I. HIGHLIGHTS/KEY PRIORITIES

- Violent confrontations have erupted in Sana’a and reportedly killed 102 people, including civilians.
- While the Government has reported to have regained control over Zinjibar, heavy conflict continues in Abyan Governorate and the number of people displaced by the violence continues to increase.
- Food insecurity and malnutrition indicators in Yemen are of increasing concern. Since January 2011, food prices have increased by an average of 46% and the price of bread is 50% above what it was only a few months ago.
- Throughout Yemen, children’s access to education is challenged by occupation of schools by IDPs, use of school premises by armed groups, lack of proper facilities and unsafe access conditions.
- For the second time this year, insecurity has prompted the UN to temporarily reduce the presence of its international staff in Yemen.
- Despite the constraints of insecurity, lack of access and limited staff, the Humanitarian Community maintains critical programmes throughout Yemen and is finalizing a strategy for the 2012 Yemen Humanitarian Response Plan.

II. Situation Overview

President Saleh returned to Yemen on 23 September 2011 following medical treatment in Riyadh, Saudi Arabia. It is uncertain what impact his return will have. The current Government is in talks with opposition leaders (JMP) to find a political solution.

Just a few days prior to the President’s return, the security situation started to deteriorate rapidly in the capital city, Sana’a. From 18-25 September 2011, 102 people were reported killed in Sana’a when clashes broke out between the two factions of the army (government security forces and the defected troops from the First Armed Division). Skirmishes also resumed in Al-Hasaba (Sana’a Governorate) between government security forces and Al-Ahmar’s tribal militia. The conflict in Sana’a led to increased health needs. Medical supplies such as life-saving medicines and beds were needed urgently.

Since the start of the unrest, humanitarian needs have increased sharply. Large numbers of people have fled areas of conflict and arrived in neighboring governorates/districts without any assets. In addition, public services such as water, education, health facilities and electricity have endured major disruptions. Humanitarian aid organizations have had to scale up response capacity in the past few months in an effort to avoid further crises. At the same time, the security situation has resulted in the killing of civilians and the evacuation of several aid workers.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Active IDPs</th>
<th>Total Returnees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sana’a</td>
<td>35,598</td>
<td>50</td>
</tr>
<tr>
<td>Amran</td>
<td>40,336</td>
<td>50</td>
</tr>
<tr>
<td>Hajjah</td>
<td>107,694</td>
<td>27,092</td>
</tr>
<tr>
<td>Al-Jawf</td>
<td>24,491</td>
<td>50</td>
</tr>
<tr>
<td>Sa’ada</td>
<td>110,000</td>
<td>27,092</td>
</tr>
<tr>
<td>Aden</td>
<td>50,906</td>
<td>50</td>
</tr>
<tr>
<td>Abyan</td>
<td>18,817</td>
<td>50</td>
</tr>
<tr>
<td>Lahij</td>
<td>17,888</td>
<td>50</td>
</tr>
<tr>
<td>Shabwa</td>
<td>586</td>
<td>50</td>
</tr>
<tr>
<td>Al-Baida</td>
<td>917</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>407,203</strong></td>
<td><strong>27,737</strong></td>
</tr>
</tbody>
</table>

(Returnee numbers based on IDPs who have registered themselves as returnees with GoY Executive Unit)
Conflict is ongoing in Abyan Governorate although government officials have reported that they regained control over Zinjibar District. Heavy military operations in Jaar (Abyan), have resulted in unconfirmed increased displacement as people fled to the neighbouring District of Serar as well as the surrounding Governorates of Shabwa, Aden and Al-Baida. Aerial bombing of areas in Abyan persists, and there have been several reports of civilians being injured or killed. On 5 September 2011, the Al-Razi Hospital in Gra’ar area, Khanfar district (Abyan) was hit by aerial bombing. Reports indicate that there were three deaths and 27 injured following aerial bombings in Abyan. Access to some districts in Abyan Governorate remains challenging due to the ongoing conflict.

The situation in northern Yemen has been relatively calm in comparison to the south. Humanitarian organizations have been facing some challenges in Sa’ada pertaining to the distribution and verification of IDP lists. Humanitarian negotiations with the de facto authorities are taking place.

