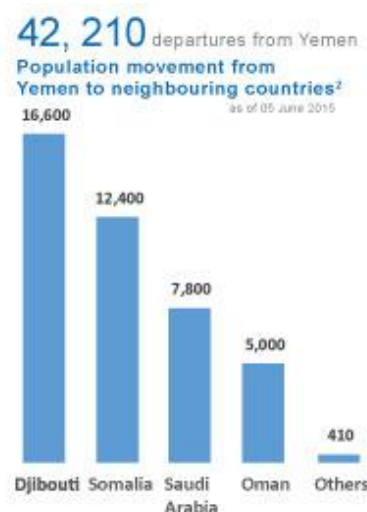


This report is produced by OCHA Yemen in collaboration with humanitarian partners. It was issued by OCHA. It covers the period from 4 to 10 June 2015. The next report will be issued on or around 22 June.

## Highlights

- 21 million people need humanitarian assistance. A 33 per cent increase since December 2014 according to the updated Humanitarian Needs Overview.
- Casualties are increasing rapidly. Over 2,500 people have been killed and 11,000 injured in the conflict.
- Increased humanitarian needs are being driven by conflict, impediments to humanitarian access, and severe restrictions on commercial imports.
- An outbreak of dengue fever has been confirmed, with more than 3,000 cases nationally. This figure is likely to rise due to the collapsing water, sanitation and health systems.
- Since March 2015, over 42,000 people have fled Yemen. This includes both Yemenis and third-country nationals.
- Humanitarian workers continue to face security and access constraints as they seek to respond to the immense needs.



Source: UNCHR

**21.1m**

People requiring assistance – 80 per cent of Yemen's population

**1,019,762**

Internally displaced persons (IDPs)

**250,000**

Refugees inside Yemen

**12.2m**

People directly affected by the conflict

**2,584**

Registered deaths resulting from conflict

**11,065**

Registered injuries resulting from conflict

## Situation Overview

The humanitarian crisis in Yemen continues to escalate. 80 per cent of the population is now in need of some form of humanitarian assistance. Since the escalation of the conflict in March 2015, pre-existing vulnerabilities have deepened. From 15.9 million, the number of people in need of assistance has risen to 21.1 million. At least 12.3 million people – nearly half the population – are food insecure, representing a 15.7 per cent increase since the crisis began. 15.2 million people can't access basic healthcare and 1.5 million women and children are in desperate need of nutrition services. 15,000 children are severely malnourished and 2.9 million children requiring emergency access to education. Humanitarian agencies continue to provide assistance but significant gaps remain as insecurity, lack of fuel and finances, and restricted access to populations in need limit their reach.

Violence has escalated with official figures indicating that 2,584 people have died and 11,065 people have been injured due to the conflict, although actual figures are thought to be much higher. According to the United Nations Office of the High Commissioner for Human Rights, 1,362 civilians have been killed and 3,312 injured.

Over one million people have been internally displaced as they seek shelter and safety in overcrowded schools, public buildings and in the homes of generous Yemeni families. This has put 200,000 host community members in need of assistance themselves. Safe shelter, basic services and food are becoming increasingly scarce. Incomes in IDP and host communities are dwindling as food and commodity prices have soared, and as affected people sell off the little they have to meet their everyday needs. Members of the marginalized *muhamasheen* community and other vulnerable IDPs have settled in old houses and other inadequate structures in Amran Governorate, where they are vulnerable to attacks and heavy rains. As traditional safety nets continue to deteriorate, it is feared that people will turn to more perilous and exploitative coping mechanisms for survival.

An outbreak of dengue fever in several parts of the country has been confirmed by World Health Organization. There are more than 3,000 suspected cases in Aden, Lahj, Hadramaut, Taizz and Shabwah, with at least three deaths. Unverified reports suggest that the number of affected people could be much higher. These cases are "clinical diagnoses" as the shortage of medical supplies, equipment, and electricity has limited the capacity to perform laboratory work. Partners are working to verify cases and to bring medical supplies into affected areas. The main causes for the dengue outbreak are the collapsing water and sanitation systems, as they run out of the fuel required for power, and the lack of seasonal mosquito spraying. The last major outbreak was in 2011 in Al Hudaydah, with 1,500 confirmed cases. There are serious concerns that further outbreaks will follow if conditions continue to deteriorate and the health system continues to collapse.

