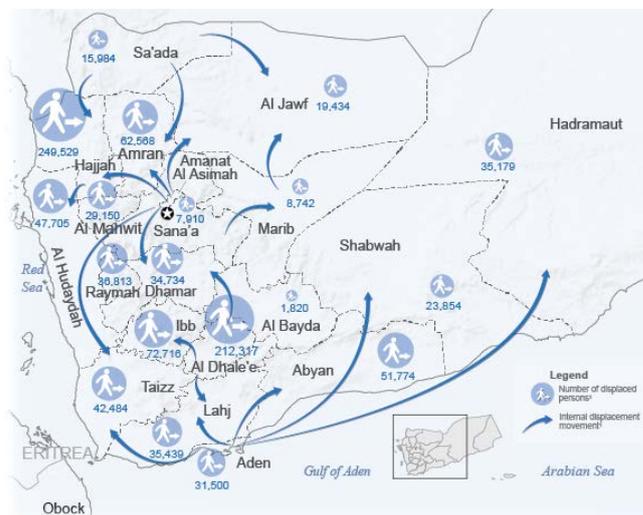




This report is produced by OCHA Yemen in collaboration with humanitarian partners. It was issued by OCHA. It covers the period from 28 May to 3 June 2015. The next report will be issued on or around 12 June.

Highlights

- 20 million people need humanitarian assistance.
- The number of internally displaced persons (IDPs) has nearly doubled since early May, reaching more than 1 million people. Host communities and agencies are under pressure to respond to their critical needs.
- The UN Security Council backed a call by Secretary-General Ban Ki-moon for a new humanitarian pause to allow assistance to reach people in urgent need.
- A full resumption of commercial imports of vital commodities, including food, fuel and medicines, is required to avoid a looming humanitarian catastrophe.
- As health and nutrition treatment services decrease, needs are increasing drastically.



Map Source: OCHA
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

20m

People in need of humanitarian assistance

2,288¹

Registered deaths resulting from conflict

9,755²

Registered injuries resulting from conflict

1,019,762

Internally displaced people

12.5m

Food insecure people

15m

People lack access to basic health care

Situation Overview

Prior to the escalation of violence in March 2015, Yemen already faced a large-scale humanitarian emergency, as nearly 16 million people required humanitarian assistance. That figure has grown to 20 million people – close to 80 per cent of the population – who urgently need humanitarian assistance. Without the full resumption of commercial imports and a safe environment in which to transport these goods, humanitarian agencies cannot meet the ever-growing needs of people to whom access is increasingly constrained.

Nearly half the population is food insecure, an increase of almost 2 million people since the conflict escalated in March. An additional 1 million people have become severely food insecure, bringing the number of severely food insecure people to 6 million. Local markets have been heavily affected, food commodities are scarce and basic commodity prices are increasing. However, humanitarian partners can only reach a small proportion of targeted people due to insecurity, access constraints and a lack of fuel.

More than 1 million people are now displaced, and this number will further grow as conflict continues. The doubling of the displacement figure since early May requires increased efforts to meet urgent needs including water, sanitation, health care and food. Some of the areas hosting the greatest numbers of IDPs were also the most food insecure areas pre-crisis. This is increasing the strain on these communities, particularly those in Hajjah, Al Dhale'e and Lahj governorates. Host families' safety nets, already strained from years of instability and localized conflict, are also stretched.

More than 15 million people are now without access to basic health care, up 40 per cent since March. Health needs have grown, and access to health care has been drastically reduced, with 53 health facilities closed and

¹ WHO
² WHO

malnutrition increasing. Communicable-disease outbreaks caused by cramped living conditions, disruption to vaccination programmes and lack of sanitation, coupled with reduced surveillance and a collapsing health-care system, are major concerns.

Fighting has resulted in more than 12,000 casualties since March. Latest estimates indicate that close to 2,300 people have been killed – half of them civilians – and almost 10,000 injured. The actual number of casualties is likely to be much higher, as many of the wounded and dead are not brought to health facilities and go unreported. According to official Government figures, women comprise only 2 per cent of reported casualties, although the number of women affected is thought to be significantly higher.

Lack of fuel is a significant constraint to meeting humanitarian needs. Fuel prices have risen about 690 per cent in Raymah Governorate since March. Diesel is not available in seven out of 22 governorates, putting 10 million people at risk of losing access to water. There is more than 250,000 MT of grains in stores in Aden and Hudaydah, but grain mills are unable to process the grain. Moreover, grain cannot be transported due to lack of fuel and insecurity, and it cannot be cooked due to a lack of cooking gas. High prices and limited availability of wheat within the markets are affecting poor and vulnerable people.

