



Photo: Oxfam

# YEMEN

## Humanitarian Needs Overview 2014



United Nations

# Yemen Humanitarian Needs Overview (October 2013)

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# YEMEN - Administrative Divisions



**Disclaimers:**

The designations employed and the presentation of material on this map 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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Base vector data from Yemen MoH/CSO.



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Nominal Scale at A0 paper size: 1:1,250,000

**Boundaries**

- International Boundary
- Governorate Boundary
- Regional Boundary
- Coast Line

**Settlements**

- Country Capital
- Governorate Capital
- District Capital

## MOST SEVERE NEEDS

1. Food insecurity and malnutrition
2. Access to safe drinking water and adequate sanitation
3. Access to adequate health care
4. Rights violations and other forms of abuse and exploitation
5. Displacement and lack of access to services and livelihoods in return areas

## BASELINE

Population (source :Yemen 2011 Statistical Year Book)	<b>25.2 m</b>
GDP per capita (source: World Bank, 2010 est.)	<b>\$1,209</b>
% pop. living under poverty line (source: World Bank, 2012)	<b>54.4%</b>
Life expectancy (2010 est.) (source: SOWC2012)	<b>64 years</b>
Under-five mortality (2010 est.) (source: SOWC 2012)	<b>77/1,000</b>
U5 death rate (SMART surveys 2011-2012)	<b>&lt;1/10,000</b> <b>U5/day</b>
Under-five global acute malnutrition rate (2010 est) (source: SOWC2012)	<b>15%</b>
Population of children under 18 (source, UNPD, 2010)	<b>12.4 M</b>
Child labour (5-17 years) (Source: ILO, 2013)	<b>17%</b>

## KEY PLANNING TRENDS

(in thousands)



## KEY FIGURES

### 25.2 Million Population of Yemen

<b>14.7 million</b> Total People in Need	<b>7.3 million</b> (50%) People in need are females	<b>5.9 million</b> (40%) Children below 18 years in need	<b>0.5 million</b> (3%) People in need are elderly above 60 years
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### Displacement and Migration

<b>306,964</b> Internally Displaced	<b>228,000</b> Returnees	<b>242,944</b> Refugees	<b>62,194</b> Vulnerable and stranded migrants
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### Food Security, Health, WASH and Nutrition

<b>13.1 million</b> People in need of WASH services	<b>8.6 million</b> People lack basic health care services	<b>10.5 million</b> People are food-insecure	<b>1 million</b> Children under five acutely malnourished
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### Protection, Education, Early Recovery and Shelter

<b>2.5 million</b> People in need of protection	<b>2.5 million</b> Children in need of education support	<b>1 million</b> People in need of livelihood support	<b>200,000</b> People in need of shelter and non-food items
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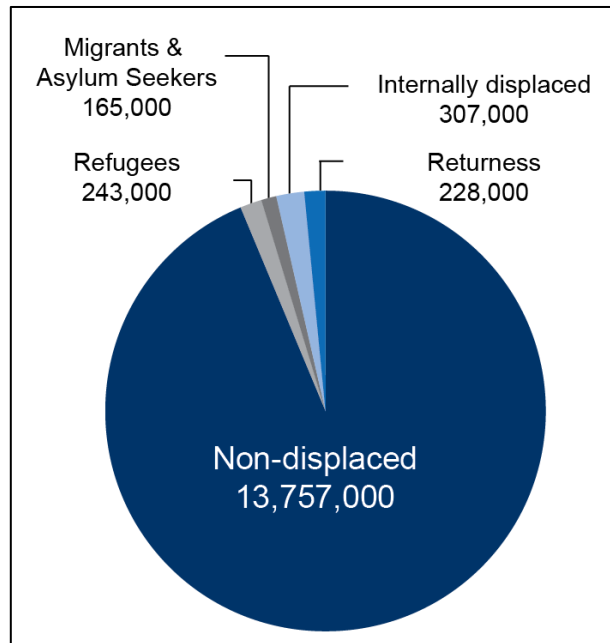
## IMPACT OF THE CRISIS

- An estimated 14.7 million people – 58% of the population of Yemen – are affected by the humanitarian crisis and in need of some form of humanitarian assistance. Underdevelopment, poor governance, environmental stress, demographic pressure and continued political instability contribute to vulnerability.
- Extreme poverty underpinned by limited livelihoods opportunities cause food insecurity and malnutrition that affects many Yemenis. 4.5 million of the food insecure people are severely food insecure.
- 1,058,000 Yemeni girls and boys under 5 are suffering from acute malnutrition, of whom 279,000 (26.5 %) are suffering from severe acute malnutrition.
- Lack of basic services, weak state authority and poor resource management also contribute to the underlying drivers of vulnerability in Yemen. About 13 million Yemenis have no access to improved water sources, with rural areas worst affected.
- Some 8.6 million people lack access to adequate basic health care.
- Political instability and conflicts both within Yemen and in the region have led to large-scale displacement. Over 500,000 IDPs, returnees and other marginalized people are struggling to re-establish their livelihoods, especially in rural areas still contaminated by mines and other explosive remnants of war.
- Over 243,000 registered refugees, the majority of whom are from Somalia, have sought refuge in Yemen.
- Fragmented or absent local government and insecurity undermine rule of law in many areas and human rights remain widespread. Asylum seekers, refugees, migrants and IDPs are at high risk with women and girls being particularly vulnerable.

# PROFILE OF PEOPLE IN NEED

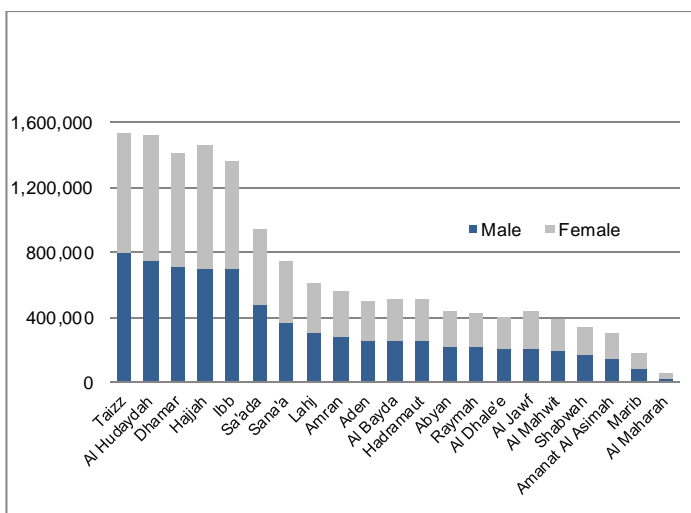
**943,000** is the estimated number of displaced people overall (see figure 1 below) including migrants and refugees concentrated in the governorates of Sa'ada, Hajjah and Amran (north), and Aden and Abyan (south). The highest concentration of people in need occurs in the densely populated areas along the Red Sea coast, including Hajjah, Al Hudaydah, Dhamar, Ibb and Taizz Governorates. These areas also have the highest rates of acute malnutrition among children under 5. The cities of Sa'adah and Sana'a also display a high number of malnourished children.

**Figure1: Breakdown of total People in Need**

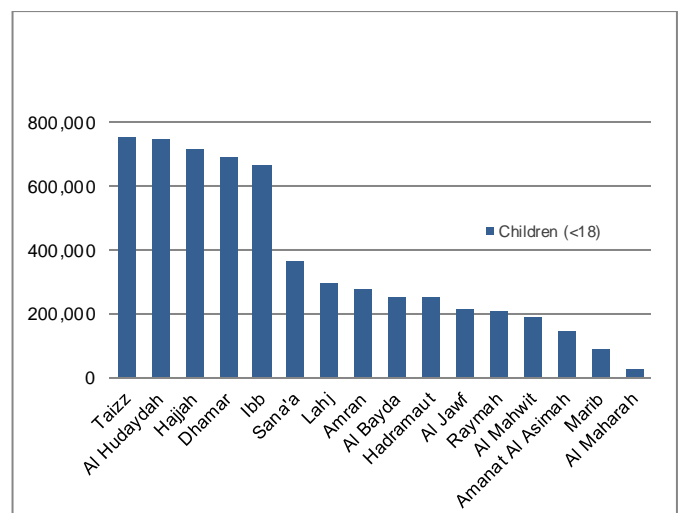


Source: HNO (2013)

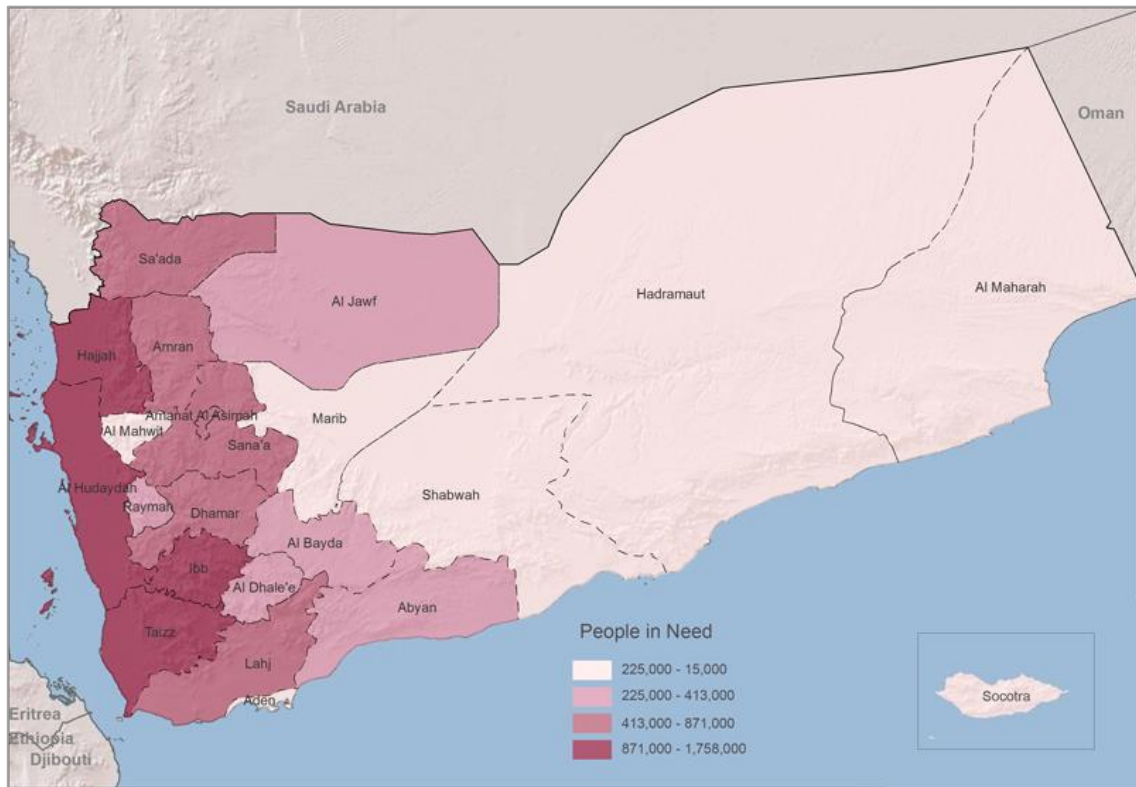
**Figure2: Breakdown of People in Need**



