



©UNICEF Yemen/2018. A girl is treated for malnutrition by a health worker from a mobile clinic in Al Hudaydah.

# Yemen Humanitarian Situation Report

## Highlights

- Since the escalation of violence in Al Hudaydah in June, an estimated 600,000 people have fled the governorate. Although less than in recent months, fighting continues in and around Al Hudaydah city and humanitarian operations remain challenging due to the security and operational environment. The peace talks held in Sweden in December 2018 resulted in a cessation of hostilities for Al Hudaydah city. Fighting has put children in particular at risk, notably children in hospitals or children in need of immediate medical assistance, and who may be dependent on delivery of lifesaving supplies and water.
- Lack of payment continues for many of Yemen's civil servants, resulting in reduced and closure of basic services. An estimated 50 per cent of health facilities are closed, meaning families have limited access to medical services. Lack of teacher's salaries affects more than 3.7 million children in the country who are unable to attend school and are therefore at higher risk of child protection risks such as forced recruitment or marriage.
- According to the latest IPC analysis about 15.9 million people (53 per cent) of the population are analysed to be severely food insecure and thus are at higher risk of malnutrition. The current levels of food insecurity lead to negative coping strategies among families such as sending children to beg or selling household assets.
- Since the onset of the second wave of Acute Watery Diarrhea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases until end of December 2018 has reached over 1.3 million with 2,732 associated deaths (0.20 per cent case fatality rate) across the country. This case fatality rate is 0.2 per cent lower than as at 31 December 2017. For the first time in Yemen, Oral Cholera Vaccination campaigns were rolled out in high risk districts in Aden, Ibb and Al Hudaydah. During these campaigns at least 707,000 people received at least one round of the vaccinations.
- In 2018, the Country Task Force verified 1,321 incidents of grave violations against children. The majority of the incidents took place in Al Hudaydah governorate followed by Taizz and Hajjah.

## December 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\$ 424 million**

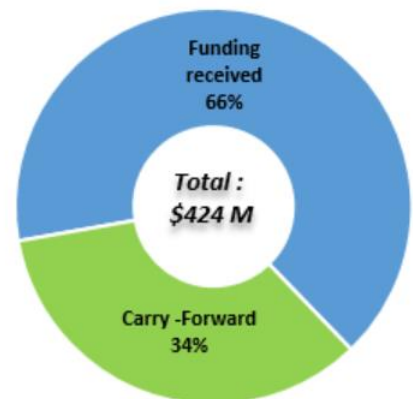
## Funding Available\*

**US\$ 544 million**

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan-Dec 2018 Results	Cluster Target	Jan-Dec 2018 Results
<b>Nutrition:</b> Number of children under 5 given micronutrient interventions	4,177,000	3,398,648	4,177,000	3,398,648
<b>Health:</b> Number of Children under 5 vaccinated against polio	5,352,000	4,692,335		
<b>WASH:</b> Number of people having access to drinking water	6,000,000	4,954,795	7,288,599	5,990,363
<b>Child Protection:</b> Number of children and caregivers in conflict-affected area receiving psychosocial support	594,937	781,353	682,268	858,862
<b>Education:</b> Number of affected children provided with access to education via improved school environment and alternative learning opportunities	639,100	204,340	738,995	1,014,800

\*Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM) table in pages 13-14

## Overall 2018 Funding Status



\*Funds available includes funding received for the current appeal (emergency and other resources), the carry-forward from the previous year and additional multi-lateral funding that is being allocated. Although the HAC appears have exceeded its funding target, gaps remain in Child Protection and C4D.

## Situation Overview & Humanitarian Needs

Almost four years of conflict, Yemen faces one of the worst humanitarian crisis in the world. The escalation of conflict and violence has led to economic collapse, a destruction of basic services, pushed more families into poverty and into famine. With no end in sight to the conflict, the economic crisis, disease and displacement, the situation of Yemeni children and families is set to worsen, with an anticipated 24 million people (80 per cent of the population) in need of humanitarian assistance and protection and an estimated 3.9 million people who have been displaced since the conflict.<sup>1</sup> The country is currently facing one of the largest food crisis in the world, rendering food and nutritional support one of the main humanitarian priorities. Going into the new year, 18 million people are food insecure, including 8.4 million who suffer from extreme hunger. Seven million Yemeni's are malnourished, including almost two million children and more than one million pregnant and lactating women.<sup>2</sup> This builds on the latest Integrated Food Security Phase Classification (IPC) analysis publicized in December 2018, which noted that 17 per cent of the population (about 5 million people) analyzed will be in IPC Phase 4 (Emergency) and 36 per cent (about 10.8 million people) will be in IPC Phase 3 (Crisis). In terms of severity, the worst affected areas are in Al Hudaydah, Amran, Hajjah, Taiz and Saada Governorates.<sup>3</sup>

UNICEF and other humanitarian actors are making every effort to avoid famine and increase assistance. To this end, UNICEF has accelerated the creation of specialized programmes to prevent and treat severe acute malnutrition in children in existing health facilities and using Mobile Teams to access hard-to-reach areas. UNICEF also provides essential supplies including for example ready to use therapeutic foods, antibiotics and therapeutic milk.

### 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>4</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 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.

UNFPA, supported by WFP and UNICEF, is leading an inter-agency 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 Hajjah. The UNFPA-led inter-agency RRM assistance aims to reach quickly the affected population at scale through kits distribution.

<sup>1</sup> 2019 Global Humanitarian Needs Overview, OCHA

<sup>2</sup> Ibid.

