

©UNICEF Yemen/2017



SITUATION IN NUMBERS

## Highlights

- Yemen is today one of the world's largest humanitarian crises. It was estimated in the April 2017 Periodic Monitoring Report that 20.7 million people – including over 11 million children – required humanitarian assistance, with needs currently under review. The AWD/suspected cholera outbreak, the threat of famine and the undermined national systems, are contributing to exacerbate the suffering of millions of children and families.
- In view of the current situation, UNICEF has revised its Humanitarian Action for Children (HAC) appeal. Additional funds of US\$ 102.4 million are urgently required to meet the increasing needs of children and families. With this support, UNICEF will be able to reach 9.9 million children with humanitarian programmes across all sectors and more will benefit from the restoration of basic services.
- UNICEF and partners continue working around the clock in coordination with Health and Water authorities and partners to provide services and supplies in response to the Acute Watery Diarrhoea (AWD)/suspected cholera outbreak, which by the end of June had left over 246,000 suspected cases.\*
- More than 5 million people have been reached by UNICEF integrated efforts in response to the AWD/cholera outbreak, including by supporting case management, establishment and operation of treatment facilities, supporting water systems, providing at household level safe water and essential WASH supplies, and reaching families with key information on how to protect themselves against AWD/cholera.
- AWD and malnutrition are highly related, malnourished children – currently 1.8 million\*\* - with extremely weak immune systems, would be at risk for developing cholera. Furthermore malnutrition makes early diagnose and treatment even more challenging.

## UNICEF's Response with Partners

	UNICEF		Sector/Cluster	
	UNICEF Target	Cumulative Results	Cluster Target	Cumulative Results
Number of children under 5 with SAM admitted to therapeutic care	323,000	82,527	323,000	82,527
Number of children under 5 vaccinated against polio	5,352,000	4,780,055		
Number of people served with support to operation, maintenance and rehabilitation of public water systems	4,068,039	2,174,069	5,492,703	2,770,761
Number of children in conflict-affected areas receiving psychosocial support	545,814	221,987	682,268	268,373
Number of affected children supported with basic learning supplies	364,427	210,041	548,973	215,148

\*As of 13 July: 332,658 suspected cases; 1,759 associated deaths.

\*\*Source: Nutrition Cluster. SAM caseload has been revised by the Nutrition Cluster, based on new data available.

## June 2017

**11.3 million** (pending YHRP review)  
# of children affected out of

**20.7 million** (pending YHRP review)  
# of people affected

**1.6 million**  
# of children internally displaced (IDPs) and returnees out of

**2.9 million**  
# of IDPs and returnees  
(Task Force on Population Movement 14<sup>th</sup> report, Protection Cluster, May 2017)

**385,000** children under 5 suffering Severe Acute Malnutrition (SAM)\*\*

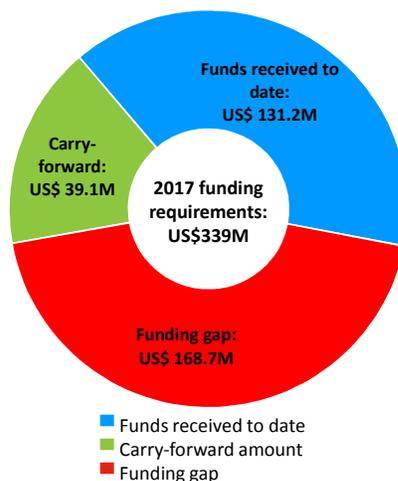
**15.7 million** People in need of WASH assistance

**14.8 million** People in need of basic health care

## UNICEF Appeal 2017

**US\$339 million**  
**2017 Funds available\*\*\***  
**US\$170.3 million**

## Funding Status



\*\*\*Funds available include funding received for the current appeal year, the carry-forward from the previous year and funds from other resources supporting emergency cholera response

## Situation Overview & Humanitarian Needs

Over the past six months, the humanitarian situation in Yemen has substantially deteriorated. According to recent analysis by the Humanitarian Country Team, the number of people in need of assistance and protection is 20.7 million.<sup>1</sup> Yemen is today one of the world's largest humanitarian crises.

