



Yemen Humanitarian Situation Report

unicef 

Highlights

- UN Secretary-General Antonio Guterres announced on the 16 February that former British diplomat Martin Griffiths would be the new UN Envoy for Yemen. Griffiths previously served as an adviser to three special envoys to Syria.
- The killing and maiming of 53 and 92 children respectively, was documented and verified this month, in 12 governorates. Child casualties have also increased by three-fold in Al Hudaydah since previous month.
- The number of diphtheria cases continued to rise this month with a total of 1,216 probable cases reported and 73 associated deaths, a case fatality rate of 5.9%.
- UNICEF and partners continued supporting the scale up of Community Management of Acute Malnutrition (CMAM) programme and the cure rate has now increased from 77% to 85%, with nearly 10,000 children receiving treatment in February.
- UNICEF developed an Integrated Cholera Response, Preparedness and Prevention plan for 2018-2019 that will guide health, WASH and C4D cholera interventions and aims at being prepared for a potential 500,000 cases of AWD/cholera.

UNICEF's Response with partners

	UNICEF		Sector/Cluster	
	UNICEF Target	2018 Results*	Cluster Target	2018 Results
Nutrition: Number of children under 5 given micronutrient interventions (MNPs)	730,000	23,384	730,000	23,384
Health: Number of children under 5 receiving primary health care	1,500,000	130,361		
WASH: Number of people gaining access to emergency safe water supply	800,000	140,450	1,703,359	373,811
Child Protection: Number of children and caregivers in conflict-affected areas receiving psychosocial support	594,937	60,633	682,268	78,820
Education: Number of affected children receiving psychosocial support services and peace building education in schools	429,000	34,923	1,000,000	37,276

February 2018

11.3 million

of children in need of humanitarian assistance (estimated)

22.2 million

of people in need
(OCHA, 2018 Yemen Humanitarian Response Plan)

1 million

of children internally displaced (IDPs)

4.1 million

of children in need of educational assistance

400,000 # of children under 5 suffering Severe Acute Malnutrition (SAM)

16 million # of people in need of WASH assistance

16.37 million # of people in need of basic health care

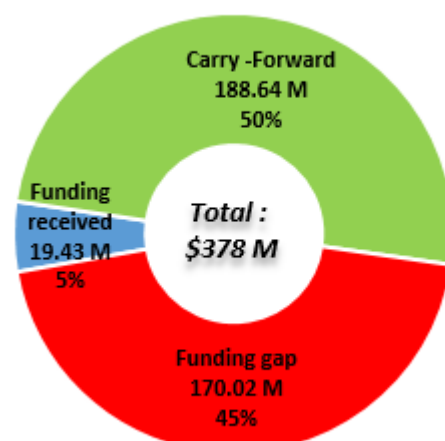
UNICEF Appeal 2018*

US\$378 million

Funding Status**

US \$ 208 million

Overall 2018 Funding Status



*The UNICEF funding for 2018 is per a revised Humanitarian Action for Children appeal soon to be published by UNICEF.

**Funds available include funding received for the current appeal year as well as the carry-forward from the previous year and additional multi-lateral funding.

Situation Overview & Humanitarian Needs

The UN Secretary-General Antonio Guterres announced on the 16th February that former British diplomat Martin Griffiths would be the new UN Envoy for Yemen. Griffiths previously served as an adviser to three special envoys to Syria.

Whilst there were no significant changes in the conflict lines in February, the situation has remained volatile, particularly in Al Hudaydah, Sa'ada, and Aden governorates. Violence is raging along the western coast, with the frontline moving north, and resulting in 100,000 new displacements this month. Internally displaced people (IDPs) move north from Mokha towards Al Hudaydah and Haiz and some displacements are also taking place further south. The continuation of the conflict has led to a challenging operating environment, and poses ongoing threats to movement, making the delivery of supplies difficult and hindering monitoring visits.

