



A cholera patient at Al Jomhuri hospital, Sana'a.
Photo: Giles Clarke/OCHA

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HIGHLIGHTS

- 332,658 suspected cholera cases and over 1,759 cholera deaths reported between 27 April and 13 July.
- Two million people more need assistance, bringing the number of people in need to 20.7 million from 18.8 million in January.
- From January to April 2017, 4.3 million people were assisted across Yemen out of the total target population of 11.9 million.
- 22 civilians were killed or injured in an air attack on a market in Sa'ada near the border with Saudi Arabia.

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)	3.0 m
# of deaths (WHO)	8,167
# of injuries (WHO)	46,335

Source: 2017 HNO and WHO (as of 31 May 2017).

FUNDING

\$2.1 billion
requested

\$825.4 million
funding against HRP

40 per cent
funded
(16 July 2017)

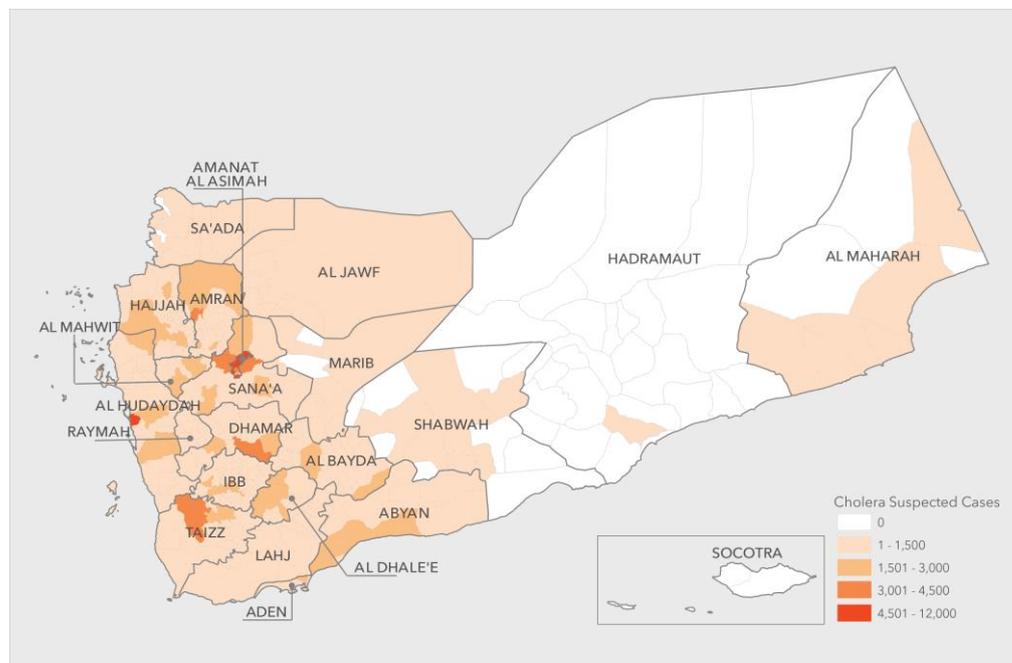
Source: FTS, July 2017

Worst cholera outbreak in the world

More than 330,000 suspected cases with 1,759 associated deaths reported in less than three months

The cholera epidemic sweeping across Yemen is currently the worst such outbreak in the world. At the end of June, suspected cases exceeded 200,000 people, increasing at an average of 5,000 every day, with one person dying nearly every hour. Children and the elderly are the most affected; children under the age of 15 account for 40 per cent of suspected cases and a quarter of the deaths while those aged over 60 represent 30 per cent of fatalities. The governorates most affected by cholera are Amanat Al Asimah, Al Hudaydah, Hajjah and Amran. The situation is particularly worrying in "hot spots" like Ibb, Raymah, Dhamar, Hajjah and Al Mahwit, where case fatality ratios, a reference to the proportion of deaths within a designated population, have exceeded the one per cent emergency threshold established by the World Health Organisation (WHO).

Map of Yemen showing districts affected by the current cholera epidemic



Source: Cholera Task Force as of (2 July 2017).

Cholera is endemic to Yemen, but the current outbreak is the direct consequence of more than two years of heavy conflict that has moved an already weak and impoverished country towards social, economic and institutional collapse. The war has decimated Yemen's health system, damaged key infrastructure and cut off 15.7 million people from access to adequate clean water and sanitation. In the last 10 months, about 30,000

“The health system [in Yemen] has essentially collapsed, with an estimated 55 per cent of facilities closed due to damage, destruction or lack of funds,” UN Under-Secretary-General, Stephen O’Brien.

