

## Yemen

### Part 1: Situation update in the country

The continued conflict in Yemen has rendered the country one of the world's largest and most complex humanitarian crisis. In 2018, almost 80 per cent (22.2 million people) of the total population people was in need of humanitarian assistance. Conflict has led to the internal displacement of two million people, left over one million public sector workers without pay for over two years, and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries. Growing food insecurity, poor water and sanitation, and the spread of preventable diseases threaten millions more and are reflected in the deteriorating trends.

The number of people in acute need increased from 11.3 million in 2017 to 14 million in 2018, while as many as 3.9 million Yemenis have been displaced in the last three years.

Yemen continued to experience political instability. The internationally recognized Government is based partially in Aden and partially in Riyadh and has to contend with the presence of the Southern Transitional Council (STC) that is calling for an independent South Yemen and has significant public support. The northern and western governorates of Yemen are under the control of the de facto authorities of the Houthis or Ansar Allah, a partly religious and political movement originating from Sa'ada governorate.

The assassination of a senior political leader in the north had an impact on the political situation as well as reversing some of the humanitarian progress that had been made. Both the UNICEF Yemen Emergency Cash Transfer project, for example, and the cholera vaccination campaigns had to be renegotiated. The political situation adversely impacted on institutional capacities of all public sectors.

In 2018, as estimated, the Gross Domestic Product in Yemen had contracted by 40 per cent cumulatively since 2014. This decline is equivalent to a loss of US\$32.5 billion or US\$1,180 per capita. The economy in Yemen and the Yemeni Rial (YER) have been increasingly unstable since the war began in March 2015, and particularly throughout 2018. In September 2018, the YER lost more than 200 per cent of its pre-crisis value. The currency depreciation has undermined the Yemeni economy which heavily relies on imports paid for in US dollars and has driven up the cost of household goods and reduced households' purchasing power. Estimated consumer price inflation increased to an average 40 per cent in 2018. By October, retail prices of food commodities had increased by 73 per cent to 178 per cent in comparison with the pre-crisis period. From November, the cost of a minimum food basket increased to around US\$190 (YER48,000). National average fuel prices rose by 137 per cent to 261 per cent than those during the pre-crisis time.

Public sector salaries have not been paid or only partially paid to more than 1.25 million civil servants since August 2016. The salary gap is estimated to affect a quarter of the population (at least 8 to 9 million people), leaving civil servants and their families without a regular income at a time of shortages and rising prices. It is estimated that income poverty increased from 49 per cent in 2014 to 81 per cent in 2018 (World Bank simulations) with unemployment on the

rise, although no data is available, and employment sectors are contracting. Child poverty data indicates a significant increase from 53 per cent in 2014 to 84.5 per cent in 2016/2017. Households have been forced to take negative coping mechanisms such as selling assets, reducing food consumption and clean water purchases, or taking on debt. An increasing number of households are exhausting even these measures as they find themselves without assets that can be sold and traders no longer providing credit.

In June 2018, violence broke out in the port city of Hodeidah as the Saudi-led Coalition forces along with the Yemen army, different militia fractions and a foreign contingent of Sudanese fighters advanced on the city after taking control of port towns of Mokha and Dhubab in the western parts of Taiz governorate. The escalation of violence in Hodeidah heightened humanitarian concerns with over 425,000 people forced to flee their homes; exacerbating the numbers of an already underserved population of internally displaced persons. Throughout the governorate, infrastructure was damaged including the main road to Sana'a. This affected flows and access for critically-needed supplies and services in the densely-populated area was further strained. Vulnerabilities and risks of outbreaks were amplified as the population experienced limited access to safe water and sanitation.

Delivery of humanitarian assistance was challenging within a complex and highly fluid and insecure operating environment. Access – physical and bureaucratic - to the beneficiaries, and operating space for the humanitarian agencies tightened. There were increased requirements around visas, import licenses, movement permits, and project sub-agreements resulting in significant implementation bottlenecks for implementing partners such as international and national non-government organizations (NGOs).

Food insecurity was alarmingly high. A recent analysis from the Integrated Food Security Phase Classification (IPC) indicating that from December 2018 to January 2019, 17 per cent of the population analysed, about five million people, will be in IPC Phase 4 (Emergency) and 36 per cent (about 10.8 million people) in IPC Phase 3 (Crisis). Of greatest concern are the 65,000 people in IPC Phase 5 (Catastrophe). Overall, this constitutes 15.9 million people: 53 per cent of the total population.

It is estimated that in the absence of humanitarian food assistance, about 20 million people or 67 per cent of the total population, including internally displaced (IDPs) would be in need of urgent action to save lives and livelihoods. This includes 240,000 people in IPC Phase 5. The situation has deteriorated since 2017: for the first time there are pockets of the population classified as IPC Phase 5 and the increase of those classified as IPC Phase 3 or higher rose from 17 million to 20.1million.

Since the outset of the conflict, vulnerability to outbreaks has increased. The largest cholera outbreak took place in 2017, with a case load of over one million suspected patients. A comprehensive response by the United Nations ((UN) and its partners in 2018 prevented a third wave similar to 2017. In 2018, Yemen also experienced a diphtheria outbreak and remains prone to preventable diseases that have negative consequences on the population's health outcomes.

Essential basic services and the institutions that provide them are at the brink of total collapse. Conflict, economic decline and subsequent disruption of operational budgets and salary payments in public sector institutions have contributed to this collapse. Only 50 per cent of all health facilities were fully functional, and even these faced severe shortages in medicines,

equipment, and staff. An estimated 16 million Yemenis require support to obtain healthcare, 9.3 million of whom are in acute need. Some 16 million people lack adequate access to clean water, sanitation and hygiene, which is attributed to the physical damage to infrastructure, lack of resources (including fuel), and suspension of salaries.

### **Impact on children**

Children are among the most vulnerable and are disproportionately affected by the conflict. With the economic crisis, increased pricing of basic commodities and a breakdown of basic infrastructure and services, most families are now unable to meet their basic needs or access critically-needed services. They have been forced to resort to negative coping mechanisms which directly affect children, such as marrying girls at a younger age, sending children into exploitative labour including recruitment into armed forces/groups, as well as reducing food consumption and clean water purchases. It is estimated that one million children have been internally displaced by the conflict.

