



Photo Credit: Yemen Development Network for Non Governmental Organizations

HIGHLIGHTS

- 26 dead and dozens injured, and 47,000 people displaced after cyclones Chapala and Megh hit Yemen.
- Humanitarian needs in key sectors deepen, including food security, nutrition, and shelter.
- Humanitarian presence increases across Yemen.
- Limited humanitarian access to Taizz deprives vulnerable population of assistance.

FIGURES

# of people in need of assistance	21.2m
# food insecure people	14.4 m
# of people displaced	2.3 m
# of malnourished children	1.3 m
# of deaths (WHO as of 31 Oct 2015)	5,723
# of injured (WHO as of 31 Oct 2015)	26,969

Source: HRP and HNO

FUNDING

\$1.6 billion

requested for 2015 (US\$)

\$775.6 (48%)

Funding against the HRP

\$1.18

Total humanitarian funding received for Yemen

Source: OCHA

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Cyclones bring additional suffering to Yemen

Two cyclones hit Yemen in November

Tropical Cyclones Chapala and Megh battered the Yemen coastline with devastating force between 1 and 12 November. Official government figures report 26 deaths, 78 injuries and the displacement of more than 7,800 families (about 47,000 people) across four governorates.

Cyclone Chapala, with sustained winds of 215 km/h, was the most powerful storm to hit Yemen in decades. It struck Socotra Island, some 350 km off the Yemeni coast, on 1 November and made landfall on the country's southern coastline on 3 November. Between 1 and 3 November, Yemen was inundated with rain, receiving up to 610 millimeters (24 inches) in some locations – seven times the annual average – in just 48 hours.

While the effects of Chapala were felt across large parts of Yemen, the hardest hit areas were Socotra, Shabwah and Hadramaut governorates. Hurricane-force winds and torrential rain damaged infrastructure, houses and crops and displaced thousands of families. Large areas in Hadramaut and Shabwah governorates were flooded and many communities isolated.

Cyclone Chapala was immediately followed by Cyclone Megh, with 178-208 km/h winds that hit Socotra on 8 November. While Megh weakened to a tropical storm before it hit mainland Yemen, it impacted many of the same communities. On Socotra, the impact of Megh was more devastating than Chapala. Local authorities report significant damage to infrastructure, including 500 houses destroyed and up to 3,000 partially damaged. Roads, the main port, and communications networks were also damaged.

On-going conflict and insecurity in the cyclone affected areas on mainland Yemen and damage to roads caused by the cyclones have limited humanitarian access into Shabwah, Hadramaut, and Al Maharah. While assessments are on-going, it has been difficult for humanitarian partners to establish a



Photo Credit: UNICEF / Ahmed Tani

BASELINE

Population (Central Statistics Office 2015)	26.7 m
Real GDP per capit: (MOPIC 2015)	US\$ 326
% maternal mortality (WHO 2013)	270/100,000
Life expectancy (World Bank 2013)	63 years
Under-five mortality (UNICEF 2013)	0.60/10,000 /day

CLUSTERS

Lead and co-lead organizations

Education	UNICEF Save the Children
Early Recovery	UNDP
Emergency Telecoms	WFP
Food Security and Agriculture	FAO/WFP
Health	WHO
Logistics	WFP
Nutrition	UNICEF
Protection - Child Protection - GBV	UNHCR UNICEF UNFPA
Shelter/NFIs	UNHCR
Multisector for Refugees and Migrants	UNHCR IOM
Water, sanitation & hygiene	UNICEF

Source: OCHA

full picture of humanitarian needs and assess the extent of the damage.

Calls made by national authorities for people to seek shelter before the cyclones made landfall appears to have mitigated some of the impact and the humanitarian consequences. A cyclone response plan was immediately developed by the humanitarian community and pre-positioned relief items (food, health, water, sanitation, shelter and non-food items) enabled a timely response to the most vulnerable people affected by the cyclone.

Relief items are being moved from existing stockpiles in Sana'a and Aden to a main hub in Al Mukalla for distribution by NGOs, local government, civil society organizations and local relief committees. Gulf States have sent at least 20 airplanes of assistance to Socotra, including food, non-food items (NFIs), medical supplies, potable water, and shelter assistance. IOM and WHO are also making plans to air-lift NFIs and medical supplies to Socotra.

