

HIGHLIGHTS

- Two years of conflict puts future of coming generations at great risk
- First UN cross-line medical aid delivery to Taizz city in months
- 117,107 people migrate to Yemen from the Horn of Africa in 2016
- Cholera response gives promising results

Total population	27.4 m
Total people in need of humanitarian assistance	18.8 m
Total people in acute need of humanitarian assistance	10.3 m
# of people displaced (IDPs & returnees)	3.1 m
# of deaths (WHO)	7,684
# of injuries (WHO)	42,553

Source: 2017 HNO and WHO (as of 17 Feb 2017).



Yemeni boy displaced by the conflict in Ibb.
Photo credit: OCHA/Mohammed Al-Sabahi.

In this issue

- [The impact of two years of conflict P.1](#)
- [Emergency Relief Coordinator undertakes his third visit to Yemen P.2](#)
- [Dangerous crossings P.4](#)
- [UN and partners respond to the cholera outbreak P.5](#)

Yemenis bear the brunt of almost two years of conflict

In March 2015, the conflict in Yemen entered a new phase, with the start of the military campaign carried out by the Coalition forces. Two years later, over 7,600 Yemenis have been killed, more than 42,000 have been injured and over 3 million have been displaced. In the absence of a political agreement, ordinary Yemenis, the very ones that the warring parties claim to fight for, bear the brunt of the conflict.

With an alarming 18.8 million people - over two thirds of the population - in need of some kind of assistance or protection to meet their basic needs, Yemen is one of the worst humanitarian crises of our time.

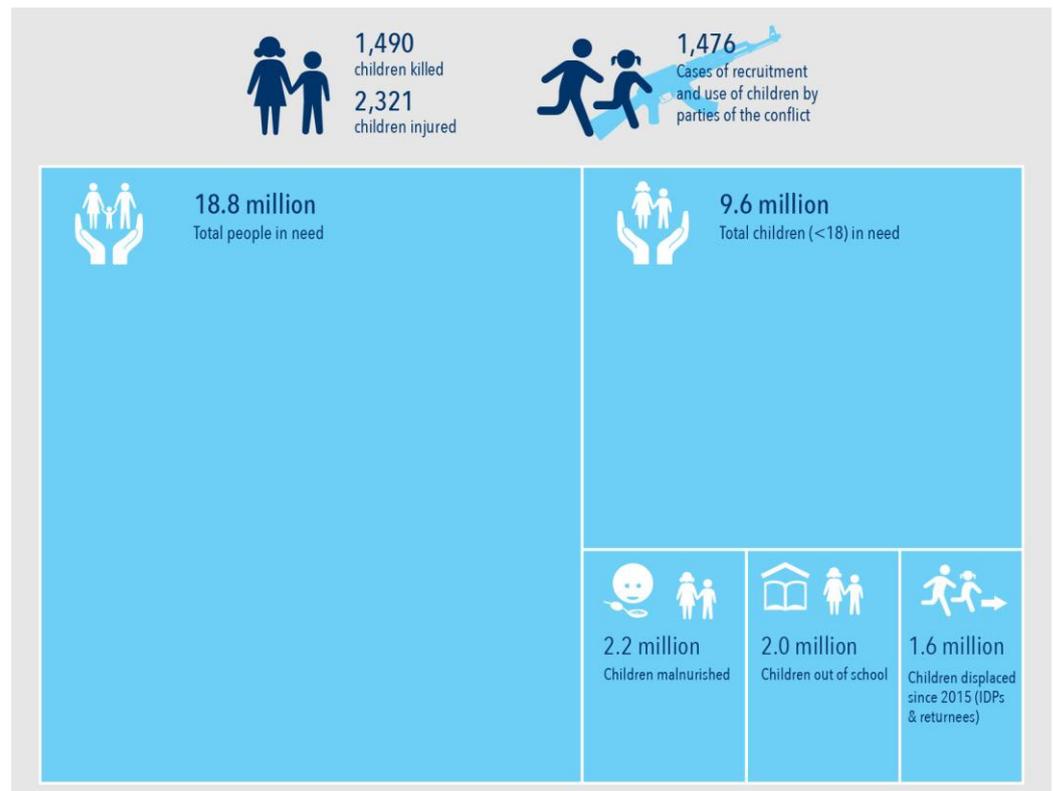
Of particular concern is the rapidly deteriorating food security situation in the country, with 60 per cent of the population - 17 million people - food insecure. This means that Yemenis are not able to feed themselves adequately and are frequently forced to miss meals and eat food of poor nutritional value. More worrying, because of the disruption and blocking of import mechanisms, the country is now facing the risk of famine in 2017. "The conflict in Yemen is now the primary driver of the largest food security emergency in the world," said the Emergency Relief Coordinator Stephen O'Brien in his last briefing to the Security Council on Yemen

