KEY DEVELOPMENTS

- As of September 7, health agencies had recorded more than 629,000 suspected cholera cases and 2,061 related deaths since the outbreak resurfaced in late April, according to USAID/OFDA partner the UN World Health Organization (WHO). While the number of weekly cholera cases in Yemen declined between early July and mid-August, WHO reported a slight increase in the total number of weekly cases during the weeks of August 14 and August 21—the first increase in approximately six weeks.

- In an August 9 statement, a coalition of international non-governmental organizations (NGOs) noted that the yearlong closure of Sana’a International Airport—Yemen’s principal airport—by the Kingdom of Saudi Arabia (KSA)-led Coalition has prevented people in Yemen from seeking medical treatment overseas, resulting in thousands of deaths from treatable illnesses.

- Between March 2015 and August 30, 2017, the Office of the UN High Commissioner for Human Rights (OHCHR) recorded at least 13,800 civilian casualties, including more than 5,100 civilian deaths and 8,700 injuries; OHCHR noted that because access to affected populations and data collection is limited, the number of casualties is likely higher.

- USAID/FFP partner the UN World Food Program (WFP) provided general food assistance, including in-kind food distributions and food vouchers, to more than 7 million people in August, which is the highest monthly total of people reached with emergency food assistance in Yemen to date in 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

14.8 million
People Lacking Access to Basic Health Care
UN – November 2016

17.1 million
Food-Insecure People
FAO – February 2017

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

2 million
IDPs in Yemen
UN – August 2017

5.9 million
People Reached with Humanitarian Assistance in 2017
UN – July 2017

HIGHLIGHTS

- Cholera outbreak exceeds 629,000 suspected cases as of September 7
- Bureaucratic impediments and insecurity-related access constraints hinder humanitarian response throughout Yemen
- USAID/FFP partner WFP reaches more than 7 million people with emergency food assistance in August

HUMANITARIAN FUNDING
FOR THE YEMEN RESPONSE IN FY 2017

<table>
<thead>
<tr>
<th></th>
<th>Funding</th>
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</thead>
<tbody>
<tr>
<td>USAID/OFDA 1</td>
<td>$115,313,225</td>
</tr>
<tr>
<td>USAID/FFP 2</td>
<td>$313,802,384</td>
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<tr>
<td>State/PRM 3</td>
<td>$38,125,000</td>
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<td>$467,240,609</td>
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</table>

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 and UN leadership are advocating for the KSA-led Coalition to reopen the airport in Yemen’s capital city of Sana’a. On August 9, a coalition of international NGOs issued a statement on the yearlong closure of Sana’a International Airport by the KSA-led Coalition. The prolonged closure has severely limited Yemeni population movement, slowed commercial and humanitarian supply chains, and prevented people in Yemen from seeking medical treatment overseas, which the NGO statement indicates has resulted in thousands of deaths from treatable illnesses. On August 31, Dr. Abdullah al-Khamesi, founder of the Yemen Red Crescent Society, died due to a lack of access to medical care and essential medical supplies in Yemen and an inability to travel abroad for medical treatment as a result of the Sana’a airport closure, according to international media.

- In an August 21 statement to the UN Security Council, U.S. Deputy Permanent Representative to the UN Ambassador Michele J. Sison emphasized that, in addition to facilitating access to critical health services abroad, reopening the airport should enable greater access for NGOs and relief workers in Yemen.

- Bureaucratic constraints imposed by parties to the conflict—including restrictions on the importation of commercial and humanitarian goods, as well as the free movement of relief workers into and within Yemen—are contributing to a deteriorating humanitarian situation by inhibiting relief operations and impeding humanitarian access to populations in need. In statements to the UN Security Council on August 18 and 21, Under-Secretary-General and Emergency Relief Coordinator (ERC) Stephen O’Brien urged parties to the conflict to allow unfettered commercial and humanitarian access to air, land, and sea ports, and to negotiate a political settlement to the conflict.

