



In May, over 270,000 people were vaccinated in Yemen's first-ever cholera vaccination campaign.

# Yemen Humanitarian Situation Report



## SITUATION IN NUMBERS

### Highlights

- The security situation in Yemen continued to deteriorate in May, especially along the West coast and around the city of Al Hudaydah. UNICEF is concerned around child protection and safety of civilians and civilian infrastructure.
- The pilot phase of the first-ever Oral Cholera Vaccination (OCV) campaign in Yemen was launched on the 6 May and concluded on 15 May, just before the start of Ramadan. The campaign, which was aimed at preventing the resurgence of the world's largest cholera outbreak, reached 274,650 people (60 per cent of target population) in five high-risk districts of Aden governorate. The second phase will be conducted in July 2018 (exact dates to be confirmed), and will target a population of 828,221 across four high-risk districts (three in Amanat al Asimah and one in Al Hudaydah).
- Yemen suffered the effects of a natural disaster on 23 May, with the tropical cyclone 'Mekunu' sweeping through the island of Socotra resulting in heavy floods where 1,003 household were displaced and 60,000 people were directly or indirectly affected. UNICEF has distributed hygiene kits and chlorine tabs to 1,000 households and supported local water authorities to conduct blanket chlorination of water reservoirs and communal water tanks on Socotra.
- UNICEF continued the rehabilitation of several rural and urban water supply schemes, improving access to safe drinking water to an additional 885,000 people, including 419,000 children.
- In May, UNICEF provided psychosocial support to 22,353 people, including 18,081 children, through community-based and mobile child-friendly spaces in twelve governorates.

### UNICEF's Response with partners

	UNICEF		Sector/Cluster	
	UNICEF Target	2018 Results*	Cluster Target	2018 Results*
<b>Nutrition:</b> Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	276,000	79,622	276,000	79,622
<b>Health:</b> Number of children under 5 receiving primary health care	1,500,000	478,291		
<b>WASH:</b> Number of people living in cholera high risk areas having access to water treatment	3,400,000	3,149,413	4,202,324	3,266,260
<b>Child Protection:</b> Number of children and community members reached with lifesaving mine risk education messages	1,468,541	862,958	1,684,106	827,848
<b>Education:</b> Number of affected children supported with basic learning supplies	473,000	41,701	1,500,000	112,531

\*Results are cumulative (Jan-May 2018).

### May 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

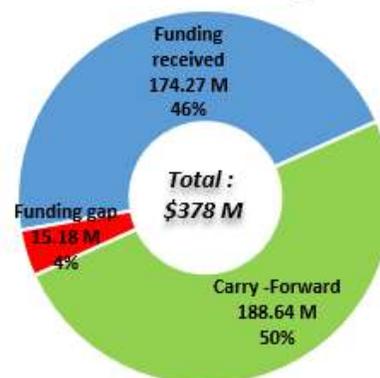
### UNICEF Appeal 2018\*

**US\$ 378 million**

### Funding Status\*\*

**US\$ 362.9 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:** As efforts are ongoing on revamping peace talks, clashes intensified in May, with parties to the conflict trying to secure military gains. The security situation around Al Hudaydah city is particularly volatile. On 25 May, the Saudi-led Coalition-backed forces made a rapid advance up the West coast, gaining more than 100 km in four days, and airstrikes accompanied the advance. The conflict has at the time of reporting reached the coastline village of Al Durayhimi, some 18 km from Al Hudaydah city, and south of the airport. Fighting is expected to continue and it is predicted that this could lead to large displacement, and both supply lines and the port are under threat; the humanitarian community is responding to the rapidly growing needs. In Sa'ada, armed clashes have also flared in two districts and airstrikes are increasing, whilst in Taizz armed clashes are also escalating and intensifying with the shifting of conflict lines, affecting humanitarian access. Overall in May, 17 children were verified as killed and 35 children were verified as maimed.<sup>1</sup>

On top of the conflict, Yemen also suffered the effects of a natural disaster on 23 May with the tropical cyclone 'Mekunu' sweeping through the island of Socotra, flooding it heavily, before making landfall in the Sultanate of Oman on 26 May. The Government of Yemen declared a state of emergency and called on humanitarian organizations to support relief efforts. Minor damage to infrastructure has been reported and food and WASH assistance remain priority needs. On 27 May, the International Federation of Red Cross and Red Crescent Societies reported that seven people have died and eight are still missing due to the cyclone.<sup>2</sup> Overall, 1,003 household were displaced and 60,000 people were directly or indirectly affected.