Source: Cluster assessments/estimates, Sept. 2013

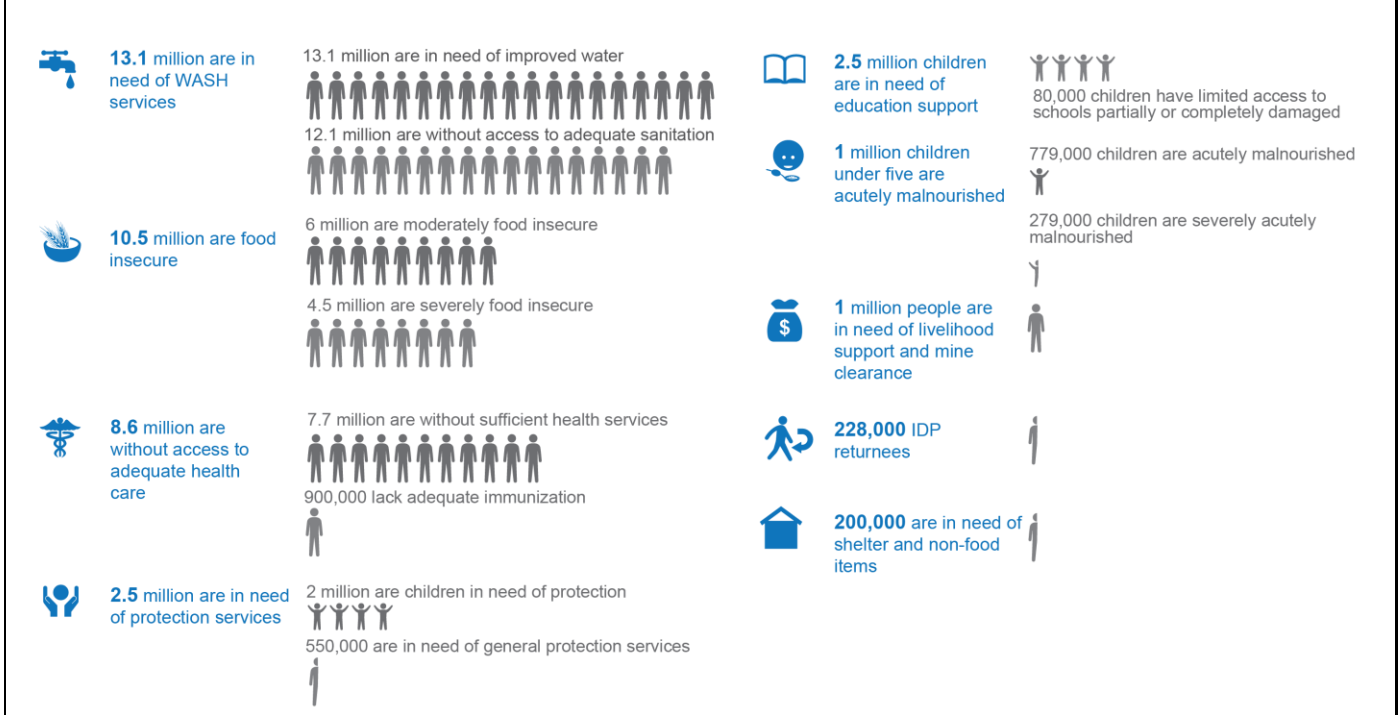


**Figure 3: People in Need by Governorate (October 2013)**



Source: HNO (2013)

**Figure 4: People in Need by Sectors**



Source: HNO (2013)

# DRIVERS OF VULNERABILITY

Despite significant humanitarian efforts over the last three years and limited improvements in security, the humanitarian situation in Yemen continues to require significant external assistance. An estimated 14.7 million people need some form of humanitarian aid. Although the precipitous decline in humanitarian conditions following the 2011 political crises has slowed considerably, more investments are urgently needed to assist Yemenis in their first steps towards recovery. The current crisis can ultimately trace its origins to long-standing under-development, poor governance, environmental stress, demographic pressure and continued political instability, conflict and poverty. Taken together, these factors leave an unacceptable number of Yemeni men, women and children unable to access basic services, protect their fundamental human rights, or recover from crisis.

## **Extreme poverty underpinned by limited income opportunities**

Poverty is one of the main drivers of vulnerability in Yemen, with over 54 % of the population living below the poverty line. Unable to earn enough money, too many Yemeni families are unable to buy sufficient food from markets. An estimated 90 % of total food needs are met through imported foods. Yemen also relies on oil for 90 % of its export earnings, leaving the economy deeply vulnerable to oil price fluctuations. This adds an additional layer of risk to families already struggling to buy food.

A typical Yemeni household spends an estimated 43 % of their income on food. The highest expenditure on food is in Abyan (62 %), and the lowest is in Al Bayda (37 %). Facing food insecurity, families often sell assets or incur debt, which may address their immediate needs, but leaves them less likely to recover from crisis in a sustainable way. Poverty and the lack of sustainable livelihoods and income are major impediments to building resilience among the crisis-affected. With so many people in need, meaningful improvements can only occur gradually through a combination of better resource management, livelihoods support, and at the same time, continued humanitarian assistance to the most vulnerable.

## **Lack of basic services, eroded state authority and poor resource management**

Provision of basic service was poor in Yemen prior to 2011, and deteriorated even further following the political turmoil that year. In conflict-affected areas, this deterioration was caused by extensive damage to social infrastructure and displacement, while long-standing lack of government revenues, poor governance, poor government reach and under-investment in the social sector continued to affect the rest of the country.

Another key concern is the lack of state authority in some areas, with the Government unable to provide effective rule of law and security. Without recourse to dependable rule of law institutions, Yemenis are extremely vulnerable to rights violations, including violence, child recruitment by armed forces and armed groups, gender-based violence, and sexual and economic exploitation. These risks heavily affect migrants, asylum seekers and refugees.

Limited state authority in some areas has a direct bearing on the Government's ability to provide basic services. This includes a lack of ability to provide basic services and investment in infrastructure to mitigate risks to health and life such as safe drinking water and improved sanitation and health care. Consequently, the number of people without access to basic services is alarming across the key sectors of health, water and sanitation and education.

## **Political instability, insecurity and conflicts**

Political conditions have stabilized somewhat since 2011. Yemen is currently undergoing a political transition that aims to establish a fully democratic government. However, this process has encountered important obstacles, and to date the National Dialogue Conference has been unable to resolve some key issues. Still, one critical success has been the agreement of parties to conflict to try to resolve their differences peacefully through a political process. This agreement was preceded by large-scale violence in many parts of the country, particularly in the South, where insurgencies led by opponents of the Government and Al Qaeda in the Arabian Peninsula (AQAP) caused large scale displacement. In the north, six major conflicts in the last decade have also devastated infrastructure and caused displacement.

Despite some positive developments, the political situation remains extremely volatile, with potential to impact on the humanitarian situation. Local tribal conflict – often over natural resources – is a growing cause of violence. In a country with an estimated 10 million small arms in circulation – one for every two civilians – any conflict over land, water or other scarce resources could easily escalate. These mostly localized conflicts are already claiming an increasing number of lives. According to the Small Arms Survey (2010), up to 4,000 people are estimated to be killed in resource-based conflicts in Yemen each year.

Conflict and violence clearly have serious implications for civilians, particularly with regards to human rights violations and other abuses. Conflicts in the last decade have also led to large-scale displacements in both northern and southern Yemen.

In Abyan over 90 % of IDPs have returned home. They face persistent security challenges and limited access to basic services, livelihoods and rule of law. In the north it is estimated that less than 20 % have returned to their communities of origin. The remaining IDPs are not able to return due to insecurity and conflict, which also prevent humanitarian actors from reaching people in need, compounding further their vulnerability.

Finally, political instability and poverty in the wider region are prompting a growing number of people to seek refuge in Yemen. Yemen remains the only country in the Arabian Peninsula which is a signatory to the 1951 Refugee Convention and its protocol. Currently, 242,944 people are registered as refugees in the country. In 2013 an estimated 62,194 mixed migrants arrived in Yemen, in hope of finding work in its richer Gulf neighbors or seeking refuge.

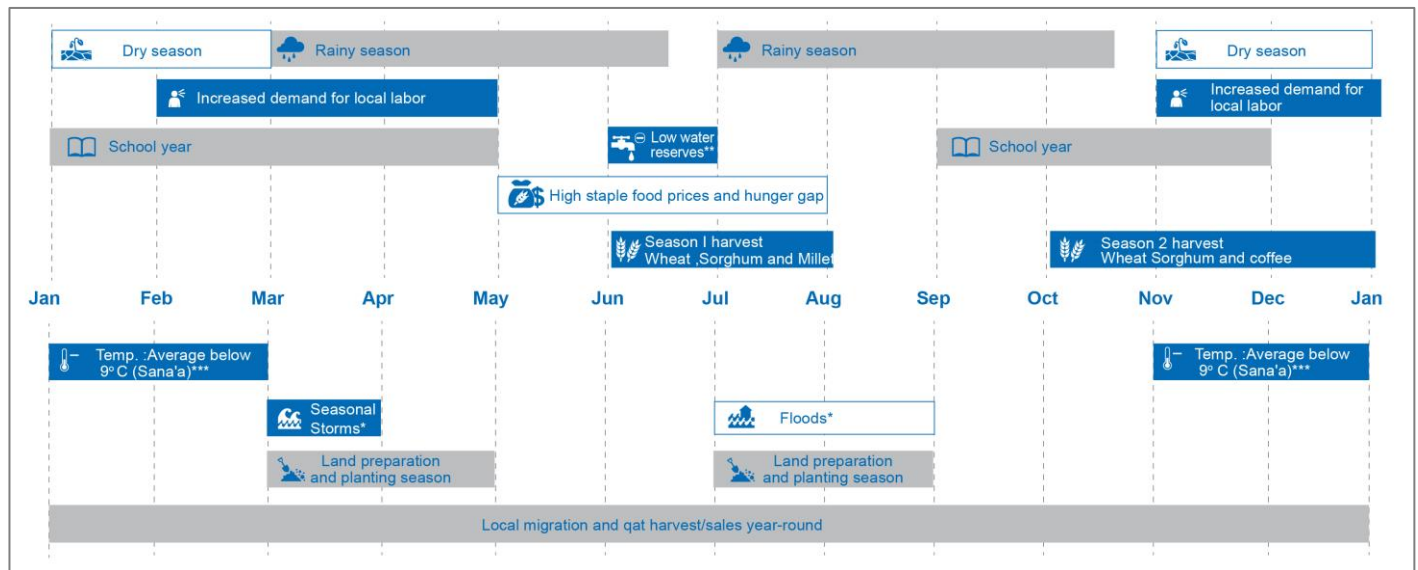
### Natural disasters, climate change and demographic pressure

Yemen is the seventh most water-scarce country in the world. The annual per capita availability of fresh water is 120 m<sup>3</sup> for the whole country, or just 10 % of the regional average and less than 2 % of the global average. In highland areas the situation is worse. In many parts of the country, including Sana'a, aquifers are being depleted as extraction rates exceed replenishment.

Changes in weather patterns are exacerbating this scarcity, leaving the country with more droughts. At the same time, floods have become more common, with resulting loss of life and damage to private and public infrastructure. In 2013, floods in different areas killed 37 people and affected close to 50,000. Rising temperatures and changing rainfall patterns are also directly affecting agricultural yields, leading to increased vulnerability of food producers and consumers.

Finally, as Yemen is facing climate change, its population is growing rapidly. The population growth rate is currently estimated to be around 3 %. If growth continues at this rate, the population will double in fewer than 25 years. This demographic pressure is likely to raise the stakes around dwindling critical resources, potentially contributing to increased instability and conflict.

**Figure 5: Seasonal Calendar of Critical Events**



Source: Adapted from FEWS NET

\* Preparedness for floods in June and storm-resistant shelter as early as January.

\*\* Water reserves at their low est in June (one of the hottest months), providing favourable breeding grounds for bacteria and the subsequent spread of water-borne diseases.

\*\*\* Due to its mountainous geography and the elevations of arable land, winters can be cold, requiring winter safe shelter and additional fuel in late October.



# METHODOLOGY

## Estimate of people in need of humanitarian assistance

Each cluster provided an estimate of people in need of humanitarian assistance disaggregated by sector and governorate. The clusters estimates were based on sector-specific needs assessments. For the governorates where no need assessments could be carried out, clusters projected data from neighbouring governorates with similar socio-economic and geographic characteristics.

The total number of people in need of some sort of humanitarian assistance is the sum of the highest number of people in need across all clusters in each governorate. For the 2013 response plan, the methodology for determining the national figure was more rudimentary: it was assumed that the largest sectoral need would be equivalent to the total number of people in need. This assumed that the total number of people in need of water and sanitation services – 13.1 million - would capture all of those in need of humanitarian assistance. This explains the significant difference in the number of people in need between 2013 and 2014. The new methodology accounts for the fact that, although 13.1 million people without access to improved water sources is the highest number across sectors at the country level in 2013 there are governorates where there are other needs greater than access to water (e.g. health, food, sanitation) according to the geographically-desegregated sectoral findings.

Not all clusters had access to a breakdown of people in need based on age (under 18 and over 60 years old). Some clusters have not submitted age-disaggregated data, while others used set formulas based on the known demographics of the area.

## Mapping of severity of needs

The composite heat/ severity of needs map (found on p. 9) gauges the severity of needs according to criteria established by all the humanitarian sectors and indicates where needs across all the sectors are concentrated geographically. A district appears in a darker color in the map when that district is exposed to more severe and numerous humanitarian issues covering many sectors.

The composite severity for each district is calculated using a tool comprising a list of criteria of severity for each cluster. Clusters agreed on two or more criteria based on the availability of data at the district level for their respective sector (Information Management standardized the data to make it compatible.) Weights to each criterion based on its relative importance were agreed among cluster members. From this input, the tool generated a cumulative score for each district by adding up the standardized weighted values. This score was then normalized on a scale from 1 – 100 to allow for comparability across clusters and flexibility on the number of severity indicators used by each cluster.

