



© UNICEF Yemen/2019. / A community health worker holding a baby during door-to-door visit in Hajjah.

Yemen Humanitarian Situation Report

Highlights

- The first payment cycle for the Education Teachers' Incentives (ETI), started on 28 February and ended on 9 March, targeting 109,456 teachers and school staff across 11 governorates. A total of 97,710 teachers and school staff (89 per cent) have collected their incentives. The ETI aims to provide incentives to those teachers and school staff who are not in receipt of salary but who report to work, in order to keep education accessible to children throughout Yemen.
- A spike in Acute Watery Diarrhea/ suspected cholera has resulted in a scale-up of the cholera response in Yemen by humanitarian organizations, including UNICEF. Increased activities are taking place across WASH, Health and Communication for Development programmes in the 38 high priority districts for a comprehensive response to the surge in suspected cases. UNICEF is working closely with other humanitarian agencies to ensure an effective and complimentary response in the country. The current spike is concentrated in six governorates: Amanat Al Asimah, Al Hudaydah, Sana'a, Ibb, Amran and Dhamar, which together account for nearly two thirds of reported cases. (OCHA Humanitarian Update 7-21 March 2019).
- The UN Country Task Force on Monitoring and Reporting (UNCTFMR) verified 44 children as killed (22 boys; 22 girls) and 75 as injured (54 boys; 21 girls), whilst the recruitment and use of children by parties to the conflicted affected 22 boys. Most of the verified incidents were documented in Taizz governorate (constituting 36 per cent of all incidents), followed by Al Dhale and Al Hudaydah governorates, where 20 and 16 per cent of this month's incidents were documented.

March 2019

- 12.3 million**
of children in need of humanitarian assistance (estimated)
- 24.1 million**
of people in need (OCHA, 2019 Yemen Humanitarian Needs Overview)
- 1.71 million**
of children internally displaced (IDPs)
- 4.7 million**
of children in need of educational assistance
- 360,000**
of children under 5 suffering Severe Acute Malnutrition (SAM)
- 17.8 million**
of people in need of WASH assistance
- 19.7 million**
of people in need of basic health care

UNICEF Appeal 2019

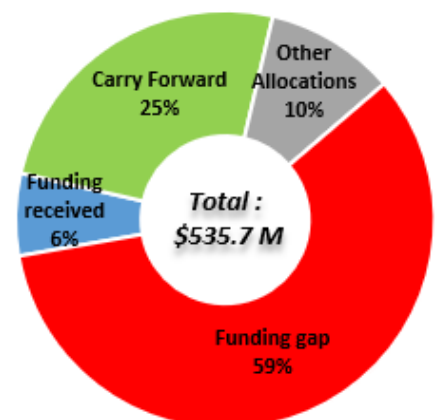
US\$ 536 million

Funding Available*

US\$ 150 million

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan-March 2019 Results	Cluster Target	Jan-March 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	54,371	321,750	54,371
Health: Number of Children under 5 vaccinated against polio	5,535,816	101,236		
WASH: Number of people having access to drinking water	6,000,000	3,671,012	7,288,599	3,312,934
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	382,006	882,268	388,115
Education: Number of affected children provided with access to education via improved school environment and alternative learning opportunities	816,566	28,115	891,352	246,066

Overall 2019 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 and that will contribute to 2019 results.

Situation Overview & Humanitarian Needs

Two years after Yemen suffered its worst cholera outbreak, the disease remains endemic. The number of reported suspected cases of cholera and acute watery diarrhoea spiked in March. The data collected by the Ministry of Public Health and Population, with the support of the World Health Organisation (WHO), indicates that 164,833 suspected cases and 355 associated deaths were recorded between 1 January and 31 March, with about one third of the cases being children under the age of five.¹ UNICEF's WASH, Health and Communication for Development programmes have accelerated and expanded their activities in the 38 high priority districts in an effort to deliver a comprehensive response, which includes deployment of Rapid Response teams, establishment and strengthening of Diarrhoea Treatment Centres and Oral Rehydration Centres in all priority districts, distribution of hygiene kits, chlorination of water sources and increased hygiene awareness messaging and training in communities in cholera-prone areas. UNICEF is working closely with other humanitarian agencies to ensure an effective and complimentary response in the country; as part of this, UNICEF contributed to the Integrated Cholera Response Plan (ICRP) which addresses the needs of 0.5 million cases.²

The fighting and violence continues in Hajjah governorate, resulting in ongoing displacement. According to local authorities, more than 9,700 families were recently displaced to 18 districts in Hajjah governorate; most live in open spaces and public buildings and require humanitarian assistance. UNICEF is supporting 31 out of the 39 health facilities in four districts of Hajjah governorate with operation costs and incentives for health workers. In addition, eight mobile health teams provide an integrated package of primary health and nutrition services for displaced people and host communities.

