The next report will be issued on or around 13 July.

**Highlights**

- A Level 3 emergency response declaration has been issued for Yemen.
- Violence continues to spread across Yemen with offices of the United Nations Development Programme (UNDP) and the International Organisation for Migration (IOM) being attacked, 54 health facilities directly damaged due to the conflict and 462 schools affected since the escalation of the conflict.
- There are now 1,267,590 internally displaced people, a 24 per cent increase since mid-June.
- Imports of commercial supplies, particularly food, fuel and medicines, continue to be severely below pre-crisis levels. A 1.8 million MT shortfall in fuel (equivalent to three months’ average use) and a 400,000 MT shortfall in cereal imports are currently reported.
- Land transport costs have increased over 500 per cent since the escalation of violence in March.
- Human traffickers continue to prey on vulnerable migrants, with thousands of migrants from the Horn of Africa being smuggled by boats into Yemen despite the conflict. Most migrants claim to be unaware of the conflict and hundreds are reportedly being kidnapped both at sea and once arriving on Yemen’s shores.

**Situation Overview**

The Inter-Agency Standing Committee (IASC), comprised of UN agencies and international NGO partners, has declared a Level 3 (L3) emergency response for Yemen. The IASC L3 Humanitarian System Wide Emergency Response Declaration is an extraordinary measure applied in exceptional circumstances where the severity of humanitarian crisis justifies mobilization beyond normally expected levels. It aims to ensure a more effective response to the humanitarian needs of affected people in the most complex circumstances around the world. Humanitarian partners will continue to build on achievements to date while bolstering their presence and their resources in Yemen.

Since conflict escalated in late March, humanitarian partners have reached more than 4.4 million people, including 1.9 million people who received emergency food assistance, 3.3 million people who benefited from water supply, and more than 880,000 people who received medical care. To meet the growing needs and despite the security and financial constraints, humanitarian partners are returning to Yemen to expand operational presence. Hubs outside the capital, Sana’a, are being established in order to reach the most affected people in all governorates.

Achievements, however, fall short against the growing needs, with violence escalating and humanitarian access diminishing. During this reporting period, offices of UNDP and IOM were attacked in Aden. Fifty-four medical centres have been directly damaged due to the conflict, and 462 schools affected, including 10 directly hit during the past week. Over 19,000 casualties - people killed and injured - have been reported as a result of the increased conflict, and the number of displaced has grown to over 1.2 million.
**Funding**

The Yemen Humanitarian Response plan is now 15.2 per cent funded, with US$ 243.5 million in contributions made against the $1.6 billion in requirements (as of 6 July). An additional $24.9 million has been contributed to humanitarian programmes outside the appeal.

The Emergency Relief Coordinator has allocated $25.3 million from the Central Emergency Response Fund (CERF) to support the provision of primary health care, nutrition programmes, the distribution of emergency non-food items, clean water and sanitation services, and humanitarian operations by providing fuel, humanitarian air service and port rehabilitation. During 2015, CERF has provided $26.7 million to support humanitarian projects in Yemen.

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**

### Water, Sanitation and Hygiene

**Needs:**

- 20.4 million people are in need of water, including 9.4 million people who have had their access to water cut or severely disrupted since the escalation in the conflict, raising the risk of outbreaks of water-borne disease, including cholera. Up to 2.5 million children are at risk of developing acute watery diarrhoea. An additional 10 million people are expected to experience water supply cuts or more severe disruption in their supply due to the persistent lack of diesel to power local water corporations.
- Diesel fuel is needed to support urban WASH services including public water supply, sanitation, solid waste management, as well as rural water supply projects, although its importation has been severely restricted.
- The most vulnerable IDPs who are not being hosted in the community require comprehensive WASH assistance, including water supply, access to toilets and hygiene necessities.
- Medical facilities are in dire need of safe water supply.
- Lack of solid waste collection nationally is creating potential public health hazards.

