

HUMANITARIAN UPDATE

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Lack of funding cripples the aid operation

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Fifteen of 41 major United Nations humanitarian programmes in hard-hit Yemen have already been reduced or shut down and 30 more will be affected in coming weeks unless additional funding is received.

“It’s an impossible situation,” said Lise Grande, Humanitarian Coordinator for Yemen, in a statement on 23 September. “This is the worst humanitarian crisis in the world yet we don’t have the resources we need to save the people who are suffering and will die if we don’t help. The consequences of under-funding are immediate, enormous and devastating,” she added. “Nearly every humanitarian worker has had to tell a hungry family or someone who is ill that we can’t help them because we don’t have funding.”

Between April and August, agencies were forced to reduce food distributions, cut health services in more than 300 facilities and halt specialized services for hundreds of thousands of traumatized and highly vulnerable women and girls.

Some 9 million people have been impacted by reductions in food assistance since April. A further 1.37 million will be affected from December unless additional funding is secured. A reduction in nutrition services in July

affected more than 334,000 pregnant or breastfeeding women. If additional funding is not received, nutrition services for up to 530,000 children under age 2 may occur from December.

As of September, WHO has ended the Minimum Service Package (MSP) in 121 facilities, which has affected 1 million people. This is in addition to 1.3 million people deprived of access to life-saving health care services through the MSP due to cuts to the health sector since April, when WHO had to stop incentives payments to more than 1,800 medical staff delivering MSP in 135 facilities. If resources are not provided by the end of the year, a total of 9 million people will lose access to basic health care services.

In terms of outbreak control and response, if funding is not received by October, preparedness, surveillance and pre-positioning of supplies for outbreak response including diphtheria and dengue will stop across 23 Governorates. Up to 60 per cent of the 174 existing cholera treatment facilities (174 centres) and 100 per cent of the 300 existing preparedness and medical centres (300 facilities) will close. All 333 district rapid response teams will cease to perform core functions, including case investigation and outbreak

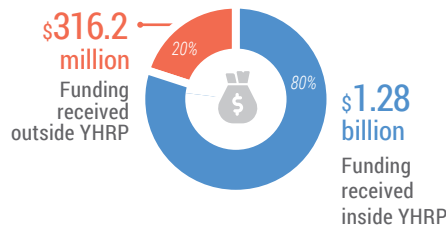


OCHA

YEMEN

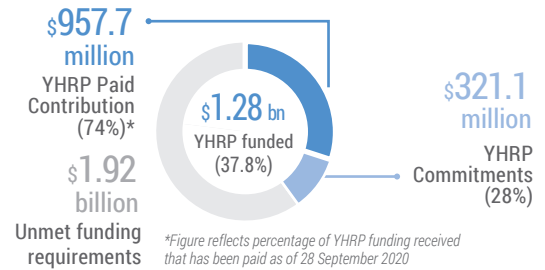
Yemen Humanitarian Response Plan (YHRP) - Funding Status (as of 28 Sep 2020)

\$1.60 billion
Total funding received to Yemen



Source: FTS

\$3.23 billion
Funding requirements for YHRP



monitoring. As many as 18 million people will be impacted, including 6 million children urgently in need of vaccination against deadly diseases like measles and polio.

“Donors have been incredibly generous during the war, providing billions of dollars to support people who have nowhere to go and no one else to turn to,” said Ms. Grande. “But this year, we are falling short, way short, of what we need.” By the end of September, only \$1.3 billion of the \$3.2 billion needed in 2020 had been received. “We can overcome this crisis if everyone contributes,” said Ms. Grande. “Everyone has a role.”

“We need authorities to put in place the conditions that allow humanitarians to deliver aid in accordance with universal humanitarian principles.

We need parties to the conflict to lift the blockade and do everything possible to minimize the impact of the war on families and communities. We ask that donors stand in solidarity with the people of Yemen, dig deep and continue to provide the resources we need.”

“Humanitarians are doing their part. We are on the ground every day, working in one of the toughest environments and under some of the most difficult conditions, delivering assistance to millions of Yemenis,” said Ms. Grande. “This is an operation with real impact. Humanitarians helped to roll-back famine two years ago and we’ve worked with authorities to stem the worst cholera outbreak in modern history. We can do more, and we want to do more—but we need the right conditions and we need funding.”

