



Yemen – Complex Emergency

MARCH 1, 2024

SITUATION AT A GLANCE

35.2 MILLION

Population of Yemen

UN - January 2024

18.2

Number of People in Need of Humanitarian Assistance

UN - January 2024

4.5

Number of IDPs in Yemen

UN - January 2024

17.6

People Likely to Experience Severe Food Insecurity in 2024

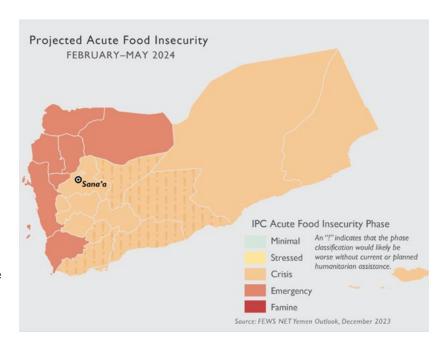
UN - January 2024

71,628

Number of Refugees and Asylum Seekers in Yemen

UNHCR - October 2023

- Nearly 18.2 million people—more than 55 percent of Yemen's population—will require humanitarian assistance in 2024, according to the 2024 HNO for Yemen, released on February I. In response, the 2024 HRP requests \$2.7 billion to meet the urgent needs of approximately 11.2 million people targeted across the country.
- According to a February IPC analysis, nearly 4.6 million people in RoYG-controlled southern Yemen, or approximately 45 percent of the region's population, are likely to face Crisis—IPC 3—or Emergency—IPC 4—levels of acute food insecurity between October 2023 and February 2024, marking a 12 percent increase since the June-to-December 2023 period.



Note: FY 2024 funding for the Yemen Complex Emergency will be included in future products when committed/obligated. For information on U.S. Government (USG) funding toward the response in FY 2023, refer to Yemen Complex Emergency Fact Sheet #12 released on September 30, 2023, available on the USAID website at https://www.usaid.gov/humanitarian-assistance/where-we-work.

KEY DEVELOPMENTS

More Than One-Half of Yemen's Population Requires Assistance in 2024

In early February, the UN released the 2024 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for Yemen, estimating that nearly 18.2 million people—more than 55 percent of the country's population—will require humanitarian assistance in 2024, compared with 21.6 million people in 2023. The decrease in the number of people in need is partly due to a decline in active hostilities in frontline areas since the April-to-October 2022 UN-brokered truce between Al Houthi authorities and the Kingdom of Saudi Arabia (KSA)-led coalition and resultant improvements to the overall security situation. The UN warns that climatic events, including cyclones, droughts, and floods; economic deterioration and insecurity from protracted conflict; and outbreaks of vaccine-preventable diseases will likely continue to drive significant humanitarian need across Yemen during the year. An estimated 17.6 million people are facing high levels of food and nutrition insecurity, with approximately 5 million children ages five and younger experiencing acute malnutrition, according to the UN. In addition, limited availability of and poor access to health care services continue to exacerbate needs for at-risk populations, including children, older people, and persons with disabilities. Meanwhile, approximately 4.5 million people remain internally displaced across the country, many of whom have experienced heightened protection violations—including evictions, gender-based violence (GBV), and limited access to civil documentation—and recurring displacement over the course of the conflict. Frontline districts in Hajjah, Al Hudaydah, and Ta'izz governorates record the highest severity of overall needs. Despite these challenges, humanitarian organizations, including USAID Bureau for Humanitarian Assistance (USAID/BHA) partners, reached a monthly average of 8.6 million people with assistance during 2023. In response to humanitarian needs across the country, the 2024 HRP requests \$2.7 billion to target approximately 11.2 million people, implementing a targeted, needs-based approach to reach the most atrisk populations.

