YEMEN
Humanitarian Dashboard
(January - April 2019)

SITUATION OVERVIEW

Yemen is the world's worst humanitarian crisis and levels of humanitarian need are staggering. Eighty per cent of the population – 24.1 million people – need some form of humanitarian assistance. A total of 230 out of Yemen’s 333 districts (69 per cent) are at risk of famine, and in 45 districts an estimated of 2.8 million people are facing catastrophic food insecurity (IPC Phase 5)\(^(*)\). According to WHO, more than 224,000 cumulative suspected cholera cases were reported from January 2019 to end of April. An estimated 3.34 million people are internally displaced across the country; another 1 million have returned to their homes. Despite a difficult operating environment, 158 international and national partners continue to work across Yemen since the beginning of 2019 responding to the most acute needs. Together, they delivered some form of humanitarian assistance to an average of 12 million people each month; of whom 9.9 million people received emergency food assistance. In the 45 districts classified as IPC Phase 5, food assistance was provided to an average of 1.8 million people each month out of 2.5 million who are food insecure. Around 5.7 million people were reached with hygiene kits, household water treatment supplies and awareness in cholera priority areas.

* The Integrated Phase Classification (IPC) is a food insecurity tool. Accepted by the international community, the IPC describes the severity of food emergencies. Phase 5: Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident.

KEY FIGURES

Population Figures

30.5 million

total estimated population

24.1 M

total people in need in 2019

21.4 M

total people targeted in 2019

Source: 2019 YHRP

Famine Risk Areas

230 districts out of the 333 districts (69 per cent) in Yemen are at risk of famine.

104 districts

with the highest needs severity scores

45 districts

in IPC Phase 4 with pockets of IPC phase 5

Source: Clusters

Organisations Presence

158 Humanitarian organisations and partners were active in Yemen in January and April 2019

12

UN

34

INGO

112

NGO

Source: Clusters (Jan - Apr 2019)

Funding: 2019 YHRP

4.19 billion

REQUESTED (US$)

308.8 million

RECEIVED (US$)

(as of 01 May 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested</th>
<th>Funded</th>
<th>Unmet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>2,209</td>
<td>90.2</td>
<td>2,118.7</td>
</tr>
<tr>
<td>Nutrition</td>
<td>320.3</td>
<td>2.9</td>
<td>317.4</td>
</tr>
<tr>
<td>Health</td>
<td>627.2</td>
<td>22.3</td>
<td>604.9</td>
</tr>
<tr>
<td>WASH</td>
<td>285.5</td>
<td>29</td>
<td>256.5</td>
</tr>
<tr>
<td>Protection</td>
<td>153</td>
<td>10.8</td>
<td>142.2</td>
</tr>
<tr>
<td>Shelter/Non-Camp/CCM</td>
<td>221.8</td>
<td>12.2</td>
<td>209.6</td>
</tr>
<tr>
<td>Education</td>
<td>105.4</td>
<td>4.6</td>
<td>100.8</td>
</tr>
<tr>
<td>Refugees and Migrants</td>
<td>121.6</td>
<td>10</td>
<td>111.6</td>
</tr>
<tr>
<td>Rapid Response Mechanism</td>
<td>48.6</td>
<td>7.4</td>
<td>41.2</td>
</tr>
<tr>
<td>Logistics/Telecommunications</td>
<td>68.5</td>
<td>15.4</td>
<td>53.1</td>
</tr>
<tr>
<td>Coordination</td>
<td>5.5</td>
<td>0</td>
<td>5.5</td>
</tr>
<tr>
<td>Not yet specified</td>
<td>26.2</td>
<td>12.2</td>
<td>14.0</td>
</tr>
<tr>
<td>Total</td>
<td>91.8</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

\(^(*)\)This includes refugees & migrants

\(^(**)\)This includes total number of people displaced by conflict and natural disasters.

Source: Clusters

Cholera Outbreaks

1.7 M

suspected cases

3,303

related deaths

21 out of 22 governorates (310 out of 333 districts) have been affected (from 27 April 2017 to 30 April 2019).

Source: WHO

Emergency Food Assistance

9.9 million

Average people reached monthly with sustained emergency food assistance (general food distribution, cash or voucher transfers)

2.4 M

Men

2.6 M

Boys

2.4 M

Women

2.5 M

Girls

Source: Food Security and Agriculture Cluster

People Reached

12.0 million

People directly assisted monthly with some form of humanitarian support in all 22 governorates.

