



A suspected cholera patient awaits treatment at Al Jomhour hospital in Sana'a. Photo: Giles Clarke/OCHA.

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HIGHLIGHTS

- 11.3 million children across Yemen now need humanitarian assistance, and 55 per cent of IDPs are children.
- OHCHR verified civilian casualties have reached 13,920, including 5,159 people killed and 8,761 injured since March 2017.
- Suspected cholera cases are likely to reach one million by the end of 2017.
- A record seven million people received food assistance in August, but WFP faces a funding shortfall of \$390 million in coming months.

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) 8,673

of injuries (WHO) 49,963

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

FUNDING

US\$2.3 billion
requested

\$1.3 billion
funding against HRP

55.8 per cent
funded

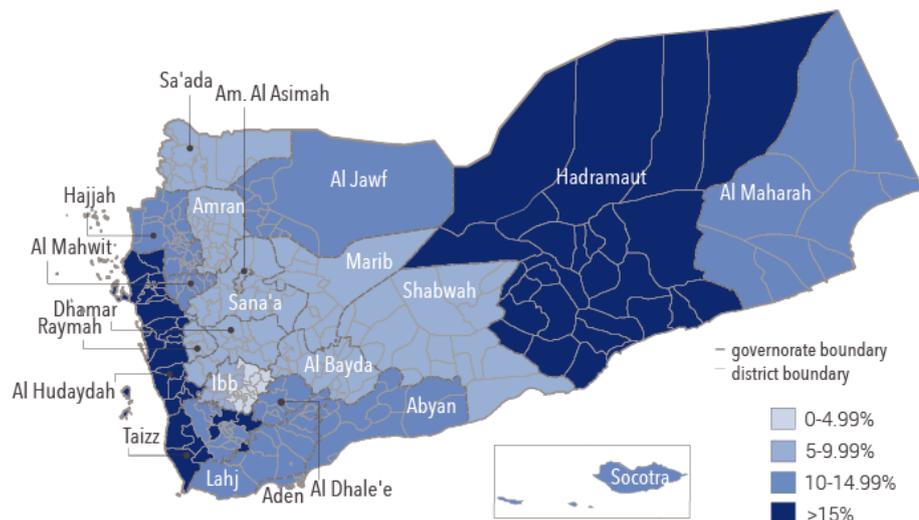
(29 October 2017)

Source: FTS, October 2017

Children hardest hit by ongoing conflict

It is estimated that 11.3 million children in Yemen need humanitarian assistance

Ongoing conflict in Yemen has taken a particularly heavy toll on children. An estimated 11.3 million children now need humanitarian assistance and 13 per cent of total casualties in the conflict are children. Every 10 minutes, a child dies in Yemen of preventable causes such as malnutrition, diarrhoea and respiratory infections. Out of 2.9 million Yemenis who have experienced displacement since conflict escalated in 2015, some 55 per cent are children (28 per cent boys and 27 per cent girls). In August and September, at least 31 children were reported killed (20 boys, 11 girls) and 28 maimed (20 boys, eight girls). Additionally, nine cases of recruitment and use of boys as fighters were verified.



Global Acute Malnutrition in Yemen. Source: Nutrition Cluster, September 2017; based on SMART (2016-2017), EFSNA (2016), CHSS (2014).

More than five million children are at the risk of being deprived of an education. Three quarters of school teachers have not received their salaries for nearly a year while over 1,600 schools have been destroyed or partially damaged due to airstrikes or shelling. At least 147 schools are hosting IDPs and 23 are occupied by armed groups. In September, the beginning of the school year was postponed several times. Textbooks and other school materials are in severely short supply.

