4.2
Methodology

Yemen 2021 HNO Inter-Cluster Severity and People inNeed Methodology

For the 2021 Humanitarian Needs Overview, Yemen applied the enhanced HPC approach and the corresponding IASC Joint Inter-sector Analysis Framework (JIAF) global guidance. This enhanced approach strengthened intersectoral analysis and identification of the severity of people's humanitarian conditions (living standards, coping capacity, physicaland mental well-being), their interlinkages, and compounding effects by population groups. It also provided an opportunity to identify and focus on both

geographic locations and population groups in highest need. In line with JIAF guidance, a combination of datasets was used, including 15 JIAF indicators and three critical indicators to determine the severity of needs and People in Need (PiN).

The adoption of the JIAF approach resulted in significant shifts to inter-sector analysis compared to previous years. For the 2021 HNO, the framework utilized disaggregated analysis of two categories of population groups in need: internally displaced people and non-displaced Yemenis. It also involved

additional analysis for key vulnerable groups such as refugees, migrants, the Muhamasheen, and people with disabilities and to apply gender and age disaggregation. In previous years, analysis did not focus specifically on vulnerable groups. As in previous years, the 2021 HNO involved geographic analysis covering all 333 districts in the country.

The 2021 HNO uses new severity threshold definitions and rankings. While the 2019 used a seven-point inter-sector severity scale requiring the ranking of districts from 0 to 6, the 2021 HNO uses a five-point scale. In 2019, districts ranked as 4, 5 and 6 were considered to be experiencing acute severity. In 2021, acute severity is reserved for districts ranked as 4 and 5.

Past inter-sector analyses relied heavily on aggregated cluster severity and PiN analysis, while the 2021 analysis uses the 'critical indicators' approach. For example, the 2019 inter-cluster PiN was an aggregation of the highest cluster PiN per district. The 2021 HNO inter-cluster PiN was estimated using 'critical indicators' to select the highest percentage of PiN in severity 3, 4 or 5, by population group and district. Three critical indicators (IPC, water and vector borne disease, and civilian casualties) were then applied to the inter-sectoral framework.

Given the major methodological shifts in inter-sectorand cluster analysis, a degree of caution should be exercised when comparing severity and PiN trends across years.

Joint Inter-sector Analysis Framework

Through consultations, the Yemen Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Mechanism, supported by the JIAF team, completed the following steps:

- Defined and agreed on the scope of the analysis (population groups, geographic areas, and thematic sectors) in October 2020.
- Drafted a joint analytical framework in November and December 2020, summarizing available indicators and data. These indicators were then assigned to humanitarian consequences.

- Designed and endorsed the inter-sectoral model for estimating PIN by severity in December 2020. The process included:

   º Joint selection of core severity needs indicators to illustrate the different dimensions and aspects of each humanitarian consequence based on: (a) indicator appropriate and relevant to explain the consequence; (b) data for the indicator available and reliable, with possibility to organize findings on the five-point severity scale; and (c) information collected available at the agreed unit of analysis with possibility to aggregate findings at the required geographic level (district).

   º Realignment of thresholds and scales to permit categorization of the assessed population directly within a one to five severity scale.

   º Agreement that the inter-sectoral model is based on three humanitarian consequences – well-being, living standards, and coping mechanisms – with protection mainstreamed across the three.

   º Development of a series of severity scenarios using different sets of indicators to present severity that most reflected the context on the ground.

   º Following several rounds of consultations with the JIAF team, the team selected 15 inter-sector indicators focused on conditions related to physical and mental wellbeing, living standards and coping capacity.

   º Three critical indicators were applied, specifically related to protection (civilian casualties and contamination), infectious disease (prevalence of water- and vector-borne disease) and food security (IPC).

   º As a final step, the estimated refugee and migrant population in need was added to the final PiN calculation.

- In parallel, OCHA prepared the humanitarian profile or population baseline, using IOM-DTM figures for IDPs, UNHCR data for refugees and IOM data for migrants.

- In December 2020, JIAF team estimated PiN by selecting the highest percentage from among the PIN categorized to be in severity 3, 4 or 5 by population group and district.

- People in categories 4 and 5 constitute 'people acutely in need' corresponding to the two upper levels from the five-point scale severity (extreme and catastrophic) where needs are more severe, time-critical and compounded.

- More than 17 million people in need, fell under the stress and extreme severity categories (3 and 4 respectively) as a result of a deterioration of living standards and basic services, an increased reliance on the use of negative coping strategies and the significant impact of the conflict on physical and mental harm.

