

Secondary Data Review & Strategic Analysis for Yemen

September 2011

DRAFT



EXECUTIVE SUMMARY

This data review and strategic analysis provides a summary of the current humanitarian needs in Yemen based on existing assessment data shared with OCHA. The majority of assessments were undertaken in 2011 although some key assessments prior to this were also taken in to consideration. Humanitarian needs are described sectorally as well as in three geographic areas; South, North and Central/West. A draft humanitarian response and contingency plans in development for each of these three geographic areas through the HCT and partners. It is intended that the results of this report feed into and inform the development of these response plans and ultimately feed into the CAP 2012.

SECTORS

- Food:** Rising food prices are increasing levels of food insecurity across the three different regions. Many families are forced to adopt negative coping mechanisms and an increased reliance on emergency humanitarian assistance. A social protection monitoring report by UNICEF indicates that at least one member of the household goes without food in Sa'ada, Sana'a, Amran and Hodeidah governorates; the highest numbers in Amran at 30%, 25% in Sana'a and 5% in Hodeidah. In the South, 90% of the displaced population relies on food assistance from host families or aid agencies. The food security situation is worse in the rural areas as compared to the urban areas. The most affected groups are rural children, female headed households and returnees (who neither receive government assistance nor on WFP lists). The most food insecure households are in Hajja, Ibb, Rayma, Taiz, Hodeidah, Abyan, Aden and Al-Jawf.
- Health:** Affected populations in the North and South have fairly limited access to health facilities due to disruption of essential health services. In Aden, only 39% of affected populations had access to medical services. Routine vaccination programmes have been greatly affected in the North and South. Inappropriate WASH practices at household level, no clean/safe water handling and poor living conditions have led to an increase in the incidences of diarrheal diseases; 52.4% in, 37% in Amran. In the South in Al Dhale between 27 July and 24 Aug 739 cases of acute watery diarrhoea, with 31 deaths. There is limited data on health needs in southern governorates.
- Nutrition:** Malnutrition levels nationwide for children under 5 are on an upward trend. In Hajjah governorates malnutrition rates are near crisis levels (above the emergency threshold of 5% for severe malnutrition/wasting). Wasting is highly prevalent; GAM is at 31.3% with 9.0% severe cases. This is much higher than the national averages measured in 2006 of GAM at 15.0% and severe acute malnutrition (wasting) at 3.9 and SOWC/WHO standards. Wasting is higher among IDPs than in the host communities. Wasting is more prevalent among boys than girls. Though findings indicate that the overall malnutrition prevalence rate among children in the South is not alarming, secondary data from the household baseline survey indicates that global acute malnutrition prevalence rate among U5 is 12% (anthropometric Weight/Height Z score) and 33.7% of the population is considered food insecure – (CFSS, WFP 2009, Unicef/MOPHP, June 2011).
- WASH:** There is increased water scarcity reported across the three target geographic regions. This is attributed to the deteriorating socio-economic conditions, impact of natural disasters and conflict. This is making many communities more reliant on water trucking and other forms of secondary water supply. In Hajja governorate (Harad, Bakeel, Al Meer & Mustaba districts) 98% of the population relied on UNICEF water tanks. In the South,

50% of displaced populations in Aden indicate that hosting centers lack proper sanitation services, 91% of latrines are considered to be in poor condition.

- **Shelter/CCCM/NFI:** Assessments indicate a critical shelter situation for affected population in Yahees district of Sana'a governorate. Some of the families live in communal homes. While in Bab-Al Sabah district families live in collective centers with little protection from the elements, limited privacy and security. In the South, displaced populations currently residing in schools do not favour relocation, but instead prefer rental subsidy and host family support. 35% of households indicate NFIs as a major need.
- **Protection:** Figures indicate high levels of violence from the civil unrest, peaking in April with 7,140 cases, 6,099 in May and 408 in June with the highest recorded cases in Sana'a (12,298), 2,791 in Taiz, 1,429 in Hodeidah and 601 in Aden. There are risks of detention, forced recruitment and reprisals in areas in and around Sana'a government where there is ongoing conflict such as Yahees district, Arhab. In the South, among IDPs residing in schools there are increased levels of violence against boys and girls due to pressures on food and shared living/cooking conditions, trauma and lack of privacy.

IMPLICATIONS OF DATA ANALYSIS FOR THE STRATEGIC PLANNING OF THE THREE RESPONSE PLANS (NORTH SOUTH, CENTRAL/WEST)

- **North (Sada'a, Hajjah, Amran, Sana'a, Al-Jawf, Marib Governorates):** Early recovery and residual life-saving assistance should be prioritised in all sectors in Sa'ada. In Hajjah, Sa'ada and Al-Jawf, the delivery of care and maintenance support programming to protracted displaced in camps, returnees, host communities and other war affected as well as life saving assistance to new IDPs and migrants in all sectors is a key priority. The needs of hosts and non-conflict-affected Yemeni and refugees, asylum seekers, and migrants in Hajjah should also be also addressed. Efforts to prevent further deterioration of livelihoods and improve asset protection of the population in crisis through sustainable recovery and resilience building activities; provision of emergency services to IDPs and support for the voluntary return and re-settlement of IDPs through the provision of sustained basic services in their places of origin. Ensure protection of rights and ensuring the equal access to humanitarian services for vulnerable groups and people with specific/special needs (women, men, boys and girls). Humanitarian needs of food insecure populations are increasingly affected by the effects of the civil unrest, together with high food and fuel prices. Emergency preparedness needs to be strengthened through prepositioning of food, NFI and shelter items and robust early warning systems for future conflict; Early recovery interventions are needed to address the root causes of vulnerabilities in the north as well as ensuring the integration of gender considerations.
- **South (Aden, Lahj, Abyan, Shawah, Taiz, Al-Dhale'e, Al-Bayda Governorates):** Delivery of life-saving assistance to new IDPs living in communal shelters/schools and within host communities in Aden, Abyan and Lahj. Given that return home is unlikely over the short term, care and maintenance programming is expected to continue to IDPs throughout 2012. The needs of hosts and non-conflict-affected Yemeni should also be addressed. Most of the country's refugees are located in this region so multi-sector assistance will form a major part of the response. Improvement of livelihood opportunities and protection of livelihood assets to prevent the population from falling into humanitarian emergency will be critical. The humanitarian needs of food insecure populations currently being affected by the effects of the civil unrest, high food and fuel prices are addressed.

Emergency preparedness will be strengthened through (prepositioning food, NFI and shelter items regularly and install early warning systems); strengthen information management; and implement early recovery interventions to address the root causes of vulnerabilities in the North; and Ensure the integration of priority cross-cutting issues including gender.

- **Strategy/priorities for the central/west (Hodeidah, Al-Mahwit, Raymah, Dhamar, Ibb, Hadramaut, Al-Maharah Governorates):** The majority of non displaced Yemeni who are targeted for food assistance live within the central/west region. Targeting for food assistance in 2012 will be adjusted based on the revised picture of food insecurity resulting from the next CFSS to be conducted in the last quarter of 2011. Results are expected reveal a substantial increase in food insecurity across the country. A smaller proportion of this caseload will also be targeted for Nutrition, WASH, Health, Protection and Early Recovery assistance in 2012, pending agreement on assessment and programming capacity within these clusters. Although numbers are smaller than elsewhere, the needs of IDPs, refugees, asylum seekers and migrants will also be addressed. Response will ensure the integration of priority cross-cutting issues including gender.

Acknowledgements

The secondary data review and was prepared by Andy Featherstone & Sarah Routley, on behalf of ACAPS, Geneva jointly with OCHA Yemen Country Office.

Disclaimer: Information provided is provisional as it has not all been independently verified. As this report covers dynamic subject, the accuracy of the information may decrease with time.

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Introduction

This Secondary Data Review is a desk study in which estimates of scale, severity and likely impact of a natural or man-induced disaster are determined. The revised SDR has been structured according to the proposed 2012 CAP format, focusing on the following affected areas:

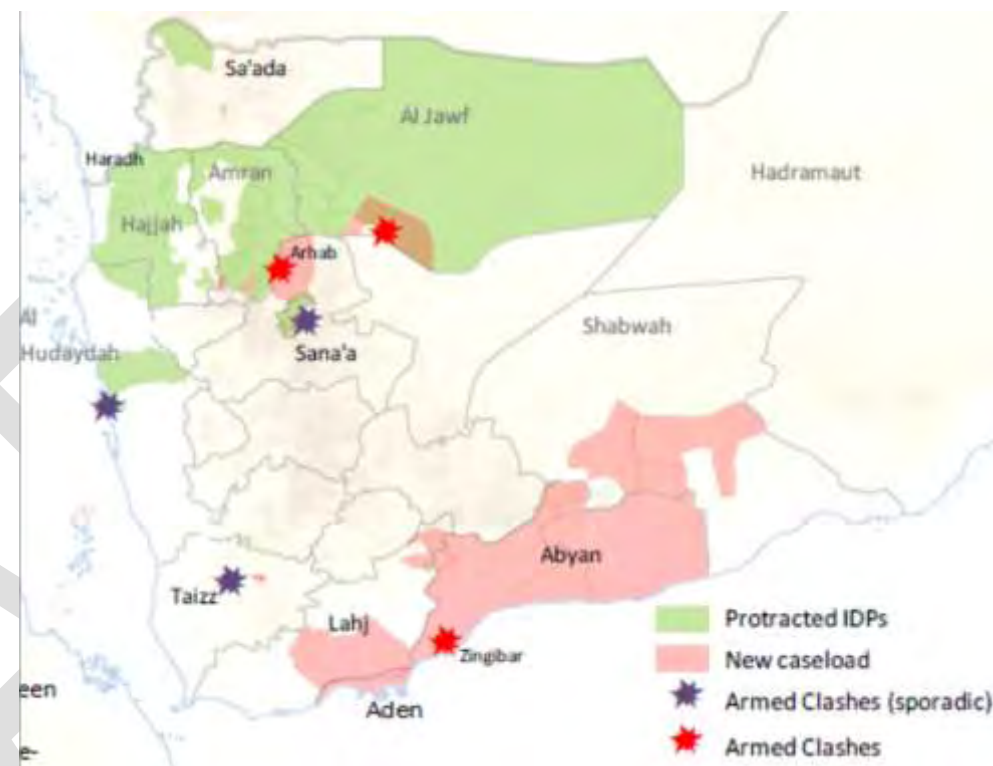
- Northern governorates: Sada'a, Hajjah, Amran, Sana'a, Al Jawf, Marib.
- Southern governorates: Aden, Lahj, Abyan, Shawah, Taiz, Al Dhale'e, Al Bayda.
- Central & West governorates: Al Hudaydah, Al Mahwit, Raymah, Dhamar, Ibb, Hadramaut, Al Maharah

This revised SDR mainly comprises data from June 2011. Background information and data prior to June is available in an initial [SDR](#) for Yemen undertaken by ACAPS in June 2011.

Methodology and Constraints

- The SDR has been compiled from 29 agency assessments, situation reports and relevant secondary data available from a variety of sources on the web.
- Due to the paucity of data, information has been disaggregated to governorate level (with most affected districts indicated where data exists).
- Many of the assessments had limited sample size which impacts on the veracity of the data. There are gaps at a governorate and district level for which no data exists and hence there is a risk the content of the SDR is skewed towards places where assessments have been conducted.
- Gender analysis or disaggregation of information by vulnerable group is limited

Context map (Source : OCHA, 13 Sept 2011)



Protracted IDPs

Sa'ada	110,000
Al Jawf	24,491
Hajjah	107,694
Amran	40,336
Sana'a	35,492

New Caseload

Shabwah	586
Lahaj	17,858
Abyan	18,817
Aden	50,906

Overview

Political: Violence has continued across the country since early June the Yemeni capital of Sana'a witnessed a marked expansion of hostilities. Recent fighting in Zinjibar City of Abyan governorate resulted in influx of IDPs to Aden city and Lahj governorate (WFP FS Update July 2011). A 'National Transitional Council' was declared by opposition on 17 August 2011. The Prime Minister, Dr. Ali Mujawar, who was injured during the attack on the Presidential Palace on June 3th and evacuated to Saudi Arabia for medical treatment, has returned back to Sanaa (WHO sitrep, 28 Aug 2011) and on 12 September agreed to negotiations to negotiate a power transfer to put an end to the political crisis (AFP, 12 Sep 2011). President Saleh 's return to the country in late September has add further uncertainty.

Socio-economic: The situation has deteriorated considerably over the last 3 months exacerbated by the current political stalemate, general governmental malaise, rising food prices and a critical energy shortage. Fuel process alone increased 567% between March and July (WFP Food Price Monitoring Report, July 2011). The social services have deteriorated sharply and in some cases have collapsed. The Government is facing an acute fiscal crisis; Weak economic growth, high international trade deficits and a vulnerable national currency on top of the current instability and rising living costs (CAP MTR 31st July). The worsening situation will most likely force millions of Yemenis into deeper poverty and hunger. Given the above, the number of food insecure households is likely to increase nationwide. The period from May through October is the 'hunger season' in Yemen, during which many households face difficulties in accessing food - according to the 2010 Comprehensive Food Security Survey (WFP, Food Security Monitoring Exercise, June 2011).

Fiscal: The Yemeni Riyal has become more unstable as it is currently valued at 225 to the US dollar (4th Sept), prior to the civil unrest the Riyal was valued at 213. The Yemeni Central Bank reports it has injected some \$850 million (15% of its reserves) into the market during 2010 to help stabilise the currency (OCHA Humanitarian Update 10, 4 September 2011). There are concerns that food importers are facing problems accessing hard currencies (US Dollar and Euro) to cover import bills. This is mainly due to decreased availability of currency in banks and local markets because of wide-spread uncertainty. There is a risk that this situation may lead to an inability to import food as normal. Yemen is particularly vulnerable to disruptions in markets because it imports approximately 96 percent of its food needs each year (FEWS Remote Monitoring Report, 22 July 2011).

Conflict: Conflict is ongoing in areas such as Arhab, Sana'a governorate and in Abyan governorate. In Abyan, two districts, Jaar and Zinjibar, are under the influence of alleged jihadist militants. It has been reported that in a third district, Shaqra, there is new confrontation between the government and alleged jihadist militants. A truce was agreed upon between the security forces and armed tribesmen in Hasaba area in Sana'a. The situation reported to be calm in the area. In the north, the ceasefire between the Al Houthies and AlIslah supporters is holding. Although there has been an improvement, access remains a challenge and the HCT continues to collaborate to find solutions in obtaining increased access.

Natural Disasters: Flooding is currently affecting Hodeida and Al Jawf Governorates, displacing 700 families and 5,600 people respectively. The semi-nomadic population has been affected most. A monthly food distributions plan is being implemented to target 2,000 families (14,000 individuals) (OCHA Humanitarian Update 10, 4 September 2011).

Underlying causes of the crisis:

The key drivers of instability in Yemen agreed with the HCT are as follows (CAP MTR, July 2011):

- Continuing civil unrest and political insecurity leading to increased displacement nationwide, as well as trapped mixed migrants in northern Yemen;
- Ongoing conflict in northern and southern Yemen;
- The continuing and increasing presence of refugees, migrants and TCNs;
- Increases in the cost of living-fuel, food, commodity, fodder (national and international);
- A crisis in provision of basic services.

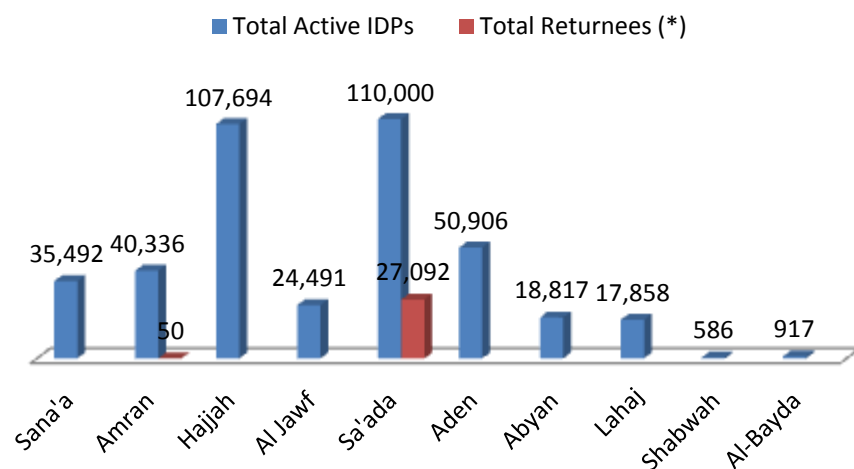
Displacement

Registered IDP through the Government / UNHCR working group as of 31 August

Governorate	Total Active IDPs	Total Returnees (*)
Sana'a	35,492	
Amran	40,336	50
Hajjah	107,694	
Al Jawf	24,491	
Sa'ada	110,000	27,092
Aden	50,906	
Abyan	18,817	
Lahaj	17,858	
Shabwah	586	
Al-Bayda	917	
Total Registered Population	407,097	27,142

The returnee number (in areas of origin) is based on the IDPs who have registered themselves as returnees with the EU. This number does not represent spontaneous returnees.

Number of displaced in 2011



Key priorities

Most affected areas

Northern Governorates

Since early 2004 Al Houthi have engaged in an armed conflict with the Yemeni military and government-backed tribal fighters in Sa'ada, resulting in multiple cycles of displacement, loss of livelihoods and erosion of already stretched coping mechanisms. Women and children account for about 80 per cent of those affected (*Save the Children, 2011*). Al Houthi take-over of Sa'ada city in March 2011 led to the displacement of an additional 15,000 people, adding to the pre-existing caseload of 225,000 IDPs, 97,000 returnees, and 116,830 war-affected but non-displaced people attributable to the conflict in the north. The recent Houthi take-over of Sa'ada governorate has resulted in some IDPs returning while others who were associated with pro-government tribes have fled and taken refuge in Amran and Sana'a governorates. The current stabilization of the situation in Sa'ada has resulted in increased humanitarian access, although challenges remain. In 2009, Hajjah was one of the four most food insecure governorates in Yemen, with 48% of the households food insecure (WFP, CFSS 2010). Outbreaks of diarrhea were recently reported in the governorate as a result of shortages of soap, dirty living conditions and overcrowding. A recent assessment conducted in Hajjah shows that malnutrition levels (among under 5) are at crisis levels.

Southern Governorates

The regionally inspired popular protest movement calling for President Saleh's resignation has mobilized large demonstrations across the nation, particularly in Sana'a, Abyan, and Taiz. Factions within the military, government, tribes and separatist movements have supported the protests resulting in civil unrest in major urban areas around the country and violence and at times full-scale armed conflict between government forces and armed groups. The situation in the South worsened dramatically at the beginning of June, when there was ferocious fighting erupted between government forces and alleged Jihadist groups in Abyan. The use of heavy artillery during the fighting resulted in massive casualties, with thousands fleeing Abyan to the neighbouring governorates of Aden and Lahj (Unicef/MOPHP, June 2011).