Across the country, scores of children are suffering from diseases, malnutrition and the trauma of displacement and violence. Of the 870,000 suspected cases of cholera reported since 27 April, 27 per cent are children under the age of 5. By the end of the year, the

The ongoing polio vaccination campaign is targeting 5.1 million children in all governorates, an increase from 4.8 million reached in February

number of suspected cholera cases among children is likely to reach 600,000. Malnutrition is high with an estimated one in two children under 5 years of age stunted, 1.8 million children affected by Moderate Acute Malnutrition and 386,000 suffering from Severe Acute Malnutrition. Even if the fighting stopped today, stunted growth and delayed cognitive development will linger for an entire generation.

Humanitarian partners have scaled up efforts to assist the children

The conflict in Yemen has forced many children to engage in negative coping mechanisms. Child marriage, for instance, has increased with an estimated 72 per cent of girls married off before they turn 18 – an increase of 22 per cent since the conflict escalated. It is important for all parties to the conflict in Yemen to safeguard the lives of children and their right to education, protect schools and find an urgent solution to the salary crisis so that children can learn. Humanitarian partners have scaled up efforts to assist Yemen's children but the situation remains dire. Among other interventions, 1.4 million children have been supported through the rehabilitation of schools and provision of school materials.

Nearly half a million children have benefitted from psycho-social support to cope with trauma. An ongoing vaccination campaign is targeting 5.1 million children - an increase from the 4.8 million reached the February polio vaccination campaign. For children suffering from malnutrition, 149,000 received micronutrient assistance and 88,664 received blanket supplementary assistance between January and August. In an effort to avert the collapse of the health system, humanitarian partners are supporting the operation of 1,072 primary health care facilities, and plan are to expand support to 1,000 more in prioritized districts.

Protection of civilians

At least 13,900 civilian casualties have been verified since March 2017

The human cost of this conflict has been devastating: airstrikes, shelling and ground fighting continue in both rural and urban areas where civilians are killed and injured, and the critical infrastructure that they rely on is being destroyed. On 19 September, the Office of the High Commissioner for Human Rights (OHCHR) confirmed that three children died and seven others were injured in attacks by Houthis/Saleh forces to the fighting in the Salah district of the city of Taizz; another attack in Marib killed another five children along with seven adults.



Ali, 6, stands in the rubble of what used to be their home in Sana'a, before it was destroyed in an attack. Photo: Giles Clarke/OCHA.

The deaths in Taizz city occurred on 15 September when two mortar shells were indiscriminately fired at civilian areas in an attack confirmed by OHCHR. The coalition airstrike which also left children dead took place the following day, in Harib Al Qaramish district in Marib. Five children, four women and three men from the same extended family were killed when their vehicle was hit by an airstrike. All these incidents demonstrate the horrific impact on children and families, and all civilians, of the

ongoing brutal conflict. The loss of livelihoods for adults also means thousands of children are forced to work rather than go to school.

Casualty numbers have risen since conflict escalated

The humanitarian community in Yemen urges all sides to exercise restraint and to cease all indiscriminate attacks and take all possible precautions to properly distinguish military objectives from civilian objects and to ensure that their attacks are never directed either at civilians or civilian objects, in line with International Humanitarian Law. Since March 2017, the total number of civilian casualties verified by OHCHR stands at 13,920, including 5,159 people killed and 8,761 injured

Despite appeals from the humanitarian community to various parties to respect civilians, conflict-related casualties continue to rise across Yemeni

Airstrikes, shelling and ground fighting are continuing to exact a heavy human toll across the country

The escalated conflict has displaced about three million people, of whom one million have returned to their homes but need assistance. About 11.3 million Yemenis need assistance to protect their safety, dignity or basic rights, including 2.9 million people living in acutely affected areas. In governorates where conflict has been most intense including Aden, Al Hudaydah, Sana'a and Taizz, the humanitarian crisis has been exacerbated by continuing indiscriminate attacks.

Civilians who have been caught up in attacks have experienced immense physical and psychological suffering

The attack that changed Ahmed's life

Ahmed 29, had finished his dawn prayers and gone back to bed when an attack brought down the mud house where he was staying with his stepfather, brother and their families in Mahda village, Sa'ada governorate. "The house was weak and simply collapsed," he said. "I do not remember what happened after that because I woke up several hours later from a coma in Al Jomhuri hospital. That is when I learnt that my brother's wife, my stepmother, stepsister and six children had been killed. I remember I had asked my brother's wife to prepare breakfast."

