I. HIGHLIGHTS/KEY PRIORITIES

- At least 29 are dead, over a hundred injured including women and children. Hundreds more are displaced within the capital, Sana’a, after heavy fighting between government and anti-regime tribal forces.
- 4,000 urban refugees in Sana’a seek protection from the latest violence in the capital.
- Inter-agency rapid assessment reveals at least 9,947 new IDPs have fled to schools and public buildings in Aden and 4,700 IDPs in Lahj following further conflict in Zinjibar, Abyan Governorate. Reports that up to 95% of the population have been displaced within other inaccessible areas surrounding Zinjibar.
- Humanitarian access remains restricted in parts of Abyan, Sana’a and Sada’a Governorates
- A national shortage of fuel is disrupting markets and contributing to the cost of food and water rising threefold in some urban locations and further threatens the delivery of humanitarian programming.
- Food assistance and non-food items as part of the Sada’a Response Plan reaches IDPs in Sa’ada Governorate following successful negotiations with Al Houthi Rebels to increase access.
- The HCT successfully mobilized US$ 6.3 million from the CERF under the rapid response window to respond to the new humanitarian needs resulting from the civil unrest and the conflict in the north.

II. Situation Overview

The political situation in Yemen remains highly unstable. Renewed conflict has led to a sharp increase in humanitarian needs across the country. An attack on the presidential palace on Friday 3 June injured the president and other senior government officials and sparked fierce conflict between government forces and anti-regime militia in urban areas across the capital.

The president has since departed for medical treatment in Saudi Arabia and a ceasefire has held since Saturday 4 June. Media reports state that the Vice President, Abd-Rabbu Monsour Hadi has taken over running the currently in the interim which has been accepted by the opposition. Despite the ceasefire, humanitarian access remains restricted in Al Hasaba and Hadda districts. Joint rapid assessments are ongoing through local partners to ascertain the extent of displacement and wider humanitarian impacts. While efforts to sustain the ceasefire are ongoing, there is a high risk that of a prolonged tribal conflict may ensue.

NGOs report that food and water prices have risen in some urban locations including Sana’a. This has raised fears that the cost of living is rising beyond the reach of more and more of the general population in Yemen, where already more than a third of the population live in poverty. The shortage of fuel in the country continues to cause concern for both poor Yemeni families and for the delivery of humanitarian aid.
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and activities particularly for WASH and health services in IDP camps in Hajjah Governorate. The fuel shortage is making it increasingly difficult to access water via ground water pumps, transport for people and for goods.

Many government line functions have significantly reduced their activities or have ceased to function altogether. Health facilities and social welfare have grinded to a halt in many locations, raising concerns that those with chronic medical conditions are increasingly at life threatening risk. Forty percent of all schools are reported closed in Abyan governorate and a higher proportion in some urban areas.

III. Humanitarian Needs and Response

Renewed conflict in Sana’a and Abyan causes primary health care and protection needs to rise again. Since the start of the civil unrest in February 2011, the conflict has led to at least 225 deaths and 3,125 injuries. Following the violence in the capital on the 1 June, 29 have been killed, over a hundred injured. Since 23 May, nine children have been killed and 37 injured.

Hundreds more are displaced within the city and to neighbouring settlements. Further reports indicated that a medical facility and an ambulance were fired upon, killing a medical staff member. Statements followed from both the UN system in Yemen and the Emergency Relief Coordinator, Valerie Amos, condemning the violence and its impact upon civilians and calling upon all parties for restraint. There has been an increased demand on the health system. The high security risk makes it difficult for medical professionals to report to duty thereby obstructing the delivery of health services.