All calculations were based on district level data, except for the Food Security and Agriculture Cluster, where data was disaggregated from the governorate to the district level before combining it with data from the other clusters to calculate the cumulative scores that led to the ranking. The resulting heat map is used to further guide the discussion on response priorities.

Given access constraints in some areas and consequent data collection problems, the map cannot be considered entirely comprehensive, but it offers a useful barometer of the severity of needs across the country.

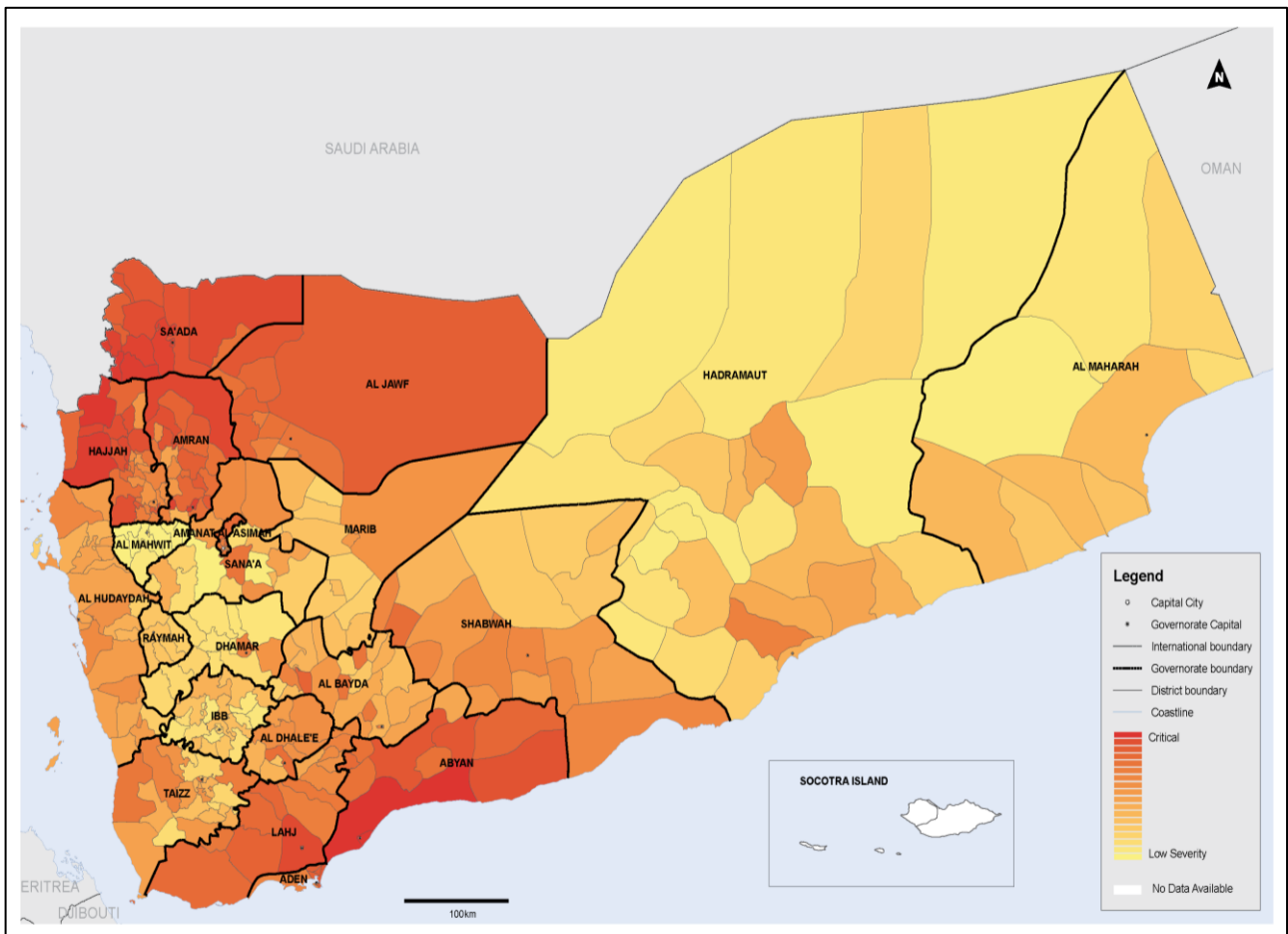
## Mapping access constraints

Access constraints was mapped based on data regarding security incidents, UNDSS Security Level System (SLS) data, and the “Who is Doing What and Where” also known as (3Ws) operational presence data. This data formed the basis for estimation by an expert group to determine overall level of access constraints. The Security Level System (SLS) provides a description of the security environment of a particular area or location in which the UN operates. The 3W provides information on operational presence of humanitarian organisations. Therefore, the access map shows the inverse – highest number of access constraints is in areas with high operational presence of humanitarian organisations. Because of this, the areas with the least number of humanitarian partners have the least exposure and consequently would appear to have the least access. This is why the map is based on expert opinion.

# ANALYSIS OF THE MOST SEVERE NEEDS

Overall, the most severe needs are in the Northwest, along the Red Sea coast and in the south, with less severe needs in the central and eastern parts of the country (see note on methodology). However, conditions in certain governorates, such as Al Jawf, allow only very limited access and are therefore not adequately assessed. For food security, no comprehensive survey has been conducted in Sa'ada and Al Jawf. Nonetheless, existing reports from Al Jawf and the observation that similar characteristics of surrounding areas show high malnutrition suggest a severe malnutrition situation in Al Jawf. The limited coverage of nutrition services in Al Jawf adds to the concern.

**Figure 6: Severity of Needs by Governorate (October 2013)**



Source: HNO (2013)

## Food insecurity

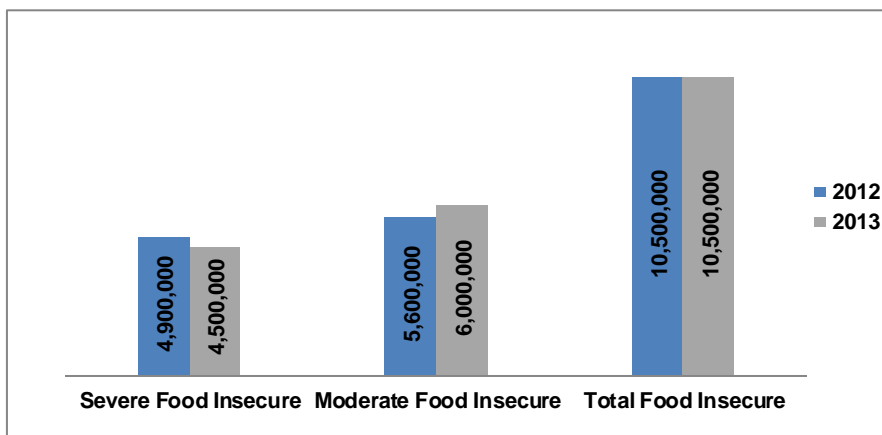
The latest statistics indicate that an estimated 10.5 million people – almost 42 % of the total population – are unable to meet their basic food needs. Of these, 4.5 million people are severely food insecure. The overall number of food insecure people remains largely the same as last year, although the number of severely food insecure people has fallen by about eight per cent. The governorates of Marib, Lahj, Al Bayda, Abyan, Al Dhale'e, Sana'a, Amran, Hajjah, Taizz, Al Hudaydah, and Shabwah have the highest numbers of severely food insecure people.

High rates of severe food insecurity stem from political unrest and conflict, displacement, unemployment, insecurity, lack of humanitarian access, lack of agricultural services and water scarcity. Household purchasing power is reduced, leaving families vulnerable to shocks due to high prices and low income. Yemen's reliance on importing staple food makes the Yemeni population extremely vulnerable to changes in global markets.

A number of factors have reduced the volume of locally grown foods in local markets, including lack of land available for food production; extensive land degradation; insecurity; and the predominance of non-food crops, such as qat. Households without enough food are forced to use negative consumption-related coping strategies, such as eating less preferred foods from fewer food groups, eating smaller meals, and eating fewer meals per day. Other coping mechanisms included buying food on credit and consequently incurring debt. The groups most

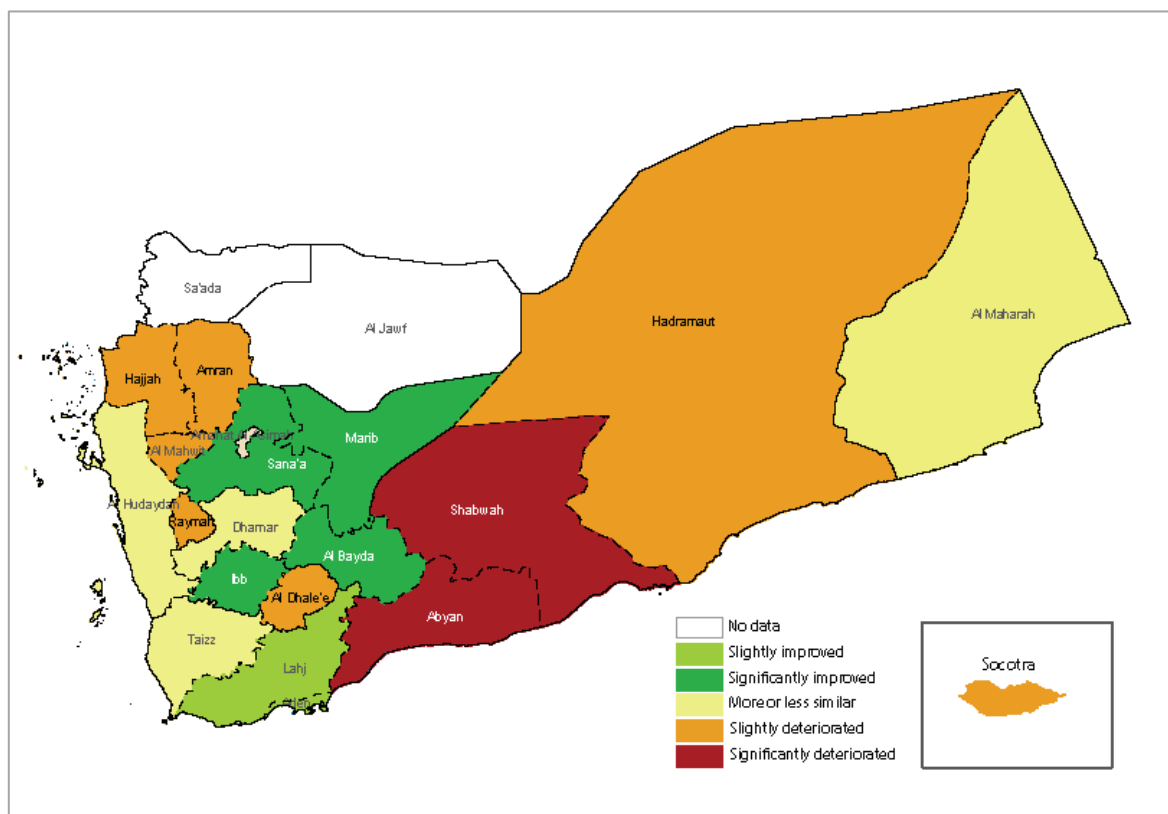
affected by food insecurity are vulnerable households (female- or elderly-headed, or families with chronic illnesses), children under five, pregnant and lactating women, IDPs, returnees and refugees.

**Figure 7: Number of Food Insecure People**



Source: Food Security and Agriculture Cluster (2013)

**Figure 8: Food Security in 2012 and 2013**



Data Source: WFP FSMS 2013

## Malnutrition

It is estimated that 1,058,000 children under 5 are suffering from acute malnutrition, and some 500,000 pregnant and lactating women are at risk. Malnutrition is most prevalent in the densely populated Northwest, along the Red Sea coast and along the Arabian Sea coast into Abyan.

**Figure 9: Number of Acutely Malnourished Children**



Source: Nutrition Cluster (2013)

Overall malnutrition rates increased slightly in 2013 compared to 2012, with increases in both severe and moderate acute malnutrition. Eight governorates had a level of malnutrition deemed critical with global acute malnutrition (GAM) of 15 % and above, and four were deemed serious with severe acute malnutrition (SAM) rates between 10-14 %. Altogether, 1,058,000 children under 5 are estimated to be acutely malnourished. The Nutrition Cluster has managed to treat 36 % of the caseload in the first nine months of 2013, leaving a significant majority of needs unmet. Preventive and emergency nutrition services have the lowest coverage in Sa'ada, Al Jawf, Lahj, Taizz, Hajjah and Abyan Governorates.

