

Yemen

Executive summary

Yemen descended into a complex and widespread military conflict in March 2015, resulting in a catastrophic humanitarian crisis that will have repercussions for generations. In 2017, ground-fighting and airstrikes exposed children to extreme risk, and more than 1,100 children were verified as killed or maimed. The indirect consequences of the conflict threatened millions more lives. Children faced growing food insecurity and malnutrition, poor water and sanitation conditions and spread of preventable diseases. A blockade illustrated how fragile the lifeline of services and supplies to the country had become.

In 2017 UNICEF Yemen responded to one of the world's largest acute watery diarrhoea/suspected cholera outbreaks. UNICEF established a 'firewall' at household level through water disinfection and promotion of good hygiene practices for 10.2 million people, including 5.2 million children. Despite a collapsing public health system, UNICEF established nearly 700 acute watery diarrhoea/cholera treatment centres, providing treatment for the diarrhoea cases and referral for more severe suspected cholera cases. A communication for development (C4D) campaign went house-to-house nationwide, distributing key messages for prevention and treatment to more than 18.5 million people.

The Emergency Cash Transfer Project (ECTP) targeted 1.5 million vulnerable households across all 22 governorates of Yemen. The first quarterly payment, completed in early November 2017, reached 1,330,601 beneficiaries. A total of 89 per cent of Social Welfare Fund (SWF) beneficiary households improved their purchasing power and hence their possibility of accessing basic social services such as healthcare, food or water. The post-distribution monitoring found that 9 out of 10 beneficiaries had already used the cash for medicine, food and repayment of debts.

In a context of widespread failing public services, 5.7 million people benefitted from rehabilitation, maintenance and operation of water supply systems. UNICEF Yemen helped keep more than 2,800 of 3,000 health facilities open and functioning by providing primary health care to 900,000 children and treating more than 200,000 children with severe acute malnutrition (SAM).

Education in emergency programming ensured access to learning opportunities for 1.3 million children through school rehabilitation, temporary learning spaces, capitation grants, provision of classroom furniture and psychosocial support. UNICEF ensured that 407,141 conflict affected people, including 383,583 children and 23,558 parents, were reached with psychosocial support through a network of mobile and fixed child-friendly spaces.

At least 1,141,433 people, including 862,787 children and 278,646 adults, received life-saving mine risk education (MRE) messages on protection from the risks of mines, unexploded ordinances (UXOs) and explosive remnants of war (ERW), and how/to whom to report in 51 districts of nine governorates, reaching 85 per cent of the target.

Ongoing challenges in 2017 included navigating political divisions and the existence of two authorities (de facto in Sana'a and internationally recognized government in Aden). Organizations lacked access to some areas in need, resulting in interventions such as community-led total sanitation (CLTS) being suspended and under-achieved.

Developments late in the year, including the assassination of the former president and sporadic blockading of ports, indicated that the situation may very well get worse before it gets better. Such access issues threaten to further reduce the capacity of public service systems to continue, reliant as they are on imports of fuel and supplies. Along with the devaluation of the Yemeni Riyal and rising inflation, public sector salaries had not been paid (or paid only partially, and primarily in the South) to more than 1.25 million civil servants since August 2016. This threatens the ongoing provision of critical life-saving public health, sanitation and education services.

Advocacy played a crucial role in effecting change and fund-raising to support children most in need. In 2017 UNICEF Yemen received its highest level of funding ever. This was as the result of an evidence-based resource mobilization strategy and positioning the office as the primary source of information for the situation of children in Yemen. Significant on-the-ground presence, capacity to manage large projects, and flexible humanitarian/resilience programming helped UNICEF gain the confidence of donors such as Germany, Japan, the World Bank, USAID, the EU, DFID, SIDA and OCHA.

UNICEF worked in close partnership with all the UN agencies, and international and national non-governmental organizations (NGOs) who were working in Yemen. Key partnerships included those with WHO and WFP under the World Bank-funded Emergency Health and Nutrition Project (EHNP). UNICEF also worked closely with UNFPA to contribute to the Global Programme to Accelerate Action to End Child Marriage. New donors such as Education Cannot Wait (ECW) supported the education in emergency response alongside the Global Partnership for Education (GPE). There was a more harmonized and consultative partnership framework among members of the local education group (LEG).

Humanitarian assistance

By all measurable accounts Yemen was one of the worst places in the world to be a child in 2017. The conflict led to the internal displacement of more than 2 million people, left 1.25 million public sector workers without pay for a year, and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries. Sixteen million people lacked access to safe water; more than 1.8 million children (400,000 were under 5) and 1 million women who were pregnant and lactating women suffered from acute malnutrition; an estimated 385,000 children suffered from severe acute malnutrition; and nearly 2 million children were out of school.

The consequences of war threatened millions due to growing food insecurity, poor water and sanitation and the spread of preventable diseases. Yemen was on the verge of famine, and almost the entire population—22.2 million people—required humanitarian assistance. The lack of livelihood opportunities led to desperate coping mechanisms, including increased household borrowing and rising rates of child marriage and recruitment of children into armed groups and forces.

Recent outbreaks of acute watery diarrhoea and cholera - exacerbated by the collapse of public systems - reached more than one million suspected cases. As part of the inter-agency

response, UNICEF supported diarrhoea treatment, a nation-wide house-to-house cholera awareness campaign, chlorinating water sources, and hygiene awareness. More than 5 million people gained access to safe drinking water, 10.2 million people benefited from water treatment and disinfection through 736 WASH rapid response teams (RRTs), 64 diarrhoea treatment centres (DTC) and 632 oral rehydration corners (ORC). UNICEF also responded to the diphtheria outbreak through rapid response teams, who were trained to identify and treat cases quickly, as well as provide health awareness education. More than 8,500 children in the worst-affected districts were vaccinated with the Penta vaccine.

A total of 4.8 million children received polio vaccination, and more than 405,000 pregnant and lactating women accessed health care. While more than 200,031 children with severe acute malnutrition received treatment, needs continued to outstrip the response. To remedy this situation, the last polio campaign was coordinated with a malnutrition screening of 3 million children, which identified more than 290,000 acute malnutrition cases, which were referred to appropriate services. Scaling up training of community health workers through the joint WHO-WFP-UNICEF community-based management of acute malnutrition (CBMAM) programme resulted in improving the program quality, as reflected in the performance indicators.

As the conflict continued to take a devastating toll on children, UNICEF verified and documented 87 per cent of all child protection cases through the Monitoring and Reporting Mechanism (some 1,300 grave child rights violation incidents and nearly 1,000 children killed or maimed). UNICEF provided psychosocial support to some 474,004 conflict-affected people. Nearly 1.1 million people (including 403,043 girls and 459,744 boys) accessed mine risk awareness education.

Despite the delay in the 2017/18 school year, UNICEF maintained its support to 1.4 million conflict-afflicted children, providing them with formal and alternative forms of education and psychosocial support. The total number of out-of-school-children enrolled in formal and non-formal education was 42,331 – (38,594 in formal education and 3,737 in non-formal education).

UNICEF Yemen established a partnership with Action Contre la Faim (ACF) to initiate a rapid response mechanism (RRM). The mechanism in Yemen provides immediate emergency assistance to conflict/natural disasters internally displaced persons, the population affected by the cholera epidemic, and children under 5 suffering from acute malnutrition with non-food items, shelter, WASH, and supplementary feeding. Immediately after its inception, the rapid response mechanism was put to use to help respond to unfolding of events in the battle in Al Mokha.

In 2017, the emergency cash transfer project (ECTP) was launched, targeting 1.5 million beneficiary cases/households across 22 governorates of Yemen. The first unconditional quarterly payment was completed in early November, reaching 1.3 million cases. A targeted cash transfer for the Muhamasheen, Yemen's most marginalized group, reached 6,731 beneficiary households (32,072 people) under the humanitarian cash transfer project (HCTP). Cash assistance was also provided to internally displaced people as part of the rapid response mechanism.

The 2017 \$339 million Humanitarian Action for Children plan has been funded to 55 per cent. Humanitarian operations in Yemen were decentralized, with five field offices managing interventions locally. UNICEF worked closely with a range of partners and led the water, sanitation and hygiene (WASH), nutrition, education clusters and child protection sub cluster. UNICEF Yemen was also the lead agency for communication and community engagement as

part of accountability to affected populations (AAP) commitments, and co-chaired the community engagement working group.

Equity in practice

Despite the challenges of applying an equity-based approach in a context such as Yemen, where almost an entire population is affected and in desperate need of humanitarian support, UNICEF Yemen ensured that all humanitarian interventions had an equity-focused dimension by targeting the most vulnerable children and their families through the humanitarian needs overview priority setting exercise.

The emergency cash transfer (ECT) project allows beneficiaries to reach project sites within a maximum of one hour walk from their homes. Outreach teams were set up to serve those located in the most remote areas, elderly, people with disabilities and other beneficiaries in need of special support. There were challenges in implementation and lessons learned were used to define a stronger outreach mechanism, introduce e-payments and ensure access for all 1.5 million beneficiary cases. Community validation of identity was added as a service to ensure that all beneficiaries without access to their identity can have a community-based mechanism validate and provide them official documentation for use for the emergency cash transfer project and other purposes .

At the end of 2017 UNICEF promoted an integrated model of social assistance for people living in slums (urban poor, the marginalized Muhamasheen community and, increasingly, internally displaced people) to holistically address the needs of the poorest and most socially excluded children and their families in Yemen. Given the multidimensional nature of poverty and vulnerability, UNICEF Yemen launched a model that integrates income with non-income inputs, services and linkages to services. The data collection for this project will establish a baseline and to help assess project impact and also to generate evidence to better understand the current child poverty and vulnerability in selected governorates in Yemen. The project will begin in 2018 in Amanat al Asimah in Sanaa and will target 7,000 individuals (approximately 1,000 households) in its first phase. National social protection systems will be engaged in this project.

This project builds on the system strengthening work initiated by UNICEF in pre-crisis times. In 2012-2013, UNICEF Yemen completed the National Social Protection Monitoring Survey, a household longitudinal survey that provided insights into the coping strategies applied by households after the 2011 crisis, and evidence on the targeting and impact of the SWF's cash transfer programme. The survey informed future programming, including in times of conflict. Specifically, the data, along with specific identification and registration exercises, were also partly used for targeting the most vulnerable Muhamasheen (traditionally socially excluded) communities for the humanitarian cash transfer project launched at the end of 2015. The present initiatives aimed at the poorest and most marginalized are an effort to both support the national systems and promote an equity agenda, even in the humanitarian context of Yemen.

Strategic Plan 2018-2021

Overall, the Strategic Plan (SP) 2018-2021 is well-structured and articulated. UNICEF Yemen welcomed the opportunity to pursue a longer-term vision and goals (the 2030 horizon), and to specifically harmonize the new SP with Sustainable Development Goals (SDGs).

The new Strategic Plan will bring new opportunities, including strengthening partnerships with other UN organisations to tackle widespread issues of concern such as outbreaks, malnutrition, and child marriage, and to reach results for children effectively and at scale, leveraging on each

agency's comparative advantage. In a fragile context such as Yemen, balancing near-term and longer-term considerations and interventions, requires investing of resources simultaneously for both the humanitarian response as well as for the longer and more sustainable results such as system preservation and strengthening.

The new Strategic Plan recognizes the challenges that many countries where children living in fragile, conflict-affected, or disaster-prone contexts will face during its implementation including. One of the key challenges in implementation is that due to ongoing conflict in Yemen for the third year, there is no indication yet on when the authorities in Yemen will start developing the new national development plan. In absence of such a plan, it will be difficult for development organizations such as UNICEF to set clear priorities and work collectively to address them. In a context such as Yemen where the situation is so volatile and unpredictable, designing transformative programming aimed at impacting the root causes will become even more complicated and results will take much longer to materialise.

Emerging areas of importance

Climate change. In 2017, UNICEF Yemen acknowledged environmental considerations in its WASH programme planning and implementation. Sanitation projects addressed the safe disposal of solid waste management and waste water treatment for protecting the environment. Similarly, by adopting alternative energy sources such as solar systems wherever possible, UNICEF contributed to addressing climate change adaptation strategies. A pilot solar power project in Sa'ada provided more than 200 MW of energy as an alternative source of power to water pumps, benefiting more than 60,000 people.

Urbanization and children. UNICEF Yemen addressed the basic service needs of the most vulnerable children in urban areas. In 2017, UNICEF reached more than 4 million people through the operation and maintenance of public water systems in major urban centres. The support enabled vulnerable people in urban centres to have continuous access to water in difficult circumstances, and in areas where the risk of cholera and ACUTE watery diarrhoea could impact large numbers of people in a very short period of time. In areas where water was not readily available, UNICEF provided water through a trucking programme that reached more than 140,000 people, mostly internally displaced people and returnees throughout Yemen.

Refugee and migrant children. Yemen's political instability and insecurity, together with a severely weakened rule of law, created a permissive environment for smugglers and human traffickers. Yemen continued to be a country of destination and transit for people in mixed migration flows from the Horn of Africa region who often are seeking economic prospects in the Gulf region. In 2017, UNICEF started documenting the arrival of migrant children, largely Ethiopian nationals, and providing psychosocial support and coordination to ensure their safe return to countries of origin. Implementing partners reported that between January and October 2017, the estimated number of registered and non-registered migrants was approximately 50,000, including approximately 9,000 women (18 per cent), and 3,000 (6 per cent) boys and girls aged between 13 to 17 years old, two-thirds of who were unaccompanied. Migrants, particularly children arriving from the Horn of Africa, faced enormous protection risks en-route, in transit and at destination, including illness, lack of food and water, physical and psychological abuse, which is sometimes extreme, forced confinement by smugglers, and trafficking. UNICEF was able to register and provide psychosocial support to 201 boys and 55 girls, and provided support for family tracing and reunification for eight boys and one girl.

Greater focus on the second decade of life. Families were forced to resort to extreme negative coping mechanisms in order to survive. Anecdotal evidence suggested that child labour, which was already prevalent before the escalation of conflict, was increasing, in particular begging and harmful forms of child labour. Child marriage was also on the rise, with 72 per cent of respondents interviewed as part of a UNICEF-led study indicating that they had been married before the age of 18, and that the pattern was increasing. Verified incidents of child recruitment into armed conflict increased by 25 per cent.

UNICEF reached 1,591 children under 18 with awareness-raising activities on aspects of child marriage. A total of 353 adolescents between 13 and 15 years old were provided with peer-to-peer awareness-raising on child marriage, communication skills, and respecting differences, and 3,500 adolescent girls between the ages of 13 and 18 were provided economic empowerment support. A total of 1,181 adolescents were trained on life skills, 36,480 adolescents were engaged in clubs and received awareness, recreational, cultural and sport activities and 1,510 adolescents received psychosocial support (PSS), reproductive health services, life skills, and remedial classes. A total of 750 girls and adolescents under 18 were also provided with economic empowerment and 150 grants were made to girls at risk of being married.

UNICEF established centres in schools for summer activities and youth clubs for children affected by the conflict and internally displaced persons at risk of school dropout, recruitment and use by armed forces and armed groups and child marriage. The clubs provided life skills and empowerment to more than 65,100 adolescents. While many aspects of UNICEF's programme are already tailored for adolescents, a more strategic and systematic engagement is envisaged for 2018.