The increased fuel price has directly affected the cost of basic food commodities as transportation costs have raised. Since January 2011, basic food commodities have risen by an average of 46% *(Source: WFP)*, pushing already food-insecure Yemenis to extreme vulnerability. Food insecurity is directly related to malnutrition as many are skipping meals, eliminating meat from their diet etc. The final results from a nutrition survey conducted in Hajjah Governorate indicate that malnutrition figures are increasing and are much higher than the emergency threshold figures. It is likely that increased food prices will increase malnutrition and food insecurity figures throughout Yemen.

Until recently, many aid organizations mainly focused their response on the needs of IDPs. As the security/political/economic situation deteriorates, organizations are developing more comprehensive plans to support non-displaced and non-conflict affected Yemenis.

In response to the worsening security situation, it was decided to temporarily evacuate 42 UN staff, which has reduced the capacity of the humanitarian community to continue life-saving, critical programming. Efforts are ongoing to increase the involvement of local NGOs and national staff in delivery of assistance.

### III. Humanitarian Needs and Response

#### EDUCATION

**Needs/Situation:** In September, armed confrontation in Sana’a caused a large number of schools to remain closed. Although they were re-opened, it is estimated that 80 schools within conflict zones are inaccessible of which 36 are occupied by armed groups or armed forces, denying an estimated 120,000 children of their right to education. In Taiz, violent confrontations resulted in many parents keeping their children away from schools. In 10 assessed schools close to the central square, enrollment has gone down by 10%.

In Aden, 76 out of the 135 (56%) schools are occupied by 3,651 IDP families from Abyan. This has prevented 84,774 school children (43,369 boys and 41,405 girls) from accessing education. Sewage and latrine facilities in occupied schools are flooded due to its heavy and inappropriate use. It is also estimated that 6,000 children displaced from Abyan to Aden are not receiving any education. In Sa’ada, the schooling system was severely disrupted by the past six rounds of conflict. It has been reported that more than 200 schools remain closed in part due to the presence of landmines, complete or partial destruction or a lack of furniture. In the Al-Daher district alone, 15 out of 18 schools remain closed. It is estimated that approximately 70,000 children in Sa’ada are affected by school closures.

**Response:** The cluster is supporting the Ministry of Education with teacher training, provision of teacher/learning materials and shelters for schools. A Back-to-School campaign launched in early September with the objective of increasing enrolment of students across the country continues to register positive results in most governorates. In Sa’ada, approximately 90,000 school children are expected to benefit from the provision of teacher/learner materials. In the south, education taskforces have enabled 16,143 students whose schools have been occupied by IDPs to have alternate learning spaces. Training of Trainers Workshops trained 3,800 teachers in Sa’ada, Haradh, Taiz, Sana’a, Abyan, Lahj and Aden.

**Gaps & Constraints:** Over 76 schools remain occupied by IDPs in Aden, denying approximately 31,856 students access to education. In Abyan, all 21 schools in Zinjibar district and 22 out of 72 schools in Khanfar are occupied by IDPs. The majority of teachers have left the two districts, being displaced to Aden and Lahj.
**SHELTER, NON FOOD ITEMS (NFIS), CCCM**

**Needs/Situation:** In the south, there are increases in displacement due to the ongoing conflict in Abyan. New IDPs have been identified in Al-Baida (917 individuals) and Shabwa (865 individuals). The IDPs' main needs include NFIs, water and food. Some of the IDPs are residing in poorly structured apartments and 13 families in Shabwa are residing in a school. In Aden, many IDPs are residing in schools.

**Response:** The Joint Assessment Mission for alternative accommodation for IDPs in Aden has been finalized. Accommodation options include temporarily housing IDPs at a stadium or providing cash assistance for three months for apartment rentals.

Since the start of the unrest NFIs have been provided to new IDPs. In Aden Governorate, 2,286 IDP families have benefited from NFI distributions in Sheik Othman and Dar Saad districts. NFI distributions will also cover Al-Buraiqa and Khormaksar districts and hygiene kits will be provided to IDPs. In Shabwa Governorate, the cluster is coordinating with local authorities to ensure adequate security for staff and goods in order to commence NFI distribution to new IDP families. In Sa'ada, NFIs and plastic sheets were distributed to 501 vulnerable families (2,394 persons).

**Gaps and Constraints:** Alternative shelter solutions for IDPs occupying public schools in Aden are still pending. The cluster met with the Vice/Acting Governor of Aden and expressed concerns over the delay in agreeing on alternative accommodation. The delay is causing serious disruptions to schooling and delay could negatively impact the peaceful co-existence between IDPs and host population. The prevailing security situation in Al-Baidah Governorate has hindered the delivery of NFIs to 174 new IDP families.

