



Yemen

Humanitarian Situation Report

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Highlights

- In June, the security situation in Al Hudaydah deteriorated as clashes erupted, leading to the displacement of more than 121,000 people. UNICEF continues to express its concern around child protection and the safety of civilians.
- UNICEF is working to mobilise resources for teachers' incentives to continue education in the northern part of Yemen. Nearly three quarters of public school teachers have not been paid for two school years. Education authorities in the North indicated in May that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other education activity in the governorates under their control.
- A first ever OCV campaign was held in five districts of the Aden governorate. In total, 275,650 doses were distributed which amounted to an average coverage of 60 per cent in the target districts. Overall acceptance of the vaccine was high, despite this being the first campaign introduced to the country. C4D contributions have been key to the campaign.
- Children continue to be severely affected by the conflict. Overall, 3.7 million children remain affected in their access to education. This year, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented and verified 573 incidents affecting 986 children (767 boys; 216 girls; the rest of unknown gender).

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	109,517	276,000	109,517
Health: Number of children under 5 receiving primary health care	1,500,000	589,818		
WASH: Number of people living in cholera high risk areas having access to water treatment	3,400,000	4,129,820	4,202,324	4,278,477
Child Protection: Number of children and community members reached with lifesaving mine risk education messages	1,468,541	886,302	1,684,106	921,675

Situation Overview & Humanitarian Needs

June 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

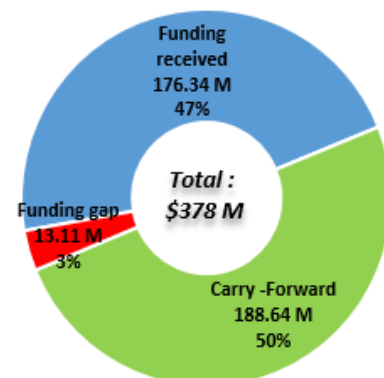
UNICEF Appeal 2018

US\$ 378 million

Funding Status*

US\$ 365 million

Overall 2018 Funding Status



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

Between January and June this year, humanitarian needs in Yemen remained high despite efforts to renew peace talks. The conflict affects millions of people throughout the country, but children continue to bear the heaviest toll of the conflict. Since January, 92,623 cases and 72 deaths have been reported due to acute watery diarrhoea (AWD)/cholera. Out of every 10,000 people, an average of 396.5 are affected by AWD/cholera. Children under 5 represent 28.8% of the total suspected cases.¹ As of 24 June 2018, local health authorities confirmed a cumulative total of 1,907 suspected diphtheria cases, included 98 associated deaths with Ibb and Sana'a among the most affected governorates. Children between 5-15 years old are the most affected, representing 44% of all cases.²

Children's right to an education continues to suffer under the conflict, as nearly three-quarters of public school teacher have not received salaries for more than a year and over 3.7 million children³ are affected in their access to education. As schools continue to be damaged by the conflict, have closed or now serve as shelters for displaced families, more than 2 million children are out of school – compared to 1.6 million before the conflict. UNICEF is engaged in ongoing advocacy efforts to address these challenges and to mitigate its effect on current education activities. In addition, UNICEF has started discussions with donors for the mobilisation of resources for teachers' incentives.

During the first half of 2018, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented and verified 573 incidents affecting 986 children (767 boys; 216 girls; the rest of unknown gender). Since the start of the conflict, from March 2015 to June 2018, the Monitoring and Reporting Mechanism (MRM) on grave violation of child rights verified 2,398 children killed, 3,652 children maimed, and over 2,635 children have been recruited and used by armed forces and groups. The MRM network currently covers 735,817 children in most conflict affected areas. Moreover, schools and hospitals have been frequently attacked and used for military purposes, denying children access to their right to education and health care. At least 425 attacks on and military use of schools and hospitals have been documented and verified.

Yemen continues to be one of the world's most difficult operating environments for humanitarian actors. Fighting erupted along the Western coast of Yemen in June, affecting Al Hudaydah, a port city and one of the major lifelines to Yemen's population. The fighting displaced more than 121,000 people in Al Hudaydah governorate. UNICEF and Humanitarian actors have been able to provide 80,000 people with various forms of life-saving assistance.⁴ Humanitarian actors are also addressing the needs caused by the tropical cyclone that affected Socotra on 23 May, which caused the displacement of 1,003 households and affected 60,000 people.

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 need 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 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.

¹ Emergency Operations Center SitRep#40 – week 25

² Ibid.

³ UNICEF Yemen, If Not In School, March 2018

⁴ OCHA Yemen, Al Hudaydah Update, Situation Report # 7 reporting period 27 July – 4 July 2018.

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

Between January and June, the clusters engaged in various reprioritizations and revisions of the Yemen Humanitarian Response Plan (YHRP) to ensure that immediate needs are addressed.