Summary notes and acronyms

CFS	child-friendly space
CHV	community health volunteer
CMAM	community-based management of acute malnutrition
CP	child protection
CPC	Child Protection Committee
ERW	Explosive Remnants of War
GDP	Gross Domestic Product
HAC	Humanitarian Action for Children
HW	health workers
IDP	internally displaced person
IMCI	integrated management of childhood illness
INGO	international non-governmental organization
IYCF	infant and young child feeding
MNH	maternal and newborn health
MoPHP	Ministry of Public Health and Population
MoSAL	Ministry of Social Affairs and Labour
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanism on Grave Violations
MT	mobile team
NGO	non-governmental organization
O&M	operations and management
OTP	Outpatient Therapeutic Programme

PSS psychosocial support
SAM severe acute malnutrition
SMART Standardised Monitoring and Assessment of Relief and Transitions
SW social worker
TFC therapeutic feeding centre
UXO unexploded ordnance
WASH water, sanitation and hygiene
YHRP Yemen Humanitarian Response Plan

Capacity development

UNICEF continued capacity building for health workers on community-based management of acute malnutrition (CMAM) and infant and young child feeding (IYCF), while community midwives (CMWs) received training on infant and young child feeding counselling. More than 1,000 community midwives were trained on community-based maternal and newborn care; 75 midwives and nurses were trained on essential newborn care and 70 received pre-service training. A total of 1,973 community health volunteers (CHVs) were trained on expanded programme of immunization (EPI); more than 1,200 health workers were trained on integrated management of childhood illness (IMCI); and 1,100 health workers were trained on cholera case management.

Thirty NGO staff were trained on standardised monitoring and assessment of relief and transitions (SMART) survey methodology, data analysis and report writing; 313 district and governorate monitors were trained on monitoring tools and supportive supervision; and 86 district monitors were trained on the nutrition mobile-based reporting system (NMBS). By the end of the year, 16 of 22 governorates had capacity to conduct SMART surveys.

In the emergency cash transfer project, trainings were conducted for staff of the private sector companies with more than 82 master trainers trained (all Yemenis) and step-down training conducted for more than 2,400 staff (all Yemenis).

UNICEF trained WASH partners on water disinfection, chlorine testing and water quality monitoring, water storage tank disinfection, private sector/tankers capacity building on water disinfection and operations and management of the water supply system.

Training was provided to 216 community teachers on class management, child-centred and methodologies with the objective of facilitating children's learning. Members of father and mother councils (FMCs) also received support for their greater involvement with school management committees (SCMs).

UNICEF trained 679 social workers on case planning, referral and follow up. Training on newly developed case management standard operation procedures was also delivered to 388 social workers and 30 law enforcement personnel, including judges, prosecutors, and police officers.

A total of 38,924 community volunteers, including more than 2,000 religious leaders, were trained and deployed in more than 200 districts to engage community members in promoting 14 key lifesaving, care and protective practices.

Evidence generation, policy dialogue and advocacy

In 2017, UNICEF Yemen focused on evidence-generation and institutional capacity building efforts to contribute to system preservation and strengthening to ensure a smoother transition

from a humanitarian response to early recovery in future. All programmes were partners in the development of the humanitarian needs overview and will continue to act as cluster leads/participants throughout the crisis.

Access to data and to specific geographic areas was extremely limited. UNICEF nevertheless launched or supported research initiatives aimed at understanding current social protection systems and informing future programme planning. These included the assessment of the Social Welfare Fund (SWF), a flagship social protection institution that suspended its programmes in March 2015 when the conflict escalated; assessment of social cash transfer payment agencies and payment modalities; and assessment of social protection systems. Final reports will be available in 2018.

An assessment on justice for children (J4C) was conducted and an action plan was developed to improve the justice for children system, and UNICEF supported initial preparations to establish a national observatory on child rights violations.

Engagement and advocacy with parties to the conflict continued, including through letters articulating the trends of verified grave child rights violations attributed to the respective parties in 2017. The Resident Coordinator released seven public statements advocating for protection of civilians and unimpeded humanitarian access, to which UNICEF provided inputs. Inputs into three quarterly reports and one annual report on children and armed conflict were drafted by the CTF MR and shared with the OSRSG. Parties to the conflict were listed in the Annex of the SRSG CAAC Annual Report.

Partnerships

UNICEF Yemen received three years' support from the World Bank through the Emergency Health and Nutrition Project. The project, funded by the International Development Association (IDA, is directly channelled through UNICEF as joint implementing agency along with the WHO. The project aims to 'provide access to basic health and essential nutrition services for populations affected by conflict, and preserve the operational capacity of the health system to deliver services' in Yemen. The World Bank also provided timely support to the cholera and diphtheria outbreak response.

UNICEF continued to provide support to the national Scaling Up Nutrition (SUN) secretariat and SUN steering committees to prevent the collapse of the movement, and provided support to the Global SUN Movement to update its contextual causal analysis.

UNICEF enjoyed productive partnerships with government ministries in the WASH sector, with UNICEF supporting project implementation and the line ministries providing the required monitoring, supervision, and reporting.

UNICEF, in close coordination with the education authorities, remained engaged in strategic partnerships with sustained funding from the Global Partnership for Education (GPE), Education Cannot Wait (ECW) and Educate a Child (EAC).

UNICEF and UNFPA continued to work in close partnership on protection interventions in 2017, contributing results to the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. UNICEF also engaged in a new partnership with UN Women and UNDP on a project designed to respond to humanitarian emergencies inside prisons and other places of detention.

UNICEF promoted and initiated an integrated model of social assistance for people living in slums that invited UNDP, WFP and UNHCR to partner, with a view to support the poorest and most marginalized children and their families in Yemen.

External communication and public advocacy

In 2017, UNICEF focused on highlighting the severe consequences of the conflict on children in Yemen. During the year, 20 press statements were produced in both Arabic and English, in addition to global press statements. More than 294 interviews in multiple languages were given to international, regional (MENA) and local media; including the *New York Times*, *Washington Post*, BBC, CNN, Aljazeera International, Al Arabiya, The Huffington Post, and IRIN News. On social media, UNICEF's Facebook page was followed by more than 231,000 people (with a reach of more than 13 million) and Twitter had 148,000 followers, with a reach of 10.75 million in English and Arabic. UNICEF was mentioned more than 41,000 times in local and international media in 2017, and was a primary source of information on the situation in Yemen.

UNICEF supported child-participatory events, including an art and exhibition workshop for 153 children. Nearly 1,000 people attended the exhibition, entitled 'Art of Hope'. UNICEF also supported '1,001 Scribbles', a project where 1,001 children expressed their fears and hopes in the midst of the conflict. Their work was compiled into a book. UNICEF also marked World Children's Day through a song, performed by 18 famous and prominent Yemeni singers, including children, as a plea to end the war.

A TEDx Kids event was held where 20 children gave hard-hitting talks. More than 120 children attended the event. The event also included musical performances where children sang for peace and talked about how music helped them cope with the daily traumas they were facing.

A visit to Yemen by the Executive Directors of UNICEF, WFP and the WHO highlighted children's issues for media and key stakeholders. UNICEF also produced a public advocacy report, including multimedia, to mark 1,000 days of the conflict and its impact on children.

Identification and promotion of innovation

To respond effectively and efficiently to one of the most complex and largest humanitarian crisis in the world requires new thinking and innovative approaches. One of the key lessons learned while responding to this emergency was the need for real-time information on the affected population and their requirements, which can lead to saving more lives.

A new Nutrition Mobile Based Reporting System (NMBS) was launched in Hodeidah, Hajjah, Taiz, and Sa'ada governorates in 2017. The District Health Offices (DHOs) are now reporting on a weekly basis on screening, nutrition supply stock situation and the functionality of outpatient therapeutic programmes (OTPs), using smart phones through an Android application. The next step will be to expand the program to Lahj, Abyan, and Shabwah in early 2018.

The ECTP had access to real-time reporting on people paid through integration of the dashboard of the private sector organisations to monitor progress against targets at national and governorate levels. SharePoint tools were customized, including creation of an automated risks and opportunities register, issues and good practices log, action tracker, Notes for the Record, Exceptions and Deviations log. RapidPro was set to allow real-time reporting of issues at project sites during the second payment. RapidPro also was being used to reach out to

beneficiaries who submitted grievances.

UNICEF agreed to pilot two projects in early 2018 using RapidPro, the first regarding monitoring of the delivery of incentives of 4,000 health workers and the operations and management costs for some 25 per cent of health facilities in Yemen; and the second regarding the monitoring/reporting of the delivery/stock out of key essential drugs/vaccines at 1,072 health facilities across Yemen.

All third party monitoring (TPM) reports conducted in 2017 were collected using tablets to get the information on near real-time basis. This enabled UNICEF Yemen to quickly monitor the situation on the ground and make necessary adjustments immediately.

Support to integration and cross-sectoral linkages

UNICEF Yemen coordinated its WASH, health, nutrition, communication for development and education interventions as part of the cholera response to provide improved WASH services in health facilities and raise awareness of key hygiene practices in schools and local communities. Through this approach, WASH services were only provided in OTP and health facilities that underwent health interventions, thus building on complementarities and capitalizing on the exponential compounding of results. The strategies pursued for provision of drinking water supply addressed protection issues, including reducing exposure risks, and risk of exploitation. The WASH in schools (WiS) programme consisted of awareness-raising on cholera prevention and hygiene promotion among nearly 1.7 million children in 3,708 schools across the country.

UNICEF's health and child protection teams supported the development of training materials to equip health workers to identify children affected by acute watery diarrhoea/cholera and other malnourished children who displayed signs of acute distress and refer them to trained social workers/case managers. Two training of trainers (TOT) training courses were organized for 60 social workers. A total of 103 child-friendly spaces were established and equipped with needed supplies and were functioning either in health facilities or, when space was limited, in the catchment areas of these health facilities.

In the context of worsening food security and nutrition, nutrition responses focused on prevention of malnutrition through promotion of adequate feeding practices, screening, vaccinations and distribution of malnutrition supplies. WASH activities complemented this approach by targeting households containing malnutrition cases with hygiene kits and hygiene promotion. The humanitarian cash transfer programme also has nutritional objectives, such as improving access to quality food for the poorest households, targeting districts with the highest malnutrition rates. Communication for development efforts focused on delivering 14 key behaviour change messages, including on hygiene promotion, use of safe water, vaccinations and breastfeeding.

Service delivery

Because of insufficient capacity in many rural areas worsened by infrastructure damage due to the conflict, school rehabilitation became a key intervention of the BEGE programme. UNICEF supported nearly 350,000 out-of-school children, internally displaced persons and conflict-affected children, enabling them to learn in a safer environment. A total of 420 tents were procured and installed and school infrastructure was rehabilitated. A sound procurement and monitoring and supervision system was established to ensure that only those firms with sufficient capacity were recruited and that they strictly respected terms of references and works specifications. Ministry of Education staff were provided relevant training to provide additional

support and ensure long term sustainability.

In 2017, the social policy programme continued supporting the SWF Beneficiary Outreach Network (BON). In 2017, SWF BON's fieldwork exercise was conducted in Amanat Al Asimah, Ibb and Sana'a governorates to: collect data on the situation of the poorest and most vulnerable; refer them to the required social services; and disseminate communication for development messages on health, nutrition, water and sanitation, child protection and education practices. In the course of this exercise, 2,350 children were enrolled in school; 655 malnourished children were referred to OTP centres; 74 suspected cholera cases were referred to health centres; 12,612 children were referred to Civil Registry to obtain a birth certificate; 955 cases of child abuse were identified and referred to the Ministry of Social Affairs and Labour (MoSAL) child protection committees. This work also informed the design and development of an integrated social assistance model/pilot project that is based on a case management modality.

Human rights-based approach to cooperation

The crisis in Yemen has had intense consequences on the violation of the rights of children. The ongoing war has had a negative impact and has weakened national institutions and social structures for the realization of child rights all over Yemen.

UNICEF Yemen, with support from the UNICEF Regional Office and UNICEF NY Headquarters, issued several press releases and statements in 2017 to advocate for protecting the rights of children in accordance with international human rights and international humanitarian law, condemning all types of violations against children and requesting that all parties resolve the conflict urgently.

UNICEF humanitarian response and prevention interventions were guided by the Convention on the Rights of the Child (CRC) and other human rights instruments and conventions. All the rolling workplans developed this year focused on promoting and realizing of children's rights, particularly the rights to proper healthcare, education, access to clean water and sanitation, protection and other services, including psychosocial support. Project cooperation agreements signed with various national and international NGOs were based on strengthening the capacity of relevant stakeholders to fulfil their obligations to respect, protect and fulfil and protect the rights of children based on key principles, including the best interests of the child, non-discrimination, accountability and respect for the voice of the child.

An assessment on justice for children was conducted and an action plan was developed to improve the justice for children system, and UNICEF supported initial preparations to establish a national observatory on child rights violations.

Gender equality

UNICEF Yemen ensured that a gender lens was considered in all phases of the programme cycle (assessment/situation analysis, planning, designing and monitoring and evaluation).

Gender considerations were critical in the delivery of WASH services,. Female-headed households were over-represented due to military draft of men, conflict tolls and military evasion. As a result, the responsibility of collecting water often fell on the shoulders of women and young girls. UNICEF adopted measures to reduce the exposure of women and girls while they travelled distances to collect water.

An intervention concerning the training and payment of female rural teachers under the GPE project had a positive effect on girls' enrolment and attendance, thereby indicating a need for more women and female role models in the sector.

UNICEF also contributed to gender equality through the joint project with UNFPA. In order to reduce the prevalence of child marriage, UNICEF implementing partners engaged men, women, boys and girls through awareness-raising and interactive theatre. A total of 33,278 people were reached with messaging on child marriage and gender-based violence (GBV), including 9,932 girls, 6,008 boys, 9,895 women and 7,443 men. Referrals were made for case management, psychosocial support, and income generating initiatives.

Gender empowerment was a key aspect of the humanitarian cash transfer project (HCTP), as mothers and female caretakers were the primary beneficiaries for the cash transfers. Male household heads were only selected if no adult female caretaker was present at the household level. This entailed extensive advocacy at community level, as the photos of mothers and female caretakers had to be taken and printed out on magnetic cards. At cash distribution sites, female bank tellers were present to verify the identity of the female beneficiaries, since the majority were veiled. Female security guards were present in all cash distribution sites to manage the queues. In 2017, HCTP reached 6,731 beneficiary households, or 32,072 individuals (50 per cent females and 50 per cent males). The number of female cash recipients was considered a major step forward.

Environmental sustainability

UNICEF's WASH interventions contributed indirectly to environmental sustainability by providing services that will have neutral impact on environment and will contribute to long-term solutions. Rehabilitation and upgrade work was designed and implemented in a way that had no environmental impact on the communities. Hygiene promotional activities focused on safe practices and appropriate use of the services by addressing environmental health-related risks of disease outbreak.

UNICEF assured that environmental and social aspects of each project were well addressed, and the environmental and social management framework (ESMF) was undertaken to ensure global commitment. For planned interventions under the World Bank project, response phase implemented and prevention under planning stage, an Environmental and Social Management Framework (ESMF) was prepared so that the project has no negative environmental and social impact on the Yemeni people. This study provides recommendations to UNICEF and WHO to ensure that all WASH investments will be environmentally and socially sound, and will not lead to any negative environmental or social effects.

UNICEF invested heavily in clean and sustainable energy sources in 2017. Three comprehensive water solar systems with total capacity of 208 KW were installed to operate three water major boreholes in Saadah governorate. They provide safe water for approximately 36,000 beneficiaries, representing approximately 58 per cent of total beneficiaries under the Saadah water corporation.

UNICEF Yemen embraced the global greening incentive. The greening committee developed a seven-point plan to improve the office carbon footprint. The plan will be implemented in 2018.

Effective leadership

A total of nine country management team (CMT) meetings were held in 2017, as well as several meetings of statutory committees pursuant to the 2017 Annual Management Plan (AMP). Key achievements included the development of office priorities and identification of the strategies, risks and indicators to measure them, as well as development of an office improvement plan to address the outcomes of the 2017 global staff survey. The plan seeks to address issues related to work/life balance, job security and career development.

By 15 December 2017, UNICEF Yemen had closed 17 of the 23 recommendations from the 2016 Internal Audit. The Risk Library was updated and mitigation measures therein were reviewed. Natural hazards, financial mismanagements, diversion of supplies, political division and civil unrest continued to be the main risks.

