



YEMEN - COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2018

NOVEMBER 3, 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

2 million

IDPs in Yemen
UN – October 2017

10.4 million

People Lacking Access to Basic
Health Care
UN – September 2017

17.1 million

Food-Insecure People
UN – June 2017

5.9 million

People Reached with Humanitarian
Assistance in 2017
UN – July 2017

HIGHLIGHTS

- Bureaucratic obstructions, insecurity, and lack of humanitarian access continue to constrain response efforts
- Health actors record more than 900,000 suspected cholera cases and 2,188 related deaths as of November 3
- Nearly 80 percent of Yemeni children lack access to education due to the effects of prolonged conflict

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

- UN Under-Secretary-General and Emergency Relief Coordinator (ERC) Mark Lowcock traveled to Yemen from October 23–27 to meet with Republic of Yemen Government (RoYG) officials in the city of Aden and Al Houthi officials in the capital city of Sana'a. ERC Lowcock encouraged greater coordination of humanitarian activities and urged parties to the conflict to ameliorate Yemen's challenging operational environment, particularly bureaucratic impediments and disruptions to humanitarian operations.
- Health organizations recorded nearly 111,000 suspected cholera cases and 47 related deaths during the month of October, contributing to a total of 900,000 suspected cholera cases and 2,188 related deaths between April 27 and November 3, according to the UN World Health Organization (WHO).
- USAID/FFP partner the UN World Food Program (WFP) provided emergency food assistance to approximately 7 million people in Yemen in October.
- On October 29, the Kingdom of Saudi Arabia (KSA) King Salman Humanitarian Aid and Relief Center (KSRelief) hosted the High-Level Meeting to Review Humanitarian Action Mechanisms in Yemen, in Riyadh, Saudi Arabia. USAID Counselor Thomas H. Staal attended the meeting, along with representatives from RoYG, KSA, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO), and UK Department for International Development (DFID). Donors and UN agencies focused on the severity of the crisis and the need for increased support for the humanitarian response, strengthened coordination, and access to populations in need.
- On October 24, U.S. Ambassador Matthew H. Tueller re-declared a disaster for the complex emergency in Yemen for FY 2018 due to continued humanitarian needs and the impact of the country's political and economic crises on vulnerable populations.

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 AND DISPLACEMENT

- During his visit to Yemen, ERC Lowcock emphasized the need for generous and timely donor financing to allow the UN and relief organizations to expand humanitarian response activities in the country, which is simultaneously experiencing the world's largest cholera outbreak and food insecurity crisis. ERC Lowcock also met with people affected by the prolonged conflict in Yemen, including internally displaced persons (IDPs) and patients receiving treatment for cholera and acute malnutrition.
 - Active conflict continues to result in casualties, population displacement, and humanitarian needs. On November 1, an airstrike—allegedly conducted by the KSA-led Coalition—in northern Sa'dah Governorate resulted in at least 25 deaths and nine injuries, according to international media. UN Resident and Humanitarian Coordinator Jamie McGoldrick expressed concern over continued attacks and resultant civilian casualties.
 - More than 2 million Yemenis remained displaced within the country as of late September. A report from the Task Force for Population Movement (TFPM)—a technical working group led by the International Organization for Migration (IOM) and Office of the UN High Commissioner for Refugees (UNHCR)—found that conflict had displaced approximately 33,500 people from July–September, representing nearly a 2 percent increase in displacement since June. Approximately 77 percent of all IDPs are sheltering in private settings, such as with host families, while the remaining 23 percent of IDPs are sheltering in collective shelters or informal settlements. According to TFPM, priority needs among IDPs include access to food, income opportunities, and shelter.
 - Between July and September, an estimated 10,000 people returned to areas of origin, bringing the number of returnees to approximately 956,000 people since March 2015, according to the TFPM. Of the returnees, approximately 831,000 people had returned from displacement sites within their governorates of origin, indicating that returns may be more common when the displaced population remains within the same governorate. Primary needs among returnees include access to food, income opportunities, and safe drinking water.
 - Approximately 12,200 of 15,800 Yemeni schools remained closed as of October, leaving nearly 80 percent of children without access to education, according to the UN. An estimated 2.3 million children need support to access schooling, including 1.1 million in acutely affected areas. More than 2,500 schools have been damaged or are occupied by IDPs or armed groups.
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HEALTH AND WASH