The nutrition cluster has revised the Yemen Humanitarian Response Plan (YHRP) with the total financial requirements increasing from USD 195 to 210 million. In addition, nutrition cluster partners have conducted SMART assessments in six governorates (Abyan, Hajjah, Socotra, Amran, Al Jawf and Al Bayda), which has allowed to recalculate the needs and targets for Community Management of Acute Malnutrition (CMAM) interventions based on the latest evidence. As of 30 June, the CMAM programmes are available in 321 districts with severe acute malnutrition (SAM) treatment programmes ongoing in 321 districts and moderate acute malnutrition (MAM)/Acute Malnutrition of Pregnant and Lactating Women (PLW) treatment in 253 districts. Since January 2018, 103,105 pregnant and lactating women with acute malnutrition were admitted for treatment.

A total of 679,643 boys and 702,005 girls aged 6-59 months were screened for acute malnutrition and referred for treatment if needed since January 2018, which covers 50% of the cluster target. Two mass screening campaigns are planned for the second part of the year, further increasing the number of screened children. A total of 114,107 severely acutely malnourished children aged 0-59 months and 125,425 of moderately acutely malnourished children aged 6-59 months were admitted for treatment since the beginning of 2018. Referral for, admissions and success of treatment appears approximately equal for boys and girls; the cluster is receiving consistent, reliable data that ensures this can be monitored on an ongoing basis.

The education cluster also revised its YHRP section and included teacher's incentives as the top first-line response activity. Other activities are included in line with the Ministry of Education in Sana'a and Aden authorities. For the first-time, the Education Cluster was included in the Reserve Fund allocation for preparedness activities with an amount of USD 1.9 million. Priority areas include education supplies, temporary learning spaces (TLS), support for national exams, provision of psychosocial services (PSS) and education in emergencies (EiE)- related training, as well as resilience and provision of feeding programme to boys and girls in schools. The overall financial requirement increased from USD 53.4 to 74.2 million. The capacity of the Education Cluster was enhanced by recruitment of full time Education Cluster Information Management Officer. NRC has supported the Cluster by recruitment of full time Education Sub- Cluster coordinator based in the Sana'a hub.



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From January, the Education cluster has gradually been able to make only small achievements, due to the fact that Education authorities in the Northern governorates (except Mareb and Taiz) required teacher's incentives for activities. Despite these challenges, 174,670 out of 465,550 children have benefited from school repairs including rehabilitation of WASH facilities. A total of 71,907 children in schools benefited from UNICEF school feeding programmes in four governorates. Education Staff and Father and Mother Councils (FMCs) received training in the form of EIE and resilience in four governorates benefiting 104,645 staff and FMCs members. A further 1,218 children in four governorates benefited from provision of desks and 79,748 children benefited from provision of learning supplies.

In terms of alternative opportunities, 11,499 school children benefited from TLS and alternative learning in three governorates; 1,024 school children benefited from provision of alternative learning classrooms. Emergency related training for these teachers in eight governorates benefited 105,300 children, these activities were supported by various cluster partners. 114,724 education kits were distributed to schools' children in six governorates.

In line with YHRP targets, the Water, Sanitation and Hygiene (WASH) Cluster has provided 9.1 million people (83%) with some form of WASH assistance. The WASH response is being delivered by 62 partners across the country. WASH partners continued to support emergency interventions while also supporting more sustainable, resilience solutions such as strengthening of the water and sanitation systems. Support to water and sanitation systems reached an estimated 5.7million people, whilst fuel support to water networks in key cities was scaled- up and rehabilitation works started in urban and rural water systems. Emergency and life-saving assistance, response to disease outbreak, assistance to new IDPs and vulnerable populations reached 5.6 million persons. The cholera prevention, preparedness and response has been scaled- up, guided by the jointly developed cholera response strategy and SOPs and delivered through a well-established RRT mechanisms and WASH partners.

The WASH cluster completed a prioritization exercise, focusing on life-saving activities to support vulnerable populations in high risk cholera and famine districts as well as response to IDPs. The 2018 First Reserve allocation was completed with WASH Cluster receiving an additional USD 7 million for preparedness activities including prepositioning of core items to respond to displacement and disease outbreak.

The WASH cluster capacity has increased through strengthening support to line ministries and delivery of WASH trainings at hub level. Technical support has improved through the revised strategic operational framework and two newly established technical working groups on emergency latrines and assessments to define standards and guidance, along with a new Technical Advisor who will develop a capacity building strategy. The WASH cluster now has in place full time sub-cluster coordinators in 5 hubs, as well as governorate level NGO focal points and a roving coordinator as well as Information Management capacity.

Over the last six months, the child protection cluster has prioritised provision of critical child protection services including victim assistance, case management, family tracing and reunification as well as addressing the needs of child survivors of gender-based violence (GBV). At the same time, focus remained on strengthening community based structures to identify and address children's needs during emergencies. Shared responsibility in provision of timely and consistent leadership of the cluster was strengthened through agreement and recruitment of a full time national co-coordinator and establishment of co-coordinator roles in Al Hudaydah and Sa'ada by Save the Children.

Despite operational challenges, the sub-cluster reached 151,748 boys and girls. This is equal to 22% of planned targets and 51% (862,958 children) of its mine risk education targets for 2018. Low funding levels during the first quarter affected implementation of monitoring and reporting mechanism (MRM), resulting in 27% reach of the targeted 2.7 million children. Newly received funding in the second quarter has led to the scale-up of activities and identification of new partners. With concerted advocacy efforts at high level, the sub-cluster envisages improved working relationships with authorities permitting delivery of PSS and GBV related activities to reach its 2018 YHRP targets by the end of the year.

