Situation Overview & Humanitarian Needs

After weeks of negotiation at the highest levels, a much-welcomed five-day humanitarian pause took place in Yemen from 12 – 17 May, which provided the opportunity for humanitarian actors to transport and distribute supplies across much of the country as well as to carry out rapid emergency assessments alongside humanitarian interventions. The pause also allowed for the prepositioning of supplies across Yemen, and enabled the return of a small number of international UN staff to Sana’a.

During the pause, local and government partners were able to deliver humanitarian supplies and services to 13 of the most affected governorates. In Aden the electricity corporation was reportedly able to start repairing the networks covering Crater and Khormaksar Districts. In Sana’a, some families took the opportunity to return to their homes, while in Sa’ada, IDP families returned briefly to their communities to check on their houses and retrieve their belongings.

Although the humanitarian pause was successful in enabling the delivery of humanitarian supplies and services to many affected areas, overall, the humanitarian response was hampered by a lack of fuel and by ongoing fighting, particularly in Taiz and Al Dhale, as well as for a limited time in Aden and Lahj. The duration of the pause was generally felt to be insufficient for the level of humanitarian interventions needed. Efforts by the UN to seek an extension of the pause were curtailed as airstrikes resumed in certain parts of the country, including in Sana’a, soon after the pause ended.
The humanitarian situation in Yemen continues to deteriorate, compounded by ongoing fuel shortages and insecurity. Despite a limited amount of available petrol, severe fuel shortages continue. Refuse is piling up in many areas as fuel is not available for removal trucks to function, raising health and hygiene concerns. Cases of dengue and malaria continue to be reported (though not yet verified) in Hodeidah. Shortage of water is still a major problem in much of the country. Telephone networks and electricity continue to be subject to extended cuts or outages. Schools also remain closed in many areas throughout the country, affecting some 1.83 million children.

Since the beginning of the conflict, 153 out of 1,607 outpatient therapeutic feeding programmes (OTPs) have been closed due to insecurity. These programmes had been serving 455,652 children under 5 in their catchment area prior to closing. One hundred of these OTPs (or 65 per cent) are in the southern governorates of Shabwa, Abyan, Lahj and Aden. UNICEF is supporting government agencies and NGOs to deploy mobile clinics to provide integrated health and nutrition services to internally displaced persons (IDPs) and conflict affected populations in areas where health facilities are closed or in hard to reach areas.

UNICEF field offices are reporting that around 3,600 schools (21 per cent of schools in the country) remain inaccessible to children due to the ongoing conflict leaving 1.83 million children without access to education. 326 schools have been directly affected, including 86 schools that have been damaged and 180 schools that are hosting IDPs.

Between 26 March and 13 May, 2015 the monitoring and reporting mechanism (MRM) reported that 135 children were killed (105 boys and 30 girls) and 260 were maimed, while 159 boys were recruited or used by armed groups. The MRM also verified that 19 incidents affecting schools and 16 incidents affecting 11 hospitals rendered the buildings partially or completely destroyed as a result of the conflict in the same period. Many more incidents have been reported but are not yet verified.

Humanitarian leadership and coordination
UNICEF is working in coordination with the Yemen Humanitarian Country Team (HCT), which has resumed its operation in Sana’a following the reestablishment of a small presence of international staff and is being managed in coordination with Amman. The WASH sub-cluster in Aden have been holding weekly meetings. Cluster leadership is also ensured from the Amman hub with dedicated in-country focal points for WASH, Nutrition, and the Child Protection sub-cluster. Cluster focal points in country are also in place and conducting meetings as security situation warrants, but working from this distant location does pose challenges. Meanwhile the UNICEF team operating in Yemen have been involved in responding to priority needs wherever security conditions permit. On May 12th, at the start of the humanitarian pause, UN international staff returned to Sana’a, including two from UNICEF.

Humanitarian Framework
UNICEF’s humanitarian response to the recent crisis is being carried out under the framework of the inter-agency Flash Appeal (1 April – 20 June 2015), responding to urgent humanitarian needs as identified through the 2015 contingency plan finalized in March 2015, and an assessment of operational capacity to deliver against assessed and evolving needs. The flash appeal is in addition to the overall humanitarian appeal for 2015. Both appeals cover all vulnerable groups, including internally displaced persons (IDPs), host communities, migrants, refugees and other affected people and prioritize life-saving and protection programmes. The five day operational plan developed for the humanitarian pause was implemented during the reporting period. The programme response below outlines its achievements and challenges.