- Health organizations recorded a total of 900,000 suspected cholera cases and 2,188 related deaths between April 27 and November 3, according to WHO. The overall case fatality rate is 0.24 percent. Children younger than 14 years of age represent more than 50 percent of all suspected cholera cases and more than 30 percent of related deaths. In contrast, adults older than 60 years of age represent 5 percent of cholera cases but more than 30 percent of related deaths. As of October 31, approximately 36 health organizations were supporting more than 210 cholera treatment centers (CTCs) with the capacity to treat nearly 3,400 patients and approximately 1,000 oral rehydration centers, according to WHO.
- Although health actors continue to report additional suspected cholera cases, Médecins Sans Frontières (MSF) announced on October 30 the closure of the majority of the organization's CTCs in Yemen, citing a limited number of patients presenting symptoms that correspond with the cholera case definition. Approximately 9 percent of patients admitted by MSF during the week of October 23 required hospitalization, according to the non-governmental organization (NGO). In some districts, MSF had not reported a confirmed case of cholera since early September. USAID/OFDA technical advisors emphasize that cholera will likely continue to affect Yemen while the underlying drivers of the current outbreak—including inadequate water, sanitation, and hygiene (WASH) infrastructure and non-functioning health facilities—persist.
- The Health Cluster—the coordinating body for humanitarian health activities, comprising UN agencies, NGOs, and other stakeholders—continues to work with the RoYG Ministry of Public Health, health partners, and the WASH Cluster to strengthen community-based surveillance and reporting of suspected cholera cases, disseminate cholera awareness messages, and provide safe drinking water and sanitation services to health facilities. From October 16–22, relief actors reached nearly 121,000 people with health messaging, provided more than 455,000 people in

13 governorates with hygiene kits, and provided sufficient chlorine to benefit an estimated 3.6 million people in 12 governorates with safe drinking water.

- In September, health partners operated nearly 80 district hospitals, approximately 30 governorate-level health facilities, more than 15 governorate hospitals, 620 health centers, 300 health units, and 130 mobile teams. During the same period, health partners conducted more than 171,000 health consultations, including approximately 81,000 consultations for children younger than 18 years of age in September. In addition, health actors provided psychosocial support to more than 14,600 patients.
- Health organizations treated more than 2,900 patients with conflict-related trauma in more than 60 health facilities during September, according to the Health Cluster; however, NGOs reported trauma supply shortages.
- Humanitarian organizations reported various impediments to emergency health interventions, including continuing insecurity, bureaucratic restraints, and difficulty importing chlorine, medical supplies, and pharmaceuticals. Widespread acute malnutrition, damaged WASH infrastructure, population displacement, and inadequate health care services for children and pregnant women continue to negatively affect health conditions in Yemen, according to the Cluster.
- USAID/OFDA partners are training and supervising health care workers to strengthen the application of the cholera case definition and ensure accurate reporting and distinction between suspected cholera and non-cholera diarrheal diseases. Non-cholera diarrheal diseases threaten the lives of vulnerable individuals, particularly infants and young children, and treatment of all acute watery diarrhea (AWD) cases remains critical.
- In early October, USAID/OFDA partner-trained community health volunteers reached nearly 16,000 people in six governorates with health messaging related to cholera prevention, disease transmission, hand washing, oral rehydration solution preparation, personal hygiene, and proper child feeding practices. Community health volunteers also informed pregnant and lactating women about the importance of breastfeeding during the cholera outbreak. In addition, the USAID/OFDA partner provided water trucking to six water points, more than 20 IDP water distribution points, and eight health facilities. The USAID/OFDA partner continues to support more than 10 CTCs in four governorates with staff incentive payments, medical supplies, and safe drinking water. Health facilities supported by the USAID/OFDA partner responded to more than 1,100 AWD cases from October 1–7; as of mid-October, these facilities had admitted and treated nearly 17,000 cases of suspected cholera.
- From April–September, a USAID/OFDA partner reached nearly 900,000 people with food security, health, livelihood, nutrition, and WASH support in three governorates. During the same period, the partner provided more than 93,000 people with primary health care, reproductive health, and laboratory services, as well as essential medicines, through more than 30 health facilities and six mobile medical teams in two governorates.

FOOD SECURITY AND NUTRITION

- Improved imports and market integration has led to an increase in food and fuel supplies in Yemen since June, according to USAID/FFP partner WFP. The UN agency reported that cash and commodity voucher programs implemented by humanitarian organizations have likely contributed to the improved market supply. While food and fuel prices have remained relatively stable in recent months, prices for all commodities are significantly higher than pre-crisis levels, according to WFP.
- Although staple food imports and local market supplies have reportedly improved in 2017, large populations in Yemen continue to face difficulty meeting basic food needs due to limited financial resources and high food prices, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). Areas in Yemen will likely continue to experience Emergency—IPC 4—levels of food insecurity through April 2018, with severe food consumption gaps resulting in high levels of acute malnutrition and excess mortality.⁴ Decreases in commercial imports and lack of access

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.

to commercial markets due to conflict could result in Famine—IPC 5—levels of food insecurity in some districts, FEWS NET reports.

