Highlights

- One year after the internationalization of the conflict in Yemen, on 26 March 2015, Yemen continues to be pushed to the brink with children paying the highest price. Almost 10 million children are in need of urgent humanitarian assistance. Despite violence, access restrictions and funding shortages, UNICEF continues to deliver integrated response across the country.

- Parties to the conflict have agreed to declare a nation-wide cessation of hostilities beginning on 10 April. An upcoming round of peace talks will start on 18 April. Meanwhile, on 15 March at least 22 children were killed in one of the deadliest attacks since March 2015, with probably the greatest number of civilian casualties.

- UNICEF and partners continue to provide life-saving assistance in conflict-affected districts in Taiz and Sa’ada. In March, out-patient therapeutic nutrition programmes were established; over 9,400 hygiene kits, 8,400 school supplies and 2,182 humanitarian cash transfers were distributed.

Situation Overview & Humanitarian Needs

One year has passed since the escalation of the conflict in Yemen. Extensive hostilities and violations of international humanitarian law by all parties to the conflict, have been reported across the country. Despite efforts and repeated calls from the international community for a political solution and urgent cessation of hostilities, since late-March 2015, over 6,200 people have lost their lives, half of them were civilians. To date, at least 900 children were killed and more than 1,300 were injured in Yemen’s conflict. More than 2.4 million people have been forced to flee their homes, a six-fold increase compared to pre-crisis figures.

The crisis increased the number of people with humanitarian needs from 15.9 million in December 2014 to 21.1 million in June 2015. By the end of 2015, the Yemen Humanitarian Country Team (HCT) estimates 21.2 million people in need of some kind of humanitarian assistance. Most pressing needs are related to limited access to health and nutrition services, safe water and sanitation, protection against violence and abuse, education and livelihoods.

On 23 March, the United Nations Special Envoy of the Secretary-General for Yemen Ismail Ould Cheikh Ahmed, announced that the parties to the conflict have agreed to a nation-wide cessation of hostilities beginning at midnight.

People in need of urgent humanitarian assistance:

- 21.1 million people, of whom:
  - 9.9 million are children
  - 2.4 million are IDPs (31% children)

(Task Force on Population Movement 7th report, Protection Cluster)

- 320,000 children under 5 at risk of Severe Acute Malnutrition (SAM)
- 19.3 million people in need of WASH assistance
- 14.1 million people in need of basic health care

UNICEF 2016 Requirements: US $180 million

Funds received in 2016:

US $ 32.1 million (82 per cent gap)

Overall Funding Status*

- Funded: 32.1 million (18%)
- Total Requested: $180 million
- Gap: 147.9 million (82%)

*Excluding US$ 59.7 million carried forward into 2016.
on 10 April, in advance of the upcoming round of the peace talks, which will take place on 18 April in Kuwait. Mr. Ould Cheikh Ahmed also urged the parties to maintain good faith, flexibility and a spirit of compromise and patriotism, to enable a political solution and a way out of the present conflict. Just a few days before this announcement, on 15 March, Hajja governorate suffered one of the deadliest attacks since the escalation of the conflict, with over 119 deaths, including 22 children.

Humanitarian Leadership and Coordination
UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (HCT), leading the WASH, Education and Nutrition Clusters and the Child Protection Sub-Cluster, and continues to be an active member of the Health Cluster. UNICEF has also established sub-national level Clusters for WASH, Child Protection and Education in Aden and Nutrition Sub-Clusters in all field offices. UNICEF has been the lead agency to establish humanitarian hubs in Ibb and Sa’ada. This was successfully achieved in November and February respectively, with 23 staff (including three international) based in Ibb and 12 national staff based in Sa’ada.
UNICEF continues to review and monitor programme implementation through local partners, utilising remote monitoring and innovative mobile technology. Efforts continue to diversify and expand partnerships with local NGOs to deliver humanitarian programmes on the ground.

Humanitarian Strategy
The Level 3 Corporate Emergency activated in 2015 has been extended until 30 June 2016. The Yemen country office is pursuing a three-fold strategy: increasing an integrated emergency response, ensuring the survival of key national systems and data driven advocacy on child rights. Particular focus is placed on addressing the needs of displaced children, their families and host communities. UNICEF’s humanitarian response remains focused on providing an integrated package of health / nutrition services and preventive measures to mothers, newborns and children, expanding treatment services for children with malnutrition and supporting displaced families through provision of safe water and hygiene facilities.
UNICEF works with government partners to re-open schools, provide catch up classes, provide school supplies and encourage alternative accommodation for displaced persons occupying schools. Psychosocial support is provided to children and their families through schools and community facilities, including child friendly spaces (CFS). In light of the huge impact of poverty on children, targeted humanitarian cash transfers reach thousands of the most vulnerable families in Yemen. Given the disputed nature of the government of Yemen, UNICEF has maintained both its political neutrality and working relationships with government by partnering with technical ministries and sub-national government entities to deliver impartial humanitarian relief. To maintain coordination, UNICEF’s rolling working plans have been shared with and signed by relevant line ministries.