5,006 treatment center beds are needed for treating people affected by cholera but currently only 2,351 are available

health and sanitation workers have not received their salaries; only a third of critical medical supplies have entered the country compared to the period before March 2015; and garbage has piled up in the cities. Indeed, the current numbers of cholera cases are likely to be an underrepresentation of the magnitude of the epidemic since only 45 per cent of health facilities are effectively functioning and surveillance systems are weak. Data collection and verification is a major challenge throughout the country. Between 27 April and 13 July 2017, a total of 332, 658 suspected cholera cases and 1,759 deaths were reported in all governorates except the island of Socotra.

Response ramped up but the magnitude of the outbreak is outstripping capacity to respond

Humanitarian partners have ramped up efforts to contain the outbreak. However, the magnitude of the outbreak is beyond the capacity, presence and reach of humanitarian organisations who have had to reprogramme meagre resources available to tackle widespread food insecurity for the cholera response. Displacement and high levels of food insecurity compound the cholera crisis.

The current cholera outbreak has overwhelmed what remains of Yemen’s conflict-battered health system. Hospitals and treatment centres are struggling to cope with large numbers of patients and medicines and intravenous fluids are quickly running out. Various partners are racing to stop the acceleration of the cholera outbreak, working around the clock to detect and track the spread of disease and to reach people with clean water, adequate sanitation and medical treatment. Rapid response teams are going house-to-house to reach families with information about how to protect themselves by cleaning and storing drinking water. Medical supplies such intravenous fluids, and Oral Rehydration Salts and water chlorination tablets have been shipped in and plans are underway for a nationwide anti-cholera campaign from 15 July in priority districts. Despite these efforts, the response continues to lag behind. Some 5,006 Cholera Treatment Centre beds are needed but only 2,351 are currently available, along with 2,003 Oral Rehydration Points, of which only 624 are currently available. On 4 July, WHO reported that out of 309 districts with reported cholera cases, cholera partners are only present in 121 districts.

Even then, the risk of the epidemic affecting thousands more people is real as the health, water, sanitation and hygiene systems are unable to cope and humanitarian funding remains low. As of 16 July, the 2017 Yemen Humanitarian Response Fund is 40 per cent funded. Additionally, humanitarian organizations continue to face restrictions on movements of supplies and people to and from Yemen. Al Hudaydah port, which is the main entry point for humanitarian supplies, is operating at limited capacity due to damage sustained from attacks. In Sana’a, the main airport is closed to commercial traffic, thus preventing people seeking medical assistance not available in Yemen to travel abroad for treatment.

Two million more people need assistance

The number of people in need of humanitarian assistance has increased from 18.8 million to 20.7 million since January

More people in Yemen need humanitarian assistance than was estimated at the start of the year as the ongoing conflict has collapsed community and institutional safety-nets that sustain livelihoods. Increased food insecurity and the fast-spreading cholera since the publication of the [2017 Humanitarian Needs Overview](#) (HNO), has resulted in a two million increase - rising to 20.7 million people in need of some form of humanitarian or protection support. This includes 9.8 million people in acute need of immediate assistance to save or sustain life, and 10.8 million people who require assistance to avoid slipping into acute need.

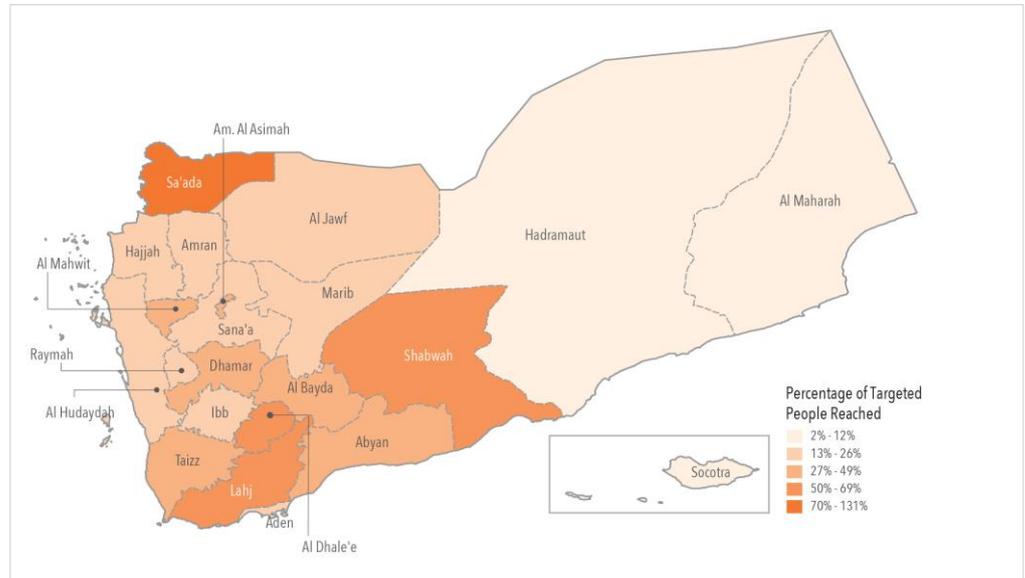
Despite tremendous challenges, 124 humanitarian partners are responding across Yemen’s 22 governorates, including 83 national NGOs, 32 international NGOs and nine UN Agencies. With a few exceptions, most governorate targets are being met or are slightly below the expected level for this period of the year, despite the low funding levels. The [Periodic Monitoring Report](#) (PMR) for January to April shows that the southern areas of Yemen have some of the highest reach numbers as well as the three lowest (in its most remote governorates). Nationally, reach percentages range from two per cent in