UNICEF Yemen spent more than US\$500,000 on rehabilitation of field offices to increase their capacity, enhance staff safety measures and staff wellbeing. Investments were also made in ICT infrastructure to enable office access all corporate resources. All business continuity plans (BCPs) were updated based on actual events. Resources were invested to strengthen alternative office locations in Sanaa and Ibb.

UNICEF Yemen was conscious of the challenges staff were having as a direct result of the conflict. Additional support was provided to staff, including a visit by the regional staff counsellor. The peer support volunteers (PSV) network was strengthened and monetary assistance was provided (ex-gratia payments for security enhancement of residences, two months' salary advance to national staff) and IT equipment was upgraded.

Financial resources management

UNICEF Yemen continued to effectively manage and facilitate transactions in 2017, despite growing liquidity concerns. A new third-party cash disbursement modality was established and several meetings and informal negotiations were held with the house banks to make bank transfers to UNICEF implementing partners (IPs) occur smoothly and easily. UNICEF Yemen reviewed a wide range of payment requests daily. Accounting processed were in line with UNICEF policies and internal control guidelines.

UNICEF Yemen conducted financial assessments of partners to ensure that they met the minimum financial requirements and conformed to UNICEF's financial guidelines before signing any PCAs. UNICEF Yemen also conducted spot checks in line with HACT assurance activities. Fifteen out of 30 planned micro-assessments, 11 out of a 30 planned Audits, 767 out of a required 301 programmatic visits, and 106 out of 131 planned spot checks were completed in 2017. There were challenges in conducting the micro assessments and audits due to the interruption of these activities by the local authorities for a period of two months (August to September).

Contribution management was enhanced by the development of standard operating procedures governing project planning, proposals and reporting. Grants due to expire in the next 90 days were monitored at monthly programme coordination meetings (PCMs), and any outstanding financial obligations/free balance needing to be spent before the project expired were noted. Monitoring of unutilized funds was ongoing.

Both the country management team and programme coordination meetings monitored direct cash transfers (DCTs) and reporting of outstanding balances. As of 20 December 2017, 14 per

cent of direct cash transfers were between 6-9 months and 3 per cent were more than 9 months outstanding.

Fundraising and donor relations

In 2017 UNICEF Yemen's budget increased significantly thanks to strong fundraising for the Humanitarian Action for Children (HAC), as well as the establishment of two unique projects with the World Bank. The World Bank projects cover systems-strengthening for the public health system and emergency cash transfers to the most vulnerable households in Yemen. These flagship projects represent the first time the World Bank has transferred funding to a United Nations organization through the International Development Association. UNICEF worked hard to ensure that these system-strengthening projects were integrated with its humanitarian and regular operations, and emphasised that not all humanitarian needs were met due to continued underfunding of the HAC.

The operational budget and number of grants managed by UNICEF Yemen was unprecedented, with a total of 75 Regular Resources, Other Resources Regular and Other Resources Emergency projects, total funding of US\$602,637,991, and HAC-specific funding of US\$187,877,440. UNICEF Yemen worked to maintain a strong pipeline of funding. At year end, an additional 16 projects valued at US\$110,694,000 were under discussion with various humanitarian and development donors.

UNICEF Yemen monitored and managed fundraising and grant management issues through its monthly fundraising, leverage and partnerships forum. A list of upcoming donor reports was shared with all section chiefs on a bi-weekly basis. Of the 33 reports due to donors up to 14 December, 31 were sent on time, and two were sent late due to changes to reporting schedules not being updated in Vision.

UNICEF Yemen continued to report monthly sitreps on the humanitarian needs and response, and was one of the only organisations to provide them in both Arabic and English. Arab donors are a growing source of support for UNICEF Yemen. UNICEF also provided cholera sitreps on a weekly or bi-weekly basis to support internal information management efforts.

Evaluation and research

The 2017 PRIME was developed based on programmatic priorities and critical information gaps. Ten evaluations/studies were planned in 2017. Two evaluations were planned for nutrition and psycho social support services in Yemen. The implementation of the PRIME was affected due to other competing priorities (ECT project) and emergencies (cholera/diphtheria outbreak, famine risk and deterioration of the security situation). Of the total planned activities, two were completed (the UNICEF perception survey and Urban WASH Scoping Study); five were ongoing and three were delayed or postponed to 2018.

UNICEF Yemen developed another PRIME for the cholera response. Two studies were planned and one was completed (Rapid KAP study). The other (Comprehensive KAP study) was delayed due to internal processes. UNICEF expects to finalize them both in 2018.

UNICEF Yemen contributed to three evaluations in 2017: two managed by UNICEF Headquarters, 'The Real-time Evaluation of the Cholera Response' and 'Evaluation of Coverage and Quality of UNICEF's Humanitarian Response in Complex High Threat Environments'; and a third managed by UNFPA HQ, 'UNFPA-UNICEF Global Programme to Accelerate Action to

End Child Marriage’.

Priority was placed on the Management Response of the Evaluation of Humanitarian Assistance (EHA), which focused on operational and cross-cutting commitments of the core commitments for children and recommended improvements in data management, human resources, procurement, and finance. The EHA, ranked as ‘Satisfactory’ by Geros, was cited as a good example of evidence-generation products in the MENA region. Of the 14 action points against 8 recommendations, 12 (86 per cent) were ‘completed and closed’ and only 2 (14 per cent) remained outstanding.

UNICEF met performance targets with a cumulative total of one evaluation during the last three years. UNICEF spent 0.1 per cent of its total budget on evaluations, falling short of the 1 per cent threshold established in the UNICEF global evaluation policy.

Efficiency gains and cost savings

UNICEF Yemen continued to pursue efficient business practices to boost cost savings. In November, the Zoom Video conferencing service was introduced, enhancing the quality of communication between the country office, five field offices and two hub locations in Amman and Djibouti. By 20 December 2017, a total of 120 sessions for more than 950 participants (at an average of 8 participants per session) were held using Zoom. Skype for Business was also used extensively, and became the standard means for conducting recruitment interviews with approximately 60 per cent of 148 recruitments conducted.

Eighteen new long term agreements (LTAs) were concluded in 2017, three of which were in partnership with other UN agencies. LTAs resulted in shortened procurement processes, decreased workload for supply and procurement staff and improved timely service delivery. UNICEF continued engaging in joint initiatives with UN entities in areas of security, medical services and air transport through UNHAS.

The UN community in Sana'a moved from the DTF to a new accommodation facility in the Sana'a suburb of Hadda. The move will result in savings of US\$152 per day per IP, or approximately US\$4,000 per day overall.

UNICEF Yemen concluded an agreement with International Bank of Yemen for direct payment to beneficiaries, which came as a great relief at a time when the office and partners were facing challenges in accessing funds as a result of the conflict. The no-cost agreement offers the flexibility of accessing any mode of payment to partners, vendors, or staff in any district in Yemen.

Several standard operation procedures were revised to align them to the latest policies and make them more efficient, including asset management, PSB, contract review committee, rest and recuperation and leave and attendance.

Supply management

In 2017, the total supply value exceeded US\$336 million, including programme supplies of US\$112,549,547, operational supplies of US\$1,096,093, service contracts valued at US\$213,765,594 and other procurement services at US\$9,271,943. Ready to use therapeutic food (RUTF and cholera-related supplies were the major components of the supply plan due to overwhelming needs in those areas. The value of local procurement was more than US\$40 million, an increase from US\$30 million in 2016.

Supplies were delivered either via Djibouti or direct shipments to Hodeida and Aden. Thirty three dhows (small boats) were hired from Djibouti to Hodeida and Aden when cranes in Hodeidah port were destroyed. UNICEF Yemen also sent 22 chartered airplanes to Sanaa for vaccines and cholera response supplies.

With ongoing access issues creating additional import challenges, UNICEF focused heavily on importing additional contingency stock whenever the situation allowed. Total stock value reached US\$20 million by December, and UNICEF had contingency stock to cover six months. This represented a huge increase from the US\$2.6 million of contingency stock held in December 2016. To accommodate the additional supplies, UNICEF expanded its in-country warehouse capacities from 2,900 sqm in 2016 to 7,350 sqm in 2017, with warehouses in Sanaa, Hodeida and Aden. Storage in the Djibouti hub was increased from 500 sqm to 2,000 sqm. Additional storage space is still needed.

Considering the emergency context in Yemen and the urgent requirement to implement the Emergency Cash Transfer Project (ECTP) while ensuring efficiency during procurement and contracting processes, UNICEF set up a Project Management Unit (PMU) that worked in consultation with MENARO, DFAM, Legal office and Supply Division Contracting unit to support the fast tracking of the sourcing, bidding, technical review and the award of contracts. With such dynamics, the Unit managed to establish high value contracts within a month, integrating new specific contractual elements including data security and protection measures for project information and personal data of ECTP beneficiaries, fraud management and communication.

Throughout the year, UNICEF Yemen transported supplies from Aden to northern governorates, but transport in the opposite direction was more challenging due to difficulties obtaining road permits from de facto authorities.

Security for staff and premises

In 2017 the conflict in Yemen included growing tensions between the Houthis and their ally, the General People's Congress (GPC) party of the former president. By August, sporadic clashes and a media war broke out in Sana'a between the former allies, and the Houthis killed a senior military commander, and accused the former President of collusion with Riyadh. In early December tensions between the Houthis and the GPC reached a breaking point, and intensive, armed clashes broke out across the capital, which ended with the death of the former president on 4 December, and the capital falling firmly under Houthi control.

UN international staff were under lock-down, while national staff stayed at home, many of them trapped at their residences with fighting in their immediate vicinity. No UNICEF international or national staff were physically injured during the fighting. UN international staff were temporarily reduced to a strict minimal ceiling of six as a result of the crisis. There is a requirement to establish a full time P3 security specialist and P3 FSA in Sana'a. During the crisis in Sana'a, no international security officer was present in Sana'a.

UNICEF completed security upgrades at the new Ibb hub guesthouse. Security upgrades at a second building in Aden were initiated, and were expected to be completed by March 2018.

Visas for security staff remained a challenge, and the UNICEF P4 country security advisor was working from Aden. Three additional national security officers were, one for Sana'a, one for Ibb and one for Sa'ada. A recruitment process was ongoing for a G-level LSA for Sana'a.

Human resources

Key priorities in 2017 included effective resourcing of talent, training and development, performance evaluation and staff welfare.

In April 2017, a programme budget review (PBR) was approved to recruit 23 posts. Six were on hold or under recruitment. Three mail poll reviews were also established for World Bank (four posts recruited), ECT (four posts recruited) and cholera response (eight posts, recruitment ongoing). The mail polls were approved in response to the changing programme needs and to strengthen capacity to develop and maintain systems. An additional 23 temporary appointment posts were filled this year.

A workshop was held with all staff to discuss how to link personal objectives with office priorities. An 86 per cent achieve planning phase was achieved by all staff. A midterm performance review was also conducted for the office priorities. Recommendations were made to adjust priorities for the remainder of the year.

Gender imbalance continued to be a challenge, although efforts were made to participate in targeted recruitment and by end of the year, the gender ratio stood at 40:60 females to males .

Staff welfare became an even more pressing matter in 2017. Training and workshops were held to create awareness on personal security. A women's security training was conducted, various psychosocial support workshops were held and targeted counselling services were provided through regional staff counselling and local UNDP counselling services. Despite heavy restrictions for UNHAS travel, during the year, 10 national staff were supported for medical evacuation/RAC treatment.

Joint consultative committee meetings were held with staff on a regular basis and UNICEF Yemen encouraged active participation in staff association activities. UNICEF ensured all staff were oriented on security and safety measures by UNDSS and UN dispensary.

Monthly staff meetings were held to enhance common participation and involvement in decision-making.

Effective use of information and communication technology

Despite ongoing challenges in terms of the severe destruction in public ICT infrastructure and the unavailability of the main power system and fuel as well as the blockage of all entry points to the country, UNICEF Yemen was able to maintain and enhance most ICT services and infrastructure. Connectivity in all offices was upgraded and supplemented with a redundancy and failover system. More than 200 laptops and ICT equipment were added to the UNICEF Yemen stockpile, which in turn helped accommodate the needs of all 2017 newcomers and maintain the UNICEF HW life cycle.

Due to frequent emergency situations throughout 2017, management declared alternative work modalities on more than five occasions. Accordingly, UNICEF Yemen continued its efforts to enhance staff mobility by providing all means, such as solar power systems, home use internet connections, extra batteries and the like, to ensure a smooth telecommuting ability for all staff. UNICEF also advocated and supported effective remote use of video and audio-conferencing, with an overall average of 10 such sessions per day.

UNICEF Yemen enhanced the Helpdesk function by establishing the ICT on duty mechanism, which is considered a single point of contact, after working hours, to provide effective and efficient support all users, day and night, on a 24/7 basis. UNICEF Yemen's service level agreement and ICT welcome kits were updated and shared with all staff.

UNICEF Yemen participated in programme activities related to ICT by providing advice on best technological solutions and specifications required for programme delivery or partners' requirements. ICT4C initiatives in 2017 included the Zoom teleconferencing facility, the Birth Registration Project and the SMS Based Nutrition Information System.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of high-impact maternal, newborn, child health and nutrition specific and sensitive interventions.

Analytical statement of progress

UNICEF's programming experienced significant change since escalation of the conflict in late March 2015. While supporting the humanitarian response in line with Yemen Humanitarian Response Plan (YHRP), UNICEF also intervened to prevent collapse of the health system. This was timely, as Yemen's health system was on the verge of collapse from the crisis and its implication on security, access, political stability, fuel, and salary/fund crisis generally and on availability of supplies, transportation services, human resources and operational costs. Specific interventions on system strengthening were considered based on UNICEF's comparative advantage and focused on supporting the functionality of primary health facilities, including health centres and health units.

UNICEF Yemen continued to deliver on its core commitments for children, including protection of nutritional status and mortality among girls, boys and women. To promote health and protect the nutritional status of children and women from effects of the conflict, UNICEF led nutrition cluster inter-agency coordination and assessment of the situation through SMART surveys and other health facility assessments. UNICEF scaled up health and nutrition interventions, ensuring availability of high impact health and nutrition services including Community-based Management of Acute Malnutrition (CMAM), infant and young child feeding (IYCF), micronutrient supplementation, integrated management of childhood illness (IMCI), immunization and maternal and newborn health (MNH). UNICEF also supported 1,068 primary health care facilities to provide Yemen's minimum services package (MSP), which, in addition to the above services, also includes services for communicable and non-communicable diseases in adults.

UNICEF Yemen supported management of 226,557 children under 5 (99,603 males, 126,959 females) with SAM, representing 53 per cent of expected cases and 63 per cent of the 2017 target. A total of 574,080 women received IYCF counselling. A total of 4,652,241 children aged 6-59 months (2,277,894 males, 2,374,347 females) received micronutrient interventions, including 4,390,115 children (2,148,294 males, 2,241,821 females) who received Vitamin A supplementation and 262,126 children aged 6-23 months (129,600 males, 132,526 females) who received micronutrient sprinkles. A total of 433,959 children under 5 (214,781 males, 219,178 females) received deworming capsules and 706,156 pregnant and lactating women received ferrous/folate. To reduce stunting,

UNICEF scaled-up community based nutrition interventions from two districts in 2016 to 17 districts in priority governorates in 2017, reaching 32,787 children under two with growth monitoring and promotion services through trained community health volunteers. UNICEF also supported the establishment of community health workers (CHWs) networks which now provide a comprehensive package of health and nutrition services, including the integrated community case management (ICCM) of common childhood illnesses covering the major under-five killers (pneumonia, diarrhoea and severe acute malnutrition). A total of 500 community health workers were trained in six governorates.