The killing and maiming of 53 and 92 children, respectively, was documented and verified this month in 12 governorates.¹ Child casualties have increased by three-fold in Al Hudaydah. Cases of recruitment and use of children in armed conflict are still under verification yet thus far, the Country Task Force of Monitoring and Reporting documented and verified 19 cases of recruitment and use of boys in 11 governorates in February. Additionally, five attacks on schools and hospitals were verified in Taiz compared to two attacks in January. Meanwhile, nearly three quarters of public school teachers, mainly in the north of the country, have not received their salaries in over a year. This has disrupted schooling and contributed to a 20 per cent increase in the number of out-of-school children, from 1.6 million before the war to 2 million today.

With 18,470 new cases of acute watery diarrhea (AWD)/suspected cholera in February, the number of new cases continues to gradually decline (the weekly number of cases has decreased again for the 25th consecutive week). Despite this, the risk of another outbreak looms large with the rainy season expected to begin in parts of the country by April. UNICEF's new focus in the AWD/suspected cholera response will now be on response to IDPs on the frontlines of conflict. In addition to this, there has been a sharp rise in the cases of diphtheria in the country. By the end of the month, a total of 1,216 probable cases were reported with 73 associated deaths, a case fatality rate of 5.9%.²

Estimated Affected Population in Need of Humanitarian Assistance <i>(Estimates calculated based on Humanitarian Needs Overview, December 2017)</i>					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	22.2	5.5	5.4	5.8	5.5
People in acute need ³	11.3	2.8	3.7	3	2.8
Internally Displaced Persons (IDPs)	1.98	0.42	0.46	0.56	0.54
People in need of assistance – WASH	16	3.95	3.9	4.16	4.4
People in need of assistance - Health	16.37	4	4	4.3	4.1
People in need of assistance – Nutrition	7.02	0	2.3	2.4	2.3
People in need of assistance – Child Protection	6.53	-	-	3.34	3.19
People in need of assistance – Education	4.1	0	0	1.84	2.3

Humanitarian leadership and coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), leading the WASH, Education and Nutrition Clusters and the Child Protection Sub-Cluster, and is an active member of the Health Cluster. Sub-national level Clusters for WASH, Child Protection and Nutrition are functional in all five field offices (Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb), and Education sub-national Clusters are active in Aden, Ibb and Al Hudaydah. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF monitors programme implementation through field staff—where access allows—or through a third-party monitoring partner.

UNICEF also leads the Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates of Aden, Abyan, Hodeidah, Lahj and Hajja.

¹ The Country Task Force on Monitoring and Reporting of Grave Child Rights Violations.

² Daily Diphtheria Outbreak Report, Electronic Disease Early Warning System, 1 March 2018.

³ Acute Need: People who require immediate assistance to save and sustain their lives.

Humanitarian Strategy

UNICEF's humanitarian strategy is guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans, as detailed in the 2018 Yemen Humanitarian Response Plan (YHRP). Considering the collapse of public services, UNICEF aims to improve access to primary healthcare by providing supplies and capacity building of staff. The scale-up of community management of malnutrition remains essential, especially in hard-to-reach areas. UNICEF's WASH strategy is integrated with nutrition and food security to target immediate needs and strengthen long-term resilience of communities. The integrated WASH, Health and C4D AWD/cholera prevention and response plan focuses on high-risk acute watery diarrhea (AWD) areas, diarrhea treatment, chlorination of water sources, rehabilitation of waste water systems and hygiene awareness. In Child Protection, UNICEF targets the most vulnerable children in conflict-affected governorates with interventions including victim assistance, family tracing/reunification, documentation of child rights violations, mine risk awareness and psychosocial support (PSS). UNICEF also aims to provide a conducive environment and improve the quality of education to avoid further student drop-outs and retention of out-of-school children in education by rehabilitating damaged schools and establishing temporary safe learning spaces.

Summary Analysis of Programme response

AWD/cholera Response

With 18,470 new cases of AWD/suspected cholera in February, the number of new cases continues to gradually decline (the weekly number of cases has decreased again for the 25th consecutive week).

