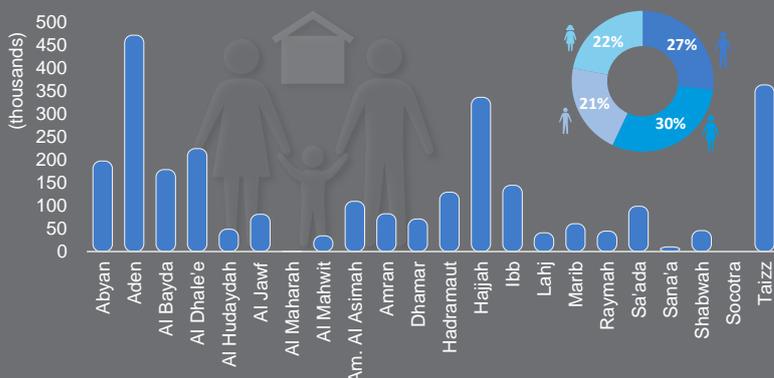
### SEVERITY MAP



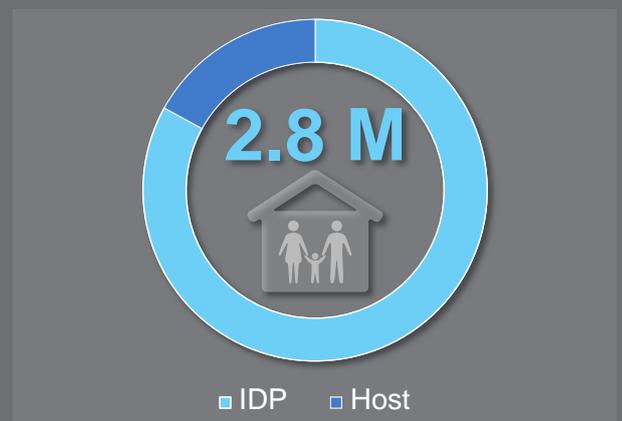
NFIs. The TFPM does not currently collect data on IDP living situations or relative levels of vulnerability of IDPs. However, numerous partner reports indicate that many IDPs are living with host families, potentially straining these communities’ resources. Mass displacement is also driving sharp increases in rent for accommodation, forcing some to move into inadequate shelter. The most vulnerable IDPs are congregating in open areas or public buildings – including an estimated 260 schools as of late October. IDPs living in open areas or makeshift shelters are exposed to the elements and to numerous protection threats; they also face greater difficulty in accessing support services. Many IDPs were unable to carry basic belongings with them and urgently need basic NFIs, emergency shelter and support to find adequate accommodation.

IDPs who have returned to their areas of origin – to date mainly reported in Aden – may still face significant shelter and NFI needs due to damage to homes, mine contamination and loss of basic possessions. Vulnerable host communities are also in need of assistance to avoid exhausting available resources or contributing to tensions with IDPs. With winter approaching, it is even more urgent to ensure support for the

SHELTER/NFIS/CCCM - PEOPLE IN NEED BY GOVERNORATE (October 2015)



BREAKDOWN OF PEOPLE IN NEED



Source: Shelter/CCCM/NFIs cluster, October 2015.

most vulnerable. Major assistance needs include:

- Essential non-food items and emergency shelter assistance for IDPs and conflict-affected people
- Return kits for IDPs returning to their areas of origin and rehabilitation of conflict-damaged homes
- Coordinated services at IDP collective centres

# PROTECTION

## NUMBER OF PEOPLE IN NEED



14.1M

### OVERVIEW

- The number of people in need of protection assistance has risen by 23 per cent since June, demonstrating the increasing risks posed to civilians and their basic rights.
- Since 26 March, more than 7,600 civilians have been killed or injured in conflict-related incidents, and an average of 43 verified human rights violations have occurred every day.
- Growing numbers of people require basic protection services – including psychosocial support, legal assistance and support for survivors of human rights violations.

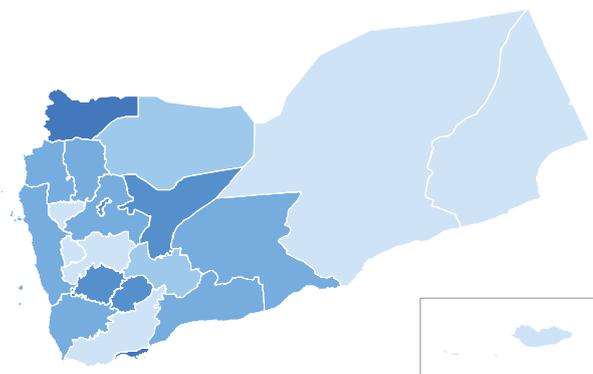
### AFFECTED POPULATION

Partners estimate that 14.1 million people require protection assistance in Yemen, including IDPs, refugees, migrants and conflict-affected people. The conflict in Yemen has generated enormous protection needs, with civilians facing increased risk of death, injury, displacement and psychological trauma. The current estimate represents a 23 per cent increase since June and is a reflection of growing conflict and displacement. The following populations are especially vulnerable: people living in poverty, women, children, the elderly, people living with disabilities, people living without protection of their family, minority groups, and survivors of human rights violations.

