



2015 YEMEN

HUMANITARIAN NEEDS OVERVIEW

– REVISION –

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Photo credit: Ammar Bamatraf

Cover photo: Displaced woman preparing food (Aden)

June 2015



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PART ONE

SUMMARY

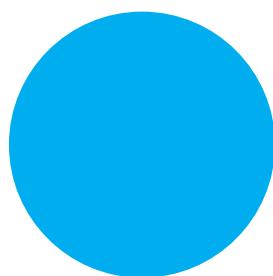
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PRIORITY NEEDS

Armed conflict has spread rapidly across much of Yemen since mid-March 2015, with devastating consequences for civilians. Partners now estimate that 21.1 million people - 80 per cent of the population - require some form of humanitarian protection or assistance. This represents a 33 per cent increase in needs since the conflict began.

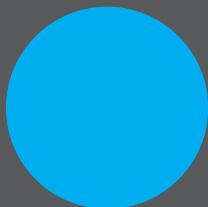
TOTAL PEOPLE IN NEED OF
ASSISTANCE

21.1M



DIRECTLY CONFLICT-AFFECTED
PEOPLE

12.2M



INTERNALLY DISPLACED
PERSONS

1M



VULNERABLE REFUGEES AND
MIGRANTS

0.9M



HOST COMMUNITIES IN NEED

0.2M





Protection of civilians

Civilians are bearing the brunt of the violence in Yemen, with conflict posing grave risks to their safety and psychosocial well-being.

PEOPLE AFFECTED BY THE CONFLICT

12.2M

PEOPLE IN NEED OF PROTECTION ASSISTANCE

11.4M

INCLUDING

7.3M children

CIVILIANS KILLED

1,297

INCLUDING

135 children

CIVILIANS INJURED

3,227

INCLUDING

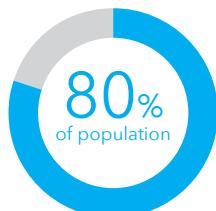
260 children

Safe drinking water and sanitation

An estimated 20.4 million people in Yemen require assistance to establish or maintain access to safe drinking water and sanitation. Diarrhoea prevalence – as well as risks of cholera, malaria and worm infestations – are all rising.

PEOPLE IN NEED OF WATER AND SANITATION ASSISTANCE

20.4M

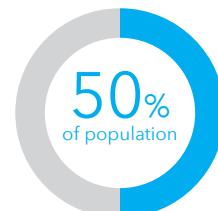


Emergency food and livelihoods assistance

Basic food commodities are only sporadically available in most governorates. Rural and urban livelihoods have been severely affected by the conflict, and food supplies are dwindling due to difficulties distributing commercial stocks and declining production.

FOOD-INSECURE PEOPLE

12.3M



Essential services, including healthcare, nutrition and education

Access to essential services has severely eroded since the conflict began.

PEOPLE IN NEED OF BASIC HEALTHCARE

15.2M

WOMAN AND CHILDREN IN NEED OF NUTRITION SERVICES

1.5M

CHILDREN WITHOUT ACCESS TO EDUCATION

2.9M

INCREASE SINCE MAR '15

15.7% 

Emergency shelter and essential household items for internally displaced people (IDPs) and host communities

Many IDPs are living with relatives or friends, putting further strain on already vulnerable households. A considerable number of displaced people are living in public buildings – including 237 schools – or in the open.

PEOPLE IN NEED OF EMERGENCY SHELTER OR ESSENTIAL HOUSEHOLD ITEMS

1.2M

INCLUDING

1 M IDPs

200k vulnerable host community members

INCLUDING

9.4M

people whose pre-crisis access to water has been cut or severely disrupted due to fuel shortages.

Resuming commercial imports – as well as full cooperation from parties on the ground to facilitate rapid and unimpeded passage of humanitarian assistance – is essential to prevent further rapid increases in needs.

Yemen depends enormously on commercial food and fuel imports to meet its basic needs.

Since the conflict began, imports have declined to a small fraction of pre-crisis levels due to restrictions and insecurity. Pervasive fuel shortages are driving price increases in food, water and other basic commodity, and hindering distribution of available supplies. Many health facilities – including hospitals – have closed, and water networks and sewage works are at severe risk, affecting millions of Yemenis. Resuming commercial imports is essential to stemming further rapid increases in humanitarian needs. Cooperation is also needed from all parties to the conflict to allow and facilitate the rapid and unimpeded delivery of civilian humanitarian supplies to all affected areas in need without interference or delay.

BEFORE THE CRISIS



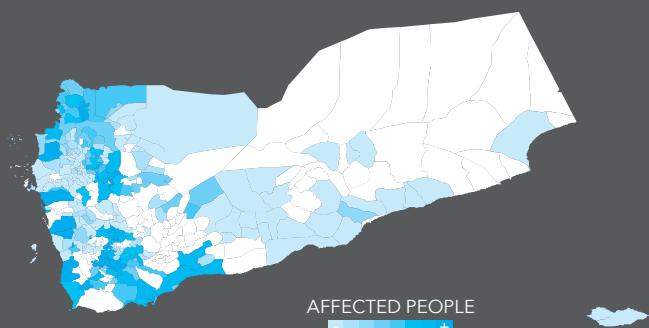
544,000

metric tons of fuel per month were used by the country



CONFLICT-AFFECTED AREAS

About 12.2 million people have been directly affected by the conflict. The heaviest concentrations are in districts of Aden, Abyan, Al Dhale'e, Lahj, Taizz, Hajjah, Amran and Sa'ada. This figure includes people in districts that have experienced recurrent conflict, including IDPs and vulnerable host community members. It also includes districts hosting IDPs without conflict.



ESTIMATED SEVERITY OF HUMANITARIAN NEEDS

Conflict has exacerbated pre-existing needs in Yemen. Each cluster estimated the current severity of needs for cluster services in all governorates. These estimates were consolidated into a weighted average. Governorates with the most urgent needs include Abyan, Aden, Al Dhale'e and Sa'ada, followed by Hajjah, Amran, Sana'a Governorate, Shabwah, Lahj and Without conflict.



PEOPLE IN NEED (JUNE 2015)

	POPULATION (IN MILLIONS)	IDPS (IN MILLIONS)	VULNERABLE HOSTS (IN MILLIONS)	REFUGEES AND MIGRANTS (IN MILLIONS)	TOTAL PEOPLE IN NEED (IN MILLIONS)	% TOTAL GOVERNORATE POPULATION	% TOTAL PEOPLE IN NEED
ABYAN	0.5	0.1	0.0	0.0	0.4	80%	2%
ADEN	0.8	0.0	0.0	0.1	0.8	100%	4%
AL BAYDA	0.7	0.0	0.0	0.0	0.6	83%	3%
AL DHALE'E	0.7	0.2	0.0	0.0	0.6	90%	3%
AL HUDAYDAH	2.9	0.0	0.0	0.0	1.5	53%	7%
AL JAWF	0.6	0.0	0.0	0.0	0.5	82%	2%
AL MAHARAH	0.1	0.0	0.0	0.0	0.1	38%	0%
AL MAHWIT	0.6	0.0	0.0	0.0	0.5	78%	2%
AM. AL ASIMAH	2.8	NO DATA*	NO DATA*	NO DATA*	2.5	90%	12%
AMRAN	1.0	0.1	0.0	0.0	0.9	87%	4%
DHAMAR	1.8	0.0	0.0	0.0	1.6	90%	8%
HADRAMAUT	1.3	0.0	0.0	0.0	0.6	43%	3%
HAJJAH	2.0	0.2	0.0	0.4	1.8	89%	8%
IBB	2.7	0.1	0.0	0.0	2.1	80%	10%
LAHJ	0.9	0.0	0.0	0.0	0.8	90%	4%
MARIB	0.3	0.0	0.0	0.0	0.2	78%	1%
RAYMAH	0.5	0.0	0.0	0.0	0.4	85%	2%
SA'ADA	1.0	0.0	0.0	0.0	1.0	100%	5%
SANA'A GOV	1.1	0.0	0.0	0.1	1.0	94%	5%
SHABWAH	0.6	0.0	0.0	0.0	0.4	73%	2%
SOCOTRA	0.1	0.0	0.0	0.0	0.0	24%	0%
TAIZZ	3.0	0.0	0.0	0.0	2.7	90%	13%
TOTAL	26.0	1.0	0.2	0.9**	21.1	81%	100%

* Data for refugees and migrants in Amanat Al Asimah (Sana'a City) are included in the figure for Sana'a governorate.

** Includes 138,007 refugees and migrants dispersed throughout Yemen who are difficult to track due to frequent movements.

IMPACT OF THE CRISIS

An estimated 21.1 million people now require humanitarian assistance in Yemen, up 33 per cent from late 2014 (15.9 million people), as a result of escalating conflict and drastically reduced imports since mid-March 2015.

