

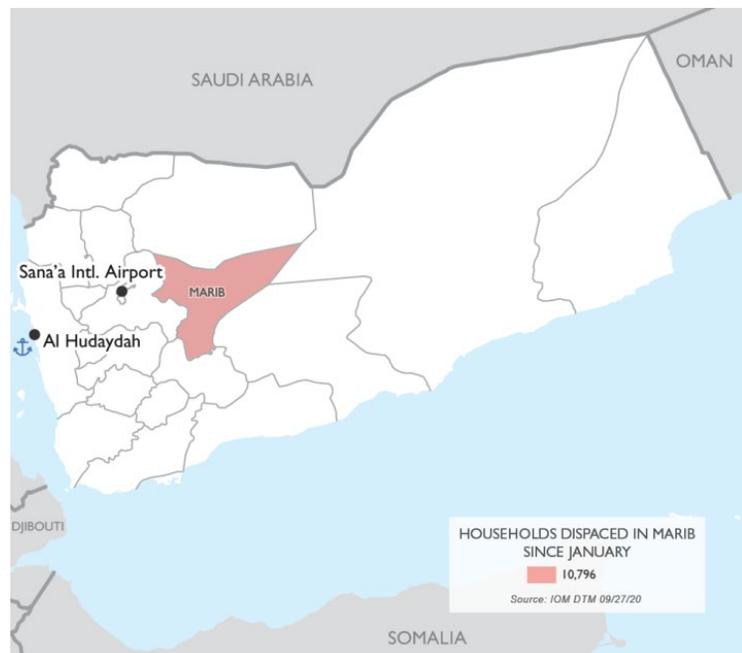
# Yemen – Complex Emergency

September 30, 2020

## SITUATION AT A GLANCE



- Sana'a International Airport (SIA) closure impedes humanitarian staff movement and the importation of relief commodities.
- Fuel shortages and price increases constrain humanitarian operations and raise prices of locally produced food.
- USAID/BHA supports WFP to provide emergency food assistance to approximately 8.2 million people during September distribution cycle.
- Escalated conflict in Marib Governorate displaces nearly 11,000 households between early January and late September, including more than 2,000 households since mid-August.



<b>TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING</b> For the Yemen Response in FY 2020	USAID/BHA <sup>1,2</sup>	\$558,866,547
	State/PRM <sup>3</sup>	\$71,580,000
<b>Total</b>		<b>\$630,446,547<sup>4</sup></b>

*For complete funding breakdown with partners, see detailed chart on page 6*

<sup>1</sup>USAID's Bureau for Humanitarian Assistance (USAID/BHA)

<sup>2</sup>Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance and emergency food assistance from the former Office of Food for Peace.

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

<sup>4</sup>This total includes approximately \$16,680,000 in supplemental funding through State/PRM for coronavirus disease (COVID-19) preparedness and response activities.

## KEY DEVELOPMENTS

### **SIA Closure Raises Concerns Regarding Relief Staff and Cargo Movement**

From September 9 to 26, Al Houthi officials closed SIA to all flights, reportedly due to fuel shortages hampering operational continuity, according to the UN. The airport's closure impeded staff movement into and out of northern Yemen and prevented the importation of critical medical supplies required for health interventions, including COVID-19 and poliovirus response efforts, the UN reports. As of late September, SIA's shutdown had prevented the UN World Health Organization (WHO) from importing more than 200 metric tons (MT) of COVID-19-related medical supplies and nearly 2.4 million doses of oral polio vaccine to respond to the circulating vaccine-derived poliovirus type 1 outbreak in Sa'dah Governorate. The U.S. Government (USG) continues to support advocacy efforts for the regular rotation of humanitarian flights into and out of northern Yemen to support ongoing relief operations.

### **Relief Actors Concerned About Fuel Crisis' Humanitarian Impacts**

Fuel shortages since June have further constrained hospital operations and hindered fuel-dependent water supply systems, both of which are essential to disease prevention and response efforts in Yemen, the UN reports. From mid-June to mid-September, the prices of diesel and gas countrywide increased by approximately 50 and 60 percent, respectively, due to fuel import shortages, according to the UN World Food Program (WFP). The heightened fuel prices have increasingly constrained access to livelihoods and markets and raised transportation costs of essential commodities, such as food and safe drinking water. The fuel shortages and related price volatility are primarily driven by an ongoing political dispute between Al Houthi and Republic of Yemen Government (RoYG) officials over port revenues that has impeded fuel imports. Vessels discharged only an estimated 20,000 MT of fuel through Yemen's Red Sea Ports during September, a decrease of more than 75 percent compared with the nearly 84,000 MT of fuel imported during August, according to the UN Verification and Inspection Mechanism for Yemen. From January through May, ships discharged an average of more than 206,000 MT of fuel per month through the two ports.