In 2009, Al Dhale'e was one of the four most food insecure governorates in Yemen, with 46% of the households food insecure (WFP, CFSS 2010). In addition, there are recent reports of AWD in Al Dhale'e. The outbreak is likely to spread to Radma district (Ibb governorate) and Taiz governorate (WHO sitrep, 28 August 2011). There has been

a cholera outbreak in Abyan since mid-April and access to health services and clean water has been hampered due to insecurity.

Shelter/CCCM/NFI needs – include discussion of camp versus non-camp options for assistance

West & Central Governorates

Outside of the conflict areas, large parts of Yemen are experiencing severe food shortages. While information for the impact of this on many west and central governorates is scant, in July 2011 the Oxfam EFSL Rapid Assessment highlighted the considerable affect these were having on Al-Hudaydah governorate, considered to be the breadbasket of Yemen. In 2009, Ibb and Rayma were identified as two of the four most food insecure areas of Yemen, with respectively 45% and 54% of households food insecure.

Most affected groups

- **Female-headed households:** This group has been identified as extremely vulnerable with only 1-10% of its members being supported by WFP in the July FS Monitoring report of Hajja, Ibb, Amran. Families whose livelihood are not based on Qat production living in these governorates and destitute families not targeted by the government safety net programme (Source: FS Monitoring July 2011).
- **Children:** Half the Yemen population are children (SCF, 2011) and this group continue to be at risk of death or injured as a result of mines (Seyaj, March 2010). There is child soldier recruitment in Al-Houthi-controlled areas (IRIN, May 2010). Child labour is also common in many vulnerable IDP households (begging, smuggling, refuse collection) and this number is likely to increase as IDPs' coping strategies are exhausted. Education is hard to access as assets dwindle or as a result of a lack of documentation, overcrowding and the lack of school buildings for schools used to host IDPs (IDMC August 2011). Young people in Aden complain of an increase in violence since their displacement and report an increase in trauma from witnessing the conflict (Aden Assessment, July 2011).
- **Infants:** The low rate of breast feeding (10% in some areas) coupled with the limited availability of formula milk reported in assessments and lack of clean water make infants particularly vulnerable. The lack of health care facilities with emergency services means that adequate medical facilities are not always available. More than half of all children in Yemen are chronically malnourished; the rate of stunting is 56%, which is the second highest in the world, and the proportion of underweight children (46%) is the third highest (OCHA, Yemen Humanitarian Response Plan 2011)
- **IDP's outside of camps:** Humanitarian agencies have gradually widened their access to provide food and non-food assistance to the vast majority of IDPs who reside outside the camps in Yemeni communities, but this remains limited in scope and coverage. As of February 2010, the government was allowing distribution of food and non-food items to IDPs living outside of camps, but still refusing to allow agencies to provide shelter assistance (HRW, April 2010). IDPs outside of camps are also vulnerable as many have left behind their documents and ID cards which have made it difficult to travel through checkpoints.
- **Returnees:** Many of those who have returned home to Sada'a following the end of

the 6th war have found that their property and possessions have been damaged or destroyed. Return assistance has been initiated by some agencies but this has not been systematically rolled out. Registration can take significant time and as a result many IDPs do not appear on beneficiary lists (Al-Jawf, IOM June 2011).

- **Host Communities:** Recent assessments raise concern over the 'overstretching of host communities limited resources (WFP, May 2010; OCHA, June and July 2010; ICRC, May 2010; IDMC Aug 2011) The assessment of IDPs in Bab Al-Sabah, in Sana'a (7/6/2011), reports that already vulnerable host communities were being very cooperative in assisting IDPs but that this had increased their own vulnerability.
- **Migrants:** In April 2011, INTERSOS assessed the situation of stranded migrants in transition centre Harad. African migrants, mainly from Ethiopia, travel to Saudi Arabia through Yemen, in search for jobs and economic stability. Once they arrive in Yemen, migrants face incredibly harsh conditions: many of them are met by smugglers at the shore, whilst others find themselves walking onwards to reach Saudi Arabian. In the hands of the smugglers, they are at risk of physical and sexual abuse. In addition, migrants and refugees have high psychological health needs. The situation of the migrants in transition centre Harad is generally extremely critical and their basic needs (water, food and shelter) remain largely unmet (INTEROS, Stranded Migrants in Harad, Mission Report, April 2011).
- **Refugees:** Refugees are present across the country, with higher concentrations in the urban centres of Sana'a and Basateen, and at the Kharaz camp. The most recent WFP Comprehensive Food Security Survey from April 2009 recorded between 19-22% stunting and 7-11% acute malnutrition amongst refugees. Stunting levels are at around 20% in all sites and have remained as such for a long time. The under 5 death rates recorded during the nutrition survey are high, and are a cause for concern, especially in Kharaz Villages and in Sana'a where they are over the WHO defined alert level of 2 deaths/10 000/day.
- Refugees do not have the right to own land or property for business and incomes of refugees in urban centres of Sana'a and Basateen are derived from casual labour (mostly cleaning jobs). Negative coping strategies such as begging and prostitution have been reported (WFP, UNHCR, UNICEF Yemen, Joint Assessment Mission, 25 May – 7 June 2009). Refugees have sought assistance and protection from UNHRC in Sana'a. The increase in their numbers has meant that many are

unable to afford their rent and are unable to find accommodation. Finding a safe haven for urban refugees in the current context has been a difficult task. It is important to note that UNHCR has already implemented a series of solutions that constantly evolve in light of the evolving situation in Sana'a (CAP MTR, July 2011).

Operational Constraints

Northern Governorates

- Lack of access to returnees and other vulnerable groups: It is difficult to target returnees in their home towns partly due to challenges to identify, verify and in some cases access those in need. Spontaneous return is not well-captured by current monitoring systems so there is an inability to track/ meet the needs of returnees (Sa'ada Response Plan, Aug 2011, IOM June 2011).
- Lack of adequate humanitarian space: There have been improvements to access in the north which provides the opportunity to deliver much needed humanitarian assistance through local partners but it has not been possible to conduct comprehensive needs assessments and some areas are still inaccessible and contain threats to the safety and security of humanitarian staff such as mines and UXO operate (Sa'ada Response Plan, August 2011). Challenges working with the de facto authorities in recent months have also obstructed access to populations in need of assistance (Sa'ada IDMC Aug 2011).
- Limited logistics capacity: Conversely, increased humanitarian access and an operational expansion in northern Yemen has resulted in an increase in the number of actors working in Sa'ada, and an increase in the number and scope of programmes. This is increasing demand for common services such as humanitarian air charter services, warehousing capacity and suitable and secure office space (CAP MTR, July 2011)
- Humanitarian negotiations : There is a need to further develop and agree upon a common position to work with Al Houthis' and manage their expectations.. This should be done through the current revision exercise for the Sada'a Response Plan for 2011 and 2012;
- IDP Movement: Fluidity of IDP movement in Al-Jawf due to bombings and movement of the conflict towards the Al-Hazm border makes registration, assessment and delivery very difficult (IOM, June 2011).

Southern Governorates

- Lack of access: Limited access continues to prevent humanitarian actors on the ground from gathering sufficient data on the specific needs of the conflict affected populations. In Arhab/Sana Governorate assessment are difficulties due to inaccessibility in ongoing conflict areas. IDPs are scattered over 3 districts therefore assessment time consuming, and movement is ongoing. Hence Analysis is based on limited sample size.
- Logistics and costs: Increased costs of operations, fuel, electricity constrains programming, along with limited capacity of national partners (CAP MTR, July 2011).
- Coordination: Clusters are still in infancy in the South hence, the need for orientation on the cluster approach, strengthening of information management and ensuring a more strategic focus of the inter-cluster forum (Draft HCT Response Plan for the South, August 2011)
- Obtaining timely and accurate information to better inform emergency response is hampered due to security and access issues in some areas. This is compounded by the fact that most clusters do not have dedicated information management capacity to support their information collection, management and dissemination. Conflict-induced displacement nationwide necessitates humanitarian assistance in new areas of intervention,
- Early Recovery: Planning for early recovery in the South is hindered by an inter-related set of factors which include a lack of access to IDP areas of origin; limited understanding on the skill sets of IDPs for possible livelihood interventions; uncertainty about the settlement options to effectively plan interventions; No effective mapping and understanding of vulnerability; Limited understanding of the host community capacity and the available infrastructure to facilitate emergency livelihoods (Draft HCT Response Plan for the South, August 2011).
- Gender Analysis: There is limited baseline, sex and age disaggregated data as an entry point for meaningful gender analysis to provide a better understanding of gender dimensions to the crisis. Hence, needs assessment and response mechanisms do not highlight the differential impact of the conflict on women, girls, boys and men (Draft HCT Response Plan for the South August 2011). The cultural complexities of interviewing women have led to more men being included in

assessments and the under-representation of women (Child Protection assessment may 2010).

- **IDP Registration:** Registration and verification of IDPs to facilitate effective protection monitoring has been problematic due to lack of standardised data sets and duplication as a result of frequent and irregular movement of IDPs in between schools (Draft HCT Response Plan for the south, August 2011).
- **Targeting:** There has been very limited individual assessment/vulnerability profiling to allow for better targeting of beneficiaries for food and non-food assistance; limited mechanisms are in place to inform protection monitoring and identification of persons with special needs and vulnerable cases in order to complement their needs (Draft HCT Response Plan for the south, August 2011).
- **Coordination with government and local partners:** Local government actors have limited experience of managing displacement crises particularly for registration. Government resources are also very limited concerning the provision of assistance. Clusters are still in their infancy in the South hence, the need for further support to roll out the cluster approach including information management (Crisis Response Plan, August 2011).

West & Central Governorates: (No information)

Information gaps and needs

- **Baseline data:** The last nationwide comprehensive state survey was the Family Health Survey in 2003. Since then the situation has changed dramatically as the population has increased by an estimated five million people (with over 50% of these under 15) and there has been massive displacement (Addressing Malnutrition, September 2010). The Household-based survey (HBS) has been postponed due to the political and security conditions. The WFP CFSS is due to be repeated in Oct/Nov 2011. Household poverty survey was last undertaken by UNDP in 2005.
- **Information Management and analysis:** Critical need to continue to enhance information management, and needs analysis, and to strengthen coordination and advocacy.

New coordination and information management needs fall into five broad areas: (i) geographic information system (GIS) mapping and data management for clusters and inter-cluster needs analysis and coordination (ii) baseline vulnerability monitoring at household and community level (iii) common rapid assessment methodology and response capacity for new and emerging crises in discrete locations (iv) improved and evidence based advocacy on humanitarian access and other priority inter-cluster themes (v) outreach and communication to beneficiaries of humanitarian assistance (Draft OCHA IM strategy for Yemen June 2011)

- **Funding:** The Yemen Humanitarian Response Plan is 56.9% funded (OCHA FTS 14 September 2011), the shortfall from which has contributed to a substantial gaps in assistance. Late and limited funding has resulted in food rations being cut to half since May for IDPs and returnees across all assisted governorates in order to avoid a complete break in assistance. A rapid increase in malnutrition rates has been reported as families have decreased food consumption and there has been a far greater reliance on negative coping mechanisms (OCHA Humanitarian Update 10, 4 September 2011).

Assessment Gaps

Northern Governorates: The evidence provided by assessments conducted between June and September 2011 provides limited picture of needs, and micro-level gaps but needs across the broader IDP and resident populations should be identified. It is now urgent that assessment data is triangulated with information held within the clusters to ensure a detailed picture of needs can be developed.

Southern Governorates: There is a knowledge gap about the needs of IDPs living with host families and the situation of the host families themselves. Reports have indicated a movement of IDPs away from private dwellings as resources have become exhausted yet the fact that no durable shelter solutions have been found suggests the importance of strengthening knowledge and supporting host families

West and Central Governorates There is a lack of updated and reliable information on the food security situation of the poor population of Yemen. A mechanism should be established for collecting, analysing and managing information related to food insecurity. A common Rapid Assessment Tool should be agreed between agencies and used by all humanitarian partners (Oxfam, July 2011). Outside of Al Hudaydah there is a dearth of assessment data on the food security situation.

MOST LIKELY SCENARIOS FOR NORTHERN GOVERNORATES 2012 (Sa'ada, Hajjah, Al-Jawf, Sana'a, Marib)

Assumptions	<ul style="list-style-type: none"> Continued political instability and insecurity Increased pressure on humanitarian agencies to provide services Limited confrontations in Al Jwaf, Amran and Hajjah. Increased inflow of stranded migrants and third country nationals from the Horn of Africa. Secondary displacements from other parts of Northern Yemen into Haradh maximum of 200 HH; Displacements of 5,000-8,000 people from Al-Jawf and other neighbouring governorates until end of 2011; Increased vulnerability of host communities leading to tensions with displaced population over scarce resources and competition for humanitarian assistance; Increase of human rights abuses and lack of monitoring;
Context	<ul style="list-style-type: none"> Continued uncertainty about the political and security situation, weak governmental institutions. Consolidation of Al-Houthis power over Sa'ada;
Operational constraints	<ul style="list-style-type: none"> Limited humanitarian access due to insecurity in some locations; Fuel shortages increase the running cost of humanitarian programmes;
Priority needs	<ul style="list-style-type: none"> 438,830 IDPs, returnees and war affected populations in Haradh and Sa'adah, as well as 12,000 migrants from the horn of Africa 1200 migrants from the Horn of Africa who are still in-need for basic services and repatriation <p>Recovery interventions</p> <ul style="list-style-type: none"> Protection: specifically child protection as children continue to be recruited by armed groups and to be subjected to extreme violence; continued increase in killing and injuries of children in Al Jwaf; Chronic problems of accurate IDP registration in Sa'ada and Haradh; Monitoring for protection issues in Sa'ada and Al Jawf; Primary health care for affected population and secondary surgical care for injured; increased demand of health assistance as governmental services deteriorate. Shelter needs will increase as result of the winter season. Improved access to areas of return and need for more shelter interventions. Food: Continued food distribution to IDPs, returnees and conflict-affected population will be needed;

MOST LIKELY SCENARIO: SOUTHERN GOVERNORATES (Aden, Abyan, Lahj, Shabwah, Taiz, Al Dhale'e, Al Bayda)**Assumptions**

- As a result of the ongoing fighting between anti-government Islamists and the government, it is expected this will be a long-term displacement crisis ranging from 1 to 3 years. The anti-government Islamists threat may not be entirely extinguished and hence dragging the conflict.
- Humanitarian assistance will be needed in responding to the protection and assistance needs of an estimated 100,000 IDPs, in Aden, Abyan and Lahj.
- 25% of total IDP population are classified as extremely vulnerable and will require enhanced assistance. Humanitarian assistance should target and prioritize the needs of the most vulnerable groups including children 0-5 years, women, especially female single households; child headed households; male heads of households without any female or other traditional support and in care of children; separated and unaccompanied children; and marginalized groups such as "al-akdham" or "muhamesheen" (slaves),
- Access to Abyan still remains limited, but assistance will be provided by the ICRC to an estimated 18,000 IDPs in Lahj
- All families currently residing in schools can be supported to relocate to more appropriate shelter and provide for a medium term dignified and safer shelter for IDPs, and to allow children to return to school.
- Return for the vast majority of IDPs will not be possible for the next 6-12 months.
- No further major conflict or displacement in the South, meaning the IDP population is sustained at the current levels.
- High levels of food insecurity, loss of livelihoods: 20% of IDPs depended on government jobs, 80% on wage labour and subsistence agriculture
- 40% of IDPs identify food as priority
- Disruption to sewerage system in urban centers could lead to outbreak of communicable diseases such as cholera.
- Water shortages in Abyan and Lahj leading to an increase in reliance on water trucking and possible disease outbreak
- 65% of IDPs require emergency shelter NFIs
- Assessment, coordination and response in Abyan continues to be constrained due to security
- Human rights abuses increase due to lack of monitoring mechanisms, building a situation of impunity among perpetrators.

Context	<ul style="list-style-type: none"> • Sustained level of violent clashes between government and anti-government and jihadist forces • Government's authority in some areas of the South is severely challenged;
Operational constraints	<ul style="list-style-type: none"> • Limited humanitarian access due to insecurity and targeted violence against humanitarian staff • Pockets of spontaneous access • Reduced staff presence • Lack of partners to implement joint community programmes • Limited local partner implementing capacity
Priority needs	<ul style="list-style-type: none"> • Shelter: 25% of IDP population in need of emergency shelter and NFIs. 35% of IDP households primary need is clothes, 20% needs NFIs, specifically in the face of the approaching cold season • WASH: Deteriorating hygiene conditions in schools hosting IDPs and other public temporary shelters leads to further outbreak of communicable water-borne disease like cholera; water shortages in Abyan, Lahj and other affected urban areas, particularly in the communities that are not connected by water systems and therefore reliant on water trucking. Possible targeting of traditional water sources such as wells. • Food: Increasing levels of food insecure population require food assistance • Health and Nutrition: Rising levels of food insecurity together with collapsed public services providing health and nutrition interventions; lack of partners to implement community approaches and ultimately delivery of therapeutic supplies lead to deteriorating nutrition situation which affects over 20% of children under 5 years and pregnant and lactating women who would slide from their current state of at risk of malnutrition to acutely malnourished. • Health: Limited access to health services, increased demand and limited functionality of health services, especially in most affected areas of Abyan which will ultimately lead to increase in mortality. Increase in morbidity to over 500 cases per week. Increased risk of communicable disease such as cholera (especially due to inadequate supply of safe drinking water, environmental hygiene/waste disposal problems), morbidity estimated at over 3,000 cases per week. Protesters unwilling to access MoH-run hospitals, private hospitals under strain and in need of support. Reproductive health specific needs and problems with delivery conditions. Ambulances are targeted. • Protection: Likely increase of GBV violence among communities; • Increased caseload of people with Traumata. • Sharp increase in killing and injuries and number of children drafted into armed conflict and violations against children as a result of conflict, violence, mines, UXO causing injury and death • Education: The government and humanitarian agencies are studying different options for relocating thousands of internally displaced persons (IDPs) sheltering in around 70 schools in the southern governorates of Aden and Lahj, ahead of the new academic year scheduled to begin on 17 September. Some IDPs are afraid that leaving schools may adversely affect their access to assistance.