The World Bank published its latest [Yemen Economic Monitoring Brief](#), which stated that Yemen's economic and social fabric continues to disintegrate. While official statistics are not available, partial information and anecdotal evidence suggest that Yemen's GDP has contracted by 39 per cent since the end of 2014. The poverty rate is projected to have increased by 33 per cent since 2014, which means that 52 per cent of the population in Yemen is likely to live in poverty in 2019.³

2019 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2018)					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	24.1	5.9	5.9	6	6.3
People in acute need ⁴	14.3	3.5	3.5	3.6	3.7
Internally Displaced Persons (IDPs)	3.34	0.8	0.84	0.83	0.87
People in need of assistance – WASH	17.8	4.2	4.4	4.5	4.7
People in need of assistance - Health	19.7	4.7	4.8	5	5.2
People in need of assistance – Nutrition	7.4	0	2.5 ⁵	2.5	2.4
People in need of assistance – Child Protection	7.4	-	-	3.6	3.8
People in need of assistance – Education	4.7	0	0	2.6	2.1

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 that provide office space, logistics support and safe accommodation for national and international UN

¹ Emergency Operations Center - <http://yemeneoc.org>

² OCHA, Humanitarian Update, 7-21 March 2019

³ World Bank, Yemen Economic Brief, Winter 2019

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

⁵ Pregnant and Lactating Women.

staff and NGO workers. UNICEF monitors programme implementation through field staff – where access allows – and through contracted third-party monitoring firms.

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. This is complemented by the UNICEF RRM mechanism implemented through its INGO partner consortium.

Humanitarian Strategy

UNICEF's humanitarian strategy continues to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's 2019 Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans. Considering the collapse of public services, UNICEF aims to improve access to primary healthcare and water and sanitation services 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 Acute Water Diarrhoea (AWD)/cholera prevention and response plan focuses on high-risk areas, diarrhoea treatment, purification 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 grave 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 efficiently 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 RRTs also established a unique framework for humanitarian access and included a strong Inter-Agency and Inter-Cluster Coordination component.



©UNICEF Yemen/2019. Children fetch water at distribution point installed by UNICEF in Sana'a.