The country continues to be engulfed in a rampant conflict since March 2015, which follows previous long lasting instability. Increasing tensions and hostilities in the western coast since January have left over 50,000 people displaced, many of them in locations where humanitarian access has been extremely challenging. Concerns regarding the continuity of operations of the Al Hudaydah port persist and the potential closure of the main port in Yemen would have significant consequences for the humanitarian operation.

Since late-April, an AWD/ suspected cholera outbreak - initially reported in October 2016 - spread at an alarming speed and in just two months the number of cases of acute watery diarrhoea (AWD) / suspected cholera went up to over 246,000, including 1,517 related deaths.<sup>2</sup> Children under the age of 15 account for over 40 per cent of all suspected cases. Years of under-investment in public water and sanitation systems, contaminated water sources, ongoing waves of displacement, families unable to afford basic sanitation and hygiene items, along with the collapsing health, water and sanitation systems –e.g. over 300,000 health workers not receiving salaries for the past ten months, are among the main factors contributing to the outbreak. A total of 540,000 suspected cases are expected until the end of 2017.<sup>3</sup> While UNICEF and humanitarian partners have stepped up and mobilized urgent assistance, the scale of the needs will require additional efforts and resources, as well as sustained support to the weakened national systems.

Adding up to the bleak picture, the food insecurity and nutrition crisis is far from improving. At least 60 per cent of the population are food insecure and require assistance, some 17 million people lacking access to food or consuming an inadequate diet are now at risk of slipping into famine. Currently, more than 1.8 million children in Yemen are suffering from acute malnutrition, including an estimated 385,000 with Severe Acute Malnutrition (SAM).<sup>4</sup> Severe acute malnutrition and diarrhoeal diseases create a vicious cycle, each making the other more severe and more likely to occur.

Estimated Affected Population (Based on Periodic Monitoring Review. Jan-Apr 2017. April 2017)					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Affected Population (pending YHRP review)	20.7	4.7	4.6	5.8	5.5
People in acute need <sup>5</sup> (pending YHRP review)	9.8	2.28	2.19	2.76	2.55
People in moderate need <sup>6</sup> (pending YHRP review)	10.9	2.44	2.44	3.08	2.95
Internally Displaced Persons (IDPs) <sup>7</sup>	2	0.4	0.5	0.5	0.6
People in need of assistance – WASH (Estimated) (pending YHRP review)	15.7	3.6	3.5	4.4	4.2
People in need of assistance – Health (Estimated) (pending YHRP review)	14.8	3.4	3.3	4.2	4.0
People in need of assistance – Nutrition (Estimated) (pending YHRP review)	4		1.0	1.5	1.5
People in need of assistance –Child Protection (Estimated) (pending YHRP review)	6.2			3.2	3.0
People in need of assistance –Education (Estimated) (pending YHRP review)	2.3			1.2	1.1

## Humanitarian leadership and coordination

UNICEF works in coordination with the Yemen Humanitarian Country Team (HCT) leading the WASH, Education and Nutrition Clusters and the Child Protection Sub-Cluster, and is an active member of the Health Cluster. Sub-national level Clusters for WASH, Child Protection and Nutrition are functional in all five field offices (Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb), and Education sub-national Clusters are active in Aden, Ibb and Al Hudaydah. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF (C4D) is also HCT lead focal point for Accountability to Affected Populations (AAP) and co-chairs the interagency Community Engagement Working Group whose primary objectives are to enhance provision of accurate and relevant information, facilitate feedback/ complaints mechanisms and ensures that feedback from affected men and women informs system-wide decision making in the humanitarian response.

UNICEF monitors programme implementation through field staff –where access allows – or through a third party monitoring partner. UNICEF is partnering with technical ministries and sub-national government entities to deliver impartial humanitarian assistance. With the resurgence of the AWD/ suspected cholera outbreak in late April, the national AWD/Cholera Taskforce has been reactivated. Led by health authorities, the Taskforce is formed of WASH and Health clusters representatives and additional technical staff, discusses updates and strategic issues that will guide cluster partners in their response, reports regularly to their respective clusters and feeds back to the Governorate Health Offices (GHO) and to Sub-national taskforces. An integrated response plan – outlined by

<sup>1</sup> HRP Periodic Monitoring Review. Jan-Apr 2017. OCHA, Apr. 2017.

<sup>2</sup> As of 1 July, Source: WHO Daily epidemiology update, 2 July 2017.

<sup>3</sup> Health/WASH cluster Cholera response plan, June 2017.

