Yemen Humanitarian SitRep

April 2017

SITUATION IN NUMBERS

April 2017

9.6 million
# of children affected out of
18.8 million
# of people affected

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

462,000 children under 5 suffering Severe Acute Malnutrition (SAM)

14.5 million People in need of WASH assistance

14.8 million People in need of basic health care

UNICEF Appeal 2017
US$236.6 million
2017 Funds available*
US$94.8 million

Highlights

• A resurgence of the cholera outbreak was reported during the final week of April with over 14,000 suspected cases in 18 governorates. Currently, more than 24 million people are at risk. Health, WASH and C4D partners, including UNICEF, have revised and scaled up an integrated operational plan for the next six months to control the outbreak, prevent further spread, and minimize the risk of recurrence.

• In April, 154,325 children from 6 to 59 months were screened for acute malnutrition through routine nutrition services; of these, 18,596 children were treated for SAM and 20 were referred by UNICEF mobile teams to inpatient treatment programmes due to medical complications.

• UNICEF and WHO are supporting the Tetanus vaccination round. Led by the Ministry of Public Health and Population, this round is targeting 0.5 million girls and women from 15 to 49 years of age, across eight governorates.

• Through an agreement between Yemen Executive Mine Action Center and the Ministry of Education – with UNICEF support – 127 teachers have been trained to conduct Mine Risk Education activities in 35 schools in Amanat Al Asimah and Sana’a governorates.

• By the end of April, UNICEF’s funding gap stands at 60 per cent, at least US$141.7 million are required to provide urgent assistance including nutrition, health, WASH, education and protection services, reaching almost 10 million children and their families.

SITUATION IN NUMBERS

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th></th>
<th>UNICEF Target</th>
<th>Cumulative Results</th>
<th>Cluster Target</th>
<th>Cumulative Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under 5 with SAM admitted to therapeutic care</td>
<td>323,000</td>
<td>54,181</td>
<td>323,000</td>
<td>54,181</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,352,000</td>
<td>4,780,055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people served with support to operation, maintenance and rehabilitation of public water systems</td>
<td>4,068,039</td>
<td>839,359</td>
<td>5,492,703</td>
<td>1,273,721</td>
</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>545,814</td>
<td>191,326</td>
<td>682,268</td>
<td>234,924</td>
</tr>
<tr>
<td>Number of affected children supported with basic learning supplies</td>
<td>560,524</td>
<td>16,000</td>
<td>704,515</td>
<td>19,100</td>
</tr>
</tbody>
</table>

UNICEF’s Response with Partners

Funding Status

*Funds available include funding received for the current appeal year as well as the carry-forward from the previous year.
Situation Overview & Humanitarian Needs

On 25 April, OCHA and the governments of Sweden and Switzerland hosted a high-level pledging event for the humanitarian crisis in Yemen. At the conference, donors pledged US$ 1.1 billion to help people in urgent need in Yemen, more than half of the Yemen Humanitarian Response Plan appeal of US$2.1 billion. By the end of April, UNICEF’s funding gap stands at 60 per cent, at least US$141.7 million are required to provide urgent assistance including nutrition, health, WASH, education and protection services, reaching almost 10 million children and their families. UNICEF and WFP Regional Directors also appealed for an immediate political solution to end the war in Yemen, this would provide safety for millions of families in Yemen and allow for a massive scale-up of food assistance, nutrition support and other humanitarian aid.

During the last week of April, a resurgence of the cholera outbreak was reported. From 27 April to 9 May 2017, a total of 2,301 suspected cholera/ Acute Watery Diarrhoea (AWD) cases were reported from ten governorates, while 47 associated deaths were recorded during the same period, the number of cases is increasing by the day. The Health and WASH clusters – the latter led by UNICEF – are responding with an integrated plan for six months from May to October 2017, in order to control the outbreak, prevent further spread, and minimize the risk of recurrence.

