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Humanitarian Action for Children

Yemen

The continued conflict has rendered Yemen one of the world's largest and most complex humanitarian crises. Almost 80 per cent of the population (22.2 million people) is in dire need of humanitarian assistance. Conflict has led to the internal displacement of 2 million people, left over 1 million public sector workers without pay for two years, and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries.¹ Growing food insecurity, poor water and sanitation, and the spread of preventable diseases threaten millions more. The caseload of outbreaks of Acute Watery Diarrhea (AWD)/cholera has reached over one million. The strain on an already weakened health system has been further compounded by the diphtheria outbreak in early 2018, with over 2,200 cases, so far.² In addition, 16 million people lack access to safe water.³ Children are the primary victims: more than 6,000 have been verified as killed or maimed since the conflict began.⁴ Almost 394,000 children under 5 currently suffer from severe acute malnutrition (SAM) and require treatment.⁵ The damage and closure of schools and health facilities threaten children's access to education and health services, which renders children vulnerable to various protection concerns including early marriage, forced recruitment and psychosocial distress.

Humanitarian strategy

UNICEF's humanitarian operations are decentralized, with five field offices managing interventions locally, together with implementing partners.⁶ With collapse of public services, UNICEF is improving access to primary healthcare by providing supplies, covering operational costs, monitoring and responding to communicable disease outbreaks. Community management of malnutrition remains essential, especially in hard-to-reach areas. UNICEF's WASH strategy is integrated with nutrition and food security focusing on immediate needs and strengthening long-term resilience of communities. UNICEF ensures uninterrupted access to safe water through rehabilitation, and support for sustainable local management of water systems. The WASH, health and C4D AWD/cholera prevention/response plan focuses on high-risk areas, diarrhea treatment, chlorination of water sources, rehabilitation of waste water systems and hygiene awareness. UNICEF targets most vulnerable children in conflict-affected governorates with interventions including victim assistance, family tracing/reunification, documentation of child rights violations, mine/explosive remnants of war risk education and psychosocial support (PSS). For education, whilst rehabilitation of damaged schools, establishment of temporary safe learning spaces and provision of learning/pedagogical kits to children to provide a conducive learning environment continue, other activities, such as PSS, will only be implementable in Southern governorates as authorities in Sana'a have highlighted teachers' incentives as key priority.

Results from 2018

As of 30 September, UNICEF has US\$477.2 million available against the revised appeal of US\$423.9 million.⁷ This has enabled UNICEF to respond immediately to the AWD/cholera outbreak through an integrated health, nutrition, WASH and C4D plan. 4.9 million people had access to safe drinking water⁸ and 8.6 million people were engaged in awareness and behavior change activities. Health and nutrition interventions focused on supporting health facilities through supplies and operational support. With UNICEF's support 4.2 million children were vaccinated against polio, and almost 998,000 children under five received primary health care. At least 195,000 children with Severe Acute Malnutrition (SAM) were treated. UNICEF's child protection programme has been able to provide psychosocial support to nearly 565,000 children in child-friendly spaces, and mine/explosive remnants of war risk education reached 1.1 million children and adults. In addition, 92 per cent of the MRM⁹ incidents were verified and documented. With UNICEF support 42,000 school bags were distributed among school children, while 164,000 children are accessing education services in safe learning spaces and psychosocial support services in schools benefited over 117,000 students. Resource mobilization efforts are ongoing to support teacher's incentives for the new school year.

Total people in need:

22.2 million¹⁰

Total children (<18) in need:

11.3 million¹¹

Total people to be reached:

11.3 million

Total children to be reached:

6.8 million

2018 programme targets:

Nutrition

- 276,000 Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time
- 691,000 Children under 5 given micronutrients (MNPs)

Health

- 5.4 million children vaccinated against polio and 913,000 children vaccinated against measles
- 801,000 pregnant and lactating women receiving primary health care

WASH

- 6.0 million people have access to drinking water through operations, maintenance and rehabilitation of public water systems
- 4.0 million people in AWD/cholera-affected areas provided with household-level water treatment and disinfection

