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for every child

SCALING UP SUPPORT:
RESULTS FOR
CHILDREN OF YEMEN

2017-2018

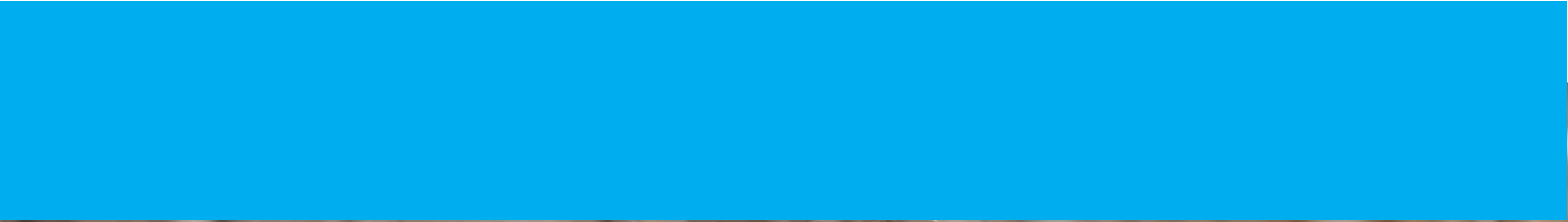
COVER PHOTO:

12-year-old Risq of Dhamar was able to go back to school in 2018 thanks to a UNICEF WASH project in which water network and sanitation system was installed for the area which is inhabited by 20,000 people. Last year, she dropped out of school to fetch water for the family. The neighborhood where she lives did not have water network. ©UNICEF Yemen/2018/Taha Al-Mahbashi

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THE HUMANITARIAN SITUATION IN YEMEN & UNICEF IN A FEW LINES

Yemen is currently one of the worst countries for a child to live in. The statistics for children in need are staggering. But these are not just numbers but children with names, faces, families, friends, stories, shattered dreams and lives cut short.

Nearly four years of conflict in Yemen have brought untold suffering to millions of children in Yemen. Thousands have been killed or maimed in a war not of their making and the combined risk of conflict, disease and malnutrition is a daily reality these children. Those who survive will live with the scars of conflict.

The war in Yemen has decimated vital infrastructure on which adults and children alike depend for services: less than half of the country's health facilities are functional; water and sanitation services are limited and the schooling of millions of children hangs in the balance.

Moreover, the people of Yemen are facing an enormous humanitarian catastrophe compounded by violence, currency depreciation, the obstruction of essential commodities by import, non-payment of salaries for civil servants and the collapse of basic social services.

The situation for children in Yemen is extremely dire. What was a bad situation has become worse. Years of under development, poor governance, deep poverty, lack of basic infrastructure and economic stagnation has made Yemen one of the worst places to be a child.

UNICEF has been providing support across many fields, including health, nutrition, water and sanitation, education and child protection. In the last two years, UNICEF has expanded its programmes in Yemen in both scale and scope to become one of the biggest UNICEF programmes in the world in response to the increasing needs of the population in the country in general, and children and mothers in particular. Thanks to donors and our partners across Yemen, we have been able to provide support to millions of children.

This booklet gives you a summary of UNICEF programmes in Yemen in 2017 and 2018, and stories of some of the children and adults our teams and partners support in the country.

You will see a story of a family that benefited from UNICEF's response to one of the world's largest suspected cholera outbreaks; a child who was treated for severe acute malnutrition; a father of six children who received support to provide for their basic needs; and a girl who went back to school thanks to UNICEF support.

These stories inspire hope. And through the continued work of UNICEF and its partners, we can help deliver that hope.

UNICEF team in Yemen



KEY FACTS

ON THE HUMANITARIAN SITUATION IN YEMEN

Since the escalation of the conflict in 2015, hostilities have been ongoing, bringing families' coping mechanisms to the absolute brink. Here are some key facts on the humanitarian situation in Yemen.



22.2 M
people in need of humanitarian help¹



11.3 M
of these are children in need*



2.3 M
internally displaced persons (IDPs) – nearly half of whom are children²



1.2 M
suspected cholera cases (since 27 April, 2017)³



16 M
in need of clean water*



2.5 K
cholera deaths (since 27 April, 2017)*



532.8 K
IDPs due to conflict or natural disaster since June 2018*



2,596
children killed since March 2015*



4,124
children maimed since March 2015*



400 K
children suffering from severe acute malnutrition⁴

¹ Office for the Coordination of Humanitarian Affairs, 2018
Yemen Humanitarian Response Plan

² International Organization for Migration VIA Relief Web

³ World Health Organization (WHO) via Relief Web

⁴ UNICEF Situation Report 2018

* UNICEF



HEALTH AND NUTRITION

Access to health services has been badly affected, with nearly half of health facilities in Yemen completely or partially non-functional due to the ongoing conflict. The UNICEF Health and Nutrition programme aims to save the lives of children and their mothers by preventing the collapse of the health system, providing essential preventive and curative health and nutrition services and working to detect and manage emergencies related to health and nutrition – especially disease outbreaks.

UNICEF worked to ensure health facilities remain open and providing services. This includes the provision of supplies and commodities, operational costs and incentives to over 8,000 health staff.

This last element has been critical, as most healthcare workers have not received their salaries since 2016. With the help of UNICEF, more than 130 health facilities that had closed have reopened and are now functional, while more than 700 Expanded Programme on Immunisation (EPI) centres have been re-operationalised.

To ensure that essential health and nutrition services are available, and that the people in need of these services can access them, UNICEF supports the diversification of service delivery modalities through integrated health and nutrition outreach campaigns, the deployment of over 160 mobile teams and more than 15,000 community-based service providers in areas where the local population cannot access services from fixed health facilities due to distance and other barriers.

UNICEF has supported a massive scale-up of the Community Management of Acute Malnutrition programme in which 76 per cent of health facilities in 2017 and 83 per cent of health facilities in 20185 were functioning as Outpatient Therapeutic programmes. UNICEF also supported evidence gathering to inform future nutrition programming and track the situation in the country.

To ensure that every child with acute malnutrition is reached with appropriate treatment, nationwide Mid-Upper Arm Circumference (MUAC) screening was conducted alongside polio National Immunisation Days towards the end of 2017. This is the first time in the world where nationwide MUAC screening was combined with polio NIDs, with the result that more than 73 per cent of children aged 6-59 months of age were screened in a matter of days and those identified as suffering from SAM or moderate acute malnutrition were referred for treatment.