Summary Analysis of Programme Response

Health & Nutrition
Despite transportation limitations in conflict areas, fuel shortages and an unpredictable security situation, UNICEF continues to support health and nutrition services for displaced children, their mothers and other conflict-affected populations. UNICEF and partners are putting in place a combination of strategies including support to health systems for continued service delivery, direct support for service delivery through mobile teams in the most affected areas, community outreach in remote locations and support to health facilities.

During the reporting period, UNICEF continued the scale up on its Community Management of Acute Malnutrition (CMAM) programme and opened 146 new Outpatient Therapeutic programme (OTPs) sites in as many health facilities bringing the total number of functional OTPs to 2,466. UNICEF supported 136 functional mobile teams to provide a package of health and nutrition services. At least 70,486 children from 6 to 59 months were screened for acute malnutrition by UNICEF and its partners; of these, nearly 35 per cent (24,481 children) were treated for severe acute malnutrition (SAM). In addition, 6,949 received vitamin A and micronutrient supplement, and 5,475 received de-worming capsules. Mothers, pregnant and lactating women (PLW) also benefited from CMAM, with 11,920 mothers of children under 59 months receiving infant and young child feeding counselling, and 34,791 PLW receiving iron folate supplementation.

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1 According to reports from 82 mobile teams.
2 34,597 boys; 35,889 girls.
3 11,217 boys; 13,264 girls.
Capacity building initiatives supported by UNICEF during the reporting period led to the establishment of new OTPs, helped to expand coverage of previously established OTPs, and enhanced capacities of local health workers and volunteers. Main activities included:

- 305 health workers in five governorates received integrated nutrition training (covering CMAM, IYCF and Nutrition-sensitive programming). This training resulted in 146 new OTPs being established (73 in Amanat Al Asimah and 73 in Taiz), and coverage was expanded in Sa‘ada and Sana‘a.
- 304 Community Health Volunteers (CHVs) in five governorates were trained on CMAM and IYCF.
- 101 Health Workers (HWs) and 19 trainers took part of CMAM refresher trainings.
- 14 district officers and nutrition zonal supervisors attended a CMAM ‘reporting tools’ workshop.
- SMART survey refresher training in Al Hodeidah governorate, with subsequent field work (starting first stages of the survey).
- 25 Community Mid-wives were trained on home based maternal and newborn care.

Given the precarious conditions of Yemen’s health services and facilities, UNICEF continues to provide critical support to the Health sector for maintenance of cold chain, in-country logistics, supervision and monitoring. In March, 1.48 million doses of Polio vaccine and 1.1 million doses of Pneumococcal vaccine were shipped into Yemen and are currently being distributed. Through support provided to health facilities, around 2,297 children were provided treatment for illnesses at health facilities in three governorates. Community mid-wives (CMWs) previously trained and equipped by UNICEF, provided services to mothers: 4,444 mothers received antenatal care, 2,489 mothers and their newborns received post-natal care, and 1,890 deliveries were assisted.

In the framework of UNICEF’s partnership strategy, UNICEF Yemen Office and UNICEF MENARO organized two immunization workshops engaging GAVI, WHO, and representatives of Yemen’s national EPI team.

### Water, Sanitation and Hygiene (WASH)

UNICEF’s WASH strategy focuses on providing access to safe water and restoring lost service provision capacity in highly populated and conflict-affected locations. Nearly 19.3 million people in Yemen are now unable to meet their basic WASH needs as a consequence of the ongoing conflict.

During March, nearly 1.8 million people have been provided with regular access to water, through the support given by UNICEF to Local Water Corporations, in six governorates. This brings the total number of people reached since the beginning of the year, to 3.7 million. In order to ensure quality of water, 3,967 ceramic water filters were distributed in households, reaching more than 27,000 people.

Sanitation issues remain critical in preventing the onset and progression of disease. UNICEF is supporting the wastewater treatment plant in Amanat Al-Asimah by the provision of a sewage pumping station, this initiative benefits at least 1.4 inhabitants of Sa‘ada’s city. In IDP settlements in Abs district (Hajjah governorate), 491 latrines were installed to serve 982 IDP families. Hygiene kits were distributed to nearly 58,000 people in three governorates—including 5,474 people in Taiz conflict-affected districts. Hygiene awareness sessions are regularly carried out to reinforce interventions, 11,914 individuals participated in Sa‘ada and 17,695 IDPs families in in Hajjah.