The UNICEF-led WASH rapid response teams (RRT's) responded to newly reported cases, reaching 138,000 people at the household level through provision of consumable hygiene kits, chlorine tablets, disinfection of water storage tanks and hygiene awareness sessions, preventing further spread of the disease amongst those communities. At the community level, UNICEF continued water disinfection of private water sources and conducted water quality monitoring, ensuring that it is safe to drink and benefiting 400,000 people.

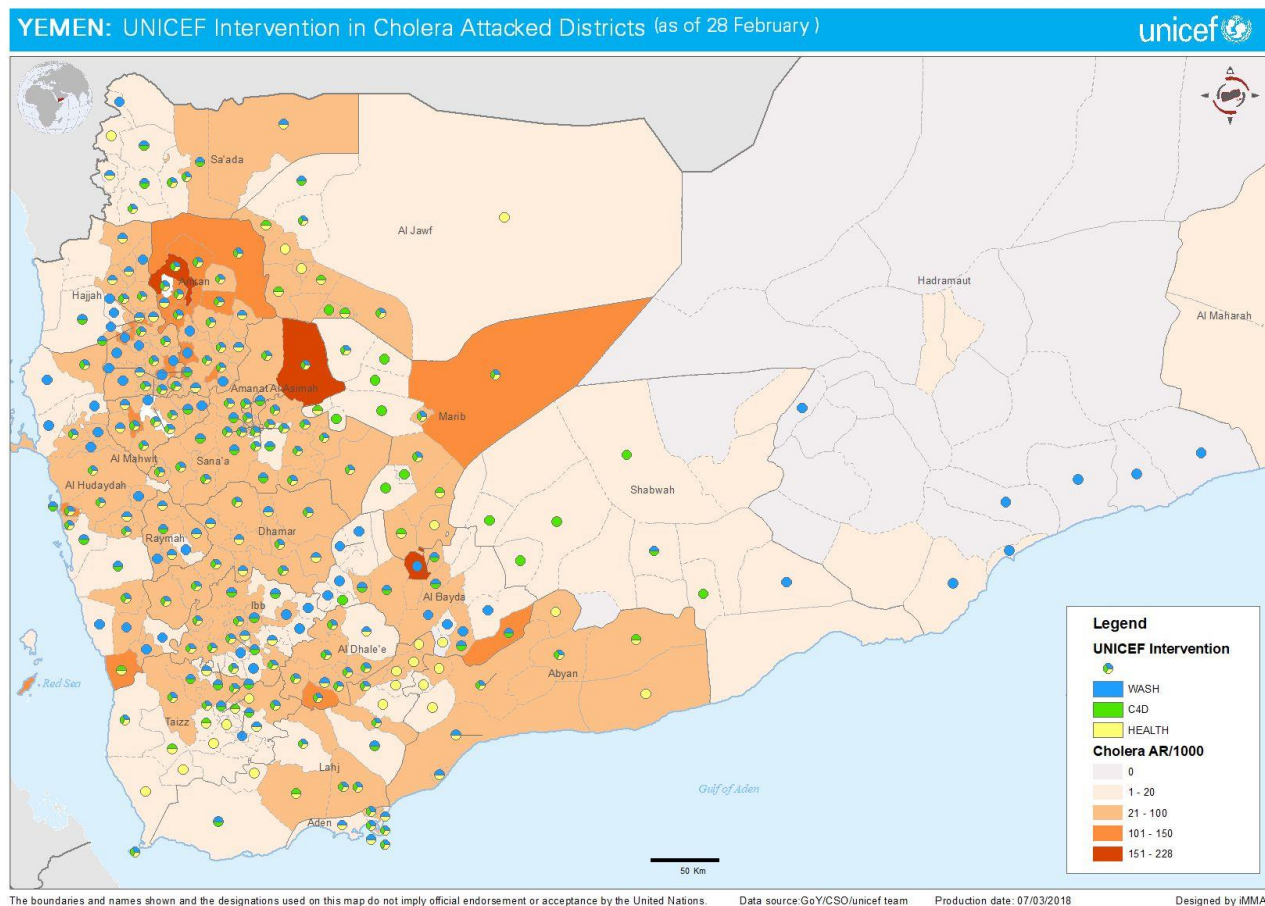
Together with Health Cluster partners, UNICEF has been engaging in health systems strengthening and preparedness, specifically, the initial transitioning of cholera treatment facilities into facilities which provide a comprehensive health and nutrition services to fulfil the Minimum Service Package (MSP) aligning to the health cluster's strategy.