Yemen's economy has been severely affected by conflict. Already by far the poorest country in the region before the conflict, Yemen's GDP per capita is estimated to have contracted by about 35 per cent since 2015. The salaries and pensions of 1.5 million civil servants have been sporadically paid in the past months. This is affecting close to one quarter of the Yemeni population. An estimated 8 million Yemenis have lost their livelihoods or are living in communities with minimal to no basic services. The fishing and agriculture sectors have been reduced by 65 and 50 per cent respectively and over 70 per cent of small and medium enterprises have been forced to lay off half of their workforce.

As a result of the conflict, social service provision has nearly ceased. The situation is particularly alarming in the health sector. An estimated 14.8 million people lack access to basic healthcare, including 8.8 million living in severely under-served areas. This has seen thousands of Yemenis dying from preventable diseases, which shockingly includes one child every ten minutes.

Alarming, the consequences of the conflict are affecting the wellbeing of coming generations of Yemenis. With over two million children acutely malnourished and at least two million children out of school, their future has already been impacted in terms of health and social and economic opportunities.

Impact of conflict on children - Overview



Source: UNICEF (Jan 2017); UNICEF: UN press briefing in Geneva (28 Feb 2017); Yemen HNO (2017).

ERC: Peace “is the best humanitarian solution”

From 28 February to 2 March, the UN Under-Secretary-General (USG) for Humanitarian Affairs and Emergency Relief Coordinator (ERC), Mr. Stephen O’Brien, undertook his third visit to Yemen since his appointment in May 2015.

In Aden, where he arrived on the first UN humanitarian flight into the city, the USG visited what is left of a severely damaged maternity hospital. The ERC then met with families of the Qateea’a neighbourhood affected by the fighting and with displaced people in Abdoghanem School, where people who sought refuge from Abyan more than two years ago continue to live on the edge, together with recently displaced families from Taizz Governorate. “I saw with my own eyes the destruction of the war and the impact on the people living in Aden,” said Mr. O’Brien.

In and around Ibb and Taizz, the ERC met with displaced families from Al Mukha and other districts of the Western Coastal Region, where the recent escalation of conflict has resulted in significant civilian casualties and large-scale displacement.

“Escaping from violence, bombings and shelling, these people left with nothing,” said Mr. O’Brien.

Over 44,000 people have recently fled conflict throughout Taizz Governorate, including at least 25,000 from Al Mukha and Dhubab districts. Furthermore, the military escalation along the Western Coast is having an impact on the flow of life-saving commodities, including food staples, into Al Hudaydah Port, which puts people’s food insecurity at greater risk.

It is now ordinary Yemenis, host communities and humanitarian actors providing life-saving assistance and protection to these newly displaced people. “I saw myself, babies



ERC, Stephen O'Brien visits IDP families living on the edge in Abdoghanem School in Aden. OCHA/Ahmed Ben Lassoued.

The Emergency Relief Coordinator arrived in Aden on the first UN aid flight into the city

and children are sick and listless. There is no money to buy food or medicine,” said Mr. O’Brien who was moved to hear a 13-year-old teenager, Mariam, tell him of how she cares for her seven siblings.

Regrettably, the USG was unable to visit the affected population in Taizz city, as his convoy was denied passage at the final checkpoint before crossing the frontline coming from Ibb to Taizz city, despite having received assurances of safe passage by all parties. “I was outraged that humanitarian efforts to reach people in need were once again thwarted by parties to the conflict, especially at a time when millions of Yemenis are severely food insecure and face the risk of famine,” said Mr. O’Brien.

