

YEMEN - COMPLEX EMERGENCY

FACT SHEET #17, FISCAL YEAR (FY) 2017

SEPTEMBER 30, 2017

NUMBERS AT A GLANCE

27.4 million

Population of Yemen
UN – November 2016

20.7 million

People in Need of
Humanitarian Assistance
UN – April 2017

10.4 million

People Lacking Access to Basic
Health Care
UN – September 2017

17.1 million

Food-Insecure People
FAO – February 2017

7.3 million

People in Immediate Need of
Emergency Food Assistance
FAO – February 2017

5.9 million

People Reached with Humanitarian
Assistance in 2017
UN – July 2017

2 million

IDPs in Yemen
UN – September 2017

HIGHLIGHTS

- Health agencies record nearly 772,000 suspected cholera cases and 2,132 related deaths as of September 30
- Approximately 1.5 million civil servants have not received consistent salary payments since September 2016
- Bureaucratic obstructions, insecurity, and lack of humanitarian access continue to constrain response efforts

HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017

USAID/OFDA ¹	\$229,783,475
USAID/FFP ²	\$369,629,239
State/PRM ³	\$38,125,000
\$637,537,714	

KEY DEVELOPMENTS

- As of September 30, health agencies had recorded nearly 772,000 suspected cholera cases and 2,132 related deaths since the outbreak resurged in late April, according to USAID/OFDA partner the UN World Health Organization (WHO). USG partners continue to distribute cholera prevention supplies, such as water purification tablets; establish additional cholera treatment centers (CTCs) and oral rehydration centers (ORCs); and provide safe drinking water to vulnerable populations.
- In late September, UN Resident and Humanitarian Coordinator (RC/HC) for Yemen Jamie McGoldrick met with USG officials in Washington, D.C. RC/HC McGoldrick emphasized that cholera will likely continue to affect Yemen as long as the underlying drivers of the recent outbreak—including conflict-damaged water, sanitation, and hygiene (WASH) infrastructure and non-functioning health facilities—persist.
- On September 22, US Deputy Representative to the UN Michele J. Sison attended a high-level meeting on the humanitarian crisis in Yemen at the UN General Assembly, co-hosted by the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Government of the Netherlands, and the Government of Sweden. Ambassador Sison and other leaders discussed options the international community can take to improve humanitarian conditions in Yemen, including increased support for humanitarian operations and strengthening engagement to resolve major obstacles to the response.
- In FY 2017, the USG provided more than \$637.5 million to support relief activities in Yemen, including approximately \$229.7 million from USAID/OFDA, \$369.6 million from USAID/FFP, and \$38.1 from State/PRM.

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

- Relief organizations continue to report ongoing insecurity and bureaucratic access impediments—including restrictions on the importation of commercial and humanitarian goods, and movement restrictions for both relief workers and Yemeni citizens—as the most significant constraints to relief operations. Of the 20.7 million people in need of assistance, nearly 2.9 million people live in districts with high access constraints, including approximately 1.7 million individuals in acute need of assistance, according to OCHA.
- In statements to the UN General Assembly on September 22, Under-Secretary-General and Emergency Relief Coordinator (ERC) Mark Lowcock urged parties to the conflict to reach a political settlement and to abide by international law. ERC Lowcock also called for unobstructed commercial and humanitarian access to air, land, and sea ports.

