YEMEN  The man-made humanitarian crisis in Yemen continues to deteriorate. Driven by widespread food insecurity, an unprecedented cholera epidemic and continuing violence, the number of people in need of humanitarian assistance has increased by two million to 20.7 million, including 9.8 million who are in acute need. About 17 million people are food insecure – a 21 per cent jump over 2017 HNO estimates – 6.8 million of whom are severely food insecure. About 1.8 million children and 1 million pregnant or lactating women are acutely malnourished, including 385,000 children under age 5 suffering from severe acute malnutrition. More than 650,000 suspected cholera cases have been reported since 27 April, with more than 2,000 associated deaths. Some 128 national and international humanitarian partners are providing assistance in all 22 governorates, and have reached about 7 million people since January 2017. However, the revised 2017 Yemen Humanitarian Response Plan (US$2.3 billion) is only 42 per cent funded.

IRAQ  Millions of Iraqis are still in displacement. IDPs, Gender-Based Violence (GBV) and separated children remain to be the most critical protection concerns. As of August 2017, there were 829 unaccompanied and 4,776 separated children. While most of the unaccompanied children were reunited with families or placed in kinship care, there are children still in alternative care options. As of August 2017, child protection actors supported 427,758 children and adolescent, showing signs of psychological distress and violent behaviour, with structured and sustained psychosocial support activities.

To help females exposed to physical, sexual and psychological violence, GBV partners have continuously mobilized the community and camp partners against GBV reaching 102,835 people (14,503 men, 34,466 women, 21,316 boys and 32,550 girls) in August 2017. Health actors continue to provide medical services including 30,054 vaccinations to children.

LIBYA  The protection crisis in Libya is characterised by alarming levels of gender-based violence (GBV) and grave violations of children’s and women’s rights. Women and children have particularly suffered in this crisis and have been victims of physical and sexual violence. Reports show that ISIL groups used women as human shields in the besieged city of Sirt.

Women are also demonstrably and significantly worse off as health facilities including obstetric and neonatal care deteriorate further. Lack of security, displacement and the need for protection have prompted parents to remove girls out of school in many parts of Libya and, as a last resort even arrange their marriage at a very young age. Armed conflict and the resulting humanitarian crisis have affected girls and women also had an important impact on vulnerable children, depriving them of access to basic social services.

Thousands of children, girls especially, are no longer attending school in different parts of the country because the schools are not functional, having been damaged by armed conflict or are now in use as shelters for IDPs.

SYRIA  Gender-based violence remains prevalent in women and girls’ lives. Sexual violence, child marriage and domestic violence, as well as violence within the family continue, disproportionately affect women and girls. Significant challenges, notably limited access for protection actors and lack of trained staff, stand in the way of ensuring that GBV specialized services are widely available. Furthermore, social stigmas and fear of reprisal often discourage GBV survivors from reporting incidents, with incidents of GBV likely under-reported (MRM4Syria, June 2017). Children continue to bear the brunt of the conflict, comprising close to 50 per cent of people in need in Syria. Recruitment and use of children in armed conflict, particularly adolescent boys, is reportedly occurring, with 16 per cent of the 300 cases of child recruitment verified by the MRM4Syria in the first six months of 2017 involving children under the age of 15, and therefore prohibited under IHL.

Child labour remains a concern, with 82 per cent of communities across Syria perceiving the occurrence of child labor within their communities, with almost 65 per cent of communities perceiving this as a common issue.

OCCUPIED PALESTINIAN TERRITORY  The humanitarian context in oPt continues to impact men, women, boys and girls differently. During the reporting period, the increasingly worsened energy crisis in Gaza has contributed to an increase in women’s vulnerability and stretched households’ coping mechanisms. Frequent electricity cuts have contributed to a deterioration in the already challenged access to basic services, including access to maternal and neonatal healthcare. In communities affected by conflict, fragmentation and displacement, the incidence of intimate partner violence, sexual abuse and early marriage is on the rise, while access to GBV services (legal aid and psycho-social support) remains limited. There are concerns that the ongoing energy crisis in Gaza may be contributing to an increase in the risk of GBV. Women in the oPt continue to be particularly disadvantaged with regard to their limited share of agricultural holdings and the limited economic opportunities available for women to generate income. This disadvantage restricts women’s ability to contribute to household food security and also increases the vulnerability of women and female-headed households to food insecurity and malnutrition. Restricted access to education and ongoing exposure of school children to violence increase the risk of rising school dropout rates, especially amongst girls in remote areas. Also, evidence points to an increase in negative coping mechanisms amongst vulnerable communities, including the risk of early marriage for girls and denial of the right to education. Inadequate WASH facilities expose women and girls to threats and burdens associated with meeting their personal hygiene needs, undertaking basic domestic chores, and managing household water needs, including in their duty of care towards securing the needs of children, people with disabilities, the elderly and the chronically ill.