<sup>3</sup> IPC Yemen: Acute Food Insecurity Situation December 2018 - January 2019.

<sup>4</sup> Acute Need: People who require immediate assistance to save and sustain their lives.

## Humanitarian Strategy

UNICEF's humanitarian strategy is and continues to be 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/suspected 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 and referrals to services, mine risk awareness and psychosocial support (PSS).

UNICEF continues to make all efforts to prevent the education system from collapsing, particularly through advocating for the provision of incentives to the teachers who have not received salaries since October 2016. Further, through establishing temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing a safe learning environment plays a key role in the prevention of school drop-out, it increases retention and contributes to improve quality of education.

UNICEF is collaborating with other UN agencies and INGOs to rapidly deliver basic life-saving supplies and services in areas impacted by increasing armed violence through the Rapid Response Mechanism. This is also referred to as the RRM Consortium (consisting of UNICEF, ACF, ACTED and Oxfam), which provides immediate emergency assistance to internally displaced people and host communities in areas affected by conflict/natural disasters, epidemics, and children under five who are suffering from acute malnutrition in Non-Food Items, Shelter, WASH, and supplementary feeding. Through prepositioning of stocks, and the establishment of Rapid Response Team (RRTs) skilled in rapid needs assessment and response, UNICEF RRM partners provide immediate assistance to vulnerable, hazard affected population in selected governorates of Yemen within a maximum of 10 days after the alert is received. In addition, both RRMs<sup>5</sup> also established a unique framework for humanitarian access and included a strong Inter-Agency and Inter-Cluster Coordination component.

## Summary Analysis of Programme response

### AWD/cholera response

Since the onset of the second wave of Acute Watery Diarrhea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases until end of December 2018 has reached 1,387,564 with 2,732 associated deaths (0.20 per cent case fatality rate) across the country. A total of 312 out of the 333 districts in Yemen have reported cases during this year – the national attack rate is 487.6 per 10,000 people. Children under the age of five continue to represent 28.8 per cent of the total suspected cases.

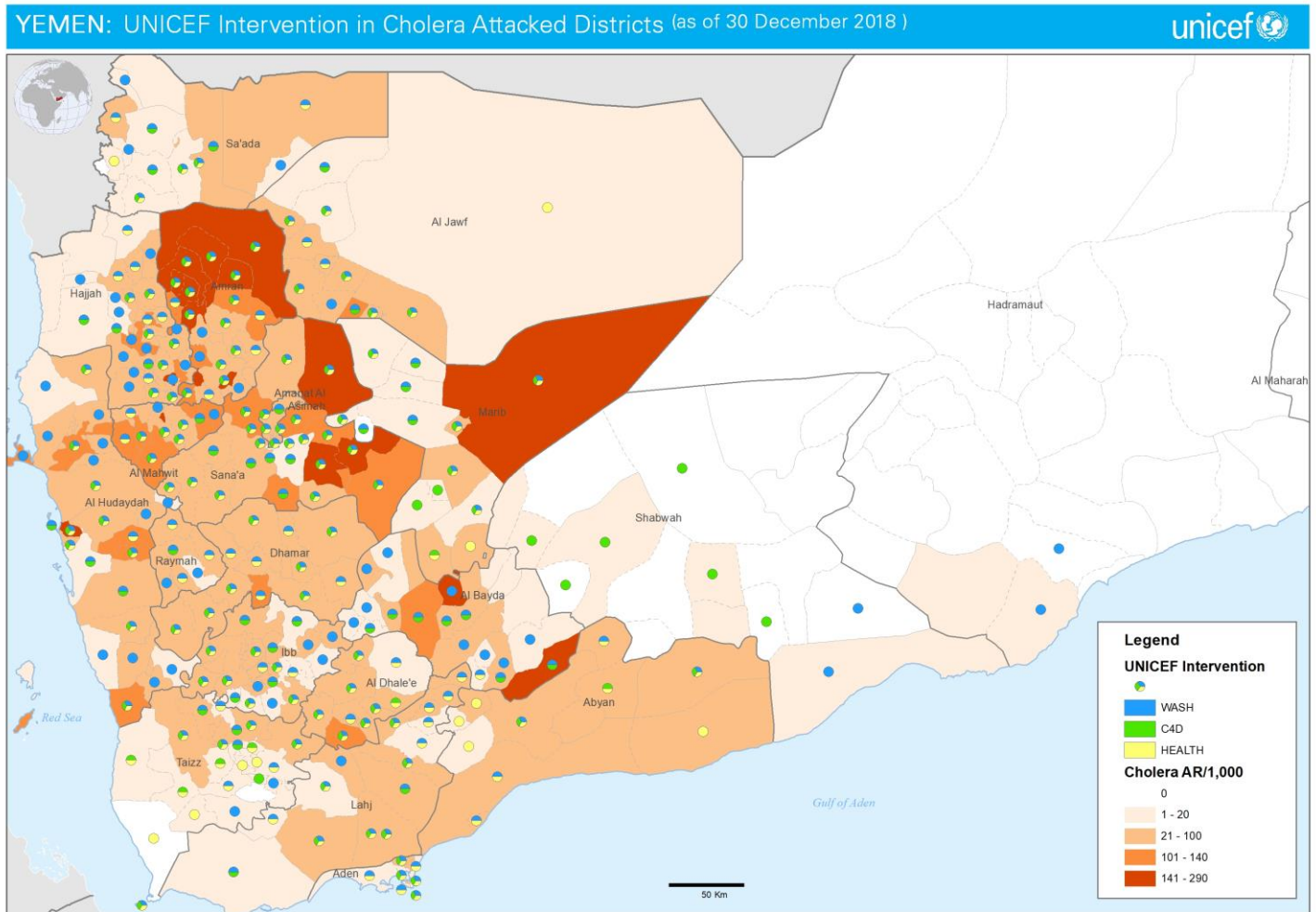
From January to end of December 2018, there have been almost 361,273 suspected cholera cases and 493 associated deaths, (CFR 0.13 per cent). A total of 227 of the 333 districts in country have reported cases during 2018. In addition, a total of 184,216 rapid diagnostic tests (RDTs) have been performed with 45,707 found positive (25 per cent) and 3,256 cases (sampled out of the 10,412) tested have been confirmed by culture tests (31 per cent). The last four weeks indicate a gradual reduction in the cases reported.

