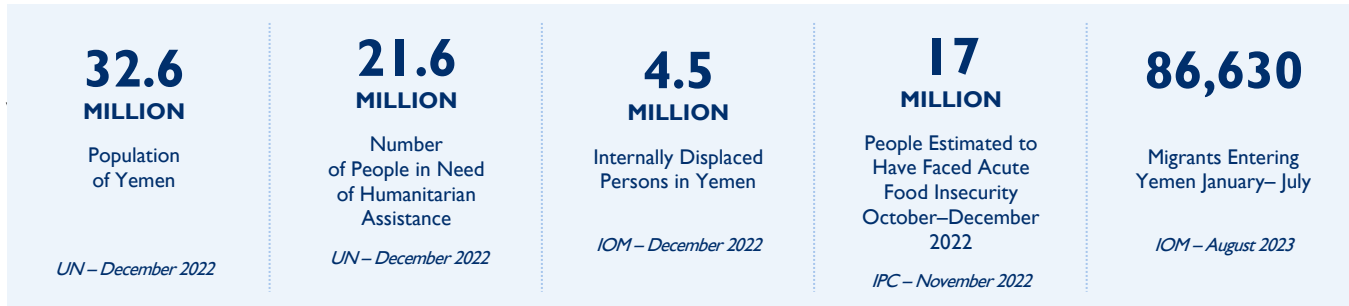


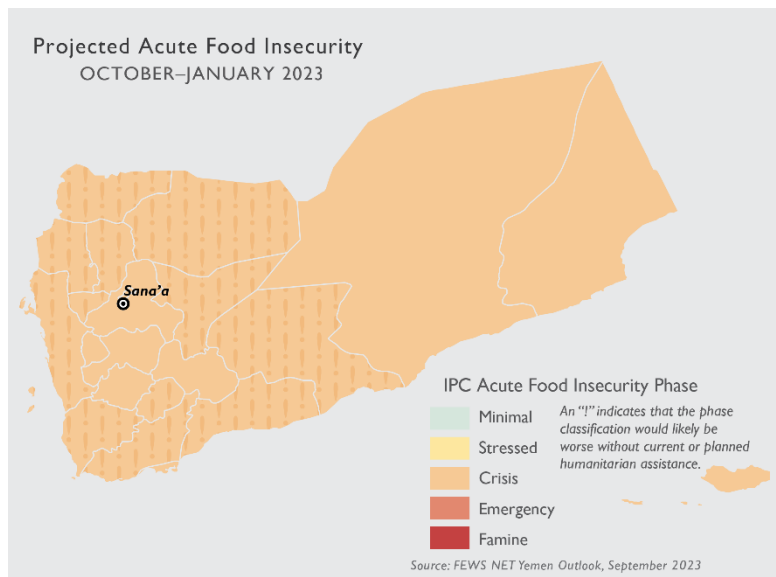
Yemen – Complex Emergency

NOVEMBER 30, 2023

SITUATION AT A GLANCE



- More than 18,000 households across Hadramawt, Al Mahrah, and Socotra Island governorates were affected by flooding from Tropical Cyclone Tej, which made landfall on Yemen on October 23. In response, USAID/BHA partners and the UN provided multi-sector assistance to address heightened humanitarian needs.
- Vaccine-preventable diseases such as cholera, diphtheria, and measles disproportionately affect already vulnerable groups in Yemen amid low vaccination rates across the country.
- The UN anticipates high food assistance needs will persist throughout Yemen between November 2023 and April 2024 as economic conditions continue to deteriorate in southern Yemen.



¹ FY 2024 funding for the Yemen Complex Emergency will be included in future products when committed/obligated. For information on the U.S. Government (USG)'s funding toward the response in FY 2023, refer to Yemen Complex Emergency Fact Sheet #12 released on September 29, 2023, available on the USAID website at <https://www.usaid.gov/humanitarian-assistance/where-we-work>.

KEY DEVELOPMENTS

USAID/BHA Partners, UN Respond to Humanitarian Needs Generated by Cyclone Tej

Tropical Cyclone Tej brought heavy rainfall and strong winds to Al Mahrah and Socotra Island governorates before weakening over Hadramawt Governorate on October 23–24, affecting an estimated 18,000 households and damaging infrastructure across the three governorates, according to the UN. Although local authorities' efforts to reopen main roads and reestablish electricity and telecommunications networks in affected governorates were successful in most districts, the UN reported that the main road in Al Mahrah's Qishn District was closed of October 29, which had initially hampered the ability of local authorities and humanitarian organizations to conduct needs assessments and reach those in need. The road had reopened as of November 5. In addition to access constraints, the UN World Health Organization (WHO) noted that fuel shortages had restricted health facilities' ability to provide critical health care services to affected areas. Moreover, the cyclone had damaged the water system in Hasswin District in Al Mahrah Governorate, interrupting the water network to facilities in the district, including health facilities, the UN reported as of November 5.