The 20.7 million people in need of assistance includes 9.8 million in acute need of immediate assistance to save or sustain life

To improve impact, humanitarian partners have bolstered integrated responses across key areas including IDP programming and cholera response

Socotra to 131 per cent in Sa'ada. The delivery of assistance is coordinated from five hubs in Aden, Al Hudaydah, Ibb, Sa'ada, and Sana'a. A planned hub in Al Mukalla has yet to materialize due to security and resource constraints.

Map of Yemen showing people reached out of those targeted per governorate

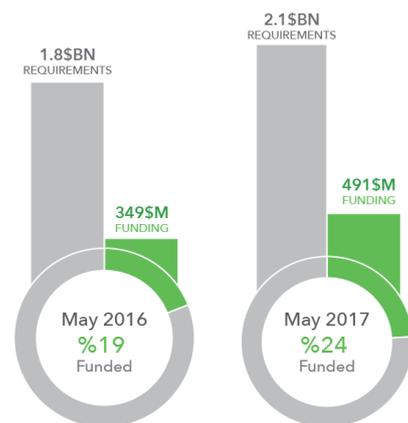


Source: clusters (April 2017)

Despite funding challenges, assistance is reaching more people in Yemen

Since January, donors have provided US\$825.4 million to the 2017 Yemen Humanitarian Response Plan (2017 YHRP), which is just 40 per cent of the US\$2.1 billion appeal. This is despite the High-Level Pledging Event that took place in Geneva in April, where over 45 Member States pledged US\$ 1.1 billion. In addition, \$107 million was provided to organisations working in Yemen outside of the framework of the YHRP. At a time when Yemen is facing possible famine and a fast-spreading cholera outbreak, the low levels of funding against the Food Security and Agriculture, Water, Sanitation and Hygiene (WASH), Health and Nutrition Clusters is particularly alarming. Given the cholera outbreak is spreading faster than anyone anticipated, it is urgent that Member States make effective all pledges and increase their financial commitments to Yemen.

The highest number of partners at governorate level are in Amanat Al Asimah, Taizz and Aden, which is consistent with the percentages of populations in need



Comparison in funding between 2016 and 2017. Source: FTS (31 May 2017 & 2016)

Humanitarian partners are present throughout the country, with the number per governorate ranging from six to 52 and in most cases, driven by the humanitarian needs identified. The PMR shows that the highest number of humanitarian partners at the governorate level are in Amanat Al Asimah (52), Taizz (46), and Aden (43). This is consistent with the percentage of the population in need in those governorates, which is registered at 39 per cent, 55 per cent and 43 per cent respectively. Governorates with lower humanitarian presence include Socotra and Al Maharah. In the case of Socotra, this is consistent with the percentage of population in need which is only about three per cent. With a percentage of population in need at 35 per cent, the low

number of partners in Al Maharah requires attention but is mainly driven by security considerations in that governorate.

Integrated responses have been bolstered in accessible districts

Out of the 333 total districts in Yemen, 62 per cent remain relatively accessible. Some 16 per cent of the districts (51) are currently perceived to have "high or extremely high access constraints", with more than 76 per cent (39 districts) of them located in the conflict-affected governorates of Taizz, Sa'ada, Marib, Al Bayda, Hajjah and Al Jawf. From January to April 2017, humanitarian partners reached 4.3 million people in all 22

An initial analysis of the humanitarian response this year shows that key Clusters have so far reached more than a half of the priority districts

governorates out of the total target population of 11.9 million. To improve a positive impact on affected people's lives while facing low funding levels, humanitarian partners have bolstered integrated responses across key areas, including Internally Displaced Persons programming, cholera response, and food and nutrition interventions.