This year, in response to emergency disease outbreaks, two Oral Cholera Vaccination (OCV) vaccination campaigns have been conducted to combat cholera outbreaks. Each vaccination campaign implemented in two rounds to acquire a six month to three years immunity against the cholera vibrio virus. Eight suspected cholera elevated risk districts have been identified in Aden, Ibb and AL Hudaydah governorates in which 1,560,674 people above 1 year of age were targeted for OCV during the campaigns.

<sup>5</sup> RRM consortium and the interagency RRM.

The first vaccination campaign was implemented in five districts in Aden, where 453,405 people over 1 year of age were targeted through two rounds and 288,938 received vaccinations resulting in 63.7 per cent vaccination coverage. The second campaign was conducted in three target districts of Al Hudaydah and Ibb governorates under an extremely inconvenient situation due to the escalation in violence in Al Hudaydah governorate. In total 278,455 people were vaccinated with two doses and 140,083 people received one OCV dose in both rounds.

This year, UNICEF continued to play an active role in the National Cholera Task Force amongst key partners including the MoPHP and is contributing to the finalisation of the National Cholera Strategic Plan which guides the Cholera response. In addition to vaccination campaigns, UNICEF integrates its cholera response with WASH and C4D activities, especially in Cholera prone areas. These include raising awareness around hygiene practices, community efforts to clean public spaces and to improve water and sanitation infrastructure as well as water trucking for access to clean water.



## Health and Nutrition

UNICEF and partners continued supporting the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, primarily the World Food Programme and the World Health Organisation. Since the beginning of 2018, UNICEF treated 305,628 children for Severe Acute Malnutrition (SAM), thereby exceeding its annual target and reaching 111 per cent.<sup>6</sup>

UNICEF expects a further increase in SAM treatment results given that data collection is still ongoing by partners and under verification: this figure is based on a current Outpatient Therapeutic Programme (OTP) reporting rate

<sup>6</sup> The UNICEF target for the year is to reach at least 70 per cent (276,000 children) of the Severe Acute Malnutrition (SAM) caseload of 394,000 children.

of 77 per cent. A total of 275 new OTPs has been established since the beginning of 2018, and now over 83 per cent of the health facilities are functioning as OTPs.

UNICEF continues to support the scale-up of essential health care services for children and women through service delivery at health facilities, regular community outreach from health facilities to remote communities and integrated outreach and mobile teams. Since the beginning of the year, 739,016 children received micronutrient powder through health facilities, mobile teams, integrated outreach rounds, and community health volunteers reaching 107 per cent of the annual target. A total of 3,398,648 children (6- 59 months) have received Vitamin A this year reaching 81 per cent of the annual target. De-worming tablets were provided to 729,061 children aged 12 to 59 months, a total of 1,589,227 pregnant and lactating women benefited from infant and young child feeding counselling services (exceeding the target by 62 per cent) while 1,039,205 pregnant and lactating women received iron-folate supplementation.

In 2018, 121 Mobile Teams (MTs) provided a package of health and nutrition services to mothers and children mainly in areas lacking health facilities, hard to reach areas and locations with displaced communities. The MTs provided 164,531 children with routine vaccinations, which contributed the coverage of 5-7 per cent of the annual vaccination coverage. A total of 331,829 children (171,232 boys; 160,597 girls) received Integrated management of Childhood Illnesses (IMCI) services. A further 166,964 pregnant women were provided with reproductive health services; 47,408 women were provided with antenatal care, 33,902 were provided with postnatal care, and 39,467 women received vaccinations against tetanus.

In addition to meeting emergency health and nutritional needs, UNICEF continues to facilitate capacity building as part of its efforts to strengthen current health and nutrition systems in-country. A total of 933 health workers received training on Community Management of Acute Malnutrition (CMAM) & Infant and Young Child Feeding (IYCF) since the beginning of the year (which includes refresher training for 622 health workers). Moreover, 4,582 community health volunteers received training (including refresher training to 1,357 health volunteers) and 2,719 Community Health Volunteers (CHVs) received training on growth monitoring.

To contribute to a better health outcome for children, foster female empowerment and in an effort to bridge the gender gap, a Community Health Workers network was launched in 8 governorates and 28 districts, including Sana'a, Sa'ada, Hajjah, Ibb, Hodeida, Lahj, Abyan, Hadramout. In 2019, this will be scaled up to 11 Governorates, including 65 districts: Sana'a, Sa'ada, Hajja, Ibb, Al Hudaydah, Lahj, Abyan, Hadramout, Amran, Taiz and Al-Dhale'e.



©UNICEF Yemen/2018 A girl taking her vaccine dose during the Oral Cholera Vaccination campaign conducted in Al-Mrawa'a district of Aden

Given the onset of diseases such as cholera, diphtheria and measles, UNICEF has continued to prioritize and expand on its immunization activities in Yemen. This year, three integrated outreach rounds have been implemented in 301 out of 333 districts in the country to improve the immunization coverage among under children under one year of age. These outreach vaccination activities have contributed to 30-35 per cent of the routine annual coverage in Yemen.