2.8 M

Men

3.3 M

Boys

2.8 M

Women

3.1 M

Girls

Source: Food Security and Agriculture Cluster

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested</th>
<th>Funded</th>
<th>Unmet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security &amp; Agriculture</td>
<td>52%</td>
<td>18.8</td>
<td>10</td>
</tr>
<tr>
<td>Nutrition</td>
<td>14%</td>
<td>6</td>
<td>0.8</td>
</tr>
<tr>
<td>Health</td>
<td>36%</td>
<td>15.8</td>
<td>5.7</td>
</tr>
<tr>
<td>WASH</td>
<td>65%</td>
<td>12.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Protection</td>
<td>38%</td>
<td>4.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Shelter/Non-Camp/CCM</td>
<td>22%</td>
<td>3</td>
<td>0.7</td>
</tr>
<tr>
<td>Education</td>
<td>58%</td>
<td>2.8</td>
<td>1.6</td>
</tr>
<tr>
<td>Refugees and Migrants</td>
<td>31%</td>
<td>0.17</td>
<td>0.05</td>
</tr>
<tr>
<td>Rapid Response Mechanism</td>
<td>29%</td>
<td>1.9</td>
<td>0.6</td>
</tr>
</tbody>
</table>

* The Integrated Phase Classification (IPC) is a food insecurity tool. Accepted by the international community, the IPC describes the severity of food emergencies. Phase 5: Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident.

Creation date: 20 June 2019

Feedback: ochayemen@un.org www.unocha.org/yemen www.reliefweb.int fts.unocha.org yemenhumanitarianresponse.info

Sources: 2019 HNO; 2019 YHRP; Clusters; OCHA FTS
STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE 1
Helping millions of destitute Yemenis overcome hunger

STRATEGIC OBJECTIVE 2
Reducing outbreaks of cholera and infectious diseases

STRATEGIC OBJECTIVE 3
Promoting the dignity of displaced families living in emergency and IDP settlements

STRATEGIC OBJECTIVE 4
Reducing the risk of displacement and violence against civilians and facilitating the recovery of people traumatized by the conflict

STRATEGIC OBJECTIVE 5
Preserving the capacity of public sector institutions to deliver life-saving basic services

FOOD SECURITY AND AGRICULTURE

Increase access to food for highly vulnerable families across the country. Increase household incomes and rehabilitate food security assets in areas with high levels of food insecurity.

Needs
An estimated 20.1 million people (67% of the population) are food insecure, with 10 million severely food insecure (categorized in emergency IPC phase 4). Of greatest concern out of those 10 million people are the 238,000 people in IPC Phase 5, necessitating urgent humanitarian assistance to save their lives and protect livelihoods. This is due to the escalation in the conflict, which in turn results in the disruption of imports, mass displacement, loss of income & livelihoods, disrupted market systems, high commodity prices, and the collapse of public services.

Response
From January to April 2019, Food Security and Agriculture Cluster partners provided monthly emergency food assistance (in-kind, cash transfers & voucher transfers) to an average of 9.9 million people, and monthly conditional and season-specific cash transfers to an average of 80,000 people per month. By the end of April, a cumulative total of 2.24 million people benefited from livelihoods assistance (2.21 million people assisted with emergency agricultural, livestock & fishery kits, and around 28,000 people provided with longer-term livelihoods support).

NUTRITION

Save lives by reducing the prevalence of acute malnutrition among children under five, pregnant and lactating women and other vulnerable population groups.

Needs
An estimated 7.4 million people need nutrition assistance, of whom 3.2 million people will require treatment for acute malnutrition, including 2.1 million children under 5 and 1.1 million pregnant and lactating women (PLW). A total of 2.4 million PLW and caretakers of children aged 0-23 months will require infant and young child feeding counselling. Around 1.4 million people, including 0.8 million children under two years and 0.6 million PLW need blanket supplementary feeding. Nutrition partners face many challenges including bureaucratic and administrative impediments, non-payment of salaries to health workers, access constraints and movement restrictions impeding project monitoring in some areas.