### HUMANITARIAN NEEDS

Advocacy is urgently required to ensure that parties to the conflict abide by their legal obligations under international

## SEVERITY MAP

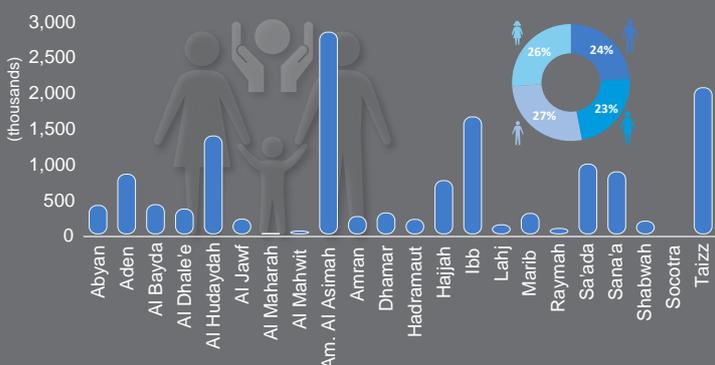


humanitarian law and international human rights law to protect civilians and civilian infrastructure, as well as facilitate safe, rapid and unimpeded humanitarian assistance. OHCHR estimates that 2,577 civilians have been killed and 5,028 injured between 26 March and 16 October. In the same period, OHCHR has verified 8,875 reports of human rights violations – an average of 43 violations per day. Casualty estimates and reports of human rights violations are almost certainly undercounts, given that many civilian casualties and human rights violations in Yemen go unreported.

Displacement has also continued to rise, exposing vulnerable IDPs to inadequate living conditions, loss of livelihoods, greater insecurity and heightened vulnerability. Displacement and separation have disrupted families and community networks; these disruptions are exacerbated by the absence of functioning community centres and child-friendly spaces. Communities hosting IDPs also carry a heavy burden, sharing often meagre resources with the displaced, which can lead to tension and conflict. Displaced people who have returned to their homes will need means to re-establish their lives, livelihoods and shelter.

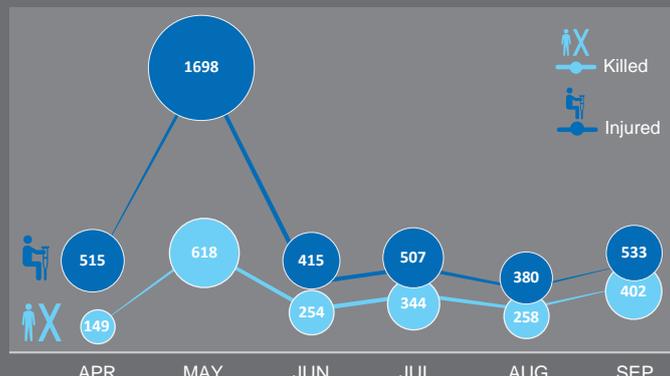
More and more people require basic protection services, including psychosocial support, legal assistance, family

### PROTECTION - PEOPLE IN NEED BY GOVERNORATE (October 2015)



Source: Protection cluster, October 2015.

### CIVILIAN CASUALTIES (Apr - Sep 2015)



Source: OHCHR, September 2015.

tracing and financial or material assistance for survivors of violations. Conflict is also contributing to a further divide

of the country along political, tribal and geographical lines, increasingly threatening peaceful co-existence.

# CHILD PROTECTION

## NUMBER OF PEOPLE IN NEED



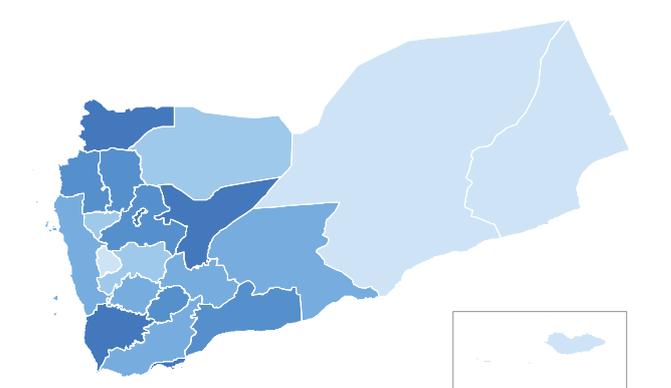
## OVERVIEW

- Over 1 million children have been displaced since March 2015.
- Partners have verified incidents killing 531 children and injuring 786 between March and September 2015. Taken together, this represents a nearly seven-fold increase over the same period last year.
- The number of children verified to have been recruited by armed groups increased to nearly 500 between February and September – about three times the annual total in 2014.

## AFFECTED POPULATION

The conflict is taking a serious physical and psychological toll on children, adolescents and their parents. Between March and September 2015, 531 children were verified as killed and 786 injured. Nearly 60 per cent of these incidents occurred in Amanat Al Asimah (26 per cent), Taizz (18 per cent) and Aden (15 per cent). Many children have been separated from their families and are now at increased risk of violence, abuse, exploitation and neglect. Although the safety and well-being of girls and boys are equally at risk, the threats they face can be different. Boys are more likely to fall victim to killing, maiming, arbitrary detention or recruitment by armed groups. Girls are particularly at risk of early marriage and gender-based violence. Altogether, partners estimated that 7.4 million children require child protection services.