MOST LIKELY SCENARIO: CENTRAL/WEST: ((Al Hudaydah, Al Mahwit, Raymah, Dhamar, Ibb, Hadramaut, Al Maharah)

Assumptions	<ul style="list-style-type: none"> • Humanitarian assistance will be needed for 44,168 food insecure households, accounting for the highest number of food insecure populations in the country • Deterioration of the socio-economic situation and its negative impact on the poor in the regions. • Deployment of negative coping mechanisms (distress strategies) by the poor • Limited access to water in many of the governorates • Possible disease outbreaks.
Context	<ul style="list-style-type: none"> • The effects of the political stalemate, civil unrest and high food and fuel prices further exacerbate an already complicated and critical food security situation in the regions.
Operational constraints	<ul style="list-style-type: none"> • Limited credible and representative data on the situation of non-displaced/non-conflicted affected Yemenis in acute humanitarian need • Limited humanitarian presence in these areas
Priority Needs	<ul style="list-style-type: none"> • Food: High numbers of severely food insecure (the highest in the country), require food assistance. • Nutrition: Blanket supplementary feeding to prevent the high numbers of moderately malnourished children crossing the threshold into extremely malnourished/wasting.

Sectoral pages – Livelihood and Food Security

Background

- WFP 2010 Comprehensive Food Security Survey found that 32% of Yemenis suffer from food insecurity (12% are severely food insecure); Yemen is the 11th most food insecure country in the world; more than 50% of all Yemeni children are chronically malnourished (RC Presentation, July 2011).
- In Yemen there are significances in food security both regionally and between rural areas vs urban areas, with rural areas being more affected and having double the share of food-insecure people than those living in urban areas (WFP CFSS 2010).
- The 4 most food insecure governorates of Raymah, Hajja, Ibb, Amran, have an average prevalence of food insecurity of 46.5%, compared to 31.5% nationally (in 2009) and food prices have increased on average 40% (Jan-May 2011) and remain high. The highest increase was rice 67%, vegetable oil 33%, wheat flour 38% and sugar 22%. The price of bread has risen 50% in the past few months, significant as it accounts for up to 30 -35% of daily expenditure. Rayma and Hajja source commodities from Hodeidah and Amran and Ibb from Sana'a and Aden, thus food prices in rural areas are higher due to the distance from the cities and number of traders involved (Source: FS Monitoring July 2011).
- Yemen imports 100% of its Rice and 90% of its wheat flour, 96% of Yemans are net buyers and all communities rely heavily on imported food (WFP July 2011). Subsistence crops that are grown are fully consumed and cover 10% of the country's needs, local foods are not seen on community markets, only local markets (FS monitoring July 2011).

WFP COMPREHENSIVE FOOD SECURITY SURVEY, MARCH 2010				
Governorates		Poor food consumption (%)	Borderline food consumption (%)	Food insecure (%)
NORTH	Al Jawf	-	-	-
	Amran	21.1	21.7	42.8
	Sada'a	-	-	-
	Hajjah	17.1	29.1	46.3
	Sana'a	3.1	12.6	15.6
	Sana'a City	1.4	7.2	8.5
SOUTH	Aden	1.5	10.6	12.1
	Lahj	12.9	22.5	34.5
	Abyan	8.4	25.3	33.7
	Shabwa	9.8	16.9	26.7
OTHER	Ad Daleh	19.7	24.3	44.0
	Al Hodeida	10.1	23.1	33.2
	Idd	20.1	24.0	44.0
	Rayma	24.3	28.4	52.8

The orange boxes indicate the five governorates which have the highest % within the specific category.

Current Crisis Impact

- Rising food prices, increased food security, reduced purchasing power, loss of income and jobs define the sector. Fuel shortages limit irrigation, transportation to market and livelihoods. Day labour is affected by land owners' reduction in cultivation due to high fuel prices; fishermen have stopped fishing due to lack of fuel. Lack of electricity has led to skilled workers in urban areas being laid off and civil servants at the community level are at risk of losing their salaries due to the ongoing political crisis (Oxfam, July 2011).
- Increasingly negative coping strategies are evident such as reduced size and number of daily meals, fasting, avoiding meat/fish and borrowing or buying food on credit (WFP, Food Security Monitoring Exercise, June 2011) (Food & Ag

cluster meeting, 19 July 2011). Lack of income through agriculture has led farmers to sell parts of their livestock holdings to cover their most immediate needs (FEWS Remote Monitoring Statement, 29 August 2011). Despite the good harvests of the 2010 season (e.g. wheat production was 21% higher compared to 2009) this hunger situation in Yemen is reported as alarming (FAO, April 2011).

- Prices of wheat flour have increased by 50 % compared to August 2010 (and up 73% from August 2008) levels. Prices of main food commodities have increased by 43% on average since January 2011 (WFP Food Price Monitoring-cluster meeting July 19 2011).
- The gradual onset of seasonal rainfall has begun, with Taiz and Sana'a affected by below normal levels, while Sa'daah and Al Hodeidah normal to above-normal. The impact of rainfall deficits over the key agricultural areas bordering the west coast of Yemen is being seen in low vegetative conditions (FEWS Remote Monitoring Statement, 29 August 2011).
- Multiple crises have affected the livelihoods of poor households and their ability to meet daily food needs. Whilst many are currently coping they are at risk of falling into a severely food insecure situation if external assistance is not given. (Oxfam, July 2011).

Northern Governorates

- Sa'ada Governorate: After extremely limited access to this population for many years, access has finally been negotiated and food distribution was resumed in June (using an expanded beneficiary list). There is minimal information available to determine the exact food security situation but recent nutrition surveys have shown that the situation is critical (CAP MTR, July 2011).
- Sana'a, Amran, and Hodeida governorates: Assessment from a small sample size (120HH) over the period from June – August 2011 suggests food security and nutrition continue to be a serious issue in all 3 Governorates, with no improvement seen overtime. In the August assessment, at least one member of family going to bed hungry due to lack of food was 25% in Sana'a, 30% in Amran and 5% in Hodeida. The % of children under 5 reduced number of meals per day was 12.5% Sana's, 14.5% in Amram and 31% in Hodeida. Its is suggested that the situation is worse in rural than urban areas (Social Protection Monitoring, Sana'a, Amran & Hodeida 11-14 August).
- Sana'a Governorate: Yahees District: there is a further risk of displacement due to high prices, reduced income and agricultural production (Gat). Food shortages are reported and less than 1 month's supply (Rapid Needs assessment Arhab Aug 2011) (Joint RNA June 2011).
- Amran Governorate: In Raydah district, IDPs currently hosted by families and relatives report having no source of income and food shortages. In both Sumain and Oyal Surayah District, IDPs report a lack of funds to buy food and only being able to eat meat twice a week (IDP Rapid Needs Assessment, 03 August 2011).
- Hajjah Governorate: Harad, Bakeel, Al Meer, Mustaba Districts: Shows food shortages and resultant high levels of negative coping strategies including: using assets to buy food (43.3%), borrowing money (68.3%), bought food in debit (77%) and decreased expenditure on education/health (47.4%) (U5 malnutrition Household Survey July 2011).

Southern Governorates

- Aden Governorate: IDPs report a lack of food as their main concern as the majority of them receive some food assistance although no general ration. All of those interviewed had no income activities since displacement (Unicef/Oxfam, June 2011). 90% of IDPs depend on food provided by the local host community (WFP, June 2011).
- Abyan governorate: volatile security severely limits humanitarian access, food shortages are reported and distribution of food rations has taken place (FEWS Remote Monitoring Statement, 22 July 2011).

West & Central Governorates

- The livelihood zones are the most important production zones in Yemen because cereals, vegetables and fruits are supplied to local markets and/or exported. There are food shortages and prices of food have risen in the main western agricultural region of Yemen's Western Coastal Plain (Sorghum, Millet, and Livestock Zone) and the Western and Central Wadi (Sorghum, Millet, Vegetable, Fruit and Livestock Zone). For example the price of one kilo of tomatoes in Sana'a

market increased from YR 80 to YR 400 at the end of August 2011 due to these shortages. Furthermore the lean season is predicted to start earlier than normal (Sept) in western coastal agricultural areas. Consequently, Yemen will be forced to increase imports of grains, vegetables and fruits (FEWS Remote Monitoring Statement, 29 August 2011).

- **Al Hodeidah Governorate:** Food prices have significantly increased (almost doubling) from early in the year to July 2011, in both rural and urban areas. For example, wheat increased from 76 to 116 in urban areas and from 96 to 130 in rural areas (Oxfam July 2011). Sorghum and millet have been affected by low yields and total failure, impacted by diesel and water shortage, and lack of transportation to market (FEWS Aug 2011). Food stocks have been reduced to less than 2 weeks. Visits to local markets have been reduced due to high transport costs. To cope, households have prioritised buying food and reduced expenses for other items such non-food items, ceremonies, social activities, education and health. Interviews report 64% of households skipped meals and 29% have borrowed money, 13% have sold non-essential assets and used savings; whilst 15% have engaged family members in daily waged labour. 13% report selling of productive assets.
- Of those interviewed by Oxfam 72% of Households were day labourers, (51% of which are involved in the agricultural sector), 14% of those interviewed were reliant on local government for employment and expressed concerns about late disbursement of salaries. In total 11% rely on agriculture (as tenant farmers and share-croppers). Late rainfall is currently delaying planting (till Sept) hence there is a risk of further low production and a longer hunger gap (Oxfam, July 2011).
- **Taiz Governorate:** high prices of food, combined with unemployment and actual shortages of items such as wheat (flour/bread) have led people to skip meals. When interviewed households stated no one in the family had enough to eat. People in Al Sheesha and Al Sawayda have been most affected. Families say they are not eating enough wheat, flour, sugar, oil and fish. Although available vegetables are expensive due to fuel prices. Prices of key household items have increased from Jan to July 2011 (Red flour by 84%, Tea 40%, sugar 52%, beans 67%, running water 322-350% and local transport 67% (Dia Assessment July 2011).

Most Affected/Vulnerable Groups

- **Rural Children:** Disaggregated data reveal that animal protein intake is especially low among children in rural HHs (2.5%) compared with urban HH (16.3%); and by governorate, children in Sana'a (12.5%) and Amran (2.5%) had the lowest intake (Social Protection Monitoring, Sana'a, Amran & Hodeida 11-14 August). There is a shortage of paediatric milk for infants (WFP, June 2011).
- **Returnees:** Some newly destitute or returnees are not receiving government assistance or are not on the WFP beneficiary lists. The Government of Yemen has not updated its social safety net beneficiary lists since 2008 (WFP, Food Security Monitoring Exercise, June 2011).
- **Food insecure Household:** Geographically there is a significant risk of household food insecurity in Hajjah, Amran, Ibb, Rayma, Taiz, Hodeidah, Abyan, Aden, and Al-Jawf governorates (FEWS Remote Monitoring Statement, 29 August 2011).
- **Female-Headed Households:** This group has been identified as the most vulnerable with only 1-10% of this groups being supported by WFP (WFP, Food Security Monitoring Exercise, June 2011).
- **Other Groups:** Households whose livelihoods are not based upon qat production are considered 'less fortunate and generally more vulnerable to increased fuel and food prices. They are seen to be resorting to negative coping mechanisms. Whilst the cost of living increases their wages remain the same, amongst them female HH amongst are the most vulnerable and often receive very little support from neighbours. (Source: FS Monitoring, July 2011).

Operational Constraints

- **The challenge of distributions:** Distributions are hampered by credibility of registration figures, logistical challenges of multiple distribution centers and limited security of staff and supplies (Crisis Response Plan, August 2011). Continued negotiations over distribution lists with De facto authorities in Sa'adah have delayed distribution (August cycle). Resources shortages mean assistance has only been targeted in 4/14 governorates (OCHA Sitrep 8, 29 August 2011).

Recommendations for Intervention

- Female-headed household need to be further considered in future targeting (WFP, Food Security Monitoring Exercise, June 2011).
- Common analysis, coordinated monitoring and a methodological approach are needed to better identify causes and links between food and nutritional security. Possibly through the proposed FAO *Integrated Food Security Phase Classification (IPC)*, or a *Common Rapid Assessment Tool (FAO IPC Sept 2011)* (Oxfam, July 2011).
- Expanding of current targeting to include all vulnerable families, through updating of the government Safety Net beneficiaries list, increased flexibility of WFP (WFP June 2011) (Oxfam discussion Paper 050711).
- Food safety net activities need to address food shortages during the hungry season (May to October) for 2011 and 2012 (FS monitoring July 2011).
- The use of private sector companies as distributors to increase coverage and reach.
- Cash transfers in areas where food is available but less accessible due to lack of purchasing power (Oxfam discussion Paper 050711).
- Ensuring supply of fuel to Aden, through advocacy and lobbying (UN and aid agencies encouraged to use informal markets to buy fuel rather than just government supplies). Fuel aid should be considered (Oxfam discussion Paper 050711).

Northern Governorates

- Arhab Governorate: A food security assessment is recommended and should focus on IDPs in inaccessible areas (IDP RNA 3rd Aug).
- Sa'ada Governorate: There is a need to address inaccuracies in the registration process which limits abilities in targeting IDP's in their home towns; need for WFP to find an authority to serve Sa'ada city or home districts.

Southern Governorates

- Aden Governorate: Urgent need for food distribution (Unicef/Oxfam, 2011), 40% of IDPs said their primary need was for food rations (WFP, June 2011).

West & Central Governorates

- Al Hodeida Governorate: food is widely available on the markets so there is an opportunity to explore Cash transfer programming. An injection of cash will be vital to reduce the risk of severe food insecurity during the hunger gap (Aug – October 2011). Mid- and long-term needs of the population need to be addressed; water resource management schemes, DRR-related activities, and diversification of livelihoods (Oxfam, July 2011).

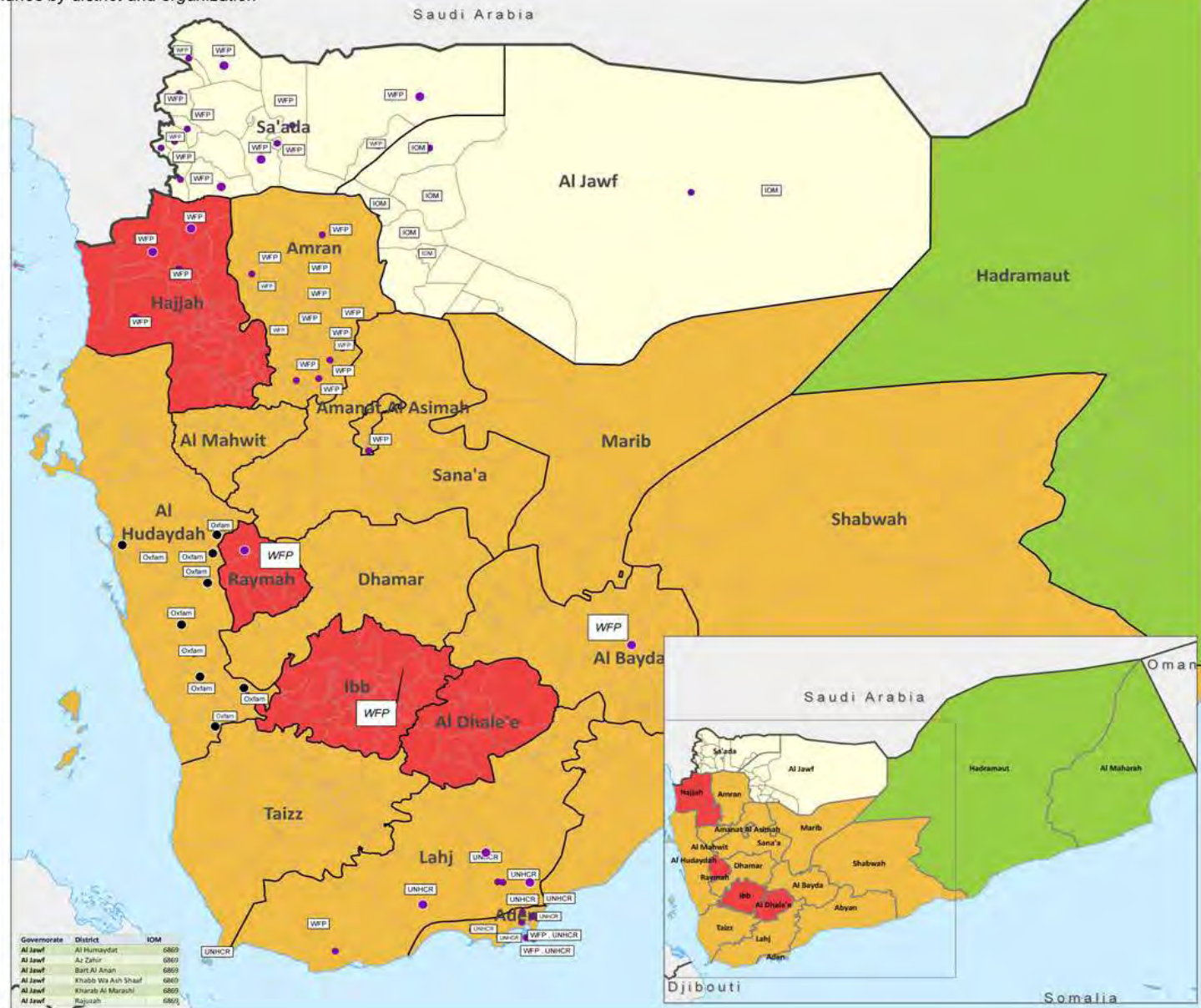
Food and Agriculture Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - September 2011



Number of primary beneficiaries by district and organization

Governorate	District	WFP	IOM
Aden	Aden		
Aden	Al Mansura		
Aden	Al Mualla		
Aden	Ash Shaah Outhman		
Aden	Attawah		
Aden	Crater		
Aden	Dar Sa'd		
Aden	Khur Makar		
Al Bayda	Al Bayda		
Al Bayda	Al Bayda City		
Al Bayda	Al Malagim		
Al Bayda	As Sawadiyah		
Al Bayda	Ash Shaayk		
Al Bayda	At Tafah		
Al Bayda	Az Zahir		
Al Bayda	Dis Na'im		
Al Bayda	Miswahab		
Al Bayda	Muayras		
Al Bayda	Na'man		
Al Mahwit	Hart		
Al Mahwit	Al Khabb		
Al Mahwit	Al Mahawit		
Al Mahwit	Bani Sa'it		
Al Mahwit	Siltan		
Ammanat Al Asimah	Al Wahdah		
Ammanat Al Asimah	As Sabain		
Ammanat Al Asimah	Assaf'iyah		
Ammanat Al Asimah	At Tahir		
Ammanat Al Asimah	At'Yhathrah		
Ammanat Al Asimah	Ar'af		
Ammanat Al Asimah	Bani Al Harith		
Ammanat Al Asimah	Majidi		
Ammanat Al Asimah	Old City		
Ammanat Al Asimah	Shu'ub		
Amran	Al Madan		
Amran	Al Quffah		
Amran	Al Sawd		
Amran	As Sudah		
Amran	Habur Zulaymah		
Amran	Mawar		
Amran	Shaharah		
Amran	Sowayr		
Hajjah	Abu		
Hajjah	Al Naghrabah		
Hajjah	Ash Shaghadrah		
Hajjah	Bakil Al Mir		
Hajjah	Bani Qiris		
Hajjah	Hamad		
Hajjah	Nafrah		
Hajjah	Wadhrah		
Hajjah	Washah		
Ibb	Al Dhu'ay		
Ibb	Al Makhannah		
Ibb	Al Qaf		
Ibb	Al Udayn		
Ibb	Ar Nadrah		
Ibb	Ar Radmah		
Ibb	As Sabrah		
Ibb	As Saddah		
Ibb	As Sayyami		
Ibb	Ash Sha'ir		
Ibb	Bal'ah		
Ibb	Dis As Sa'af		
Ibb	Far Al Udayn		
Ibb	Hazm Al Udayn		
Ibb	Hulayth		
Ibb	Ibb		
Ibb	Jiblah		
Ibb	Mudaykhinah		
Ibb	Yarim		
Lahj	Al Madurah Wa'Al Anah		
Raymah	Al Jabin		
Raymah	Al Jafariyah		
Raymah	As Salafiyah		
Raymah	Bilad Al T'arim		
Raymah	Kusmah		
Raymah	Mashar		
Sa'adah	Al Dharrah		
Sa'adah	Al Haddwah		
Sa'adah	As Sa'ra		
Sa'adah	Raqim		
Sa'adah	Shamar		
Sa'adah	Kital wa'Al Boq'e		
Sa'adah	Miz		
Sa'adah	Munabbih		
Sa'adah	Qatlah		
Sa'adah	Rarih		
Sa'adah	Sa'adah		
Sa'adah	Sahar		
Sa'adah	Shah'a		
Taizz	Al Was'iyah		
Taizz	Ar Tal'iyah		
Taizz	Hayfan		
Taizz	Jabal Habashy		
Taizz	Majbanah		
Taizz	Miswiyah		
Taizz	Mwiza		
Taizz	Shahab Al Basmah		
Taizz	Shahab Al Marashi		
Taizz	Raqazah		



Legend

- International Boundary
- Costline
- Governorate Boundary

3W interventions

- On going intervention
- Planned intervention

Risk Analysis

- No Data
- Relatively normal situation
- Situation of concern
- Severe situation



Map Doc Name: A3_Food_Template

Creation Date: 06th September 2011

Projection/Datum: WGS84

Web Resources: <http://ochaonline.un.org/yemen>

Nominal Scale at A3 paper size: 1:162,552,306

Map data source(s): Food and Agriculture Cluster

Food and Agriculture indicator is the Percentage of food insecure household

Date: 2009 - Comprehensive Food Security Survey

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.