Summary Analysis of Programme response

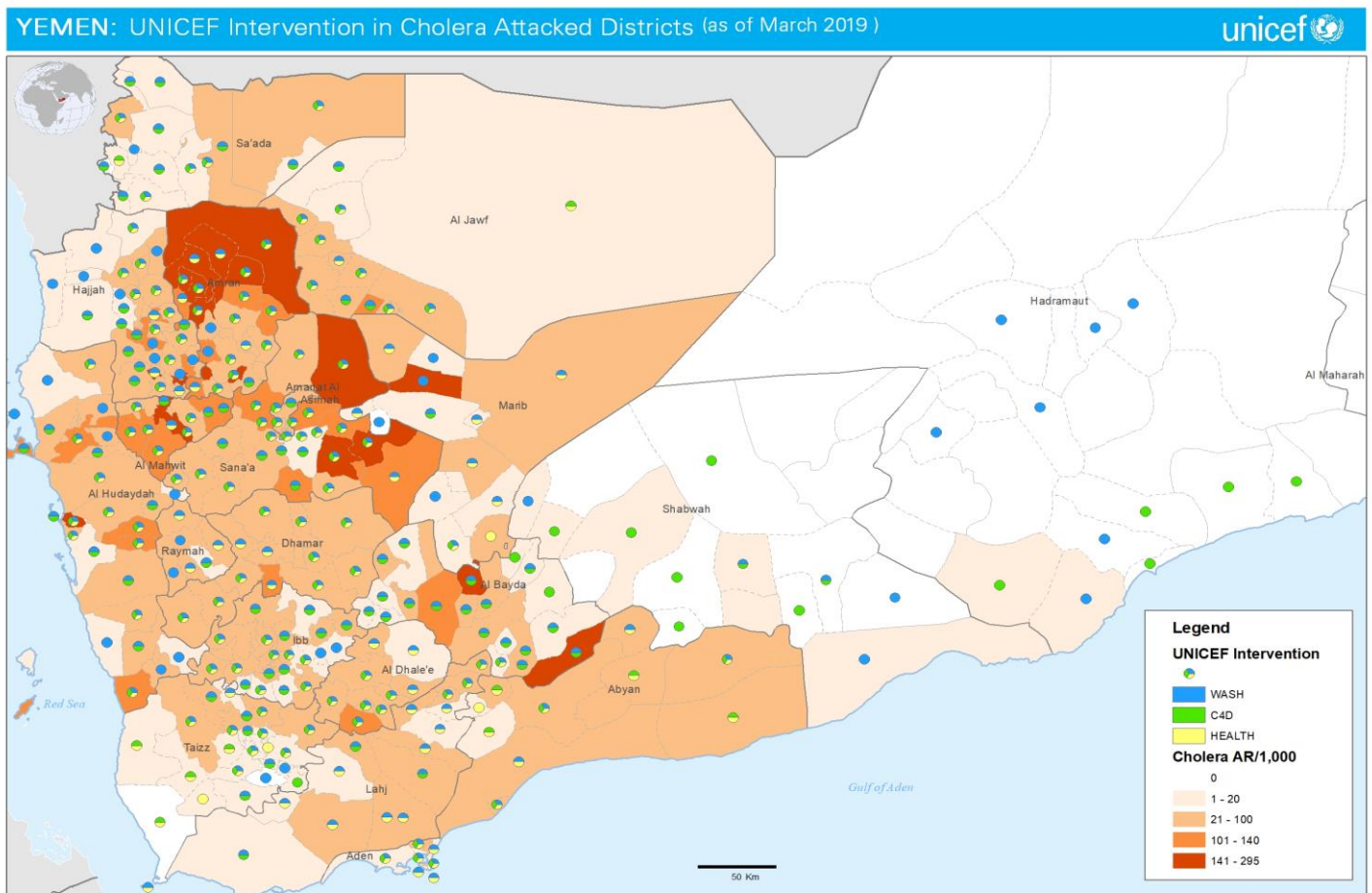
AWD/cholera response

Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases until end of March 2019 has reached 1,572,603 with 3,103 associated deaths (0.20 per cent case fatality rate- CFR) across the country. Children under the age of five continue to represent 28.5 per cent of the total suspected cases.

Since the beginning of January 2019 to 26 March 2019, there have been almost 164,833 suspected cases and 355 associated deaths recorded (CFR 0.21 per cent). A total of 306 out of the 333 districts in Yemen have reported cases during this year, with a national attack rate of 515 suspected cases per 10,000 people. In terms of case management, UNICEF is supporting 819 Oral Rehydration Centres (ORC) and 27 Diarrhoea Treatment Centres (DTC) in 201 districts in 17 governorates.

UNICEF supported one round of Oral Cholera Vaccination (OCV) campaign which was conducted from 24 February to 1 March in four new districts in the south (one district in Aden, two districts in Al Dhale and one district in Taiz). A total of 478,535 people (96 per cent) above the age of one year were vaccinated (242,969 male; 235,566 female). A second OCV campaign starts in April, covering three districts in Amanat al Asimah.

UNICEF continues to play an active role in the National Cholera Task Force amongst key partners including the Ministry of Public Health and Population (MoPHP). In addition to vaccination campaigns, UNICEF integrates its cholera response with WASH and C4D activities, especially in cholera prone areas through an Emergency Operations Room and Rapid Response Teams (RRTs). These include awareness raising around hygiene practices and community cleaning activities.



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 (WFP) and the World Health Organisation (WHO).

In March, 28,641 children were treated for Severe Acute Malnutrition. In addition, 95,968 children have received micronutrient powder and 3,729 children received Vitamin A. A further 201,421 pregnant and lactating mothers have benefited of Infant and Young Child Feeding (IYCF) consultation. A total of 54 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. A total of 26,351 children (12,420 boys; 13,931 girls) received Integrated

Management of Childhood Illnesses (IMCI) services and 7,817 pregnant women were provided with reproductive health services.



©UNICEF Yemen/2019. Salim, 7 months old, suffers from malnutrition. His mother took him to UNICEF-supported therapeutic feeding centre in Sana'a so he can get appropriate treatment.