Children continued to be exposed to multiple child protection risks such as violence, abuse and exploitation, recruitment into the conflict, early child marriage and more, with devastating impact on their physical and psychological well-being. In 2018, 1,698 cases of killing and maiming of children were verified and between October 2017 and September 2018, 530 cases of child recruitment were reported and verified through the Monitoring and Reporting Mechanism (MRM). In many governorates, new contamination of land mines put children at daily risk. International Humanitarian Law continues to be challenged, with attacks on or use of public service facilities such as schools, hospitals as well as water and sanitation services.

At least one child dies every 10 minutes in Yemen because of preventable diseases such as diarrhoea, malnutrition and respiratory tract infections. An estimated 1.8 million children were acutely malnourished, including an approximate 400,000 suffering from severe acute malnutrition. Around 1.1 million pregnant or lactating women were malnourished. Despite the deterioration in food security, livelihoods and the family income generation opportunities, the burden of severe acute malnutrition continued at the same levels of 2017, attributable to the critical scale up of interventions. Nevertheless, the risk of acute malnutrition for children under five years remains high, especially in active conflict or access-restricted communities such as Hudaydah, Hajjah and Taizz. Almost half of all children (46 per cent) aged under 5 years were stunted and one out of three children at risk of acute malnutrition. About 367,000 children were at risk of severe acute malnutrition during 2018, and 1.1 million pregnant or lactating women (one in five) were at risk of acute malnutrition.

Yemen is increasingly becoming susceptible to disease outbreaks. Crippled public health and water and sanitation systems contributed to the unprecedented scale of the 2017 cholera outbreak, which was followed by a rapidly spreading suspected diphtheria outbreak attributed to low vaccination coverage.

The conflict has taken a toll on children's access to education. Education cluster data revealed that 1,693 schools were unfit for use due to war and conflict-related damage: 1,413 schools were partially damaged and 256 schools totally damaged. In total, 3,584 schools (21 per cent of all basic and secondary schools) were closed. Among them, 23 schools were occupied by armed groups and 150 schools by internally displaced persons. Teachers are also victims of the conflict. The 143,000 teachers that live and work in governorates under control of de facto authorities (approximately 67 per cent of all public-sector teachers in Yemen) have not

regularly received a salary since October 2016. Barriers to education for children are not just physical access but around quality, with some schools operating for only one or two hours. Some two million children are out of school, depriving them of an education and exposing them to child recruitment and child marriage. An additional three million children are at risk of being out of school due to teacher's salaries not being paid. In an increasing number of schools, parents were being asked to pay a fee to support teachers. This is likely to have a detrimental effect on children's enrolment, with already impoverished families potentially unable to find the money to pay the fee.

## **UNICEF Yemen**

Through a wide range of partnerships, UNICEF managed to mobilize US\$992.6 million, including carry-over from 2017. The actual expenditure for 2018 was US\$477.7 million. The resources mobilized for the Humanitarian Action for Children (HAC) appeal was US\$545 million – 29 per cent above the appeal target of US\$424 million.

Large grants from the World Bank for the Emergency Cash Transfer Programme and the Emergency Health and Nutrition Programme, the United Kingdom, the Kingdom of Saudi Arabia and the United Arab Emirates were the bulk of funding. However, key contributions were received from the European Union, Germany, Kuwait and the United States of America. UNICEF also received contributions from Australia, Belgium, Canada, Education Cannot Wait, France, GAVI-the Vaccine Alliance, the Global Partnership for Education, Japan, Korea, Mexico, Qatar, Sweden, Turkey and numerous national UNICEF Committees.

During the year, UNICEF Yemen procured the largest volume of goods of any country programme globally, worth US\$136.6 million, and an additional US\$89.9 million in services. In response to the crisis and scale of operations, the UNICEF staff was over 300 persons in Yemen as well as in the outpost in Amman, Jordan and in Djibouti. UNICEF operated five field offices covering 21 governorates, with 119 national and international staff members to support planning, implementation and monitoring of the humanitarian response. UNICEF also continued to lead two out of the five United Nations hubs in Yemen, providing common premises for offices and accommodation for international staff of UN agencies and international NGOs. Access negotiation, warehousing and logistics capacity were significantly improved at field office level, with the objective to decentralize decision-making for rapid response and delivering humanitarian response suited to local needs and context.

## **Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents**

### **Key results**

The UNICEF Yemen 2018 planned key results were framed within the extended Country Programme Document 2012-2020, Programme Strategy Notes and the HAC which is linked to the Yemen Humanitarian Response Plan and its underpinning Humanitarian Needs Overview (HNO). UNICEF's work was aligned to cluster targets and coordinated with support provided by other development partners.

Gender was mainstreamed and included in all the UNICEF Yemen workplans and designed into outcomes, outputs, activities and indicators. Where possible data was disaggregated and

gender-specific interventions designed to address inequities. Contextually, addressing gender explicitly in the country is challenged due to resistance from the authorities; however, UNICEF continued to seek to integrate and find ways of addressing gender issues in its programming. Organizationally, despite the challenges, UNICEF Yemen continued working towards a gender-balanced staff, developing the capacity of its female staff and giving equal opportunities for the appointment of female specialists and technicians.

Importantly, UNICEF was able to ensure a dual focus on humanitarian aid delivery as well as system preservation, thus strengthening the humanitarian and development programming continuum, in recognition of the ever-evolving context and the hope for peace in the near future. The following results are reported against UNICEF's humanitarian action as well as the systems preservation work: immediate lifesaving actions balanced with systems-focused interventions to improve the efficiency and effectiveness of the response.

### **Goal area 1: Every child survives and thrives**

To support that every child survives and thrives in Yemen, UNICEF's health and nutrition programme provided lifesaving interventions to children throughout the country, as well as critical systems preservation work .