The ICCM and JIAF team jointly presented and discussed the summary of the PiN and severity by condition, population group and district with the HCT. Amendments were made to reflect these consultations, and then it was presented and endorsed by the HCT in January 2021. The final HNO dataset will be available on HDX.

Due to volatile nature of the Yemen crisis and the complex operating environment, an overall projected PiN was not estimated. However, risk analysis was conducted using additional data and trends, including available contingency plans, displacement trends, INFORM index and other key sources to determine possible increases in needs across the different population groups and different geographic areas. The most likely scenarios and estimates are reflected in the 'Risk Analysis' section (section 2.1).

ADEN CITY, YEMEN
Al Sadaqah hospital - 18 March 2020. A doctor attends to a little girl suffering from malnutrition.
Photo: Ayman Fuad/YPN for WHO

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure

People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in

Living Standards

Coping Mechanisms

Physical and Mental Wellbeing

Severity of

1   2   3   4   5
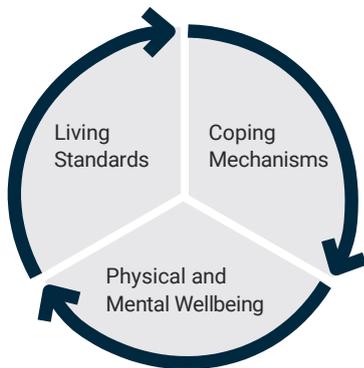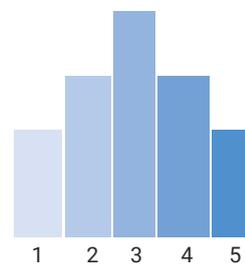
Current and forecasted priority needs/concerns
By relevant age, gender and diversity characteristics

The JIAF Severity Scale

SEVERITY PHASE		KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1	None/Minimal	Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2	Stress	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3	Severe	Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	Extreme	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
5	Catastrophic	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

YEMEN Inter-Sectoral Framework for Humanitarian Conditions Analysis, PIN and Severity

CLUSTER	INDICATORS		SEVERITY SCALE				
Subpillar	2021 HNO Indicator	Source	None/Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Physical and mental wellbeing	Number of civilian casualties reported (killed or injured) in district in the last 12 months AND # of incidents as a result of contamination of mines, UXOs, ERW, aitrstrikes and conflict	OHCHR casualty report/ CIMP as a complementary data source, CIMP & YEMAC	1-5 civilians killed or injured // no contamination incedients	6-10 civilians killed or injured // 1 - 100 contamination incidents	11 - 15 civilians killed or injured // 101 - 200 contamination incidents	16 - 20 civilians killed or injured // 201 - 300 contamination incidents	+20 civilians killed or injured // +300 contamination incidents
Living standard	Proportion of households with access to safe and adequate WASH services and facilities	WASH Cluster	More than 75% of households with access to safe and adequate WASH services and facilities	More than half (>=51%, <75%) of households with access to safe and adequate WASH services and facilities	Less than half (>=26%, <50%) of households with access to safe and adequate WASH services and facilities	Less than a quarter (>=11%, <25%) households with access to safe and adequate WASH services and facilities	Very few (<10%) households with access to safe and adequate WASH services and facilities
Physical and mental wellbeing	District level prevalence of water and vector borne diseases	Health / MOPHP	0	>0 - <=6	>6 - <=20	>20 - <=30	>30
Coping Mechanism	% of IDPs who resorted to living in IDP hosting sites	"CCCM Master List - CCCM Site Reporting Population OCHA"	Very few (>0%, <10%) people are living in IDP hosting sites	Very few (>10%, <30%) people are living in IDP hosting sites	(>=30%, <60%) of people are living in IDP hosting sites	(>=60%, <90%) of people are living in IDP hosting sites	Almost all (>=90, <=100%) population is living in IDP hosting sites
Living Standards	% of IDP households in sites facing eviction threats	CCCM Site Reporting	Very few (>0%, <10%) households are facing eviction threats	Very few (>10%, <30%) households are facing eviction threats	(>= 30%, <60%) of households are facing eviction threats	(>=60%, <90%) of households are facing eviction threats	Almost all (>=90, <=100%) HHs living in informal IDP hosting sites
Living Standards	% of HHs whose primary shelter type is instable or non-existent	UNHCR INAT/ PMT	(>0%, <10%) of households whose primary shelter type is instable or non-existent	(>=10%, <20%) of households whose primary shelter type is instable or non-existent	(>=20%, <30%) of households whose primary shelter type is instable or non-existent	(>=30, <50%) of households whose primary shelter type is instable or non-existent	(>=50%) of households whose primary shelter type is instable or non-existent
Coping Mechanism	"% of households facing eviction threats "	UNHCR INAT/ PMT	Very few (>=0%, <10%) households are facing eviction threats	(>=10%, <20%) of households are facing eviction threats	(>=20%, <40%) of households are facing eviction threats	(>=40%, <75%) of HH are facing eviction threats	(>=75%) of households are facing eviction threats
Physical and Mental Wellbeing	Percentage of children aged six months to 15 years who have received measles vaccination")	EPI data (VCE)	>= 95%	90% - < 95%	85% -< 89%	80% - < 84%	< = 80%