The 4 August attack killed four boys and two girls. "The two girls and one boy were going to school," Ahmed explained. "My brother, a truck driver survived because he had left for work. My stepfather was injured and is now on medical treatment in Amran." Ahmed, a farmer in nearby Amran governorate, was visiting his family members in Mahda when the attack happened. He still limps in pain because of shrapnel wounds in his right leg. "That attack changed my life, but I leave everything to Allah," he said.

Sa'ada, Taizz, Hajjah, Sana'a, Al Jawf and Marib governorates have been most affected by military operations, clashes and airstrikes since conflict escalated in March 2015.



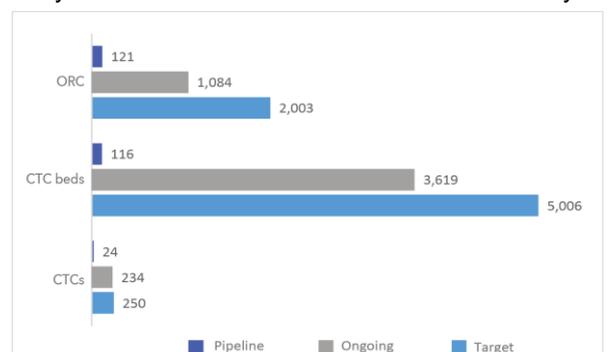
Ahmed's leg showing numerous shrapnel wounds. Photo: OCHA.

As of August 2017, conflict in Sa'ada and nearby Hajjah governorate had displaced 293,000 and 374,000 people, respectively, representing more than one third IDPs in Yemen. Across the country, the number of reported airstrikes in the first half of 2017 exceeded the total for 2016, while reported armed clashes in 2017 were 56 per cent more per month compared to 2016.

870,000 suspected cholera cases since April

More than 2,100 associated deaths reported across 22 governorates

Suspected cholera cases in Yemen are likely to reach one million before the end of the year, as reports from health facilities continue to show the unprecedented spread of the epidemic. On 25 October, the cumulative total of suspected cases reported since 27 April 2017, reached 869,134 with 2,180 associated deaths. Children under five years represent 27 per cent of the cases and almost 17 per cent of deaths. People aged over 60 years account for 31 per cent of deaths.



Diarrhoea treatment centers, beds and oral rehydration corners versus targets as of 8 October 2017. Source: EOC, Situation Report 7.

The rate of new suspected cases has declined from almost 51,000 a week at the peak of the outbreak in July to 35,000 per week. However, WHO warns that the outbreak is not over as laboratory testing continues to confirm cases. More than one million acutely malnourished children under the age of five are estimated to be living in areas where cholera infection levels are high. Children with acute malnutrition are at least three

Cholera is easily preventable in a situation where the healthcare system functions properly

times more likely to die from diarrhoeal diseases like cholera. Diarrhoeal diseases themselves are a leading cause of malnutrition.

Cholera prevention messages have reached more than 17 million people in all governorates

Disease spread aggravated by limited availability of WASH supplies

Cholera is easily preventable, but the healthcare system in Yemen has virtually collapsed with only 45 per cent of health facilities still functional, health workers unpaid and disease surveillance, data collection and verification being major challenges. The situation has been aggravated by limited local availability of WASH supplies, such as household water treatment tablets and soap; difficult access to some of the most-affected communities; competing humanitarian priorities; low quality of health services in some cholera treatment centres and exhausted capacity among larger partners, as well as lack of funding for smaller NGOs that scale-up to cover response gaps.