To sustain the polio free status of Yemen, two nationwide polio vaccination campaigns were conducted in August and November. Over 4.1 million children have been vaccinated with oral polio vaccines (b-OPV) and almost 7.5 million children (6- 59 months) have received vitamin A. UNICEF responded to measles outbreaks with two rounds of Measles and Rubella (MR) vaccination campaigns in 26

high-risk districts in southern governorates, where 559,172 (87 per cent) of the children from 6 months to 10 years were vaccinated and a second campaign in May which covered 290,854 (66 per cent) children in 23 high risk districts in North. In Sa'ada, a polio and MR campaign has been conducted in all of its districts. A total of 329,349 children were vaccinated against MR covering 93 per cent of the target, and 163,326 against polio covering 82 per cent of the target.

In response to the diphtheria outbreaks, UNICEF supported two rounds of the diphtheria campaign in 39 high risk districts from 11 governorates, targeting 2,666,839 children under 15 years with Penta and Td vaccines. In total 1,953,057 children were vaccinated, covering 73 per cent of the target.

UNICEF has supported the operationalization of the Expanded Programme on Immunization (EPI) centers in phases, achieving 1,000 EPI centers in first phase and more than 700 EPI centers in second phase along with 110,000 liters of diesel provided on quarterly basis to cold rooms at central and governorate level. In addition, UNICEF supports the procurement and transportation of vaccines at central, governorate and district level, as well as the upgrading of EPI centers and cold chain operations for the storage of vaccines.

Despite the volatile operational environment, 18 SMART surveys were completed, compared to 4 in 2017. A change in strategy, bringing on board the Ministry of Planning and International Cooperation (MoPIC) and Central Statistical office (CSO), with the formation of a technical committee and continued advocacy on the need of data for programming resulted in this very successful year.

Nutrition cluster coordination at national and sub national level continued to be strengthened in 2018. A total five sub-national cluster coordination hubs were formed and operationally staffed with a sub-national cluster coordinator and an information manager. Sub-national cluster coordination co-leadership was also established in three hubs (Aden, Saada and Hodayda). The cluster has developed its Accountability to Affected Population (AAP) Operational guidance and Reporting Toolkit based on the current best practices where the cluster and its partners are required to ensure community engagement throughout the project cycle for all responses and related assessments.

The cluster also contributed to the development of the integrated famine risk reduction (IFRR) operational guidance and participated in the piloting of the IFRR guidance in selected districts. Lessons learnt from the pilot districts will be consolidated in 2019 and guide the roll out to other districts.

## Water, Sanitation and Hygiene (WASH)

In 2018, WASH needs remained substantially high due to increasing number of IDPs as a result of the escalation of the conflict along the coastal areas of Hodeida and other front lines; natural disasters (cyclone, famine) and an increasing number of AWD/ cholera cases. UNICEF has scaled up emergency WASH assistance and ensuring that sustainable WASH services underpinned the humanitarian assistance through investment in capacity building of the local WASH authorities, solarisation of water systems and rain water harvesting. This year, UNICEF continued its support to maintain operational water supply systems in Amanat Al Asimah, Al Hudaydah, Amran, Abyan, Al Bayda, Al Dhale'e, Dhamar, Hajjah, Ibb, Al Jawf, Lahj, Al Mahwit, Hadramouth, Sana'a, Taiz and Sa'ada, reaching almost 5 million people. The support includes provision of fuel, electricity, spare parts, water quality monitoring and disinfectants for chlorination of water supply.

UNICEF also supported Local Water and Sanitation Corporations (LWSCs) to support operation, and maintenance of Waste water treatment plants (WWTP) and rehabilitation of sewage systems in 13 cities (Amanat Al Asimah, Al Hudaydah, Sa'ada, Taiz, Amran, Al Mukalla, Ad Dhale'e Dhamar, Hajjah, Ibb, Raymah, Taizz and Aden). As a result, approximately 4.8 million people have benefited from these critical interventions.

In improving sustainable WASH services, the General Authority for Rural Water Supply Projects (GARWSP) completed the installation of 29 solar powered water schemes, covering 440,000 people in the rural areas of the priority districts of suspected cholera/AWD affected locations.



©UNICEF Yemen/2018 Children at the launch of Al-Frusiah water network project in Sana'a

UNICEF mobilised and deployed nearly 750 Rapid Response Teams (RRTs) to respond to suspected cholera/AWD cases to reaching over 9 million people in 2018, in 259 districts of 21 governorates. Through this intervention and the quick impact projects such as desludging, quick fix of damaged water and sewage pipe networks, water quality monitoring, cleaning campaigns and community engagement, the number of cholera cases have declined significantly in all the affected districts. UNICEF supported capacity-building of the National

Water Resource Authority (NWRA) to support water quality monitoring and the regulation of private water sources in cholera affected areas. In addition, UNICEF supported the activation of the National WASH Emergency Operation Room (EOR) in the Ministry of Water and Environment (MoWE) for emergency response and overall coordination of the suspected cholera/AWD response including providing strong technical and strategic guidance to implementing partners and other stakeholders.

Moreover, UNICEF has also provided substantial WASH humanitarian assistance to internally displaced populations (IDPs) in collaboration with partners through water trucking, installation of water points/ communal water tanks, construction of emergency latrines, distribution of hygiene kits and distribution of household water treatment tablets, reaching almost 1 Million IDPs in Abyan, Al Maharah, Amanat Al Asimah, Ibb, Lahj, Saada, Socotra, Al Hudaydah, Taizz and Aden governorates.

