

Yemen – Complex Emergency

August 14, 2020

SITUATION AT A GLANCE



- IPC analysis projects 3.2 million people will face high levels of acute food insecurity in ROYG-controlled areas of Yemen through December.
- Airstrikes in Hajjah and Al Jawf governorates result in at least 40 civilian casualties, including 27 deaths, from mid-July to early August.
- USAID/BHA partner WFP reaches more than 8 million people with emergency food assistance in May through operations in the south and reduced operations in the north.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING For the Yemen Response in FYs 2019–2020	USAID/BHA ^{1,2}	\$1,074,017,091
	State/PRM ³	\$70,910,000
Total		\$1,144,927,091⁴

For complete funding breakdown with partners, see detailed chart on pages 6–8

¹USAID’s Bureau for Humanitarian Assistance (USAID/BHA)

²Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance and emergency food assistance from the former Office of Food for Peace.

³U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

⁴This total includes approximately \$2,510,000 in supplemental funding through State/PRM for coronavirus disease (COVID-19) preparedness and response activities.

KEY DEVELOPMENTS

IPC Analysis Projects Deteriorating Food Security in Southern Yemen

Food security conditions are projected to worsen in southern Yemen between July and December due to escalated conflict, deteriorating macroeconomic conditions, economic shocks related to the COVID-19 pandemic, and natural hazards, according to the latest IPC analysis.⁵ An estimated 3.2 million people—40 percent of the total population in areas controlled by the Republic of Yemen Government (RoYG)—are projected to face Crisis—IPC 3—or Emergency—IPC 4—levels of acute food insecurity during the period, representing an increase of 1.2 million people experiencing Crisis or Emergency conditions compared with the February–April period. While the analysis did not identify any households facing Catastrophe—IPC 5—levels of acute food insecurity, the IPC reports any disruptions to current levels of food assistance in the coming months could increase the number of people facing Crisis or worse conditions. The IPC analysis only evaluated data from food security assessments and did not include data on the other two IPC indicators, acute malnutrition and mortality; the UN plans to release a revised IPC analysis including the outstanding acute malnutrition data in the coming months. Additionally, this iteration of the IPC analysis did not include projections for Al Houthi-controlled areas of Yemen, which remain pending due to Al Houthi-imposed delays in accessing and analyzing assessment data.

Food Prices Continue to Rise, Further Exacerbating Food Insecurity

Deteriorating macroeconomic conditions—including the continued depreciation of the Yemeni rial (YER) and the adverse economic effects of the COVID-19 pandemic—have resulted in increased food prices and exacerbated food insecurity throughout Yemen, the UN World Food Program (WFP) reports. From January to June, the average prices of essential food commodities—such as beans, sugar, vegetable oil, and wheat—increased by more than 16 percent across Yemen and 22 percent in RoYG-controlled areas, according to WFP. Price increases are primarily due to the YER's continued depreciation—devaluing by 20 percent in southern Yemen from January to June, largely as a result of diminishing foreign currency reserves and COVID-19-related reductions in remittance inflows and oil revenues in the region—and other economic shocks. Simultaneously, the COVID-19 outbreak in Yemen has decreased livelihood opportunities and impeded access to markets. As a result, 36 percent of households were unable to obtain adequate food in June, representing a 6 percent increase compared with May.

USAID/BHA continues to support WFP and international non-governmental organization (INGO) partners to bolster food security amid deteriorating humanitarian conditions in Yemen. During May, WFP reached more than 8 million people with emergency food assistance through operations in the south and reduced operations in the north, which the UN agency scaled down in April as a result of continued Al Houthi-imposed constraints on relief operations. Despite access impediments, WFP provided in-kind food assistance to 5.9 million people, food vouchers—redeemable for food items at local shops and vendors—to 1.6 million people, and cash transfers for food purchases to approximately 590,000 people during the month.

Fuel Shortage Affects Critical Services, Relief Activities in Northern Yemen

Fuel shortages in northern Yemen are adversely affecting humanitarian activities and critical services amid concurrent disease outbreaks and heightened humanitarian needs in the country, relief actors

⁵ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

report. The current shortages began in June due to ongoing political negotiations concerning import taxes and fees that have impeded fuel imports into Al Hudaydah Port. As a result, the UN Verification and Inspection Mechanism for Yemen (UNVIM) recorded only 8,100 metric tons (MT) of fuel imports during June—a nearly 96 percent decrease from May and the lowest monthly amount ever recorded. While UNVIM reported that fuel imports had returned to average weekly levels by late July, shortages in northern Yemen persisted, resulting in delays affecting humanitarian water, sanitation, and hygiene (WASH) activities for nearly 259,000 households, protection interventions for nearly 46,000 households, and food assistance for approximately 25,000 households, according to the UN. In addition, the shortages have further limited hospital operations and fuel-dependent water supply systems, both of which are essential in mitigating the spread of and treating COVID-19 and other diseases.

