

HIGHLIGHTS (12 Jan 2022)

- Hunger rises in Yemen as WFP forced to cut assistance, warns of impact
- 2021 in review
- Needs persist along Red Sea while hostilities subside
- Childbirth a matter of life and death for Yemen's women and girls
- COVID-19 vaccination campaign for migrants



Health workers give children the oral polio vaccine during the UNICEF-supported immunization campaign in the Community College IDP camp in Ma'rib City in November 2021. Photo: UNICEF.

KEY FIGURES

20.7M

People in Need

12.1M

People in Acute Need

4M

Displaced People

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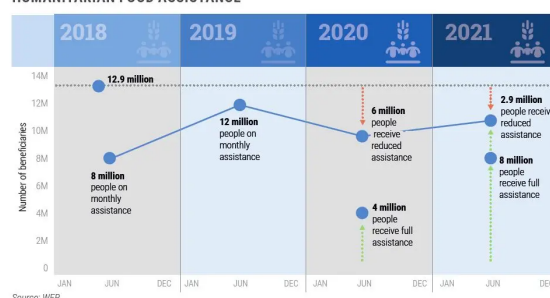
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EMERGENCY RESPONSE (12 Jan 2022)

Hunger rises in Yemen as WFP forced to cut assistance, warns of impact

The United Nations World Food Programme (WFP) warned that it is running out of funds to continue to provide food assistance to 13 million people in Yemen. From January 2022, eight million will receive a reduced food ration, while five million at immediate risk of slipping into famine conditions will remain on a full ration. In 2021, 2.9 million people received reduced food assistance, while eight million were provided with full rations.

HUMANITARIAN FOOD ASSISTANCE



The reductions come at the worst possible time for families in Yemen who are dependent on food assistance to survive. In the last three months, inadequate food consumption – one measure of hunger tracked by WFP – has risen rapidly to affect half of all families as currency devaluation and hyperinflation drive the economy to near collapse. Food prices have more than doubled across much of Yemen in 2021. Meanwhile, fighting across multiple frontlines continues to force families to flee.

“Every time we reduce the amount of food, we know that more people who are already hungry and food insecure will join the ranks of the millions who are starving. But desperate times call for desperate measures and we have to stretch our limited resources and prioritize, focusing on people who are in the most critical state,” said Corinne Fleischer, WFP Regional Director for the Middle East and North Africa.

With food assistance reductions from January, families will receive barely half of their minimum daily food needs. Without new funding, more severe reductions will soon be unavoidable. This could see people cut from food assistance programmes completely. Malnutrition treatment and school feeding for children may also be reduced.

“The Yemeni people are now more vulnerable than ever, reeling from relentless conflict and the deepening economic crisis that has pushed millions into destitution,” said Fleischer. “WFP food stocks in Yemen are running dangerously low at a time when budgets for humanitarian crises around the world are stretched to the limit. We desperately need donors, who were so generous in the past, to work with us to avoid this looming hunger catastrophe.”

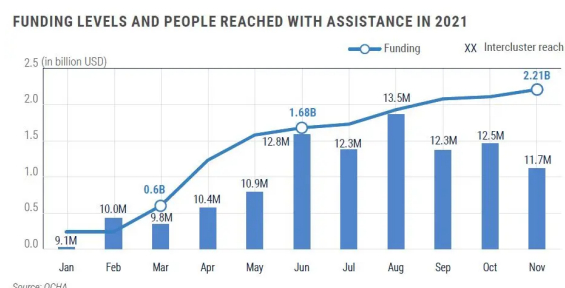
Over half the population of Yemen or 16.2 million people face acute hunger. Half the children under five (2.3 million) are at risk of malnutrition. WFP needs US\$813 million to continue to assist the most vulnerable in Yemen through May. In 2022, WFP needs US\$1.97 billion to continue to deliver vital food assistance to families on the brink of famine. Aid agencies are currently conducting countrywide needs assessments to understand the most pressing humanitarian needs in Yemen and the results will provide valuable information for strategic level decision-making, including funding requirements for the 2022 Humanitarian Response Plan.