With 47 % of children stunted, Yemen has the world's second highest rate of chronic malnutrition among children, second only to Afghanistan. Poor feeding practices, household food insecurity, lack of education, diarrhea and other diseases caused by unsafe drinking water, and poor access to health and nutrition programmes all contribute to malnutrition.

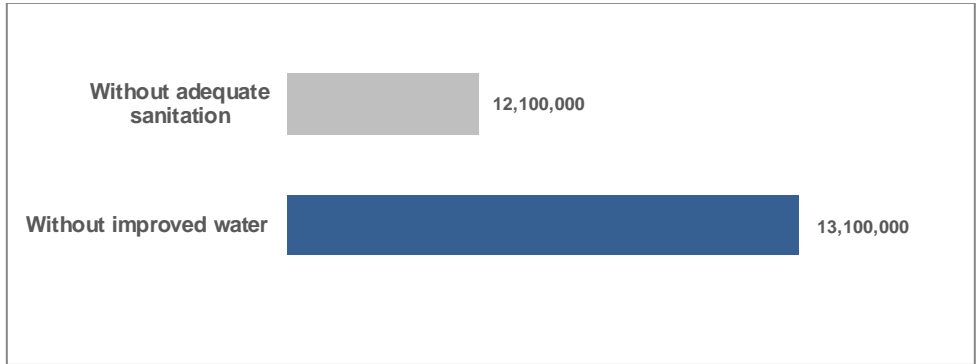
Malnutrition can have debilitating consequences, particularly for children who risk life-long deficiencies in their physical and cognitive development, if they do not get the nutrients they need. In Yemen, malnutrition can often be ascribed to poor sanitation and child care practices, as well as insufficiently nutritious or diverse food types. Given their protective defence against infectious diseases like diarrhoea, a clean water supply, sanitation and hygiene they are important for preventing malnutrition. The greater propensity of malnourished children to develop diarrhea illustrates the correlation between areas with high malnutrition rates and those with the greatest lack of access to safe water and sanitation facilities.

### Access to safe drinking water and adequate sanitation

About 13 million Yemenis – over half the population – have no access to improved water sources, with rural areas worst affected. Half of the population also lacks adequate sanitation facilities, especially migrants, IDPs, refugees and rural residents. In the last year, no significant change has been reported in the number of people who have access to improved water and sanitation services.

Rapid population growth could potentially undermine efforts to promote social and economic development; as well accelerate the depletion of natural resources. As the world's seventh most water-stressed country, water scarcity in Yemen is already a source of vulnerability and, increasingly, localized conflict. Existing water sources are often neither protected nor improved, and rural communities lack the ability to establish or maintain water networks. The Food and Agricultural Organization (FAO) estimates that one quarter of irrigated land is devoted to qat production, draining sizeable quantities of water and decreasing the availability of food on the markets. Keeping pace with growing demand for water would require huge infrastructure investments.

**Figure 10: Access to Improved Water System and Sanitation**

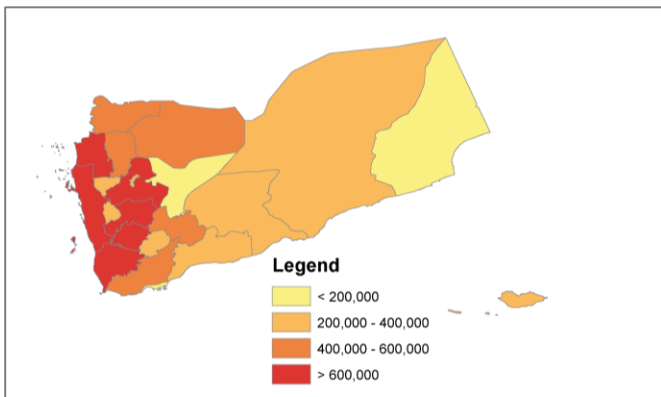


Source: WASH Cluster (2013)

People face health and environmental hazards due to lack of access to adequate sanitation facilities. In most rural areas, there is no government body in charge of providing sanitation services, which partially accounts for the 12 million Yemenis who lack access to adequate sanitation. As a result, Yemenis run a substantially higher risk of outbreaks of water-borne disease such as cholera and dysentery. This risk is aggravated by inadequate hygiene (21 % of households do not have soap for hand washing).

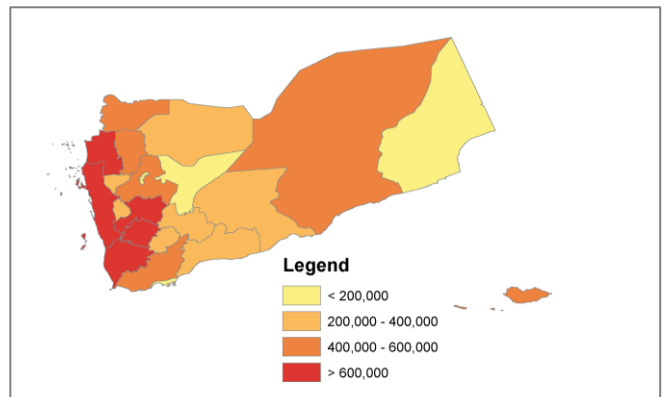
Over 50 % of residents in Hajjah, Al Hudaydah, Ibb, Sana'a, Dhamar and Taizz Governorates (see Figure 10) lack access to safe water. Other governorates in this situation are Abyan, Al Jawf, Al Mahwit, Lahj and Sa'ada

**Figure 11: People Without Access to Improved Water Sources**



Source: WASH Cluster (2013)

**Figure 12: People Without Access to Adequate Sanitation**

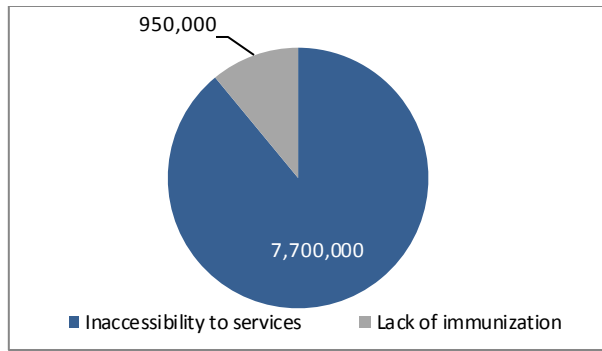


Source: WASH Cluster (2013)

**Access to adequate health care**

Equitable access to comprehensive and affordable health care is a human right. Yet up to 8.6 million people lack access to sufficient access to health services in Yemen. Destroyed or damaged infrastructure, a shortage of qualified personnel, and a lack of adequate medical equipment and referral systems particularly in Sa'ada, Hajjah, Amran, Al-Jawf, and Abyan Governorates undermines access to basic health care. Improved health service assessments, through the Service Availability and Readiness Service (SARA) indicates that there are significantly more people in need of access to health care than previously thought. The 2013 Yemen Humanitarian Response Plan was based on the estimate that 6.4 million people did not have adequate access to health care. The most recent numbers show the number to be 34 % higher, namely 8.6 million (source: Health Cluster, 2013). This, however, does not mean that there has been a 34 % increase in the number of people in need, but that there has been an increase in our knowledge about the number of people in need.

**Figure 13: Number of People Without Access to Health Care**



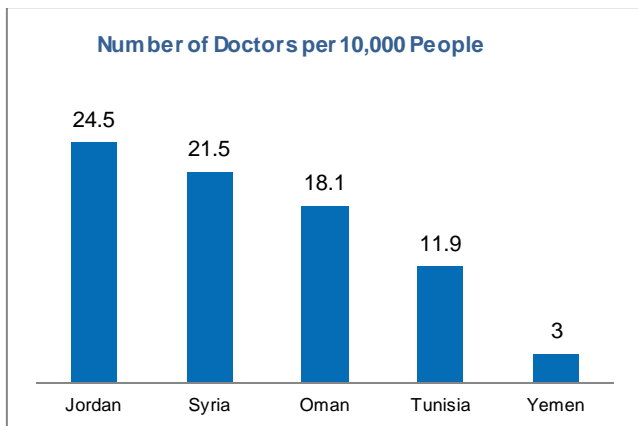
Routine immunization programmes have been disrupted in conflict areas. This disruption, coupled with accelerating arrivals of migrants, asylum seekers and refugees as well as widespread malnutrition, has left a serious immunization gap in children. In Al Jawf, where immunization coverage is particularly low due to limited access, only 8 % of children under the age of 1 have received a measles vaccination, and 12 % have received Penta-3 vaccines. Other affected governorates include Abyan, Al Bayda, Al Maharah and Sa’ada.

Assessments in Hajjah, Sa’ada and Abyan Governorates show gaps in maternity care, with severe gaps in basic and comprehensive emergency obstetric and newborn care that affect 1.7 million already vulnerable female IDPs, migrants, refugees, returnees and host community members. People traumatized by conflict and victims of rights abuses also have little or no access to psychosocial support.

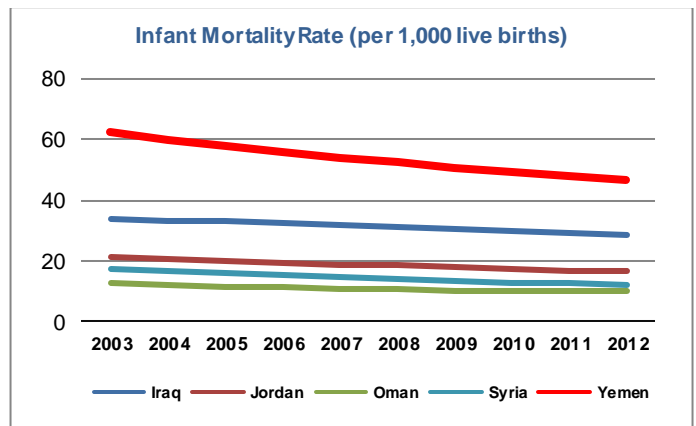
Unenforced, or absent, health regulations undermine effective prevention and treatment efforts. The lack of a proper disease surveillance system in the country prevents stakeholders from tracking communicable diseases, thereby affecting planning, implementation and monitoring of disease management activities. An electronic Disease Early Warning and Response System (eDEWS) has been successfully piloted in Abyan, Aden, Lahj and Taizz governorates.

Inadequate sanitation and poor post-harvest storage practices, poses a high risk of disease outbreak, threatening affected communities with diseases that could spread rapidly and endanger public health.

**Figure 14: Health Indicators: Number of Doctors and Infant Mortality Rate**



Source: UNDP, Humanitarian Development Index – 2013

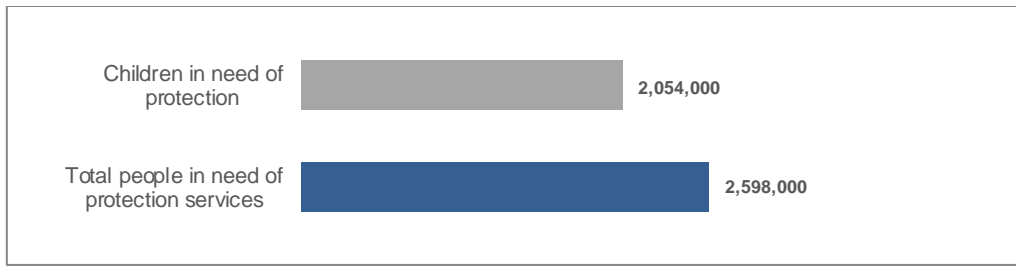


Source: World Bank database (2013)

### Rights violations and other forms of abuse and exploitation

Human rights violations remain widespread in Yemen, where mainly women, children, asylum seekers, refugees, IDPs and migrants face threats of serious abuse. Fragmented, or absent local government and security in many areas undermine the rule of law, disproportionately affecting women and girls who face multiple barriers to justice. Women earn less than men, have limited land and property rights, encounter discrimination in education and health care, face gender-based violence, and are under-represented in governance and decision-making.