Moreover, the ongoing fuel crisis is adversely affecting the price of perishable items, according to the Food Security and Agriculture Cluster (FSAC). Rising irrigation and transportation costs have increased prices of fresh animal products, such as dairy, eggs, fish, and meat, and locally produced cereals, fruits, and vegetables in Yemen, raising concern among relief actors regarding household access to adequately nutritious foods, FSAC reports. Between May and September, the price of tomatoes increased by 125 percent; okra by 100 percent; carrots by 75 percent; and onions and potatoes by more than 50 percent. Meanwhile, the fuel crisis has had a limited effect on the minimum food basket—comprising imported food commodities such as beans, sugar, vegetable oil, and wheat—across Yemen, with price volatility primarily caused by currency devaluation and ongoing conflict, rather than fuel shortages.

Under current conditions, the Famine Early Warning Systems Network (FEWS NET) does not anticipate Famine—IPC 5—levels of acute food insecurity in Yemen through January 2021; however, a significant decline in food imports or prolonged disruptions in commercial or humanitarian food supply chains could lead to Famine, FEWS NET reports.<sup>5</sup> In response to ongoing food insecurity and with USAID/BHA and other donor support, WFP provided emergency food assistance to approximately 8.2 million people through operations in the south and reduced operations in the north during its September distribution cycle.

<sup>5</sup> The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.

## **Clashes in Marib Result in Increased Displacement Since Mid-August**

Escalated hostilities in Marib between mid-August and late September resulted in civilian casualties and prompted further displacement in the governorate, relief actors report. From August 16 to September 24, heightened conflict displaced an estimated 2,100 households, nearly 12,600 individuals, representing 20 percent of the total 11,000 households displaced since January, according to the International Organization for Migration (IOM). The Protection Cluster reports that conflict since January has displaced some households in northern Yemen up to five times, significantly increasing protection risks.

On September 12, the International Committee of the Red Cross (ICRC) called on parties to the conflict to cease hostilities and respect international humanitarian law, as clashes near Marib city—which hosts at least 800,000 internally displaced persons (IDPs), according to IOM—intensified, international media report. ICRC expressed concern for the conflict’s adverse effects on IDPs residing in Marib city camps, noting that July-to-August flooding had exacerbated displaced households’ vulnerability, with many already facing critical food and medicine shortages.

## **COVID-19 Continues to Spread Amid Constrained Access to Health Care**

Relief actors remain concerned regarding the continued spread of COVID-19 throughout Yemen. Health actors have emphasized that the number of cases in the country is significantly underreported due to low testing capacity and lack of information-sharing by authorities. Official figures do not include any data from northern Yemen since an initial four cases reported in Sana’a city in May, and the UN notes that full-scale community transmission is likely occurring countrywide. The Health Cluster reports that access impediments, insecurity, and insufficient capacity and number of health workers continue to hinder access to essential health care services in Yemen, including COVID-19 treatment. Additionally, worsening economic conditions are hampering the ability of Yemenis to afford transportation to and from health care facilities, while damaged roads due to heavy rains and flooding are compounding transportation challenges.

Despite these constraints, health actors are supporting 35 operational isolation units for severe and critical COVID-19 cases throughout the country, providing case management and operational support; infection prevention and control training; medical equipment and supplies; medicines; and ventilators, among other assistance. In addition, Health Cluster partners are supporting transportation and referral of patients through a voucher system to improve access and utilization of health care services. To underpin Yemen’s wider health system, USAID/BHA continues to fund health and water, sanitation, and hygiene (WASH) interventions, including support for handwashing stations, mobile clinics, and primary health care.

## **HRW Highlights Continued Aid Obstruction Across Yemen**

Parties to the conflict in Yemen continue to obstruct the provision of emergency assistance in contravention of international humanitarian law, according to a Human Rights Watch (HRW) report based on interviews with relief organizations, donors, and health workers. According to the report, Al Houthi officials have delayed project implementation, blocked assessment and monitoring activities, restricted staff movement, attempted to divert aid to loyalists and seize humanitarian assets, and detained and intimidated relief actors. HRW also reports that actors associated with the RoYG and Southern Transitional Council are increasingly obstructing aid operations in eastern and southern Yemen. The USG continues to coordinate with other donors and relief actors to advocate for the unimpeded, principled, and sustained delivery of humanitarian assistance across Yemen.

