

*This report is produced by OCHA in collaboration with the Humanitarian Country Team and humanitarian partners. It was issued by OCHA Yemen. It covers the period from 8 June 2011 to 19 June 2011. The next report will be issued on or around 27 June 2011.*

## I. HIGHLIGHTS

- The conflict in Zinjibar, Abyan Governorate, continues with ongoing confrontations raising concerns about casualties, physical destruction and a potential displacement crisis.
- The number of IDPs fleeing Abyan increases daily. Current estimates of IDPs from Abyan are 10,000 in Lahj and approximately 15,000 in Aden. 15,000 IDPs are currently estimated to be scattered in Abyan, but limited access to Abyan Governorate is inhibiting IDP data collection.
- 200 new cases of cholera have been reported in Abyan Governorate.
- On 14 June intense combat between security forces and militant groups also occurred in neighbouring Lahj Governorate.
- A rapid assessment on the numbers and needs of displaced persons in Sana'a Governorate concluded that a total of 2,020 IDPs were registered in Sana'a after fighting in Al-Hasaba area.
- Fuel shortages continue throughout the country, threatening some humanitarian programmes.
- New humanitarian resources are being mobilized to respond to the emerging needs, including through the CERF and ERF.

## II. Situation Overview

**Conflict continues in Abyan resulting in increasing figures of IDPs fleeing to neighbouring districts and governorates.** A mission comprising several humanitarian agencies took place on 12 June in order to identify the needs and numbers of people displaced from Abyan to the neighbouring Aden and Lahj Governorates. It is estimated that there are 10,000 IDPs in Lahj and 15,000 in Aden. An additional 15,000 IDPs are scattered around conflict areas in Abyan, but this number cannot be confirmed.

Most of the IDPs in Aden are living in 33 schools, while in Lahj they are living with host families. IDPs in Abyan have sought refuge in schools, public buildings and with host families. The humanitarian needs in Aden and Lahj are increasing daily. The IDPs' main emergency needs consist of basics such as shelter, food, water, protection and healthcare.

*IDP numbers continue to increase in southern Yemen due to ongoing conflict in Abyan.*



Gathering data on humanitarian needs within Abyan Governorate itself remains difficult due to limited access and security constraints, but a preliminary assessment indicates that at least 2,000 families from the affected area remain displaced within the governorate. One of the most urgent needs for IDPs in Abyan is food.

**The fuel shortage is severe** as several humanitarian activities such as WASH facilities and healthcare centres rely on the availability of fuel to function. The Logistics Cluster has been able to procure an interim, limited supply of fuel, however this is not a sustainable source and the Cluster is looking for a more durable solution whereby fuel can be obtained on a regular basis.

On 8 June, heavy gunfire occurred across various governorates in celebration of President Saleh's successful operation in Riyadh, Saudi Arabia. Reports indicate that a total of five people were killed and 131 injured due to celebratory fire. As of 10 June, approximately **283** people have been killed and **3,617** have been injured since the start of the unrest.

**Sana'a** has been relatively calm; however tensions remain and tribe militias can be seen in some areas of the city. Following a Rapid Needs Assessment (RNA), data concluded that clashes in the Al-Hasaba area resulted in 2,020 IDPs. It should be noted that some of these IDPs were already displaced from Sa'ada and have now been displaced for a second time. Others are from Sana'a itself. Data gathered by the RNA indicated that emergency needs of the IDPs include shelter, NFIs (Non Food Items), WASH (Water, Sanitation and Hygiene), food and protection. Many buildings in the Al-Hasaba area have been severely damaged or destroyed.

Sporadic clashes continue between anti-government protestors and security forces in **Taiz**. Following a visit to the area, it was discovered that people affected by the conflict do not require humanitarian aid such as shelter and water as they are being housed by relatives. However, should the situation deteriorate further it is likely that humanitarian assistance will be required.

There has also been a decline in the security situation in **Al-Dhale** whereby incidents of conflict has occurred at night particularly in areas where checkpoints are located. The alleged parties involved in the conflict are members of Al-Hirak movement and security forces. The area is experiencing severe power outages and shortage of water.