The decline in stunting from 58 per cent to 47 per cent between 2003 and 2013 was mainly attributed to multisectorial improvement especially in the water, sanitation, and women's education. To sustain this progress, UNICEF developed a strategic document outlining approaches for reduction and prevention of stunting in Yemen and participated with other partners in the SUN Global Movement.

The protracted crisis, zero budget allocation for key ministries, and the north/south divide severely affected nutrition sensitive programming.

UNICEF supported the revision of causal analysis and the multi-sectoral plan considering the current circumstances.

The Health Ministry is sub-optimally functional mainly with support of UN organizations and international community offering services in mostly fixed health facilities, mobile teams, and carrying out integrated outreach activities nationwide providing integrated nutrition and health package. On the other hand, many sectors are facing difficulties and barriers hindering optimal functioning and some other sectors are collapsing.

To reduce mortality among children and women, UNICEF continued to support health cluster efforts and coordination with partners, focusing on provision of life saving interventions through population and community-based activities for affected populations and on sustaining access to a set of high impact preventive and curative services at community and facility levels. Through the expanded programme of immunization, maternal and newborn health care and integrated management of childhood illnesses (IMCI), UNICEF supported vaccination of more than 4.8 million under 5 children against polio (and Vitamin A supplementation), and vaccination of more than 645,229 children against 11 vaccine-preventable diseases. Mobile teams provided antenatal and postnatal care to more than 558,882 mothers, including 89,537 SBA. More than one million children were treated for various childhood illnesses. UNICEF continued supporting community based maternal and newborn care at household level through community midwives (CMWs), reaching more than 191,675 women who were pregnant or lactating at their homes.

Yemen was hit by the biggest ever cholera outbreak in recent history, with a total of 991,690 suspected cases, and 2,225 associated deaths (CFR 0.22 per cent). The national attack rate was 360.08 per 10,000 with 18 per cent severe cases among the suspected cases. UNICEF supported establishment of 64 diarrhoea treatment centres (DTCs) and 632 oral rehydration centres (ORCs), representing 89 per cent DTCs and 80 per cent of ORCs established, and providing treatment to approximately 50 per cent of the total caseload. UNICEF provided critical supplies and equipment to support partners running DTCs and ORCs.

Toward the end of the year, UNICEF supported the Ministry of Public Health and Population (MoPHP) to respond to a diphtheria outbreak with 2.1 million doses of Penta vaccine and 9

million doses of Td for an anti-diphtheria campaign. Ring vaccination was conducted in high risk districts in targeted Governorates reaching approximately 8,500 children aged 6 – 59 months. UNICEF also responded with Penta vaccination of children aged one month to 7 years with an integrated outreach campaign in 20 districts of Ibb and 2 districts of Hodeida, covering 302,544 children.

OUTPUT 1 Increased national and sub-national capacities to provide equitable access to the nutrition specific and sensitive interventions in CPAP districts (Service Delivery).

Analytical statement of progress

UNICEF Yemen treated some 226,557 SAM children (99,603 male and 126,959 female), reaching 62 per cent treatment coverage and achieved cure rate of 76 per cent, defaulter rate of 21 per cent, non-respondent rate of 2.6 per cent, and death rate of 0.3 per cent. A total of 6,241 U5 SAM children (2,449 male and 3,792 female) with complications were admitted in Therapeutic Feeding Centres (TFCs). Some 2,044,574 (1,017,886 male and 1,026,688 female) were screened for acute malnutrition through fixed OTPs at health facilities, MT, Integrated Outreach Teams and community health volunteers. A total of 999 new health workers (536 male, 463 female), 40 CHWs, and 23 therapeutic feeding centre staff were trained to treat SAM children and 3,614 CHVs were trained on community mobilization, screening and referring children with acute malnutrition. Refresher training on CMAM was provided to 1,089 health workers (646 male, 443 female) and 1,174 female CHVs. A total of 560 CMWs received IYCF training (including 281 receiving refresher training) for improved counselling and 568 CHVs were trained to undertake growth monitoring and promotion.

A total of 574,080 PLW received IYCF counselling through IYCF corners, outreach activities, MTs, and CHVs. Some 247 IYCF corners were established, raising the total number of operational IYCF corners to 824 (92 per cent of the planned target of 900). Seventy two MTs were deployed and provided integrated health and nutrition interventions in hard-to-reach areas and IDP settings. UNICEF supported operational costs of 15 TFCs/SCs, and provided supplies to all 49 functional TFCs/SCs. Some 4,652,241 children (2,277,894 male and 2,374,347 female) received micronutrient supplements and 433,959 children (214,781 male and 219,178 female) received deworming tablets, and 706,156 PLW received Ferrous/folate supplements.

A total of 32,787 children under the age of two were reached with growth monitoring and promotion services in collaboration with SOUL in 17 districts in Taiz and Lahj. For the first time in the world, a nationwide MUAC screening campaign with Polio NIDs screened more than 3.2 million U5 children (1,625,440 male and 1,592,931 female) for acute malnutrition. From 292,820 children identified with acute malnutrition, 65,695 were identified with SAM and 227,125 with MAM. A total of 1,587,104 children received vitamin A supplementation during this campaign.

As part of nutrition/cholera response, UNICEF supported MOPHP to develop and implement guidelines on fluid management for SAM children with cholera/acute watery diarrhoeas & IYCF key messages in all ORCs/DTCs. With training of 1,000 HWs from ORCs/DTCs in 17 governorates and 1,200 CHVs from high risk districts on raising awareness on Cholera prevention and management, a total of 171,707 were reached through 25,938 awareness sessions.

Challenges in 2017 included the sub-optimal functioning of the health facilities due to structural damages and non-payment of salaries for more than a year; diversion of health workers to management of cholera/acute watery diarrhoea cases; parents' inability to access health

services because of economic constraints; and the unwillingness of the MoPHP to deploy Mobile Teams.

OUTPUT 2 Increased national and sub-national capacities to equitable access to essential high-impact maternal, new born, and child health interventions in CPAP districts (Service Delivery).

Analytical statement of progress

UNICEF support for preventing deaths and disease in children and mothers continued through service delivery at household/community level, population level and through support to health facilities. UNICEF supported staff incentives and operational cost of facilities to enable MOPHP to sustain the health system capacity and delivery of primary health care services.

UNICEF supported vaccination to maintain polio free status, prevent measles outbreaks, and maintain routine immunization coverage at pre-conflict levels through. With UNICEF's technical and operational support, two rounds (February/October) of National Polio campaigns reached 4.8 million and 4.4 million children, respectively. A measles sub-national campaign in 46 districts vaccinated 781,161 children between the ages of 6 months and 15 years, and a sub-national TT campaign in 46 districts vaccinated 400,000 WCBA. UNICEF supported procurement, clearance and distribution of vaccines for routine and outbreak responses. UNICEF also supported cold rooms through fuel provision and switching to solar energy, and capacity building of cold chain staff. UNICEF aimed to operationalise 87 of the 333 districts vaccine stores that were dysfunctional due to conflict and support operational cost of EPI centres to prevent shutdown. Four rounds of integrated outreach were conducted. Mobile teams reached remote areas, displaced populations and areas without facilities, contributing to vaccinating 10 per cent of targeted U1 children. UNICEF focused on availability of IMCI services through mobile teams, integrated outreach and at health facilities, treating 1 million under five children.

Community midwives provided home-based care to pregnant and lactating women and newborns. A scale-up plan for community based maternal and newborn care was rolled out, with capacity building of additional CMWs who were equipped to provide MNH home care. Out of 558,882 PLWs reached through outreach and mobile teams, 191,675 PLWs received antenatal care, SBA and PNC by CMWs. UNICEF supported MoPHP in finalising a maternal and newborn strategy and initiating the newborn action plan.

During the cholera outbreak, with more than 1 million suspected cases of cholera and 2,237 associated deaths, UNICEF supported establishment of 632 ORCs and 64 DTCs, representing 89 per cent of DTCs and 80 per cent of ORCs. This included deployment of staff, operational cost and supplies. UNICEF provided critical support for supplies and equipment for partners running the 632 DTCs and ORCs.

With Yemen's health system on the verge of collapse, UNICEF partnered with the World Bank and supported 1,068 primary health care facilities, providing them with operational cost to cover their expenses for water, power, gas and cleaning to ensure functionality. A total of 4,000 health workers in those facilities were supported to conduct weekly community outreach sessions to their catchment populations. This improved access to basic health and nutrition services and also boosted health workers' motivation in a situation where more than half of health workers had not received their salary for more than 12 months. UNICEF provided medicines, supplies and equipment to enable facilities to provide a minimum service package, including treatment of communicable and non-communicable diseases in adults, and provide first aid support and other health and nutrition services.

OUTPUT 3 Strengthened government commitment, accountability and national capacity to legislate, plan and budget for high impact health and nutrition interventions (Enabling Environment)

Analytical statement of progress

The datasets of surveys done during the crisis was submitted to MQSUN to update the contextual causal analysis and the Multisector Nutrition Action Plan (MSNAP). The national SUN established before the conflict includes the National SUN Secretariat and the national SUN steering committee which is working actively to prevent the collapse of the movement.

The Emergency Food Security and Nutrition Assessment (EFSNA) implemented in 2016 jointly with FAO and WFP in 18 governorates informed the 2017 Yemen Humanitarian Response Plan (YHRP) and updated the IPC 2017 classification. Acute malnutrition rates ranged from 5.6 per cent in Sana'a to 25.3 per cent in Hodeidah Governorate. Hodeidah, Hadramout, Taiz and Abyan governorates exceeded the WHO 'critical' threshold of the severity classification (more than 15 per cent) and eight governorates were classified as serious, with GAM rates between 10-14 per cent. The three SMART surveys undertaken in governorates of Shabwa, Ibb and Raymah were supported on data analysis and report writing as well as the protocol writing of surveys. The security situation and state fragmentation were the main challenges for such surveys.

With the completion of Nutrition Mobile Based Reporting System (NMBS) training in Hodeidah, Hajjah, Taiz, and Sa'ada governorates, District Health Offices (DHOs) were able to report on a weekly basis on screening, supply stock situation and outpatient therapeutic programme (OTPs) functionality status using their own smart phones through an Android application. This NMBS System will help the DHOs in early/timely corrective actions and will be expanded to Lahj, Abyan, and Shabwah in the first quarter of 2018. UNICEF supported regular monitoring visits through government and NGO partners as well as UNICEF staff and third party monitoring visits.

UNICEF supported the establishment of the national micronutrient policy that will inform the prioritization of micronutrients and the intervention approaches. The draft policy was prepared but its finalisation and approval was delayed because of state fragmentation. UNICEF supported revision of the national CMAM guidelines, revision of community based training guidelines and package including job aids for community based cadres. UNICEF supported updating monitoring tools for nutrition interventions at health facility and community levels.

UNICEF continued to support the development of the national IYCF strategy. The strategy document was being reviewed and finalized in collaboration with a wide range of stakeholders. The IYCF strategy action plan, IYCF-E response plan and reporting on BMS code violation will be implemented through MoPHP and partners. Simultaneously, UNICEF and MoPHP continued working on necessary revisions to national legislation and regulations to roll out the new strategy.

To strengthen IYCF programme implementation, dedicated IYCF focal persons were trained and deployed under the Nutrition department at GHO-level. These trained IYCF focal persons at Governorate level will ensure the IYCF programs are well implemented and monitored. The IYCF component was added to nutrition interventions' monitoring checklists (facility and community-based interventions) to strengthen monitoring and reporting.

OUTPUT 4 Increased country capacity and delivery of services to ensure prevention of excess mortality among children and women and protection of their Nutritional status in Emergencies.

Analytical statement of progress

As of December 2017, more than 10,000 metric tons of nutrition supplies were procured and approximately 7,000 metric tons were delivered to cover the needs of severely acute malnourished children in 22 governorates. Supplies included RUTF, antibiotic amoxicillin, deworming tablets, micronutrients powders, vitamin A capsules, folic acid tabs, iron-folic tabs, anthropometrical scales, height boards, MUAC tabs and consumable hygienic kits for SAM children. UNICEF Yemen procured TFC ECD kits to reactivate ECD activities at all the TFCs.

UNICEF supported provision of the needed registries and printing materials for CMAM, Micronutrients supplementation and IYCF programme operations. UNICEF also procured 28,000 CHVs service delivery kits (bag, CHV uniform, stationery, registers).

UNICEF provided logistic support by providing transportation services for supplies from entry ports to central warehouses and then to governorates and MOH warehouses. No interruptions in the nutrition supplies pipeline were reported for RUTF in 2017. UNICEF maintained adequate quantity of contingency stock in the country.

To counter difficulties in moving supplies in the country, UNICEF established a logistics hub in Djibouti from which supplies were transported to different ports in Yemen in smaller manageable quantities. This helped reduce the in-country transportation cost and risks from insecurity. UNICEF scaled up its warehousing capacity in Aden, Sanaa and Hodeidah.

To foster implementation of lifesaving activities, UNICEF Yemen established cooperation agreements with 13 local and international NGOs.

OUTPUT 5 Increased capacity of Government and Partners at all levels to identify and respond to inequities and gender dimensions of MNCH and Nutrition.

Analytical statement of progress

Due to the current focus on the humanitarian response, progress for this output was somewhat constrained.

Analysis was conducted for Yemen for a multi-country study with Sick Kids Canada. This included looking at various dimensions of inequities, including gender, wealth, rural/ urban and others. Vulnerabilities such as belonging to Muhamacheen communities, refugees and displaced populations were taken into account in planning for humanitarian response. The Local Mohamacheens were trained and recruited as health workers and volunteers.

OUTCOME 2 Improved and equitable use of safe drinking water, sanitation, with improved hygiene practices and healthy environments.

Analytical statement of progress

Despite the challenging security situation on the ground, access restrictions and active conflict, UNICEF Yemen pursued a dual-prong approach to addressing the WASH needs of the conflict-torn people of Yemen. The first strategy aimed to meet life-saving needs in the immediate term,

and the second focused on durable solutions through strengthening the resilience of local communities and capacity of local institutions.

UNICEF provided WASH services to communities in high risk cholera affected districts, high-priority malnutrition affected districts and in protracted crises affected areas in both urban and rural areas. The resilience strengthening work focused on maintaining existing systems to prevent further collapse and on strengthened communities' ability to better manage their own services and advance self-sufficiency.

Results were achieved through a diverse range of partnerships with line ministries including Ministry of Water and Environment (MoWE), Ministry of Public Health and Population (MoPHP), and water authorities such as Government Authority of Water and Sanitation Project (GARWSP) and its emergency offshoot Urban Water and Sanitation Project (UWSP), National Water Resource Authority (NWRA) and Local Water and Sanitation Corporations (LWSC's), private sector/contractors, UN agencies and national and international NGOs.

UNICEF reached nearly 10.2 million people, including approximately 5.2 million children, in high risk cholera areas as part of the Yemen Cholera Response Strategy. This contributed to containing the outbreak. This work included interventions at the household level, including household water treatment and safe storage and storage tanks cleaning and disinfection, representing approximately 85 per cent of the total target.

UNICEF continued disinfection of drinking water sources in rural and urban high cholera affected areas, benefiting approximately 5.7 million people, including 2.65 million children, representing 96 per cent of the target. A total of 4.5 million people, including 2.25 million children, received consumable hygiene kits and hygiene messages.

The behaviour change interventions under C4D focused on changing the practices on water disinfection at household level. While these activities were essentially for containing the cholera outbreak, they overlapped with high risk malnutrition communities and conflict affected communities. In this respect, nearly 40 per cent of the targeted population were in high risk malnutrition communities and 100 per cent were conflict-affected.

