

YEMEN - COMPLEX EMERGENCY

FACT SHEET #3, FISCAL YEAR (FY) 2017

DECEMBER 8, 2016

NUMBERS AT A GLANCE

27.4 million

 Population of Yemen
 UN – November 2016

18.8 million

 People in Need of Humanitarian Assistance
 UN – November 2016

14.8 million

 People Lacking Access to Basic Health Care
 UN – November 2016

14.5 million

 People in Need of WASH Services
 UN – November 2016

7+ million

 People in Need of Emergency Food Assistance
 FEWS NET – November 2016

2.2 million

 IDPs in Yemen
 UN – November 2016

5.1 million

 People Reached with Humanitarian Assistance in 2016
 OCHA – December 2016

HIGHLIGHTS

- Latest cessation of hostilities agreement has limited effect, lapses without renewal
- UN releases 2017 Yemen HNO, identifies 18.8 million people in need of humanitarian assistance
- RoYG reports 8,975 suspected cholera cases and 89 cholera-associated deaths; task force continues response efforts

HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2016

USAID/OFDA ¹	\$81,576,334
USAID/FFP ²	\$196,988,400
State/PRM ³	\$48,950,000
\$327,514,734	

KEY DEVELOPMENTS

- On November 19, a 48-hour cessation of hostilities agreement came into effect. While the agreement reduced conflict in some parts of Yemen, fighting and airstrikes largely continued, and on November 21, the agreement lapsed without renewal. The UN, U.S. Government (USG), and other stakeholders continue consultations with Al Houthi representatives, the Kingdom of Saudi Arabia (KSA)-led Coalition, and Republic of Yemen Government (RoYG) officials aimed at establishing a sustained cessation of hostilities.
- The UN released the 2017 Yemen Humanitarian Needs Overview (HNO) on November 23. The HNO identifies 18.8 million people in need of humanitarian support countrywide, including 10.3 million people that require immediate life-saving assistance. Although the people in need figure represents a reduction from the 21.2 million people identified in 2016, the UN notes that the decrease is due to targeted prioritization and not an improvement in humanitarian conditions, which have further deteriorated.
- As of December 8, the RoYG Ministry of Public Health and Population (MoPHP) had reported 8,975 suspected cholera cases and 89 cholera-associated deaths across 13 governorates and the capital city of Sana'a. A RoYG MoPHP-led Cholera Task Force, which includes USG partners, continues to conduct health and water, sanitation, and hygiene (WASH) interventions in cholera-affected and at-risk areas.
- On November 28, Al Houthi leadership and allied groups announced the formation of a new government, rejected as illegitimate by the RoYG. In a November 29 statement, UN Special Envoy for Yemen Ismail Ould Cheikh Ahmed characterized the development as an obstacle to the peace process and urged all parties to refrain from unilateral actions outside of UN-sponsored negotiations.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

INSECURITY, DISPLACEMENT, AND HUMANITARIAN ACCESS

- A cessation of hostilities agreement—brokered by the USG, the governments of Oman and the United Arab Emirates, and the UN—came into effect on November 19. Although the agreement prompted a slight reduction in fighting, clashes and airstrikes continued in many areas, including in Ta'izz Governorate, according to international media. The agreement lapsed on November 21 and was not renewed amid mutual allegations of violations by parties to the conflict.
 - Between June and September, the UN recorded nearly 2,050 incidents of violence across 19 of Yemen's 22 governorates, including nearly 500 incidents in Ta'izz. Pervasive conflict-related violence—such as airstrikes, artillery fire, ground fighting, and the detonation of improvised explosive devices—has precipitated a widespread protection crisis in Yemen, with nearly 44,000 casualties, including nearly 7,100 deaths, since the conflict escalated in March 2015. The UN notes that casualty figures are likely incomplete and underrepresent the severity of the situation, as fighting has hindered people's access to health care and diminished the reporting capacity of health facilities. The 2017 Yemen HNO identifies approximately 11.3 million people in need of protection assistance, with internally displaced persons (IDPs), women, and children particularly vulnerable.
 - Although more than 1 million previously displaced people have returned to areas of origin, conflict continues to prompt new displacement, according to the UN. As of late October, nearly 2.2 million internally displaced persons (IDPs), largely clustered in Hajjah, Sana'a, and Ta'izz governorates, remain unable to return home; of the IDP population, nearly 2 million people have been displaced for more than 10 months.
 - Despite insecurity and access constraints, humanitarian organizations reached 5.1 million people across Yemen between January and October, the UN reports.
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HEALTH AND WASH