The attack rate for Acute Watery Diarrhea (AWD)/cholera continues to decline for the 36<sup>th</sup> consecutive week, and 153 of the 305 affected districts have not reported any suspected cases for the last three weeks.<sup>3</sup> For diphtheria, as of 27 May 2018, a cumulative total of 1,817 suspected cases (an 8.5 per cent increase from the previous month) were reported including 97 associated deaths (a 7.7 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 37 per cent of associated deaths.<sup>4</sup>

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 <sup>5</sup>	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.

In May, the clusters engaged in a reprioritization of activities for the Yemen Humanitarian Response Plan (YHRP). The Nutrition Cluster has prioritized immediate lifesaving interventions (such as Community Management of Malnutrition and Infant and Young Child Feeding Counselling) with second priority interventions including micronutrient distribution and the blanket and supplementary feeding programme. Similarly, the WASH Cluster has prioritized immediate lifesaving needs for the most vulnerable (this includes water trucking, the cholera response and responding to the needs of internally displaced people, whilst the second priority interventions focus on ensuring continued, improved and more equitable access to basic WASH services. Meanwhile, the initial YHRP did not include teachers' incentives, but in March 2018, education authorities indicated that this was a high priority. Revision of the YHRP to include incentives for teachers is now in progress, based on consultative discussions with authorities in both the North and the South.

<sup>1</sup> UN Country Task Force on Monitoring and Reporting.

<sup>2</sup> UNOCHA, Yemen: Cyclone Mekunu Flash Update: <https://reliefweb.int/report/yemen/yemen-cyclone-mekunu-flash-update-2-27-may-2018-enar>

<sup>3</sup> Emergency Operations Centre Situation Report, Diphtheria and Cholera Response, Situation Report No.36.

<sup>4</sup> Ibid.

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

During the reporting period, the Nutrition Cluster continued developing a Social Behaviour Change Strategy. An international consultant has been brought on board to develop the document. The broad objective of the SBC Strategy is To contribute to prevent and reduce malnutrition among children under five and pregnant and lactating women. The specific objectives are to improve nutritional and nutrition-related behaviours, starting with exclusive breastfeeding for the first six months after birth, minimum dietary diversity, and eating an extra meal each day during pregnancy. At the sub-national level, partners are developing detailed scale-up plans for nutrition interventions, per district. The WASH Cluster established a call centre to enhance coordination between the health sector and WASH Rapid Response Teams (RRTs), and monitor the response time for cholera.

**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 per cent 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 Diarrhoea (AWD)/Cholera Response:** More than a year since the outbreak of AWD/cholera on 27 April 2017, the cumulative total of suspected cholera cases until 27 May 2018 has reached 1,103,267, with 2,297 associated deaths across the country. This represents a 0.8 per cent and 0.9 per cent increase from last month in cumulative suspected cases and associated deaths respectively, indicating a slowing attack rate for the 36<sup>th</sup> consecutive week.<sup>6</sup> Children under the age of five (U5) continue to represent 28.8 per cent of total suspected cases.

In May, UNICEF conducted an Oral Cholera Vaccine (OCV) campaign in the South of the country through 20 fixed teams and 432 mobile teams. The campaign targeted five districts in Aden governorate<sup>7</sup> between 6 and 15 May. In total, 275,650 doses were distributed which amounted to an average coverage of 60 per cent in the target districts. A total of 7 per cent of households refused the vaccine, however overall acceptance of OCV was very high, despite this being the first time it has been introduced to the country.