Response
Treatment was provided for over 71,041 children with severe acute malnutrition, over 85,297 children with Moderate Acute Malnutrition and 95,778 PLW with acute malnutrition were admitted for treatment. 278,470 mothers/caregivers of infants aged 0-23 months were provided health education. A total of 130,510 children aged 6-23 months and 161,133 PLW were reached through blanket supplementary feeding programs.
Improve access to primary, secondary and tertiary health care to ensure that health facilities are able to respond to epidemics and outbreaks, restore functionality of closed and damaged hospitals in priority districts.

**Needs**

There is a need to support primary, secondary and tertiary care, including trauma, emergency, reproductive health and referral care, based on the Minimum Service Package. There is also a need to support surveillance systems and to improve capacities to prevent, detect and control disease outbreaks. Health workers need training and capacity building, and incentive payments for qualified professionals are needed to prevent the collapse of the health system. Damaged and closed health facilities need repair, while other facilities need a continuous and dependable stock of medicine and medical supplies.

**Response**

By end of April, Health Cluster partners provided 5.7 million consultations in more than 2,070 supported health facilities. Almost 232,600 children under age 1 received Penta 3 vaccine, and 136,130 deliveries were assisted by skilled birth attendants. Additionally, 23,934 trauma cases were treated, and 2,947 mental health consultations were provided by health workers. 419,657 women received antenatal care, and 6,975 health staff received training.

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**WATER, SANITATION AND HYGIENE**

Reduce morbidity and mortality rates by providing emergency lifesaving WASH assistance to vulnerable population groups and restore and maintain sustainable water and sanitation systems to improve public health.

**Needs**

The complex environment has put huge strain on existing vulnerabilities, exacerbating economic hardship, limiting access to services and increasing disease prevalence. Public water and sanitation systems require significant support to ensure functionality. Since the start of 2019, cholera cases significantly increased, reaching 285,048 cases and creating a need for a massive scale up of rapid response teams and high impact WASH interventions in affected communities, especially in urban and conflict affected areas. Intensified conflict in Hajjah and Al Dhale’e caused the displacement of over 31,000 families, mostly into IDPs sites, and in turn, requiring large-scale immediate responses. The most important challenges to the delivery of assistance were caused by conflict restrictions and restrictive bureaucratic impediments.

**Response**

WASH partners scaled-up to reach 8.2 million people through some form of WASH assistance. An estimated 7.4 million people were reached through water and sanitation systems support respectively, including rehabilitation, repairs, fuel support and solar installations in urban and rural areas. Emergency and life-saving assistance in response to IDP needs, cholera outbreaks and vulnerable populations has continued at scale. Around 846,000 and 111,600 people respectively were reached through emergency water supply and sanitation provisions. Cholera rapid response teams reached 5.7 million individuals, with hygiene items, household water treatment chemicals and hygiene awareness information.
PROTECTION

Needs
Widespread violations of international humanitarian and international human rights law by parties to the conflict pose an ongoing threat to the life and safety of civilians, resulting in loss of life, displacement and destruction of infrastructure. The protracted conflict particularly affects women, children and people with specific needs, who are forced to resort to negative coping mechanisms as means for survival. As grave violations of children’s rights continue, support for affected children is critical, as is mine risk education. A significant increase in gender-based violence incidents necessitate multi-sectoral responses.

Response
Despite gaps in funding and serious operational constraints, as of April 2019, Protection Cluster partners reached over 1.8 million people with life-saving protection services such as psychosocial support, legal assistance and protection, as well as multisectoral services for 20,324 women, men, girls and boys. Around 17,111 people benefited from cash assistance. Over 1.4 million children and community members received information on how to protect themselves against mines and explosive remnants of war. Community-based responses continue to be strengthened through community-based protection network volunteers, community protection initiatives and community centres serving the needs of IDPs and conflict-affected populations.

SHELTER AND SITE MANAGEMENT

Needs
The ongoing conflict in Yemen since January 2019 has led to the displacement of more than 36,506 families (219,036 people). Top locations of displacement and origin are Hajjah, Al Hudaydah and Al Dhale‘e governorates. Consequently, Shelter remains a major humanitarian priority with displaced persons in need of Shelter/NFI or site management and coordination support. Most frequent shelter/NFIs issues cited by affected population are overcrowding, families unable to afford rent payments, high cost of shelter materials in the local market, lack of basic household items in the local market, and when available families do not have the means to purchase them and lack of lighting in their shelters.

