



HIGHLIGHTS

- Humanitarian organizations have reduced activities in the north due to funding shortfalls.
- The response to the 2013 YHRP is encouraging, but funding is unevenly distributed.
- Conflict has increased the need for protection of women and girls in Yemen.
- A new disease early warning system is being piloted to improve disease surveillance.
- Food availability in the March–June lean season expected to be less than in 2012.
- All 11 projects submitted for CERF funding have been approved.
- Two Gulf-based humanitarian donors have funded sanitation and education projects.

FIGURES

People without access to safe water & sanit'n	13.1 million
Food insecure people	10.5 million
People without access to health care	6.4 million
Acutely malnourished children	998,000
Internally displaced people (IDPs)	349,269
Returnees	180,000
Vulnerable migrants	100,000
Migrant/refugee arrivals in 2013	17,563

Source: UNHCR, IOM, UNFPA, WFP

FUNDING - 2013

716 million
requested (US\$)

22% funded

In this issue

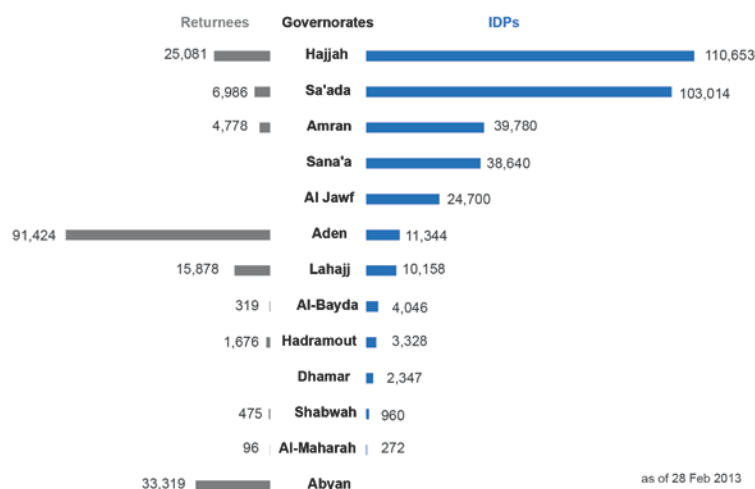
Uneven funding for clusters	P2
Food availability to decrease	P3
Challenges of gender-based violence	P4
More health programmes underway	P5
Gulf funding for education	P6

Low funding curtails aid in the north

Lack of funding reduces aid to migrants and IDPs in the north

Several humanitarian organizations operating in northern Yemen have suffered funding shortfalls since the beginning of the year, forcing them to significantly curtail programmes in the north. This reduction has particularly serious implications for internally displaced people (IDPs), refugees, migrants and other vulnerable populations with a strong presence in the north.

Returnees and IDPs by Governorate as of Feb 2013



Source: UNHCR

In Haradh, Hajjah Governorate, assistance to migrants from the Horn of Africa was reduced drastically in January after the International Organization for Migration (IOM) ran out of funds. From 3,000 free meals a day, the migrants now get 300. Even then, only the most vulnerable – women, the elderly and unaccompanied minors – receive food. Also reduced were shelter and medical referrals at the main referral centre in Haradh, where approximately 3,000 migrants congregate daily.

A water and sanitation programme managed by Care International in Hajjah Governorate could not be expanded to other areas that needed assistance because funding ran out in December 2012. In Sa'ada, the number of health centres supported by the World Health Organization has fallen from 12 to nine. In Mazraq IDP Camps, the Adventist Development and Relief Agency (ADRA) suspended health assistance for IDPs in December. Operations only resumed in March 2013 after the INGO received new funding.

In February, a lack of funding forced the World Food Programme (WFP) to temporarily reduce by half food rations for displaced families larger than seven members.

Humanitarian needs are critical in northern Yemen, especially among IDPs, migrants and refugees, as a result of continuing insecurity, landmines, disruption in livelihoods and destruction of infrastructure.