Looming hostilities near the Al Hudaydah port continue to be of great concern for the humanitarian community. In addition to the potential consequences of cutting off the main entry port, the Task Force on Population Movement (led by UNHCR and IOM) is warning that an intensification of conflict in Al Hudaydah would lead to the displacement of 100,000 to half a million people. Meantime, salaries for public sector employees continue to go unpaid, with many vital health, education and sanitation workers not paid for more than seven months. This will continue to hamper ongoing humanitarian and early recovery efforts.

### Estimated Affected Population (Humanitarian Needs Overview, Nov. 2016)

<table>
<thead>
<tr>
<th>Start of humanitarian response: March 2015</th>
<th>Total (Million)</th>
<th>Men (Million)</th>
<th>Women (Million)</th>
<th>Boys (Million)</th>
<th>Girls (Million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>18.8</td>
<td>4.3</td>
<td>4.2</td>
<td>5.3</td>
<td>5</td>
</tr>
<tr>
<td>People in acute need</td>
<td>10.3</td>
<td>2.3</td>
<td>2.3</td>
<td>2.9</td>
<td>2.7</td>
</tr>
<tr>
<td>People in moderate need</td>
<td>8.5</td>
<td>1.9</td>
<td>1.9</td>
<td>2.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Internally Displaced Persons (IDPs)</td>
<td>2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>People in need of assistance – WASH</td>
<td>14.5</td>
<td>3.3</td>
<td>3.2</td>
<td>4.1</td>
<td>3.9</td>
</tr>
<tr>
<td>People in need of assistance – Health</td>
<td>14.8</td>
<td>3.4</td>
<td>3.3</td>
<td>4.2</td>
<td>4.0</td>
</tr>
<tr>
<td>People in need of assistance – Nutrition</td>
<td>4.5</td>
<td>-</td>
<td>1.1</td>
<td>1.7</td>
<td>1.7</td>
</tr>
<tr>
<td>People in need of assistance – Child Protection</td>
<td>6.2</td>
<td>-</td>
<td>-</td>
<td>3.2</td>
<td>3</td>
</tr>
<tr>
<td>People in need of assistance – Education</td>
<td>2.3</td>
<td>-</td>
<td>-</td>
<td>1.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

### Humanitarian leadership and coordination

UNICEF works in coordination with the Yemen Humanitarian Country Team 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 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 cholera outbreak in late April, the integrated response plan – outlined by the Health and WASH clusters – is being revised and will be the reference of UNICEF’s prevention and response actions in health, WASH and C4D sectors.

### Humanitarian Strategy

UNICEF’s humanitarian strategy is guided by its Core Commitments for Children in Humanitarian Action. UNICEF HAC 2017 is aligned with the strategic objectives and cluster operational response plans, as in the Yemen Humanitarian Response Plan (YHRP) 2017. 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.

Life-saving health, nutrition, WASH, education, child protection and social protection services will be delivered to 9.8 million people, including 6.9 million girls and boys. 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

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4. Acute Need: People who require immediate assistance to save and sustain their lives.
5. Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.
operational costs. Cholera prevention and response activities will continue to be implemented. 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

UNICEF and key humanitarian partners continue to advocate to prevent the risk of plunging into famine, calling the international community to scale up funding, and appealing for unhindered humanitarian access across the country.

With partners, UNICEF continues working to scale up the Community Management of Acute Malnutrition (CMAM) programme including timely detection of Severe Acute Malnutrition (SAM) in the community and provision of treatment at home. Through CMAM activities in April, 154,325 children from 6 to 59 months were screened for acute malnutrition through routine nutrition services; of these, 18,596 children were treated for SAM and 20 were referred by mobile teams to inpatient treatment programmes due to medical complications. In addition, 17,631 children (6 to 59 months) received micronutrient supplementation to help stave off the threat of malnutrition, and 16,072 received deworming capsules. At least 35,069 pregnant and lactating women (PLW) benefitted from infant and young child feeding counselling (IYFC) to advise them how to identify under-nutrition and improve their children's nutritional intake, and a further 46,514 PLW received iron folate supplementation to reduce the risk of anaemia and support healthy foetal development. By the end of April, UNICEF has been able to reach 16 per cent of its annual SAM treatment target.