HEALTH AND WASH

- Yemen is facing the world's worst cholera outbreak due to conflict that has severely damaged the country's water, sanitation, and health infrastructures. To date, the cholera outbreak has affected 304 of Yemen's 333 districts. In response, USG partners are conducting critical health, nutrition, and WASH interventions to curb the spread of the disease and provide treatment.
- Health agencies in Yemen recorded nearly 772,000 suspected cholera cases and 2,132 related deaths between April 27 and September 30, WHO reports. Although health actors are recording additional suspected cholera cases, the countrywide case fatality rate (CFR) continues to decline, from 1.1 percent in early May to 0.28 percent on September 30. An increased number of CTCs, improved treatment capacity, better reporting at CTCs and health facilities, and the potential over-reporting of acute watery diarrhea cases as cholera may have contributed to the CFR decline, according to health actors.
- The disruption of water and sanitation systems, ongoing conflict, bureaucratic impediments, limited fuel supplies to operate generators, and scarce local market supplies of sanitation products, such as soap, continue to hinder the humanitarian response to the cholera outbreak, WHO reports. In addition, up to 55 percent of all health facilities in Yemen remain closed or only partially functional, and more than 1.5 million civil servants—including health care workers—have not received consistent salary payments since September 2016. Despite these challenges, approximately 46 health organizations were supporting an estimated 260 CTCs, with the capacity to treat more than 4,300 patients, and were operating nearly 1,200 ORCs in 149 affected districts as of September 24. With USAID/OFDA support, relief actors were supporting approximately 70 CTCs and 110 ORCs throughout the country as of September 30.
- Between September 14 and 26, WASH Cluster—the coordinating body for humanitarian health activities, comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders—partners disinfected water points to support at least 93,000 people with safe drinking water and provided chlorine for the disinfection of water supply networks to benefit an estimated 3.4 million people in 12 governorates. During the same period, local community health volunteers reached more than 324,000 people with hygiene promotion messaging, bringing the total number of people reached with cholera prevention information to 16 million since April.
- In FY 2017, USAID/OFDA provided more than \$47.9 million for WASH interventions in Yemen and \$64.6 million for health activities. With USAID/OFDA support, partners distributed medical equipment, health commodities, and cholera transmission prevention and treatment supplies, such as oral rehydration salts and intravenous fluids; rehabilitated water supply systems in health facilities and other public buildings, as well as community water points; and provided emergency water trucking to conflict-affected populations.

FOOD SECURITY AND NUTRITION

- As of September 2017, an estimated 17 million people—60 percent of the total population—were experiencing Crisis—IPC 3—or Emergency—IPC 4—levels of food insecurity in Yemen, according to the USAID-funded Famine Early

Warning Systems Network (FEWS NET).⁴ Between June 2016 and March 2017, the food insecure population increased by approximately 20 percent; nearly 4 million people require urgent nutrition assistance, including 1.1 million pregnant women and 1.8 million children. Approximately 400,000 children are experiencing severe acute malnutrition (SAM), according to the UN Population Fund (UNFPA) and OCHA.

- In FY 2017, USAID/OFDA supported the UN Children’s Fund (UNICEF) to scale up operations in Yemen through the community-based management of acute malnutrition, an integrated approach to malnutrition treatment that incorporates community mobilization efforts, provides infant and young child feeding trainings to improve child nutrition, and increases access to safe drinking water. In recent months, UNICEF screened more than 248,000 children ages 6–59 months for acute malnutrition, treated more than 18,000 of the children for SAM, and distributed nutrition supplements to nearly 52,000 children. During the same time period, UNICEF reached approximately 76,000 pregnant and lactating women with infant and young child feeding counseling, and distributed nutrition supplements to nearly 132,000 pregnant and lactating women.
- In September, USAID/FFP partner the UN World Food Program (WFP) reached more than 6.5 million beneficiaries with some level of food assistance, including nearly 6 million people with in-kind food distributions and more than 500,000 people with food vouchers. The UN agency’s September distribution efforts brought the average number of beneficiaries reached per month since June to 6.2 million people, an increase of more than 1.7 million beneficiaries from the February-to-May average.
- USAID/FFP support to WFP in FY 2017 played a critical role in enhancing the UN agency’s capacity to provide assistance in Yemen. With USAID/FFP support, WFP has secured its voucher pipeline through December 2017 and food pipeline through mid-January 2018; increased the number of beneficiaries receiving full rations on a monthly basis; stimulated greater investment in Yemen’s private sector through milling and transport; and improved acceptable food consumption levels among WFP beneficiaries by 10 percent since January.
- In FY 2017, USAID/FFP contributed nearly \$370 million to assist food-insecure populations in Yemen. The funding includes more than \$337 million in locally procured wheat, in-kind food assistance, and funding for food vouchers to WFP’s Emergency Operation in Yemen. USAID/FFP supported three NGOs in FY 2017 to provide food vouchers—as well as complementary health and nutrition training—in five governorates, and also contributed more than \$3.3 million to UNICEF to support the provision of ready-to-use therapeutic food (RUTF) to treat children experiencing SAM.