Approximately 42,210 people have fled Yemen since the escalation of conflict in March, mainly to Djibouti and Somalia. Somalis make up the greatest number of those fleeing, followed by Yemenis and other nationalities.

Humanitarian actors continue to face restrictions to the delivery of services, particularly in Aden where needs are acute. Humanitarian partners confirm that any person entering the districts of Craiter, Al Mualla, Attawahi and Khur Maksar is prevented from leaving. In Hajjah, Azman health center was hit and damaged and the health institute in Ataq City, Shabwah Governorate was severely damaged.

## Funding

In 2015, the Yemen Humanitarian Pooled Fund (YHPF) has received nearly US\$290 million in pledges. As of 12 June, the YHPF has received less than \$10million in actual funds.

Given the urgency of the situation, on 8 June the Humanitarian Coordinator recommended funding for 19 projects totalling US\$ 9.9 million. The projects, implemented by international NGOs and national NGOs (respectively 78% and 22% of funding) address four life-saving areas: WASH (40% of funding), shelter and NFIs (29%), health (23%), and protection (8%). A technical and financial review of the projects is currently being conducted, and is expected to be finalized next week.

The Flash Appeal for \$274 million was launched on 17 April and still requires funding. Partners are revising the Yemen Humanitarian Response Plan (YHRP) to reflect increased needs and a scaled-up response. It is expected to launch by 19 June, and will focus 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](mailto:fts@un.org). Please also report in-kind contributions to the LogIK website (LogIK - <http://logik.unocha.org>) by emailing [logik@un.org](mailto:logik@un.org).

## Humanitarian Response



### Food Security and Agriculture

#### Needs:

- Approximately 12.3 million Yemenis are now food insecure, including 6 million who are severely food insecure, up 15.7 per cent since the beginning of the crisis.
- Food is not generally available in Abyan, Al Dhale'e, Aden, Lahj or Shabwah. Lack of cooking gas and fuel to mill the available grain compounds the worsening situation. Wheat flour prices continue to rise, with Al Dhale'e recording a 94 per cent rise compared to pre-March.
- Emergency fishery kits are needed for coastal governorates to enable people to supplement food stocks and as a source of livelihoods.

**12.3m**

Million people are food insecure

#### Response:

- Partners assisted nearly 44,700 people including over 27,900 people who received emergency food assistance, nearly 15,600 people who received unconditional cash assistance and 1,200 people who received emergency livelihood kits (wheat and sorghum seed).
- Of those who received cash in Abyan and Hajjah, nearly 11,400 people received \$84, enough for 1 month and 4,200 people received \$110, enough for two months.
- 13 MT of seed (6 MT of sorghum and 7 MT of wheat seed) were distributed. Each farming household received 20 kg of sorghum and 40 kg of wheat to immediately plant during the current planting season.

- Southern governorates were more accessible for certain food interventions last week. For the first time since the escalation of the crisis in Yemen, partners were able to distribute food and cash in Abyan. Priority was given to female-headed households and vulnerable groups during food and cash distribution.
- Food was distributed to 300 refugee families (200 Somali, 100 Ethiopian) in Aden.

### Gaps & Constraints:

- Humanitarian partners are having difficulty procuring locally accessible foods and arranging food distributions.
- The lack of secure and accessible storage facilities in Aden is a challenge to the delivery of relief commodities.
- Fuel, funding, insecurity, lack of access and telecommunications are all cited as major constraints to delivery.
- The congestion of Hudaydah Port is affecting the speed at which partner-chartered vessels can berth and offload commodities. Partners are negotiating to use Aden Port more regularly in order to avoid further congestion of Hudaydah.
- Raymah Governorate has not received sufficient food assistance.



## Health

### Needs:

- Fuel shortages are preventing generators from running, threatening the provision of quality healthcare and jeopardizing cold-chain storage of vaccines and other temperature-sensitive supplies.
- 5,000 litres of fuel is required per day for 10 major hospitals in Sana'a, Hajjah, A Hudaydah, Aden, Lahj, Taizz, Al Dhale'e, Ibb, Hadramaut and Sa'ada.
- Hospitals in Aden are full with many housing patients on mattresses on floors

**15.2m**

Lack access to basic health care

### Response:

- There are 74 MT of medicines and medical supplies in the country for more than 700,000 people.
- More than 100 injured people (with numbers rising quickly), including children, were treated for trauma injuries in Aden at a partner-run emergency surgical hospital in Ash Shaikh Outhman District.