As part of the expanded programme on immunization (EPI), 61,148 under one children have received Penta3 and 59,586 received the Measles and Rubella vaccination and 101,236 received the Oral Polio Vaccine (OPV), and 40,198 women vaccinated with Tetanus Toxoid (TT). Furthermore, 136,649 children under five have been provided with Integrated Management of Childhood Illness services, among them 29,384 children were treated against pneumonia.

A total of 51 participants from seven Governorate Health Offices (Aden, Lahj, Al Dale, Abyan, Shabwa, Mukala and Taiz) were trained on the Maternal and Neonatal Tetanus Elimination (MNTE). The training on the Type 2 Mono- Oral Polio Vaccination - vaccine management during a type 2 polio outbreak was held in Aden, in consultation with MOPHP to prepare healthcare staff in Yemen to respond in case of outbreak.

A total cumulative of probable diphtheria cases has reached 3,543 cases, with 203 associated deaths (a CFR rate of 5.7 per cent). As of 31 March, 22 governorates and 233 districts are reportedly affected by the diphtheria outbreak. Given the onset of diseases such as cholera, diphtheria and measles, UNICEF has continued to prioritize and expand on its immunization activities in Yemen.

Water, Sanitation and Hygiene (WASH)

In March, a surge of AWD/suspected cholera cases was recorded, particularly in 38 high priority districts as confirmed by WHO reporting. Consequently, the WASH response has been scaled-up through adoption of the targeted approach at community, household and facility level. Following the epidemiological data, Rapid Response Teams (RRTs) have been activated, and as of 31 March, 622 teams have been mobilized reaching over 80 per cent of the suspected caseload, along with 20 households in the catchment areas as a preventative measure. The RRTs are currently covering 292 districts in 21 governorates across the country including all cholera priority districts. UNICEF also continued the bulk chlorination of the public and private water sources which includes 454 private groundwater wells. Regarding this activity, UNICEF worked with GARWSP and NWRA to ensure that water available at household level is chlorinated and available to strengthen hygiene practices and stop cholera transmission at household level. In addition, over 950,000 private water tanks were chlorinated to ensure safe drinking water. RRTs also distributed nearly 13,000 consumable hygiene kits (CHKs), which benefited 91,000 people in the targeted areas. The CHKs allow households to practice essential hygiene practices such as handwashing with soap, disinfection of food before use etc.

On the preparedness front, for AWD/suspected cholera, an Integrated Cholera Response Plan (ICRP) has been finalized which addresses the needs of 0.5 million cases. Essential supplies have been procured and continue to be prepositioned. The coordination structures have been activated both at national and sub-national levels to ensure a comprehensive response. An Emergency operation room (EOR) is closely monitoring the situation on a weekly basis, and a joint WASH-Health cluster has convened for discussion and planning of a scale-up in the WASH interventions, as well identifying the key gaps for immediate actions.

UNICEF continues its support for the operation of the water supply systems to ensure provision of safe drinking water in major cities including Al Hudaydah, Amanat Al Asimah, Amran, Dhamar, Ibb, and Saada, reaching over three million people, through provision of fuel, electricity, spare parts and disinfectants for chlorination. Over 260,000 people were reached with UNICEF support for the rehabilitation of existing rural water supply systems benefiting both IDP settlements as well as households in high risk AWD/cholera locations. The rehabilitation of the systems means that quality water is available in sufficient quantities to support the adequate practice of essential hygiene behaviours at household and community level.

In terms of sanitation activities, UNICEF continues its support for the operation of the Waste Water Treatment Plants (WWTP) and Sewage systems rehabilitation, which benefits approximately 1.6 million people throughout the country.

UNICEF also continues to respond to Internally Displaced Populations (IDPs) in collaboration with RRM partners through emergency 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 263,812 IDPs in Al Hudaydah, Amanat Al Asimah, Dhamar, Hajjah and Ibb governorates.

On 20th March, World Water Day, events were launched across major cities of Yemen which included Sana'a and Aden. The overall focus of the events supported by UNICEF focused on raising awareness for safe drinking water and raising awareness on suspected cholera and good hygiene practices.



©UNICEF Yemen/2019. Children of Al-Sadara village, Hadramaut governorate, have finally access to clean water in their houses as UNICEF completed a water site rehabilitation project.

