



Islamic Relief
WORLDWIDE

**3 YEARS OF
WAR**

OUR VALUES

رَحْمَةٌ
C O M P A S S I O N

إِتِّسَانٌ
E X C E L L E N C E

عَدْلٌ
S O C I A L J U S T I C E

أَمَانَةٌ
C U S T O D I A N S H I P

إِخْلَاصٌ
S I N C E R I T Y



Muhammed Zulqarnain Abbas

‘With the efforts and commitment of staff, IR was able to reach the targeted beneficiaries’

Message from Country Director

More than two years of relentless conflict in Yemen has destroyed the lives of millions of people. More than 22 million people are in need of some kind of humanitarian support, with over 11 million in acute need of assistance.

Over the last three years, over 2 million people have been displaced internally in different parts of the country. They don't have refuge or a method to earn a living.

This protracted crisis is characterized by widespread poverty, unemployment, conflict, displacement, diseases outbreaks and poor governance. It is the reason for the unprecedented suffering of millions of people.

Islamic Relief (IR) has been working in 19 out of 22 affected governorates since the beginning of the crisis in 2015. We have been striving to bring resources in to the country for lifesaving humanitarian assistance, ensuring access to food, and helping create job opportunities.

During 2017 we were able to reach almost 1.7 million people through food assistance. The situation is dire 17.8 million people are food insecure, 16.4 million people need basic healthcare, and 16 million are in need of water and sanitation.

A outbreak of cholera was a serious challenge this year, 2,237 people succumbed to this fatal infection. In response to this epidemic, we worked closely with health clusters and authorities. We facilitated referrals of suffering patients to established health centres, provided medicines and medical supplies to help people fight this malady. IR was able to deal with the situation because of generous support from donors and partners.

I wish that peace and tranquility is restored in Yemen. May 2018 be the beginning of a beautiful year for us, one in which peace returns to our society.



EXECUTIVE SUMMARY

ISLAMIC RELIEF YEMEN: 2017

In addition to experiencing a large scale humanitarian crisis, Yemen has been witnessing conflict since March 26, 2015. Since then, the situation in the country has rapidly moved towards a humanitarian tragedy.

The humanitarian situation in Yemen is disastrous, and the needs of people who have been affected by conflict are increasing every single day. After almost three years of intense conflict, an estimated 22.2 million people in Yemen need humanitarian aid to survive – more than any other country in the world.

Islamic Relief launched an emergency response within 72 hours of the conflict erupting on March 26, 2015. Our emergency and development response, which includes food aid, water and sanitation, health care, orphan and child welfare, NFIs, and livelihoods has benefitted more than 2.1 million people in 2017.

Islamic Relief Yemen (IRY) Main activities in 2017:

Food Security and Livelihood: The conflict has caused a widespread food crisis in Yemen among IDPs and host communities. IRY has been providing emergency food assistance to save lives, particularly in areas where the security situation has led to blockades. The blockades have prevented access to regular food supplies and caused extreme hunger and malnutrition. This sector has also implemented several projects such as rural roads rehabilitation, water wells construction, agricultural interventions, and youth support.



EXECUTIVE SUMMARY



Health and WASH: IRY has effectively contributed to emergency responses against the Acute Watery Diarrhoea (AWD)/cholera outbreak in Yemen. The interventions were aimed at case management of confirmed cases at identified health facilities as well as prevention of further spread of the outbreak. Key interventions included the provision of appropriate medicines, medical supplies, hygiene kits, and chlorination of water sources. This sector has also included some other activities, such as the reconstruction of health facilities, and rehabilitating of water sources and supply systems.

Nutrition: In response to the high malnutrition levels in Yemen, IRY remained a key player in the provision of life-saving nutrition interventions to the most vulnerable groups (children aged 0-5 years, pregnant & lactating women) whose malnutrition rates are above the emergency threshold according to SPHERE standards. The interventions contributed to a reduction of morbidity and mortality associated to malnutrition among the targeted groups.

Protection and Child Welfare: The Orphan and Child Welfare (OCW) programme supports orphans and vulnerable children by providing monthly financial supplements and other types of assistance in the areas of education, health, and provision of critical household needs.

Seasonal Projects: Islamic Relief assists thousands of families every year through its seasonal projects like Qurbani and Ramadan. This ensures that families do not feel ignored during these important events and they have access to sufficient nutritious food.