According to UN assessments, priority needs among cyclone-affected populations included essential household items, food, psychosocial support, and shelter. In response to heightened humanitarian needs, the Yemen Humanitarian Fund programmed \$500,000 for multipurpose cash assistance (MPCA) to approximately 2,800 households affected by the cyclone through the Benevolence Coalition for Humanitarian Relief, a local nongovernmental organization (NGO). In addition, WHO and other Health Cluster² partners distributed essential medical supplies, medicines, and surgical kits to health facilities in affected areas. USAID Bureau for Humanitarian Assistance (USAID/BHA) partner the UN World Food Program (WFP) also began general food assistance (GFA) distributions—targeting approximately 1,600 households—in Socotra Island as of October 29 and began GFA distributions in Al Mahrah during the week of November 5 as part of its regular distribution cycle, targeting nearly 6,200 households, including those in affected areas.

Yemen Remains Highly Susceptible to Vaccine-Preventable Diseases

Populations across Yemen continue to remain vulnerable to disease outbreaks, especially those that are vaccine-preventable, such as cholera, diphtheria, measles, and polio, according to ACAPS. Nine years of conflict have rendered Yemen's health care infrastructure heavily strained and, coupled with inadequate population immunity to vaccine-preventable illnesses, risks of more rapid and widespread disease outbreaks remain a concern. Furthermore, according to WHO, overall immunization coverage in the country is rapidly declining, disproportionately affecting asylum-seekers, children, internally displaced persons (IDPs), migrants, older people, refugees, and women. The low vaccine coverage affects children the most, with nearly one-third of children ages 0–12 months missing routine vaccinations, according to the UN Children's Fund (UNICEF). In addition, deteriorating economic conditions and humanitarian access restrictions imposed by parties to the conflict continue to limit vulnerable populations' access to humanitarian aid, including health care services, prompting households to adopt negative coping mechanisms such as reducing primary and secondary health care visits, and increasing households' vulnerability to preventable diseases.

² The coordinating body for humanitarian health activities, comprising UN agencies, NGOs, and other stakeholders.

In response to the high prevalence of measles cases in 2023, USAID/BHA partners UNICEF and WHO, in collaboration with the Ministry of Public Health and Population, launched a vaccination campaign in Republic of Yemen Government (RoYG)-controlled areas on September 23. Health partners administered the measles-rubella and coronavirus disease (COVID-19) vaccinations, as well as vitamin A supplements to reduce child morbidity and mortality. The vaccination campaign targeted nearly 1.3 million children aged six through 59 months across 121 districts in 13 different governorates. Health actors continue to monitor vaccine-preventable disease outbreaks in Yemen.

Food Assistance Needs Persist Amid Deteriorating Economy and Reduced International Assistance

High food assistance needs are likely to persist throughout Yemen between November 2023 and April 2024, according to a joint report released by the UN Food and Agriculture Organization (FAO) and WFP in October. The joint report identified Yemen as a country of very high concern for deteriorating food security conditions over the next six month-period due to the worsening economic situation in RoYG-controlled areas—resulting in higher prices for food and other basic necessities, inconsistent public services, and limited employment opportunities—and a likely reduction in humanitarian food assistance countrywide. While a new IPC analysis for northern Yemen was being finalized as of late November, a partial analysis released in May projected approximately 3.9 million people in RoYG-held areas alone could face Crisis—IPC 3—or worse levels of acute food insecurity throughout 2023, a number which FAO and WFP anticipate being maintained through April.³

Restrictions in GBV Services Contribute to Underfunding and Limited Implementation

Administrative and bureaucratic impediments by both Al Houthi and RoYG officials delay, hinder, and prevent the delivery of humanitarian assistance throughout Yemen, particularly for gender-based violence (GBV) programming. Moreover, humanitarian actors cannot officially respond to GBV in Al Houthi-controlled areas, and instead provide such services in the name of women’s protection and economic empowerment. Consequently, due to associated programmatic difficulties and risks, the provision of GBV services has become deprioritized compared to other forms of humanitarian assistance, and GBV activities are generally underfunded in Yemen, according to an ACAPS report released in mid-November.