#### **Humanitarian response**

##### **Nutrition**

In 2018, UNICEF continued to expand essential malnutrition prevention and treatment interventions making significant gains against planned targets. Out of around 400,000 children estimated to be suffering from severe acute malnutrition in 2018, UNICEF planned to reach at least 70 per cent with required treatment. Working in partnership with 17 international and local NGOs, UNICEF supported the management of 323,000 children aged under five years with severe acute malnutrition. This was representing 77.5 per cent of the expected cases and 121 per cent of the annual target. A total of 3,333,454 children under the age of five (120 per cent of the annual target) were screened for malnutrition. In addition, 4,137,664 children aged 6-59 months were given Vitamin A and micronutrient supplements, and 1,589,227 caregivers of children aged 0-23 months provided with access to infant and young child feeding (IYCF) counselling for appropriate feeding (162 per cent of the 2018 target). In addition, 182 new IYCF corners were established, bringing the total number in the country to 1,081.

To further scale up community-based management of acute malnutrition (CMAM) coverage in the country, UNICEF in collaboration with the World Health Organisation (WHO) and the Ministry of Health established 266 new Outpatient Therapeutic Programmes and Stabilization Centres. Furthermore, 128 mobile teams were functional in 2018 versus 58 in 2017. A total of 933 health workers (461 male, 472 female) were trained on CMAM/IYCF which contributed to the scale up of these services at health facilities. In total, 83 per cent of the health facilities in the country (3,593 facilities) delivered SAM treatment services. Quality was also a priority, in addition to the coverage expansion. The cure rate for severe acute malnutrition treatment reached 83 per cent in 2018 compared with 77 per cent in 2017, and the defaulter rate dropped to 15 per cent from 20 per cent in 2017.

UNICEF continued to provide leadership in the nutrition cluster and inter-agency coordination as well as actively participated in the integrated inter-cluster famine response framework with a range of other partners. UNICEF also strengthened assessment of the situation through

standardized monitoring and assessment of relief and transitions (SMART) surveys. A total of 18 SMART surveys were conducted at governorate level. In the context of conflict and national survey data that date from 2013, SMART surveys were a key source of up-to-date information on the nutrition status of women and children. This data generation will allow for more robust evidenced-based planning and programming.

UNICEF continued its support to the Scale Up Nutrition initiative in 2018. Support was provided for reviving the secretariat at the Ministry of Planning and International Cooperation, revising the Multi-Sectoral Nutrition Action Plan and its costing, and rallying partners around malnutrition in partnership with WHO, the World Food Programme (WFP) and the United Kingdom's Department for International Development (DFID) through launching a Call to Action on Nutrition around the UN General Assembly in September.

## **Health**

UNICEF's health strategy in 2018 focused on expanding and supporting the provision of health services. The aim was to prevent system collapse and save lives through immediate service provision at community-based service delivery, primary health care facilities and secondary health facilities, with a focus on the first two. At community level, UNICEF supported community case management of common childhood illnesses and home-based maternal and newborn care. In addition, UNICEF aimed to strengthen referral from community to primary health care facilities and secondary care facilities for maternal, newborn and child health. In areas where regular service delivery was not possible, UNICEF supported integrated outreach rounds and mobile teams based on needs. Timely preparedness and responses to outbreaks also formed a mainstay of the strategy.

Through maternal and newborn health care and integrated management of childhood illnesses at three levels, UNICEF supported the treatment of 1,428,119 children for common illnesses, including pneumonia and diarrhoea. Through community midwives, UNICEF supported reaching over 634,002 pregnant and lactating women in their homes: 413,025 received antenatal care, 228,487 had skilled birth attendance and 81,985 received postnatal care.

Through the support to the expanded programme for immunization, UNICEF aimed to maintain the polio-free status of the country, stop vaccine-preventable disease-related outbreaks and therefore, reduce deaths and illnesses. This was supported through eight national and subnational campaigns to vaccinate various population segments – geographically and age group - with oral cholera vaccine (OCV), oral polio vaccine (OPV), tetanus toxoid (TT), diphtheria, as well as measles and rubella. Over five million children aged under five years were vaccinated against polio, with 4,692,335 receiving two doses of OPV, reaching a vaccination coverage of 87per cent. In response to the measles outbreak, 1,203,148 people were received the measles and rubella vaccine 82 per cent coverage. In response to diphtheria outbreaks, UNICEF supported two rounds of a vaccination campaign in 39 high-risk districts of 11 governorates, vaccinating 1,956,684 children under 15 years of age (73per cent of the target) with pentavalent and tetanus-diphtheria (Td) vaccines. A second round of the diphtheria campaign conducted in 39 districts covered 146,192 children aged 6 weeks to 59 months with pentavalent vaccine and 544,913 children aged 5-15 years with Td vaccine.

To achieve these results, UNICEF supported the procurement, clearance and distribution of vaccines for routine and for outbreak responses, and maintained cold rooms through fuel provision, supported switching to solar energy for cold chain maintenance, and capacity building of staff. UNICEF supported the functioning 1,700 EPI centres and procured 55 million

of doses for routine immunization and supplementary immunization activities.

In 2017 Yemen reported the largest-ever cholera outbreak with over a million suspected cases, and over 2,225 associated deaths, a case fatality rate of 0.22 per cent. In 2018, approximately 361,275 suspected cholera cases and 493 associated deaths were reported. Twenty-three percent of the cases tested (34,721 of 153,428) with rapid diagnostic tests were found to be positive and 31 per cent of the samples tested (2,845 of 9,230) by lab culture were found to be positive. This significant decrease in the number of suspected cholera cases between 2017 and 2018 may be attributed in part to the prevention activities and enhanced institutional capacities to respond.

