

2019 HUMANITARIAN NEEDS OVERVIEW – GUIDANCE NOTE

1. OVERVIEW

The 2019 HNO will build on the work and process of the 2018 HNO, including the following:

- **District-level needs analysis** at the cluster and inter-cluster levels of the number of people in need and the severity of needs;
- **Inter-sectoral analysis** combined at population group and thematic level (famine prevention, IDPs/refugees/host community, and cholera)
- **Disaggregation of needs analysis** by age, sex, and other context-relevant vulnerability characteristics.
- **Integration of protection in the situation and needs analysis including** outlining cluster specific protection needs.
- Clear methodology for the estimation of the number of **Persons in Need (PiN) and analysis of the severity of needs (Acute Need)**
- **Informed by the cash feasibility study** that looked at the functionality of different types of Yemeni market systems and the communities' preference for various response options. Target population were identified per the response modalities for five clusters.
- Factoring in **key drivers** of growing humanitarian needs including the collapsing public services and livelihood losses in the situation and needs analysis.

On this foundation, efforts will continue to further expand and improve towards ensuring a comprehensive situation and needs analysis in the 2019 HNO. This will be achieved through:

- **Multi-Clusters Location assessment**, which has been broadened to include all key population groups that need humanitarian assist WASH, Education, Shelter/NFIs/CCCM, Protection and Healthance, covering a wider geographic area. The MCLA will complement cluster in-depth assessments and form the basis for a strong evidence based HNO.
- **More pre/post crisis trends analysis** on key figures and indicators to fully capture the scale of the deteriorating situation and deepening vulnerabilities with the protracted conflict.
- The 2019 HNO, in addition to presenting an overview of existing humanitarian needs and acute immediate factors, will include analysis of the **key drivers** of the growing humanitarian need, **the underlying causes and chronic/structural factors** to inform subsequent decision-making on responses and define the strategic objectives and boundaries in the HRP.
- ICCM will **continue to monitor key indicators on a continuous basis to reflect the evolution in needs to establish regular monitoring of the situation**, response, needs and risks including the monthly Humanitarian Snapshots.
- **Enhanced integration of protection and IHL issues** into the presentation of needs and analysis of drivers and root causes guided by **the revised HCT protection strategy**.
- **Gender, age, disability and other vulnerability** characteristics with indication as to how they affect the needs and capacities of these individuals and population groups as it affects the subsequent analysis of the most relevant response options and targeting. In addition to sex and age disaggregated data, a brief gender analysis showing the different needs women, girls, men and boys have. To assist with this, each cluster has examples of questions that can inform the gender analysis of needs in the Gender with Age Marker (GAM) Gender Equality Measures (GEMs) cluster specific tip sheets. Please refer to the Needs Analysis Set (GEM A) in the cluster tip sheets.
- Will be informed by continued price monitoring and market functionality analysis, complemented by the **Financial Service Providers (FSP) study**, which is planned to be conducted during September 2018.
- Informed by the **progress review of cluster AAP commitments** based on which the 2019 targets and corresponding actions will be developed.
- Draw lessons from the **2018 YHRP Third Party Monitoring (TPM) exercise**.

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2018 HNO Situation and Needs Analysis

With the robust multi-sector and sector assessment, the 2019 HNO information analysis will rely on data as “primary source” for the needs analysis for all locations where it’s available to ensure a strong evidence base. which is collected through established national mechanisms and assessments, such as the IPC, disease surveillance programmes, TFPM displacement tracking, SMART surveys and many others. For locations and indicators where there are no sufficient data, the second track – “Delphi”, which refers to technical experts – in this case partners working in the hub – coming together for a structured discussion. Consensus answers from these discussions pool expertise into the best possible estimate in the absence of hard data.

This document provides guidance for the collation, analysis and reporting of information and data for the 2019 Yemen HNO. It is accompanied by two templates where clusters can enter required data and information:

1) 2019_Yemen_HNO_Cluster_Data_Template (Excel): This file includes space to record final needs severity scores per district and number of people in need per district. Guidance outlines how to determine these numbers in Section 4 below.

