Famine response and prevention

More than 1.4 million children are at imminent risk of death from severe acute malnutrition (SAM) due to famine in South Sudan and the risk of famine in north-east Nigeria, Somalia and Yemen. Already famine has been declared in parts of South Sudan’s Unity State. Armed conflict and displacement – exacerbated by drought and water scarcity, as well as already weak health, water and sanitation systems and services – are leaving 20 million people hungry. Action cannot wait for the declaration of more famines in any of the countries or elsewhere in the regions, especially the Horn of Africa. Urgency is needed to save lives before the arrival of the lean season in June-July. If untreated, some 368,000 children in the four countries are at risk of SAM and resulting complications and death through June. Malnutrition increases children’s vulnerability to threats of cholera, measles and other disease outbreaks, as families compete for scarce or unsafe water sources and are being driven from their homes, increasing disease and protection risks. Conflict characterizes all four contexts, generating grave violations of children’s rights. Across all four countries, children have been killed, injured, abducted and forcibly recruited as well as subjected to sexual violence. Deteriorating economic situations, destruction of lives and livelihoods and forced displacements have had devastating effects on children. Damage or destruction of health facilities and schools have severely impacted nutritional services and rates, and left millions of children out of school. Responding to the immediate survival needs of children must be accompanied by addressing these violations. Working with partners, UNICEF’s response is focused on scaling up life-saving interventions and advocating for unconditional and unimpeded humanitarian access and a stop to rights violations. In 2016, UNICEF and partners provided SAM treatment for a combined 730,000 children in the four countries and plan to reach over 1 million in 2017. The crisis is not limited to these four countries, with severe drought impacting the Horn of Africa, especially Djibouti, Ethiopia and Kenya; the South Sudanese refugee crisis stretching capacity and resources in Uganda; and displacement throughout the Lake Chad basin.

2017 programme targets

Nutrition
• 1 million children under 5 affected by SAM admitted for treatment

Health
• 3.4 million children vaccinated for measles

WASH
• 7.4 million people with access to safe drinking water

Child protection
• 946,000 children with access to psychosocial support, including in child friendly spaces

Education
• 2.1 million children with access to formal and non-formal education

Who to contact for further information:

Manuel Fontaine
Director, Office of Emergency Programmes
Tel: +1 212 326 7163
Email: mfontaine@unicef.org

Leila Pakkala
Regional Director, Eastern and Southern Africa
Tel: +254 20 762 2226
Email: lpakkala@unicef.org

Geert Cappelaere
Regional Director, Middle East and North Africa
Tel: +962 655 02 401
Email: gcappelaere@unicef.org

Marie-Pierre Poirier
Regional Director, West and Central Africa
Tel: +221338695858
Email: mppoirier@unicef.org

Olav Kjorven
Director, Public Partnership Division (PPD)
Tel: +1 212 326 7160
Email: okjorven@unicef.org

1 The People and Children in Need figures are the sum of the estimated populations in need of humanitarian assistance in the four countries for 2017.

2 Programme targets and Total People and Children to be reached are aggregates across Nigeria, Somalia, South Sudan and Yemen. Nigeria response covers the three most directly affected states of Borno, Adamawa and Yobe.

2017 Requirements (US$)

<table>
<thead>
<tr>
<th>Country</th>
<th>Overall</th>
<th>Mar.-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>146,867,901</td>
<td>75,835,301</td>
</tr>
<tr>
<td>Somalia</td>
<td>147,918,410</td>
<td>49,306,136</td>
</tr>
<tr>
<td>South Sudan</td>
<td>181,000,000</td>
<td>51,476,697</td>
</tr>
<tr>
<td>Yemen*</td>
<td>236,584,269</td>
<td>77,600,000</td>
</tr>
<tr>
<td>Total</td>
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<td>254,218,134</td>
</tr>
</tbody>
</table>

* Pending revision to the Humanitarian Action for Children appeal See following page for detailed breakdown of March-June requirements
<table>
<thead>
<tr>
<th>Sector</th>
<th>Nigeria</th>
<th>Somalia</th>
<th>South Sudan</th>
<th>Yemen</th>
<th>Total</th>
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<tbody>
<tr>
<td>Nutrition</td>
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<td>Water, sanitation and hygiene</td>
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<td></td>
<td></td>
<td>1,280,000</td>
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<tr>
<td>Cash transfers</td>
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<td>3,600,000</td>
<td>11,935,660</td>
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<tr>
<td>Total</td>
<td>75,835,301</td>
<td>49,306,136</td>
<td>51,476,697</td>
<td>77,600,000</td>
<td>254,218,134</td>
</tr>
</tbody>
</table>

* Covers assistance for the four-month period as calculated by UNICEF Country Offices
** This is based on frontloading especially of therapeutic feeding procurements. Delays may result in pipeline breaks and/or higher costs due to use of costly air transport, as well as delays in delivery from the producers due to elevated global demand.
Nigeria

