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Yemen Humanitarian Situation Report

SITUATION IN NUMBERS

Highlights

- The security situation in Yemen deteriorated in April with attacks on civilians and civilian infrastructure, including a UNICEF constructed water system, and the tragic death of an international humanitarian aid worker. Further, this month 61 children were verified as killed and 67 children were maimed.
- Now a year since the outbreak of cholera on 27 April 2017, the cumulative total of suspected cholera cases reported since 27 April has reached 1,094,061 as of 29 April 2018, with 2,277 associated deaths across the country. Children under 5 years old continue to represent 28.8 per cent of total suspected caseload. Although the attack rate continues to decline for the 32nd week, UNICEF is preparing for a roll-out of the Oral Cholera Vaccine in April.
- Since the beginning of 2018, UNICEF has now treated over 61,000 children under 5 with severe acute malnutrition, reaching 22 per cent of the overall target.
- UNICEF continued to provide lifesaving information to the conflict affected children and their care givers through mine risk education in April over 142,000 more people were reached, achieving 44 per cent of its overall target for the year.

3 UNICEF's Response with partners

	UNICEF		Sector/Cluster	
	UNICEF Target	2018 Results*	Cluster Target	2018 Results
Nutrition: Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	276,000	61,099	276,000	61,099
Health: Number of children under 5 receiving primary health care	1,500,000	352,691		
WASH: Number of people living in cholera high risk areas having access to water treatment	3,400,000	2,127,272	4,202,324	2,244,119
Child Protection: Number of children and community members reached with lifesaving mine risk education messages	1,468,541	652,104	1,684,106	683,511
Education: Number of affected children supported with basic learning supplies	473,000	41,701	1,500,000	112,531

*Total results are cumulative as of 1 January 2018.

April 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

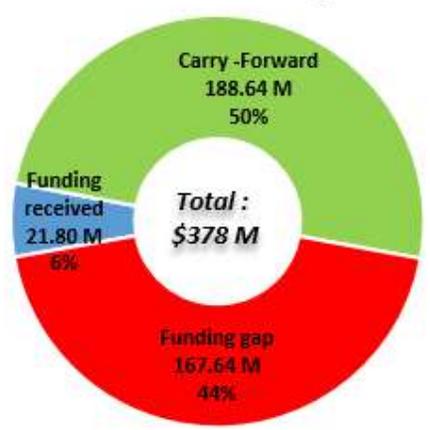
UNICEF Appeal 2018*

US\$ 378 million

Funding Status**

US\$ 210.5 million

Overall 2018 Funding Status



*The UNICEF funding for 2018 is per a revised Humanitarian Action for Children appeal.
 **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

Although humanitarian partners welcome the efforts of the new Special Envoy and key Member States to restart political dialogue and halt hostilities before the start of Ramadan, all indicators point to a sharp deterioration in humanitarian, social and economic conditions in Yemen this month. The UN Undersecretary-General for Humanitarian Affairs Mark Lowcock has also expressed concern about insufficient commercial imports, particularly food.¹

This month was especially marred by attacks against civilians and civilian infrastructure, and airstrikes continue to be a daily reality for people across the country. A water system in Sa'ada governorate was completely destroyed in an attack that left 7,500 people, including internally displaced families, without water, whilst airstrikes on a wedding party in Hajjah, left at least 50 civilians, including children, dead, and scores of others injured. In April, throughout the whole country, 61 children were verified as killed and 67 children were verified as maimed.²

The whole humanitarian community was also deeply saddened following an incident on 21 April 2018 when an international staff member of the International Committee of the Red Cross (ICRC), was fatally shot in an attack by unknown armed men, while travelling to visit a prison outside of Taizz.

The Secretary-General reminded all parties to the conflict of their obligations under international humanitarian law concerning the protection of civilians and civilian infrastructure.³ Tensions also increased following the killing of the Senior Ansar Allah official and head of the Supreme Political Council, Saleh Al-Sammad, in an airstrike on 19 April. Meanwhile, cross-border ballistic missiles launched by pro-Ansar Allah forces in southern Saudi Arabia tallied up to around 35 for the month, the highest monthly total since the start of the conflict.