Between January and December 2018, 67 WASH cluster partners were active, as compared to 47 in 2017, across 22 Governorate of Yemen. Of those, 41 are National actors (including local NGOs and authorities) and 26 are international NGOs and UN. Humanitarian WASH interventions reached over 12 million people in 2018, with over 6 million of those through sustained support to water supply and sanitation systems. Significant achievements were seen in the integrated WASH and health response to Cholera through 750 RRTs across the country and mobilization of quick impacts projects in cholera priority districts with the Ministry of Water and cluster members.

WASH Cluster actions targeting famine prevention and outbreak response scaled up to support service delivery for affected populations, whilst simultaneously partners mobilized to reach over 3 million IDPs in Yemen, including over 600,000 new IDPs from the Al Hudaydah conflict and Cyclone Luban. In 2018, the WASH cluster expanded its reach through shared leadership, by activating 22 governorate focal points to support local level coordination, meanwhile the strategic leadership activated CASH, Gender and Inclusion, Sanitation and Assessment technical working groups to improve the quality and standards of WASH interventions across Yemen.

## Child Protection

Between January and December 2018, the Country Task Force on Monitoring and Reporting verified 1,321 incidents of grave violations against children. The escalation of hostilities in Al Hudaydah governorate resulted in a dramatic increase of children killed and injured because of the conflict. Specifically, data increased from around 100 child casualties in 2017 to over 500 child casualties in 2018. The verification of recruitment and use of children decreased by 60 per cent in 2018 compared to 2017 due to security threats and access constraints on humanitarian actors and human rights monitors. Education and health related incidents increased by 56 per cent compared to the previous year; 46 per cent of the education and health related incidents were attacks on schools and hospitals and 44 per cent were the military use of schools and hospitals.



©UNICEF Yemen/2018 A group of children from Taiz holding their long-awaited birth certificates, allowing them to finally have access to one of their fundamental rights.

The Child Protection programme this year encountered several challenges related to humanitarian access and challenges in implementation, due to pending clearances from authorities which have caused delays. Despite the operational challenges, UNICEF has continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 1,580,032 conflict affected people including 1,145,851 children (631,391 boys; 514,460 girls) and 434,181 adults (261,264 male; 172,917 female) across 20 governorates, reaching 108 per cent of the annual target. Mine Risk Education was delivered in schools, in child friendly spaces, and through community campaigns.

Psychosocial support was provided to 781,353 people, including 538,812 children (267,927 boys; 270,885 girls) and 242,541 adults (male: 101,935; female: 140,606) in 22 governorates through a network of fixed and mobile

child friendly spaces to help them overcome the immediate and long-term consequences of their exposure to violence. This is 131 per cent of the planned target, despite of the restrictions imposed by local authorities on the delivery of psychosocial support.

Through the case management programme, UNICEF continued to support the referral and provision of critical services to children, including facilitating the access to services of the most vulnerable children by supporting the transportation and accommodation. At least 10,370 children (5,844 boys; 4,526 girls) have been identified by trained case managers and have been provided with needed services including individual counselling, family tracing and reunification, victim assistance, reintegration, GBV response, legal, and education services. Out of those children, 683 (471 boys; 212 girls) were referred and provided with special medical life-saving services majority of which were in Sa'ada (27 per cent), Taizz (21 per cent) and Al Hudaydah (16 per cent) as a response to the increased hostilities in the most conflict affected governorates. Furthermore, 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.

## Education

The conflict continues to take a devastating toll on children's education in Yemen, as highlighted in the report published earlier in 2018 ['If not in School'](#). As the humanitarian situation continues to deteriorate, around 2 million children remain out of school, including 1.6 million who were out of school before the onset of the conflict.

One of the largest challenges has been the lack of civil servant salaries, which has and continues to have a profound effect on the accessibility of education to children in Yemen. Nearly three quarters of public school teachers in 11 governorates have not been paid for over two school years, which has disrupted schooling of around 3.7 million children in these governorates. Through continued advocacy efforts to find a temporary solution, UNICEF succeeded to secure USD 70 million for monthly cash incentives for teachers in Yemen. Although negotiations are ongoing, the contribution is set to facilitate incentives for approximately 135,000 teachers and school-based staff for approximately nine months.

The lack of payments hampered the ability of humanitarian actors to support educational activities. However, despite the challenges faced, UNICEF along with its partners in the field succeeded to facilitate access to education for 204,340 children (101,565 boys; 102,775 girls), through major rehabilitation of 18 affected schools and rehabilitation of latrines in 218 schools (thereby reaching 32 per cent of the target).

In addition, 4,055 teachers, supervisors and social workers received training on psychosocial support (PSS) benefitting 133,356 students (77,896 boys; 55,460 girls) (31 per cent of target). Moreover, 41,907 students (21,339 boys; 20,568 girls) have received basic learning supplies including school bag kits (9 per cent).

In places where formal schools are unavailable, UNICEF has provided community-based classes (CBC) to reach out-of-school children (OOSC) and community members have been sensitized on the importance of education and their capacity strengthened to facilitate implementation of the intervention, bringing around 7,726 out-of-school-children (4,307 boys; 3,419 girls) back to school.