The WASH Cluster has been working with partners to map the cholera preparedness capacity available and also conducted a lesson learned workshop on the cholera response, with recommendations made to inform the 2018 response.

An inter-agency Integrated Cholera Strategic Plan has now been developed for 2018, and provides a guidance to all stakeholders in terms of the key priority interventions to be prepared for, respond to a new spike, and prevent further AWD outbreaks in Yemen. UNICEF and WHO are working together to support the Oral Cholera Vaccination (OCV) campaign targeting 2.1 million people in high risk districts and groups in the coming months ahead of the rainy season, expected to begin in late March.

UNICEF has developed an internal Integrated Cholera Response, Preparedness and Prevention plan for 2018-2019⁴ that will guide UNICEF's health, WASH and C4D cholera interventions. UNICEF aims at being prepared for 500,000 potential cases of AWD/cholera, and has prepositioned most of the supplies required and begun a process of procurement for those which are not currently available. Finally, UNICEF is also finalizing standby agreements with implementing partners in the 16 priority governorates for the cholera response. These can be immediately activated if and when needed.

⁴ The initial draft is currently under review and may be adapted with emerging needs.



Health and Nutrition

During the reporting period, UNICEF and partners continued supporting the scale up of Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, mainly WFP and WHO. The cure rate has now increased from 77% to 85%. Cumulatively, since the beginning of 2018, a total of 124,418 children aged 6 to 59 months were screened for severe acute malnutrition (SAM) and out of these, 9,896 children were treated for SAM in the month of February. Furthermore, 15,459 and 4,175 children 6 to 59 months received micronutrient interventions, multiple micronutrient powder (MNP) and Vitamin A respectively.

The Nutrition cluster has also now developed a plan to scale-up the by increasing the number of Therapeutic Feeding Programmes from 49 to 91. Plans are also underway for scaling up SAM and moderate acute malnutrition (MAM) treatment, with exact targets to be defined. Mobile teams will be scaling up from 113 to 200.

The health response in February vaccinated over 35,000 children against polio. To support this programme, UNICEF helps maintain the cold chain and this month 107,000 litres of diesel were distributed to keep the cold rooms functioning at both the central and governorate level.

In partnership with the Ministry of Public Health and Population (MOPHP) and WHO, UNICEF will support a six-day diphtheria vaccination campaign to combat the diphtheria outbreak in Yemen in 38 high risk districts during March. In



preparation for this, a total of 6 million doses of Tetanus/Diphtheria (Td) and 2.7 million doses of (DTP-Hib-HepB) Penta vaccine were procured and delivered to the national vaccine cold rooms during the reporting period.

As part of its efforts in ensuring accountability to Yemeni children and women and their engagement, UNICEF conducted a beneficiary satisfaction survey for its Health and Nutrition interventions targeting 1,068 primary health care facilities through a third party. The results revealed that 93% are happy to re-visit the health facility if a need arises, however it also revealed that beneficiaries are paying fees for services, especially in Aden, Sana'a city and Al Mahra governorates. UNICEF is exploring more information on why they are paying and what UNICEF can do to address this, including through proposing mitigation measures to support vulnerable families to cover transportation costs, for example.

Water, Sanitation and Hygiene (WASH)



Al Washal water system – Barat Al Anan district in Al Jawf © UNICEF Yemen/2018

urban areas, both host communities and internally displaced persons (IDPs), through the operationalization of the water supply systems with the provision of fuel and electricity. Furthermore, UNICEF initiated the rehabilitation of three urban water supply schemes and twelve rural water projects which will also contribute to improved access to safe drinking water to nearly 1 million people.