### Gaps & Constraints:

- The closure of health facilities and lack of access to open facilities is a key challenge.
- Difficulties in distributing medicines and medical supplies due to insecurity, impediments to access and lack of fuel are having a serious impact on response.
- Disease surveillance is not capable of indicating the severity of the dengue fever outbreak.
- At least seven security incidents affected health workers including five deaths and five injuries. At least 35 health facilities were damaged in this period including 17 hospitals in Aden, Amran, Hajjah, Marib, Sa'ada, Sana'a, Shabwah, and Taizz.



## Nutrition

### Needs:

- Acute malnutrition, already above the 10 per cent emergency threshold nationally, has continued to rise. An estimated 1.5 million children under 5 years old and pregnant or lactating women require services to treat or prevent acute malnutrition.
- At least 160 health facilities providing nutrition services have closed due to insecurity, fuel shortages and arrears in staff salaries, affecting 450,000 children under five, including an estimated 15,000 children suffering from severe acute malnutrition (SAM).

**1.5m**

Women and children require nutrition services

### Response:

- Nearly 47,000 children under 5 were screened for malnutrition in Al Jawf, Al Hudaydah and Hajjah.
- 2,500 SAM children were admitted to fixed and mobile outpatient treatment programmes (OTP) in Al Jawf, Amran, Al Hudaydah, Hajjah, Al Bayda, Ibb, Taizz, Al Jawf, Shabwah and Aden. Over 300 pregnant and lactating women received iron/folate supplementation and over 1,250 targeted caregivers of children 0-23

months received counseling for appropriate feeding of young children. A further 570 children under 5 received vitamin A supplementation in Shabwah, Sa'ada, Hajjah, Amran, Al Hudaydah, Raymah and Mahwit.

### Gaps & Constraints:

- The closure of the OTPs has had enormous implications on the coverage of nutrition services. More mobile teams are needed to cover this gap.
- Fuel continues to affect the ability of mobile nutrition teams to assess and treat malnourished children, as does the prohibitive security situation in parts of the country where malnutrition has become more prevalent.
- Ongoing displacement and population movements have limited monitoring and treatment.
- Access has been limited in the southern parts of the country (Lahj, Taizz City, and Aden) where partners report that they are unable to assess, triage, treat or monitor nutritional status.



### Needs:

- Around 7.3 million children are in need of protection services.
- No surveys for unexploded ordnance have been undertaken in affected schools, potentially placing children at severe risk when school recommences.
- Rates of grave violations of child rights have increased dramatically. Partners have verified 135 children killed in the last two months. In the same period, 260 children were maimed and 159 boys recruited by armed groups.
- Only two weeks of fuel supplies remain in Kharaz refugee camp near Aden. Additionally, food planned for distribution in the camp, which was on the WFP vessel diverted from Aden to Al Hudaydah last week, is still in Hudaydah port.

**42,210**

People seeking protection in neighbouring countries since the start of the conflict

### Response:

- The UNHCR reception centre in Sana'a was reopened for renewal of asylum-seeker and refugee certificates and registration of asylum-seekers, with 55 individuals having documents processed.
- Dignity kits were distributed to nearly 830 families in Taizz, over 1,400 men and women in Lahj and nearly 2,000 women in Al Dhale'e.
- Due to road insecurity, medical supplies were shipped via boat from Aden to the nearest coastal point to Kharaz refugee camp. The medical supplies will last for three months and consist of oral and injectable medicines, infusion fluids and therapeutic foods (Plumpy Nut).

### Gaps & Constraints:

- Sending medicine to Kharaz refugee camp was not been possible due to insecurity on the road to the camp.
- Access remains a major constraint in reaching populations in Sa'ada Governorate due to insecurity. Ongoing conflict is also impeding access to Aden and Marib.
- The fuel crisis is affecting the ability of humanitarian staff to conduct assessments.
- Ongoing airstrikes hindered humanitarian activities in Haradh in Hajjah Governorate.



### Needs:

- 1.2 million people, including 1 million IDPs and 200,000 host community members, urgently require emergency housing.
- Nearly 6,650 IDPs have been identified as needing emergency shelter and NFIs in Alluheyah District, Al Hudaydah Governorate, Khayran Al Muharraq District, Hajjah Governorate, Ath'thaorah, Shu'aub, Bani Al Harith and Al Wahdah districts in Amanat Al Asimah, Hamdan District in Sana'a Governorate and Al Buraiqeh, Al Mansura, Dar Sad and Ash Shaikh Outhman districts in Aden.