EMERGENCY RESPONSE (12 Jan 2022)

2021 in review

As 2021 came to a close, Yemen remained one of the world’s worst humanitarian crises, with some 20.7 million people in need of some form of humanitarian assistance or protection. In 2021, the situation, which is primarily driven by conflict and an economic collapse, has been exacerbated by COVID-19, heavy rains and flooding, and escalating hostilities. Despite a critical funding shortfall and a challenging operating environment, 195 humanitarian organizations continued to deliver aid to an average of 11.3 million people per month.

Conflict intensified in Ma’rib, Al Jawf, Al Bayda, Shabwah, Ta’iz and Al Hodeidah governorates, along with continued clashes in Hajjah, Ad Dali’, Ta’iz City and adjacent areas, which challenged sustained humanitarian response and resulted in aggravated needs and further displacement. Out of an estimated 25,591 families (153,546 people) who have experienced displacement this year, nearly 13,000 families have been displaced in or to Ma’rib Governorate, according to the International Organization for Migration (IOM). With an estimated 4 million internally displaced people, Yemen remained the fourth largest displacement crisis in the world.



In 2021, Yemen's economy was subject to further shocks and macro-economic stability remained absent. Three issues combined to further destabilize Yemen's macro-economic position and push the prices of food upwards by 11 per cent in southern areas and 3 per cent in northern areas: namely, currency collapse in Government of Yemen (GoY) controlled areas in the south, escalating economic warfare over monetary policies between the north and south and restrictions on workers in Saudi Arabia. Before it improved in December, the value of the Yemeni rial in the south reached an all-time low of YER1,600/US\$ in November, down from YER717/US\$ in January 2021. As a result, food prices have more than doubled across much of the country, making basic food unaffordable for ordinary people. The protracted fuel crisis, which started in June 2020, also continued. It is estimated that the conflict will have cost Yemen US\$ 126 billion in lost production by the end of 2021, [according to UNDP](#).

With only 50 per cent of Yemen's health facilities functional, the ongoing pandemic placed additional pressure on the country's already fragile health system. By mid-December, some 10,000 cases of COVID-19 had been recorded in the south, including nearly 2,000 associated deaths. These figures greatly underestimate community spread, given the lack of testing capacities across the country. They also completely exclude cases originating from the north. Vaccination is ongoing but the vaccines made available for Yemen in 2021 fall far short of existing needs. Only two per cent of the population has been vaccinated.

Recurrent seasonal flooding continued to cause deaths, injuries and displace people from their homes, and result in losses of property, crops and crucial productive assets. In 2021, more than 34,000 families, most of them IDPs who fled conflict areas, lost their shelters, incomes and livelihoods, mainly in southern communities.