Ongoing crisis in the north exacerbates vulnerability to funding shortages

Northern Yemen faces a humanitarian crisis due to continuing insecurity, landmines, disruption in livelihoods and destruction of infrastructure after years of conflict between armed militants and Government forces. Despite the urgent need to address the threat of landmines, de-mining operations are active in only eight out of 15 districts in the north due to a lack of sufficient funding.

Approximately 278,000 people remain displaced in Sa'ada, Hajjah, Amran, and Al-Jawf Governorates, including 104,000 children below the age of 11 years. In total, more than 316,000 people were displaced in northern Yemen as of December 2012, but only 36,845 have returned home, according to figures compiled by the IDP Task Force. A January 2013 survey by the local partner Charitable Society for Social Welfare (CSSW), found that 78.5 per cent of IDPs were unwilling to return home, citing lack of security, lack of infrastructure and harsh living conditions as their chief concerns. Displaced people continue to face serious humanitarian needs that can only be met if sufficient resources are available.

IOM migrant centre struggling to cope with stranded migrants

Since January, support offered at the IOM centre for Horn of Africa migrants in Haradh has dropped significantly, leaving migrants with reduced life-saving assistance. This reduction has placed additional pressure on other area services. Currently, the Yemen Red Crescent clinic in Haradh cannot adequately handle the huge migrant caseload, and the bodies of 20 migrants at Haradh hospital morgue remain unclaimed after several weeks.

IOM assisted 5,198 migrants to voluntarily return home in 2011 and 2,815 in 2012. This year, it has so far assisted only 11 and needs \$1.125 million to support the return of 2,500 Ethiopians who are currently stranded in northern Yemen and wish to return home.

Migrant and refugee flows from the Horn of Africa to Yemen doubled from 53,000 in 2010 to over 107,000 in 2012. Most new arrivals are Ethiopians (84,000 in 2012 compared to 23,000 Somalis). The movement is fuelled by trafficking networks both in the countries of origin and in Yemen. The IOM migrant centre in Haradh was established at the request of the Yemeni Government and UN partners in 2010 to provide food, shelter and medical assistance to migrants from the Horn of Africa. The centre treated over 52,000 people between 2010-2012 for medical conditions mainly resulting from exposure to harsh environments during travel as well as physical injuries.

Encouraging donor support for some partners in 2013

Despite some partners having to curtail programmes in the north, the response to the 2013 Yemen Humanitarian Response Plan (YHRP) is so far encouraging for some clusters. As of 27 March, the \$716 million appeal had received 22 per cent of its requirements (\$158 million). However, while some clusters have received significant funding, others remain critically under-funded. Funding to date ranges from 0 per cent (for the Education Cluster) to 33 per cent (for the Shelter and Camp Management Cluster).

Funding to the 2013 YHRP as of 27 March

Funding received in millions (US\$)	Requirements in millions (US\$)	% Covered
FOOD AND AGRICULTURE 79	303.2	26%
NUTRITION 20	96.0	21%
REFUGEES & MIGRANTS 11	50.4	21%
Shelter / NFI / CCCM 10	31.4	33%
EARLY RECOVERY 3	31.5	8%
HEALTH 3	58.7	4%
COORDINATION AND SUPPORT SERVICES 2	6.4	25%
WATER, SANITATION AND HYGIENE 1	75.8	2%
PROTECTION 1	40.8	3%
EDUCATION 0	2.6	0%

* Logistics have \$1 M out of total requirements of \$1.6 M (86% covered)

as of 27 March 2013

More than 140,000 IDPs in Abyan have returned home, but their needs have increased, prompting UNHCR to launch a supplementary budget appeal of \$11.2 million.

This uneven funding has hindered cluster activities and the overall humanitarian response. The need for adequate humanitarian funding for Yemen is critical because there is an opportunity to make a difference. There exists an access capacity and a willing Government, while current stability allows for the beginning of early recovery activities.