LOGISTICS AND RELIEF COMMODITIES

- Access impediments, insecurity, and restrictions on the importation of commercial and humanitarian goods continue to contribute to a deteriorating humanitarian situation and adversely affect the delivery of life-saving humanitarian assistance to vulnerable populations in Yemen. In FY 2017, USAID/OFDA provided nearly \$21.9 million for logistics support and relief commodities, including the procurement, prepositioning, and distribution of emergency relief commodities such as basic household items and shelter kits.
- With support from USAID/OFDA, the Logistics Cluster facilitated the storage of approximately 80 metric tons (MT) of humanitarian goods and transported an estimated 425 MT of relief commodities in September.
- Despite bureaucratic impediments and ongoing jet fuel shortages, the USAID/OFDA-supported UN Humanitarian Air Service (UNHAS) continues to transport humanitarian cargo and personnel to Aden and Sana’a governorates. Between July and September, UNHAS transported an estimated 2,600 passengers on behalf of 68 NGOs and UN agencies.

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.

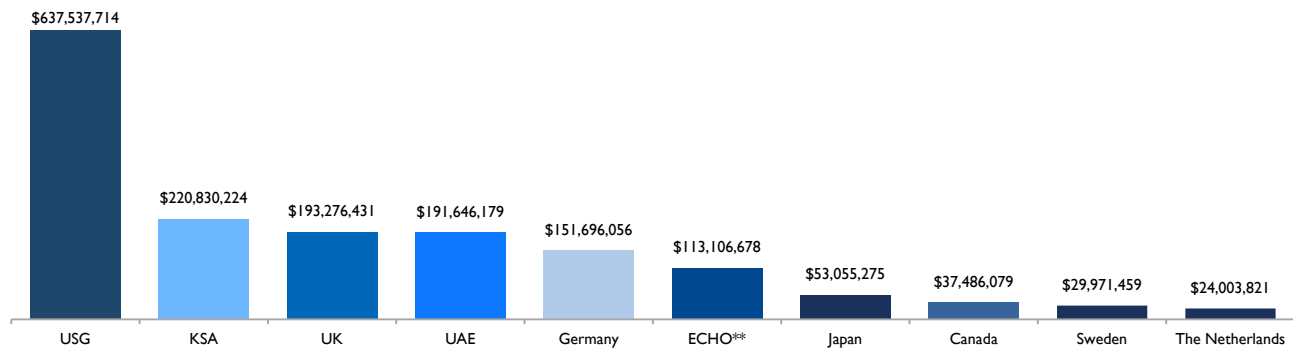
PROTECTION AND SHELTER

- The protection and shelter needs of vulnerable populations became more acute in FY 2017, as ongoing fighting reduced humanitarian access and damaged shelters, the UN reports. The conflict in Yemen has displaced nearly 2 million people, according to OCHA; nearly 60 percent of the internally displaced population originates from Amanat al-Asimah, Amran, Hajjah, Ibb, and Ta'izz governorates.
- USG humanitarian partners in Yemen assessed more than 360 internally displaced person (IDP) sites in June, including approximately 220 collective centers and 140 spontaneous settlements in Amanat al Asimah, Amran, Dhamar, and Marib governorates. The sites were collectively hosting approximately 45,000 IDPs, many of whom indicated that instability, lack of livelihood opportunities, and damaged or destroyed houses were the primary reasons for continued residence at a site. The assessment found that 68 percent of surveyed sites lacked camp management authorities, while the remaining 26 percent were managed privately or by volunteers. Primary needs at all sites included access to food and shelter. Health care and protection services, as well as availability of safe drinking water, varied by site.

OTHER HUMANITARIAN ASSISTANCE

- The 2017 Yemen Humanitarian Response Plan (HRP) had received more than \$1.3 billion, approximately 55 percent, of the total funding request of \$2.3 billion as of September 30. In addition, donors contributed nearly \$480 million to organizations working in Yemen outside the framework of the Yemen HRP.
- USAID/OFDA provided \$5 million to the Yemen Humanitarian Pooled Fund (YHPF) to support the functions of RC/HC McGoldrick and the clusters. The YHPF allows aid organizations to respond to unforeseen needs due to conflict and natural disasters, such as flooding. Donors had contributed \$166 million to the YHPF as of September 30.

2017 HUMANITARIAN FUNDING* PER DONOR



Funding figures are as of September 30, 2017. All international figures are according to the OCHA Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect publicly announced USG funding for the fiscal year, which began on October 1, 2016.