In order to achieve results in a cost-effective manner and prevent further systems' collapse, UNICEF provided improved and sustained access to drinking water to more than 4 million people, including nearly 2 million children, through a wide spectrum of activities including support to operation and maintenance and rehabilitation of public water systems, representing 98 per cent of the target. UNICEF provided improved access to sanitation services to more than 3.2 million people across Yemen, including nearly 1.6 million children, through support to wastewater treatment and solid waste management, representing 98 per cent of the target. While these activities were essentially for containing the cholera outbreak, they overlapped with high risk malnutrition communities and conflict affected communities. In this respect, nearly 40 per cent of the targeted population were in high risk malnutrition communities and 100 per cent were conflict-affected.

UNICEF's work throughout 2017 covered 227 district and 21 accessible and hard to reach governorates (Taiz, Hajjah, Marib and Hodeida) 70% of the WASH Cluster achieved the planned result for 2017.

OUTPUT 1 Community Action for Total Sanitation triggered to achieve Open Defecation Free status for villages in target districts

Analytical statement of progress

The objective of the sanitation programme was to contribute to reducing the alarming chronic malnutrition rates in Yemen as a lead entry point for community action that can anchor health and nutrition outreach programmes. To that end, UNICEF aspired to capitalize on the success achieved in previous years, when 95 villages in Taiz and Hajjah governorates were declared open defecation free. At the beginning of the 2017, UNICEF finalized cooperation instruments with a local NGO (Al Khair) to take advantage of the momentum created in previous years and make a breakthrough in demand-driven sanitation programming. The CLTS programme was implemented in three districts in Hajjah Governorate with support from DFID. Unfortunately, the 95 target villages did not reach ODF status due to administrative impediments by local authorities and lack of access due to the deteriorating political situation, ongoing conflict and upsurge of the worst cholera outbreak Yemen had ever witnessed. UNICEF continued negotiations and advocacy at local and national levels to facilitate access to implementing partners with limited success.

As part of the cholera response programme, UNICEF scaled-up household level interventions through rapid response teams (RRTs) in the planned areas and beyond in cholera affected high risk areas. Interventions undertaken by RRTs included awareness and promotion of safe excreta disposal, water treatment at household level, and water disinfection, including water storage and provision of consumable hygiene kits. These interventions had an extended footprint across 16 governorates and reached nearly 10.2 million people, including 5.2 million children, resulting in increased awareness and access to household water disinfection.

OUTPUT 2 Improved National Capacity to provide access to sustainable safe drinking water and adequate sanitation.

Analytical statement of progress

Capacity building remained an integral part of UNICEF Yemen's WASH programme during 2017. This included training of partners on water disinfection, free chlorine residual (FCR) testing, water storage tank disinfection, private sector/tankers capacity building on water disinfection and operations and management of water supply system.

UNICEF continued to support urban service providers in 2017. In partnership with HRM, UNICEF trained LWSCs staff on technical areas and financial and managerial skills. UNICEF supported the Ministry of Water and Environment (MoWE) through establishment of the programme coordination and development unit (CDU) for better collaboration on humanitarian pulse interventions and strengthening the monitoring capacity. CDU also acted as a knowledge hub for maintaining/updating sector data and providing guidance on long-term programming.

UNICEF Yemen explored every opportunity to build on previous years' successes and expand the capacity strengthening programme, but the escalation of violence, political divide and sudden cholera outbreak were key barriers to this effort. This was further compounded by the financial crises facing Yemen, which prevented payment of salaries payment for more than a year, and Government response to the recent cholera outbreak.

Working through LWSCs and GARWSP, UNICEF distributed a wide array of critical WASH supplies such as basic and consumable hygiene kits, solar powered pumping systems and

ceramic filters. These contributed to improving household drinking water quality and supported key hygiene practices. Overall, more than 4.5 million people, including 2.3 million children, received consumable hygiene kits; 228,000 people, including 116,280 children, received basic hygiene kits; 419,000 people, including 213,690 children, received various types of WASH supplies, including ceramic water filters.

To support the improvement of access to sustainable drinking water services, UNICEF supported rehabilitation of water supply infrastructure in rural and urban areas, giving improved access to safe drinking water and adequate sanitation to 390,000 people, including 198,900 children. UNICEF also rehabilitated 20 rural water schemes across the southern governorates and protected eight wells. The rehabilitation of seven water systems in Sadaa and three in Al Jawf enabled resumption of water supply or improved water quality for nearly 54,000 people, including 28,000 children.

UNICEF provided WASH services in health facilities to support ongoing Infection Protection and Control (IPC) efforts throughout Yemen. To date, UNICEF provided essential WASH services to a total of six health facilities and reached 85 per cent of Diarrhoea Treatment Centres (DTC).

OUTPUT 3 Improved emergency preparedness and partners capacity to immediately respond to humanitarian situations.

Analytical statement of progress

The escalation of violence, political divide and sudden cholera outbreak were key barriers to UNICEF expanding its programmes aimed at strengthening emergency preparedness and partner's capacity to respond to humanitarian situations. This was further compounded by the financial crises facing Yemen, which prevented the Government from paying salaries for more than a year and prevented Government response to the most recent cholera outbreak.

UNICEF Yemen provided services to the communities identified as priority under the HNO-2017 and adopted a dual approach for addressing immediate emergency needs while simultaneously strengthening the resilience and coping capacities of the communities to withstand protracted crisis. The programme focused on securing uninterrupted access to safe water through the rehabilitation and augmentation of the water supply networks, supporting alternative sources as a contingency supply in the face of frequent and long-lasting and often deliberate power cuts, provision of water disinfectants to counter disease outbreaks as well as emergency interventions in IDP shelters and host communities following population displacement. This benefited nearly 4 million people, including 2 million children.

UNICEF Yemen supported rehabilitation of damaged facilities and emergency latrines, specifically to IDP's, solid waste management and high risk areas of cholera as well as high SAM cases. In cholera high risk areas, essential WASH NFIs (consumable hygiene kits, basic hygiene kits, jerry cans, aqua tabs) were provided along with key messages on hygiene and IEC materials, benefiting 4.5 million people, including 2.2 million children.

In response to the ongoing cholera outbreak, UNICEF reached nearly 5.7 million people with safe access to drinking water at physical up-stream level and nearly 10.2 million with household level water treatment and disinfection services through Rapid Response Teams (RRTs) in high risk districts. Due to the ongoing electrical power supply crises, delivering fuel for operating water and sanitation facilities was critical. UNICEF provided nearly 5 million litres of fuel benefiting more than 1 million people.

UNICEF led the WASH cluster (along with GARWSP-EU as co-lead) and maintained good coordination with the Ministry of Water and Environment (MoWE) and other partners to meet the critical needs both on resilience building and lifesaving emergency WASH response across the country. The cluster provided leadership in planning and coordination for responding to emerging needs to ensure a predictable response to the people in need in Yemen was achieved, both at national and sub-national level (Sanaa, Aden, Tiaz, Hodeidah and Saada).

OUTPUT 4 Government and partners, as duty-bearers, identify and respond to key human rights and gender equality dimensions of water, sanitation and hygiene practices in Yemen

Analytical statement of progress

The escalation of violence, political divide and sudden cholera outbreak were key barriers to UNICEF expanding its programmes aimed at strengthening emergency preparedness and partner's capacity to respond to humanitarian situations. This was further compounded by the financial crises facing Yemen, which prevented the Government from paying salaries for more than year and prevented Government response to the most recent cholera outbreak.

UNICEF Yemen adopted key elements of gender responsive programming by ensuring that a gender lens is considered in all phases of the programme cycle (assessment/situation analysis, planning, designing, and monitoring and evaluation).

Gender considerations were critical in the delivery of WASH services. Female-headed households were over-represented in Yemen due to military draft of men, conflict tolls and military evasion. As a result, the responsibility of collecting water from high risk communal locations often fell on the shoulders of women and young girls who were the primary family caretakers. The provision of water facilities in institutions and at community level reduced the exposure of women and girls to being hurt or abused while travelling distances to collect water. UNICEF also ensured that gender considerations were adopted for provision of supplies, as per the local context of each targeted governorate.

Support to IDPs and communities under humanitarian action focused on rural off-roads and spontaneous settlements around towns. Planned activity for bottleneck analysis and gender review was not completed due to other programme priorities as result of ongoing crises and the cholera outbreak. A scoping study for urban WASH conducted in partnership with Oxfam GB that included bottleneck analysis using the UNICEF WASHBat tool was completed and will help define UNICEF future programming priorities.

OUTCOME 3 Improved access for girls and boys in targeted communities to equitable and inclusive education opportunities of good quality

Analytical statement of progress

In 2017 UNICEF Yemen focused on ensuring that children and youth, especially in those regions most affected by the conflict, had access to learning opportunities, as determined by the Humanitarian Needs Assessment (HNO) for the education sector. New challenges such as the co-existence of two education authorities in the North and the South negatively impacted the implementation of key national programmes such as the one funded by the Global Partnership for Education (GPE) as well as the elaboration of the transitional plan required to guide

interventions and funding for the education sector. Irregular payment of teachers' salaries since October 2016 also led to a reduced school year, negatively impacting children's learning time.

UNICEF Yemen worked to sustain a humanitarian response in education through support from key donors, including the German Development Agency (GIZ), German Development Bank (KfW), the Government of Japan, the Global Partnership for Education (GPE), Education Cannot Wait (ECW), Educate A Child (EAC) and USAID. UNICEF supported improving the physical and learning environment with the set-up of temporary learning spaces (TLS), rehabilitation of affected schools and provision of capacity building grants to schools for minor work. UNICEF also supported restoration of gender-separated latrines, installation of pupils' desks and distribution of white boards and pedagogical kits. UNICEF also supported provision of psychosocial support (PSS) through teachers trained for that purpose and distributed school bag kits. As a result, close to 1.4 million children (49 per cent girls) benefited, representing 70 per cent of children in need of support as determined by the 2017 Yemen Humanitarian response Plan (YHRP). The gender parity in basic education enrolment rate improved slightly, from 0.82 in 2012 to 0.85 in 2017, but girls still lagged behind in terms of access to education and retention in school.

A total of 39,000 primary school children benefitted from better teaching practices as more than 1,300 teachers and 200 school supervisors in Hodeida, Ibb, Sada'a, Sana'a and Aden were trained on child-centred and active pedagogy and provided with educational materials. UNICEF Yemen assessed actual application in the classroom of teacher training content. Initial analysis indicated that 50 per cent of trained teachers were practicing training content.

A total of 31,295 Out-Of-School Children benefitted from interventions that (re)integrated them in the education system or offered them other learning opportunities through the Non-Formal Education (NFE) Programme for children too old to enter the formal education system and Community-Based Classes (CBC) implemented in Hajjah, Hodeida, Taiz, Ibb, Sa'ada, Aden, Lahej, Abyan and Amran Governorates. A total of 136,830 pupils (52 per cent girls) were equipped with improved knowledge on hygiene practice.

Upstream work was challenging in 2017 with the co-existence of two authorities, which stalled the elaboration of the Transitional Education Plan (TEP) and implementation of various interventions, including those supported by the GPE-funded programmed. Even so, the first education statistical yearbook since the onset of the conflict was produced.

UNICEF, in collaboration with other donors, also played a key role in bringing conflicting parties together in the Local Education Group (LEG) meeting in Beirut in 2017, initiating teamwork that facilitated the completion of the ECW proposal giving the country access to an additional US\$15 million funding for education in emergency response. Support for textbook reproduction and distribution, though an important intervention to ensure children's learning, had to be interrupted to avoid addition of controversial content.

OUTPUT 1 Improved quality in education services at early childhood and basic levels (grades 1-9).

Analytical statement of progress

In 2017, in addition to training teachers on methods to improve children's participation and learning such as child-centred pedagogy, UNICEF also worked with Governorate Education Offices (GEOs) and field partners to ensure application in the classroom of training content. This

close follow-up resulted in 39,000 beneficiary children (49 per cent girls) in 300 schools benefiting from improved classroom practices that gradually increased learning outcomes. This achievement was also made possible by enhanced supervision on the part of the 200 supervisors trained on the same topics by respective GOEs to work with the 1,300 teachers supported by UNICEF. School supervisors monitored teachers' performance at least once in a month by visiting classrooms and checking teachers' practices. As a result, 50 per cent of trained teachers were observed to have been applying taught pedagogy. In addition, members of father and mother councils (FMCs) were also sensitized and trained and were able to assume an increased role supporting their children's education through public mobilization, participation in the elaboration and implementation of school improvement plans (SIP), greater involvement school management and promotion of peace on school grounds and within the community.

This output is on track based on meeting the 2017 target. In 2018, follow-up conducted on a small scale in 2017 will be expanded to reach a larger number of schools, using the teachers' assessment tools already developed.

OUTPUT 2 Aden Field Office Programme Implementation to achieve improved quality in education services at early childhood and basic levels (grades 1-9).

Analytical statement of progress

In collaboration with education authorities and sector partners, UNICEF Yemen supported the re-integration/enrolment of 31,295 vulnerable out-of-school children (including 20,341 girls) representing 6 per cent of that population in the 10-14 age group. Key interventions included the Non-Formal Education (NFE) Programme for children too old to enter the formal education system according to legislation in Yemen and community-based classes (CBC) implemented in Hajjah, Hodeida, Taiz, Ibb, Sa'ada, Aden, Lahej, Abyan and Amran Governorates. Community-based classes (CBC), part of formal education, were conducted in learning centres provided by communities in areas where no schools were available or where the distance to the nearest school was a major obstacle, especially for young children. Non-formal education consisted of an accelerated learning programme provided in coordination with a Literacy and Adult Education Organisation, targeting out-of-school children aged 10-14 who had never been in school. The programme is designed to help children learn the most important lessons and acquire the necessary skills so that they can catch up with their peers.

These activities were complemented by the provision of temporary learning spaces set up in areas with large numbers of internally displaced persons (IDPs) in order to accommodate the additional influx of children in existing schools and camps. To facilitate the education of out-of-school children, communities' capacities were strengthened through outreach campaigns and training for local teachers, supervisors and members of father and mother councils (FMC) for their greater involvement in those interventions. Volunteer teachers were equipped with necessary skills to provide psychosocial support to conflict-affected out-of-school children, helping them overcome their difficult experiences and keep them in school. The most vulnerable out-of-school children also received essential school supplies.

UNICEF Yemen met 67 per cent of the 2017 target for this outcome. Progress was limited due to reduced funding (by 60 per cent) by one major donor over the course of the year, which limited the scope of interventions specifically targeting out-of-school children. Progress was also limited by non-payment of mainstream teachers and donor conditions restricting financial transactions to internationally recognized authorities, which led to delays occasioned by

recourse to alternative implementation and payment mechanisms. Ongoing insecurity limited access to some sites and the co-existence of two authorities delayed planning and consultation processes and therefore implementation.

Given the demonstrated impact of alternative approaches bringing education to children and providing them opportunities to learn that they would not have otherwise, UNICEF Yemen will strive to scale up above interventions in 2018. UNICEF also will pilot a self-learning programme (SLP) for Yemen for those areas where going to school will not be an option because of the conflict

OUTPUT 3 Improved school WASH facilities and hygiene practices among girls and boys in Yemen.

Analytical statement of progress

Despite numerous challenges due to the protracted conflict, WASH in School achievements have exceeded planned targets for 2017. A total of 358,804 pupils in 432 schools benefited from UNICEF's support, due in part to additional World Bank funding to support cholera response through schools. Key interventions under this output included rehabilitation of WASH facilities, handwashing devices and water connections and promotion of good hygiene practices through pupils' sensitization and distribution of kits for the creation of clubs in 200 schools. A total of 595,000 pupils in Sana'a, Aden and Sa'ada governorates joined the celebration of the Global Hand Washing Day as their schools were provided with soap bars. Activities implemented in collaboration with UNICEF's WASH and C4D sections and Education offices in targeted governorates involved hygiene awareness for cholera prevention and adequate hand washing.