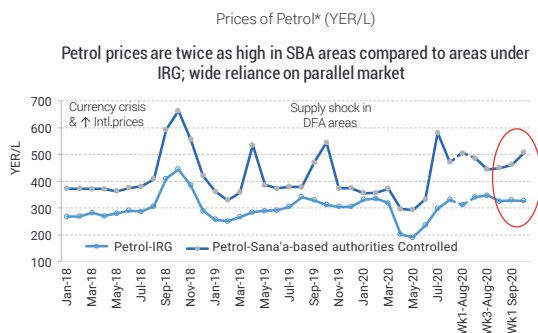
Fuel crisis increases food prices and continues to restrict the aid operation

After a slight improvement in the availability of fuel on the unofficial market in mid-August, the situation has worsened again. Approximately 130,000 metric tons (MT) of fuel was discharged at Al Hudaydah and Saleef ports between 29 July and 16 September, according to the UN Verification

and Inspection Mechanism (UNMIVM), about half the minimum monthly fuel requirements.

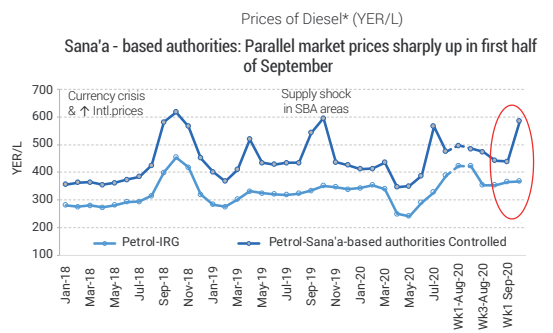
The Red Sea Ports Corporation reported that as of 8 September, 19 vessels carrying 485,456 MT of fuel and gas continue to be held, unable to proceed

Average petrol prices in areas controlled by IRG and Sana’a based authorities



Source: WFP

Average diesel prices in areas controlled by IRG and Sana’a based authorities



to Al Hudaydah ports to discharge their cargo.

Fuel costs in the informal market in northern governorates remain at more than double the official rate in many areas due to acute shortages which will likely push the prices of essential commodities upwards. According to the Yemen Food Security and Agriculture cluster (FSAC), the impact of the fuel crisis on the monthly food basket in the north remains minimal thus far, due to the flourishing parallel market for fuel. The effect is more pronounced on the prices of perishable food items which are transported on a daily basis and trends will be closely monitored.

The prices of locally produced commodities and farm produce have risen significantly because of an increase in irrigation costs of between 40 per cent and 80 per cent, and an increase in the cost of transporting produce to market. The price of fresh fruits and vegetables has risen the most, by up to

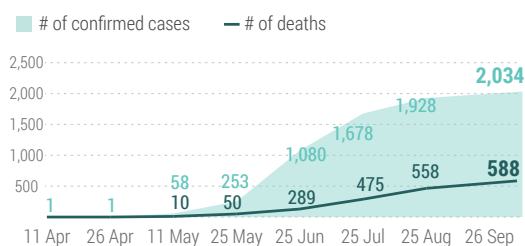
125 per cent for some produce, and locally produced cereals by up to 25 per cent in Amanat Al Asimah.

While FSAC has sufficient fuel to sustain the food assistance operation until December, delays to food distributions of up to a week have been reported in Dhamar, Sana'a, Marib, Hajjah and Al Bayda governorates. This is due to a combination of factors, including fuel shortages, active hostilities and challenging physical terrain in some areas. Increased transport costs for beneficiaries of between 20 per cent and 50 per cent have been reported in Ibb, Al Hudaydah and Hajjah governorates. The cost of monitoring and field visits has also increased, by between 20 and 50 per cent, mainly in Al Hudaydah, Hajjah, Ibb, and Sa'ada governorates, while the cost of transporting building materials for cash for work programmes is up by between 30 and 50 per cent in Sa'ada and Al Hudaydah governorates.

Health update

Efforts to enhance the COVID-19 response continue while challenges persist

By 26 September, 2,034 confirmed cases of COVID-19 had been reported in Yemen, 588 deaths and 1,262 recoveries in 11 governorates since the first case was reported on 10 April 2020. In the month to 26 September, only 72 new cases were reported, 21 deaths, and 129 recoveries. While the number of reported cases has continued to slow, health professionals remain concerned that the official epi curve underestimates the extent of



Official reports of confirmed COVID-19 cases in Yemen 10 April – 26 September 2020. Source: WHO

COVID-19 in Yemen for reasons that include a lack of testing facilities and official reporting.