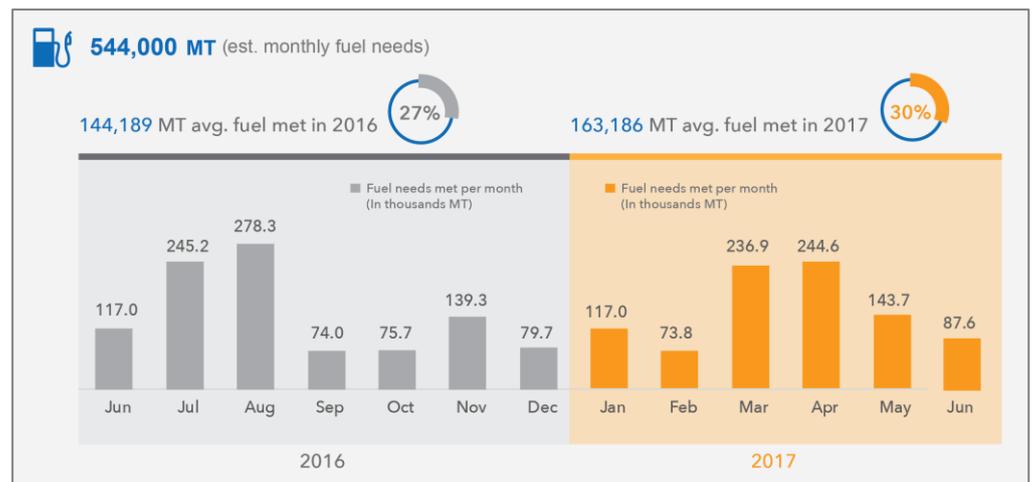
The impact will be better gauged during the second half of 2017 and beyond, but an initial analysis of the 67 priority districts identified for integrated response interventions by the Food Security and Agriculture, Nutrition, Health and Water, Sanitation and Hygiene Clusters, shows the four Clusters reached 28 per cent of the districts. Furthermore, 45 per cent of districts were reached by at least three clusters. Nutrition and Health Clusters responded in all but one districts. Along with the district level analysis, decentralization, and increased presence, the quality of the response is being bolstered by improved communications with affected communities and commitments on response standards.

Fuel imports insufficient to meet needs

Amman-Sana'a-Amman UNHAS flights re-routed to fuel in Djibouti

There is heightened concern over insufficient fuel imports into Yemen. According to the UN Verification and Inspection Mechanism (UNVIM), in June 2017, the amount of fuel that entered the country was 87,566 MT, less than 17 per cent of the estimated fuel need, which is 544,000MT per month. On 30 May, the Saudi-led Coalition Forces informed UNVIM that operations at Ras Issa Oil terminal had been suspended in the previous week, and that no clearances are being given for vessels heading to Ras Isa over concerns regarding the use of oil revenues by de facto authorities.

Comparison of fuel average fuel imports in the last two years against monthly need.



Source: UNVIM

The humanitarian impact of such a suspension can be far reaching. Most of the water supply in Yemen is pumped using diesel generators, and without electricity and power, the public health systems in Yemen are ill-equipped to respond to the fast spreading cholera outbreak: two-thirds of population does not have access to safe drinking water and sanitation, and the lack of safe drinking water and inadequate sanitation conditions especially in the cities where uncollected waste is piling up, has played a significant role in the spread of the disease.

The lack of fuel also impacts on the ability of humanitarian partners to respond to the worsening humanitarian crisis. Due to insufficient jet A1 fuel at Sana'a airport, the UN Humanitarian Air Service (UNHAS), re-routed from 12 July the Amman-Sana'a-Amman flight via Djibouti for a 45-minute refueling stop. The new routing has increased flight time from Amman-Djibouti-Sana'a by two hours compared to the previous direct flight from Amman to Sana'a. This temporary contingency plan will remain until the jet A1 fuel shortage situation is resolved and fuel supplies resume on a more sustainable basis. Flights from Djibouti to Sana'a will continue to operate normally as UNHAS can refuel in Djibouti.

