

# YEMEN - COMPLEX EMERGENCY

FACT SHEET #12, FISCAL YEAR (FY) 2017

JULY 10, 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 – June 2017

**4.9 million**

People Reached with Humanitarian  
Assistance in 2017  
UN – April 2017

## HIGHLIGHTS

- UN declares Yemen the largest cholera outbreak globally, with more than 297,400 new suspected cases and 1,706 related deaths as of July 7
- The population in need of humanitarian assistance increased by nearly 2 million people between November 2016 and April 2017
- USG announces nearly \$192 million in new humanitarian funding to support critical relief efforts in Yemen

## HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017

USAID/OFDA <sup>1</sup>	\$115,313,225
USAID/FFP <sup>2</sup>	\$313,802,384
State/PRM <sup>3</sup>	\$38,125,000
<b>\$467,240,609</b>	

## KEY DEVELOPMENTS

- On July 8, U.S. President Donald J. Trump announced nearly \$639 million in new humanitarian funding to support emergency response activities in Nigeria, Somalia, South Sudan, and Yemen—the four conflict-affected countries facing severe food insecurity and malnutrition crises—as well as neighboring countries hosting refugees fleeing those crises. The new funding includes nearly \$192 million for Yemen, which brings the total U.S. Government (USG) humanitarian assistance in Yemen to more than \$467.2 million to date in FY 2017. UN agencies and non-governmental organizations (NGOs) plan to use the new assistance from USAID/OFDA, USAID/FFP, and State/PRM, to address Yemen's deteriorating food security crisis and unprecedented cholera outbreak, primarily.
- As of July 7, health agencies had recorded more than 297,400 new suspected cholera cases and 1,706 associated deaths. The UN has declared Yemen's cholera outbreak the largest in the world. USG partners are coordinating with local authorities and other relief agencies to scale up health, nutrition, and water, sanitation, and hygiene (WASH) activities countrywide under the UN Integrated Cholera Response Plan.
- As of April 2017, more than 75 percent of Yemen's population, or 20.7 million people, were in need of humanitarian assistance, an increase of approximately 2 million people since November 2016, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). The UN agency cited amplified WASH needs, primarily driven by the renewed cholera outbreak, and worsening levels of food security as the main contributors to the increase in the number of people requiring assistance.

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

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

## **INSECURITY, DISPLACEMENT, AND HUMANITARIAN ACCESS**

- While relief agencies are scaling up response efforts, insecurity, access constraints, and bureaucratic impediments are limiting response activities of humanitarian organizations in some areas. Military strikes on key water and sanitation systems are also hindering disease control measures and exacerbating the spread of cholera, particularly in hard-to-reach areas. From January to April, relief agencies reached 4.3 million people across Yemen—approximately 36 percent of the planned beneficiaries as outlined in the 2017 Humanitarian Needs Overview for Yemen.
  - On June 17, an airstrike—allegedly conducted by the Coalition led by the Kingdom of Saudi Arabia (KSA)—struck a market in northern Sa’dah Governorate, resulting in at least 23 civilian deaths and injuries, including six children, according to the UN. The airstrike followed several military actions across northern and southwestern Yemen, including three air raids in late May and early June that resulted in more than 30 civilian deaths, according to international media.
  - On June 19, military activity damaged power lines connected to the main water supply system in Dhamar Governorate’s city of Dhamar, which provides safe drinking water to approximately 1 million people, the UN reported. The reduced access to safe drinking water increases the risk of cholera transmission and other water-related public health risks.
  - Additionally, an alleged KSA-led Coalition airstrike damaged a cholera treatment center in the Sa’dah district of Qahza, injuring a number of patients, damaging the building and medical supplies, and forcing medical staff to transfer patients to other locations, according to local media reports.
  - UN Resident and Humanitarian Coordinator in Yemen Jamie McGoldrick released a statement on June 21 calling on parties to the conflict to take all precautions to distinguish between the civilian population and combatants and to respect international humanitarian and human rights laws. In addition, the UN Security Council issued a presidential statement in mid-June urging parties to the conflict to establish an immediate ceasefire, resume peace talks, increase Yemeni port capacity, and re-open Sana’a Airport to commercial flights to transport critically ill patients and relief supplies. The statement also highlighted the importance of keeping Al Hudaydah Port open as a critical lifeline for the delivery of humanitarian supplies.
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## **FOOD SECURITY AND NUTRITION**