The suspension of operations at Sana'a International Airport on 9 September is an additional major obstruction to the COVID-19 response, delaying the arrival of COVID-19 experts, critical medical and other humanitarian supplies, including 207 MT of COVID-19 response equipment. Despite these

setbacks, partners continue to work to improve the response, including by increasing surveillance, screening and testing capacity; identifying innovative ways of encouraging behavioural change; boosting intensive care unit facilities; and improving data by working closely with the authorities.

Partners respond to polio and measles outbreaks as vaccination levels fall

Fifteen children have been paralyzed in a polio outbreak in several districts in Sa'ada Governorate in northern Yemen. Between 31 January and 18 June, 14 cases were identified—children aged between 8 months and 13 years were identified with another case confirmed retrospectively from June 2019.



Health worker administers the safe polio vaccine to a child in Taizz City. Source: WHO

In parallel, 20 cases of measles cases have been reported in several districts in Sa'ada Governorate since the beginning of the year, including in Sahar District (11 cases) and Alsafrah District (7 cases). Cases were also reported in the neighbouring governorates of Amran (9 cases), Hajjah (10 cases) and Al Jawf (1 case). Forty-seven per cent of confirmed cases reported countrywide were in these four governorates.

Both outbreaks are the direct consequence of increasingly low levels of immunity among children. The 15 polio cases in Sa'ada are clustered in an area with very low routine immunization rates. Immunization and the delivery of healthcare have long been disrupted by the conflict and the COVID-19 pandemic has further exacerbated the situation, fueling a significant decline in immunization rates. WHO and UNICEF teams at the country and regional levels are supporting the health authorities in Yemen to mount a rapid response to the outbreaks. Affected children are being traced, and every effort is being made to ensure more children access essential immunization.

Vaccination remains the only way to protect children from polio and measles but unimpeded access to children is crucial to deliver healthcare and protect children from vaccine-preventable diseases. Efforts to secure vaccines are ongoing. However, the suspension of Sana'a airport has delayed the arrival of more than 2 million doses of the polio vaccine scheduled to arrive early in September, putting lives at risk. In a joint statement on 11 September, WHO's Regional Director for the Eastern Mediterranean Region, Dr. Ahmed Al Mandhari, and UNICEF's Regional Director for the Middle East and North Africa Region, Ted Chaiban, urged the authorities to allow immediate access for polio vaccinations, "We call upon all stakeholders, especially parties to conflict and those with influence over them, to facilitate unimpeded and sustainable humanitarian access to health workers to be able to reach every child with polio vaccine."

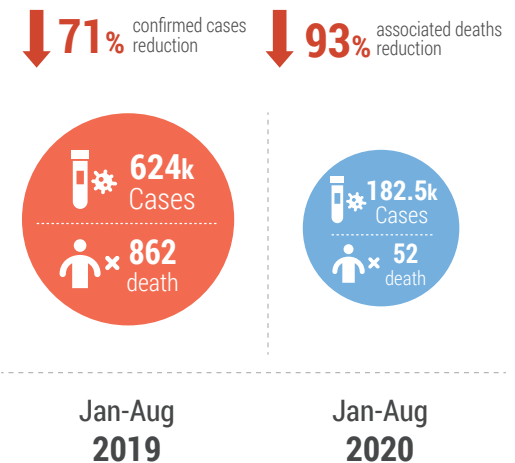
Partners finalize preparedness plan as fighting in Marib displaces an estimated 1,400 families in September

The recent uptick in fighting in Marib continued throughout September. Hostilities reduced in some parts of the governorate towards the end of the month, while in Al Bayda, to the south of Marib, there was a major increase in conflict-related incidents. Close to 1,400 newly displaced families were identified in Marib in the month to 26 September according to IOM, most of them displaced within Marib Governorate. Displaced families have fled active fighting – many of the estimated 353 families displaced between 13 and 19 September were temporarily trapped while

Success in reducing the number of suspected cholera cases jeopardized by funding shortage

A total of 182,476 suspected cholera cases were reported during the first 8 months of 2020, a 71 per cent reduction compared with the same period last year when 623,977 suspected cases were reported. The number of associated deaths is down to 56 in 2020, a 93 per cent reduction on the 862 deaths reported in the same period last year.

Cholera outbreak cases



Source: WHO

Health partners continue to support health authorities in Yemen to respond to cholera, including with case management; surveillance and laboratory investigations; hotspot mapping, planning for oral cholera vaccine (OCV) campaigns; WASH services; and risk communications.