**FOOD**

**Needs/Situation:** Prior to the current unrest, 32% of the population was food insecure. Since January 2011, food prices have increased by an average of 46%. The price of bread is 50% above what it had been only a few months ago. In light of the fact that many Yemenis already spend between 30% and 35% of their daily income on bread, the inflation of bread prices could prove to be very damaging to the food security of Yemen’s poorest families. Assessments and surveys conducted in recent months have shown that some Yemenis have resorted to drastic measures such as skipping meals, eliminating meat from their diets and chewing more qat (a stimulant that causes loss of appetite).

**Response:** The second component of the Emergency Safety Net (ENS), a programme which assists food insecure persons) has begun. The original target ENS was 1.8 million food insecure persons. Currently the cluster is targeting 1.1 million due to a shortage of resources. Distributions have begun in Haradh, Amran and Sana’a and Aden. In Aden 36,162 IDPs received full food rations from 18-27 September. In northern Yemen, the cluster continues to target approximately 416,800 IDPs and war-affected persons. Food distribution activities were recently temporarily disrupted in Sa’ada due to discussions with the de facto authorities pertaining to distribution lists. Since then the distribution of food has recommenced. As of 25 September, 11,699 war-affected persons were supported with food distribution in rural areas in Sa’ada. In addition, the cluster is also targeting 37,500 Somali refugees in southern Yemen.

**Gaps & Constraints:** Since June 2011, insecurity has hindered the distribution of food in Abyan, Shabwa and Hadramaut. Access to other areas such as Al-Jawf remains limited. The Food Cluster is also facing constraints pertaining to mapping. An iMMAP project underway is expected to address the gap. A verification exercise of IDPs in Sa’ada is needed to identify the exact number of IDPs who require food assistance.

**NUTRITION**

**Needs/Situation:** The findings of an August IDP nutrition survey conducted in Haradh, Bakeel-Meer and Mustaba’a districts, Hajjah Governorate indicate that Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) for children under the age of five are very high; GAM rates are 31.1% and SAM figures are 9%. Both indicators are much higher than the emergency threshold of 15% for GAM and 5% for SAM. In response, the Nutrition, Health and Food clusters and the Ministry of Public Health conducted a joint assessment mission to Haradh, Mustaba’a and Bakeel-Meer districts in Hajjah Governorate. The mission noted that the public health system was non-operational, there is a high prevalence of diarrhea, inadequate water and hygiene practices, and that nutrition interventions are sub-optimal for acute malnourishment cases. A further rapid nutrition assessment was conducted in eight districts in Abyan (10-15 September...
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors. Celebrating 20 years of coordinated humanitarian action

A report by the US Department of Agriculture’s Food Safety and Inspection Service (FSIS) showed that 15% of children under the age of five suffered from moderate-acute malnutrition.

Response: The cluster is working on formulating a joint response plan to the Hajjah nutrition crisis. In southern Yemen, nutrition screening and interventions are ongoing via mobile clinics in Lahj and Aden. Utilizing a community-based approach, two more local partners will be stepping in to mainly provide counseling services for proper child feeding and care practices. A Rapid Nutrition Assessment has started in Abyan to understand the nutritional situation among children under five. Capacity-building activities are ongoing in Aden and Lahj targeting 60 health workers and 60 community volunteers from Aden, Lahj and Abyan. Thus far, around 20 health workers have been trained on community management of acute malnutrition, as well as infant and young child feeding.

Gaps & Constraints: Access to areas in Abyan remains a challenge. There is inadequate data pertaining to the nutritional situation of host communities in southern Yemen. In Sa’ada, three cluster partners have had to suspend operations in response to new conditions imposed by the de facto authorities. Staff numbers have been reduced due to evacuation of international aid staff.