Nearly 4.6 Million People in Southern Yemen Experience High Levels of Acute Food Insecurity

The combination of localized conflict, impacts from Cyclone Tej in October 2023, reduced and irregular humanitarian food assistance, and worsening economic conditions have exacerbated already-high levels of acute food insecurity across Yemen, despite some humanitarian gains achieved during the relative stability following the April-to-October 2022 UN-brokered truce. Nearly 4.6 million people in Republic of Yemen Government (RoYG)-controlled southern Yemen, or approximately 45 percent of the region's population, faced Crisis or Emergency levels of acute food insecurity between October 2023 and February 2024, marking a 12 percent increase in the number of people experiencing acute food insecurity compared with the June-to-December 2023 period, according to a February IPC analysis. Notably, more than 1.3 million people likely faced Emergency levels of acute food insecurity—marked by acute malnutrition, significant food shortages, and an increased risk of hunger-related death—between October and February. As of early February, nearly one-half of the population countrywide was unable to meet their minimum food consumption needs, according to the analysis.

Humanitarian food security actors in Yemen have been unable to conduct a countrywide IPC assessment since the October-to-December 2022 period—during which IPC analysis estimated 17 million people across Yemen faced acute food insecurity—due to bureaucratic access impediments in northern Yemen,

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 I—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as "Catastrophe" when classifying a household and "Famine" when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.

hindering relief actors' ability to understand the full scope of humanitarian food needs and preventing efforts to respond to the food security crisis. The UN World Food Program (WFP) continues to distribute in-kind and cash-based food assistance in southern Yemen, and other USAID/BHA partners are providing cash-for-food and multipurpose cash assistance (MPCA) for food-insecure populations in both northern and southern Yemen. USAID/BHA partners also continue to provide essential nutrition assistance to populations at risk of facing acute food insecurity across the country.

Health Actors Implement Polio Vaccine Campaign Across 12 Governorates

With support from the UN World Health Organization (WHO) and the UN Children's Fund (UNICEF), the RoYG Ministry of Public Health and Population (MoPHP) launched a three-day polio vaccine campaign on February 25, aiming to reach approximately 1.3 million children ages five years and younger across 12 governorates in southern Yemen, according to the UN agencies. The MoPHP developed the vaccine campaign in response to a polio outbreak that paralyzed nearly 240 children across Yemen between 2021 and 2023, WHO reports. In addition to providing the vaccine to the MoPHP, WHO- and UNICEF-supported health teams—including nearly 5,900 mobile vaccination teams and more than 840 teams working from health facilities—are supporting vaccine locations with cold chains, including solar fridges, to ensure that vaccine stocks remain usable and are training and deploying vaccinators to conduct house visits across 120 targeted districts. In 2009, WHO declared Yemen polio-free following a three-year period during which no cases were reported. However, the escalation of conflict in 2015 eroded the country's health system and significantly limited households' access to health care, resulting in an outbreak of poliovirus type I in 2020 and poliovirus type 2 in 2021, according to WHO. Yemen's vaccination campaign is part of the global effort to eradicate polio, which can result in permanent paralysis, with a second round of the campaign planned to follow the end of the holy month of Ramadan in April 2024. In addition, the vaccine campaign marks a positive step toward the increased coordination of health and government actors in RoYG-controlled areas of Yemen following previous challenges in obtaining RoYG approvals to conduct similar campaigns.

Populations across Yemen remain vulnerable to vaccine-preventable disease outbreaks, with immunization coverage rapidly declining since 2015, particularly among children, according to the nongovernmental organization (NGO) ACAPS. In response, USAID/BHA partners—including UNICEF and WHO—continue to support vaccination campaigns in southern Yemen, including for measles and rubella. USAID/BHA partners also continue to provide primary health care services, including routine vaccinations, through static health facilities and mobile medical teams serving hard-to-reach areas throughout the country.

ACAPS Report Highlights Reliance on Negative Coping Strategies in Lahij

Yemen's ongoing economic crisis and the effects of more than nine years of conflict continue to restrict access to adequate health care, nutritious food, and safe drinking water for populations in Lahij Governorate, forcing households to adopt negative coping strategies, including methods that are often difficult to reverse and detrimental over time, according to a February joint survey of more than 60 households in Al Habilin and Al Jiblah districts conducted by ACAPS, CARE, and REACH. Participating households reported that while food was available in the market, it was unaffordable, forcing them to make significant changes to their dietary intake. Nearly all of the surveyed households reported substituting high-protein or nutritious food items, such as eggs, meat, and vegetables, with more affordable and less nutritious items, such as bread, rice, and potatoes; more than 85 percent of households reported reducing meal quantity to two meals a day or significantly reducing the overall quantity of food; and more than 70 percent of households reported prioritizing children over adults when allocating food. In addition, more than 84 percent of households reported insufficient access to