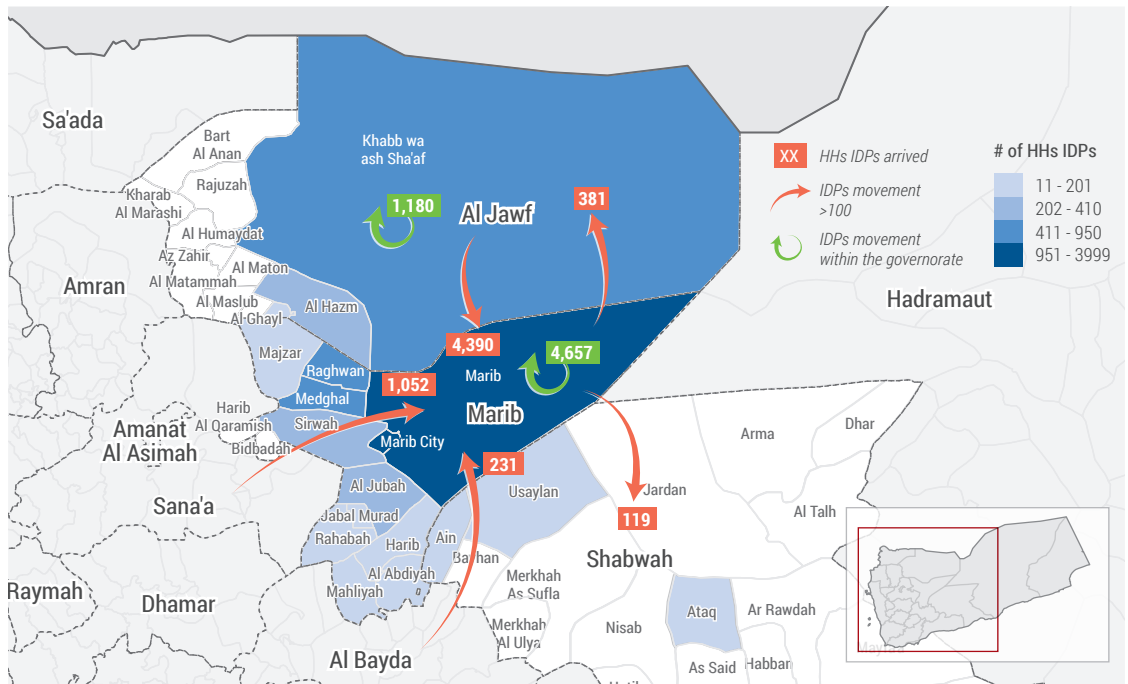
As with other aspects of the health response, the cholera response faces a series of challenges, including a lack of resources and suspension of incentive payments for medical staff, a reduction in health-seeking behaviours due to COVID-19, and delays to the shipment of OCVs.

attempting to flee ongoing hostilities around villages in Rahaba District. Partner capacity in Marib is stretched, and there is a shortage of supplies of shelter materials and non-food items (NFIs). Two thousand emergency shelter kits and 1,500 NFI kits are to be transferred from contingency stock in Aden to Marib to cover immediate needs. Lack of partner presence on the ground continues to pose a major challenge, and efforts are underway to mobilize more partners to establish a presence in Marib.

Partners have reported that ongoing hostilities have restricted humanitarian access to areas hardest hit

by the fighting, including Medghel and Rahaba districts.

Number of households IDPs by district (January - September 2020)



Source: UNOCHA

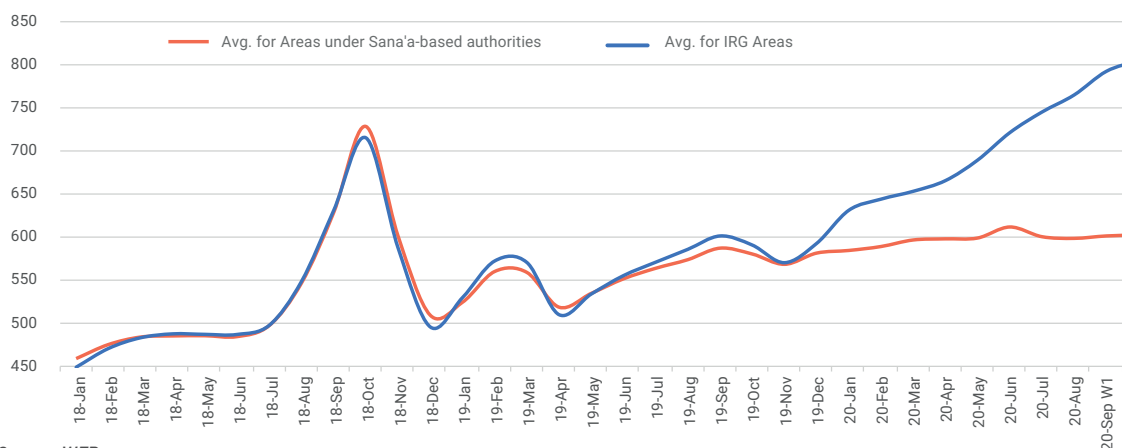
Exchange rate in southern governorates reaches all-time low