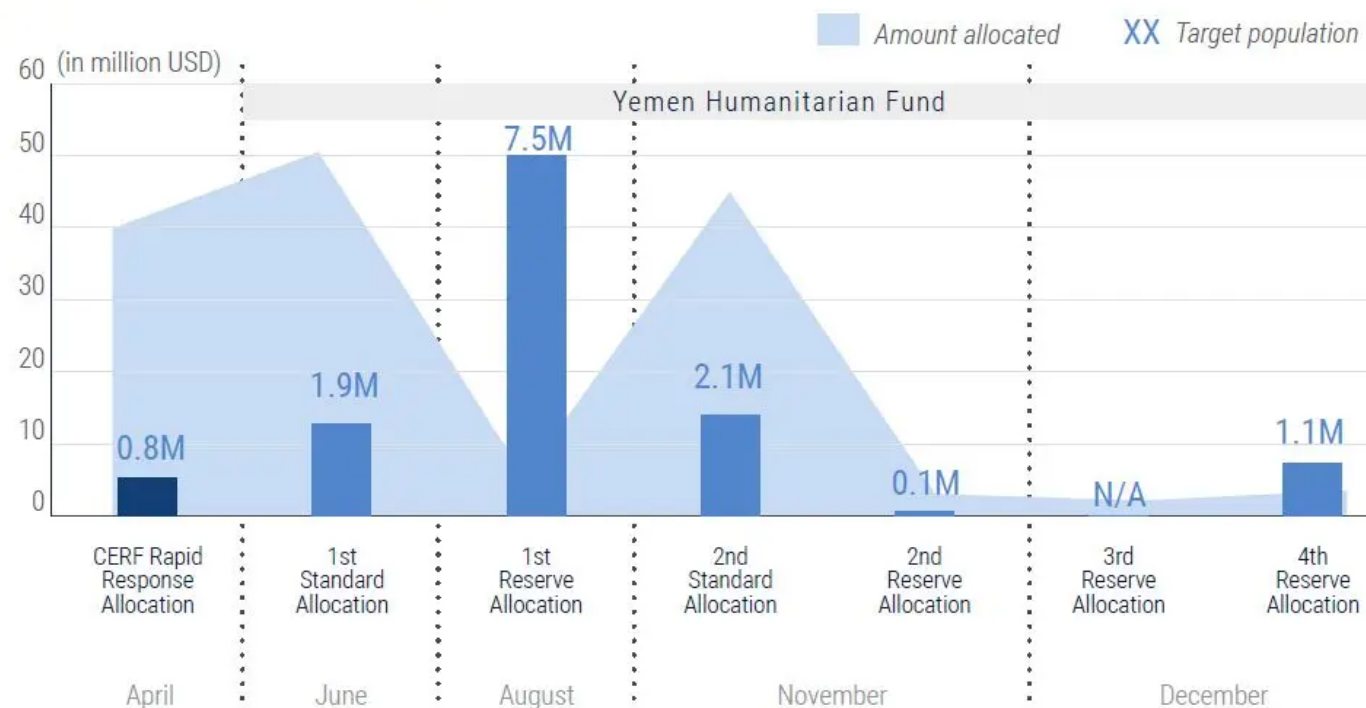
The operating environment remained challenging in 2021, but there was progress in some areas. About 2,366 cases involving bureaucratic impediments were reported between January and November 2021. The humanitarian community, led by the Humanitarian Coordinator and OCHA, stepped up advocacy with the authorities to resolve bureaucratic impediments and ensure timely, sustained and principled access to people in need. Progress was made through this coordinated engagement with the authorities, notably in reducing the backlog of outstanding NGO project sub-agreements, visas and permits; and in agreeing on the progression of countrywide coordinated assessments, including the Multi-Cluster Locations Assessment, Food Security and Livelihood Assessment and Standardized Monitoring for Relief and Transition surveys needed for the Humanitarian Programme Cycle. However, these efforts will be sustained into 2022 to enhance the timely delivery of humanitarian aid.

2021 started with Yemen on the verge of famine due to escalating conflict, economic decline and reduced humanitarian aid. To scale up response, on 1 March, the UN, in partnership with Switzerland and Sweden, convened a high-level pledging event for Yemen seeking US\$3.85 billion for the 2021 response plan to help 16 million people. A surge in donor funding after the pledging conference and other resource mobilization efforts enabled aid agencies to resume full food rations to some of the most food-insecure Yemenis in 2021, reaching nearly 13 million people with food assistance per month. While these efforts helped to push back the risk of famine and to scale up nutrition intervention, key humanitarian response sectors – including health, WASH, shelter, camp management and protection – remained severely under-funded and struggled to meet needs.

By the end of December, the 2021 response plan was only 58 per cent funded, leaving a gap of \$1.6 billion. As we start 2022, aid agencies have already raised the alarm that they are running out of funds to continue to provide food assistance to 13 million people in Yemen. From January 2022, eight million will receive a reduced food ration, while five million at immediate risk of slipping into famine conditions will remain on a full ration. Funding is urgently needed to sustain the aid operation in Yemen.

