



Conflict-related suffering has increased in Yemen. Photo: Giles Clarke/OCHA.

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HIGHLIGHTS

- Nearly 700,000 suspected cholera cases and over 2,000 associated deaths have been reported since 27 April.
- 1.7 million people in acute need live in districts with highest access constraints.
- 78 per cent of households are economically worse off than they were two years ago.
- 8,530 people have been killed since March 2015, and 48,848 injured. More than 1,500 schools are damaged or destroyed.

FIGURES

Total population	27.4 m
Total people in need of humanitarian assistance	20.7 m
Total people in acute need of humanitarian assistance	9.8 m
# of people displaced (IDPs & returnees)	2.9 m
# of deaths (WHO)	8,530
# of injuries (WHO)	48,848

Source: 2017 HNO and WHO (as of 15 Aug. 2017).

FUNDING

US\$2.3 billion
requested

\$1 billion
funding against HRP

44 per cent
funded
(20 September 2017)

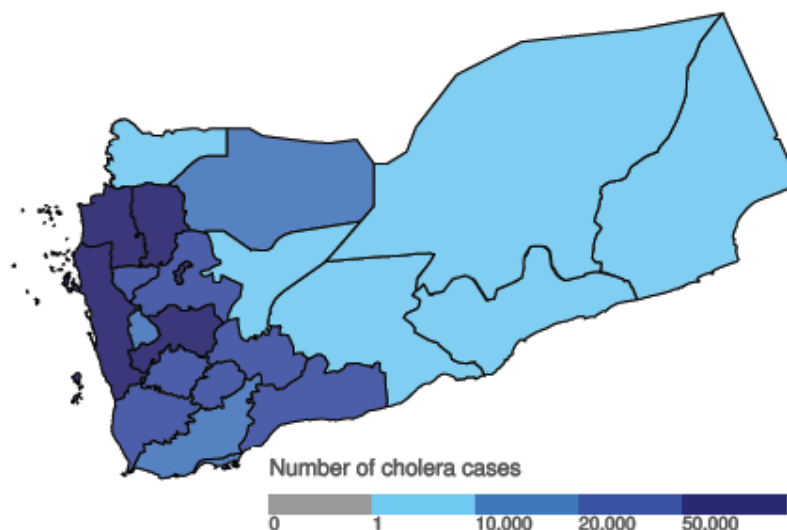
Source: FTS, September 2017

Cholera cases still rising

Nearly 700,000 suspected cases reported in less than six months

Already the poorest country in the Middle East, Yemen has been devastated by a man-made triple tragedy: the spectre of famine, the world's largest ever single-year cholera outbreak, and daily deprivation and injustice resulting from brutal conflict. The unprecedented cholera epidemic has killed more than 2,000 people and infected nearly 700,000 others since 27 April. The outbreak is far from over. During August, a significant increase in suspected cholera cases was reported in select districts of seven governorates. The most concerning increase is in three governorates: Al Hudaydah (which has seen a 40 per cent increase), Ibb and Aden.

Number of cases by governorate (Jan 2017 - present)



Source: WHO, Weekly Epidemiological Bulletin, 3 September 2017

The WHO is investigating the cause of this increase in suspected cases, but the spike in cases demonstrates that the outbreak could still rebound, especially in light of weak sanitation systems and a collapsing health sector. Across Yemen, disease surveillance, data collection and verification is difficult to achieve and only two labs (Sana'a and Aden) are 'authorized' to confirm suspected cholera cases. In 49 out of 276 districts, there are no doctors left. An estimated 30,000 local health workers have not received their salaries for almost a year now months and operational costs in 3,500 health facilities have not been paid.

The ongoing cholera response must be sustained to avoid the risk of the epidemic rebounding again

Cholera response ramped up amid challenges

Humanitarian partners have ramped up their response to cholera. According to the Cholera Emergency Operations Centre and WHO, partners are supporting 250 Diarrhoea Treatment Centres (DTCs) (with 4,064 beds) and 1,294 Oral Rehydration Points (ORPs) in 20 governorates – 77 per cent of the target number of DTC beds and 52 per cent of the target ORPs. Forty partners are involved in response activities in 21 governorates (234 districts), including the DTCs and ORPs, training health staff and community education. A house-to-house awareness campaign that involved 40,000 volunteers, reached about 14 million people. Two million items have been procured and delivered.