Additional funding required as returnee needs increase

In southern Yemen, additional needs of returnees in Abyan Governorate prompted UNHCR to launch a supplementary budget appeal for \$11.2 million in March. The appeal aims mainly to provide protection services, non-food and shelter items, and re-location alternatives, among other services. The programme also seeks to de-register returnees from benefits intended for displaced people.

Today, more than 140,000 IDPs have returned to their homes in southern Yemen. The returnees, according to UNHCR, are among the most vulnerable members of the population. They include women, children and significant numbers of extremely vulnerable people, including the physically or chronically ill, the elderly and the destitute.

Needs have increased because most returnees lost property and belongings during years of conflict. In places of return, they lack basic services and livelihood opportunities that would assist them to restart their lives. Humanitarian partners in Abyan estimate that 95 per cent of homes and infrastructure were either partially or totally destroyed by conflict.



Many returnees in Abyan lost their houses during the war and are struggling to rebuild their lives (OCHA)

Less food available in next three months

April – June lean season likely to be tougher than 2012

This year's lean season, which will run from April to June, is likely to be harsher than usual. This is due to poor food production in 2012 in the areas of the western lowlands and the recovery period needed for households whose livelihoods were damaged by civil insecurity in the south.

The general situation, according to the Famine Early Warning Systems March report, will improve after June when average rainfall is expected in most cropping areas. Most Yemenis purchase 75-95 per cent of their food, but agriculture is a dominant sector in the economy, employing more than half of the labour force and providing a means of livelihood to more than two-thirds of the population.

Food security levels – determined by food consumption scores and a coping strategies index – remained the same or improved slightly in 2012 compared to 2011. This is partly due to the provision of food aid and an increasing number of people buying food on credit in some governorates. According to the Food Security Monitoring Bulletin for February, the number of severely food-insecure households declined from 31 per cent in 2011 to 27 per cent in 2012 in the governorates of Al Bayda, Al Dhale, Hudaydah, Al Mahweet, Amran, Hajjah, Ibb, Lahj, Rayma, Sana'a and Taiz.

The February report also noted several categories of people are likely to experience food insecurity in 2013. These include market dependent households, highly indebted poor families, female-headed households, IDPs, malnourished children and highly vulnerable members of poor families. The most affected governorates are likely to include Abyan, Aden, Al-Dhale, Al-Jawf, Al Bayda, Hudaydah, Hajjah, Lahj, Mareb, Sa'ada, and Sana'a



Food security levels have remained the same since 2012 (OCHA)

Food security levels have generally improved or remained the same since 2012 across Yemen, but it is predicted that less food will be available during the upcoming lean season that will run from April to June.

Over 1,000 cases of sexual and gender-based violence were reported in camps across Yemen in 2012.

These may be only a fraction of the actual cases, and perpetrators are often believed to be family members.

Abyan nutrition survey finds serious levels of wasting and stunting

The security situation in Abyan has improved, but humanitarian needs are still high, according to a survey by UNICEF and the Ministry of Public Health and Population. The survey, which was conducted in September 2012, found that although mortality was low, critical levels of wasting and to some extent underweight require urgent action. Stunting was 28.8 per cent in conflict-affected districts and 36.5 per cent in non-affected districts (slightly below the critical level of 40 per cent). The survey found that 29.4 per cent of children were underweight in non-affected districts, and 29.3 per cent underweight in affected districts. These rates are close to the WHO emergency threshold levels of 30 per cent.

Both conflict-affected and non-affected districts had difficulties accessing food, but the affected districts had significantly more vulnerable households. Only 60 per cent of Abyan households access drinking water from clean sources. The survey recommended, among other activities, the restoration of security and basic services to support returnees, rehabilitation of destroyed infrastructure and the development of an integrated response micro-plan on humanitarian needs and gaps at district level.