<sup>4</sup> SAM figures revised by the Nutrition Cluster based on new information available, including EFSNA and IPC March 2017.

<sup>5</sup> Acute Need: People who require immediate assistance to save and sustain their lives.

<sup>6</sup> Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.

<sup>7</sup> Figures include people currently displaced by conflict and natural disasters. Task Force on Population Movement (TFPM), 14th Report (May 2017).

the Health and WASH clusters has been revised according to recent caseload projections. Regarding AWD/ suspected cholera response coordination, as WASH Cluster lead, UNICEF provides sector leadership at national and sub-national levels, information management (IM) assistance for the overall response, along with operational plan development and technical assistance to partners, standard guidelines for harmonization as well quality assurance. With technical support from UNICEF, the national Communication for Development AWD/ Cholera Task Force has been reconstituted under the Health Education Center of the Ministry of Public Health and Population (MoPHP), with membership of over 150 non-governmental organizations.

In January 2017, in partnership with ACF, UNICEF established the Rapid Response Mechanism (RRM) as an operational, programmatic and partnership model designed to enhance UNICEF's capacity to respond in a timely, coordinated and predictable manner to the needs of populations made vulnerable by displacement, disease and/or natural disasters in humanitarian/ emergency settings, covering key governorates. The RRM was piloted during the emergency in the western coast in January 2017, allowing for the rapid deployment of RRM assessment teams in affected districts, and providing emergency WASH assistance. The RRM has been activated also for cholera response.

## Humanitarian Strategy

UNICEF's humanitarian strategy is guided by its Core Commitments for Children in Humanitarian Action. UNICEF revised Humanitarian Action for Children (HAC) appeal is aligned with the strategic objectives and cluster operational response plans, as in the Yemen Humanitarian Response Plan (YHRP) 2017.<sup>8</sup> The YHRP was officially launched on 8 February, requesting US\$2.1 billion to reach an estimated 12 million conflict-affected people with life-saving assistance. This is the largest consolidated humanitarian appeal for Yemen ever launched. In order to adequately meet the additional needs resulting from the rapidly spreading AWD/ suspected cholera outbreak, the YHRP is currently under review, UNICEF's HAC has been revised accordingly.<sup>9</sup> In addition, UNICEF has developed an integrated AWD/ cholera response plan with a 2-phase approach: Response (to be implemented during the next six months) and System Strengthening and Prevention (to be conducted until the end of 2018). UNICEF response consists of three elements of coordinated response interventions in Health, WASH and C4D sectors aiming at reducing occurrence of, and to minimize morbidity and fatality of AWD and cholera, through effective prevention and timely response.

As per the revised HAC (July 2017), life-saving health, nutrition, WASH, education, child protection and social protection services - supported by communication for development interventions - will be delivered to 17.3 million people, including 9.9 million girls and boys. UNICEF will promote integrated activities and delivery of services, strengthen national systems and institutions - particularly the nearly collapsing health system - including by providing essential supplies and covering basic operational costs. Malnutrition prevention and treatment will be expanded. UNICEF plans to support the operation, maintenance and rehabilitation of water systems, empowering local communities to manage and maintain the water systems long-term. Some 1.8 million children will gain sustained access to education through the rehabilitation of schools 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 be also expanded.

UNICEF advocates at the country, regional and global levels for unhindered humanitarian access and protection, and remains focused on ensuring the availability of basic social services to the most vulnerable including internally displaced persons (IDPs), host communities and other conflict-affected populations.

## Summary Analysis of Programme response

### Health and Nutrition

By the end of June, 246,867 AWD and suspected cholera cases had been reported in 285 districts in the country. Working in close coordination with the Ministry of Public Health and Population (MoPHP) and NGO partners, UNICEF has contributed to scale up the case management response by establishing and ensuring functionality of 495 Oral Rehydration Centers (ORCs) and 52 Diarrhoea Treatment Centers (DTCs). Approximately 46 ORCs and 2 DTCs are also receiving supplies.

Since the beginning of the second wave of AWD/ suspected cholera, UNICEF is meeting the entire demand of Oral Rehydration Salts (ORS) for the country, over 4 million sachets have been distributed. To help their smooth functioning, UNICEF is providing furniture to 450 ORCs and 34 DTCs.