The amount of fuel that entered Yemen in May was less than 27 per cent of the total estimated fuel needed for that month

The lack of fuel affects ordinary Yemenis as well as the operations of humanitarian partners including humanitarian flights in and out of Yemen

Many marginalised families living in abandoned buildings or make-shift shelters in Amran urgently need humanitarian assistance

Marginalised Yemeni community in dire need

In Amran, displaced muhamsheen families are being forced to vacate temporary shelters by land owners

Muhamsheen (Arabic for 'marginalized') families, especially that have been displaced from their homes, have been worst hit by the hardships that have escalated in Yemen due to continuing conflict. A recent survey by UNHCR and the Protection Cluster in Amran governorate found that many displaced muhamsheen families who are living in abandoned and unfinished buildings or in make-shift tents, are being forced out by the land owners. The families need food, non-food, WASH assistance. Pregnant and lactating women have no access to health facilities and more than 55 per cent of the children have no access to schools. Where attempts have been made to enrol children in school, admission were refused ostensibly owing to lack of space. The study found that displaced muhamsheen have been prevented from occupying collective centres despite other IDPs being allowed to do so. Further still, the local community has blocked the muhamsheen from accessing necessities including collecting water or firewood, and has resorted to detonating stun-grenades and firing weapons at night to intimidate them.



Many marginalised families like the one pictured above in Amran live in desolate conditions. Photo: Giles Clarke/OCHA

The muhamsheen constitute an estimated 10 per cent of Yemen's population but live at the bottom of the social ladder

The muhamsheen, a minority community of African descent, constitute about 10 per cent of Yemen's population (about 2.8 million people), according to UNICEF. The community are impoverished, live at the bottom of the social ladder and suffer widespread discrimination. They have failed to gain acceptability in Yemen's largely tribal social structure, are not integrated into mainstream society and are sometimes referred to as the 'akhdam' (servants) by other communities.

Many muhamsheen adults earn a living by doing menial jobs such as cleaning, while others including women and youths, beg for hand-outs. [A study by UNICEF](#) in 2014 found that only one in five muhamsheen children over 15 could read, only half of children aged 6 to 17 were enrolled in school and only two in five homes had a latrine. In Taizz, where a large number live, over half of children in a sample of 5,000 under 1 year olds had never been immunized.

Partnering to improve health care

Reproductive and child health care needs have become particularly urgent in Yemen since conflict escalated in 2015. Most births occur at home with the help of a 'jidda', a traditional birth attendant, who often lacks specialized knowledge or experience. Very few women have access to antenatal and postnatal care.

In Sana'a governorate, where only 13 health workers exist for every 10,000 people, the INGO Relief International has partnered with OCHA to rebuild and restore five primary health facilities and one hospital. Relief International has also partnered with a local NGO, National Yemeni Midwives Association, to create a network of 69 community health volunteers and 22 qualified midwives. One facility, Al Aghmoor, which was built in 1998, has in recent years lacked even basic delivery kits and sterilization equipment.

One night in June, Essam and his wife, Naseem arrived at Al Aghmoor from their village about an hour's drive away. Naseem had gone into labour, but complications arose prompting Essam to rent a neighbour's car and drive to seek help. "Naseem went into labour, but after more than five hours, our baby had not been born," Essam said. Naseem was worried that she could lose the baby. "I heard the midwife saying that I was to have a caesarean section [but] we did not have any money for the procedure," Naseem said. "I thought I might lose my baby. Then the midwife told me it would cost us nothing." "When I examined Naseem, the baby was in breech position and the hand had come out," said Tahani Alsaafani, one of the trained midwives.

Two days after the successful procedure, the family went back home. "Thanks to the quick action of the emergency referral system, Naseem and her baby were saved. She has had 18 pregnancies, including 10 miscarriages" Tahani added. "Now, she hopes all women in the village will use the health facility, and that support to Aghmoor will continue in order to reduce the suffering."



Essam (left) and his family pictured after returning from Al Aghmoor health facility. Photo: Relief International

Very few women in Yemen have access to antenatal or postnatal care, and reproductive as well as child health care needs have become particularly urgent

In brief

Violations of international humanitarian law and human rights law continue

Civilians and civilian infrastructure in Yemen were struck during the holy month of Ramadan despite repeated calls from the humanitarian and international community to all parties to the ongoing conflict to respect their obligations under international humanitarian law and human rights law. In June, 22 civilians were killed or injured in an air attack on a market in Sa'ada near the border with Saudi Arabia. In Dhamar City, fighting damaged power lines to the main water system, affecting supply to one million people and putting them at risk of cholera infection.

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