To strengthen and coordinate system-wide complaints and feedback mechanisms for assuring accountability to affected populations, UNICEF co-leads the Community Engagement Working Group (CEWG) of 25 national and international agencies to ensure that grievances of affected communities are redressed.

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 continues to undertake all efforts to prevent the education system from collapsing, particularly through providing incentives to the teachers who have not received salaries since October 2016. Further, UNICEF endeavors to provide a conducive environment and to improve the quality of education to avoid further student drop-outs and retain out-of-school children in education by rehabilitating damaged schools and establishing temporary safe learning spaces.

Summary Analysis of Programme response

AWD/cholera response

Since the outbreak of AWD/cholera on 27 April 2017, the cumulative total of suspected cholera cases has reached 1,115,056 with 2,310 associated deaths across the country (as at 4 July 2018). This represents a 1.06 per cent and 0.56 per cent increase from last month in cumulative suspected cases and associated deaths respectively, indicating a slowing attack rate for the 42th consecutive week.⁶ Throughout its response, Diarrhea Treatment Centers (DTC) and Oral

⁶ Diphtheria and Cholera Response Yemen Situation Report No. 36, Emergency Operations Centre, 27 May 2018.

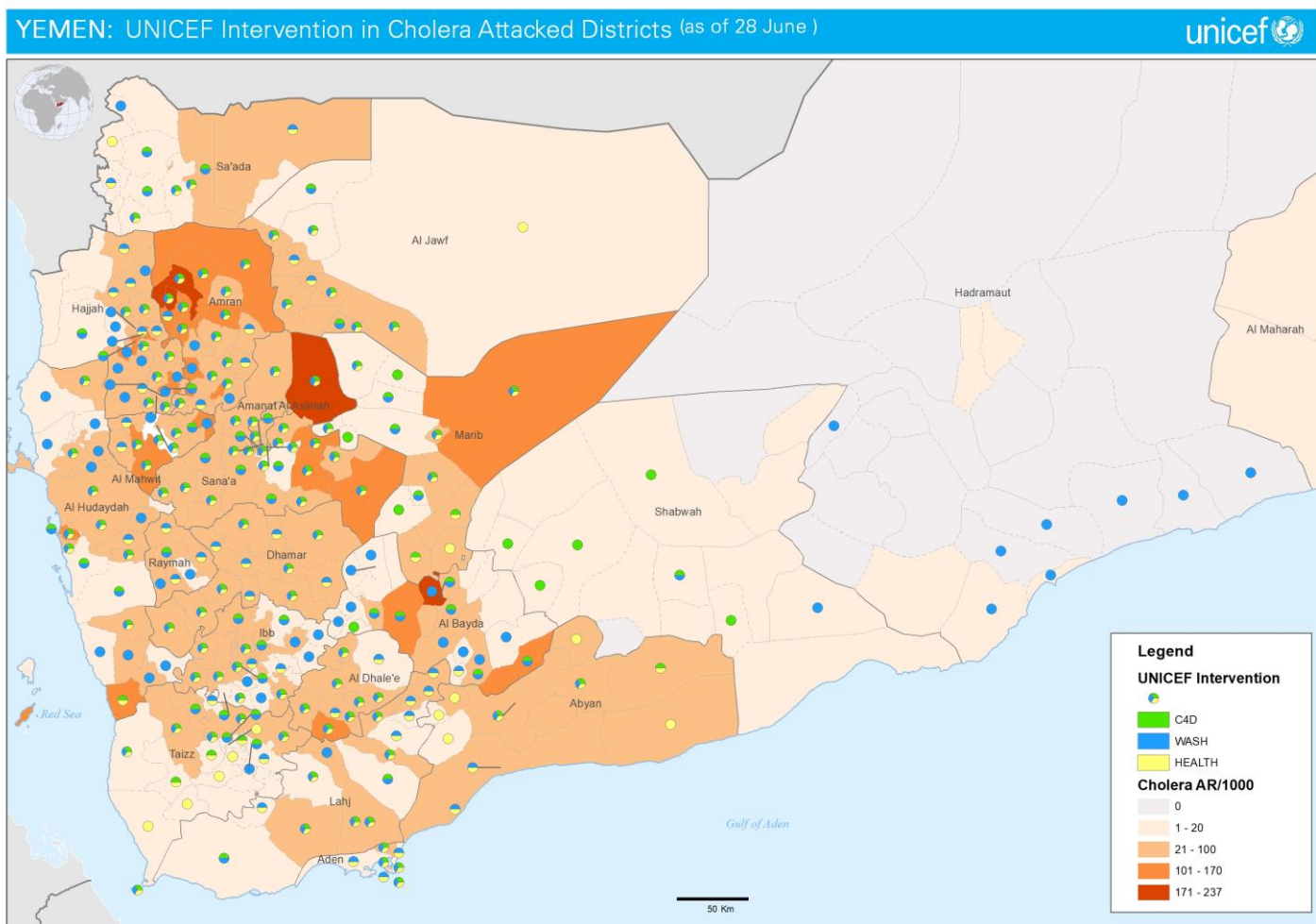
Rehydration Corners (ORC) have been essential – at present, 88 DTCs and 263 ORCs remain active in 97 districts across 18 governorates. UNICEF continues to work closely with WASH and Health clusters as well as the AWD/Cholera Taskforce to reduce the prevalence of both in the country.