On 3 June, the Operations Room of the Ministry of Health in Sana'a, which manages all emergency operations for the entire country, was damaged. The room played a critical role in emergency health response throughout Yemen. The damage incurred is expected to cripple already strained emergency health relief operations. This incident follows at least 53 incidents of health facilities being attacked or damaged by fighting, shelling and airstrikes since 26 March. As of 27 May, 101 public civilian buildings have been partially or completely destroyed. Schools and medical personnel continue to come under attack. Directing attacks against civilians and civilian infrastructure is a serious violation of international humanitarian law.

Funding

In 2015, the Yemen Humanitarian Pooled Fund (YHPF) has received US\$289.8 million in pledges. As of 4 June, the YHPF has received \$9.5 million of these pledged funds. At the end of May, in anticipation of receipt of additional funds, the YHPF conducted a new allocation cycle to provide \$10 million to address emergency humanitarian needs in health, protection, shelter/non-food items (NFIs) and water, sanitation and hygiene (WASH).

The Flash Appeal launched on 17 April amounting to nearly \$274 million still requires funding. Partners are revising the Yemen Humanitarian Response Plan (YHRP) to reflect increased needs and a scale-up in humanitarian response and resulting financial requirements. The revised YHRP is expected to be ready mid-June, focusing on the most pressing humanitarian needs until the end of 2015.

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

Humanitarian Response



Food Security and Agriculture

Needs:

- More than 12.5 million people are food insecure. Of these people, 6 million are severely food insecure, a rise of 17 per cent in two months.
- Food supplies, which experienced a temporary post-pause reprieve in some areas, again slid into alarmingly low levels, particularly in Aden. Abyan, Al Dhale'e and Lahj are also experiencing major food shortages, with no food or cooking gas generally available. Ibb and Al Jawf are at risk of depleting the limited food stocks available.
- Prices of staples rose this week. Wheat flour prices rose by over 80 per cent in Aden and Abyan.

6m

Severely food insecure

Response:

- About 155,000 people received food assistance in Aden, Hajjah, Lahj, Sa'ada and Shabwah governorates. This comprised 100 MT of staple food items, and it supported more than 37,700 men, 35,400 women, 41,900 boys and 39,600 girls.
- Since April, more than 1.9 million people have received food assistance in Aden, Al Mahwit, Amran, Dhamar, Hajjah, Al Hudaydah, Lahj, Sa'ada, Sana'a and Shabwah governorates.

Gaps & Constraints:

- Access, fuel and commercial contractors' reluctance to move commodities by road remain significant constraints. One partner was unable to distribute more than 50 per cent of food planned for this week due to insecurity.
- Establishing secure storage facilities in Aden – where food assistance needs are among the highest - remains a challenge due to local insecurity.
- Humanitarian partners cannot meet Yemen's food needs without the commercial sector's involvement, as they cannot provide or transport the quantities required.



Water, Sanitation and Hygiene

Needs:

- Water has been cut off for several weeks in Al Hawtah District, Lahj, and disrupted in other cities due to lack of diesel. Water is available only a few days per week in most cities. Data on rural areas is more limited, but reports indicate that in several areas water-supply systems have become non-functional due to lack of fuel.
- The most vulnerable IDPs without a host family require comprehensive WASH assistance.
- Medical facilities desperately need a safe water supply.

10m

People likely to lose water access due to lack of diesel

Response:

- Water trucking was provided for two IDP camps near Haradh District, Hajjah Governorate, for 3,000 people.
- Over 1,113,300 people received WASH assistance. They include nearly 452,000 people who have been targeted with new activities during the reporting period, and 560,000 people who received a water supply thanks to fuel transfers to local water corporations in Sana'a, Amran, Sa'ada and Dhamar. Over 421,800 people benefited from repairs to the Aden main water network that was damaged in the conflict. A further 96,700 IDPs received water from trucking in Abyan, Al Dhale'e, Aden, Sana'a City, Sana'a Governorate, Al Hudaydah, Hajjah, Amran and Lahj governorates.
- Over 31,400 IDPs received hygiene kits and over 3,460 received dignity kits in Sana'a City, Amran and Al Hudaydah, Amran and Hajjah. A further 1,040 IDPs in Amran received ceramic water filters for household-level water treatment.
- Over 4,370 people participated in hygiene-promotion activities in Lahj, Sana'a, Al Hudaydah and Hajjah.