In 2018, UNICEF will continue to provide support to improve schooling environments through similar activities, with an increased focus on capacity building of teachers and students (boys and girls) while ensuring that all members of the schooling community develop adequate knowledge and attitudes on hygiene. Translation of knowledge in behavioural change will be facilitated through child participation with the expansion of school clubs whose members will have a key role elaborating and implementing hygiene activities in their schools.

OUTPUT 4 Children in affected communities in humanitarian situations supported to access education opportunities.

Analytical statement of progress

One consequence of the lasting conflict in Yemen negatively impacting an already fragile education system was the increased number of children requiring education in emergency (EIE) response for sustained access to and retention in school. As a result, the EIE output was the largest and most funded activity in 2017. UNICEF Yemen supported a combination of interventions to nearly 1.4 million children (70 per cent of the children in need as determined in the 2017 Yemen Humanitarian Response Plan). More specifically, 552,711 children were offered access to 425 rehabilitated schools and temporary learning spaces, at least 439,758 children received psychosocial support, 12,341 teachers were trained for that purpose and 400,000 children received school bag kits.

A self-learning programme was being developed for those children with no physical access to school,. Materials were drafted for Grade 1 Arabic, Mathematics and Science and Grade 3 Social Studies.

To mitigate the added effect of the conflict on low school attendance, UNICEF worked to create a safer environment in school and to better protect children on the way to and from school. The Safer Yemen Project elaborated safety and emergency plans and strategies for use in schools.

UNICEF successfully advocated for preventing the use of schools for non-educational purposes, leading to the signature of required decrees.

These achievements were not reached without challenges. The prolonged conflict and non-payment of teachers' salaries in two-thirds of the country rendered difficult the implementation of PSS and distribution of kits to children as the opening of the 2017-2018 school year was delayed.

With little improvement in sight for the humanitarian situation in 2018, it is likely that standard EIE response will be preserved and other interventions to bring the school to children like the SLP will be tested

OUTPUT 5 Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up quality and inclusive education

Analytical statement of progress

A survey initiated in 2016 led to the completion and publication in 2017 of the 2015-2016 national statistical yearbook for the education sector in Yemen, a key achievement considering current circumstances. Available data will allow informed decision-making and facilitate the elaboration of the 2018-2020 Transitional Education Plan required as Yemen's last Education Sector Plan (ESP) and Mid-term Results Framework (MTRF) expired in December 2015. While the ESP was to be replaced by a long-term vision and an action plan, it was later agreed, in light of the ongoing conflict, that a three year transitional plan (TEP) could be produced in the interim for better planning, implementation and coordination of resources. It was also agreed that any future humanitarian appeal will be linked with TEP programs and targets.

The document required for better sector planning could not be completed in 2017. Efforts in 2018 will therefore be placed on working with education authorities, sector partners and donors to finalize and build an investment case for the Education Sector with an assessment of the economic and social costs of the armed conflict on education and future generations.

OUTPUT 6 Effective management of and support for the implementation of the Global Partnership for Education programme assured by UNICEF Yemen.

Analytical statement of progress

The GPE-funding Programme for which UNICEF is grant agent (GA) consists of four major components seeking to improve access to, retention in and quality of basic education. It includes education in emergency response.

Key achievements in 2017 included:

Under Component 1 (Quality), a total of 420 schools were provided with operation grants to improve school management capacity. A total of 3,540 supervisors (590 female) were trained on supervision facilitating visits in 3,533 schools for provision of technical support to teachers and school administration on improvement of school environment and pedagogical methods. Equipment was procured for 244 computer labs and 230 science laboratories to improve quality of education offered.

Under Component 2 (Access), 2,269 rural female teachers were trained and paid, leading to an 8.5 per cent increase in female students (approximately 16,500) in those schools in 2017.

Under Component 3 (Institutional development), the capacity on EMIS was enhanced through training of 195 specialists in 40 districts. Equipment was procured for 65 district education offices (DEO). A total of 302 planning specialists in DEOs received strategic planning training.

Under Component 4 (Education in emergency), the original target of 150 schools to be rehabilitated was increased to 161 as unit cost decreased. In total, 149 affected schools were rehabilitated and student desks were procured for 7,000 children. PSS was provided to 4,000 students.

The co-existence of two authorities made it necessary to create another Programme Management Unit for areas under the control of the internationally recognized government, which constrained overall progress. Some sensitive activities like curriculum reform had to be suspended

In 2018 UNICEF Yemen will initially focus on completing the reprogramming process with activities judged essential in the current context in order to fully resume programme implementation.

OUTCOME 4 Yemen's policy environment, legislation and systems are strengthened to protect and promote children's rights, especially the most disadvantaged.

Analytical statement of progress

Yemen descended into a full-fledged military conflict in March 2015, resulting in a catastrophic humanitarian crisis. The economy has been particularly hard-hit: GDP growth, as estimated, contracted to -5.2 per cent in 2017; and the budget is heavily in deficit owing to subdued tax revenue and still-muted oil receipts. Monetization of the deficit and ongoing hard-currency shortages have led to a sharp depreciation of the official currency rate, from an estimated average of YER250/US\$1 in January 2017 to YER445/US\$1 in December 2017. Public sector salaries have not been paid (or paid only partially, primarily in the South) to more than 1.25 million civil servants since August 2016. The damaged oil and gas infrastructure and the poor security climate prevent major investments. Consumer price inflation has increased by an average of 16 per cent in the period of November-December 2017. The private sector has been negatively affected, and the unemployment and poverty rates are skyrocketing.

As estimated by the World Bank (WB) in the 2013-2014 Household Budget Survey (HBS) simulated for 2016/2017, the headcount poverty rates increased from 49 per cent in 2014 to between 62 per cent- and 78 per cent in 2016/2017. In terms of the number of the poor, this

translates into a range of 17.5 million to 21.6 million people, at least 4 million higher than the number of poor estimated by the HBS survey in 2014.

Overall, Yemen was one of the poorest countries in the world. Formal social protection systems, which could have served as an effective tool to reduce poverty and vulnerability, were collapsing, while informal social protection mechanisms and networks were extremely overstretched.

In this context, UNICEF Yemen's social inclusion (SI) programme adopted a 'Humanitarian plus' approach that allows for bridging the humanitarian and development nexuses in achieving the outcomes for children. UNICEF tailored its strategic interventions to respond to the humanitarian needs of the poorest and most vulnerable children and their families, and at the same time, to contribute to system preservation, and when possible, system strengthening.

In 2017, UNICEF Yemen implemented two cash transfer projects to provide an emergency response to the ongoing crisis. UNICEF continued its Humanitarian Cash Transfer Project (HCTP), reaching 6,731 beneficiary households (32,072 individuals), including 13,616 children (7,038 boys and 6,578 girls) in two districts (Salah and Al Quahirah) of Taiz enclave. The project ended in June 2017.

In August 2017, UNICEF launched an Emergency Cash Transfer Project (ECTP) targeting 1.5 million beneficiary cases/households across all 333 districts and 22 governorates of Yemen. The ECPT was managed by Project Management Unit (PMU) with support from UNICEF MENARO. The first quarterly payment cycle, completed in November 2017, reached 1.33 million cases. The second payment cycle is scheduled for February 2018.

UNICEF Yemen also supported a Rapid Response Mechanism (RRM) that, among other interventions, also provided cash assistance to internally displaced people (IDPs) moved from conflict-affected areas to Abyan, Lahj and Aden governorates. In total, 1,196 IDP households (6,789 individuals), including 3,131 children under 5 (1,531 girls and 1,600 boys) were reached in 2017 with a three-month unconditional cash transfer support to address the displaced population's basic needs and facilitate their access to social services.

UNICEF Yemen also focused on evidence-generation and institutional capacity building efforts to contribute to system preservation and strengthening the development agenda to ensure a smoother transition from a humanitarian response to early recovery in the future. In a very challenging and restricting context, when access to data and areas/governorates in both the North and South was extremely limited, UNICEF Yemen still reached its goal by adopting a dual-focused approach. Firstly, a few research projects were launched to better understand the current social protection systems and to inform the future programme planning and capacity-building efforts. These include the assessment of the Social Welfare Fund (SWF), a flagship social protection institution that suspended its programmes in March 2015 when the conflict escalated; assessment of social cash transfer payment agencies and payment modalities; and assessment of social protection systems. UNICEF also participated in a joint cash and market working group (CMTWG) market assessment that was completed at the end of 2017.

UNICEF also initiated and supported authorities in setting up the social protection consultative committee (SPCC), aimed at providing a dialogue and coordination platform to promote integrated and inclusive social protection systems both in the present humanitarian context of Yemen and in the future. The Committee is being chaired by the Ministry of Social Affairs and Labour (MoSAL) and includes members of social and finance ministries, UN agencies, INGOs

and the private sector. UNICEF also continued supporting the SWF's Beneficiary Outreach Network in its adjusted strategic approach as well as with capacity-building efforts. An integrated social assistance model/pilot was designed to support the marginalized populations in Yemen.

UNICEF continued supporting the Ministry of Planning and International Cooperation (MoPIC) in publishing monthly updates on the socio-economic situation in the country. These interventions directly and indirectly contributed to enhancing national capacities and preserving and/or building national systems aimed at supporting the poorest and most vulnerable children and their families.

OUTPUT 1 Enhanced support for disadvantaged and marginalized children and families to demand & use social protection systems and participate in decision-making processes affecting them (Social Protection Demand)

Analytical statement of progress

A total of 6,731 households (32,072 individuals), including 13,616 children (7,038 boys and 6,578 girls) were reached with unconditional cash transfer assistance in two districts (Salah and Al Quahirah) of Taiz enclave. From January to May/June 2017, households with children were receiving a monthly amount of US\$86.00, while households without children received US\$43.00. Given the complex humanitarian crisis situation in a war-torn Taiz, UNICEF expanded coverage of this humanitarian cash transfer project (HCTP-2) and increased the number of payment cycles from six to eight for the main beneficiary group.

UNICEF also reached 1,026 households (4,835 individuals) from the complementary group with a six-round cash assistance support. Evidence from the post-distribution monitoring (PDM) exercise indicated the HCTP was the main source of income for the vast majority (97 per cent) of beneficiaries, and 98 per cent confirmed cash assistance helped them improve their living standards. Some 74.3 per cent of PDM respondents claimed they could purchase sufficient food, 36.6 per cent were able to pay their debts, 78 per cent could access credit, 15 per cent could access health services, 8 per cent were less in need of borrowing money, and others could purchase clothes, school supplies and basic hygiene items for their children.

Another critical social protection/cash assistance intervention was the Rapid Response Mechanism project implemented in partnership with Field Operation and Emergency section (the project coordinator) and ACF (the project implementer). The RRM mechanism integrated a few critical first-response activities, including the unconditional cash disbursed among the internally displaced populations in Abyan, Lahj and Aden governorates. In total, 1,196 IDP households (6,789 individuals), including 3,131 children under 5 (1,531 girls and 1,600 boys) were reached with a three-month unconditional cash assistance (US\$96.00 – the amount equal to the value of a food basket) to address the displaced population's food and other basic needs and facilitate their access to social services.

The SWF Beneficiary Outreach Network/BON (renamed from 'Beneficiary Development Network' that was initially set up in Yemen to help SWF beneficiaries graduate from the public cash transfer programme) started revisiting its traditional programmatic approach to effectively support the poorest and most vulnerable. The SWF BON added referral to social services and evidence-generation components. In 2017, the fieldwork exercise was conducted in Amanat Al Asimah, Ibb and Sana'a governorates to collect data on the situation of the poorest and most

vulnerable; refer them to the required social services; and disseminate C4D messages on health, nutrition, child protection and education practices.

As a result, 2,350 children were enrolled in school; 655 malnourished children were referred to OTP centres; 74 suspected cholera cases were referred to health centres; 12,612 children were referred to Civil Registry for birth certificate; and 955 cases of child abuse were identified and referred to the MoSAL's child protection committees. This experience also informed the design and development of an integrated social assistance model/pilot project that is based on a case management modality.

OUTPUT 2 Increased national capacity to provide access to inclusive systems that protect children and adolescents from poverty and promote social inclusion. (Social Protection Access)

Analytical statement of progress

In 2017, UNICEF Yemen continued to support the SWF Beneficiary Outreach Network (BON) in its capacity-building efforts. Specifically, three workshops were conducted to enable 95 SWF BON staff from three governorates, including Sana'a (34 field workers), Amanat Al Asimah (34) and Ibb (27), to collect and analyse data on the situation of children and to effectively conduct outreach and refer the poorest and most vulnerable children and their families for social services, including health, nutrition, education, child protection and water and sanitation. The knowledge gained helped the SWF BON to effectively conduct the fieldwork exercise.

In partnership with MoSAL and international and local research institutions, UNICEF Yemen launched evidence-generation projects to understand the current social protection systems, both formal and informal, and to inform the future programme planning and capacity-building efforts. These include the assessment of Social Welfare Fund (SWF), assessment of social cash transfer payment agencies and payment modalities, and assessment of social protection systems. UNICEF also participated in a joint Cash and Market Working Group (CMTWG). Market Assessment was implemented across the country, and UNICEF focused on three governorates (two districts in each governorate), namely Sana'a, Taiz and Al Hudaydah. This assessment was a part of a wider inter-agency research study to determine the feasibility of cash and market-based response in Yemen. The final report was published in late December 2017. These research exercises provide insights on the current situation and the required institution-building and policy and programme reforms to be promoted, and contribute to capacity building of national partners on poverty-reduction strategies (e.g., social protection) through direct and/or indirect engagement in those projects.

UNICEF Yemen also supported authorities in setting up the Social protection consultative committee (SPCC) aimed at providing a dialogue and coordination platform to promote integrated and inclusive social protection systems both in the present humanitarian context of Yemen and in the future. The Committee is being chaired by the Ministry of Social Affairs and Labour (MoSAL) and includes members of social and finance ministries, UN agencies, INGOs and the private sector. The preliminary consultations took place in 2017. Due to the escalation of conflict in December 2017, the SPCC was expected to become fully operational in early 2018, if the political and security situation allow.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to budget for protection and promotion of child rights (Child Budgeting)

Analytical statement of progress

The MoPIC's Yemen Socio-Economic Update (YSEU) was published on a monthly basis to update on the various public finance and social policy issues that impact the poorest and most vulnerable children and their families in the country. In 2017, seven Updates were published by MoPIC with support from UNICEF on issues such as sustainable development goals for Yemen, economic crisis and poverty, the cost of war, economic impact of the cholera outbreak, the cost of the education system collapse, the public finance crisis, and economic and social impacts of collapsing social protection systems. These monthly updates were widely distributed, including among national stakeholder and international partners. In the context where most of the economic and social data are not publicly available, YSEU remained almost the only source of information on key developments in Yemen both internally and externally.

Given the challenging political situation and economic and financial crisis resulting in the expanded public budget deficit, disruptions of salary payments, and local currency liquidity crunch, it was impossible for UNICEF to undertake any structural work in the area of public finance for children. However, the UNICEF Yemen still regularly monitored and internally reported on the economic and social situation in the country, contributed to the inter-agency discourse on the salary crisis, and provided technical expertise to sections on public finance issues. In 2017, for instance, UNICEF supported the Ministry of Education in shaping the scope of the future education investment case aimed at strengthening the evidence base for improved and more equitable education sector programming and financing.

OUTPUT 4 By end of 2017, at least 80% of the SWF beneficiary households (list of 2013) received cash assistance to improve their purchasing power.

Analytical statement of progress

In light of the rising humanitarian crisis in Yemen, UNICEF launched an Emergency Cash Transfer Project (ECTP) with funds from the World Bank through the International Development Association. The ECTP targeted more than 1.5 million beneficiary cases (more than 9 million people) across all governorates and districts in Yemen, identified through the Social Welfare Fund (SWF) beneficiary list. Given the limited time to launch this emergency response, UNICEF set up a Project Management Unit to finalise the design of the cash transfer model and oversee implementation, with technical support from the UNICEF Regional Office and UNICEF NY Headquarters. The project required facilitators on the ground to liaise with local actors for buy-in and to inform beneficiaries about the eligibility criteria, verification and payment mechanisms. Beneficiaries were first requested to verify their identity against the beneficiary list, and only then collected the cash benefit. A grievances redressal mechanism was accessible both at project sites and through a call centre, to file beneficiaries' complaints and answer their queries. A third-party organisation monitored compliance with project rules and procedures. Technical working committees at both field and central level served as platforms for coordination and decision-making.