Partners are dealing with significant impediments. WASH supplies such as water treatment tablets and soap are available in limited quantities; in some cases, partners find it hard to access the most affected communities due to security risks or because of bureaucratic impediments; and importation and delivery of medicines, medical supplies and chlorine remains difficult. In some treatment facilities, the quality of health services is poor, especially in relation to infection prevention and control. Despite these challenges, it is important that the cholera response is sustained to minimize the risk of another spike.

Figure 2a | Daily curve (W33, W34, W35 2017)

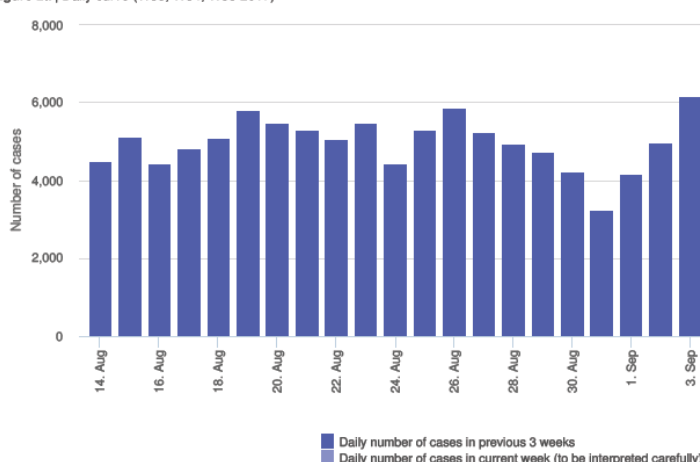
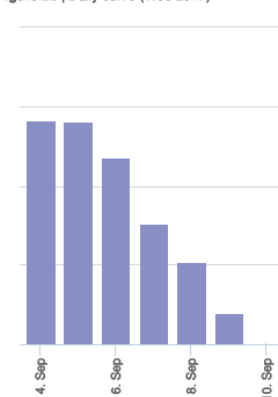


Figure 2b | Daily curve (W36 2017)



Daily numbers of suspected cholera cases, Week 33-36, Yemen,
Source: WHO, 10 September 2017

Among ongoing response activities, a recent cholera awareness campaign reached 14 million people across the country

Findings of access severity mapping

Analysis of access challenges is a key step in the delivery of assistance

In the third quarter of 2017, OCHA initiated a structured process to systematically collect and distil opinions and perceptions on access difficulties from humanitarian partners. Focus Group Discussion (FDG) participants indicated which constraints impacted on their organizations' ability to deliver assistance at the district level, including insecurity because of armed conflict, poor infrastructure, bureaucratic impediments and mission clearances, as well local interference or attempted interference in the delivery and delays of assistance.

The FDGs were intended to improve access analysis in all 333 districts in Yemen's 22 governorates. The findings were then applied to a three-point severity scale ranging from "accessible" to "medium access constraints" to "high access constraints". FDGs were held separately for each humanitarian organization type (UN agencies, INGOs, and national NGOs) to account for differences between them.

Districts with high access constraints host 1.7 million people in acute need

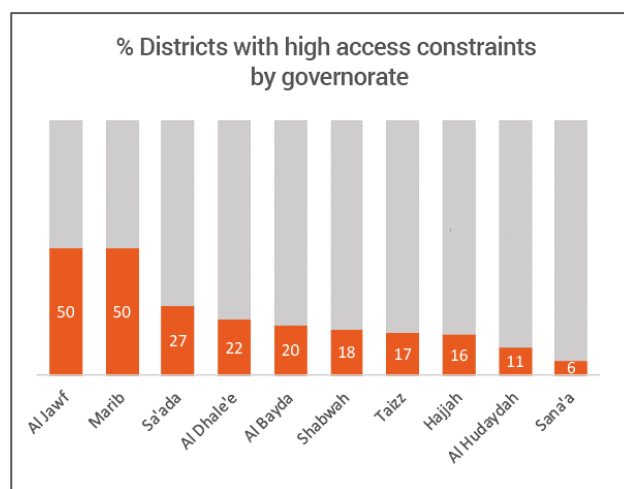
The findings of the FDGs indicated that roughly 52 per cent of districts in the country are either fully accessible or have low relatively low access constraints. Thirty-seven per cent

Half of the 333 districts in Yemen are either fully accessible or have low access constraints

There are 67 districts in 13 governorates where the highest food needs, nutrition needs and cholera have converged

of districts (122) had medium level access constraints, while only 12 per cent of Yemen's districts were categorized as being extremely difficult to access or having high levels of access constraints (level 3).