## SEVERITY MAP

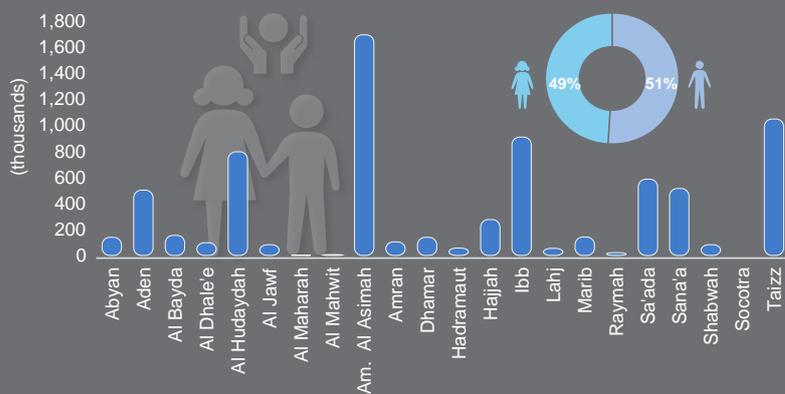


## HUMANITARIAN NEEDS

Violence, loss of protective environments, and worsening economic conditions have resulted in a high-risk environment for children. It is critical to expand the Monitoring and Reporting Mechanism (MRM) to monitor grave child rights violation in order to support the response to protect children and more effective advocacy. Child injuries and deaths due to unexploded weapons have increased dramatically, and mine-related deaths among boys are three times that of girls. As more IDPs return to areas contaminated by mines, children are at increased risk of mine-related injury and death, indicating a dire need of mine risk education.

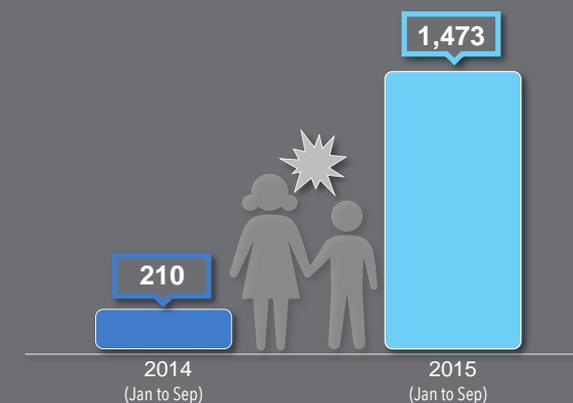
Greater insecurity and economic decline are promoting negative coping mechanisms within families, including early marriage, child trafficking and child labour. These factors are also associated with higher risks of domestic violence, neglect and physical or sexual abuse of children. Children in conflict areas exhibit a high level of distress, leading to depression and behavioural changes, as well as serious long-term effects on mental health. The lack of safe spaces hinders psychosocial support activities.

### CHILD PROTECTION - PEOPLE IN NEED BY GOVERNORATE



Source: Child protection sub-cluster, October 2015.

### VERIFIED INCIDENTS OF CHILDREN KILLED OR MAIMED



Source: Monitoring and Reporting Mechanism (MRM).

# GENDER-BASED VIOLENCE

## NUMBER OF PEOPLE IN NEED



### OVERVIEW

- With nearly 600,000 people in need, the estimate of people requiring services related to GBV has increased by a factor of six since late 2014.
- The number of reported GBV cases in September was 70 per cent higher than in March – despite pervasive under-reporting due to fears of social stigma and other constraints.
- Available services are receding as GBV rates are increasing, and growing restrictions on women's mobility are further hindering survivors' access to care.

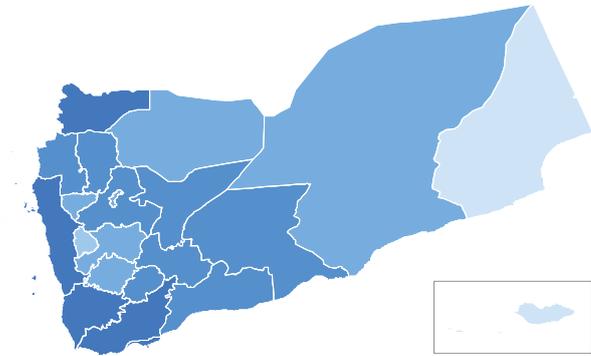
### AFFECTED POPULATION

The majority of victims of gender-based violence (GBV) are women and girls, although men and boys are also affected. Partners currently estimate that nearly 600,000 people are at heightened risk of GBV across the country – 70 per cent of whom are women and girls. Situations of conflict increase the likelihood of some kinds of GBV, including domestic violence and other forms of abuse. IDPs and host communities are especially at risk, with displaced children and children separated from their families particularly vulnerable.

### HUMANITARIAN NEEDS

By the end of September, partners had reported over 4,500 GBV cases in 2015 – more than half of which occurred since June. In September, the number of reported cases was 70 per cent higher than in March. These increases have come

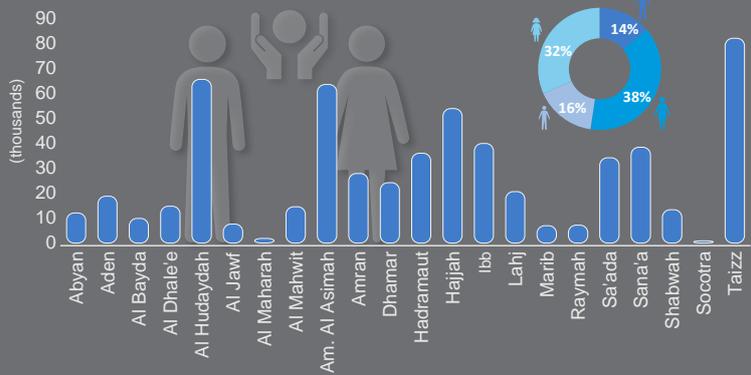
## SEVERITY MAP



despite uneven reporting rates – particularly in the immediate post-crisis period. The scope of GBV in Yemen is likely far wider, given the limited reach of reporting mechanisms and reluctance to report among some victims due to fears of social repercussions and stigma. Several aspects of the conflict are driving this increase, including violence due to psychological pressure, lack of adequate housing and privacy (especially for IDPs), and frustration due to difficulties in providing for basic needs. Collapse of law and order in some areas, abuse of state or military power, forced recruitment and proliferation of small arms are also contributing factors.