Given the situation in Yemen, UNICEF has played a critical role in procuring routine vaccines for the 850,000 children under the age of one year with Gavi, the Vaccine Alliance, in both 2017 and 2018. This has ensured the continuous availability of vaccines across healthcare facilities.

In terms of primary health care, UNICEF has supported the treatment of nearly 1,428,000 children under the age of five for common childhood illnesses and more than 723,000 pregnant or lactating women for primary health care and reproductive health services covering antenatal, natal and postnatal services.

Even before the conflict, only 60 per cent of the Yemeni population had access to healthcare facilities. The figure has likely reduced significantly since the beginning of the conflict though up to date figures are not available.

Expansion of the formal health system to all areas is a resource-intensive, time-consuming and ultimately unattainable goal. Thus, it was imperative that a new mechanism be established to bridge the gap between communities and health facilities, providing basic health and nutrition services to mothers and children at the household level, organising communities, working closely with Community Health Volunteers and Community Midwives. In 2018, more than 1,500 community health workers have been trained and recruited in 30 districts across six governorates.



Nearly half of health facilities in Yemen completely or partially non-functional.



Since early 2017, UNICEF has worked to support more than 3,000 health facilities – around half of the primary healthcare facilities in Yemen.



Through national campaigns, almost 4.7 million children under the age of five were vaccinated against polio and nearly 687,000 children under one year were vaccinated against measles⁶.



In 2017 and 2018 respectively, 263,000 and 305,628 children under five were treated for Severe Acute Malnutrition (SAM).

⁶Reaching 101 per cent of the 2018 target



© UNICEF Yemen/2018/ Ameen Alghabri

Doa'a with her parents at home in Hudaydah, Yemen.

LITTLE DOA'A IS SMILING AGAIN

By Mohammed Alghorbani

Hussein Ibrahim lives with his family in a tiny oshah (a small hut made of mud and covered with palm fronds) in Hudaydah, consisting of three small rooms and one bathroom. Despite the humble conditions, the family has decorated their walls with drawings, even though the oshah is easily damaged and could collapse when it rains.

The youngest member of the family, Hussein's one-year-old daughter Doa'a, suffered from severe acute malnutrition with complications. "When I looked at my daughter, I was not sure if she would survive – but I didn't give up," says Hussein. "I borrowed money and took her to the nearest health centre, which is one hour away by car. But I was afraid that she would die before we arrived," he adds, with tears rolling down his cheeks at the memory.

To earn a living, Hussein makes the rope beds that are widely used in Hudaydah. However, the money he makes each day doesn't meet the food needs of the family.

During the pre-war period, prices were reasonable, yet Hussein was barely able to meet the needs of his family. The money he makes now is almost worthless.

Doa'a arrived at the UNICEF-supported Therapeutic Nutrition Centre, run by the Taybah Foundation, in October 2018. She was in a critical condition, severely malnourished with complications including pneumonia and an inability to breastfeed.

Some 50-60 children and mothers are admitted to the centre each month suffering from severe acute malnutrition. The centre provides integrated medical services for malnourished mothers and children, free-of-charge medication to children, and main meals for mothers.

Dr. Dhia Al-Haq Al-Omari, a doctor at the centre, explains that "when Doa'a arrived, she received treatment and therapeutic milk until she began to improve." Al-Omari warned of the seriousness of the deteriorating economic situation in general and specifically the difficulty in maintaining the health of malnourished children.

Eventually, Doa'a returned home with her father and mother, Zahra Sulaiman, who was very happy to have her well and at home again.



Doa'a was screened using the MUAC system at the health centre. Her indicators showed she was suffering from severe acute malnutrition, for which she received treatment.

Fighting the world's largest cholera outbreak: An integrated response plan

The volatile mix of conflict plus little to no access to clean drinking water and sanitation resulted in 1.2 million suspected cases of cholera/acute watery diarrhoea (AWD) since a huge outbreak of the disease in April 2017. With its partners, UNICEF has provided an integrated response from its programmes for Health, Water and Sanitation, and Communication for Development, to fight the outbreak and end its sources.

Health

Through its partners, more than 720,000 people with possible cholera were treated at 632 Oral Rehydration Centres (ORCs) and 64 Diarrhoea Treatment Centres (DTCs); UNICEF ensured that rapid diagnostic tests and supplies for the treatment of cholera were available in all ORCs and DTCs. To strengthen the ability of health facilities to respond to the outbreak, UNICEF provide 1,700 health facilities with operational support allowing them to provide critical services to suspected cases of cholera.

To build the capacity of the Ministry of Public Health and Population to respond to outbreaks, UNICEF and WHO supported the development of a curriculum for integrated outbreak responses and for the training for 30 master trainers in 2018. These master trainers in turn trained all healthcare providers across 22 governorates of Yemen.

In May 2018, the first ever Oral Cholera Vaccination (OCV) campaign in Yemen was launched by the health authorities of Yemen, UNICEF and WHO with the support of the World Bank and GAVI. This milestone campaign is part of a prevention strategy to reduce the risk of resurgence in the outbreak as was seen in 2017.

Water, Sanitation & Hygiene (WASH)

Interventions making up the integrated cholera response have reached nearly 10.6 million people, of which some 5.2 million are children. As part of this effort, water networks have been rehabilitated nationwide to provide better services to families and health facilities and to give more than 5 million people improved access to safe water and sanitation. In many governorates, UNICEF has also been supplying fuel and electricity to keep water treatment and pumping stations working.

Interventions at the system level have focused on household water treatment and safe storage through disinfection. UNICEF also works to disinfect drinking water sources in rural and urban, high-cholera affected areas – benefiting about 5.7 million people, some 2.6 million of whom are children. Additionally, 4.5 million people – about 2.25 million of whom children – received consumable hygiene kits and hygiene messages.

At the system level, UNICEF has provided improved and sustained access to drinking water to over 4 million people – nearly 2 million of whom are children – through a wide spectrum of activities, including supporting the operation, maintenance and rehabilitation of public water systems.

Communications for Development (C4D)

UNICEF and its partners trained community volunteers to educate communities around the effectiveness of the vaccine, emphasising the fact that the vaccine is safe and free.

Interpersonal and mass communication efforts supporting the roll-out of vaccination campaigns such as OCV were introduced to Yemen for the first time in 2018. And partnerships with religious leaders, teachers, the media, community leaders, local celebrities and children ensured that concerns were addressed in face-face engagements throughout mosques, schools, households and in community events, encouraging eligible children to be taken for the required services.