Districts with high access constraints generally fall in the front-line conflict-affected governorates of Marib, Al Jawf, Sa'ada, Hajjah, and Taizz, Al Bayda. Sa'ada and Al Jawf are located at the border with Saudi Arabia. In addition, administrative restrictions, including those related to movements requests, as well as interference in the implementation of humanitarian activities, were also among the most significant constraints. More than 1.7 million people in acute need of humanitarian aid live in these districts.



Percentage of districts with high access constraints.

Source: Yemen Access Overview, September 2017, OCHA

In the governorates covered by the Aden hub, only three out of 54 districts are considered to have high access constraints

Southern areas covered by the Aden Humanitarian Hub are reported by national and international NGOs to be generally accessible. Of the 54 districts, only three districts in Shabwah governorate (Bayhan, Ain, Usaylan) are considered to have high access constraints, mainly due to armed conflict conditions. However, due to unpredictable acts of violence and heightened levels of insecurity, obtaining security clearances for humanitarian workers to access these governorates remains a challenge.

Pre-crisis vulnerabilities have worsened

Food is more available but millions cannot afford to buy enough to eat

Two and a half years of conflict have turned Yemen into the world's largest food insecurity crisis. A needs analysis in July 2017 found that about 20.7 million people need some form of assistance or protection to meet their basic needs, including 9.8 million who are in acute need; an increase of almost 10 per cent since the 2017 Humanitarian Needs Overview (HNO) was published in October 2016. At the same time, 17 million people are now food insecure – a 21 per cent jump over 2017 HNO estimates – 6.8 million of whom are severely food insecure. Some 1.8 million children and one million pregnant or lactating women are acutely malnourished, including 385,000 children under age five suffering from severe acute malnutrition.

In August, reports indicated that supply and availability of food commodities in markets had slightly improved in many governorates, mainly due to better import levels during the first half of the year. An OCHA analysis shows that 387,479 MT of food entered Yemen in July, approximately 25 per cent higher than June, and 29 per cent higher than the monthly average during the previous six months of January to June 2017. Despite this, millions of poor Yemeni households lack the capacity to buy their minimum food needs. In 67 districts across 13 governorates, there is a convergence of the highest food insecurity, nutrition needs and cholera.

78 per cent of all households are worse off than they were two years ago

Crop production and livestock rearing, which employ half of Yemen's working population and are the main sources of livelihoods in two-thirds of the country, have been hit hard by ongoing conflict. Extensive losses to domestic crop, livestock and fish production have reduced the supply and availability of food in local markets, as well as incomes for families. The situation is compounded by the virtual collapse of the economy.

Since the 2017 HNO was published in October 2016, the number of food insecure people has increased by 21 per cent to 17 million

The collapse of the Social Welfare Fund in 2016 affected nearly eight million people who used to rely on it for their livelihood

The Social Welfare Fund, which used to provide financial assistance to poor households, stopped functioning in 2016, affecting nearly eight million people. Since March 2015, 42 per cent of female-owned businesses have closed while over 70 per cent of small and medium enterprises have laid off employees.

The situation has pushed more families into greater hardship. Worse still, the national budget deficit has expanded and foreign exchange reserves have fallen considerably; limiting the import of basic commodities, impeding the maintenance of public service institutions and halting the payment of civil servants' salaries for about 1.25 million public employees for nearly a year. About 78 per cent of all households are economically worse off than they were during the pre-crisis period.



Evolution of minimum food basket cost (2015-2017),
Source: WFP, Yemen Market Watch Report, July 2017

Struggling to make ends meet in Sana'a

For nearly a year, 1.25 million public employees and their families – one quarter of the population – have not received regular salaries. This has devastated their livelihoods. OCHA talked to two civil servants: Ibrahim and Najat, who are struggling to make ends meet in Sana'a city.