YEMEN Inter-Sectoral Framework for Humanitarian Conditions Analysis, PIN and Severity

CLUSTER	INDICATORS		SEVERITY SCALE				
Subpillar	2021 HNO Indicator	Source	None/Minimal (1)	Stress (2)	Severe (3)	Extreme (4)	Catastrophic (5)
Physical and Mental Wellbeing	Number of cases or incidence rates (attack rate) for (cholera)	eDEWS	< = 0.25%	< 0.25% - >= 0.75%	< 0.75% - >= 0.50%	< 1.0 % - >= 0.75 %	>= 1.0%
Living Standards	Number of HF with Basic Emergency Obstetric Care/ 500,000 population, by administrative unit")	HeRAMS	> 5	4	3	2	<= 1
Living Standards	% school aged children (girls and boys) enrolled in Formal and Non-Formal education	"MoE annual survey 2019-2020 YEC Data"	All 100% of school-aged children attended school in the current/most recent school year	Area: >75% of school-aged children attended school in the current/most recent school year	"Some school-aged children attend school in. Area: >50% of school-aged children attended school in the current/most recent school year "	Area: >25% of school-aged children attended school in the current/most recent school year	"No school-aged children attend school Area: 0-25% of school-aged children attended school in the current/most recent school year "
Physical and mental Wellebeing	Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months	SMART Surveys 2017-2018	<5%	5-9.9	10-14.9%	15-29.9%	>= 30%
Physical and mental well being	IPC	IPC Analysis					

Cluster-specific needs severity

Each cluster was asked to estimate the severity of needs in their respective sector for all 333 districts in Yemen, using an agreed five-point severity scale (1 to 5) to align with the JIAF and the OCHA-generated humanitarian profile (population baseline). This included agreeing on thresholds for indicator values along the five-point severity scale to ensure that datasets from different clusters would be comparable across clusters, even though widely divergent datasets were used. In parallel, partners worked to organize and carry out assessments that could provide data to populate the severity scales. Once all data had been collected and analyzed, clusters translated the results into severity scores according to the thresholds in their agreed severity scales. Each cluster then combined individual indicator scores into a single composite severity score for every district. Formulas for generating composite scores were determined by the clusters based on internal technical agreement (including simple average and weighted average). Composite severity scores are the basis for all sector-specific needs severity maps in the 2021 HNO.

Food Security and Agriculture

FSAC relied on the IPC analysis to estimate the number of people in need. This analysis was conducted in Sana'a and Aden and covered the entire country. Evidence included the FSLA data as the main source of food security outcome indicators (food consumption score, household dietary diversity score, household hunger score, food-related coping strategies, and livelihoods-related coping strategies) supplemented by further data on contributing factors on residence status, expenditures, assets, WASH situation etc. Humanitarian food assistance response data was provided by FSAC, Market related data was provided by WFP's VAM market monitoring system and the FAO-FSIS/FSTS market monitoring data. Malnutrition and mortality data were provided by the Nutrition Cluster, UNICEF and MoPHP, and were based on MUAC and Oedema data collected from the FSLA

and SMART surveys conducted in 15 governorates. Health and disease outbreak data were provided by WHO/MoPHP (eDEWS). The analysis benefited from OCHA reports, FEWS NET rainfall data, agricultural production assessments by MAI, TFPM reports and various cluster data.

Water, Sanitation and Hygiene (WASH)

The analytical framework for WASH-related indicators for the 2021 HNO is based on the Joint Inter-Sectoral Analysis Framework (JIAF). Due to context-related barriers to primary data collection, the 2021 WASH Severity Score and PIN calculation is based on secondary review of WASH assessments conducted throughout 2020. The framework relies on rigorous selection and analysis of assessments carried out by YWC partner organizations.

