

HIGHLIGHTS

- SG condemns attacks against civilians and civilian infrastructure in Taizz.
- 14.1M people are food insecure.
- 2.8M displaced people require assistance.
- \$25M allocated to NGOs from the Yemen Pooled Fund



An internally displaced girl in Yemen named Az Zurah
Photo: OCHA

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Total population	26 m
# of people targeted by assistance	13.6 m
# of people targeted by health care assistance	10.6 m
# of people targeted by food assistance	8.9 m
# of people displaced	2.8 m
# of deaths (WHO, 17 June)	6,503
# of injuries (WHO, 17 June)	32,169

Source: HRP and HNO-WHO

FUNDING

\$1.8 billion
requested

\$467 million
funding against HRP

26% funded
(12/7/2016)

Peace Talks and the Cessation of Hostilities

Peace talks continued in Kuwait throughout June 2016. The parties used the Eid holiday to return home for consultations and have been preparing for a new round of Talks, which is scheduled to re-start in Kuwait on 15 July. In June, the De-escalation and Coordination Committee and the Local Disengagement Councils, continued to play a role in reducing violations of the Cessation of Hostilities (CoH). Nonetheless, violations including ongoing airstrikes and armed clashes were reported, particularly in Al Jawf, Hajjah, Marib, and Taizz.

The city of Taizz has experienced some of the fiercest fighting during the CoH. A medical organisation working in the Taizz Governorate reports that since the CoH began on 10 April, medical facilities and hospitals in the area have treated a staggering 1,624 people with injuries related to fighting. Nearly half of which were civilians. On 4 June, the shelling of a market in the city of Taizz with heavy weapons resulted in 18 civilian deaths, including 7 children and 67 wounded. The attack was condemned by the UN Secretary-General Ban Ki-moon, who called for an independent investigation into the incident and for all parties to uphold international humanitarian law and protect civilians.

Child prisoners captured during fighting returned to their families

On a positive note, on 21 June the UN Special Envoy for Yemen reported to the UN Security Council that 54 child prisoners had been returned to their families with support from UNICEF. During June, more than 400 detainees, including prisoners of war, had been released by Ansar Allah. On 27 June, the UN Secretary-General urged the release of all prisoners, political detainees, journalists, civil society activists building measure.

Health system on the verge of collapse

Due to the conflict, men, women, and children are dying from preventable diseases, including from illnesses for which vaccines exist. Trauma patients are dying from a lack of surgical teams, equipment, and medicines. Children under five, pregnant women, and those suffering from chronic diseases are disproportionately affected. The virtual collapse of the health system has been brought about by damage to facilities, shortages of medical supplies, and lack of fuel and electricity. Today, primary health care is almost entirely dependent on foreign humanitarian aid except for the irregular payment of meagre salaries by the government authorities.

Prior to the escalation of conflict, in March 2015, the State contribution to the health sector never exceeded 30 per cent and the private sector covered more than 70 per cent, on a cost recovery basis. Lack of exports, the near collapse of the banking sector, and dwindling revenues have decimated the capacity of the State. Most of the 1200 foreign health practitioners have left the country due to security risks and lack of salaries. Preliminary results of assessed health facilities show 50 per cent are either not functioning or partially functioning. Less than 30 per cent of the needed medicine and medical supplies, when compared to pre-escalation of conflict periods, are reportedly now

entering Yemen. The price of services and medicine is available is out of reach for the majority of the population in need.

Some 10.6 million people across Yemen are targeted by humanitarian for health assistance in 2016. To date, the over 30 health partners, working together in a coordinated manner, had reached over 3.5 million people with some form of health assistance in all 22 governorates. In particular, 1.2 million children have received full polio immunization through vaccines; 46,000 benefited from the distribution of trauma kits, and 460,000 people have been assisted through primary and secondary health activities.