The conflict has rapidly compounded the pre-existing crisis in Yemen, which stemmed mainly from years of poverty, under-development and weak state authority and rule of law, including human rights violations and other abuse. The conflict is also reversing gains made in recent years that had seen estimates of people in need in several sectors largely stabilize or decrease – including food security, nutrition, shelter, early recovery and education.

The conflict has directly affected an estimated 12.2 million people. Over 1 million people have been internally displaced, and at least 28,000 – mainly third-country nationals – have fled the country. According to health facility reports, at least 2,288 people have been killed and 9,755 injured.

The districts most heavily impacted by conflict are concentrated in Aden, Sa'ada, Hajjah, Abyan, Al Dhale'e, Lahj, Taizz and Sana'a. Large-scale internal displacement began in Lahj and Al Dhale'e in late March as armed clashes escalated in the south, eventually forcing nearly 250,000 people from their homes and into neighbouring areas. As airstrikes and shelling intensified in the north in April and May, mass displacement was observed primarily in Sa'ada, Amran and Hajjah governorates. On 30 March, a pre-existing IDP camp in Hajjah was struck, dispersing most of the camp population of 16,000 and thousands more from the surrounding area. Large-scale displacement was reported in Sa'ada in the wake of heavy airstrikes on 8-9 May, following a warning that the entire governorate would be considered a military zone. There has also been significant displacement from Sana'a, Taiz City and surrounding districts. Partners in the south report that residents have largely abandoned several districts of Aden due to ongoing clashes, and Abyan has received a steady stream of IDPs from Aden, Lahj and Al Dhale'e. IDPs are mostly being hosted in Al Dhale'e (24 per cent), Hajjah (21 per cent), Ibb (7 per cent), Amran (6 per cent) and Abyan (5 per cent). These estimates are based on consolidation of individual partners' reports; current estimates for Sa'ada, Sana'a, Amanat Al Asimah (Sana'a City) and Aden are believed to be low. More details on methodology appear at the end of this document.

Late March

Large-scale internal displacement began in Lahj and Al Dhale'e as armed clashes escalated in the south, eventually forcing nearly 250,000 people from their homes and into neighbouring areas.

30 March

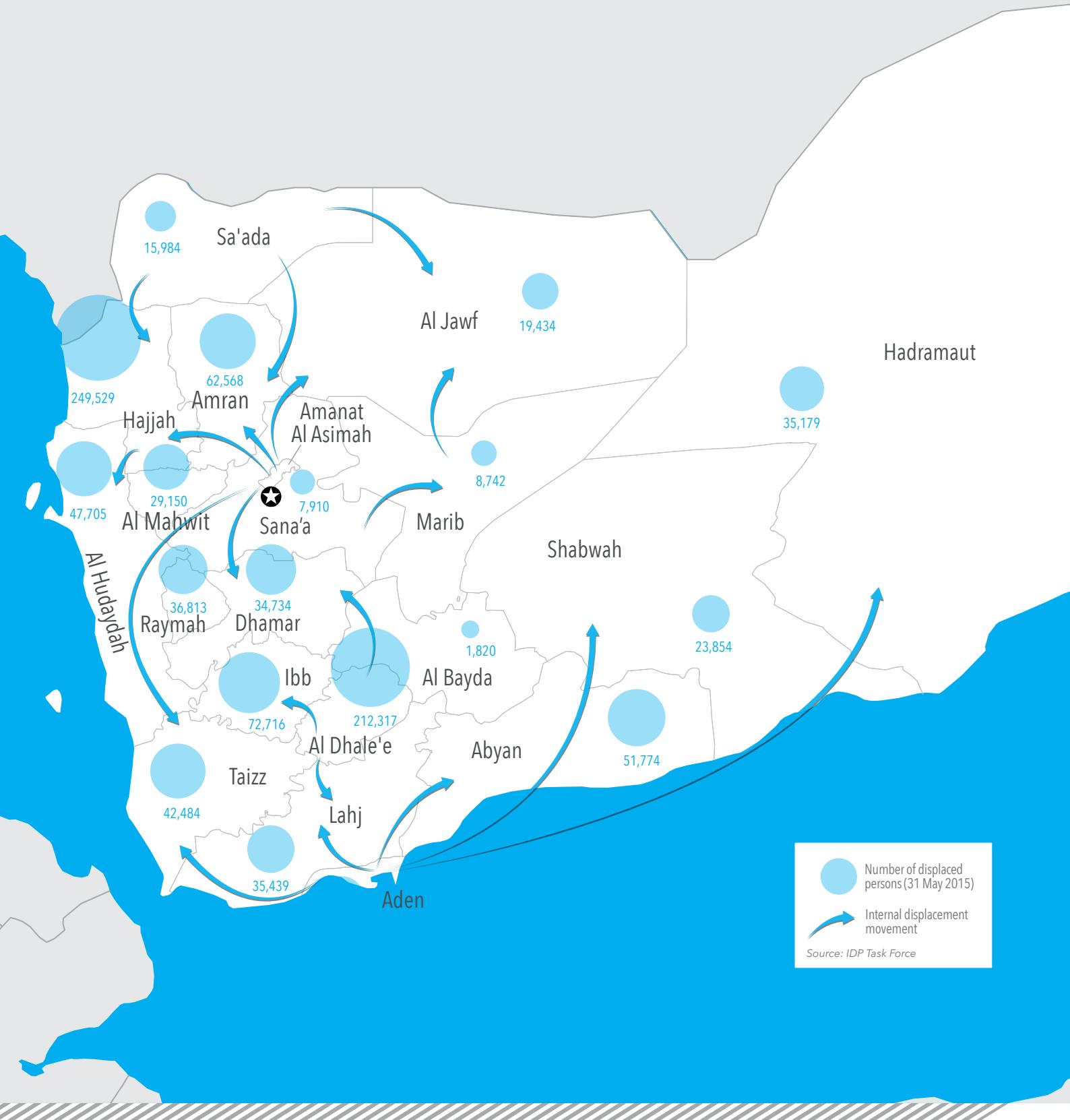
A pre-existing IDP camp in Hajjah was struck, dispersing most of the camp population of 16,000 and thousands more from the surrounding area.

April-May

Mass displacement was observed primarily in Sa'ada, Amran and Hajjah governorates as airstrikes and shelling intensified in the north in April and May,

8-9 May

Large-scale displacement was reported in Sa'ada in the wake of heavy airstrikes, following a warning that the entire governorate would be considered a military zone.



Throughout the crisis

There has also been significant displacement from Sana'a, Taiz City and surrounding districts. Partners in the south report that residents have largely abandoned several districts of Aden due to ongoing

clashes, and Abyan has received a steady stream of IDPs from Aden, Lahj and Al Dhale'e. IDPs are mostly being hosted in Al Dhale'e (24 per cent), Hajjah (21 per cent), Ibb (7 per cent), Amran (6 per cent) and

Abyan (5 per cent). These estimates are based on consolidation of individual partners' reports; current estimates for Sa'ada, Sana'a, Amanat Al Asimah (Sana'a City) and Aden are believed to be low. More details on

methodology appear at the end of this document.

INTERNALLY DISPLACED PERSONS	POPULATION (IN MILLIONS)	IDPS ORIGINATING FROM GOVERNORATE (IN MILLIONS)	% OF POPULATION WHO LEFT THEIR HOMES*	IDPS PRESENT (IN MILLIONS)	IDPS IN GOVERNORATE AS % OF POPULATION
ABYAN	0.5	0.01	2%	0.05	10%
ADEN	0.8	0.08	9%	0.03	4%
AL BAYDA	0.7	0.00	0%	0.00	0%
AL DHALE'E	0.7	0.10	15%	0.21	33%
AL HUDAYDAH	2.9	0.00	0%	0.05	2%
AL JAWF	0.6	0.00	1%	0.02	4%
AL MAHARAH	0.1	0.00	0%	0.00	0%
AL MAHWIT	0.6	0.00	0%	0.03	5%
AM. ALASIMAH	2.8	0.00	0%	NO DATA	NO DATA
AMRAN	1.0	0.00	0%	0.06	6%
DHAMAR	1.8	0.00	0%	0.03	2%
HADRAMAUT	1.3	0.01	0%	0.04	3%
HAJJAH	2.0	0.03	2%	0.25	13%
IBB	2.7	0.01	0%	0.07	3%
LAHJ	0.9	0.05	5%	0.04	4%
MARIB	0.3	0.01	3%	0.01	3%
RAYMAH	0.5	0.00	0%	0.04	7%
SA'ADA	1.0	0.05	5%	0.02	2%
SANA'A GOV	1.1	0.11	10%	0.01	1%
SHABWAH	0.6	0.02	3%	0.02	4%
SOCOTRA	0.1	0.00	0%	NO DATA	NO DATA
TAIZZ	3.0	0.02	1%	0.04	1%
TOTAL	26.0	1.02**	4%	1.02	4%

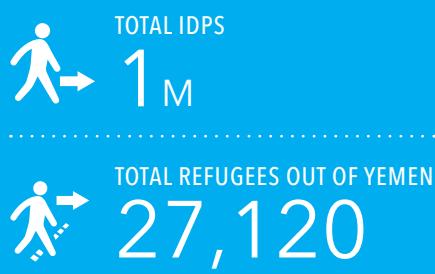
* Note: Almost 52 per cent of displacement reports received to date do not indicate area of origin. Figures in this column present aggregate governorate-level data for available information. Reports that did not include origin information are aggregated under (Not specified/blank) at the bottom of the table. **Includes 527,982 IDPs from not specified origins.