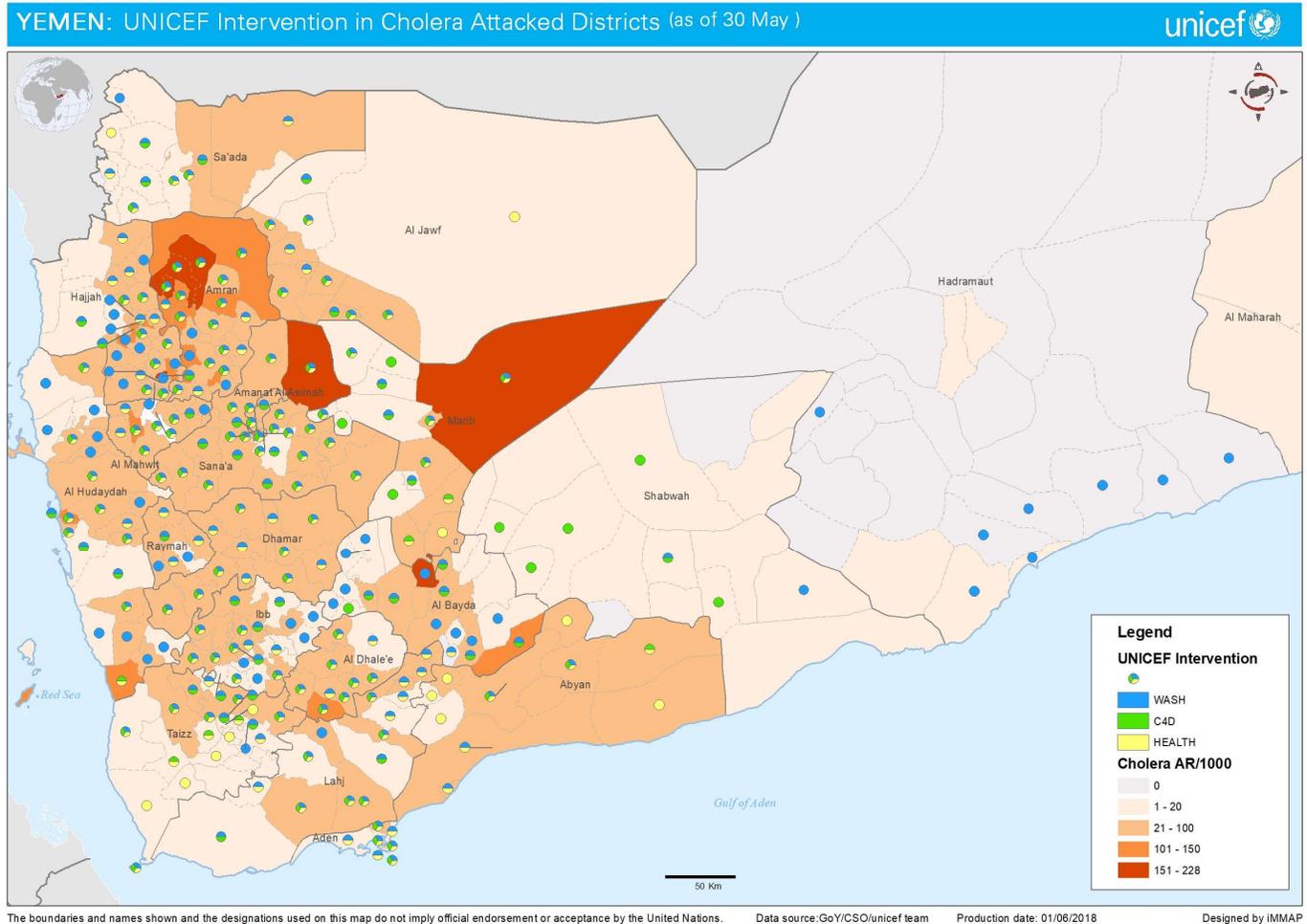
The campaign was also accompanied by Communication for Development (C4D) interventions, for which over 500 community volunteers, religious leaders and traffic men disseminated key messages to over 410,000 people through group discussions, theatre performances, community meetings, counselling and prayers. In addition, banners and posters were displayed, and leaflets were distributed, and this was accompanied by radio and TV broadcasts which highlighted the benefits of the vaccination.