**European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO)

CONTEXT

- Between 2004 and early 2015, conflict between the Republic of Yemen Government (RoYG) and Al Houthi opposition forces in the north and between Al Qaeda-affiliated groups and RoYG forces in the south 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 March 2015, the Kingdom of Saudi Arabia (KSA)-led Coalition began airstrikes on Al Houthi and allied forces to halt their southward expansion. The ongoing conflict has damaged or destroyed public infrastructure, interrupted essential services, and reduced 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.
- Since March 2015, the escalated conflict, coupled with protracted political instability, the resulting economic crisis, rising fuel and food prices, and high unemployment, has left more than 17 million people food-insecure and more than 20.7 million people in need of humanitarian assistance. In addition, the conflict had displaced nearly 3 million people, including more than 900,000 people who had returned to areas of origin, as of September 2017. The volatility of the current situation prevents relief agencies from obtaining accurate, comprehensive demographic information.
- On October 26, 2016, U.S. Ambassador Matthew H. Tueller re-issued a disaster declaration for the ongoing complex emergency in 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.
- In late April 2017, a cholera outbreak that began in October 2016 resurged, necessitating intensive humanitarian response efforts throughout the country, particularly health and WASH interventions. The USG is supporting partners to respond to increased humanitarian needs resulting from the cholera outbreak.

USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017 ¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
Implementing Partners (IPs)	Agriculture and Food Security, Economic Recovery and Market Systems, Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Nutrition, Protection, Shelter and Settlement, WASH	Abyan, Aden, Amanat al-Asimah, Amran, Ad Dali', Dhamar, Hadramawt, Hajjah, Al Hudaydah, Ibb, Al Jawf, Lahij, Al Mahwit, Marib, Raymah, Sa'dah, Sana'a, Shabwah, Ta'izz	\$114,085,513
International Organization for Migration (IOM)	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Nutrition, Protection, Shelter and Settlements, WASH	Countrywide	\$26,500,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$10,500,000

UNICEF	Health, Nutrition, Protection, WASH	Abyan, Aden, Amran, Al Bayda', Ad Dali', Dhamar, Hadramawt, Hajjah, Al Hudaydah, Ibb, Al Jawf, Lahij, Al Mahwit, Marib, Sa'dah, Sana'a, Shabwah, Ta'izz	\$25,000,000
UNHAS	Logistics Support and Relief Commodities	Aden, Al Hudaydah, Sana'a	\$2,500,000
WFP	Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities	Countrywide	\$10,000,000
WHO	Health, Humanitarian Coordination and Information Management, Nutrition	Abyan, Aden, Amanat al-Asimah, Al Bayda', Ad Dali', Al Hudaydah, Hajjah, Al Jawf, Lahij, Marib, Sa'dah, Ta'izz	\$36,000,000
	Health, WASH	Abyan, Aden, Amran, Al Bayda', Ad Dali', Dhamar, Hadramawt, Hajjah, Al Hudaydah, Ibb, Lahij, Sa'dah, Sana'a, Ta'izz	\$2,282,413
	Program Support		\$2,915,549
TOTAL USAID/OFDA FUNDING			\$229,783,475

USAID/FFP³			
UN Food and Agriculture Organization (FAO)	Food Security and Livelihoods	Countrywide	\$800,000
IPs	Food Vouchers	Abyan, Ad Dali', Hajjah, Al Hudaydah, Lahij, Al Mahwit, Sana'a, Ta'izz	\$28,153,721
UNICEF	Transport of 830 MT RUTF	Abyan, Aden, Ad Dali', Hadramawt, Lahij	\$3,381,730
WFP	U.S. In-Kind Food	20 governorates	\$281,293,788
	U.S. In-Kind Food, Food Vouchers, Local Purchase and Milling	20 governorates	\$56,000,000
TOTAL USAID/FFP FUNDING			\$369,629,239

STATE/PRM			
IP	Health, Logistics Support and Relief Commodities, Protection, Shelter and Settlements, WASH	Countrywide	\$16,125,000
IOM	Evacuation and humanitarian assistance for vulnerable migrants	Regional, Djibouti, Ethiopia, Yemen	\$6,100,000
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	\$15,900,000
TOTAL STATE/PRM FUNDING			\$38,125,000
TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017			\$637,537,714

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 21, 2017.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of September 21, 2017.

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 +1.202.661.7710.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.