Between January and June, UNICEF support to the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, reached at least 844,335 children (6 to 59 months) who were screened for acute malnutrition, 82,527 children were treated for severe acute malnutrition (SAM) – equivalent to 21 per cent of the current caseload; and 728 were referred by mobile teams to inpatient treatment programmes due to medical complications. In addition, 4.5 million children (6 to 59 months) have received micronutrient supplementation, and over 132,000 received deworming capsules. 32,248 children under two received growth monitoring services. Mothers, pregnant and lactating women (PLW) benefited from CMAM, 166,207 PLW received infant and young child feeding counselling (IYCF) and 253,064 received iron folate supplementation.

<sup>8</sup> Yemen Humanitarian Response Plan 2017, OCHA. <http://ochayemen.org/hrp-2017/>

<sup>9</sup> UNICEF Yemen Revised HAC July 2017: <https://www.unicef.org/appeals/yemen.html>

Capacity building activities aiming at improving accessibility and quality of Health and Nutrition services have reached nearly 6,370 health workers and volunteers in ten governorates (see Table 1).

Activity	No. of Beneficiaries
Community Health Volunteers (CHVs) trained on CMAM and IYCF	1,389
Community Health Volunteers (CHVs) received refreshment training	1,143
Health workers (HW) trained on basic CMAM and IYCF	841
Health workers (HW) received refreshment training on CMAM and IYCF	700
Midwives trained on IYCF	149
Midwives received refreshment training on IYCF	196
Community Volunteers participated in review meetings	1,448
Community mobilization and awareness about nutrition program for community leaders, district authority, teachers and religious leaders	400
Training of District Health Offices on Nutrition Mobile Based System	104

In June, health services outreach continued by deploying 57 Mobile Teams in communities without access to health facilities. More than 33,000 children were provided with routine vaccination and over 146,000 received Integrated Management of Childhood Diseases (IMCI) services (see Table 2).

Services	No. of Beneficiaries
Routine vaccination	33,235 children
Integrated Management of Childhood Diseases (IMCI) services	146,028 children
<i>Deworming</i>	28,225 children
<i>Pneumonia treatment</i>	39,449 children
<i>Diarrhoea treatment</i>	23,425 children
<i>Dysentery treatment</i>	4,725 children
<i>Malaria treatment</i>	2,661 children
<i>Other treatments</i>	47,733 children
Pregnant and lactating women (PLW) services	29,308 PLW
<i>Antenatal care</i>	14,583 women
<i>Postnatal care</i>	14,249 women
<i>Iron folate supplementation</i>	28,832 women
<i>Tetanus vaccination</i>	12,209 women

## Water, Sanitation and Hygiene (WASH)

With the resurgence of the AWD/cholera outbreak in April, UNICEF put in place an integrated response strategy which scaled-up based on the increasing caseload. Overall, by the end of June, over 5 million people have been reached with a range of activities aiming at minimizing morbidity and preventing further spread of AWD/cholera including: support provided for operation of water supply systems and wastewater treatment plants (incl. provision of fuel), chlorination of public water networks, household chlorination campaigns, chlorination of water sources, chlorination of water trucks, distribution of chlorination tablets, water quality monitoring at water supply sources -for both public and private groundwater wells, distribution of consumable hygiene kits and hygiene awareness sessions at household level. UNICEF response has extended to 134 districts affected by AWD/cholera, in 16 governorates. Through the RRM (UNICEF/ACF), 45 Oral Rehydration Corners (ORCs) and Diarrhoea Treatment Centres (DTCs) are being established, maintained and quality of care monitored.

UNICEF ongoing support for operation and maintenance of water supply services in nine cities is benefiting over 2.2 million people, who have gained regular access to safe water. Sanitation conditions have been improved for an additional 0.5 million people with UNICEF-supported solid waste management.

In rural areas, UNICEF has rehabilitated 55 water supply systems and provided support for their operation and maintenance on a regular basis. More than 470,000 people are benefiting from the operation of the supported rural water systems. In addition, UNICEF provided training and capacity building, over 260 members of water management committees and local water authorities have been trained over the past six months.