Despite the risks and challenges linked to the current country security situation, 1,330,601 beneficiary cases (more than an estimated 8 million people) received cash transfers during the first payment cycle, which ran from 22 August to 4 November 4, 2017. This meant that 89 per cent of SWF beneficiary households improved their purchasing power (exceeding the target of 80 per cent) and hence their possibility of accessing basic social services such as healthcare, food or water. Of those who collected the cash, 45 per cent were females and 55 per cent were males. Findings from the third-party monitoring organisation revealed that nearly 80 per cent of beneficiaries managed to collect their cash benefit in their first visit to payment sites (against a

target of 85 per cent) and approximately 96 per cent waited three hours or less to be served (exceeding the 95 per cent target).

Waiting times at verification sites were higher, with 17 per cent of beneficiaries waiting more than three hours (when ideally this should not have been more than 5 per cent). Overcrowding was the main barrier. Communication with beneficiaries also needs to be improved. A significant percentage of beneficiaries did not receive adequate information in terms of eligibility criteria, process for grievance redressal, site locations and opening dates/times.

Other gaps included the distance between project sites and beneficiaries' homes, which in some cases exceeded the expected criteria (one hour walk). The unanticipated number of grievances (87,961 received against 5,000 estimated) required innovative solutions, and RapidPro was used to respond to those who filed complaints. The project learned that the development of grievances processes with timely responses is linked to project risks and critical for building beneficiaries' confidence in the project. These findings and lessons learned were utilised to strengthen the implementation of the upcoming second payment cycle

OUTCOME 5 Adolescent girls and boys, mothers and fathers, and community leaders in 106 districts adopt 11 key life-saving, care and protective behaviours for children and women

Analytical statement of progress

The unprecedented cholera outbreak in Yemen, with more than 9,961,690 suspected cases in 22 of the 23 governorates, necessitated a massive scale up of C4D response in terms of reach, intensity and resources to contain the outbreak, prevent further spread and minimize the risk of recurrence. Some 18,197,734 individuals and more than 3.2 million households were reached nationally through interpersonal C4D interventions promoting key practices including household chlorination and water safety, handwashing with water and soap, appropriate food handling and appropriate management of the sick, including rehydration and timely treatment. An additional 2,001,402 caregivers and decision-makers were directly engaged around 14 other key life-saving, care and protective behaviours, including birth registration, prevention of child trafficking and child recruitment, back to school initiatives following the long closures of schools, immunization and appropriate infant and child feeding practice.

UNICEF Yemen also responded to an acute outbreak of measles, mostly in Sa'ada, Hajjah and Aljawaf, and to a diphtheria outbreak in Ibb, Hodeida and Taiz. The targets of 1.7 million individuals to be reached and the planned budget of US\$5 million were exceeded by 15 million people and US\$7 million respectively.

In response to the overall humanitarian situation in Yemen, UNICEF's led C4D initiatives to strengthen communication and community engagement efforts. UNICEF served as lead focal point in the Yemen Humanitarian Response Plan (YHRP) and as Chair of the Interagency Community Engagement Working Group. UNICEF, in collaboration with UNOCHA, supported the training of more than 50 staff from 25 partner agencies in community engagement approaches as part of accountability to affected populations (AAP) commitments and also supported the conduct of a micro-survey on community perceptions of the overall humanitarian efforts. UNICEF also supported strengthening of partnerships, including direct partnerships with religious leaders under the Ministry of Religious Affairs, and brought on board an additional 15 new CSO partners with presence in districts.

OUTPUT 1 Government departments (HEC, MoI mother and Child Programme) local authorities and partner NGOs in 106 target districts have improved capacity to design, implement, monitor and evaluate community- level C4D interventions (Policy, Capacity Building and Systems Strengthening)

Analytical statement of progress

Some 2300 individuals enhanced their skills on various communication for development processes --- 300 staff from government and CSO partner agencies, including 51 on communication and community engagement as part of accountability to affected populations (AAP) commitments; 249 on outbreak and emergency response; and more than 2000 religious leaders on community mobilisation for outbreak response (cholera, diphtheria and measles). C4D focal points were identified in each of the five line ministries (Ministries of Health, Education, Information, Religious Affairs and Social Welfare) at national and governorate level in addition to C4D focal points from the 30 CSO partners through PCA/SSFA.

As the result of a capacity assessment conducted for more than 30 CSO and government partners, a C4D partnership strategy was developed with a focus on evidence generation, training and planning strategy. As lead agency for AAP in the Yemen Humanitarian Response Plan, and Chair of the interagency CEWG, UNICEF Yemen provided technical support to and coordinated implementation of various AAP activities including conduct of two micro-survey on community perception of humanitarian assistance and provision of training of CEWG partners in AAP.

OUTPUT 2 By 2015, 50% of individual rights holders and duty bearer in 106 target districts have increased knowledge and positive attitudes to adopt 11 key life-saving, care and protective behaviours for children and women in Yemen. (Community Engagement for Behaviour and Social Change)

Analytical statement of progress

Through an integrated communication for development approach with priority on interpersonal engagement, approximately 18,197,734 caregivers and decision-makers were reached with key messages and were engaged to improve knowledge, attitudes and practices around 14 key life-saving, care and protective practices, including prevention and response to cholera outbreak.

A total of 38,924 community volunteers, including more than 2,000 religious leaders, were trained and deployed in more than 200 districts in response to cholera outbreak and to engage community members in promoting other lifesaving practices. Partnerships with 30 national NGOs ensured vulnerable and underserved populations were reached. Strengthened partnerships with the Ministry of Information ensured continuous accesses to radio broadcasting. More than 300 interactive programmes were broadcast complementing interpersonal activities in disseminating key messages and direct service delivery, including messages on how and where to access available health and social services. Use of social media, especially the establishment of a WhatsApp Tree and SMS services, proved especially effective as a feedback mechanism and in disseminating key information to a large population almost on real time.

OUTCOME 6 Government and other partners at central and governorate level are undertaking equity focused, and evidence informed planning, monitoring and evaluation.

Analytical statement of progress

In 2017, UNICEF Yemen continued to operate in an L3 emergency context linked to the escalation of conflict that began in late March 2015. In spite of the fragile and conflict situations, UNICEF Yemen continued to support Implementing partners and continued with all the planning, monitoring and evaluation, gender, and field operations related activities and processes. All the 2017-18 Rolling Work Plans (RWPs) were finalized by March 2017. Substantial improvement in the RWP quality was achieved as a result of sharpening the targets at national and field level, especially with Humanitarian Performance monitoring (HPM) indicators.

In view of protracted conflict, with no scope of developing new plans for some foreseeable time, the UNCT and subsequently UNICEF Executive Board extended the current country programme to 2019. Face-to-face Results-Based Management training was completed for 81 UNICEF Yemen staff members. A planning manual was drafted through three brainstorming workshops, which will enhance the capacity of the Government to develop conflict and gender sensitive National Development and Humanitarian Plans.

The monthly programme coordination meetings (PCM) covered progress on implementation, fund usage, grant expiry, programme-related supply indicators and progress at the field level. Similarly the programme overview presentations to the monthly country management team meeting covered the summary report of these PCM presentations. The HACT assurance activities gained momentum gradually despite the security and accessibility challenges, with completion of 15 micro-assessments, 8 audits, and 101 spot checks. More than 500 programmatic visits were conducted (against 289 required). The HPM indicators were incorporated in HAC/YHRP 2017 to avoid inconsistencies in reporting. Twelve indicators already achieved more than 90 per cent of the target.

With the onset of the cholera outbreak, UNICEF staff at field office level and third party monitoring were mobilized for programmatic visits. Seven cholera HPM indicators were introduced, of which six achieved more than 90 per cent of the target. The PRIME (IMEP) implementation was more than 62 per cent, with 8 of the 10 activities either completed or ongoing. The remaining two activities were postponed to 2018.

UNICEF Yemen also prioritized Management Response of the Evaluation of Humanitarian Action (EHA). Of the 12 action points against 8 recommendations, 10 (83 per cent) were 'completed and closed'. As part of PRIME for cholera response, KAP Rapid Assessment among Cholera Affected Population was completed and a Real Time Evaluation (RTE) of cholera response was ongoing, managed by the UNICEF NY Headquarters Evaluation Office. The Central Statistical Organization (CSO) is committed to exploring the possibility of implementing an MICS6 survey or any household level surveys.

The escalation of the conflict and the ensuing humanitarian repercussions further weakened the position of women and girls in Yemeni society. UNICEF Yemen continued its support for gender equality to Government partners and the Gender National Team. Some 40 official partners (Government, INGOs and NGOs) were oriented on the Gender Action Plan (GAP), Gender Equity Measures and the PCA Checklist. A Memorandum of Understanding for a National Gender Statistical Framework in partnership with UNFPA and Central Statistical Organization was underway to develop a comprehensive national framework. The Third Party Monitoring programmatic visits (TPM) for the World Bank project for the Emergency Health and Nutrition Project (ENHP) incorporated a gender dimension by ensuring the questionnaires were gender sensitive.

Humanitarian operations in Yemen are decentralized, with five field offices planning, managing and monitoring interventions locally. The field offices' share of fund utilization stood at 26 per cent due to more centralized command and control of emergency responses to the cholera outbreak by mid-year. The 2017 Humanitarian Action for Children plan of US\$339 million was funded at 55 per cent. More than 40 percent of UNICEF Yemen staff were in the five field offices. The review of the decentralisation framework noted field offices generally felt more empowered and responsible for delivery of results.

Close to 20 emergency management team (EMT) meetings were conducted, 12 UNICEF Yemen internal EMTs were held, and a comprehensive integrated cholera response plan was developed. A partnership with Action contre la faim (ACF) was established for Rapid Response Mechanism (RRM) for immediate emergency assistance to conflict/natural disasters IDPs, cholera epidemic-affected population, and U5s suffering from acute malnutrition. Support included non-food items, shelter, WASH, and supplementary feeding. The RRM was immediately put in to use to help respond to the unfolding of events in the battle in Al Mokha.

OUTPUT 1 Central & Field implementation towards government at central and governorate levels having the capacity to undertake equity focused and evidence informed planning.

Analytical statement of progress

All the 2017-18 Rolling Work Plans (RWPs) were finalized before mid-February 2017 through a consultative process. The planning exercise was initiated toward the end of the fourth quarter 2016 and the sections and field offices were provided with templates, guidelines and on-site technical support. The consultative process for review of 2016 and planning for 2017-18 continued with participation of the Implementing Partners at the central and field level. In view of the protracted conflict and the impossibility of developing new plans and the UNDAF, the UNCT and subsequently UNICEF Executive Board extended the current country program to 2019. UNICEF Yemen continued the RWPs with no formal signing with the Government. There was substantial improvement in the RWP quality with PME's effort, especially on sharpening the targets at both national and field level and especially with Humanitarian Performance monitoring (HPM) indicators. The midyear reviews and planning for both national and field offices resulted in revising the RWPs, mainly in creating more realistic targets.

Results-based management face-to-face training was conducted for staff members in Sana'a in October 2017. UNICEF Yemen supported the Ministry of Planning and International Cooperation (MoPIC) technically and financially in the development of a Conflict Sensitive Planning Manual. This will enhance the capacity of the Government at central and local levels to assure that National Development and Humanitarian Plans are conflict and gender-sensitive. MoPIC conducted three brainstorming workshops at central, local levels and for the National Gender Team. Participants included planning and conflict related experts who contributed to shaping the manual's outline, scope, and contents. More than 80 per cent of local MoPIC General Directors from the Governorates participated in the consultative workshop in Sana, which enriched the content and the quality of the manual. The final draft manual passed through the review of an advisory team assigned by MoPIC for accuracy and practicality.

Coordination mechanisms at national and sub-national levels were drawn up between UNICEF and MoPIC that will facilitate UNICEF's work in the field.

OUTPUT 2 Increased capacity of government and partners to effectively monitor programme implementation in compliance with HACT.

Analytical statement of progress

All UNICEF staff at the field offices were able to handle civil society organization (CSO) and harmonized approach for cash transfer (HACT) Procedures. A total of 121 implementing partners were oriented on HACT and use of FACE Form. Fifteen micro-assessments, 8 audits, and 101 spot checks were completed. More than 500 programmatic visits were conducted by the end of November 2017 (against 289 required). As the third party monitor, the Prodigy System continued conducting programmatic visits and spotchecks to the conflict affected areas unreachable by staff.

UNICEF Yemen coordinated the monthly updates of sectoral data against the HPM indicators ensuring their inclusion in the situation reports (SitReps). The HPM indicators for 2017 were finalized in close collaboration with all head of sections and incorporated in HAC/YHRP 2017 to avoid inconsistencies in reporting. Out of the total 18 regular HPM indicators, 12 indicators already achieved more than 90 per cent of the target by the end of November 2017.

With the onset of cholera outbreak, UNICEF staff in field offices and third party monitors were mobilized for programmatic visits. During the cholera house-to-house (H2H) Campaign, UNICEF Yemen, through TPM, monitored and verified the interventions in all 22 governorates and reached more than 22,000 households. On a daily basis, more than 550 visits were conducted across the country for WASH, C4D and health and nutrition cholera responses.

During the second quarter, seven cholera HPM indicators were introduced and weekly progress was reported through SitReps. Six cholera HPM indicators already achieved more than 90 per cent of the target. The number of Information Management Officers (IMOs) through the institutional contract with the iMMAP increased to 16, covering all the UNICEF Clusters, Sections and the Field Offices. To streamline sectoral information, UNICEF Yemen procured an ActivityInfo license. Partners will begin reporting through ActivityInfo, enabling geo-database information to immediately link with UNICEF activities and monitor at governorate, district or any administrative level.

The PCM indicators were updated regularly and presented at the monthly Programme Coordination Meeting (PCM) covering progress on implementation, fund usage, grant expiry, programme-related supply indicators and progress at the field level. The Programme Overview presentation to the monthly CMT covered the summary report of these PCM presentations highlighting the status of implementation and funding.

UNICEF Yemen undertook a strategic reflection exercise (SMR). A consultant conducted a series of interviews with UNICEF Yemen, Regional Office and partners in Amman and drafted an initial report. If the security situation allows, the consultant will travel to Yemen in early January 2018 to conduct two days of strategic reflection exercise workshops in Sana'a with participation of all relevant stakeholders. The dire security situation in the country made it completely impossible to collect or generate information for monitoring higher level results.

OUTPUT 3 Child focused knowledge is generated, disseminated and used to ensure evidence based programming.

Analytical statement of progress

Upon completion of the new Rolling Work Plans, all M&E activities were consolidated into a realistic costed PRIME (IMEP) plan that was refined following feedback from the Regional Office. The PRIME was uploaded online following its endorsement in the March CMT and the Representative's approval. The overall implementation was satisfactory as the office was forced to shift its focus to the new emergencies (cholera, risk of famine, aid blockages) and other competing priorities (ECT project). UNICEF Yemen achieved more than 60 per cent implementation, with 8 activities either completed or ongoing at varying stages. The other two activities were postponed. The ongoing and postponed activities will be prioritized for the 2018 PRIME.