The economy and basic services are collapsing due to drastically reduced imports and growing insecurity.

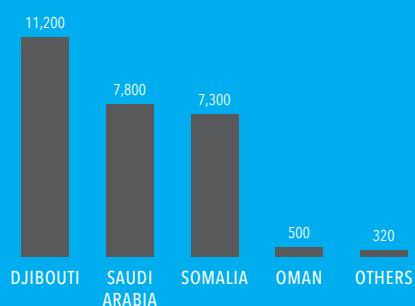
Yemen depends enormously on commercial food and fuel imports to meet its basic needs. Over 90 per cent of food is imported, and the country was using an estimated 544,000 metric tons of fuel per month before the crisis. Import restrictions and conflict have reduced imports to a small fraction of pre-crisis levels. The result has been widespread shortages in food, fuel, water and other basic supplies. Fuel – essential to distribute commodities, pump water and power generators in hospitals – is now over four times more expensive than before the conflict, pushing food and water prices out of reach for many families. Yemen depends on commercial networks to distribute commodities to local communities, but insecurity and fuel shortages are severely hindering distribution. Transporters are reluctant to serve some conflict-affected areas due to interference by parties to the conflict, while fuel shortages are undermining distribution to areas transporters would be otherwise willing to serve. Humanitarian assistance cannot – and should not – replace the commercial sector.

Food insecurity is growing rapidly, with food supplies and agricultural inputs only sporadically available and significantly more expensive.

Approximately 12.3 million Yemenis are now food insecure, including 6 million who are severely food insecure, up 15.7 per cent since March 2015. Active conflict has contributed to difficulties in distributing commercial food supplies or cut families' access to markets, while severe declines in fuel and food imports are also driving the increase in food insecurity. Basic food commodities are now only sporadically available in a majority of governorates, and wheat prices are up by an average of 43 per cent, and by over 75 per cent in Aden and Al Dhale'e. Even before the crisis, 42 per cent of household expenditure went towards food. Although Yemen reportedly has enough commercial wheat stocks to last three months, shortages and rising fuel prices – mainly a result of declining imports – are crippling commercial distribution. Milling of grains into flour has also stopped in all locations due to fuel shortages. Partners estimate that food transfers in April from Al Hudaydah port to 16 governorates were only one-fourth the normal level.



POPULATION MOVEMENT FROM YEMEN TO NEIGHBOURING COUNTRIES (AS OF 22 MAY 2015)



IDPS BY GOVERNORATE OF ORIGIN (IN THOUSANDS)

Not specified	528
Sana'a Gov	109
Al Dhale'e	97
Aden	77
Sa'ada	49
Lahj	46
Hajjah	29
Taizz	23
Shabwah	17
Abyan	12
Marib	8
Hadramaut	6
Ibb	5
Al Hudaydah	4
Al Jawf	4
Amran	1
Dhamar	1
Al Bayda	1
Amanat Al Asimah	0
Al Maharah	0
Al Mahwit	0
Raymah	0
Socotra	0

IDPS BY GOVERNORATE OF DESTINATION (IN THOUSANDS)

Hajjah	250
Al Dhale'e	212
Ibb	73
Amran	63
Abyan	52
Al Hudaydah	48
Taizz	42
Raymah	37
Lahj	35
Hadramaut	35
Dhamar	35
Aden	32
Al Mahwit	29
Shabwah	24
Al Jawf	19
Sa'ada	16
Marib	9
Sana'a Gov	8
Al Bayda	2
Al Maharah	0
Amanat Al Asimah	0
Socotra	0

Sources: IDP Task Force, UNHCR

Acute malnutrition – already above the 10 per cent emergency threshold nationally – has continued to rise.

An estimated 1.5 million children under 5 and pregnant or lactating women require services to treat or prevent acute malnutrition. At least 160 health facilities providing nutrition services have closed due to insecurity, fuel shortages and arrears in staff salaries, affecting a catchment population of 450,000 children under five – including an estimated 15,000 children suffering from severe acute malnutrition.

Availability of water – already a major problem in the world's seventh most water-scarce country – has diminished rapidly.

An estimated 20.4 million people in Yemen now require humanitarian assistance to access safe drinking water and sanitation, including 9.4 million whose access to water has been cut or severely disrupted due to fuel shortages. Local water corporations are struggling to secure fuel supplies to power piped networks. Commercial water trucks – the main source of water for many communities – are reportedly between two and four times more expensive and have stopped serving some areas entirely due to insecurity. These developments are especially affecting people who were not connected to piped networks before the conflict. Conflict-related damage to WASH infrastructure may have affected up to 1.5 million people. Some damage has been repaired by local water corporations, often with support of humanitarian partners. However, access restrictions have prevented repairs in all areas. Sewage treatment in Sana'a and Sa'ada is only partially operational and at risk in other cities, while solid waste collection has largely stopped. Partners estimate that these conditions are placing between 1.8 million and 2.5 million children at risk of diarrhoea and between 800,000 and 1.3 million children at risk of acute respiratory infections.

Health facilities and medical personnel have come under attack and access to healthcare has been severely hampered, at the same time as health needs have spiked.

An estimated 15.2 million people now need support to access basic healthcare. Medicines for diabetes, hypertension and cancer are no longer available and there are acute shortages in critical medical supplies – trauma kits, medicines, blood bags and other necessities. Fuel shortages are preventing generators from running, threatening the provision of quality care and jeopardizing cold-chain storage of vaccines and other temperature-sensitive supplies. Outbreaks of malaria and dengue fever have been reported in the south and in areas bordering Saudi Arabia. As of 20 May, partners had confirmed seven security incidents affecting health workers – including five deaths and five injuries – and 53 incidents affecting health facilities – including damage, attacks and other harassment. At least 35 health facilities were damaged in this period – including 17 hospitals in Sana'a, Aden, Taizz, Hajjah, Sa'ada, Marib, Shabwah and Amran. On 3 June, the Operations Room of the Ministry of Health in Sana'a, which manages all emergency operations for the entire country, was damaged.

Refugees and migrants are particularly vulnerable in the current situation given that they are often unable to draw on local support networks.

Yemen hosts close to 260,000 refugees and about 1 million migrants, many of whom live in precarious conditions in camps, reception centres and poor urban areas. Partners estimate that over 883,000 refugees and migrants in Yemen currently require assistance, including Yemeni migrants deported from Saudi Arabia. Refugees and migrants in and around Aden, Haradh and Sana'a have been particularly affected by conflict. In Haradh, five migrants were killed on 21 May by shelling that struck an open area next to a reception centre. In Aden, a migrant services centre remains open in Basateen, but insecurity increasingly threatens its ability to provide services. To date, over 28,000 people – mostly third-country nationals – have left Yemen, often travelling in unsafe boats to Djibouti or Somalia. More than 16,000 requests for evacuation assistance are currently being processed. Despite the current situation, new arrivals continue to be reported. Partners recorded 4,000 new arrivals from the Horn of Africa in April – about 40 per cent the level in March. This decrease could be partially attributed to monitors' reduced mobility and ability to record new arrivals systematically due to conflict. Meanwhile, expulsions of Yemeni migrants from Saudi Arabia reportedly continued at a rate of 1,000 people per day through mid-May. Many migrants and refugees arrive destitute and require life-saving aid: food, water, sanitation, shelter, NFIs, healthcare and protection.

The situation of women in Yemen, who have faced longstanding gender inequalities that limit their access to basic services and livelihood opportunities, has been exacerbated by the escalating conflict.

Displaced women – estimated at 54 per cent of all IDPs in early May – often bear the burden of supporting their families, despite challenges in accessing assistance, especially outside their communities. Pre-crisis assessments in Yemen demonstrated that women in food insecure families often eat less in order to provide for their children. Since the conflict began, women report that their workloads have increased enormously, and they require additional support to meet their responsibilities. In some areas of active conflict, such as Taizz and Aden, young men are unable to move freely due to threats of violence and detention, placing additional responsibility on women to seek access to basic goods. Female IDPs may have limited access to hygiene or dignity items, forcing them to remain out of sight. Conflict and displacement have increased risks of gender-based violence, especially of sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs.