- Despite ongoing insecurity, USAID/FFP partner the UN World Food Program (WFP) reached approximately 5 million people across Yemen with emergency food assistance in June. WFP’s emergency operation plan (EMOP), launched in April 2017 to address Yemen’s increased food needs, aims to assist 6.8 million people through general food assistance and food commodity vouchers, as well as approximately 2.9 million people with critical nutrition support through March 2018. On July 10, USAID/FFP committed an additional \$136.1 million in FY 2017 funding for in-kind food assistance to support the WFP EMOP in Yemen.
- Ongoing conflict continues to disrupt domestic food production and limit commercial food imports into Yemen, while high food prices and the disruption of civil servant salary payments have further diminished the local populace’s ability to purchase food commodities. Between November 2016 and March 2017, the number of people in need of urgent food assistance increased from approximately 14 million to 17 million, with 6.8 million people identified as severely food insecure, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). FEWS NET predicts that food security will likely deteriorate if conflict and access constraints persist.
- Poor WASH conditions, which foster the spread of cholera and disproportionately affect malnourished people, have exacerbated the nutrition crisis in Yemen. An estimated 2.8 million people in Yemen may require acute malnutrition treatment in 2017, according to the Nutrition Cluster—the coordinating body for humanitarian nutrition activities comprising UN agencies, NGOs, and other stakeholders. In May, USAID/OFDA partner the UN Children’s Fund (UNICEF) and partner organizations treated more than 16,500 children for severe acute malnutrition and provided nutritional supplements to nearly 7,000 children. Humanitarian agencies also plan to integrate food security and nutrition interventions with health and WASH activities, focusing primarily in 95 districts in 14 governorates identified as exceeding the UN World Health Organization (WHO) emergency threshold of 15 percent for global acute malnutrition.

## HEALTH AND WASH

- Yemen currently has the largest cholera outbreak in the world, according to UNICEF. As of July 7, the number of suspected cholera cases in Yemen had reached more than 297,400 with 1,706 cholera-related deaths since the outbreak's second wave began in late April, according to WHO reports. In response, relief organizations, including USG partners, are coordinating with local authorities to scale up health, nutrition, and WASH activities to curb the spread of cholera under the UN Integrated Cholera Response Plan.
- Despite the rapid rate of transmission, the overall case fatality rate (CFR) in Yemen has recently decreased from 1.1 percent reported in early May to 0.6 percent as of July 7; the WHO emergency threshold for cholera is 1 percent. The improvement may indicate that the rapid interventions, such as the establishment of additional oral rehydration points and cholera treatment centers by the UN and other relief agencies, are beginning to have a positive effect; however, experts have not reported a definitive trend in the overall outbreak, given the continued increase in suspected cases of cholera.
- The second wave of the outbreak has disproportionately affected children ages 14 years and younger, comprising more than 40 percent of new suspected cases, and adults 45 years of age and older, representing nearly half of the cholera-associated deaths recorded as of June 26, WHO reports. Health officials had recorded the highest CFRs in Raymah Governorate—1.4 percent—followed by a CFR of 1 percent in Ibb and Hajjah governorates as of July 7.
- Relief agencies operating in Yemen note that the deterioration of health care infrastructure, conflict-related damage to water and sanitation systems and cholera treatment centers, and the lack of salary payments to health workers and Republic of Yemen Government (RoYG) Ministry of Water staff have impeded disease surveillance efforts and timely detection and treatment of cases. OCHA reported that an additional 1.3 million people were in need of WASH assistance as of April compared to November 2016, an increase driven primarily by the renewed cholera outbreak.
- Amid these impediments, humanitarian agencies had established approximately one-third of the 2,000 intended oral rehydration centers and provided nearly one-half of the 5,000 planned beds in cholera treatment centers in affected areas of Yemen as of early June.
- On July 2, approximately 128,000 bags of intravenous fluids, 100 cholera treatment kits, 20 ambulances, and other hospital equipment arrived at Al Hudaydah Port as part of a 403-metric ton (MT) WHO shipment. On June 28, three UNICEF-chartered aircraft arrived in Yemen carrying 36 MT of medical and WASH supplies, including 750,000 oral rehydration salt packets to treat approximately 10,000 patients, 10.5 million water purification tablets, and other WASH items.
- Nearly 30,000 health care workers have not received salary payments in approximately 10 months, impeding the local cholera response capacity. In response, UNICEF has been providing stipends—equivalent to 70 percent of a medical employee salary—to some health workers in Yemen since mid-May. USAID/OFDA partners, including UNICEF, WHO, as well as other organizations, are temporarily paying some health worker salaries and incentives. Relief organizations have noted the importance of coordinating efforts to harmonize salaries and incentives to avoid contradictory approaches. However, all relief organizations have emphasized that the monetary support to health care employees is not a sustainable solution and that RoYG Ministry of Health officials need to resume comprehensive payment of health worker salaries as soon as possible.
- With USAID/OFDA funding, UNICEF is also providing life-saving water trucking and distributing hygiene items to internally displaced persons (IDPs) and host communities in areas where large-scale rehabilitation is not possible due to insecurity. UNICEF has supported the rehabilitation of more than 80 percent of the groundwater wells in Ta'izz city, Ta'izz Governorate, and neighboring districts in Ibb to provide safe drinking water to more than 400,000 people. On July 10, USAID/OFDA committed \$6 million in additional FY 2017 funding to support integrated health and WASH interventions through implementing partners for the cholera response.
- A USAID/OFDA NGO partner is responding to the surge in cholera cases by providing transmission prevention supplies, medical equipment, and other health commodities, including oral rehydration salts and replenishment fluid, to more than 60 cholera treatment centers in Aden, Ad Dali', Ibb, Lahij, Sana'a, and Ta'izz governorates. The NGO partner also conducted WASH education activities for approximately 4,500 people, disseminated cholera awareness messaging to 10,300 people, distributed 840 health and hygiene kits, provided 4,000 oral rehydration salt packets and