Access to water and sanitation in IDP locations and host communities is very limited, leaving thousands of people at higher risk for waterborne diseases. It is estimated that just 47 per cent of IDPs and 50 per cent of host community members have access to at least 15 litres/day of potable water, while only 67 per cent of IDPs and 71 per cent of host community members have access to sanitation facilities (toilets and showers).<sup>31</sup> Between January and June, UNICEF has reached over 290,000 IDPs and vulnerable groups with emergency water supply through water trucking, installation of water storage tanks, distribution of water filters, solid waste

<sup>30</sup> 52 Mobile Teams deployed during the reporting period. Lahj (3), Abyan (2), Al Hudaydah (8), Hajjah (12), Al Mahwit (2), Raymah (3), Amanat Al Asimah (1), Sana'a (8), Amran (2), Marib (7), Al Bayda (1), Taizz (3).

<sup>31</sup> Multi-cluster needs assessment of IDPs, returnees and host communities in Yemen. TFP. February 2017.

campaigns, construction of emergency latrines, distribution of hygiene kits and hygiene, along with awareness raising sessions on AWD/cholera prevention.

## Child Protection

From January to June 2017, the Country Taskforce on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts (CTF MR) documented and verified 846 incidents. Despite the fact that child casualties recorded during the first half of the year decreased by 39 per cent compared to the second half of 2016, children in Yemen are still suffering the consequences of the relentless war. Children living in Taizz, Sa'ada and Hajjah have been the most affected in 2017. The number of child casualties in Taizz corresponds to 40 per cent the total documented and verified cases, followed by Sa'ada (13 per cent) and Hajjah (7 per cent). UNICEF and implementing partners referred and supported 52 children (34 boys; 18 girls) to receive medical care and 571 children (439 boys and 132 girls) were provided with functional rehabilitation and psychosocial support.

The intensification of fighting in several locations has put more adolescents under the age of 18 at high risk of being recruited and used by armed groups, with a three-fold increase in the number of cases when compared to the previous six months. UNICEF provided reintegration support services to 12 boys who have been voluntarily released from armed forces and armed groups.

By the end of June, over 563,000 people –nearly 80 per cent of them children - have been reached with UNICEF-supported Mine Risk Education (MRE) activities in order to reduce the likelihood of mine/UXO<sup>22</sup>-related injuries and death, especially among children. UNICEF has reached 42 per cent of the annual MRE target through activities conducted by partners across nine governorates. In addition, other sustainable and cost effective modalities are in place by integrating MRE in ongoing activities by the Ministry of Education (MoE) –in schools, Ministry of Endowment -through Mosques, and Ministry of Information -through different media channels. At least 127 teachers, 62 Imams and 49 media people have been trained and have reached an estimated 50,000 people with key MRE messages.

Exposure to violence, poverty, displacement and deteriorated living conditions, can have immediate and long-term consequences for children in Yemen, psychosocial support services (PSS) are critical to help them overcome these experiences. In the first half of 2017, UNICEF and partners reached over 216,000 children with PSS through 157 fixed and mobile child friendly spaces, and adolescent and youth clubs.

## Education

The Education system is also on the brink of collapse, and more than 5 million children are risking being deprived of their right to education. Over 193,000 teachers have not received their salaries during the past nine months. Moreover, school infrastructure has been affected, 222 incidents of attacks on schools have been documented and verified by the CTF MR between March 2015 and June 2017. At least 1,279 schools are partially damaged, 233 totally damaged, 162 schools are still being used as shelters for IDPs, and 21 schools are occupied by armed groups.

During the first half of 2017, over 210,000 children benefitted from improved learning environment as a result of rehabilitation of 115 schools, including rehabilitation of WASH facilities, provision of temporary learning spaces and provision of hygiene and cleaning materials. Works are in progress in additional 325 schools. As a preparation for the 2017-2018 school year, offshore procurement for nearly 310,000 school bag kits is ongoing to be distributed to conflict-affected children across the country. During this period, 1,454 teachers were trained on educational psychosocial support provision and will be able to provide support to over nearly 80,000 children.

## Social Protection

In June 2017, UNICEF reached 4,835 individuals (1,026 families) under a complementary group of the Humanitarian Cash Transfers Programme Phase 2 (HCTP-2), with six-rounds of cash assistance (one-off payment), over 32,000 individuals have been reached under the HCTP during 2017.