Meanwhile, WASH interventions continued in priority districts through UNICEF-supported rapid response teams (RRTs); overall, 550,000 people were reached, including 287,000 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. UNICEF also initiated the RRT Information Centre in Yemen, a coordination mechanism aiming to provide real-time data on suspected cases, ensuring timely interventions.

To strengthen 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.

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

<sup>7</sup> Al-Bureiqah, Atawah, Al Mualla, Khur Maksar and Sira.



**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 79,622 children have been treated for Severe Acute Malnutrition (SAM), an increase of over 18,500 reported cases during May, reaching 29 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: this figure is based on a current OTP reporting rate of 81 per cent. Enrolment of children in SAM treatment will further improve once the Integrated Outreach Rounds take place. These are planned to begin Eid. Further, a mass MUAC screening campaign is proposed for August or September 2018 in five governorates with the highest SAM burden, which will also significantly contribute to improving coverage of SAM treatment. In addition, UNICEF is scaling up OTPs as well as the CHVs focusing on the 107-high priority district. Further, the target is 70% of the burden (400,000) which is higher than the SPHERE standard. According to SPHERE, the minimum coverage rate for the rural areas is 50% and in the urban areas it's 70%; given that almost two-thirds of the Yemeni population live in rural settings, the targets are higher than minimum SPHERE standards.

Furthermore, 149,500 children have received micronutrient powder through health facilities, mobile teams and community health volunteers (reaching 20 per cent of the target) and 30,452 children (6- 59 months) have received Vitamin A. 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 campaign - vitamin A supplementation will be a part of this campaign.<sup>8</sup>

Ongoing monitoring of consumption takes place through supportive supervision and check lists. Additionally, since the beginning of the year, de-worming tablets were provided to 206,155 children aged 12 to 59 months; 486,472 pregnant and lactating women (PLW) benefited from infant and young child counselling services (reaching nearly 50 per cent of the target) while 258,742 PLWs received iron-folate supplementation.

<sup>8</sup> 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).

In addition to the aforementioned OCV campaign, UNICEF and partners conducted a second round of the diphtheria campaign in 39 districts across the country between 12 -17 May. Over 155,00 (exact figure: 155,105) children aged between 6 weeks and 59 months (15% of the target for the age group) were given Penta vaccination and 553,768 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 is tentatively scheduled for after Ramadan. One key challenge was that this campaign was conducted during Ramadan, when health workers are fasting.



©UNICEF YEMEN/2018  
Diphtheria campaign in Sana'a Governorate.

UNICEF also continued to enhance children and PLWs' access to essential health care services, supported by both routine services and mobile teams. 50 Mobile Teams (MTs) provided a package of health services to mothers and children, mainly in areas populated by IDPs. MTs provided routine vaccinations to 3,625 children and Integrated Management of Childhood Illnesses (IMCI) services to 7,620 children<sup>9</sup>. Through a combination of health facility-based services and Mobile Teams, this month 97,830 children U1 were vaccinated against measles (MCV1) and 104,590 children were vaccinated with Penta vaccine,<sup>10 11</sup> 125,600 children U5 received IMCI services, and 51,502 PLW accessed reproductive health services.

**Water, Sanitation and Hygiene (WASH):** During May, the WASH programme continued to prioritise humanitarian emergency response by providing services in locations with high risks of AWD/suspected cholera and malnutrition. Life-saving services were provided to the influx of new IDPs as a result of the recent escalation of fighting in Al Hudaydah, Taizz, Lahj, and Abyan. Simultaneously, WASH interventions related to systems preservation, as well operationalization, were scaled up in priority districts, and in coordination with both the Health and WASH Clusters.



