HIGHLIGHTS (2 Sep 2020)

- Torrential rains cause devastation across Yemen for the third time this year
- COVID-19 response to be pivoted
- Fuel crisis seriously holds back the humanitarian response in northern governorates
- Stranded migrants in Yemen in desperate need of humanitarian assistance
- Locust infestations threaten to exacerbate food insecurity in Yemen

KEY FIGURES

<table>
<thead>
<tr>
<th>People in Need</th>
<th>People in Acute Need</th>
<th>Displaced People</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.1M</td>
<td>14.3M</td>
<td>3.65M</td>
</tr>
</tbody>
</table>

CONTACTS

Aiden O’Leary  
Head of Office  
oreary@un.org

Tapiwa Gomo  
Head of Communication  
gomo@un.org

TRENDS (2 Sep 2020)

Security Council warned that the acute funding shortage is leading to deeper cuts to the aid operation and deadly consequences for the Yemeni population

On 18 August, Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, Mr. Ramesh Rajasingham, warned Security Council members of the devastating effects that the shortage of humanitarian funding is having on the aid operation in Yemen. As he briefed the Security Council, the Humanitarian Response Plan (HRP) was 21 per cent funded, only 3 per cent up on the previous month, the lowest figure ever seen in Yemen so late in the year. “We cannot over-emphasize the severe impact the resulting cuts are having,” said Mr. Rajasingham. “It is very
difficult to explain the rationale for these cuts to families who, as you heard last month, are staring down a possible famine or losing loved ones to COVID-19."

By the end of August, the figure had inched up, and the HRP was 24 per cent funded, leaving the humanitarian response still woefully underfunded with US$811.5 million received of the $3.38 billion required. The Deputy Emergency Relief Coordinator recapped on some of the worst cuts to the operation to date – partners unable to pay allowances to frontline health works or cover basic operational costs for health facilities in the middle of a pandemic; the closure of health facilities caring for 1.8 million people; and reduced food aid for 8 million people while famine is stalking the country. But worse is to come. Mr. Rajasingham highlighted that by the end of August, without further funding, water and sanitation programmes would be reduced by 50 per cent in 15 cities; in September support will stop to almost 400 more health facilities, cutting off 9 million people from medical care; and treatment for over a quarter of a million severely malnourished children will stop – children who will die without assistance.

Even pledges made at the funding conference at the start of June remain unpaid – only about half of the $1.35 million pledged has been received. The Deputy Emergency Relief Coordinator urged donors – particularly Yemen’s neighbours in the Gulf – to pay their pledges, and called on those who did not pledge, or pledged less than last year, to increase their support.

**EMERGENCY RESPONSE**  (2 Sep 2020)

**Torrential rains cause devastation across Yemen for the third time this year**

In late July and August, for the third time in 2020, torrential rains and flooding hit governorates across Yemen, damaging infrastructure, destroying homes and shelters, causing deaths and injuries, ruining crops and killing livestock. Dams have overflowed, water supplies have been damaged, roads have been blocked, and houses have collapsed. By 29 August, estimates indicated that over 62,000 families were affected in Sana’a, Marib, Hajjah, Raymah, Al Mahwit and Al Hudaydah governorates. Families already displaced have again been badly affected by the rains and flooding.

Partners continue to conduct assessments to verify figures provided by local authorities while the response has been underway throughout August. As of 30 August, partners had been alerted to 18,665 families across the country in possible need of an emergency response through the Rapid Response Mechanism (comprising emergency food supplies, hygiene kits and other essential items) – of these, 7,950 families had been verified and 7,604 assisted.

Gaps have been reported with shelter materials and non-food items (NFIs) and the emergency pipeline has been activated in all hubs. The WASH response has been seriously hindered by reduced funding and delayed assessment approvals. Nevertheless, partners have scaled up the response across cluster areas. In the Al Hudaydah hub, where an estimated 24,272 families have been affected by heavy rains since April 2020, WASH support has been provided to an estimated 4,190 families, NFI kits to 8,382 families, shelter supplies to 4,674 families, and food assistance to 12,769 families by 29 August 2020. In the Sana’a hub area, including Marib Governorate, food assistance had been provided to approximately 1,500 families, and a WASH response to over 1,000 families following the recent wave of flooding. In Sa’ada, in the last week of August, partners were preparing a shelter response providing 386 NFIs kits and 286 Emergency Shelter kits (ESKs) for families in Al Jawf Governorate and 662 NFIs kits and 310 ESKs to families in Sa’ada Governorate while a WASH response was underway for IDP sites in Al Jawf. In Ibb, in the third week of August, partners completed the distribution of 168 NFIs.
kits and 72 ESKs in districts in Ibb and Taizz to families affected by flash flooding in April and May. A response was underway to provide 375 NFI kits and 280 ESKs to families in both governorates. In the Aden hub area in the third week of August in Al Mukha, food baskets were provided to over 860 flood-affected families.