Overall, the numbers have gradually declined since the beginning of the year. Concerted efforts have been made over the last months to provide an integrated response thereby including Health, WASH and Communication for Development (C4D) sections, resulting in an internal integrated cholera response, preparedness and prevention plan for 2018-2019. The focus of the plan is on preparedness, and includes contingency planning and supplies and preparation for Oral Cholera Vaccination (OCV) campaigns. To strengthen its preparedness, UNICEF, with support from the UK Meteorological Department, now gathers meteorological data on rainfalls one week in advance, so that teams can be mobilized ahead of forecasted high intensity of rainfalls.

A first ever OCV campaign was held in the South of the country in May, which targeted five districts in the Aden governorate. In total, 275,650 doses were distributed which amounted to an average coverage of 60 per cent in the target districts. Overall acceptance of the vaccine was high, despite this being the first campaign introduced to the country. C4D has been key to the campaign, and included the efforts of more than 500 community volunteers, religious leaders and traffic men who disseminated key messages to over 410,000 people. This was done through group discussions but also more creative platforms such as theatre performances, community meetings and posters.

Due to political challenges, the OCV campaign could only take place in the South of Yemen. A projected section round aims at targeting the country more broadly. Towards the end of July, an OCV campaign is scheduled to start in the North of Yemen.

WASH activities successfully contributed to the reduction in AWD/cholera attack rates: over 4 million people were reached in prioritized areas across Yemen through household chlorination campaigns, chlorination of water sources, chlorination of water trucks, distribution of chlorination tablets, distribution of consumable hygiene kits and hygiene awareness sessions at household level.



Health and Nutrition

UNICEF and partners continued to support the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, mainly WFP and WHO. Given the pre-crisis levels of

malnutrition and the ongoing deterioration of basic services and food supplies, malnutrition and vitamin deficiency continue to be a high concern in Yemen. Health and nutrition activities are geared towards prevention, screening and treatment.

Since the beginning of 2018, over 109,000 children have been treated for Severe Acute Malnutrition (SAM), an increase of over 29,895 reported cases during June, as compared to 82,527 children between January and June last year. This year, UNICEF reached 40 per cent of the target for 2018. UNICEF reached more children this year as compared to last due to a scale up in the CMAM programme, as well as an overall deterioration in nutrition. UNICEF expects a further increase in the numbers given that data collection is ongoing and under verification. The enrolment of children in SAM treatment will further improve once the Integrated Outreach Rounds take place. A mass Mid Upper Arm Circumference (MUAC) screening campaign is proposed for August or September 2018 in five governorates with the highest SAM figures. In addition, UNICEF is scaling up Outpatient Therapeutic Programme (OTPs) as well as the Community Health Volunteers (CHVs) focusing on the 107-high priority districts.

Furthermore, 239,4 children have received micronutrient powder (MNP) through health facilities, mobile teams and community health volunteers (reaching 33 per cent of the target) and 49,919 children (6- 59 months) have received Vitamin A supplements. The coverage for children receiving Vitamin A supplementation is low so far for 2018 as the country is still yet to conduct the first round of a polio National Immunization Day (NID) campaign - vitamin A supplementation will be a part of this campaign.⁷

Since the beginning of the year, de-worming tablets were provided to 307,418 children aged 12 to 59 months; 700,742 pregnant and lactating women (PLW) benefited from infant and young child counselling services (reaching nearly 71 per cent of the target) while 336,815 PLWs received iron-folate supplementation.

UNICEF planned to support the implementation of SMART⁸ surveys in 18 governorates out of the 21 SMART surveys planned for 2018. Out of them, 6 surveys completed during the reporting period with support from UNICEF and 2 SMART surveys with support from Action Contre la Faim, raising the total to 8 SMART surveys from January 2018 till date. The National Technical Committee is taking the lead in reviewing the protocol, approval of the data and checking the final survey reports. UNICEF supports the committee and provides the technical assistance to partners, this includes the provision of training on data analysis, report writing and protocol development.

As part of the diphtheria response, a diphtheria vaccination campaign was conducted during on March 10-16, 2018 in 39 high risk districts from 11 governorates, targeting 2,666,839 children under 15 years with Penta and Td vaccines.



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Total Beneficiaries	%	Penta (6weeks - Under 7 years)	%	Td (7 Years - Under 15 Years)	%
1,953,057	73.23%	771,128	55.47%	1,181,929	92.59%

A second round of the diphtheria vaccination campaign took place in 39 districts across the country between 12 -17 May this year. Over 155,000 children aged between 6 weeks and 59 months (15% of the target for the age group) were given Penta vaccination and over 553,000 children between 5 and 15 years (34% of the target for the age group) were given Tetanus and Diphtheria (Td) vaccination. The third round of the campaign which will be complemented with communication and social mobilisation activities may take place in the second half of this year.