©UNICEF Yemen/2018. UNICEF summer camps organized across the country to give a chance to displaced children to have access to educational classes

Furthermore, the elaboration of the Transitional Education Plan (TEP), supported by the Global Partnership for Education, continued to progress in 2018. Teams from both the education authorities met several times with the leadership of UNESCO, which resulted in completion of the assessment of education situation in Yemen. A draft TEP document is pending further consultation.

The activities of 2018 will continue into 2019, targeting all governorates. However, incentives remain the main focus as these will enable further activities, such as the rehabilitation of schools, education supplies and psychosocial support activities.



## Social Inclusion

During the year 2018, Social Policy Programme has designed and launched an Integrated Model of Social and Economic Assistance and Empowerment (IMSEA). The model aims to address the immediate needs of the Muhammaseen, the poorest and most marginalized group in Yemen, and provide them with socio-economic opportunities/empowerment to enhance their livelihoods and strengthen resilience against shocks and stresses. This model is based on a community and household-level case management approach and integrates three main components: (i) Social Services Pillar, (ii) Social Benefits Pillar; and (iii) Social Investments Pillar. Mothers, adolescent girls and children with disabilities

IMSEA is targeting the poorest and most vulnerable people who have been systematically socially and culturally excluded. They have been left behind in terms of access to basic services and rights. Findings from Vulnerability and Needs Assessment (VNA) under IMSEA show that 98% of House Holds (HH)s are in acute need of food, 56% of them in severe hunger stage, 91% of children aged 6 could not go to school last academic year, 71% of HHs are in debt, and 53% of children (0-59 months) did not have birth certificates. Thanks to IMSEA advocacy, the agenda of this marginalized group has been advanced and for the first time they are part of Yemen 2019 Humanitarian Needs Overview, which will be reflected in the 2019 Humanitarian Response Plan. Recognition of this vulnerable group is growing, for example, agreement was made with WFP to include the IMSEA beneficiaries in their lists.

Amongst its key factors that makes IMSEA a unique model includes its integrated approach and its vulnerability and needs assessment that was conducted for the first time and provides an important snapshot about their socio-economic status, which has informed the 2019 Humanitarian Needs Overview.

The key findings show that the total social services facilities are 3,015 (2,287 Amanat Al Asimah and 728 Sana'a governorates). The education facilities came in the first place with 59% of total facilities, 20% health & nutrition facilities, 12% water facilities, 6% social protection, and 3% child protection. The findings also show that only 74% of facilities out of total existing facilities are functional (1,676 Amanat Al Asimah and 570 Sana'a Gov), while the rest 24% is dysfunctional for several reasons mainly due to temporary suspended or completely closed, moved to another location, destroyed...etc.

In collaboration with Health and Nutrition (H&N), the social policy programme has started preparations to launch the Healthy Start Voucher Scheme. Identification of specialized national implementing partner and designing of the voucher scheme (including voucher items/services) has been done while preparations for project implementation are ongoing. The project aims at reducing barriers in accessing basic H&N services for poor families and their children in 3 governorates of Yemen (Sana'a, Aden, and Amanat Al Asimah).

In 2018, Social Inclusion Programme continued investing in generation of evidence on child poverty and social protection systems in Yemen to inform the child-focused decision-making and programming. In this respect, technical support was provided to the Central Statistics Organization (CSO) in finalization of 2014 Household Budget Survey (HBS). The analysis has been completed and report drafted. The analysis covers various topics beyond household income and expenditures and provides a review of child wellbeing indicators such as living conditions, workforce, income and wages, education, immunization coverage, health care use and coping mechanisms.

The programme continues to regularly monitor the social and economic situation in the country to inform YCO's and partners' decision making and programming. This includes support to MoPIC in publishing Yemen Socio-Economic Update (YSEU), a key national source of social and economic information. In 2018, 7 YSEU issues were published focusing on different social economic aspects. Internal monthly socio-economic updates have been launched to inform the YCO senior management and programme sections on the key socio-economic developments in the country and to provide advice on programmes corrective actions, if and when needed (e.g., the situation with the rapidly depreciating local currency).

At the end of 2018, Social Policy Programme together with Education Programme launched a study to understand and quantify economic losses caused by the ongoing conflict to the education sector, including the effect of the crisis on school enrolment in Yemen. The findings of this analysis are expected to inform the technical and financial support for the collapsing education system.

## Communication for Development (C4D)

In 2018, the planned target of 6,000,000 affected people to be reached through integrated emergency and outbreaks C4D response was surpassed reaching more than 10 million people (1,490,540 boys; 1,578,431 girls; 3,788,822 men; 3,809,813 women). This included at least 200,000 marginalized people such as the Muhammaseen, who are amongst the most deprived, vulnerable and internally displaced communities. The overall target was exceeded due to the extensive awareness activities associated with eight rounds of national and sub national vaccinations campaigns, including Polio, Measles and Diphtheria, Oral Cholera Vaccination.



©UNICEF Yemen/2018. UNICEF raises awareness of the displaced communities on the importance for all children to have access to education through C4D approaches in Al-Farsi

Interventions delivered through regular C4D and emergency actions were driven by evidence from the Third-Party Monitoring Reports and the Behaviour Indicators Monitoring exercise. A representative Knowledge, Attitudes and Practices (KAP) study was conducted, the results of which will be published in the next Situation Report.

The C4D strategy has been revised to focus on high-impact low-cost essential family practices which will be delivered through innovative interactive and sustainable approaches.

As for capacity development, about 9,500 community volunteers, including the 3,000 religious leaders, were engaged in 23 Governorates for the different vaccination campaigns and to promote the 14 key family practices. About 300 Rapid Response Team members acquired skills in interpersonal communication strengthening early action for cholera prevention and response.