Out of the US\$ 182 million being appealed for, the sector is one of the most underfunded in Yemen, with only 18 per cent of funds received. For the remainder of the year, and beyond the funds being appealed for, donors are being requested to use their influence to increase the amounts of medicines, fuel, and medical supplies reaching health facilities across Yemen; to bolster their financial and technical support to local national Non-Governmental Organizations (NNGOs) so that they may become health service providers, particularly in the rural areas of the conflict affected governorates; to provide budget and banking support to the Ministry of Health and prioritize the support to medical staff payments, with special attention to the retaining female medical staff; and to provide support to ensure one fully functioning surgical team per governorate, one mobile unit (including with reproductive health service) in each of the most conflict affected governorates).

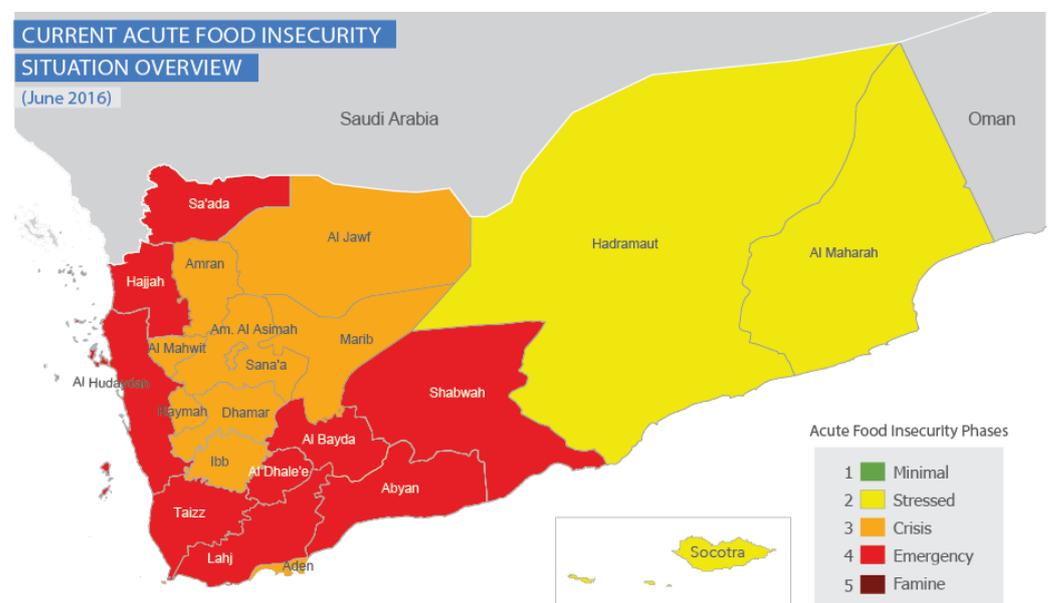
“With every day that the conflict remains unresolved, the Yemeni situation grows worse”.

UN Secretary-General, June 2016

Fifty one per cent of Yemenis suffer from food insecurity and malnutrition

In June 2016, the updated Integrated Food Security Phase Classification (IPC) analysis for Yemen was released. The IPC is a set of standardized tools that provide a common framework for classifying the severity and magnitude of food insecurity. The evidence-based approach used by IPC allows comparability of food insecurity situations across the country and over time.

The IPC report found that around 51 per cent of the population is suffering from food insecurity and malnutrition, in line with crisis (IPC3) or emergency (IPC4) levels. The



Source: IPC report. June 2016

population under IPC Phases 3 and 4 has increased by nine per cent compared with the results of the June 2015 IPC analysis. Key drivers of food insecurity were identified to be: the escalated conflict, restriction and disruption of imports, population displacement, loss of livelihoods and income, scarcity, the high price of food and essential commodities and the suspension of a safety net programme that used to serve 2.5M people.

Key Statistics from the IPC Analysis

Approximately 14.1 million people are food insecure (fifty one per cent of the population)– **out of which approximately 7 million are severely food insecure**

Nine Governorates are under Emergency (IPC Phase 4) – Abyan, Al Dhale'e, Al Hudaydah, Al Bayda, Lahj, Hajjah, Shabwah, Taizz, Sa'ada;

Ten Governorates are in Phase 3 (Crisis) – Aden, Amran, Amanat Al Asimah, Al Mahwit, Al Jawf, Dhamar, Ibb, Marib, Sana'a, and Raymah;

Livelihood conditions were found to be poor and further deteriorating especially in governorates under Emergency (IPC Phase 4);

Global Acute Malnutrition (GAM) is at an alarming level, well above the WHO emergency threshold of >15 per cent in most of the governorates. In Taizz City, GAM rate is 17 per cent, in Taizz Lowland 25.1 per cent and in Al Hodeidah is 21.7 per cent.