720,000 out of 1,200,000

million people treated at UNICEF supported DTCs.

Out of 4,500 health facilities in Yemen

more than 1,700 were supported to deal with cases of cholera and AWD.

Over 707,000 people were reached through the OCV campaign

which was conducted in two rounds in Aden, Ibb and Hudaydah.

3.2 million people

nearly 1.6 million of whom are children, were provided with access to safe water through the support of wastewater treatment and solid waste management systems.

4.5 million people

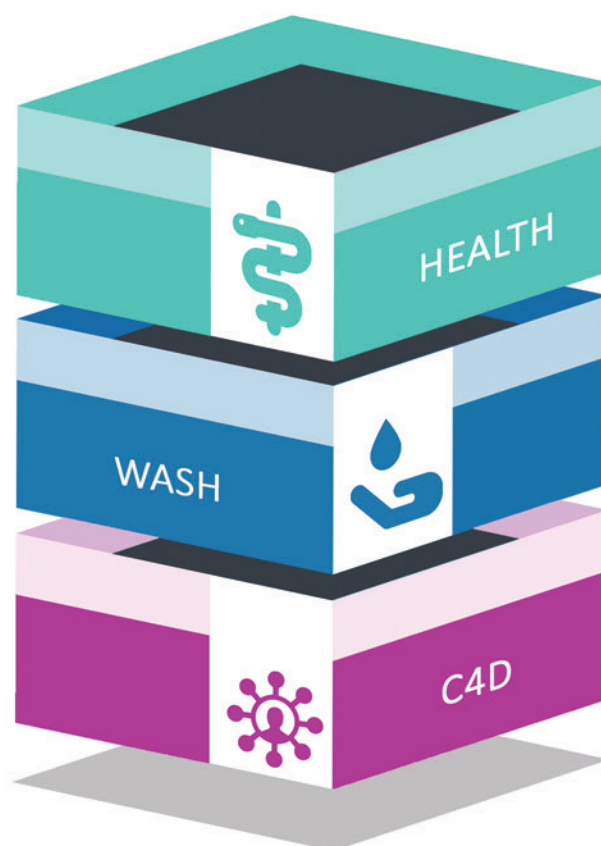
about 2.25 million of whom children – received consumable hygiene kits and hygiene messages.

10.6 million people

followed by the 3.2 million and the 4.5 million were reached through WASH integrated cholera response in which 5.2 million are children.

Since 2017, more than 18 million people

were reached through cholera prevention and response communication and social mobilisation interventions, ensuring a more effective prevention and preparedness response in 2018.



The integrated response plan in photos

A health worker in the Tawahi district, Aden, giving the OCV vaccine to an 11 year-old boy, May 2018.



Maintenance of a sewage system in Dar Saad, Aden, in 2017. The maintenance of sewage systems in Yemen is one of the essential services conducted by the WASH programme in Yemen in a bid prevent cholera.

Yemen's first-ever cholera vaccination campaign

By Bismarck Swangin & Ansar Rasheed

When two people died of suspected cholera in Selwan Abdullah's neighbourhood last year, she was terrified her daughter, 20-year-old Selwan, would be next.

Selwan had started showing symptoms – vomiting and non-stop diarrhoea – and her condition was deteriorating quickly, to the point where she couldn't open her eyes.

"I went crazy when my daughter contracted cholera, thinking of everyone else who got sick in my neighbourhood. I was so scared I would lose my daughter – I would have given my own life to save her," Selwan says, recalling that some 15 other people in the area were also suffering from symptoms during the suspected outbreak.

Luckily, she remembered what community volunteers had taught her about treating the disease, and immediately took her daughter to a local diarrhoea treatment centre.

"The world was collapsing around me," Selwan remembers of that time.

But after four days in the treatment centre she pulled through.

Selwan's story was a close call at a time when Yemen was in the grip of the world's worst cholera outbreak.

To prevent a resurgence of the outbreak this year, UNICEF, WHO and health authorities in Yemen launched the country's first ever cholera vaccination campaign, in Aden in May 2018.

For her part, Selwan took to social media to reach out to fellow students at the University of Aden, urging them to get vaccinated.

"I shared my story, how I was treated and how I was saved," Selwan says.

"Now I am dreaming of a Yemen free of disease and epidemics, I dream of a country free of war, and of a deserving life for us children and young people," she says.



Selwan, 20, shows her vaccination card after receiving the oral cholera vaccine.