### Child Protection

Children experiencing conflict are facing serious consequences, including stress and long-term mental health issues. To address this, UNICEF is providing Psycho-Social Support (PSS) in priority locations. At least 78,349 children from conflict-affected governorates received PSS via Community based and mobile Child-Friendly Spaces (CFS) activities. In addition, 176 cases of vulnerable children were identified and received appropriate services. During the reporting period, 180,222 people received life-saving information via community and school based activities on how to protect themselves from the risks of mines, UXOs and ERW.

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1. Amanat Al Asimah, Sana’a, Sa‘ada, Al Bayda and Ibb.
2. IYCF: Infant and Young Child Feeding.
3. Al Bayda, Hodeidah, Marib, Sana’a and Taiz.
5. Hajjah, Raymah and Dhamar.
6. Amanat Al Asimah (Sana’a city), Amran, Hajjah, Sa‘ada, Abyan and Lahj.
7. In Sa‘ada governorate.
8. Sa‘ada: 3,967 basic hygiene kits distributed to 27,769 people. Taiz: 5,474 people received basic hygiene kits (Al Qahirah, Al Mudhaffar and Salh districts). Hajjah: monthly consumable hygiene kits distributed to 5,242 households.
The Monitoring and Reporting Mechanism (MRM) network—fundamental for providing reliable reports on grave child rights violations—has been strengthened by training 25 MRM NGO monitors and 12 INGO staff members. During March, 23 incidents of grave violations have been verified (20 killing and maimings, two cases of recruitment and use of children, and one attack on schools). Six children victims of grave violations received lifesaving medical intervention by UNICEF.

**Education**
Continued closure of over 1,600 schools during most of the school year 2015/2016, displacement of thousands of families and the continuation of fighting and insecurity across the country have left over 387,000 children out of school, challenging the already fragile education system. To minimize the impact of the crisis and assist families to keep their children enrolled in schools, UNICEF provides school bags, teaching and learning materials; supports the Ministry of Education efforts to restore functionality of affected schools; and provide temporary learning spaces and psychosocial support.

During the reporting period, UNICEF reached 58,725 IDP and other affected children with school bags, teaching and learning supplies in five governorates, including Sa’ada and Taiz where schools have been closed for most of the year. Since January 2016, UNICEF has provided school bags and supplies to over 248,000 affected children in 13 governorates (including more than 17,000 in the most affected districts of Taiz; 8,400 in Sa’ada). To improve the physical environment of leaning spaces, UNICEF provided additional tents to be used as temporary learning spaces (TLS) for 783 children, while the rehabilitation of 165 affected schools in ten governorates is underway. With the purpose of building local capacities and knowledge on the provision of psychosocial support (PSS), in March 300 social workers and teachers were trained to provide PSS in schools.

One of the main challenge faced during March was the reopening of schools after the mid-year exams. Situation in Taiz and Sa’ada governorates remained insecure and therefore schools remained closed. Working with the MoE and other partners, UNICEF was able to reach over 15,000 out of school children in the two governorates with school supplies and ensure their enrollment in education opportunities.

**Social Policy**
During the reporting period, UNICEF reached 7,255 households with cash assistance in Amanat Al-Asima and Taiz governorates. Through local partners, cash transfers of US$ 100 are disbursed on a monthly basis for a period of six months, allowing families to cover basic needs such as cooking gas and other non-food items. In Amanat Al-Asima, 4,977 households\(^\text{13}\) received their fourth cycle of cash distribution. While in Taiz governorate, 2,182 households\(^\text{14}\) received their second cycle of cash assistance.\(^\text{15}\) Preparations are underway to start the fifth and third distribution respectively.

In Amanat Al-Asima, UNICEF has been able to successfully coordinate with Relief International and the Ministry of Education to provide food assistance to vulnerable households that did not meet UNICEF’s eligibility criteria for the cash assistance programme.\(^\text{16}\) In Taiz, UNICEF is preparing to reach an additional 2,000 Muhamasheen\(^\text{17}\) households with cash assistance. This will be coordinated with the Social Welfare Fund (SWF), giving priority to households previously registered to be included in SWF.

