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HIGHLIGHTS

- 71 confirmed cases of cholera in 11 governorates
- Food insecurity worsens
- Salaries of 1.25M public servants remain unpaid
- Airstrike in Sana'a kills over 140 and injures over 600



Cholera patient, Al-Joumhour Hospital, Sana'a, October 2016. Photo credit: OCHA/Ahmed Ben Lassoued.

Total population	26 m
# of people targeted by assistance	12.6 m
# of people targeted by health care assistance	10.7 m
# of people targeted by food assistance	8.0 m
# of people displaced (IDPs & returnees)	3.1 m
# of deaths (WHO)	7,054
# of injuries (WHO)	36,376

Source: HRP and HNO-WHO

FUNDING

\$1.6 billion requested

\$776 million funding against HRP

47% funded (31 October 2016)

Conflict persists

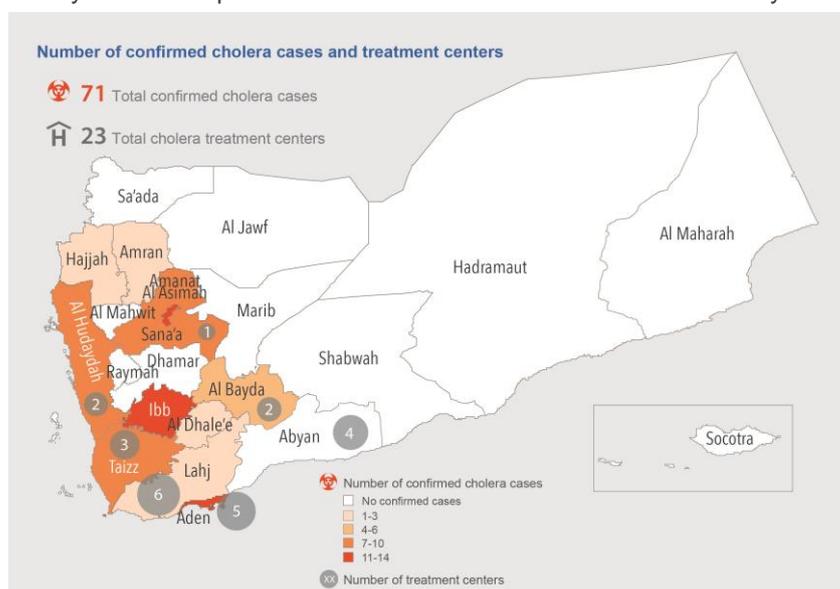
Following 19 months of fighting, the armed conflict and its consequences continue to drive the large-scale humanitarian emergency in Yemen. In October 2016, armed hostilities persisted in central and northern governorates including Al Hudaydah, Hajjah, Lahj, Marib, Sa'ada, Al Jawf, Sana'a, and Taizz. The airstrikes and armed clashes have continued to damage essential infrastructure including markets, roads, bridges, telecommunications facilities, and water lines.

The 72-hour ceasefire from 19 to 22 October 2016 provided some respite for ordinary Yemenis who continue to suffer the consequences of this 19 month war. However, as stated by Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (USG/ERC), Stephen O'Brien, "there can be no humanitarian solution to the conflict in Yemen. There needs to be a political solution, beginning with an immediate cessation of hostilities." Given the continued hostilities and despite past failures, parties to the conflict have been presented with a roadmap to peace by the Special Envoy for Yemen.

Humanitarians mobilise cholera response

On 6 October 2016, Yemen's Ministry of Public Health and Population confirmed an outbreak of cholera in Sana'a City and Al Bayda Governorate. With only 45 per cent of health facilities currently functional due to the conflict and its consequences, the capacity of the national health system to respond to the cholera outbreak has been severely compromised.

The situation is further exacerbated by the lack of safe drinking water and inadequate sanitation conditions, especially in the cities where uncollected waste is playing a role in the spread of the disease. Containing the outbreak at an



Source: Ministry of Health

early stage is critical to avoid the spread of the disease but some critical response activities cannot begin due to a lack of funds. Failure to control the outbreak will have severe public health consequences and will further strain the overstretched capacity of health services and increase morbidity and mortality rates.

Two-thirds of population does not have access to safe drinking water and sanitation. The World Health Organisation (WHO) estimates that 7.6 million people live in high risk areas, with the number of potential cases ranging between 19,000 and 76,000 people in 15 governorates.