* - Data was not provided

Sectoral pages – Health & Nutrition

Background

- Disruption to the delivery of essential health services and an increase of vulnerability of populations to the effects of chronic medical conditions and disease outbreaks (diarrhoea, cholera, polio, measles). Acute shortages of fuel and electricity threaten the cold chain (WHO 9/06). Influxes of IDPs have overwhelmed the health system. Consequently lack of shelter, poor water quality and poor hygiene, have led to high incidence of diarrhoea, bronchial diseases, and typhus especially amongst displaced children (IDMC 2010).

Current Crisis Impact

Northern Governorates

- Assessment data is limited but indicates concern around frequency of Diarrhoea, and spread of disease as a result of shortages of soap, dirty living conditions and overcrowding.
- Hajjah Governorate: IDPs report concerns over D incidence, 52.4% report Diarrhoea in the last 2 week (lower for IDPs living in camps 50.7%) (U5 malnutrition Household Survey July 2011).
- Amran Governorate: households indicate concerns about D -37% indicated their children had diarrhoea more than once a month (Care International, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey. February 2011).
- Sana'a Governorate: IDPs reported access to health facilities/pharmacy, but were concerned about disease spreading due to lack of soap, dirty living conditions and overcrowding (IASC IRA June 2011).
- Sana'a, Amran, and Hodeida Governorates: 33% of children under 5 in Sana'a with diarrhoea in Sana'a is 33%, Amran 13% and in Hodeida 33%. Children in urban areas are affected twice more than rural areas, despite reported increases in water availability (Social Protection Monitoring Aug 2011).

Southern Governorates

- Al-Dhale Governorate: reported an outbreak of acute watery diarrhea, from 27th July – 24th August, 739 cases were reported in the hospitals, and 31 deaths. The outbreak is likely to spread to Radma district (Ibb governorate) and Taiz governorate (WHO sitrep, 28 August 2011).
- Abyan Governorate: most public services such as health, cold chain systems, water networks and schools are no longer functioning. Only two hospitals in Abyan are partially functional, they are unable to cope with the high number of medical and surgical cases. High insecurity affects efforts to chlorinate wells despite a cholera outbreak in Abyan since mid-April. Hence the outbreak could potentially spread to neighbouring governorates (WHO from CAP MTR). As of 22 August the diarrheal outbreak is continuing amongst the IDPs with a reported 10,422 cases (6,056 in Abyan from 15th May to 22nd August, 662 in Lahj from 19th June to 22nd August and 3,704 in Aden from 19th June to 22nd August). The diarrheal cases among local hosting communities in Aden and Lahj governorates remained within the threshold (WHO sitrep, 28 August 2011).
- Aden Governorate: 39% of interviewed families had no access to health facilities, some due to lack of money for transport (Unicef/Oxfam, June 2011).
- Al-Dhale' Governorate: An outbreak of acute watery diarrhea (AWD) was reported, from 27th July – 24th August, 739 cases were reported in the hospitals, and 31 deaths. Epidemiological data reveals that 40% of affected individuals were less than 10 years old. The outbreak is likely to spread to Radma district (Ibb governorate) and Taiz governorate (WHO sitrep, 28 August 2011).

West & Central Governorates

- Taiz city: the main health concerns are malnutrition and spread of disease by mosquito. There is a lack of access to health facilities in areas where tribes and army confront (ZAM, SAG, ALM). There has been an increase in diarrhoea, malaria, typhoid and skin disease, with the most affected areas being Dhouah Mosque and Kalaba Al Jasar.

Most Affected/Vulnerable Groups

- Children and pregnant women have been most affected by the breakdown of primary health services, such as immunization and reproductive health services. As have the population living outside the camps, especially in remote areas. The elder may have been adversely affected by lack of mental health and treatment for chronic health problems (CAP MTR, July 2011). The outbreak of D has affected under 10's most. Epidemiological data reveals that 40% of affected individuals were less than 10 years old (WHO sitrep, 28 August 2011). Women are affected by a shortage of female staff across the sector (CAP MTR, July 2011).

Operational Constraints

- Governorates continue to report a figure of 20% of non-operational vaccination facilities due to lack of transportation/gas/electricity/cold chain services (OCHA Sitrep 8, 29 August 2011).
- Insecurity prevents health workers reporting to work. Many government employees, health and social welfare facilities have stopped operating (OCHA sitrep, 06/06).

Recommendations for Intervention

- WHO recommend immediate support to the following: to medical posts at demonstration sites that lack equipment, medicines, supplies and health care workers, especially females. Ambulance services which lack resources to keep them functioning 24/7 and female staff to treat injured women and girls. Hospital emergency department with limited resources, insufficient beds, shortages of life-saving medicines and equipment. Improvement and updating of skills of National health care workers to manage mass casualties. To promptly manage outbreaks, two interagency diarrhoeal disease kits and two interagency emergency health kits are immediately required. Reinstatement of regular health programmes such as immunization to reduce risk of diarrhoea, cholera, polio and measles and maintenance of the cold chain (CAP MTR, July 2011).
- Strengthening the Health Cluster Coordination Working Group and the inter-sectoral linkages and coordination mechanism; Establishing Health information management system (NIMS) to collect and compile disaggregated data and capture key health indicators including diseases' surveillance – linked to the cluster (Crisis Response plan, August 2011).
- Sustaining the existing health system, reviving and expanding health services. Need for specialized medical attention for IDPs beyond the primary health care such as psychosocial support, heart complications, blood pressure, renal failure, asthma, special needs and chronic diseases (Crisis Response plan, August 2011).

Northern Governorates

- **Saada Governorate:** The health sector needs to address the gap in resources compared to actual needs and address accusations of corruption against the Ministry of Health office in Sa'ada. Timely delivery of essential medicines and supplies and an increased presence of technical staff on the ground is needed (Sa'ada HCT). Crisis affected people in Sana'a Bab Al-Sabah require registration (CAP MTR, July 2011).
- Resources are required to respond to the newly emerging outbreak of Diarrhoea in Dhale Governorate (WHO sitrep, 28 August 2011)

Southern Governorates

- **Abyan, Aden, Lahj Governorates:** there is a need in general to prioritise areas affected by civil unrest and violence which have seen significant new displacement.
- **Aden Governorate:** Reduce user fees for IDPs in government health facilities, mapping of service providers, urgent need to increase awareness on disease prevention, waste management campaign, distribution of hygiene items (Unicef/Oxfam, June 2011).
- **Abyan:** Continuation of preventative measures to control cholera as well as the provision of PHC services to IDPs in the southern governorates (WHO sitrep, 28 August 2011).

West & Central Governorates

- No information

Sectoral pages – Nutrition Sector

Current Crisis Impact

Northern Governorates

- **Hajjah Governorate:** Harad, Bakeel, Al Meer, Mustaba Districts: Recent survey of under-fives shows that Global Acute Malnutrition (GAM) prevalence exceeds the emergency threshold despite existing interventions since December 2009. GAM amongst children under five is reported to be 39% (using weight/height Z score) of which 8.5% are severe cases. Confidence intervals and plausibility information were not provided (FEWS Remote Monitoring Statement 29 August 2011). The number of U5 who were forced to sleep hungry due to lack of food were as follows; IDPs in Camps - 37.5%; IDPs outside of camps - 30.7%; host families - 37.1%; with an average of 35.7%. In spite of high prevalence of malnutrition only 5.4% are receiving supplementary and/or therapeutic feeding. Even among SAM cases only 24.1% are receiving supplementary and/or therapeutic feeding. Key findings of the U5 survey were as follows:
 - Wasting is highly prevalent amongst IDPs and much higher than the national figures. Wasting is higher among IDPs than the host community, also higher among IDPs inside camps than IDPs outside camps Wasting is more highly prevalent among males than females. Children during weaning are more prone to wasting.
 - Stunting is high but still lower than the national figures. IDPs inside camps have a higher prevalence than host and IDPs outside camp. Stunting is slightly higher among males and the proportion increases after the first year.
 - The numbers of underweight U5s is slightly higher than national figures. IDPs inside camps have moderately higher figures than outside camp IDPs and host populations. It's also more prevalent in males than females and starts to increase after the first 6 months.
 - Wasting by MUAC by age is high especially among those IDPs inside camps' and also higher among males than females (U5 malnutrition Household Survey July 2011).
- **Sa'ada Governorate:** the most recent nutrition assessment is from July 2010. Of the 26,246 children who were screened using MUAC the prevalence of global acute malnutrition (GAM) was 45%, indicating very high levels of acute malnutrition in the western part of Sa'ada governorate. The prevalence of severe acute malnutrition was found to be 17%. Moderate acute malnutrition was present in 28% of the screened children. These very high levels were mainly due to the long-lasting insecurity, extremely high levels of poverty, geographical remoteness, lack of food assistance and lack of health and nutrition services over the last six years (UNICEF, July 2010).

Southern Governorates

- **Aden & Lahj Governorate:** From the total U5 children screened (2030 total), the global malnutrition level based on MUAC is 4%, with 8% SAM and 3.2 MAM. Though the findings indicate that the overall malnutrition prevalence rate among children is not alarming. Secondary data from the household baseline survey indicates that global acute malnutrition prevalence rate among U5 is 12% (anthropometric Weight/Height Z score) and 33.7% of the population is considered food insecure – (CFSS, WFP 2009, Unicef/MOPHP, June 2011).

West & Central Governorates

- No information

Most Affected/Vulnerable Groups

- **Children:** The GAM rate between children 12-24 months is very high indicating poor breastfeeding practices and inadequate/inappropriate introduction of complementary feeding practices and household care practices (Unicef/MOPHP, June 2011).
- **Infants:** Only 10.3% of mothers exclusively breast fed their babies for the first six months in Al-Hodeida. The norm has become a diet of tea, biscuits, oil, flour, water and a replacement of breast milk by formula milk in the first six months (Republic of Yemen, Food Security Baseline Survey Al Hodeida March 2010). In Hajjah governorate, the proportion of women who had breast fed at some time in their child's life were as follows; 92.4% amongst IDPs in the camps. 86.9% IDPs outside the camps, 88.7% in the host communities: averaging 89% but still around 10% of children had never been breast fed (U5 malnutrition Household Survey July 2011).

Operational Constraints

- The Cluster is limited in its scope to address the imminent malnutrition problems countrywide by limited governmental capacity. There are a limited number of implementing partners which impacts on the ability of the cluster to meet the increasing needs. The security situation caused the delivery of nutritional supplies to be reduced in some governorates (OCHA Sitrep 8, 29 August 2011).

Recommendations for Intervention

- Protracted displacement aggravated by high food prices, increasing fuel costs and shortages and poor water and sanitation have led to significant deterioration of the nutritional situation which is likely to be exacerbated without multi-sectoral interventions (Unicef/MOPHP, June 2011).
- It is important that analysis of qualitative and quantitative data is undertaken to understand the underlying causes of U5 malnutrition. The usual interventions haven't managed to reduce the prevalence even in camps. It will be necessary to focus on inter-cluster coordination to understand the most likely factors contributing to high prevalence of malnutrition.
- A Country-wide nutrition survey is critical (U5 malnutrition Household Survey July 2011).
- It will be important to advocate and coordinate with social protection networks for social protection issues and the rights of children to have access to a quality diet and adequate primary health care (CAP MTR, July 2011).
- There is a need to increase the number of partnerships with implementing partners and explore the possibilities of opening new outlets other than health facilities to deliver services. This is especially critical in the newly accessible districts and in the remaining central and southern governorates in order to mitigate limitations in MoPHP capacity (CAP MTR, July 2011).
- There is a need to support women with breast feeding and in the provision of formula milk.

Northern Governorates

- Hajjah Governorate: The limited response in the areas outside the camps needs to be scaled up. Lack of in-depth assessment and information is leading to incoherent responses. It is recommended that limited routine disaggregated baseline data/key indicators for both Haradh and Sa'ada is carried out. There is a lack of coordination capacity at the field level.

Southern Governorates

- Aden & Lahj Governorate: There is a need to continue monitoring, consider holistic multi-sectoral approach to strengthen preventive nutrition and health interventions; to improve the quality of existing therapeutic nutrition interventions and improve accessibility; to start targeted supplementary feeding programmes; and to ensure accessibility to micronutrient supplementation and proper vitamin A coverage for U5 (Unicef, MOPHP, June 2011).
- A multi-sectorial and holistic approach is required to address under-nutrition. There is a need to address (i) the information gap due to the lack of timely reporting and inadequate flow of nutrition data from nutrition facilities (inadequate nutrition information system and lack of nutrition surveillance system), as well as due to the lack of access; (ii) the shortage of drugs needed for malnourished children; (iii) the Inadequate local capacity among implementing partners to strengthen and handle the community component of preventive and curative nutrition interventions; (iv) the Lack of access to certain areas from where IDPs flee and where services are completely collapsed. It will be important to ensure the availability of free nutritional and therapeutic supplies (Crisis Response Plan, August 2011).

West & Central Governorates

- No information

Health Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - October 2011



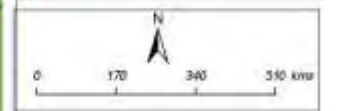
Legend

- International Boundary
- Costline
- Governorate Boundary

3W No. of interventions

- 1
- 2
- 3

No Data
 Relatively normal situation
 Situation of concern
 Severe situation



Map Doc Name: AJ_health_Template v2

Creation Date: 08th October 2011

Projection/Datum: WGS84

Web Resources: <http://ochaonline.un.org/yemen>

Nominal Scale at A3 paper size: 1:10,500,290

Map data source(s): Health Cluster

Health indicators is No. of Public Health Care facilities

Date: 2009

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.