Total Beneficiaries	Penta (6weeks - Under 7 years)	%	Td (7 Years - Under 15 Years)	%
708,768	155,000	15%	553,768	34%

⁷ Vitamin A supplementation takes place through both routine programmes (which have a low coverage) and as part of Polio National Immunization Day (NID) campaigns (which have a high coverage).

⁸ Standardized Monitoring and Assessment of Relief and Transitions.

To respond to measles in affected districts, a measles vaccination campaign was conducted in March 25 – 31, 2018 covering 26 districts in the southern governorates. A total of 572,961 children were vaccinated covering 86% of campaign target.

Achievement - 1st Measles Round March 2018									
6mth-11 mths	%	12-59 mths	%	6-59mths	%	5-10 yrs	%	6mth-10 yrs	%
30054	98%	193389	65%	223443	68%	349518	104%	572961	86%

As part of the diphtheria response and to respond to measles in affected districts, a combined measles and diphtheria vaccination campaign was conducted in May covering 23 districts of the northern governorates (Albayda, Hajjah and Amran). In total 294,452 Children (6mths – 15 yrs) were vaccinated with MR, while 237,507 were vaccinated with Td and Penta vaccines.

In addition, a first ever OCV campaign was conducted in the south of the country, targeting 451,000 people over 1 year of age in 5 districts of Aden (Sira AL-Tawahi, Khormaksar, AL-Mualla and Al Buraiqeh). In total, 274,650 doses have been distributed in 5 districts during the 10 days of campaign (60% of coverage). A second campaign is scheduled to start at the end of July in northern Yemen. The OCV and other vaccination campaigns were successful thanks to production and dissemination of culturally sensitive support materials by the Communications for Development teams.

Aden governorate	Target	1-4 y	5-14 y	>= 15 y	Total reached	Coverage
Al bureiqah	101,500	13,365	21,259	35,063	70,227	69.1%
Atahwhi	85,910	7,143	12,491	29,033	48,667	57%
Al Mualla	75,912	6,301	12,255	30,902	49,458	65%
Khur Maksar	70,376	7,902	11,034	25,394	44,330	63%
Sira	119,707	9,511	15,738	36,719	61,968	52%
Total	453,405	44,222	72,777	157,111	274,650	60%

This year, UNICEF continued to enhance children and pregnant and lactating women (PLW) access to essential health care services, supported by both routine services and mobile teams. In total, 50 Mobile Teams (MTs) provided a package of health services to and children, mainly in areas populated by IDPs. Through a combination of health facility-based and Mobile Teams, services were provided to children and PLWs, including:

- 241,796 under one children were given Penta3 and 203,391 children under 1 were vaccinated against measles (MCV1);
- 589,818 children under 5 had received Integrated Management of Childhood Illnesses (IMCI) services;
- 293,148 pregnant and lactating women received reproductive health services.

Water, Sanitation and Hygiene (WASH)

During the first half of 2018, the WASH programme pursued a dual approach for addressing the needs of the conflict-torn people of Yemen. The programme continued humanitarian emergency response as a top priority, particularly in high severity areas and those experiencing emergencies, necessitating a relief intervention for addressing life-saving needs in the immediate term. Simultaneously, the WASH programme also explored every opportunity to pursue stronger links between humanitarian and development programming through strengthening the resilience of local institutions and capacity building of local communities to advance durable solutions.

UNICEF is responding to emerging emergency needs, both to IDPs and host communities, those affected by crises, disease outbreaks and malnutrition. The programme focuses on immediate short-term interventions for ensuring availability of life-saving assistance including safe drinking water and adequate sanitation along with essential NFI supplies, to vulnerable and affected communities. UNICEF response is aligned with the WASH Cluster needs as outlined in the YHRP 2018 priorities. Since the beginning of the year, over four million people were reached in Acute Watery Diarrhea (AWD)/cholera outbreak prioritized areas across Yemen through household chlorination campaigns, chlorination of water sources and water trucks, distribution of chlorination tablets, distribution of basic and consumable hygiene kits and hygiene awareness sessions at household level. Additionally, the wastewater treatment plant continued functioning with UNICEF support, through provision of operations and maintenance benefiting approximately 2.1 million people in four

capitals of the governorates and benefiting over 1.2 million people from UNICEF's continued support for solid waste management.

During the recent escalation of fighting in Al- Hudaydah, over 200,000 IDPs and vulnerable groups received UNICEF WASH support, including emergency water supply through water trucking, installation of water storage tanks, distribution of water filters, solid waste clean-up campaigns, construction of emergency latrines and distribution of hygiene kits with awareness raising.

In terms of resilience building, UNICEF is strengthening the capacity of local communities and institutions for more durable impact in a cost-effective manner. This is done through provision of water and sanitation services, through reviving/preserving the existing infrastructure, both in rural and urban context. Interventions include rehabilitation and augmentation of the water supply and sanitation systems both in rural and urban locations, supporting the regular operation and maintenance (including fuel and disinfectants), alternative energy options (solar, wind, electric grid, private vendors etc.) and WASH services in schools as well in the health centres. Through these activities, UNICEF supports over 3.7 million people in urban areas, including 1.7 million children from host and IDP communities. Furthermore, UNICEF initiated the rehabilitation of several urban water supply schemes and rural water projects which provided access to sustainable safe drinking water supply services to over 1.3 million people, including 645,000 children, since January 2018.