©UNICEF Yemen/2018  
Development of a water source and distribution network for the most vulnerable communities in peri-urban areas of Sana'a.

In May, UNICEF provided safe drinking water to over 3,300,000 people, including 1,600,000 children, in urban areas composed of host communities and IDPs in 15 cities including Amanat Al Asimah, Al Hudaydah, Amran, Ibb, Hadramout and Sadaa, through the operationalization of the water supply systems at the community level, and the provision of fuel, electricity and disinfectants for chlorination. Furthermore, UNICEF continued the rehabilitation of several rural and urban water supply schemes which contributes to the improvement of accessibility to safe drinking water to an additional 885,000 people, including 419,000 children in Amanat Al Asimah, Al Hudaydah, Amran, Ibb, Hadramout and Sadaa.

Responding to the influx of the new IDPs, UNICEF supported almost 33,480 IDPs, vulnerable groups and other affected communities through water trucking, distribution of family basic hygiene kits (3,500 hygiene kits)<sup>12</sup>, hygiene promotion and AWD/suspected cholera prevention awareness-raising activities during the reporting period.

This month a major constraint faced was related to restrictions imposed by local authorities on the distribution of hygiene kits and awareness activities. UNICEF initiated advocacy efforts to address the matter with all relevant authorities and afterwards most of the interventions continued without any major disruptions.

**Child Protection:** In May, the Country Task Force documented and verified the killing of 17 children (12 boys; 5 girls) and the maiming of 35 children (30 boys; 5 girls). Most of those verified cases were in the Taizz and Sa'ada governorates. During this

<sup>9</sup> 1,022 treated for diarrhoea, 299 treated for dysentery, 112 treated for malaria, 2,990 with deworming, and 2,219 to other symptoms. In addition to reproductive health services to 2,371 women (820 provided with antenatal care, 390 provided with postnatal care, 1,163 provided with iron folate supplements and 794 pregnant women vaccinated against tetanus).

<sup>10</sup> Pentavalent vaccine provides protection to a child from 5 life-threatening diseases – Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib.

<sup>11</sup> 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.

<sup>12</sup> The distribution of 3,500 Basic Hygiene Kits provided support to 20,989 vulnerable IDPs in Al Khokha.

period, 38 cases of child recruitment and use were verified out of which 14 were either killed or injured in the battlefields. The verification of cases in active conflict areas such as Hajjah, Al Hudaydah and Taizz was hampered by access constraints.

UNICEF continued to support the referral and provision of specialized health services to children with injuries and disabilities. As part of this initiative, UNICEF was able to support the transportation and accommodation of 137 children (90 boys; 47 girls) which enabled access to medical and other services.

Also in the reporting month, UNICEF provided psychosocial support (PSS) to 22,353 people, including 18,081 children, through community-based and mobile child-friendly spaces in twelve governorates. UNICEF has now reached 20 per cent of its overall target for 2018. As part of these initiatives, 12,539 people, including 7,546 children, were provided with knowledge and skills on protection during emergencies. The National Authority for the Management and Coordination of Humanitarian Affairs (NAMCHA) has imposed some serious restrictions on child protection activities by blocking implementations for major components of the programme and terming them non-priorities. UNICEF has embarked on number of negotiations with NAMCHA to allow access. Funding is also a challenge for child protection activities.

During the reporting period, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war to conflict-affected children and their caregivers through school and community-based activities. This reached 216,938 people, including 156,054 children and 60,884 adults, in 24 districts covering six governorates, reaching 56 per cent of the target for the year.

Through the case management programme, 969 cases of vulnerable children (568 boys; 401 girls) were identified and 734 children (including 163 critical cases) have so far been referred to individual counselling and child protection services. The responses focused on family tracing and reunification, reintegration, gender-based violence (GBV) response, legal, and education services. So far, 32 cases of unaccompanied and separated children have been identified, of which 90 per cent were referred for family tracing and reunification.