Responding to the influx of the new IDPs due to the ongoing crises, UNICEF supported 140,500 IDPs, vulnerable groups and other affected communities with emergency water supplies through water trucking, distribution of family basic hygiene kits and hygiene promotion and cholera prevention awareness raising activities.

Child Protection

27,226 conflict affected people, including 22,694 children, were reached with psychosocial support through community based and mobile child friendly spaces (CFS) in 11 governorates. During these activities, 16,678 people, including 7,086 children, were reached with knowledge and skills on protection during emergencies.

UNICEF continued to provide lifesaving information to conflict affected children and their care givers through school and community based Mine Risk Education (MRE) activities. In February, 217,110 people, including 170,719 children, received life-saving information on the risks associated with mines, unexploded ordnances and explosive remnants of war. Through the case management programme, 865 cases of vulnerable children (347 girls and 518 boys) were identified and 634 children (263 girls and 371 boys) were subsequently referred to individual counselling and child protection services (mainly legal, psychosocial support, education services, medical services, birth registration services, family tracing and reunification, economic empowerment and livelihood support). In February, UNICEF continued to support the referral and provision of specialized health services to children with injuries and disabilities, including facilitating access to services for the most vulnerable children by facilitating transportation and accommodation. As a result, 36 children (31 boys; 5 girls) were provided with medical and other services.



Rashid*, 12 years old, is from Ethiopia. In search of work, he travelled to Yemen, all alone, hoping to make it to Saudi Arabia. Unable to trust anyone and in constant fear of detention, Rashid arrived in Ataq (a city in the south) hungry, exhausted and distressed. Luckily the Steps Foundation CFS team, supported by UNICEF, found him and offered support. Rashid called his family straight away. He is now regularly visiting the CFS, and has made many new friends. Whilst he is still determined to continue his journey to find work to support his family, he now has a hotline to call, in case he decides to return voluntarily to Ethiopia.

*Name changed

Education

UNICEF provided 22,399 children with basic learning supplies in February, including school bag kits. Additionally, 174 community based classes were supported with white boards and floor carpets so that children could sit down, benefitting nearly 5,000 children.

During the reporting period, 4,986 children were provided with a better learning environment with the rehabilitation of 10 schools in Sana'a. 2,746 teachers and supervisors in Aden, Taiz, Hodeida and Sada'a were trained on knowledge and skills enhancement and are now equipped to facilitate learning for 84,000 children. In Ibb, 174 teachers were trained on psychosocial support and peace building education and are now able to attend to the needs of 6,923 conflict affected children. Additionally, in Ibb, 175 members of Father Mother Councils in 10 schools received training on enhanced community mobilization and improved school environment while 40,639 children received a soap bar for improved hygiene practice.

Nearly three quarters of public school teachers, mainly in the north of the country, have not received their salaries in over a year. This has disrupted schooling and contributed to a 20 per cent increase in the number of out-of-school children, from 1.6 million before the war to 2 million today. To address the issue of non-payment of salaries (which has affected 12,240 schools in 13 northern governorates), UNICEF has stepped-up advocacy efforts with the authorities on the right to education. The Education Cluster continued to advocate with donors and the Ministry of Education, as meetings took place in Beirut at the end of the month.



Closing ceremony of a mobile CFS, Almisrah District Taizz Governorate
©UNICEF Yemen/2018

Social Inclusion

In February, UNICEF continued designing and preparing the launch of an Integrated Model of Social and Economic Assistance (IMSEA). The model is based on case management, and focuses on three main components: (i) social transfers (in-kind and cash), (ii) social services (health, nutrition, education, WASH, child protection etc.), and (iii) other inputs, including skills training for young people and women, micro-finance development projects, community engagement and development activities. The needs assessment tools were finalized this month, and training for data collectors took place. 20,000 households are expected to be covered in March.