Due to the ongoing conflict in the north-east, the humanitarian crisis in Nigeria has significantly increased in scale. In the three most directly affected states of Borno, Adamawa and Yobe, 8.5 million people require humanitarian assistance, including 1.68 million internally displaced persons, more than half of whom are children. In line with the 2017 Humanitarian Response Plan, UNICEF’s focus remains on these three states, where 93 per cent of the internally displaced reside. The nutrition situation is of great concern, with some areas experiencing rates of severe acute malnutrition (SAM) (10–20 per cent) that far exceed emergency thresholds. Social services are severely disrupted, with 40 per cent of health facilities and 1,200 schools damaged or destroyed due to the conflict. Similarly, water, sanitation and hygiene (WASH) has become a growing concern, with an estimated 3.9 million people needing assistance. Three million children have lost access to learning, more than 2.7 million conflict-affected children need psychosocial support, 20,000 children are unaccompanied and separated and 8,000 children are associated with armed forces and groups. Failure to reintegrate and separation from families is increasing children’s risk of abuse and exploitation.

Humanitarian strategy

In 2017, UNICEF will deliver an integrated package of interventions, at scale, to affected populations, in coordination with other United Nations agencies, the Government and non-governmental organizations (NGOs). As sector co-lead with the Government for the WASH, nutrition and education sectors and the child protection sub-sector, UNICEF will strengthen coordination, increase operational capacity at the field level, expand NGO partnerships, engage community-level social mobilizers and strengthen existing UNICEF programming systems to reach the most vulnerable. The nutrition response will include SAM treatment, promotion of infant and young child feeding and provision of micronutrient supplementation through community outreach. In health, UNICEF will support health facilities, immunization and maternal, newborn and child health week campaigns, while also improving primary health care service outreach. Access to safe water and sanitation will be improved and hygiene will be promoted, including in health facilities, schools and child-friendly spaces. UNICEF will provide psychosocial support for children (including in safe spaces and schools), care and support for unaccompanied and separated children and reintegration support for children associated with Boko Haram. Access to education will be increased. The strategy also includes cash and voucher interventions to promote access to services.

Results from 2016

As of 31 October 2016, UNICEF had received US$39.7 million against the US$115 million appeal (33 per cent funded). Humanitarian partners, including UNICEF, significantly scaled up the response with the upward revision of targets and funding requirements in September. Despite a critical funding gap, as well as access challenges related to the deteriorating and volatile security situation and limited partner capacity and presence, 114,000 children with SAM received treatment through therapeutic programmes and 86 per cent recovered. Three million people accessed primary health care and more than 351,000 received measles vaccination. Some 592,000 people gained access to safe water, 167,000 children received psychosocial support and nearly 90,000 children accessed education. Despite funding gaps in WASH, child protection and health, at least 50 per cent of targets were achieved for access to water, hygiene and primary health care and support for unaccompanied and separated children and children associated with armed groups. This was mainly due to the integrated approach to service delivery, especially in health, nutrition and WASH, strategic partnerships with the Government, NGOs and community-level actors, and effective leveraging of internal resources. Low coverage, especially in health and education, was primarily due to funding gaps, reliance on existing government structures and inadequate NGO partners with apt operational capacities.

Humanitarian Action for Children

Total people in need: 8.5 million
Total children (<18) in need: 4.4 million
Total people to be reached in 2017: 4 million
Total children to be reached in 2017: 2.1 million

2017 programme targets

Nutrition
• 220,190 children aged 6 to 59 months affected by SAM admitted for treatment
• 511,932 caregivers of children aged 0 to 23 months accessing infant and young child feeding counselling

Health
• 3.9 million people reached with emergency primary health care services
• 1.8 million children immunized against measles

WASH
• 1,028,000 people accessing safe water per agreed standards
• 217,000 vulnerable people with access to basic sanitation facilities
• 1,028,000 vulnerable people reached with hygiene messages
• 498,000 people provided with WASH kits

Child protection
• 375,000 children accessing psychosocial support
• 9,200 unaccompanied or separated children identified and/or placed in alternative care arrangements

Education
• 1.3 million school-aged children, including adolescents, accessing schools or temporary learning facilities in safe learning environments
In line with the country’s inter-agency 2017 Humanitarian Response Plan, UNICEF is requesting US$146,867,901 to meet the humanitarian needs of children and their families in Borno, Adamawa and Yobe states, which are the most directly affected by conflict and mass displacement in north-east Nigeria. Without this funding, UNICEF will be unable to save the lives of thousands of children who are at high risk of mortality and morbidity due to SAM and the spread of communicable and other diseases such as polio, measles, cholera, diarrhoea and pneumonia. Lack of funding will also result in the failure to provide much-needed and critical child protection and education services to the most vulnerable children, increasing their susceptibility to being recruited by armed groups.