Child Protection

During the first half of 2018, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented and verified 573 incidents affecting 986 children (767 boys; 216 girls; the rest of unknown gender). This compared to last year's first six months, in which 846 incidents were documented and verified, shows an increase in documented cases and as such, indicates that the situation in Yemen for children remains very concerning as violations are increasing.

Access has been constrained in areas of active combat, which has hampered opportunities for reporting and verification, including for cases of recruitment and use of children. The MRM network currently covers 735,817 children in most conflict affected areas.

This year, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordinances and explosive remnants of war for conflict-affected children and their caregivers through school and community-based activities, reaching 886,302 people, including 676,215 children (300,355 girls, and 375,860 boys) and 210,087 adults (73,716 female, and 114,007 male) covering fifteen governorates, representing 60 per cent of the target for the year.

UNICEF, through implementing partners, has provided psychosocial support (PSS) to 147,585 people, including 112,453 children (53,366 girls, and 59,087 boys) and 35,132 adults (22,222 female, and 12,910 male), through community-based and mobile child-friendly spaces in fifteen governorates, reaching 26 per cent of the target for 2018. As part of these initiatives, 72,812 people, including 43,538 children, were provided with knowledge and skills on protection during emergencies. It should be noted that restrictions imposed by local authorities on new implementing partners continue to pose serious challenges in children and communities access to psychosocial support and other services. UNICEF continues all dialogue in order to maintain these activities.

Through the case management programme, 4,165 cases of vulnerable children (1,934 girls; 2,231 boys) were identified of which 3,847 children (1,761 girls; 2,086 boys) have been referred to individual counselling and child protection services focused on family tracing and reunification, victim assistance, reintegration, GBV response, legal, and education services. Out of those children, 296 (198 boys; 98 girls) were injured, and some have sustained disabilities as a result of their injuries; implementing partners facilitated access to medical services as well as physical and psychosocial rehabilitation. The majority of these children were from the governorates of Sa'ada and Taiz where the majority of the child casualties occur. UNICEF has reached 37 per cent of the overall annual target for such critical services.



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Boy collects water in Alhatab village, 3 km from Al Hudaydah. Water is very scarce in the region and any access to water is exacerbated by the conflict.

Education

The Education programme has focused on preventing the system from collapse and ensuring that key inputs are in place, particularly infrastructure, as well as provision of learning materials, and training of teachers in psychosocial support education and active learning skills. As of June 30, 56,400 children have been provided with improved learning environment (reaching twenty per cent of the target for 2018) through the rehabilitation of 16 schools and repair of WASH facilities in 115 schools, and repair of 450 desks in 15 schools in Taiz. Technical needs assessments are ongoing to select another 417 schools for rehabilitation of WASH facilities.

From January to June 2018, UNICEF along with its partners, conducted psychosocial support training in different governorates for 2,567 teachers, enhancing their capacity to attend to the needs of 65,920 conflict-affected children, thereby reaching 15 per cent of the annual target. Challenges remain as education authorities in the North do not see this intervention as a priority. UNICEF is now exploring options to move forward, including re-programming to other geographical areas.

In areas with high concentrations of IDPs in Sana'a, Aden, Sa'ada, Taiz and Amanat Al-Asimah, 1,439 teachers (663 males; 776 females) have received incentives and participated in active learning skills training, which will allow them to support around 63,881 IDP and host community children (37,459 boys; 26,422 girls). UNICEF also continued to provide 41,701 primary school children with basic learning materials. Nearly 4,746 teachers and supervisors in Aden, Taiz, Al-Hudaydah, Lahj, Abyan, Al Mahweet and Sada'a governorates were trained on knowledge and skills enhancement and were now equipped to facilitate learning for 198,660 students. To enhance community participation towards education, 8,510 members of father and mother councils (FMCs) and school management committees were also trained in techniques to enhance community mobilization, children's education and school improvement in Ibb, Al-Hudaydah and Hajjah.

As of the end of June 2018, 1,669 schools have been either partially or fully destroyed and the number of out-of-school children (OOSC) stands at two million. UNICEF has therefore been developing and implementing innovative interventions to offer educational opportunities. During this reporting period, 6,538 Out of School children (3,590 boys and 2,948 girls) in Taiz, Hajjah and Amran were integrated into formal education provided in community-based classes (CBCs), 85 CBCs in Al-Hudaydah and Lahj were supported with basic learning supplies benefitting 5,336 children and 299 volunteer teachers providing CBCs in Al-Hudaydah and Hajjah have been trained on pedagogical and classroom management skills, supporting more than 15,000.



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Children at school

Nearly three quarters of public school teachers have not been paid for two school years, and in early May, education authorities in the North indicated that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other education activity in the governorates under their control. This has proved challenging for UNICEF, as the needs-based work plan for education interventions has not been approved. As a result, implementation is delayed, which is affecting the achievement of all programme indicators. To tackle this, UNICEF is now consulting donors on their willingness to re-programme their funds towards incentives.