Summary Analysis of Programme response
Health & Nutrition
During the humanitarian pause, UNICEF prepositioned and delivered 319 metric tonnes of health and nutrition supplies for 407,425 people, sufficient for between two and four months. From this, maternal and child health supplies for at least 116,000 women and children reached service delivery points. Seventy per cent of partners were NGOs and health offices at governorate level. The pause also enabled rapid needs assessments to take place in Hajjah, Amran and Sa’ada. In total, seven assessments were planned but only three could take place due to ongoing fighting in Lahj, Aden and Taiz and the lack of fuel in Abyan. Despite this, 3,700 children were screened for SAM in Amran and Hajjah. The findings from the needs assessments are being compiled.
UNICEF supported 23 out of a planned 37 mobile teams during the pause to provide integrated health and nutrition services, reaching 82 out of the 185 planned villages, in Hajjah (11 mobile teams), Amran (3), Al Bayda (2), Al Jawf (4) and Abyan (3). A further five mobile clinics that were not part of the pause plan continued to operate in Abyan (2), Al Dhale (2) and Shabwa (1). Sixteen of the 23 mobile health teams enrolled 715 SAM children in therapeutic feeding programmes. Data on beneficiaries from the remaining 7 teams is expected in the coming days. A total of 7,730 children including IDPs were vaccinated against vaccine preventable diseases including Polio and measles; 1,600 children were given Vitamin A supplement; 640 sick children were treated; 1,750 pregnant women were provided antenatal care including tetanus vaccination (490) and folic acid supplements (490); 120 deliveries were attended by skilled birth attendants and 70 mothers received post natal care.

Water, sanitation and hygiene (WASH)
During the humanitarian pause, 1.2 million people were provided with access to clean water in urban areas while water, sanitation and hygiene (WASH) supplies were prepositioned for roughly 85,000 people in seven governorates (Aden, Abyan, Hajjah Sa‘ada, Amran, Marib and Al Dhale). The response was delivered through local and government partners. Prior to and during the pause UNICEF procured 286,000 litres of fuel locally, which allowed an estimated 1.2 million people to receive clean piped water for a few weeks in five governorates (Sana’a, Aden, Hodeida, Sa‘ada and Dhamar). A further 20,000 litres of fuel has been procured this week to ensure piped water systems continue to work in Amran town, to benefit an estimated 50,000 people, including IDPs. The total number of beneficiaries reached during the pause fell short of the 2.4 million people targeted due to severe limitations in the availability of fuel.

Rapid needs assessments conducted during the pause identified a total of 5,100 IDP families in Hajjah (1,000), Amran (850), Sa‘ada (3,000) and Marib (250) in need of critical WASH services. Families in Sa‘ada and Marib received essential WASH items during the pause, while families in Hajjah and Amran will benefit from prepositioned supplies such as water filters and hygiene kits within the coming days.

In addition to the specific WASH activities planned for the pause, water trucking continued for 11,050 people including IDPs in Sa‘ada (700), Sana’a (7,500) and Lahj (2,850). The construction of approximately 300 latrines, which had been suspended due to hostilities, were completed and five water tanks were installed to benefit around 6,500 IDPs in Hajjah. A total of 320 temporary latrines have now been installed in IDP settlements in Abs and Hayran districts for 991 IDP families. On 18 May, following the end of the humanitarian pause, UNICEF’s partners distributed 112 hygiene kits to IDP families living in schools in Al Borayakh District, Aden.

Child Protection
During the pause, nearly 18,500 people, including 11,572 children were reached with mine risk education (MRE) and/or psychosocial support (PSS) in 10 governorates. Child protection activities were conducted in nine governorates (Aden, Al Dhale, Abyan, Al Bayda, Amran, Taiz, Hajjah, Hodeidah, Sa‘ada) targeting 16,500 people. The teams, which were drawn from the Ministry of Social Affairs and Labour (MOSAL), successfully tailored community awareness sessions to fit within the short time frame afforded by the pause. The entire response was delivered through local and government partners. Data on the numbers of people reached through child protection activities carried out in the south are forthcoming.

Unverified reports indicate that during the first day of the pause, one boy was killed and another seriously injured as a result of mortar shelling in Al Dhale. Further unverified reports suggest that in addition to eight children killed on 7 May in Bakil Almir District, another two have now died from their injuries. Another unverified report was received on 18 May that five children were killed and three injured on 12 May in Abs District. The Monitoring and Reporting Mechanism (MRM) aimed to verify 50 pending grave child rights violations during the pause, however lack of fuel and ongoing fighting in a number of governorates hampered them from carrying out verification activities. Small scale child protection rapid assessments (CPRA) were planned in three governorates, and were conducted in Hajjah, but not in Aden and Sa‘ada where fighting continued. Other assessments were carried out in Taiz, Al-Bayda, Amran and Hodeidah with a total coverage of 340 households. This has enabled UNICEF to have access to a more diverse source of information on urgent protection needs facing children and their families. It also allows for a better design and delivery of essential services and interventions in the future. Data from the assessments is currently being compiled by the cluster.