**Figure 15: Number of People in Need of Protection**



Source: Protection Cluster (2013)

**Violence against women**

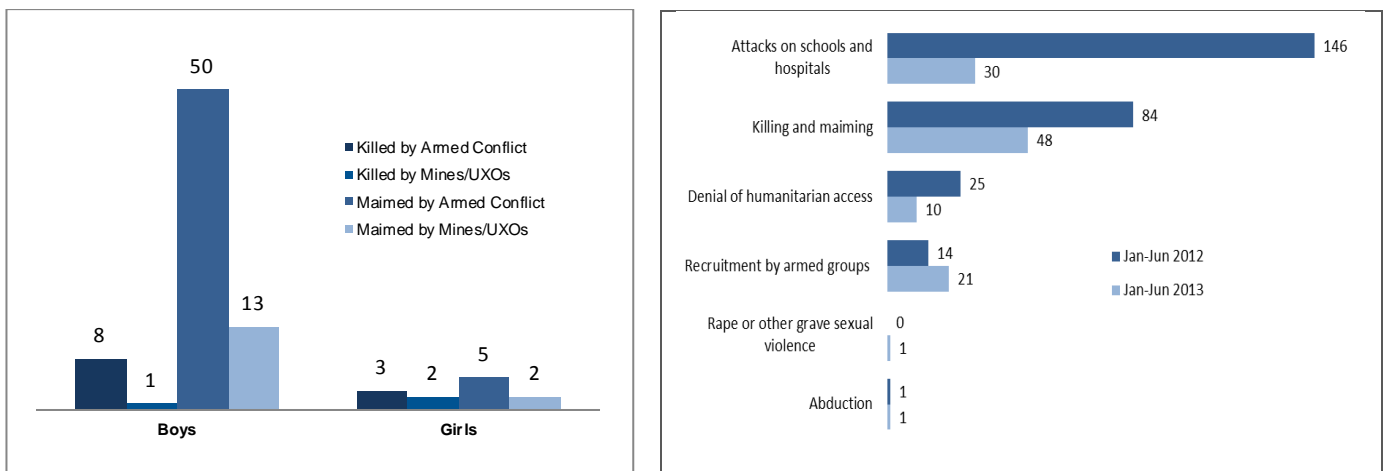
Violence against women persists across the country. Reported cases of sexual and gender-based violence almost certainly represent only a fraction of actual cases due to a lack of a systematic reporting and prevailing cultural norms that discourage survivors from seeking assistance. Dedicated response and referral services are either weak or absent, especially in rural areas, such as Shabwah, Al Dhale'e, Lahj and Aden in the south, and Amran, Hajjah and Sa'ada Governorates in the north. Only one women's shelter provides a safe space for GBV survivors in Yemen, located in Sana'a. The Government has failed to promote the services needed to address this issue, as well as encourage female staff for key roles in Government dealing with sensitive protection issues.

**Children facing multiple risks**

Tens of thousands of children are separated from their families every year. These are primarily children from the Horn of Africa, migrant Yemeni families of lower socio-economic status who are in Saudi Arabia for work, and Yemenis expelled from Saudi Arabia. Many of these children end up stranded in border towns.

In the first half of 2013, an estimated 4,000 children crossed the sea to Yemen en route to other Gulf States, many of whom suffered abuse, forced labour and exploitation. While a small fraction of those children, mainly boys, were rescued and safely repatriated to their country of origin, there is grave concern about the fate of girls and women who are assumed to be in the hands of traffickers/smugglers and subjected to sex trade and other forms of exploitation. Altogether, 25 % of urban children and 4.5 % of rural children experience some sort of violence at home, in the community or at school. This plight is exacerbated by hardship arising from conflict and other crises. More than 60 % of children do not feel safe in their neighbourhoods or on their way to school, a matter that affects girls more than boys. Psychological consequences of violence and instability in the household, in the community and in schools are reported to be high in all conflict affected districts. Almost all governorates consulted reported high rates of drug abuse amongst adolescents and young people. Boys are mostly affected by recruitment of children into military forces and armed groups. Children continue to be killed, maimed by conflict and unexploded remnants of war (ERW). Many children are also affected when conflict affects their access to schooling, health care and other basic services.

**Figure 16: Child Rights Violations**

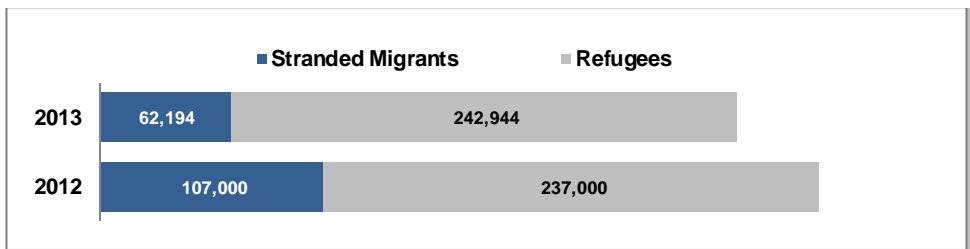


Source: Monitoring and Reporting Mechanism database (MRM) (2013)

**Refugees and mixed migrants**

Large migration flows – including refugees and economic migrants mostly from the Horn of Africa – are increasingly prone to human trafficking and smuggling. Asylum seekers, refugees and migrants are mainly spread along the west and wouthwest coasts, and are extremely vulnerable to human rights violations and also lack access to basic services and food.

**Figure 17: Refugees and Stranded Migrants in 2013**

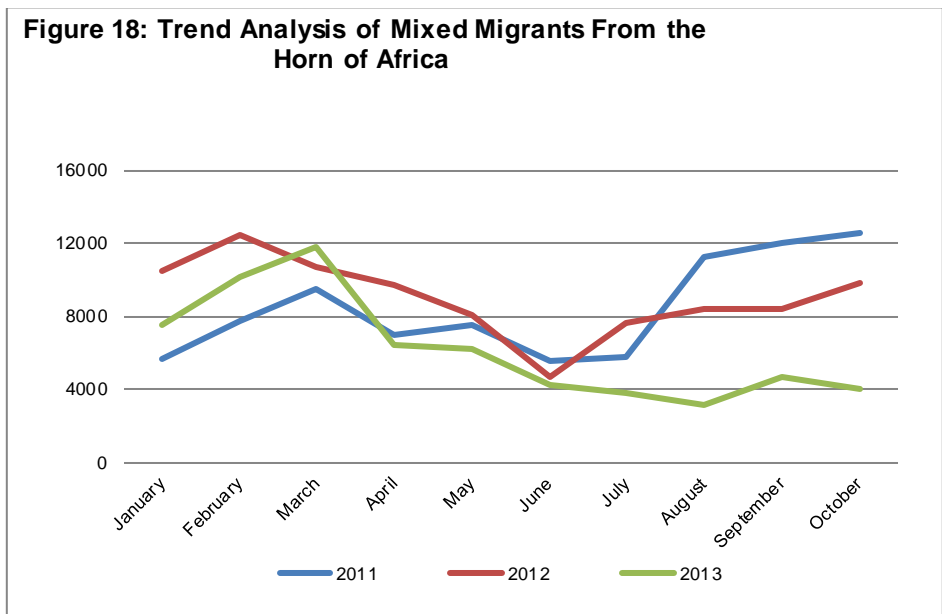


Source: UNHCR (2013)

These violations disproportionately affect the most vulnerable, including women and children. Trend analysis indicates significant congestion around border areas, including along coast-line and the land border with Saudi Arabia, straining limited resources and basic services in these areas, fostering tension between refugees, migrants and host communities. This contributes to the weakening of protection conditions for asylum seekers, refugees and economic migrants.

Asylum seekers, refugees and migrants, including children, in the past have suffered from arbitrary detention, rape, kidnappings and torture. Conflict and instability limits the ability of the authorities to address these issues, and weak law enforcement structures are conducive to protection abuses.

**Figure 18: Trend Analysis of Mixed Migrants From the Horn of Africa**



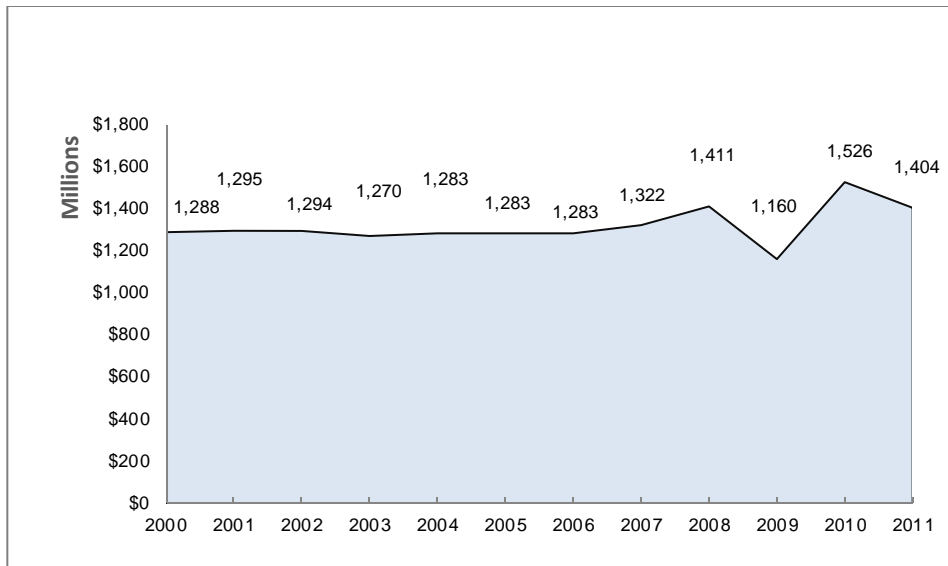
Source: UNHCR Yemen 2013

**Yemenis returning from Saudi Arabia**

The growing influx of Yemeni returnees from Saudi Arabia – more than 300,000 have already returned between April and October 2013, with 400,000 expected to return in 2014 - further strains limited basic services and has reduced remittances benefitting the overall economy as well as Yemeni households.



**Figure 19: Trend Analysis of Remittances to Yemen**



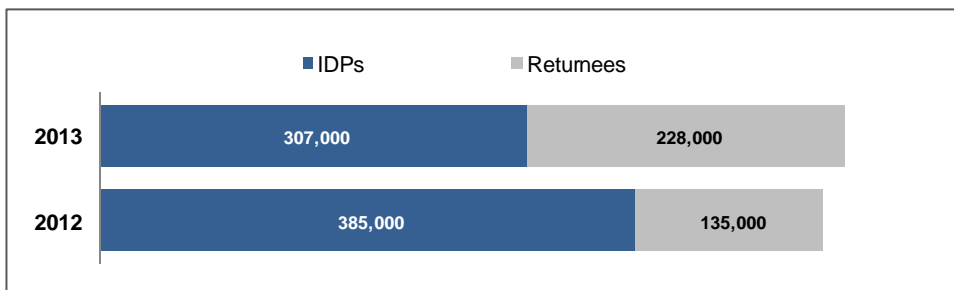
Source: World Bank database – 2013

**Displacement and access to services and livelihoods in return areas**

*Internally displaced people (IDPs) and returnees*

During the last year a significant return of people displaced by conflict has occurred, mainly in the south. Only some 5,500 (about 10%) remained displaced by mid-2013. Returnees and marginalized groups face tremendous difficulties in re-establishing their livelihoods, both in Abyan and in the north. Some IDPs refrain from returning to their places of origin due to ongoing conflict (or risk thereof) and the absence of effective security and authority. In the north, only an estimated 19 % of the original caseload have returned.