- In August, escalated violence in Yemen, including four KSA-led Coalition airstrikes—three in Sana’a and one in Sa’dah Governorate—cumulatively resulted in at least 69 civilian deaths and more than 20 injuries, the UN reported. In addition, armed attacks resulted in an estimated 58 civilian deaths from August 17 to 24; in comparison, armed attacks resulted in 52 deaths in June and 57 deaths in July, according to the UN.

- KSA-led Coalition airstrikes continue to be the leading cause of civilian casualties in Yemen, resulting in more than 900 civilian deaths and more than 1,400 injuries since July 2016, according to the UN.

- With ongoing conflict exacerbating the humanitarian situation and delaying the delivery of humanitarian assistance, 62 humanitarian and human rights agencies issued a joint statement on September 2, urging OHCHR and the international community to establish an independent, international investigation into allegations of human rights and international humanitarian law violations.

HEALTH AND WASH

- Ongoing violence since the conflict began in March 2015 has created extensive challenges for health facilities and medical staff across Yemen. In addition to the widespread cholera outbreak affecting 300 of Yemen’s 333 districts, the conflict has resulted in medical supply shortages and the damage or closure of more than half of the country’s health facilities. In the face of these challenges, vulnerable populations in Yemen struggle to access critical health services to treat non-communicable diseases, such as cancer, diabetes, high blood pressure, and kidney disease.

- Health agencies recorded more than 629,000 suspected cholera cases and 2,061 related deaths between April 27 and September 7. While the number of weekly cases in Yemen declined between early July and mid-August, health actors reported a slight increase in the total number of weekly cases during the weeks of August 14 and August 21. The most concerning increases in the number of suspected cases occurred in Aden, Al Hudaydah, and Ibb governorates, which experienced 21 percent, 20 percent, and 32 percent increases, respectively, between August 7 and 27. WHO is investigating the cause of the increased number of cases, but health experts have indicated that contamination of safe drinking water caused by heavy rainfall in recent weeks may be a contributing factor.

- Between August 15 and 29, the Cholera Task Force in Yemen—led by WHO in partnership with the Sana’a-based Ministry of Health and USAID/OFDA partner the UN Children’s Fund (UNICEF)—mobilized more than 40,000 volunteers to participate in a countrywide cholera prevention messaging campaign, which reached more than 2.7 million households in Yemen with information on safe food handling and proper water, sanitation, and hygiene (WASH) practices, the UN reports.
• During the same period, UNICEF reached approximately 250,000 cholera-affected people in Yemen with oral rehydration salts and referrals for additional treatment.

• USAID/OFDA partners are supporting cholera treatment centers and oral rehydration points in six governorates with critical medical supplies, safe drinking water, and WASH services, as well as training community health volunteers and health workers on emergency cholera response activities. In mid-August, one USAID/OFDA partner disseminated critical cholera prevention messaging to nearly 5,000 people and provided safe drinking water through water trucking to approximately 5,600 people in internally displaced person (IDP) centers and health facilities in two governorates.

• Another USAID/OFDA partner is providing hygiene kits and hygiene promotion messaging to vulnerable populations throughout Yemen, as well as improving access to safe drinking water through emergency water trucking and the construction and rehabilitation of water sources. The partner has reached more than 438,000 people with WASH interventions since January 2016.

FOOD SECURITY AND NUTRITION

• WFP reached more than 7 million people in Yemen with emergency food assistance in August, representing the UN agency’s highest monthly total of people reached in Yemen to date in 2017. The distributions included more than 68,000 metric tons (MT) of in-kind food assistance to approximately 6.2 million people across 17 of Yemen’s governorates and food vouchers to more than 789,000 people.

• In addition, a USAID/FFP partner provided food vouchers—distributed with complementary health and nutrition training—to approximately 2,000 households, or approximately 12,000 people, in August. USAID/FFP partners provide food vouchers, complementary health services, and community-based nutrition activities for children in Yemen’s most food-insecure districts.

