Yemen
Humanitarian Situation Report

December 2016

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

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

462,000 children under 5 at risk of 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 2016
US$180 million
2016 Funds available* US$146.9 million

Funding Status

Funds received to date: US$97.7M
2016 funding requirements: US$180M
Carry-forward: US$58.7M
Funding gap: US$33.1M

*Funds available include funding received for the current appeal year as well as the carry-forward from the previous year.

UNICEF’s Response with partners*

<table>
<thead>
<tr>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Target*</td>
<td>Cluster Target*</td>
</tr>
<tr>
<td>Number of affected population provided with improved water sources, sanitation services</td>
<td>5,186,000*</td>
</tr>
<tr>
<td>Number of children with access to basic learning supplies</td>
<td>360,000*</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,039,936</td>
</tr>
<tr>
<td>Number of children under 5 given micronutrient interventions</td>
<td>4,000,000*</td>
</tr>
<tr>
<td>Number of children receiving psychosocial support</td>
<td>279,716*</td>
</tr>
</tbody>
</table>

*UNICEF and Cluster targets revised according to the Revised HRP (Aug 2016). Please refer to HPM table for details.

Highlights

- With slow progress on a negotiated political solution to the conflict in Yemen, millions of children and their families will continue to suffer from the consequences of hostilities, interruption of public services, and ever more diminished livelihoods. The risk is that thousands of children will continue to face death from preventable causes.
- Nearly 2.2 million Yemeni children are acutely malnourished and 462,000 suffer from severe acute malnutrition – almost a three-fold rise over 2014 levels.
- Due to challenges in obtaining lines of credit, wheat importers will cease imports in the coming months. FAO estimates that since nearly 90 per cent of cereal supplies in Yemen are imported, food security and nutrition situation are expected to worsen in case such restrictions remain.
- By the end of 2016, 14,121 suspected cases of acute watery diarrhoea (AWD)/cholera had been reported and 173 cases were confirmed as cholera in 15 governorates. Although fatality rate has decreased during the reporting period, awareness, response and prevention activities must scale up to prevent further spread of the disease.
- Despite the extremely complex context, during 2016 UNICEF reached some of the most affected children and families in Yemen, including displaced communities. UNICEF supported over 5.2 million people with WASH services, nearly 1 million children with education supplies, provided treatment for more than 237,000 severe acutely malnourished children, supported immunization against polio of nearly 5 million children, reached more than half million children with psychosocial support and secured cash transfers for 84,600 people from the poorest families in the country.

Funds received to date:
US$87.2M
Carry-forward amount:
US$59.7M
Funding gap:
US$33.1M

UNICEF and Cluster targets revised according to the Revised HRP (Aug 2016). Please refer to HPM table for details.
Situation Overview & Humanitarian Needs

Twenty one months have passed since the conflict escalated in Yemen and the situation of millions of people is becoming more desperate. While the ongoing hostilities have left thousands of civilian casualties - including more than 3,600 children injured or killed⁴ - the impact of the conflict runs much deeper and will have long term consequences for the country’s human development. Despite persistent efforts to reach a political solution to the conflict, the UN-backed peace talks have yet to result in remain stalled since October 2016 without an agreement on the sequencing of the different steps provided for in the proposed roadmap to end the conflict.

Humanitarian needs continue to grow. The humanitarian community estimates that during 2017 at least 18.8 million people – 70 per cent of the total population - will need some kind of humanitarian assistance. More than half of the population in the country is food insecure and is lacking access to safe water, sanitation and health services.

The future of the country is at stake with some 3.3 million children, pregnant and lactating women acutely malnourished. This includes 462,000 children under five years of age facing Severe Acute malnutrition (SAM) who are at risk of suffering irreversible physical and cognitive consequences for their development.

The cholera and Acute Watery Diarrhoea (AWD) outbreak declared in October 2016 continued to spread in December posing an extra burden for the almost collapsed health and WAH systems. As of 31 December, 14,121 suspected cases had been reported, 173 cases and 97 associated deaths had been confirmed in 15 governorates. As a result of improved case management trough well trained staff, the case fatality rate has decreased when compared to previous months,³ nevertheless community awareness and prevention activities need to upscale.

