

HIGHLIGHTS

- Over 494,000 suspected cholera cases and 1,966 deaths were reported in under four months.
- Two million Yemenis are displaced; one million have returned to their homes.
- In two separate incidents, 280 migrants were forced off boats near the Yemeni coast, killing scores of them.
- An airstrike in Sa'ada killed 12 people, including women and children, on 4 August.

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

Source: 2017 HNO and WHO (as of 15 July 2017).

FUNDING

\$2.1 billion
requested

\$911.5 million
funding against HRP

44.1 per cent
funded
(7 August 2017)

Source: FTS, August 2017



A young boy lies in the emergency room awaiting treatment for suspected cholera in a Sana'a hospital. Photo credit: Giles Clarke/OCHA

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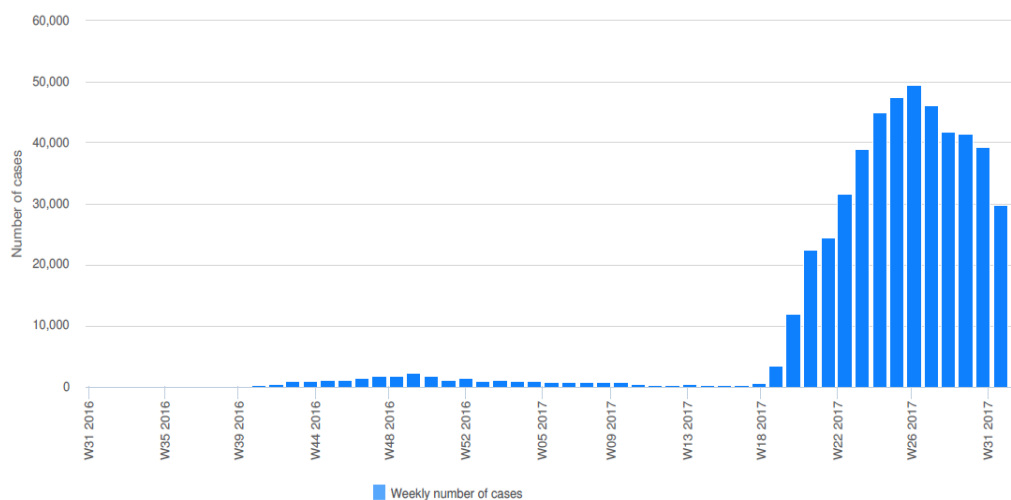
Cholera crisis far from over

Over 494,000 suspected cases and 1,966 deaths in less than four months

The cholera outbreak in Yemen has claimed some 1,966 lives in less than four months and more than 5,000 people are falling ill every day with symptoms of acute watery diarrhoea/cholera. All governorates have been affected, except Socotra. Children and the elderly are the hardest hit: more than 41 per cent of the suspected cases since 27 April and a quarter of the deaths are children, while people over 60 represent 30 per cent of fatalities.

The outbreak is man-made; more than two years of conflict have severely degraded sanitation systems, health services and other public institutions. More than half of all health facilities have closed or are only partially functional, leaving 14.8 million people without adequate access to healthcare. Some 15.7 million people can no longer access clean water and sanitation because infrastructure is disrupted or damaged. Thirty thousand health workers have been paid erratically or not at all for almost a year, which has greatly affected services through absenteeism and reduced commitment.

Figure 1 | Epidemic curve (Country)



Numbers of suspected cholera cases and case fatality ratio, Yemen, 2016-17. Source: WHO Yemen Cholera Situation Report (19 July 2017).

1 May 2017 to 6 August 2017

The outbreak is currently the worst in the world. It has significantly worsened what was already one of the world's largest humanitarian crisis: more than 60 per cent of the population are facing the threat of food insecurity, seven million people are severely food insecure and two million children are acutely malnourished. Malnourished children, pregnant women and people living with other chronic health conditions are at greater risk of death as they face the "triple threat" of conflict, famine and cholera.

Many children like Batool are dying in Yemen because their families are too poor to afford medical treatment for their sick children

Remembering Batool Ali

Four months ago, OCHA met six-year old Batool Ali at Al Jomhuri hospital in Sa'ada City. She was undergoing treatment at the malnutrition treatment centre. Batool had suffered from malnutrition since the age of two, and weighed just 7.5kg (compared to the normal weight of 9.9 kgs for children of her age).