In terms of health services outreach, hard-to-access and displaced communities in 14 governorates were reached by 57 Mobile Teams. More than 30,000 children were provided routine Integrated Management of Childhood Diseases (IMCI) services and 21,719 Pregnant and lactating women (PLW) had access to health services (Table 1).

With UNICEF support, a new shipment arrived in the country carrying 2,447,920 doses of Measles-Rubella (MR), IPV, Penta, PCV and Tetanus Toxoid (TT) vaccines. The available vaccines will serve to protect: 651,000 children against Measles and Rubella; 223,200 children from Polio, 287,014 children from diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenza type B; 389,500 children from Pneumonia; and 557,550 pregnant and non-pregnant women.

Starting on 29 April, the Ministry of Public Health and Population (MoPHP) in partnership with UNICEF and WHO, launched a TT vaccination round in 46 high risk districts located in eight governorates. The TT vaccination round will target approximately 0.5 million women (25 to 49 years), including school girls between grades 8 and 12 and their female teachers, in approximately 1,000 schools. Approximately 0.6 M doses of TT vaccine with syringes were procured by UNICEF and distributed to the targeted districts. Approximately 3,000 trained vaccinators, mostly female, are deployed to mobile teams, fixed and temporary sites. In order to raise public awareness and mobilize communities to participate, Imams (450), health education officers (450), female volunteers (1,150) and local councils (108) will deliver messages to communities and will conduct interpersonal communication activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Volunteers (CHVs) trained on CMAM and IYFC (Sana’a, Marib, Al Bayda, Abyan, Shabwah, Al Dhale’e, Hadramaut)</td>
<td>729</td>
</tr>
<tr>
<td>Health workers (HW) trained on basic CMAM and IYCF (Abyan, Shabwah, Al Dhale’e)</td>
<td>60</td>
</tr>
<tr>
<td>Health workers (HW) received refreshment training on CMAM and IYCF (Amran, Ibb)</td>
<td>238</td>
</tr>
<tr>
<td>Midwives (MWs) received basic training on IYCF (Sana’a, Marib, Abyan, Shabwah, Al Dhale’e)</td>
<td>98</td>
</tr>
</tbody>
</table>

8 57 Mobile Teams deployed during the reporting period. Abyan (3), Shabwah (1), Al Dhale’e (4), Hadramaut (2), Socotra (3), Al Hudaydah (8), Hajjah (12), Al Mahwit (2), Raymah (3), Sana’a (6), Amran (3), Marib (2), Al Bayda (1), Taizz (7).
Limited technical and operational capacities at the local level, remain a challenge for the delivery of quality services. UNICEF continues investing resources to build capacities at the local and national level, training health workers and volunteers on CMAM and IYCF (see Table 2).

Security concerns in certain locations have caused suspension of activities (e.g. mobile teams) and halted the conduction of programmatic and monitoring visits. UNICEF is working on alternative options to overcome these challenges, including reprogramming outreach activities, prioritizing monitoring visits by third party monitors and working with humanitarian partners to assess alternative routes for visiting hard-to-reach communities.

Water, Sanitation and Hygiene (WASH)

During the reporting period, WASH emergency programme continued prioritizing locations affected by the nutrition and food security crisis, as well as areas with increased number of cholera and/or AWD\(^9\) suspected cases.

In April UNICEF reached over 750,000 people with water and sanitation services through repair/rehabilitation/augmentation of rural and urban water and sanitation systems, particularly in areas with high malnutrition/food insecurity rates and those affected by the AWD/cholera outbreak. In rural areas, UNICEF provided access to sustainable drinking water supply services to over 150,000 people in seven governorates through rehabilitation of ten water supply systems and supporting operation and maintenance of 21 systems. In urban areas, UNICEF provided drinking water supply services to over 420,000 people in three governorates, through rehabilitation of water supply systems and supporting operation, including fuel assistance.

Aiming to address the needs of internally displaced persons (IDPs), UNICEF reached nearly 24,000 IDPs with emergency life-saving interventions including emergency water supply through water trucking, installation of water storage tanks, sanitation interventions including solid wastes campaigns and emergency latrines’ construction.