Despite the challenges, Health Cluster partners have established 3,619 beds in 234 Diarrhoea Treatment Centre (DTC) and 1,084 Oral Rehydration Corners (ORCs) in 225 affected districts in 20 governorates. This is about two-thirds of the target number of DTC beds and over a half of the target ORCs. As of 5 October, more than 17 million people in all governorates had been reached with cholera prevention messages. An estimated 3.6 million people have been connected to disinfected water supply networks in 12 governorates, among other interventions.



Cholera Situation Update of 25 October. Source: EOC, Sit Rep 7

UN humanitarian air service in Yemen

UNHAS provides a lifeline through which aid workers reach people in need

Since April 2015, the UN Humanitarian Air Service (UNHAS) has operated regular scheduled flights from Djibouti to Sana'a aircraft three days a week. Since May 2016, UNHAS has also been operating regular flights on the Amman-Sana'a route three days a week. The service has provided critical travel capacity for humanitarian workers' transport to and from Yemen and has also allowed for stand-by capacity for evacuations of humanitarian staff when required. Since the closure of Sana'a airport to commercial flights in August 2016, UNHAS remains one of the few reliable air services for humanitarian workers together with ICRC and MSF fleets.

In March 2017, UNHAS responded to the demands from the humanitarian community and started to operate one flight per week to Aden to facilitate the scale up of the humanitarian response. Flights to Aden are now twice a week. UNHAS flights complement the weekly sea transport shuttle for humanitarian workers between Aden and Djibouti facilitated by the Logistics Cluster.

Between August 2016 and August 2017, UNHAS also provided transport to 26 journalists and media outlets interested in covering the humanitarian crisis in Yemen. However, in September 2017, due to the systematic denial of clearance by the Saudi-led Coalition to the boarding of journalists on UN flights, their inclusion in the travel manifest has been suspended. While the humanitarian community continues to advocate for media to use the service, journalists are now advised to use commercial carriers to travel to Yemen.



Since August 2016, aid workers can only get in and out of Sana'a using humanitarian flights. Photo: UNHAS.

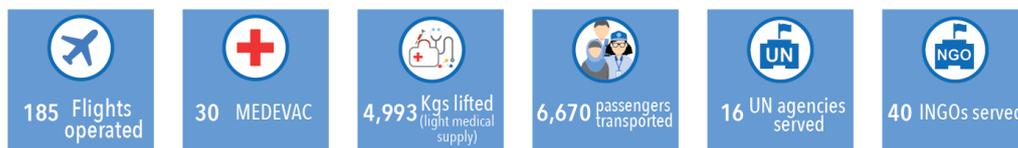
UNHAS continues to provide reliable air services to aid workers despite challenges, providing a lifeline for delivery of assistance in Yemen

The planning for UNHAS is very complicated and requires securing approvals from various authorities

One of the most complicated air operations

UNHAS Yemen is a complicated air operation with both security issues and operational challenges related mainly to aviation fuel shortage and chronic delay in issuance of flying permits by relevant authorities. To mitigate the impact of fuel shortage and to keep the Amman-Sana'a-Amman flights operational at a time when there was no fuel in Sana'a, UNHAS rerouted flights to include a stopover in Djibouti for refuelling purposes. Although the stop-over resulted in two additional flying hours, it kept the route operational.

A strong control and communication mechanism, among the UNHAS team, authorities providing security and the users of the service, is required to keep the flights on track.



UNHAS 2016 Achievements. Source: UNHAS, September 2017.

Seven million people reached with food assistance in August 2017

Conflict has turned Yemen into the world's largest food security crisis

Two and a half years of conflict have transformed Yemen into the world's largest food insecurity crisis. A staggering 17 million people (approximately two-thirds of Yemen's population) are food insecure; this includes 6.8 million severely food insecure people who face the risk of famine. Seven out of 22 governorates of Yemen are under Emergency (IPC Phase 4) – Taizz, Abyan, Sa'ada, Hajjah, Al Hudaydah, Lahj, and Shabwah; while four governorates – Taizz, Abyan, Al Hudaydah and Hadramaut have Global Acute Malnutrition (GAM) rates above the WHO's 15 per cent critical threshold. In 67 districts across 13 governorates there is a convergence of highest food security and nutrition needs and cholera.