**EMERGENCY RESPONSE  (2 Sep 2020)**

**COVID-19 response to be pivoted**

By 31 August, 1,962 confirmed cases of COVID-19 had been reported in Yemen, including 567 deaths and 1,133 recoveries, since the first case was reported on 10 April 2020. In the month to 31 August, 230 cases were reported, 73 deaths, and 269 recoveries. By far, the highest number of cases and deaths have been reported in Hadramaut (890 cases, 284 deaths, and 438 recoveries), but this in part is likely to reflect the number of tests conducted in the governorate. The number of reported cases has slowed, and the official epi curve continues to underestimate the extent of COVID-19 in Yemen. The reasons for this include a lack of testing facilities and official reporting, and people delaying seeking treatment because of stigma, difficulty accessing treatment centres and the perceived risks of seeking care. There has also been a decrease in health seeking behaviour more generally.

Other factors that have had a negative impact on the COVID-19 response include a lack of adaptive behaviour by the population to reduce transmission, severe funding shortages for health workers and personal protective equipment (PPE) and long delays in importing COVID-19 supplies. In order to pivot and improve the response, partners are working to increase surveillance; deploy dedicated COVID-19 staff within agencies; track the impact of the disease on routine priority health programmes including on polio and cholera and for pregnant women; refine messaging to encourage behavioural change; and boost intensive care unit (ICU) capacities. Other urgent priorities identified by health partners prior to any subsequent waves of the virus include upgrading screening capabilities at points of entry and triage of cases at non-COVID facilities; expanding testing capacity; safeguarding heavily used parts of the public health system by providing allowances and covering key operational costs; identifying innovative ways of encouraging health-seeking behaviours; and improving data capacities by working closely with the authorities.

In the meantime, the COVID-19 response has continued to focus on testing, surveillance and case management, while procuring oxygen, personal protective equipment (PPE), and monitors remain a priority.

**ANALYSIS  (2 Sep 2020)**

**Fuel crisis seriously holds back the humanitarian response in northern governorates**

Nearly three months on, the fuel crisis in northern governorates continues to force up the cost of essential items, access to healthcare, and transport for people, goods and materials. By the end of August, the average price of fuel was about YER12,000 (approximately US$20) for 20 litres, on the informal market across northern governorates, lower than it has been in recently but still about double the average official price of YER5,900 (less than $10). Fuel prices and the shortage have seriously held back the humanitarian operation, with hundreds of thousands of families affected – the highest number of people affected by reductions are understood to be beneficiaries in the water sanitation and hygiene (WASH) and food assistance responses. The crisis has led to reduced or suspended water pumping and water trucking and food distributions; delays to and the suspension of field visits, RRM distributions and verifications; delays and suspensions to shelter
assistance, NFI beneficiary verification and the distribution of assistance; suspension of nutrition mobile clinics; suspension of sewage suction trucks; suspension of school rehabilitation projects; reduced reproductive health activities; and closure of safe spaces and fewer activities in community centres.

Between 8 June and 28 August, 11 vessels discharged a total of 224,702 metric tons of fuel in the north of the country, about a third of the fuel cargo discharged in the previous three-month period, resulting in a reduction in fuel stocks in northern governorates.

Recent reports from field offices indicate the gravity of the issue. In Sa’ada, for example, over 200,000 families were reportedly affected by cuts to the WASH response in the third week of August. Estimates indicate that the suspension of sewage suction trucks affected more than 90,000 families in Sa’adah District alone; without resolution, this will lead to the overflow of sewage on to the streets, risking the outbreak of diseases. Reduced water pumping has decreased the water supply from 15 wells in 3 districts to IDPs and host communities affecting approximately 90,000 families in Sa’adah, 10,000 families in Kitaf, and 13,000 families in As Safra. In Ibb, field reports indicated that by the third week of August, over 290,000 families had been affected by reduced response activities. These included the suspension of water services in seven districts in Taizz and Ibb for at least 105,000 families, and reduced food for assets and emergency food assistance in 5 districts in Ibb and Taizz for close to 75,000 families. The cut back in protection activities, including case management and activities at safe spaces, has reportedly affected over 50,000 families in Ibb and Taizz and restrictions on RRM activities have affected almost 5,000 displaced families in Al Dhale’e, Ibb and Taizz.