As more GBV survivors seek assistance, services remain limited due to resource gaps and impact of the conflict. Women in affected areas are also seeing increased restrictions on their mobility and freedom of movement, further hindering access to services. Survivors therefore urgently need a range of services and support, including dignity kits, psychosocial support, legal assistance, safe spaces and services offering effective clinical management of rape. Greater understanding of GBV issues across Yemeni society is likewise required.

GBV - PEOPLE IN NEED BY GOVERNORATE (October 2015)



Source: Protection cluster, October 2015.

REPORTED GBV INCIDENTS (Jan - Sep 2015)



Source: GBV Sub-Cluster, UNFPA, YWU, INTERSOS.  
 Note: Reporting rates for GBV significantly undercount the number of actual incidents. Reporting rates immediately after the crisis also fell due to communications difficulties. This chart plots the actual number of incidents (blue) as well as the overall trend line (dotted white) to demonstrate an average increase throughout the year.

## EDUCATION

### NUMBER OF PEOPLE IN NEED



# 3M

### OVERVIEW

- 3 million people need assistance to ensure education for affected children – including 1.8 million children who have been out of school since conflict escalated in mid-March.
- More than 1,100 schools serving over 720,000 students are unfit to re-open for the 2015-16 school year due to conflict-related damage, presence of IDPs or occupation by armed groups.
- Resources available to education authorities have declined substantially, decreasing their ability to ensure continuity of the education system.

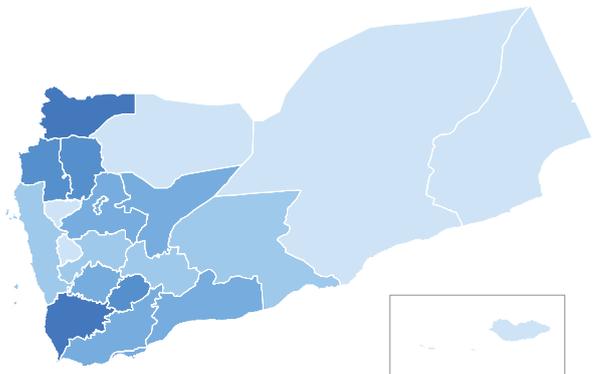
### AFFECTED POPULATION

Partners estimate that 1.8 million children have been out of school since the conflict escalated in mid-March, bringing the total school-age population out of school to 3.4 million. Altogether, nearly 3 million people – students, teachers and parents – require support to ensure that crisis-affected children are able to attend school. Displaced school-aged children are at higher risk of missing education. Boys face higher risks of recruitment by armed groups, while girls face higher risk of being held back from school.

### HUMANITARIAN NEEDS

More than 1,100 schools have been directly affected by the conflict, putting education at risk for over 720,000 students. As of mid-October, 174 schools had been destroyed and

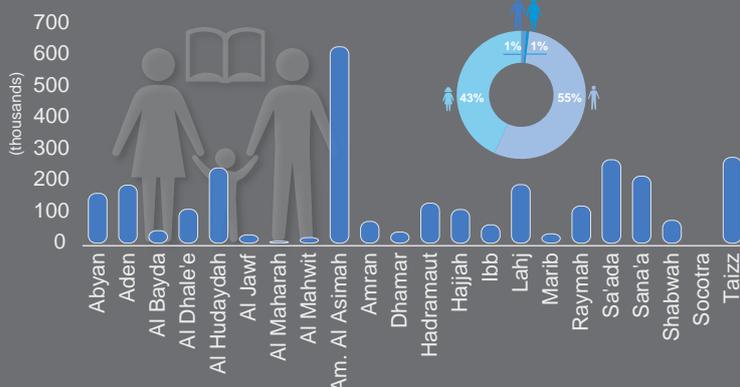
### SEVERITY MAP



611 damaged in the course of conflict. IDPs are currently sheltering in 260 schools for lack of alternative shelter, and 58 schools – almost all in Taiz – are being occupied by armed groups. Displacement of children, teachers and other educational staff compounds the situation. Partners estimate that about 416,000 school-aged children are among the 2.3 million IDPs in the country, while the number of displaced teachers is unknown. Families faced with economic hardship may lack the resources to send children to school and may turn to child labour or early marriage as a coping mechanism. These children may require significant psychosocial support.