YEMEN CRISIS

KEY FACTS & FIGURES

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

22.2 MILLION

INTERNALLY DISPLACED PEOPLE (IDPs)



2 MILLION

PEOPLE IN NEED OF WATER AND SANITATION



16 MILLION

PEOPLE WHO ARE FOOD INSECURE



17.8 MILLION

PEOPLE WHO NEED BASIC HEALTHCARE



16.4 MILLION

ACUTELY MALNOURISHED CHILDREN, PREGNANT OR LACTATING WOMEN



2.9 MILLION

REGISTERED DEATHS RESULTING FROM CONFLICT



8,757 PEOPLE

REGISTERED INJURIES RESULTING FROM CONFLICT



50,610 PEOPLE

HUMANITARIAN SITUATION IN YEMEN


Severe food insecurity, cholera outbreak, ongoing conflict, and severe economic decline has caused one of the world's most catastrophic humanitarian crises.

Yemen was already the poorest country in the Middle East when the crisis started in March 2015. Three years of continuous war has totally devastated the country. The situation has rapidly moved towards a serious humanitarian tragedy. Today, more than 22.2 million out of the 29.3 million people in Yemen are in need of some form of humanitarian assistance, including 11.3 million who need immediate life-saving aid.

Right now, 17.8 million people in Yemen are food insecure. An estimated 2.9 million children, pregnant or lactating women are acutely malnourished, of whom 400,000 children under the age of 5 are severely acutely malnourished and on the brink of dying.


About 16 million people have no access to clean and improved water sources or adequate sanitation facilities, with rural areas the worst affected. A further 16.4 million people require humanitarian assistance to meet their basic healthcare needs, with only 50 per cent of health facilities functioning.

More than 2 million people have been internally displaced. According to health facility reports, at least 8,757 people have been killed and over 50,610 injured. Hundreds of thousands of state employees have not received their salaries for more than one and a half years, which has left many families destitute.

A young child, Nora Mohammed, is the central focus of the image. She is looking upwards with a sad and pleading expression. She is being held by an adult, whose hands are visible at the bottom of the frame. The adult is wearing a metal watch on their left wrist. The background is blurred, showing the torso of another person in a white tank top. The overall tone is somber and highlights the child's plight.


Nora Mohammed, aged 18 months, lives with her mum, dad, sister and 14 extended family members in a small house. She is suffering from malnutrition. Her parents' only income is from selling firewood and the family is struggling to survive. They know that Nora needs to go to hospital, but they cannot afford the transport to get there or the cost of treatment.

22.2 million is the number of people in need and
11.3 million require immediate life-saving aid


A photograph with a blue tint showing a woman in a black niqab and a young girl in a headscarf sitting on the ground. The woman is holding a small, light-colored animal, possibly a cat. They are in a desolate, rubble-strewn environment, likely a displacement site. In the background, other people are partially visible, and a large white container is in the foreground.

More than two million people in Yemen are internally displaced. Many people have lost their homes and are now living in terrible conditions. Asia's house was damaged in a bombing attack. The windows and walls were broken, but she has nowhere else to go so she and her family continue to live there. Sometimes her children go without breakfast, because there is no money coming in. She is dependent on humanitarian aid provided by NGOs such as Islamic Relief. She said: "I dream of a house with beautiful windows and curtains and better lighting that will protect my children from the rain and the sunlight."

This is one of the largest and fastest-spreading outbreak of the cholera in modern history

A close-up, high-contrast photograph of a young girl, Rahaf Ibrahim, lying down. She has a white bandage wrapped around her forehead and a medical tube in her mouth. Her expression is somber. The background is dark and out of focus.

Rahaf Ibrahim is three years old. She and her family were displaced from Raymah Governorate and are now living in Sana'a. She was suffering from malnutrition and then became sick with acute watery diarrhoea. Her mum, Fatima, took her to the hospital where she was diagnosed with cholera and is receiving treatment alongside her older brother. Her other brother, Mohab, and both parents have all been treated for the disease and fortunately made a recovery. Fatima's husband recently informed her that another son at home has started to have diarrhoea. Fatima is desperately worried about being able to care for her children. Her husband, like so many in Yemen, has no work and they are several months behind on the rent. She is worried that they will be thrown out of their house and won't be able to afford the treatment costs.

A young boy with dark hair is lying in a hospital bed, appearing to be asleep. He is wearing a patterned shirt and a blanket. An IV drip is visible on his left arm. The bed has a metal frame and a patterned pillow. The overall tone of the image is somber and clinical.

Nabeel Saleh, aged 6, suddenly contracted acute watery diarrhoea and was in a lot of pain. His grandmother rushed him to hospital and he was unconscious by the time he arrived. She was beside herself with worry as she had no idea what was wrong with him. The doctor diagnosed cholera and he received treatment. Looking around the hospital, the grandmother was very concerned. She explained: "There are so many people who are suffering from this disease. The hospital is already full and many new patients are arriving every day. I hope my grandson and all the other children will get better soon. This conflict is making living conditions more and more difficult every day. I pray that it ends soon."