**Response:**

- Two new water points were established in Az Zaydiyah and Alluheyah districts in Al Hudaydah which will assist 2,500 people including IDPs and host community members.
- Water supply increased from 75,000 litres to 118,000 litres per day at IDP settlements in Abs, Hajjah.
- Distribution of hygiene kits benefited 4,900 people in Aslem District, Hajjah.
- 200,000 people received support this week including through water trucking (Abyan, Aden, Al Dhale’e, Hudaydah), distribution of basic hygiene kits (Amran, Hajjah, Sa’ada, Al Hudaydah), hygiene promotion activities (Aden, Al Hudaydah), distribution of water filters (Amran, Aden, Sa’ada) and provision of latrines (Amran).

**Gaps & Constraints:**

- The conflict has severely hampered operations in Taiz and Aden cities, where access is constrained.
- Lack of diesel on the market has doubled the WASH caseload due to the breakdown of basic WASH services nationally.

### Food Security and Agriculture

**Needs:**

- 13 million people are food insecure, up 20 per cent in the three months since the escalation of conflict. This includes 6 million people who are severely food insecure, or experiencing a food emergency, 1 million more than in March.
- Livelihoods have been severely disrupted, with food producers, farmers and fishermen requiring livelihood support. More than half a million people have been...
affected by the disruption to fishing due to shortages of fuel, destruction of small vessels and insecurity on the coastline.

Response:
- During the reporting period, more than 20,000 people received emergency food assistance in Al Dhale’e, Raymah, Taizz and Ibb. The International Committee of the Red Cross also commenced distribution in Aden for 17,500 people.
- Food was dispatched to support 140,000 people in Aden, Lahj, Sa’ada, Taizz, Sana’a and Al Hudaydah.
- Emergency food has been distributed to nearly 2 million people through distributions of more than nearly 25,000 MT of food in 12 governorates (Abyan, Aden, Al Dhale’e, Al Mahwit, Amran, Dhamar, Hajjah, Al Hudaydah, Lahj, Sana’a, Sa’ada, and Shabwah).
- The Muhamasheen (marginalized group) in Amran has received prioritized distribution.

Gaps & Constraints:
- Private transport companies are still reluctant to move in southern governorates due to insecurity. Access to Sa’ada is also limited for some food distribution partners.
- Import clearance procedures are causing delays.

Health

Needs:
- Over 15 million people need basic healthcare.
- The dengue fever outbreak in six governorates (Al Hudaydah, Taizz, Aden, Lahj, Shabwah, and Hadramaut) continues to challenge health care providers unable to carry out detailed surveillance due to the virtual breakdown in the health care system and limited access to facilities for the affected population.
- During the reporting period, dengue fever was clinically detected among IDPs in Hadramaut, with an outbreak declared in Al Mukalla, according to WHO.
- The early disease warning system in Al Hudaydah recorded 81 cases of dengue fever, although this is the lowest figure recorded in the last seven weeks following the anti-mosquito spraying campaign targeting parts of Al Hudaydah City.
- Amran Hospital, the only functioning hospital in the Governorate, issued a statement notifying that it is on the verge of running out of medicine and surgical kits.
- An estimated 200 cholera kits are required for pre-positioning ahead of an expected cholera outbreak. Surveillance data over the past three months have shown a consistent increase in diarrheal disease due to deteriorating water and sanitation conditions.

Response:
- More than 880,000 people have benefited from health care supported by partners since March. This includes direct medical support, provision of medical supplies, medicines and ambulances, and fuel and clean water for health facilities.
- 10,000 ampules of oxytocin were delivered to the Ministry of Public Health and Population to assist women in labour.
- In Aden City, a mobile clinic treated 56 refugee families and 65 internally displaced families at three locations: Al Tadamon Kindergarten in Al Eshra’at zone, Aden International Market between Ash Shaikh Outhman and Al Mansura districts, and at the 1st Circle. The team treated 168 individuals (126 refugees, 42 Yemenis) mostly for diarrhoea, skin infections and heat rashes.
- In Amran Governorate, two mobile health teams provided care for 4,837 people (1,897 men, 2,940 women) in the districts of Amran, Dhi Bin, Thula and Jabal Iyal Yazid during the month of June.
- Ten oxygen cylinders were provided for to Al-Jumhoori Hospital in Sana’a.
- Water trucks were provided at Haradh Hospital in Hajjah Governorate.
- Training was provided for healthcare workers in Hadramaut (Al-Saheil, Sah District) on disease surveillance and early warning system.
- Primary health care services were provided through fixed and mobile medical teams and community mobilization activities in Hajjah, Sa’ada, Amran, Sana’a, Al Hudaydah, Lahj, Taizz and Aden.
- Support was provided in mass casualty management, emergency departments, operation theatres, outpatient wards and maternity wards of hospitals in Sa’ada and Sana’a. There was also an ad hoc provision of essential medicines to hospitals in Sana’a.
Six thousand litres of fuel were provided to Al Sdaqa and Al Jamhoria hospitals in Aden for ambulances and generators.