Health

Needs/Situation: Conflict in Sana’a has resulted in large amounts of casualties and deaths. It has been reported that 102 people were killed and more than 1,000 were injured from 18-25 September 2011. The cholera/diarrhea outbreak in Abyan is ongoing but remains under control. From April to 23 September 2011, there have been 18,276 reported cases of Acute Watery Diarrhea (AWD) in Abyan, Lahj, Dhale, Aden and Ibb. There have been 40 deaths since the start of the outbreak. AWD cases notably decreased in Dhale. A warning was issued on 18 September 2011 regarding the high risk of Wild Polio Virus

Response: The Health Cluster will soon begin a National Immunization Campaign for polio. The cluster supported the hospitals in Sana’a where there were shortages of medical supplies. Utilizing the Emergency Response Funds (ERF), the cluster has been supporting health facilities in multiple areas (especially Sana’a) in response to mass casualty figures. In Al-Jawf Governorate, four mobile health clinics are operational (Barat Al-Inan, Khab Wa’ash Shaf, Al-Humaydat and Az Zaher Districts) providing primary healthcare, emergency treatment and medical referrals to displaced and conflict-affected persons.

In southern Yemen, a mobile health clinic in Serar district started emergency medical services, primary healthcare, and psychosocial health services to populations recently displaced by fighting in Jaar. In addition, a new health project started in Aden Governorate (Mansoora, Bastaneen and Sheik Othamn Districts) focusing on primary healthcare, vaccinations, reproductive health campaigns and health education and targeting 30,000 Yemenis (mainly IDPs). In Aden, work has begun on establishing a Rehydration Department at Al-Wehda Hospital. Thus far materials and equipment have been purchased for the 20-bed Rehydration Department.

Gaps & Constraints: The disruption in water services has forced people to use unsafe water sources, resulting in higher numbers of diarrhea cases in the north. Improved health services, particularly mobile clinics, are needed in Sa’ada. The mobile team in Shuqra (Abyan) is non-operational due to security. Al-Bastaeen Center’s operations in Aden have been temporarily halted due to a lack of resources. There is a funding shortfall for the National Immunization Campaign for polio.

Logistics

Response: The Logistics Cluster has assumed responsibility for procuring fuel. Aid organizations are able to purchase fuel from the cluster. Fuel tanks have been purchased to store fuel in warehouses. For the month of September, the cluster distributed 1,300 liters of petrol and 5,420 liters of diesel to aid organizations. As commercial flight schedules were interrupted due to stray gunfire/shelling, the cluster organized a chartered UN plane to evacuate 42 international aid workers from UN agencies and INGOs.

Protection

Needs/Situation: Conflict in Arhab, Nihm, Sana’a City, Zinjibar and Jaar has caused serious protection issues.
Response: Protection monitoring teams have started their third round of verification/registration of IDPs in schools in Aden Governorate. Simultaneously, teams will register newly arrived IDPs, update existing registration lists, and identify, refer and distribute NFIs to Extremely Vulnerable Individuals (EVIs). A profiling exercise on the entire IDP population in Aden is ongoing. The cluster is finalizing agreements for the opening of an IDP Community Centre in Aden. EVIs will also be identified and assisted according to their needs and vulnerabilities. Advocacy/awareness-raising activities will be organized in the centre, while mass communication to IDPs will be undertaken through the use of bulk sms.

Gaps & Constraints: There is concern over the number of IDPs displaced within Abyan. Aid organizations have limited access to the area hence comprehensive data on needs is lacking. Stronger advocacy is required to ensure that persons involved in the conflict refrain from clashing in areas where civilians, schools and health institutions are based.

GENDER BASED VIOLENCE (GBV)

Needs/Situation: Preliminary figures indicate high levels of gender-based violence as a result of the civil unrest. In April there were 7,240 cases, 6,099 in May, 480 in June and 693 in July. The incidences of violence per geographical location are: 13,265 in Sana’a; 2,910 in Taiz; 1,688 in Hoedaidah; and 633 in Aden. In the past two months five rape cases were reported in Taiz.

Response: Rape kits were distributed to health facilities located in Sana’a, Aden, Taiz and Hoedaidah. Additionally, health workers were trained on the clinical management of GBV and on providing psycho-social support to persons in the aforementioned governorates. In Aden and Lahj, training is ongoing for 40 health workers on the identification of GBV cases.

Gaps & Constraints: There is a need to continue monitoring violence in the upcoming months. However, the cluster has a lack of resources. There is also a need to train health workers on the minimum standards of dealing with GBV cases.

WATER SANITATION HYGIENE

Needs/Situation: The past few months have increased pressure on the cluster as public services such as the provision of water has been disrupted in some areas. The fuel situation has also disrupted water services as fuel prices have increased (fuel is required to pump water). According to a recent assessment, only 20% of host communities in Haradh have access to safe drinking water in comparison to 80% of IDPs. In Abyan and Lahj Governorates, priority needs include pumps and generators for water wells as well as silver water filters for IDPs.