READY TO ANSWER THE CALL

ISLAMIC RELIEF YEMEN'S PRESENCE

Staff:

206 International and national staff

1,200 Volunteers

Offices:

1 Country Office in Sana'a

8 Field Offices in Aden, Taiz, Raymah, Hodeida, Amran, Saada, Marib, and Dhamar



Maintaining neutrality, impartiality and transparency gave Islamic Relief the advantage of being trusted and accepted by all parties which guaranteed exceptional access to all communities. During the past three years we were able to assist the most vulnerable populations in 19 out of 22 governorates in Yemen.

Channelling Personal Grief to Bring Solace to Many



Salem Jaafar Baobaid
Project Coordinator
Emergency Food Assistance

August 25, 2017

Yemen has suffered economic instability, political turmoil, civil unrest and conflicts for decades but the beginning of the recent conflict in March 2015 was a stark turning point for the economic, social, and humanitarian destiny of this country and for me personally.

During these extraordinary times, the challenge to survive has knocked the wind out of every citizen. Within a short amount of time, the sky became congested with bomber jets, our movements were constrained and food supplies and basic necessities became scarce.

The humanitarian situation has reached new depths and without the intervention of the international community it might have collapsed even further. The regular bombings and deliberate military tactics to shred the economy have destroyed public and private services, dragging an already weak and impoverished country to almost total breakdown.

I have been working as an aid worker for Islamic Relief in Yemen since 2010 mainly involved in emergency food distributions and delivering medical supplies to hospitals. In the last two years our programme, including food aid, water and sanitation, health care, orphan and child welfare and vocational training for young people, has benefitted 4.6 million people. Most recently, we have responded to the cholera epidemic by providing medical supplies and large tents to help the hospitals cope with overcrowding. I've put my heart and soul, and all of my experience and expertise into making sure this life-saving aid is delivered where it is needed most, often in dangerous circumstances.

But the conflict has taken a huge toll on my personal and family life. One bombing attack in mid-2015 on a suspected arsenal store close to my home marked the beginning of the physical and psychological horrors of war for my family.

The explosions were like something you could never imagine. The ground underneath shook as if we were experiencing an earthquake. Doors and windows were wrenched from the walls and glass was scattered everywhere.

The women and children were absolutely terrified and their screams were all around us. Women ran out of the houses unveiled and children were floundering about desperately looking for their families and safety. My youngest children were shivering in my arms. My wife lost her ability to speak and remained that way for almost a week. It was a strange feeling, fleeing our nice warm home and finding ourselves in the open air with nothing and no idea what to do next to ensure our safety. In just a single moment our neighbourhood became like a ghost town.

Within a year we were forced to move four times in a bid to find somewhere safe to live. However as the bombings became more and more frequent and widespread, this became impossible. My wife's health dramatically worsened during this time.

Throughout these personal challenges I continued with my humanitarian commitments to deliver aid to affected communities across the country. My wife was diagnosed with an auto-immune liver infection. Supported by Islamic Relief I did all that I could to help my wife recover from this disease. But unfortunately, some aspects were beyond our control. Her condition requires a complete state of mental/physical rest and no stress, panic and anxiety, but she was petrified and psychologically disturbed by the continuing bombing attacks. Her illness could have been cured with 18 months of continuous medical treatment, but the drugs were not always available because of the crisis.

She suffered for two years and then tragically passed away. Even though there is no doubt that this is her written fate by almighty Allah since her very first second in life, I still believe the ongoing crisis played a significant role in the tragic ending of my wife's life.