Communication for Development (C4D)
Since the escalation of conflict on 26 March, C4D interventions have reached a total of 57,512 IDPs and community members with an integrated package of life saving, care and child protection messages. The messages specifically
focused on disease prevention and management, essential nutrition, promotion of routine immunisation, hygiene promotion and avoiding injuries from unexploded ordnance. In Al-Jawf, 8,943 people were reached, while 1,500 were reached in two districts of Sa’ada City; 15,967 people were reached in 7 districts of Ibb and Taiz; 18,473 were reached in Raymah and Hodeidah; 4,333 in Dhale, Abyan, Shabwa and Lahj and 8,296 in Sana’a, Dhamar, Marab, Amran and Al-Bayda. In total, 261 community volunteers working through eight civil society organization partners have been oriented on C4D with communities. They are actively involved in promoting positive practices including prevention and management of disease outbreaks, promotion of routine immunization services, awareness and uptake of mobile services, promotion of infant and young child feeding, hygiene promotion including household water safety and use and promotion of chlorination, as well as avoiding separation and avoiding injury and death due to UXOs. They are also working to link communities to available services such as mobile health clinics. Five radio stations continue to broadcast health and hygiene promotion messages in Hodeidah, Aden, Lahj (1 each) and in Sana’a (2) reaching an estimated, conservative total of 1.8 million listeners.

Supply and Logistics
The humanitarian pause provided the opportunity to distribute and pre-position supplies throughout the country to meet the emergency needs of populations in conflict affected areas. A total of 319 metric tonnes of health and nutrition supplies were delivered, including 109 tonnes of nutrition supplies to Sanaa, Hodeida, Hajjah, Taiz, Mahweet and Rayma to provide 7,425 SAM children with full treatment for two months. The existing nutrition stock in the south (Aden, Abyan, Al Dhale and Shabwa) will be sufficient for an additional month. A further shipment is due in the next few days, with 37 metric tonnes of Ready to Use Therapeutic Food (RUTF) which will ensure sufficient stock replenishment to cover 2,500 SAM children for two months. 210 metric tonnes of health supplies to meet the needs of 400,000 people were also delivered and distributed in the affected areas.

24 solar powered refrigerators that store vaccines were delivered to 7 governorates (Taiz, Al Bayda, Hajja, Mahweet, Amran, Sanaa and Marib). The remaining distribution of refrigerators to Raymah, Abyan and Mukalla were impeded by the lack of available technicians for installation and shortages of fuel needed for transport. UNICEF was able to support the central and Hodeidah cold chains, however lack of available fuel left it unable to support cold chains in five governorates (Al Bayda, Dhamar, Al Hodeidah, Ibb and Taiz), in one hospital in Amran and in 16 mobile clinics. UNICEF made use of the pause to preposition WASH supplies including water tanks, collapsible jerry cans, water filters, water treatment chemicals, squating plates and soaps for 84,564 people in seven governorates. During the same time, WASH supplies were distributed to an estimated 39,534 people in 7 governorates.

Funding
On 17 April, the UN launched a Flash Appeal for Yemen, totaling nearly $274 million for three months, out of which UNICEF is appealing for US $27.98 million. This brings UNICEF’s total revised humanitarian appeal for 2015 to US $88.1 million. As of 19 May, UNICEF received US $11.1 million, leaving a funding gap of 87 per cent.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAC Requirements (Jan – Dec 2015)</th>
<th>UNICEF Flash Appeal 1 (Apr – 30 Jun 2015)</th>
<th>Revised 2015 HAC Requirements</th>
<th>Funds Received</th>
<th>Funding Gap</th>
<th>Per cent of funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>20,000,000</td>
<td>5,420,000</td>
<td>25,420,000</td>
<td>2,526,827</td>
<td>22,893,173</td>
<td>90%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>7,000,000</td>
<td>10,300,000</td>
<td>17,300,000</td>
<td>2,544,614</td>
<td>14,755,386</td>
<td>85%</td>
</tr>
<tr>
<td>Health</td>
<td>10,000,000</td>
<td>10,453,241</td>
<td>20,453,241</td>
<td>2,050,775</td>
<td>18,402,466</td>
<td>90%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>12,600,000</td>
<td>1,810,000</td>
<td>14,410,000</td>
<td>3,063,200</td>
<td>11,346,800</td>
<td>79%</td>
</tr>
<tr>
<td>Education</td>
<td>10,500,000</td>
<td>--</td>
<td>10,500,000</td>
<td>921,349</td>
<td>9,578,651</td>
<td>91%</td>
</tr>
<tr>
<td><strong>Total (US$$)</strong></td>
<td><strong>60,100,000</strong></td>
<td><strong>27,983,241</strong></td>
<td><strong>88,083,241</strong></td>
<td><strong>11,110,497</strong></td>
<td><strong>76,972,744</strong></td>
<td><strong>87%</strong></td>
</tr>
</tbody>
</table>