2) 2019_Yemen_HNO_Cluster_Narrative_Template (Word): This file provides headings for your cluster narrative analysis and space to indicate specific data that you would like to highlight. Guidance in Section 5 below and in the Word template itself outlines how to do this.

Cluster Severity Scales

- Clusters to review the 2018 severity scales and revise as needed and submit to OCHA. The 2018 severity scales can be accessed on:
<https://drive.google.com/drive/u/1/folders/0B9A5J6ExUNkIb1g0MFhjaUd0eTg>
 - o Please indicate the **data source (s) for each indicator** (*including month/year – xx assessment/survey June 2019*). For those indicators “Delphi” expert consultation is a plan B source of information due to delays/hinderances in conducting planned assessments please Plan B - i.e. X indicator – source of data (MCLA / cluster assessment) Plan B “Delphi”.
 - o For the indicators “Delphi” is used as the main source of data or plan B cluster specific discussion guide will be developed for the “Delphi” consultations during a hub level workshop.
 - o The primary objective of the 2019 HNO workshop is to strategically engage stakeholders at all levels to provide an opportunity for them to engage in the collective needs analysis exercise. Additionally, Delphi consultations will be conducted for some indicators/districts for which there are gaps in obtaining data and there is a need to triangulate data. If assessments are conducted as planned, it will be mainly a forum to de-brief on key findings and will be held during the second half of October.
- OCHA will review the indicators and work with clusters to align severity scales for common indicators, and ensure alignment with the MCLA tool (for clusters covered through MCLA)

Cluster data package: OCHA will continue to compile resources to support your analysis work. Data and information in these packages can be used as reference when completing the narrative and data templates.

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2. DEADLINES

The revised calendar for the HNO process is included in the last section of this guidance note the required information to be shared for the Global Humanitarian Overview.

3. RECOMMENDED ANALYSIS PROCESS

OCHA recommends that clusters follow the steps below to complete their analysis work:

- (1) Cluster IM finalizes needs severity scores for all districts based on available data (see guidance below on how to do this; OCHA is also available to provide support)
- (2) Cluster convenes a meeting as soon as possible to endorse needs severity scores, agree main narrative points and agree methodology for estimating people in need. This can be done in a cluster planning committee meeting (SAG, etc.) or in plenary. The cluster should circulate draft needs severity scores ahead of the meeting. OCHA is available to attend these meetings and support the discussion. In the meeting, participants should:
 - Endorse district-level needs severity scores – participants who wish to revise scores for certain districts should come to the meeting with additional evidence
 - Agree on the methodology for estimating the number of people in need per district (see Section 4 below for methodology options)
 - Agree on the main points to be included in the narrative template (cluster coordinator should draft several bullets before the meeting).
- (3) Based on the methodology agreed in the meeting, the cluster estimates the number of people in need in each district. Estimates should be disaggregated by sex and age.
- (4) Based on feedback in the cluster meeting, the cluster drafts the brief narrative section.
- (5) The cluster returns completed templates to OCHA by the date specified above.

4. CLUSTER DATA TEMPLATE

a. Cluster Needs Severity

The Excel template has two tabs: 1) Needs severity score, and 2) People in need.

As part of the HNO analysis, clusters will estimate the severity of needs in every district using two main information streams – a primarily data driven analysis from assessments and surveys, complemented with results from Delphi (expert consensus) group discussions in the field as required. For each stream, clusters will need to develop guidance for a 0-6 severity scale. This scale will be based on indicators identified by the clusters and will be populated by data from recent surveys, results from Delphi field discussions or a combination thereof. A visual representation of this scale appears on a separate page. All inputs – including data from surveys and results from Delphi discussions – would be due by 15 October, at which

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point national clusters would review all sources, assign a final severity score and complete brief sector narratives.

Data-driven needs severity estimates

The first information stream for the HNO will be data from assessments or other reliable sources. For needs severity estimates based on data, clusters first identify all available data sources, including new data from cluster assessments and other sources. For each data source they wish to include, clusters establish a 0-6 severity scale to “grade” results. This is the same process as last year, and clusters should review their 2018 severity scales and update them (if required) by adjusting severity thresholds, incorporating new data sources, etc. If the cluster determines that no changes are required, they can maintain their existing severity scale with no changes. The final severity scale should be completed by COB 27 August and shared with OCHA.