WASH-related indicators for physical and mental wellbeing consequences include one indicator for the prevalence of Global Acute Malnutrition (GAM) and one for the prevalence of cholera. Additionally, a WASH-related composite indicator on access to WASH services will contribute to overall living standards consequences. This composite indicator is informed by sub-indicators relating to access to an improved water source, sufficient quantities of water, functioning sanitation facilities, functioning handwashing facilities and adequate environmental sanitation.

Health

For the 2021 HNO, the Health Cluster relied on two main components for health HNO and PIN calculations based on health infrastructure and compounding factors such as access and increased demand for services with surge patients due to events or population movements, outbreaks or endemic diseases prevalence.

The Health Cluster adopted the JIAF 1 to 5 severity scale instead of the previous Health Cluster 0 to 6 scale. Calculations were done at the district level (Admin02), in line with inter-cluster and cluster

analysis frameworks. The Health Cluster vulnerability/ severity matrix is based on 22 indicators grouped into four main pillars: (1) impact on exposed population, (2) access score, (3) health system capacity and (4) morbidity. Each indicator is established with threshold limits to define the severity level and have one common scale from which the overall pillar severity was derived. Pillar severity was calculated using the mean of the sub-pillar severity to get a value from 1 to 5. The mean value of each pillar is then used to calculate the overall severity scoring, using the weighting for each pillar to provide the final score for each district.

Nutrition

Nutrition Cluster severity scores were derived at the district level and calculated based on SMART/ assessment results based on the three indicators: Global Acute Malnutrition (GAM) prevalence, Severe Acute Malnutrition (SAM) prevalence, and stunting prevalence. Each indicator was categorized into severity thresholds ranging from one to five. After the initial scoring of prevalence of GAM, SAM and stunting, scores were weighted (multiplied) by 0.5 for GAM scores, 0.3 for SAM scores and 0.2 for stunting scores. As a final step, the Nutrition Cluster summed the weighted scores for the three indicators (GAM, SAM, stunting) and rounded the summed result at the district level. The summed and rounded figures form the basis of the Nutrition Cluster's overall severity score by district on a scale of one to five, of which one is the lowest score implying a normal situation and five is the highest score implying catastrophic situation

Protection

District severity estimates are calculated based on available data including civilian casualties, explosive ordinance contamination, available GBV services, protection risks, out-of-school children, and population data on displacement and specific needs. Data is drawn from established monitoring mechanisms, including monitoring and documentation of civilian

casualties by OHCHR, CIMP, GBV Information Management System (IMS), as well as other available data sources and through field-level consultations with partners where data was not available.

Shelter / Non-Food Items (NFI)

The Shelter Cluster decided in spring 2020 to classify all sectoral activities according to their relevance to three groups, or "lenses", organized by the following areas: 1) armed violence, 2) climate and natural hazards and 3) long-term assistance. This approach was aimed at informing strategic planning and ensuring a more relevant, flexible, and efficient humanitarian response. To ensure that quality data was used to calculate severity scores, the Shelter Cluster only used assessments conducted by NGOs or UN agencies within a recent timeframe (2018-2020) and wider geographic scope.

Severity scores per district were calculated based on 15 indicators. For each district, each indicator was calculated based on available secondary data. If information for an indicator was missing, an average of the closest three districts within 100 km (if available) was used to fill the gaps. Following these calculations, districts were assigned a severity score based on a 5-point severity scale. Total severity scores per district were calculated by aggregating all indicators per district. If a limited number of indicators were available for a certain district, the resulting 2020 severity scores were merged with 2019 shelter severity scores to bolster the analysis and provide a holistic severity score.

Education

Seven indicators were used to estimate education needs severity in every one of Yemen's 333 districts. Based on district severity scoring and related percentages, an estimated 8.1 million children are in need of education-related services and hygiene-related response.

Camp Coordination and Camp Management

Three methodologies were used to calculate the level of severity of need in each district. Since the target CCCM population are IDPs living in sites, these methodologies only apply to districts in which IDP hosting sites exist and for which information for all indicators is available. All other districts will be assigned a severity score of N/A or zero.