### Funding requirements

<table>
<thead>
<tr>
<th>Sector</th>
<th>2017 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>40,217,105</td>
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<tr>
<td>Health</td>
<td>25,007,231</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>19,137,663</td>
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<tr>
<td>Child protection</td>
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<tr>
<td>Education</td>
<td>31,435,344</td>
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<tr>
<td>Emergency preparedness and response coordination</td>
<td>3,840,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>146,867,901</strong></td>
</tr>
</tbody>
</table>

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1. National SAM caseload is 2,365,000 children. For the affected states of Borno, Adamawa and Yobe, it is 449,000 (source: National Nutrition Survey 2015).
2. Figures in this section are from: Office for the Coordination of Humanitarian Affairs, ‘2017 Nigeria Humanitarian Needs Overview’, OCHA.
3. The target for SAM covers the three emergency-affected states in the north-east. UNICEF is addressing the remaining SAM caseload of 1.9 million children under 5 across the eight other northern states using non-emergency resources (Bauchi, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara); The Humanitarian Action for Children appeal is aligned with the Humanitarian Response Plan 2017 and ‘Critical Path and Sequencing of Humanitarian Actions for the Northeast’ (November 2016), a strategy outline co-developed with the Government and the humanitarian community. Malnutrition in other parts of country is of a chronic/protracted nature due to structural vulnerabilities addressed under long-term programming.
4. Available funds included funding received against the current appeal of US$34.9 million and US$4.76 million carried forward from the previous year. In addition, US$6.5 million in other resources regular and US$6.5 million in regular resources were used for the humanitarian response.
5. This includes US$3.8 million requested beyond the Humanitarian Response Plan for emergency preparedness and coordination, including for HIV and AIDS and social protection work.

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**Who to contact for further information:**

**Mohamed Malick Fall**, Representative - Nigeria  
Tel: +234 803 402 0870  
Email: mmfall@unicef.org

**Yasmin Haque**, Deputy Director, Office of Emergency Programmes (EMOPS)  
Tel: +1 212 326 7150  
Email: yhaque@unicef.org

**Olav Kjorven**, Director, Public Partnership Division (PPD)  
Tel: +1 212 326 7160  
Email: okjorven@unicef.org
Somalia

The humanitarian situation in Somalia is rapidly deteriorating due to the severe drought that started in the north in 2016 and is now affecting most of the country. Over 6.2 million people are facing acute food insecurity and the number of people in need of water, sanitation and hygiene (WASH) assistance will likely rise to 4.5 million by April 2017. Reduced access to clean drinking water contributes to malnutrition, and brings with it an increased risk of acute watery diarrhoea (AWD)/cholera. More than 11,000 cases of AWD/cholera have already been reported across 12 southern regions and Puntland since the start of the year, five times more than from a similar period in 2016. The drought is also uprooting people, with 250,000 displaced since November 2016, adding to the 1.1 million already internally displaced. In addition, people are also crossing into Ethiopia and Kenya. The situation is especially grave for children. Close to 1 million children under five will be acutely malnourished in 2017, including 185,000 severely malnourished, which may increase to over 270,000 if famine is not averted. Malnourished children will also be particularly vulnerable to measles. Children are dropping out of school, with 30,000 reported so far, and are at risk of violence, especially when on the move.

Humanitarian Strategy

UNICEF has revised its humanitarian strategy for 2017 to focus on immediate life-saving measures needed to advert famine. The strategy builds on lessons from the 2011 famine response, including the need for timely action to prevent excess mortality. UNICEF’s response is aligned with the interagency Operational Plan for Pre-Famine Scale-Up, although UNICEF’s projection are until the end of 2017. Together with the Government, UNICEF is coordinating and scaling-up its interventions with line ministries, disaster management agencies and relevant clusters. With partners, UNICEF is prioritizing a core intervention based on an integrated WASH, health and nutrition response, through the procurement of life-saving supplies, an increase in partnerships and the expansion coverage to enable delivery of critical services in the most affected areas. To avert a deterioration in health conditions and prevent measles outbreaks, UNICEF is expanding coverage to reach more children through mobile and outreach clinics. UNICEF will accelerate response to the AWD/cholera outbreak by supporting set of cholera treatment centres and prepositioning supplies for treatment. Social mobilisation activities will also focus on AWD/cholera hotspot areas. UNICEF’s response is complemented with education interventions and monitoring of child separation with a focus on families on the move. In line with Grand Bargain commitments, cash-based assistance will be prioritized.