Children have been severely impacted by the conflict.

About 7.3 million children need protection services, and 1.8 million have lost access to education due to conflict-related school closures, placing them at increased risk of recruitment or use by armed groups and other forms of abuse. Nearly 3,500 schools have closed over the last two months and reports indicate that at least 400 schools have been directly affected by the conflict, including 96 that have been damaged, 67 occupied by armed groups and 237 hosting IDPs. To date, no surveys for unexploded ordnance have been undertaken in affected schools, potentially placing children at severe risk. Rates of grave violations of child rights have increased dramatically. Partners have verified 135 children killed in the last two months – almost double the total for all of 2014. In the same period, 260 children were maimed and 159 boys recruited by armed groups. Decreasing access to water and sanitation could place up to 2.5 million children at risk of diarrhoea and up to 1.3 million at risk of acute respiratory infections. 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.

PART TWO

NEEDS OVERVIEWS BY SECTOR



FOOD SECURITY AND LIVELIHOODS

Contact:

Gordon Dudi (gordon.dudi@fao.org)

Livelihoods Contact: Federica Dispenza (federica.dispenza@undp.org)

An estimated 12.3 million people in Yemen were estimated to be food insecure in late April – a 15.7 per cent increase since the beginning of the year. This figure includes 6 million severely food insecure people and is likely to have risen further in recent weeks in light of ongoing food shortages and price increases. The highest increase in food insecurity among heavily conflict-affected governorates occurred in Aden (38.3 per cent), where monitoring data from the third week in May indicates that wheat flour is not available in local markets, and other basic food commodities are only sporadically available. Across Yemen, a majority of governorates report that most basic food commodities are now only sporadically available. Shortages have been accompanied by steep price rises. On average, wheat flour prices have risen by 43 per cent since the conflict began, with localized increases exceeding 50 per cent in Sa'ada and 75 per cent in Aden and Al Dhale'e. Price increases come at a time when economic activity has slowed or stopped entirely in many areas, making it more difficult for families to afford food. Poor households have already started to reduce consumption to two meals per day in most areas and are relying on less preferred food. Sales of livestock and other assets are also reportedly increasing, which will have longer-term consequences for families' food security. Initial analysis using the Integrated Phase Classification (IPC) approach indicates that 12.9 million people may be living in areas facing "crisis" (IPC Phase 3) or "emergency" (IPC Phase 4) food security conditions. Final results are expected in mid-June.

Food insecurity is a chronic problem in Yemen. Recent increases appear primarily driven by drastically reduced food and fuel imports and difficulties ensuring adequate commercial distribution of available supplies. Prior to the conflict, Yemen imported 90 per cent of its staple food – including 95 per cent of wheat – and the country relies on fuel imports to maintain an effective commercial distribution network. Given the country's import dependence, analysis in late 2014 predicted that rises in fuel prices would considerably increase immediate food insecurity. Since the conflict began, average diesel and petrol prices have risen by 385 per cent and 334 per cent respectively. This has pushed up transport costs – dispatching a 35-ton truck from Al Hudaydah to Sana'a is

ESTIMATED CHANGE IN FOOD INSECURE POPULATION

GOVERNORATE	PRE-CRISIS	CURRENT EST.	CHANGE
Al Maharah	10,000	20,000	100.0%
Hadramaut	170,000	257,000	51.2%
Aden	183,000	253,000	38.3%
Amran	356,000	446,000	25.3%
Al Jawf	198,000	247,000	24.7%
Raymah	211,000	263,000	24.6%
Al Hudaydah	1,106,000	1,362,000	23.1%
Marib	108,000	130,000	20.4%
Al Mahwit	217,000	259,000	19.4%
Abyan	259,000	305,000	17.8%
Socotra	12,000	14,000	16.7%
Sana'a	452,000	524,000	15.9%
Shabwah	337,000	388,000	15.1%
Hajjah	1,048,000	1,206,000	15.1%
Ibb	1,180,000	1,337,000	13.3%
Sa'ada	657,000	743,000	13.1%
Am. Al Asimah	671,000	756,000	12.7%
Taizz	1,293,000	1,449,000	12.1%
Al Bayda	402,000	450,000	11.9%
Al Dhale'e	358,000	392,000	9.5%
Dhamar	877,000	942,000	7.4%
Lahj	535,000	571,000	6.7%
TOTAL	10,640,000	12,314,000	15.7%

now three to four times more expensive than before the crisis – which has in turn driven up food prices. Some commercial food stocks remain available in the country, including about three months of wheat grain supplies as of late May. However, distribution has fallen sharply due to fuel shortages and insecurity. Fuel shortages have also suspended milling of grains into flour in all locations. In April, food transfers from Al Hudaydah to 16 governorates were reportedly one-fourth the normal rate. The overall situation will become even more critical as existing food stocks are depleted and if additional food imports do not enter the country.

Resuming commercial imports of food and fuel is essential to preventing further rapid growth in food insecurity. Commitments are also required by parties to the conflict to facilitate commercial and humanitarian distribution of food and fuel, particularly in light of reports that some transporters are reluctant to serve conflict-affected areas due to insecurity.

Beyond immediate increases in food insecurity, the current conflict is severely affecting rural and urban livelihoods in conflict-affected governorates. Household incomes have reportedly dropped substantially across Yemen. In rural areas, farmers will likely miss two successive planting seasons due

to displacement, ongoing clashes, lack of agricultural and fishery inputs, lack of irrigation and physical destruction of assets. Some irrigated perennial crops are reportedly already wilting due to fuel shortages that make pumping water for irrigation impossible. Rural livelihoods of up to 4 million people are likely to be severely affected. Fuel shortages are compounding this problem, as 29 per cent of arable land is irrigated through wells or water trucks. Localized rapid assessments in Abyan, Aden, Al Dhale'e, Lahj, Hajjah, Amran, Sa'ada, Sana'a and Taizz have all confirmed fuel shortages as the primary reason that households are unable to use their assets productively. Non-agricultural livelihoods are also affected. Many factories of the largest private-sector companies have stopped operating. Even prior to the crisis, 30 per cent of businesses were considering layoffs. Over 75 per cent of assessment respondents in all locations have confirmed that people have lost sources of stable income. In April, terms of trade between daily unskilled labour rates and wheat flour prices declined by 44 per cent compared to February, meaning unskilled labourers would need to work 44 per cent more in April in order to purchase the same quantity of wheat flour as in February.



EST. FOOD INSECURE PEOPLE
(IN MILLIONS, LATE APRIL 2015)

Taizz	1.45
Al Hudaydah	1.36
Ibb	1.34
Hajjah	1.21
Dhamar	0.94
Am. Al Asimah	0.76
Sa'ada	0.74
Lahj	0.57
Sana'a	0.52
Al Bayda	0.45
Amran	0.45
Al Dhale'e	0.39
Shabwah	0.39
Abyan	0.31
Raymah	0.26
Al Mahwit	0.26
Hadramaut	0.26
Aden	0.25
Al Jawf	0.25
Marib	0.13
Al Maharah	0.02
Socota	0.01



WATER, SANITATION AND HYGIENE

Contact: Derek Kim (dhkim@unicef.org)

Partners estimate that 20.4 million people need assistance to establish or maintain access to safe water and sanitation – a 52 per cent increase since the crisis began. Access to water is enormously dependent on fuel supplies to maintain piped water networks, pump water from the ground and operate commercial water trucks. Reliable access to water has dropped precipitously, mainly as a result of fuel shortages, conflict-related damage to infrastructure and reluctance of traditional water sellers to visit insecure areas. Of the 20.4 million people in need, partners estimate that 9.4 million have seen their access to water cut or severely disrupted due to fuel shortages. The return of fuel to the market at affordable prices is essential, and would dramatically reduce the level of need for WASH services.

Public water networks in eight cities – serving about 3 million people – are at imminent risk of ceasing operations unless more fuel becomes available (Sana'a, Aden, Al Hudaydah, Al Hawta, Dhamar, Amran, Zinjibar and Sa'adah). Many Yemenis live in areas that are not served by piped networks and rely on commercial water trucks to bring water to their communities. Since the onset of the crisis, water trucking prices have more than doubled in Sana'a and are four times higher in Al Hudaydah, with similar rises reported in other locations. In addition, many water trucking services have stopped altogether due to lack of fuel or insecurity. Conflict

has also had a direct impact on the water supply. Initial analysis suggests that 1.5 million people may have been affected by conflict-related damage to WASH infrastructure, including the public water network in Aden. Some of this damage has been repaired by local water corporations, often with support from humanitarian partners. However, access difficulties have prevented repairs in all affected areas.