VISUAL (12 Jan 2022)

TIMELINE OF YHF/CERF ALLOCATIONS



Source: OCHA

BACKGROUND (12 Jan 2022)

Needs persist along Red Sea while hostilities subside

Armed clashes had relatively subsided along the Red Sea coast and the new frontlines in southern Al Hodeidah, which since the deployment of Government of Yemen (GoY) aligned forces in 11 November had extended from the southern border of At Tuhayta District, going eastwards through Hays and Al Jarahi districts to Jabal Ras District. However, hostilities, including artillery shelling and airstrikes, continued in several hotspots, including Al Al Haymah in At Tuhayta and in Hays, along the borders with the neighboring Jarahi and Jabal Ras districts. Fighting, including airstrikes, has also persisted in Maqbanah District in Ta'iz Governorate.

According to the GoY's Executive Unit for Displaced Persons, some 3,176 families (about 22,232 individuals) were displaced by the end of December, largely to GoY-controlled areas in Al Khukhah District in Al Hodeidah and Al Makha and other areas in Ta'iz Governorate. Most of these families were displaced following the redeployment of GoY-aligned forces from several areas in Al Hodeidah and due to the continuing hostilities in Maqbanah District. Further displacement was reported as a result of the advance by GoY-aligned forces toward Hays District on 17 November, which is now almost entirely under GoY control. The Supreme Council of the Management and Coordination of Humanitarian Affairs (SCMCHA) reported that some 6,070 families (approximately 42,490 persons) had been displaced from contested areas in At Tuhayta, Al Jarahi, Jabal Ras, and Hays districts to de facto authorities (DFA)-controlled areas in Al Hodeidah Governorate.

Humanitarian partners have been extending urgent lifesaving assistance to displaced people in both sides of the new frontlines. In Al Khukhah and Al Makha along the Red Sea coast and other areas in Ta'iz Governorate, aid partners have provided Rapid Response Mechanism kits – a package of critical lifesaving assistance to be provided to newly displaced persons within 72 hours of displacement – to a total of 2,338 families. Partners also provided NFIs and emergency shelter kits (ESKs) to 1,721 families, cash support to 1,305 families, hygiene kits to 1,515 families, and food assistance to 1,356 families. In the meantime, health partners have supported Hays Hospital with equipment and medical supplies and deployed four mobile health clinics in Al Khukhah District.

In areas controlled by the DFA, partners have by the end of December provided RRM kits to 2,236 displaced families, NFIs to 2,221 families, ESKs to 1,458 families, and cash assistance to 828 families. Health partners have deployed five mobile health teams to districts affected by recent hostilities and provided support, including operational costs, incentives for health workers, equipment and medical supplies, to several health facilities.

Needs persist as the flow of displaced people to safer areas in Al Hodeidah and Ta'iz governorates has continued, albeit at a slower pace. Moreover, situation in Hays Al Jarahi and Jabal Ras districts in Al Hodeidah and Maqbanah District in Ta'iz remains volatile, with sudden large-scale displacement remaining a possibility.

Partners delivering assistance on the ground have continued to face access and logistical challenges. Bureaucratic impediments, including interference by the local authorities and delays in granting clearances for the transport of humanitarian supplies and authorizing rapid needs assessments to verify needs, have posed challenges for partners on the ground. Mines continue to pose a major safety risk. While extensive demining activities have been reported in areas vacated by GoY-aligned forces in Al Hodeidah, aid partners have been reluctant to travel to areas on the outskirts of Hays City, despite initial reports indicating the presence of IDPs there, due to the safety risks posed by mines. The lack of NFIs and shelter supplies and the unavailability of storage capacity have also posed a challenge.

FEATURE (12 Jan 2022)

Childbirth a matter of life and death for Yemen's women and girls

Women and girls of childbearing age (15 to 49 years) are among the most acutely vulnerable in Yemen's conflict. An estimated 5 million women and girls of childbearing age, and 1.7 million pregnant and breastfeeding women, have limited or no access to reproductive health services, including antenatal care, safe delivery, post-natal care, family planning, and emergency obstetric and newborn care. Over 1 million pregnant and breastfeeding women are acutely malnourished and risk giving birth to newborns with severely stunted growth due to rising food insecurity.