3,000 units of rehydration fluids, trained 100 health volunteers, and treated 9,000 patients across the six governorates in June.

- In June, State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR) confirmed the first cholera-related refugee deaths, including three Somali refugee children, in Aden's Basateen District, which hosts a large number of IDPs and refugees. In response, the UN agency is working with health partners to increase active cholera case identification and provide health education services to vulnerable populations.
- In addition to cholera, relief agencies are responding to other health concerns, including a dengue fever outbreak, chronic and infectious diseases, and reproductive health maladies. UNICEF completed a tetanus toxoid vaccination campaign, reaching nearly 37,000 pregnant women and 323,000 women of reproductive age between late April and mid-May. The UN Population Fund (UNFPA) provided more than 16,300 people with reproductive health services in the conflict-affected governorates of Aden, Amran, Al Bayda', Al Hudaydah, Lahij, and Ta'izz in May. UNFPA mobile clinics integrate reproductive health services with nutrition counseling, screening, and referral of malnourished mothers and infants. USAID/OFDA recently committed \$20.1 million in additional FY 2017 funding to OCHA and NGO partners to provide humanitarian assistance, including disease surveillance assistance, to crisis-affected populations.

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## **PROTECTION AND SHELTER**

- The protection and shelter needs of vulnerable populations, particularly children and IDPs, became more acute between November 2016 and April 2017, as ongoing fighting reduced humanitarian access to people in need and damaged shelters for displaced households, the UN reports.
- In May, UNICEF reached nearly 35,000 people, including 22,000 children, with protection services through the UN agency's child-friendly spaces and adolescent club programs. Other protection activities included birth registration, education, and medical services; counseling; and economic empowerment and livelihoods, legal, and psychosocial support.
- The proportion of households living in collective centers, informal sites, and private settings, including host family and rental homes, increased from November 2016 to April 2017, according to OCHA. Displaced households in IDP sites faced eviction, overcrowding, and a lack of access to income to support alternate shelter solutions. As of June, an estimated 3 million people remain internally displaced, including approximately 2 million IDPs and 900,000 people who have returned home since the start of the conflict, UNHCR reports.
- In early June, USG partner UNHCR distributed emergency relief supplies, including 50 shelter kits, to more than 1,500 IDPs in Sa'dah. The UN agency conducted shelter assessments in Aden, Ad Dali', and Lahij governorates, and plans to rehabilitate 1,000 damaged houses and provide cash-based rental assistance for more than 64,000 people from vulnerable displaced and IDP returnee communities in June and July. The cash assistance is expected to cover three months of rental costs, amounting to \$300 per household. On July 10, State/PRM provided approximately \$6.1 million in additional FY 2017 funding to UNHCR to support IDP response activities, which include some cholera response activities. UNHCR is assisting vulnerable Yemenis by providing emergency relief items and shelter support, as well as protection and camp management services. Additionally, USAID/OFDA recently committed more than \$1.9 million in additional FY 2017 funding to an NGO partner to support protection services in crisis-affected areas.

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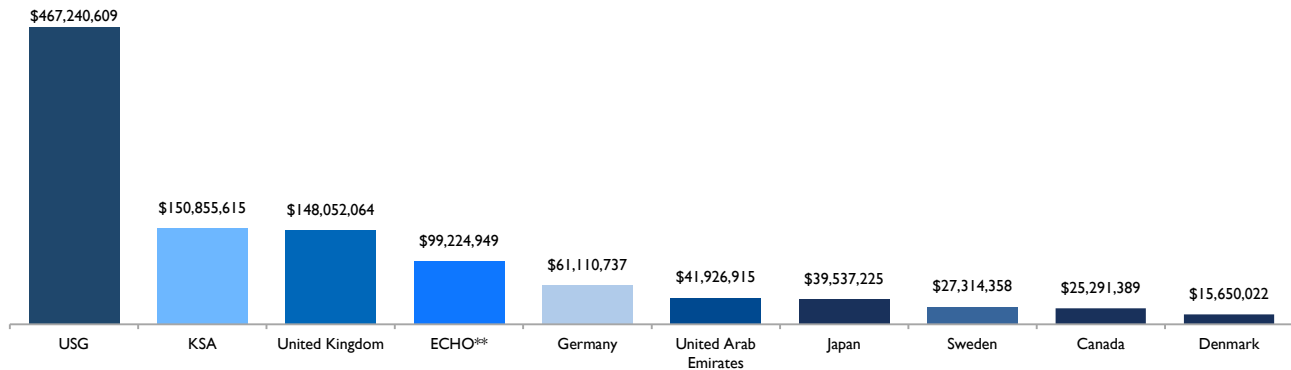
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## **OTHER HUMANITARIAN ASSISTANCE**