In 2018, the first ever oral cholera vaccine campaign in the country was conducted in eight districts - three in northern governorates and five in southern governorates. The campaign vaccinated 731,860 people and was accompanied by complementary water, sanitation and hygiene (WASH) and communication activities. The Ministry of Public Health and Population actively led the cholera task force with support from UNICEF and WHO. There was increased monitoring and adherence to the case definition with all suspected cases subjected to rapid diagnostic tests for a certain period during the year, which made health providers more conscious of classifying the cases. This was reflected in the significant reduction in cholera cases, with the number in 2018 being only 30 per cent of the total reported in 2017

### **Systems preservation**

With funding support from key partners including the World Bank, DFID and the European Union, UNICEF was able to make critical contributions to health systems preservation and in some cases strengthening. The aim was to mitigate the effects of the crisis and enable a more effective post-conflict recovery when the crisis ends. Yemen experienced a public system on the verge of collapse due to non-payment of civil servants' salaries for over two years, a high attrition of human resources from the public to the private sector and outside the country, the lack of an operational/ recurrent budget and an energy crisis. In response, UNICEF supported continuation of service provision through providing incentives for community health volunteers, 1,570 community health workers and over 5,000 primary health care workers to ensure the community-based services and health facilities remain functional. Complementary to the incentives, UNICEF covered the operational costs of 1,725 primary health care facilities (43 per cent of the country's total) to remain open and functional, including 130 previously closed facilities that were re-opened. At secondary care level, UNICEF supported 18 newborn intensive care units to address the high rates of deaths in newborns. The guiding principle was the provision of the minimum services package (MSP) - a package of agreed on services at each level of health care. UNICEF ensured provision of MSP through operational costs, health workers per diems and in some cases incentives, medicines, supplies, equipment and training and supervision. Collectively, these efforts maintained the basic functioning of critical health services.

### **Goal area 2: Every child learns**

In 2018, UNICEF experienced several critical challenges to supporting every child to learn in Yemen. The political context, capacity of counterparts and the fact that civil servants, including teachers have not received salaries in over two years were key bottlenecks which adversely affected approval of the rolling work plan and implementation of activities in parts of the country. These implementation bottlenecks were reflected in UNICEF's achievements in 2018 which are primarily at output level. Despite the challenges, all of UNICEF's education

interventions are equity- and gender-focused, as they target the most vulnerable children identified through the 2018 Humanitarian Needs Overview. This facilitated targeting of the areas and populations most affected by the conflict, including internally displaced persons (IDPs). The impact of the crisis has been devastating and detrimental to the functioning of the education sector. As such, the focus of programming primarily shifted from sector development to interventions designed to avoid complete system collapse as well as delivering basic education in emergencies to allow for some continuity for school-aged children.

Against the HAC planned targets, UNICEF's education programme was only able to support 190,124 children affected by the conflict with access to education (28 per cent of the annual target). This was through improving the school environment and alternative learning opportunities such as temporary learning spaces, school rehabilitation, and provision of equipment and classroom furniture. UNICEF also provided 133,356 children affected by the conflict (31 per cent of the annual target) with psychosocial support services and peace building education in schools and 41,907 children with basic learning supplies including school bag kits. These results were relatively low and are attributable to the limited implementation of work, primarily in the south of the country.

In 2018, UNICEF worked with its main partner the Ministry of Education (MoE) in northern and southern governorates, through strategies and approaches aimed at ensuring a high number of child enrolment and retention. These included:

- 1 Supporting female teachers in rural areas;
- 2 Construction or rehabilitation of temporary learning spaces;
- 3 Payment of exams for children grades 9-12, and;
- 4 Distribution of learning supplies.

These approaches are aligned to the priorities of the education authorities on both sides, as reflected in the revised Yemen Humanitarian Response Plan completed by the Education Cluster in August 2018. In the Plan, the first-line response involves ensuring that schools remain open and operational through provision of incentives to teachers, distribution of school meals to boys and girls, providing equipment to schools, facilitation of Grades 9 and 12 exams. Second-line responses involve rehabilitation of school infrastructure including WASH facilities and training of teachers, school managers, supervisors and members of parents' councils to quality of teaching and schools' management (mostly in the south).

In 2018, advocacy constituted a significant proportion of work under the education programme. This included advocacy with the MoE to allow for activity implementation, dialogue with development partners, negotiation of support for teacher incentives and high-level advocacy with parties to the conflict to preserve education facilities, including avoiding IDPs occupation of schools. A key result of advocacy was the progress towards implementation of incentives for teachers, volunteers and education staff in 11 governorates who have not received a salary in over two years.

Despite the challenges and bottlenecks, UNICEF worked to achieve results for those children who could be reached. Across all programming activities 1,595,247 children were reached through UNICEF support. With UNICEF Yemen assistance, 7,726 out-of-school children (including 3,419 girls) were integrated into formal education through supporting community-based-classes in Taiz, Abyan, Amran and Al-Hodeidah. In four governorates, 18 schools were rehabilitated with 8,893 school children (including 1,851 girls) benefitting from improved learning conditions. Additionally, WASH facilities in 218 schools were rehabilitated across



seven governorates to benefit 172,155 (including 84,417 girls) school children. To ensure sufficient female teachers are assigned to rural areas, UNICEF continued support with the payment of salaries of 1,589 female teachers who work in these areas.

UNICEF procured supplies to benefit children in school. This included desks for 1,350 children (including 746 girls), learning supplies for 41,907 children (including 20,568 girls), and 33,950 children (including 15,254 girls) received school snacks in four targeted governorates (two in the north and two in the south).

Additional education-related support interventions included training of 4,055 teachers on psycho-social support, resulting in 133,356 children (including 55,127 girls) who were better supported to cope with the trauma of the conflict. In addition, 662,927 children (including 285,059 girls) in the north and south were able to sit for the grade 9 to 12 exams with UNICEF support of the payment of related fees for the school year 2017/2018.

### **Goal area 3: Every child is protected from violence and exploitation**

Children are the primary victims of the conflict in Yemen, they are the most vulnerable population group and are disproportionately affected by the crisis. In response, UNICEF's child protection programme targets the most vulnerable children in conflict-affected governorates with integrated interventions including victim assistance family tracing and reunification, documentation of child rights violations, mine risk awareness and psychosocial support. UNICEF focuses on addressing the immediate humanitarian protection needs of children while at the same time ensuring linkages between the emergency programme and longer-term recovery and development interventions. The programme outputs and activities are linked to the UN strategic framework, the overall objective of which is to bridge the programmatic divide between humanitarian assistance and future recovery and post-crisis, effectively broadening humanitarian relief through a greater focus on strengthening social services, economic and social resilience, security and peacebuilding.