UNICEF Results to Date

In the first two months of 2017, UNICEF has US$67.4 million available against its original appeal. With funding available, UNICEF and partners have focused on preventing and treating acute malnutrition through a strategic partnership with the World Food Programme (WFP) and timely pre-positioning of nutrition supplies. Through 80 partnership agreements across 95 per cent of the affected areas, UNICEF is targeting 1.7 million people with emergency life-saving primary healthcare and immunisation services, and has developed a joint response with WFP for cash transfers, designed to benefit 420,000 individuals. UNICEF is also supporting 578 Outpatient Therapeutic Centres and 41 Stabilization Centres across Somalia, out of a planned 700 sites. UNICEF and partners have supported the admission of over 30,000 children with SAM for treatment, and provided over 107,000 women and children provided with emergency life-saving health services. In response to the AWD/cholera outbreak, 5,000 cases have been treated, and 34 cholera treatment centers and units supported. More than 360,000 people have been provided with temporary access to safe water and close to 28,000 children and adolescents (33 per cent girls) have been supported with access to education in emergencies. In addition, over 285 separated and unaccompanied children have been identified and registered, and 660 survivors of GBV (87 per cent female), have been provided with appropriate support.

2017 revised programme targets

| Nutrition | • 277,000 children under 5 with SAM admitted for treatment | • 75 per cent of children with SAM who received treatment and recovered |
| Health | • 340,000 children under 5 vaccinated against measles | • 731,000 people provided with access to emergency health care services |
| WASH | • 1.5 million people provided with temporary access to safe water (7.5–15 litres per person per day) | • 1.5 million people provided with means to access appropriate hygiene practices through hygiene kits |
| Child protection | • 6,886 separated and unaccompanied children identified and registered | • 3,803 GBV survivors accessing a package of services |
| Education | • 87,600 children accessing safe and protected learning opportunities in emergency-affected environments | • 63,000 children accessing safe drinking water in schools |
| Cash transfers | • 60,000 emergency-affected households (420,000 people) provided with monthly cash transfers to support access to basic services |
UNICEF has revised its Humanitarian Action for Children (HAC) requirements for Somalia from US$66.1 million to US$147.9 million to meet the increased humanitarian needs of children due to the rapidly deteriorating drought situation that is now affecting most of the country. HAC requirements have been increased to scale-up life-saving assistance and to avert a famine. The HAC appeal is operationally aligned to the six month Somalia Operational Plan for Pre-Famine Scale-up of Humanitarian Assistance, while the UNICEF projections cover until the end of the year. UNICEF has a current funding gap of 54 per cent against the revised appeal.

Results are until the end of February 2017.

**Funds available includes funding received against current appeal as well as carry-forward from the previous year (approximately US$ 18.3 million).**

**This GBV intervention aims to reach approximately 2,051 children (97% girls) and 1,746 women.**

**The cash based interventions will reach around 420,000 people (approximately 264,000 children) in the 60,000 households targeted.**

**The cash based interventions will reach around 420,000 people (approximately 264,000 children) in the 60,000 households targeted.**

**Amount needed to prepare for the worst case scenario of 370,000 SAM cases treated).**

**Total people in need: This reflects the population all partners will reach in Somalia as part of the Operational Famine Prevention Plan. UNICEF aims to reach 3.2 million people, including 1.7 million children.**

**The FSNAU-FEWSNET Post Deyr (2016/2017) results indicate that there are currently 6.2 million people in need of assistance, representing more than half of the population, and a sharp increase of the population in need (5 million six months ago). This includes 2.9 million people in crisis and emergency (IPC 3 and 4). Should the 2017 Gu season perform very poorly, and humanitarian assistance not reach populations affected by drought, there is a risk of famine (IPC Phase 5) unfolding in the second half of 2017.**

**Somalia Humanitarian Snapshot as of March 2017**

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### Funding Requirements

**NUTRITION**

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<thead>
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<th></th>
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<td>Nutrition</td>
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<td>23,767,281</td>
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<td>Health</td>
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<td>67,400,505</td>
<td>80,517,905</td>
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</table>

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1. **Total people in need: This reflects the population all partners will reach in Somalia as part of the Operational Famine Prevention Plan. UNICEF aims to reach 3.2 million people, including 1.7 million children.**
2. **The FSNAU-FEWSNET Post Deyr (2016/2017) results indicate that there are currently 6.2 million people in need of assistance, representing more than half of the population, and a sharp increase of the population in need (5 million six months ago). This includes 2.9 million people in crisis and emergency (IPC 3 and 4). Should the 2017 Gu season perform very poorly, and humanitarian assistance not reach populations affected by drought, there is a risk of famine (IPC Phase 5) unfolding in the second half of 2017.**
3. **Somalia Humanitarian Snapshot as of March 2017**
The burden of acute malnutrition (MAM and SAM) in 2017 is projected at 944,000 acutely malnourished children, including 185,000 severely malnourished. The burden of SAM is expected to increase by 50% the coming months to 277,000 SAM cases, and possibly to 370,000 under a worst case scenario.