- On June 23, the KSA announced a pledge of \$66.7 million to UNICEF and WHO through the King Salman Humanitarian Aid and Relief Center to combat cholera transmission, which is in addition to the \$8.2 million the KSA provided to WHO in May.
- On June 30, the Government of Japan announced an additional \$4.5 million, following a \$12.9 million contribution earlier this year, to WFP to address food insecurity in Yemen. The funding will allow WFP to reach more than 760,000 people in need of food assistance through its general food assistance program.

- As of July 10, the 2017 Yemen Humanitarian Response Plan had received \$688.4 million, or approximately 33 percent of the \$2.1 billion requested. While Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC) Stephen O'Brien expressed gratitude for recent financial contributions, ERC O'Brien noted that additional funding is required to address the humanitarian needs of crisis-affected populations in Yemen.

## 2017 HUMANITARIAN FUNDING\* PER DONOR



\*Funding figures are as of July 10, 2017. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service (FTS) and based on international commitments during the current calendar year. Funding figures reflect publicly announced funding as of July 10.

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

## CONTEXT

- Between 2004 and early 2015, conflict between the 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 half of Yemen's 27.4 million people food-insecure and more than 7 million people in need of emergency food 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 March 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 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 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 <sup>1</sup>**

<b>IMPLEMENTING PARTNER</b>	<b>ACTIVITY</b>	<b>LOCATION</b>	<b>AMOUNT</b>
<b>USAID/OFDA<sup>2</sup></b>			
Implementing Partners (IPs)	Agriculture and Food Security, Economic Recovery and Market Systems, Health, Nutrition, Protection, WASH	Abyan, Aden, Amanat al-Asimah, Amran, Ad Dali', Hadramawt, Hajjah, Al Hudaydah, Ibb, Lahij, Al Mahwit, Sana'a, Shabwah, Ta'izz	\$52,400,000
IOM	Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Nutrition, Protection, Shelter and Settlements, WASH	Countrywide	\$13,019,153
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$7,500,000
UNICEF	Health, Nutrition, Protection, WASH	Abyan, Aden, Al Bayda', Amran, Ad Dali', Dhamar, Hadramawt, Hajjah, Al Hudaydah, Ibb, Al Jawf, Lahij, Al Mahwit, Marib, Sa'dah, Sana'a, Shabwah, Ta'izz	\$19,000,000
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	\$2,500,000
WHO	Health, Humanitarian Coordination and Information Management, Nutrition	Abyan, Aden, Amanat al-Asimah, Al Bayda', Ad Dali', Al Hudaydah, Al Jawf, Hajjah, Lahij, Marib, Sa'dah, Ta'izz	\$16,000,000
	Health, WASH	Abyan, Aden, Amran, Al Bayda', Ad Dali', Al Hudaydah, Dhamar, Hadramawt, Hajjah, Ibb, Lahij, Sa'dah, Sana'a, Ta'izz	\$2,282,413
	Program Support		\$111,659
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$115,313,225</b>

<b>USAID/FFP<sup>3</sup></b>			
UN Food and Agriculture Organization (FAO)	Food Security and Livelihoods	Countrywide	\$800,000
Implementing Partners	Food Vouchers	Abyan, Ad Dali', Al Hudaydah, Al Mahwit, Hajjah, Lahij, Sana'a, Ta'izz	\$25,000,000
UNICEF	Transport of 830 MT RUTF	Abyan, Aden, Ad Dali', Hadramawt, Lahij	\$3,381,730
WFP	U.S. In-Kind Food	20 governorates	\$204,120,654
	U.S. In-Kind Food, Food Vouchers, Local Purchase and Milling	20 governorates	\$80,500,000
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$313,802,384</b>



STATE/PRM			
Implementing Partner	Health, Logistics Support and Relief Commodities, Shelter and Settlements, Protection, 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, Protection, Shelter and Settlements, Logistics Support and Relief Commodities, Refugee Response	Countrywide	\$15,900,000
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$38,125,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2017</b>			<b>\$467,240,609</b>

## 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 +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>