ANALYSIS (2 Sep 2020)

Currency depreciation and skyrocketing inflation in southern governorates send the cost of the minimum food basket spiraling

On 30 August, the average unofficial market exchange rate of the Yemeni rial against the US dollar in Aden equaled the historic low of YER800/US$ recorded on 30 September 2018 – an increase of 19 per cent compared with January 2020, when the rate stood at YER651/US$. As a result, the Central Bank in Aden and Money Exchange Association directed exchange companies to limit foreign exchange transactions to small amounts for personal use. This is the third high currency volatility episode witnessed this year – the first two occurred in mid-May and second week of June. With the depreciation of the rial recorded in the south in August, the unofficial exchange rates in areas controlled by the de facto authorities (DFA) in the north and those controlled by the internationally recognized government (IRG) in the south now vary by nearly a third.

Several factors have limited sources of foreign exchange and driven the depreciation of the rial. The COVID-19 pandemic has led to a significant reduction – 80 per cent by some estimates – in remittances sent by Yemenis working abroad, especially as economic activity slowed down in Saudi Arabia and other Gulf states, which host a large number of Yemeni workers. The slump in demand for fuel as a result of COVID-19 has also led to a sharp decline in oil revenue. Dwindling foreign exchange deposits with the Central Bank of Yemen and limited prospects for recapitalization pushed the value of the rial down further.

Unprecedented inflation drives extremely high levels of food insecurity
The price of the Minimum Food Basket (MFB) increased to an all-time high in southern governorates in July. The average price increased by 3 per cent in southern governorates in July compared with June, with the highest increases recorded in Socotra (from YER51,000 to 53,000YER), Lahj (from YER49,950 to YER52,090), and Aden (from YER51,447 to YER54,000) according to the Food and Agriculture Organization (FAO), and has now exceeded those recorded during the crisis of October 2018 by 15 per cent. On average, the MFB price is now 26 per cent higher in IRG-controlled areas compared with DFA-controlled areas – YER48,422 compared with YER38,385. In Al Bayda, Abyan and Taizz governorates, inflation has been further exacerbated by the ongoing fuel shortage, which has seen the price of diesel, petrol and cooking gas sharply increase.

Driven by the unprecedented increase in the cost of the MFB, deprecation of the rial and escalating conflict, inadequate food consumption levels increased by 8 per cent in southern governorates in less than three months – from 30 per cent in May to 38 per cent by mid-July according to the World Food Programme (WFP). Meanwhile, total food imports during the first 7 months of 2020 decreased by 22 per cent compared with the same period in 2019.

The findings of the Integrated Food Security Phase Classification (IPC) analysis published in July indicated increased food security risks in southern governorates. The survey forecast that 3.2 million people in southern governorates will be highly food insecure (IPC 3 and above) between July and December 2020, a 40 per cent increase compared with the same period in 2019, even if existing levels of food assistance are maintained. In addition to depreciation of the rial and inflation, food insecurity has been driven by conflict, floods, locusts and COVID-19. The analysis warned that food security gains made in the second half of 2018 and 2019, due to a massive scale-up of humanitarian food assistance, are being lost.

BACKGROUND (2 Sep 2020)

Stranded migrants in Yemen in desperate need of humanitarian assistance

COVID-19 has led to a 90 per cent reduction in the number of migrants arriving in Yemen while migrants already in-country have found themselves stranded. The vast majority of migrants who enter Yemen are Ethiopian and are heading to Saudi Arabia but movement restrictions introduced across the Horn of Africa and the Arabian Gulf in response to COVID-19 have prevented their onward journey and their return home. Migrants in Yemen have long faced exploitation, but current circumstances have heightened the risk of violence, detention and forced transfers, increasing existing vulnerabilities.