Increased need for protection and reproductive health for women and girls

Disturbing rates of SGBV and maternal mortality

Years of conflict in Yemen have significantly increased the need for more protection and reproductive health services for women and girls. During times of insecurity, women and girls are typically the most vulnerable group.

In 2012, over 1,000 cases of sexual and gender-based violence (SGBV) were reported in camps for displaced people in Yemen, including instances of domestic violence, sexual harassment, and forced and early marriages. Of these cases, 30 per cent of perpetrators are reportedly family members. According to UNFPA, these cases are believed to represent just a fraction of underreported cases.

Yemen has one of the highest maternal mortality rates in the Arab region, mainly due to limited access to health care (approximately 335/100,000 live births compared to 20/100,000 in Oman, 26/100,000 in Lebanon and 24/100,000 in Saudi Arabia). During the recent crisis, access to life-saving health care decreased, particularly for displaced people. Over 50,000 IDP women are of reproductive age, including about 4,000 who will give birth within six months. Of this number, some 600 women and their children will experience life threatening emergency complications during pregnancy or while giving birth.

Providing life-saving reproductive health services to IDPs

To address issues of SGBV, UNFPA focuses not only on treatment and care, but also on protection and prevention. In Abyan Governorate, nearly 1,500 women have benefitted from reproductive health services, while maternal medical supplies have been procured and pre-positioned.

In Lahj, Abyan and Haradh, over 16,000 “dignity kits” have been distributed. These packages contain basic necessities that women and girls require to maintain feminine hygiene, dignity and respect in their daily lives. Sessions to raise awareness on SGBV have been conducted 50 times targeting 1,750 IDPs. Brochures and posters were distributed. Capacity building for health workers on the clinical management of rape and psychosocial support has been organized in the three governorates.

The sensitivities surrounding sexual and gender-based violence in Yemen make it very difficult for humanitarian partners and stakeholders to capture accurate data, collect updated information and respond to the needs. Traditional and religious norms often make it difficult for humanitarian actors to intervene and provide timely support to the victims and those at high risk of being violated. This calls for better partnership among humanitarian partners and more effective coordination to ensure timely response.

Disease monitoring is a challenge in Yemen, and the electronic early warning and monitoring system being piloted in various governorates is an important strategy to improve surveillance.

Calls for empowerment on Women's Day

To mark International Women's Day (8 March 2013), the UN Humanitarian Coordinator in Yemen, Ismail Ould Cheikh Ahmed, called for recognition of the critical role that women play in society. "Yemen cannot afford to neglect the capacities, strengths, inputs, ideas, visions and uniqueness of half its population," he said in an op-ed published in local media. "The women of Yemen's voice has to be heard."

Yemen scored lowest among 146 countries on the Gender Inequality Index that was presented in the 2011 Human Development Report. The index reflects women's disadvantages in three dimensions: reproductive health, empowerment and the labour market.

In the 2012 World Economic Forum's Global Gender Gap report, which tracks the strong correlation between a country's gender gap and its national competitiveness, Yemen again ranked bottom out of 132 countries. This report contains a national gender gap index benchmarked on economic, political, education and health criteria.

Gender relations in Yemen are shaped by diverse religious, cultural, social or political traditions. The situation varies considerably between rural and urban women with regard to educational opportunities, access to healthcare, the gender division of labour, fertility levels and gender relations. Rural women in Yemen have very little space to share in decision making.



Women and girls in Yemen face many challenges as a result of traditions, cultural and social attitudes (OCHA)

Increased health programmes

Piloting disease early warning and response system

The Health Cluster has launched the disease early warning surveillance system that was developed last year. The system, called the Electronic Disease Early Warning and Response System (eDEWS) was launched in March in the governorates of Aden, Taiz, Lahj and Sana'a. It aims to strengthen the weak disease surveillance systems in Yemen.