Amid the fuel shortages, WFP provided nearly 1.6 million liters of fuel to the UN Children’s Fund (UNICEF) to support water treatment facilities and more than 20,000 liters of fuel to NGOs and other UN facilities during June. Additionally, WFP provided more than 1.3 million liters of fuel through the UN World Health Organization (WHO) and its partners to support approximately 300 hospital and primary health care facilities to continue operations during the month.

Airstrikes Result in At Least 40 Civilian Casualties in Hajjah and Al Jawf

Since mid-July, three incidents involving airstrikes in northern Yemen’s Hajjah and Al Jawf have resulted in more than 40 civilian casualties, including 27 deaths, according to the UN. Al Houthi officials accused the Kingdom of Saudi Arabia-led Coalition of conducting the strikes alongside other attacks on civilian infrastructure in the north, while the Coalition indicated it would launch an investigation into possible civilian casualties from recent military operations, international media report. In response to the incidents, UN Resident and Humanitarian Coordinator (RC/HC) Lise Grande released statements condemning the respective attacks and continued violence against civilians, particularly amid ongoing challenges to relief operations in Yemen, including the COVID-19 pandemic and funding gaps that hinder some humanitarian programs. RC/HC Grande also reiterated calls for a comprehensive ceasefire, noting that conflict had resulted in nearly 1,000 civilian casualties from January to mid-July.

Cholera Spreading with Reduced Detection, Treatment Due to COVID-19

The COVID-19 pandemic has adversely affected detection and treatment activities to respond to the world’s worst cholera outbreak in Yemen, reducing health service availability and deterring people from seeking health care in the country, relief actors report. From January to early July, health actors recorded more than 154,000 cholera cases and 44 associated deaths in Yemen, representing approximately 70 and 90 percent decreases, respectively, compared with the same period in 2019, according to WHO. Rather than signaling a positive development, the INGO Oxfam reports that COVID-19-related fear and stigma have discouraged many Yemenis from seeking health care, contributing to significant underreporting and lack of treatment for cholera cases. In addition, prioritization of already limited health care resources toward COVID-19 response efforts has diminished cholera-related treatment capacity, while COVID-19-related import restrictions have impeded some shipments of oral cholera vaccine (OCV) into Yemen, WHO reports.

Despite operational constraints, the U.S. Government (USG) continues to support humanitarian partners to respond to the cholera and COVID-19 outbreaks in Yemen by providing primary health care consultations, WASH assistance for vulnerable populations, cholera case management services, and OCV campaign support. Additionally, partners are conducting community engagement and disease awareness activities to reduce fear and stigma among the population.

KEY FIGURES



1,242,380

MTs of USG Title II in-kind food assistance provided to Yemen in FYs 2019–2020



\$26.1 Million

In dedicated FY 2019 USG support for life-saving health programming



\$13.7 Million

In dedicated FY 2019 USG support for life-saving WASH programming

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

USAID/BHA supports WFP and 11 INGO partners to bolster food security conditions in Yemen. USAID/BHA partners are providing emergency food assistance through in-kind food aid—including U.S.-sourced commodities—and cash and vouchers for people to buy food in local markets, prioritizing households experiencing Crisis or worse levels of acute food insecurity. Partners are also working to strengthen household purchasing power and rehabilitate food security-related livelihoods to increase access to food among vulnerable communities. USAID/BHA partners provide emergency food assistance to a bimonthly caseload of more than 13 million people, reaching more than 8 million people per month, countrywide.

HEALTH

The USG supports the International Organization for Migration (IOM), State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR), UNICEF, WHO, and 10 INGOs to support life-saving health care interventions amid Yemen's ongoing conflict and concurrent cholera and COVID-19 outbreaks. Often integrated with nutrition and WASH programming, USG partners are providing primary health care services through both mobile medical teams—serving hard-to-reach areas—and static health facilities, while supporting community health volunteers to encourage people to seek health care services, when needed, toward better health outcomes. In addition, USAID/BHA partners are providing incentive payments to health care workers and medical supplies to health facilities to bolster health care service availability, while State/PRM is supporting IOM and UNHCR to address the specific health care needs of migrants, refugees, and other vulnerable populations in Yemen.