One woman dies every two hours during childbirth from almost entirely preventable causes. The UN estimated that the maternal mortality ratio in Yemen in 2017 was 164 maternal deaths per 100,000 live births. This is about five times the average in the Middle East and North Africa region. The key drivers of the high maternal mortality ratio in Yemen are poor access and utilization of lifesaving reproductive health services.



A midwife holds a newborn baby after a successful cesarean section at a UNFPA-supported health facility in Aden, Yemen. Photo: UNFPA

Health facilities have inadequate qualified health care workers, particularly those needed to provide emergency obstetric care. Obstetric gynecologists, anesthetists and midwives are particularly scarce, affecting access to lifesaving caesarean operations when needed. Between 5 to 10 per cent of all pregnancies need a caesarean intervention to save the lives of the mother and/ or the newborn baby. The quality of care has continued to deteriorate due to underinvestment in health care. Referral systems are not functional in most districts. Hence, women end up dying before reaching a hospital.

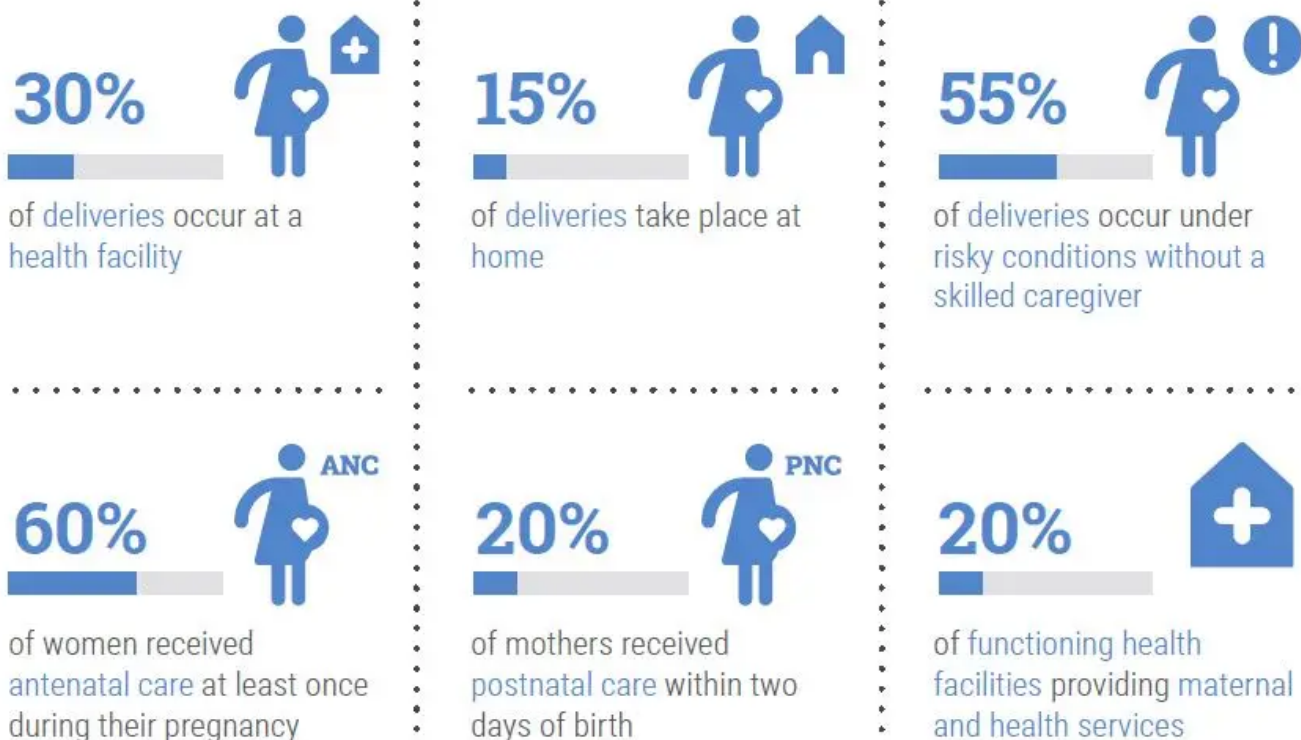
Moreover, women of reproductive age, including pregnant women, are facing challenges in accessing the reproductive health supplies and services they need due to the chronic shortage of medicines and supplies at health facilities. Medical equipment is either lacking or in a poor state as proper maintenance regimes have not been followed. Whenever there are stock-outs of medicines at health facilities, patients would be asked to buy medicines from private pharmacies. Yet, given widespread poverty caused by the protracted crisis, many are faced with the choice between buying prescribed medicines or buying food or other basic needs from the little resources they have.