“The IPC results clearly show the magnitude of the crisis. Conflict has virtually destroyed household coping mechanisms and food insecurity remains unacceptably high.”

UN Humanitarian Coordinator Jamie McGoldrick

The IPC analysis is valid for three months and reports that the food security and nutrition situation could further deteriorate if the population does not have access to all needed humanitarian assistance and livelihoods opportunities.

Over 70 per cent of Yemenis are living in rural areas and around 50 per cent of the labour force earns their living from the agriculture sector and related activities. The ongoing conflict has adversely affected the supply and distribution of agriculture inputs and farm products to the markets. Scarcity and high prices of fuel have resulted in high costs of irrigation, transportation, and marketing of agriculture products, making the returns from these products less than the production cost. Food security and nutrition concerns are of particular concern in rural areas.

Increasing imports of basic commodities is a priority

The IPC results highlight the urgency to allow a greater volume of basic commodities into Yemen. Yemen is heavily dependent on food import in the world - with 55 per cent of food products and 90 per cent of wheat (the main staple) imported.

Food imports were slightly higher in May (341,290 mt) than March (312,577 mt) and April (246,170 mt). However, total foods imports remained significantly lower than the period between December 2015 and February 2016. Compared to pre-crisis prices the average cost of a basic food basket is 21 per cent higher. In Taizz city this figure is 56 per cent.

The price of diesel and petrol increased significantly between April and May in most locations. The increase in prices for diesel was the highest in Lahj (138 per cent) and the highest increase for petrol is Al Hudaydah (102 per cent). Despite an increase in the amount of fuel imported in May, the overall amount, 30 per cent of monthly needs, was not enough to bring down prices. The supply-side situation is becoming so constrained that some commodities are now only available on the black-market.

Rehabilitation of Al Hudaydah Port

The Logistics Cluster has put together a plan to augment the capacity of Al Hudaydah Port by rehabilitating three damaged warehouses, bringing in and fixing mobile cranes, procuring a gantry crane and clearing an existing damaged gantry crane to free up extra berthing space. Funding for the warehouse rehabilitation is available and pledges have been received in the amount of \$3.9 million to support the procurement of two mobile cranes and fixing two damaged ones. Fundraising is ongoing for a gantry crane. Whilst these efforts will improve the capacity to bring humanitarian and commercial goods through the port, significant recovery and reconstruction work is needed to bring the port back to its previous capacity and facilitate the import of essential commodities at the scale required.

Humanitarian response to food insecurity

For the month of May, the Food Security and Agriculture Cluster (FSAC) reports reaching more than 3 million people in Yemen through monthly emergency food assistance. This includes 2.59M through general food distribution and 449,000 people via the commodity voucher programme. Out of the \$847 million appealed for by the FSAC, only 19 per cent has been received. Serious disruption to food programmes across the country are anticipated unless more funds are immediately received, especially as it takes 4.5 months lead time for contributions to be converted into food assistance.

Population Movement Report confirms a population of concern of 2.8M people

The ninth report of the Task Force on Population Movement (TFPM) issued in June estimates that there are 2.8M people of concern that have been displaced in connection with the current conflict. This figure is composed of approximately 2M internally displaced persons (IDPs) who remain in a situation of displacement across 21 governorates, mainly in Hajjah, Taizz and Sana'a. In addition, over 765,000 people who have been tracked as seeking to return to or within 19 governorates, mainly in Aden, Amanat Al Asimah, and Lahj. Those returning continue to require support as they seek to re-establish their livelihoods.