Response
NFI distributions were completed for 331,273 people in urgent need of essential household items. Emergency Shelter assistance was provided to 97,314 people. Cash for Rental Subsidies was received by 131,549 people. In January and February, 105,836 people received assistance to protect them against winter conditions. Transitional shelters were provided to 20,850 people, and 332 people benefited from livelihood cash grants to ensure sustainability to their shelter solution.
EDUCATION

Needs

Provision of teacher’s incentives was identified as the most critical need to ensure continuity of the education process. Other main needs are school rehabilitation, temporary learning spaces and alternative learning opportunities to provide access for education to affected children. School supplies, furniture, school meal and hygiene promotion are also needed.

Response

From January to April, 254,024 children benefited from school repairs including rehabilitation of WASH facilities in conflict affected areas. This helped children have better school environment, Cluster partners supported 455,477 children through the provision of teacher training; while 74,425 students were provided with learning supplies. 703,214 students received snacks within the school feeding program. Hygiene kits were provided to 104,316 students and 49,751 children supported through provision of alternative learning classrooms. 62,433 children were supported with school desks and 21,739 beneficiaries benefited from education system support.

REFUGEE AND MIGRANT MULTI-SECTOR

Needs

Although registration and renewal of asylum documentation activities has resumed, new arrivals have not yet been issued with asylum documents by the authorities in the northern governorates. Only expired certificates are being renewed in Sana’a, while registration by UNHCR and governmental authorities continues in the South. IOM continues to face challenges in finding sufficient temporary and alternative safe accommodation for migrants in Sana’a and Aden and especially for highly vulnerable cases of children, elderly, persons with medical conditions and women at risk.

Response

Through RMMS humanitarian partners, 3,875 persons of concern (PoCs) received cash grants and 37,946 migrants received humanitarian and protection assistance. In addition, 2,165 PoCs benefitted from specialised protection services and 26,641 from primary health care. 663 PoCs returned to Somalia through the Assisted Spontaneous Return programme and 594 migrants benefitted from the Voluntary Humanitarian Return programme. Furthermore, 6,593 PoCs received asylum and refugee certificates. IOM responded in April to the large-scale detention of migrants in Aden by providing life-saving humanitarian assistance and coordinating protection screening to over an estimate of 2,000 people including over 400 children.

YHRP Monitoring Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target Type</th>
<th>Target</th>
<th>Reached</th>
<th>Reached/Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students benefitted from schools with partial damage rehabilitated (including WASH)</td>
<td>Children</td>
<td>295,409</td>
<td>126,460</td>
<td>43%</td>
</tr>
<tr>
<td>Number of students receiving school bags and essential learning materials</td>
<td>Children</td>
<td>1,200,012</td>
<td>73,988</td>
<td>6%</td>
</tr>
</tbody>
</table>

YHRP Monitoring Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target Type</th>
<th>Target</th>
<th>Reached</th>
<th>Reached/Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beneficiaries received in-kind or cash grants</td>
<td>Individuals</td>
<td>38,559</td>
<td>8,571</td>
<td>22%</td>
</tr>
<tr>
<td>Number of beneficiaries provided with safe and dignified returnee transport</td>
<td>Individuals</td>
<td>13,000</td>
<td>1,257</td>
<td>10%</td>
</tr>
</tbody>
</table>
**Yemen Humanitarian Dashboard**  
*(January - April 2019)*

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### RAPID RESPONSE MECHANISM

Provide minimum package of immediate most critical lifesaving assistance for the newly displaced families on the move, in collective sites, hard to reach areas or stranded in the military frontlines due man made, natural disasters or sudden urgent needs until the first line cluster response kicks in.

**Needs**

An emergency humanitarian crisis results in mass population displacement and escalates critical basic needs for food, personal hygiene and dignity to sustain minimum standards of life. Such needs, if not met immediately, will further increase the vulnerability of the population and pose higher risks of exploitation especially for women and girls. Access to affected populations and rapid delivery of assistance remains among the challenges for the stakeholders to adequately respond to target groups.