Without access to lifesaving reproductive and maternal health medicines, approximately one million women estimated to deliver annually are particularly at risk. Another estimated one million women who would want to use family planning to postpone pregnancy during this crisis period would be at risk of unwanted pregnancies and consequent risks to their lives and their newborns.

As the conflict continues, maternal deaths in Yemen will increase as women and girls of childbearing age struggle to access the reproductive health services they desperately need. Funding for reproductive health, which remains severely underfunded, remains urgent not only to sustain but to scale up reproductive health services.

VISUAL (12 Jan 2022)

Maternal health services in Yemen



Source: UNFPA

EMERGENCY RESPONSE (12 Jan 2022)

COVID-19 vaccination campaign for migrants

The International Organization for Migration (IOM) has begun a COVID-19 vaccination campaign for migrants stranded in Yemen, aiming to inoculate around 7,500 people at its Migrant Response Points in Aden and Ma'rib. The vaccination campaign is implemented in partnership with the Ministry of Health and the World Health Organization with support from the governments of Germany, Finland and EU Humanitarian Aid.

IOM welcomed the Government's commitment to protecting migrants against COVID-19 and noted that immunizing people on the move is key to combatting the spread of the disease. "There are still not enough doses to protect everyone in Yemen from this disease. More support from the international community to supply the country with enough vaccines will save lives," said IOM's Chief of Mission, Christa Rottensteiner.



Anwer, an Ethiopian migrant in Yemen, receives his COVID-19 vaccine at the IOM Migrant Response Point in Aden. Photo: Majed Mohammed/IOM.

As of 31 December, there have been more than 10,000 cases reported in Yemen, including nearly 2,000 associated deaths, but these figures greatly underestimate community spread, given the lack of testing capacities across the country. Aid agencies continue to advocate for more efforts to protect vulnerable populations by ramping up vaccination efforts for people on the move. Overall, vaccination is ongoing but the vaccines made available for Yemen in 2021 fall far short of existing needs. Only two per cent of the population has been vaccinated.

Since April this year, when the Government launched its vaccination campaign, IOM has been supporting efforts by the Ministry of Health to vaccinate at-risk and hard-to-reach populations. They have also included health workers, people with chronic illnesses and elderly citizens vaccinated at IOM-supported health centres in Aden, Ma'rib and Ta'iz governorates.