### III. Humanitarian Needs and Response

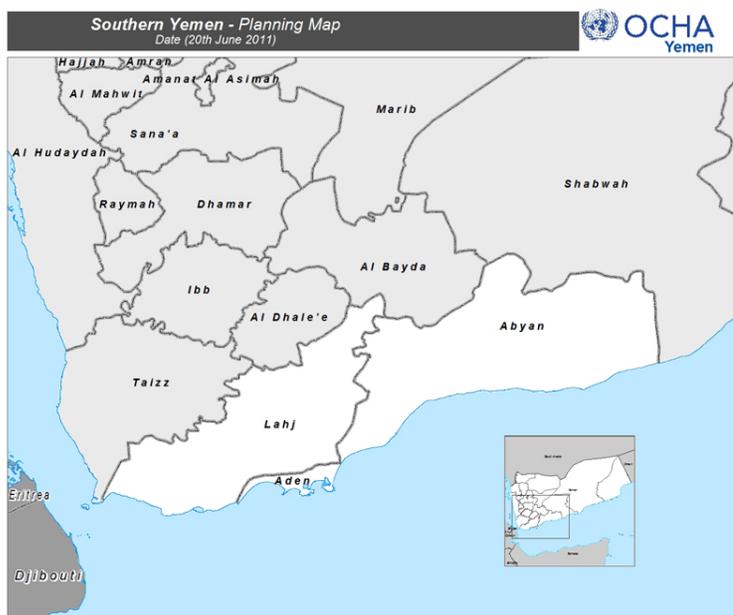
#### Southern Yemen (Abyan, Aden and Lahj)

Humanitarian agencies are scaling up the response to humanitarian repercussions of the ongoing conflict in Abyan. Should the number of IDPs continue to increase, the current response capacity might not be sufficient to meet the needs. Reports of an attack by armed militant groups on a district in neighbouring Lahj Governorate raise concerns about a second displacement of those IDPs who have already fled from Abyan to Lahj.

**The cluster system is being rolled out in Aden** with the participation of UN agencies, IOs, INGOs, NGOs and authorities. A joint registration of IDPs will be conducted by the main humanitarian actors in the area.

#### HEALTH CLUSTER

In response to the increased **healthcare needs** in Aden, one Trauma Kit A and one Trauma kit B (medicines and supplies for trauma management of 100 severe cases), two Interagency Emergency Health Kit (one IEHK sufficient for 30,000 people for one month of medicine and supplies for primary healthcare services) and locally procured trauma medicines (analgesic, dressing material, sutures etc.) for 500 minor injured were distributed to field and referral hospitals.



As a contingency measure in the case of further increases of IDPs in the area requiring medical treatment, supplies have been prepositioned in Sana'a. In Aden two mobile clinics are serving IDPs. The mobile clinic teams deliver health services to IDPs in schools as well those with host families. One mobile team is operational in Lahj to cater to the IDPs from Abyan. Due to the unstable security situation in Abyan, several medical staff have been evacuated.

200 new cases of cholera have been reported, and although there is a shortage of staff, Al Razi Hospital is reportedly providing care to patients. To provide support, an emergency health kit and a diarrhea treatment kit are to be delivered at the Al Razi Hospital to aid patients. International humanitarian organizations are exploring ways of strengthening cooperation with local partners (NGOs, youth groups or community groups)

in the Abyan Governorate in order to address issues such as the prevention and control of cholera outbreaks.

**Gaps/Constraints:** Due to limited access in Abyan, local partners are required to help in the provision of aid to the conflicted affected governorate.

### FOOD CLUSTER

According to a Rapid Needs Assessment (RNA) on the needs of those displaced from Abyan in Aden, findings show that only 10% are self reliable regarding **food needs**. To respond to the increasing need for food in Aden and Lahj, food assistance is being provided to approximately 22,000 beneficiaries.

### SHELTER/NFIS (NON FOOD ITEMS) CLUSTER

IDPs in Aden are mainly being housed in schools and public buildings whereas IDPs in Lahj are mainly residing with host families. A large percentage of IDPs from Abyan in Aden said they fled their homes without taking their own assets. Hence, they require NFIs (Non Food Items) such as clothes, blankets, mattresses, sleeping mats, kitchen sets, buckets, jerry cans and soap. The distribution of NFIs to IDPs in Aden and Lahj is ongoing. In Abyan almost 400 displaced families have been registered and 250 families in the Khanfar District have been assisted with NFIs and other basic items.