Social Inclusion

In the context of a protracted military conflict, a devastating humanitarian, financial and economic crisis, and collapse of national systems, the Social Policy/Social Inclusion Programme has enhanced its 'Humanitarian Plus' approach that aims to bring together the humanitarian and development nexuses to achieve better results for children. In early 2018, the Programme has prioritized the focus on: (i) addressing multidimensional aspects of child poverty and disparities, (ii) preserving and strengthening national social protection systems, (iii) enhancing integrated social service delivery, and (iv) promoting finance for children in addition to building resilience to external shocks and enhancing humanitarian responses.

This year, the Analysis of Social Protection Systems was launched which was aimed at providing insights on the effectiveness of current social protection programmes and schemes, and understating the extent to which these address poverty and vulnerability in Yemen. The study targets various population groups, and covers 6 governorates of Yemen – Amant Al Asimah, Aden, Al Hudaydah, Ibb, Taiz and Ma'rib. In March 2018, the Programme supported Ministry of Social Affairs and Labour (MoSAL) in strategic planning and capacity building on social protection in Yemen. A detailed roadmap of joint actions has been developed and endorsed (in addition to the traditional joint planning tools). In addition, a Social

Protection Consultative Committee (SPCC) was set up as a discussion platform/forum to maintain a strategic dialogue with authorities, and to facilitate and coordinate the social protection interventions in the country.

The Programme has also designed an Integrated Model of Social and Economic Assistance (IMSEA) that aims at addressing the most pressing and multi-faceted needs of the poorest and most marginalized communities in Yemen, such as people living in slums (these slums are primarily dwelled by traditionally marginalized and socially excluded Muhamasheen minorities/communities, IDPs and the poorest of the poor). During the first half of 2018, the programme has completed the first stage of data collection and analysis – more than 9,000 project beneficiaries were identified in Amanat Al Asimah and Sana'a governorates, and around 3,800 appeals have been received through a toll-free number.

During the first half of 2018, the Social Policy Programme also continued supporting MoPIC in publishing Yemen Socio-Economic Update (YSEU) – the only source of socio-economic information in the country. The YSEU publications have specifically focused on financial developments and its impact on social services in country.

Communications for Development (C4D)



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Prayers in mosques.

In the first six months of the year, Communication for Development interventions focused on supporting the emergency response for cholera, diphtheria and measles outbreaks, as well as supporting the promotion of the key lifesaving practices around Exclusive Breastfeeding, Ante Natal Care, complementary feeding and immunization.

Key C4D interventions helped to mobilize nearly five million people (750,247 girls; 656,057 boys; 1,840,949 women and 1,736,718 men) were through house to house visits, group discussions, mosque speeches, community theatre and community gatherings. In addition to raising awareness, these sessions strengthened outbreak preparedness and response at community and household level. These interventions included 358,525 home visits, 25,076 group discussions and 1,443 talks during Friday

C4D teams also supported the implementation of four sub-national campaigns, including the Diphtheria/Tetanus vaccination campaign (Round One in March 2018) in which over 90% of the eligible target group were vaccinated against Diphtheria/Tetanus; the measles campaign (Round One in the Southern Governorates in April 2018) in which 86% was vaccinated; an Oral Cholera Vaccination Campaign in Aden (Round One in May 2018) in which 60% of the target population were reached; and Diphtheria/Tetanus vaccination campaign Round Two in May 2018.

These interventions were supported by the production and dissemination of culturally sensitive and appropriate communication support materials on cholera, diphtheria, and measles including 1,196,000 leaflets, 507,500 posters and 694 street banners, reaching another 1.6 million people.

Interpersonal communication and community engagement efforts were complemented by mass media activities through partnerships with over 13 local Radio stations and 5 satellite TV channels nationwide, with about 8 million people receiving the key messages through public service announcements and live discussion programmes.

Supply and Logistics

The total value of supplies delivered from Djibouti in June has amounted to USD 625,596.70, with a total weight and volume of 63 metric tons and 223 cubic meters respectively (this included health supplies, medicine). This delivery was composed of one Logistics Cluster sea operation to Al-Hudaydah and two Logistics Clusters air operations to Sana'a. Due to inaccessibility of the warehouse in Al-Hudaydah, supplies were temporarily moved to a warehouse in Al Marawah district, provided by WFP.

The first six months of this year, a total weight and volume of 2,512 metric tons and 11,117 cubic meters has been delivered. This amounts to a total value of more than USD 25 million of supplies. In general, the Supply and Logistics team continues to steadily manage movement of goods between the hub in Djibouti and Yemen, in cooperation with the Logistics Cluster. However, operational challenges remain and have included delays in clearances which have resulted in delayed supply of goods to hubs and subsequent distribution.

Media and External Communication

This year, UNICEF has issued various [reports](#), media statements and press releases to advocate for children's rights and humanitarian action in Yemen. In January, a [report](#) was published marking 1,000 days of the conflict, which highlighted the plight of more than 3 million children who have been born in Yemen since the eruption of the conflict in March 2015. In March, UNICEF launched a [key report](#) to mark the third year of the conflict; noting the impact on children's lives and their education. UNICEF's Middle East and North Africa Regional Director, Geert Cappelaere, visited Yemen in March, where he met with key authorities in Aden and Sana'a to advocate for the children of Yemen.