• On August 14, the Central Bank of Yemen (CBY) adopted a floating exchange rate in place of a fixed exchange rate for the Yemeni riyal. Relief agencies noted that the CBY policy shift will likely decrease operating costs and may increase beneficiary purchasing power, particularly through cash-based assistance programs for vulnerable populations in Yemen. However, the floating exchange rate could also adversely affect vulnerable Yemeni households by making food less affordable if prices rise. Prices for food and fuel commodities have increased in Yemen since the conflict began in March 2015, according to WFP. In response to the CBY adoption of a floating exchange rate, relief agencies are coordinating with NGOs to share exchange rate information and advocate for a more favorable rate, according to a USAID/FFP partner.

• More than 387,000 MT of commercially imported food were discharged at Yemen ports in July, representing the highest volume of commercial food imports into Yemen since November 2016, according to the UN Verification and Inspection Mechanism (UNVIM) for Yemen. UNVIM reported that commercial food imports have increased each month since May, demonstrating functionality of Yemen’s ports, through which the vast majority of humanitarian assistance enters the country.

SHELTER

• In mid-August, USG partner the Office of the UN High Commissioner for Refugees (UNHCR) completed a rental subsidy project in Aden, Amran, Dhamar, Hajjah, Ibb, Lahij, Sa’dah, Sana’a, and Ta’izz governorates, reaching approximately 64,400 IDPs and returnees with critical shelter assistance. Through this program, UNHCR provided cash-based assistance to households facing eviction, stimulating the local economy while enabling households to avoid further displacement.

LOGISTICS AND RELIEF COMMODITIES

• USAID/OFDA partner WFP transported approximately 86 MT of medical equipment into Yemen in August.
• On September 2, WFP transported 130,000 liters of jet fuel from Aden to Sana’a International Airport. The shipment is sufficient to support UN Humanitarian Air Service (UNHAS) flights, which transport humanitarian personnel and supplies into Yemen, for approximately 2.5 months.

• UNHCR is distributing critical relief commodities to vulnerable populations in northern Yemen’s Al Jawf and Sa’da governorates. From August 18 to 24, UNHCR provided relief items, including kitchen sets and mattresses, to more than 1,700 people in Sa’da’s Majz, Sa’ada, As Safra, Sahar, and Razih districts.

OTHER HUMANITARIAN ASSISTANCE

• The UK Department for International Development (DFID) recently provided approximately $26 million to support WFP emergency food response efforts in Yemen. This contribution will enable WFP to provide 2 million people with life-saving food assistance and approximately 550,000 pregnant and nursing women with nutritional support for approximately two months.

• The 2017 Yemen Humanitarian Response Plan (HRP) had received more than $975 million, or approximately 42 percent, of the total funding request of $2.3 billion as of September 8. In addition, donors had contributed more than $497 million to organizations working in Yemen outside the framework of the Yemen HRP.

2017 HUMANITARIAN FUNDING*

PER DONOR

*Funding figures are as of September 8, 2017. All international figures are according to the OCHA Financial Tracking Service (FTS) 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 late March 2015, the 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 17 million people food-insecure. 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 July 2017. 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 the International Organization for Migration (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 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.

### USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017

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<td>Food Vouchers</td>
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<td>UNICEF</td>
<td>Transport of 830 MT of Ready-to-Use Therapeutic Food</td>
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<td>WFP</td>
<td>U.S. In-Kind Food</td>
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<td><strong>TOTAL USAID/FFP FUNDING</strong></td>
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<tr>
<td>IOM</td>
<td>Evacuation and humanitarian assistance for vulnerable migrants</td>
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<tr>
<td>UNHCR</td>
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<td><strong>TOTAL STATE/PRM FUNDING</strong></td>
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<td><strong>TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017</strong></td>
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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 [www.interaction.org](http://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](http://www.cidi.org) or +1.202.661.7710.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://www.reliefweb.int).