

HIGHLIGHTS

- 22.2 million people in Yemen need assistance in 2018 – one million more than in June 2017.
- The 2018 Yemen Humanitarian Response Plan seeks US\$2.96 billion to assist 13.1 million people.
- Diphtheria has killed 48 Yemenis in 19 governorates.
- In 2017, the YHF allocated \$129 m to 53 partners to implement 111 projects.

FIGURES

Total population	27.4 m
Total people in need of humanitarian assistance	22.2 m
Total people in acute need of humanitarian assistance	11.3 m
# of people displaced (IDPs & returnees)	3.0 m
# of deaths (WHO)	8,757
# of injuries (WHO)	50,610

Source: PMR, May 2017; WHO (as of 15 Sept. 2017).

FUNDING

\$2.96 billion requested
\$34 million funding against HRP
1 per cent funded (31 January 2018)

Source: FTS,



Displaced children at Khamir IDP settlement, Amran. Photo: OCHA

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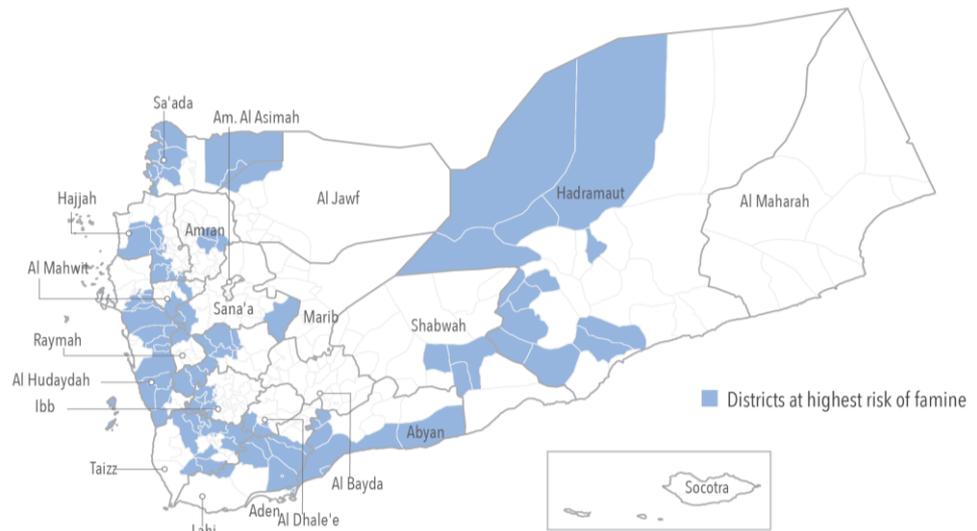
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The world's worst man-made humanitarian crisis

Two in three Yemenis do not know where their next meal will come from

Humanitarian needs across Yemen continue to increase, fuelled by ongoing conflict that has collapsed the economy, crippled social services and severely disrupted livelihoods. With more than 17 million – two in three people – not knowing where their next meal will come from, Yemen is the world's largest humanitarian crisis. According to the [2018 Humanitarian Needs Overview \(HNO\)](#), an estimated 22.2 million people, equivalent to 75 per cent of the population, are in need of some kind of humanitarian or protection assistance, including 11.3 million who are in acute need - an increase of more than one million people since June 2017. The most severe needs are in areas of ongoing conflict or areas with large numbers of IDPs and returnees.

Yemeni districts at highest risk of famine



Sources: FSAC, Nutrition, WASH and Health Clusters (Oct 2017)

Some 8.4 million people are severely food insecure and at risk of starvation; a 24 per cent increase since 2017. Some 7.5 million people need nutrition assistance including 1.8 million children and 1.1 million pregnant or lactating women who are acutely malnourished. Five governorates (Al Hudaydah, Lahj, Taizz, Abyan and Hadramaut) have acute malnutrition rates above the emergency threshold set by the World Health Organisation of 15 per cent. Purchasing power and social safety nets for millions of people have been eroded as more than 1.25 million public servants have not been regularly paid their salaries for over a year.

Prolonged violence has brought the economy to its knees, degraded community resilience and accelerated the collapse of public institutions

The number of people in need does not include additional needs that were created by the three-week blockade imposed by the Saudi-led Coalition on commercial imports bound to the Red Sea ports of Saleef and Al Hudaydah in November 2017, and the week of intense fighting in the capital, Sana'a, in early December.