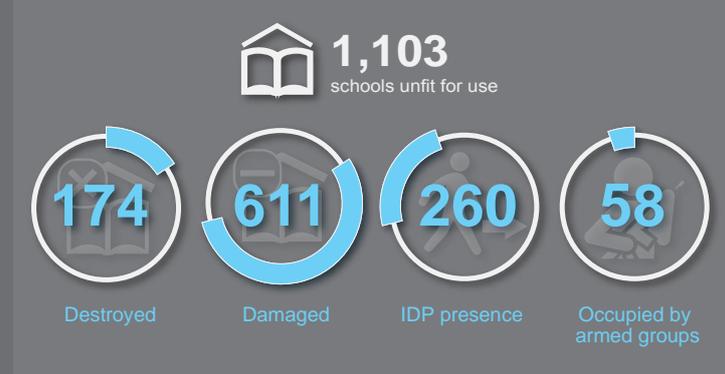
Educational opportunities can mitigate the psychosocial impact of conflict on children. Communities need greater access to safe, well-equipped schools and child-friendly spaces. Reintegrating vulnerable out-of-school children into the system is also critical through formal and informal education programmes, with a special focus on reaching girls, child labourers, and child soldiers. School programmes must also address the culture of violence and promote peaceful conflict management.

### EDUCATION - PEOPLE IN NEED BY GOVERNORATE (October 2015)



Source: Education cluster, October 2015.

### SCHOOLS UNFIT FOR USE DUE TO CONFLICT (mid-October 2015)



Source: UNICEF; Ministry of Education.

# EARLY RECOVERY

## NUMBER OF PEOPLE IN NEED



### OVERVIEW

- 6.9 million people need early recovery support – a more than six-fold increase since late 2014.
- With widespread reports of new landmine and other explosive contamination, mine action and mine risk education are top priorities.
- Conflict has severely degraded livelihoods and caused widespread infrastructure damage. These issues must be addressed in order to support communities move into recovery.

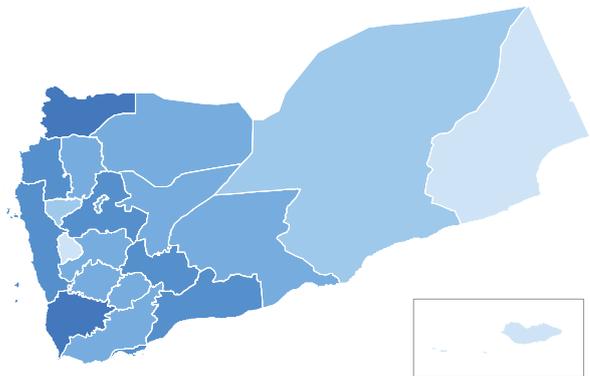
### AFFECTED POPULATION

Partners estimate that 6.9 million people are living in areas that urgently require early recovery assistance – a more than six-fold increase since late 2014. People living in areas affected by landmines and unexploded ordnance contamination are most urgently in need due threats to lives and welfare posed by these devices. Within this group, children are particularly at risk – especially in areas where cluster munitions have been used, as these munitions’ small remnants may appear to be toys or otherwise attractive to children. Other extremely vulnerable groups included households headed by widows or victims of explosive devices, IDPs, marginalized groups and youth.

### HUMANITARIAN NEEDS

Escalating conflict and shifting frontlines have created

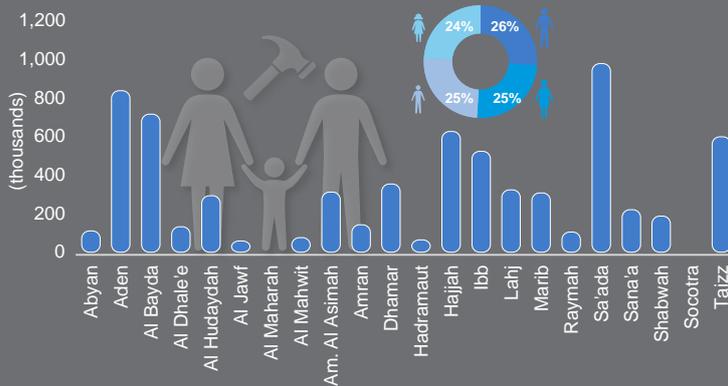
## SEVERITY MAP



a humanitarian crisis with serious implications for communities’ ability to recover. Recent development gains have also been severely eroded or lost. Mine action and mine risk education are critical to reduce the loss of life and injuries that greatly affect communities – particularly in light of widespread new landmine contamination reported in recent months and the possible return of IDPs to their areas of origin in the south of the country.

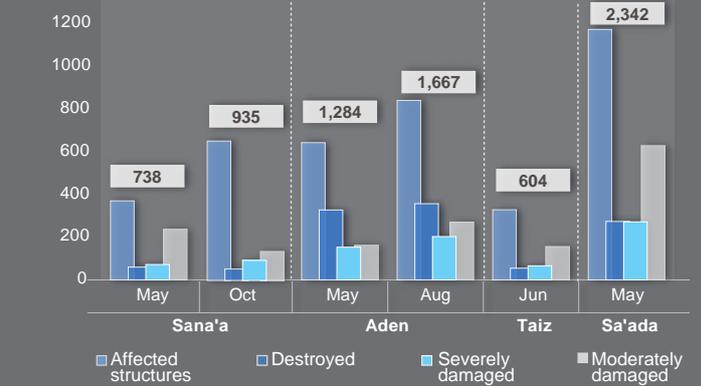
Rehabilitating community assets and supporting local governance structures are also essential to ensure that humanitarian response is able to transition quickly into effective early recovery in areas where conflict has receded. As livelihoods continue to be destroyed by the conflict, people’s ability to provide for themselves and access basic services is falling rapidly. Traditional safety nets such as family support, social welfare transfers, savings or remittances (domestic and international) are all becoming increasingly inaccessible. Affected communities need urgent assistance to avoid further deterioration of livelihoods, as well as manage the potentially significant strain posed by IDPs on increasingly depleted resources. To support the early recovery phase, rehabilitation

## EARLY RECOVERY - PEOPLE IN NEED BY GOVERNORATE



Source: Early recovery cluster, October 2015.