"Batool's health greatly deteriorated during the time that my family would spend nights hiding in a hole," her mother said in an interview that time. "It was very dusty in that hole and the temperatures were high."

Batool was from Mathad village in Sa'ada Governorate. Like other villages in the area, Mathad was repeatedly bombarded by airstrikes, forcing families to dig large holes in the ground where they would hide at night for fear of being struck. Batool's family did that every night for six months but eventually returned to spend nights in their house. By then, Batool was suffering from severe acute malnutrition. Her father, a casual worker on village farms, and her mother, a housewife, however, could not afford medical treatment for her.

They only brought her to Al Jomhuri after learning that the hospital and a humanitarian partner would cover the treatment costs. Batool improved and 22 days later, she was discharged. But two weeks later, her health got worse again prompting the mother to take her back to hospital. At the hospital, they were informed that the funding that supported her initial treatment, had run out. "We could not afford the cost of treatment," said her father. "We took Batool back to the village."



Batool Ali standing on her hospital bed at the time she was on treatment. Photo: Giles Clarke/OCHA

One week later, the hospital asked the family to return Batool for treatment, saying some funding had been found. Again, the family could not raise transport costs from the village. Eventually, a philanthropist paid for a car to bring Batool to the hospital. "A few days later, Batool improved," said her father. "We thought she would recover completely."

The doctors advised the family to take her back home, continue treatment during Ramadhan and return to hospital after Eid. Everything was going well until Batool contracted acute watery diarrhoea. Two days later, she died.

"I watched my daughter die in my hands," Batool's father told OCHA "I could do nothing to save her." Doctors who treated her at Jomhuri said she could have survived if she had quickly received cholera treatment.

System-wide cholera response now in place but challenges remain

Cholera is a treatable disease. More than 99 per cent of people who become sick with cholera and can access health services survive. Scaling up assistance is key to reach all people in need.

A [system-wide response](#) is being implemented at the national, governorate and community level with coordination between UN, INGOs, local partners, public institutions, local authorities and 16,000 community volunteers. The partners have focused resources and efforts on interventions that can most effectively treat cases and reduce further spread of the disease, especially access to clean water and sanitation, setting up treatment centres, training health workers, reinforcing surveillance and working with communities on prevention.

Despite achievements, many challenges remain as cholera response activities need to be scaled up to reach every affected district in Yemen. Some 937 oral rehydration points have been established out of a target of 2,003, along with 222 treatment centres out of a target of 250. Plans are underway to establish Emergency Operations Centres in 10 priority governorates for 4-5 months. Out of 309 districts with reported cholera cases, partners are only present in 121 districts. The magnitude of the cholera outbreak is beyond the capacity, presence and reach of humanitarian organisations.

A revision of the Yemen Humanitarian Response Plan is underway to reflect revised funding requirements for the cholera response amounting to US\$254 million. At the same

Despite ongoing conflict and violence in Yemen, several thousand migrants from the Horn of Africa continue to arrive on Yemen's shores

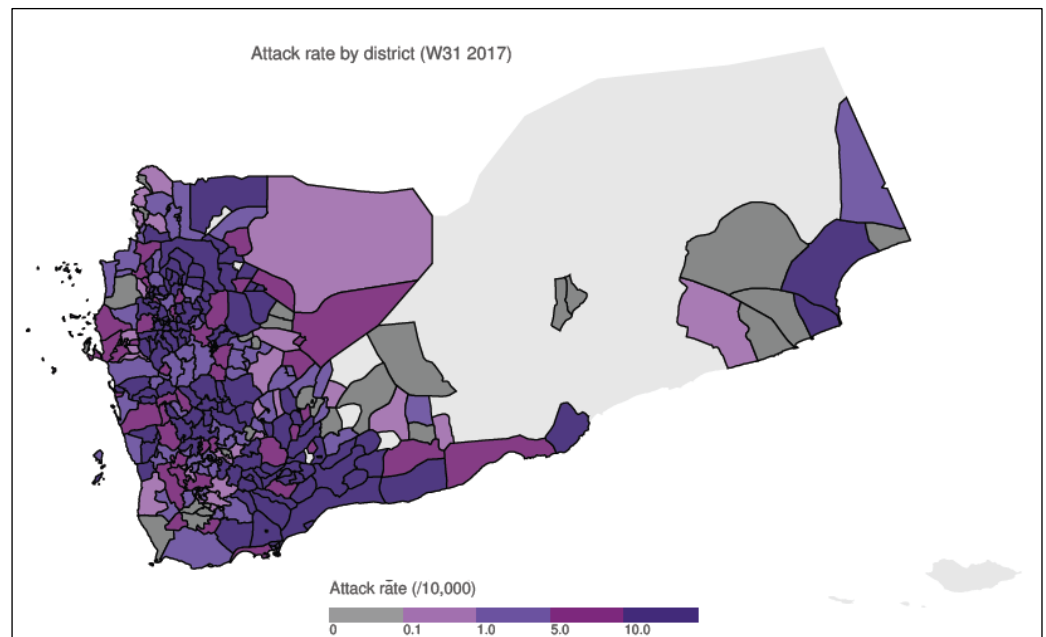
time, a UNICEF and WHO programme financed by the World Bank is aiming to support 1,072 primary health care facilities in 330 districts by providing medicine, supplies and equipment; key operational costs (fuel, gas, water, etc.); and per-diems for community health workers. UNICEF plans to support 1,000 more primary care facilities in the coming quarter. The humanitarian community in Yemen continues to appeal to the international community to support modalities towards restoring and/or maintaining the functionality of public service institutions across Yemen.