In 2018, against the planned HAC results and contributing to over 80 per cent of cluster results, UNICEF:

- 1 Ensured that 92 per cent of MRM-reported incidents were swiftly verified and adequately documented;
- 2 Provided 781,353 children and caregivers in conflict-affected areas with psycho-social support;
- 3 Reached 1,516,781 children and community members with lifesaving mine risk education messages, and;
- 4 Reached 9,702 children with critical child protection services, included family tracing and reunification, reintegration, gender responsive services, socio-economic empowerment initiatives, and victims' assistance.

UNICEF's programming environment for child protection remained constrained in Yemen, with bureaucratic impediments and deeply rooted social norms exacerbated in the current conflict. Given the restrictions in terms of opportunities for upstream system building, UNICEF has invested in further strengthening the existing already effective case management system and community-based mechanisms. Consequently, in 2018, UNICEF achieved a 38 per cent increase in the number of children accessing case management services compared with 2017 (9,093 children in 2018 and 5,615 children in 2017). This increase is attributed, at least in part, to investments in the capacity building of social workers and the development of standard

operating procedures and referral pathways. In 2018, UNICEF supported the training of 308 female and 469 male social workers (777 in total) on case management, standard operating procedures, referral pathways, and the case management database, exceeding the target of 750 set for the year.

Psychosocial support was provided to 781,353 people, including 538,812 children (267,927 boys and 270,885 girls) and 242,541 adults (101,935 male and 140,606 female) in 22 governorates. This was undertaken through a network of fixed and mobile child-friendly spaces, aiming to help overcome the immediate and long-term consequences of their exposure to violence

Investments in the justice system resulted in improved access of children to alternatives to detention. In 2018, UNICEF supported an assessment of 243 children detained in 23 facilities. As a result, three caseloads were identified: 163 children (17 girls, and 146 boys) who had committed low level offences and were eligible to be considered for diversion, 14 children (all boys) who will exit detention facilities in the first half of 2019; and 66 children (all boys) who had committed serious offences and were facing lengthy sentences. By the end of the year, 348 children (43 girls and 305 boys) were provided with legal aid, out of whom 86 children (8 girls and 78 boys) were diverted from detention and accessed support.

A key achievement in 2018 was the signing of the road map to implement the 2014 Action Plan between the Government of Yemen and the United Nations on the recruitment and use of children with the Yemeni Armed Forces and affiliated security forces or groups.

In 2018, UNICEF partners reached 8,023 adolescents with life skills education. At the same time, significant technical support was invested in the process of harmonizing life skills approaches between UNICEF, the United Nations Population Fund (UNFPA) and implementing partners to deliver a coherent, multi-week, quality package aligned with the Life Skills and Citizenship Education framework, targeting boys at risk of recruitment and girls at risk of child marriage.

### **Systems preservation**

Considerable progress was made by the Civil Registration Authorities over the last five years on establishing an electronic birth registration system. The system is in the final stages of implementation in 44 registration points across four governorates, including 20 health facilities. UNICEF supported training on civil registration and vital statistics guidelines for 179 staff, and 240,664 children (520 girls and 132,144 boys) received birth certificates in 2018.

### **Goal area 4: Every child lives in a safe and clean environment**

UNICEF pursued a dual-pronged approach for addressing the water, sanitation and hygiene needs of the conflict-affected people of Yemen. The first strategy aimed at meeting lifesaving needs in the immediate term, and the second focussed on providing durable solutions through strengthening the resilience of local communities and the capacity of local institutions.

UNICEF's WASH programme responded to humanitarian needs of internally displaced peoples and their host communities, those affected by crises, disease outbreaks, and malnutrition. UNICEF immediate short-term interventions ensured the availability of safe drinking water and adequate sanitation along with essential supplies, for the most vulnerable

affected communities, as identified by the WASH cluster and other assessments. Priority was given to the communities in acute need.

As part of UNICEF Yemen's emergency response, 5,432,607 people (99 per cent of the annual target) were supported with access to safe drinking water through support to operations and maintenance and rehabilitation of public water systems. An additional 929,836 people were reached with emergency water supply (mainly water trucking), representing 93 per cent of the target. In total, UNICEF's provision of water supplied through various means covered an estimated 68 per cent of the total WASH cluster target for 2018. The provided services were across the country in both urban and rural areas as prioritised in the HNO and Yemen Humanitarian Response Plan.

UNICEF provided improved access to sanitation services to over 872,526 people across Yemen, 109 per cent of the planned target, through support with emergency latrine construction or rehabilitation and desludging. Nearly 226,857 of those who benefited were children. A total of 807,717 people received basic hygiene kits (100 per cent of planned target) and 5,638,877 people received consumable hygiene kits (140 per cent of planned target). In addition, 8,414,407 people living in cholera high-risk areas were supported to access household level water treatment and disinfection (210 per cent of planned target). The hygiene kits were partially delivered through a newly-formed Rapid Response Mechanism.

UNICEF's comprehensive WASH response to internally displaced persons, people in districts at considerable risk for cholera/acute watery diarrhoea and crisis-affected populations significantly contributed to a decrease in cholera transmission in a context characterized by increasing needs and extensive damage to WASH systems. Some 929,836 people benefited from the WASH IDP response and nine million were provided with basic and consumable hygiene kits. UNICEF mobilized and deployed nearly 750 rapid response teams to respond to suspected cholera/ acute watery diarrhoea, cases reaching over nine million people in 259 districts of 21 governorates.

Communication for development capacity development ensured a critical pool of community mobilizers with over 9,500, including 3,000 religious leaders, trained and deployed to targeted high-risk areas. They undertook communication and social mobilization actions around 14 lifesaving practices and vaccination campaigns. Through the development and implementation of a systematic and evidence-based strategy for C4D interventions, UNICEF Yemen managed to reach over 10 million people with information on cholera prevention and the importance of vaccination for preventive health care. In addition, 2,637,320 people were reached with information on the 14 key lifesaving practices. This strong achievement was due to the full engagement of dedicated volunteers adapting a house-to-house approach in ensuring all families in the targeted areas received comprehensive knowledge on the key lifesaving family practices. Although programmatic assurance and monitoring visits indicated improvement in the knowledge and adoption of key practices, there are still gaps in demand for services and adoption of some behaviors.