Somalia Operational Plan for pre-Famine Scale-up of Humanitarian Assistance (Jan - Jun 2017)

Where possible, UNICEF is responding jointly with WFP through an augmented response package which includes unconditional food assistance, preventive and curative nutrition programmes, livelihood activities, health services, and support to communities to access safe water and improve sanitation and hygiene conditions with the overall objective to halt the deteriorating food security and malnutrition situation in drought affected areas.

The priority regions are: Bay, Bakool, Galgadud, Mudug, Sanaag, Bari and Nugal due to the worsening nutrition situation for children under 5.

UNICEF Somalia is increasing its use of the SCOPE platform, which allows for registration of beneficiaries at the household level biometrically. This will allow UNICEF and WFP to support the same households with a range of services that beneficiaries can access using one single card (e.g. food and water, food and cash). For the pre-famine response, this approach will be used for the provision of safe water through water vouchers, cash grants to support affected schools, as well as monthly cash transfers to support affected households in accessing services in the most affected regions.

UNICEF has based its target for treating children with SAM on the worst case scenario, which is estimated at 370,000 (UNICEF will target 75% of the estimated worst case scenario), as per the Somalia Operational Plan for Pre-Famine Scale-Up in 2017.

The 1.5 million WASH target will reach approximately 660,000 children.

Available funds include funding received against the original appeal of US$49.1 million and US$18.3 million carried forward from the previous year. Carry forward was due to multi-year funding planned for 2016/2017 implementation and generous contributions received in late December 2016.
South Sudan

Renewed conflict since July 2016 has deepened the humanitarian crisis in South Sudan, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. These risks are exacerbated by the rapidly deteriorating economic situation, with inflation above 800 per cent. Since December 2013, nearly 3 million people have been displaced, including 1.1 million people seeking refuge in neighbouring countries. Children comprise almost 70 per cent of refugees. The country is facing a critical food security crisis, with an estimated 31 per cent of the population experiencing severe food insecurity as of December 2016, and children among the most vulnerable. The situation is expected to deteriorate further, with 276,343 children likely to be affected by severe acute malnutrition (SAM) in 2017. Renewed outbreaks of cholera and measles continue, while malaria remains the primary cause of morbidity among children under 5. As insecurity rises, boys remain at risk of recruitment into armed groups and girls continue to face sexual violence, forced marriage and exploitation. Countrywide, 51 per cent of children are out of school, and only 40 per cent of those accessing education are girls.

Humanitarian strategy

UNICEF will develop local capacities and ensure accountability to affected populations by building on existing community networks and other community-based resources to assess, plan and implement the response. UNICEF co-leads the nutrition, education and water, sanitation and hygiene (WASH) clusters as well as the child protection sub-cluster, and is at the forefront of the humanitarian response in South Sudan. Where possible, resilience-based programming will bridge the humanitarian-development divide. Through the Rapid Response Mechanism (RRM), UNICEF will deploy integrated missions to hard-to-reach areas, providing life-saving support to otherwise inaccessible populations. The joint UNICEF-WFP Nutrition Scale-Up Plan will continue into its third year. The back-to-learning effort will build on the success of previous years and bring conflict-affected children, particularly girls, back to school. In 2017, UNICEF will focus on increasing the quality of education services and end-user monitoring. WASH interventions will provide access to safe water and improved latrine facilities. In health, UNICEF will focus on improving the quality of care in health care facilities and strengthening immunization activities. UNICEF will continue to monitor and report on grave violations against children, advocate for respect for child rights and support family tracing and reunification efforts for unaccompanied and separated children. Social mobilization will be used to generate social and behavioural change.

Results from 2016

As of 31 October 2016, UNICEF had received US$113 million against the US$165 million appeal (69 per cent funded). Seventy-two per cent of children with SAM who were targeted were admitted for treatment. UNICEF supported more than half of all 2,500 cholera patients with access to treatment. Some 1.3 million people received primary health care consultations, including 501,000 children under 5. Measles vaccination was constrained due to lack of funding (45 per cent funded). Access constraints related to insecurity affected the transportation of mosquito nets and construction materials for sanitation facilities. More people were reached with safe water due to manual drilling, which reduced costs and expanded reach. More than 14,000 unaccompanied, separated, and missing children have been identified since December 2013, of which more than 11,332 were supported with family tracing and reunification services and family-based or alternative care. UNICEF contributed technical expertise, including on-site coaching for local partners, and 80 per cent direct funding. The family tracing network was limited in its funding (36 per cent funded) and coverage, which disrupted reunifications. Forty-five per cent of the 293,000 children who gained access to education in emergencies were girls. UNICEF is one of the primary actors working to mainstream gender-based violence (GBV) interventions to reduce GBV risks. A total of 14 RRM missions were deployed and contributed to achieving results for children in 2016.