Between January and June, UNICEF continued to technically support the Social Welfare Fund Beneficiary Outreach Network (SWFN) and commissioned a field work exercise in Sana'a, Amanat Al Asimah and Ibb governorates with a view to generate evidence on how the most vulnerable children and their families cope with the current crisis, and refer them to existing social services, when and if needed. The exercise was comprised of three major components: (i) data collection and analysis on the current status of children and their families; (ii) referral of children to existing social services; and (iii) public dissemination of communication for development (C4D) messages related to good health, nutrition, child protection and education practices.

During this period, at least 10,553 households were targeted with C4D messages; 3,548 children were referred to the district education offices to be enrolled in school (2017-2018); 1,038 malnourished children, were referred to OTP centres; 74 suspected chorea cases were referred to health centres; 26,537 young children were referred for birth registration; 531 cases of child rights abuse and violation were identified and referred to the MoSAL's child protection committees; and 182 children were registered on the waiting list with Disabled Care and Rehabilitation Fund, provided that the Fund resumes its activity in the nearest future. As part of

<sup>22</sup> UXO: Unexploded ordnance.

the SWFN field work, comprehensive lists of available social services in all Ibb, Sana'a and Amanat Al Asimah districts were produced and used by SWFN during the field visits to refer poor and vulnerable children to the required services.

During the field work, the SWFN volunteers in coordination with UNICEF were able to take some immediate actions to enable beneficiaries to access services. This included provision of a few OTPs with required plumpy-nuts supply to be able to respond to the referred SAM cases. In some districts, the SWFN volunteers were able to advocate for opening Civil Registration Authority offices to register children. These offices were assisted in printing birth certificates to address the cases referred by the SWFN. However, it needs to be noted that the lack of birth certificates remains a major challenge nation-wide.

## Communications for Development (C4D)

C4D activities have reached over 965,000 people across the country since January 2017. Through interpersonal engagement, UNICEF has promoted adoption of 14 key behaviour practices including: vaccination, exclusive breastfeeding and proper infant and child feeding practices, hygiene promotion and safe water use, prevention of child marriage, promoting back to school, girls' education, and on-time enrolment.

With the new wave of AWD/ suspected cholera in late April, the C4D programme prioritized response to the outbreak covering 76 hotspot districts in 16 governorates, focusing on health and hygiene promotion interventions through interpersonal channels, in partnership with government and over 15 NGO partners. C4D has prioritized promoting three key behaviours for immediate response, namely: water disinfection at household and WASH facility level, handwashing with soap at critical times and appropriate food handling, as well as awareness raising on effective household response practices such as disinfection, early detection use of ORS for rehydration, care seeking behaviour, reporting and referral of suspected AWD/cholera patients. AWD/Cholera-related C4D activities have reached approximately 231,000 households (more than 2.3 million individuals), deploying over 17,000 community volunteers including community health volunteers, teachers, community and religious leaders (imams). They continue to conduct awareness raising sessions in the community including through house to house visits, counselling focus group discussions, theatre, mobile cinema, announcements and speeches in mosques, small scale video shows, puppets, banners and billboards as well health education/cholera awareness sessions in markets and other public places. Over 1 million copies of information, education & communication (IEC) materials (sticker posters, brochures, banners) with key messages have been disseminated all over the country.

Partnerships are being strengthened with Health Education Centre/ MoPHP, Ministries of Education, Information and Religious Affairs, Nutrition Department as well as with 15 NGO/CSOs to scale up the response through the deployment of additional volunteers, teachers and imams with a target of 40,000 mobilizers who will be able to reach 12 million individuals.

Through strengthened partnership with the Ministry of Information, C4D scaled up mass media outreach, working with 24 public and private Radio and TV stations on AWD/cholera response messaging. Radio and TV programmes have reached over 15 million people through daily broadcast in 24 public and private channels. In addition, short SMSs on AWD/cholera awareness have been sent to over 14 million customers through the four main telecommunication companies in Yemen. Whatsapp, Facebook and other social media platforms, as well as community media (i.e. wall paintings, puppets shows, etc.) are also being used to engage with the general public.

## Supply and Logistics

The first half of the year was marked by the food security and nutrition crisis and the new wave of AWD/suspected. In both cases, UNICEF has invested great efforts to ensure availability of the required supplies to scale up the emergency response.