water, forcing them to reduce water consumption by limiting the frequency of essential activities, such as bathing, cleaning, and cooking. Meanwhile, households reported selling assets or taking on credit to access critical health care and purchase basic necessities, with nearly all surveyed households citing economic shocks as the biggest contributor to their difficulties in accessing necessary goods and services. To meet their basic needs, some households engaged in negative coping strategies with detrimental and often irreversible consequences, including child labor, with more than one-third of households reporting at least one child in their household had dropped out of school due to a lack of sufficient income to cover education expenses. Overall, ACAPS reported that households used coping strategies almost exclusively to meet basic needs without planning financially for the future, likely causing adverse impacts—such as increasing vulnerability to further shocks—over time.

KEY FIGURES

U.S. GOVERNMENT RESPONSE



People reached with cash-for-food assistance by a USAID/BHA INGO partner in December

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 support, an international nongovernmental organization (INGO) partner supported food-insecure populations in Yemen to meet their basic food consumption needs in December by providing unconditional cash distributions and transfers for food to nearly 11,800 households in three governorates across Yemen.

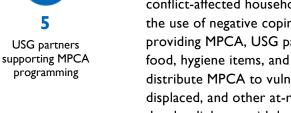
HEALTH



USG partners supporting health interventions

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 in Yemen. 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.

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. USAID/BHA partners distribute MPCA to vulnerable households, including conflict-affected, newly displaced, and other at-risk households, to help meet basic needs and develop linkages with longer-term programming. With USAID/BHA and

other donor support, IOM reached more than 1,000 households with MPCA in January, benefiting nearly 7,200 individuals across four governorates.



I 4

USG partners supporting nutrition programming

NUTRITION

USAID/BHA-supported nutrition assistance aims to identify, prevent, and treat wasting—the deadliest form of malnutrition—across Yemen. Through support for UNICEF, WFP, WHO, and 11 NGOs, USAID/BHA supports partners in preventing and responding to malnutrition, including by addressing the drivers of malnutrition. USAID/BHA partners also help reduce morbidity and mortality resulting from malnutrition, particularly among children and pregnant and lactating women, through community- and facility-level malnutrition screenings conducted by community health and nutrition volunteers, community health workers, and community midwives. USAID/BHA partners provide nutrition support through static facilities and mobile teams by integrating health, nutrition, and WASH interventions to comprehensively assist vulnerable populations. For example, USAID/BHA partners conduct hygiene promotion campaigns and ensure adequate sanitation and water supply in nutrition treatment facilities in Yemen. In addition, USAID/BHA supports the nutrition stock pipeline for moderate and severe acute malnutrition cases.



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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 seven NGOs. Through community mobilization activities, risk mitigation efforts, and specialized case management services, USG partners address child protection and psychosocial support needs, prevent and respond to GBV, and respond to other protection risks and violations. In January, a USAID/BHA INGO partner supported women and girls' safe spaces to reach more than 470 women with income-generating and life skills training in Ad Dali' and Lahij governorates, as well as approximately 350 women with GBV case management services in Marib Governorate.



People reached with IOM-supported WASH services in January

WASH

The USG supports IOM, 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 internally displaced persons (IDPs) and other at-risk populations across the country. In January, IOM's WASH teams continued to respond to new and protracted IDP influxes in Yemen. With USG and other donor support, IOM reached approximately 181,500 individuals with emergency WASH services, including the delivery of safe drinking water, rehabilitation of water supply points, and waste disposal services.

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 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 18.2 million people require humanitarian assistance, according to the 2024 HNO. Moreover, approximately 4.5 million people remain internally displaced in the country since 2015, while an additional 1.9 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 reissued a declaration of humanitarian need 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 usaid.gov/humanitarian-assistance/where-we-work