10 per cent of all Yemenis have been displaced in the last 30 months

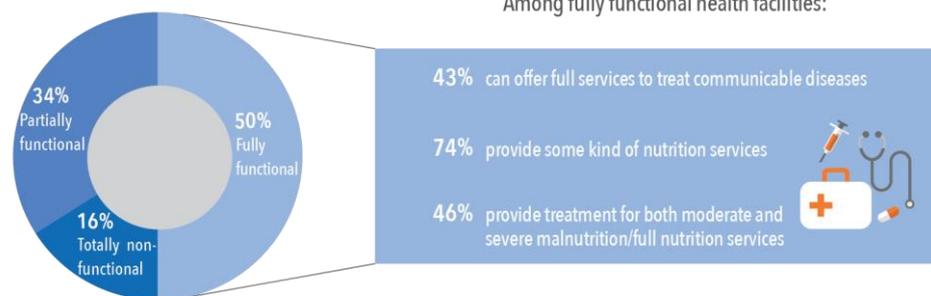
Armed clashes, airstrikes and localised attacks on civilians have taken a devastating toll on the people of Yemen and generated widespread protection needs. About 12.9 million people need assistance to protect their safety, dignity or basic rights, from violations of International Humanitarian Law, grave violations of children's rights and gender-based violence. From October 2016 to September 2017, almost 8,900 conflict-related incidents, including airstrikes, armed clashes and shelling, were reported throughout Yemen – of which 82 per cent occurred in five governorates: Taizz, Sa'ada, Al Jawf, Hajjah, and Sana'a. More than 10 per cent of all Yemenis have experienced the shock of displacement due to conflict in the last 30 months.

Most of those who have been displaced are struggling to cope because prolonged violence has brought the economy to its knees, exacerbated pre-existing vulnerabilities, degraded community resilience and accelerated the collapse of public institutions. Imports and internal movement of goods have become more difficult due to security-related restrictions, with enterprises reducing operating time by a half and laying off more than half of the workforce.

Access to services severely disrupted by continuing conflict

Only 50 per cent of health facilities in 16 governorates are functional, but lack supplies or are manned by health workers who have not received salaries for months. An estimated 16.4 million people require assistance to obtain healthcare – of whom 9.3 million are in acute need.

Status of health facilities



Source: WHO, MoH; Service availability and health facilities functionality in 16 governorates (Oct. 2016)

Education has been disrupted and two million children are out of school. The discontinuation of the payment of teacher salaries has created an education crisis, risking a generation of illiterate children if no mitigation measures are put in place. UNICEF reports that between March 2015 and November 2017, out of 16,000 schools, around 256 schools were reportedly destroyed, 1,413 schools were partially damaged due to airstrikes or shelling while 150 schools were occupied by IDPs and 23 by armed groups. Teachers across the country have not been regularly paid salaries for more than a year.

In most areas of Yemen, WASH systems have been severely disrupted due to shortages of fuel to power them or lack of maintenance by public institutions. As a result, an estimated 16 million people need assistance to access to safe water, basic sanitation and hygiene facilities. Inadequate access to water and proper sanitation contributed to a spike of more than one million suspected cholera cases reported in 2017. In terms of shelter, an estimated 5.4 million people need emergency shelter or essential household items, including IDPs, host communities and initial returnees.

Humanitarian partners require US\$2.96 billion to assist 13.1 million people across Yemen in 2018

To respond to the crisis in Yemen, humanitarian partners in Yemen have launched an international appeal for US\$2.96 billion to provide life-saving and protection assistance to 13.1 million people in 2018. This is the largest appeal ever launched for Yemen. Building

Education has disrupted, with two million children out of school, teachers not paid and more than 1,400 schools partially damaged and 150 occupied by IDPs

In 2018 the humanitarian response will target people in acute need or at risk of slipping into acute need at the district level

on the achievements made in 2017 in refining the methodology for multi-cluster analysis and response, the response will strategically target populations in acute need or at risk of slipping into acute need at the district level.

Vulnerable areas where the risk of famine, disease outbreak and protracted displacement for IDPs, returnees and host communities converge will be prioritised through an integrated response to address humanitarian needs in a more effective and sustainable manner. Additionally, the [2018 Yemen Humanitarian Response Plan's](#) (YHRP) strategy is to work with national institutions to prevent their collapse, support resilience and livelihoods, and ensure the humanitarian-development continuum. The priority is to strengthen partnerships between national and international partners and systematically engage in capacity-building. Currently, 153 humanitarian partners are working in Yemen including 109 national NGOs, 36 international NGOs and eight UN agencies.