In response to the health needs caused by the conflict, ambulances provided vital services on Friday (3 June) and Saturday (4 June) in Sana’a. Services included attending to people injured and the transportation of those killed and injured to hospitals. A total of 20 tons of medicinal supplies including antibiotics, analgesics, intravenous fluids, trauma management medicines, dressing material arrived in Sana’a from Dubai and will be distributed as per needs. Support to the field hospitals in all areas of demonstrations and the referral hospitals continues using funds provided through the CERF. On 31st May two tons of medicines and supplies for victims of the conflict were delivered to a field hospital in Sana’a. The supplies are sufficient for approximately 500 patients. Furthermore, an orthopedic drill was procured and delivered to Kuwait Hospital, which is where most referrals from the field hospital in Sana’a are being treated.

Due to the conflict in Sana’a, new IDPs have move to Haradh, Sa’ada and Hoedaida. The conflict in Nihm, north-east of Sana’a, has resulted new IDPs. IDPs originally from Sa’ada have returned home and there are new IDP arrivals Hajjah and Hoedaida from Sana’a. There is no data available on the exact number of civilians, including children, that have been killed or injured by the recent fighting in Sana’a, but the assumption is that both children and adults have been victims, and that children are facing both physical and psychological trauma.

4000 urban refugees in Sana’a are now seeking protection and relocation. Refugee committees in Sana’a are vocalising their fears regarding the rapidly deteriorating situation through protests and advocating thorough their Community Leaders. They are unanimous in their demand for a temporary refugee camp created. The reasons for this demand is due to the high stresses on the community of the civil unrest and threatening civil war, the drastically increased price in water, gas, food and transport in the last week since the conflict started. Peoples’ small savings are quickly finishing and unemployment has also steadily increased as hundreds (maybe thousands) of refugee housemaids are out of work as Yemeni families travel to their villages. Both refugees and IDPs have been displaced from Hasaba area, with IDF recording crowds of 200 to 300 coming to its office. In response, humanitarian agencies have put a support system in place for refugees displaced from the civil unrest affecting the area of Hasaba, Sana’a consisting of 20,000 YR emergency payment for relocation and loss of belongings, NFI, Blankets, Mattresses, Water Cartons
distributed. All families have been advised to find relatives, friends, shared accommodation until the situation improves in Haseba and it is safe to return.

New IDPs arrive in Aden from Abyan. Elsewhere in the country, anti-government militia have taken over the coastal town of Zinjibar, in Abeyan Governorate, sparking a wave of displacement from the area. To date, a total of 6,521 IDPs (1,054 families) have been registered in 20 locations in Aden following joint rapid assessment by humanitarian agencies. Most of the locations are public buildings including schools. Many areas around Zinjibar, however, remain inaccessible due to continued conflict, but reports indicate that as much as 95% of the local population has also been displaced, which would indicate that total displacement is up to six times higher than the current level.

Multi-sector response to new IDPs in Aden is ongoing. At least 15 humanitarian organizations are working in collaboration to provide water, shelter, NFIs, food assistance and health services. Coordination between aid organizations and is progressing well. Committees have been formed to verify IDPs and identify persons with special needs and provide support. Registration teams are visiting new locations daily to register new arrivals. A communication center has been established where IDPs can trace and contact their family members. NFIs have been provided to 337 families and wet food rations have been provided by a local organization. Other NFIs distributions, including clothes and sanitary materials will begin this week. Drinking water is being provided by international NGOs. The local government is in the process of connecting water supply to all schools where IDPs are currently housed and humanitarian agencies will provide water tanks and connection equipment where needed. The department of health in Aden plans to send a team to visit locations of IDPs to screen for possible malnutrition cases. International agencies have identified 40 injured persons. One health mobile team is visiting seven schools. Ten ambulances provided by the health department supported by humanitarian agencies will visit all IDP locations. A two-week contingency ration for 517 IDP households is expected to be completed by 5 June. An additional 537 IDP households will be assisted with the same ration (wheat flour and oil) this week.

Gaps remain in the response to the new IDP movement. Based upon reported displacement levels and the current vulnerability profile of IDPs currently being assisted, up to six times the current number of IDPs may require humanitarian assistance in Aden and Abyan for all sectors of response. Agencies will need to replace NFI stocks at a rapid pace and need more technical staff to run programmes. There is a particular shortage of medicines.