The attack rate for Acute Watery Diarrhea (AWD)/cholera continues to decline for the 32nd consecutive week, whilst for diphtheria, as of 29 April 2018, a cumulative total of 1,675 (a 10 per cent increase from the previous month) suspected cases were reported including 90 associated deaths (a 6 per cent increase) and a case fatality rate of 5.3 per cent, with children under the age of five (U5) representing 20 per cent of suspected cases and 38 per cent of associated deaths.⁴ The conflict also continues to heavily impact children's right to an education. Many teachers' salaries remain unpaid (61 per cent) and in some schools teachers work only a few hours a day.

2018 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2017)

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 needs ⁵	11.3	2.8	2.7	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	2.3	1.84

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

¹ Parties in Yemen Must Return to Negotiations or Risk Escalating World's Worst Humanitarian Crisis, Senior Officials Tell Security Council, 17 April: <https://www.un.org/press/en/2018/sc13301.doc.htm>

² UN Country Task Force on Monitoring and Reporting

³ Statement attributable to the Spokesman for the Secretary-General on Yemen, 23 April: <https://www.un.org/sg/en/content/sg/statement/2018-04-23/statement-attributable-spokesman-secretary-general-yemen>

⁴ Ibid.

⁵ Acute Need: People who require immediate assistance to save and sustain their lives.

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, Al Hudaydah, Lahj and Hajja.

In April, the Nutrition and WASH Clusters, as well as the Child-Protection Sub-Cluster, were engaged in planning processes for worst-case scenarios. The Nutrition Cluster preparedness plan looked at the worst-case scenario deterioration for the food security situation, and an additional caseload of around one million IDPs. In such a scenario, it is estimated that 172,000 more people, beyond the needs of the Yemen Humanitarian Response Plan, bringing the total to 566,000 children, will need lifesaving nutrition services before the end of 2018: 124,000 children with moderate acute malnutrition (MAM), including 34,500 with severe acute malnutrition (SAM) and 48,000 pregnant and lactating women with acute malnutrition. Secondly, the WASH Cluster contingency plans and mapping of partners for the worst-case scenario estimates that there may be a need to respond to an additional 1.8 million people (bringing the total to 12.9 million people for 2018). Lastly, the Child Protection Sub-Cluster finalized a preparedness plan for a worst-case scenario in 6 frontline governorates of Yemen, in which an additional 2.5 million people would need protection-related services (bringing the total to 15.4 million people), including 1.2 million children (bringing the total to 7.74 million children).

In addition, the WASH and Health Clusters have jointly developed a draft cholera operational plan for 100 priority districts, covering 2.8 million people, and are working to improve coordination between health and WASH Rapid Response Teams (RRTs), while UNICEF is setting-up a call centre to facilitate the flow of information between the RRT's and WASH coordination units. Under the cholera plan, UNICEF has agreed to provide WASH supplies to all Cluster partners.

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 public sector 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 AWD/cholera areas, diarrhea treatment, chlorination of water sources, rehabilitation of wastewater 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 prevent the education system from collapse, particularly through providing incentives to the 72% of teachers who have not received salaries since October 2016. Further, UNICEF provides a conducive environment and improves 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