**1.2m**

People needing emergency housing

### Response:

- NFIs and emergency shelter assistance were provided to 956 IDPs in Khanfir District, Abyan Governorate and to 919 IDPs in Hamdan and Bani Al Harith districts, Amanat Al Asimah Governorate. A further 3,073 IDPs received emergency shelter and NFIs in Amran City.

#### Gaps & Constraints:

- Interference by parties to the conflict has led to the suspension of the work of some humanitarian actors.
- Transportation of goods from Sana'a to Aden remains a major challenge. Trucks loaded with humanitarian assistance have been kept at checkpoints near Aden. Access to warehouses in Aden continues to be a challenge.
- Insecurity and limited access to conflict areas is hindering the timely delivery of services. Access to Lahj remains a challenge due to ongoing clashes.



## Water, Sanitation and Hygiene

#### Needs:

- Collapsing water and sanitation systems pose a tremendous risk to the population, already vulnerable due to conflict.
- The accumulation of garbage in Amran City poses a major public health risk.
- Decreasing access to water and sanitation could place up to 2.5 million children at risk of diarrhoea and up to 1.3 million at risk of acute respiratory infections.
- Diesel fuel is required to support urban WASH services including public water supply, sanitation and solid waste management as well as rural water supply projects.
- The most vulnerable IDPs who are not being hosted by relatives require comprehensive WASH assistance.
- Medical facilities are in dire need of safe water for life-saving medical treatment.

**20.4m**

People lack access to reliably safe and adequate water

#### Response:

- Overall over 1,606,430 people received assistance including over 111,330 people newly targeted during the reporting period.
- Nearly 857,800 people are receiving water due to fuel support for local water corporations in Abyan, Aden, Al Dhale'e, Al Hudaydah, Sana'a, Amran, Hajjah, Lahj, Sana'a and Taizz.
- Over 11,900 IDPs received water supply from water trucking in Abyan, Aden, Al Dhale'e, Al Hudaydah, Sana'a, Amran, Hajjah, Taizz and Lahj.
- Nearly 4,570 IDPs received hygiene kits in Sana'a, Amran, Abyan and Aden. A further 2,540 host community members and IDPs were targeted through hygiene promotion activities in Lahj, Al Jawf, and Hajjah.
- Nearly 8,640 IDPs in Amran received ceramic water filters for household level water treatment.
- About 4,410 IDPs benefitted from sanitation (latrines) in Hajjah.

#### Gaps & Constraints:

- The delay of funds toward the flash appeal means that many planned life-saving activities have been delayed
- Insecurity and conflict have severely hampered operations in Taizz and Aden cities.
- Lack of diesel on the market has doubled the WASH caseload due the breakdown of basic WASH services.



## Education

#### Needs:

- 1.83 million children were forced out of school during the school year, missing more than two months and not sitting for end-of-year exams. This was the closure of 3,584 schools in affected areas and the displacement of children.
- Over 400 schools have been directly affected by the conflict, including 96 that have been damaged, 67 occupied by armed groups and 237 hosting IDPs.

**3,584**

Schools have been closed due to the crisis

#### Response:

- Over 18,430 IDP students in Hajjah, Raymah, Mahwit, Al Hudaydah and Taizz were identified to enable them to complete their exams.



**Gaps & Constraints:**

- Provision of non-formal education and catch-up classes for the 1.83 million children whose learning was affected by the crisis has not been possible due to the continuing conflict and airstrikes.
- Access to affected children is constrained mainly by the continuing war and by the use of schools by IDPs or armed groups.

**Emergency Telecommunications****Response:**

- Testing has begun for an internet solution for INGOs in Sana'a whose access has been affected.
- Procurement is being finalized for local solar panels, Thuraya handsets and a repeater for ETC hubs to guarantee that partners can charge communication equipment, as well as have access to independent and reliable means of communication for voice and internet.
- Equipment is being prepositioned in Djibouti including radio infrastructure, solar solutions and Thuraya handsets to provide voice, data and power solutions for the humanitarian community in Yemen

**Constraints:**

- Importation of ICT equipment remains a challenge due to restrictions.
- The local mobile phone and internet networks, as well as electricity infrastructure, remain very unreliable throughout the country, especially in Aden.