Number of primary beneficiaries by district and organization

Governorate	District	IOM	RI	WHO
Al Jawf	Al Humaydat	32500	*	*
Al Jawf	Al Matammah	*	*	*
Al Jawf	Al Maton	*	*	*
Al Jawf	Az Zahir	32500	*	*
Al Jawf	Bart Al Anan	32500	*	*
Al Jawf	Khabb Wa Ash Shaaf	32500	*	*
Al Jawf	Kharab Al Marashi	32500	*	*
Al Jawf	Rajuzah	32500	*	*
Amran	Amran	*	20000	*
Amran	Harf Sufyan	*	*	*
Amran	Jabal Iyal Yazid	*	20000	*
Amran	Raydah	*	20000	*
Hajjah	Abs	*	20000	*
Hajjah	Haradh	*	26000	*
Saada	Al Dhaher	*	*	*
Saada	Al Hashwah	*	*	*
Saada	As Safra	*	*	*
Saada	Baqim	*	*	*
Saada	Ghamr	*	*	*
Saada	Haydan	*	*	*
Saada	Kitaf Wa Al Boqee	*	*	*
Saada	Majz	*	*	*
Saada	Monabbih	*	*	*
Saada	Qatabir	*	*	*
Saada	Razih	*	*	*
Saada	Saadah	*	*	*
Saada	Sahar	*	*	*
Saada	Saqayn	*	*	*
Saada	Shada'a	*	*	*

* - Data was not provided

Sectoral pages – WASH

Current Crisis Impact

- **Socio-economic Factors:** The deterioration of socio-economic conditions continues to affect access to safe water and hygiene materials. Lack of fuel, especially diesel, needed to run pumping stations and truck water has resulted in water prices increasing three fold (CAP MTR, July 2011). The 2010 MDG Report showed that 52% of Yemeni population do not have access to potable drinking water (OCHA, June 2011).
- **Water Trucking:** Many IDPs rely on trucking as their main source of water. Although some assessed families reported that they had sufficient water, the cost of water trucks places a great burden on families (estimated at up to 20% of total daily expenses) (UNHRC/ADRA, June 2011). 70% of Sana'a's residents depend on water trucking and 48% of the population do not have access to adequate sanitation (OCHA, June 2011).
- **Impact of Natural Disasters:** The increasing incidence of floods and drought due to global climate change and weak management of natural resources is another factor which affects long term water scarcity and food security across the country. Many families are forced to collect water from wadis, rainwater puddles, open wells, shallow polluted wells and springs, and other unsafe sources. Combined with poor hygiene practices and lack of awareness, the prevalence rates of water-borne diseases are expected to increase (CAP MTR, July 2011)

Northern Governorates

- **Amran Governorate:** Random sampling of 459 households showed that 71% of respondents felt that they did not have sufficient water. The high cost was considered the biggest reason for insufficient water in the household (78.5% of respondents), along with the difficulty experienced in transporting water from the source to the house, lack of water storage at household level and the inconsistency of water supply at the source. A total of 82% of the respondents stated that they always paid for water. A total of 81% of surveyed households indicated that they did not drink clean water (19% stated they treated their drinking water). 99% of the respondents reported that washing hands before eating is important (Care International, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey, February 2011).
- **Hajjah Governorate:** In Harad, Bakeel, Al Meer and Mustaba Districts the main source of water for nearly all IDPs inside the camps was found to be UNICEF tanks (98%); this was the case for about half of those outside of the camps (51%). For host population the main source is the wells (24.6%), the second is water trucks (21.9%) and the third is UNICEF tanks (17.7%). More than half of IDPs living outside camp and more than three quarters of host population do not have access to safe water (U5 malnutrition Household Survey, July 2011). Access to toilets is limited: 51.6% of IDPs inside camps reported access to an inside toilet, 44.6% IDP outside and 45.3% for host families (an average of 47%). A similar number reported access to an outside toilet (an average of 40.9%). 12% do not have toilets; open defecation is more common among host population (15.2%) and IDPs living outside camps (11.8%) (U5 malnutrition Household Survey, July 2011).
- **Sa'ada Governorate:** Agencies report an inability to provide a stable supply of potable water to the IDPs inside many of the camps and admitted there was weak targeting of the IDPs outside the camps. This has led to a very minor response in the governorate (Sa'ada Crisis Response Plan, July 2011).
- **Sana'a, Amran, and Hodeida Governorate:** In a study of a small sample of households, 24.2% reported decreased water consumption (40% in Amran). An estimated 30l/person/day of water is used on average. 87.5% of households did have enough drinking water (100% for Amran and Hodeida) although the cost of water has an impact on the amount used, as does an interruption in its supply. In the survey fewer households reported a decrease in water consumption and the estimated quantity of water consumption is increasing, due largely to the return of electric power and public water supply. There is still a huge gap between the level of service in rural and urban households. The estimated amount of water consumption in rural households is only 17.0 litres/person/day compared with 73 litre/person/day in urban households. This gap has impacted on available water for sanitation for rural households where only 42.5% have enough water (Social Protection Monitoring in Sana'a, Amran, and Hodeida governorate, August, 2011).
- **Sana'a Governorate:** IDPs reported a lack of hygiene materials, complained of an increase in water-trucking prices.

IDPs were found to share bathrooms/toilets with the host community when possible or use open spaces at far distances. 100% of IDPs use latrines (21-50 users per toilet/day); water quantity per day was found to be between 26-50l from the piped water supply system. Despite this, water supply and more toilets were still listed as a key need. As IDPs were living in crowded, dirty conditions there was felt to be a need for increased supply of soap to reduce the risk of disease spreading. (Joint RNA, June 2011). There is a shortage of water tanks (UNHCR/ADRA, June 2011).

- **Sana'a Governorate:** In Arhab district the main issue identified is the increased distance to wells, the high cost of fuel needed to reach them and a general shortage of water sources. No latrines were observed in the area, and open defecation was practiced (Rapid Needs Assessment, August 2011).

Southern Governorates

- **Aden Governorate:** 58% of IDPs living in schools practice hand washing; soap is available in 66% families; 86% of interviewed get water from a tap stand (average waiting time is 5 – 30-minutes); there is generally considered to be good access to latrines but 91% of the facilities were considered to be in bad condition (Unicef/Oxfam, June 2011). 50% of those surveyed said schools/centres lack proper sanitation services (WFP, June 2011).

West & Central Governorates

- **Al Hodeida:** The latest WASH assessment in Al Hodeida is from March 2010, and showed that over 14% of households have no access to safe drinking water sources, and 37.5% are without a proper sanitation system (Republic of Yemen, Food Security Baseline Survey Al Hodeida March, 2010).

Most Affected/Vulnerable Groups

- **Host Families:** IDPs living with host families in northern governorates carry the greatest financial burden for water trucking and also have the poorest access to sanitation.
- **IDPs:** IDPs living in schools in southern governorates had the greatest need for improvements in the sanitation facilities in temporary accommodation centres.

Operational Constraints

- **Fuel:** Fuel shortages means water trucking is expensive, water supply is interrupted.

Recommendations for Intervention

Northern Governorates

- **Hajjah governorate:** Restoration and expansion of water supply infrastructure and WASH in schools and camps should be priorities (CAP MTR, July 2011).
- **Target Areas:** Priority areas for WASH interventions are considered to be IDP camps, temporary settlements, and in host communities in Amran, Hajjah, Sa'ada, and Al-Jawf, governorates (CAP MTR, July 2011).

Southern Governorates

- **Aiden Governorate:** Distribution of water containers, repair to taps and replacement of parts, water quality testing are all considered priority responses. Rehabilitation of existing school latrines and cleaning campaigns are urgently required (Unicef/Oxfam, June 2011).
- **Information Management:** There is a need to improve weak reporting mechanisms and address conflicting information on communicable diseases due to the water quality and sanitation conditions in the schools occupied by the IDPs (Crisis Response Plan, August 2011). The cluster is new and faces logistical challenges in conducting water quality surveillance and control in the 46 schools currently occupied by the IDPs. There is a risk of further disease outbreak.

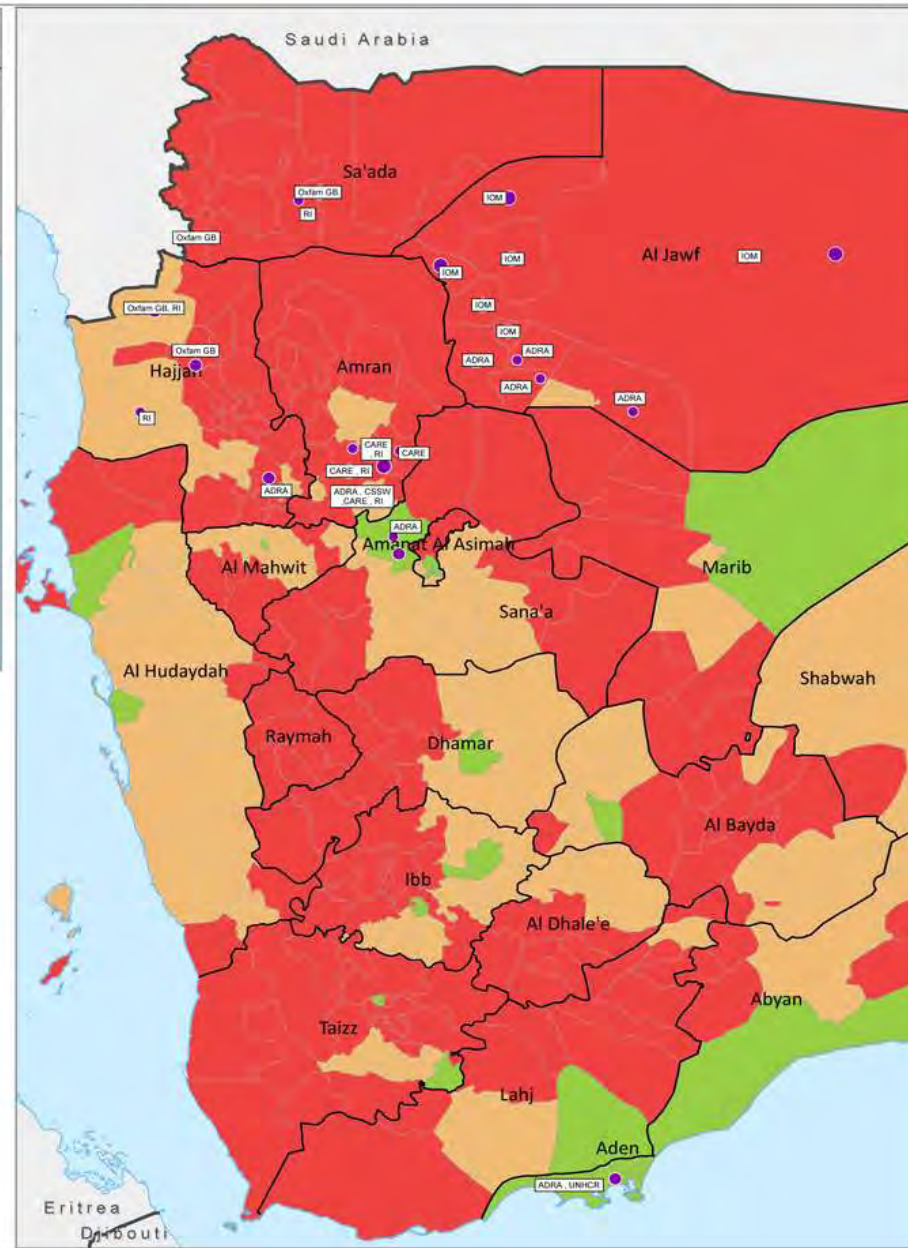
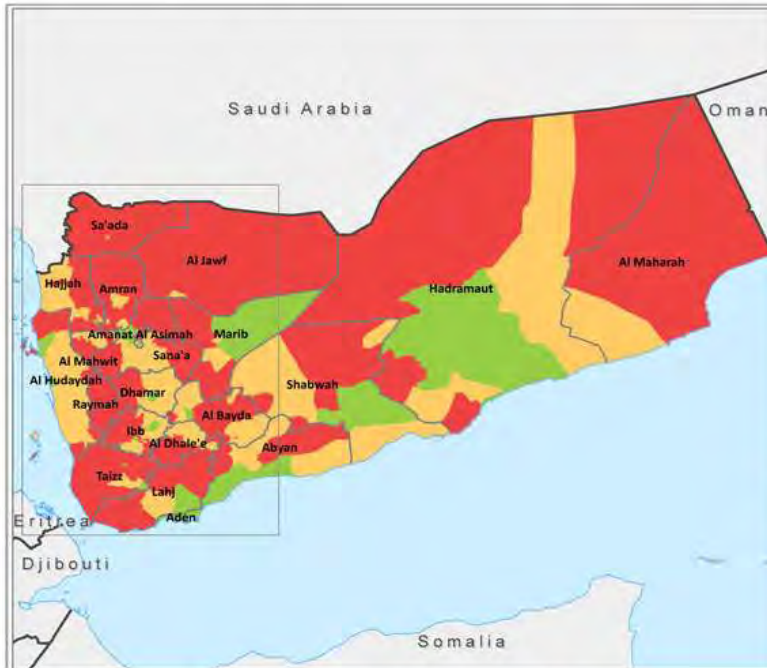
West & Central Governorates

- No information



WASH Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - September 2011



Legend

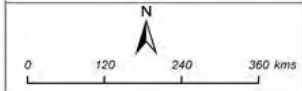
- International Boundary
- Costline
- Governorate Boundary

3W No. of interventions

- 1
- 2
- 3

Risk Analysis

- No Data
- Relatively normal situation
- Situation of concern
- Severe situation



Number of primary beneficiaries by district and organization

Governorate	District	ADRA	CSSW	CARE	IOM	Oxfam-GB	RI
Aden	Al Buraiqeh	29000	*	*	*	*	*
Al Jawf	Al Hazm	*	*	*	*	*	*
Al Jawf	Al Humaydat	*	*	*	20700	*	*
Al Jawf	Al Maslub	*	*	*	*	*	*
Al Jawf	Al Matammah	*	*	*	*	*	*
Al Jawf	Al Maton	*	*	*	*	*	*
Al Jawf	Az Zahir	*	*	*	20700	*	*
Al Jawf	Bart Al Anan	*	*	*	20700	*	*
Al Jawf	Khabb Wa Ash Shaaf	*	*	*	20700	*	*
Al Jawf	Kharab Al Marashi	*	*	*	20700	*	*
Al Jawf	Rajuzah	*	*	*	20700	*	*
Amran	Amran	29000	2231	129700	*	*	10000
Amran	Jabal lyal Yazid	*	*	52600	*	*	10000
Amran	Kharif	*	*	52600	*	*	*
Amran	Raydah	*	*	52600	*	*	10000
Hajjah	Abs	*	*	*	*	*	20000
Hajjah	Hajjah City	29000	*	*	*	*	*
Hajjah	Haradh	*	*	*	*	13122	20000
Hajjah	Mustaba	*	*	*	*	13122	*
Saada	Al Dhaher	*	*	*	*	3000	*
Saada	Saadah	*	*	*	*	3000	*
Saada	Sahar	*	*	*	*	*	6000
Sana'a	Hamdan	29000	*	*	*	*	*

* - Data was not provided

Map Doc Name: A3_WASH_Template
 Creation Date: 6th September 2011
 Projection/Datum: WGS84
 Web Resources: <http://ochaonline.un.org/yemen>
 Nominal Scale at A3 paper size: 1:7,578,879

Map data source(s): WASH Cluster
 WASH indicators are the Percentage of households drink water from unsafe sources and the percentage of households that have sewer inappropriate, Date: 2008

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.



Sectoral pages – Protection

Current Crisis Impact

- Incidence of Violence: The total number of cases of violence reported peaked in April at 7,140, reducing to 6,099 in May, and then 480 in June 2011. Estimated Statistics of GBV related to civil unrest across 4 Governorates show Sana'a to be the highest with 12,982 cases, Taiz with 2,791, Aden with 601, and Hodiedah with 1,429 during February (UNFPA & Sisters Arab Forum for Human Rights [SAF], June 2011).

Northern Governorates

- Sana'a Governorate: Insecurity, risk of renewed fighting, extensive presence of land mines, the damage to property; the fear of arrest, detention, reprisals and forced recruitment particularly by Al-Houthi are reported as the most common obstacles to return in Sa'ada governorate (IDMC 03 August, 2011). In Yahees sub-district there some ongoing bombing leading to limited damage, and a risk of further displacement due to safety and security concerns. In Arhab, the following areas are currently empty of all civilians; Al-Qasabah, Bait Al-Othari Al-A'ala, Al-Abwah, Ozlat Sheb and Soloman. In some areas men are not allowed to enter to their lands and farms in order to work. Some IDPs have legal documents (IDs) and no restrictions on movement and hence are able to go to their houses during the day and come back to the school at sunset but many others (particularly in Arhab) risk detention if they are stopped at checkpoints (Arhab rapid Needs assessment, August 2011).
- Amran Governorate: In Raydah District IDP families are hosted with family relatives and friends who own houses in Raydah. Visited families had legal documents and could access their villages in Arhab but risked arrest/detention if approached a checkpoint leading to Sana'a (Arhab rapid Needs assessment 3rd Aug).
- Sana'a, Amran and Hodeida Governorate: Findings from a recent assessment (albeit with a small sample size) suggest a general improvement in sense of security; only 1% of children demonstrated behavioural problems compared to 12% in the first round of assessments. Children in Sana'a governorate had been most affected by the reduced sense of security. The numbers of children that were frightened to play outside in Sana's were 15%, for Amran they were 2.5% compared with 0% in Hodeida (Social Protection Monitoring 14 August, 2011).
- Child Soldiers: The situation of child soldiers continues to cause concern in Northern Yemen whereby children are being recruited by Al-Houthis to engage in conflict with opposing groups such as Al-Islah militants (OCHA sitrep 6, 02 August 2011).

Southern Governorates

- Aden: IDPs living in schools report the key protection issues for both boys and girls were increased levels of violence due to pressures on food and shared living/cooking conditions, trauma from fighting and lack of freedom of movement. Girls suffered from lack of privacy and harassment from men when living in shared accommodation (Protection Assessment July 2011).

West & Central Governorates

- No information

Most Affected/Vulnerable Groups

- Children: Deterioration security and weakened governance has led to significant increases in the targeting of children for the purpose of trafficking, including unaccompanied children originating from the Horn of Africa. The presence of these children has increased two-fold since the start of the civil unrest. Reports indicate that at anti-government demonstration camps, 200-300 children (of ages 13-17) are participating in security, providing protection to protestors, and working with security committees at entrance gates (CAP MTR, July 2011).
- Women: GBV remains an especially pronounced problem among displaced and vulnerable communities. Despite this, in the governorates of Taiz, Aden, Abyan and Amran, the Yemen Women's Union (YWU) has registered a decrease in the number of GBV cases, although this is felt to be largely due to the difficulties women have experienced in travelling. Such cases are often underreported (CAP MTR, July 2011).

- **Migrants:** An estimated 40,000 Ethiopian migrants live in Yemen, including an estimated 29,000 irregular migrants who have no access to protection or basic services. In Haradh, the majority of migrants are young men between the ages of 13-30 years old, 5% are women and 20% are children. Based on IOM's protection survey, at least 50% of the stranded migrants have been physically abused by smugglers and/or Saudi Arabian border guards (CAP MTR, July 2011).

Operational Constraints

- **Limited capacity for Identifying Cases:** Profiling and identification of Extremely Vulnerable Individuals (EVIs) and Persons with Special Needs (PSNs) among the IDP population are not well established (Sa'ada Crisis Response Plan, August 2011).
- Lack of meaningful participation of IDPs, both in schools and host families in matters that affect them; limited cultural and gender sensitive response to the needs of women and girls such as ensuring privacy for those living in schools; poor information sharing and communication exchange from the partners to the IDPs to better understand partner's response and IDP capacities and responsibilities in the humanitarian response are all considered constraints (Crisis Response Plan, August 2011).
- **Child Protection in Southern Governorates:** there is a weak mechanism for monitoring and reporting violations against children and very limited information on Abyan governorate and other areas of the South; there are also weak mechanisms and structures for the identification of separated children (Crisis Response Plan, August 2011).
- **SGBV:** There is limited awareness and cultural sensitivity on SGBV; a lack of capacity of health workers on clinical management of SGBV survivors, psychosocial support and identifications of SGBV cases. No mechanism exists for the reporting and referral of SGBV cases and there is weak coordination among the stakeholders (Crisis Response Plan, August 2011).
- **Access to Assistance:** Provision of and access to services and assistance is impeded by the reduced capacity of national institutions, limited humanitarian space and the lack of awareness by IDPs/Migrants concerning their rights regarding local integration (CAP MTR, July 2011).

Recommendations for Intervention

- **Migrant Children:** The need to provide more focused and systematic support to provide protection and interim care for migrant children and support of their return to the countries of origin (CAP MTR, July 2011).

Northern Governorates

- **Sa'ada Governorate:** Improvements are required to registration of IDPs to facilitate effective protection monitoring and the need to address the weak coordination and reporting in Sa'ada governorate (Sa'ada Crisis Response Plan, August 2011).