WASH

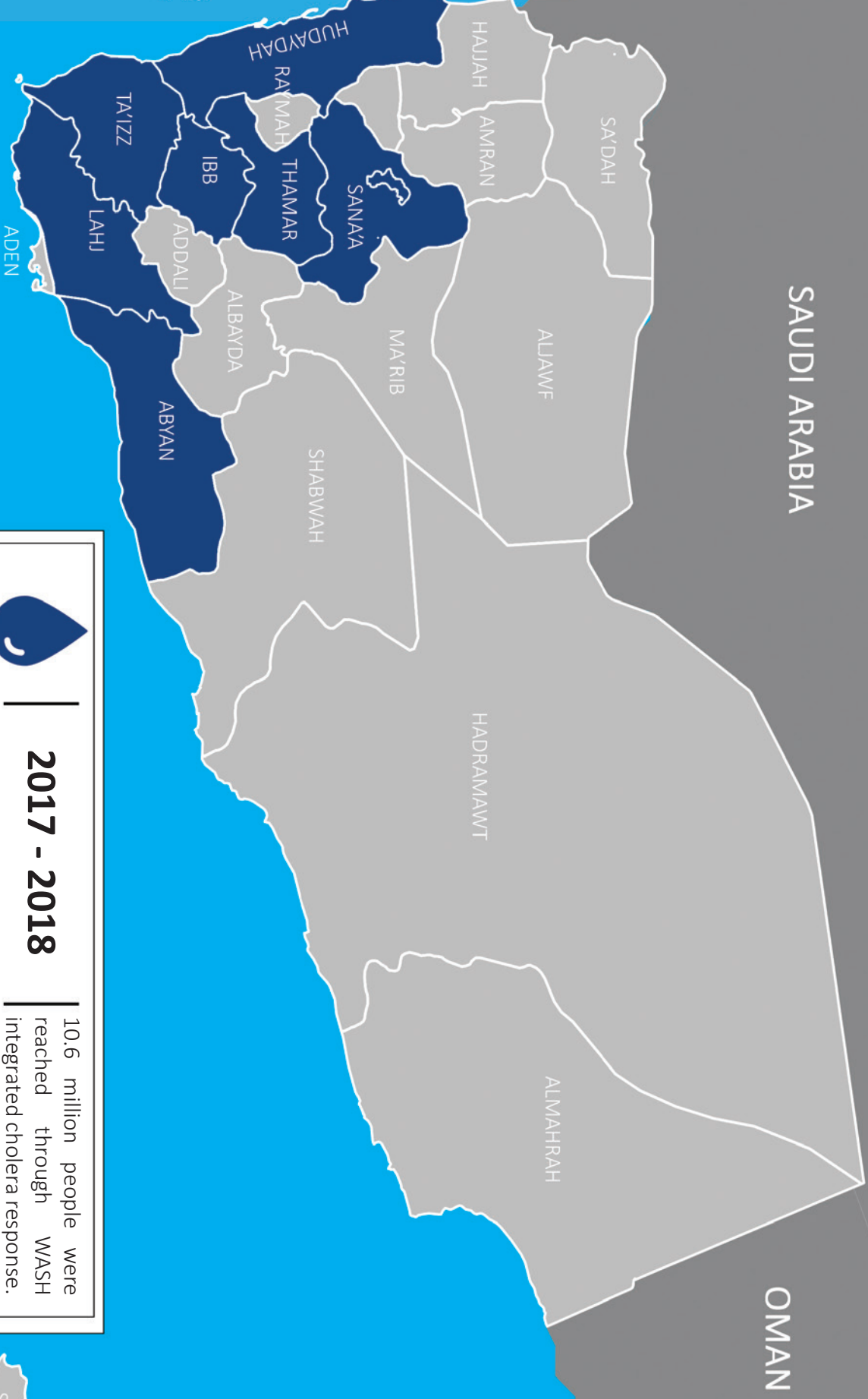
The WASH programme in Yemen has pursued a dual-pronged approach for addressing the WASH needs of the conflict-torn country, focusing on humanitarian and development efforts. In 2017 and 2018, the programme engaged in humanitarian emergency responses as a top priority, particularly in providing relief for life-saving needs in the immediate term. The programme also pursues stronger links between humanitarian and development programming through a strengthening of local institutions and by building up the capacity of local communities and preserving existing structures.

As part of its humanitarian response, the UNICEF WASH programme has played a key role in preventing disease outbreaks such as cholera/AWD. UNICEF has provided essential WASH services to people living in districts at heightened risk of cholera and AWD through its Rapid Response Teams (RRTs), the chlorination of water supplies, Quick Impact Projects and hygiene promotion work.

The programme has been actively involved in the response to internal displacements due to conflict and adverse climate events across the country, with a specific focus on Hudaydah governorate where many people have been displaced by intense conflict in 2018. IDPs, along with host communities, were provided with emergency water supply support (water trucking), WASH items, emergency sanitation options (latrines) and hygiene promotion information. In 2018, more than 1.4 million IDPs and host community members received assistance from UNICEF.

To pursue stronger links between humanitarian and development programmes, UNICEF has also scaled up investments in the WASH sector to ensure the availability of these basic human rights to every child in Yemen. The programme focuses on securing uninterrupted access to safe drinking water and adequate sanitation services through the rehabilitation and augmentation of water supplies and sanitation systems – both in rural and urban locations. On monthly basis, 3.2 million liters of fuel are provided to sustain the continuous operation and functioning of urban water supply systems and urban sanitation systems (including Waste Water Treatment) in 15 major cities. This intervention has benefited more than 3 million people living in urban cities.

Moreover, as part of a resilience-building initiative, renewable energy projects designed around solar power have been built to provide an alternative to fossil fuels and ensure the continuing operation of water systems across Yemen.



SAUDI ARABIA

OMAN

Socotra

During 2018



2017 - 2018

10.6 million people were reached through WASH integrated cholera response.



UNICEF completed the rehabilitation of

37

water reservoirs in

Sana'a, Taiz, Hudaydah, Thamar, Ibb, Abyan and Lahj



Yahya Najmuddin with his children outside their house in Harran, Dhamar, August 2018.

From a swamp to a safe passage for children

By Mohammed Alghorbani & Malak Shafer

Yahya Najmuddin is a father of four living in Harran city in the Dhamar governorate, where the area around his home has been transformed from a dangerous swamp to a safe space. His eyes grow sad as he recalls what it used to be like and the story of a girl who fell into the swamp last year. Luckily, she was rescued and sent to hospital. She survived but the inhabitants of Harran feared this kind of thing could happen again.

For a long time, the swamp of Harran, a consequence of poor sanitation infrastructure, was not only a safety issue for the children who played nearby, but also a source of contaminated water and a risk factor for epidemic diseases such as cholera. In the town, there were no existing sewerage systems or cesspits, so the population disposed of wastewater directly in the swamp. In addition, due to the lack of water networks, people were relying on private water trucking – another unsafe water source. The lack of safe drinking water also meant that many children were forced to leave school to spend their days fetching water for the family if they could not afford water from the trucks.

“The smell of the swamp was unbearable and I was constantly worried that my children would get infected with cholera,” Yahya recalls.

In order to improve the situation and ensure access to safe water in Dhamar, UNICEF worked in 2017 and 2018 with the Local Water and Sanitation Foundation to install a sanitation system in Harran and rehabilitate local water tanks to eliminate sources of contaminated water in a sustainable way and prevent cholera from spreading further.

The director of the Local Water and Sanitation Foundation, Taha Al-Hindi, says he was pushed into action – and to approach UNICEF for help – when he saw “a little girl with a piece of bread in one hand playing by the swamp.”

UNICEF fitted households with a comprehensive sewerage system linked to a major drainage line, discharging wastewater to the Dhamar sewage treatment plant. The project also included the establishment of manholes to allow technical staff access to the sewers for maintenance. Furthermore, in 2018, UNICEF installed a solar-based water pipe network to ensure safe access to drinkable water, one of three innovative water projects in Dhamar governorate supported by UNICEF.

The project was supported by the German Development Bank and the Emergency Health and Nutrition Project, a partnership between UNICEF and the World Bank.

In total, the project has benefited some 20,000 people in Harran, including Yahya and his family. Based on the results, and lessons learned from this project, UNICEF is now implementing similar projects in other parts of Yemen.