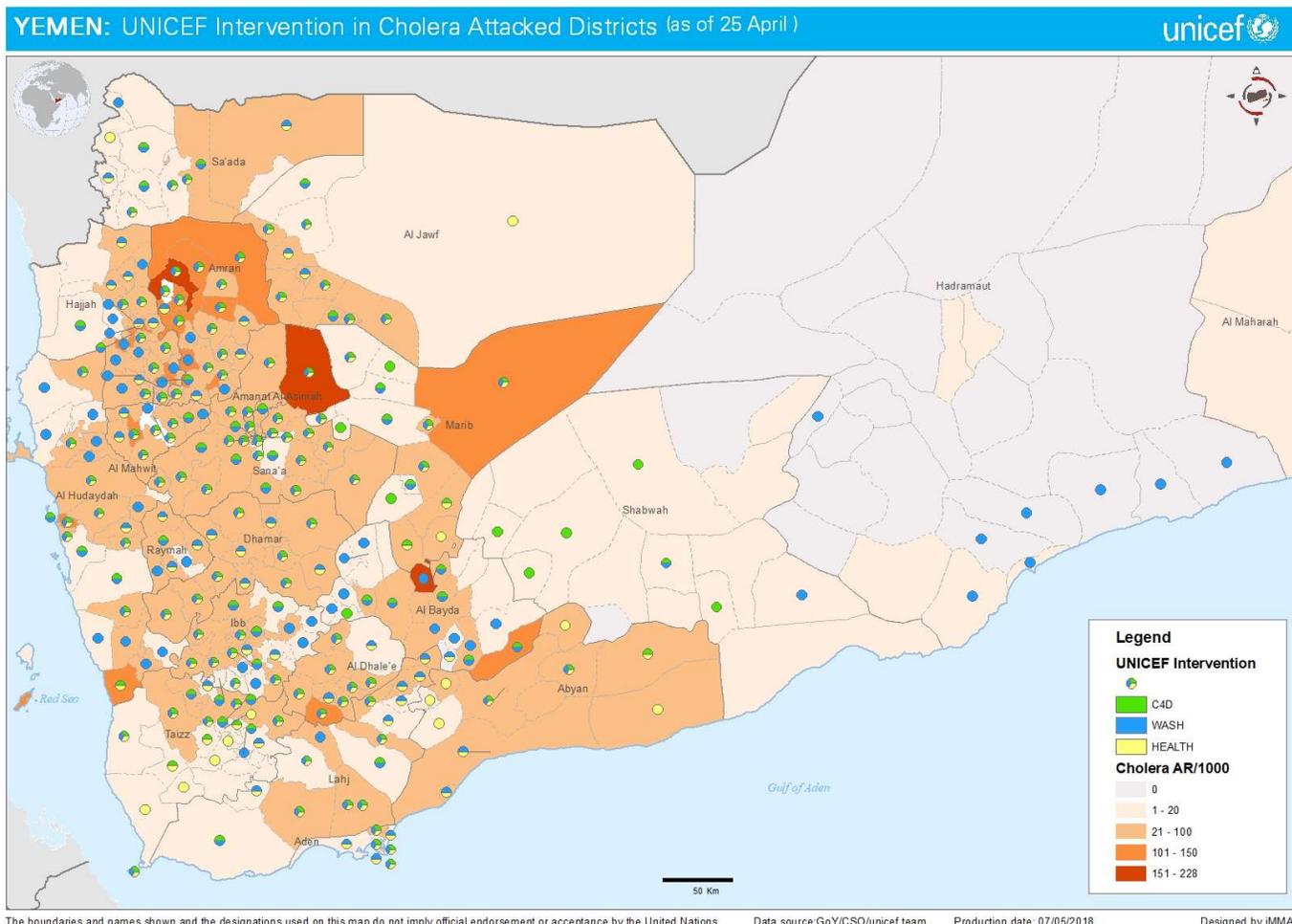
Acute Watery Diarrhea (AWD)/Cholera Response

A year since the outbreak of cholera on 27 April 2017, the cumulative total of suspected cases until 29 April 2018 has reached 1,094,061, with 2,277 associated deaths across the country. This represents a 0.8 per cent and 0.3 per cent increase from last month respectively, indicating a slowing attack rate for the 32nd consecutive week.⁶ Children U5 continue to represent 28.8 per cent of total suspected cases.