A [press briefing](#) was held upon return. In June, UNICEF's Executive Director, Henrietta H. Fore conducted a three-day visit to Yemen. Following her visit, she [emphasized](#) the importance of a political solution to the conflict and encouraged parties to the conflict to give peace a chance.

SOCIAL MEDIA HIGHLIGHTS FOR JAN-JUN 2018	
TWITTER	
New Followers	73.2K
Tweets impressions	5 Million
Top tweet	71.1K impressions
Total tweets (Arabic/English)	444
Total mentions	7.5K
FACEBOOK	
Net new page likes/ followers	7.1K
Total Reach	1.3 Million
Key post	34.1K Reach

Funding

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. This year, UNICEF Yemen received various contributions including from USAID, the Kingdom of Saudi Arabia, the United Arab Emirates, Kuwait, Germany, Sweden, Australia, Japan, Iceland, Mexico and a further 26 donors, including National Committees. Most contributions received were flexible funds toward the Humanitarian Action for Children (HAC).

With no end in sight to the conflict in Yemen and ongoing operational challenges to key programme activities, UNICEF continues to fundraise for its Yemen response for 2019. In order to maintain continuity of its programmes and activities, UNICEF particularly welcomes flexible and multi-year 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	43,112,363	47,235,066	90,347,429	22,746,180	20%
Health	107,264,969	36,650,686	58,061,567	94,712,252	12,552,716	12%
Water, Sanitation and Hygiene	79,100,000	65,382,039	55,616,479	120,998,518	0	0% ⁹
Child Protection	33,238,526	15,318,953	8,754,881	24,073,834	9,164,692	28%
Education	30,840,473	9,382,620	16,074,896	25,457,516	5,382,957	17%
C4D	14,553,270	5,875,236	2,900,497	8,775,733	5,777,537	40%
Being allocated		615,155		615,155		
Total	378,090,847	176,337,052	188,643,385	364,980,437	13,110,410	3%

*'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.

⁹ UNICEF has exceeded in its WASH programme in 2018. The WASH interventions are progressing as planned and it is foreseen that all HPM targets will be reached or exceeded this year.

***'Funds Available' as of 1 July 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.*

Next SitRep: 28/8/2018

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

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SUMMARY OF PROGRAMME RESULTS

		Cluster Response			UNICEF and IPs		
2018 Programme Targets and Results	Overall needs	2018 Target	Total Results	Change since last report ▲▼	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	268,000	114,107	29,895▲	268,000	114,107	29,895▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	700,742	201,283▲	983,000	700,742	201,283▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	239,400	85,988▲	730,000	239,400 ¹⁰	85,988▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	49,919	19,467▲	4,177,000	49,919 ¹¹	19,467▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					912,560	572,961	101,296▲
Number of Children under 5 vaccinated against polio					5,352,000	303,569	160,078
Number of children under 5 receiving primary health care					1,500,000	589,818	111,527▲
Number of pregnant and lactating women receiving primary health care					811,055	293,148	46,910▲
WASH, SANITATION & HYGIENE							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	4,839,100	150,315▲	5,500,000	4,659,948	0
Number of people gaining access to emergency safe water supply		1,703,359	1,200,273	640,892▲	800,000	788,967	569,413▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	469,325	427,800▲	800,000	431,187	427,800▲

¹⁰ This target depends on the integrated outreach activities (5 national round annually). So far, only one round has been implemented, so with the other four rounds to come, this number will increase in the second half of 2018.

¹¹ The coverage for children receiving Vitamin A supplementation is low thus far for 2018 as the country is still yet to conduct the first round of a polio National Immunization Day (NID) campaign - vitamin A supplementation will be a part of this campaign. Vitamin A supplementation takes place through both routine programmes (which have a low coverage) and as part of Polio National Immunization Day (NID) campaigns (which have a high coverage).

Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	317,921	80,059▲	800,000 (basic)	147,318	80,059▲
		5,332,045	2,641,374	1,057,251▲	3,400,000 (consumable)	2,220,054	901,243▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	4,278,477	1,012,217▲	3,400,000	4,129,820 ¹²	980,407▲
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	90%	90%	90%	87%	90%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	195,981	44,233▲	594,937	147,585 ¹³	37,418▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	921,675	58,717▲	1,468,541	886,302	58,454▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	1,181	320▲	10,345	3,847	230▲
EDUCATION							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	158,872	44,233▲	639,100	126,635	70,235▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	102,853	58,717▲	429,000	65,920	22,988▼ ¹⁴
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	112,531	320▲	473,000	41,701	0
C4D							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ¹⁵					2,200,000(14)	850,718	287,893▲
					4,000,000(4)	4,979,659	105,665▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	6,978	358▲

¹² The target is exceeded due to the focus on elimination and mitigation of cholera in the first half of 2018.

¹³ Restrictions imposed by local authorities on new implementing partners continue to pose serious challenges on children and communities' access to psychosocial support and other services. Despite these challenges, UNICEF continues to maintain dialogue in order to maintain these activities.

¹⁴ For Education (Number of affected children receiving psychosocial support services and peace building education in schools), following a data cleaning process, there is reduction in overall progress by -22,988.

¹⁵ 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).