WASH

Through USG funding to IOM, State/PRM funding to an implementing partner, and USAID/BHA funding to UNICEF and 13 INGOs, the USG is supporting WASH programming to prevent and respond to communicable disease outbreaks—such as cholera and COVID-19—and provide safe drinking water to displaced and other conflict-affected communities across Yemen. USAID/BHA partners are conducting critical WASH interventions—including hygiene kit distribution, hygiene promotion activities, rehabilitation of water systems damaged by conflict, and water trucking services—for internally displaced persons (IDPs) and other vulnerable populations. In addition, State/PRM implementing partners are providing WASH interventions focused on meeting the needs of IDPs, as well as migrants and refugees in Yemen originating from the Horn of Africa.



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Number of USG implementing partners supporting programming to combat malnutrition

NUTRITION

USAID/BHA supports partners on the forefront of efforts to prevent and treat acute malnutrition across Yemen. Working through UNICEF, WFP, WHO, and 12 INGOs, USAID/BHA partners are providing community- and evidence-based programs aiming to decrease morbidity and mortality resulting from malnutrition. Focusing on children and pregnant and lactating women in particular, USAID/BHA programs help prevent, identify, and treat acute malnutrition. Additionally, USAID/BHA provides nutrition support for health clinics and mobile health teams, integrating health, nutrition, and WASH interventions to comprehensively assist affected populations.



\$2.9 Million

In dedicated FY 2019 USG support for critical protection interventions

PROTECTION

Through USG support to IOM, State/PRM support to UNHCR, and USAID/BHA support to UNICEF and five INGOs, USG partners are providing critical protection interventions across Yemen. With State/PRM funding, UNHCR provides protection services to meet the needs of IDPs, refugees, and other populations countrywide, including through mental health and psychosocial support (MHPSS) activities and legal assistance to facilitate access to identity documentation and public assistance. In addition, USAID/BHA partner programs work to prevent and respond to gender-based violence, address child protection and MHPSS needs, and respond to protection concerns and violations through specialized case-management services, community mobilization activities, and protection risk mitigation efforts. Furthermore, USAID/BHA requires all partners to incorporate protection principles and promote meaningful access, safety, and dignity for beneficiaries across all USAID/BHA interventions in Yemen.



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Number of USG implementing partners supporting MPCA programming

MULTIPURPOSE CASH ASSISTANCE

In partnership with IOM, State/PRM partner UNHCR, and four USAID/BHA INGO partners, the USG supports the provision of multipurpose cash assistance (MPCA) to help conflict-affected households meet their basic needs while supporting local markets. Countrywide, UNHCR is distributing MPCA to IDPs and refugees in Yemen to bolster household purchasing power amid COVID-19-related economic shocks and restrictions. Additionally, USAID/BHA partners are providing MPCA to vulnerable populations in Yemen, supporting households to procure food, cooking gas, hygiene items, and other essential commodities.

CONTEXT IN BRIEF

- Between 2004 and early 2015, conflict between RoYG and Al Houthi opposition forces in the north affected more than 1 million people and repeatedly displaced populations in northern Yemen, resulting in humanitarian needs. The southward advancement of Al Houthi forces in 2014 and 2015 led to the renewal and escalation of conflict and displacement, further exacerbating already deteriorated humanitarian conditions.
- In March 2015, the Coalition began airstrikes against Al Houthi and allied forces to halt their southward expansion. The ongoing conflict has damaged or destroyed public infrastructure, interrupted essential services, and reduced commercial imports to a fraction of the levels required to sustain the Yemeni population; the country relies on imports for 90 percent of its food sources.
- Since March 2015, the escalated conflict—along with protracted instability, the resulting economic crisis, rising fuel and food prices, and high levels of unemployment—has left approximately 24.3 million people in need of humanitarian assistance as of June 2020, including at least 17 million people in urgent need of emergency food assistance. In addition, the conflict has displaced more than 3.6 million people; approximately 1.3 million people have returned to areas of origin, according to data collected by IOM in November 2018. The volatility of the current situation prevents relief agencies from obtaining accurate, comprehensive demographic information.
- On December 2, 2019, U.S. Ambassador Christopher P. Henzel re-declared a disaster for Yemen in FY 2020 due to continued humanitarian needs resulting from the complex emergency and the impact of the country’s political and economic crises on vulnerable populations.

USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2020 ^{1,2}

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN YEMEN FOR COMPLEX EMERGENCY			
USAID/BHA			
Non-Food Assistance			
Implementing Partner (IP)	Humanitarian Coordination and Information Management (HCIM)	Countrywide	\$520,881
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$4,500,000
WFP	Logistics Support and Relief Commodities	Countrywide	\$5,500,000
	Program Support		\$127,615
TOTAL NON-FOOD ASSISTANCE FUNDING			\$10,648,496
Food Assistance³			
IP	HCIM	Countrywide	\$1,041,763
IP	Food Vouchers	Al Hudaydah	\$211,921
WFP	U.S. In-Kind Food Aid	Countrywide	\$374,990,394
TOTAL FOOD ASSISTANCE FUNDING			\$376,244,078
TOTAL USAID/BHA FUNDING			\$386,892,574

STATE/PRM			
UNHCR	Camp Coordination and Camp Management (CCCM), Logistics Support and Relief Commodities, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$8,500,000
TOTAL STATE/PRM FUNDING			\$8,500,000
TOTAL USG FUNDING FOR COMPLEX EMERGENCY IN YEMEN IN FY 2020			\$395,392,574

FUNDING IN YEMEN FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE ⁴			
STATE/PRM			
IP	Emergency Relief, Health, WASH	Countrywide	\$1,230,000
IOM	Emergency Relief, Health, Migrant Response	Countrywide	\$780,000
UNHCR	Logistics Support and Relief Commodities, MPCA, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$10,600,000
TOTAL STATE/PRM FUNDING			\$12,610,000
TOTAL USG FUNDING FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE IN YEMEN IN FY 2020			\$12,610,000

TOTAL USAID/BHA FUNDING FOR THE YEMEN RESPONSE IN FY 2020	\$386,892,574
TOTAL State/PRM FUNDING FOR THE YEMEN RESPONSE IN FY 2020	\$21,110,000
TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2020	\$408,002,574

USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2019

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
Non-Food Assistance			
IPs	Agriculture and Food Security, Economic Recovery and Market Systems, HCIM, Health, Nutrition, Protection, WASH	Abyan, Aden, Amanat al-Asimah, Amran, Al Bayda', Ad Dali', Dhamar, Hadramawt, Hajjah, Al Hudaydah, Ibb, Al Jawf, Lahij, Al Mahrah, Marib, Al Mahwit, Sa'dah, Sana'a, Shabwah, Socotra Island, Ta'izz	\$53,272,978
IP	HCIM	Countrywide	\$837,525
IOM	HCIM	Countrywide	\$1,600,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIM	Countrywide	\$8,000,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$4,047,000
WFP	Logistics Support and Relief Commodities	Countrywide	\$6,070,500
WHO	Health, HCIM, Nutrition	Countrywide	\$27,000,000
	Program Support		\$1,230,921
TOTAL NON-FOOD ASSISTANCE FUNDING			\$102,058,924
Food Assistance ⁵			

UN Food and Agriculture Organization (FAO)	Complementary Services	Countrywide	\$1,500,000
IPs	Food Vouchers, Cash Transfers for Food, Nutrition, Local, Regional, and International Procurement, Complementary Services	Abyan, Ad Dali', Aden, Al Hudaydah, Al Mahwit, Dhamar, Hajjah, Ibb, Lahij, Sana'a, Shabwah, Ta'izz	\$54,984,842
UNICEF	U.S. In-Kind Food Aid	Countrywide	\$3,867,800
WFP	U.S. In-Kind Food Aid	Countrywide	\$433,212,951
	Local, Regional, and International Food Procurement	Countrywide	\$50,000,000
	Food Vouchers	Countrywide	\$41,500,000
TOTAL FOOD ASSISTANCE FUNDING			\$585,065,593
TOTAL USAID/BHA FUNDING			\$687,124,517
STATE/PRM			
IPs	Humanitarian Assistance	Countrywide	\$10,100,000
UNHCR	CCCM, Logistics Support and Relief Commodities, Protection, Refugee Response, Shelter and Settlements	Countrywide	\$39,700,000
TOTAL STATE/PRM FUNDING			\$49,800,000
TOTAL USG HUMANITARIAN FUNDING FOR THE YEMEN RESPONSE IN FY 2019			\$736,924,517

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of May 8, 2020.

² On March 27, 2020, USAID partially suspended approximately \$50 million in humanitarian NGO programming in Al Houthi-controlled areas due to continued Al Houthi-imposed bureaucratic impediments. USAID continues to fund more than \$13 million in humanitarian NGO activities in northern Yemen for programs that can be conducted without Al Houthi interference and that most directly mitigate the risk of famine and deliver imminently life-saving services, including treatment of acute malnutrition and cholera.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

⁴ Figures represent supplemental Migration and Refugee Assistance (MRA) funding committed for COVID-19 preparedness and response activities as of May 8, 2020.

⁵ USAID/BHA-supported complementary services—which include sector-specific activities such as agriculture, livelihoods, nutrition, and WASH interventions—enhance food assistance programs by strengthening food availability and access.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [interaction.org](https://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
 - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)