In addition to the already complex economic and financial situation, wheat importers have indicated that they won’t be able to import wheat into Yemen in the coming months due to challenges obtaining lines of credit to pay for shipments, following the relocation of the Central Bank of Yemen (CBY) to Aden. Given that nearly 90 per cent of cereal supplies are imported, impediments to commercial imports will eventually impact the food security and nutrition situation.³

In 2016, UNICEF and the humanitarian community have repeatedly called on the parties to the conflict to allow for safe and unrestricted humanitarian access into and within the country. Nevertheless, the humanitarian operation in Yemen –particularly the logistics to bring and distribute assistance – is extremely challenging and costly. In addition, commercial flights from Sana’a airport are banned since August 2016, this is highly concerning considering that it is estimated that before August nearly 30 per cent of passengers of commercial flights were medical evacuees. The only option for thousands is to travel to the southern city of Aden to board a flight from there, risking their lives going through active conflict areas.

<table>
<thead>
<tr>
<th>Estimated Affected Population (Humanitarian Needs Overview, Nov. 2016)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start of humanitarian response: March 2015</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Affected Population</strong></td>
<td><strong>Total (Million)</strong></td>
</tr>
<tr>
<td>People in acute need⁴</td>
<td>18.8</td>
</tr>
<tr>
<td>People in moderate need⁵</td>
<td>10.3</td>
</tr>
<tr>
<td>Internally Displaced Persons (IDPs)⁶</td>
<td>8.5</td>
</tr>
<tr>
<td>People in need of assistance – WASH (Estimated)</td>
<td>14.5</td>
</tr>
<tr>
<td>People in need of assistance - Health (Estimated)</td>
<td>14.8</td>
</tr>
<tr>
<td>People in need of assistance – Nutrition (Estimated)</td>
<td>4.5</td>
</tr>
<tr>
<td>People in need of assistance –Child Protection (Estimated)</td>
<td>6.2</td>
</tr>
<tr>
<td>People in need of assistance –Education (Estimated)</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Humanitarian leadership and coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), 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 has maintained both its political neutrality and good working relationship, partnering with technical ministries and sub-national government entities to deliver impartial humanitarian assistance.

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¹ According to verified reports, Monitoring and Reporting Mechanism, March 2015 – Dec 2016.
² 8.6% in epidemiological week 41 (October) to 0.4% in epidemiological week 51 (December). Source: Cholera Taskforce- Yemen. Acute Watery Diarrhoeal cholera situation report. December 2016.
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.
Humanitarian Strategy

UNICEF’s humanitarian strategy is guided by its Core Commitments for Children (CCCs) in Humanitarian Action and in line with the Yemen Humanitarian Response Plan (YHRP) 2016. As Cluster leader and active cluster member, UNICEF has been highly involved in the production of the Humanitarian Needs Overview 2017 and in the preparation for the YHRP 2017, to be launched at the beginning of 2017. As part of the humanitarian planning process, UNICEF prepared the Yemen chapter for the Humanitarian Action for Children (HAC) appeal 2017, to be launched on 31 January 2017.

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. UNICEF’s support to national systems is particularly relevant considering the current deteriorated economic situation and the shortage of resources necessary to ensure the uninterrupted operation of basic social services. UNICEF provides an integrated package of both preventive and curative health and nutrition services to children under 5 and pregnant and lactating women through mobile clinics, community outreach activities and health facilities. Displaced families are being provided safe water and hygiene kits. UNICEF also continues to work with related authorities to re-open schools, provide remedial classes, school supplies and encourage alternative accommodation for displaced persons occupying schools. Psychosocial support is provided to children and their families through schools, community facilities and child friendly spaces. UNICEF is working to address financial vulnerabilities of the most vulnerable families through targeted cash grants. In 2017, with additional funds UNICEF will further increase the inversion on national system, linking humanitarian response with development initiatives.

A joint Cholera Task Force has been established involving UNICEF, WHO as well as Health and WASH partner NGOs to coordinate the daily work and support authorities. The joint AWD/Cholera Integrated Response Plan is under implementation, WASH, health and communication for development (C4D) activities are ongoing in prioritized districts, however with only 15 per cent of the funds secured, urgent fundraising efforts are needed.

Summary Analysis of Programme response

Health and Nutrition

Despite major efforts made by UNICEF and partners in order to treat and prevent malnutrition among children and mothers, levels of Severe Acute Malnutrition (SAM) are now nearly 200 per cent higher than those recorded in 2014. This is due to – among other factors - the deterioration of livelihoods, food insecurity and the nearly collapse of healthcare services - among other factors.