- Damage to health facilities and other conflict-related disruptions to the health care system have rendered an estimated 14.8 million people with inadequate access to basic health care services in Yemen, according to the UN. In several governorates, including Al Bayda', Al Jawf, Marib, Sa'dah, and Ta'izz, less than 30 percent of health facilities are functional. MoPHP budget shortfalls continue to limit the availability of health care services in Yemen, the UN reports. Meanwhile, 14.5 million people require support to meet basic WASH needs due to displacement, damaged water infrastructure, and the diminished capacity of local authorities to manage water and sanitation systems. The deterioration of WASH conditions has contributed to communicable disease outbreaks, such as cholera and dengue, exacerbating health needs among conflict-affected populations, the UN reports.
- The MoPHP first confirmed an outbreak of cholera in Yemen on October 6. As of December 8, the MoPHP had reported 8,975 suspected cholera cases and 89 cholera-associated deaths, with a case fatality rate (CFR) of 1 percent. A CFR higher than 1 percent is usually the result of limited access to health care services and weaknesses in health care systems, such as insufficient disease surveillance capacity to enable timely treatment of cholera cases, according to the UN World Health Organization (WHO). Contaminated water is a possible source of cholera infection; water samples from cholera-affected governorates have tested positive for the disease. Incidences of acute watery diarrhea, a primary symptom of cholera, have declined in areas after chlorination of water sources, WHO notes.
- A MoPHP-led Cholera Task Force—comprising the UN Children's Fund (UNICEF), WHO, and other humanitarian organizations engaged in health and WASH activities—is coordinating cholera interventions and response efforts, including the chlorination of water sources, establishment of cholera treatment facilities, and rehabilitation of water systems. In support of the task force, WHO had established 26 diarrhea treatment centers as of November 17, and between November 10 and 17, task force members chlorinated nearly 8,450 water sources, provided water treatment tablets to approximately 30,400 people across Aden, Al Bayda', Al Hudaydah, Ibb, and Ta'izz governorates, and trained nearly 170 health care workers in Al Jawf, Raymah, and Sana'a governorates.
- USAID/OFDA partners continue to adjust programming to respond to the cholera outbreak. For example, between November 1 and 15, one partner conducted a hygiene promotion campaign for cholera mitigation and prevention benefiting nearly 38,000 people, distributed water purification tablets in communities at risk for cholera transmission,

and trained health care workers in acute watery diarrhea and cholera case management and surveillance practices. In late November, another USAID/OFDA partner distributed nearly 1,660 hygiene kits to households across at-risk areas and trained volunteers to conduct house-to-house hygiene promotion sessions, while also continuing household chlorination to ensure adequate levels of water treatment to prevent cholera.

- USAID/OFDA is supporting International Organization for Migration (IOM) mobile medical teams to address inadequate health care access among conflict-affected people. From November 13–19, the USAID/OFDA-supported teams provided health care services to nearly 2,400 IDPs.

FOOD SECURITY, LIVELIHOODS, AND NUTRITION

- Approximately 14.1 million Yemenis—more than half the population—are food-insecure, and more than 7 million people are experiencing at least Crisis—IPC 3—levels food insecurity, according to the UN.⁴ Conflict-related declines in agricultural production and disruptions to commercial imports have contributed to food scarcity and persistently high prices; at the same time, limited income-earning opportunities have eroded household purchasing power, increasing vulnerability to food price fluctuations and further constraining food access.
- In a recent report, the UN World Food Program (WFP) examined the impact of Yemen’s conflict-induced public sector crisis—the effects of which include the delay or non-payment of civil servant salaries and suspension of social benefit programs due to budget shortfalls—and high food prices on food insecurity. WFP projects that if current conditions persist—public and private sector incomes halved compared to pre-crisis levels—and food prices remain static, Yemen’s food-insecure population will reach 15.7 million people, with food assistance needs increasing by 42 percent compared to May. In a worst-case scenario where food prices increase to previously recorded highs, public sector incomes are reduced to zero, and private sector incomes are halved, WFP anticipates that the food-insecure population will reach 21.1 million and food assistance needs will increase by 119 percent. To prevent a further deterioration in food security, WFP advocates that the international community support interventions that address the public sector crisis and finance public expenditures.
- Food insecurity and poor WASH conditions, which foster the spread of diseases that disproportionately affect malnourished people, have aggravated the nutrition situation in Yemen since conflict escalated. Nearly 4.5 million people are in need of services to treat or prevent malnutrition—a 148 percent increase since 2014 and a nearly 48 percent increase in need since 2015. This includes nearly 462,000 children younger than five years of age experiencing severe acute malnutrition (SAM) and 2.8 million children and pregnant or lactating women experiencing moderate acute malnutrition (MAM), which represents a 44 percent and 55 percent increase in respective SAM and MAM cases since 2015, according to the UN.
- During the first half of November a USAID/OFDA partner screened nearly 270 children across 27 facilities for malnutrition, admitting 31 children experiencing SAM to outpatient therapeutic programs (OTP) and providing treatment for 50 children experiencing MAM. The partner also successfully discharged 90 children previously admitted to OTP programs due to SAM.