Yahya says he is grateful that his neighbourhood, which used to be a swamp, became a safe place for residents but mostly for the children in the area, who can now play without risk from swamp – and go to school instead of fetching water.

EDUCATION

The war in Yemen has forced the closure of nearly 2,000 schools – close to 15 per cent of all basic and secondary education schools – depriving an estimated 2 million children of their education and driving many teachers away from their schools. The increasing absenteeism of teaching staff has further been exacerbated by the fact that public employees in northern governorates have not received their full salaries since October 2016. As a result, the past two school years have been prematurely shortened, while the current one has started with a delay.

In spite of the many challenges, UNICEF's Basic Education and Gender Equality programme has maintained its focus on ensuring children and youth access to learning opportunities – especially in those regions most affected by the conflict.

UNICEF's humanitarian response in education includes: (i) improving physical and learning environments through Temporary Learning Spaces (TLS) and the rehabilitation of affected schools as well as the provision of capitation grants for minor works and the restoration of gender-separated latrines, the installation of pupils' desks, and the distribution of whiteboards and pedagogical kits; (ii) providing children with psychosocial support (PSS) via teachers specially trained for that purpose; and (iii) equipping children for learning with the distribution of school bag kits. As a result, close to 1.4 million children (49 per cent of whom are girls) were able to attend school or benefit from an educational programme in spite of the difficult circumstances created by conflict.

UNICEF Interventions in 2017 & 2018



1.4 Million

were able to attend school through UNICEF programmes.



448 schools rehabilitated

Through Wash-in-School Interventions



650

schools have benefitted from rehabilitated washing facilities.

Nearly 553,000 pupils

(52 per cent female) were equipped with improved knowledge on hygiene practices, while the distribution of soap bars and hygiene promotion activities (events, posters, competitions) in 3,770 schools over 19 governorates also helped prevent the spread of cholera for 1.5 million children. Furthermore, close to 565,000 children had access to psychosocial support through teachers trained in that area of expertise.



39,000

Out-Of-School Children benefitted from interventions that reintegrated them into the education system or offered them other learning opportunities through the Non-Formal Education programme for children too old to enter the formal education system, as well as Community-Based Classes.

Education Quality

In the area of education quality, 215,460 primary school children have benefitted from better teaching practices as nearly 7,200 teachers and 200 school supervisors were trained on child-centred and active pedagogy, and provided with educational materials. A noteworthy achievement concerns the programme's ability, albeit on a small scale, to assess – in the classroom – the actual content. Initial analysis has indicated that 50% of trained teachers are practicing training content.



Rania returns to school

By Mohammed Alghorbani

Twelve-year-old Rania and her family were forced to leave their hometown of Hudaydah to escape war and hunger, and to seek a better and safer life elsewhere.

Rania's family, and other families who had also left her region, settled near Maria Al-Qibtiyya School, in Sana'a. Thinking about the situation her family was in, she became introverted and quiet. And although they family had moved to make a better life for themselves, things went downhill: Her father lost his job and her mother – a cleaner – suffered allergy that prevented her from touching cleaning products. Without a reliable source of income, they had to rely on friends for food.

In a bid to try to better her family's deteriorating situation, Rania left school to work with her mother as a cleaner in a central refrigeration centre, which she did each day until 2 pm, before going home to clean their modest house. After that, she prepares lunch and helps her brother study.

"My mother did not want me to work and my father encourages me to study because he doesn't want me to be illiterate like him," she explains. "I want to be a dentist in the future to help needy people." But Rania had little choice.

A year passed where Rania was forced to go out to work with her mother. But on her way to work, she would pass her school and one day she heard about the opening of the summer school, part of UNICEF's non-formal education programme – and she signed up. For her, the summer school was an opportunity to excel, to highlight her talent and energy – and show off her skills in acting and singing.

School principal Fawzia Anam, says: "It was not just a summer vacation for Rania, it was a period of recovering her childhood and renewing for her energy to return to school with greater enthusiasm, to share in activities with her peers – and to spread joy and to laugh".

Going into more detail about how the summer school works, Anam says: "We combined the activities of the summer camp with school activities and were able to manage the students well because in the summer there are only around 600 female students, a small number compared to the 2,000 students we normally have in school."

The war has resulted in irregularities and disruptions to teachers' salaries in public schools, including at Maria Al-Qibtiyya. This has driven some teachers to leave their posts or attend classes only occasionally. The UNICEF-funded summer school provides salaries for teachers participating in the camp – a factor that has encouraged more teachers to participate.

"At summer school, we were able to identify the talents of different students. There are actresses and painters and some of them are talented in handicrafts. During these two months, the teachers taught things they couldn't teach in a year," says Anam.

"The summer school has enabled young girls who had stopped studying to catch up with their classmates and to return to school with more confidence," she adds.

Rania has been one of nearly 24,000 students to enrol in summer schools supported by UNICEF in Sana'a and Marib cities in 2018.



CHILD PROTECTION

Children are the primary victims of the conflict in Yemen, they are the most vulnerable population group and are disproportionately affected by the crisis. In response, UNICEF’s Child Protection programme targets the most vulnerable children in conflict-affected areas with integrated interventions including victim assistance, family tracing and reunification, documentation of child rights violations, mine risk awareness and psychosocial support, socioeconomic empowerment and through adolescent participation and engagement.

Since 2017, UNICEF has been scaling up its humanitarian response to conflict-affected children with an improved integrated approach to child protection in emergencies, in part by interlinking social work and the case management system that targeted the most vulnerable children.

Despite the challenges, considerable progress was made by the Civil Registration Authorities on establishing an electronic birth registration system over the last 5 years and as at the end of 2018, the system is in its final stages of implementation in 44 registration points across 4 Governorates including 20 health facilities. In total, more than 108,000 girls, and 132,000 boys (240,000 children in total) received birth certificates in 2018.

A key achievement and milestone of 2018 was the signing of the road map to implement the Action Plan signed in 2014 between the Government of Yemen and the United Nations to enhance protection of children in armed conflict.

KEY RESULTS FROM 2017 – 2018

348
Children

(43 girls, 305 boys) were provided with legal aid.

14,707
Children

were provided with critical child protection services including psychosocial support, referral to medical services, family tracing and reunification, and socio-economic empowerment.

332,256
Children

(170,849 boys, 161,407 girls)

&

60,382
Adults

(20,107 male, 40,275 female)

were provided with integrated psychosocial support activities.