By December, 2,637,320 people (582,231 girls, 537,838 boys, 859,805 women, 657,446 men) out of the target of 2.2 million had been reached on the 14-key lifesaving practices. This seemingly over achievement was due to the full engagement of dedicated volunteers adapting the house-to-house approach in ensuring all families in the targeted areas are receiving comprehensive knowledge on the key lifesaving family practices.

Programmatic monitoring visits indicate marked improvements in the knowledge and adoption of key practices, although there are still some gaps in adoption of key behaviours.

The key lessons learned in 2018 is that households wish to be engaged and to learn something new. This calls for focusing on fewer high-impact essential family practices as a platform for engaging households and communities.

Some of the key challenges that encountered C4D interventions are: high attrition of trained community volunteers due to unattractive incentives coupled with the denial of access to partners in some areas have been a bottleneck to effective community engagement. For example, in Hodeida Governorate due the ongoing conflict about 20% of community volunteers have moved to other Governorates. The limited reach of electronic mass media as well as poor access of households to electricity and other forms of energy for powering electronic mass media devices, has led to an over-reliance on interpersonal communication approaches which is human resource intensive.

## Supply and Logistics

The total value of supplies delivered during the reporting month amounted to USD 3,402,541 with a total weight and volume of 846 metric tons and 2,115 cubic meters respectively (this included hospital equipment, medication and Therapeutic food (Plumpy Nut). This delivery was completed with three dhows to Aden and four Logistics Cluster air operations to Sana'a. This year, delivery of goods and supplies remain challenging due to the volatile

operational environment. Particularly to Al Hudaydah, due to the ongoing hostilities and conflict, but also bureaucratic processes that put constraints on efficient delivery and transit of goods.

## Media and External Communication

In 2018, UNICEF Yemen, through its External Communications and Advocacy Section, implemented its communication and advocacy priorities ensuring a focused, coherent and concerted engagement on children issues, hence positioning UNICEF as a strong and credible voice on and for the children of Yemen.

Key advocacy reports published during the year to highlight the suffering of children and call for action included: 1,000 Days, a report hinged on the first 1,000 days of a child born at the start of the Yemen war's 3rd anniversary of the conflict, 'If Not In School' which focused on education, and the "Power of 20" initiative, within the framework of a partnership with local media on World Children's Day. These reports were launched through a mix of approaches, including press briefings, social media platforms and wide distribution to UNICEF partners and media. Furthermore, a regularly updated package of fast facts and key messages with clear Advocacy Asks was made available for engagement on Yemen at high-level advocacy meetings/briefings. Finally, UNICEF Yemen leveraged on key visits of UNICEF's Executive Director and Regional Director for advocacy and media engagement.

SOCIAL MEDIA HIGHLIGHTS FOR 2018	
<b>TWITTER</b>	
New Followers	82.6K
Tweets impressions	11.6million
Top tweet	<a href="#">110.6K impressions</a>
Total tweets (Arabic/English)	1107
Profile Visits	253.6K
Total mentions	18.1K
<b>FACEBOOK</b>	
Total posts (mostly bilingual)	477
Net new page likes/followers	48.1K
Total reach	2.8million people
Key post	<a href="#">70K people reached</a>

In terms of media coverage, throughout 2018 UNICEF Yemen fed content to local and international media outlets, building on its credibility and benefiting from its field presence. A total of 20 press statements were produced (in English and Arabic), 13 of which were dispatched and circulated by UNICEF Global and UNICEF MENARO. Around 100 interviews were given to a wide spectrum of international, regional and local media including NYT, Washington Post, BBC, CNN, Aljazeera International, France 24, UN Radio, RT, ABC (Australia), DW (Germany), The Independent, BBC Arabic, Reuters, AP, Sky News UK and IRIN News.

UNICEF Yemen was widely covered in local and international media with nearly 25,000 mentions reflecting UNICEF's popularity as main information source on children issues and its prominence in response and humanitarian efforts, through abundant content produced, including unique human-interest stories, photo essays, infographics, maps and videos. This was also evident with its social media platforms followership; more than 242K people on Facebook, more than 188K people on Twitter and more than 3.8K on Instagram. around 12 million people were reached through Twitter and around 3 million through Facebook with over 1.6K posts and tweets.

## Funding

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which are making the current response possible. In December, UNICEF received generous contributions from the Republic of Korea (cross-sectoral support to the HAC) and a three-year grant from the German Federal Ministry for Economic Cooperation and Development, through KfW (Education, WASH, Child Protection).

Where sectors have received more than the budget requirement in 2018, UNICEF will roll-over this funding beyond the budget requirement for 2018 against the 2019 HAC appeal. This funding will be essential to ensure the continuity of the response.

With no end in sight to the conflict in Yemen and ongoing operational challenges to key programme activities, UNICEF continues to fundraise for its Yemen response for 2019 and beyond. To maintain continuity of its programmes and activities, UNICEF particularly welcomes flexible and multi-year funding.