KEY FIGURES



5.3 Million

People in Yemen reached with WFP general food assistance in September

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

To address acute food insecurity in Yemen, USAID/BHA supports WFP and seven NGOs to implement food assistance activities. USAID/BHA partners are providing emergency food assistance through in-kind food aid, including U.S.-sourced commodities, and cash and vouchers for individuals to buy food in local markets. With USAID/BHA and other donor support, WFP reached nearly 5.3 million people with in-kind food assistance and approximately 235,000 people with cash-based transfers in September.

³ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.



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USG partners supporting health interventions

HEALTH

The USG supports the International Organization for Migration (IOM), the Office of the UN High Commissioner for Refugees (UNHCR), the UN Population Fund (UNFPA), WHO, and 11 NGOs to conduct life-saving health interventions. USG partners provide primary health care services—in conjunction with nutrition and water, sanitation, and hygiene (WASH) programming—through static health facilities and mobile medical teams serving hard-to-reach areas throughout Yemen. USG partners also support local health volunteers to provide health services at the community level, thereby promoting better health outcomes. In addition, USAID/BHA partners equip health facilities with medical supplies and pharmaceuticals to expand access to quality medical services. In September, a USAID/BHA partner continued to support 17 health facilities in Ad Dali', Ibb, and Sana'a governorates. The supported facilities provided medical consultations and treatment to more than 19,000 individuals. As part of WHO's Essential Program on Immunization, staff at the supported facilities vaccinated more than 900 children with at least one dose of the polio vaccine, 330 children with at least one dose of the measles vaccine, and more than 700 children younger than one year of age with at least one dose of the pentavalent vaccine, a combination vaccine protecting against diphtheria, Haemophilus influenzae type B, hepatitis B, tetanus, and whooping cough. In October, another USAID/BHA partner provided primary health care services at more than 20 fixed health facilities and five mobile clinics in Abyan, Ad Dali', Al Jawf, Lahij, and Marib governorates, and distributed essential medicines and medical supplies to 11 health facilities.



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USG partners supporting MPCA interventions

MPCA

With USG support, IOM, UNHCR, and three NGOs provide MPCA to conflict-affected households in Yemen to meet their basic needs and reduce the use of negative coping strategies, while also supporting local markets. By providing MPCA, USG partners enable households to procure cooking gas, food, hygiene items, and other essential commodities. With support from the USG and other donors, UNHCR provided nearly 6,500 refugees and 193,000 IDPs with cash assistance from January to June. In September, the USAID/BHA partners distributed MPCA to nearly 4,000 households, including conflict-affected, newly displaced, and other vulnerable households, to help meet basic needs, reduce the use of negative coping strategies, and develop linkages with longer-term programming in Abyan, Amanat Al Asimah, Ad Dali', Dhamar, Hajjah, Al Hudaydah, Lahij, and Ta'izz governorates.



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USG partners supporting nutrition interventions

NUTRITION

USAID/BHA-supported nutrition assistance aims to identify, prevent, and treat wasting—the deadliest form of malnutrition—across Yemen. Through support to UNICEF, WFP, WHO, and 11 NGOs, USAID/BHA helps reduce morbidity and mortality resulting from malnutrition, particularly among children and pregnant and lactating women (PLW). USAID/BHA partners provide nutrition support through health clinics and mobile health teams by integrating health, nutrition, and WASH interventions to comprehensively assist vulnerable populations. USAID/BHA also supports the nutrition stock pipeline for moderate or severe acute malnutrition cases. Throughout the month of September, a USAID/BHA partner supported more than 110 midwives providing reproductive health services across five governorates with technical supervision. The NGO-supported community health and nutrition volunteers (CHNVs)—including more than 170 volunteers in the south—led awareness-raising sessions on the causes of malnutrition and optimal maternal, infant, and young child feeding practices, including exclusive breastfeeding for the first six months of life and complementary feeding, reaching nearly 26,400 households during the month. In addition, the CHNVs continued to screen children younger than five years of age and pregnant and lactating women for malnutrition, referring individuals for treatment as needed. In September, another USAID/BHA partner reached more than 17,200 individuals with medical consultations and treatment in Ta'izz and nearly 33,000 people in Amran, Al Hudaydah, and Sa'dah. In Ta'izz, community health volunteers (CHVs) screened more than 1,800 children ages five years and younger and PLW for wasting and admitted them for treatment as needed. CHVs also shared information on optimal infant and young child feeding practices with more than 6,200 individuals. Meanwhile in Amran, Al Hudaydah, and Sa'dah, CHVs reached nearly 24,500 people with health education activities, and nearly 9,500 children ages five years and younger and PLW were screened for malnutrition in the community and at health facilities.