Moreover, UNICEF reached over 140,000 people with basic hygiene kits, hygiene kits consumables (i.e. soaps and washing powder), household water filters and so forth including hygiene promotion with awareness raising on cholera prevention.

On system strengthening, particularly for ensuring the sustainability of the rehabilitated facilities, UNICEF provided training and capacity building for local water authorities and water management committees. A total of 138 trainees from different government and NGOs partners attended the training, thus, bringing the total to over 212 trainees in 2017.

UNICEF also continued the provision of the critical drinking water supplies disinfectant – mainly in cholera/AWD hotspots - benefiting over 12,000 people during the reporting period.

Child Protection

In April, the CTF MR\(^3\) has verified cases of 14 children killed (13 boys and 1 girl) and 37 injured (24 boys and 13 girls), following a similar trend to that observed in March. UNICEF and its partners have responded to injured children with appropriate medical referral and providing specialized medical services to 23 children. Overall, the current dynamics of the fighting reflected a decrease of child casualties in Sa’ada and an increase in Hajjah governorate. However, the CTF MR continues to face challenges to access and monitor the situation in Al Mukha district of Taizz and Al Hudaydah governorate due to the continuing surge of fighting in these areas.

UNICEF continues to support children at risk of harm due to landmines. Over 68,598 people were reached with Mine Risk Education (MRE) activities - including 55,756 children. Activities were conducted in nine districts of Amanat Al Asimah and Ibb governorates, in partnership with MoSAL\(^4\) and INTERSOS, and in coordination with Yemen Executive Mine Action Center (YEMAC). The first phase of the Plan of Action agreed between YEMAC and the Ministry of Education - with UNICEF support - was completed in April with 127 teachers from 35 schools in Amanat Al Asimah and Sana’a equipped with information and skills to deliver continuous MRE activities to students.

With Psychosocial support activities conducted through 120 fixed and mobile child friendly spaces, and adolescent and youth clubs, UNICEF and partners reached 46,192 children (22,494 boys; 23,698 girls). Activities were organized in 63 districts of 12 conflict-affected governorates.

In UNICEF-supported Child Friendly Spaces and Adolescent Clubs, at least 56,320 people, including 33205 children (18,770 boys; 14,435 girls), were provided with knowledge and skills on how to protect themselves during emergencies. During these activities, 539 cases of vulnerable children were identified and 311 children were referred to individual counselling and child protection services (mainly legal, psychosocial support, education services, medical services, birth registration services, economic empowerment and livelihood support).

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\(^9\) AWD: Acute Watery Diarrhoea.

\(^3\) CTF MR: Country Task Force on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts

\(^4\) MoSAL: Ministry of Social Affairs and Labour.
**Education**

The suspension of salaries for nearly 73 per cent of teachers in 13 governorates in Yemen is now affecting around 4.5 million students (78 per cent of all students in the country). In some schools, classes have been reduced due to teacher’s absenteeism. Teachers are unable to afford rent, food and other expenses, their families are risking food insecurity.

As of April 2017, 1,279 schools remain partially damaged, 232 totally damaged, 694 closed (355 due to damage and 339 due to security reasons), 150 schools are still being used as shelters for IDPs, and 23 schools are occupied by armed groups. In total, 659 schools were vacated from IDPs and armed groups. Rehabilitation works in 109 schools are in progress and are expected to be completed by June 2017.

In Hajjah and Al Jawf governorates, 603 teachers were trained on educational psychosocial support provision, activities conducted by trained teachers will benefit 18,700 children. In addition, 16,000 children in Abyan, Lahij, Shabwah and Al Dhale’e received school bag kits.

In order to minimize the impact of the crisis in the education sector and aiming to ensure access to educational opportunities for all children in Yemen, UNICEF continues to raise funds to support key interventions such as the provision and equipment of Temporary Learning Spaces (TLS), and teacher training on educational psychosocial support to better assist affected children.