2017 programme targets

**Nutrition**
- 207,257 children aged 6 to 59 months with SAM admitted to therapeutic care
- 590,134 pregnant or lactating women accessing infant and young child feeding counselling for appropriate feeding

**Health**
- 1,232,000 children aged 6 months to 15 years vaccinated against measles
- 450,000 people receiving long-lasting insecticide-treated nets

**WASH**
- 800,000 people provided with access to safe water as per agreed standards (7.5-15 litres of water per person per day)
- 400,000 people provided with access to appropriate sanitation facilities

**Child protection**
- 500,000 children and adolescents reached with critical child protection services
- 160,000 people reached with GBV prevention and response services

**Education**
- 300,000 children and adolescents aged 3 to 18 years accessing education in emergencies (165,000 boys and 135,000 girls)
- 5,815 teachers and members of parent-teacher associations and school management committees trained
Funding requirements

In line with the country’s inter-agency 2017 HRP, UNICEF is requesting US$181 million to meet the humanitarian needs of children in South Sudan in 2017.\(^2\) Without this funding, UNICEF will be unable to provide life-saving services to children, including the prevention and treatment of SAM and malaria, as well as the provision of measles vaccination. Provision of WASH services remains critical to responding to massive population displacements and to preventing cholera outbreaks. More funding is urgently required to deliver critical child protection activities that were suspended or reduced due to underfunding in 2016. The cost of operating in South Sudan continues to increase due to inflation and access constraints that necessitate supplies that, such as textbooks, are airlifted.

Results are through 31 October 2016 unless noted.

\(^{(i)}\) The UNICEF response to SAM is entirely covered through the humanitarian programme.

\(^{(ii)}\) The nutrition cluster target does not include refugee children who are covered under the Multi-Sector Refugees Appeal. UNICEF’s target exceeds the cluster target because UNICEF’s nutrition response covers all children, including refugee children residing in the country, as well as populations in a larger geographical area than those in the Humanitarian Response Plan (HRP). UNICEF’s SAM target is covered entirely through the humanitarian programme.

Who to contact for further information:

Mahimbo Mgwe
Representative, South Sudan
Tel: +211 912176 444
Email mmgoe@unicef.org

Yasmin Haque
Deputy Director, Office of Emergency Programmes (EMOPS)
Tel: +1 212 326 7150
Email: yhaque@unicef.org

Olav Kjorven
Director, Public Partnership Division (PPD)
UNICEF, New York
Tel: +1 212 326 7160
Email: okjorven@unicef.org

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5. South Sudan Ministry of Health, Health Management Information Systems.
6. Data from the Monitoring and Reporting Mechanism.
8. The total estimated caseload of children with SAM for 2017, including refugee children, is 276,343. UNICEF and partners aim to reach 75% of the total caseload. The estimated caseload has decreased from 362,077 during the mid-year review (MYR) 2016 due to the fact that the MYR was conducted during the lean period when the SAM caseload tends to be higher. In addition, the 2016 annual target was increased during the MYR with reference to good results achieved during the first half of the year due to the relative calmness throughout the country, improved access and re-established services. For 2017, UNICEF is targeting more children with SAM than the original target set in 2016, which will again be reviewed during the MYR, if needed, based on the evolving situation.
9. Available funds included funding received against the current appeal of US$76 million and US$37 million carried forward from the previous year.
10. The requirements listed here are US$10.64 million more than requested in the HRP, in order to reach more children in larger geographical areas that show significant needs due to the impact of conflict and food insecurity. Additional funds will be also used for intensive technical support and quality assurance to national non-governmental organizations to develop their capacities.
Yemen

Almost two years of conflict in Yemen have left 18.8 million people – some 70 per cent of the population – in need of humanitarian assistance. After the United Nations-backed peace talks were suspended in August 2016, airstrikes and hostilities intensified and civilians are paying the price. Close to 4,000 civilians have died as a direct result of the conflict, including 1,332 children. At least 14.5 million people lack access to safe water and sanitation and 14.9 million have limited or no access to health services, compounding a cholera crisis that has put 7.6 million people at risk. The nutrition situation has deteriorated, with 3.3 million children and pregnant or lactating women suffering from acute malnutrition and more than 460,000 children under 5 suffering from severe acute malnutrition (SAM). The near collapse of national services has left an estimated 2 million children out of school. Almost 2.2 million internally displaced persons, nearly half of them children, as well as 1 million returnees and many host communities are also in need of assistance. Ongoing conflict and the deteriorating economic situation have put essential public services such as health on the verge of collapse, leaving children and women at even higher risk.