Southern Governorates

- **Participatory Assessment:** There is a need for a follow up Participatory Assessment in order to gain a better understanding of the needs and concerns of IDPs; Profiling and identification of Extremely Vulnerable Individuals (EVIs) and Persons with Special needs (PSNs) among the IDP population yet to take place.
- **Female-Headed Households:** It is necessary to Identify specific vulnerable categories such as female heads of households who should be prioritized for urgent assistance.
- **Psychosocial support:** A greater focus should be placed on psychosocial support for IDPs to enable them better deal with the traumatic experiences of the flight from their areas of origin.

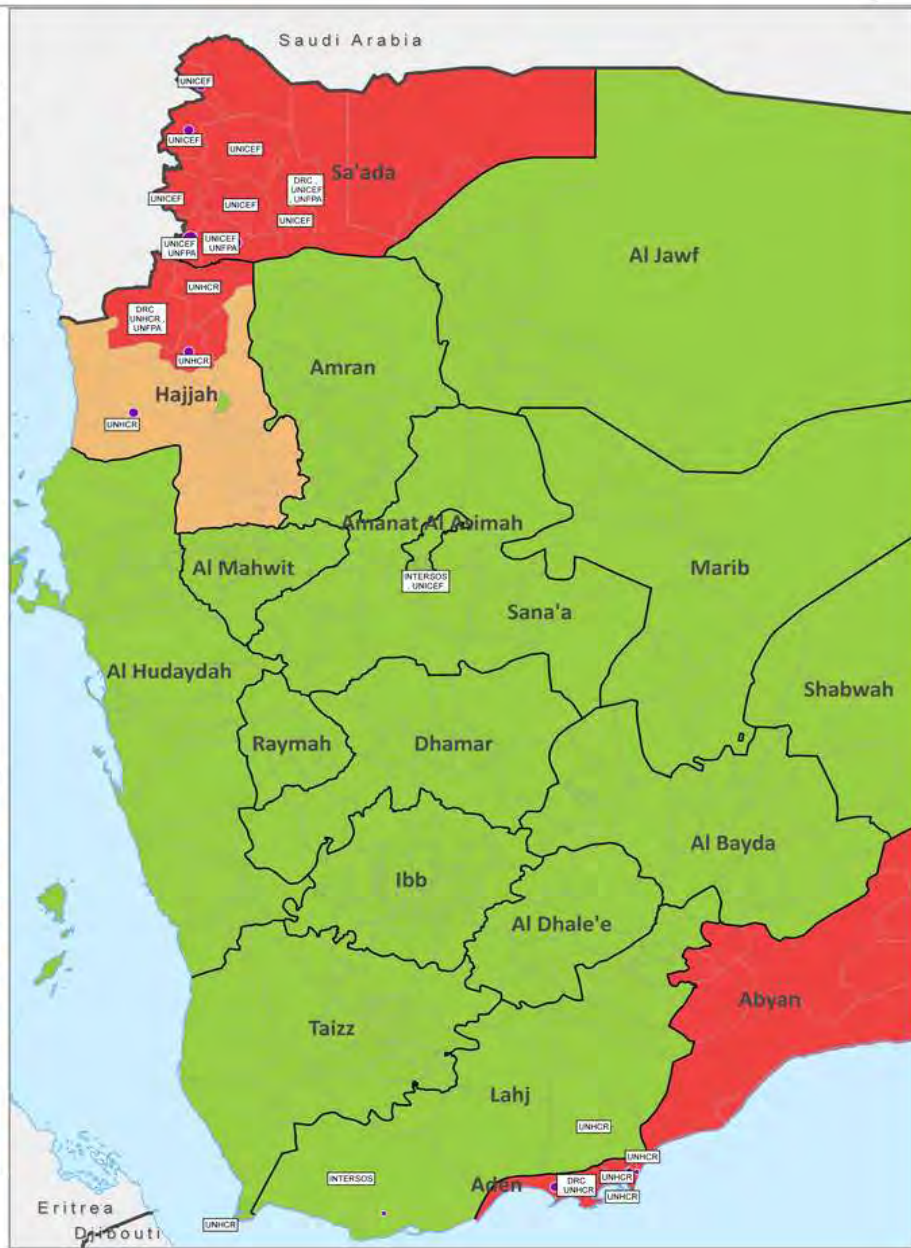
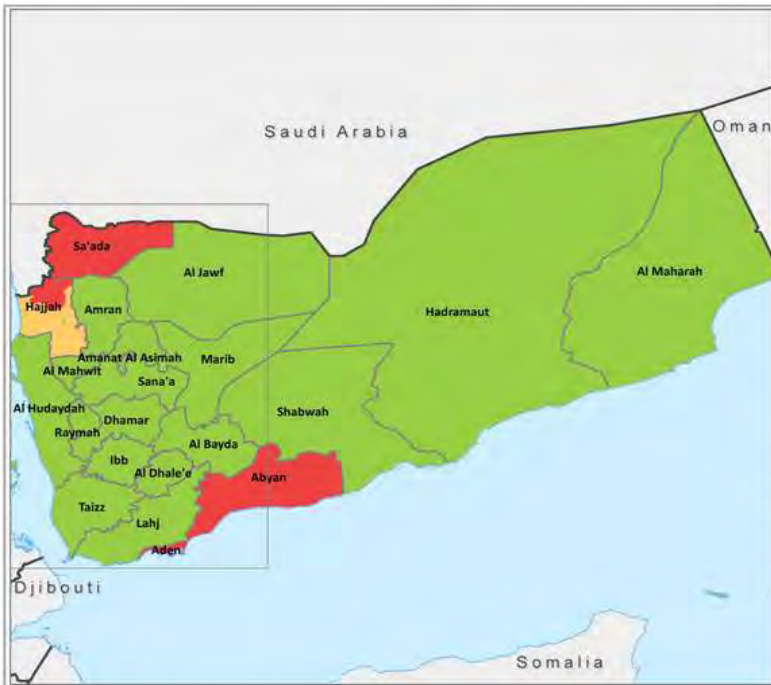
West & Central Governorates

No information



Protection Cluster: Analysis of geographic prioritization and No. of interventions

YHRP - September 2011



Legend

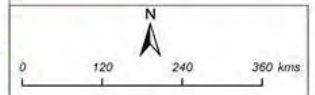
- International Boundary
- Costline
- Governorate Boundary
- Governorate label

3W No. of interventions

- 1 (Small purple dot)
- 2 (Medium purple dot)
- 3 (Large purple dot)

Risk Analysis

- No Data (White)
- Relatively normal situation (Green)
- Situation of concern (Orange)
- Severe situation (Red)



Map Doc Name: A3_Protection_Template

Creation Date: 6th September 2011

Projection/Datum: WGS84

Web Resources: <http://ochaonline.un.org/yemen>

Nominal Scale at A3 paper size: 1:7,232,845

Map data source(s): Protection Cluster

Protection indicators are Number of beneficiaries of awareness campaign and Number of survivors who are assisted Date: 2010

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.



Number of primary beneficiaries by district and organization

Governorate	District	DRC	INTERSOS	UNICEF	UNHCR	UNFPA
Aden	Al Buraieqeh	*	*	*	*	*
Aden	Dar Sad	*	*	*	*	*
Amanat Al Asimah	As Sabain	*	*	30000	*	*
Hajjah	Abs	*	*	*	*	*
Hajjah	Bakil Al Mir	*	*	*	*	*
Hajjah	Haradh	*	*	*	*	20
Hajjah	Mustaba	*	*	*	*	*
Lahj	Al Madaribah Wa Al Arah	*	*	*	*	*
Saada	Al Dhaher	*	*	*	*	20
Saada	Haydan	*	*	*	*	20
Saada	Majz	*	*	*	*	*
Saada	Monabbih	*	*	*	*	*
Saada	Qatabir	*	*	*	*	*
Saada	Saadah	*	*	*	*	20
Saada	Sahar	*	*	*	*	*
Saada	Saqayn	*	*	*	*	*
Saada	Shada'a	*	*	*	*	*
Shabwah	Mayfa'a	*	*	*	*	*

* - Data was not provided or No intervention

Sectoral pages – Shelter & NFI

Current Crisis Impact

Northern Governorates

- **Sa'ada Governorate:** Following improved access in Sa'ada the Response Plan developed by the humanitarian community will ensure protection and assistance during the initial recovery period pending handover to developmental actors given the limited capacity of the government and de factor authorities.
- **Sana'a's Governorate:** In the Yahees sub-district all affected families use (communal) caves during the nights, some of which are reportedly unsafe due to sporadic bombing, and visit their farms/houses during the day. They report having access to NFIs (Rapid Assessment, August 2011). In Bab Al-Sabah district IDPs are staying in collective centres (permanent structures) with poor protection from the elements, limited privacy and security. Rooms were small and overcrowded (up to 8 people per room). Less than a quarter of the families interviewed were considered to have sufficient NFI's including clothes, blankets, bedding/mattresses, cooking utensils, soap, mosquito nets, plastic sheeting or cooking fuel (IASC, June 2011).

Southern Governorates

- **Aden Governorate:** A significant proportion of those living in schools only stay there during the day. 21% (203 out of 976) of those surveyed said they had accommodation elsewhere but stay in schools by day to receive assistance. When asked, the majority rejected a move to a camp. The favoured option was a move to public or private accommodation. The schools are scheduled to reopen at the beginning of September (Intersos, August 2011). Families hosted with local community (relatives and friends) started to move back to the displacement centres due to the depletion of the limited available resources of the host high-sized households (WFP, June 2011). Half of the Households surveyed by WFP in June said they'd fled their houses without taking their assets (clothes etc). 35% of households confirmed that their primary needs are clothes, 40% food rations including paediatric milk and cold potable water, 20% said NFIs (WFP, June 2011).
- **Lahj Governorate:** The situation is different in Lahj as the men tend to sleep in schools (258 families) and women and children stay with host families where there is greater privacy (Intersos, August 2011).

West & Central Governorates:

- No information

Most Affected/Vulnerable Groups

- **Vulnerable Groups:** Women, children, people with disabilities and older people are the most vulnerable amongst the affected population especially those without any family or community support. Single female heads of household face high risks due to the high cost of living as they have limited skills and were dependent on the men due to cultural norms. Women and girls also complained about the lacked of privacy due to inadequate shelter and inadequate access to healthcare.
- **Deported Migrants:** The situation for deported migrants has deteriorated to a life-threatening level as they are stranded in Haradh due to heightened insecurity, conflict in the north, and the de-facto closure of the Yemen-Saudi border. The situation in Haradh has worsened due to the increased proportion of destitute migrants relying on local hospitality and underfunded services leading to some exasperation and growing misperceptions among the host Yemeni population that migrants are somehow contributing to the current instability (CAP MTR, July 2011).

Operational Constraints

- **Sa'ada Governorate:** The response to needs is hampered by limited coordination and reporting; there is limited support for returnees, IDPs outside the camps and host communities (Sa'ada HCT Response Plan, July 2011).

Recommendations for Intervention

Northern Governorates

- Sana'a Governorate: There is a reported need for sanitary napkins and children's items. A joint assessment is recommended to confirm IDP numbers and locations (Rapid Assessment, August 2011).
- Sana'a Governorate: In Al-Hasaba district an assessment is needed and possibly NFIs to newly returned IDPs as well as to newly displaced. There is a further need to register and assess newly arrived IDPs and those returning to Al-Hasaba (IOM assessment, June 2011).

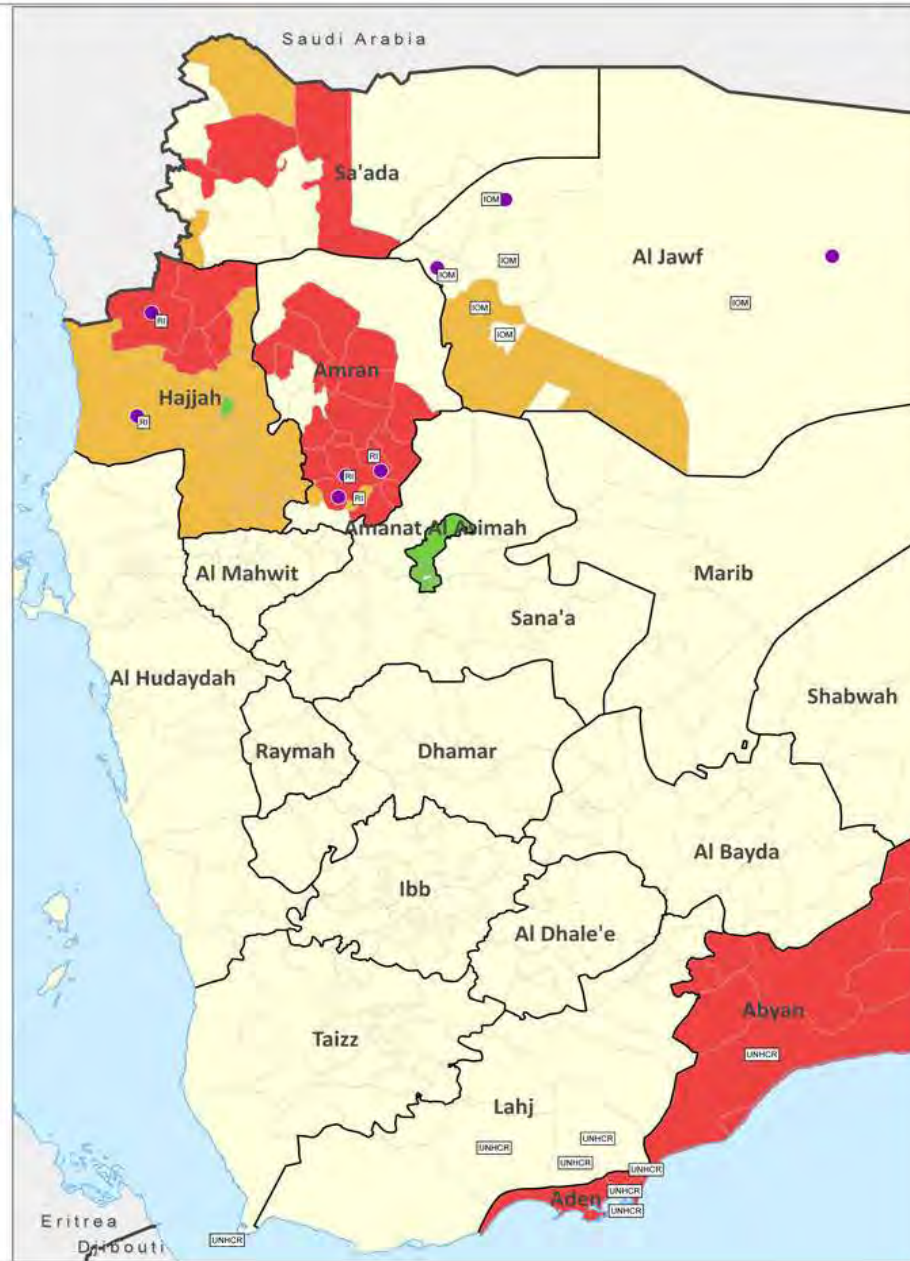
Southern Governorates

- Aden Governorate: The Inter-cluster forum in Aden indicates that the key priority for immediate humanitarian assistance is IDPs hosted in families. While, IDPs living in schools have received significant levels of assistance, their situation demands urgent attention and action because of their current locations. Relocation of IDPs from schools is a high priority in order to provide durable shelter solutions for the IDPs and to provide learning space for children to return to school in September 2011 (Crisis Response Plan, August 2011). Cash assistance for shelter (such as a subsidy for rental of accommodation) should be considered as a priority. The implementation of an appropriate and immediate settlement option to remove IDPs from schools may prove to be a challenge if funds are not available; Identification and support to host family assistance is human resource intensive; No effective vulnerability profiling to ensure the most vulnerable categories of IDPs receives the necessary NFI support and other assistance; No uniform hygiene kits and NFI packages being distributed by agencies currently (Crisis Response Plan, August 2011).

West & Central Governorates:

- No information

CCCM / Shelter / NFI Cluster: Analysis of geographic prioritization and No. of interventions
YHRP - September 2011



Legend

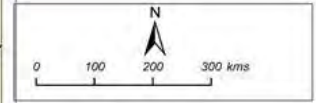
- International Boundary
- Costline
- Governorate Boundary

3W No. of interventions

- 1

Risk Analysis

- No data
- Relatively normal situation
- Situation of concern
- Severe situation



Map Doc Name: A3_CCCM_Shelter_Template
Creation Date: 21st September 2011
Projection/Datum: WGS84
Web Resources: <http://ochaonline.un.org/yemen>
Nominal Scale at A3 paper size: 1:8,307,331

Map data source(s): CCCM / Shelter / NFI Cluster
 CCCM / Shelter / NFI indicators is No. of Camps or settlement covered by the Cluster
 Date: 2010

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.