**Gaps/Constraints:** The distribution of NFIs is ongoing. However there are IDPs scattered in remote villages in Lahj who are difficult to reach.

### NUTRITION CLUSTER

The **Nutrition Cluster** in Aden provided training to members to conduct nutritional assessments for IDPs and host families in Aden and Lahj. 10 teams in Aden and six in Lahj have been established to conduct assessments in the upcoming days, security situation permitting.

### PROTECTION CLUSTER

Rapid assessments are being carried out by seven inter-agency teams on a daily basis. At the start of the emergency only household names and locations were shared to allow for the immediate distribution of relief items. Protection agencies have collaborated to form a Protection Monitoring Team. The team has been visiting IDP locations to identify protection gaps and inform the humanitarian response. Vulnerable individuals are being identified and referred to relevant agencies.

In the current political crisis the **GBV sub-cluster** is working on raising awareness and building capacities of health workers for clinical management and psychosocial support in the four targeted governorates (Sana'a, Aden, Taiz and Al-Hodidah).

**Child protection** activities have begun with the training of 100 teachers and social workers in Aden on psycho-social support and the protection of children from violence, as well as codes of conduct. In addition the Child Protection Cluster launched a Child Friendly Spaces programme in Lahj and Abyan on June 13<sup>th</sup>. 400 children are benefiting from the establishment of day care and preschool centres in Aden.

### WASH CLUSTER

In response to the emerging crisis in the south, water systems have been established at strategic locations to guarantee IDPs access to safe water. A WASH specialist has been deployed to the south to support the WASH Cluster, which is actively working on coordinating responses to IDPs from Abyan.

### Northern Yemen (Sa'ada, Hajjah and Al-Jawf)

In Sa'ada, humanitarian agencies continue the implementation of the inter-agency **Sa'ada Response Plan** and the channel of communication between the HCT and Al-Houthis remains open. Programming in Haradh, Hajjah Governorate, continues, but the lack of fuel is a grave concern as operations such as WASH and healthcare within the camp are reliant on fuel.

### FOOD CLUSTER

**Food distribution** in the north has not been affected and is ongoing. Through the Sa'ada Response Plan, a greater number of people in Sa'ada are receiving food rations.

### MULTI-SECTOR

Approximately 4,000 **Somali refugees** were displaced as a consequence of conflict in **Sana'a** and the resulting insecurity. A total of 162 refugees were transported by convoy to Haradh where they are receiving food, water and other basic essentials such as shelter. Many refugees were previously employed as domestic workers etc. and now require humanitarian aid because their source of income has vanished due to the political and economical instability of the country (many of the families who employed them have fled from Sana'a). Approximately 200 displaced refugees are temporarily hosted at a community centre, where they are provided food, water, emergency shelter, NFIs (such as mattresses and blankets) and have access

to healthcare. A variety of other alternative options are being explored for refugees who have been affected by the ongoing civil unrest.

The number of **stranded Ethiopian migrants** in Haradh continues to increase adding further pressure on the depleted facilities at the transit centre. Furthermore, shortages of fuel have impeded medical transportation of patients and there has been an outbreak of measles as well as incidences of cerebral malaria. In response to the measles outbreak, vaccinations were provided for those under 15-years of age, and a number of measles and tuberculosis cases were isolated. Charter arrangements are being put in place to evacuate approximately 2,000 stranded migrants from Hodeidah and the expansion of the new protection centre is set to commence in the coming weeks.

**Gaps/Constraints:** A more sustainable solution is required to address the needs of refugees and destitute migrants. The community centre, which is temporarily housing displaced refugees, does not have the capacity in the long term to cater to such a large population. There is a shortage of medical doctors and facilities in Haradh to cater to stranded migrants.

### SHELTER/NFIS (NON FOOD ITEMS)

In April, there was displacement in **southern Al-Jawf** due to ongoing Al-Houthi and anti-government tribal conflict. Over the past week an additional 250 displaced families were identified in addition to the 92 families previously identified and assisted. Currently 300 tents, NFI kits, water filters, and hygiene kits have been pre-positioned for distribution once families are verified. It appears new families are arriving in Al-Jawf from Sana'a, Taiz, and Abyan to escape the insecurity in other parts of the country.