UNICEF continued to lead the WASH cluster at national and sub-national levels, co-chairing with the head of the General Authority for Rural Water Supply Projects Emergency Unit. The cluster remained operational at all five humanitarian hubs, with dedicated sub-national coordinators. The WASH humanitarian response was therefore coordinated with the relevant WASH cluster partners at all levels, to avoid duplication and gaps. There were 67 active partners, including authorities, international and local NGOs, UN agencies, observers and

donors. The cluster was able to conduct a capacity assessment of the sector through technical assistance supported by UNICEF and capacity building priorities were identified for follow up in 2019. In 2018, with the support of REACH and other partners, WASH cluster conducted assessments at district level which generated an essential detailed analysis of sector priorities, reflected in the 2019 Humanitarian Needs Overview.

### **Systems preservation**

The resilience-strengthening work focused on maintaining existing systems to prevent further collapse and also strengthening communities' ability to better manage their own services and advance self-sufficiency. Through this approach, UNICEF was able to achieve high level results in a cost-effective manner. Results were achieved through a diverse range of partnerships with line ministries including Ministry of Water and Environment, Local Water and Sanitation Corporations, private sector contractors, UN agencies and national and international NGOs, among others.

In 2018, UNICEF explored every opportunity to pursue stronger links between humanitarian and development programming through strengthening the resilience of local institutions and capacity building of local communities to advance durable solutions in a cost-effective manner. The programme focused on securing uninterrupted access to safe drinking water through the rehabilitation and augmentation of the water supply systems both in rural and urban locations, supporting the regular operations and maintenance (including fuel and disinfectants), and alternative energy options such as solar, wind, electric grid, and private vendors.

As part of the resilience-strengthening shift, capacity development of local institutions at national and sub-national levels were supported for improved systems' management, operation and maintenance, and other technical areas. Systems' strengthening work included supporting, updating and developing important sector tools such as planning tools. UNICEF continued the strengthening of the capacity and performance of local organizations (such as Water Management Committees) and their working relationship with the local authorities. In 2018, 750 staff members from key bodies were trained.

UNICEF provided support to operationalize continuous water and sanitation systems that serves five million people in 15 urban cities. Rehabilitation and maintenance of more than 100 water and sanitation networks, including waste-water treatment plants in major cities was undertaken as part of the efforts to keep systems functioning.

### **Goal area 5: Every child has an equitable chance in life**

In the context of the world's worst humanitarian conflict, providing every child with an equitable chance in life is particularly challenged as inequities are exacerbated and social protection mechanisms have almost completely eroded, while vulnerabilities are on the rise.

The crisis in Yemen is not just a humanitarian but also economic. The economy continues to face sharp contraction due to the financial and economic crisis and liquidity crunch which has deprived many families of their source of income. Many public sector workers have not received salaries for over two years, which has drastically reduced their purchasing power. The conflict also caused the nation's Social Welfare Fund (SWF), the flagship national social protection programme designed to provide 1.5 million beneficiaries with quarterly unconditional cash transfers, to suspend operations, removing vital assistance for poor and vulnerable

people. Consequently, a growing number of families are unable to afford the rising cost of basic services and commodities, including food, and are at risk of famine.

In 2018, UNICEF continued promoting the humanitarian social protection agenda through evidence generation and analysis. This included the Household Budget Survey and poverty simulations, social protection analysis, vulnerability and needs assessment and social service mapping. Support was provided to the national Social Protection Consultative Committee that provides a dialogue platform on the social protection reform, and for launching an Integrated Model of Social and Economic Assistance and Empowerment aimed at addressing immediate needs of the poorest and most vulnerable, and providing them with socio-economic opportunities to strengthen their resilience to shocks and enhance human capital capabilities.

With the generous financial and technical support of the World Bank/International Development Association, co-financed by the United States Department of State, UNICEF continued to implement the Yemen Emergency Cash Transfer (ECT) project as a mechanism to prevent the social welfare and economic systems from full collapse.

The ECT targets 1.5 million vulnerable families and individuals across all 333 districts and 22 governorates in Yemen with unconditional cash transfers. The ECT builds on the Social Welfare Fund, with a longer-term objective of reviving and strengthening sustainable national social protection mechanisms.

Since its inception in 2017, three cash payment cycles have been implemented, reaching an average of 1.39 million beneficiaries, impacting almost nine million people in the country (one-third of the population). Of the targeted 1.5 million beneficiaries, 1,263,626 received three payments, 165,548 received two payments and 34,418 received only one payment. This is owing to challenges related to the inheritance of the Social Welfare Fund beneficiary list, which requires frequent verification and updating due to the change in beneficiary circumstances.

According to third-party monitoring, the average beneficiary household has seven members, who live and share meals and expenses. Approximately 89 per cent of beneficiaries used the cash to purchase food, 27 per cent to pay for medical expenses, and 17 per cent to pay debts. Research found that 54 per cent of the households had children that are of school-age and the average age of children in each household was three years old. Fourteen per cent of the households with school-age children did not send any of them to classes. Just over one-half (51 per cent) indicated that their children did not attend school because they could not afford the fees. Seven per cent indicated that they had children who worked; and almost half (48 per cent) stated that they would prefer their children to stop work and go back to school.

The design parameters of the cash transfer project were built on those of the national cash transfer programme implemented by the Social Welfare Fund as of the last quarter of 2014, particularly the targeting approach. The amount of the cash transfer benefit received by a given beneficiary case varies between approximately US\$12 to US\$24 per month (YER 3,000 to YER 6,000), depending on the size of the household. The average is around US\$20 (YER 5,000) per beneficiary case per month.

The ECT project addresses short-term humanitarian needs as well as contributes to rebuilding the Social Welfare Fund system, which collapsed because of the conflict. In the short term, the cash component addresses immediate household needs by providing lifesaving support to families for food and health needs. The injection of cash in the economy also contributes to the

revitalisation of the economy and markets. With systems preservation and strengthening view, the project's engagement with the Social Welfare Fund staff contributes to its preservation by building on and improving the delivery mechanism, ensuring knowledge transfer to support the resumption of the SWF in the future. In parallel, the ECT's delivery has enhanced private sector capacity and sustainability during the crisis.