For districts covered by the site reporting exercise, one aggregated CCCM severity score per district was calculated by taking a weighted average of the severity scores for each indicator, using a five-point scale. For districts not covered by the site reporting exercise, but for which governorate level data was available, severity scores were calculated using 2019 severity scores adjusted by average differential change for districts in that governorate. For districts not covered by the site reporting exercise, and for which no governorate level data was available, severity scores were calculated using the 2019 severity scores adjusted by average differential change for all districts across Yemen. Since the 2019 severity score scales ranged from zero to six, but the 2021 HNO severity score scales range from one to five, 2019 severity scores were re-calculated using a five-point. The resulting adjusted 2019 HNO severity scores were then used to facilitate better comparability.

Refugees and Migrants Multi-Sector (RMMS)

Refugees and Migrants Multi-Sector (RMMS) district-level PiN estimates of refugees, asylum seekers and migrants were derived from a range of quantitative and qualitative data collection methodologies. The 2019 MCLA remains the key baseline for determining numbers of migrants, refugees, and asylum seekers in need; this was correlated with DTM flow monitoring statistics, refugee registration information and protection monitoring reports provided by partners. However, for the 2021 HNO, the PiN figure reflects the results of assessments conducted in areas with a high concentration of vulnerable persons. Also, the PiN figure for refugees and asylum seekers was based on the registration database, which records specific needs identified during assessments.

Severity indicators under the enhanced HPC 2021 are concentrated on the most critical markers that measure the protection situation including vulnerabilities, safety, dignity, and well-being of the concerned population group. Sectoral needs such as food, health and WASH were also considered and aligned with cluster severity, as refugees, asylum seekers and migrants face similar challenges to the Yemeni population regarding the availability of basic services. However, other factors including marginalization and stigmatization of migrants and refugees also create additional barriers to assistance. The severity score was calculated based on the migrant flows, refugee databases, services and assistance databases managed by RMMS partners, DTM results, individuals' assessments, and protection monitoring.

Cluster Severity Indicators

Food Security and Agriculture

INDICATOR	DATA SOURCE
Percentage decrease in the number of people facing IPC phase 3 and above conditions	Integrated Food Security Phase Classification (IPC) analysis FSLA assessmentsWFP mVAM data FSAC partners monitoring data
Percentage of targeted households with improved food consumption	Integrated Food Security Phase Classification (IPC) analysis FSLA assessmentsWFP

Water, Sanitation and Hygiene

INDICATOR	DATA SOURCE
% Households reporting accessing an improved primary water source for drinking water in the past 30 days	YWC SDR
% Households reporting water collection time does not exceed 30 minutes for a round trip, including queuing	YWC SDR
Average household water quantity use, measured in litres of water per person per day	YWC SDR
% Households reporting use of improved sanitation facilities, by type of facility	YWC SDR
% Households accessing clean and functional latrines	YWC SDR
% Households having handwashing facilities with water and soap	YWC SDR
% Households who did not witness visible wastewater in the vicinity (30 metres) of their shelter in the last 30 days	YWC SDR
% Households whose garbage is being collected through public system	YWC SDR
% of HHs living in districts with high prevalence of GAM	Nutrition cluster
% of HHs living in districts with high incidence rate of suspected cholera cases/acute watery diarrhea (AWD)/10,000 population	Health cluster

Health

INDICATOR	DATA SOURCE
Affected population: % of population are IDPs/returnees	Protection cluster
Access: Hard to Reach	OCHA
Health facility density	HeRAMS / EPI
Partially functioning / all functioning HFs	HeRAMS / EPI

INDICATOR	DATA SOURCE
Health worker density	HeRAMS / EPI
Specialist density	HeRAMS / EPI
Bed density	HeRAMS / EPI
Availability of general and trauma care services available	eDEWS
Availability of IMCI services	eDEWS
Health facilities with fully available essential newborn care services/10000	HeRAMS / EPI
Health facilities with fully available family planning services/10000	HeRAMS / EPI
Health facilities with fully available ANC services/10000	HeRAMS / EPI
Health facilities with fully available BEOC services/500,000	HeRAMS / EPI
Health facilities with fully available for NCD/100000	HeRAMS / EPI
Coverage of measles vaccination (6 months–15 years) (%)	eDEWS
Coverage of DPT/PENTA-3 (0-12 months)	eDEWS
Measles incidence rate /100,000	eDEWS
Acute Watery Diarrhea - suspect cholera incidence rate /10000	eDEWS
ILI (Influenza-like illnesses) /10,000	eDEWS
Diphtheria incidence rate /100,000	eDEWS
Malaria incidence rate /1,000	eDEWS
Suspected dengue cases /10,000	eDEWS