In districts that are still reporting AWD/cholera cases, UNICEF supported RRTs who have reached close to 100,248 people, including 30,074 children, with purification products, consumable hygiene kits, as well as hygiene promotion on AWD/cholera prevention and management at the household level. In April, preparations also began for an Oral Cholera

⁶ Diphtheria and Cholera Response Yemen Situation Report No. 32, Emergency Operations Centre, 29 April 2018.

Vaccination (OCV) campaign due to take place from 6-10 May. 455,000 doses of OCV were shipped to Aden. They will cover 351,905 children under 1 year (U1) in five high risk districts⁷. UNICEF supported the transportation of vaccines, as well as communication, awareness-raising and social mobilization activities leading-up to the campaign.



Health and Nutrition

During the reporting period, UNICEF and partners continued supporting the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, mainly WFP and WHO. Cumulatively, since the beginning of 2018, over 61,099 children have been treated for Severe Acute Malnutrition (SAM), an increase of nearly 25,834 reported cases during April, reaching 22 per cent of the target for 2018. UNICEF expects a further increase in the numbers given that data collection is still ongoing and under verification. Furthermore, 110,367 children have received micronutrient powder through health facilities, mobile teams and community health volunteers (reaching 15 per cent of the target) and 28,142 children (6- 59 months) have received Vitamin A.⁸ Ongoing monitoring of consumption takes place through supportive supervision and check lists. De-worming tablets were provided to 122,448 children aged 12 to 59 months; 248,342 pregnant and lactating women (PLW) benefited from infant and young child counselling services (25 per cent of the target) while 149,561 PLWs received iron-folate supplementation.

In April, UNICEF continued to provide increased access for children and PLW to essential health care services, supported by both routine services and mobile teams. 51 Mobile Teams (MTs) provided a package of health services to mothers and children, mainly in areas populated by internally displaced persons. MTs provided routine vaccinations to 5,642 children; and

⁷ Sira, Al-Tawahi, Khormaksar and Al-Mukalla.

⁸ Vitamin A supplementation take place through routine programmes which have a low coverage and as part of Polio National Immunization Day (NID) campaigns which have a high coverage. Since there have been no NIDs so far in 2018 the coverage for Vitamin A supplementation is still low, and is expected to increase with Polio NIDs.

Integrated Management of Childhood Illnesses (IMCI) services to 9,703 children⁹. Through fixed post health services, this month over 21,968 children U1 were vaccinated against measles (MCV1),¹⁰ 95,306 children U5 received IMCI services, and 38,360 PLW accessed reproductive health services.

UNICEF also continued to support the Expanded Programme for Immunization (EPI) programme for the maintenance of the cold chain through the provision of 34,500 litres of diesel, distributed to keep the cold rooms functioning at both the central and governorate level, enabling the effective delivery of vaccination services. World Immunization Week was celebrated from 24-30 April 2018, and UNICEF's Aden Field Office supported this through inter-personal communication on OCV and other vaccines, such as household visits, community gatherings, and mobile puppet theatre, reaching an audience of 16,633 people. Mass communication messages were disseminated via radio stations in Sayoun and Socotra with a population coverage of 3.5 million, while radio programmes in Ibb and Taizz covered topics related to immunization, particularly highlighting diphtheria and measles. Community volunteers in Socotra and Hadramout coordinated with EPI staff to trace children who had defaulted on their immunizations, while 360 community volunteers in Ibb and Taizz highlighted the importance of immunization for children and women.

This month a key challenge was reported in Sana'a where continued airstrikes hit a hospital which resulted in suspending implementation of critical services; UNICEF has ensured this violation was documented and continues to advocate against the bombing of health facilities during the conflict.

Water, Sanitation and Hygiene (WASH)

This month, UNICEF continued to pursue a two-pronged approach continuing to accord top priority to humanitarian emergency response by providing services in locations with a high risk of AWD/cholera and famine.

In April, UNICEF provided clean water to over 2,700,000 people including 810,000 children in urban areas, both host communities and internally displaced persons (IDPs), through the operationalization of the water supply systems by means of the provision of fuel and electricity. Furthermore, UNICEF initiated the rehabilitation of several urban water supply schemes and rural water projects which will also contribute to improve access to safe drinking water to 796,000 people, including 238,000 children.