The ECT in Yemen is UNICEF's largest cash transfer project globally and is generating a body of experience and knowledge for the organization.

### **Integrated programming**

To achieve better results and to holistically address the needs of children in Yemen, efforts were made to integrate sectors to improve impact and service coverage. However, due to uneven availability of partners geographically, expertise of partners, donor conditions and access restrictions on certain programmes (particularly in child protection), the extent to which integrated programming was possible is limited.

Programmatic intersects between child protection and health included integrated programmes to provide psychosocial support to the children and their caregivers accessing health facilities and in schools. Vulnerable children are identified through experienced social workers visiting the health facilities regularly and by teachers, and are referred and provided with critical child protection services. Furthermore, child protection workers and implementing partners are referring and providing injured children and children with disabilities to specialized medical services.

Child protection programming targets boys and girls in schools across the country with life skills education, based on the UNICEF Life Skills and Citizenship Education Framework. This approach aims at keeping children in school and equipping them with core skills; this will contribute to the prevention of child marriage and recruitment into armed forces and groups. Adolescents who receive the life skills package become engaged in adolescent-led community-based initiatives and supported to act as agents of change in their communities on issues that matter to them, with a protection focus (for example child marriage) and gender equity approach.

Youth clubs and the child friendly spaces provide a model of integration which supports adolescents and children with life skills, civic engagement, structured psychosocial support activities and adolescent-led initiative to provide them with the tools, skills and knowledge to become empowered as agents of change and have their voices heard. These models then support the provision of education, food security and health services for vulnerable adolescents and children within the physical spaces.

UNICEF designed an Integrated Model of Social and Economic Assistance and Empowerment) to pilot. It links vulnerable communities to social services and provides critical assistance in accessing the services, bringing together sectors to respond to vulnerabilities of marginalized groups, in particular the muhamasheen.

To address the movements of internally displaced people resulting from the conflict in Hodeidah, UNICEF contributed to distribution of an immediate inter-agency rapid response package for newly displaced people. The package consisted of WFP's ready-to-use food, UNFPA's dignity kit and UNICEF's basic hygiene kit. More than 88,000 basic hygiene kits were

distributed to displaced families between June and December within Hodeidah hub through various partners under this arrangement. In addition, some 28,000 households received multi-purpose cash transfers, including more than 15,000 households through UNICEF's Rapid Response Mechanism (RRM). There was 100 per cent coverage of female-headed households. The RRM distributed 1,609 non-food item kits, provided emergency temporary access to safe water for 16,544 individuals and emergency sanitation and handwashing facilities for 4,200 individuals, distributed 69,453 hygiene kits and achieved an overall 99.5 per cent satisfaction result.

UNICEF adopted integrated programming approaches for the cholera/acute watery diarrhoea response and the integrated famine risk reduction actions. The UNICEF health, nutrition, WASH and C4D teams along their respective clusters coordinated for prevention and response programming interventions. The integrated cholera response plan was prepared at UNICEF level as well as a joint operational plan between health and WASH clusters. The plan included the preparedness measures in place in early 2018 in preparation for timely response to any possible increase in cases.

These integrated approaches helped in maximizing the results for children, providing quality services while accessing more vulnerable children. However, putting in place such integrated programmes requires an extended period of coordination and harmonizing approaches across the different sections. This is challenging to implement with short-term funding.

### Part 3: Lessons learned and constraints

Yemen is a complex implementing context, with a protracted conflict and low-level baseline indicators for child rights pre-conflict, now exacerbated by years of instability and collapsing systems.

Ongoing challenges included navigating political divisions across the country and the existence of two authorities (de facto in Sana'a and internationally recognized government in Aden). The economic instability, in particular the fluctuating value of the currency in 2018, had a significant impact on UNICEF programming. Alongside the devaluation of the Yemeni Rial and rising inflation, over 1.25 million civil servants in public sector have not been paid salaries (or paid only partially, and primarily in the south) for more than two years. This has weakened institutions and reduced their capacity to deliver much-needed services to the people of Yemen.

Community level engagement, especially related to accountability for affected populations was challenging, primarily due to the reluctance of key actors to facilitate access. While coordination of social and behaviour change intervention at governorate and district levels was effective and efficient, at the national level the coordination of development and some humanitarian interventions led by the Health Education Centre remained a challenge in 2018. This was due to the reluctance of authorities to engage other government and civil society organization partners for the implementation of social and behaviour change interventions. To address this issue, other coordination mechanisms such as the Hygiene Promotion Technical Working Group to coordinate interventions for WASH-related behaviours and practices were established. The high attrition of trained community volunteers due to unattractive incentives, coupled with the denial of access to partners in some areas, were also bottlenecks to effective community engagement. For example, in Hodeida Governorate, due to the ongoing conflict, about

20 per cent of community volunteers moved to other governorates. The situation was further compounded by lack of accurate data on the community volunteer's location, overall capacity needs and other critical information. A mapping exercise conducted in late 2018 facilitated a database of community volunteers, their contacts, locations and level of training in community engagement and behaviour change. This will allow the program to institute a system for strengthening their capacity, including the payment of incentives to volunteers.

In 2018, access remained a key constraint to implementation and added strain on affected populations. Physical access to parts of the country was restricted due to the volatile security situation coupled with fuel shortages and damaged infrastructure. Access was also limited by bureaucratic procedural requests, including delays in approval of sub-agreements, visa restrictions on international staff, amongst others.

In response to the numerous constraints, and building upon experience of previous years, UNICEF Yemen identified several lessons that guided its programming in 2018 and will shape that in 2019.

While Yemen's internationally recognized government is currently located in Aden, UNICEF has maintained a strong presence in Sana'a working with the authorities based there, who have approximately 70 per cent of the population living in areas under their control. Working across political lines requires diplomacy and regular monitoring of the political environment. To improve relations and effective cooperation with the internationally recognised government, in 2018, UNICEF made concerted efforts to enhance its presence in Aden, through its field office as well as regular higher-level representation. This is strengthening the relationship and creating greater opportunity for collaboration and coordination in Yemen moving into 2019.