Child Protection

In March, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) verified 44 children as killed (22 boys; 22 girls) and 75 as injured (54 boys; 21 girls), whilst 22 cases of recruitment and use by parties to conflict were verified (22 boys). Most of the verified incidents were documented in Taizz governorate (constituting 36 per cent of all incidents), followed by Al Dhale and Al Hudaydah governorates, were 20 and 16 per cent of this month's incidents were documented.

Despite ongoing operational challenges, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 296,778 conflict affected people. This includes 268,806 children (146,576 boys; 122,230 girls) and 27,972 adults (17,713 males; 10,259 females) across 11 governorates. Mine Risk Education was delivered in schools and in child friendly spaces, as well as through community campaigns.

Psychosocial support was provided to 61,817 people, including 55,654 children (30,056 boys; 25,598 girls) and 6,163 adults (2,779 males; 3,384 females;) in 15 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.

Through the case management programme, UNICEF supported the provision of critical services to children, including facilitating access to essential services for the most vulnerable children. A total of 1,305 children (515 girls; 790 boys) have been identified by trained case managers, and out of those, 1,186 (460 girls; 726 boys) have already been provided with services, including individual counselling, family tracing and reunification, victim (medical) assistance, Livelihood support, reintegration, gender-based violence (GBV) response, legal, and education services. Of these children, 24 (19 boys; five girls) were referred and provided with life-saving specialized medical services, 19 (14 boys; five girls) were provided with legal services, 95 (66 boys; 29 girls) received economic empowerment and livelihood support, and 237 (141 boys; 96 girls) received family tracing, reunification and reintegration assistance.

The Child Protection Area of Responsibility (CP AoR) members reached a total of 64,264 children (31,571 boys; 26,203 girls; 6,490 adult caregivers) with psychosocial support activities, out of which 28 per cent were in health facilities covering child victims of violence and children undergoing therapeutic treatment due to severe malnutrition. Case management services reached a total of 1,162 children (707 boys; 455 girls) of whom 10 per cent were unaccompanied and children separated from family, who received family tracing and reunification services. Mine Risk Education activities reached 296,778 beneficiaries of whom 268,806 were children (146,576 boys; 122,230 girls).

Intensive fighting in Bani Hassan resulted in new displacements in Abs city affecting an estimated total of 20,000 families. The CP AoR at national and field level agreed on an emergency response package consisting of documenting grave child rights violations, providing victim assistance to affected children, mine risk awareness, and provision of psychological first aid to children and their care givers. At least 7 CP AoR partners demonstrated willingness to deploy staff in the affected communities.

Through a standing Memorandum of Understanding with Save the Children on co-ordination, the CP AoR recruited a CP AoR co-coordinator to strengthen child protection coordination in Aden hub. The CP AoR shared guidelines to integrate protection activities into the cholera response following reports of a new outbreak of cholera in Yemen. Guidelines provide key messaging on inclusion of children and adolescents in campaigns, use of child friendly messages that appeal to the needs of children and ensuring people with disabilities and the marginalized are put into account during cholera campaigns.

Education

The first payment cycle for the Education Teachers' Incentives (ETI), which started on 28 February has ended on 9 March, targeting 109,456 teachers and school staff across 11 governorates. The ETI aims to provide incentives to those teachers and school staff who are not in receipt of salary to keep education accessible to children throughout Yemen. The collection of incentives was preceded by a verification process carried out through an independent agency to ensure that those entitled to payment meet the project prerequisites, notably being on active duty, fulfilling the attendance requirement, ID confirmation and having formal documentation with regards to their employment. Building on the Emergency Cash Transfer Project (ECTP), ETI beneficiaries could refer to the ECTP Call Center to file grievances. All grievances are referred to the Education programme for redressal. A second payment cycle is currently being planned and prepared for.

To qualify for the incentive, teachers and staff had to be able to prove attendance or show an appointment letter. A total of 94 per cent of teachers and school staff on the list provided have been verified this cycle. Those who were verified but unable to collect, will be able to do so in the next payment cycle.

In March, UNICEF in cooperation with partners, completed the rehabilitation of six schools in Lahj governorate providing 2,087 students (1,374 boys; 713 girls) with better learning environment. Additionally, UNICEF supported the construction of 28 semi-permanent classrooms and provision of school desks in 12 schools in Aden, Lahj and Al-Dhale'a providing alternative learning opportunities to 7,363 students (3,359 boys; 4,004 girls). Technical needs assessments for the rehabilitation of conflict-affected schools are ongoing in 19 governorates.