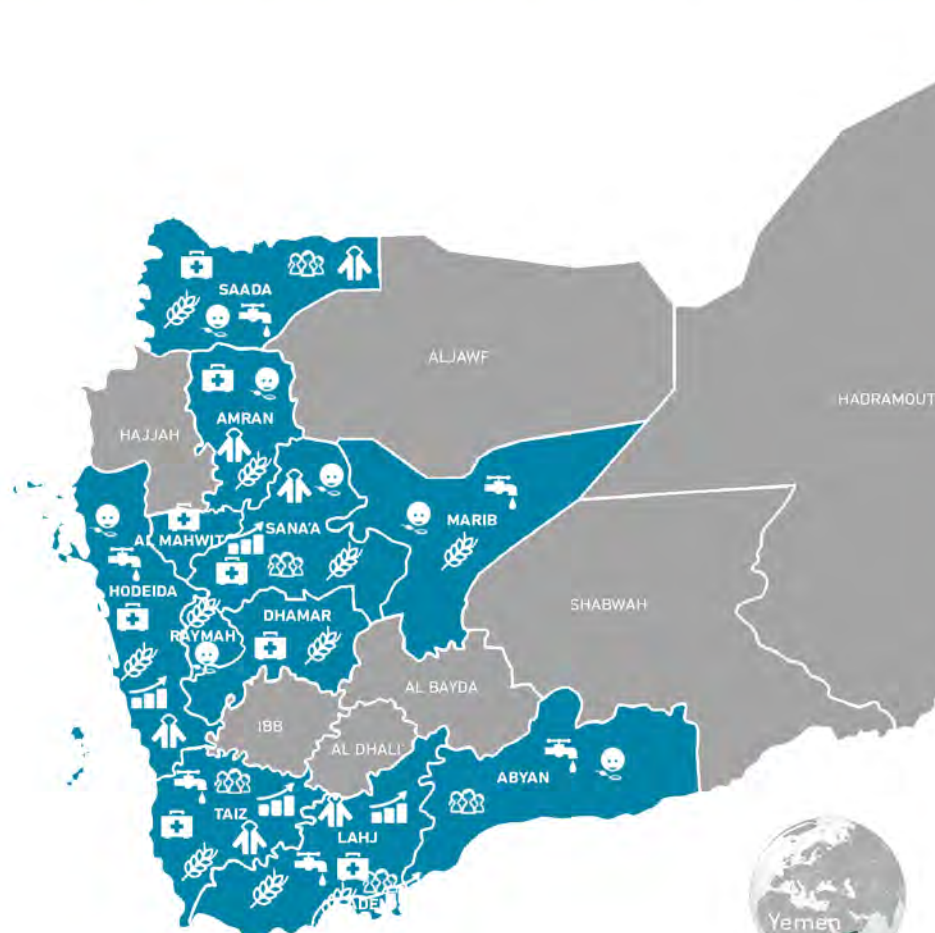
She was a loving wife, mother, and she was everything to me. Her death has left a deep grief engraved in my heart that will be there for the rest of my life. However, my spirit for humanitarian work has grown bigger and stronger. Every step I take to save lives conveys spiritual messages to my soul that the sacrifices I made to make people happy will be a great mercy of Allah and reward to the pure soul of my late wife.

I am so grateful to Islamic Relief who stood by me during this difficult time. This gave me lot of encouragement and support to continue my efforts to serve humanity, in spite of my personal problems.

This tragedy may remain entombed in my broken heart for life. However, devoting most of my time to help people in need has shown me how important it is to carry on and do everything I can to put smiles on the faces of highly vulnerable people in this country.



AREAS OF ISLAMIC RELIEF INTERVENTIONS 2017



No.	Governorate	Type of Intervention
1	Sana'a	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
2	Aden	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
3	Taiz	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
4	Hodeida	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
5	Dhamar	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
6	Saada	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
7	Mareb	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
8	Amran	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
9	Abyan	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
10	Rayma	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
11	Lahj	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition
12	Almahweet	Food Security, WASH, Health, Livelihoods, Protection & Child Welfare, Non-food Items, Nutrition

Food Security
 WASH
 Health
 Livelihoods
 Protection & Child Welfare
 Non-food Items
 Nutrition

3 YEARS OF WAR



WE'VE PROVIDED EMERGENCY
FOOD ASSISTANCE TO
1.7 MILLION
PEOPLE

OUR WASH ACTIVITIES
HAVE PROVIDED FOR OVER

128,000
PEOPLE

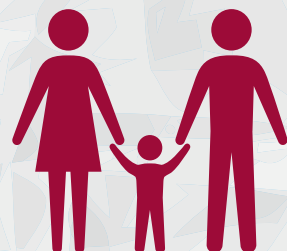


WE SAVED **38,285** PEOPLE
FROM MALNUTRITION



OUR HEALTH
PROJECTS
HAVE HELPED OVER **56,700**
PEOPLE

2,700 ORPHANS
SPONSORED



WE DISTRIBUTED
WINTERISATION
ITEMS TO
11,770
PEOPLE

WE TRAINED AND PROVIDED
QUALIFICATIONS FOR

9,289
PEOPLE IN ORDER
TO HELP THEM EARN
AN INCOME

CHALLENGES

- The security situation is uncertain due to ongoing conflict.
- Availability of relief items in the local market, and difficulties in importing due to blockade of seaports and airports.
- Economic obstacles: instability of currency exchange rate, cash unavailability in banks, and employee salaries cut off.
- Absence of unified policies and procedures in different geographical areas.
- Unclear coordination mechanism with stakeholders.
- Supply chain break down in food and nutrition commodities.
- Reduced attention from global community and international media.
- Access to most vulnerable communities in different geographical areas is more difficult than ever before.
- Frequent movement of IDPs from one place to another.
- Delayed donors responses to emergencies such as cholera outbreak in September 2016.
- Delays in signing and approval of sub-agreements have led to delayed delivery of humanitarian aid to affected communities.
- The frequent fluctuations of the Yemeni Rial witnessed in 2017 severely affected procurement of project supplies as vendors feared incurring losses during the procurement period.





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