In the context of programming in conflict, UNICEF respects the redlines in line with International Humanitarian Law and international human rights. These redlines are critical for UNICEF's credibility as a human rights organization and must be adhered to not only for Yemen but for the precedents it could set for other conflict settings. Equally, UNICEF has found that it is important for donors and development partners to show a united front on non-negotiables or redlines with parties to the conflict.

Considering the risk of aid diversion, UNICEF Yemen further strengthened its assurance systems. The harmonised approach to cash transfers (HACT) performance for 2018 exceeding the planned annual targets for all four its assurance activities. UNICEF managed to conduct 139 out of the 126 spot checks required in 2018 (110 per cent) and 1,280 programmatic visits - 295 per cent of the annual target of 434. Additionally, UNICEF strengthened its systems to prevent and detect cases of alleged diversion. The internal staff capacity was increased in this area by the recruitment of an internal controls specialist and an expanded HACT team.

A central lesson learned is the need and ability for UNICEF to think and act out of the box in complex and constraining environments. Without UNICEF's bold decision to seek support for teachers' incentives, despite the risks and initial lack of support, the education system could have collapsed with the absence of teaching personnel from school. With persistent advocacy, negotiation, alliance-building and the demonstrated ability to deliver while mitigating risks, UNICEF has convinced donors who were initially reluctant to support the approach and mobilized the US\$70 million required to cover the 2018/2019 school year. UNICEF will continue to creatively programme and respond to the evolving needs in Yemen in 2019.



UNICEF is mitigating the constraints posed by lack of payments of civil servant salaries within a limited scope by paying incentives to specific cadres of civil servants, such as teachers, and health workers, as a strategy to keep services functioning. The incentives do not replace salaries, but are intended to support civil servants to continue in their role and to an extent sustain the fragile, yet functioning systems so that the children and families can access health and education services. While there are risks inherent with incentive payments and it is a short-term solution, UNICEF has put into place risk mitigation strategies and assessed the short-term support as critical to longer-term systems preservation. Now that the structures are in place to deliver incentives, exploratory discussions on support for other publicsector employees (potentially in WASH) will take place in 2019.

Complementary to incentive payments, UNICEF identified that covering specific operational costs, such as for health facilities or local water corporations, allows the service centres to continue functioning. Most public service providers have no revenue or recurrent budget, thus threatening the delivery of services. By covering the basic operational costs, UNICEF has been able to keep these services functioning. As with incentives, this is a short-term solution aimed at preserving systems to be strengthened in a post-conflict period.

The successful delivery of two payment cycles as part of the Emergency Cash Transfer project provided an opportunity for UNICEF Yemen to leverage the existing delivery mechanism and systems to distribute cash for other sectors with the necessary risk mitigation measures in place. Plans are underway to use this delivery mechanism for the proposed payment of incentives to teachers and education staff in 2019.

To improve its immediate response to humanitarian needs, UNICEF expanded the piloted Rapid Response Mechanism with a consortium of three international NGOs (ACF, Oxfam, ACTED), with an US\$8 million partnership. The RRM covered nine governorates in both the north and south of Yemen with a package of supply and services. Based on successful implementation of the programme, the consortium will be expanded to six international NGOs in 2019 to ensure greater coverage across the country.

The communication for development strategy was revised to focus on a limited number of high-impact low-cost core family practices delivered through innovative interactive and sustainable approaches. This is building upon the lesson that due to the limited reach of electronic mass media as well as poor access of households to electricity and other forms of energy, there is a need for interpersonal communication approaches that directly reach parents and caregivers, such as the human resource-intensive house-to-house visits.

The challenges and delays experienced with re-programming the Global Partnership for Education (GPE) and Education Cannot Wait (ECW) funded project highlight the need for global initiatives to take into consideration and adapt their approaches to country realities, in particular those experiencing conflict and political instability.

Humanitarian access remained a challenge for UNICEF. To work around this, UNICEF continued to engage third party firms to enhance its presence and effectiveness and to monitor activities, as well as deployed facilitators in hard-to-reach areas through third-party human resource management. Third party monitoring presents a set of unique opportunities and challenges as the number of companies in Yemen are limited. However, moving into 2019, UNICEF will explore expanding the network and developing the capacity of new third-party monitor providers. Internal challenges such as limitations on the number of international staff,

particularly in Sana'a also continued to present an implementation bottleneck.

A balanced approach to decentralize decision-making at field office level has been adopted in 2018, with investments in additional human resources and capacity building. As a result, the accountability as well as programme delivery improved and aligned to the local context, which differs significantly from district to district. It allowed for a more rapid provision of humanitarian responses and stronger engagement with communities and authorities for feedback, greater local ownership of interventions, facilitated access negotiation and improved value-for-money.

The role of external communication is central to UNICEF's positioning for advocacy and perception monitoring. Building on its credibility and benefiting from its field presence, UNICEF fed content to local and international media outlets. UNICEF was regularly contacted for comments and information for press briefings or high-level meetings. Twenty press statements were produced (in English and Arabic), 13 of which were dispatched by UNICEF headquarters and regional office and circulated. An advocacy strategy was produced following wide discussion and consultations within and across offices. The strategy set clear advocacy priorities based on key issues of children, objectives to achieve, a mix of public and bilateral actions to take at various levels of the organization and a clear breakdown of audience. This ensured a focused, coherent and concerted engagement on issues of children, hence positioning UNICEF as a strong and credible voice on and for children.

UNICEF Yemen was fortunate to receive multiple grants and support from the donor community to implement its humanitarian action and non-emergency programming. However, given the complex implementing environment and its unpredictability, the most effective funding would be multi-year funding with less stringent conditions. Such funding would be better aligned with UNICEF's longer-term programming plans and vision and taking into consideration the implementation complexities in Yemen. Going forward, this will be at the centre of dialogue with donors as well as relevant stakeholders within UNICEF.

END/