Of particular concern is the rising number of migrants detained in unsuitable conditions in Sana’a and subsequent forcible transfers to southern governorates, including Aden, Marib and Taizz. The conditions at the migrant holding centre in Sana’a are appalling and the facility is dangerously overcrowded with little access to clean water and safe sanitation. Partners are advocating for the immediate release of detained migrants; for any migrants held on criminal charges to have access to due process and humane living conditions; and for the detention of children to be a measure of last resort and protected by legal safeguards. Since March 2020, IOM estimates that over 2,000 migrants have been forcibly transferred from northern to southern governorates across conflict frontlines. Migrants are often left in the hands of smugglers, or in desert areas where there is no shelter or assistance, facing the risk of further detention and starvation.
In the far north of Yemen, reports of thousands of migrants stranded at the border with Saudi Arabia were confirmed in a recent report by Human Rights Watch. An estimated 2,000 people remain stranded near the border in dire need of assistance. Humanitarian partners have been unable to reach the migrants with life-saving support due to access constraints. In areas with better access such as Aden, where an estimated 5,000 migrants are stranded and are totally reliant on aid for food, water and shelter, partners are scaling up assistance. Given the situation, partners have observed a dramatic increase in requests for support to return home. Return flights to Ethiopia, under IOM’s Voluntary Humanitarian Return programme, are still on hold due to COVID-19 movement restrictions. In the absence of alternatives, an estimated 900 migrants are reported to have travelled with smugglers on boats from Yemen back to Djibouti. While an unconfirmed number of them managed to cross the closed border with Ethiopia, many remain stranded in Djibouti.

EMERGENCY RESPONSE  (2 Sep 2020)

Locust infestations threaten to exacerbate food insecurity in Yemen

Above-average rainfall in Yemen in June and July provided favourable desert locust breeding conditions enabling the formation of hopper bands and mature swarms in areas in Marib, Al Jawf, Abyan, Shabwah, the Hadramaut plateau and Al Mahrah, Hajjah and Al Hudaydah governorates. Large desert locust infestations were reported in central areas of Hadramaut, Al Mahrah, Al Jawf and Marib governorates, where they destroyed cereal crops, animal feed, vegetables and fruit trees. Swarms of mature desert locust were also observed in Taizz, Ibb, Aden, Marib and Sana’a governorates. In addition, a few swarms were seen in the foothills near the Red Sea and Gulf of Aden coastal plains. There have also been sightings of locusts on the southern coast near Aden, in the interior near Shabwah, and on the eastern plateau between Raymah Governorate and the Oman border.

According to the FAO (Food and Agriculture Organization), the ongoing conflict has exacerbated the situation, impeding an effective response to locust infestations since swarms formed in 2018, unlike the last two major outbreaks in 2007 and 2013, when Yemen was able to effectively monitor and control forming locust swarms. Production losses caused by locusts can be a driver of food insecurity and have a long-term impact on the livelihoods of hundreds of thousands of Yemeni farmers, who are already vulnerable and have in recent months been forced to cope with multiple shocks, including ongoing conflict, floods and COVID-19. FAO has warned that the recent wave of desert locust attacks in Yemen could potentially further endanger the survival and sustenance of large sections of the rural population. FAO has also warned that sizeable locust populations are likely to build up in Yemen that could lead to swarms reinventing the Horn of Africa, and perhaps the Indo-Pakistan area.

FAO has stepped up the response to desert locust to curb the spread of the pest, preventing production losses and protecting livelihoods. It activated fasttrack procedures so that operations can be planned and launched with greater flexibility, including rapid deployment of staff and scaled-up programmes. In addition, FAO has already mobilized US$ 1 million from its own resources to step up control operations in Yemen.

FAO aims to limit, as far as possible, the desert locust population, so it does not become a fullyfledged plague. It is doing this by conducting surveillance operations to detect locust populations and rapid interventions to control dangerous locust infestations before they can cause damage to crops. Its ground teams have run control operations in more than 35,000 hectares since January 2020.

BACKGROUND  (2 Sep 2020)

Nearly 2,500 houses damaged by fighting in the first half of 2020
During the first half of 2020, 2,490 houses were damaged by fighting in 547 separate incidents, according to the Civilian Impact Monitoring Project (CIMP), only 2 per cent fewer than in the previous 6 months, when 2,530 houses were damaged. The average number of houses damaged each month is down by 13 per cent from 106 per month in 2019 to 92 per month in 2020, though since November 2019, the number of incidents reported each month had been gradually increasing.

Eighty-six per cent of houses affected in the first half of 2020 were concentrated in three governorates, all with active frontlines in the north of Yemen: Al Hudaydah, Sa’ada and Marib – 1,341 in Hudaydah Governorate alone. In Sa’ada, which borders Saudi Arabia, 563 houses were hit, and there was almost daily shellfire on the western borders and increasing reports of air strikes across the governorate. Another 237 houses were damaged in Marib, where hostilities have escalated this year with ground fighting and air strikes.