The Ministry of Public Health and Population, in partnership with WHO, the United Nations Children's Fund (UNICEF) and health partners are mobilizing a rapid and integrated Water, Sanitation and Hygiene (WASH) response, including a public outreach campaign. It targets 3.8 million people in the most at risk governorates. It identifies measures for treatment, containment, prevention and funding requirements. It aims to strengthen existing surveillance centers and scale up response in areas with confirmed cases or of high risk, and reduce the attack rate and the fatality rate of cholera.

71 Cholera cases <small>Source: United Nations and Government</small>	2,070 Suspected cases <small>Source: United Nations and Government</small>	8 Confirmed deaths <small>Source: WHO</small>	\$22M Funding required <small>Source: United Nations</small>	45% Health Facilities functional <small>Source: WHO</small>
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Information shown as of 30 October

Increased calls for independent inquiry

On 8 October, airstrikes hit a large community hall in Sana'a. The community hall was hosting hundreds of people attending a funeral ceremony of a prominent former Yemeni politician. According to local health authorities, more than 140 people were killed and more than 600 others were injured. This is the highest number of casualties from a single incident in the past 19 months of conflict. Hospitals in Sana'a struggled to respond given the scale of the tragedy. The WHO, UNICEF and other humanitarian partners provided truckloads of medical supplies to treat the injured. On 16 October, approximately 100 of those injured were flown to Oman for medical treatment since treated in country was impossible due to the lack of medical equipment and supplies in Sana'a hospitals.

The UN Secretary-General (UNSG), Under-Secretary-General for Humanitarian Affairs and Emergency Response Coordinator (USG/ERC), and the Humanitarian Coordinator (HC) for Yemen all

unequivocally condemned the attack, called on parties to the conflict to abide by their obligations under international humanitarian law to protect civilians, and called for effective, independent investigations into allegations of international crimes and violations of international law.



UN Resident Coordinator/Humanitarian Coordinator Jamie McGoldrick visits community hall targeted by airstrikes; more than 140 people were killed and 600 others were injured. Sana'a, October 2016, Photo credit: OCHA

"I stress the need for effective, independent investigations into allegations of war crimes and to prosecute suspects."

USG, 31 October 2016

Food insecurity worsens

Food insecurity continues to be a major concern in Yemen. More than 14.1M people, or about half of the total population are food insecure, with 7M of these people severely food insecure—one step removed from famine.

Low levels of food imports: Yemen was already 90 per cent and 100 per cent reliant on wheat and rice imports, respectively, before the conflict escalated in March 2015. Disruptions to those flows into the country, resulting from the collapsing economy brought about by over 19 months of conflict are limiting the access to food by the average Yemeni citizen. Because of the inherent risks associated with operating in conflict-affected areas, food importers face high insurance premiums and transportation costs. Banking restrictions in terms of receipt and transfer of funds is also hampering the issuance of letters of credit, required to enable the flow of imports into Yemen. In August 2016, the lowest food imports levels were recorded since March 2015.

High food prices: Food commodities that make it into ports face port delays and transportation restrictions. The reduced availability of food in the markets makes most of what is available out of the reach for the majority of Yemenis due to the high prices. Prices have increased, on average, by 20 per cent when compared to pre-crisis levels. Purchasing

power has diminished across the country, while the prices of key commodities, such as sugar, wheat flour, and red beans are, respectively, an average of 23, 24 and 39 per cent higher than during the pre-crisis period.

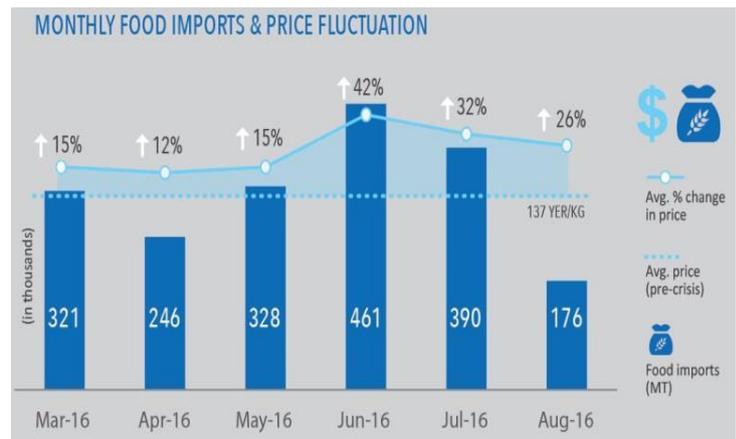
Reduced local production: Local production is also deeply affected by the conflict. According to Food and Agriculture Organization (FAO), despite above average rainfall in all agricultural production zones in Yemen (central highlands, coastal areas, and southern upland governorates) this year, the movement of people searching safety, security, and diminishing livelihood options for the rural and urban Yemenis has crippled the agricultural sector. Agriculture production was the main economic sector for more than 50 per cent of the rural work force.