Humanitarian strategy

Life-saving health, nutrition, WASH, education, child protection and social protection services will be delivered to 9.8 million people, including 6.9 million girls and boys. In coordination with the Humanitarian Country Team, UNICEF leads the water, sanitation and hygiene (WASH), education and nutrition clusters and the child protection sub-cluster and is an active member of the health cluster. UNICEF will promote integrated activities; scale up nutrition services; focus on increased procurement of vaccines, outbreak response and newborn and obstetric care; and strengthen national systems and institutions, particularly the nearly collapsing health system, including by providing essential supplies and covering basic operational costs. Cholera prevention and response activities will continue to be implemented. Malnutrition prevention and treatment will be expanded, 1.2 million mothers and caregivers will receive infant and young child feeding counselling and 4.5 million children will receive micronutrient supplements. UNICEF plans to support the operation, maintenance and rehabilitation of water systems to reach 4 million people. Some 1.8 million children will gain sustained access to education through the rehabilitation of schools, establishment of temporary learning spaces and distribution of school materials. UNICEF will also scale up psychosocial services to prevent long-term harm linked to exposure to violence and expand the Monitoring and Reporting Mechanism (MRM). The humanitarian cash transfer programme will cover 17,500 vulnerable families.

Results from 2016

As of 31 October 2016, UNICEF had received US$137.9 million against the US$180 million appeal (77 per cent funded). UNICEF provided health and nutrition services to health facilities in hard-to-reach locations through mobile teams, outreach campaigns and community volunteers. Some 4.8 million children were vaccinated against polio and nearly 182,000 were treated for SAM. Nearly 3 million people gained access to water through the construction, rehabilitation and operation of systems; while over 1.4 million people benefited from improved sewage and solid waste management. Hygiene kits reached 340,000 people. By building local capacity, MRM coverage was expanded to reach 1.2 million children and 2.662 children affected by the conflict were identified and referred to child protection services. Mine risk education was provided to 887,000 children and an action plan was signed with the Ministry of Education. The cash transfer programme was extended – surpassing initial targets – and now also reaches conflict-affected families in Taizz enclave. The cash programme emphasizes empowering mothers/female caretakers and includes a grievance mechanism to maintain quality and accountability. Following the cholera outbreak in October, a multi-sector response plan was implemented. Results for children in 2016 were achieved despite funding gaps, an extremely complex working environment, access constraints into and within the country, non-availability of supplies locally and low supply of local currency, among other challenges.

2017 programme targets

Nutrition
- 323,000 children under 5 affected by SAM admitted for treatment
- 4,528,000 children under 5 received micronutrient interventions

Health
- 5,342,000 children under 5 vaccinated against polio
- 1.07 million children under 5 received primary health care

WASH
- 4,068,000 affected people accessed safe water supply
- 654,000 affected people accessed basic standard hygiene kits

Child protection
- 571,000 children benefited from psychosocial support
- 1,347,000 people reached with information on protecting themselves from mines/unexploded ordnance/explosive remnants of war

Education
- 417,000 provided with access to education via temporary learning spaces, school rehabilitation and capital grants
- 560,000 conflict-affected children received school supplies

Social protection
- 105,000 affected and extremely vulnerable people provided with humanitarian cash transfers
<table>
<thead>
<tr>
<th>Cluster 2016 target</th>
<th>Cluster total results</th>
<th>UNICEF 2016 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 treated for SAM&lt;sup&gt;i&lt;/sup&gt;</td>
<td>178,562</td>
<td>181,673</td>
<td>178,562</td>
</tr>
<tr>
<td>Pregnant or lactating women benefited from infant and young child feeding counselling&lt;sup&gt;ii&lt;/sup&gt;</td>
<td>313,119</td>
<td>342,324</td>
<td>313,119</td>
</tr>
<tr>
<td>Children under 5 given micronutrient interventions&lt;sup&gt;iii&lt;/sup&gt;</td>
<td>276,000</td>
<td>4,023,003</td>
<td>4,000,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 1 vaccinated against measles (MCV1)</td>
<td></td>
<td>770,000</td>
<td></td>
</tr>
<tr>
<td>Children under 5 vaccinated against polio</td>
<td></td>
<td>5,039,936</td>
<td></td>
</tr>
<tr>
<td>Children under 5 receiving primary health care</td>
<td></td>
<td>815,000</td>
<td></td>
</tr>
<tr>
<td>Pregnant or lactating women receiving primary health care</td>
<td></td>
<td>680,000</td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION AND HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected population (men, women, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining public and community infrastructures&lt;sup&gt;iv&lt;/sup&gt;</td>
<td>6,384,984</td>
<td>5,062,569</td>
<td>5,186,000</td>
</tr>
<tr>
<td>Affected people with access to safe water as per agreed standards (7.5–15 litres per person per day)</td>
<td>682,332</td>
<td>1,061,303</td>
<td>100,000</td>
</tr>
<tr>
<td>Affected people provided with standard basic hygiene kits</td>
<td>1,382,461</td>
<td>528,671</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong>&lt;sup&gt;v&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in conflict-affected areas covered by MRM interventions</td>
<td>1,372,933</td>
<td>1,161,735</td>
<td>1,372,933</td>
</tr>
<tr>
<td>Children in conflict-affected areas receiving psychosocial support</td>
<td>399,594</td>
<td>451,210</td>
<td>279,716</td>
</tr>
<tr>
<td>Children and community members receiving knowledge to protect themselves against injury/death of mine/unexploded ordnance explosion</td>
<td>502,158</td>
<td>910,817</td>
<td>351,511</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected school-aged children provided with access to education via temporary learning spaces and school rehabilitation</td>
<td>244,500</td>
<td>134,733</td>
<td>156,000</td>
</tr>
<tr>
<td>Affected children receiving psychosocial support services in schools</td>
<td>575,500</td>
<td>257,214</td>
<td>173,000</td>
</tr>
<tr>
<td>Affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system</td>
<td>522,710</td>
<td>333,081</td>
<td>360,000</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong>&lt;sup&gt;vi&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable individuals reached with humanitarian cash transfer</td>
<td></td>
<td>34,285</td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected people reached through integrated Communication for Development efforts</td>
<td></td>
<td>1,200,000</td>
<td></td>
</tr>
</tbody>
</table>

