

HIGHLIGHTS

- The mid-year review of the 2013 Yemen Humanitarian Response Plan (YHRP) confirms persistent humanitarian needs.
- The mid-year funding-level of the YHRP has decreased from 43 per cent in 2012 to 38 per cent 2013.
- More than 50,000 IDPs living in Hajjah Governorate with limited access to basic health services.
- In May, 255,730 students in Abyan, Aden and Lahj only sat for exams after protestors lifted their disobedience campaign.
- 200,000 Yemenis have been expelled from Saudi Arabia where laws have been tightened against migrant workers without the required documentation.
- 71 per cent of water in west Al Hudaydah and Hajjah Governorates is contaminated with *Escherichia coli* (e.coli).

FIGURES

People without access to safe water, sanitation	13.1 m
Food insecure people	10.5 m
People without access to health care	6.4 m
Acutely malnourished children	1 m
Internally displaced people	306,087
Returnees	232,025
Refugees	237,717
Migrant/Refugee arrivals in 2013	42,137
Sources: UNHCR, WFP, OCHA, WHO, UNICEF	

FUNDING - 2013

702 million

Revised requirement (US\$)

38% funded



OCHA

Most critical needs identified in CAP MYR	P1
Urgent need to scale up response in the north	P3
Limited access in Al Jawf and Amran	P3
Vulnerable groups bear the brunt of conflict	P4
Aid affected by civil disobedience in Aden	P5
Polio vaccination for 2.7 million children	P6

No improvement in humanitarian needs despite political progress in Yemen

Political process runs risk of overshadowing urgent humanitarian needs

Despite the on-going National Dialogue, expected to lead to constitutional reforms and elections in February 2014, the humanitarian situation in Yemen has not measurably improved. Although the National Dialogue is key to ultimately resolving the crisis, it also runs a real risk of overshadowing the immediate need to maintain effective humanitarian assistance for the rest of 2013.

Humanitarian partners in Yemen recently completed the mid-year review (MYR) of the Yemen Humanitarian Response Plan (YHRP), guided by assessments and analyses of any changes in needs. The review confirms that overall needs remain unchanged: 13 million people still lack access to safe water and sanitation; 10.5 million people do not have enough food; 6.5 million people have insufficient health care; and 1 million children are suffering from acute malnutrition.

Although the scope of needs has remained largely unchanged, slight adjustments in programmes will be necessary for the rest of the year. Changing population movement data – increasing returns in Abyan, persistent internal displacement in the north, and increasing needs of migrants – will drive these adjustments. In an effort to better address the country's chronic vulnerabilities and promote resilience, programmes have also been revised to ensure greater sustainability.

Funding shortages lead humanitarian partners to identify the most critical programmes for the rest of the year; US\$208 million urgently needed

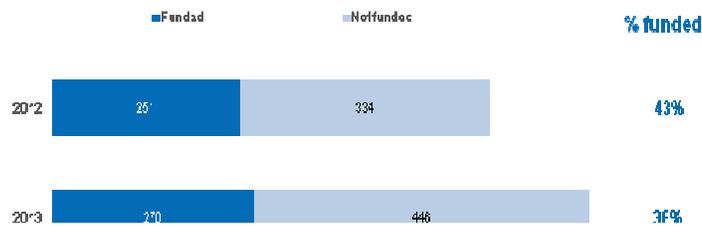
As a result of minor programme adjustments and renewed prioritization efforts among humanitarian partners, total 2013 YHRP funding requirements have decreased slightly to US\$702 million, from \$716 million. Due to significant funding shortages, humanitarian partners recognize that all high-priority projects may not receive full funding by end of the year. As a result, Clusters identified the most critical activities for the rest of the year in an effort to align response to current funding trends. These activities require \$208 million in urgent funding, or 40 per cent of total unfunded YHRP requirements. All clusters limited the cost of their most critical activities to 25 per cent of their unfunded requirements, except for food assistance, which came in at 67 per cent of unfunded requirements.