In order to promote hygiene and build awareness on best health practices in schools, UNICEF-supported hygiene education sessions in schools in Taiz and Ibb in (Al Selw, As Sha'ir and Ba'dan districts) reaching around 32,048 students (17,988 boys; 14,060 girls).

Social Inclusion

This month, the Training of Trainings (TOT) for Case Management Supervisors was held for 27 trainees from the Social Welfare Fund (SWF) Headquarters and conducted in Amanat Al-Asimah and Sana'a. The training aimed at preparing trainees as future supervisors in the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) Case Management System. In addition, the best eight trainees have been selected for training of trainers for the case managers. The training of case managers is planned for April 2019.

In partnership with PERCENT Cooperation, UNICEF's implementing partner, and volunteer community support centers, UNICEF facilitated the issuance of birth registration certificates for 201 children from Muhamasheen communities, who live in slums in Sana'a governorate. This comes as part of Social Policy's programme effort under IMSEA to provide beneficiary children with birth registration certificates add on the objective here.

The Grievance Redressal Mechanism (GRM) during IMSEA beneficiary verification (Phase I) was finalized and a total of 5,692 appeals were received. All appeal cases will be investigated during the second phase of the Vulnerability and Needs Assessment (VNA II – scheduled for end of April); which will target smaller slums of 10 and more households in Amanat Al



©UNICEF Yemen/PMU/2019. A teacher collects her incentive following successful verification.

Asimah, Sana'a and Aden governorates as well as cases that were not included in VNA I in big slums. Cases mostly constitute IDPs, new settlers, or individuals who were not available during the implementation of VNA I.

During the reporting period, the WASH technical assessment was completed in slum areas of Amanat Al Asimah and Sana'a governorates. The assessment was done in coordination with UNICEF WASH section. The findings will inform the design of specific water and sanitation interventions to be implemented by the Ministry of Water and Environment with support from UNICEF. In addition, Social Policy has established 19 Consultation Committees in Amanat al Asimah and Sana'a, with the overall goal to empower these communities and provide the opportunity to actively participate in the IMSEA project and inform the design and implementation of its different components. They will also play a critical role in the case management system, in which they will be identifying the urgent cases that need the case managers' immediate support. For these committees to be able to play their role, they will receive a training in April 2019.

Communication for Development (C4D)

The surge in AWD/ suspected cholera cases has required the urgent scale-up of the promotion and adoption of positive community-based hygiene and sanitation practices. Through various communication interventions, the C4D partners reached 647,343 people (219,925 men; 151,042 women; 151,602 girls; 124,774 boys) on the AWD and cholera prevention practices and the core essential family practices for good hygiene during this period.

Over 6,500 community mobilizers, including 3,500 male religious leaders (Imams) and 450 female religious leaders (Morshydats) conducted communicating activities which included 71,789 door-to-door visits, 2,214 talks in mosques, 690 group discussions, 1,554 individual sessions, 4,338 community meetings and events, 46 drama shows, as well as 662 school-based activities and communication sessions in 110 DTCs/ORCs Health Centers.

Through the partnership with the Ministry of Information and the Ministry of Public Health and Populations' (MoPHP) Health Education Centre⁶, a mass media campaign on AWD/suspected cholera was launched to complement the community engagement interventions, 12 Radio and eight TV stations are engaged through awareness flashes and programs on AWD/cholera prevention, reaching an estimated eight million people, while two million people were reached through social media platforms (WhatsApp, Facebook and Twitter). Public awareness was reinforced through placement of billboards in high traffic locations and dissemination of communication materials.

In March, orientation sessions were organised for 400 new community volunteers and religious leaders through the UNICEF partnership with the Ministry of Endowment and civil society organisation partners to scale up interventions for vulnerable groups to adoption of health and improved household hygiene practices.



©UNICEF Yemen/2019. UNICEF launched giant "Snakes and Ladders" games in 15 high risk cholera districts in South-eastern Yemen to sensitize children on lifesaving hygiene practices.

⁶ The Health Education Centre is C4D main health sector partner at the national level, which is responsible for communication and social mobilization of staff in all the health departments.