The United Nations has been raising the alarm on the rapidly deteriorating food security situation in Yemen, which could lead to famine in 2017 if immediate action is not taken. “With access and funding, we can help. We have a plan, and we can help avert a famine,” said Mr. O’Brien, calling again on all parties to the conflict to come together and make peace. “That is the best humanitarian solution” he said.

Delivery of medical supplies to Taizz city

Following intervention by the ERC, a WHO truck delivered eight tonnes of essential medicines and medical supplies to Taizz city, where more than 350,000 people are in urgent need of health care services. Ten tonnes of essential medicines and medical supplies were also delivered to areas outside the city. It is the first cross line delivery of UN medical aid from Ibb city to Taizz enclave since August 2016 when the main road connecting the two cities was closed due to the escalation of the conflict.

Distribution of medical supplies to Taizz city



WHO/Dr Eilan Abdulhaq.

The medical aid contains trauma kits, emergency medicines, various types of IV fluids and pneumonia kits. The supplies will be distributed to the main hospitals in Taizz and complement a delivery of similar items received in the city from Aden a week earlier.

Dangerous crossings

Despite conflict and rapidly deteriorating humanitarian conditions in Yemen, a record number of people in 2016 risked their lives on the high seas to reach Yemen from the Horn of Africa by boat. According to figures from UNHCR and partners, a total of 117,107 people made the journey in 2016 alone, mainly across the Gulf of Aden. Most people came from Ethiopia and Somalia (96,966 and 20,128 respectively) via the coastal towns of Obock in Djibouti and Bossaso in Puntland, Somalia.

Many of those making the crossing may be deceived or ill-informed about the severity of the conflict in Yemen, yet hope to reach the Gulf States rather than stay in poverty or face persecution and insecurity at home. UNHCR and other humanitarian agencies have been warning against perilous Horn of Africa crossings, which see people undergoing risky journeys only to face conflict, abuse and exploitation on arrival. UNHCR has received reports of physical and sexual abuse, deprivation of food and water, abduction, extortion, torture and forced labour by smugglers and criminal networks, as well as arbitrary arrest, detention and deportation. Women and children are at particular risk of sexual violence and trafficking. In 2016, at least 79 people attempting the crossing to Yemen were reported dead or missing at sea. For new arrivals seeking international protection, access to asylum systems in Yemen is restricted, and individuals may be unable to register their asylum applications or have their presence documented by authorities in the country.



Baby and mother receive assistance at a UNHCR supported drop-in center for survivors of gender based violence in Sana'a. Credit: UNHCR/S.Mantoo.

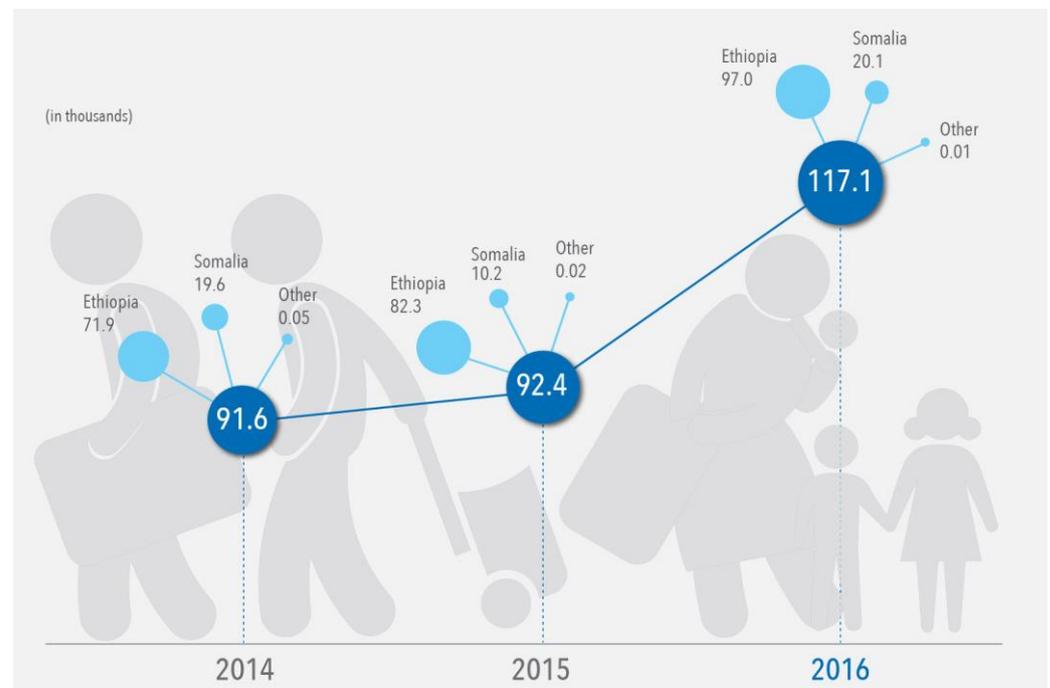
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Yemen has historically been a country of migration and transit from the Horn of Africa to the Arabian Peninsula and beyond. Mixed migration movements into Yemen include refugees, asylum seekers, trafficked persons and migrants who either intend to transit and continue their journey to the Gulf States or seek asylum in Yemen, escaping persecution or conflict.