Mobile health teams were deployed to Mudiyah and Al Wade’a districts, Abyan as well as two teams to Amran, supporting IDPs and the host community. Since the project in Amran commenced on 13 May 2015, the two mobile teams have served more than 9,000 beneficiaries (63 per cent women).

Mental health consultations benefited 382 individuals (320 IDPs, 62 others) in Abs District, Hajjah.

Gaps & Constraints:

- A vector-spraying campaign targeting seven districts in Aden and Lahj (Al Mansura, Ash Shaikh Outhman, Khur Maksar, Attawahi, Al Mualla, Craiter and the village of Sabr) was hampered not only by fuel shortages but the theft of a vehicle, along with laptops and phones.
- Rising numbers of measles and rubella cases, as well as a high risk of potential polio outbreak, due to non-implementation of planned immunization campaigns, and disrupted cold-chain of vaccine storage.
- Verifying reported cases of dengue fever remains a challenge due to limited access to affected areas, particularly southern governorates, including the newly-affected Hadramaut.
- Severe fuel shortages are affecting the operation of all health facilities, ambulance and referral services and medicine/vaccine cold storage nationwide.
- More than 160 health facilities have become dysfunctional since March due to lack of power supply and shortages of essential medicines, IV fluids and surgical instruments.
- Increasing numbers of conflict-related casualties require urgent mass casualty management services in conflict-affected governorates, particularly in Sa’ada, Amran, Hajjah, Sana’a, Taizz, Al Hudaydah, Aden, Lahj, Al Dhale’e, Shabwah and Abyan Governorates.

Nutrition

Needs:

- Around 1.6 million people need life-saving nutrition services.
- Nutrition supplies are depleting and need to be replenished in most health facilities across Yemen.
- Activities of nutritional mobile teams and outpatient treatment programmes have been disrupted, particularly in areas affected by conflict and where IDPs are concentrated.
- Malnutrition is expected to have increased in southern governorates due to food shortages and limited humanitarian access.

Response:

- In Hajjah, eleven mobile teams screened 4,508 children under 5 (2,319 boys, 2,189 girls) for malnutrition, of which 754 (384 boys, 370 girls) severely malnourished (SAM) cases were treated.
- Mobile teams in Dimnat Khadir District in Taizz and in Ibb Governorate provided health and nutrition services for 570 IDPs. Over 150 children under 5 were dewormed; 123 were screened for acute malnutrition; 32 pregnant and lactating women received iron folate supplementation and 132 mothers were counselled on infant and young child feeding (IYCF), maternal care, hygiene and sanitation, and prevention of malaria and dengue fever.
- Seven mobile teams provided health and nutrition services in Amran, both for IDPs and the host community, as well as in Al Bayda (Az Zahir District) and in Marib (Sinwah and Mahliyah districts).
- A total of 1,391 children under 5 (737 boys, 654 girls) also received vitamin A supplementation and 1,798 pregnant and lactating mothers received iron/folate in the same districts. Additionally, 168 mothers of moderately malnourished children received IYCF counselling.
- Partners pre-positioned 371 MT of nutritional medical foods for 45,000 children in Sana’a, Aden, Al Hudaydah, Amran and Lahj.

Gaps & Constraints:

- Gaps in access and service provision have been identified in Aden, Abyan, Shabwah, Al Dhale’e, Lahj, Abyan and Taizz, where there is ongoing conflict and access to health facilities is limited.
- Fuel shortages are affecting deployment of mobile teams.
Protection

Needs:

- Since late March, approximately 49,569 people have fled Yemen, mostly to neighbouring Djibouti and Somalia. In Djibouti, 46 per cent of arrivals are Yemenis and 46 per cent third country nationals (TCN), with 8 per cent being Djiboutian. Arrivals in Somalia have comprised 90 per cent Somalis, 9 per cent Yemenis and 1 per cent TCNs.
- According to the Danish Refugee Council, which is monitoring Red Sea migratory movements, since the escalation of the conflict up to 647 migrants from the Horn of Africa have been abducted upon landing on Yemen’s Red Sea coast, including an estimated 53 women. Many more are believed to have been abducted at sea.