## KEY FIGURES



**461,609**

MT of USG Title II in-kind food assistance provided to Yemen in FY 2020



**\$25.9 Million**

In dedicated FY 2020 USG support for life-saving health programming



**\$29.1 Million**

In dedicated FY 2020 USG support for life-saving WASH programming

## U.S. GOVERNMENT RESPONSE

### FOOD SECURITY

USAID/BHA supports the UN Food and Agriculture Organization (FAO), WFP, and 11 INGO partners to bolster food security conditions in Yemen. USAID/BHA partners are providing emergency food assistance through in-kind food aid—including U.S.-sourced commodities—and cash and vouchers for people to buy food in local markets, prioritizing households experiencing Crisis—IPC 3—or worse levels of acute food insecurity. Partners are also working to strengthen household purchasing power and rehabilitate food security-related livelihoods to increase access to food among vulnerable communities. USAID/BHA partners provide emergency food assistance to a caseload of more than 13 million people, reaching more than 8 million people per month, countrywide.

### HEALTH

The USG supports IOM, the Office of the UN High Commissioner for Refugees (UNHCR), the UN Children’s Fund (UNICEF), WHO, and 10 INGOs to support life-saving health care interventions amid Yemen’s ongoing conflict and concurrent cholera and COVID-19 outbreaks. Often in coordination with nutrition and WASH programming, USG partners are providing primary health care services through both mobile medical teams—serving hard-to-reach areas—and static health facilities, while supporting community health volunteers to encourage people to seek health care services, when needed, toward better health outcomes. In addition, USAID/BHA partners are providing incentive payments to health care workers and medical supplies to health facilities to bolster health care service availability, while State/PRM is supporting IOM and UNHCR to address the specific health care needs of migrants, refugees, and other vulnerable populations in Yemen.

### WASH

Through USG funding to IOM, State/PRM funding to an implementing partner, and USAID/BHA funding to UNICEF and 13 INGOs, the USG is supporting WASH programming to prevent and respond to communicable disease outbreaks—such as cholera and COVID-19—and provide safe drinking water to displaced and other conflict-affected communities across Yemen. USAID/BHA partners are conducting critical WASH interventions—including distribution of hygiene kits, promotion of hygiene activities, rehabilitation of water systems damaged by conflict, and provision of water trucking services—for IDPs and other vulnerable populations. In addition, State/PRM implementing partners are providing WASH interventions focused on meeting the needs of IDPs, as well as migrants and refugees in Yemen originating from the Horn of Africa.



15

Number of USG implementing partners supporting programming to combat malnutrition

## NUTRITION

USAID/BHA supports partners on the forefront of efforts to prevent and treat acute malnutrition across Yemen. Working through UNICEF, WFP, WHO, and 12 INGOs, USAID/BHA partners are providing community- and evidence-based programs aiming to decrease morbidity and mortality resulting from malnutrition. Focusing on children and pregnant and lactating women in particular, USAID/BHA programs help prevent, identify, and treat acute malnutrition. Additionally, USAID/BHA provides nutrition support for health clinics and mobile health teams, integrating health, nutrition, and WASH interventions to comprehensively assist affected populations.



\$11.4 Million

In dedicated FY 2020 USG support for critical protection interventions

## PROTECTION

Through support to IOM, UNHCR, UNICEF, and five INGOs, the USG is furthering critical protection interventions across Yemen. With State/PRM funding, UNHCR provides protection services to meet the needs of IDPs, refugees, and other populations countrywide, including through mental health and psychosocial support (MHPSS) activities and legal assistance to facilitate access to identity documentation and public assistance. In addition, USAID/BHA partner programs work to prevent and respond to gender-based violence, address child protection and MHPSS needs, and respond to protection concerns and violations through specialized case-management services, community mobilization activities, and protection risk mitigation efforts. The USG requires all partners to incorporate protection principles and promote meaningful access, safety, and dignity for beneficiaries across all USG-supported interventions in Yemen.



6

Number of USG implementing partners supporting MPCA programming

## MULTIPURPOSE CASH ASSISTANCE

The USG supports the provision of multipurpose cash assistance (MPCA) to help conflict-affected households in Yemen meet their basic needs while supporting local markets. Countrywide, State/PRM partner UNHCR is distributing MPCA to IDPs and refugees in Yemen to bolster household purchasing power amid COVID-19-related economic shocks and restrictions. Additionally, USAID/BHA partners are providing MPCA to vulnerable populations in Yemen, supporting households to procure food, cooking gas, hygiene items, and other essential commodities.