Clusters	Most critical activities
CCCM NFIs & Shelter	Transitional shelter and non-food items to IDPs, returnees and other conflict affected communities and strengthen camp coordination and management in the northern governorates.
Early Recovery	Clearing mines and recovery support for returnees in Abyan through restocking of livestock to female heads of households.
Education	Ensure that learning environments for children are safe and suitable for education by rehabilitating, repairing and providing essential supplies to 18 schools in Amran, and providing sanitation facilities for 35 schools in Sa'ada

Food Security and Livelihoods	Provide lifesaving food aid and nutrition to those households who cannot meet their basic food needs. The cluster has identified resilience activities among the most critical activities.
Health	Continuation of access to basic health services for IDPs and other vulnerable groups; seek to promote prevention of sexually transmitted infections including HIV/AIDS.
Nutrition	Lifesaving care for malnourished children, pregnant and lactating women, including treatment of severe acute malnutrition, provision of supplementary food and distribution of micro nutrients.
Protection	Building capacity for and strengthening protection outreach efforts to help create a more sustainable protective environment focusing on gender based violence and child protection.
WASH	Target geographic areas where unmet needs are the greatest and also promote durable solutions.
Multi-Sector	The Multi-Sector Cluster seeks to provide integrated assistance to refugees, asylum seekers and migrants.

More support urgently needed for NGOs – particularly in areas where UN access is limited

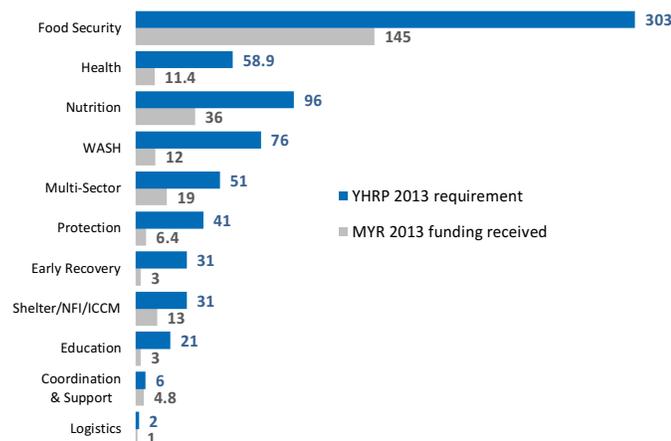
As of 8 July, the revised YHRP was only 38 per cent funded, compared to the 43 per cent funding level of the 2012 YHRP at the same time last year. However, overall requirements in 2012 were somewhat lower. Most 2013 YHRP funding has gone to UN agencies, which had received 33 per cent of their total requirements as of 30 June. NGOs have received only 4 per cent funding for NGO projects by the same date. Funding for NGOs is critical for the sustainability of humanitarian activities, particularly in areas where the UN has limited access due to insecurity, such as northern Yemen.



Comparison between 2012 and 2013 YHRP funding-levels at mid-year.

Funding shortfalls have affected all clusters’ abilities to implement humanitarian programmes. However, at less than 20 per cent funded, the Early Recovery, Education, Protection, Health and WASH Clusters are facing particular difficulties, forcing them to cut back on critical programmes that could help lift Yemenis out of poverty.

2013 Funding Requirements vs Funding Received (as of 30 June)



Years of conflict in the north has led to chronic humanitarian needs, including health care and other basic services

Humanitarian aid to the north must expand

Health service delivery a major challenge in northern Yemen

Poor living conditions, physical damage to health infrastructure, limited access to sanitation and clean water, and the socio-economic impact of instability have all heightened the threat of disease outbreaks – including preventable diseases – among IDPs and other conflict-affected people in the north. These groups also have the least access to health care and other basic services. Lack of access to education, low awareness of health related issues, cultural biases and limited Government capacity all contribute to the precarious health conditions in the area.

The six wars in Sa'ada between 2004 and February 2010 severely damaged health facilities and disrupted basic health services, including primary health care, immunizations, reproductive health and referral services. Existing facilities lack basic medical equipment, qualified personnel, clean water, and sanitation facilities. Women and children represent 70 per cent of the people without access to adequate basic health services in the northern governorates. In Sa'ada Governorate, WHO, Save the Children and ICRC are providing health services. However, huge gaps persist.