Nutrition

INDICATOR	DATA SOURCE
Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months	SMART surveys
Prevalence of SAM based on WHZ<3 and or bilateral pitting oedema among children 0-59 months	SMART surveys
Prevalence of stunting based on HAZ<2 among children 0-59 months	SMART surveys

Protection

INDICATOR	DATA SOURCE
Number of casualties reported (killed or injured) in a district in the last 12 months	OHCHR Casualty ReportsCIMP
Ratio of IDPs and IDP returnees to host population	DTM
Percentage of girls / women without access to GBV-related services	Service mapping
Percentage of households with at least one child protection risk identified	IPC
Number of children out of school	Education cluster
Intensity of contamination in line with density of	UNDP CIMP

Shelter / Non Food Items

INDICATOR	DATA SOURCE
Percentage of IDPs/returnees over total population	Population baseline
Percentage of populated area with high flood susceptibility	REACH Flood Susceptibility Calculations 2019
Percentage of populated areas highly susceptible to extreme summer temperatures	REACH Weatherization calculations 2019
Percentage of populated areas highly susceptible to extreme winter temperatures	REACH Weatherization calculations
Percentage of IDP households in IDP sites reporting access to market in site or close proximity	Shelter Cluster Severity Score Calculations 2019
Percentage of households whose primary shelter type is instable or non- existent	Shelter Cluster Severity Score Calculations
Percentage of houses impacted by armed violence	Civilian Impact Monitoring Project (CIMP)
Percentage of civilian houses and private dwelling partially/completely uninhabitable due to damage or destruction	Shelter Cluster Severity Score Calculations
Percentage of people living in IDP hosting sites relative to total district population	REACH Camp Coordination and Camp Management (CCCM) SiteReporting Analysis 2020
Percentage of IDP households in IDP sites who have basic services (fuel and electricity) in sites or close proximity	REACH Camp Coordination and Camp Management (CCCM) SiteReporting Analysis 2020
Percentage of IDP households in IDP sites who have essential sectoral services in shelters/sites or close proximity	REACH Camp Coordination and Camp Management (CCCM) SiteReporting Analysis 2020
Percentage of households facing eviction threats	INAT/PMT

INDICATOR	DATA SOURCE
Percentage of households who report being able to pay rent regularly	INAT/PMT
Percentage of district area impacted by violence	OCHA
Percentage of district potential for implementation of long-term solutions	INAT/PMT

Camp Coordination and Camp Management

INDICATOR	DATA SOURCE
Percentage of people living in IDP hosting sites in relation to district IDP population	CCCM Master List -
CCCM Site Reporting	SMART surveys
Population Baseline	SMART surveys
Percentage of people living in informal IDP hosting sites over total number of people living in IDP hosting sites	CCCM Site Reporting
Percentage of IDP households facing eviction threats	CCCM Site Reporting
Percentage of IDP households vulnerable to eviction due to living in sites without tenancy agreement	CCCM Site Reporting
Percentage of IDP households facing flooding threats	CCCM Site Reporting
Percentage of IDP households facing critical service gaps	CCCM Site Reporting
Percentage of IDP households who have access to adequate sectoral services	CCCM Site Reporting
Percentage of IDP households whose primary shelter type is a makeshift shelter, emergency shelter or open-air shelter	CCCM Site Reporting
Percentage of IDP sites with presence of four or more different types of vulnerable groups	CCCM Site Reporting

Education

INDICATOR	DATA SOURCE
Percentage of school aged children (girls and boys) enrolled in formal and non-formal education	Ministry of Education
Proportion of school-age children who are IDPs and/or	UNHCR IOM
Percentage of children in schools in areas of high incidence rate of suspected cholera cases /acute watery diarrhea	WASH Cluster
Percentage of closed/non-functional schools	Ministry of Education
Percentage of school used for non-educational purposes	Ministry of Education Education Cluster
Percentage of teachers (female and male) receiving salary/incentives	Ministry of Education
	reports
Percentage of education personnel receive professional development	Cluster 4W reports Ministry of Education

Refugees and Migrant Multi-Sector

INDICATOR	DATA SOURCE
% of refugees, asylum seekers and migrants able to safely access criticalservices (WASH, health, food) and attain a basic living standard	Partners' database on services provided in 2020; protectionmonitoring, participatory assessments and FGD results
Number of refugees, asylum seekers and migrants that face one or more needs protection need or vulnerability since the beginning of the year	Protection monitoring reports; Individual counselling and assessments, refugee registration database