HIGHLIGHTS

• Measles is threatening to again become the main killer of children in Yemen. If the current outbreak is not effectively stopped now, it could cause the death of 5,000 children every year.
• New movements of internally displaced persons fleeing renewed conflict are reported both in northern and southern Yemen.
• A planning tool to be applied for needs assessment at the district level is developed and piloted by the nutrition cluster.
• Funding against the 2012 Response Plan for Yemen is nearly 15 percent. Some sectors still stand at zero funding.

FIGURES

<table>
<thead>
<tr>
<th># of IDPs</th>
<th>465,174</th>
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</thead>
<tbody>
<tr>
<td># of refugees</td>
<td>216,710</td>
</tr>
<tr>
<td># mixed migrants arrivals Jan. 2012</td>
<td>8,465</td>
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</tbody>
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FUNDING

447 million requested (US$)
15% funded

Measles threatening to become No.1 child killer

Measles has re-emerged in Yemen in epidemic proportions. A total of 3,800 measles cases have been officially reported in Yemen from January 2011 to early March 2012, a steep increase compared to earlier years. 126 deaths have been officially reported, and all those who died are children less than five years old. 95 per cent of deaths were reported in the last three and a half months alone. This indicates a steep upward trend according to standard international trend analysis.

The steep increase in measles incidents over the last three and a half months is due to the decline in immunization coverage and disruption in access to basic social services in most parts of the country during the civil unrest. Mortality due to measles is already very high and will increase further, especially if compounded with a rise in acute watery diarrhoea and increasing rates of malnutrition.

If left unchecked, 4,500 cases and 250 deaths could be expected in the next six months and could then escalate, according to WHO, to more than 30,000 incidences of measles resulting in 5,000 deaths per year. At the end of 2011, the measles cases rate per 1 million inhabitants was 129 for the whole of Yemen, while in Abyan it was 982 and in Aden 587. (Refer to map below).

The accumulative impact of current predisposing factors is unprecedented. A comprehensive national immunization campaign to cover 7.9 million children under the age of ten and targeted water, sanitation and hygiene (WASH) responses are required if the measles epidemic and mortality and morbidity of children is to be stemmed in a sustainable way. To increase cost effectiveness, a planned vaccination programme will include both measles and polio vaccines and Vitamin A. A comprehensive response will be implemented by the health and WASH clusters and NGO partners together with the Yemeni Government.

More than a quarter of the costs of the immunization campaign have been covered by the government and humanitarian partners. The total project cost is USD 29.7 million. A Central Emergency response Fund (CERF) application has been supported by the Humanitarian Country Team. However, even if the application is successful, a major funding gap will remain.
New security challenges – more IDPs

Increase in use of explosive attacks

There has according to media reports been a measurable increase over the last two weeks in explosive attacks – car bombs and the use of cars in suicide attacks, numerous incidents of gunfire in Sana’a and Aden, assassinations and military operations, with many deaths and injuries. There is also an increase in the rhetoric of threats. Following the recent election of a new president, many actors are actively positioning for strength and political influence.

Increase in internally displaced persons

Several sources report new movements of internally displaced persons (IDPs), both in the south and in the north. Planning figures for a holistic humanitarian response are still being defined by the Government and the humanitarian community. Current estimates suggest, however, that thousands of new IDP families, who are fleeing into hosting communities that are already saturated with IDPs, will be in need of life saving support by the end of March 2012. Options for development of shelter and settlement support remain in development.

At the end of January 2012, 465,000 internally displaced persons were reflected in UNHCR statistics, with government statistics showing ten percent of the IDP population living in camps and 90 per cent living in the host communities.

In the south, families are reported to be fleeing renewed conflict. Following the attack which Ansar Al-Shari’a launched against the Yemeni Army on 4 March, the security situation remains fragile in the district of Khanfar in Abyan. Building on the field knowledge of some international organizations working in Khanfar, it is estimated that many of the 20,000 families currently living in the areas which may face potential fighting, may be displaced. A significant percentage of the potential IDPs will continue to stay within Abyan, seeking protection and services within their tribal areas. The IDP Executive Unit and humanitarian agencies expect to have more accurate data next week.

In the north, new influxes of IDPs are reported in Hajjah Governorate due to violence at the intersection of Mustaba, Kaushar and Washhah districts. They are fleeing violence as a result of confrontations between traditional tribes and Al-Houthis. A Haradh-based humanitarian team (UNHCR, WFP, UNICEF, WHO and OCHA) is currently using a planning figure of 7,500 new IDPs, including an estimated future influx of nearly 2,000 families. The new IDPs may be added to the nearly 18,000 registered and 8,000 unregistered families already living in Hajjah.
IASC contingency plans are in final stages of being updated both in the north and in the south, also reflecting the response in support of conflict-affected civilians due to an escalation of conflict in Abyan and to those affected by heavy fighting in regions of the north.