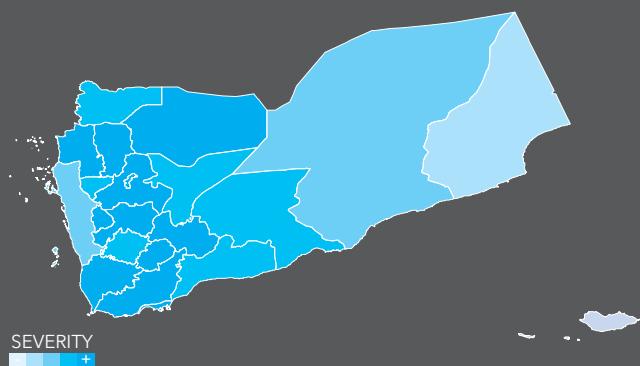
Sanitation is also deteriorating. Sewage treatment plants in Sana'a and Sa'adah are working at reduced functionality, and treatment plants in other urban centres are likely to stop functioning if current conditions persist. Solid waste collection in all areas has been suspended due to lack of fuel, insecurity and arrears in staff salaries. When considered with declining access to safe drinking water, these trends point to a potential public health crisis. If current conditions persist, partners estimate that between 1.8 million and 2.5 million children could be at risk of diarrhoea – compared to pre-crisis estimates of 1.5 million. Acute respiratory infections could affect between 800,000 and 1.3 million children who otherwise would not have become ill (versus 600,000 prior to the crisis). In Yemen, 88 per cent of diarrhoeal disease incidence is due to unsafe water, poor sanitation and poor hygiene practices. These conditions also promote respiratory infections.



PEOPLE IN NEED OF WATER AND SANITATION ASSISTANCE

20.4M

SEVERITY OF NEED FOR CLUSTER SERVICES (MAY 2015)



Source: WASH Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Amanat Al Asimah	2.54
Taizz	2.41
Ibb	2.14
Hajjah	1.75
Dhamar	1.59
Al Hudaydah	1.55
Sana'a Gov	1.03
Amran	0.88
Lahj	0.8
Sa'ada	0.76
Aden	0.7
Al Bayda	0.6
Hadramaut	0.57
Al Dhale'e	0.53
Al Mahwit	0.5
Al Jawf	0.46
Raymah	0.44
Shabwah	0.43
Abyan	0.41
Marib	0.24
Al Maharah	0.05
Socotra	



Contact: Alfred Dube (alfreddube@msn.com)

Partners estimate that 15.2 million people require humanitarian assistance to meet their basic healthcare needs. Conflict has had a direct impact on the ability of health facilities to provide services. As of 20 May, partners had confirmed seven incidents affecting health workers – including five deaths and five injuries – and 53 incidents affecting health facilities – including damage, attacks and other harassment. At least 35 health facilities were damaged in this period – including 17 hospitals in Sana'a, Aden, Taizz, Hajjah, Sa'ada Marib, Shabwah and Amran. The number of damaged facilities has since likely increased; efforts are under way to confirm a new estimate. The Ministry of Health Operations Room was damaged in Sana'a on 3 June, hindering efforts to compile statistics and manage emergency health response nationwide. Overall health service availability is falling rapidly. Partner reports confirm that facilities continue to close in affected areas due to fuel shortages, staff absences or insecurity. Before the crisis, a large number of foreign medical workers were employed in Yemen, nearly all of whom have now left. Aggregate data on the number of operational health facilities is still being finalized.

Shortages in fuel, medicines and medical supplies are severely constraining services in health facilities that remain open. According to monitoring data, patient consultations at health facilities in mid-May had fallen 44 per cent compared to pre-crisis levels, and fewer facilities were reporting disease surveillance data (72 per cent versus 97 per cent). This decline comes as the need for services – including mass casualty management – is surging. As of 31 May, health facilities had reported 9,755 conflict-related injuries and 2,228 deaths since 19 March. These figures almost certainly underestimate the true extent of casualties, given that many people do not have the means to access health facilities, or may bury their dead before reports are collected. Reproductive health services are also increasingly in jeopardy. If current conditions persist, an estimated 257,000 pregnant women will face significantly greater difficulty in accessing antenatal and emergency obstetric care. Without swift resumption of commercial and humanitarian imports of fuel and other supplies, nearly 500 pregnant women will face dramatically increased risks of death during childbirth. Management of chronic and

HEALTH-FACILITY REPORTED CASUALTIES (19 MAR TO 31 MAY)

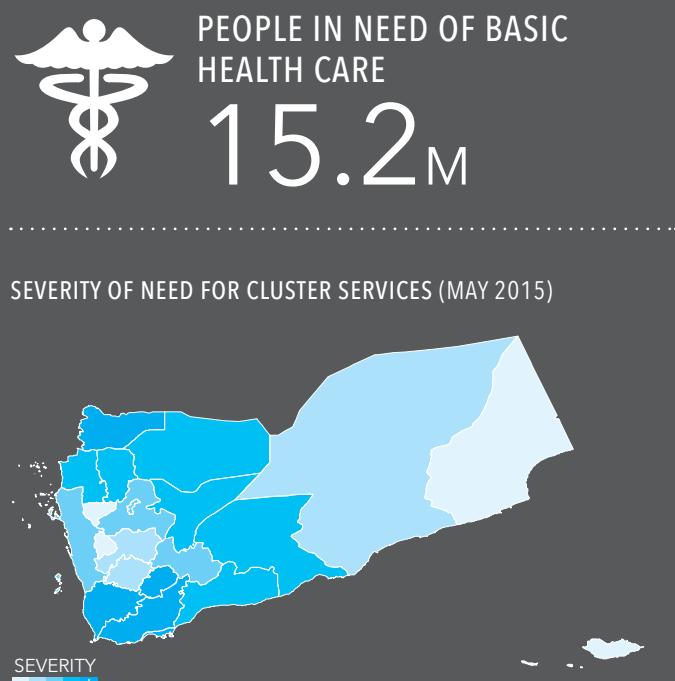
GOVERNORATE	INJURIES	DEATHS	TOTAL CASUALTIES
Aden	3,161	436	3,597
Amanat Al Asimah (Sana'a City)	2,172	372	2,544
Taizz	1,294	308	1,602
Sa'ada	535	302	837
Hajjah	452	173	625
Marib	428	89	517
Sana'a Gov.	316	66	382
Al Hudaydah	267	99	366
Al Dhale'e	156	118	274
Ibb	151	69	220
Al Bayda	199	19	218
Abyan	187	18	205
Amran	119	53	172
Shabwah	122	45	167
Lahj	85	61	146
Dhamar	76	35	111
Hadramaut	31	16	47
Al Jawf	3	4	7
Raymah	1	5	6
TOTAL	9,755	2,288	12,043

communicable diseases is also under threat. Outbreaks of malaria and dengue fever have been reported in the south and in areas bordering Saudi Arabia. Despite falling reporting rates, facilities still report that dengue fever cases are four times higher than at the same time last year, while malaria rates are 4 per cent higher. Significant incidence of diarrhoeal diseases and pneumonia also continues to be reported.

Medicines for diabetes, hypertension and cancer are no longer available. Shortages in critical medical supplies – trauma kits, medicines, blood bags and other necessities – are becoming increasingly acute. Fuel shortages are preventing generators from running, threatening the provision of quality care and cold-chain storage of vaccines and other temperature-

sensitive supplies. Higher fuel costs are also preventing patients from reaching care due to lack of transport.

Without urgent action – including resumption of fuel and medical imports – Yemen's health system faces potential total collapse. Cooperation from all parties to the conflict is also required to ensure security for health facilities – particularly in light of incidents of direct targeting of facilities and other harassment of personnel. If current conditions persist, mass casualty management services will decline, treatment for chronic diseases will become more difficult, and tens of thousands of children will remain unvaccinated, endangering their lives and threatening the country's polio-free status.



EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Taizz	2.69
Hajjah	1.47
Al Hudaydah	1.46
Amanat Al Asimah	1.41
Sa'ada	0.98
Ibb	0.93
Lahj	0.83
Aden	0.75
Amran	0.71
Al Dhale'e	0.59
Sana'a Gov	0.55
Dhamar	0.53
Al Jawf	0.41
Shabwah	0.41
Hadramaut	0.39
Abyan	0.37
Al Bayda	0.36
Marib	0.21
Al Mahwit	0.06
Raymah	0.05
Al Maharah	0.01
Socota	0.01



Contact: Saja Abdullah (sabdullah@unicef.org)

Partners estimate that 1.5 million children under 5 and pregnant or lactating women (PLW) currently require life-saving nutrition services to treat acute malnutrition. Yemen faced a dire nutrition situation before the crisis, with 850,000 children under 5 suffering from acute malnutrition, including 160,000 severe cases. Children suffering from severe acute malnutrition (SAM) are nine times more likely to die than their healthy peers; children with moderate acute malnutrition (MAM) are three times more likely to die. Conflict and shortages of fuel and treatment supplies are exacerbating the pre-existing crisis. Since the conflict began, partners have confirmed that 160 health facilities offering nutrition services have closed, affecting a catchment area of more than 450,000 children under five. Major reasons for closures include fuel shortages and staff absences due to security concerns or salary arrears.