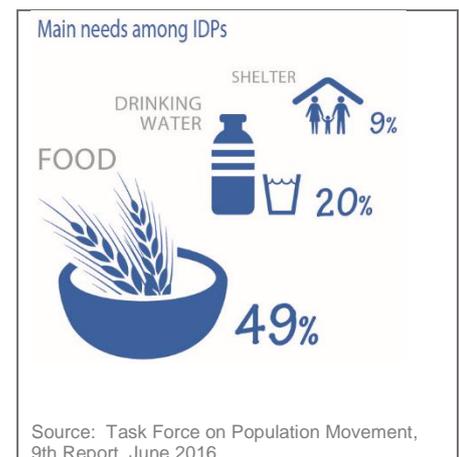
Source: Task Force on Population Movement, 9th Report, June 2016

IDPs are suffering the most from food insecurity

Data collected by the TFPM, through key informants, at the community level shows continuing needs for basic items and services. Amongst IDPs, the top three needs include food (49 per cent), drinking water (20 per cent) and shelter (9 per cent). Amongst returnees, the top three needs include food (37 per cent), access to income (13 per cent) and shelter (3 per cent).

The pressure on IDPs is also highlighted the Integrated Food Security Classification (IPC) report, which indicates that 64 per cent of total IDPs are hosted in five governorates that are either in Crisis (IPC Phase 3) or Emergency (IPC Phase 4).

The IPC report revealed that food security and nutrition status of the IDPs is very poor compared to the non-IDPs. The Reduced Coping Strategy Index (rCSI), an indicator that measures food insecurity by considering the activities undertaken by households to manage food shortages, is 26 for IDPs which corresponds to (IPC Phase 3 and above) while for the non-IDPs the rCSI is 16 (IPC Phase 2). The poor rCSI shows high levels of deprivation that required attention and priority action from humanitarians to help reinstate their livelihoods.



Addressing displacement challenges and the Yemen Pooled Fund

Close to 83 per cent of IDPs in Yemen are sheltered in hosted settings (where IDPs are hosted by families, friends or others, usually without paying rent) and in rented accommodation. Considering that two out of three IDPs are estimated to have been displaced for a period of ten months the pressure put on host communities is massive. The remaining 17 per cent of IDPs are living in collective centres or spontaneous settlements. This group of IDPs are often the most vulnerable as often their freedom of movement, safety, and access to services (particularly health, education, food, water or sanitation), are usually compromised. Furthermore, there are reports that they face increased harassment from neighbouring communities and authorities. With few choices available they are vulnerable to a variety of associated risks, including separation from

2.8M people remain displaced. Some 765,000 people seeking to return continue to require support as they seek to re-establish their livelihoods.

family members; sexual and gender based violence; child marriage; exploitation; harassment; abuse; or recruitment and use of children in armed conflict.

Assistance to displaced people (in all their variations) and host communities is being prioritized by the humanitarian community across the country and out of the five different humanitarian hubs operating out of Sana'a, Aden, Ibb, Sa'ada, and Al Hudaydah.

The Yemen Humanitarian Pooled Fund (YHPF) is finalising the first round of the allocation process in support of the IDP response. Thirty-seven projects were recommended for funding following the endorsement of the Humanitarian Coordinator and the Advisory Board. Highlights from the allocation include:

- \$34 million to be allocated to 37 projects supporting six life-saving clusters including logistics for implementation in the next 2 to 12 months;
- 27 per cent of the overall funding will be channelled through national NGOs (\$9.2M);
- 75 per cent of the \$34 million will be allocated to international NGOs (\$25.5M) and 25 per cent to UN agencies (including \$8.5M for IOM).

\$34 million is being allocated to 37 projects to support IDP response.

Protection and detention of migrants/asylum seekers/refugees

Concerns are mounting over the increased detainment of migrants, asylum seekers, and refugees in Yemen. While some have been released through the intervention of UNHCR and partners, a significant number of migrants, asylum seekers and refugees, mainly from East Africa and the Horn of Africa, remained detained, particularly in Al Hudaydah prison. IOM has been able to provide some medical assistance to detained migrants, but considering the general prison conditions remain precarious and remain below international standards for health, sanitation and nutrition, there is an increasing concern over the situation. The UN is calling for the humane treatment and access to detained migrants, especially women and children, until they can be evacuated home. The UN is also urging authorities to release all asylum seekers and refugees and to respect access to asylum and the principle of *non-refoulement* at all times.

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