**Education:** During the reporting period, the Education programme has focused on preventing the system from collapse and ensuring that key inputs are in place, particularly infrastructure, as well as support for Grade 9 national exams, learning materials, and training of teachers and members of father-mother councils. More specifically in May, 12,634 children (4,170 boys; 8,464 girls) were provided with improved learning environment (reaching nine per cent of the target for 2018) through the repair of 41 WASH facilities in four schools in Taizz and one in Ibb. Needs assessments have already been conducted in 83 schools in Aden, Lahj, Abyan Al Dhalea and Shabwa where works will start as soon as the Rolling Workplan is approved by Education authorities in the North.

UNICEF along with its partners in the field conducted psychosocial support training in Sa'ada and Hajjah for 1,299 teachers (881 males; 418 females) bringing to 1,439 (663 male; 776 female) the total number of teachers supported, enhancing their capacity to attend to the needs of 33,659 additional conflict-affected children (23,156 boys; 10,503 girls), thereby reaching 21 per cent of the annual target. The target may be revised downward at the mid-year review as education authorities have clearly indicated that this intervention is not a priority and should therefore be stopped. Some funds allocated for this purpose will therefore be transferred to Southern governorates but insufficient capacity will not allow for initial targets to be reached.

In areas with high concentrations of IDPs in Sana'a and Amanat Al-Asimah, 904 teachers (484 males; 420 females) in 27 schools have received incentives and participated in active learning skills training, which will allow them to support around 44,602 IDP and host community children (24,021 boys; 20,581 girls). To enhance community participation towards education, 6,850 members of father and mother councils (FMCs) and school management committees (3,166 males; 4,181 females) were also trained in techniques to enhance community mobilization, children's education and school improvement in Al-Hudaydah and Hajjah. An additional 2,864 out-of-school-children (1,449 boys; 1,415 girls) are still receiving support to be integrated into formal education in Hajjah.

Due to the severe shortage of financial resources, this month UNICEF provided support to the Ministry of Education in conducting Grade 9 exams in governorates which administrated the exams, with the remaining governorates expected to organize them in July 2018.

Nearly three quarters of public school teachers, mainly in the north of the country, 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. This also signifies that Humanitarian Performance Monitoring indicators will need to be revised in the coming months to account for the new developments.

**Social Inclusion:** In May, the needs assessment for the Model of Social and Economic Assistance (MSEA) was completed in Amanat Al Asimah and Sana'a governorates. More than 9,000 project beneficiaries were identified. The selected beneficiaries are largely people living in informal settlements and slums; the majority of them are Muhamshen. Most live in 'cluster settlements' (at least 50 households) while some also live in 'satellite slums' (around 30 households). During the current targeting round, the programme primarily focused on cluster settlements, but UNICEF is currently expanding the coverage, during which more satellite slums will be targeted. These communities represent the poorest and most vulnerable among the Yemeni population. The community and household case management modality has been developed to support the project and a mapping of social services has also been launched. All selected households will be served with in-kind social transfers; a package of social services including WASH, health, nutrition, child protection, education, and social assistance; and a social investment package (capacity building, microfinance, and other initiatives).

An analysis of social protection systems is still ongoing during the reporting period. The analysis covers the poorest and most vulnerable households in six governorates of Yemen, including Amanat Al Asimah, Aden, Al Hudaydah, Ibb, Taizz, and Ma'rib. Together with partners, UNICEF also developed a model to monitor and assess coping mechanisms and resilience of households and communities, which will be launched in the coming months.

Furthermore, UNICEF supported the Ministry of Planning and International Cooperation (MOPIC) in the reporting month to release a socio-economic update on the banking system, highlighting the challenges and constraints that the banking sector faces in Yemen, including the division of fiscal authority and the severe liquidity crisis. MOPIC has distributed the report to a wide group of recipients via e-mail, and it can be accessed on some partner webpages (for example: <http://fscluster.org/yemen/document/yemen-socio-economic-update-issue-33>).