The importance of keeping all Yemen's ports open and functional

It is critical that the parties to the conflict keep all points of entry open

The opening of the Red Sea ports of Al Hudaydah and Saleef to commercial and humanitarian shipments by the Saudi-led coalition in December 2017 was a positive development. Since the end of the temporary blockade, 43 vessels and one dhow have discharged cargo at Hudaydah and Saleef ports. This included 25 commercial food vessels carrying 680,104 MT of wheat flour or wheat in-bulk, sugar, corn and soybean and 14 commercial fuel vessels carrying 171,111 MT of diesel. Two humanitarian vessels carrying 50,000 MT of wheat offloaded their cargo at Hudaydah and Saleef, along with one dhow carrying 220 MT of humanitarian medical items.

In mid-January, the Saudi-led coalition enabled the delivery of four cranes to Al Hudaydah port, which will enhance the capacity of the port by allowing for faster off-loading of vessels. There are plans to further enhance the capacity of the ports to handle more cargo in the coming months.



Al Hudaydah Seaport. Photo: OCHA

Even before the blockade on commercial imports through Red Sea ports was enacted, the humanitarian community had been advocating for the criticality of keeping Al Hudaydah and all ports open and functional for the delivery of vital supplies.

Yemen requires monthly food imports of approximately 350,000 MT for survival, of which humanitarian imports are about 75,000 MT. Close to 80 per cent of imports,

including commercial and humanitarian goods enter through the Al Hudaydah and Saleef ports. Combined, these have a handling capacity of 660,000 MT per month (150,000 MT of fuel, 295,000 MT of food, 90,000 MT of NFIs) and a milling capacity of 8,000 MT per day. Although Al Hudaydah port has sustained conflict-related damage, even at reduced capacity there is no viable substitute for the port both in terms of infrastructure and proximity to Yemen's largest population centres. Approximately 71 per cent of the people in need in Yemen are located in areas in close proximity to these ports.

The blockade of Yemen's land, sea and airports in November 2017 led to widespread fuel shortages, pushed up the food prices and disrupted humanitarian operations

It is vital that Al Hudaydah and all ports remain open and functional because they are a lifeline for imports of food, fuel and medicine

Diphtheria increasing as cholera stabilises

Vaccine-preventable diseases like diphtheria are re-emerging in Yemen due to the collapse of basic health services

In two months, diphtheria has killed 48 people in 19 governorates

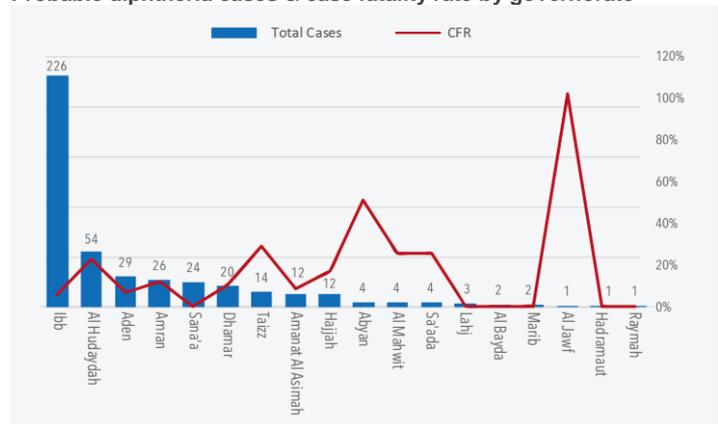
Yemen is grappling with a spike in diphtheria, which has claimed 48 lives in the last two months. WHO reported on 11 January 2018 that diphtheria-related deaths had been recorded in 19 governorates. Across the country, 610 suspected cases have been reported. The diphtheria outbreak occurs against the backdrop of a cholera epidemic accounting for more than 2,200 lives lost and more than one million suspected cases reported, since April 2017.

The last major diphtheria outbreak in Yemen occurred in 1982. The infectious disease primarily infects the

throat and upper airways, has acute onset and is spread through direct physical contact or from breathing in secretions from coughs or sneezes of infected individuals. Currently, Ibb and Al-Hudaydah governorates are the hardest hit by the infectious disease. Low vaccination coverage, a weak health system and the deteriorating security

situation pose additional challenges to the management of the disease. According to WHO, the recent blockade delayed the provision of diphtheria vaccines and anti-serum, and laboratory supplies. Moreover, Yemen is currently not the only country experiencing a diphtheria outbreak, leading to difficulties in the timely availability of vaccines, medications and medical supplies.