The launch marks the pilot phase of the project and involves 100 health facilities which have been identified as sentinel sites for weekly reporting to eDEWS. More than 130 healthcare providers from selected sites and health departments in the four governorates have been trained on weekly reporting, including case definitions, disease surveillance and public health response and health information management.

In April, staff will be trained on case management and rapid response to diarrhoeal diseases and Dengue fever outbreaks, eDEWS case definitions and immediate notification system and health information management.

The online reporting system will improve disease surveillance capacity in Yemen by reducing the difficulties in data collection and collation using a novel modelling approach. This facilitates the transformation of data into actionable information, thus helping efforts to reduce morbidity and mortality.



There is a need to improve disease reporting mechanisms in Yemen (OCHA)

All 11 projects being considered for a total of \$17 million in CERF funding have been approved.

Efforts to reactivate health systems in the south

Since the intensification of the Abyan crisis in 2011, Lawder hospital has played a pivotal role in providing emergency and life-saving health services to the communities in the conflict-hit region despite limited resources. To sustain operations, a plan to rehabilitate the hospital has been developed by the Ministry of Health and WHO..

The initiative comes at a time when the Ministry of Health and its partners are discussing the activation of the Abyan Health Recovery Framework that was developed in November 2012. The focus of the framework has shifted from providing services through mobile teams to enhancing physical and operational capacity of existing health facilities.

The overall objective is to support the re-activation of the health care system in affected areas with special emphasis on maximizing access for returning and resident populations to a basic package of quality essential health services.

Various other programmes are underway in Abyan, including a needs assessment of overall health services and facilities by WHO and other partners, support to primary health care services, including measles/polio campaigns, mobile teams and fixed centres, and strengthening epidemiological surveillance and disease control.

In brief

\$17 million in CERF allocations approved for various projects

All 11 projects submitted to the Central Emergency Response Fund (CERF) by UN agencies and partner NGOs have been approved for implementation until 31 December 2013. The CERF granted \$17 million to Yemen under the underfunded emergencies window for 2013. Since January, the Humanitarian Country Team has worked on a list of priorities to ensure that the funds are allocated to sectors that are most in need.

Funding from Gulf-based partners for sanitation and education

The Arab Fund for Economic and Social Development signed an agreement with Yemen on a \$54 million project to improve sewage and sanitation systems in Sana'a. The Saudi Alwaleed Foundation will provide \$250,000 to refurbish classrooms in 15 schools and provide child-friendly spaces in Abyan, Aden and Hudaydah Governorates. The Khalifa bin Zayed Al Nahyan Foundation launched the fifth phase of its food assistance programme in March, targeting 20,000 poor families. In June 2012, the United Arab Emirates approved DH 500 million (\$136.1 million) to alleviate suffering and provide basic food necessities. The project will buy food from local markets to stimulate the economy.

\$47.2 million grant from Japan for humanitarian assistance

Japan granted \$47.2 million to Yemen, of which \$25 million will provide emergency food for 350,000 IDPs and other vulnerable people for six months, and \$8.6 million will support critical nutrition, health, water and sanitation programmes in the south. Another \$3 million will support primary health care, provide emergency medical services and respond to disease outbreaks in Abyan.

National dialogue process underway in Sana'a

The National Dialogue Conference got underway in Sana'a on 18 March, with UNHCR advocating the inclusion of IDP issues in the discussions. The meetings, which will last for six months, bring together a cross section of Yemeni society and will form the framework for a referendum on a new constitution, followed by parliamentary and presidential elections in 2014.

For further information, please contact:

Trond Jensen, Head of Office, Yemen jensen8@un.org, Tel. (+967) 712222838

Erich Ogoso, Public Information and Advocacy Officer, Yemen ogoso@un.org, Tel. (+967) 712 222 831

Signe Jepsen, Humanitarian Affairs Officer jepsen@un.org, Tel. +1 (917) 367 2334

OCHA humanitarian bulletins are available at yemen.humanitarianresponse.info | www.unocha.org | www.reliefweb.int