During the reporting period, UNICEF also supported the Ministry of Planning and International Cooperation to publish the Yemen Socio-Economic Update (YSEU) "Whither Yemen's Economy". This issue indicated that 2017 was the most difficult year since the conflict escalated in 2015. As a result, the human, physical and economic cost of the ongoing conflict is increasing day by day. The issue also highlighted the urgent need to expand humanitarian assistance for the poorest and

conflict-affected, with a focus on supporting livelihoods, paying salaries to public employees, expanding cash transfers to reach the most vulnerable, and providing operating expenses for the basic social services. UNICEF also provided technical assistance to UNDP's and World Bank initiatives on payment of incentive schemes and public sector salaries respectively.

Communications for Development (C4D)

This month, UNICEF's C4D key intervention was the response to the diphtheria outbreak. A campaign has now been developed, in partnership with the Ministry of Health and Ministry of Information, and the vaccinations will begin March. The interpersonal communication and mass-media activities supporting and promoting this are already underway, including, for example, TV and radio broadcasts on the diphtheria outbreak and promoting parents to complete the doses in the routine vaccination for their children. An animation video on diphtheria was also broadcasted 3 times per day by the targeted media outlet, approximately reaching 1,800 air times during the month, in addition to disseminating the video on social media platforms, including Facebook, Twitter and WhatsApp groups. The animation video focused on the cause, symptoms and prevention of diphtheria and the importance of vaccination. Overall this month, media activities reached approximately 15 million people.

Supply and Logistics

In February, the total value of supplies delivered amounted to US\$ 3,287,837.63 with a total weight and volume of 112 metric tons and 535 cubic meters respectively (this included vaccines, cholera testing kits, medical kits and nutrition and WASH supplies). This delivery was composed of one dhow which arrived in Al Hudaydah, one chartered vaccine flight to Sana'a and one logistic cluster air operation to Sana'a.

Media and External Communication

In February, UNICEF continued to highlight the situation of children through interviews and social media. A [statement by the UNICEF Regional director](#), Geert Cappelaere, on how the violence in Yemen and other Middle Eastern countries has had a devastating toll on children, generated wide coverage. Multimedia materials produced on the situation of children and UNICEF work are regularly shared on UNICEF digital channels. A communication and advocacy strategy for 2018 is currently being finalized. This identifies three public advocacy priorities for 2018; – halting grave violations against children by all parties to the conflict; enhancing quality education opportunities; and preventing the collapse of basic social services.

Funding

Funding Requirements (as defined in Humanitarian Appeal of 2018 for a period of 12 months)						
Appeal Sector	2018 Requirements (US\$)*	Funding Received Against 2018 Appeal (US\$)	Carry Forward and Other Allocations (US\$) **	2018 Funds Available (US\$) ***	Funding Gap	
					\$	%
Nutrition	113,093,609	3,237,971	47,235,066	50,473,037	62,620,572	55%
Health	107,264,969	207,228	58,061,567	58,268,794	48,996,174	46%
Water, Sanitation and Hygiene	79,100,000	6,589,434	55,616,479	62,205,913	16,894,087	21%
Child Protection	33,238,526	1,566,609	8,754,881	10,321,490	22,917,036	69%
Education	30,840,473	59,208	16,074,896	16,134,104	14,706,369	48%
C4D	14,553,270	29,604	2,900,497	2,930,101	11,623,169	80%
Being allocated	-	7,739,216	-	7,739,216	-	-
Total	378,090,847	19,429,270	188,643,385	208,072,655	170,018,192	45%

*The 2018 HAC requirements have now been finalized in line with the 2018 YHRP.

**'Carry Forward' includes funds which were received against the 2017 HAC appeal and 'Other Allocations' includes additional contributions from multi-lateral organizations which will contribute towards 2018 Results.

***'Funds Available' as of 28 February includes total funds received against current appeal plus Carry Forward and Other Allocations. It also includes Cross-Sectoral Costs which are vital to support programming in a high-cost operating environment such as Yemen; costs include security, field operations, monitoring, communications and visibility. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which are making the current response possible. In February, UNICEF Yemen received contributions from OCHA (Nutrition and WASH), Iceland (Nutrition), and Japan (Child Protection), in addition to various National Committee contributions, including the UK, US and Germany.

UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding. 'Unearmarked' funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most. Sustained donor support is critical to continue scaling up the response, with Communications for Development being the most critical underfunded area.. Following the finalization of the Integrated Cholera plan, funding is now needed to support the third component of the plan: preservation and system strengthening. There is currently a 62 per cent funding gap (equivalent to US\$ 60.8 million) and if funding is not received, 18 million people in high risk areas will not receive support to improve access to safe water supplies or benefit from an improved health system to prevent and respond to further outbreaks.

Next SitRep: 15/4/2018

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Annex A

SUMMARY OF PROGRAMME RESULTS

2018 Programme Targets and Results ⁵		Cluster Response			UNICEF and IPs		
	Overall Needs ⁶	2018 Target	Total Results	Change since last report	UNICEF 2018 Target	Total Results	Change since last report
Nutrition							
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	400,000	276,000	11,286	9,896▲	276,000	11,286 ⁷	9,896▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	25,163	19,323▲	983,000	25,163	19,323▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	23,384	15,459▲	730,000	23,384	15,459▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	4,868	4,175▲	4,177,000	4,868 ⁸	4,175▲
Health							
Number of children under 1 vaccinated against measles (MCV1)					912,560	24,678	17,345▲
Number of Children under 5 vaccinated against polio					5,352,000	44,318	35,360▲
Number of children under 5 receiving primary health care					1,500,000	130,361	89,187▲
Number of pregnant and lactating women receiving primary health care					811,055	38,305	20,154▲
WASH							
Number of people having access to drinking water through support to operation, maintenance and rehabilitation of public water systems		7,288,599	1,986,230	870,073▲	5,500,000	1,523,792	563,997▲
Number of people gaining access to emergency safe water supply		1,703,359	373,811	152,027▲	800,000	140,450	1,225▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation and desludging)		1,223,908	26,700	9,168▲	800,000	0 ⁹	0
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	92,992	49,986▲	800,000 (basic Kits)	1,631	1,631▲
		5,332,045	661,603 ¹⁰	-	3,400,000 (consumable kits)	648,317 ¹¹	
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	756,427	90,559▲	3,400,000	700,189	51,872▲
Child Protection							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	87%	3%▲	90%	87%	3%▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	78,820	33,536▲	594,937	60,633	27,226▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	317,463	233,372▲	1,468,541	299,990	217,110▲
Number of children reached with critical child protection services (case management focused on: family tracing and reunification, reintegration, GBV response and victims' assistance)		12,932	310	170▲	10,345	227	154▲
Education							
Number of affected children provided with access to education via improved school environment (Temporary Learning Spaces, school rehabilitation, Equipment and Classroom Furniture) and alternative learning opportunities	4,100,000	738,995	6,123	6,123▲	639,100	4,986	4,986▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	37,276	9,376▲	429,000	34,923	6,923▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	40,663	30,542▲	473,000	32,520	22,399▲
C4D							
					2,200,000 (14 key practices)	239,238	73,519▲

⁵ All results as of 28 February 2018.⁶ Estimations as cited in the Yemen Humanitarian Needs Overview, Dec. 2018.⁷ Data collection is still ongoing for the month of February; therefore this number is expected to increase once all reports are received.⁸ Progress is slow for this indicator because there are a number of delivery platforms planned and the majority of the targets will be covered through Integrated Outreach Rounds, for which there has not yet been one in 2018.⁹ Funds for the IDP response were only received during February, therefore implementation of work has just started in the field. Results expected in the coming months.¹⁰ This result is from January 2018. Reporting for this indicator is still under verification for February and will be reported in March 2018.¹¹ Ibid.

Number of affected people reached through integrated C4D efforts ¹²					4,000,000 (4 key practices)	613,216	287,762 ▲
Number of social mobilisers trained and deployed for key behavior change in cholera high risk areas					10,000	5,945	782 ▲

¹² The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).