The health delivery system in Yemen has deteriorated over the years Source: OCHA

56,000 displaced individuals need basic health services in Hajjah

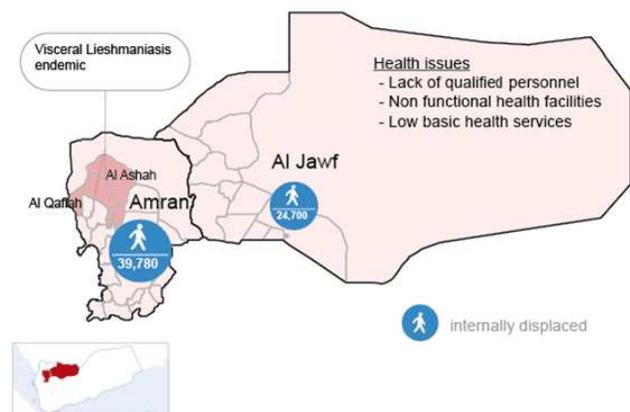
According to WHO, over 8,000 IDP families, (56,000 individuals) living in Hajjah Governorate lack access to basic health services due to the withdrawal of some health service providers including MSF. Thousands of people fleeing conflict in Sa'ada have taken refuge in neighbouring governorates, notably Hajjah (Haradh district) since 2009. Conflict in Ahem in 2012 also resulted in IDPs seeking safety in Hajjah (mainly Hayran, Khayran Al-Moharreq and Abs districts). WHO, IOM and other partners are providing health services in Haradh, Hyran and Khyran Al-Moharreq districts, but with MSF-Spain discontinuing activities in Al-Mazraq area on 30 June, a gap will be created in providing basic healthcare services, including surgery and referrals.

As of May 2013, over 253,159 displaced people were living in northern Amran, Hajjah, Al Jawf and Sa'ada Governorates. According to UNHCR, 240,750 IDPs (95 per cent of the total IDPs in the north) live among host communities or in informal settlements. The remaining 12,409 (5 per cent) live in two camps in Haradh. About 35 per cent of the IDPs in northern Yemen are in Sa'ada, Amran and Al Jawf. A total of 38,640 IDPs live in Sana'a.

One of two humanitarian partners to leave Al Jawf due to lack of funding

The Government of Yemen has only a very limited presence in Al Jawf governorate, and Al-Houthi-affiliated groups and local tribes continue to compete for power there. This affects access to health care services by the local population, and is compounded by a lack of qualified health personnel and the fact that some health facilities are not functioning. Only two humanitarian partners are currently working

Health and IDP situation in Al Jawf and Amran



Despite significant needs, only two humanitarian organizations operate in Al Jawf, and only a handful of agencies operate in Amran

in Al Jawf. ADRA and IOM provide immunization services and basic health care through mobile teams, but IOM plans to pull out due to lack of funding, creating a major gap in primary health services.

Persistent access restrictions exacerbate vulnerability to disease in Amran

In Amran, a huge health care gap exists despite the presence of humanitarian partners, mainly due to lack of access resulting from an unpredictable security situation. Malaria is endemic in many areas of Amran, particularly in the valleys, and visceral leishmaniasis is endemic in areas like Al-Qaflah and Al-Ashah districts. Many IDPs are unserved and vulnerable to communicable diseases, reproductive health complications and malnutrition related complications due to overcrowding, lack of appropriate health services, and lack of clean water and hygiene.

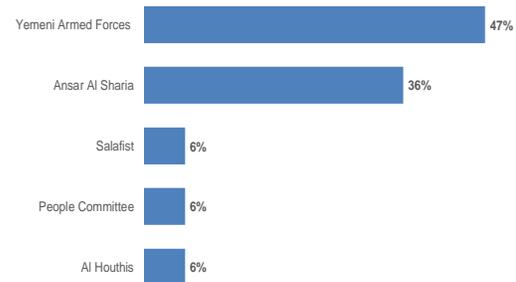
More attention – and outreach – needed to address mental health

Conflict often has a pronounced impact on the mental health and psychosocial status of affected people. Many cases go unnoticed, as potential patients do not seek medical aid. In Haradh and Sa'ada, IOM and WHO are providing mental health and psychosocial services, focusing mainly on depression, anxiety and schizophrenia.

Vulnerable groups bear brunt of conflict

At least 53 children were recruited or used by armed groups in 2012

Children in Yemen continue to suffer grave rights violations due to the ongoing conflict between Government and armed militants, according to a new UN report on children and armed conflict. In 2012, the UN verified 53 reports of recruitment and use of children between ages 13 and 17 in fighting. Of these cases, 25 boys were recruited by Government forces. Many children recruited by the national armed forces were enlisted through brokers, such as military officers, family members or local sheikhs. Some brokers facilitate recruitment by falsifying children's identity documents. The report also notes progress in relevant parties' commitment to halt and prevent violations against children. The leadership of Al-Houthis agreed to enter into a dialogue with the UN on the issue, and the President issued a decree prohibiting underage recruitment. This decree also established an inter-ministerial committee to develop an action plan to prevent violations against children.