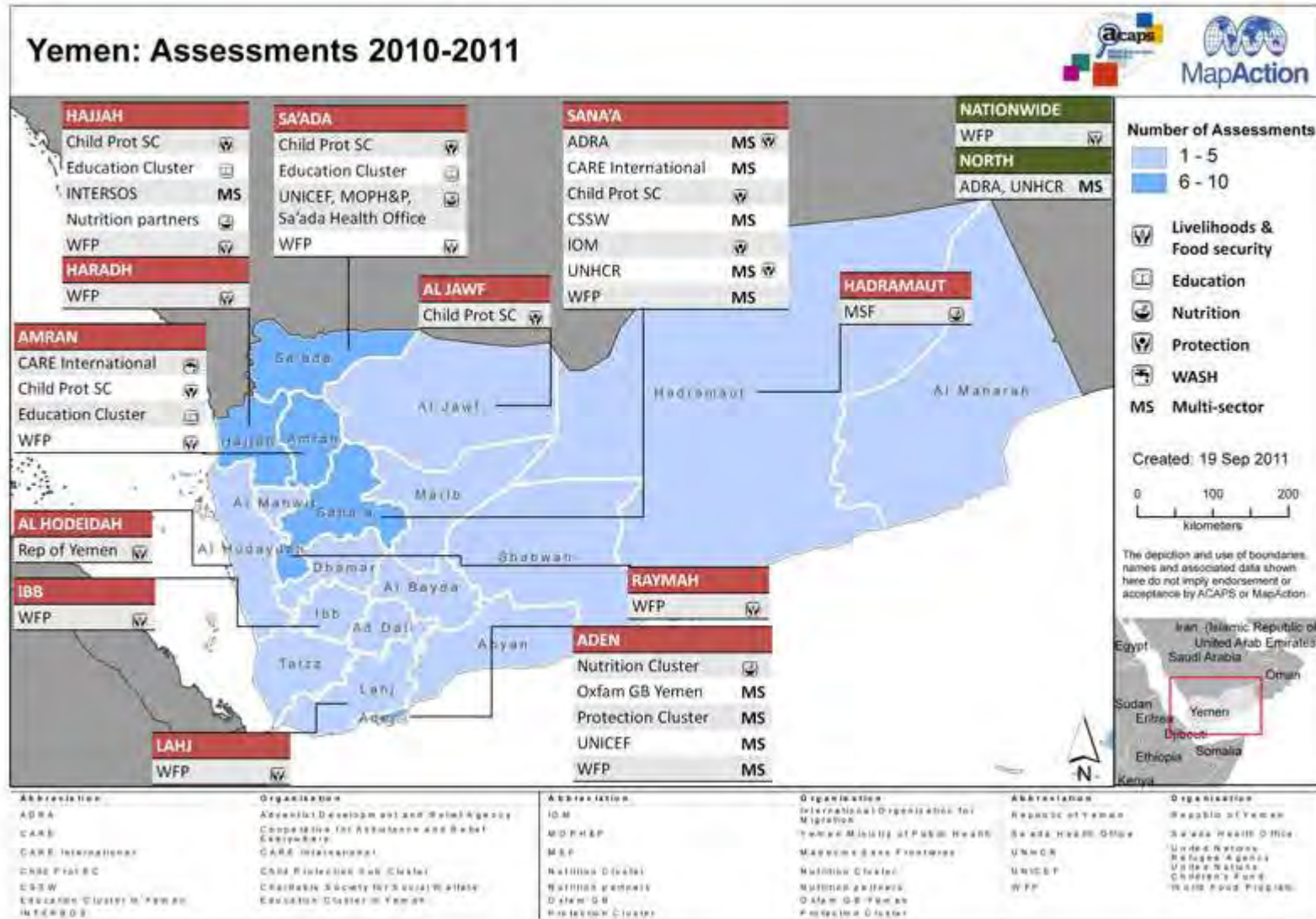
Number of primary beneficiaries by district and organization

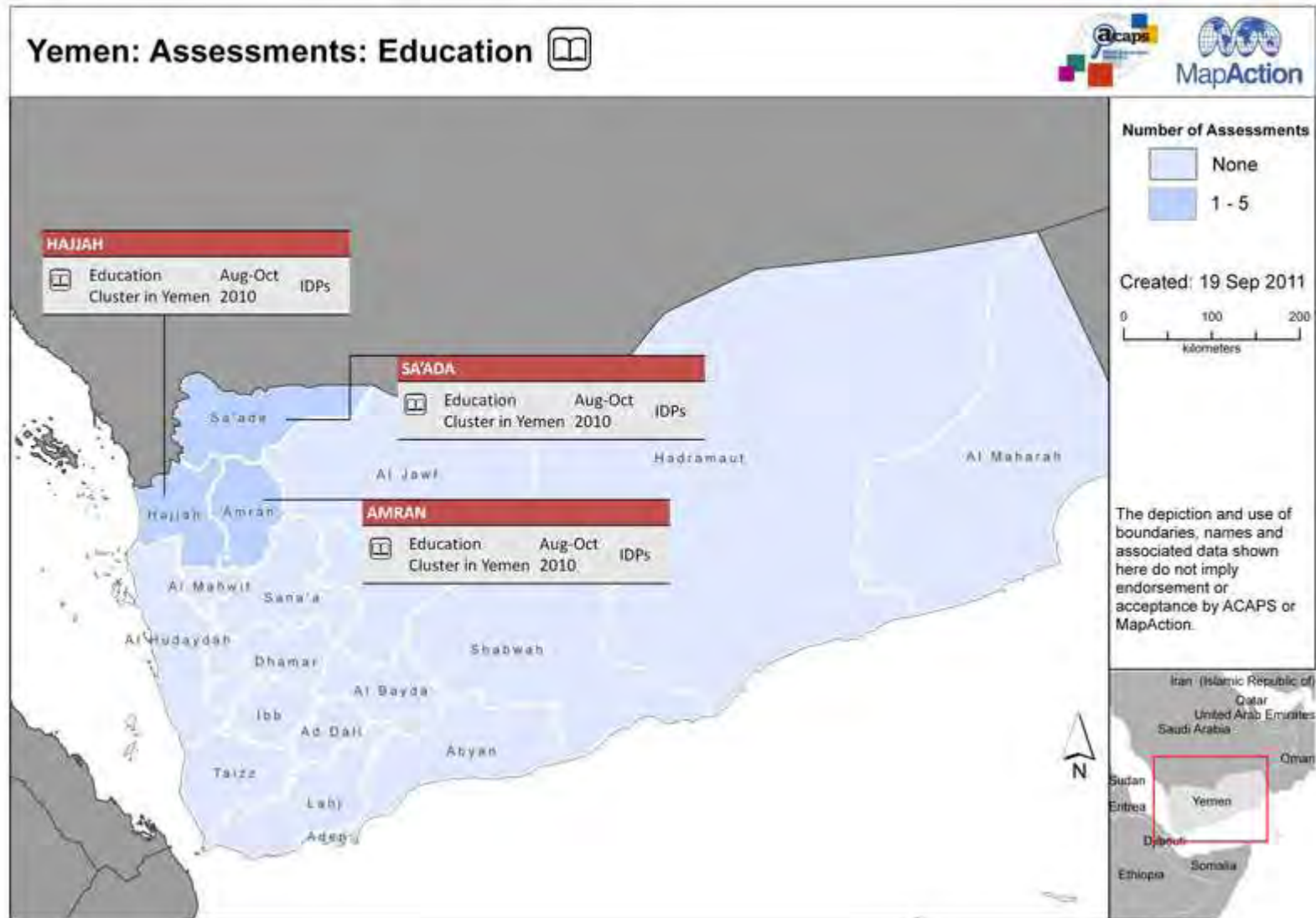
Governorate	District	IOM	RI
Al Jawf	Al Humaydat	2500	*
Al Jawf	Az Zahir	2500	*
Al Jawf	Bart Al Anan	2500	*
Al Jawf	Khabb Wa Ash Shaaf	2500	*
Al Jawf	Kharab Al Marashi	2500	*
Al Jawf	Rajuzah	2500	*
Amran	Amran	*	*
Amran	Jabal Iyal Yazid	*	*
Amran	Raydah	*	*
Hajjah	Abs	*	21000
Hajjah	Haradh	*	21000

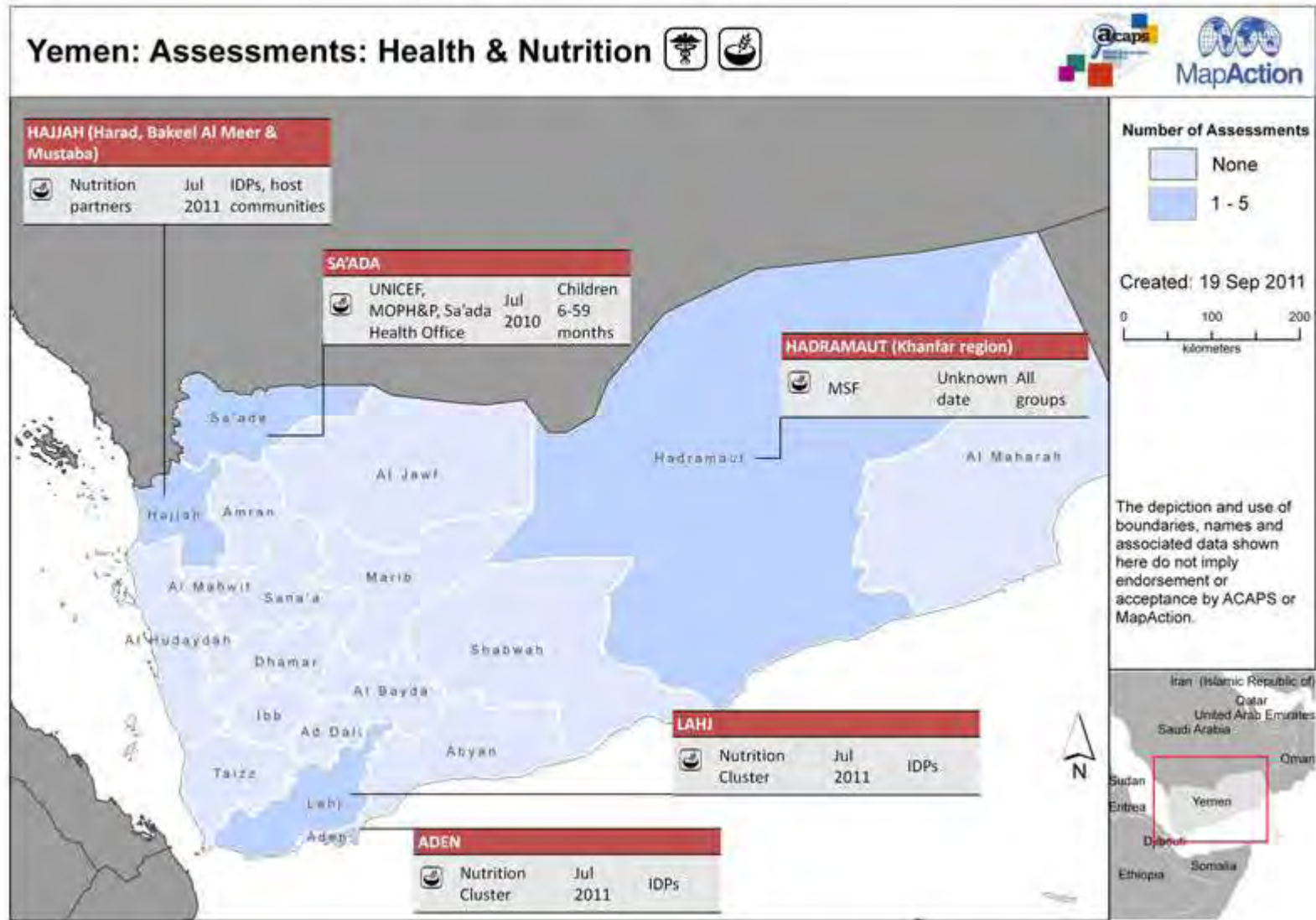
Governorate	District	UNHCR
Abyan	Khanfir	*
Lahj	Tuban	*
lahj	Tur Albahah	*
Lahj	Alhawtah	*
Aden	Khur Maksar	*
Aden	Dar Sad	*
Aden	Ash Shaikh Outhman	*
Aden	Al Mansura	*
Aden	Craiter	*
Aden	Attawahi	*
Aden	Al Mualla	*

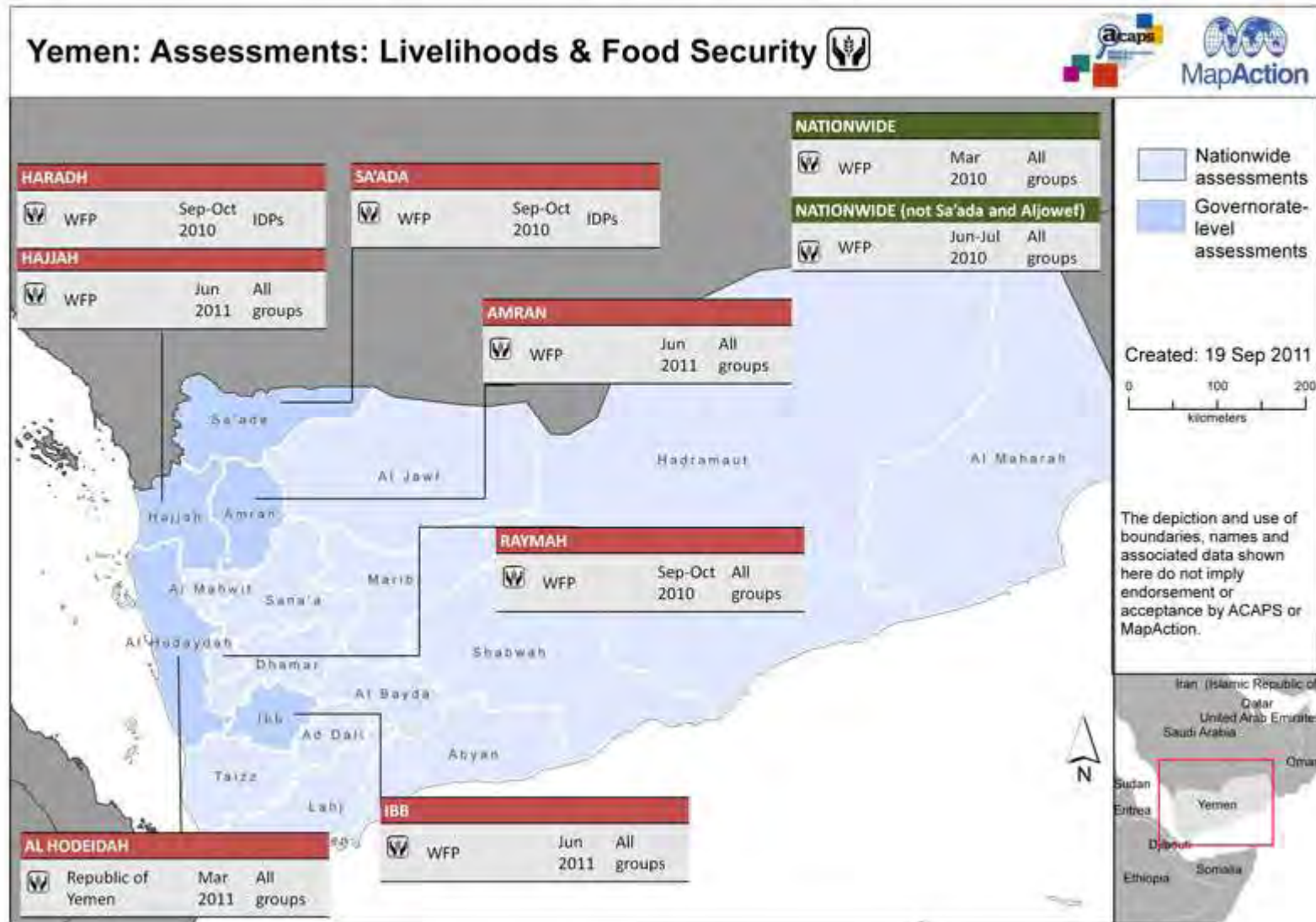
* - Data was not provided

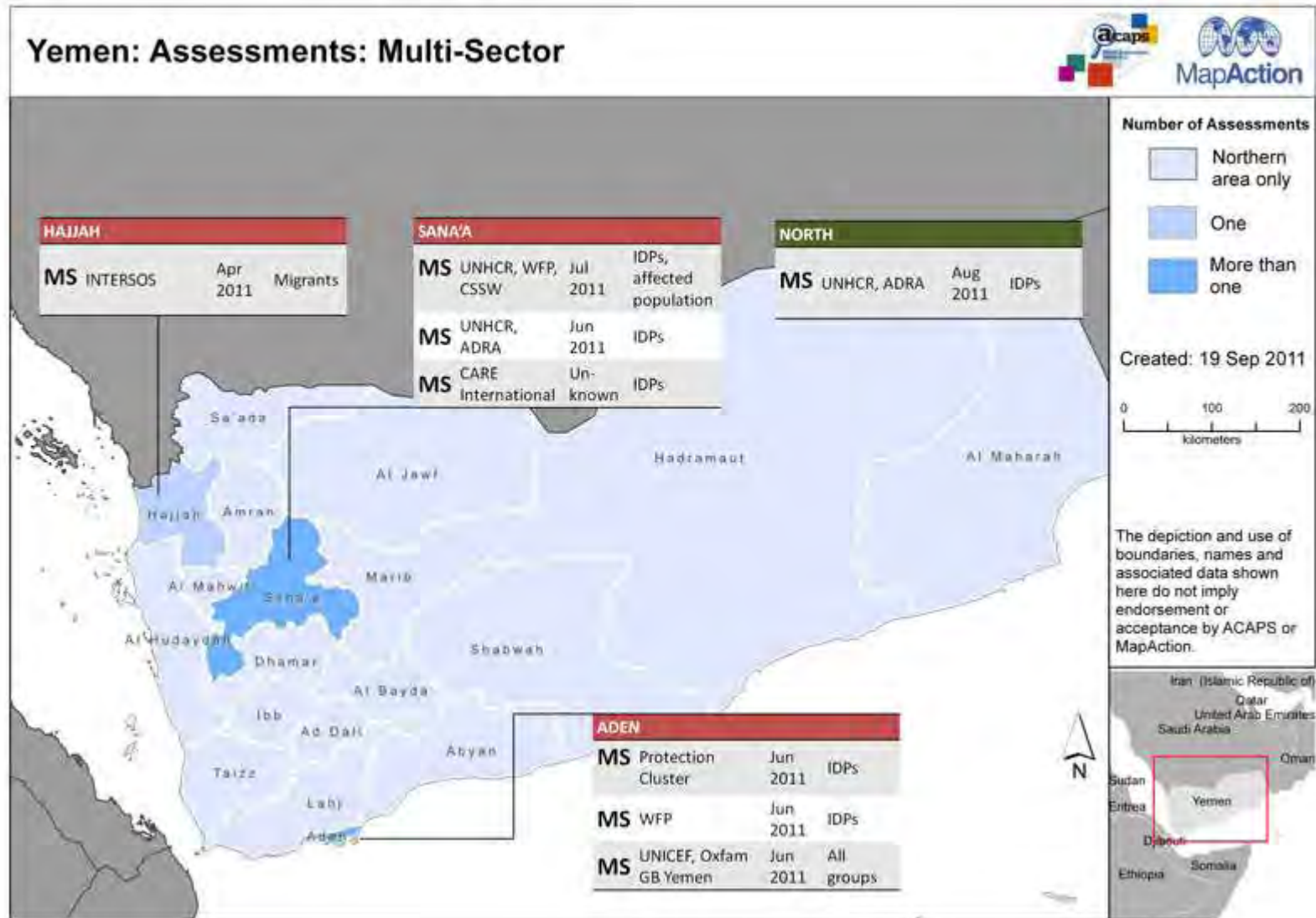
Annex 1 - assessment maps by sector and combined assessment maps (MapAction to insert)