**Communications for Development (C4D):** In May, the C4D programme has reached over 149,000 people through various interpersonal activities responding to AWD/cholera and diphtheria outbreaks, in addition to promoting 14 life-saving behaviour practices.<sup>13</sup> In addition, through four sub-national vaccination campaigns, UNICEF has reached over four million additional people with essential health, nutrition, and hygiene messages between March and May.<sup>14</sup> With the routine interpersonal activities and the vaccination campaigns combined, UNICEF has now reached over 100 per cent of its overall target for cholera related C4D interventions in 2018, and 26 per cent of its target for non-cholera related interventions.<sup>15</sup>

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 which accompanied the OCV campaign, UNICEF's C4D programme supported the Diphtheria and Measles-Rubella (MR) vaccination campaign through training 2,458 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. Overall, they reached more than 1.9 million people through home visits, community meetings and speeches in mosques. Mass media interventions through seven TV stations and 13 radio stations facilitated the campaign by broadcasting announcements, flashes and programmes on diphtheria and measles awareness messages.

SOCIAL MEDIA HIGHLIGHTS FOR MAY	
2018	
<b>TWITTER</b>	
New Followers	6.9K
Tweets	681K
impressions	
Top tweet	<a href="#">38.2K impressions</a>
Total tweets (Arabic/English)	75
<b>FACEBOOK</b>	
Net new page likes/ followers	1.4K
Total Reach	195K
Key post	<a href="#">32.1K reach</a>

**Supply and Logistics:** The total value of supplies delivered during the reporting month has amounted to US\$ 4,184,100, with a total weight and volume of 395 metric tons and 1,982 cubic meters respectively (this included Penta and Td vaccines, water purification tablets and ready to use therapeutic food). This delivery was composed of two dhows which arrived in Al Hudaydah, one chartered vaccine flight to Sana'a, and two Logistics Cluster sea operations to Al Hudaydah.

<sup>13</sup> 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.

<sup>14</sup> 1,443,432 people through the first-round tetanus and diphtheria campaign in March; 386,004 people through the first round Measles campaign in southern governorates in April; 416,755 people through the first round OCV campaign in Aden in May; and 2,086,722 people through the second round tetanus and diphtheria campaign and first round Measles campaign in the north in May.

<sup>15</sup> 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.

## 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	41,631,711	47,235,066	88,866,777	24,226,832	21%
Health	107,264,969	36,416,252	58,061,567	94,477,818	12,787,150	12%
Water, Sanitation and Hygiene	79,100,000	65,206,215	55,616,479	120,822,694	0	0%
Child Protection	33,238,526	15,243,601	8,754,881	23,998,482	9,240,044	28%
Education	30,840,473	9,315,639	16,074,896	25,390,535	5,449,938	18%
C4D	14,553,270	5,841,745	2,900,497	8,742,242	5,811,028	40%
<i>Being allocated</i>		615,155		615,155		
<b>Total</b>	<b>378,090,847</b>	<b>174,270,318</b>	<b>188,643,385</b>	<b>362,913,703</b>	<b>57,514,992</b>	<b>15%</b>

\*'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 31 May 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 May, UNICEF Yemen received a generous contribution from the Kingdom of Saudi Arabia and United Arab Emirates, in addition to smaller contributions from various National Committees and the Government of Mexico.