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## SUMMARY OF PROGRAMME RESULTS

### YEMEN

<table>
<thead>
<tr>
<th>Cluster Target*</th>
<th>Cluster Results^</th>
<th>UNICEF Target*</th>
<th>UNICEF Results^</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATER, SANITATION &amp; HYGIENE - 2015 Need*: <strong>13.4 million people (YHRP 2015)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of affected population provided with access to water as per agreed standards</td>
<td>3,103,852 <strong>^</strong> (flash appeal target)</td>
<td>1,918,974</td>
<td>2,953,852 (flash appeal target)</td>
</tr>
<tr>
<td># of displaced families with access to hygiene kit***</td>
<td>250,000 (flash appeal target)</td>
<td>4,484</td>
<td>55,000 (flash appeal target)</td>
</tr>
<tr>
<td>HEALTH - 2015 Need*: <strong>8.4 million people (YHRP 2015)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under-5 vaccinated for measles and Polio (OPV3/MCV1)</td>
<td></td>
<td>2,400,000</td>
<td>207,230</td>
</tr>
<tr>
<td># of pregnant women provided antenatal, delivery and postnatal care</td>
<td></td>
<td>384,000 (flash appeal target)</td>
<td>5,326</td>
</tr>
<tr>
<td>NUTRITION - 2015 Need*: <strong>1.6 million people (YHRP 2015)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children under-5 with Severe Acute Malnutrition admitted to therapeutic care (OTP/TFC/Mobile)</td>
<td>131,503 <strong>^</strong></td>
<td>21,004</td>
<td>128,503 <strong>^</strong></td>
</tr>
<tr>
<td># children under-5 given micronutrient interventions</td>
<td>1,198,059</td>
<td>199,500</td>
<td>1,198,059</td>
</tr>
<tr>
<td>CHILD PROTECTION - 2015 Need*: <strong>2.6 million people (YHRP 2015)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children living in areas where grave child rights violations are being monitored and reported (MRM)</td>
<td>1,200,000 (flash appeal target)</td>
<td>1,195,547</td>
<td>1,200,000 (flash appeal target)</td>
</tr>
<tr>
<td># of affected children benefitting from psychosocial support</td>
<td>400,000</td>
<td>51,452</td>
<td>320,000</td>
</tr>
<tr>
<td># people (child &amp; adult) reached with information on protecting themselves from physical injury/death due to mine/UXO/ERW and appropriate referrals to child-friendly Victims Assistance programme</td>
<td>500,000</td>
<td>226,403</td>
<td>400,000</td>
</tr>
<tr>
<td>EDUCATION - 2015 Need*: <strong>1.1 million people (YHRP 2015)</strong>; <strong>1.84 million children out of school since escalation of conflict in March</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached by schools supported by UNICEF/cluster (including in schools in affected areas still functioning, re-opened schools and/or temporary facilities established)</td>
<td>77,050</td>
<td>20,644</td>
<td>66,465</td>
</tr>
<tr>
<td>C4D**</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Estimated # of affected population reached through C4D efforts</td>
<td>834,000 (flash appeal target)</td>
<td></td>
<td>57,512</td>
</tr>
</tbody>
</table>

*Note on needs and targets*: Unless otherwise noted, the stated needs and targets are from the 12-month 2015 inter-agency Yemen Humanitarian Response Plan (YHRP). Following the escalation in conflict in late March, a 90-day interagency Flash Appeal was published outlining additional life-saving priorities. These flash appeal targets are noted when used. The 2015 YHRP is currently being reviewed and will be revised following the acute phase of the current context to take into account the new humanitarian needs for the second half of 2015.

*Note of results*: Results reported against YHRP targets cover the period beginning January 1, 2015. Result reported against flash appeal targets cover the period beginning April 1, 2015.

**2,953,852 via support to public water supply, 150,000 IDPs via water trucking**

**Including 40,000 as a part of the flash appeal**

***The results for this indicator reported in the last SitRep (covering 7-12 May) erroneously reported figures for individuals instead of families. The correct results for the 7-12 May are 2,380 families for both cluster and UNICEF.**