**Social Protection**

Given the complex humanitarian situation especially in Taizz enclave, UNICEF has expanded the coverage of the humanitarian cash transfer project (HCTP-2) and increased the number of payments for the main group in two districts of the enclave, Salih and Al Qahirah. In April, 5,668 families (27,061 individuals) were provided with Round 7 and final Round 8 payments – households with children received YER 21,500, while HHs without children received YER 10,750. During the same reporting period, 11 complaints and 437 appeals were received and addressed by the Social Welfare Fund (SWF), which manages the project’s grievance redress mechanism.

UNICEF continued efforts to strengthen capacity of the Social Welfare Fund’s Outreach Network (SWFN). In April, 27 social workers/SWFN specialists from 20 districts of Ibb governorate were trained on beneficiary outreach techniques, including data collection and analysis, referral to social services, and dissemination of C4D messages on health, nutrition, child protection, education and WASH practices. The training workshop has been followed-up by the field-work targeting 3,500 HHs in Ibb governorate.

A similar field-work exercise was also conducted in Sana’a governorate (34 social workers/SWF specialists were trained in March 2017) – as a result, around 3,300 children and their families have received C4D messages on the best child wellbeing practices; 579 malnourished children have been referred to Outpatient Therapeutic Programme sites (OTPs); 1,067 cases have been referred to Civil Status Directorate to facilitate the issuance of birth certificates for unregistered children; and 1,500 cases have been referred to education offices for children to be enrolled in school during the 2017-2018 school year. In the course of the beneficiary outreach exercises, SWFN specialist have also identified five health centres experiencing Plumpy Nut supply shortages. UNICEF has provided those centres with the required stock of Plumpy Nut to enable these health facilities to receive and address malnutrition cases referred by SWFN specialists in Sana’a governorate.

**Communications for Development (C4D)**

During the reporting period, approximately 336,300 people (caregivers and decision makers from IDPs and host communities) were reached with critical information and engaged in promoting key life-saving, care and protective practices through 3,167 community volunteers, 1,466 community and religion leaders. Cholera response activities scaled up followed the renewed outbreak on 27 April, and UNICEF has mobilised over 5,000 community volunteers to provide counselling to individual households on safe water treatment, water storage and use, waste disposal, handwashing and other good hygiene practices. Four short SMS messages continue to be disseminated, reaching seven million people, and TV/radio flashes are being broadcast across 35 local and national channels. The main focus has been on cholera prevention and response, but activities also continue to raise awareness on the importance of vaccination - especially tetanus, measles and polio, infant and young child feeding, chlorination and safe storage of household water, mine risk awareness and prevention of injury, on-time enrolment. These have been conducted through interpersonal engagement activities (counselling sessions, focus group discussions, theatre, mobile cinema and announcements and speeches in mosques).

**Supply and Logistics**

In April, two chartered airplanes carried MR, IPV, Penta, PCV, and TT vaccines. Total weight = 15.5 MT / 98.16 cubic meters, valued at US$ 2,342,263. More than 2.4 doses will be available to vaccinate more than 1.5 million children and more than half a million women. In addition, two dhows were dispatched from Djibouti to Al Hudaydah port carrying therapeutic spread, medical supplies and equipment. Total weight = 511,355 MT / 965.168 cubic meters, valued at US$ 1,725,961.

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41 Ibb, Amanat Al Asimah, Al Bayda, Al Jawf, Al Hudaydah, Al Mahwit, Taizz, Hajjah, Dhamar, Raymah, Sa’ada, Sana’a and Amran.
42 583 males, 65 females.
Since January 2017, UNICEF has moved 2,149 MT from Djibouti to Al Hudaydah port using dhows. At least 42.555 MT have been moved from Djibouti to Sana’a by air. Since the beginning of the year, 2,093 M3 (755 tons) have been transported from Aden to all governorates, including 1,689 M3 (544 tons) to northern parts of the country.