Without urgent action, the number of acutely malnourished children could rise to 1.3 million in the coming weeks, including 400,000 potential SAM cases. This increase would be driven mainly by rising food insecurity, decreasing access to safe water and sanitation, and declining availability of health services. Rising incidence of diarrhoea and measles (which becomes more virulent in malnourished children)

would further complicate the nutrition situation. Diarrhoea incidence is already rising according to partner reports, and measles incidence is likely to increase in an environment of decreased access to healthcare, lack of safe drinking water or sanitation, and falling vaccination rates. These trends are all closely linked to drastically reduced imports and insecurity. Fuel is urgently needed to power health facilities, mobile clinics and food distribution networks, while food imports are needed to maintain the supply of affordable, nutritious food.

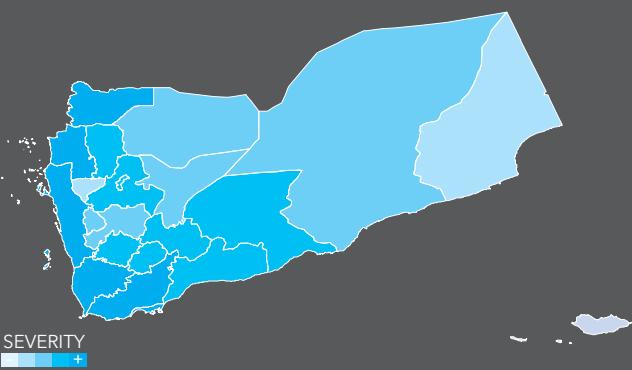
Acute malnutrition presents an immediate threat to the lives of children as well as life-long consequences for survivors. Chronic malnutrition (two years or more) leads to irreversible cognitive impairments that prevent affected children from reaching their full potential. Chronically malnourished children are more likely to drop out of school and less likely to work as adults. Estimates project that countries with chronic malnutrition levels above 40 per cent lose about 3 per cent of their gross domestic product – chronic malnutrition rates in Yemen were estimated at 47 per cent before the crisis.

CHILDREN AND WOMEN IN NEED OF LIFE-SAVING NUTRITION SERVICES



1.5M

SEVERITY OF NEED FOR CLUSTER SERVICES (MAY 2015)



Source: Nutrition Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the relevant population in need of cluster services.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Al Hudaydah	0.2
Taizz	0.17
Amanat Al Asimah	0.14
Ibb	0.13
Hajjah	0.13
Dhamar	0.11
Hadramaut	0.09
Sana'a Gov	0.06
Aden	0.06
Lahj	0.05
Shabwah	0.05
Sa'ada	0.05
Abyan	0.04
Al Mahwit	0.04
Al Bayda	0.04
Amran	0.04
Al Jawf	0.03
Al Dhale'e	0.03
Raymah	0.02
Marib	0.02
Al Maharah	0.01
Socotra	0



SHELTER AND ESSENTIAL ITEMS

Contact: Nassir Mohammed (mohamnas@unhcr.org)

An estimated 1.2 million people require emergency shelter materials or other essential non-food items (NFIs), including 1 million IDPs and 200,000 vulnerable people in host communities. This represents a 122 per cent increase since the crisis began. Shelter and NFI needs had decreased markedly in Yemen by late 2014 as most IDPs in the south returned home and a durable solutions programme got under way for long-term IDPs in the north. Recent conflict has reversed this trend, as destruction of private property and public infrastructure has left thousands of women, men, girls and boys without shelter and essential household items.

Increased movement of displaced people into safer areas is pushing up rental prices, resulting in a scarcity of available accommodation and draining family resources. Displaced families living with relatives or acquaintances – which by some accounts remains the most common situation – place additional strain on their hosts, who are themselves often already vulnerable. However, the most vulnerable are those living in public buildings (including 237 schools), makeshift structures, or in the open (mainly reported in Hajjah, Sa'ada, Sana'a and Amran). Living in the open or in unprotected shelters exposes people to serious harm due to harsh

weather conditions, environmental contamination, fire, and greater risks of exploitation and violence, including GBV. Overcrowding and lack of water and sanitation also promote respiratory diseases and other health risks. Without direct access to adequate shelter or support for rental payments, IDPs will increasingly establish potentially dangerous makeshift shelters or group together in temporary camps that occupy open spaces or public buildings. Marginalized groups (muhamashin) face an additional risk of rejection by host communities and are more vulnerable to dangerous living conditions.

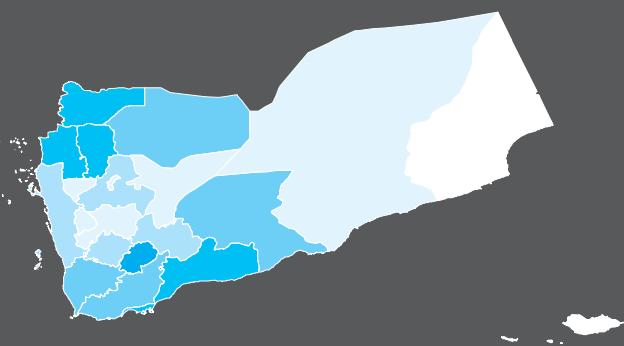
Providing shelter and NFI assistance depends on adequate access to stocks in Yemen and the ability to procure stocks rapidly from abroad. In-country stocks have significantly depleted, and an efficient mechanism for quickly resuming imports is urgently required. Cooperation from all parties to the conflict is also required to facilitate principled aid delivery within the country, particularly in light of reports of interference by parties to the conflict and transporters' reluctance to transport supplies into insecure areas.

PEOPLE IN NEED OF SHELTER OR OTHER ESSENTIAL NON-FOOD ITEMS



1.2 M

SEVERITY OF NEED FOR CLUSTER SERVICES (MAY 2015)



SEVERITY
+

Source: Shelter, NFIs and CCCM Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services. Note: Needs estimates are based on reported IDP figures and vulnerable hosts. IDP reports for several locations – particularly Aden, Sa'ada and Sana'a – likely underestimate actual displacement.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Hajjah	0.3
Al Dhale'e	0.25
Ibb	0.09
Amran	0.08
Abyan	0.06
Al Hudaydah	0.06
Taizz	0.05
Raymah	0.04
Lahj	0.04
Hadramaut	0.04
Dhamar	0.04
Aden	0.04
Al Mahwit	0.03
Shabwah	0.03
Al Jawf	0.02
Sa'ada	0.02
Marib	0.01
Sana'a Gov	0.01
Al Bayda	0
Al Maharah	0



Contact: Charlotte Ridung (ridung@unhcr.org)

Partners estimate that 11.4 million people require protection assistance, 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. Advocacy is urgently required to ensure that parties to the conflict abide by their obligations under international humanitarian law and international human rights law to protect civilians and civilian infrastructure, and facilitate safe, rapid and unimpeded humanitarian assistance. According to the UN Office of the High Commissioner for Human Rights (OHCHR), 1,297 civilians had been killed and 3,227 injured as of 7 June. In the same period, OHCHR has verified nearly 4,699 reports of human rights violations – an average of 67 per day. Casualty estimates and reports of human rights violations are almost certainly undercounts, given that many casualties and rights violations in Yemen go unreported.

Legal institutions in Yemen were already weak before the

crisis, and rule of law has significantly deteriorated amid the conflict. A majority of localized assessments to date have indicated that communities do not feel safe where they are now, and that serious problems exist because of a lack of justice and poor understanding among affected people of their basic rights. Affected communities need support to safeguard their rights, including assistance through community-based protection networks that can promote understanding of rights and report on violations.

Conflict-affected people across the country may have experienced some degree of psychological trauma. Sources of trauma include grief over deaths or injuries of loved ones, rights violations, displacement, shock, stress over lost income, and future uncertainty. Possible consequences include post-traumatic stress disorder, depression and higher rates of domestic violence, among others. Many of these people will require psychosocial support.