Results are through 31 October 2016 unless noted.

(i) Figures correspond to UNICEF total SAM targets and results.

(ii) The estimate for the number of pregnant or lactating women who benefited from infant and young child feeding counselling is based on the total number of pregnant or lactating women (8 per cent of population). The estimate for the number of children under 5 given micronutrient interventions is based on the total number of children aged 6 to 59 months.

(iii) UNICEF’s target for this indicator is 4 million children under 5, as micronutrient interventions supported by UNICEF include vitamin A supplementation and micronutrient sprinkles supplementation. The nutrition cluster target does not include vitamin A supplementation and will consider only the micronutrient sprinkles supplementation target: 469,081 children under 5.

(iv) The cumulative catchment number of people accessing safe drinking water through rehabilitation/repair of the existing urban water supply systems with established operations/maintenance routines, rehabilitation of rural and urban water and sewage systems infrastructure including supply of equipment, spare parts, fuel, chemicals for treatment and other operation and maintenance costs, and the cumulative catchment number of people benefiting from support to solid waste management services with supply of equipment, spare parts, fuel and other operational costs.

(v) UNICEF and child protection sub-cluster targets are based on the access and capacity of partners, which at the time of the exercise (October 2015) were ranked low as a reflection of the situation.

(vi) UNICEF target for 2016 is markedly low compared with 2015 since this activity moved from being under the non-food item/shelter cluster to being under the protection cluster. Associated with this change in clusters was a change in the limits of funds that could be appealed for, and thus a change in the target.
Funding requirements

In line with the inter-agency Humanitarian Response Plan, UNICEF is requesting US$236,584,269 to meet the humanitarian needs of the most vulnerable children in Yemen in 2017. Without additional funding at such a critical time, when 7 out of 10 people are in need of humanitarian assistance, UNICEF and its partners will be unable to contribute to meeting the needs of the most-affected children and families, not only suffering the consequences of conflict but also the major risk of the potential collapse of public services. Funding requirements include activities under the cholera response plan. The specific cluster coordination requirements are embedded in each of the sectors.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2017 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>83,557,762</td>
</tr>
<tr>
<td>Health</td>
<td>62,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>30,299,558</td>
</tr>
<tr>
<td>Child protection</td>
<td>20,937,391</td>
</tr>
<tr>
<td>Education</td>
<td>31,789,558</td>
</tr>
<tr>
<td>Social protection</td>
<td>8,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>236,584,269</strong></td>
</tr>
</tbody>
</table>

2 Ibid.
6 World Health Organization, November 2016.
8 Ibid.
10 Figure corresponds to UNICEF total SAM target for 2017.
11 Available funds included funding received against the current appeal of US$78.2 million and US$59.7 million carried forward from the previous year.
12 This includes 23,000 people reached through cholera response and prevention activities.
13 At the time of writing, the Yemen Humanitarian Response Plan was under development; targets and funding requirements may be revised accordingly. UNICEF Humanitarian Action for Children funding requirements are in accordance with its proportion of the Humanitarian Response Plan.

Who to contact for further information:

**Meritxell Relaño**
Representative- Yemen Country Office
Tel: +967 1 211 400
Email mrelano@unicef.org

**Yasmin Haque**
Deputy Director, Office of Emergency Programmes (EMOPS)
Tel: +1 212 326 7150
Email: yhaque@unicef.org

**Olav Kjorven**
Director, Public Partnership Division (PPD)
Tel: +1 212 326 7160
Email: okjorven@unicef.org