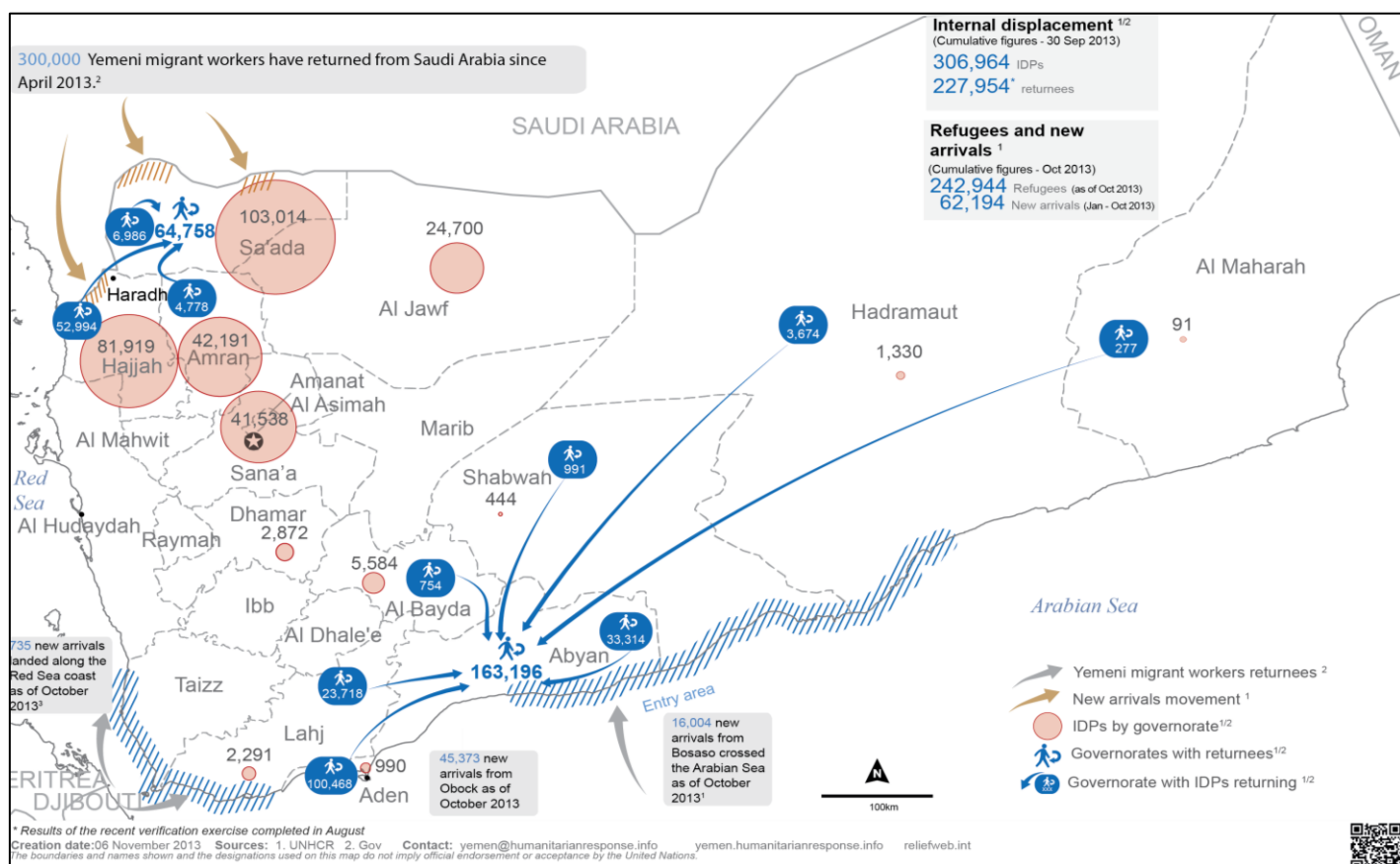
**Figure 20: Number of IDPs and Returnees**



Source: UNHCR Yemen 2013

Massive destruction of public and private assets has hindered people’s voluntary return, with up to 40,000 houses – home to an estimated 200,000 people, most of them in the south – partially or completely destroyed. Two years after the end of the fighting, nearly 200,000 – IDPs, returnees and marginalized families – are still in need of shelter assistance and non-food items. The remaining IDPs from Abyan are reluctant to return over security concerns and a lack of livelihoods opportunities. This highlights the need to find durable solutions for the IDPs in protracted displacement. For IDPs in the north who have not been able to return home, shelter and other essential non-food items are needed especially for some 12,000 camp-based IDPs. Many of the estimated 69,000 IDPs living outside the camps in Hajjah Governorate are semi self-settled. They may need transitional shelters and hosting communities need support for community-based infrastructure that would enhance the provision of basic services and promote coexistence between host communities and new residents

**Figure 21: Displacement**



**Landmines and other explosive remnants of war**

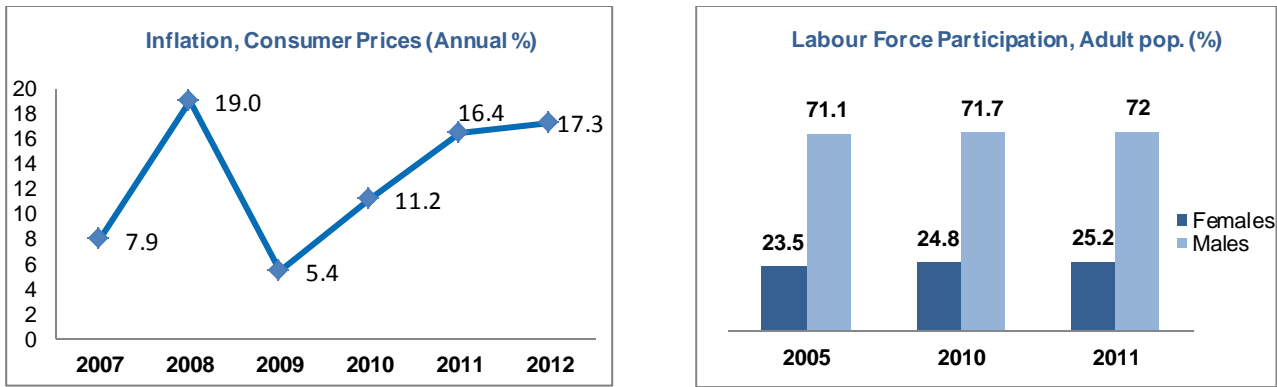
Mines, UXOs and other explosive remnants of war still contaminate many areas. Technical surveys have identified 10,776,470 m<sup>2</sup> of land in need of clearance. While most urban areas are now safe, UXOs and mines in rural areas and agricultural land still threaten people's lives and prevent the re-establishment of livelihoods. Despite mine risk education campaigns, many people in contaminated areas do not properly understand the enormous risks of explosives in their communities. Children, especially boys, are particularly at risk as they play on land near their homes; work in agriculture or herd animals.

**Socio-economic factors and weak local government hinder return to normality**

Allowing crisis-affected people to avoid becoming dependent on aid and become more resilient to shocks is contingent on their ability to re-establish or develop viable livelihoods. With little cash, returnees, displaced people and host communities cannot invest in their livelihoods, jeopardizing their future recovery. Youth, ethnic minorities and female-headed households are particularly vulnerable in this regard. Unemployment among young people is 53 % nationally and higher in conflict areas. This vulnerability increases their likelihood of drug use or recruitment by militant groups.

Local government is often either fragmented or absent in return areas. By failing to re-assert local authority and ensure access to land and re-gained areas, people's ability to resume their agricultural livelihoods is severely undermined. Although agriculture contributes to only 15 percent of the national GDP, it employs over half the labour force, and is the main source of income for over two-thirds of the population.

**Figure 22: Indicators of Inflation and Labour Force Participation**



Source: World Bank database (2013)

**Figure 23: Number of Damaged Schools and Children Without Access to School (2013)**

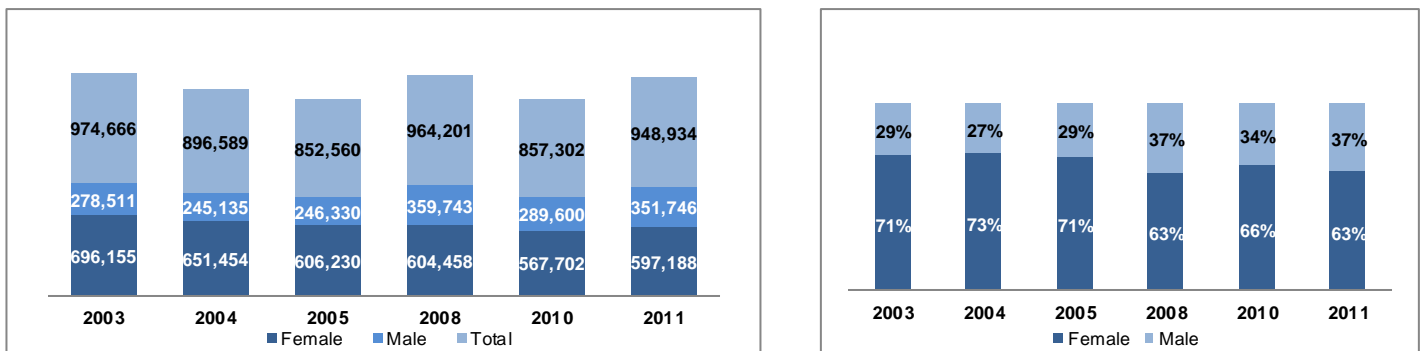


Source: Education Cluster (2013)

Some 2.5 million children are out of school across the country, and the drop-out rate is 20 % in the 37 districts worst hit by school dropout. As a result, too many children are not acquiring the skills they need to establish successful livelihoods and secure better prospects for their future. Female students are especially at risk, as they are typically the first to be withdrawn from school to save money or be engaged in early marriages. The education of refugee children also poses particular challenges due to the linguistic barrier and difficulties for children and their families to support the costs related to education, including the public system.

310 schools remain either partially or completely damaged due to conflict, creating severe difficulties for some 80,000 children to attend classes. Six schools in Aden remain occupied by IDPs. Furthermore, the loss or damage of school supplies in Sa'ada, Amran, Lahj, and Abyan Governorates limits the learning environment for students who attend conflict-affected schools and exposes them to safety and health risks. Up to 60 % of children in a survey in Abyan, Aden, Lahj, Shabwah, Al Dhale'e, Hajjah, Sa'ada Governorates indicate that they felt unsafe playing in their communities and on the way to school.

**Figure 24: School Dropout Rates**



Source: World Bank database (2013)

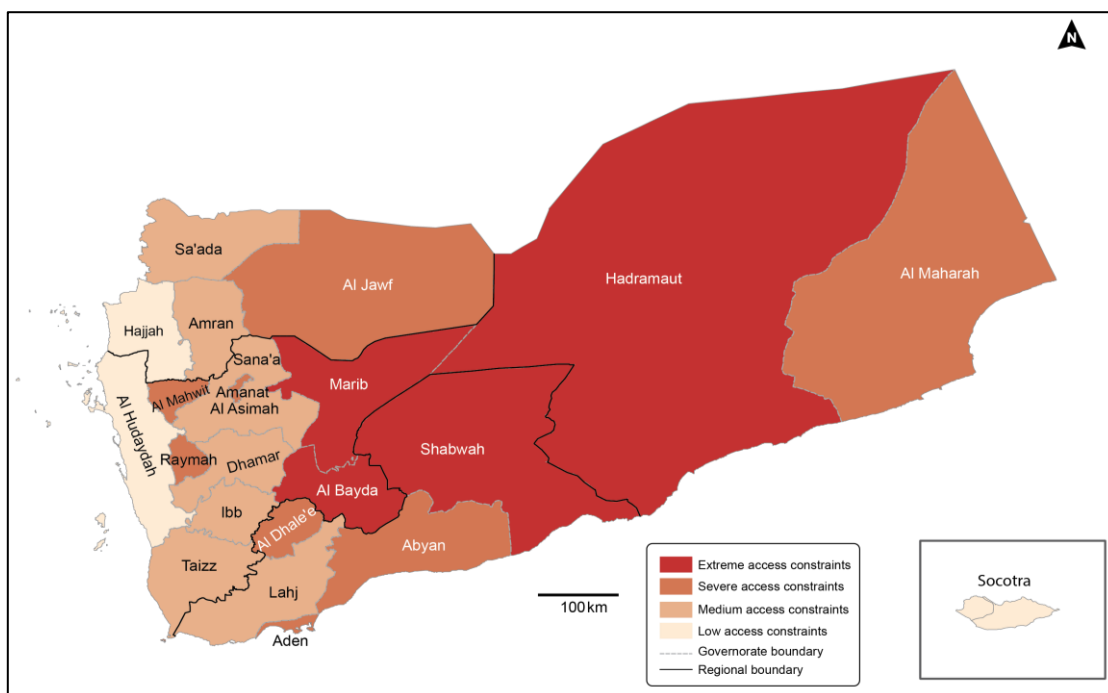
Source: World Bank database (2013)

# HUMANITARIAN ACCESS

Humanitarian access remains a critical impediment to humanitarian operations in Yemen. Armed conflict, terrorism, crime, civil unrest, natural hazards and illegal checkpoints prevent humanitarian access. In the north, access challenges in Hajjah Governorate are primarily due to illegal checkpoints that restrict movements, as well as mines and UXOs. In Sa'ada, Al Jawf and parts of Amran Governorates, the de facto local authorities impede access by restricting unaccompanied movements in areas under their control. These authorities at times interfere with the implementation of humanitarian activities, including the selection of beneficiaries. This interference contravenes the humanitarian principles of impartiality, neutrality and independence of humanitarian action. In the South, active hostilities and armed conflict hamper humanitarian operations in Abyan, and to a lesser extent in parts of Shabwah Governorates. Abyan has an extremely high level of humanitarian need; meaning that access difficulties have a pronounced effect on the well-being of hundred thousands of people.