Almost two years of conflict make Yemen ill-equipped to receive and host new refugees and migrants or those seeking to transit.

UNHCR has subsequently launched a major campaign to spread awareness in the region about these perilous journeys. Titled "Dangerous Crossings," UNHCR launched the campaign with the help of prominent musicians from the region, spreading key messages to make people think carefully before crossing to Yemen.¹

New arrivals in Yemen (2014 - 2016)



Source: UNHCR (Feb 2017).

¹The campaign materials can be accessed [here](#).

UN and partners respond to the cholera outbreak in Yemen

Twenty-eight-year-old Khadija Mohammed lives with her husband and four children in Al Mahabishah village of Hajjah Governorate in Yemen. They used to live with her father who passed away after being sick with diarrhea and fever for three days. They could not afford to take him to the hospital for treatment and he died at home.

Soon after, Khadija's four-year-old son, Amar, fell sick with symptoms similar to her father's severe diarrhea, fever and weakness. She and her husband tried to treat him at home, but he did not get better. Khadija heard from neighbours that the hospital in Al Mahabsha was providing treatment to people suffering from symptoms like Amar's. "We had to walk for over two hours to get to the hospital. My husband had to borrow money from friends to cover the fees for the medical examination," says Khadija. Amar was diagnosed with cholera, received treatment and soon recovered from the disease.

As of 11 January, more than 15,000 suspected cholera cases have been reported in 156 districts across Yemen, an estimated 34 per cent are children below five years of age. The conflict and its economic consequences have left the Yemeni health system reliant on international assistance to control any epidemic outbreak, including disease surveillance and control. Only 45 per cent of health facilities are currently functioning, and even these face severe shortages in medicines, equipment and staff. The lack of capacity, coupled with population displacement, overcrowding and inadequate sanitation have contributed to the occurrence and spread of the cholera/Acute Watery Diarrhea (AWD) outbreak.

After Khadija went back home, she joined neighbours in learning more about cholera and the ways to prevent it. Under the Humanitarian Pooled Fund (HPF) administered by OCHA, CARE international is working in Al Mahabishah to raise awareness among communities on the existence of cholera and ways to prevent it. This includes mass hand washing campaigns, personal hygiene lessons as well as public advertisements to raise awareness on cholera prevention. A cleaning campaign has also been underway to rid the area of solid waste that was increasing the spread of cholera. Moreover, clean water is being provided to the people in Al Mahabishah to be used for cooking and cleaning, further reducing the spread of cholera.

To tackle cholera/AWD, the UN and humanitarian partners are conducting a health response through 26 Diarrhea Treatment Centers in 24 districts; while WASH partners are responding in 29 districts. An additional \$3 million is being allocated through the 2017 HPF reserve allocation to address outstanding gaps. As a result of these coordinated efforts, the cholera/AWD epidemic curve shows a declining trend of incidences occurring in the most affected districts. Nevertheless, the attack rate and number of cases remain high in some high-risk districts including Mukayras (Al Bayda); Al Hali (Al Hudaydah); Sa'fan (Sana'a); Al Mahabishah (in Hajjah); Al Husha (Al Dhale'e); and Dar Sad (Aden).

An additional \$3 million is being allocated to cholera response through the 2017 HPF reserve allocation response funding

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