One in every four civilian casualties across Yemen occurred in homes in the first six months of 2020 in contrast with one in every three in 2018 and 2019. However, in some areas the proportion was far higher, half of the 47 civilian casualties reported in Marib in 2020, where shifting frontlines in the governorate have left civilians with little opportunity to flee, were in the home, and houses in Marib City have come under missile fire. In Al Hudaydah, where fighting persists in some densely populated urban areas, a third of 76 civilian casualties occurred in the home. Women and children have been most affected by such attacks – of 2,847 civilians harmed between 1 January 2018 and 30 June 2020, 1,540 (54 per cent) were women and children, and the proportion has been steadily rising. Attacks on homes are also a cause of displacement and can have serious psychosocial effects across different generations.

Shelling and air strikes caused 96 per cent of all attacks on houses since the start of 2018. While twice as many incidents were caused by shellfire, air strikes caused 25 per cent more fatalities than shellfire – 635 civilians have been killed by air attacks on civilian houses compared with 507 civilians killed by shellfire on homes since the start of 2018.

More multiple civilian casualty incidents reported in August and at least one attack on a health facility

In what appears to be the third air strike in less than a month to cause multiple civilian casualties in the north of Yemen, on 7 August partners reported that nine children were killed and another seven children injured, along with two women and a man, in a strike in the Haraad area in Kabb wa ash Sha’af District in Al Jawf Governorate. In a statement condemning the attack, the Humanitarian Coordinator for Yemen, Ms. Lise Grande, stated “We have to be absolutely clear about this. The primary responsibility of a party to the conflict is to do everything possible to protect civilians and ensure they have the assistance they need to survive”. Just three days later, on 10 August, protection partners reported that a civilian was killed and another 11 were injured, including 6 children, when artillery shells hit Al Jah Al Ala in Bayt Al Fagih in Al Hudaydah. Health partners confirmed 11 casualties were received at Bayt Al Fagih Hospital and that one was referred to Bajil Hospital and two others to Sana’a for treatment.

On 17 August, attacks were reported on the Ministry of Public Health and Population in Taizz. In the first attack, soldiers looted an ambulance and medicines in the Al Hasab area of Al Mudhaffar District after assaulting the driver. On the same day, soldiers forced their way into the Public Health and Population Office on Al Thawra Street in Al Qaihrah District, assaulting and expelling its employees, forcing the office to close. Medical facilities and transport are protected under international humanitarian law and should not be attacked.

Towards the end of August, there were reports of an upsurge in terrorist activity in Al Baida Governorate leading to multiple civilian deaths and included another attack on a health centre.
**EMERGENCY RESPONSE**  (2 Sep 2020)

**Yemen Humanitarian Fund allocates US$20 million for COVID-19 response and Rapid Response Mechanism**

In August, the Yemen Humanitarian Fund (YHF) launched a reserve allocation to provide immediate life-line funding for the COVID-19 response and Rapid Response Mechanism (RRM) – an immediate life-saving relief package for newly displaced families provided in the first three days of displacement. The allocation provides $10 million to UNICEF to pay hazard allowances to health workers; $1 million to WHO to monitor the payment of allowances; $6 million to UNICEF for COVID-19 Risk Communication and Community Engagement; and $3 million to UNFPA for the distribution of RRM emergency kits.

The funding for hazard allowances will pay more than 4,000 health workers in 37 health facilities designated as COVID-19 treatment centres for severe and critical cases across Yemen. The YHF is covering half of the cost of the allowances, with the other half covered by a bilateral donor. Independent monitors contracted by WHO will check that the allowances are disbursed properly and transparently.
The funding for UNICEF will also be used to mobilize 10,000 community volunteers and influencers who will raise awareness among millions of Yemenis of measures that limit COVID-19 transmission. In addition, UNICEF will procure and distribute Infection Prevention and Control kits to 30,000 families and implement shielding measures for vulnerable groups.

The RRM funding will enable UNFPA to provide assistance to 180,000 newly displaced people over the next 3 months, including those likely to flee fighting in Marib Governorate. RRM assistance includes food rations and hygiene and dignity kits.

Central Emergency Response Fund allocates $35 million for critically underfunded health programmes

The YHF funding has been closely coordinated with a $35 million allocation to Yemen from the Central Emergency Response Fund (CERF), recently announced by the Emergency Relief Coordinator.

The CERF allocation will provide funding for top-priority underfunded programmes with specific attention to life-saving interventions for women and girls. The focus will be on enhancing reproductive health services and support for the Minimum Service Package (MSP) – a health delivery mechanism that strengthens access to health care services, including preventative services that reduce the risk of the transmission of deadly diseases, such as cholera. It will also support the provision of nutrition assistance to children under age 5 and to women and girls. Overall, the CERF-funded interventions will benefit nearly 3 million vulnerable Yemenis.