The humanitarian access constraints map below shows that governorates with extreme access constraints extend from Marib in the centre to Al Bayda and eastwards to Shabwah and Hadramaut Governorates. Governorates with severe access constraints include Al Jawf in the North, Al Dhale'e and Abyan in the south, Al Mahwit and Raymah in the west, and Al Maharah in the east. All other governorates range from medium to low access constraints.

**Figure 25: Humanitarian Access Status (October 2013)**



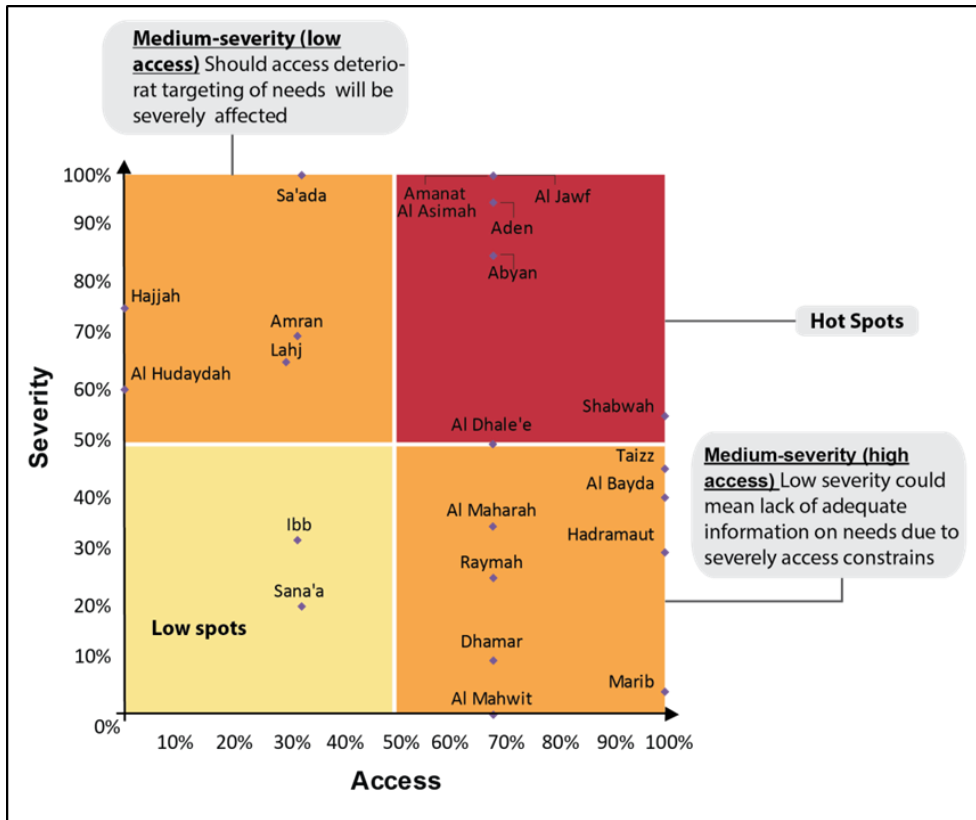
Source: UNOCHA 2013

Infrastructure in crisis-affected areas is generally conducive to humanitarian access from a purely logistical standpoint. Major exceptions include Al Jawf and some mountainous areas of Sa'ada Governorates, where roads are rudimentary.

To assess the impact of access constraints on humanitarian programming, the humanitarian access constraints map was juxtaposed with the scale of humanitarian severity map. The result provides four quadrants; Hotspot, Medium-severity (high access), Medium severity (low access), and Low spots (see figure 25). The Abyan, Al Jawf, Al Dhale'e and Shabwah Governorates are identified as hotspots having a high scale of severity and high access constraints. All efforts must be considered to ensure safe corridors for delivering humanitarian assistance in hotspot governorates, including access negotiations with non-state actors and partnerships with national NGOs. Any deterioration either in access and or an increase in severity of needs in the two Medium- severity spots will move governorates to the hotspot quadrant.

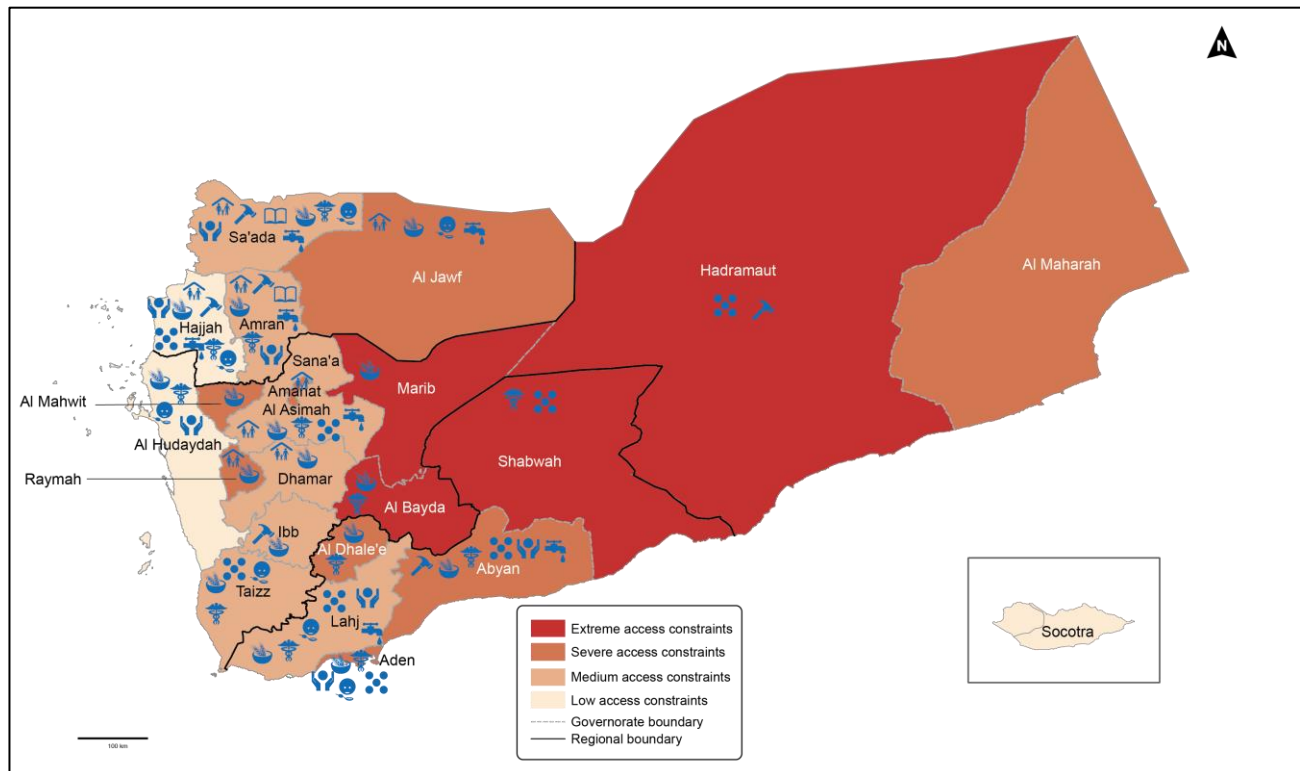
The intersection of the 2013 Yemen Humanitarian Response Plan (YHRP) midyear review (MYR) prioritised critical activities and access constraints across the governorates. It reveals that around 61 % of activities are located in governorates with medium to low access constraints. Only 5 % of the prioritised activities are in governorates with extreme access constraints. The map (Figure 27 on page 22) shows that most of the humanitarian activities of the MYR are in governorates with medium to low access constraints except in Al Jawf, and Abyan.

**Figure 26: Severity of Needs vs. Access Constraints**



Source: UNOCHA 2013

**Figure 27: Intersection of Operational Cluster Presence and Access Constraints**



Source: UNOCHA 2013

# NEEDS ASSESSMENTS

Significant gaps regarding the scale and nature of humanitarian needs exist for Hajjah, Sa'ada, Al Jawf, Hadramaut, Taizz, Al Bayda, and Abyan Governorates. Few needs assessments have been conducted in Sa'ada and Al Jawf Governorates in recent years due to lack of access.

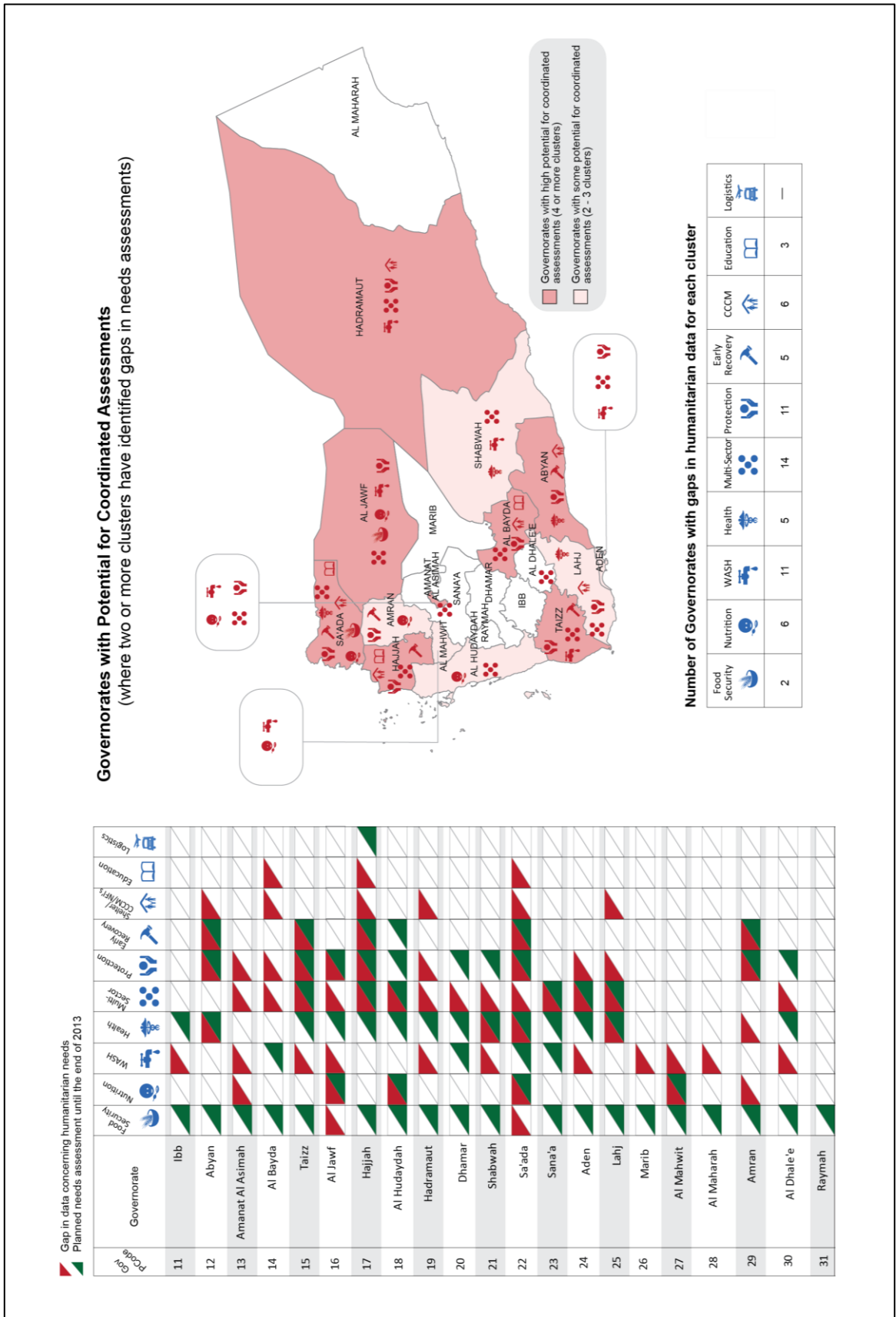
The capacity to conduct coordinated/harmonised needs assessment is present in Yemen. The multi-sector initial rapid assessment (MIRA) tool was rolled out and applied recently in Al Dhale'e as a joint needs assessment approach. In addition, the Assessment Task Force has agreed to establish a Common Needs Assessment Platform (CNAP) that will store and visualize harmonized assessment data based on common top-level indicators. Lack of funding has delayed the realisation of the CNAP.