## CONTEXT IN BRIEF

- Between 2004 and early 2015, conflict between RoYG and Al Houthi opposition forces in the north affected more than 1 million people and repeatedly displaced populations in northern Yemen, resulting in humanitarian needs. The southward advancement of Al Houthi forces in 2014 and 2015 led to the renewal and escalation of conflict and displacement, further exacerbating already deteriorated humanitarian conditions.
- In March 2015, the Kingdom of Saudi Arabia-led Coalition began airstrikes against 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 food sources.
- Since March 2015, the escalated conflict—along with protracted instability, the resulting economic crisis, rising fuel and food prices, and high levels of unemployment—has left approximately 24.3 million people in need of humanitarian assistance as of June 2020, including at least 17 million people in urgent need of emergency food assistance. In addition, the conflict has displaced more than 3.6 million people; approximately 1.3 million people have returned to areas of origin, according to data collected by IOM in November 2018. The volatility of the current situation prevents relief agencies from obtaining accurate, comprehensive demographic information.
- On December 2, 2019, U.S. Ambassador Christopher P. Henzel redeclared a disaster for Yemen in FY 2020 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 2020<sup>1,2</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>FUNDING IN YEMEN FOR THE COMPLEX EMERGENCY</b>			
<b>USAID/BHA</b>			
<b>Non-Food Assistance</b>			
Implementing Partners (IPs)	Agriculture and Food Security, Economic Recovery and Market Systems, Health, Logistics Support and Relief Commodities, MPCA, Nutrition, Protection, Shelter and Settlements, WASH	Abyan, Aden, Amran, Ad Dali', Hajjah, Al Hudaydah, Ibb, Lahij, Al Mahwit, Marib, Sa'dah, Sana'a, Shabwah, Ta'izz	\$47,473,408
IPs	Humanitarian Coordination and Information Management (HCIM)	Countrywide	\$1,226,639
IOM	HCIM, Health, MPCA, Protection, Shelter and Settlements, WASH	Countrywide	\$22,000,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$7,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Countrywide	\$3,500,000
UNICEF	Health, Nutrition, WASH	Countrywide	\$27,000,000

WFP	Logistics Support and Relief Commodities	Countrywide	\$8,000,000
	Program Support		\$152,615
<b>TOTAL NON-FOOD ASSISTANCE FUNDING</b>			<b>\$116,352,664</b>
<b>Food Assistance<sup>3,4</sup></b>			
FAO	Complementary Services	Countrywide	\$1,500,000
IPs	Food Vouchers; Cash Transfers for Food, Nutrition; Local, Regional, and International Procurement (LRIP); Complementary Services	Abyan, Ad Dali', Aden, Amanat Al Asimah, Al Hudaydah, Lahij, Marib, Sana'a	\$35,020,316
IP	HCIM	Countrywide	\$1,268,000
WFP	Food Vouchers	Countrywide	\$28,485,676
	HCIM	Countrywide	\$314,324
	LRIP	Countrywide	\$18,600,000
	U.S. In-Kind Food Aid	Countrywide	\$357,325,568
<b>TOTAL FOOD ASSISTANCE FUNDING</b>			<b>\$442,513,883</b>
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$558,866,547</b>
<b>STATE/PRM</b>			
IP	Emergency Relief, Health, Livelihoods, Protection, WASH	Countrywide	\$8,000,000
IOM	Migrant Response	Countrywide	\$5,000,000
UNHCR	Camp Coordination and Camp Management, Logistics Support and Relief Commodities, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$41,900,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$54,900,000</b>
<b>TOTAL USG FUNDING FOR THE COMPLEX EMERGENCY IN YEMEN IN FY 2020</b>			<b>\$613,766,547</b>

#### FUNDING IN YEMEN FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE<sup>5</sup>

<b>STATE/PRM</b>			
IP	Emergency Relief, Health, WASH	Countrywide	\$5,300,000
IOM	Emergency Relief, Health, Migrant Response	Countrywide	\$780,000
UNHCR	Logistics Support and Relief Commodities, MPCA, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$10,600,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$16,680,000</b>
<b>TOTAL USG FUNDING FOR COVID-19 OUTBREAK PREPAREDNESS &amp; RESPONSE IN YEMEN IN FY 2020</b>			<b>\$16,680,000</b>

<b>TOTAL USAID/BHA FUNDING FOR THE YEMEN RESPONSE IN FY 2020</b>	<b>\$558,866,547</b>
<b>TOTAL STATE/PRM FUNDING FOR THE YEMEN RESPONSE IN FY 2020</b>	<b>\$71,580,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2020</b>	<b>\$630,446,547</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2020.

<sup>2</sup>On March 27, 2020, USAID partially suspended approximately \$50 million in humanitarian NGO programming in Al Houthi-controlled areas due to continued Al Houthi-imposed bureaucratic impediments. USAID continues to fund more than \$13 million in humanitarian NGO activities in northern Yemen for programs that can be conducted without Al Houthi interference and that most directly mitigate the risk of famine and deliver imminently life-saving services, including treatment of acute malnutrition and cholera.

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

<sup>4</sup>USAID/BHA-supported complementary services—which include sector-specific activities such as agriculture, livelihoods, nutrition, and WASH interventions—enhance food assistance programs by strengthening food availability and access.

<sup>5</sup>Figures represent supplemental Migration and Refugee Assistance funding committed for COVID-19 preparedness and response activities as of September 30, 2020.

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## 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 [interaction.org](https://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, dietarily, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
  - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).