All data for inclusion in the HNO should be available by 15 October. Populated severity scales (i.e., with final severity scores based on data received by 15 October) should be provided to OCHA by COB 15 October. OCHA will provide templates to capture the final severity scores per district; clusters are responsible for calculating these scores and entering them into the template.

- Available cluster data sources (data should be at the district level):
 - TFPM Location Assessment: All clusters will have district-level data from the TFPM Location Assessment. Clusters should consider including severity scales based on TFPM sectoral results.
 - Other data sources: Clusters can also identify additional data sources (ideally with results at the district level). Data from these sources should already be available, or be possible to collect before 05 October (cut-off date for inclusion of data or assessments in the HNO). Clusters can use the existing severity scales to grade results coming from these sources or adapt existing scales for the 2018 HNO by COB 13 August.

Delphi-driven needs severity estimates

The second information stream for the HNO consists of structured group discussions in all field hubs. These discussions will seek to address gaps in data and also serve to triangulate data collected for the HNO and can be used to fill in any gaps. They will also ensure field perspectives are included and national authorities consulted in collective needs analysis.

RCTs, with support from OCHA and clusters, will provide Delphi-based needs severity scores for all districts in their hub, using the standard 0-6 scale. To facilitate this analysis, national clusters should establish corresponding “discussion questions” for each indicator in their severity scale and include answers along a 0-6 severity scale. To do this, clusters should review their existing structured discussion guides and thresholds, and make any changes needed so that these guides correspond to any changes in their severity scale indicators. If clusters are absolutely confident that they will have reliable data for a given indicator in all districts, they can omit this indicator from the discussion guide.

OCHA in collaboration with the Clusters will support in organizing dedicated RCT workshops before 05 October to facilitate these reviews. OCHA’s role will be to coordinate the whole effort, providing the guidance note, identifying suitable dates, carrying out logistical arrangements and overall facilitation. The

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sub-national clusters, in collaboration with the national clusters, will identify subject matter experts, share with them key questions beforehand to allow them to prepare, make the necessary arrangements to ensure participation from all the hub governorates (including raising funds for per diems), lead the cluster-specific Delphi discussions during the workshop and record results of these discussions. OCHA will provide templates for this. If clusters prefer, they can organize and lead their own Delphi discussions, however, the structured discussion guides and thresholds should be shared with OCHA and data collected shared. All Delphi discussions should be finalized by 05 October.

Whilst some clusters may feel that the Delphi methodology may be inappropriate to determine needs severity in their sectoral areas, the purpose of this exercise is to also engage with the national authorities and provide an opportunity for them to engage in the collective needs analysis exercise. Cluster partners have often faced problems in the field due to differing perceptions from the authorities on needs analysis and this is an opportunity to try to overcome these obstacles or to identify areas that data may need to be revised with further assessments / evidence.

b. Cluster People in Need

As part of the HNO analysis, clusters will also estimate the number of people in need (PIN) at the district level, distinguishing between people in “acute need” and “moderate need”. As in the 2017 HNO, clusters will be free to choose among three options for estimating the number of people in need in their cluster. These estimates should be provided to OCHA by COB 15 October. The options are described below:

Option 1: Cluster determines total PIN estimate and acute/moderate distinction

This option is appropriate for clusters that have sufficient district-level data to design their own methodology to estimate district level estimates of people in acute need and people in moderate need. This methodology should be agreed by cluster members and documented in the cluster submission to OCHA. In 2017, only FSAC took this approach.

In the Excel template, clusters that choose Option 1 should use their methodology to estimate district-level PIN and enter these estimates under the appropriate columns.

Option 2: Cluster determines total PIN estimate and uses severity scores for acute/moderate

This option is appropriate for clusters that have sufficient data to estimate the total number of people in need by district, but that do not have enough data to establish a distinction between acute and moderate estimates of people in need. Under this approach, clusters generate total PIN estimates using their own methodology, and OCHA categorizes each district-level PIN estimate based on the cluster’s composite needs severity score. If a district received a score of 2 or 3, district PIN is categorized as “moderate”. If the district received a score of 4, 5 or 6, it is categorized as “acute”. PIN estimates for districts scored 0 or 1 are not included in total PIN estimates. In 2017, three clusters selected Option 2: Nutrition, Shelter/NFIs/CCCM & Education. The Multi-Sector for Refugees and Migrants also selected Option 2.