**Response**

The Rapid Response Mechanism (RRM) is fully operational nationwide to meet the basic needs of newly displaced people by providing basic hygiene, female/transit, immediate ready ration kits for the families within the first 72 hours of their displacement on no regret basis covering five to seven days, followed by multipurpose cash assistance based on verification of need. The mechanism covers the 22 governorates and is implemented through 23 UN, LNGOs and INGOs partners on the ground. During the reporting period the sector reached around 0.6 million beneficiaries with RRM kits and over 25,000 individuals with cash assistance.

<table>
<thead>
<tr>
<th>YHRP Monitoring Indicators</th>
<th>Target Type</th>
<th>Target</th>
<th>Reached</th>
<th>Reached/Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of newly displaced people benefit from RRM</td>
<td>Individuals</td>
<td>1,199,307</td>
<td>572,715</td>
<td>48%</td>
</tr>
<tr>
<td>Number of vulnerable returnees benefit from RRM</td>
<td>Individuals</td>
<td>745,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Number of newly registered displaced people benefit from Multi-Purpose Cash Assistance (MPCA)</td>
<td>Individuals</td>
<td>479,876</td>
<td>25,300</td>
<td>1%</td>
</tr>
</tbody>
</table>

### LOGISTICS

Support a coordinated logistics response and fill logistics gaps by facilitating access to common logistics services.

**Needs**

In Yemen, the humanitarian community faces several critical logistics challenges that hamper the delivery of relief items across the country. These include: damaged road infrastructure; access disruptions to many parts of the country for staff and cargo; congestion at main entry points; unreliable and unpredictable access to fuel; substantial bureaucratic processes; and limited international shipping options by sea and air. The cluster supports a coordinated logistics response and fills logistics gaps by facilitating access to common logistics services.

**Response**

The Logistics Cluster supported an efficient humanitarian logistics response through coordination and information management. The Cluster facilitated access to common logistics services: cargo transport from Djibouti to Sana’a by air, and to Aden and Al Hudaydah by Sea; overland transport and storage and fuel distribution in Yemen; sea passenger transport from Djibouti and Aden. In addition, UNHAS connected Amman to Sana’a and Aden, Djibouti to Sana’a and Aden, and Sana’a to Aden.

<table>
<thead>
<tr>
<th>Logistics Services facilitated</th>
<th>Number of benefited partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of passengers transported by UN Air Services</td>
<td>5,935</td>
</tr>
<tr>
<td>Number of sea passengers transported between Djibouti and Aden</td>
<td>64</td>
</tr>
<tr>
<td>Metric tons transported by road, sea and air serving 15 humanitarian partners</td>
<td>3,445</td>
</tr>
<tr>
<td>Metric tons stored serving 12 humanitarian partners</td>
<td>3,506</td>
</tr>
</tbody>
</table>

For more information, contact: christophe.morard@wfp.org

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### EMERGENCY TELECOMMUNICATIONS

Support the humanitarian response in Yemen by providing humanitarian partners with reliable emergency telecommunications (ETC) services – including internet hubs, user help desk and technical support – and a reliable security telecommunication system

**Needs**

The cluster focuses on upgrading and enhancing the capacity of the existing ETC hubs to adequately respond to the increased demands in Sana’a, Al Hudaydah, Adan, Sa’ada and Ibb. This also includes the upgrade of the Communications Centres (COMCEN) managed by UNDSS. Opening new ETC hubs in Mukallah, Mokha and Turba remains a priority. WFP is planning to open a hub in Hajjah and IOM plans to open a hub in Mareb – these sites were not planned/budgeted but the ETC will review how it can best support based on its available resources.

**Response**

The ETC continues to hold monthly meetings with partners including UN agencies and INGOs. At these meetings, the group discusses areas of concern, challenges, provision of ETC support where feasible and the implementation of activities outlined in the ETC plan. Some achievements include the deployment of ADSL internet service over fibre at the UN common accommodation compound, digitalization of the UN councillor system, UNDSS guest management, accommodation compound, digitalization of the UN

<table>
<thead>
<tr>
<th>Emergency Telecommunications Services facilitated</th>
<th>Number of benefited partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of helpdesk ticket received and addressed</td>
<td>2,004</td>
</tr>
<tr>
<td>Number of ETC hubs supported the Humanitarian Operation by location</td>
<td>11</td>
</tr>
</tbody>
</table>

For more information, contact: wali.noor@wfp.org