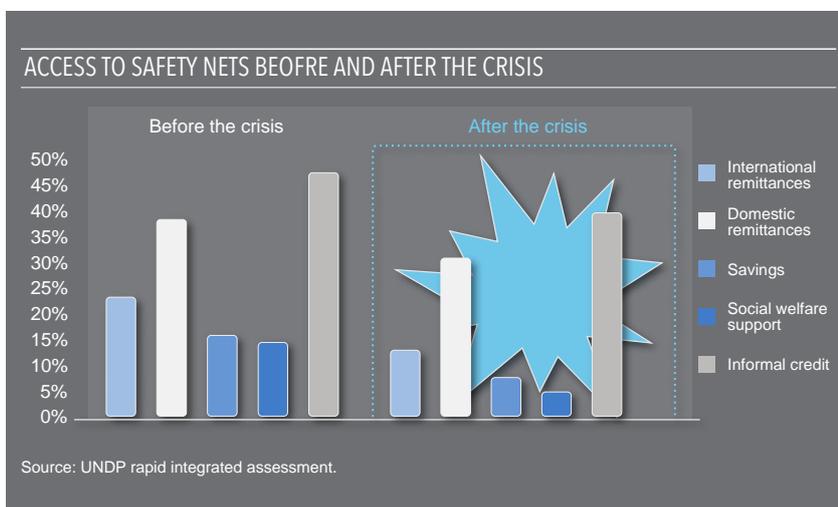
## INFRASTRUCTURAL DAMAGE



Source: UNISAT/UNDP analysis.

of key community physical and social infrastructure is critical, including safe removal of debris and solid waste, a

considerable threat to community safety and public health.



## OPERATIONAL NEEDS



### Logistics

Access to the country has been severely impeded by ongoing armed conflict, with the main seaports of Hudaydah and Aden sustaining serious damage. Seaports have been working at reduced capacity due to destruction of equipment, lack of fuel, curfews and security constraints for port staff. Airports have also been damaged, with Sana'a the only safely reliable airport in the country as of mid-October. Fuel shortages continue to pose a severe constraint on humanitarian action, and support is needed to ensure predictable fuel availability for partners. Partners also require reliable logistics services (including shipping and transport support), as well as consolidated information on logistics capacities and cargo tracking that will help ensure smooth flow of critical goods into the country and to their final destination.



### Emergency Telecommunications

The lack of reliable telecommunications and internet services – accompanied by a lack of infrastructure, shortages of necessary equipment, and difficulties in importing needed supplies – severely constrains partners' ability to operate. Telecommunications networks have been severely impacted by the conflict, particularly in the cities of Sa'adah, Haradh, Taiz, Al Hudaydah and Aden. Local providers are struggling to run their services due to damaged infrastructure and fuel shortages, and humanitarian partners struggle to communicate with each other due to inability to recharge devices. Partners report that they most need telecommunications and internet services in Sana'a, Hudaydah, Aden, Taiz, Al Mukalla and Sa'ada. As teams expand into field hubs, connectivity and back-up solar power will be urgently required.

## ANNEX II: INFORMATION GAPS & ASSESSMENT PLANNING

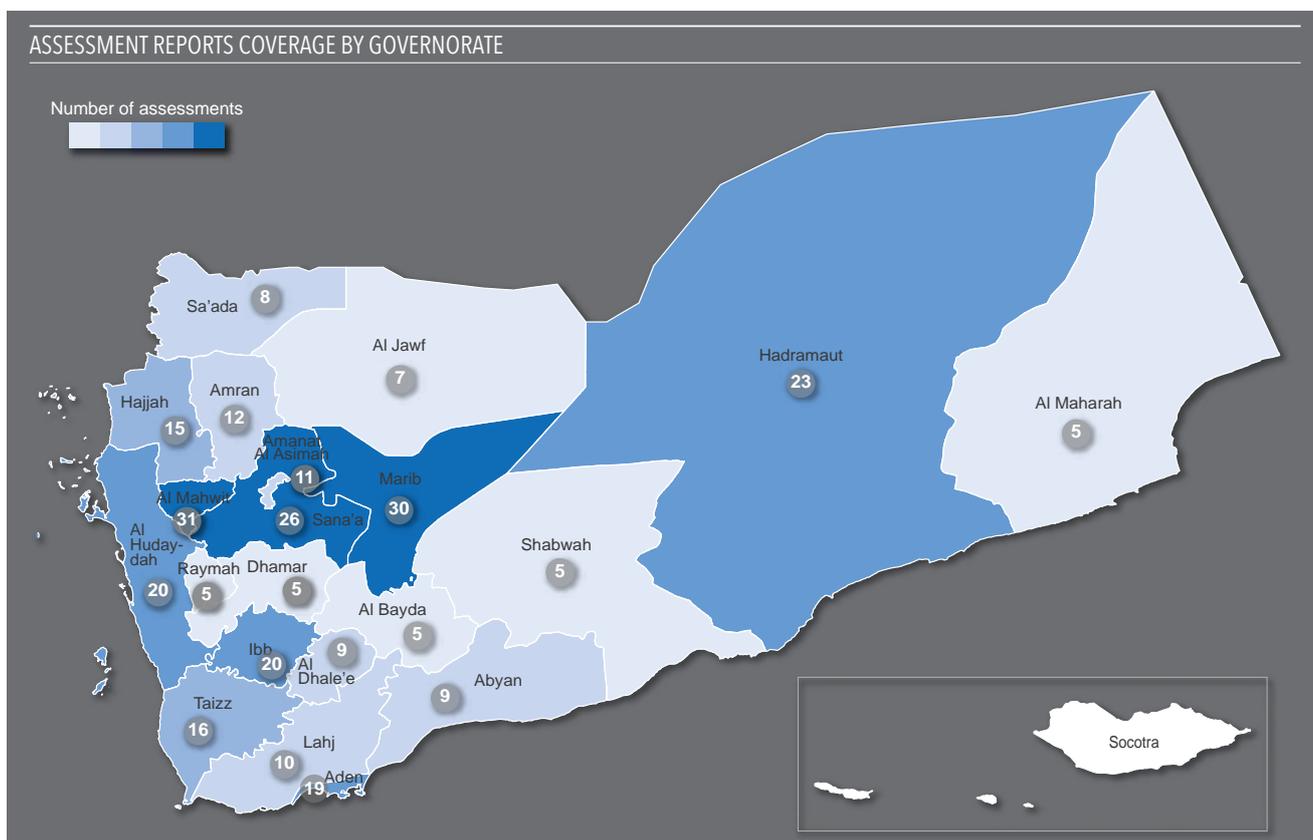
The complexity of the operating environment in Yemen and related access constraints underscore the need for an integrated, wide-reaching assessment approach. As part of the 2016 HNO process, partners reviewed all assessments undertaken to date to identify gaps. Partners also outlined assessment plans for the coming period.