The value of therapeutic spread procured between January and June 2017 – sufficient to treat over 600,000 children, has almost doubled with respect to the whole of 2016 amount. Nine aircrafts have been chartered to Yemen carrying supplies dedicated to AWD/ suspected cholera response, 116 MT at 440 cubic meter volume. Supplies included ORS, Medical IV sets, Diarrhoeal Disease Kits (DDKs)<sup>33</sup>, and WASH items. With the increased caseload and needs, supply sections plans will be revised accordingly.

## Funding

UNICEF revised its humanitarian requirement for 2017 from US\$ 236.6 million to US\$ 339 million, to address the humanitarian needs of the most vulnerable children in Yemen. As the number of people in need of assistance continues to grow, funding for humanitarian programmes across all sectors is critical.

In addition to the ongoing nutrition response against the famine alert in Yemen, additional funds are needed to address emerging needs arising from the recent AWD/cholera outbreak, to minimize the case fatality rate and prevent further spread of the disease.

<sup>33</sup> Each kit for treating 600 severe cases / 2,500 normal cases.

Sector	2017 Revised requirements (US\$)	Funds available* as of 4 July 2017 (US\$)	Funds available from other sources** (US\$)	Funding gap	
				(US\$)	%
Nutrition	83,557,762	48,566,999		34,990,763	41.9
Health	104,560,000	29,465,960	11,000,000	64,094,040	61.3
Water, sanitation and hygiene	90,299,558	34,917,666	20,000,000	35,381,891	39.2
Child protection	20,937,391	9,888,125		11,049,266	52.8
Education	15,292,938	11,932,938		3,360,000	22.0
Social protection	1,611,529	1,611,529		0.0	0.0
C4D (AWD/Cholera)i	22,775,000		2,906,000	19,869,000	87.2
<b>Total</b>	<b>339,034,178</b>	<b>136,383,218</b>	<b>33,906,000</b>	<b>168,744,960</b>	<b>49.8</b>

\* 'Funds available' as of 4 July, includes funding received against current appeal as well as carry-forward from the previous year. Figures are estimated, actual allocations are under review.

\*\* Other Resources from non-humanitarian/development funds. These resources were not received against the original 2017 HAC appeal but are contributing to the emergency cholera response, therefore can be considered as received against the revised 2017 HAC.

## Next SitRep: 15 August 2017

**UNICEF Yemen Facebook:** [www.facebook.com/unicefyemen](http://www.facebook.com/unicefyemen)

**UNICEF Yemen Twitter:** @UNICEF\_Yemen

**UNICEF HAC, 2017:** [www.unicef.org/appeals/yemen.html](http://www.unicef.org/appeals/yemen.html)

**Health/ WASH Clusters Acute Watery Diarrhea / Cholera Outbreak - Situation Report #3 (12 June 2017):** <https://goo.gl/TPnv3k>

### Who to contact for further information:

**Sherin Varkey**  
Deputy Representative  
UNICEF Yemen  
Sana'a  
Tel: +967 967 1211400  
Email: [svarkey@unicef.org](mailto:svarkey@unicef.org)

**Rajat Madhok**  
Chief of Communications  
UNICEF Yemen  
Sana'a  
Tel: +967 712223001  
Email: [rmadhok@unicef.org](mailto:rmadhok@unicef.org)

**Isabel Suarez**  
Reports Specialist  
UNICEF Yemen  
Amman, Jordan  
Tel: +962 796136253  
Email: [is Suarez@unicef.org](mailto:is Suarez@unicef.org)