Medical supplies, including trauma kits, have been deployed by the WHO and partners to Mukalla. An emergency immunization campaign for over 300,000 children is under way in the affected governorates, with support from UNICEF and WHO. WFP partners are distributing emergency food supplies of high energy biscuits to 25,000 people in Hadramaut and Shabwah, and a general food distribution to 30,000 people in the affected areas will follow. Distribution of non-food items, such as tents, mattresses, buckets, and tarpaulins by UNHCR and partners, is on-going, with over 10,000 people receiving assistance. IOM has provided water-trucking services to more than 10,000 people, and UNICEF is delivering hygiene kits and water and sanitation supplies into the affected areas. Assistance continues to be transported by land from Aden and Sana'a to the affected governorates.

Humanitarian needs deepen across Yemen

Ongoing conflict and commercial import restrictions continue to devastate Yemen

Updated figures from the forthcoming 2016 Humanitarian Needs Overview show a grim reality for men, women, and children in Yemen following almost eight months of conflict. This period has been marked by recurrent international humanitarian law violations, by all parties to the conflict. Commercial imports restrictions, in a country heavily dependent on food, fuel, and medicine imports, have had a profound impact on humanitarian needs. Before the conflict escalated, Yemen was already the poorest country in the Middle East after years of poverty, under-development, environmental decline, intermittent conflict, weak rule of law, and widespread human rights violations.

Increases have occurred in key sectors, including food security, nutrition, and shelter. More than half the population, 14.4 million people, are now food insecure, and 7.6 million people severely food insecure. With basic food commodities only sporadically available in many governorates and continued high prices of basic food staples, combined loss of livelihoods, the overall food security situation will likely continue to deteriorate.

Nearly 14.1 million people require support to access adequate healthcare, including more than 522,000 pregnant women (15 per cent of whom are expected to face delivery complications).

As of the end of October, WHO reports that more than 5,700 people have been killed, including at least 573 children, and almost 27,000 people injured since the escalation of



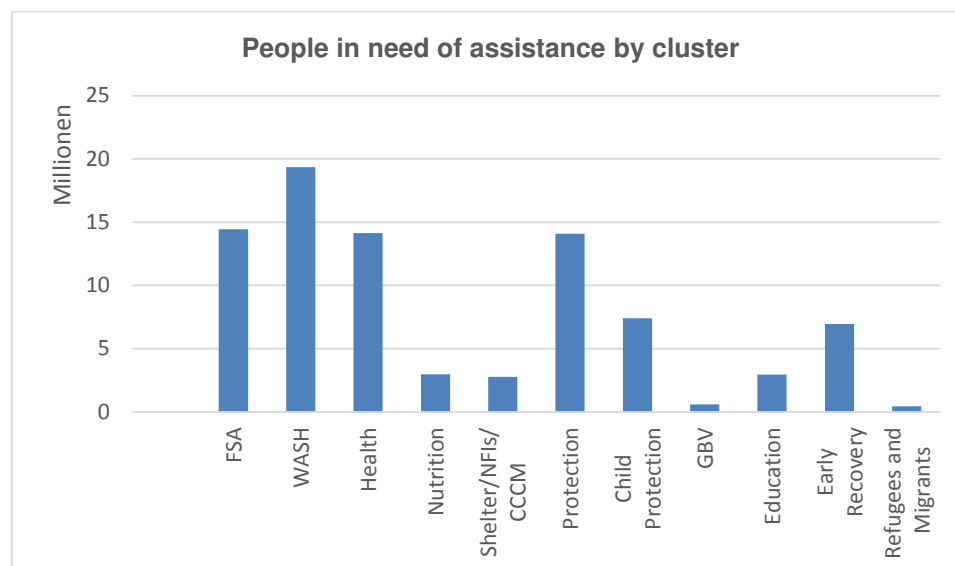
Photo Credit: UNHCR

Continued conflict, commercial import restrictions, and years of poverty, weak rule of law and human rights violations continue to increase the amount of suffering in Yemen

conflict in March. The high number of conflict-related injuries illustrates the need for trauma care in the face of dwindling medical supplies. To date, more than 600 health facilities have stopped functioning due to the lack of fuel, supplies and personnel. At least 69 health facilities have been damaged or destroyed by parties to the conflict; eight health workers have been killed and 20 injured.

Over 19 million people require water, sanitation and hygiene (WASH) assistance with three in four unable to meet their basic WASH needs. The number of people at risk of malnutrition has increased to 3 million people, with 2.1 million who are currently malnourished, including 1.3 million children, 320,000 of whom are severely acutely malnourished. Some 192 nutrition service facilities have closed due to insecurity and lack of supplies – a 20 per cent decrease in available facilities since June 2015.

Displacement and human rights violations have also increased considerably. In search of safety and security, over 2.3 million people are now internally displaced, up from an estimated 344,000 in March 2015. About half of all displaced people are concentrated in Aden, Taizz, Al Dhale'e and Hajjah governorates. The increased displacement has contributed to the increase of needs, particularly for shelter and non-food items (NFIs), with about 2.8 million displaced men, women, and children and host community members in need of assistance.