Gaps & Constraints:

- Commercial imports of diesel are urgently needed for water supply, sanitation and solid waste management for 20 million people. Disruptions will become more severe, meaning that communities that were receiving water two to three times a month now only access water once or twice a month. Water availability is expected to deteriorate further if fuel does not become available.
- Security and conflict have severely hampered operations in Taizz and Aden cities.



Health

Needs:

- At least 69 cases of dengue were recorded in May in Aden Governorate, as well as a growing number of cases of acute watery diarrhoea due to poor sanitation and limited access to safe water.
- With disruptions in vaccination programmes due to the insecurity, cases of measles have also increased, especially among IDPs living in overcrowded shelters, where risk of transmission between under-vaccinated children is high. Polio is also a serious risk, although Yemen is currently polio free.
- At Al Salam Hospital in Khamir District, Amran, the number of emergency admissions doubled in the last two weeks.

Response:

- More than 200 people with burns after a 25 May attack on a fuel depot in Taizz were transferred to a partner-supported hospital.
- Partners continue to operate an emergency surgical hospital, emergency posts and two mobile clinics in Aden, treating over 1,320 people, and they are supporting hospitals in Sana'a, Amran and Sa'ada, as well as providing water to two hospitals in Sana'a. Mobile clinics provided general consultations for IDPs in Khamir District, Amran. Over 1,230 consultations have been provided in eight locations in Khamir. Water, NFIs and hygiene kits for more than 500 IDP families were also provided, along with health promotion. In Hajjah Governorate, over

650 IDP consultations were held in Haradh at Bani Hashim Health Centre. In Sana'a, partners provided emergency and operating theatre supplies, as well as dialysis drugs and materials to cover 500 sessions at Al Jumhoori Hospital. Medical support, health education and psychological support was also provided for IDPs from Sa'ada.

- One partner has imported more than 100 MT of medical supplies since March, but has indicated that this is inadequate to meet needs.
- Mass casualty training for staff at Al Olafi hospital in Al Hudaydah took place.

Gaps & Constraints:

- Fifty-three health facilities, including 12 in Taizz, are closed due to lack of fuel, supplies and sustained damage.
- A medical team in Haradh Hospital has been forced to evacuate several times.
- Lack of fuel, electricity and water severely constrained partners' ability to meet urgent health needs.



Nutrition

Needs:

- The number of malnutrition admissions has increased by 150 per cent.

Response:

- Twenty-two mobile clinics were deployed to provide integrated nutrition services in Amran, Marib, Al Bayda, Shabwah, Aden, Al Hudaydah, Mahwit, Raymah and Hajjah. Over 42,500 children under age 5 were screened in Al Jawf, Hudaydah and Hajjah. From this, nearly 8,000 severely malnourished children (18 per cent) were admitted to fix and mobile outpatient therapeutic programmes (OTPs). Nearly 2,200 children under age 5 received vitamin A supplements in Shabwah, Sa'ada and Hajjah.
- Emergency nutritional assistance was provided for over 71,800 people in Shabwah, Lahj and Sa'ada (2 per cent achieved against the target of 2.5 million this month).

Gaps & Constraints:

- Nearly 160 OTPs serving about 2,571,300 people (including over 470,500 children under age 5) have closed since the conflict began due to insecurity. The majority of closures (65 per cent) are in southern governorates (Shabwah, Abyan, Lahj and Aden). This has significantly reduced access to nutrition treatment services. Malnutrition rates are increasing, as food security decreases and displacement increases.
- Fuel and electricity for transport and storage are major constraints for mobile nutrition and reporting teams. Access constraints on roads have prevented mobile teams from reaching newly displaced or remote communities.

2.57m

People affected by closure of nutrition services since March



Protection

Needs:

- Psychosocial support is needed for children traumatized by conflict, including counselling and recreational activities.
- Support to clear unexploded ordnance is required to prevent injury and death to civilians. Use of cluster munitions was reported in the north. Cluster munitions are prohibited under the 2008 Convention on Cluster Munitions and their impact is indiscriminate, posing a threat to civilians during and after attacks.