UNICEF Yemen also prioritized the Management Response of the EHA completed last year. The EHA, with a 'Satisfactory' grading by Geros, was cited as one of the good examples of evidence-generation products of the MENA region. Of the 12 action points against 8 recommendations, 10 (83 per cent) were 'completed and closed' and only 2 (17 per cent) remained to be acted upon. The EHA focused on operational and cross-cutting commitments of the CCC and recommended improvements in data management, human resources, procurement, and finance. Mechanisms such as LTAs with third party cash providers, operationalizing the learning plan 2017 and multisectoral assessment tools were instituted as a result.

The Evaluation on Emergency Psychosocial Support Response in Yemen was added to PRIME at the midyear review. The ToR was being finalized and was expected to determine the significance of the interventions on the psychosocial well-being of the affected children and provide timely and critical information for necessary adjustment/redirection.

As part of UNICEF Yemen's PRIME for Cholera response, KAP Rapid Assessment among Cholera Affected Population in Amanat El Asima – Yemen was successfully completed and disseminated. A Real Time Evaluation (RTE) of cholera response was ongoing, managed by the Headquarters Evaluation Office. The evaluation team conducted a series of interviews with UNICEF Yemen, Regional Office and partners. Local consultants were being identified to conduct key informants Interviews and focus group discussions.

It was not feasible to update the Situation Analysis of children given the lack of reliable household level information. The development of Governorate Profiles was initiated instead and despite having a draft concept note is one of the postponed activity.

The Central Statistical Organization (CSO) committed to exploring the possibility of implementing an MICS6 survey following their participation in the MENA Data Gaps and MICS6 Survey Design workshop in April 2017. Consultations were conducted with concerned ministries, INGOs and NGOs to explore the possibility of conducting any household surveys in the current context. A mission was conducted by a CSO to MENA to further clarify and explore the possibility or options of MICS or similar household surveys in Yemen. The CSO also coordinated and organized a consultation in Sanaa for its focal points from all governorates and analysed risks and challenges for household surveys.

OUTPUT 4 Increased capacity of UNICEF and Government line ministries to effectively mainstream gender equity in programme design & implementation.

Analytical statement of progress

The escalation of the conflict and the ensuing humanitarian repercussions further weakened the position of women and girls in the Yemeni society. UNICEF continued to operate in an L3 Emergency context linked to the escalation of the conflict that began in late March 2015. Even so, UNICEF Yemen continued to support gender equality through government partners (MoPIC and the Gender National Team). The Gender and Conflict Sensitive Planning Manual was drafted for the Government at central and local levels to help make National Development and Humanitarian Plans conflict and gender sensitive. An intensive capacity building plan covering all line ministries at national and sub-national levels will be implemented in 2018.

Some 40 key officials of government, INGOs and NGOs participated in training covering the Gender Action Plan (GAP), Gender Equity Measures and PCA Checklist. As part of Yemen Humanitarian Response Plan and the 2017-2018 RWP, the Ministry of Public Health and Population (MOPHP) was supported with a gender focused plan after a brainstorming workshop with all MOPHP sectors. The health system will be strengthened to cater to the health needs of women, boys and girls, and a mechanism will be established for increased participation of women in health workforces at different levels. The concept note and operational work plan focus on four key areas: the GBV component, emergency responses, capacity of MOPHP staff in gender analysis during emergencies and female health workers analysis in the main government hospitals as part of the MOHOP database.

A memorandum of understanding for a National Gender Statistical Framework with UNFPA and Central Statistical Organization was initiated. The project will focus on identification and improvement of gender indicators across the ministries in response to the Gender Action Plan (GAP) vis-a-vis YHRP, SDG, and Global Gender Gap. The resulting comprehensive national framework will be able to measure social gender issues, such as any sexual and gender-based violence or abuse, across the government systems, which currently have limited gender indicators.

Third party monitoring (TPM) programmatic visits included a gender dimension within the World Bank project for the Emergency Health and Nutrition Project (ENHP). The TPM tool, which incorporates gender sensitive questions, was used in visits at 934 health facilities. The reports indicated 81 per cent of the beneficiaries were satisfied with the privacy maintained in the health facilities which could be mainly due to the health facilities having more than 40 per cent of workforce staffed with female health workers of different categories. During 2017, 76 PCAs, the majority on cholera responses, were reviewed to ensure they reflected the needs of men, women, boys and girls.

OUTPUT 5 UNICEF Field Offices have appropriate capacity (human, funds, management systems) to deliver and monitor programme effectively.

Analytical statement of progress

Humanitarian operations in Yemen were decentralized, with five field offices planning, managing and monitoring interventions locally. In 2017, field offices' share of fund utilization stood at 26 per cent (without the ECT programme) mainly due to the necessity of more centralized command and control of emergency responses to the cholera outbreak. The 2017 Humanitarian Action for Children plan of US\$339 Million was funded at 55 per cent. More than 40 per cent of UNICEF Yemen's staff were located in the five field offices, and 17 per cent of the vacancies at year end were with field offices. The decentralisation framework review in October 2017 noted

field offices generally felt more empowered and responsible for delivery of results as a result of being part of the planning process. However, challenges still existed in operationalizing parts of the guidelines, and there was a need of stronger capacities of the field staff. By mid-November, 73 of the key milestones were achieved.

In 2017, close to 20 emergency management team (EMT) meetings were conducted, along with 12 UNICEF Yemen internal EMTs, and a comprehensive integrated cholera response plan was developed. In January 2017, a partnership was established with Action contre la faim (ACF) to initiate a rapid response mechanism (RRM) for immediate emergency assistance to conflict/natural disasters IDPs, epidemic affected population (Cholera), and U5s suffering from acute malnutrition. Support included Non-Food Items, Shelter, WASH, and supplementary feeding. The RRM was immediately put into use to help respond to the unfolding events in the battle in Al Mokha.

OUTCOME 7 UNICEF is positioned as a Leading Child Rights Advocate in the humanitarian and development landscape, with adequate funding in support of the country programme.

Analytical statement of progress

In 2017 UNICEF maintained its position as a lead advocate of child rights in Yemen. Press briefings and statements, news notes, and interviews covering key humanitarian developments and UNICEF's operation, close relations with local and international media and the strategic use of social media allowed UNICEF to raise the visibility of key issues affecting children in Yemen by employing reliable data, strong messages and moving stories.

UNICEF continued to maintain a high reputation among beneficiaries, media, and humanitarian and development partners, which was evident from the increased number of requests by media, as well as the increased coverage of UNICEF's statements compared to other UN agencies. UNICEF also was contacted regularly by the RC/HC office and by OCHA for comments and up-to-date information for press briefings or high level meetings.

UNICEF Yemen achieved exceptional results with local and international media during 2017, keeping children's issues on the top of the national and international media agenda and thus positioning UNICEF as the strongest children's advocate in the country. In 2017, more than 100 interviews (in Arabic, English and Spanish) were given to international, regional (MENA) and local media, including the New York Times, Washington Post, BBC, CNN, Aljazeera International, Al Hadath, Al Arabiya, The Huffington Post, and IRIN News.

UNICEF Yemen was widely covered in local and international media, with more than 20,000 mentions across all mediums. Social media proved to be an exceptional means to raise awareness and participation. UNICEF produced abundant social media content, including human-interest stories, photo essays, infographics, maps and videos.

Since the escalation of the crisis, UNICEF Yemen has published Humanitarian Situation Reports (in English and Arabic) containing information on response, challenges, funding status and status on HPM cumulative results. UNICEF was one of the few UN agencies issuing regular situation reports in Arabic. These reports were used for discussions on programmatic issues with government counterparts and partners, were instrumental for fundraising and donor accountability, and proved useful for media engagement and press briefings.

During the Natcoms forum in Budapest, UNICEF Yemen carried out strategic advocacy,

engaging with Natcoms to better inform and mobilize support and resources.

An advocacy strategy was place providing core messages for children in line with identified priorities, audiences and stakeholders. The strategy was reviewed every three months and was supported by a series of tools and products (briefing notes, talking points, SitReps, and factsheets).

With most local journalists either forced out of the country or unable to access large parts of the country due to the conflict, UNICEF stepped in to identify and develop local capacity to produce multimedia content, which was distributed widely, including to international media.

OUTPUT 1 Programme sections are supported with evidence based advocacy efforts (SitAn, base line, SPMF) in the promotion of children rights especially the most vulnerable.

Analytical statement of progress

UNICEF Yemen put in place an advocacy strategy identifying key advocacy priorities for the Yemen crisis. The advocacy strategy provided core messages, identified the key audiences and stakeholders and included activities and steps that allowed UNICEF to undertake advocacy at both the private and public levels. UNICEF advocacy efforts resulted in keeping issues of children in the spotlight. Advocacy efforts also resulted in clearances for importation of essential supplies for children and increased funding for and recognition of UNICEF's response efforts in the country.

A visit to Yemen by the Executive Directors of UNICEF, WFP and the WHO raised children's issues with key stakeholders and media. UNICEF also produced a public advocacy report, including multimedia, to mark 1000 days of the conflict and its impact on children.

OUTPUT 2 Increased capacity of media to report ethically on the rights of children (both boys and girls).

Analytical statement of progress

UNICEF Yemen fed content to local and international media outlets. UNICEF was contacted regularly for comments and information for press briefings or high level meetings. Twenty press statements were produced (in English and Arabic) and content was contributed to four global press statements. A total of 294 interviews (161 in Arabic and 133 in English) were given to international, regional and local media, including the New York Times, Washington Post, BBC, CNN, Aljazeera International, Al Hadath, Al Arabiya, the Huffington Post, and IRIN News. Six press briefings were held with local and regional journalists and wire agencies. UNICEF Yemen supported the organization of two Palais briefings in the last quarter of 2017 and three media field visits with local journalists covering UNICEF-supported projects. Sixty journalists from 13 governorates were oriented on child rights and ethical reporting on children. UNICEF Yemen was widely covered in local and international media, with nearly 31,000 mentions, reflecting UNICEF's popularity as main information source on children and its prominence in responses and humanitarian efforts.

The UNICEF Yemen Facebook page was liked by more than 231,000 people and there were more than 148,000 followers on Twitter. Abundant content, including human-interest stories, photo essays, infographics, maps and videos were produced. Press statements, human-interest stories and reports published on web page were promoted on Facebook and Twitter, in English

and Arabic. More than 13 million people were reached through Facebook and 10.75 million through twitter with over 1.1K posts and tweets.

Coinciding with World Children's Day, UNICEF produced three versions of a song titled 'Enough, O World' featuring Yemeni stars and children in a collective plea for peace. The song was featured on a number of local and regional TV stations.

Humanitarian Situation Reports (in English and Arabic) containing information on response, challenges, funding status and status of HPM cumulative results were published. UNICEF was one of the few UN agencies issuing regular SitReps in Arabic and English. These reports were used for discussions on programmatic issues with the Government and partners, instrumental for fundraising and donor accountability, and were also useful for media engagement and press briefings. Fifteen packs of multimedia content including raw footage, HIS, feature stories, photo essays, and documentaries were produced and disseminated. UNICEF Yemenvideo content was used in the UN Secretary General's global video message on World Humanitarian Day and for UNGA.

An advocacy strategy helped produce core messages according to identified priorities, key audiences and stakeholders. The strategy was reviewed every three months and was supported by a series of tools and products including briefing notes, talking points, SitReps, and factsheets.

Additional efforts are still needed to increase the visibility of the Yemen crisis and growing humanitarian needs. Local media still ignores ethical principles in reporting child casualties.

OUTPUT 3 Increased participation of children and adolescents in the promotion of child rights with equitable involvement of both boys and girls.

Analytical statement of progress

2017 was a very difficult year for the children of Yemen as violence and fighting intensified and long-term developmental projects were still on hold. Nevertheless, UNICEF implemented several strategic campaigns that focused on creativity and supporting voices on the ground. UNICEF supported important child participatory events including supporting prominent Yemeni artists (50 per cent women, 50 per cent men) to draw for hope, peace and childhood. Approximately 1,000 people visited the exhibition. More than 153 children participated in the art workshops that were organized during the Art of Hope Exhibition days. UNICEF also supported a '1001 Scribbles' project where 1,001 children wrote their message of resilience. These projects were part of a campaign commemorating the devastating impact of two years of conflict in Yemen.

UNICEF also conducted a major campaign celebrating World Children's Day where a creative song was produced as a plea to end the war. Eighteen singers joined together in this song, including famous and prominent Yemeni singers and talented children.

Several social media campaigns were carried out to give voice to the voiceless. 'If I were' and 'Invisible people of Yemen' were strategic campaigns that conveyed the fears and hopes of children affected by the conflict. At a TEDx Kids event, 20 children (35 per cent girls, 65 per cent boys) gave hard-hitting talks and performances. More than 120 children attended and more than 1,200 children also participated in an open day that was held before. UNICEF provided a

platform for the children to speak out directly about their hopes, dreams and priorities. Six compelling talks were delivered by children themselves on themes such as education, collapsing health system, displacement and trauma. The event also included art performances where talented children sang for peace and talked about how music helped them cope with the daily traumas they were facing.

OUTPUT 4 Increased contribution to resource mobilisation efforts in support of the country programme.

Analytical statement of progress

In 2017 UNICEF Yemen's budget increased significantly, with strong fundraising for the Humanitarian Action for Children (HAC), as well as the establishment of two unique projects with the World Bank covering systems-strengthening for the public health system and emergency cash transfers to the most vulnerable households in Yemen. These flagship projects represented the first time the World Bank transferred funding to a United Nations organisation through the International Development Association, which is normally reserved for states. UNICEF worked hard to ensure that these system-strengthening projects were integrated with its humanitarian and regular operations. All humanitarian needs have not been met due to continued underfunding of the HAC.

UNICEF Yemen managed an unprecedented operational budget and number of grants, including a total of 75 RR, ORR and ORE projects, with total funding of US\$602,637,991, and HAC-specific funding of US\$187,877,440. UNICEF Yemen worked to maintain a strong pipeline of funding. An additional 16 projects worth US\$110,694,000 were under discussion with various humanitarian and development donors.

Many of the new projects related to the recent cholera outbreak and humanitarian response, and UNICEF Yemen worked to maintain strong partnerships with donors in light of the significant funding received from the World Bank. There was some misinterpretation among humanitarian donors that their funding would no longer be necessary, and efforts were underway to explain how the World Bank funding does not address purely humanitarian needs set out in the HAC. Once the World Bank funding expires, these donors will remain critical long-term partners in Yemen.

UNICEF Yemen monitored and managed all fundraising and grant management issues through its monthly fundraising, leverage and partnerships forum. A list of upcoming donor reports was shared with all section chiefs on a bi-weekly basis. Of the 33 reports due to donors up to 14 December 2017, 31 were sent on time. Two reports submitted late due to changes to reporting schedules not being updated in Vision when a project was extended. Management of donor visibility commitments was improved through the establishment of the Recognition and Visibility tracker. In early 2018 a new IP staff member will join the team to focus purely on visibility activities for donors.

As per L3 emergencies, UNICEF Yemen continued to report monthly SitReps on the humanitarian needs and response, and was one of the only organisations to provide these to donors and other stakeholders in both English and Arabic. Arab donors were a growing source of support for UNICEF Yemen. UNICEF also provided cholera SitReps on a weekly or bi-weekly basis to support internal information management efforts.

Evaluation and research

Title	Sequence Number	Type of Report
UNICEF in Yemen: Perception Survey in 22 Governorates	2017/004	Survey
Sanaa Urban WASH Scoping Study, April 2017	2017/003	Survey
Nutrition Survey of Ibb Governorate 2017, May 2017	2017/002	Survey
Nutrition Status and Mortality Assessment	2017/001	Survey

Lessons learned

Document Type/Category	Title
Innovation	Alternative supply transportation in conflict settings
Lesson Learned	Strategic Note Yemen Child Marriage Programme: Based on a joint meeting with UNFPA and UNICEF Yemen COs and Ros in Cairo, Egypt, September 2017 and studies done by UNICEF and UNFPA on child marriage
Lesson Learned	Humanitarian Cash Transfer Project