% Recruitment and use of children

165 attacks on schools in 2012; over 100,000 Yemeni children currently learning in unsafe schools

According to the report, 165 attacks on schools took place in 2012, mostly in Sana'a and Abyan Governorates. Ansar Al-Sharia, the Yemeni military and Al-Houthis were chiefly responsible. Teachers and pupils were threatened or intimidated in 61 documented incidents, and 57 schools were damaged by shelling. Military forces also used schools to store weapons in 36 incidents, sometimes resulting in closure of the schools. According to the Education Cluster, over 420 schools in Yemen operate in unsafe conditions due to conflict-related damage, exposing more than 100,000 children to safety risks. The Cluster is planning to rehabilitate schools in Amran and Sa'ada.

Many Yemeni children recruited into to armed groups are enlisted through brokers, which calls for a more concerted effort to address the problem

Humanitarian aid disrupted by civil disobedience in the south

Over the last few months, since the start of the National Dialogue, civil disobedience campaigns have disrupted humanitarian work and educational institutions in southern Yemen.

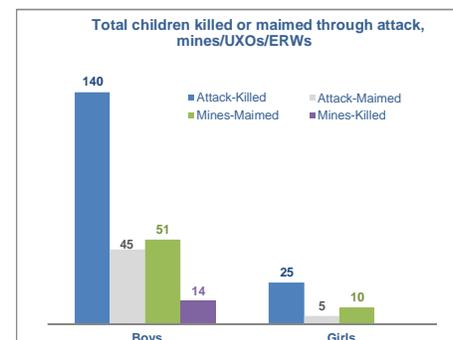
Rehabilitation of schools and hospitals, and Government services were all interrupted as aid organizations' offices closed for two working days each week and restricted staff mobility. In May, 255,730 students from Aden, Lahj and Abyan were able to sit examinations only after Al-Hirak Movement temporarily eased its civil disobedience campaign. The civil disobedience campaigns aim to achieve greater autonomy and recognition for southern Yemen in the ongoing National Dialogue.



On-going civil disobedience in southern Yemen has affected schooling for thousands of children. Source: OCHA

Conflict kills 50 children killed and maims 165 in 2012

At least 50 children (45 boys and five girls) were reportedly killed, and 165 (140 boys and 25 girls) were maimed in 2012, mainly due to unexploded ordnance (UXOs) and explosive remnants of war (ERW). Some incidents were attributed to the national armed forces, and Ansar Al-Sharia. Attacks with improvised explosive devices (IEDs) killed 11 boys and maimed 16 boys and one girl. Two children were also killed in a suicide attack.



Increased caseload of extremely vulnerable migrants amid changes to Saudi immigration policy

Migrants from the Horn of Africa continue to arrive in Yemen, creating a humanitarian challenge that needs a coordinated response.

Humanitarian partners in Yemen are working to address the plight of Horn of Africa migrants with a multi-sector approach that includes the Protection, Food Security, Nutrition, Health, and Shelter clusters. In the last two months, the closure of the Saudi border and raids by Yemeni authorities on camps of traffickers have increased the number of migrants in dire need of humanitarian assistance. An estimated 25,000 migrants are reportedly stranded in the Haradh area. Dead bodies lie unclaimed at the local morgue, posing additional health challenges due to frequent electricity shortages in a hot climate. At the same time, the influx of large numbers of migrants increases the risk of communicable disease outbreak.



Humanitarian partners are exploring a regional approach to the problem of migrants in Yemen – Source: IOM

Up to 500,000 Yemeni migrants could be deported from Saudi Arabia

Recent changes to Saudi Arabia's immigration policy have led to the deportation of Ethiopian and Yemeni migrants back to Yemen. The number of Yemenis facing deportation is unknown, but media and Government sources indicate the figure could rise as high as 300,000 to 500,000 people. As a result, pressure on the labour market and remittance-dependent households would increase substantially, while basic services would be further strained. Humanitarian partners are now exploring a regional approach to the migrant issue, working with colleagues in neighbouring countries like Ethiopia.

Yemen scores poorly on gender indexes mainly because of cultural norms and stigmas that encourage gender discrimination.