Source: 2016 Yemen HNO

Despite the delayed start of the new school year on 1 November, about 1.8 million children have been out of school since the conflict escalated in March. Together with the estimated 1.6 million school-age children already out of school prior to the escalation of the conflict, some 3.4 million children are not attending school. The on-going conflict has left 611 schools partially damaged and 174 schools totally damaged. In addition, 260 schools are hosting displaced men, women, and children and 58 – almost all in Taizz – have been occupied by armed groups.

Building on the response achievements to date, the 2016 Humanitarian Response Plan is currently under development to address the most acute identified needs.

Increased humanitarian operational presence

More humanitarian partners work in Yemen

Eighty-five humanitarian organizations working in the cluster system report on-going projects in Yemen, up by 9 from 76 in June 2015. This includes 45 national non-governmental organizations, 33 international Non-Governmental Organizations (NGOs) and seven UN Agencies, Funds and Programmes.

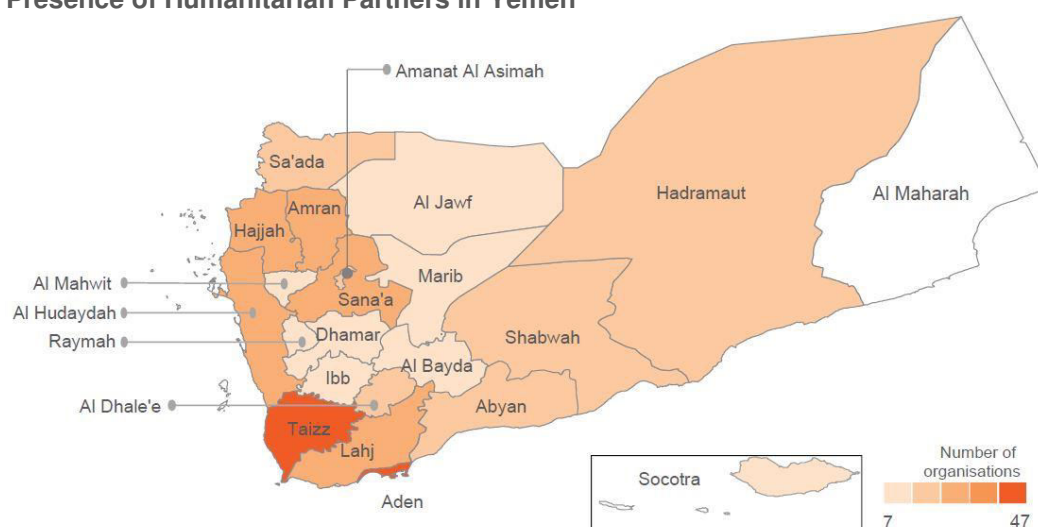
The number of humanitarian partners working in Yemen increased from 76 to 85

The number of national NGOs participating in the cluster system has risen to 45 from 24 in June, substantially strengthening the humanitarian response across the country. Not included in the latest operational presence numbers are important humanitarian actors like the International Committee of the Red Cross and Red Crescent (ICRC).

The highest number, 34 partners, work in the shelter, NFIs and camp coordination and camp management sector assisting the 2.8 million displaced people and host community members in need in the country. A total of 28 partners are part of the food security and agriculture cluster, followed by the health cluster with 27 partners, and the water, sanitation and hygiene cluster with 16 partners.

Humanitarian partners work in all governorates except Al Maharah on the border with Oman where overall needs are considerably lower than in other locations. Congruent with the increasing needs, the highest number of cluster partners work in Aden and Taizz governorates, 47 and 36 respectively. These two governorates have seen humanitarian needs soar since the escalation of the conflict in March 2015 with a total of 3.8 million people – 100 per cent of the population of Aden Governorate and 79 per cent of the Taizz Governorate – in need of some form of humanitarian assistance.

Presence of Humanitarian Partners in Yemen



Source: Clusters / OCHA

Between 29 and 35 partners reported operational presence in the governorates of Amran, Al Hudaydah, Hajjah, Lahj and Sana'a where approximately 6.4 million people are in need. In Sa'ada Governorate, where airstrikes remain intensive and the totality of the governorate's population is classified as in need of humanitarian assistance, 22 partners are active including nine international NGOs and seven UN entities. In Socotra, a governorate not affected by the conflict but hit hard by cyclones Chapala and Megh, four national NGOs with UNHCR, UNICEF and WHO support are working in four sectors – WASH, health, protection and education.