The cholera outbreak in Abyan is still ongoing, however, the case figures are on the decline. Since the beginning of outbreak in mid April a total of 342 cases with 4 deaths were reported. Medicines and supplies (antibiotics, oral rehydration salt and intravenous fluids for management of approximately 500 patients) to the health authorities. Chlorination of five wells of water distribution network in the area was also undertaken.

In Hajjah Governorate, Heavy rains have caused significant damage to shelters, services and provisions in IDP camps. Agencies are working collaboratively to have the camps at optimal functional levels once again. Tents are being replaced and water collection points in camp one are being restored and the water supply to camps and outside communities has returned to normal levels. A total of 90% of the destroyed latrines have been rehabilitated in camp I and camp III. In order to ensure that educational needs are met, tents have been erected in camp II and camp III whereby IDP scholars are able to write their exams. Psycho-social support has been offered to families who suffered minor injuries from the storm in camp III.

In Al Jawf Governorate, fighting continues between the opposition tribes and Al-Houthi in Al-Ghayl District. On 13-16 May, humanitarian agencies assisted 42 newly displaced IDP families from Al-Hazm and 49 families from Al-Muslub providing tents, NFIs, hygiene kits, water filters, and health care through a mobile clinic. An additional 62 IDP families have been displaced from Al-Khalaq and four from Assalmat. Pending the opening of humanitarian access, plans are in place to assist these families with NFIs and additional WASH assistance.

In Sada'a Governorate the HCT Sa'ada Response Plan continues to progress smoothly following the establishment of humanitarian dialogue with non-state actors in the North of the country. With increased access food assistance and protection projects are ongoing. IDPs, returnees and war-affected persons are being assisted with food rations and non-food items. In addition to general food distribution to IDPs, a Blanket Supplementary Feeding Programme for children under 5 is being implemented.

Since November 2010, approximately 3,756 migrants have been assisted to return to their home countries with priority given to vulnerable persons such as women, children, sick and elderly. At present 4,200 migrants, registered over the past two and a half months are seeking assisted voluntary return (AVR)
to Ethiopia. Due to the current unstable political and security situation AVR has been temporarily suspended. The Departure Center was also flooded due to heavy rains. In response new tents and NFIs were procured to shelter over 300 vulnerable persons. The Departure Center, which has become a temporary housing place for vulnerable migrants, is currently undergoing a revamp to attend to the needs of migrants. WASH facilities are being currently being upgraded in the center and discussions are being had regarding increasing humanitarian services and aid to migrants to cater to the increased numbers.

**Gaps in migrant response remain.** Agencies have noted an increased amount of migrants travelling through Sa'ada in an attempt to cross the Saudi Arabian border. The fuel shortage is making it increasingly difficult to access water via ground water pumps, transport people and goods.

### V. Coordination and Funding

Humanitarian agencies have significantly downsized their international staff presence but capacity remains. Many embassies have done the same or have closed altogether. Despite downsizing, most programmes are being sustained in areas where there is access is using national staff capacities and partnerships with local NGOs. HCT agencies have recently reviewed their preparedness and contingency plans in the light of new humanitarian risks. Local coordination hubs in Hajjah and Aden governorates remain functioning.

A total of US$ 126 million (56%) has been pledged to the **Yemen Humanitarian Response Plan.** In May 2011, **The Mid Year review** will be published in July 2011 and will account for the new drivers of humanitarian needs emerging since the start of the year. The HCT successfully mobilized US$ 6.3 million from the CERF under the rapid response window to respond to the new humanitarian needs resulting from the civil unrest and the conflict in the north. The ERF has disbursed XX in 2011 is receiving new contributions from donors which is allowing NGOs to increase preparedness and response activities in response to emerging needs in the country.

*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.*

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