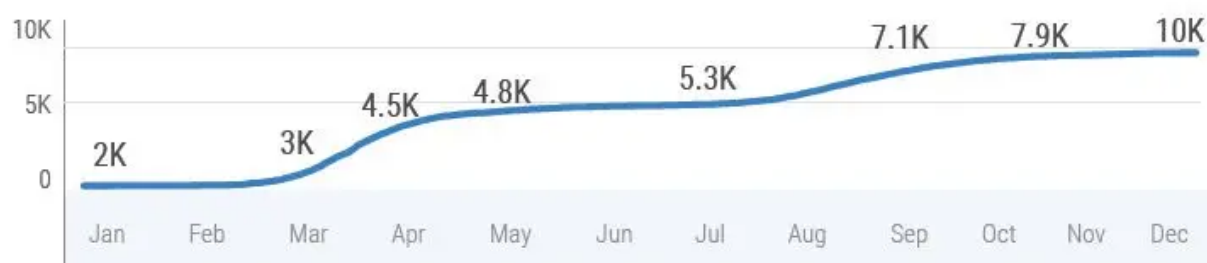
IOM has been conducting awareness-raising sessions among migrants to spread accurate information and debunk vaccine misconceptions. Vaccinated migrants will receive immunization documents which will allow them easier access to health facilities. Since the beginning of the pandemic, IOM has helped prevent the spread of the disease and provide treatment for those infected. It encouraged behaviours to prevent transmission, increased disease surveillance and testing, and secured critical supplies and personal protective equipment for health facilities. In 2021, more than 135,000 people were reached with COVID-19 awareness sessions and over 400,000 people have been screened for COVID-19 at IOM-supported health facilities throughout the country.

An estimated 36,000 migrants have been stranded on their journeys due to COVID-19-related mobility restrictions, nearly 3,500 in Ma'rib. Many are sleeping rough or in overcrowded and unsanitary accommodation where the virus can easily spread. Vaccinating against COVID-19 is even more crucial in places such as Ma'rib where ongoing conflict continues to weaken health facilities and disrupt the supply chain for medicines.

VISUAL (12 Jan 2022)

COVID-19 EPI CURVE

Cumulative figures over time 2021



Cumulative deaths over time 2021



Source: WHO

EMERGENCY RESPONSE (12 Jan 2022)

Yemen Humanitarian Fund allocates US\$50.6 million to assist people in acute need across Yemen

On 9 November, the Humanitarian Coordinator (HC) for Yemen, Mr. David Gressly, launched the 2021 Second Standard Allocation of the Yemen Humanitarian Fund (YHF). A total envelope of US\$45million was released to assist some 2.1 million people in acute need across Yemen. Out of the 59 proposals submitted by partners, 38 – totaling some \$45 million – were recommended by the Strategic and Technical Review Committees and pre-approved by the HC. These projects are in line with the allocation strategy and strategic priorities aimed for partners to (i) improve dignified living conditions for the most vulnerable IDPs in under-served IDP sites and interventions in new sites lacking services; (ii) support durable interventions through innovative programming and localized solutions in a select number of districts in Amran, Ta'iz, Al Hodeidah and Al Jawf governorates; and (iii) improve movement and access to services for affected communities through support for mine action and Rapid Response Mechanism (RRM) support.

This funding will support partners' strategic interventions within eight clusters, including Nutrition, Camp Coordination and Camp Management, Food Security and Agriculture, Education, Protection, Shelter/Non-food items, WASH, Health and the Rapid Response Mechanism. The YHF and recipient partners are currently finalizing the project review process before the HC's final approval and disbursement of funds to partners.

On 15 December, a third annual YHF Reserve Allocation was launched by the HC. \$2.1 million was allocated to WFP to support UNHAS operations in Aden, Hadramawt, Ma'rib and Sana'a governorates for three months given significant pipeline breaks. This reserve allocation funding will support the provision of UNHAS air services to humanitarian organizations in Yemen, transportation of light cargo on behalf of the humanitarian community, and provide efficient medical and security evacuations out of Yemen.

In addition, on 28 December, the HC launched the fourth Reserve Allocation of the YHF with a total envelope of \$3.5 million. A total of \$2 million will be made available to support partners' lifesaving including GBV and Protection, and WASH assistance to the most vulnerable people affected by conflict in underserved areas with high severity of needs in Al Baydah Governorate and Al Abdiyah District of Ma'rib Governorate. Another \$1 million will be allocated to support affected communities' safety and access to services through mine action clearance in Al Hodeidah Governorate. Partners have submitted their proposals, which are currently under review.

OCHA coordinates the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

<https://www.unocha.org/yemen>

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