In the Excel template, clusters that choose Option 2 should use their methodology to estimate district-level total PIN only and enter these estimates into the “total PIN” column. The moderate PIN and acute PIN columns can be left blank.

Option 3: Cluster relies on severity scores to estimate PIN and for acute/moderate distinction

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This option is appropriate for clusters that lack sufficient data to generate district-level PIN estimates. Under this approach, severity scores are mapped to broad percentage estimates of the total district population (adjusted for displacement), with each score point (0-6) equivalent to 15 per cent of the population (0= 0 per cent; 6= 90 per cent). For example, a district that received a score of 5 would estimate 75 per cent of the adjusted population of that district to be in need, and those people would be categorized as acute PIN. In 2017, four clusters selected Option 3: WASH, Health, Protection and EECR.

OCHA will provide a template to record PIN estimates, which clusters are responsible for calculating in line with one of the options above. These should be submitted by COB 15 October.

Clusters that select this methodology do not need to enter PIN estimates in the Excel file. These estimates will be generated automatically from cluster severity scores entered in the “Needs severity scores” tab of the Excel template.

5. CLUSTER NARRATIVE TEMPLATE

The Word template provides space for clusters to analyse major needs. Specific guidance for each heading appears in the Word template. Your cluster meeting should briefly discuss each narrative heading and agree the main points to include.

Key figures and graphics on page 1 of the Word template will be generated by OCHA as additional data “headlines” that they would like to visualize in their sections. More details and specific guidance for each heading appear in the Word template

6. CROSS-CLUSTER ANALYSIS

a. Cross-Cluster Needs Severity

In addition to estimating the severity of needs within individual clusters, past HNOs have presented an estimate of cross-cluster needs severity. Based on individual cluster severity scores, OCHA will estimate inter-cluster needs severity by district using the same methodology as in 2018 (See 2018 HNO Annex methodology for explanation of this approach). Inter-cluster needs severity will also be estimated for areas of integrated programming, such as the cholera response (WASH and Health) and for famine prevention (FSAC, Nutrition, WASH and Health), as well as for Integrated Response to IDPs (Shelter/NFI/CCM with remaining clusters).

b. Cross-cluster people in need

OCHA will estimate the cross-cluster number of people in need using the same methodology as in 2018 (See 2018 HNO Methodology annex for an explanation of how this worked).