Humanitarians struggle to assist key districts in Taizz

Restricted access to three districts in Taizz Governorate

Consistent and reliable reports paint a clear picture of the critical humanitarian situation in Al Mudhaffar, Al Qahirah and Salh districts in Taizz Governorate where essential services and access to goods have been severely restricted. Intense fighting and denial of access by parties to the conflict have meant that little, if any, commercial goods or humanitarian assistance is able to enter the three districts.

Pre-crisis, these three governorates had a combined population of around 500,000 people. Local sources now indicate that more than two-thirds of these people are now displaced with between 175,000 to 200,000 men, women, and children remaining.

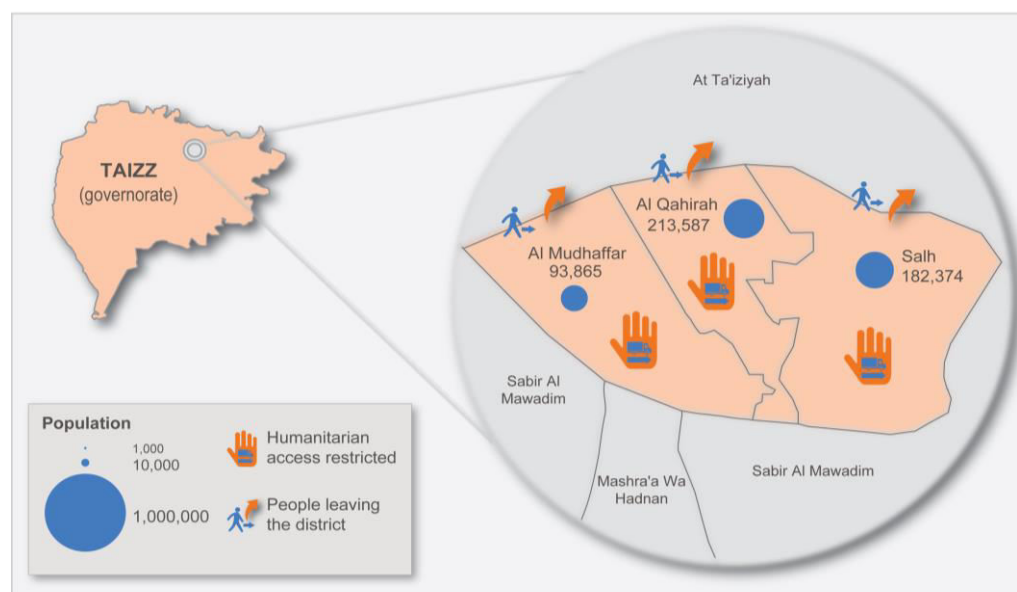
Conflict-affected people have the right to humanitarian assistance in a safe and consistent manner

With few exceptions, all assistance into three districts in Taizz has been blocked

A local network of NGOs in the districts has confirmed that it has been virtually impossible for food supplies to enter the city for the last two months and reports rapidly dwindling stocks of supplies and associated price increases for the little food remaining. Reports point to an almost 300 per cent increase in food prices compared to the 150 per cent increase in the surrounding areas. This continued lack of access threatens lives and compounds suffering among the population in the three affected districts.

Fifty per cent of the water distribution network in the three districts is no longer functioning due to war damage and lack of maintenance. Three water sources provide the districts with 17,000 cubic metres (m³) per day, whereas the daily requirement is 56,000 m³. People now depend on harvested rain water and water trucking. Before March, 70 per cent of the population depended on water trucking. In October, UNICEF gained limited access to distribute nutrition and health supplies and water into the three districts. There are huge concentrations of solid waste in the three districts putting the local population at high risk of contracting communicable diseases.

Taizz districts with restricted humanitarian access



Source: 2015 Yemen Humanitarian Needs Overview; Taizz Access Task Force

Hospitals only have supplies to treat conflict-related injuries. Other services, particularly those to treat chronic diseases, like renal conditions where dialysis treatment are required, have been stopped months ago due to commercial import restrictions and distribution difficulties, including on medicines. All activities and services at hospitals and health clinics are severely affected by the lack of fuel for emergency generators in the absence of a functioning electrical network. No public hospitals are functioning and the few private health facilities available are operating at limited capacity and with the support of international organizations.

While WHO successfully reached Al Thawra hospital in Salh district in October with much needed medicines, consumables and kits, this access was exceptional. The same hospital was hit by indiscriminate shelling on 8 November. Consistent attempts have been made by UN agencies and partners to enter these districts over the last two months, but with the recent exceptions of WHO and UNICEF, assistance has been blocked from entering and in some instances has been diverted by armed personnel.

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