Probable diphtheria cases & case fatality rate by governorate



Source: WHO, 31 December 2017

Cholera cases decrease but the health response continues

WHO reports that the overall number of weekly reported suspected cholera cases has decreased, prompting health partners to close 230 cholera treatment facilities in the course of 2017. The closed facilities are in Hajjah (62 facility), Taizz (33), Amran (36), Sana'a (16), Al-Hudaydah (19) and Dhahar (26). The partners are still operating 3,875 Diarrhoea Treatment Centre (DTC) beds in 292 DTCs in addition to 951 Oral Rehydration Points (ORPs) in 20 governorates and 232 affected districts. Going forward, the Health Cluster is discussing recommendations for integrating cholera treatment facilities into health system in Yemen.

According to WHO, nearly a third of reported cholera cases are children under the age of five years, while people over the age of 60 account for the highest percentage of deaths. Although the reported numbers of suspected cases of cholera are decreasing, the outbreak is still being closely monitored, paying close attention to surges in numbers particularly as the rainy season approaches.

WASH Cluster partners remain engaged in cholera response activities in 18 governorates as access to clean water remains an important priority. In local markets, the availability of WASH supplies such as household water treatment tablets and soap is limited.

Although the health system has been weakened by ongoing conflict, humanitarian partners continue to deliver medical assistance. On 20 December 2017, nearly six million doses of essential vaccines for preventable diseases (tetanus and diphtheria vaccine for 2.7 million children and adults up to the age of 25, and Pentavalent vaccine to protect 2.5 million children against whooping cough, hepatitis B and diphtheria); and another 70 MT of emergency health items and lifesaving drugs were delivered to Sana'a airport.

Reported suspected cholera cases have decreased in most governorates, indicating that the outbreak seems to be stabilising

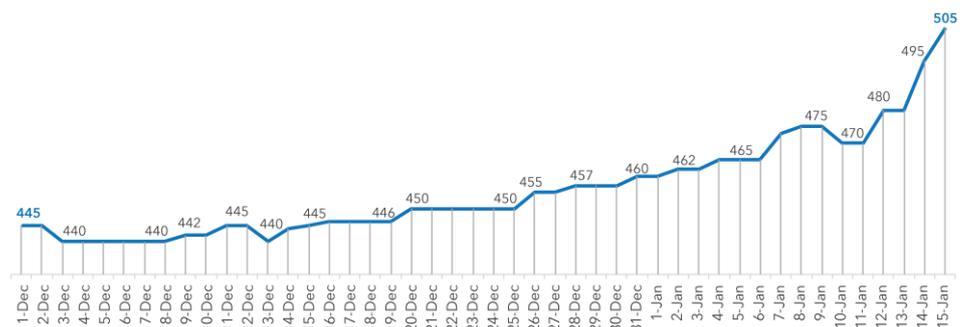
Currency depreciation hurting livelihoods

The Yemeni currency has dropped in value and is likely to hurt households, many of who are already struggling to cope with high prices and lack of incomes

The value of the Yemeni Rial significantly dropped in January

The unprecedented drop in the value of the Yemeni currency combined with devaluation will impact on humanitarian programming, according to the Cash and Market Working Group. Since 1 January 2018, the value of the Rial has dropped by 11 per cent in Sana'a compared to two per cent in December 2017, with the latest recorded rate being 505 Rials to the US dollar. This is a 49 per cent drop in the value of the currency from 12 months ago when it was 314 Rials to the dollar. The reduction in value is expected to have a direct impact on household purchasing power, reducing the value of coping mechanisms and pushing some households previously in moderate need into acute need. The depreciation will also have a deflationary impact on the wider economy as household consumption decreases.

Variations in the YER Exchange rate against the US\$ from 1 December 2017 to 15 January 2018



Source: Yemen Cash and Market Working Group.

Yemen's formal market systems are disconnected and commodity movements have been disrupted resulting in the escalation of prices of essential food and non-food commodities. At the same time, more than 1.2 million public servants have not regularly received their salaries for more than a year. Any deflationary impact on the economy will only worsen the current humanitarian crisis by increasing hardships for many households.