Responding to the influx of the new IDPs due to the ongoing crisis, UNICEF supported almost 30,975 IDPs, vulnerable groups and other affected communities with emergency latrine construction (3,251 latrines), distribution of family basic hygiene kits (4,425 hygiene kits)¹¹ and hygiene promotion and AWD/cholera prevention awareness-raising activities this month. In districts that are still reporting AWD/ cholera cases, UNICEF supported RRTs who have reached close to 100,248 people including 30,074 children with water treatment products, consumable hygiene kits, as well as hygiene promotion covering issues around AWD/cholera prevention and management at the household level.

The ongoing conflict and airstrikes are a big challenge and concern for the WASH response. In April, a water system in the in Sa'ada governorate was destroyed in an attack that left 7,500 people, including internally displaced families, without water. During the attack, the nearby solar energy system, which provides power to the water system, was also severely damaged. The same water system came under attack and was destroyed in 2015, following this UNICEF rebuilt it in 2017. UNICEF is now seeking to have the site deconflicted, as well as considering alternative locations far away from military



©UNICEF Yemen/2018
Solar system of a water well in Sa'ada governorate

⁹ 1,717 treated for diarrhoea, 1,857 treated for pneumonia, 306 treated for Dysentery, 126 treated for Malaria, 3,122 with Deworming, and 2,575 according to other symptoms); and Reproductive Health services to 3,640 women (1045 provided antenatal care, 471 provided postnatal care, 1206 provided iron folate supplements and 918 pregnant women vaccinated against Tetanus.

¹⁰ Vaccination coverage overall remains low so far for 2018; polio vaccinations in Yemen take place as part of National Immunization Day (NID) campaigns, and measles vaccinations through fixed sites as well as Integrated Outreach Rounds (IOR). NID and IORs will be scheduled later in the year, following Ramadan, and therefore coverage is expected to reach targets by the end of the year.

¹¹ Partnership agreements are still in the process of finalization for the IDP response and when they are in place UNICEF's distribution of basic hygiene kits is expected to increase.

installations. In response to these challenges, UNICEF has called on all parties to the conflict to protect basic civilian infrastructure, in line with international humanitarian law.

Child Protection

In April, the Monitoring and Reporting Mechanism Country Task Force (MRM CTF) documented and verified the killing of 61 children (38 boys; 20 girls; three unknown gender) and the maiming of 67 children (48 boys; 19 girls). During this period, child casualties were mainly in Al Hudaydah and Hajjah; at least 36 in child casualties Al Hudaydah and 39 in Hajjah, compared to 15 and 1 respectively in the previous month. The verification of recruitment and use cases continue to be constrained in the majority of the governorates, with only 15 cases of recruitment and use verified. One incident of the military use of hospital and one incident of an attack on a hospital were verified in this period.

UNICEF through its implementing partners continued to support the referral and provision of specialized health services to children with injuries and disabilities, including facilitating the access to services of the most vulnerable children by supporting the transportation and accommodation; 17 children (10 boys; 7 girls) were provided with medical and other services in April. 21,345 conflict-affected people were reached with psychosocial support through community-based and mobile child-friendly spaces in eight governorates this month. During these activities, 6,786 people, including 4,567 children (2,026 girls; 2,541 boys) and 2,219 adults (1,268 women; 951 men) were reached with knowledge and skills on protection during emergencies.

UNICEF continued to provide lifesaving information to the conflict-affected children and their caregivers through school and community-based mine risk education (MRE) activities. In April 2018, 142,176 people received life-saving information on the risks of mines, unexploded ordnances and explosive remnants of war; bringing the total reach compared to the target this year to 42 per cent. MRE activities were organized in 48 districts covering nine governorates together with implementing partners.