Cautious optimism over a recent decline in reported cholera cases

Epidemiological surveillance confirms a decline in suspected cases over the past three weeks in some of the most affected governorates, including Amanat al-Asimah, Amran and Sana'a. WHO, however, warns that this data should be interpreted with caution, given a backlog in the analysis of suspected cases. WHO continues to monitor the situation to establish whether this downward trend continues over the coming weeks. Thousands are still falling sick every day; in remote villages, poor living conditions and lack of knowledge about cholera are contributing to further spread of the disease and to the number of deaths, prompting partners to call for increased aid and preventive activities at community level.

Humanitarian partners fear that cholera may spread further during the July-September rainy season, reaching an unprecedented 600,000 cases by the end of the year. It is imperative that parties to the conflict facilitate the flow of essential supplies like medicine into and across Yemen, guarantee humanitarian access to the most vulnerable people and ease import restrictions on commercial goods.

IDPs and returnees in Yemen have significant needs, including shelter with some families living in caves in the mountains



Cholera attack rate by district, week 31, 2017. Source: WHO, Yemen cholera response, weekly epidemiological bulleting, 6 Aug 2017

Seven per cent of all Yemenis are currently displaced by conflict from their homes, while 3.4 per cent have returned home after displacement

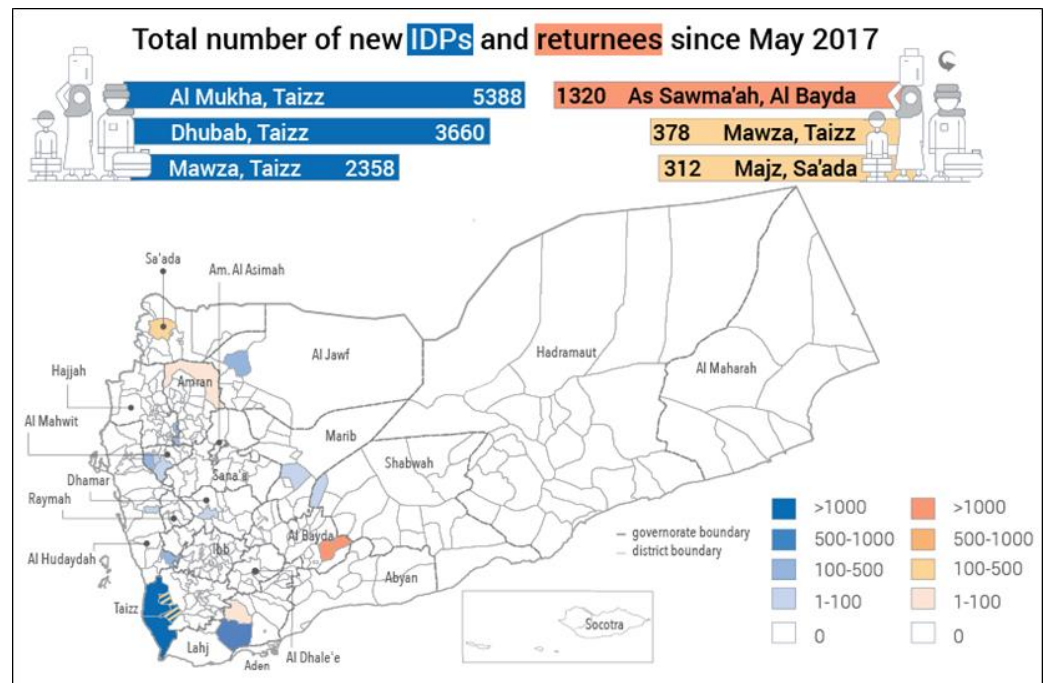
Decreased displacement and returns

10.4 per cent of all Yemenis have experienced displacement since 2015

Parties to the conflict must do more to ensure the protection of civilians and to minimise displacement. According to the [June report](#) of the Task Force on Population Movement (TFPM), 10.4 per cent of all Yemenis have experienced displacement in just over two years. Seven per cent remain displaced while 3.4 per cent are returnees. Virtually all these people were displaced by conflict, except for 11,600 who were displaced by natural disasters. Humanitarian partners are concerned that many IDPs are living with host families and others in schools or informal settlements, with limited access to essential services.

Data collection and analysis on protection risks by the Protection Cluster has improved this year

Since March, nearly two million people have remained displaced from their homes due to conflict. IDPs are dispersed across 21 governorates, with most living in Taizz, Hajjah, Sa'ada and Amanat Al Asimah. The report noted that since May 2017, displacement has decreased with only 8,400 new IDPs identified mostly in Hajjah, Al Hudaydah and Al Bayda. The task force also found that nearly one million people who had fled their homes have returned, mostly in Aden, Al Bayda and Al Dhale'e. Since May, returns have slowed with only 45,700 returnees going back home. Of the total returnee population, an estimated 82 per cent (829,572 people) have returned from displacement sites within their governorate of origin, creating pockets of return in 33 districts.



