On 6 November the Saudi Arabia-led military coalition announced a temporary closure of all Yemen’s airports, seaports and land crossings, effectively halting access to commercial and humanitarian goods to 27 million people. The blockage was announced after Houthis launched a missile from Yemen targeting Riyadh airport, Saudi-Arabia on 4 November. Yemen is heavily reliant on imports for around 80-90% of its food, fuel and medical needs.

On 13 November, Hadi government-controlled ports in Aden, Mokha and Mukalla as well as al Wadea land crossing were reopened. Al Hudeidah and Saleef ports, on Houthi controlled area, which process 80% of commercial and humanitarian imports, remain closed. Government-controlled ports cannot function as substitutes for the country’s main ports due to their limited offload and storage capacity. The location of these ports would require the crossing of conflict frontlines to reach the northern areas most heavily affected by food insecurity and cholera.

Prior to the current blockade, the Saudi-led coalition had imposed a naval blockade on Yemen's coast, and restricted travel by air, land, and sea, therefore severely restricting the inflow of commercial and humanitarian cargo for the last two and a half years. This has left the country with critically low stocks of necessary goods, reducing capacity to cope under the current conditions.

**Anticipated scope and scale**

Prolonged blockade is very likely to cause severe and rapid deterioration in the humanitarian situation. **70% of Yemenis** have **no food stocks at all** and buy food daily from the markets. Medical supplies are running critically low and fuel shortage is already affecting WASH response to contain **ongoing cholera outbreak**. Saudi Arabia has expressed a level of readiness for discussion with the UN to review the inspection mechanism, a key measure to enable reopening of Al Hudaydah and Saleef ports as well as Sana’a airport, as it is aimed to facilitate humanitarian and commercial shipments while preventing smuggling of weapons.

**Key priorities**

- **+17,000,000**
  - Food insecure (IPC 3 and above)

- **+15,700,000**
  - In need of WASH assistance

- **+14,800,000**
  - In need of health assistance

**Humanitarian constraints**

310 international humanitarian staff are stuck in Yemen due to the blockade, with no means of evacuation in case of emergency. The country-level Humanitarian Coordinator cannot enter the country to coordinate response.
Crisis impact

Beginning on 6 November, the blockade is now in its second week, and has prevented critical humanitarian and commercial supplies from entering the country. With commercial flows constrained, the cost of food, water, fuel and household goods are increasing, making the population less able to meet the cost of basic needs. Coping strategies among the population have been exhausted over two and a half years of conflict. Despite ports in the Hadi-government controlled areas being reopened for commercial cargo as of 13 November, there is insufficient capacity to process the necessary quantity of goods, and this will leave critical shortages (UNHCR 14/11/2017; Reuters 11/10/2017). Al Hudaydah port remains a key hub for meeting the import needs of the population and preventing significant deterioration.

Food: 17.1 million people in Yemen are food insecure, and reliant on continuous food aid for survival. The worst affected areas are in the south and west of the country (FEWS NET 07/2017). Prior to the blockade, Al Hudaydah and Saleef ports in the west received over 80% of goods in to the country (OCHA 13/11/2017). Aden, Mokha and Mukalla ports in the south cannot substitute for Al Hudaydah and Saleef ports. Transportation to the north of goods arriving in southern ports will cause significant delays due to increased distance. Price hikes will result from security measures, as supply routes will have to cross the frontlines of the conflict to be able to reach northern governorates. Additionally, Aden port, which is the most accessible, lacks the absorption capacity for humanitarian and commercial cargo. Its silo capacity stands at 270,000 tons, far below the monthly need of between 350,000 and 400,000 tons to cover the supply needs for the whole country, of which humanitarian imports constitute only an estimated 75,000 tons (OCHA 11/11/2017).

As of 11 November WFP estimates they have 200,000 metric tons of food stocks in country, enough to assist an estimated 6 million people until January. Without additional imports, 11 million people in need of food assistance will not be reached. Throughout November WFP was expecting a further 72,000 metric tons to be imported, half through Al Hudaydah port and half through Saleef, both of which remain closed (OCHA 11/11/2017).

Disruption to the continuous flow of goods will have a severe impact on the food security situation, potentially pushing nearly 7 million people, currently in IPC 4 (Emergency), into IPC 5 (famine). FAO and the Food Security and Agriculture Cluster (FSAC) estimate that 70% of Yemenis have no food stocks at all and buy food daily from the markets (OCHA 11/11/2017). The fall in the value of the Yemeni rial, unpaid public sector salaries, and limited livelihood opportunities have already significantly reduced Yemenis purchasing power (USAID 08/09/2017, MSF 28/09/2017). Some IDPs have started to return to their homes in frontline areas as they cannot afford to meet their basic needs in urban areas (UNHCR 14/11/2017).

WASH: 15.7 million people are in need of WASH assistance throughout the country, of which 8.8 million are in acute need. The ongoing cholera outbreak, (now over 913,000 cases with CFR 0.24%) which began in October 2016, has deteriorated significantly since April and increased the severity of WASH needs substantially. The number of new cases has been in decline for eight consecutive weeks, but a lack of WASH and medical equipment needed to control the outbreak as a result of the embargo is likely to result in a reversing of the current trend. Particularly 6 million people in the cholera high-risk districts, Amran, Al Mahwit, Al Dhalee, Abyan, and Sana’a will be affected (eDEWS 08/11/2017).

As of 11 November, the price of trucked water in Sana’a has increased by 133% since the blockade began, largely due to fuel shortages caused by the blockade (OCHA 11/11/2017). The increased cost will likely result in the use of unsafe water sources as people are unable to afford higher prices.

Health: 14.8 million people are in need of health assistance in Yemen, of which 8.8 million are in acute need. Less than 45% of medical facilities are currently functioning due to lack of fuel, medical supplies and staff (OCHA 04/2017). On 9 November, WHO was prevented from delivering 250 metric tons of medical supplies through Al Hudaydah port, due to the port’s closure. The shipment contained surgical kits, anaesthesia machines, infant incubator sets, water purification tablets and other essentials. Supplies are now running critically low. UNICEF estimates that they have trauma kits and vaccinations to last only until the end of November. Only 20 trauma kits, enough to carry out 2,000 surgical procedures, are in country (UNICEF 13/11/2017; OCHA 11/11/2017). Lack of or delay in administering vaccinations could also lead to outbreaks of diseases such as measles, diphtheria and polio among one million children who are considered at risk. Shortage of fuel and medical equipment hamper vaccine campaigns. Poor levels of malnutrition across the country increase the vulnerability of children to disease outbreaks (OCHA 11/11/2017). MSF and ICRC have also been prevented from flying vital medical assistance into the country since 6 November (The Guardian 12/11/2017).

Winterisation

Agencies have been preparing for the onset of winter, but have struggled to import the necessary goods already prior to the ongoing blockade due to import restrictions (Shelter Cluster 10/10/2017). Fuel shortages will become even more critical during the winter months, and will cause further deterioration.