Response:

- A second child-friendly space (CFS) was established, reaching 175 girls in Amran City. Psychological support through a CFS was also ongoing in Al Bayda.
- Twenty-two child-protection workers were trained on psychological first aid.
- Monitoring of grave violations of child rights is ongoing across Yemen.
- Mine-risk education for IDPs and host communities took place in Amran.

Gaps & Constraints:

- Access remains a major constraint, particularly in Sa'ada, Aden and Marib, due to insecurity.
- The fuel crisis is affecting partners' ability to access communities with protection needs.



Shelter, NFI, and Camp Coordination and Camp Management

Needs:

- A large influx of IDPs from Amran and Sa'ada has settled in Khamir District, Amran, which has remained relatively safe. Many IDPs who arrived since May have been staying at schools and in tents. More than 16,800 IDPs are reported to have arrived in this district. IDPs living in tents desperately need food and adequate emergency shelter as expected rains arrive.
- Nearly 1,750 IDPs were assessed as requiring emergency shelter and NFIs in Taizz Governorate.
- In Aden, Abyan, Al Hudaydah, Amran and Sana'a governorates, crowded conditions in shelters and lack of medical care have exacerbated health conditions, such as diabetes and asthma.

2,300

IDPs received shelter and basic household items

Response:

- A total of 2,300 IDPs received shelter and NFIs in Amran, Al Hudaydah and Hajjah governorates.

Gaps & Constraints:

- IDPs living with host families remain difficult to identify and assess for needs.
- Warehouse access in Aden remains a challenge. Partners also report interference in undertaking assessments in conflict or insecure areas.



Education

Needs:

- Nearly 3,600 schools ended the school year without administering final exams for 1.83 million children who have missed more than two months of schooling.
- The number of schools directly affected by conflict has increased from 332 to 400 over the past week. Ten schools sustained physical damage in Al Dhale'e (three schools) and Taizz (seven). Fifty-one schools were occupied by IDPs in Aden (20), Ibb (nine) and Taizz (22), and seven more schools were occupied by armed groups in Aden (three) and Taizz (four).

1.83m

Students have missed the end of the school year.

Response:

- Over 18,400 IDP students in Hajjah, Raymah, Mahwit, Al Hudaydah and Taizz will be able to take end-of-year exams in schools in host communities.

Gaps & Constraints:

- Provision of non-formal and catch-up classes to the 1.83 million children whose learning has been affected by the crisis has not been possible due to continuing insecurity. This puts the development, prospects and well-being of a generation at risk.
- An additional 1.6 million children who were not in school prior to the crisis have been affected, as they are unable to access programmes to ensure their inclusion in the education system.



Logistics

Response:

- Seven sea vessels carrying humanitarian supplies arrived in Yemen from Djibouti and Dubai carrying 13,724 MT of food, medical supplies and NFIs.
- UNHAS operated four flights for humanitarian personnel.

13,724 MT

Humanitarian supplies arrived by sea

General Coordination

The Regional Humanitarian Coordinator arrived in Riydah on 31 May to meet authorities, following consultations in Amman and Sana'a.

Calls are being made for safe, rapid and unhindered humanitarian access, including a second humanitarian pause following the 12-17 May pause. A humanitarian pause would facilitate mobilization of supplies, the distribution of

major relief items, and vital assessments of growing needs. It would also allow civilians to leave conflict areas and access basic services.

The Humanitarian Country Team (HCT) provides overall coordination and leadership for the Yemen humanitarian response on behalf of humanitarian partners. The HCT continues to operate from Sana'a, with a coordination office in Amman and logistics coordination in Djibouti.

The Inter-Cluster Coordination Mechanism (ICCM) is revising the Humanitarian Needs Overview (HNO) and the Yemen Humanitarian Response Plan. Clusters will continue to monitor and support national partners and other agencies remotely from Amman until they can return to Yemen. Humanitarian organizations remain operational with mostly national staff and 17 international staff. Coordination challenges exist due to widespread insecurity restricting movement and due to telecommunications outages. Despite this, the overall humanitarian response will scale up significantly in the coming weeks as partners return to Yemen.

A Gender Adviser has been deployed to the Yemen response, providing support to help partners meet their goals in this area.

For further information, please contact:

Yvette Crafti, Reporting Officer, crafti@un.org, Tel: +962 (0)797 622 447

Jessica Jordan, Humanitarian Affairs Officer, jordanj@un.org, Tel: +962 (0)798 674 617

For more information, please visit www.unocha.org www.reliefweb.int [link to relevant websites].

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