- Abyan, Hadramawt, Al Hudaydah, Lahij, and Ta'izz governorates are experiencing global acute malnutrition (GAM) levels greater than 15 percent, while seven other governorates are experiencing GAM levels between 10–15 percent, according to the Nutrition Cluster. Approximately 7.5 million people are in need of nutrition assistance countrywide, with 1.8 million children younger than five years of age and 1.1 million pregnant and lactating women requiring treatment for acute malnutrition in 2017. Nutrition partners screened nearly 1.6 million children ages six months–five years from January–September and admitted more than 332,000 children experiencing GAM to treatment programs.
 - On October 27, two vessels chartered by USAID/FFP partner WFP arrived in Yemen's Al Hudaydah and Saleef ports, respectively. The vessels delivered nearly 81,000 metric tons (MT) of bulk wheat, sufficient to feed more than 4.8 million people for one month. The increased volume of food commodities delivered in recent months has enabled WFP's emergency operation to reach an average of approximately 7 million beneficiaries during both September and October. The UN agency attributed higher operational achievements in recent months to improved delivery and distribution tracking, as well as strengthened coordination among technical units, field offices, and partner organizations.
 - A USAID/OFDA partner continued to integrate nutrition services, such as best-practice infant and young child feeding messaging, with primary health care support in mobile clinics. In addition, the partner began implementing voucher-based distribution of livestock and vaccinated more than 57,000 livestock, benefiting approximately 38,000 people in one governorate.
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SHELTER AND SETTLEMENTS

- More than 537,000 households in Yemen will require winterization assistance, such as blankets, clothing, and heating implements—or cash equivalents—between October 2017 and February 2018, according to the UNHCR-led Shelter and Non-Food Item (NFI) and Camp Coordination and Camp Management (CCCM) clusters. Humanitarian organizations, including USG partners, have been preparing for anticipated winterization needs for several months and plan to distribute winter commodities to vulnerable populations, particularly women and children, to provide adequate shelter against rains and near-freezing temperatures. However, UNHCR reports that the number of Yemenis requiring winterization assistance greatly exceeds humanitarian capacity.
 - Shelter and NFI and CCCM cluster partners provided housing subsidies to nearly 3,000 households in Yemen in September, as well as emergency shelter assistance to more than 2,000 households and relief commodities to more than 1,750 households. As of October, humanitarian agencies had reached approximately 620,000 people with shelter assistance and relief commodities in 2017.
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ECONOMIC RECOVERY AND MARKET SYSTEMS

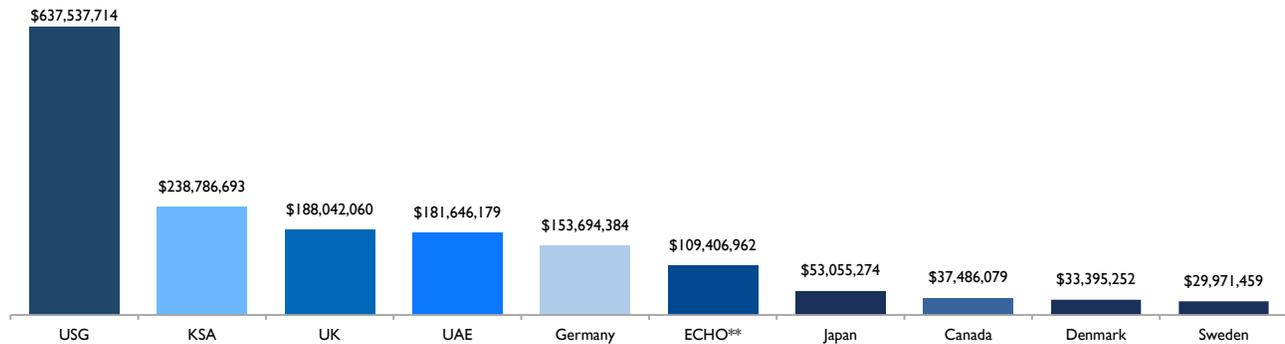
- A USAID/OFDA partner is implementing economic recovery and livelihoods programs for populations in three governorates. The partner trained nearly 100 households in small business management and surveyed more than 500 households in one governorate to determine eligibility to receive small business materials and equipment. In another governorate, the USAID/OFDA partner is training nearly 50 beneficiaries in beekeeping, honey production, marketing practices, and pest control, and is supporting a community-led market initiative to increase incomes through the local sale of honey.
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OTHER HUMANITARIAN ASSISTANCE

- The 2017 Yemen Humanitarian Response Plan (HRP) had received approximately \$1.3 billion as of November 3, or

56 percent of the total \$2.3 billion requested. Donors contributed nearly \$506 million to humanitarian agencies operating in Yemen outside of the Yemen HRP.

2017 HUMANITARIAN FUNDING* PER DONOR



Funding figures are as of November 3, 2017. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (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 2017 fiscal year, which ran from October 1, 2016 to September 30, 2017.

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

CONTEXT

- Between 2004 and early 2015, conflict between 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 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.
- 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.
- On October 24, 2017, U.S. Ambassador Matthew H. Tueller re-issued a disaster declaration for the ongoing complex emergency in Yemen for FY 2018 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 2017¹

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
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
UN Children's Fund (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
UN Humanitarian Air Service (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
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 30, 2017.

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

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>