**Communication for Development (C4D)**
During the reporting period, 77,203 individuals were reached and engaged around key life-saving messages and practices, making a total of 349,561 individuals reached in 13 governorates through interpersonal means since the beginning of 2016. UNICEF, in partnership with local NGOs and volunteers has supported community mobilization and participation in environmental clean ups in Taiz enclaves, in tracking of and immunization of child defaulters in Aden, in addition to promoting exclusive breastfeeding and appropriate complementary infant feeding, handwashing with soap, safe household water storage, self-protection from falling debris/UXOs, and education.

**Supply and Logistics**
Since the escalation of the crisis in late March 2015, a total of 4,340 metric tons of emergency supplies have been sent to Yemen via the Djibouti emergency logistics platform. In total, 45 dhows and 12 cargo flights have been chartered to ensure

\(^{13}\) 34,839 individuals.

\(^{14}\) 15,274 individuals.

\(^{15}\) A total of 7,500 households have received two cycles of cash assistance, including 5,222 reported on previous SitReps.

\(^{16}\) BI: 215 households; Ministry of Education: 215 households.

\(^{17}\) Al Muhamasheen, [the marginalized] designates a marginalized demographic group in Yemen, mostly living in slum areas and outskirts of cities, suffering the highest rates of unemployment and poverty.
the continuity of the supply pipeline into Yemen. During the reporting period, three dhows have been chartered to deliver supplies to Hodeidah and Aden ports and three cargo flights were chartered to carry vaccines to Sana’a and were successfully handed over to the Ministry of Health, including: 850,600 vials of pneumococcal vaccines sufficient to reach 850,600 children and 74,400 vials of OPV sufficient to cover 1,488,000 children. In addition, over 11,600 cartons of RUTF (to treat 11,600 children during one month), 260 water tanks (for approx. 50,000 people), and 2,492 school kits were distributed to IPS. A first shipment of 6,522 cartons of RUTF (to treat 6,522 children for one month) has arrived directly to Aden without passing via Djibouti, using commercial shipping lines.

Funding
In line with the Humanitarian Response Plan (HRP), UNICEF’s 2016 appeal is for US$180 million, UNICEF has received US$ 9.6 million against the appeal, leaving a 95 per cent funding gap. Additionally, US$ 59.7 million have been rolled over pledged against the 2015 appeal.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funding Received*</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td>%</td>
<td>US$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>61,500,000</td>
<td>3,838,663</td>
<td>6%</td>
</tr>
<tr>
<td>Health</td>
<td>36,000,000</td>
<td>11,012,999</td>
<td>31%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>48,500,000</td>
<td>4,137,248</td>
<td>9%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>14,000,000</td>
<td>2,961,916</td>
<td>21%</td>
</tr>
<tr>
<td>Education</td>
<td>14,000,000</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Social Protection in Emergency</td>
<td>6,000,000</td>
<td>4,076,168</td>
<td>68%</td>
</tr>
<tr>
<td>Being allocated</td>
<td>6,077,540</td>
<td></td>
<td></td>
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<tr>
<td>Sub-Total</td>
<td>180,000,000</td>
<td>32,104,534</td>
<td>18%</td>
</tr>
<tr>
<td>Carry-forward</td>
<td></td>
<td>US$ 59,692,673</td>
<td></td>
</tr>
<tr>
<td>Total funding available**</td>
<td></td>
<td>US$ 91,797,207</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>US$ 180,000,000</td>
<td>US$ 91,797,207</td>
<td>51%</td>
</tr>
</tbody>
</table>

*Funds received do not include pledges.
**Total funding available includes total funds received against current appeal plus carry-forward.

Next SitRep: First week of May 2016.

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UNICEF Yemen Twitter: @UNICEF_Yemen

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18 As of 14 March, 2016.
### SUMMARY OF PROGRAMME RESULTS