Delays in salary payments: Due to a lack of revenue and a collapsing economy, salaries for an estimated 1.25M civil servants, throughout Yemen, were not paid in the months of September or October 2016. This is affecting close to one quarter of the Yemeni population who have lost, not only, purchasing power for food, but also for other essential goods and services. At a time when all protective safety nets, at community and government levels are collapsing, the situation is dire.

Humanitarian Chief visits Yemen

From 2 to 4 October 2016, the Under-Secretary-General for Humanitarian Affairs and Emergency Response Coordinator (USG/ERC), Stephen O'Brien, visited Sana'a and Al Hudaydah in Yemen. He visited Al Thuwrah Hospital and the port in Al Hudaydah and witnessed first-hand the challenges confronting health facilities, and the barriers encountered by food, fuel, and medical imports in the face of a damaged port.

More than 14.1M people, or 51 per cent of the Yemeni population, are food insecure. Almost half of them are considered severely food insecure.



Source: WFP, August 2016.

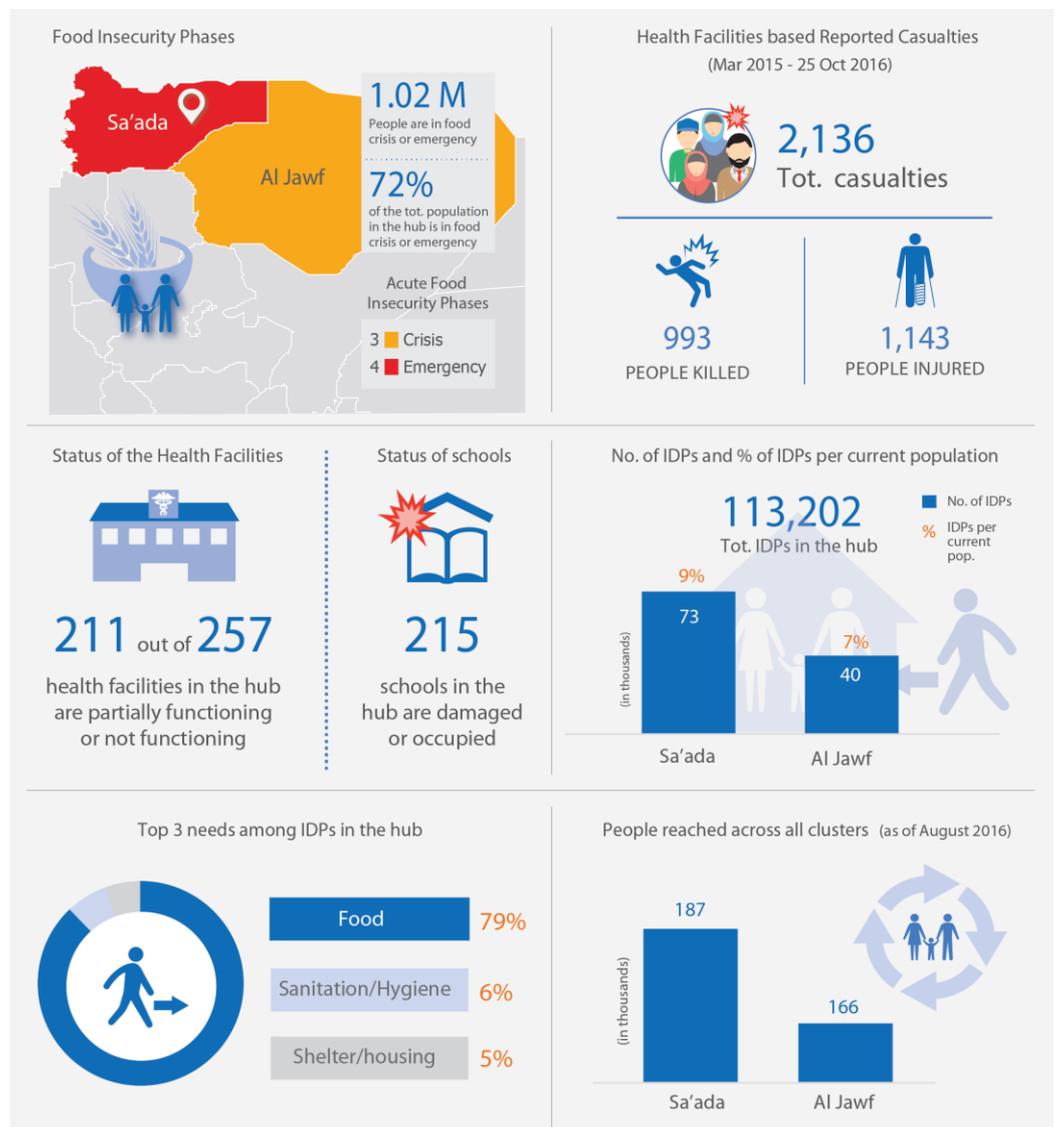
In Sana'a, he met with the de facto authorities and advocated for respect of international humanitarian law by parties to conflict, as well as for the lifting of bureaucratic impediments that continue to hamper the scale up of the humanitarian response throughout Yemen. This is the third visit by Mr. O'Brien to Yemen since the violence escalated in March 2015.