In 2018 alone, UNICEF achieved a 38 per cent increase in the number of children accessing case management services compared with 2017; (9,093 children in 2018 and 5,615 children in 2017). This increase is attributed, at least in part, to investments in the capacity building of social workers and the development of Standard Operating Procedures (SOPs) and referral pathways.

In 2018, UNICEF supported the training of 308 female and 469 male social workers (777 in total) on case management, SOPs, referral pathways, and the case management database, thereby exceeded the target set for 2018 (750).

In 2017 and 2018, UNICEF partners reached more than 8,000 adolescents with life skills education; at the same time, significant technical support was invested in the process of harmonizing life-skills approaches between UNICEF, UNFPA and implementing partners, to deliver a coherent, multi-week, quality package targeting boys at risk of recruitment and girls at risk of child marriage.

Furthermore, in 2018, UNICEF expanded the victim assistance services to children who lost their limbs and children with disabilities by supporting the Prosthesis and Rehabilitation centers in Aden and Taizz governorates as well as supporting the access of children coming from other governorates to these centers. By end of 2018, 102 children (79 boys; 23 girls) were provided with prosthesis and artificial limbs and 213 children (127 girls; 86 boys) were provided with assistive devices to help them overcome their disability.

Since 2017, UNICEF has invested in building up the social workforce – a critical element in ensuring that the most vulnerable children are reached and the right interventions delivered in a timely manner.

1.3 M | including more than 931,000 Children (420,000 boys, 511,000 girls) and
People | 375,000 Adults (160,000 male, 215,500 female) were provided with lifesaving
messages to help protect themselves from mines and other unexploded
ordnance of war.

8,000 | (2,400 boys, 5,600 girls) were provided with the life skills needed to
Adolescents | become agents of change in their communities.

ASWAN, THE CINDERELLA OF YEMEN

By Ali Qasim

It was a day of fighting in Yemen. The clock showed 6 am and 16-year-old Aswan woke up terrified – with bullets and shells shaking her house and whole district of Al-Qabaytah, in Lahj governorate. Aswan lives with her modest family of 10, living a simple life – like most whose lives have been dramatically changed as a result of the ongoing conflict in the country.

“I was very frightened, listening to the sounds of shells exploding around my home,” she says. “On that day, I was supposed to attend my mathematics exam at school, but with all the fighting in the area the exams were cancelled and the schools shut down.” Then one of the shells hit Aswan’s home.

“The smoke was all over the house and all I could hear was screaming,” recalls Aswan’s older brother Sami. “I rushed to look for my family and found Aswan covered in blood. She was unconscious and had lost both legs. I couldn’t believe it. I was in a shock but I carried her on my shoulders to the hospital,” he says.

Aswan was hospitalised for three months. But she wasn’t the only one injured: Her father was injured, while her mother lost her left eye. Aswan’s grandfather suffered a direct hit and died soon after.

“My whole family was torn apart,” says Aswan. “I lost my legs. I lost my grandfather. Our house was demolished, and we no longer had a home.”



“A local organisation working in Lahj, told us that UNICEF provides prostheses to war victims who have lost their limbs,” explains Sami. So, Aswan’s family moved to Aden, where they rented a home in the city so that she could receive specialist treatment and have two artificial limbs fitted.

Aswan is currently receiving intensive care at the prostheses centre, where she now has two artificial limbs and is in physiotherapy as well as receiving psychosocial support from the centre’s psychologists.

“Aswan’s situation has significantly improved compared to when she first arrived,” explains Dr. Jawhara, the psychosocial specialist at the centre. “When she arrived, she was introverted and desperate, but as she began receiving psychosocial support, her condition has improved and she is finally smiling again.”

Now in her recovery, Aswan has a message she wants to share: That the war must end. “We really want this war to stop, we want peace – we as children deserve that,” she says. “Please stop turning children into victims of this war. We’ve had enough destruction, enough killing, enough disability.”

Aswan is one of 100 children affected by the conflict who have been involved in the UNICEF Victim Assistance project in Aden, which provides essential, integrated support for physical rehabilitation and psychosocial support as well as assistive devices. In 2018, UNICEF launched the second phase of the project targeting another 120 children from across Yemen.



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COMMUNICATIONS FOR DEVELOPMENT

Communications for Development involves understanding people, their beliefs and values, the social and cultural norms that shape their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them. Communication for Development is seen as a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives.

In Yemen, the Communications for Development programme focuses on empowering individuals, households and communities in the adoption of positive practices to help them fight the worst humanitarian crisis and largest cholera outbreak anywhere in the world.

In 2017 and 2018, the knowledge and skills of partners, community volunteers, government and UN staff strengthened community engagement and accountability within affected populations, helped promote understanding and communication around risk and prevention, and around responding to disease outbreaks.

Interpersonal and mass communication efforts supported the roll-out of vaccination campaigns for polio, diphtheria, measles and the Oral Cholera Vaccine – introduced to Yemen for the first time in 2018. The programme developed partnerships with religious leaders, teachers, the media, community leaders, local celebrities and children to address any concerns over vaccinations through face-face engagements in mosques, schools, community events and in people's homes. This has encouraged parents to bring eligible children for the required vaccines.

In 2017 and 2018 a number of micro-surveys and perception surveys were conducted to assess community perceptions of humanitarian services and how humanitarian actors could strengthen their support and ensure accountability.

Through the development and implementation of a systematic and evidence-based strategy for Communications for Development interventions, UNICEF managed to reach over 10 million people with information ranging from cholera prevention to the importance of vaccination for preventive health care.

In addition, 2,637,000 people parents and caregivers were reached with 14-key lifesaving practices. This high achievement was due to the full engagement of dedicated volunteers adapting the house-to-house approach in ensuring all families in the targeted areas received comprehensive knowledge on the key lifesaving family practices. Although programmatic assurance and monitoring visits indicated improvements in the knowledge and adoption of key practices, there are still gaps in demand for services and adoption of key behaviours.



10,000

trained community
volunteers reached over

4 Million

caregivers directly
through interpersonal
communication efforts with

14

care and protection
practices.

A community health volunteer breaking the fear barrier

By Shawqi Alabasi & Marie Bracquemont

In order to provide the most vulnerable people in Yemen with access to basic health services, UNICEF, together with its partners and the local authorities, has been supporting networks of community health volunteers. These women, who come from rural areas, receive comprehensive training on malnutrition prevention and response, and general community health, before going back to their villages where they play a vital role in linking their own communities with health services in the area.