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USG partners supporting protection interventions

PROTECTION

The USG is responding to critical protection needs across Yemen through support to IOM, UNFPA, UNHCR, and six NGOs. Through community mobilization activities, risk mitigation efforts, and specialized case management services, USG partners address child protection and psychosocial support (PSS) needs, prevent and respond to GBV, and respond to other protection risks and violations. In September, a USAID/BHA partner continued to provide protection integrated with shelter assistance. The NGO provided PSS interventions through a community center to more than 500 individuals in Al Hudaydah and Lahij governorates during the month and provided legal awareness sessions—which included an overview of how to obtain legal documentation, the required documents, the process, and the importance of having legal documentation—to more than 100 individuals in the governorates. In addition, the NGO partner provided case management services in Al

Hudaydah, Lahij, and Sana'a governorates, making referrals as needed. The NGO also assisted more than 20 individuals who were injured as a result of the ongoing conflict with victims' assistance support in Al Bayda', Dhamar, Al Jawf, Al Hudaydah, and Sa'dah. Of those assisted, 44 percent were injured from shelling, 30 percent from landmines, and 17 percent from explosive remnants of war, among others. Another USAID/BHA partner provided support to GBV survivors in Ibb and Ta'izz throughout September.



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USG partners supporting
WASH interventions

WASH

The USG supports IOM, UNFPA, UNICEF, and 16 NGOs to expand access to safe drinking water and prevent and respond to communicable disease outbreaks in Yemen. USG partners conduct critical WASH interventions, including distributing hygiene kits, promoting improved hygiene practices, providing water trucking services, and rehabilitating water systems damaged by conflict, for IDPs and other at-risk populations across Yemen. In September, a USAID/BHA partner delivered approximately 37,300 gallons of safe drinking water via water truck deliveries to five health facilities in Ibb and Sana'a and monitored CHV-led sessions on optimal personal hygiene and sanitation practices—covering topics including cholera awareness, handwashing, proper disposal of waste, and water treatment and storage—reaching nearly 10,400 individuals in Ad Dali', Ibb, and Sana'a. Moreover, the NGO distributed more than 370 cholera kits—containing aquatabs, water containers, soap, and washing powder—benefiting more than 2,600 people in Ad Dali', and 570 hygiene kits—containing a children's toilet, disposable diapers, plastic basins, reusable baby wipes, washing powder, water containers, and water purification tablets—benefiting nearly 4,000 individuals receiving treatment at health facilities in Ibb and Sana'a.

CONTEXT IN BRIEF

- Between mid-2004 and early 2005, conflict between the RoYG and Al Houthi opposition forces in northern Yemen generated widespread and repeated displacement and exacerbated humanitarian needs. The southward advance of Al Houthi forces in 2014 and 2015 expanded the scope of the armed conflict, further aggravating the humanitarian crisis. In March 2015, a Kingdom of Saudi Arabia (KSA)-led coalition began conducting airstrikes against Al Houthi and allied forces to halt Al Houthi southward expansion, damaging and destroying public infrastructure, interrupting essential services, and reducing commercial imports to a fraction of the levels required to sustain the Yemeni population.
- A UN-brokered truce between Al Houthi authorities and the KSA-led coalition from April through October 2022 resulted in a significant reduction in conflict that has persisted; however, the situation on the ground remains fragile and humanitarian needs remain high due to the economic crisis, high levels of unemployment, protracted instability, and rising food and fuel prices. Approximately 21.6 million people require humanitarian assistance, including approximately 13.4 million people in acute need, according to the 2023 Humanitarian Needs Overview. Moreover, approximately 4.5 million people remain internally displaced in the country since 2015, while an additional 1.3 million IDPs have returned to their areas of

origin. The volatility of the current situation has impeded relief agencies' ability to obtain accurate, comprehensive demographic data on conflict-affected populations.

- On October 9, 2023, U.S. Ambassador Steven H. Fagin redeclared a disaster for Yemen for FY 2024 due to continued humanitarian needs resulting from the complex emergency and the impact of the country's economic and political crises on vulnerable populations.

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.
- 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
 - Information on relief activities of the humanitarian community can be found at reliefweb.int.

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