Response: WASH activities include the distribution of water through water trucking, installation of water points, construction/maintenance of latrines, hygiene promotion and the distribution of basic and consumable hygiene kits. In an effort to reduce AWD and cholera, chlorine tablets have been distributed. Trainings such as how to utilize chlorine tablets to purify water have been held. Following a breakdown of the water pipeline in the Al Mazrak informal settlement, the cluster began the rehabilitation of pipelines to ensure that IDPs have access to water.

In northern Yemen, the WASH Cluster is targeting approximately 350,000 IDPs and war-affected persons. In Al-Jawf Governorate, 3,143 individuals benefited from hygiene and sanitation programmes and six water rehabilitation projects were completed in Barat Al-Inan.

In southern Yemen, the WASH and Health Clusters have been working jointly to contain the cholera and Acute Watery Diarrhea (AWD) outbreak in the south, which began in April 2011. The WASH Cluster has been assisting IDPs with the distribution of hygiene kits, the rehabilitation of sewerage systems in schools where IDPs are residing, in addition to providing cleaning materials.

Gaps & Constraints: Due to the high numbers of people requiring WASH services, more aid organizations are needed to ensure adequate coverage. Access remains an issue in Abyan due to the security situation. Power outages regularly disrupt the optimal functioning of water and sewerage pumps. The increased cost of fuel has a direct effect on WASH services i.e. water trucking becomes more expensive, water pumps require fuel etc. The sewerage system in Aden is unable to adequately handle the number of IDPs.

www.unocha.org
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.
Celebrating 20 years of coordinated humanitarian action
The mission of the United Nations Office for the Co ordination of Humanitarian Affairs (OCHA) is to mobi lize and coordinate effective and principled humanitarian action in partnership with national and international actors.

Celebrating 20 years of coordinated humanitarian action

IV. Coordination

Although many cluster coordinators are currently out of the country, preparations for the 2012 Yemen Humanitarian Response Plan (Consolidated Appeal – CAP) are progressing: a CAP workshop took place on 9 and 10 and October with broad participation of NGOS, INGOs and UN agencies. The 2012 Yemen Humanitarian Response Plan will be informed by three Humanitarian Emergency Response Plans. The Northern Response Plan (Amran, Hajjah, Al-Jawf, Marib and Sana’a Governorates) and the Southern Response Plan (Abyan, Lahj, Aden, Shabwah, Taiz and Al Dhale’e Governorates) have already been completed. A third Response Plan for the Central/Western region is in the making.

A joint information management project to support clusters is moving forward. The project will develop an information management and sharing platform to serve as a tool for all the clusters. Agencies will provide information from various locations whereby updates can be seen immediately. Timely access to relevant information will enable agencies to respond quicker to crises and monitor what other agencies are doing thus avoiding duplication.

V. Funding

The Yemen Humanitarian Response Plan (CAP 2011) is 60% funded. A total of US$ 173 million has been pledged thus far.

In response to the conflict in Sana’a, an Emergency Response Fund (ERF) proposal was submitted for health. The proposal was approved as urgent medical supplies were needed to respond in a timely fashion to increased life-saving health needs. Another ERF proposal was approved for emergency health and nutritional supplies for Sa’ada, Amran and Aden.

There are two ERF proposals currently being reviewed: a livelihoods project for select IDPs in Aden; and a project for emergency WASH response in Abyan. The ERF balance currently stands at US$ 1.1 million.

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.

VI. Contact

OCHA Yemen
Raul Rosende: Head of Office, Tel: +967 737 555 507 Email: rosende@un.org

OCHA New York
Ms. Signe Bendix Jepsen: Humanitarian Affairs Officer
Middle East and North Africa Desk, Coordination and Response Division
Tel: +1 (917) 367-2334 E-mail: jepsen@un.org
Stephanie Bunker: Spokesperson and Public Information Officer
Tel: +1 917 367 5126 E-mail: bunker@un.org

OCHA Geneva
Elisabeth Byrs: Spokesperson and Public Information Officer
Tel: +41 22 917 2653, byrs@un.org

For more information, please visit http://ochaonline.un.org/yemen .
To be added or deleted from this SitRep mailing list, please email singh118@un.org.