Child protection

- 10,000 children reached with critical protection services
- 595,000 children and caregivers in conflict affected area receiving psychosocial support

Education

- 639,000 children provided with improved access to education through school rehabilitation
- 429,000 children provided with psychosocial support and peacebuilding education

Communication for Development

- 6.0 million individuals in cholera risk areas provided with key information on prevention and response to cholera
- 2.2 million people engaged to adopt 14 life-saving and protective practices¹²

	Revised Sector 2018 targets	Sector total results	Revised UNICEF 2018 target	UNICEF total results
NUTRITION				
Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time	268,000	195,628	276,000 ⁱ	195,628
Caregivers of children from 0 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling for appropriate feeding	1,404,000	1,046,604	983,000	1,046,604
Children under 5 given micronutrients (MNPs)	691,000	417,038	691,000 ⁱⁱ	417,038
Number of children under 5 given micronutrient interventions (Vit A)	4,177,000	2,859,095	4,177,000	4,636,546 ⁱⁱⁱ
HEALTH				
Children under 1 vaccinated against measles (MCV1)			912,560	412,301
Children under 5 vaccinated against polio			5,352,000	4,163,322
Children under 5 receiving primary health care			1,500,000	997,270
Pregnant or lactating women receiving primary health care			801,045	503,151
WATER, SANITATION AND HYGIENE				
Number of people having access to drinking water through support to operation/maintenance of public water systems	7,288,599	5,245,030	6,000,000	4,926,776
Number of people gaining access to emergency safe water supply	1,703,359	1,250,013	1,000,000	904,006
Number of people having access to adequate sanitation (through emergency latrine construction or rehabilitation)	1,223,908	477,330	800,000	433,627
Number of people provided with standard hygiene kit (basic and consumable kits)	2,322,981 (basic) 5,332,045 (consumable)	599,045 4,812,986	800,000 (basic) 4,000,000 (consumable)	521,903 3,361,051
Number of people at Cholera high-risk areas benefiting from household level water treatment and disinfection ^(CR)	4,202,324	5,662,581	4,000,000	5,507,155
CHILD PROTECTION				
Percentage of MRM incidents verified and documented from all the reported incidents	90%	92%	90%	92%
Number of children and caregivers in conflict-affected area receiving psychosocial support	682,268	631,204	594,937	564,846
Number of children and community members reached with life-saving mine risk education messages	1,684,106	1,213,681	1,468,541	1,161,456
Number of children reached with critical child protection services (case management focused on family tracing and reunification, reintegration, GBV response, and victims' assistance)	12,932	7,111 ^{iv}	10,345	7,111
EDUCATION				
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	738,995	427,354	639,100	163,632
Number of affected children receiving psychosocial support services and peacebuilding education in schools	1,000,000	282,785	429,000	117,818
Number of affected children supported with basic learning supplies, including school bag kits	1,500,000	130,037	473,000	41,701
COMMUNICATION FOR DEVELOPMENT				
Affected people in cholera risk areas provided with key information on prevention and response to cholera			6,000,000 (4 key practices for cholera prevention)(CR)	8,639,584
Affected people engaged to adopt 14 life-saving and protective practices			2,200,000 (14 key practices)	1,983,292
Social mobilizers trained and deployed for key behaviour changing in AWD/cholera high-risk areas ^(CR)			10,000	7,978

Results are through 30 September 2018 unless otherwise noted.

Where cluster partners have not timely reported results within the sector, UNICEF results have been reported.

(Cholera Response - CR) Additional dedicated indicators established to monitor UNICEF's AWD/cholera response implementation. CR results are cumulative from April to 30 September 2018.

ⁱ The UNICEF target has remained unchanged, and is therefore higher than the corresponding target in the revised 2018 Yemen Humanitarian Response Plan and that of the Cluster. Given the current rise in food insecurity and the sharp devaluation of the Yemeni Rial, UNICEF has not changed its target in order to try to reach more children who may be at risk. The targets will be reconciled in the 2019 HAC appeal.