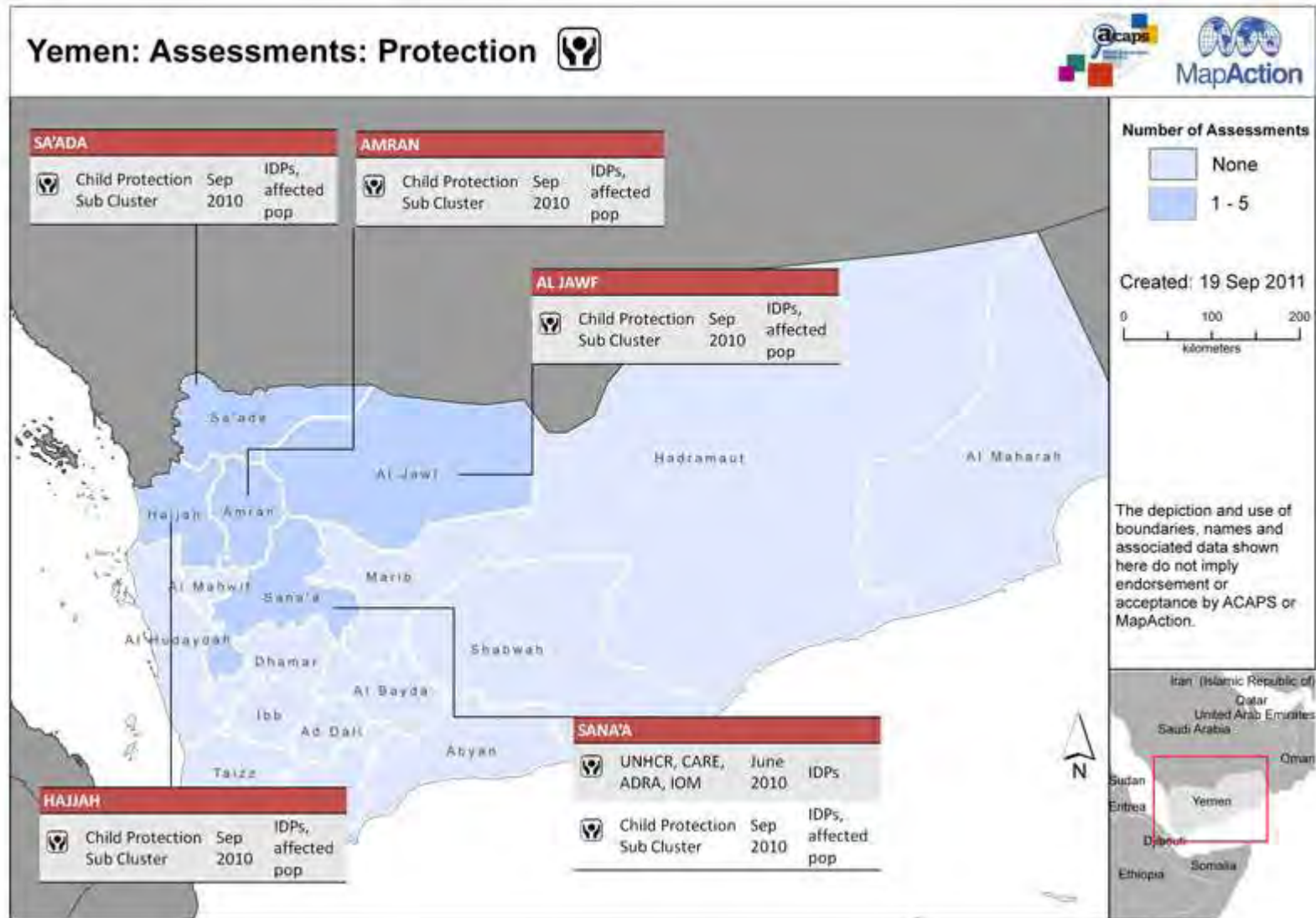


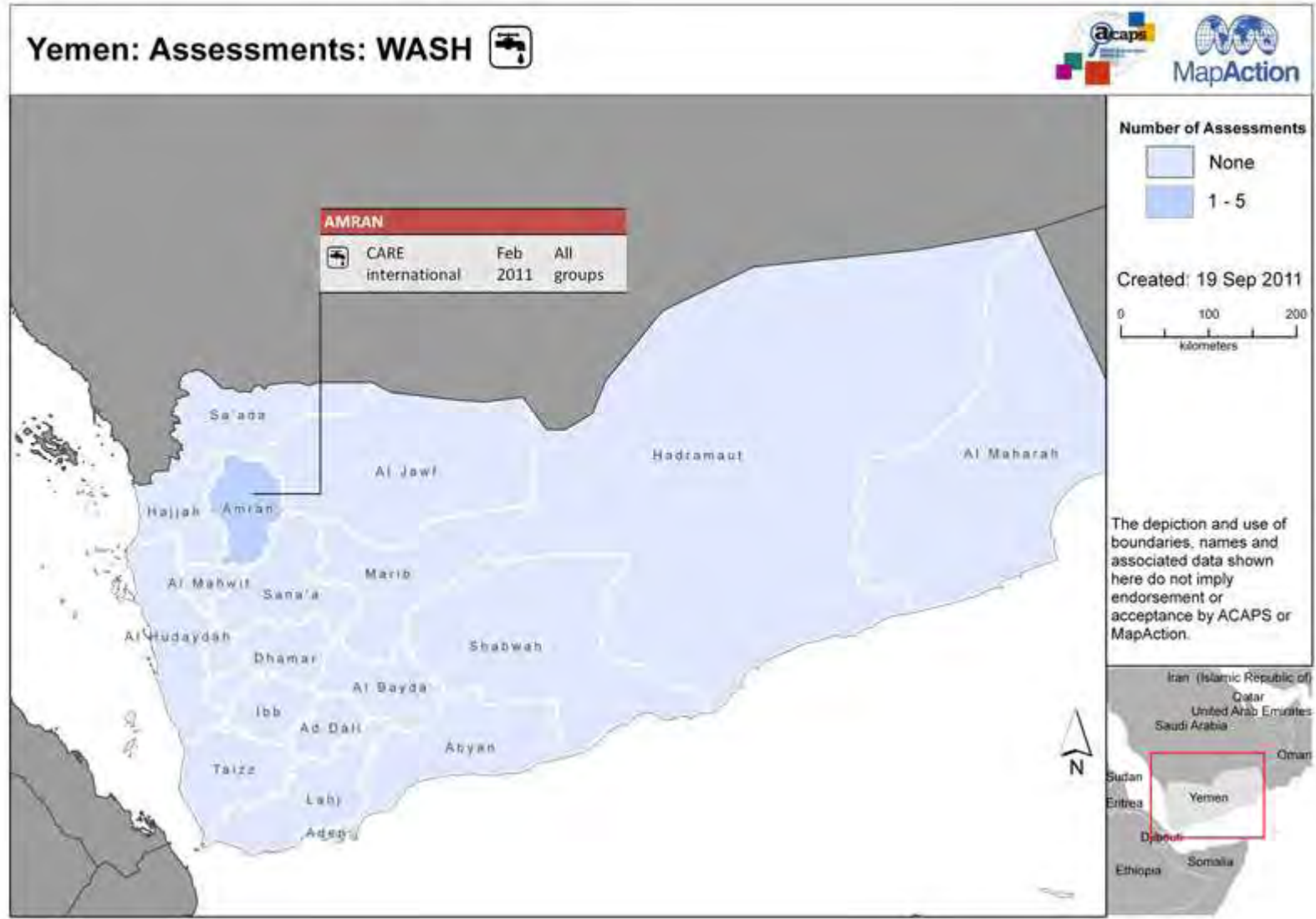












Annex 2 – list of assessments received and assessments not received but know to have been undertaken (ACAPS)

Assessment or monitoring	Year of assessment	Month of assessment	Older than 3 months?	Author	Sector Assessed	Objective	Governorate	District/location	Group assessed	Title Report
Assessment	2010	August to October 2010	Yes	Education Cluster in Yemen	Education	Document the status of IDP children in host communities	Sa'ada, Amran and Hajjah		IDPs	Interagency Joint Education Assessment in Sa'ada, Amran and Hajjah Governorates
Monitoring system	2011	September	No	WHO	Health	Monitor cases	Hajjah, Al Dhale, Aden, Lahj, Abyan		All groups	The Weekly Reported Diseases by the Medical Mobile Teams
Assessment	2004	December 2003 - January	Yes	USAID	Livelihoods and Food Security	Comprehensive assessment of strengths and weaknesses of the agricultural sector, Examination of gender roles, constraints, needs and opportunities. Evaluation of the eprograms of the IFI and other donor institutions and the Yemeni commitment to them., recommendations to USAID about possible opportunities for increasing assistance to the agricultural sector.	Sa'ada, Amran, Al-Jawf, Marib and Shabwa		All groups	Assessment of the development of Agricultural Initiatives for USAID/Yemen
Assessment	2011	June	No	WFP	Livelihoods and Food Security	1. To assess the food security situation in areas targeted by the Emergency Safety Net (ESN) intervention 2. To assess the impact of the current fuel and food price increases on households within ESN-targeted areas 3. To identify the coping mechanisms employed	Raymah, Hajja, Ibb and Amran		All groups	Report on the Food Security Monitoring Exercise Concluded in Areas Supported by the Emergency Safety Net Intervention

						by households within ESN-targeted areas				
Monitoring system	2011	August	No	FEWSNET	Livelihoods and Food Security		Nationwide		All groups	Remote monitoring - Yemen
Assessment	2010	June/July	Yes	WFP	Livelihoods and Food Security	Improving the understanding of linkages between markets, food security and peoples' livelihoods in the context of Yemen, building on the findings of CFSS household and community survey; Assessing whether there is sufficient availability of food on the markets to support the increased demand that is typically created by a cash/voucher programme and on that basis judge whether a cash/voucher intervention is likely to create inflationary effects; Identifying other risks and potential negative impacts of response options on beneficiaries due to a misunderstanding of market forces; Fine tuning geographic targeting criteria identified during the household survey and providing recommendations for the implementation	Nationwide		All groups	Yemen Market Survey

						process taking risks factors into account				
Assessment	2010	September - October	Yes	WFP	Livelihoods and Food Security	Assess impact ration Cuts	Sa'ada, Amran, Haradh		IDPs	Ration Cut Assessment
Assessment	2010	March	Yes	WFP	Livelihoods and Food Security	Identify the food insecure and vulnerable households, Estimate how many people are currently food insecure at the national and sub national levels, determine wehre the food insecure and vulnerable people live, Identify the underlying causes and risk factors of food insecurity and mainturion, Identify the most appropriate resposne options to address food insecurity and targeting criteria, Inform Yemen's national food security strategy and feed into the five year development plan.	Nationwide	Not Sa'ada and Aljowef	All groups	Comprehensive Food Security Survey
Assessment	2010	March	Yes	Republic of Yemen	Livelihoods and Food Security	To establish a food security reference (baseline) for the governorate, to identify factors contributing to food insecurity in the governorate, to plan follow up surveys to monitor trends and to inform policy makers, planners and	Al Hodeidah		All groups	Food security baseline study - Governorate of Al Hodeidah

						programmers of the governorate's latest food security situation in particular and in Yemen generally.				
Assessment	2011	April	Yes	INTERMEDIOS	Multi-sector	Stranded Migrants	Hajjah	Harad	Migrants	Stranded Migrants in Harad - Mission Report
Assessment	2011	July	No	UNHCR, WFP, CSSW	Multi-sector	To gather information on the displaced and affected population from the conflict including gaps, needs and protection concerns	Sana'a	Arhab	IDPs, Affected population	Arhab IDPs Rapid Needs Assessment
Assessment	2011	June	No	UNHCR, ADRA	Multi-sector		Sana'a	Al-Hasabah	IDPs	Al-Hasabah Displacement - Assistance Needs and Delivery
Assessment	2011	June	No	Protection Cluster	Multi-sector	Get a better understanding/snapshot of the needs and concerns of IDPs who where recently displaced from Abyan to Aden	Aden		IDPs	Participatory Assessment: IDPs from Abyan governorate in Aden schools
Assessment	2011	Unknown	Unknown	CARE International	Multi-sector	To identify the specific needs of IDPS	Sana'a	Al-Hasabah	IDPs	Assessment findings Sana'a
Monitoring system	2011	June	No	UNICEF Yemen	Multi-sector	Establish routine access to disaggregated household data for monitoring trends over time on how vulnerable populations are coping with the current crisis in Yemen	Sana'a, Hodeidah, and Amran		Households that receive Social Welfare Fund support	Summary Report on the First Round of Social Protection Monitoring in Sana'a, Hodeida, and Amran
Assessment	2011	June	No	WFP	Multi-sector	a) Identify IDPs locations & understand their situation/conditions in these respective locations. b) Getting access to the number of IDPs based on lists of names of HoHs & size of family	Aden		IDPs	Rapid assessment report on Abyan's IDPs in Aden

						members. c) Getting aware of assistance provided to the IDPs.				
Assessment	2011	June	No	UNICEF, Oxfam GB Yemen	Multi-sector	determine need for intervention , assess the humanitarian situation and identify gaps.	Aden		All groups	Joint Needs Assessment Aden
Assessment	2011	August	No	UNHCR, ADRA	Multi-sector		North		IDPS	New Displacements-Assistance needs and Delivery
Assessment	2009	May-June	Yes	UNHCR, WFP, UNICEF	Multi-sector		Adan, Sana'a City	Kharaz Refugee Camp	Refugees and host communities	Joint Assessment Mission
Assessment	Unknown	Unknown	Unknown	MSF	Nutrition	assess in more detail the general health and nutritional status of the civil population in Al Hosen and surrounding villages.	Hadramaut	Khanfar region	All groups	Nutritional Assessment In Al Hosen-Khanfar region
Assessment	2011	July	No	Nutrition Cluster	Nutrition	Estimate the prevalence of malnutrition among 6-59 month old children, as well as pregnant and lactating women, among IDPs in Aden and Lahj and the surrounding host population using MUAC. Collect evidence to better inform targeting and decision making for response actions	Lahj and Aden		IDPs	Nutrition assessment of U5 boys and girls, pregnant and lactating women among IDPs in schools and with host families in Aden and Lahj.

Assessment	2011	July	No	Nutrition partners	Nutrition	<p>To measure the prevalence of underweight, wasting and stunting among children under-five years of age in IDP camps and host communities</p> <p>To measure the prevalence of acute malnutrition among pregnant and lactating women as well as women of child-bearing age by measuring MUAC</p> <p>To measure the prevalence of anaemia among pregnant and lactating women as well as women of child-bearing age using HemoCue technique</p> <p>To identify underlying causes affecting health and nutrition status of IDPs and host communities (using quantitative and qualitative methods) .</p>	Hajjah	Harad, Bakeel Al-Meer and Mustaba	IDPS, Host communities	Malnutrition among U5 children in Yemen
Assessment	2010	July	Yes	UNICEF, MOPH&P Sa'adaHealth Office	Nutrition	Assess nutrition status children	Sa'ada Governorate		Children aged 6-59 months	Nutrition status assessment of children aged 6-59 months
Monitoring system	2011	February - June	No	UNFPA, SAF	Protection	Obtain GBV Statistics	Sana'a, Aden, Taiz, Hodiedah		All groups	An estimated statistics of GBV related to the current civil unrest
Assessment	2010	September	Yes	Child Protection Sub Cluster	Protection	Assess child protection situation	Hajja, Amran, Sa'ada, Al-Jawf and Sana'a		IDPs, Affected population	Interagency comprehensive child protection assessment

Assessment	2011	June	No	UNHCR, CARE, ADRA, IOM	Protection	Identify the locations of displacement, main needs, gather information on the vulnerable persons/groups	Sana'a		IDPs	Rapid Need Assessment for Al-Hasaba IDPs
Monitoring system	2011	July - August	No	INTERSOS	Shelter and protection		Aden		IDPs	School assessment on shelter alternative
Assessment	2011	February	Yes	CARE International	WASH	<ul style="list-style-type: none"> • Assessment of the current water and sanitation situation in target districts to assist in directing program activities. • Design survey methodology such that monitoring (quantitative and qualitative) is enabled. • Methodology that can be easily replicated for future monitoring and evaluations, so that genuine comparison in change can be made over time and impact measured. • Baseline data is achieved from which to measure change/impact in relation to project indicators 	Amran		All groups	Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey

Key background resources

The list of main assessment reports that were used for this secondary data review can be found in annex to this document.

- ACAPS Secondary Data Review, June 2011, <http://www.acaps.org/en/news/secondary-data-review-on-yemen/4>
- CAP. Yemen Humanitarian Response Plan, Mid-term Review, July 2011. <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1930>
- IDMC, Yemen: A profile of internal displacement situation. 3 August 2010. International Displacement Monitoring Centre. [http://www.internal-displacement.org/8025708F004BE3B1/\(httpInfoFiles\)/1980A066F8D79669C1257774004CA8BA/\\$file/Yemen+-+August+2010.pdf](http://www.internal-displacement.org/8025708F004BE3B1/(httpInfoFiles)/1980A066F8D79669C1257774004CA8BA/$file/Yemen+-+August+2010.pdf)
- Human Rights Watch. Days of bloodshed in Aden. 9th of March, 2011. <http://www.hrw.org/en/reports/2011/03/09/days-bloodshed-aden-0>.
- WFP, Comprehensive Food Security Survey, Yemen, 2010, <http://home.wfp.org/stellent/groups/public/documents/ena/wfp219039.pdf>
- Amnesty International. Moment of truth for Yemen. 12th of March, 2011. <http://www.amnesty.org/en/library/asset/MDE31/007/2011/en/5fa56895-8601-49c5-a7d0-a2fdecdfab5b/mde310072011en.pdf>
- Internal Displacement Centre (2011) IDPs Facing Neglect, 3rd August 2011. Available from <http://www.internal-displacement.org/countries/yemen>
- Oxfam Discussion Paper, Food Security in Yemen, July 2011
- FEWS Remote Monitoring Statements Yemen, Current Statement, August 2011. Available from <http://reliefweb.int/node/443781>
- IRIN Timeline of Key Events from 28 July 2011, Available from <http://reliefweb.int/node/445293>
- OCHA sitreps, Yemen. Available from <http://unocha.romenaca.org/Default.aspx?tabid=113>
- Republic of Yemen, March 2010. Food security baseline study - Governorate of Al Hodeidah. http://fsis-yemen.org/userimages/books/fsis/fsisba_final.pdf
- WFP/UNHCR/ UNICEF Yemen, Joint Assessment Mission, 25th of May – 7 June 2009 http://reliefweb.int/sites/reliefweb.int/files/resources/110B5A08A61D73C48525767300789E83-Full_Report.pdf
- Care International, February 2011, Sa'ada Emergency: Integrated Water, Sanitation and Hygiene Response Baseline Survey.
- Education Cluster Yemen, August to October 2010. Interagency Joint Education Assessment in Sa'ada, Amran and Hajjah Governorates.

Note: The maps annexed to this document only show the assessment reports received by country offices and/or publicly available reports that were considered relevant and useful for the purpose of the needs analysis. It does not represent an exhaustive list of all assessment undertaken between 2010 and 2011.