Source: Protection Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Taizz	1.79
Amanat Al Asimah	1.69
Hajjah	1.57
Sa'ada	0.98
Aden	0.84
Amran	0.81
Sana'a Gov	0.66
Al Hudaydah	0.59
Ibb	0.53
Abyan	0.43
Al Dhale'e	0.39
Lahj	0.35
Al Jawf	0.22
Shabwah	0.2
Al Bayda	0.14
Dhamar	0.07
Marib	0.06
Al Mahwit	0.06
Hadramaut	0.04
Raymah	0
Al Maharah	0
Socota	0

GENDER-BASED VIOLENCE AND REPRODUCTIVE HEALTH



CIVILIAN CASUALTY ESTIMATES (26 MARCH TO 7 JUNE)

GOVERNORATE	KILLED	INJURED
Aden	290	429
Sana'a	206	817
Sa'ada	203	164
Taizz	142	554
Ibb	127	207
Al Hudaydah	98	438
Al Dhale'e	52	215
Hajjah	45	204
Abyan	35	28
Amran	24	62
Lahj	22	52
Dhamar	22	24
Shabwah	16	16
Al Jawf	6	8
Marib	4	0
Al Bayda	3	0
Hadramaut	2	9
TOTAL	1,297	3,227

Source: OHCHR

VERIFIED INCIDENTS OF KEY CHILD RIGHTS VIOLATIONS (26 MARCH TO 22 MAY)

VIOLATION TYPE	NO. OF VIOLATIONS
Killing of children	135
Maiming of children	260
Recruitment or use by armed groups	159

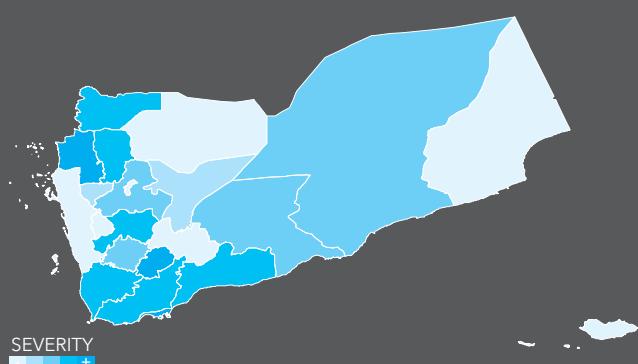
Source: Monitoring and Reporting Mechanism

Contact: Ghamdan Mofarreh (mofarreh@unfpa.org)

Recent conflict and displacement have increased GBV risks, especially of sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs. Partners estimate that 52,000 women are likely to suffer from sexual violence and require life-saving medical care and psychosocial support. Displaced women may not have access to hygiene or dignity items, forcing them to remain out of sight. Lack of life-saving response services and safe refuges for survivors – who often fear stigma or rejection – compound the problem. GBV disproportionately impacts women, including those already facing elevated protection risks, such as IDPs and other vulnerable groups.

WOMEN TO SUFFER FROM SEXUAL VIOLENCE & REQUIRE CARE
52,000

SEVERITY OF NEED FOR SUB-CLUSTER SERVICES (MAY 2015)



Source: Gender-Based Violence Sub-Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services.



CHILD PROTECTION

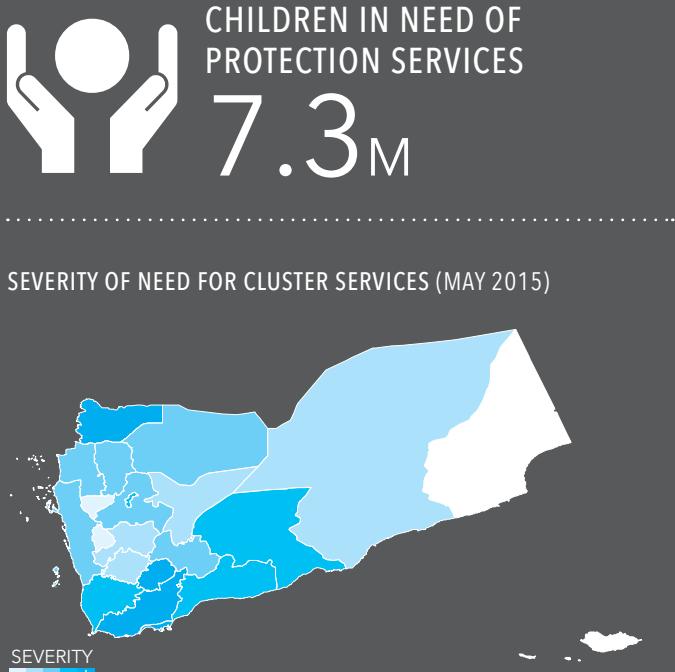
Contact: Megan Lind (mlind@unicef.org)

Children are among the most vulnerable conflict-affected groups, and partners estimate that more than 7.3 million affected children currently require protection services. Reports of child deaths, injuries, and recruitment or use by armed groups have increased dramatically. In just two months of conflict, partners have verified 260 cases of children being maimed (199 boys and 61 girls) – equivalent to the entire number reported in 2014. The number of children killed has almost doubled over 2014 totals, to 135 (105 boys and 30 girls). Most verified incidents of killing and maiming occurred in Amanat Al Asimah (Sana'a City) (32 per cent), Sa'ada (13 per cent) and Aden (12 per cent). Verified recruitment cases in the last two months nearly

equal total 2014 figures. 159 boys have been affected, mainly in Aden (36 per cent), Al Dhale'e (19 per cent) and Lahj (19 per cent). Reports of unaccompanied or separated children are also rising, although overall estimates are not available. Children separated from their families are at increased risk of violence, abuse, exploitation and neglect. Children who

have experienced stressful or traumatic situations are likely to show changes in social relations, behaviour, physical reactions and emotions. These can manifest as sleeping problems, nightmares, withdrawal, problems concentrating and guilt. Anxiety, confusion and insecurity can also result from constant rumours and a lack of credible information in an emergency setting.

Children's vulnerability is rising amid school closures, decreasing psychosocial support, challenges in maintaining the monitoring and reporting mechanism for grave child rights violations (MRM), and lack of access to other child-friendly services. Lack of screening for unexploded ordnance in communities and conflict-affected schools dramatically increases children's risk of death or injury, and mine risk education (MRE) is an urgent priority. Prior to the conflict, four major needs had been identified: MRM, MRE, support for child survivors of gender-based violence, and services for unaccompanied children. The current conflict has exacerbated these needs while reducing overall service availability.



Source: Child Protection Sub-Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Amanat Al Asimah	1.24
Taizz	1.16
Ibb	0.93
Al Hudaydah	0.77
Sa'ada	0.59
Aden	0.52
Amran	0.45
Sana'a Gov	0.42
Hajjah	0.34
Lahj	0.24
Al Dhale'e	0.23
Abyan	0.19
Marib	0.1
Shabwah	0.07
Raymah	0.02
Dhamar	0.02
Hadramaut	0.02
Al Mahwit	0.02
Al Jawf	0.01
Socota	0
Al Bayda	0
Al Maharah	0



EDUCATION

Contact: Abdullah Modhesh (amodhesh@unicef.org)

An estimated 2.9 million children require humanitarian assistance to ensure access to education nationwide. This estimate has more than doubled since the crisis began and includes 1.8 million children who have lost access to education entirely following the closure of 3,584 schools since 26 March. These figures mean that an estimated 47 per cent of the school-age population in Yemen is now out of school, and 23 per cent of all schools are closed. Beyond school closures, conflict has had a direct impact on schools. According to the latest Ministry of Education data, 400 schools have been directly affected, including 96 damaged, 237 hosting IDPs and 67 occupied by armed groups. Higher numbers of out-of-school children increase risks of recruitment by armed groups

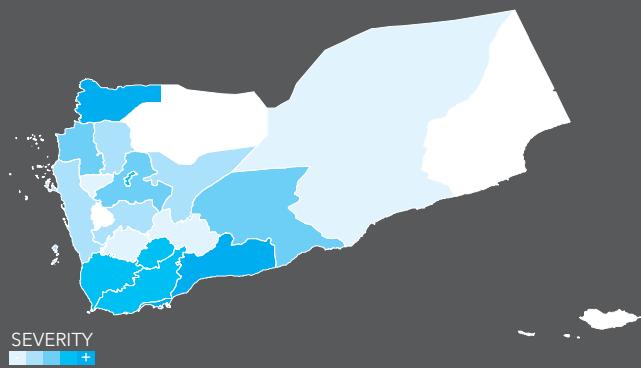
and other forms of exploitation and abuse.

If current conditions persist, the number of affected schools is likely to increase. Support is urgently needed to integrate IDP children into host community schools, create alternative learning opportunities for out-of-school children and provide basic learning materials. Educational facilities must be returned to their pre-crisis condition as soon as possible. Safe alternative accommodations must be found for IDPs living in schools so as to prevent delays to the coming school year. Armed groups occupying schools must vacate them immediately, and swift mine action programmes are urgently required.

CHILDREN REQUIRING ASSISTANCE TO ENSURE ACCESS TO EDUCATION

2.9M

SEVERITY OF NEED FOR CLUSTER SERVICES (MAY 2015)



Source: Education Cluster. Darker areas indicate higher estimated level of humanitarian needs based on proportion of the population in need of cluster services.