The potential for undertaking joint assessments is high in Hajjah, Sa'ada, Al Jawf, Hadramaut, Taizz, Al Bayda, and Abyan governorates where information gaps have been identified in at least four clusters (see Figure 28). Gaps are most pronounced in Sa'ada, Al Jawf and Hajjah Governorates, with five clusters or more showing incomplete information. Due to lack of access, household level needs assessments have not been completed in Sa'ada or Al Jawf Governorates in recent years, and partners are working to address these gaps wherever possible. A new round of the Food Security Monitoring Survey is under way enabling more focused planning for 2014. The Early Recovery Cluster is planning to complete a comprehensive livelihoods survey in five key governorates by November 2013. An Inter-agency IDP profiling for durable solutions for IDPs in northern Yemen is planned by UNHCR and WFP in support to the Government of Yemen in the first half of 2014.

After a successful application of the MIRA tool in Al Dhale'e Governorate, humanitarian partners in the south plan to conduct a similar MIRA type needs assessment in Shabwah Governorate, pending sufficient access.

Data collected in 2013 remains difficult to compare across regions and time due to lack of a standardized approach and methodologies. To address this lack of compatibility, OCHA is promoting the Inter-Agency Standing Committee's (IASC) coordinated assessments framework through an established inter-agency assessment task force. The Assessment Task Force will continue to work with the clusters in 2014 to develop the CNAP. The CNAP initiative will simplify the use of assessment data in generating needs analysis, including future revisions of the HNO and populating the scale of needs severity tool to produce heat maps.

Figure 28: Needs Assessments – Gaps and Plans



Source: UNOCHA 2013

## Annex 1

CRITERIA OF SEVERITY- PRIORITIZATION BY CLUSTER			
S No:	Sector/Cluster	Score	Indicator
1	Food Security	6	Distribution of Household (HH) food consumption scores
		2	Distribution of HH Coping Strategy Index
		1	% food purchased on credit (proxy for purchasing power)
2	Nutrition	1	% of children with Severe Acute Malnutrition (SAM)
		10	% of children with Global Acute Malnutrition (GAM)
3	WASH	2	# of people without access to an improved water source
		2	# of people without access to improved sanitation
		2	Health Hazard/Conflict/Natural Hazard
4	Health	1	% of morbidity due to diarrheal diseases
		33	# of people without access to health care
		1	% of measles immunization coverage for children <1
		1	% of Penta 3 immunization coverage for children <1
5	Multi-Sector	21	# of protection violations against migrants/ refugees reported
		7	# of vulnerable migrants/ refugees in any given district
		1	Availability of protection services
		1	Availability of humanitarian assistance
6	Protection	3	% of extremely vulnerable IDPs/returnees and other conflict affected in need of psycho-social support
		3	% human rights violation survivors in need of support (legal, social, psychological, material assistance...etc.)
		1	# of IDPs who need support to make well informed decisions about durable solution.
	Child Protection	2	Districts hosting 500+ IDPs
		3	Districts reporting grave child rights violations
		1	Schools in a given district reporting 20% , or higher, school drop-out rate
	Gender Based Violence(GBV)	20	GBV survivors in need of support in Southern and Northern governorates.
		2	Service providers in need of GBV prevention and response trainings.
		1	Availability of GBV advocacy activities for 10 key role people ( out of 500)
		2	% of communities in need (targeted) aware of GBV issues
7	Early Recovery	3	Post Conflict Livelihood
		5	# of districts mines surveyed
		1	Conflict Prevention/Livelihood



8	Shelter/CCCM/NFI	5	# of IDPs in need of shelter/NFIs
		5	# of returnees in need of shelter/NFIs
		5	% of IDPs/returnees who are Extremely Vulnerable Individuals (EVIs) in need of shelter / NFIs
		1	Observed Field Needs of Shelter/NFIs
9	Education	3	# of damaged schools
		3	# of occupied schools
		1	# of Out of school children
		3	Drop-out rate

## Annex 2

**Table 1: Estimate of people in need by governorate**

	Male	Female	Children (<18)	Elderly (>60)	Total In Need (male+female)
Abyan	221,000	213,000	212,660	17,360	<b>434,000</b>
Aden	253,000	243,000	243,040	19,840	<b>496,000</b>
Al Jawf	201,000	237,000	214,000	17,000	<b>438,000</b>
Al Bayda	253,000	264,000	253,000	21,000	<b>517,000</b>
Al Dhale'e	208,000	198,000	198,940	16,240	<b>406,000</b>
Al Hudaydah	749,000	774,000	747,000	61,000	<b>1,523,000</b>
Al Maharah	26,000	30,000	27,000	2,000	<b>56,000</b>
Al Mahwit	195,000	197,000	192,000	16,000	<b>392,000</b>
Amanat Al Asimah	143,000	159,000	148,000	12,000	<b>302,000</b>
Amran	275,000	291,000	277,000	23,000	<b>566,000</b>
Dhamar	712,000	698,000	691,000	56,000	<b>1,410,000</b>
Hadramaut	250,000	266,000	253,000	21,000	<b>516,000</b>
Hajjah	699,000	760,000	715,000	58,000	<b>1,459,000</b>
Ibb	697,000	666,000	668,000	55,000	<b>1,363,000</b>
Lahj	306,000	305,000	299,000	24,000	<b>611,000</b>
Marib	84,000	97,000	89,000	7,000	<b>181,000</b>
Raymah	220,000	211,000	211,000	17,000	<b>431,000</b>
Sa'ada	481,000	462,000	462,070	37,720	<b>943,000</b>
Sana'a	366,000	378,000	364,000	30,000	<b>744,000</b>
Shabwah	174,000	162,000	164,640	13,440	<b>336,000</b>
Taizz	794,000	742,000	753,000	61,000	<b>1,536,000</b>
<b>TOTAL</b>	<b>7,307,000</b>	<b>7,353,000</b>	<b>7,182,350</b>	<b>585,600</b>	<b>14,660,000</b>

Source: Composite of cluster assessments/estimates, Sept 2013

**Table 2: Governorates with the highest rates of severe food insecurity**

Governorate	Population	# of males food insecure	# of females food insecure	% of food insecure	# of severely food-insecure	% of severely food insecure
Marib	297,989	69,379	60,544	44%	103,104	35%
Lahj	894,965	208,079	208,079	47%	291,759	32%
Al Bayda	698,973	142,887	139,498	40%	190,121	27%
Abyan	522,978	218,176	209,620	82%	141,727	27%
Al Dhale'e	631,975	208,056	198,304	67%	152,306	24%
Sana'a	1,075,956	236,590	228,223	43%	258,229	24%
Amran	998,961	513,466	26,972	54%	233,757	23%
Ibb	2,599,897	387,748	403,574	37%	395,184	21%
Hajjah	1,903,924	602,110	553,572	61%	388,400	20%
Taizz	2,917,881	722,803	779,906	51%	595,248	20%

**Table 3: Governorates with critical level of acute malnutrition among boys, girls and number of pregnant and lactating women**

Governorate	# of boys Under 5	# of girls Under 5	# of children (U5) Acute malnutrition	Level of acute malnutrition	Pregnant and lactating women
Al Hudaydah	131,354	126,203	257,557	Critical	84,263
Sa'ada	44,503	42,758	87,262	Critical	28,024
Al Jawf	25,609	24,605	50,214	Critical	16,125
Aden	22,607	21,721	44,328	Critical	23,939
Raymah	13,655	13,120	26,775	Critical	15,039
Abyan	10,763	10,341	21,104	Critical/Serious	15,760
Hajjah	49,718	47,768	97,485	Critical/Poor	56,407
Taizz	48,873	46,956	95,829	Critical/Poor	87,687

**Table 4: Governorate with highest number of people without access to water and sanitation**

Governorate	People without access to safe water	People without access to sanitation facilities
Al Hudaydah	1,523,499	1,287,143
Taizz	1,478,965	1,536,090
Hajjah	1,458,768	1,165,200
Dhamar	1,410,023	1,000,896
Ibb	1,255,082	1,363,847

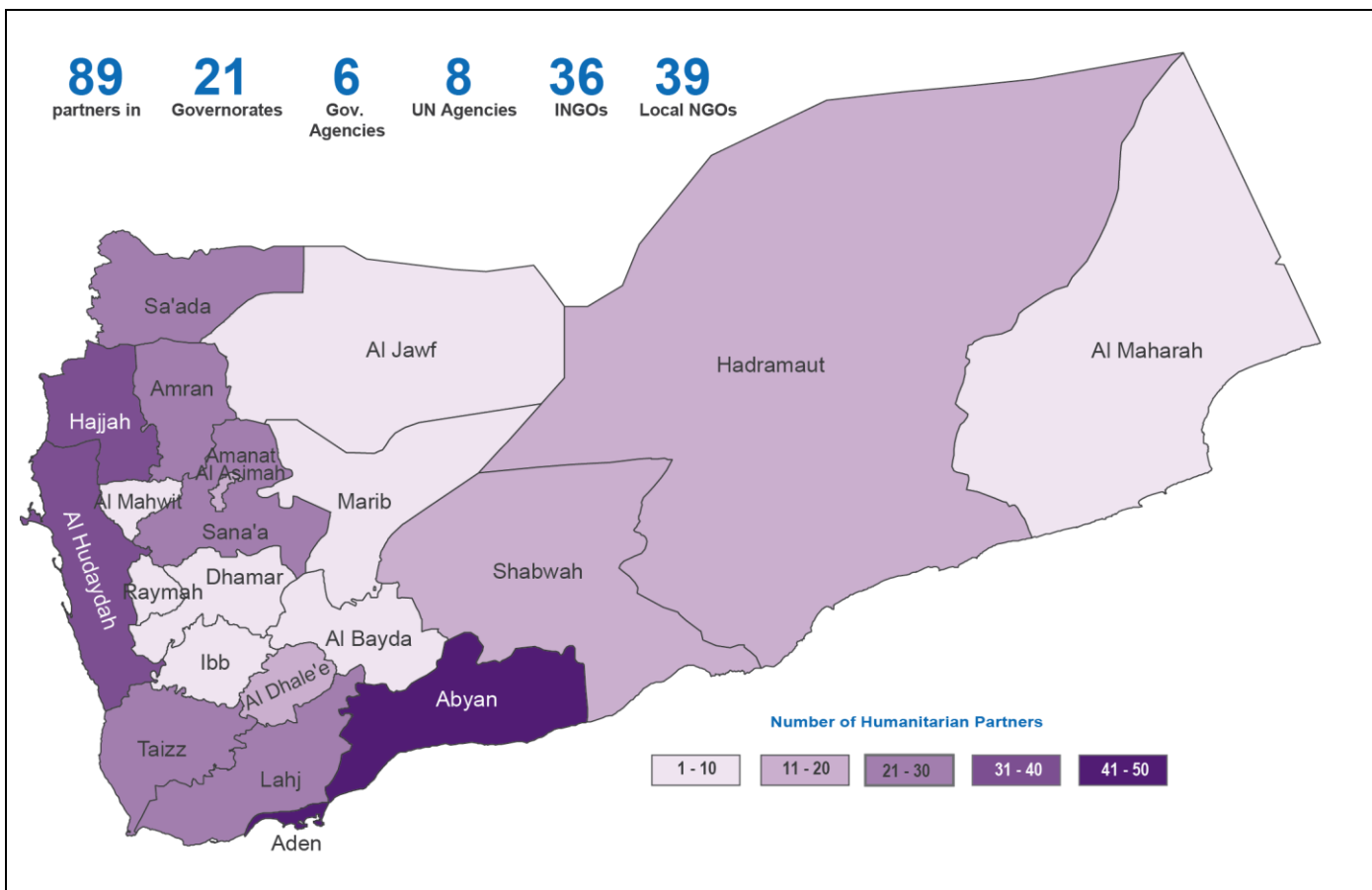
**Table 5: Number of IDPs and returnees in the North and South (Abyan)**

Governorate North	IDPs	Returnees	Governorate South (Abyan)	IDPs	Returnees
Sana'a*	38,640	-	Aden	990	100,468
Amran*	39,780	4,778	Abyan		33,314
Hajjah*	64,985	52,994	Lahajj	2,291	23,718
Al Jawf* (est)	24,700	-	Shabwah	444	991
Sa'ada* (est)	103,014	6,986	Hadramaut	1,330	3,674
Other**	30,398		Al-Bayda	301	754
			Al-Maharah	91	277
<b>Total</b>	<b>301,517</b>	<b>64,758</b>	<b>Total</b>	<b>5,447</b>	<b>163,196</b>

\* IDPs displaced from Sa'ada

\*\* Displaced within Hajjah; Dhamar and Raa'da Jan-Feb 2013 displacement; displaced in July-Aug. 2013 from Al-Asha and Al Gafrah to Sana'a and Amran

**3Ws Operational Presence**



**Prepared by OCHA on behalf of the Yemen Humanitarian Country Team**

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