Total number of new IDPs and returnees since May 2017. Source: Task Force on Population Movement (TPFM), 15th Report, July 2017

Some IDPs living in caves or rudimentary shelters

Among those living in spontaneous sites, shelter needs have increased significantly with the degradation of already rudimentary shelter solutions. In some locations, families are living in caves in the mountains or in rudimentary emergency shelters that lack even the most basic facilities like water, sanitation, health, and do not have adequate protection from heat and rain.

The Shelter Cluster notes that families renting accommodation continue to face eviction overcrowding and threats to their personal safety in shelters that do not offer adequate protection. The Cluster is facilitating coordination, strategy development, information sharing, emergency response, technical support and contingency planning to respond to these needs. Other needs identified by the TFPM report include food, access to income and WASH including drinking water and hygiene supplies.

Increased protection challenges

12 civilians, including young girls and boys, killed in aerial attacks in Sa'ada

The volatile security situation and military operations continue to impact civilians in Yemen. According to the Protection Cluster, the number of reported airstrikes in the first half of 2017 exceeded the total for 2016, with the monthly average almost three times higher this year. The pace of reported armed clashes is also 56 per cent higher per month this year compared to 2016. Taizz, Sa'ada, Hajjah, Sana'a, Al Jawf and Marib remain the most affected by military operations, clashes and airstrikes. Major incidents resulting in civilian casualties have occurred recently in Taizz (July) and Sa'ada (June and August). On 4 August, humanitarian partners in Sa'ada governorate reported that airstrikes hit a

Civilians in Yemen are paying too high price in a conflict that has seen private houses, markets and other public places struck by airstrikes

house in As Safra district and a private vehicle in Razih district, killing 12 civilians, including four girls and two boys aged between two and 14 years.

The Humanitarian Coordinator Jamie McGoldrick said such attacks show the brutality of the Yemen conflict where all parties have continued to show a disregard for the protection of civilians and the principle of distinction between civilians and combatants in the conduct of hostilities. "As I have said before, even wars have rules and such rules must be respected," McGoldrick said. The ICRC said: "We strongly deplore the trend whereby public places, such as markets, as well as private houses, have been targeted by the belligerents. This is a pattern that runs counter to the basic tenets of the law of armed conflict, and it must be stopped. Civilians keep paying far too heavy a price in this conflict," ICRC said. According to international humanitarian law, civilians must not be attacked and warring parties must do everything feasible to verify that targets are military objectives.