Through the case management programme, 709 cases of vulnerable children (375 girls; 334 boys) were identified and 522 children (51 of which were critical) have so far been referred to individual counselling and child protection services¹². Given that this is a costly intervention, current funding gaps (totalling US\$ 21.8 million) are affecting the availability of these services. Access constraints and work permits were amongst some of the other reported challenges this month, and therefore slowing activity implementation; however, UNICEF is continuing to establish new partnerships across the country to overcome this.



©UNICEF Yemen/2018
MRE activities in Taizz governorate

Education

During the reporting period, focus is on preventing the system from collapse and ensure that key inputs are in place: salaries, infrastructure, learning materials and PSS: 35,657 children (15,327 boys; 20,330 girls) were provided with a better learning environment (6 per cent of the target) through major rehabilitation of two schools in Al-Jawf and one in Al-Baydah, in addition to the repair of 220 WASH facilities in 19 schools in Taizz city and three in Ibb. Technical needs assessments are ongoing in 19 governorates to select 500 schools for their WASH facilities to be refurbished in the coming months.

UNICEF also continued to provide primary school children with basic learning materials. In Taizz, 4,929 children (2,533 boys; 2,396 girls), including IDPs, have received school bag kits and 450 desks were repaired in 15 schools, benefiting around 1,350 students. In Abyan, 755 teachers (451 male, 304 female) in 40 schools were trained on psychosocial support education and are now able to attend to the needs of an additional 14,841 conflict-affected children (8,281 boys; 6,560 girls). UNICEF has now reached 13 per cent of its' target for the year.

¹² Mainly legal, psychosocial support, education services, medical services, birth registration services, family tracing and reunification, economic empowerment and livelihood support.

In places where formal schools are unavailable, UNICEF has provided community-based classes (CBC) to reach out-of-school children (OOSC). Community members have been sensitized on the importance of education and their capacity strengthened to facilitate implementation of interventions. As a result, 25 CBCs in two districts in Al-Hudaydah were supported with basic learning materials and their volunteer teachers trained on pedagogical and classroom management skills. Also, 274 CBC volunteer teachers (99 male; 175 female) in 14 districts in Hajjah governorate have been trained on pedagogical and classroom management skills, supporting around 14,181 OOSC (7,730 boys; 6,451 girls). 76 Father and Mother Councils (FMCs) were established in April with around 1,018 of their members trained for enhanced community mobilization, children's education and school improvement in Al-Hudaydah and Ibb.

Nearly three quarters of public school teachers, mainly in the north of the country, have still not received regular salary payment for the past nineteen months, a major challenge for the sector. 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. UNICEF and the Education Cluster have continued their advocacy efforts around this issue.

Social Inclusion

In April, the needs assessment on the Model of Social and Economic Assistance (MSEA) was completed in Amant Al-Asimah and Sana'a governorates, reaching 5,360 and 1,441 households respectively. The data collected is being analysed, with the aim to identify the needs of the poorest and most marginalized in both governorates. UNICEF also supported the Ministry of Planning and International Cooperation (MoPIC) in publishing its Yemen Socio-Economic Update (YSEU) issues 31 and 32. The two issues focused on "Foreign Exchange Crisis and Currency Forecasts", and "Yemeni Expatriates' Remittances. Last Resource Under Threat". The former highlighted that the exchange rate of US dollar in the parallel market increased significantly from about YR 215/1 USD in March 2015 to YR 476/1 USD in February 2018, with a cumulative change rate of 121.4 per cent, which increases the consumer prices of food and non-food items, weakens the purchasing power of the national currency and leads to more people slipping below the poverty line. The latter issue indicates that expatriates' remittances during the ongoing war remained the last source to fund Yemen's economy. Hence the issue recommends that rather than imposing more restrictive measures in regards to Yemeni expatriates – mainly Yemeni youth – the measures should be in place to provide them with opportunities to increase their remittance inflows to Yemen as a worthwhile investment in the security of Yemen.