By the third week of September, the value of the Yemeni rial on the unofficial market had fallen to YER850/US\$ in Aden, down from YER800/US\$ at the end of August 2020 when it reached the previous historic low of two years ago. It rallied slightly exchanging at YER780/US\$ by 28 September, but falling again to YER805/US\$ by the end of September. In just the first 8 months of 2020 the rial depreciated by 25 per cent in southern governorates, down by 250 per cent of its pre-conflict value. The risk of further depreciation during coming months is high with unpredictable

sources of foreign currency and levels of foreign currency reserves.

The Cash Consortium in Yemen attributed the rapid depreciation of the rial between June and August to a number of factors, including excessive printing of new notes by the Central Bank in Aden, limited availability of foreign currency on the local market, the active engagement of currency brokers in the foreign exchange market, the effect of COVID-19 on markets and livelihoods, a sharp decline in remittances, the conflict between the Southern Transitional Council (STC) and the

Exchange rate (US\$/YER)

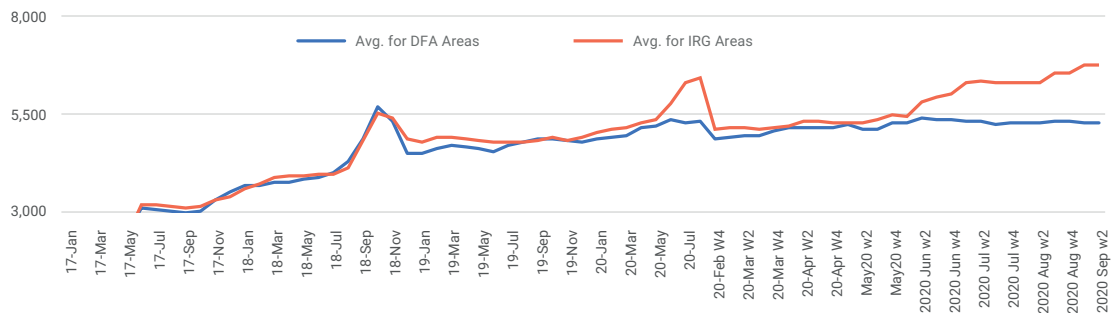


Source: WFP

internationally recognized government (IRG), and the near exhaustion of reserves deposited by Saudi Arabia (KSA) in the Central Bank two years ago. Other key sources of foreign exchange remain depressed and with more than 90 per cent import dependency for wheat and other food commodities, in the absence of adequate official sources of foreign currency, importers have had to increasingly rely on informal sources for US dollars that are more expensive than the official, preferential exchange rate.

The continued depreciation of local currency against the main foreign currencies has continued to exacerbate the struggling Yemen economy. The net impact on the economy continue to be observed through increased prices for basic food and non-food commodities prices, loss of livelihoods, increased malnutrition and over-dependency on food aid by the majority of the population.

Average cost of the minimum food basket



Source: WFP

CERF funding boosts COVID-19 response and underfunded health programmes

The Second Reserve Allocation, launched by the Yemen Humanitarian Fund (YHF) on 21 August to provide life-line funding for critical elements of the COVID-19 response and support the Rapid Response Mechanism (RRM), is in process. The allocation injected US\$16.8 million into the COVID-19 response, to pay hazard allowances to health workers and fund Risk Communication and Community Engagement (RCCM). In addition, the allocation provided \$3 million for the distribution of emergency kits to newly displaced people in hard-to-reach locations.

In September, OCHA supported the Humanitarian Country Team in developing a proposal for \$35 million to the Central Emergency Response Fund (CERF). The objective of the CERF allocation is to support the public health response with a specific focus on women and girls. Funding will focus on enhancing reproductive health services and maintaining the Minimum Service (health) Package in priority areas, including WASH services, and alleviating the nutritional impact of the current crisis on children under age 5 and women and girls.

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