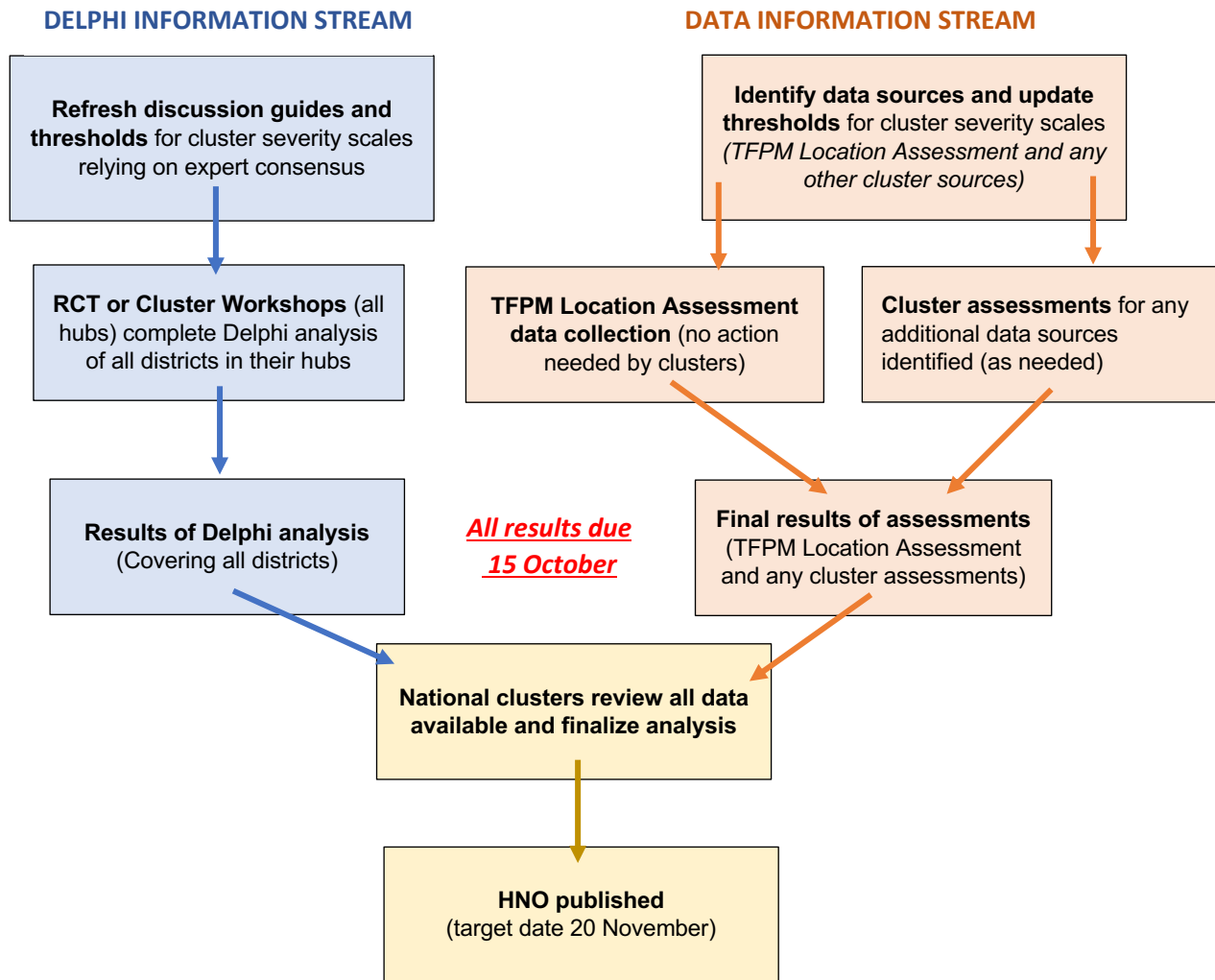
7. REFERENCE DATASET

OCHA will prepare a common dataset as reference for all clusters (e.g., adjusted population figures, gender and age breakdowns, number of IDPs, etc.). This data set should be used for estimating people in need so that all clusters are using the same source data.

8. PROPOSED WORKFLOW

The diagram below summarizes the proposed workflow; a draft calendar is on a separate page.

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9. Key Consultations

- Hub Level HNO workshops: strategic level workshop to engage all stakeholders including local authorities in the collective needs analysis process.
- Dedicated cluster workshops/meetings with line Ministries and MOPIC/NAMCHA- 16 Oct- 05 Nov
- ICCM and hub representatives consult on YHRP 2019 top-line strategy (planning scenario, strategic objectives, scope and priorities) (workshop) – 01 November
- HPC Workshop (Sana'a and Aden) presenting HNO results and identifying top-line strategy for 2018 YHRP - Mid- NoV

10. KEY DATES FOR THE HNO

18 Aug

OCHA circulates clusters' 2019 HNO Guidance note and 2017 HNO severity scales and discussion guides

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05 to 27 Aug	Clusters review 2018 severity scales and discussion guides and revise as needed and submit to OCHA
27 Aug – 05 Sept	OCHA works with clusters to align the severity scores and finalize
05 Sept to 30 Oct	Clusters accumulate data to populate severity scales and PIN in the HNO Cluster template
15 Oct	MCLA completed and available to clusters
30 Oct	Clusters return completed HNO templates to OCHA, including HNO severity scores, PIN estimates and brief narratives
05 November	Final Comments Due
15 Nov	HPC Workshop (Sana'a and Aden) presenting HNO results and identifying top-line strategy for 2018 YHRP
20 Nov	Final 2018 HNO published