**Funding**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>2017 Requirements (US$)</th>
<th>2017 Funds available* (US$)</th>
<th>2017 Funding gap* (US$)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>83,557,762</td>
<td>27,600,806</td>
<td>55,956,956</td>
<td>67%</td>
</tr>
<tr>
<td>Health</td>
<td>62,000,000</td>
<td>24,248,197</td>
<td>37,751,803</td>
<td>61%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>30,299,558</td>
<td>26,654,464</td>
<td>3,645,094</td>
<td>12%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>20,937,391</td>
<td>6,054,111</td>
<td>14,883,280</td>
<td>72%</td>
</tr>
<tr>
<td>Education</td>
<td>31,789,558</td>
<td>8,154,087</td>
<td>23,635,471</td>
<td>74%</td>
</tr>
<tr>
<td>Social Protection in Emergency</td>
<td>8,000,000</td>
<td>1,611,529</td>
<td>6,388,471</td>
<td>80%</td>
</tr>
<tr>
<td>Unallocated</td>
<td></td>
<td>516,256</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>236,584,269</td>
<td>94,839,451</td>
<td>141,744,818</td>
<td>60%</td>
</tr>
</tbody>
</table>

*Funds available* as of 7 May, includes funding received against current appeal as well as carry-forward from the previous year. Figures are estimated, actual allocations are under review.

**Next SitRep: 15 June 2017**

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*Traditional sailing vessels.*
Yemen Situation Report

April 2017

Summary of Programme Results

<table>
<thead>
<tr>
<th>2017 Programme Targets and Results(1)</th>
<th>Overall Needs(2)</th>
<th>2017 Target</th>
<th>Total Results</th>
<th>Change since last report</th>
<th>2017 Target</th>
<th>Total Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time</td>
<td>461,740</td>
<td>323,000</td>
<td>51,181</td>
<td>18,596</td>
<td>323,000</td>
<td>51,181</td>
<td>18,596</td>
</tr>
<tr>
<td>Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding</td>
<td>2,209,935</td>
<td>1,989,000</td>
<td>70,767</td>
<td>35,069</td>
<td>1,392,000</td>
<td>70,767</td>
<td>35,069</td>
</tr>
<tr>
<td>Number of children under 5 given micronutrient interventions</td>
<td>4,528,100</td>
<td>567,000(4)</td>
<td>4,449,296</td>
<td>17,631</td>
<td>4,528,100</td>
<td>4,449,296</td>
<td>17,631</td>
</tr>
<tr>
<td>WASH: (1)</td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 receiving primary health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pregnant and lactating women receiving primary health care</td>
<td></td>
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<tr>
<td>Education: (1)</td>
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<tr>
<td>Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture</td>
<td>574,545</td>
<td>548,973</td>
<td>93,725</td>
<td>34,055</td>
<td>417,527</td>
<td>88,608</td>
<td>30,506</td>
</tr>
<tr>
<td>Number of affected children receiving psychosocial support services in schools</td>
<td>368,679</td>
<td>343,108</td>
<td>60,374</td>
<td>18,700</td>
<td>322,397</td>
<td>60,279</td>
<td>18,700</td>
</tr>
<tr>
<td>Number of affected children supported with basic learning supplies, including school bag kits</td>
<td>730,087</td>
<td>704,515</td>
<td>19,100</td>
<td>16,700</td>
<td>560,624</td>
<td>16,000</td>
<td>16,000</td>
</tr>
<tr>
<td>Social Protection(1)</td>
<td></td>
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<tr>
<td>Number of vulnerable individuals reached with humanitarian cash transfers</td>
<td>800,000</td>
<td>105,000</td>
<td>26,836</td>
<td>-</td>
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<tr>
<td>CFD: (1)</td>
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<tr>
<td>Number of affected people reached through integrated CFD efforts</td>
<td>1,300,000</td>
<td>686,684</td>
<td>164,017</td>
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</tr>
</tbody>
</table>

Footnotes:
(1) All figures as of 30 April 2017.
(2) Some figures are under review, will be completed in upcoming reports.
(3) Nutrition targets rounded up to the nearest 1,000.
(4) Nutrition cluster target includes beneficiaries of micronutrients sprinkles supplementation, while UNICEF’s target considers children reached with Vit A supplementation and micronutrients sprinkles.
(5) Famine response scale up increased the rate of micronutrient distribution. Target will be revised at mid-year.