Stronger gender perspective in humanitarian programmes required

The mid-year review of the YHRP demonstrated that much work remains to incorporate a stronger gender perspective across humanitarian programmes. Progress on this issue is often slow due to prevailing cultural norms in Yemen, which consistently ranks last on the global gender gap index. All YHRP projects use the "gender marker" to rate the degree to which gender is factored into their planning. At mid-year, 63 per cent of funding had been allocated to projects designed to contribute in some limited way to gender equality, 27 per cent to projects designed to contribute significantly to gender equality and 0.4 per cent to projects which aimed specifically at advancing gender equality. However, 9.2 per cent of funding was allocated to projects with no signs that gender issues were considered in project design.



In brief

Water and sanitation challenges in Al Hudaydah

The availability of safe and proper sanitation is a major challenge in Al Hudaydah Governorate. According to initial findings from a recent water quality assessment conducted in 92 villages, 71 per cent of the water supply in west Al Hudaydah and Hajjah Governorates is contaminated by e-coli. According to UNICEF, 41 per cent of the water is not suitable for drinking. The findings are being analysed, and recommendations will be developed following further analysis.

Polio campaign targeting children under 5

Following reports of a polio outbreak in Somalia, Yemen launched a national immunization campaign targeting 2.7 million children under age 5. The campaign is led by the Ministry of Health with the support of members of the Health Cluster. A review by the Cluster has recommended strengthening the surveillance system to ensure early detection of any wild virus importation into Yemen. Given the continued influx of migrants and refugees from the Horn of Africa, Yemen is at high risk of importing polio.

IDP Policy for Yemen adopted

The new draft National IDP policy for Yemen was submitted to Prime Minister Mohammad Salem Basindwah on 16 June by a technical committee that drafted it for adoption. The policy was subsequently adopted on 25 June. The policy has three goals: to prevent involuntary displacement; to protect and assist IDPs; and to resolve displacement through return or local integration. It, moreover, covers displacement due to conflict and natural disasters. It also defines roles and responsibilities of the government of Yemen, refers to responsibilities under humanitarian law of non-state actors and emphasizes coordination with the international community and with civil society. The IDP policy is an important step towards finding long-term solutions to the plight of displaced people in Yemen.

The ongoing national polio campaign aims to reach 2.7 million children under 5 to ensure that the outbreak reported in Somalia does not spread to Yemen

Swarms of locusts that have reached Yemen could destroy entire food crops in the north unless partners move quickly to contain the spread

Threat to food security as locusts arrive in the north

Desert locusts arrived in Yemen from the Sinai, Israel and Saudi Arabia. According to FAO, some swarms moved southwards from Saudi Arabia towards Sa'ada, others moved further into the interior. More swarms are expected to move towards Marib, Ataq and Hadramaut in June. If uncontrolled, the locusts could severely damage crops at a time that they are flowering or setting grain. FAO and other humanitarian partners are closely monitoring the situation, which could have significant impact in the already highly food insecure country.

Humanitarian outreach mission to Qatar and the Kingdom of Saudi Arabia

At the beginning of June, the Humanitarian Coordinator and the OCHA Head of Office travelled to Doha (Qatar), Riyadh and Jeddah (Kingdom of Saudi Arabia) for meetings with potential partners and donors. Meetings were held with the Qatari Ministry of Foreign Affairs and the Saudi Development Fund, as well as with the Organization of Islamic Cooperation (OIC), Saudi and Qatari NGOs, charities and foundations. The meetings aimed to mobilize support for the Yemen humanitarian response and encourage greater collaboration between national, regional and international stakeholders. As a result of the mission, a number of potential co-funding opportunities of humanitarian activities are being discussed.

Humanitarian Coordinator briefs European stakeholders

The Yemen Humanitarian Coordinator (HC), Mr. Ismail Ould Cheikh Ahmed, and the Head of OCHA Yemen, Mr. Trond Jensen, fielded a mission to Brussels and Copenhagen from 26 – 27 June. The objective of the mission was to raise the profile of the humanitarian situation and needs in Yemen. In Copenhagen, the HC held meetings with the Ministry of Foreign Affairs and the Danish Refugee Council. In Brussels, the HC held meetings with representatives of the European Community Humanitarian Office (ECHO), the European External Action Service (EEAS) and Heads of UN agencies, and briefed the Council Working Group on Humanitarian Aid and Food Aid (COHAFA, consisting of representatives of the 28 EU member states) on the political developments and the humanitarian situation in Yemen.

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