Ibrahim, 47, lives with his four children and a diabetic mother. "I have been an accountant for 25 years, but now I live with distant relatives because I can no longer afford to pay rent," he explained. "I have not received a salary for 10 months and have to look for alternatives to supplement my family income. At one point, I painted houses and worked as a porter in a local supermarket so I could buy essentials for my family."

Ibrahim largely survives on charity. "I was living a decent life and never asked anyone for handouts," he said. "My relatives have supported me through this crisis. I am grateful. But, as the main breadwinner for my family, relying on charity has shattered my dignity."

He worries about his mother. "I wanted to take her abroad for medical treatment, but cannot risk travelling by car to Seyoun (22 hours) or Aden (10 hours), to connect to Cairo or Amman by plane," he said. "The trip would be risky. My only option is to wait for Sana'a airport to re-open."

"Every month, we have to borrow money"

Najat, a teacher in the city, is married to a government employee and has two children. She last received a full salary eight months ago. "I receive half salary along with vouchers for food and clothing," she explained. "My husband also receives half salary. We have taken our daughter out of private school to a public school that doesn't charge for tuition. We live in an apartment but can barely afford the rent. Every month, we borrow about 30,000 YER [\$120] from friends and family."

Najat feels the vouchers are a scam. "I feel that I am robbed of half my salary every month," she said. "The system forces me to purchase items that I do not need, quality of goods is very poor and items cost much more when purchased using a voucher. It is basically a scam that leaves few options. I feel humiliated queuing for hours."

The family are planning to leave Yemen. "We are looking for a way out," she said. "We don't have a future here. I am tired of clinging on to false hope. I want to live a simple life in a safe, healthy atmosphere for my children. Here, I feel like I am a prisoner trying to escape. I don't know what we did to deserve such suffering."

An estimated 1.25 million public employees across the country have not been regularly paid for more than 10 months now

No peace in sight

Ongoing conflict has contaminated some areas of Yemen with landmines, explosive devices and cluster munitions

The conflict has taken a heavy toll on civilian lives and infrastructure

Parties to the conflict in Yemen have so far failed to reach an agreement, despite ongoing UN-led mediation efforts. At the same time, the parties continue to disregard International Humanitarian Law provisions that safeguard civilians and civilian infrastructure during war. In the month of August, there were reports of the direct impact of air strikes, ground fighting, shelling or other forms of violence on civilians and civilian infrastructure. Reported air strikes in the first half of this year have already exceeded the total for all of 2016, with the monthly average number reported almost three times higher than last year. The monthly average number of reported armed clashes in 2017 is 56 per cent higher than last year. As of 15 August 2017, health facilities report that 8,530 people have been killed and 48,848 injured since March 2015. These numbers are only of reported cases; actual casualty numbers are much higher.

The conflict has severely affected social services. Nearly 1,700 schools had been directly impacted by conflict by June, including more than 1,500 that had been damaged or destroyed and 21 that were occupied by armed groups. This has left more than two million school-aged children unable to attend school. As of October 2016, at least 274 health facilities had been damaged or destroyed. Unfortunately, widespread concern across the international community over potential violations of international humanitarian and human rights law in Yemen, has not translated into concerted efforts to hold parties to the conflict accountable.



Three-year-old Ahmed and his 6-year-old sister Khaoula survived an air attack on their house in Al Mutun, Al Jawf on 14 April 2017. Their parents, Mohsin and Dhiba, died. Ahmed's knee is completely broken and medical staff say that his right leg will no longer grow. Khaoula lost all her teeth and most of her tongue.

Source: Giles Clarke/OCHA, 2017.

Health facility records show that 8,530 people have been killed and 48,848 injured in conflict across Yemen from March 2015 to 15 August 2017

Growing calls for investigations into abuses by parties to the conflict

In August, 67 international and national organizations called for international investigations into serious violations of International Humanitarian Law and violations and abuses of international human rights law by all parties to the conflict. A report in August showed that since March 2015, more than 13,800 civilian casualties have been reported, including more than 5,100 killed. The actual numbers are believed to be higher.

From July 2016 to June 2017, The UN Human Rights Office documented almost 8,700 conflict-related incidents, including airstrikes, armed clashes, shelling and detonation of explosives have been documented. It found that some areas of Yemen are now contaminated by anti-personnel and anti-vehicle landmines, improvised explosive devices, unexploded ordnance and cluster munitions. The parties are also recruiting and deploying child soldiers.

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