C4D activities in Al Hudaydah governorate
©UNICEF Yemen/2018

Communications for Development (C4D)

This month, the C4D programme reached nearly 170,000 people through various interpersonal activities responding to AWD/cholera and diphtheria outbreaks, in addition to promoting 14 life-saving behaviour practices.¹³ UNICEF has now reached 57 per cent of its overall target for cholera related C4D interventions in 2018.¹⁴ More than 6,000 community mobilizers from across the country, including teachers, community volunteers, and religious leaders, have been involved in conducting community events and activities since the beginning of the year; 61 per cent of the targeted social mobilisers are therefore now trained.

In addition to the aforementioned community mobilisation activities in preparation for the OCV campaign, UNICEF's C4D programme supported preparations for the second round of the Diphtheria and Measles-Rubella (MR) vaccination campaign through training 1,775 community volunteers to empower other community members to protect themselves and their households from diphtheria and measles, and to encourage parents to vaccinate their children. Mass Media interventions through 7 TV stations and 13 radio stations facilitated the campaign by broadcasting announcements, flashes and programmes on diphtheria and measles awareness messages.

¹³ Including vaccination, exclusive breastfeeding and proper infant and child feeding practices, handwashing with soap at critical moments and household water safety, antenatal clinic attendance and safe delivery, girls education and prevention of violence in schools.

¹⁴ Despite funding gaps, this has been achieved given that social mobilisation around key practices for cholera has been prioritised in the first half of 2018 in line with the Integrated Cholera Response Plan.

Supply and Logistics

In April, the total value of supplies delivered amounted to US\$ 5,352,973 with a total weight and volume of 852 metric tons and 3,399 cubic meters respectively (this included cholera vaccines, water purification tablets and ready to use therapeutic food). This delivery was composed of five dhows which arrived in Al Hudaydah, one chartered vaccine flight to Aden, one Logistics Cluster air operation to Sana'a and two Logistics Cluster sea operations to Al Hudaydah.

Media and External Communication

During the reporting month, UNICEF issued media statements about the increased trends of killing and maiming of children. [UNICEF's Facebook post](#) with the most reach also concerned the death and injury of a number of children and civilians, following a rocket bombing on 2 April. Advocacy efforts are ongoing on attacks on civilian infrastructure. Similarly, UNICEF's Middle East and North Africa Regional Director, Geert Cappelaere, [issued a statement](#) on the military action against water infrastructure which jeopardizes efforts to prevent another outbreak of cholera.

SOCIAL MEDIA HIGHLIGHTS FOR APRIL 2018

TWITTER	
New Followers	9.1K
Tweets impressions	536K
Top tweet	31.2K impressions
Total tweets (Arabic/English)	68
FACEBOOK	
Net new page likes/followers	900
Total Reach	191K
Key post	24.2K reach

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	4,056,384	47,235,066	51,291,450	61,802,159	55%
Health	107,264,969	1,116,162	58,061,567	59,177,729	48,087,240	45%
WASH	79,100,000	7,004,465	55,616,479	62,620,944	16,479,056	21%
Child Protection	33,238,526	2,634,335	8,754,881	11,389,216	21,849,310	66%
Education	30,840,473	397,131	16,074,896	16,472,027	14,368,446	47%
C4D	14,553,270	2,704,867	2,900,497	5,605,364	8,947,906	61%
Being allocated		3,890,994		3,890,994		
Total	378,090,847	21,804,338	188,643,386	210,447,724	167,643,123	44%

*'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 30 April 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 April, UNICEF Yemen received contributions from Kuwait (famine response and cholera response), flexible contributions from Australia, Canada and Sweden, and other small contributions from various National Committees and Bulgaria. Two agreements were signed with the Kingdom of Saudi Arabia (KSA) for cholera response and immunization, and funds are expected to arrive next month. A successful Yemen pledging conference was hosted by Sweden, Switzerland and the UN Secretary-General on 2 April, where more than US\$2 billion was pledged, including US\$ 930 million from KSA and UAE of, to the 2018 Yemen Humanitarian Response Plan.