#### 2016 PROGRAMME TARGETS AND RESULTS*

<table>
<thead>
<tr>
<th>Cluster</th>
<th>UNICEF</th>
<th>2016 Overall needs</th>
<th>2016 Target</th>
<th>Total 2016 Results</th>
<th>2016 Target</th>
<th>Total 2016 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 are treated for Severe Acute Malnutrition (SAM)</td>
<td>319,966</td>
<td>178,562</td>
<td>31,396</td>
<td>178,562</td>
<td>31,396</td>
<td></td>
</tr>
<tr>
<td>Number of PLWs benefitted from the IYCF counseling</td>
<td>2,076,914&lt;sup&gt;2&lt;/sup&gt;</td>
<td>313,119</td>
<td>40,675</td>
<td>313,119</td>
<td>40,675</td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 given micronutrient interventions&lt;sup&gt;4&lt;/sup&gt;</td>
<td>4,298,163&lt;sup&gt;2&lt;/sup&gt;</td>
<td>276,000</td>
<td>22,346</td>
<td>4,000,000</td>
<td>22,346</td>
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</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 1 vaccinated against measles (MCVs)</td>
<td>953,363</td>
<td></td>
<td></td>
<td>770,000</td>
<td>3,712</td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,039,936</td>
<td></td>
<td></td>
<td>5,039,936</td>
<td>4,544,708&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 receiving primary health care</td>
<td>2,387,000</td>
<td></td>
<td></td>
<td>815,000</td>
<td>77,466</td>
<td></td>
</tr>
<tr>
<td>Number of pregnant and lactating women receiving primary health care</td>
<td>2,076,000</td>
<td></td>
<td></td>
<td>680,000</td>
<td>73,368</td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
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<tr>
<td>Number of affected population (men, woman, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining the Public and community infrastructures&lt;sup&gt;3&lt;/sup&gt;</td>
<td>8,391,079</td>
<td>6,384,984</td>
<td>3,697,013</td>
<td>5,186,000</td>
<td>3,670,457&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Number of affected people with access to safe water as per agreed standards (7.5-15L per person per day)</td>
<td>1,750,000</td>
<td>682,332</td>
<td>315,530</td>
<td>100,000</td>
<td>64,149&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Number of affected people provided with standard basic hygiene kits</td>
<td>1,750,000</td>
<td>1,382,461</td>
<td>96,447</td>
<td>500,000</td>
<td>92,475</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children in conflict-affected areas covered by MRM interventions</td>
<td>2,473,352</td>
<td>1,372,933</td>
<td>554,302</td>
<td>1,372,933</td>
<td>554,302</td>
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</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>1,821,656</td>
<td>399,594</td>
<td>221,638</td>
<td>279,716</td>
<td>221,638</td>
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<tr>
<td>Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion</td>
<td>1,927,153</td>
<td>502,158</td>
<td>433,975</td>
<td>351,511</td>
<td>433,975</td>
<td></td>
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<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
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<tr>
<td>Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation</td>
<td>497,200</td>
<td>244,500</td>
<td>9,801</td>
<td>156,000</td>
<td>7,059</td>
<td></td>
</tr>
<tr>
<td>Number of affected children receiving psychosocial support services in schools</td>
<td>1,800,000</td>
<td>575,500</td>
<td>17,833</td>
<td>173,000</td>
<td>9,971</td>
<td></td>
</tr>
<tr>
<td>Number of affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system&lt;sup&gt;5&lt;/sup&gt;</td>
<td>2,000,000</td>
<td>522,710</td>
<td>260,038</td>
<td>360,000</td>
<td>248,852&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen&lt;sup&gt;6&lt;/sup&gt;</td>
<td>8,000,000</td>
<td></td>
<td></td>
<td>34,285</td>
<td>45,000</td>
<td></td>
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<tr>
<td><strong>C4D</strong></td>
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<tr>
<td>Number of affected people reached through integrated C4D efforts</td>
<td>2,000,000</td>
<td></td>
<td></td>
<td>1,200,000</td>
<td>349,561</td>
<td></td>
</tr>
</tbody>
</table>

Footnotes:

<sup>1</sup> Some programme results appear high as they are part of ongoing efforts initiated in 2015 (i.e. “Number of affected population provided with improved water sources and environmental sanitation services”—an indicator which measures large-scale urban and rural water programmes; “Number of children under 5 vaccinated against polio” were results mostly attributed to the national vaccination campaign ongoing since 1 January). Other results are expected to be achieved more gradually.

<sup>2</sup> UNICEF’s target for the indicator is 4,000,000 US children as Micronutrients interventions that UNICEF is supporting include Vit A supplementation and micronutrients sprinkles supplementation, while Nutrition cluster target did not include the Vit A supplementation and will consider only micronutrients sprinkles supplementation target. 276,000 children under 5.

<sup>3</sup> Number of PLWs benefitted from the IYCF counseling “estimated based on the total number of PLWs (8% of population). “Number of children under 5 given micronutrient interventions”, estimated based on the total number of children from 6 to 59 months old.

<sup>4</sup> 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 of number of people benefiting from support to solid waste management services with supply of equipment, spare parts, fuel and other operational costs.

<sup>5</sup> Number of people in need for urgent social protection, estimated by UNICEF based on SWF quarter 4-2014 report. Totals overall needs under this HPM indicator includes the total overall needs for “Number of affected children receiving psychosocial support services in schools”.

<sup>6</sup> UNICEF target for 2016 is markedly low compared to 2015 since this activity moved from being under the NF/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, and thus a change in the target.