## Next SitRep: 20/7/2018

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## Annex

## SUMMARY OF PROGRAMME RESULTS

2018 Programme Targets and Results <sup>16</sup>	Cluster Response				UNICEF and IPs		
	Overall Needs <sup>17</sup>	2018 Target	Total Results	Change since last report	UNICEF 2018 Target	Total Results	Change since last report
<b>Nutrition</b>							
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	400,000	276,000	79,622	18,523 ▲	276,000	79,622	18,523 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	486,472	238,130 ▲	983,000	486,472	238,130 ▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	149,500	39,133 ▲	730,000	149,500 <sup>18</sup>	39,133 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	30,452	2,310 ▲	4,177,000	30,452 <sup>19</sup>	2,310 ▲
<b>Health</b>							
Number of children under 1 vaccinated against measles (MCV1)					912,560	170,791 <sup>20</sup>	97,830 ▲
Number of Children under 5 vaccinated against polio					5,352,000	143,491 <sup>21</sup>	27,815 ▲
Number of children under 5 receiving primary health care					1,500,000	478,291 <sup>22</sup>	125,600 ▲
Number of pregnant and lactating women receiving primary health care					811,055	246,238 <sup>23</sup>	51,502 ▲
<b>WASH</b>							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	4,688,785	718,000 ▲	5,500,000	4,659,948	718,000 ▲
Number of people gaining access to emergency safe water supply		1,703,359	559,381	-	800,000	219,554 <sup>24</sup>	-
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	41,525	136 ▲	800,000	3,387 <sup>25</sup>	136 ▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	237,862	20,989 ▲	800,000 (basic)	67,259 <sup>26</sup>	20,989 ▲
		5,332,045	1,584,123	554,003 ▲	3,400,000 (consumable)	1,318,811 <sup>27</sup>	554,003 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	3,266,260	1,022,141 ▲	3,400,000	3,149,413	1,022,141 ▲
<b>Child Protection</b>							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	87%	-	90%	87%	-

<sup>16</sup> All results as of 31 May 2018.

<sup>17</sup> Estimations as cited in the Yemen Humanitarian Needs Overview, Dec. 2017.

<sup>18</sup> This is because most of the MNP targets are reached through the national five rounds of integrated outreach activities which didn't start yet. The first round is planned in July 2018.

<sup>19</sup> 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.

<sup>20</sup> 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.

<sup>21</sup> UNICEF targets children with polio vaccinations through campaigns for National Immunization Days; in 2018 these are expected to take place following Ramadan.

<sup>22</sup> This indicator is largely fulfilled through outreach campaigns. No campaign has been conducted yet in 2018. The first one should happen soon; once it does, significant progress will be seen in achieving the targets for this indicator.

<sup>23</sup> See previous footnote.

<sup>24</sup> This figure only takes into account one intervention, whereas several interventions contribute to achieving this indicator's targets. Figures will be updated in the next SitRep to reflect all relevant activities.

<sup>25</sup> Further latrine construction is still ongoing and more progress on this indicator is expected to be reported next month.

<sup>26</sup> 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.

<sup>27</sup> This figure only takes into account one intervention, whereas several interventions contribute to achieving this indicator's targets. Figures will be updated in the next SitRep to reflect all relevant activities.

Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	151,748	27,959 ▲	594,937	116,342	22,353 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	862,958	179,447 ▲	1,468,541	827,848	175,744 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	861	394 ▲	10,345	3,617	3,258 ▲
<b>Education<sup>28</sup></b>							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	88,637	14,244 ▲	639,100	56,400	12,634 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	125,841	34,650 ▲	429,000	88,908	33,659 ▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	112,531	0	473,000	41,701	0
<b>C4D</b>							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) <sup>29</sup>					2,200,000(14)	562,825 <sup>30</sup>	149,703 ▲
					4,000,000(4)	4,873,994 <sup>31</sup>	2,593,895 ▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	6,620	500 ▲

<sup>28</sup> 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.

<sup>29</sup> 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).

<sup>30</sup> Focus of community engagement and communication efforts by Implementing partners had been to respond to outbreaks and support to a number of vaccination campaigns in Q1 and 2. UNICEF is now reviewing our C4D strategy to focus on a limited number of key high impact practices with intensified direct community engagement and better reporting of behaviour impact.

<sup>31</sup> The C4D support to the Emergency Response and implementation of 4 key campaigns promoted adoption of the 4 key practices. At the mid-year review, we hope to revise the C4D Indicators to more behaviour-focused indicators