Humanitarian actors have completed at least 79 assessments since the escalation of the conflict in March 2015. 4 out of every 5 assessments completed were multi-cluster/sector assessments (61). The 18 in-depth assessments completed mainly addressed protection, refugees and migrants, food and agriculture, shelter and NFI.

The few intersectoral analyses and the limited geographic coverage of assessments illustrate persisting information gaps. Restrictions on movement and increased security concerns for enumerators have exacerbated these gaps. Access has been particularly challenging in conflict-affected areas in the south, where fewer than 25 assessment reports have been recorded. At the same time, reduced availability and reliability of telecommunications pose challenges to remote assessment work.

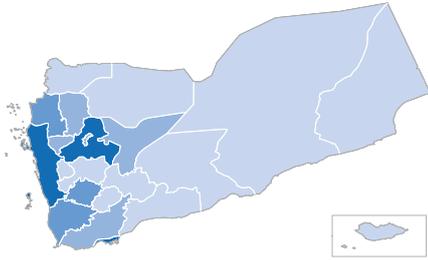
Recognizing the context and limitations of assessments, forthcoming work will focus on increasing geographic coverage and pay special attention to vulnerable groups. A gender assessment and analysis is planned to address critical information gaps on the different impacts of the crisis on women, men, boys and girls. Advances in intersectoral periodic monitoring will employ significant efforts to improve data quality, reliability and relevance for sectoral and intersectoral analysis. For areas that remain challenging to reach, secondary data, public information, and other information sources will continue to be used. These efforts will need to mitigate the complexity of the situation and the access limitations to measure the needs of people living in affected areas.