Ishraq has recently completed her community health volunteer training in the Manakha district of Sana'a governorate. She is a dynamic 28-year-old woman who has been volunteering for a number of years, despite the difficulties women face in doing any kind of work in the area. "I have been heavily criticised by some villagers for working as a community health worker and working closely with male colleagues, but this doesn't stop me from achieving my goals," Ishraq explains.

Thanks to her efforts, Ishraq is helping to change misconceptions about health issues among some families. She has also identified and referred several cases of malnutrition from her village and the neighbouring areas. "I am following 57 malnourished children, visiting them every two days to evaluate their health and give them food supplements from the UNICEF-supported health centre," she says.

Every day, Ishraq walks for around three hours to reach the houses scattered across the mountains. "It is not an easy walk, especially when the sun is high or it's raining heavily. Some villages cannot even be reached by car, but I am always thinking of the children and the women who need my help," Ishraq says.



Community volunteers visit a family to spread awareness about cholera.

SOCIAL INCLUSION

This programme focuses on sustaining children's lives, ensuring adequate living conditions and tackling discrimination and social exclusion. UNICEF works to strengthen social protection systems to provide immediate relief to the poorest, most vulnerable and marginalised people – and at the same time provide them with social and economic opportunities to strengthen their livelihoods both now and in the future in order to help communities cope with the current, protracted crisis as well as any future shocks and stresses.

According to World Bank estimates, the conflict in Yemen has caused a spike in poverty rates from 49 per cent of the population in 2014 to 81 per cent in 2018. Poverty and the collapse of national support systems, as well currency depreciation and the wider economic crisis are among the root causes of the humanitarian crisis facing Yemen today. Children and women, and especially those from marginalised or socially-excluded groups are hit hardest. In 2017 and 2018, the Social Inclusion programme has taken a 'humanitarian plus' approach linking both humanitarian and development goals.

In 2018, an Integrated Model of Social and Economic Assistance and Empowerment was launched. The project aims to address the needs of 17,000 households, comprising 120,000 individuals and including 70,000 children across three governorates of Yemen (Amanat Al-Asimah, Sana'a and Aden). The model provides a combination of social benefits, integrated social services, and socio-economic support to the poorest and most marginalised people.

Evidence on the situation of children and women, and the issues of poverty, social exclusion and the functionality of national systems is being regularly gathered to inform both government programming and UNICEF's own humanitarian response to the crisis.

By mid-year 2017, the Humanitarian Cash Transfer Project was complete. The project reached 6,760 households, comprising nearly 32,200 individuals – including 13,600 children – in two districts of a war-torn Taiz. Between 2015 and 2017, HCTP had reached more 20,200 households, comprising 109,500 individuals and including 61,200 children, in Amanat Al-Asimah and Taiz governorates.



A marginalised family living in poor conditions in Sana'a. Marginalised families in Yemen suffer from such low incomes that they cannot buy even basics essentials.

© UNICEF Yemen/2018/Kamal Al-Wazizah



A woman receiving financial support from UNICEF in Sana'a.

© UNICEF Yemen/2017/Magd Farid

THE EMERGENCY CASH TRANSFER PROJECT

The project is an innovative partnership between the World Bank and UNICEF's largest cash transfer programme. This project was designed to build on the country's Social Welfare Fund, the country's national social safety system, in a bid to strengthen its capacity. The project set out to target the 1.5 million people identified through the SWF list across the country- 333 districts in 22 governorates.

Through an elaborate system of facilitation, identity verification, grievance redressal and payment services (including fixed and mobile payment), the system is available to all beneficiaries. The project is monitored for compliance by an independent, third-party organisation to ensure standards are maintained.

Between 2017 and 2018, three payment cycles were completed. In the first payment cycle- from August to November 2017- the ECT project reached 8.66 million beneficiaries with cash transfers. The second payment cycle- from March to May 2018- served nearly 1.45 million beneficiaries, while the third payment cycle- from September to November 2018- served around 1.38 million beneficiaries.

With no end in sight to the crisis in Yemen, and the ongoing humanitarian needs of the country, UNICEF continues to further develop the ECT project in order to serve its beneficiaries.



PHOTO ESSAY



Sixty-two-year-old Awadh Beshfar of Mukalla city in Hadramaut (right) waits for his identity card to be verified by the clerk working for the ECT project. Awadh lives in the Al-Shahid neighbourhood in a small house inherited by him and his brothers after the death of their father. Awadh has six children and is the breadwinner for his family but suffers from knee pain as well as a tremor in his left hand due to an issue with his nerves.

After verification, Awadh hands his card to the second-line clerk to receive his cash assistance. The biggest difficulty Awadh faces is the increasing cost of basic commodities and the depreciation of the Yemeni Rial. "Prices are hitting the roof in this country," he says.



Awadh is very happy to receive his cash assistance from the ECT project. He says this is alleviating his financial problems by allowing him to pay off part of his debts to the grocery owner and helping with other household expenses.

RAPID RESPONSE MECHANISM

Established in January 2017 as a partnership between UNICEF and Action Contre la Faim (ACF), the Rapid Response Mechanism (RRM) in Yemen is a programme designed to enhance UNICEF's capacity to respond in a timely, coordinated and predictable manner to the needs of populations made vulnerable by displacement, disease and/or natural disasters in humanitarian or emergency settings.

In April 2018, the RRM scope of work was expanded to a consortium of ACF, the Agency for Technical Cooperation and Development (ACTED) and Oxfam, with a broader set of interventions that include multi-purpose cash assistance, WASH and nutrition screening. The expanded RRM targeted 18,000 families in 10 governorates across Yemen (Hajja, Hudaydah, Abyan, Lahj, Aden, Taiz, Ibb, Sa'ada, Amran and Raymah). The programme provides assistance within a maximum of 10 days after the alert is received.



Sahar and her children are just a few of the thousands of IDPs in Hudaydah who were reached through the Rapid Response project. The RRM team provided her with a cash transfer and hygiene kits.

Response to the needs of Internally Displaced People (IDPs) in and from Hudaydah

After the escalation of the conflict in Hudaydah in June 2018, UNICEF, together with the United Nations Population Fund and the World Food Programme, activated an inter-agency RRM to respond to the emergency needs and massive displacement of people, putting together an RRM kit made up of three components: ready-to-eat food, a basic hygiene kit and a dignity kit.