## SUMMARY OF PROGRAMME RESULTS

2017 PROGRAMME TARGETS AND RESULTS <sup>(1)</sup>	Overall needs <sup>(2)</sup>	Cluster Response			UNICEF and IPs				
		Target 2017 <sup>(2)</sup>	Total Results	Change since last report	Target 2017	Total Results	Change since last report		
<b>NUTRITION</b>									
Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time	385,000	323,000	82,527	14,813	323,000	82,527	14,813		
Caregivers of children from 0 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling	2,209,935	1,355,000 <sup>(3)</sup>	166,207	42,528	950,000 <sup>(3)</sup>	166,207	42,528		
Children under 5 given micronutrient interventions <sup>(5)</sup>	4,528,100	567,000	4,465,368	9,114	4,528,100	4,465,368	9,114		
<b>HEALTH<sup>(7)</sup></b>									
Children under 1 vaccinated against measles (MCV <sub>1</sub> )					884,000	159,360	45,691		
Children under 5 vaccinated against polio					5,352,000	4,780,055			
Children under 5 receiving primary health care					1,131,000	286,078	33,054		
Pregnant or lactating women receiving primary health care					790,000	67,239	8,793		
Functional Diarrhoea Treatment Centres (DTCs) <sup>(CR)</sup>					75	62	-		
Functional Oral Rehydration Corner (ORCs) <sup>(CR)</sup>					800	530	-		
Percentage of households reached by the cholera awareness campaign team in governorates supported by UNICEF <sup>(CR)</sup>					70% of households in target governorates	-	-		
<b>WASH<sup>(7)</sup></b>									
Population served with support to operation, maintenance and rehabilitation of public water systems		5,492,703	2,770,761	1,004,687	4,068,039	2,174,069	921,216		
Affected people with access to safe water as per agreed standards through water trucking		778,053	644,312	113,711	62,000	61,863	41,268		
Affected people provided with hygiene kits for self-protection		1,379,678	313,774	34,553	190,000 (basic kits) <sup>(8)</sup>	170,194 (basic kits)	16,689 (basic kits)		
					12,000,000 (consumable kits) <sup>(8)</sup>	-	-		
People living in areas at high risk for cholera have access to safe drinking water <sup>(CR)</sup>		-	-	-	6,000,000	5,034,000	-		
Number of people at Cholera high risk areas benefiting from household level water treatment and disinfection <sup>(CR)</sup>		-	-	-	12,000,000	1,250,000	-		
Percentage of DTCs provided with WASH services <sup>(CR)</sup>		-	-	-	100%	47%	-		
<b>CHILD PROTECTION</b>									
Number of incidents verified and documented from all the reported incidents		80%	Reported: 955 Verified: 846	89%	Reported: 885 Verified: 783	80%	Reported: 955 Verified: 846	89%	Reported: 885 Verified: 783
Children in conflict-affected area receiving psychosocial support		682,268	268,373	13,824	545,814	221,987	11,702		
Number of children and community members received information to protect themselves against injury/death of mine/UXO explosion		1,684,106	580,906	2,735	1,347,284	563,806	2,632		
<b>EDUCATION<sup>(9)</sup></b>									
Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	574,545	548,973	215,148	110,988	364,427	210,041	110,988		
Number of affected children receiving psychosocial support services in schools	368,679	343,108	78,482	-	172,032	78,387	-		
Number of affected children supported with basic learning supplies, including school bag kits	730,087	704,515	19,100	-	324,789	16,000	-		
<b>SOCIAL PROTECTION</b>									
Number of vulnerable individuals reached with humanitarian cash transfers	800,000				105,000	32,072 <sup>(10)</sup>	-		
<b>C4D<sup>(7)</sup></b>									
Affected people reached through integrated Communication for Development efforts					1,750,000 (14 key practices) <sup>(11)</sup>	965,021	212,486		
					12,000,000 (4 key practices for cholera prevention) <sup>(11)(CR)</sup>	1,484,798	-		
Social mobilisers trained and deployed for key behaviour changing in AWD/cholera high risk areas <sup>(CR)</sup>					40,000	19,972	-		

## Footnotes:

(CR) Additional dedicated indicators established to monitor UNICEF's AWD/cholera response implementation.

(1) All figures as of 30 June 2017.

(2) Overall needs and targets under review.

(3) Both the cluster and UNICEF targets for IYCF have been revised as part of still on-going YHRP review. UNICEF target is 70% of the cluster target as before.

(4) SAM caseload figures revised by the Nutrition Cluster based on new information available, including EFSNA and IPC March 2017.

(5) Nutrition cluster target includes beneficiaries of micronutrients sprinkles supplementation, while UNICEF's target considers children reached with Vit A supplementation and micronutrients sprinkles.

(6) Micronutrient distribution increased during National Polio campaign, a great proportion of children vaccinated were also provided Vit A supplementation.

(7) 'Total results' do not include AWD/Cholera response results, targets will be revised.

(8) Since 1 July, UNICEF WASH suspended distribution of 'basic hygiene kits' to be replaced by 'consumable kits'.

(9) Education section has reduced its target due to fund availability.

(10) Figure revised from the previous reporting period.

(11) 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 enrolment 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 AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).