USG Stephen O'Brien during visit to Al-Thuwrah hospital, Sana'a, October 2016. Photo Credit: OCHA

Focus on the Sa'ada Hub

The humanitarian response in Yemen is coordinated out of five humanitarian hubs. From Aden, Al Hudaydah, Ibb, Sana'a and Sa'ada humanitarian partners coordinate the delivery of assistance to 12.6 million people. The focus in this edition of the bulletin is on the northern humanitarian hub of Sa'ada.



Source: IPC (June 2016), WHO (25 Oct 2016); MoPHP and WHO (Oct 2016); Education Cluster (as of 31 Jul 2016); TFPM 11th report (Oct 2016); Clusters (Aug 2016).

Almost 1.6M people live in the areas covered by the northern hub (the governorates of Sa'ada and Al Jawf), with over one million people experiencing acute food insecurity. According to the WHO, an estimated 211 out of 257 health facilities in the hub are either not functioning or partially functioning. In the face of limited resources and the capacity of key line ministries dilapidated, humanitarian actors have struggled to scale up humanitarian operations to meet the needs of hundreds of thousands of people and to help prevent the total collapse of basic public services infrastructure. As of August 2016, more than 300,000 people have been reached with some form of humanitarian assistance or assistance throughout the hub.

Armed Conflict and Displacement: The hub shares a border with the Kingdom of Saudi Arabia (KSA) to the north and is the birthplace of the Ansar Allah (also known as Al-Houthi) political movement. The ongoing conflict which escalated in March 2015 has devastated the lives of the civilian population in this hub, who had already endured the impact of the six rounds of war between government forces and the Al-Houthi in the past. Conflict intensification over the past 19 months has severely damaged critical civilian infrastructure, including hospitals, schools and water installations, forcing thousands of people to flee their homes in search of safety and security. It is estimated that almost 220,000 people in Sa'ada and 46,000 in Al Jawf have been displaced and forced to move to other governorates. More than 73,000 people are internally displaced within Sa'ada governorate while more than 300,000 people from the hub displaced in Amran, Sana'a and other governorates. Populations seeking to return to their homes are finding they are destroyed and unable to host them due to the infrastructure damage. They are also finding their fields contaminated with unexploded ordinance.

Food Security: With safety nets depleted and the availability to food diminished, the population is suffering from food shortages. According to recent surveys, conducted in 2015-16, malnutrition among children under five years in the Sa'ada Governorate is at the emergency threshold. That means that a high percentage of children, some say as high as 78% will suffer stunting unless the situation changes rapidly. Food insecurity stands at an Emergency level (Phase 4) in Sa'ada and at Crisis level (Phase 3) in the Al Jawf the governorate. That means that populations in this hub are either facing high acute malnutrition and excess mortality rates or unusual acute malnutrition.

Humanitarian Response: Response has focused on food distribution, the rehabilitation of water sources, immediate support to medical facilities, treating severe acute malnutrition cases, and protecting people from mines. So far this year, 24 humanitarian partners have been able to reach nearly 190,000 people in Sa'ada and 166,000 in Al Jawf with some sort of direct humanitarian or protection assistance. With only Al Jomhoori Hospital operational and the other two rural hospitals, in Sa'ada, Haydan and Razih, destroyed by airstrikes, humanitarians have been asked to step in and to fill these gaps as well.

An estimated 210 out of 256 health facilities in the hub are either not functioning or partially functioning.

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