Response:

- More than 100,000 people have benefited from protection activities since the escalation of the conflict in March, including child protection and gender-based violence (GBV) activities.
- Twenty volunteers (10 male, 10 female) were trained to conduct protection assessments in Al Hudaydah.
- 289 vulnerable refugee families (108 Somali families, 98 Ethiopian families) in Aden received cash assistance.
- Nine boats landed on Yemen’s Gulf of Aden coast during the week carrying 794 new arrivals (737 Ethiopians, 57 Somalis of whom 718 men and 76 women) despite conflict intensifying in the southern governorates. Upon screening, 57 Somalis were given prima facie refugee status, 26 Ethiopians lodged asylum claims, 15 were identified as unaccompanied minors and 1 elderly person was identified as needing protection. Of the other arrivals, all had travelled to find work in Yemen or neighbouring countries.
- Three Ethiopians died at sea during the journey to Yemen on 25 June due to exhaustion and overcrowding in the boat. New arrivals said that smugglers assured them that the war was over and a peace agreement had been reached. Others, especially unaccompanied and separated children, only heard about the ongoing conflict after arriving in Bosasso, Somalia, and could not afford to return, and therefore chose to continue the risky journey.
- On 1 July, one assisted flight to Khartoum evacuated 105 individuals, bringing the total number of people evacuated by air and sea to 2,370 TCNs and migrants.
- Dignity kits were distributed to 6,000 IDP households, including 2,000 residing in schools in Sana’a and 4,000 in Amran. An additional 7,200 dignity kits were distributed to vulnerable IDP women and girls and to 3,600 men and boys, followed by psychosocial support sessions, awareness sessions on hygiene and reproductive health during displacement, women rights, GBV and available reproductive health services.

Gaps & Constraints:

- Distribution of dignity kits is extremely challenging in Aden and Sa’ada due to insecurity, limited road access, shortage of available trucks to transport goods from Sana’a to Aden, and high transportation prices, up 500 per cent since the escalation of the conflict.

Shelter, NFIs and CCCM

Needs:

- More than 1.26 million displaced people and members of host communities are in need of emergency shelter and NFIs.
- 3,738 IDPs have been identified as needing emergency shelter and NFIs in Abs and Midi districts in Hajjah Governorate, Kharif and Thula districts in Amran Governorate, and in Ash Shu’ayb and Al Husha districts of Al Dhale’e Governorate. A further 3,575 IDPs were identified as needing NFIs in Dhamar, Raymah, Ibb and Sana’a Governorates.

Response:

- More than 57,000 IDPs and host community members have received NFIs since March.
- More than 15,000 IDPs were supported with emergency shelter and NFIs in Al Qanawis District (Al Hudaydah), Sana’a City, Khamir and Jabal Iylal Yazid districts (Amran), Al Ta’iziyah and Dimrat Khadir districts (Taizz) and Al Mansura District (Aden).
- The local community in Marib Governorate provided blankets and mattresses to 700 IDPs in Sirwah and Raghwan districts.
- Rental subsidies were provided to 350 IDPs in Sayun District, Hadramaut.
- IDPs mostly from Sa‘ada, are in urgent need of food, and it was reported that some IDPs were seen selling the material assistance they had received, such as water filters or NFI, in exchange for food.

Gaps & Constraints:
- Fuel shortages continue to constrain assessment of the needs of new IDP caseloads, and distribution of essential items.

**Education**

Needs:
- 2.9 million children are in need of education. This figure includes 1.83 million children who were forced out of school due to the conflict, and who were unable to take end of the year exams due to missing more than two months of schooling due to the escalating conflict.
- The number of schools reported damaged or occupied by armed groups or IDPs increased from 441 to 462. This includes 145 damaged due to shelling or airstrikes (an increase of 10 schools since last week), 249 occupied by IDPs, and 68 occupied by armed groups.
- Of the 1.83 million affected children, around 212,300 students in years 9 and 12 are required to take their Basic and Secondary Education Certification Exams starting 15 August, security permitting.
- 3,584 schools across Yemen closed without offering final exams for students.
- Reports continued to indicate that IDPs residing in schools are burning school desks and chairs for firewood.