### GBV

**GBV activities** have begun raising awareness on GBV issues in Haradh camps as well as building the capacities of health workers and community volunteers on psycho-social support and clinical management of GBV. A total of 11,000 dignity kits for women and girls will be distributed in Sa'ada Governorate in the coming days.

### CAMP COORDINATION

**WASH activities** are ongoing in Haradh; however the shortage of fuel has been adversely affecting activities. The water supply in all three Al Mazrak camps was less than usual due to the current fuel shortage. Usually 20-25 litres of water per person are provided, but due to the lack of fuel an average of 12.4 litres per person was distributed to a total of 20,433 IDPs. 8,285 IDPs residing outside of the camp had better access to water through water trucking whereby they received 25 litres per day. This situation arose because schools are on vacation and school-bound rations therefore were included in out-of-camp rations. 53 latrines were rehabilitated in camp 1 bringing the total number of latrines rehabilitated since the recent heavy hailstorm in camp 1 and camp 3 to 458. The distribution of hygiene items is ongoing and 669 families benefited from hygiene promotion awareness activities. Other humanitarian activities such as health, protection, food, education and nutrition have continued as usual.

**Gaps/Constraints:** There is no anaesthetist or surgeon to perform surgeries on critically ill IDPs. The shortage of fuel is of grave concern as many of the facilities/services in the camps such as WASH and healthcare rely on fuel to be operational.

### LOGISTICS CLUSTER

**The fuel shortage** is worrying as several humanitarian activities such as WASH facilities and healthcare centres in the camps rely on the availability of fuel to function.

**Gaps/Constraints:** A lack of constant fuel supply to continue humanitarian activities.

### Sana'a

Approximately 2,020 people have been displaced following the conflict in **Al-Hasaba**. Following a joint rapid needs assessment conducted by various agencies the following needs have been prioritized: shelter, NFIs, food and WASH. Large families are currently housed in small spaces with community families, there is a shortage of food supply; a lack of hygiene supplies; the increase in the price of water is an added pressure; and IDPs are sharing bathrooms/latrines with host communities or using open spaces. There have also been some complaints of tension between the host population and marginalized groups. Agencies have been responding to needs such as food, hygiene supplies etc., however shelter remains problematic for some IDPs residing with host populations. As the number of those affected is still manageable, agencies are trying to provide specifically tailored support. An example of this support includes providing some families with cash assistance depending on their situation and vulnerability criteria. Mass distributions are being avoided in order to keep the assistance specific and well designed to respond to needs and in order to avoid masses of people congregating in one area and claiming assistance legitimately or illegitimately.

**Gaps/Constraints:** Pre-existing vulnerabilities in many host populations make it difficult for them to support the IDPs.

## IV. Coordination and Funding

Humanitarian agencies are working together to respond to current and emerging needs of newly displaced persons in Aden and Lahj.

A joint mission comprising several humanitarian organizations visited Aden and Lahj Governorates to evaluate the current situation. The findings of this mission include data on the needs and numbers of IDPs. This information is being used to prepare **new proposals for the CERF (Rapid Response) for US\$ 7 million**. Together, IOs, NGOs and UN agencies are preparing **new submissions to the Emergency Response Fund (ERF)** mainly to respond to the crisis in the south. Two projects are under consideration in order to respond to IDP needs in Lahj and Al-Jawf.

<b>224 million</b> requested (US\$)	<b>59 %</b> Funded
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Humanitarian agencies have significantly downsized their international staff presence but capacity remains. Many embassies have done the same or have closed altogether. Where there is access, most programmes are operational through national staff capacity as well as partnerships with local NGOs.

The CAP Mid Year Review is ongoing and will account for the new drivers of humanitarian needs emerging since the start of the year. Based upon review, a further 30% of the US\$ 224 million is needed to respond to increasing humanitarian needs. A total of US\$ 131 million (59%) has been pledged to the Yemen Humanitarian Response Plan.

*All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: [fts@un.org](mailto:fts@un.org).*

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