Supply and Logistics

The total value of supplies delivered in March amounted to more than US\$ 11 million with a total weight and volume of 332 metric tons and 1,179 cubic meters respectively. This delivery was completed with two dhows to Al Hudaydah and three Logistics Cluster air operations; one to Sana'a and two to Aden. Furthermore, two flights with vaccines were chartered to Sana'a.



©UNICEF Yemen/2019. Distribution of medicines and medical equipment from UNICEF warehouse in Aden to southern governorates.

Media and External Communication

UNICEF Yemen's media coverage remained at the same level in March as compared to February, with 30 per cent detected in traditional media and 50 per cent coverage in social media. Most of the coverage was picked-up by local media (35 per cent) compared to 34 per cent in international English-speaking media and 31 per cent in regional media groups. An outstanding increase in the interaction rate in international English media is noted at 198 per cent in March. UNICEF Health and WASH programmes were among the top headlines, with 98 per cent coverage, comparing to 71 per cent last month. When it comes to broadcast media, UNICEF and children's issues were featured in 650 videos aired on 21 different TV channels.

SOCIAL MEDIA HIGHLIGHTS FOR MARCH 2019

TWITTER	
New Followers	2,058K
Tweets impressions	560K
Top tweet	25.9K impressions
Total tweets (Arabic/English)	84
Profile Visits	15.6K
Total mentions	801
FACEBOOK	
Total posts (mostly bilingual)	63
Net new page likes/followers	1.5K
Total reach	431K people
Key post	34.4K people reached

UNICEF's statements were largely mentioned in the media this month, with a 177 per cent increase comparing to February. A statement from Geert Cappelaere, UNICEF Regional Director for the Middle East and North Africa, was released on the launch of the [teachers' incentive programme](#) in Yemen and another [joint UNICEF-WHO statement](#) was published towards the end of the month to raise awareness on the alarming rise of suspected cholera cases across the country. Following the tragic deaths of five children in Al [Hudaydah](#) and [Hajjah](#), UNICEF Executive Director Henrietta Fore condemned in two statements the horrific toll of the war on children, adding that "only a comprehensive peace agreement can give Yemeni children the reprieve from violence and war that they need and deserve." UNICEF Yemen Representative Sara Beysolow Nyanti also reacted to the incidents on Twitter, calling for peace for the children of Yemen.

Pursing its digital engagement's efforts, UNICEF in Yemen published web articles and videos on its online platforms highlighting the WASH, Health and Communication for Development activities. UNICEF water interventions were especially covered, with the campaign for World Water Day, observed on 22nd of March, which was also the subject of the [top tweet](#), which gathered almost 26,000 impressions. The top Facebook post on the [teachers' incentives programme](#) with over 34,000 impressions.

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. The 2019 Humanitarian Action for Children appeal has been revised to ensure alignment with the Yemen Humanitarian Response Plan. The contributions received in March include contributions from OFDA, SIDA (flexible and Rapid Response Mechanism); Denmark (flexible); Japan (multi-sector IDP response); and small flexible contributions from Andorra and the following Natcoms: Finland, Australia, UK, US, Norway, New Zealand, Iceland, Portugal, and Poland.

To meet the immediate and longer term needs of children and their families in Yemen, UNICEF particularly welcomes predictable, flexible and multi-year funding.

Funding Requirements (as defined in revised Humanitarian Appeal of 2019 for a period of 12 months)							
Appeal Sector	2019 Requirements (US\$)	Funding Received Against 2019 Appeal (US\$)	Carry Forward From 2018 (US\$)	Other Allocations Contributing Towards Results (US\$)*	2019 Funds Available (US\$) **	Funding Gap	
						\$	%
Nutrition	124,678,000	10,208,531	22,505,261	20,500,890	53,214,682	71,463,318	57%
Health	85,788,673	6,796,696	22,074,642	20,245,023	49,116,361	36,672,312	43%
Water, Sanitation and Hygiene	135,000,000	4,820,320	34,775,718	7,033,770	46,629,808	88,370,192	65%
Child Protection	38,348,211	5,625,988	11,766,930	-	17,392,918	20,955,293	55%
Education	106,000,000	415,052	31,116,985	2,504,291	34,036,328	71,963,672	68%
Social Policy	14,009,396	786,658	421,074	3,600,000	4,807,732	9,201,664	66%
C4D	10,857,795	672,369	5,059,736	-	5,732,105	5,125,690	47%
RRM	21,000,000	2,881,291	6,683,055	-	9,564,346	11,435,654	54%
<i>Being allocated</i>		-			-	-	
Total	535,682,075	32,206,906	134,403,401	53,883,974	220,494,281	315,187,794	59%

*This includes additional contributions from multi-lateral organizations and other donors which have emergency components and will contribute towards 2019 Results.