The contingency plan is now expanded to cope with an additional sudden outflux of 20,000 households (140,000 people) to Aden. The plan will be triggered at 3,000 people moving within a one week period.

**Humanitarian Access Constraints**

Humanitarian access currently shows a very varied picture with some improvements, such as in Sana’a; challenges involving negotiations with non-state actors in the north and a very challenging situation in parts of the south with the number of security incidents on the rise. January this year saw national and international staff being victims of security incidents, forcing agencies to consider staff movements in the field very carefully. In particular, road movement is restricted in several areas. This week, media reported that an NGO vehicle was hijacked at gunpoint inside Kharaz refugee camp in Lahj Governorate.

Restrictions on access for humanitarian country team partners to parts of Abyan, Lahj, Shabwah and Al-Dahle’e Governorates and limited access to Hajjah, Sa’ada and Amran Governorates have challenged the ability of cluster partners to provide timely and equitable responses to all those in need over the reporting period.

In Aden, the humanitarian team is following the conflict dynamic and areas of influence in Abyan to be able to estimate the impacted population and to ensure information about the ability of the civilians to leave the areas of engagement and target advocacy for access. For example, in the first week of March the army had closed the roads which forced hundreds of civilians to be stuck in areas where active fighting was taking place. Through the mandated protection agencies this issue was raised with the army and the road was reopened for the civilians to pass.

A 7 March update from Aden states that the coastal road is now inaccessible for civilians as well as for humanitarian agencies. It is believed that this road will remain closed in the near future. The Aden-Lahj-Al-Harour road was reported open, but more difficulties are expected as more checkpoints are erected by the army. More access options are being explored, including access to Abyan through Al-Bayda Governorate.
New International NGOs in Yemen

At the same time, two new international NGOs have been registered in Yemen, namely the International Medical Corps (IMC) and the Qatar Charity, thus expanding response capacity and funding for the emergency. Merlin has also finalized its registration and the arrival in the country of three international staff is imminent.

Earlier this year the registration was completed for the Norwegian Refugee Council, Action Contre la Faim, and ACTED. The registration of International Rescue Committee is still pending. Efforts are ongoing to bring major INGOs from Arab countries into the CAP for 2012 at the mid-year review. The Government of Yemen has been instrumental in speeding up the registration process.

Pilot planning tool

An analysis of geographic and inter-sectoral prioritization is being developed as a pilot planning tool by the nutrition cluster. The analysis is presented in a map snapshot. The illustration which is presented here provides the least detailed level overview of Hudeidah Governorate. Districts in red colour represent those with the highest number of malnourished children as of March 2012, providing the base for coordinated multi-sectoral assessment and response planning.

More detailed versions of the map provide analysis of, for example, the number of children under five affected by global acute malnutrition in a district, compared to how many are already being reached with nutrition interventions. The map also shows how many have not been reached, thus providing a tool for deciding which districts should be given priority.

The Humanitarian Country Team has also been moving towards district level planning and is now delivering on that. The initiative brings all the planning for five clusters (Nutrition, WASH, Food Security, Health, Livelihoods) down to district level. This is a first attempt to bring coordination to the district level and encourage joint assessment and joint programming.

Funding update

New funding against the Humanitarian Response Plan

The 2012 Yemen Humanitarian Response Plan is currently 14.7 per cent funded. An additional major donor has allocated a substantive grant against the UN response plan, but this amount has not yet been recorded on OCHA’s Financial Tracking System. Still there are significant unmet needs. Another US$380 million is required to fund existing plans to support Yemen’s humanitarian crisis. Notably, no grants have been allocated against education and shelter initiatives, and very little is earmarked for protection.

The UN Humanitarian Country Team and the Government of Yemen are actively advocating for and exploring additional funding sources.
Several clusters are facing serious funding gaps for their planned activities for life saving activities.

ERF funding

The Emergency Response Fund has since the beginning of 2012 approved six projects totaling US$1.4 million dollars. Mercy Corps received funding to respond to the needs in Taiz to rehabilitate the water and sanitation system and also to a waste water management project. IOM received ERF funding to respond to the emergency needs in Abyan by providing assistance to IDPs and host communities in different sectors such as health, water and sanitation and non-food items.

Vision Hope International received funding for provision of food security and shelter to displaced and conflict affected communities from Arhab and Bani Garmoz located in Sana’a and Arhab. WHO received funding for primary health care to IDPs in Sa’ada Governorate.
Pending approval with the Review Board are two projects; one for UNICEF to respond to the measles outbreak and reduce morbidity and mortality from measles by providing appropriate case management and vaccinating children; the second from Mercy Corps for psycho-social support to vulnerable children in conflict in schools in Sana’a. The two projects are requesting US$700,000.

Currently three projects are under consideration by ERF; two for OXFAM to respond to the WASH needs in the south and one from Yemen Family Care Association to respond to the emergency reproductive health needs for IDPs and conflict affected communities in Abyan.