NUMBER OF ASSESSMENTS	NUMBER OF PARTNERS	PLANNED NEEDS ASSESSMENTS
79	23	116



GEOGRAPHIC COVERAGE ASSESSMENT REPORTS BY CLUSTER

FOOD SECURITY AND AGRICULTURE



WATER, SANITATION AND HYGIENE



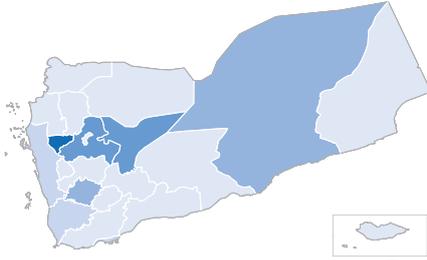
HEALTH



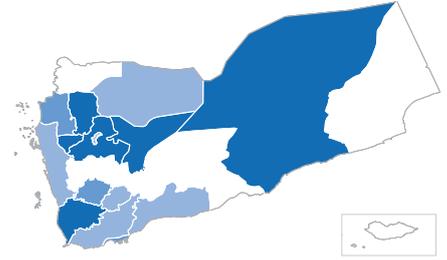
NUTRITION



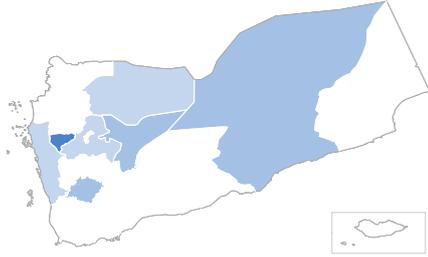
SHELTER, NFIS/CCCM



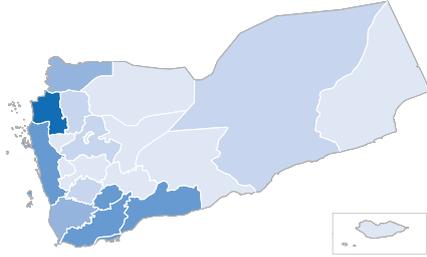
PROTECTION



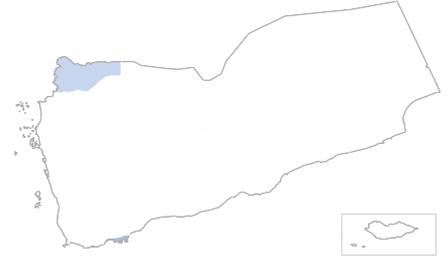
EDUCATION



REFUGEES AND MIGRANTS



EMERGENCY TELECOM



## GEOGRAPHIC AND SECTOR COVERAGE OF COMPLETED ASSESSMENT REPORTS

	Early Recovery 	Education 	Emergency Telecom. 	Food Security 	Health 	Refugees & Migrants 	Nutrition 	Protection 	Shelter 	WASH 
 Abyan				2	1	4		1	1	
 Aden			2	5	1	4	1	4	2	
 Al Bayda				2	1	1			1	
 Al Dhale'e				2	1	4		1	1	
 Al Hudaydah		1		6	2	4	2	2	2	1
 Al Jawf		1		2	1	1		1	1	
 Al Maharah				2	1	1			1	
 Al Mahwit		4		3	5	1	3	6	5	4
 Amanat Al Asimah				3	2	1	1	2	1	1
 Amran				3	1	2		5	1	
 Dhamar				2	1	1			1	
 Hadramaut		2		2	3	2	2	7	3	2
 Hajjah				4	1	5		3	1	1
 Ibb		2		4	3	2		4	3	2
 Lahj				3	1	4		1	1	
 Marib		2		3	4	1	3	11	4	2
 Raymah				2	1	1			1	
 Sa'ada		1	1	2	1	3			1	
 Sana'a				6	4	2	1	5	4	3
 Shabwah				2	1	1			1	
 Taizz				4	1	3		5	2	1

## GEOGRAPHIC AND SECTORAL COVERAGE OF PLANNED ASSESSMENTS

		Child protection	Early Recovery	Education	Emergency Telecom.	Food Security	GBV	Health	Nutrition	Protection	Multi-Sector	Shelter	WASH
													
	Abyan	1	3	4		1	1	2	1	1		2	3
	Aden	2	6	2		1	1	2	2	3	1	2	4
	Al Bayda	1	1	1		1	1	2	2	1		2	2
	Al Dhale'e	1	1	1		1	1	2	1	1		2	3
	Al Hudaydah	1	1	2		1	1	2	2	1		1	2
	Al Jawf	1	1	1		1	1	2	1	1		2	2
	Al Maharah	1	1				1	2		1		1	2
	Al Mahwit	1	1			1	1	2	1	1		1	1
	Amanat Al Asimah	1	3	2		1	1	2	1	2		1	2
	Amran	1	2	2		1	1	2	2	3		1	2
	Dhamar	2	1	2		1	1	2	1	1		1	2
	Hadramaut	2	2		1	1	1	2	1	2	2	2	3
	Hajjah	1	4	1		1	1	2	2	3	1	1	2
	Ibb	1	1	1		1	1	2	1	1		2	4
	Lahj	1	1	1		1	1	2	2	1	1	2	3
	Marib	1	1	1		1	1	2	1	1	1	1	1
	Raymah	1	1			1	1	2	1	1		1	1
	Sa'ada	1	5	1	1	1	1	2	2	2	1	1	3
	Sana'a	2	3	2		1	1	2	1	1		1	2
	Shabwah	1	1	1		1	1	2	1	1		2	2
	Socotra	1	1				1	2					1
	Taizz	2	4	1	1	1	1	2	1	3		2	4

## ANNEX III: METHODOLOGY

### People in need (clusters)

Clusters were requested to estimate the number of people in need of cluster services in each governorate, relying on available data, pre-crisis estimates of need and expert consensus. As in the previous HNO, each cluster determined its own methodology for estimating the cluster-specific estimate of people in need.

### People in need (total)

OCHA reviewed all cluster people in need estimates and selected the highest cluster figure for each governorate. The sum of these figures is the new estimated total number of people in need. This maintains the methodology used in previous HNOs.

### IDP estimates

IDP estimates come from the Task Force on Population Movements (TFPM). TFPM members review all individual displacement reports, remove duplicates and seek clarification. Final results are endorsed by the HCT.

### People living in conflict-affected areas

The figure of people living in conflict-affected areas represents the sum of two figures: the pre-crisis population of districts with recurrent conflict or airstrikes, and IDP numbers in districts without recurrent conflict or airstrikes. In the latter case, IDP numbers are taken as a proxy for affected people in districts that are not directly affected by conflict. IDPs

themselves are automatically already included by counting pre-crisis populations of conflict-affected districts (from which IDPs fled).

### Cluster severity of need maps (Maps in cluster sections)

Each cluster was asked to provide an expert consensus estimate of severity of needs within each governorate, using a five-point scale. During these discussions, all clusters reviewed contextual data provided by OCHA for each governorate (estimates of IDPs, conflict-affected people, casualties and previous cluster estimates of people in need). In addition, each cluster established cluster-specific criteria that were reviewed for each governorate, based either on new data or expert information. As a result, cluster members agreed a score for each governorate estimating the level of severity in that governorate.

### Severity of needs across clusters

Based on the cluster needs scores described above, OCHA estimated an overall estimate of severity of needs across clusters. This estimate was determined by averaging all cluster scores, with life-saving clusters (Food Security, WASH, Health, Nutrition, Shelter and NFIs, and Protection) weighted three, and other clusters (Early Recovery and Education) weighted two. The overall Protection score was an average of three individual scores: Protection, Child Protection and Gender-Based Violence.