**'Funds Available' as of 31 March 2019 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. The total amount also includes the Recovery Cost for each contribution which is retained by HQ. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

Next SitRep: 28/05/2019

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Annex A

SUMMARY OF PROGRAMME RESULTS (January- March 2019)

2019 Programme Targets and Results	Overall needs	Cluster Response			UNICEF and IPs		
		2019 Target ¹	Total Results	Change since last report ▲▼	2019 Target ¹	Total Results ¹	Change since last report ▲▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	357,487	321,750	54,371	28,641 ▲	321,750 ¹	54,371	28,641 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	336,514	201,421 ▲	1,514,102	336,514	201,421 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	180,311	95,968 ▲	2,860,031	180,311 ²	95,968 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	14,167	3,729 ▲	4,290,047	14,167 ³	3,729 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	72,955	36,969 ▲
Children from 6 months – 15 years vaccinated in MR campaigns					13,032,803	11,837,521 ¹	-
Number of Children under 5 vaccinated against polio					5,352,000	101,236 ²	101,236 ▲
Number of children under 5 receiving primary health care					1,575,000	406,037	136,649 ▲
Number of pregnant and lactating women receiving primary health care					841,097	134,215	32,591 ▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	3,671,012	-	6,000,000	3,312,934	-
Number of people gaining access to emergency safe water supply		1,703,359	378,714	189,434 ▲	1,000,000	216,341	163,586 ▲
Number of people with access to adequate sanitation (through emergency latrine		1,223,908	86,620	71,604 ▲	800,000	33,130	32,630 ▲

construction or rehabilitation)							
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	153,982	89,808 ▲	800,000	66,167	46,084 ▲
		5,332,045 (CHKs)	2,543,050	117,380 ▲	4,000,000	2,457,366	97,060 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	2,442,432	373,314 ▲	3,500,000	2,326,312	316,374 ▲

CHILD PROTECTION

Percentage of MRM incidents verified and documented from all the reported incidents		90%	85%	85% ▲	90%	85%	85% ▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	388,115	296,778 ▲	794,825	382,006	296,778 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	414,530	64,264 ▲	1,365,128	404,635	61,817 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	2,258	1,186 ▲	10,345	3,253	1,186 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	454	-

EDUCATION

Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	246,066	40,100 ▲	816,566	28,155	9,450 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	206,625	6,555 ▲	170,000	6,515	6,515 ▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	48,438	1,996 ▲	996,994	-	-
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		141,746	-	-	135,359	97,710	97,710 ▲

Social Policy

Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	75,517	43,644 ▲
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RRM							
Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	309,072	177,745 ▲
Number of vulnerable persons supported with multipurpose cash transfer					350,000	13,560	8,030 ▲

C4D							
Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	1,696,849	647,343 ▲
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices					5,000	2,170	400 ▲

Footnotes

Target 1: The Yemen Humanitarian Appeal for Children (HAC) has been revised in April 2019.

Results 1: Data from the field is collected and reported through Field Offices; delays in reporting figures may occur to do lengthy reconciliation. As a result, figures reported may not be an accurate reflection of the results achieved that month and results are added to the next reporting month instead.

Nutrition 1: The SAM target has been revised as part of the HAC revision in March 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target has recently been increased to at least 90% of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). The Nutrition Cluster may also increase their target to match the UNICEF target, following the meeting of the Nutrition Cluster SAG. UNICEF contributes to 100% of SAM targets at the community level.

Nutrition 2: The result of this indicator for quarter one appears low as it features results from fixed health facilities and mobile teams only. However, almost half of the results of this indicators are attributed to the community health volunteers (CHVs) and the integrated outreach activities. The reports of CHVs are collected only on quarterly basis and the integrated outreach is yet to be implemented.

Nutrition 3: Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.

Health 1: A nationwide Measles and Rubella vaccination campaign held in January has been very successful and reached a high number of children.

Health 2: Low results for first quarter of 2019 as no polio campaign has taken place yet; only as part of routine vaccinations. A polio campaign is currently being planned.