Response:
- Cluster partners continued to provide support to the Ministry of Education to identify affected schools.
- Cluster partners continued to support the Ministry of Education in the development of content for the compensatory learning program which will commence on 25 July for years 9 and 12, and on 5 September for all other grades.

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 the continuing conflict.
- No affected schools, whether damaged or occupied by IDPs or armed groups, have been reached with necessary rehabilitation activities.

**Early Recovery**

Needs:
- There is an urgent need for mine clearance and awareness-raising around unexploded ordnance (UXO) in 13 priority governorates.
- Resumption of national waste management is urgently needed to stop the spread of disease.

Response:
- Livelihoods activities re-started in Hajjah targeting both men and women through cash-for-work programmes including rehabilitation of water infrastructure and hygiene promotion activities.
- Micro-grants were made available to 12 cooperatives in Al Hudaydah, Raymah, Ibb and Al Dhale’e for disaster risk reduction training. Participants will be paid to carry out data collection in their communities.

Gaps & Constraints:
- Lack of access to southern governorates is hindering response.
Emergency Telecommunications

Response:

- An internet hot spot has been established for the use of the humanitarian community in Sana’a.
- A backup VHF (very high frequency) radio room has been installed to monitor the safety of the humanitarian community in Sana’a.
- The request of a new frequency license in Sana’a is ongoing.
- Emergency telecommunications hubs are being installed in Yemen.
- Importation procedures for information and communications technology equipment are being developed.

Constraints:

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

Logistics

Response:

- The recently-imported 1.4 million litres of fuel for humanitarian partners is in the process of being allocated, and will be available to partners in July. Fuel requirements for humanitarian operations are 5 million litres per month.
- Twenty mobile storage units will be set up in Al Hudaydah and Sana’a for humanitarian partners, ahead of increased shipping volumes.
- The WFP-chartered vessels the MV Eva Marie and the Karavuna, transporting 28,000 MT of wheat flour, discharged at Al Hudaydah Port.
- The humanitarian vessel, MV Drive Mahone, is currently anchored in Djibouti and will transport 308,000 litres of diesel for partners and five refrigerated containers for the Yemeni Red Cross to Al Hudaydah.
- UNHAS has transported 344 passengers from 30 organizations since April.
- Dhows (traditional ships) continue to deliver humanitarian goods along coasts albeit with limited capacity and safety concerns on the Red Sea trading route.

Constraints:

- Four humanitarian vessels seeking to berth in Aden Port since June have been unable to receive security assurances from local authorities despite growing needs. Ships have been diverted to Al Hudaydah Port.
- Port congestion in Djibouti and Al Hudaydah continues to hinder the movement of cargo into Yemen, due to electrical and labour shortages. Currently, time at anchorage averages nine days.
- The attacks on the Aden Oil Refinery and ensuing fires have affected the future usage of the port. Offloading fuel to southern governorates has been further affected and it will likely remain damaged for some time.
- In Al Hudaydah, the only usable seaport in Yemen, five out of eight berths are available due to shortages of fuel, electricity and labour.

General Coordination

Humanitarian coordination structures for Yemen have moved back to Sana’a following the evacuation of staff in late March. The entire Humanitarian Country Team (HCT) and increasing numbers of international staff are now present in Sana’a, supporting the work of national staff, who continue to operate across the country. Efforts are ongoing to establish operation hubs throughout the country, security permitting.

Under the IASC L3 declaration, the Humanitarian Country Team (HCT), led by Yemen’s Humanitarian Coordinator, continues to provide overall strategic coordination for the humanitarian response. The HCT operates from Sana’a, with a shrinking remote support cell in Amman, logistics coordination support in Djibouti, and a liaison team in Riyadh. The Inter-Cluster Coordination Mechanism (ICCM) is focused on scaling up humanitarian response and developing and implementing humanitarian response plans.

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