Next SitRep: 20/6/2018

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UNICEF HAC, 2017: www.unicef.org/appeals/yemen.html

Who to
contact for
further
information:

Sherin Varkey
Deputy Representative
UNICEF Yemen
Sana'a
Tel: +967 967 1211400
Email: svarkey@unicef.org

Bismarck Swangin
Chief of Communications (OIC)
UNICEF Yemen
Sana'a
Tel: +967 712 223 161
Email: bswangin@unicef.org

Jessica Dixon
Reports Officer
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 791454684
Email: jdixon@unicef.org

Annex

SUMMARY OF PROGRAMME RESULTS

2018 Programme Targets and Results ¹⁵	Overall Needs ¹⁶	Cluster Response			UNICEF and IPs		
		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	400,000	276,000	61,099	25,834▲	276,000	61,099	25,834▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	248,342	111,469▲	983,000	248,342	111,469▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	110,367	41,222▲	730,000	110,367	41,222▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	28,142	9,688▲	4,177,000	28,142 ¹⁷	9,688▲
Health							
Number of children under 1 vaccinated against measles (MCV1)					912,560	72,961 ¹⁸	21,958▲
Number of Children under 5 vaccinated against polio					5,352,000	115,676 ¹⁹	26,032▲
Number of children under 5 receiving primary health care					1,500,000	352,691	101,595▲
Number of pregnant and lactating women receiving primary health care					811,055	194,736	46,184▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	3,970,785	902,552▲	5,500,000	3,941,948	1,596,873▲
Number of people gaining access to emergency safe water supply		1,703,359	559,381	152,689▲	800,000	219,554	47,367▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	41,389	14,086▲	800,000	3,251 ²⁰	3,251▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	216,873	53,118▲	800,000 (basic)	46,270 ²¹	4,425▲
		5,332,045	1,030,120	355,684▲	3,400,000 (consumable)	764,808	116,491▲

¹⁵ All results as of 30 April 2018.

¹⁶ Estimations as cited in the Yemen Humanitarian Needs Overview, Dec. 2017.

¹⁷ Vitamin A supplementation takes place through routine programmes which have a low coverage, and as part of Polio National Immunization Day (NID) campaigns which have a high coverage. Since there have been no NIDs so far in 2018 the coverage for Vitamin A supplementation is still low, and is expected to increase with Polio NIDs.

¹⁸ Vaccination coverage overall remains low so far for 2018, polio vaccinations in Yemen take place as part of National Immunization Day (NID) campaigns, and measles vaccinations through fixed sites as well as Integrated Outreach Rounds (IOR). NID and IORs will be scheduled later in the year, following Ramadan, and therefore coverage is expected to reach targets by the end of the year.

¹⁹ UNICEF targets children with polio vaccinations through campaigns for National Immunization Days; in 2018 these are expected to take place following Ramadan.

²⁰ Further latrine construction is still ongoing and more progress on this indicator is expected to be reported next month.

²¹ Partnership agreements are still in the process of finalization for the IDP response and when they are in place UNICEF's distribution of basic hygiene kits is expected to increase.

Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	2,244,119	692,486▲	3,400,000	2,127,272	692,486▲
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	123,789	26,940▲	594,937	93,989	21,345▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	683,511	148,823▲	1,468,541	652,104	142,176▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	467	56▲	10,345	359 ²²	51▲
Education²³							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	74,393	35,657▲	639,100	43,766	35,657▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	91,191	14,841▲	429,000	55,249	14,841▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	112,531	4,929▲	473,000	41,701	4,929▲
C4D							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ²⁴					2,200,000(14)	413,122	65,684▲
					4,000,000(4)	2,281,099	170,000▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	6,120	120▲

²² Case management is a very costly intervention and current funding gaps within Child Protection are affecting the availability of services. This figure also only represents case management of 'critical' services.

²³ Education indicators remain low for 2018 because of challenges with the authority approval of UNICEF's rolling work plan, which has meant limited cooperation with sub-national level education authorities.

²⁴ 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).