50 migrants killed after being forced off a boat by people smugglers

In two incidents in August, people smugglers forced 280 migrants into the sea as they approached the coast of Shabwah. IOM found the shallow graves of 29 migrants on a beach, shortly after they had been buried by the survivors. Next day, another 180 migrants were forced off a boat by smugglers. Following these two incidents, scores of migrants went missing. At least 2,861 migrants and asylum seekers (2,048 Ethiopians and 813 Somalis) arrived from the Horn of Africa to Yemen in May despite increased conflict-related risks, according to the [June Mixed Migration report](#). Most migrants are economic migrants seeking a better life in Gulf countries, but they suffer extensively en route and upon arrival in Yemen. A recent inter-agency visit to the main prison in Sa'ada governorate found 75 migrants living in very poor conditions, with inadequate sanitation facilities. The migrants in the prison included 25 women and children.

Efforts are ongoing to repatriate some of the migrants back home. In May, IOM facilitated the voluntary repatriation of 84 migrants from Al Hudaydah to Djibouti, including 29 unaccompanied children and seven women. They reported widespread abuse at the hands of smugglers. It is noteworthy that since conflict escalated in Yemen, the movement of people fleeing war to the Horn of Africa has also increased. From March 2015 to 30 April, an estimated 95,807 people have fled Yemen to countries in the Horn of Africa; with Yemenis and Somalis accounting for 30 per cent and 35 per cent, respectively. Most of them arrive in Djibouti, from where some travel on to neighbouring countries such as Somalia and Ethiopia.



Fathiya from Ethiopia came to Yemen in search of a better life, but is now stranded with three children. Photo: Charlotte Cans/OCHA

The two incidents in which 280 people were forced off boats and into the sea, is a deeply troubling trend in the abuse of migrants

Of the 267,721 households that received support in Yemen in July, 65 per cent received a direct cash transfer

Cash transfers and vouchers gaining traction

267,721 households received vouchers and direct cash transfers in July

Humanitarian support to vulnerable people in Yemen via cash and vouchers has a long and successful history. Since the escalation of the conflict, this strong national experience has allowed programmes targeting WASH, shelter, protection, food and basic needs to be launched/expanded with multiple national NGOS, international NGOS and UN agencies. These programmes have reached households in 19 governorates on regular basis with the numbers increasing month by month. In July, 267,721 households received support in Yemen, 65 per cent in the form of a voucher and 35 per cent in a direct cash transfer.

The suspension of the Social Welfare Fund affected the livelihoods of up to eight million people who used to benefit from the fund

The creation of a multi-sector Cash and Market working group in early 2017 has allowed a common platform to consolidate and maximise the experiences and lessons learnt that have been developed to ensure that duplication of work is avoided. Working with actors from all sectors has allowed for more cost-effective and efficient market studies to be undertaken, and key cross cutting issues to be identified. Sub-working groups are developing guidance for a National Minimum Expenditure basket, standard guidance for Cash-for-Work and a national assessment of money transfer actors.



Local women in An-Nassiri village north of Hudaydah. The village receives OCHA assistance. Photo: Giles Clarke/OCHA

Rapid scale up of cash transfer activities anticipated

The suspension of the Social Welfare Fund (SWF) following the escalation of conflict in 2015, worsened the livelihoods of millions of Yemenis who depended on it. The expectation is that there will be a rapid scale-up in cash transfer activities from mid-2017, as part of a wider push to expand cash activities from covering basic food and NFI needs, to cover livelihoods, shelter and market-based activities. An emergency cash transfer project launched by UNICEF expects to resume payments between YER9,000 and YER18,000 per quarter (US\$25 to \$51 at informal exchange rates) to SWF beneficiaries. The \$200 million project is funded by the World Bank. Before it was suspended, the Government-led fund was benefiting about eight million people, mostly the poorest or most vulnerable families.

In brief

One year since Sana'a airport was closed

The UN and INGOs operating in Yemen called for the lifting of restrictions on Yemeni airspace and the re-opening of Sana'a airport which was closed to commercial traffic on 9 August 2016. The Yemeni health ministry estimates that 10,000 people have died from critical health conditions after failing to travel for international medical treatment. Prior to the escalation of conflict, an estimated 7,000 Yemenis were travelling abroad for medical treatment each year from Sana'a. In the last 24 months, the number of Yemenis requiring life-saving healthcare abroad is estimated at 20,000.

An estimated 10,000 people have died since Sana'a airport was closed because they could not travel abroad for medical treatment

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