Responding to the influx of the new IDPs both in Hudaydah and other governorates where IDPs have settled, UNICEF supported a total of 331,414 people (47,345 households) with basic hygiene kits, coupled with hygiene promotion sessions. UNICEF also provided emergency water supplies (water trucking) to nearly 700,000 people and installed more than 176 water distribution points in 11 rural districts across Hudaydah, benefiting nearly 71,000 people.

UNICEF also undertook all efforts to prepare 20 local schools as IDP-hosting sites in Hudaydah city and the Al-Marawi'ah district. This preparation work included the maintenance of latrines, the improvement of solid waste management within schools and the installation of a polyvinyl chloride (PVC) tank for water storage.

Rapid response in Socotra

In May 2018, in the aftermath of cyclone Mekunu that swept through the island of Socotra resulting in heavy floods and displacing more than 1,000 households, UNICEF distributed hygiene kits and chlorine tabs to 1,000 households and supported local water authorities in the blanket chlorination of water, reservoirs and communal water tanks on the island.

Five months later, in October 2018, cyclone Luban hit the coast of Yemen, causing widespread flooding and damage – most notably across the coastal districts of Al-Maharah governorate, but also hitting Hadramaut governorate and Socotra. The Al-Maharah Governorate Emergency Operations Room reported that more than 3,000 families were affected.

As part of the inter-agency RRM, UNICEF supported the emergency response through the provision of basic hygiene kits, but also undertook Health and WASH interventions, including cholera-prevention messaging.

Internally displaced children from Hudaydah in Abu Bakr School in Sana'a wait to receive a routine vaccination including polio, PENTA and measles vaccines. Providing routine vaccines and therapeutic nutrition for children is part of the UNICEF response to the influx of internally displaced people within Hudaydah and from Hudaydah to Sana'a.



RRM IDPs receiving hygiene kits in Hajjah Governorate.

UNICEF SUPPLY AND LOGISTICS 2017-2018

With ongoing access issues creating additional import challenges, UNICEF has focused heavily on importing additional contingency stock whenever the situation allowed. To accommodate the additional supplies, UNICEF expanded its in-country warehouse capacities from 2,900 square meters in 2016 to 7,350 square meters in 2017 followed by a further expansion in 2018 with warehouses in Sana'a, Hudaydah and Aden. Storage in the Djibouti hub was also increased from 500 to 2,000 square meters.

In 2017 and 2018, total supply value exceeded USD 560 million. Ready-to-Use Therapeutic Food and cholera-related items account for a major portion of these supplies due to overwhelming needs in Yemen. In 2018, the value of local procurements was over USD 55 million – an increase from USD 30 million in 2016 and USD 45 million in 2017.

In 2018, delivery of goods and supplies remained challenging due to the volatile operational environment. Particularly to Hudaydah, due to the ongoing hostilities and conflict, but also bureaucratic processes that put constraints on efficient delivery and transit of goods.

Supplies were delivered either via Djibouti or in direct shipments to Hudaydah and Aden.





40 UNICEF

chartered cargo planes were sent to Sana'a and Aden for vaccines and cholera-response supplies.



60 dhows

(small boats)

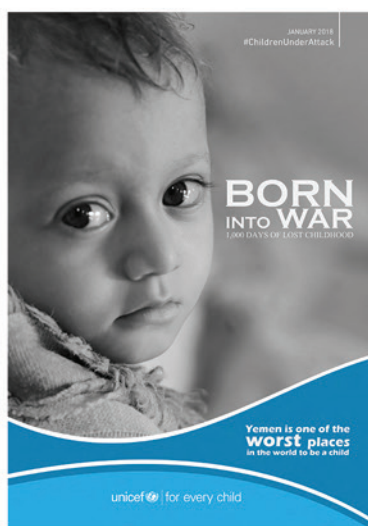
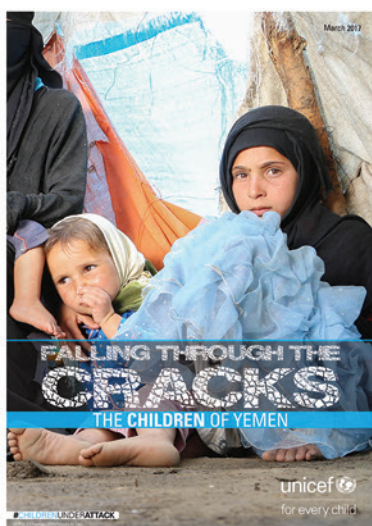
were hired from Djibouti to bring supplies to Hudaydah and Aden.

UNICEF KEY ASKS

As the war in Yemen continues, children in Yemen continue to pay the heaviest price.

- UNICEF calls on all parties to the conflict to ensure sustained, unconditional and uninterrupted humanitarian access to people in need wherever they are in Yemen and no matter who controls the areas they live in.
- Parties are also legally bound to spare basic service infrastructure on which civilians and children depend. Attacks on vital infrastructure is compromising children's access to crucial services such as health, education, water and sanitation.
- Parties to the conflict should allow unlimited imports of humanitarian and essential commercial supplies through all ports of entry to Yemen: By sea, air and road, and remove all impediments that delay ground transportation within the country. Bureaucratic obstacles, including a lack of clarity and delays in making crucial decisions on the delivery of aid and imports of humanitarian and commercial supplies must be removed.
- Above all, an end to the war on children is needed, not tomorrow, but today. An immediate political solution to end the war in Yemen must be reached. Parties to the conflict must work to find a negotiated political solution, prioritising and upholding the rights of children. The longer this war continues, the more children will die on the world's watch.
- While the international community should act with a sense of urgency to help meet the immediate needs of children, considerations must be made for long-term investments and supporting a system of governance in Yemen that places the interest of children at the centre.

*Throughout 2017 and 2018, UNICEF has published several reports highlighting the situation of children as they live in the midst of a war that deprives them of healthcare, nutrition, clean water and education. Some of these reports are: **Falling through the cracks**, **If not in school** and **Born into war: 1,000 days of lost childhood**.*



WORD OF APPRECIATION



من الشعب الياباني
From the People of Japan



Canada



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We would like to extend our appreciation to all donors and partners for their generous support to the humanitarian response we are leading in Yemen. Without your valuable support, we would not have been able to help the children of Yemen and their families. We look forward to continuing supporting the future of this country through your contributions.

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