EST. PEOPLE IN NEED (IN MILLIONS, MAY 2015)

Amanat Al Asimah	0.61
Taizz	0.27
Sa'ada	0.26
Al Hudaydah	0.23
Sana'a Gov	0.21
Lahj	0.18
Aden	0.18
Abyan	0.16
Hadramaut	0.12
Raymah	0.12
Al Dhale'e	0.11
Hajjah	0.1
Shabwah	0.07
Amran	0.07
Ibb	0.06
Al Bayda	0.04
Dhamar	0.03
Marib	0.03
Al Jawf	0.03
Al Mahwit	0.02
Al Maharah	0.01
Socota	0

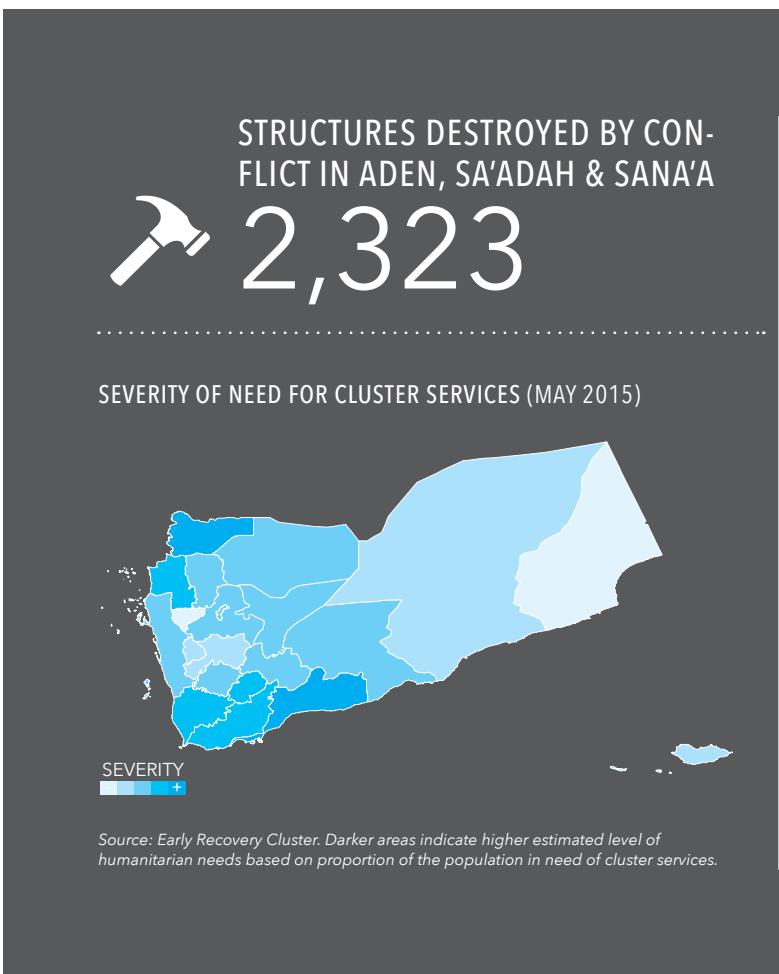


EARLY RECOVERY

Contact: Federica Dispenza (federica.dispenza@undp.org)

According to initial analysis of satellite imagery, at least 2,323 structures have been destroyed by conflict in Aden, Sa'adah and Sana'a. Markets, social infrastructure, roads and bridges – including those linking Sa'ada with Hajjah and Ibb with Taizz – have been severely damaged by conflict. Weeks of shelling and armed clashes in residential areas of Al Dhale'e, Aden and Lahj have reportedly destroyed numerous private homes and community buildings. At the same time, solid waste collection and disposal has largely stopped. As a result, communities urgently require support to manage the disposal of debris and other solid waste.

Conflict has also exacerbated pre-existing needs to address risks of unexploded ordnance. Partners report new contamination by unexploded ordnance in 13 governorates (Sa'ada, Amran, Hajjah, Sana'a, Amanat Al Asimah (Sana'a City), Al Hudaydah, Aden, Taizz, Al Bayda, Abyan, Shabwah, Lahj and Al Dhale'e), posing grave risks to surrounding communities – especially children. No screening for unexploded ordnance has taken place in conflict-affected schools so far, meaning that at least 146 schools serving 4,500 children could be unsafe to operate upon re-opening. The continued use of explosive weapons in populated areas – including widespread reports of indiscriminate shelling in Lahj, Al Dhale'e, Aden and other locations, as well as allegations of cluster bombs in Sa'ada – will continue to exacerbate these risks. Safe roads and access to institutions are also being compromised for the affected population and the humanitarian community. Conflict has also severely damaged people's livelihoods; these effects are summarized under "Food security and livelihoods" earlier in this document.





LOGISTICS AND TELECOMMUNICATIONS

Logistics Contact: Qaseem Ghausy (qaseem.ghausy@wfp.org)

Telecommunications Contact: Marta Dabbas (marta.dabbas@wfp.org)

Humanitarian operations in Yemen are facing vastly increased needs in terms of logistics and telecommunications. Partners estimate that operations require 2 million litres of fuel per month to maintain services, and swift import procedures are required to ensure partners can provide services to people in need without delay. Sufficient storage facilities are also urgently required; WFP currently has three storage facilities in Sana'a, Hudaydah and Aden with total fuel storage capacity of 454,000 litres. Out of five international airports in Yemen, only one (Sana'a) is currently partially operational, and roads are increasingly blocked due to damage or ongoing insecurity. Safe, reliable air passenger and cargo service into and within Yemen is needed to support humanitarian operations. With forward logistics operations based in Djibouti, support services are also required there. Finally, partners require frequent information updates on the status of aid shipments, storage, fuel consignments and other logistical concerns.

Communications systems in Yemen – critical for the

safety and coordination of humanitarian operations – have deteriorated severely since the conflict began. According to initial analysis of satellite imagery, the cities of Sana'a, Dhamar, Taiz, Ibb, Aden, Zinjibar and surrounding areas are severely affected by a lack of communications systems. Telecommunications networks have also been severely impacted in Sa'adah, Haradh and Amran. Local telecommunications and IT service providers are struggling to maintain services due to infrastructure damage and fuel shortages. If fuel does not become available, networks could be de-activated. Delivery of humanitarian assistance relies on partners' ability to communicate through internet connectivity, telecommunications and two-way radio networks – currently available only through local providers whose services are in jeopardy. Satellite dishes, radio infrastructure and alternative power sources (e.g., portable solar power systems) are required to ensure reliable and independent communications in support of humanitarian assistance.

ANNEX

METHODOLOGY

The humanitarian programme cycle normally calls for four weeks to prepare a Humanitarian Needs Overview (HNO). Partners pool new national-level assessment data and work together in workshops to agree overall estimates and drivers of need. Given the ongoing deterioration in conditions, this document represents a rapid revision of the previous HNO and was completed in ten days. The information below defines key terms:

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 the previous HNO.

IDP estimates

IDP estimates come from the Population Movement Task Force (PMTF). The PMTF includes representatives from IOM, OCHA and UNHCR and operates under the Protection Cluster. PMTF members review all individual displacement reports, remove duplicates and seek clarification. The final result is endorsed by the HCT. Latest estimates are based on data shared by ACTED, the Charitable Society for Social Welfare, the Danish Refugees Council, the Governorate Emergency Committees, the Governorate Health Office, the Executive Unit, the Foundation for All, the Foundation for Protection and Care of Children, the General Committee of the Civil Sector and Relief - Directorates of Hadramaut Coast, Generation Without Qat, the IDP Centre, Islamic Help, the National Foundation for Development and Human Rights, Volunteers of the Future Organization, OCHA, Save the Children International, Yemen Red Crescent, The Humanitarian Forum Yemen, and the Yemen Women's Union. Compiled data for some governorates, including Aden, Sana'a (figures do not include Amanat Al Asimah (Sana'a City)) and Sa'ada, are still considered low in relation to the actual displacement. Lack of access and communication in these governorates continued to prevent partners from better assessing the situation and reporting statistics. The Task

Force will continue monitoring the situation and triangulate information to identify the location and number of IDPs.

Directly-affected people

Directly-affected people represent 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. This is because IDPs themselves are automatically already included by counting pre-crisis populations of conflict-affected districts (from which IDPs fled). This approach can be refined when district-level data on IDP origins becomes available.

Severity of need for cluster services (Maps in Part 2)

Given the lack of national assessments since the conflict, 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 (estimates of IDPs, conflict-affected people, casualties, food availability and pre-crisis cluster estimates of people in need) for each governorate. 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. Scores corresponded to rough estimates of the percentage of the population that required cluster services. All discussions included participation from Amman and Sana'a. More precise figures estimating people in need were developed after this process.

Estimated severity of needs across clusters (Map on page 6)

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.