**Logistics****Response:**

- The vessel MV Drive Mahone, carrying medical cargo, is currently awaiting berthing at Al Hudaydah. The MV Amsterdam is discharging food and medical cargo at Al Hudaydah port.
- 40 MT of cargo was moved from Djibouti to Al Hudaydah by sea transport. 35 MT of medical cargo was transported by air from Djibouti to Sana'a.
- 498,000 litres of fuel is currently being discharged at Al Hudaydah port warehouse.
- 1,650 MT of storage space is available in Djibouti for short-term storage of bonded humanitarian cargo destined for Yemen. Preparations are ongoing for the establishment of a temporary warehouse at Djibouti airport.
- In Yemen, Storage for inter-agency cargo is available in Al Hudaydah and Sana'a. Access to other storage facilities is currently under review.

## General Coordination

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, logistics coordination in Djibouti and a Liaison Team in Riyadh.

The revised Humanitarian Needs Overview was launched on 12 June with figures indicating that while needs have increased, the capacity to respond has decreased. The Inter-Cluster Coordination Mechanism continued to develop a revised Yemen Humanitarian Response Plan that will guide response activities for the remainder of the year. The revised plan is expected to be launched on 19 June.

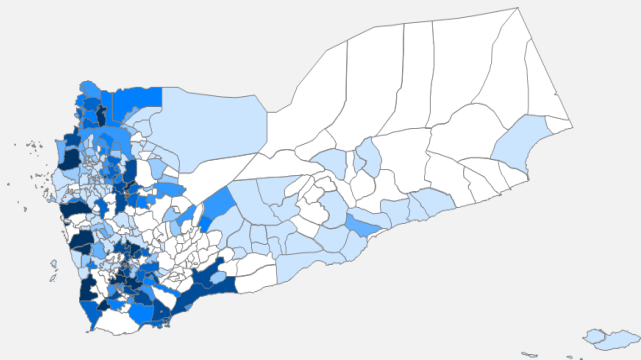
Clusters will continue to monitor and support national partners and other agencies remotely from Amman until they can fully return to Yemen. The security ceiling for the number of United Nations international humanitarian staff has been raised. This will allow the return of additional international staff to join those already in Yemen and national staff Coordination challenges persist due to widespread insecurity restricting movement and due to telecommunications outages. A Gender Adviser has been deployed to the Yemen response, providing support to help partners meet their commitments in this area.

## Annex: Priority needs – excerpt from the [Humanitarian Needs Overview \(Revision 12 June 2015\)](#)

Armed conflict has spread rapidly across much of Yemen since mid-March 2015, with devastating consequences for civilians. Partners now estimate that **21.1 million people – 80 per cent of the population – require some form of humanitarian protection or assistance**. This represents a 33 per cent increase in needs since the conflict began.

### Conflict-affected areas

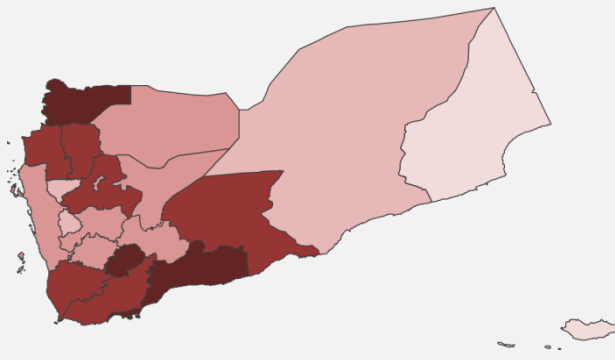
About 12.2 million people have been directly affected by the conflict. The heaviest concentrations are in districts of Aden, Abyan, Al Dhale'e, Lahj, Taizz, Hajjah, Amran and Sa'ada. This figure includes people in districts that have experienced recurrent conflict, including IDPs and vulnerable host community members. It also includes districts hosting IDPs without conflict.



Source: HCT Population Movement Task Force, OCHA  
More details on methodology are available at the end of the HNO

### Estimated severity of humanitarian needs

Conflict has exacerbated pre-existing needs in Yemen. Each cluster estimated the current severity of needs for cluster services in all governorates. These estimates were consolidated into a weighted average. Governorates with the most urgent needs include Abyan, Aden, Al Dhale'e and Sa'ada, followed by Hajjah, Amran, Sana'a Governorate, Shabwah, Lahj and Taizz.



Source: Clusters, OCHA  
More details on methodology are available at the end of the HNO

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