Humanitarian partners have reached a record number of Yemeni families with food assistance. Source: WFP/Marco Frattini.

Ongoing food assistance is prioritized for vulnerable families like IDPs who are given first consideration

In an ongoing campaign to avert the risk of famine in Yemen, humanitarian partners reached a record seven million people across the country with food assistance in August. However, due to lack of adequate funding only half of the targeted caseload received a full ration while the remainder received 60 per cent of the full ration. Specialized nutrition supplements to treat and prevent malnourishment among women and children were included in the food package. Three million women and children in Yemen need nutritional support.

WFP is prioritizing its assistance in consultation with its partners to people in areas experiencing near-famine conditions and the most vulnerable, for example families where there is no breadwinner, where women or children are already malnourished, or displaced people with no income. The immediate financial requirements for WFP's to address the food insecurity in Yemen amount to US\$1.16 billion. As of 26 September, the requirements were just under 50 per cent funded until the end of 2017. For the coming six months through March 2018, WFP is facing a funding shortfall of \$390 million.

In August, humanitarian partners reached a record seven million people across the country with food assistance

Improved food supply in markets, but prices are too high for most people

Over the last six months, improved levels of food imports have resulted in better supply and availability of imported food commodities in local markets. According to the UN Verification of Imports Mechanism, the monthly June to August average of food imports in 2017 is 10 per cent higher than during the same period in 2016. Prices of commodities however remain higher than the prices before the conflict escalated in March 2015.

While the observed improvement in the availability of food items in the market could help people who have adequate purchasing power, it has little impact for millions of severely food insecure Yemeni households who have lost their income sources and are now relying on emergency food assistance, and for public sector employees who have not received salaries for about a year. According to the World Bank, Yemen's GDP has contracted by an estimated 37.5 per cent since 2015 and employment opportunities in the private sector have significantly diminished. Economic activity in agriculture services, and oil and gas production—the largest components of GDP, remains limited due to the ongoing conflict. It is estimated that the economic status of 78 per cent of households in Yemen is currently worse than in the pre-crisis period.

Humanitarian Coordinator's visit to Aden

The need to expand the humanitarian footprint in southern governorates

The humanitarian response in Yemen is coordinated through five operational hubs in Aden, Al Hudaydah, Sa'ada, Sana'a and Ibb. The Aden hub coordinates humanitarian activities in the governorates of Lahj, Abyan and Shabwah where food insecurity has reached emergency level. More than three million people in the area covered by the hub need assistance, with 1.6 million in acute need. The areas covered by the Aden hub have also witnessed significant returnee movement. According to the 16th report of the Task Force on

There is a critical need to expand humanitarian operations in southern governorates to meet increasing needs among people living there



HC McGoldrick visiting a warehouse during his mission to Aden. Photo: OCHA.

Population Movement, over 332,600 people have returned to Aden governorate. This caseload accounts for 35 per cent of all returnee caseload.

The Humanitarian Coordinator (HC), Jamie McGoldrick, visited Aden and Al Dhale'e from 11 to 14 September, with the aim of engaging Government of Yemen (GoY) representatives and humanitarian partners on plans to expand the humanitarian presence in southern governorates. The HC highlighted to the authorities the need to raise the profile of the crisis and allow international media coverage,

the importance of paying civil servant salaries across Yemen and the urgency of opening Sana'a airport to commercial traffic. He also emphasized the need to expand operations across southern governorates, to allow unhindered humanitarian access between Aden and Sana'a, the role of the humanitarian community to the GoY as well as the need for the GoY to take on responsibility to provide basic services and promote recovery and reconstruction.

For the humanitarian community, the HC emphasized the need to expand the humanitarian reach in the southern governorates. He called for strengthened sub-national cluster capacity and for more resources to be provided to empower them and improve their coverage of Taizz and Mukalla from Aden.

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