OTHER HUMANITARIAN ASSISTANCE

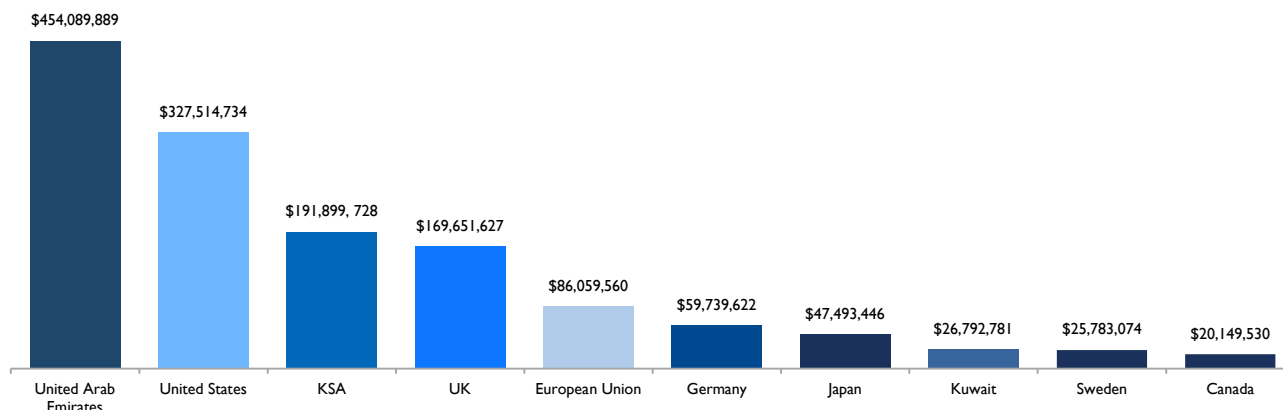
- On November 25, WFP announced that the KSA’s King Salman Center for Humanitarian Aid and Relief (KSRelief) had contributed \$10 million toward a WFP food assistance program in Al Hudaydah. The contribution will fund WFP’s monthly distributions of food and vouchers to nearly 465,000 people for six months.
- The Government of the Republic of South Korea (GoK) recently contributed \$400,000 to support IOM mobile health clinics that provide health care services to approximately 27,000 people, including IDPs, in conflict-affected communities of Yemen, according to a recent IOM press release.

⁴ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Catastrophe—IPC 5.

- Since its October launch, an approximately \$50 million UN Development Program–World Bank project with planned emergency livelihoods, nutrition, shelter, and WASH interventions has provided cash-for-work (CFW) opportunities to more than 1,300 IDPs to rehabilitate shelters for displaced households, with a further 11,000 households registered for CFW opportunities. The project has trained 230 health care workers and enrolled more than 2,580 pregnant and lactating women and children in nutrition therapy programs.

2016 HUMANITARIAN FUNDING*

PER DONOR



*Funding figures are as of December 8, 2016. All international figures are according to OCHA's Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on FY 2016, which began on October 1, 2015.