Funding Requirements (as defined in revised 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	69,702,099	64,233,969	133,936,068	-	0%
Health	107,264,969	58,418,370	67,953,465	126,371,835	-	0%
Water, Sanitation and Hygiene	125,000,000	119,785,662	27,616,479	147,402,141	-	0%
Child Protection	33,238,526	23,196,928	8,754,881	31,951,809	1,286,718	4%
Education	30,840,473	18,111,324	16,074,896	34,186,220	-	0%
C4D	14,553,270	10,165,795	2,900,497	13,066,292	1,486,978	10%
<i>Being allocated</i>		57,893,376		57,893,376		
<b>Total</b>	<b>423,990,847</b>	<b>357,273,555</b>	<b>187,534,186</b>	<b>544,807,741</b>	<b>2,773,695</b>	<b>1%***</b>

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

*\*\*\*'Funds Available' as of 30 November reflects the latest revision of the HAC and includes total funds received against the 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.*

*\*\*\* Kindly note, whilst UNICEF has exceeded its overall fundraising target for 2018, this figure hides discrepancies between the gaps in different sectors. Funding gaps remain in Child Protection and C4D.*

## Next SitRep: 28/02/2019

UNICEF Yemen Facebook: [www.facebook.com/unicefyemen](http://www.facebook.com/unicefyemen)

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UNICEF Instagram: UNICEF\_Yemen

UNICEF HAC 2018: [www.unicef.org/appeals/yemen.html](http://www.unicef.org/appeals/yemen.html)

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## Annex A

## SUMMARY OF PROGRAMME RESULTS (January- December 2018)

2018 Programme Targets and Results <sup>1</sup>	Overall needs	Cluster Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	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	268,000 <sup>1</sup>	305,628	27,145▲	276,000	305,628	27,145▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	1,589,227	236,765▲	983,000	1,589,227 <sup>2</sup>	236,765▲
Number of children under 5 given micronutrient interventions (MNPs)		691,000	739,016	161,208▲	691,000	739,016	161,208▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	3,398,648	8,040▲	4,177,000	3,398,648	8,040▲
<b>HEALTH</b>							
Number of children under 1 vaccinated against measles (MCV1)					912,560	669,853 <sup>1</sup>	123,174▲
Number of Children under 5 vaccinated against polio					5,352,000	4,692,335	33,483▲
Number of children under 5 receiving primary health care					1,500,000	1,428,119	247,327▲
Number of pregnant and lactating women receiving primary health care					801,045	681,108	69,055▲
<b>WASH, SANITATION &amp; HYGIENE (WASH)</b>							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,990,363	651,523▲	6,000,000	4,954,795	-
Number of people gaining access to emergency safe water supply		1,703,359	1,370,206	55,056▲	1,000,000	929,836	-
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	936,226	19,997▲	800,000	892,523	19,997▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	900,496	9,322▲	800,000 (basic)	807,717	-
		5,332,045	9,075,201	3,436,324▲	4,000,000 (consumable)	3,436,324 <sup>1</sup>	9,075,201▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	16,393,196	7,978,789▲	4,000,000	16,393,196 <sup>1</sup>	7,978,789▲

2018 Programme Targets and Results <sup>1</sup>	Overall needs	Cluster Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲ ▼	2018 Target	Total Results	Change since last report ▲ ▼
<b>CHILD PROTECTION</b>							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	92%	92%	90%	92%	92%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	858,862	115,469▲	594,937	781,353	113,116▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	2,122,410	546,038▲	1,468,541	1,580,032	63,251▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	12,368	1,503▲	10,345	10,370	668▲
<b>EDUCATION<sup>1</sup></b>							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	1,014,800	147,034▲	639,100	204,340	21,942▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	877,434	929▲	429,000	133,356	-
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	277,441	5,544▲	473,000	41,907	-
<b>Communication for Development (C4D)</b>							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) <sup>1</sup>					2,200,000(14)	2,636,861 <sup>2</sup>	141,621▲
					4,000,000(4)	10,667,606 <sup>2</sup>	345,646▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	9,500	422▲
<b>Footnotes</b>							
<b>Results 1:</b> Some targets have been amended following the HAC revision in October. Changes have been made to targets in Nutrition, Health, WASH and C4D.							
<b>Nutrition 1:</b> The UNICEF target has remained unchanged and is therefore higher than the corresponding target in the revised 2018 Yemen Humanitarian Response Plan and that of the Cluster. Given the current rise in food insecurity and the sharp devaluation of the Yemeni Rial, UNICEF has not changed its target in order to try to reach more children who may be at risk. The targets will be reconciled in the 2019 HAC appeal.							
<b>Nutrition 2:</b> The target has been exceeded due to a scale up in interventions that include IYCF services, including an increase of 4,000 additional Community Health Volunteers, support of health facility based regular outreach, a significant increase of IYCF corners (650 to 1,100), and improved reporting from the service providers.							
<b>Health 1:</b> Measles vaccinations are part of integrated outreach rounds in areas where communities have no access to health clinics. Due to challenges with relevant (local) authorities and ministries, teams are awaiting permission to provide assistance in certain areas. As soon as permissions are received, UNICEF will proceed with the outreach rounds. The rate of measles vaccinations provided in health facilities continues as planned.							
<b>WASH 1:</b> The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.							
<b>Education 1:</b> Education authorities in Sana'a have indicated that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other activity in the governorates under their control. To date, a needs-based work plan for education interventions has not yet been approved. As a result, implementation of some major activities to facilitate access to education such as rehabilitation of damaged schools and construction of semi-permanent classrooms are being delayed. In addition, education authorities have clearly indicated that psychosocial support to teachers and children is not a priority and should therefore be stopped. While some funds allocated for this purpose will be transferred to Southern governorates, insufficient capacity will not allow for initial targets to be reached. Due to supply bottlenecks concerning the procurement of student desks, those desks will not be available for delivery in 2018 and thus targets will not be reached this year. Finally, the 2018 targets for access and supplies included contingency stock of learning supplies and tents to be used as temporary learning spaces which are not expected to be distributed in 2018.							

**C4D 1:** 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).

**C4D 2:** The target is exceeded due to added focus on AWD/Cholera response.