About 80 per cent of Yemenis are estimated to be in debt, and more than half of all households have had to buy food on credit. An increasing number of households are exhausting even these measures as they find themselves without assets that can be sold and traders no longer providing credit. Among market traders, the three main perceived obstacles to trade activities include increases in prices, the ongoing liquidity crisis and increased costs of transport.

Yemen Humanitarian Fund allocations

111 funded projects to be implemented by 53 partners, mostly NGOs

In 2017, the Yemen Humanitarian Fund (YHF) received over a US\$175 million in contributions from 19 countries including Germany (\$66.9 million); United Kingdom (\$51.1 million); Sweden (\$8.6 million) and Netherlands (\$8.2 million) as the top five donors; making the YHF the largest fund in the world for the second consecutive year. Of these funds, \$129 million were allocated through two standard allocations and three reserve allocations. In total, the YHF funded 111 projects for implementation by 53 partners.

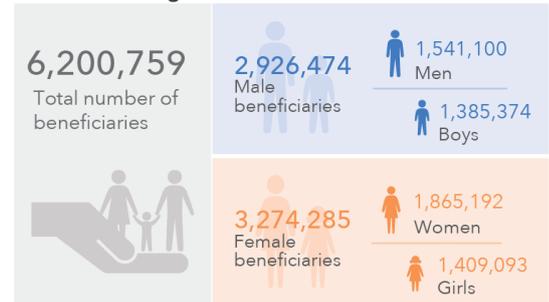
For the first time, the biggest funding was allocated to national NGOs (\$51.4 million), followed by INGOs (\$49.6 million) and UN agencies (\$23 million). In early 2018, the fund plans to launch a standard allocation in complementarity with the approved \$50 million CERF allocation launched in January. This will strengthen the position of the fund as a critical instrument for supporting frontline responders.

In 2017, the Yemen Humanitarian Fund allocated the biggest proportion of its US\$129 million allocation to national NGOs, followed by international NGOs and UN agencies

The YHF mobilizes and channels resources to humanitarian partners to respond to the critical needs of millions of people affected by the devastating humanitarian crisis in Yemen. It operates within the parameters of the Humanitarian Response Plan (HRP), with the objective of expanding the delivery of humanitarian assistance by focusing on critical priorities and needs by:

- Supporting life-saving and life-sustaining activities while filling critical funding gaps
- Promoting needs-based assistance in accordance with humanitarian principles
- Strengthening coordination and leadership primarily through the function of the Humanitarian Coordinator and by leveraging the cluster system
- Improving the relevance and coherence of humanitarian response by strategically funding priorities as identified under the HRP
- Expanding the delivery of assistance in hard-to-reach areas by partnering with NGOs

Numbers of targeted beneficiaries in 2017



Source: Yemen Humanitarian Fund Dashboard (Dec 2017)

Public servants who no longer receive regular salaries, some of whom have been displaced from their homes, are finding it very hard to provide for their families

Families struggling to cope with hardship

Thekra and her six children have shared a room in Al-Khanasa IDP shelter in Ibb city since August 2015, when they fled conflict in Al-Qaherah district, Taizz governorate. "My husband's illness got worse after a rocket fell right below the window of the room where he was sleeping," she said. "He stayed with us for one year, but went back to his extended family because we couldn't afford his medications."

Thekra, a social scientist, worked in public schools in Taizz for more than 15 years. "When I came to Ibb, I thought of working at a private school to support my family," she said. "But the working hours were long for very little pay. My health won't allow me to do so." Thekra has not received salary for more than a year and now volunteers with the Social Fund for Development. Over several months, she has only been only paid 70,000 YR [between US\$140 and \$170 depending on exchange rate]. The situation was toughest for her during the November blockade. "We decided to skip breakfasts because food prices increased," she explained. "I forced my kids not to eat until lunch time."

Like Thekra, Abdo Naji, 60, and his family fled conflict in Mocha, Taizz, more than two years ago and have since lived in Al-Khanasa IDP shelter. "I was lucky to get the last room in the building," he said. Abdo, formerly an engineer at the power ministry in Mocha, has also not received salary for more than a year. "After we settled in Al-Khanasa, things were good for some time," he explained. "Life became difficult when I stopped receiving salary. My wife now volunteers with the Social Fund for Development for little money. I also make some money by helping people install solar power, but this is unstable and irregular."

The increase in food and fuel prices during the blockade hit the IDPs hard. "It added a new burden," said Abdo, who largely relies on humanitarian organizations for food, WASH and non-food items.

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