CONTEXT

- Between 2004 and early 2015, conflict between the RoYG and Al Houthi opposition forces in the north and between Al Qaeda-affiliated groups and RoYG forces in the south had affected more than 1 million people and repeatedly displaced populations in northern Yemen, resulting in humanitarian needs. Fighting between RoYG forces and tribal and militant groups since 2011 limited the capacity of the RoYG to provide basic services, and humanitarian needs increased among impoverished populations. The expansion of Al Houthi forces in 2014 and 2015 resulted in the renewal and escalation of conflict and displacement, further exacerbating already deteriorated humanitarian conditions.
- In late March 2015, a KSA-led coalition began airstrikes on Al Houthi and allied forces to halt their southward expansion. The ongoing conflict has damaged public infrastructure, interrupted essential services, displaced many people, and reduced the level of commercial imports to a fraction of the levels required to sustain the Yemeni population. The country relies on imports for 90 percent of its grain and other food sources.
- The escalated conflict, coupled with protracted political instability, the resulting economic crisis, rising fuel and food prices, and high unemployment, has left more than half of Yemen's 27.4 million people food-insecure and more than 7 million people in need of emergency food assistance. In addition, the conflict has displaced a total of 3.2 million people, including approximately 1 million people who had returned to areas of origin, as of November 2016. The volatility of the current situation prevents relief agencies from obtaining accurate, comprehensive demographic information.
- In early 2015, Yemen hosted approximately 248,000 refugees and a large population of third-country nationals (TCNs). The escalation in hostilities prompted IOM to organize large-scale TCN evacuations from Yemen.
- On October 26, 2016, U.S. Ambassador Matthew H. Tueller re-issued a disaster declaration for Yemen for FY 2017 due to continued humanitarian needs resulting from the complex emergency and the impact of the country's political and economic crises on vulnerable populations.

USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2016 ¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
Implementing Partners	Agriculture and Food Security, Economic Recovery and Market Systems (ERMS), Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Nutrition, Protection, Shelter and Settlements, WASH	Abyan, Aden, Ad Dali', Al Jawf, Al Hudaydah, Amran, Hajjah, Ibb, Lahij, Raymah, Sa'dah, Sana'a, Shabwah, Ta'izz	\$36,919,020
IOM	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection, Shelter and Settlements, WASH	Abyan, Aden, Ad Dali', Al Hudaydah, Al Mahrah, Hadramawt, Hajjah, Ibb, Lahij, Sana'a, Shabwah, Ta'izz	\$7,500,000
UN Food and Agriculture Organization (FAO)	Agriculture and Food Security, Humanitarian Coordination and Information Management	Hadramawt, Shabwah	\$1,000,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Aden, Al Hudaydah, Sana'a	\$1,500,000
UNICEF	Logistics Support and Relief Commodities, Protection, Shelter and Settlements, WASH	Abyan, Aden, Al Bayda', Ad Dali', Al Hudaydah, Al Jawf, Amran, Hajjah, Ibb, Lahij, Marib, Sa'ada, Sana'a, Ta'izz	\$15,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	Humanitarian Coordination and Information Management	Countrywide	\$1,200,000
UN Population Fund (UNFPA)	Health, Protection	Abyan, Aden, Ad Dali', Al Bayda', Al Hudaydah, Al Jawf, Al Mahwit, Amanat Al Asimah, Amran, Hadramawt, Hajjah, Ibb, Lahij, Marib, Raymah, Sa'dah, Sana'a, Shabwah, Ta'izz	\$1,000,080
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Countrywide	\$6,730,621
WHO	Health, Nutrition	Countrywide	\$10,000,000
	Program Support		\$726,613
TOTAL USAID/OFDA FUNDING			\$81,576,334

USAID/FFP³			
Implementing Partners	Food Vouchers	Abyan, Ad Dali', Al Hudaydah, Al Mahwit, Hajjah, Lahij, Sana'a Ta'izz	\$20,500,000
UNICEF	420 Metric Tons of Ready-to-Use Therapeutic Food	Countrywide	\$1,793,900
WFP	U.S. In-Kind Food, Food Vouchers, Local Purchase and Milling	19 Governorates	\$174,694,500
TOTAL USAID/FFP FUNDING			\$196,988,400

STATE/PRM			
Implementing Partners	Health, Logistics Support and Relief Commodities, Shelter and Settlements, WASH	Countrywide	\$6,000,000
IOM	Evacuation of Vulnerable Migrants from Yemen	Regional	\$3,400,000
Office of the UN High Commissioner for Refugees (UNHCR)	Camp Coordination and Camp Management, Logistics Support and Relief Commodities, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$28,800,000
UNHCR	Camp Coordination and Camp Management, Logistics Support and Relief Commodities, Protection, Refugee Response, Shelter and Settlements	Djibouti, Ethiopia, Somalia, Sudan	\$10,750,000
TOTAL STATE/PRM FUNDING			\$48,950,000
TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2016			\$327,514,734

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2016.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of September 30, 2016.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>