ⁱⁱ The UNICEF target has been revised in line with the 2018 HRP, for which there is a reduction in the SAM caseload. Updated data from SMART assessments in 6 governorates by mid-2018 have informed the SAM prevalence data. Please also see footnote i.

ⁱⁱⁱ UNICEF provides Vitamin A and micronutrient interventions, whereas partners only provide micronutrient interventions. Therefore the UNICEF total results are higher.

^{iv} The Child Protection Cluster result does not include all the reports from cluster partners. It is anticipated that this result will be higher when all the updates are received.

Funding requirements

UNICEF has revised its humanitarian requirement for 2018 from US\$378 million to US\$424 million, in line with the 2018 Humanitarian Response Plan for Yemen, to meet the humanitarian needs of children in 2018. A sharp depreciation of the Yemeni Rial increased the cost of operations and implementation of activities. UNICEF Yemen is experiencing a funding gap for specific sectors. Thanks to generosity of donors, certain sectors received funding for activities which go beyond 2018 implementation. This funding will be applied against the 2019 HAC. Securing adequate and flexible funding for 2019 is essential to ensure the continuity of the response.

Appeal Sector	Previous 2018 HAC Requirement (US\$)	Revised 2018 HAC Requirement (US\$)	Funds Available (US\$) ¹³	Funding Gap	
				US\$	%
Nutrition	113,093,609	113,093,609	113,093,609	0	0%
Health	107,264,969	107,264,969	107,264,969	0	0%
WASH	79,100,000	125,000,000 ¹⁴	132,002,609	0	0%
Child protection	33,238,526	33,238,526	27,145,230	6,093,296	18%
Education	30,840,473	30,840,473	34,084,386	0	0%
Communication for Development (C4D)	14,553,270	14,553,270	9,235,191	5,318,079	37%
Being allocated			54,377,135 ¹⁵		
Total	378,090,847	423,990,847	477,203,129	11,411,375	3%¹⁶

¹ Office for the Coordination of Humanitarian Affairs, 2018 Yemen Humanitarian Response Plan.

² Yemen Emergency Operations Center, Cholera and Diphtheria Response, Situation Report No. 47, 26 August 2018.

³ Ibid.

⁴ From March 2015 to June 2018, as per the Country Task Force on the Monitoring and Reporting Mechanism.

⁵ Office for the Coordination of Humanitarian Affairs, 2018 Yemen Humanitarian Response Plan, revised August 2018 (pending publication).

⁶ 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.

⁷ Funds available includes \$289.67 million in funds received against the current appeal (emergency resources and other resources) and US\$ 187.53 carry forward from the previous year.

⁸ People living in areas at high risk for cholera.

⁹ Monitoring and Reporting Mechanism.

¹⁰ Office for the Coordination of Humanitarian Affairs, 2018 Yemen Humanitarian Response Plan.

¹¹ Ibid.

¹² The 14 key practices addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrollment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The 4 key practices for cholera response include: household water disinfection, hand washing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, re-hydration and immediate referral to health facility).

¹³ Funds available includes \$289.67 million in funds received against the current appeal (emergency resources and other resources) and US\$ 187.53 carry forward from the previous year.

¹⁴ The increased WASH budget is significant as many infrastructure related supplies like generators, pumps and spare-parts are now included; however, some of the beneficiaries will overlap between supply support and preventative WASH interventions therefore, in order to avoid double counting, the highest number is being considered for budgeting purposes. In addition to a scale up in infrastructure work, other factors have all added to the increase in cost and subsequent requirement for the HAC 2018 revision, including: 1) the escalation of the conflict in Al Hudaydah with a high number of displaced people has increased the need for assistance; 2) conflict around Al Hudaydah port has caused an increase in the cost of WASH supplies; 3) an overall increase in the price of WASH commodities and fuel due to depreciation of the Yemeni Rial.

¹⁵ Generous multi-year donor contribution (2018-2020) recently received from Kuwait pending programme allocation.

¹⁶ Whilst UNICEF has exceeded in its overall fundraising target for 2018, funding gaps remain only in Child Protection and C4D.

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