In 2016 a Community-based Management of Acute Malnutrition (CMAM) action plan was developed to outline action from WFP, WHO and UNICEF to contribute to a scaled up emergency nutrition response. By the end of the year, results of the scale up plan included: 80 per cent of health facilities (HF) in priority governorates and 57 per cent of HF in other governorates providing SAM treatment; at least 67 per cent of HFs with functional Outpatient Therapeutic Feeding Programmes (OTPs); 770 new OTPs established bringing the total to 2,929; more than 2,065,000 children screened for malnutrition and over 237,000 children with SAM treated across the country (64 per cent of them in governorates with the highest levels of food insecurity -IPC 4 8); some 4.1 million children under five receiving micronutrients supplementation. The CMAM programme achieved a cure rate of 71 per cent, default rate of 26 per cent and a death rate below 1 per cent. In addition, UNICEF supported operational costs for four therapeutic feeding centres (TFCs) in two governorates and provided supplies to all 43 functional TFCs/ Stabilization centres (SCs) in Yemen, in coordination with the Ministry of Public Health and Population (MoPHP) and WHO.

Pregnant and lactating women (PLW) also benefited from nutrition interventions in 2016. Nearly 579,000 PLW received iron folate supplementation and, in an effort to strengthen infant and young child feeding (IYCF) behaviour and practices, over 533,000 received IYCF counselling.

In December, at least 362,291 children from 6 to 59 months were screened for acute malnutrition through routine nutrition services; of these, 23,511 were treated for SAM and 60 were referred by mobile teams to inpatient treatment programmes due to medical

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7 Mobile teams deployed during the reporting period. At the time of this SitRep, 60 teams have consolidated their reports: Shabwa (1), Al Dhale’e (4), Abyan (2), Al Hudaydah (6), Hajjah (33), Raymah (3), Amran (6), Sana’a (7), Al Bayda (9), Marib (2), Taizz (3), Ibb (4).
8 Integrated Food Security Phase Classification (IPC), global and standardized tool that aims to promote a “common currency” for classifying the severity and magnitude of food insecurity. 

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complications. In addition, 50,644 children (6 to 59 months) received micronutrient supplementation and 76,914 received deworming capsules. At least 77,462 pregnant and lactating women received IYCF counselling and 78,764 received iron folate supplementation. To complement nutrition interventions, 1,772 children with SAM received hygiene kits.

Without access to health care, thousands of children in Yemen are dying each year from preventable causes including diarrhoeal diseases, respiratory infections, measles and malaria. In 2016, UNICEF continued to focus on ensuring availability of services for integrated management of childhood illnesses through 187 mobile teams, five integrated outreach activities and at selected health facilities in 12 priority governorates, over 1,024,000 children were treated during 2016 through these activities - including 36,422 children receiving routine vaccination and 39,370 receiving IMCI services in December (see Table 1).

With the aim of maintaining the polio free status in the country, preventing measles outbreaks and maintaining routine immunization coverage at the pre-conflict levels, UNICEF supported two rounds of national Polio Immunization Days reaching nearly 4.3 and 4.8 million children in January and April, respectively. In order to ensure that immunization services remain functional, UNICEF ensured steady supply of vaccines into the country, supported the procurement of traditional vaccines (BCG, OPV, TT, MR), and provided fuel to maintain the cold chain functioning. In December, 9,680 litres of diesel were provided to keep the functionality of the central and Sana’a city cold rooms, 117 Solar Powered Refrigerated units (SPRUs) were installed in health facilities and construction works were completed at the Central EPI.

In 2016, UNICEF was able to bring into the country over 6,000 metric tons of nutrition supplies including RUTF, ensuring no interruptions in the pipeline throughout the year. However, due to difficulties faced in getting clearance to bring RUTF to the north part of the country via Al Hudaydah port, five per cent of OTPs reported stock-out in November. Therefore, in December UNICEF delivered 4,685 cartons of RUTF to the affected OTPs via Aden port (sufficient to treat 5,856 children).

Since January 2016, through capacity building activities supported by UNICEF, nearly 6,200 health workers and community health volunteers (CHV) across the country received training and refreshment courses on CMAM and IYCF. In December, over 800 volunteers, midwives and health workers took part in such activities in seven governorates. In a joint effort with UNFPA and WHO, UNICEF supported a workshop on the development of the Reproductive Maternal Newborn Health (RMNH) Strategy 2017-2021 for Yemen, which will link the development and emergency programmes.

With limited funding for nutrition-related activities, and given the extent of the needs in the country, UNICEF prioritized SAM treatment interventions, including the provision of supplementation. Funds originally intended for capacity building, surveys among other activities were reduced in order to meet the most urgent needs of children. The implementation of Health and Nutrition joint activities (i.e. integrated outreach and polio campaigns where Vitamin A supplementation was also provided to all children under 5), was fundamental to reach the Nutrition sector targets.

Water, Sanitation and Hygiene (WASH)

The humanitarian community estimates that at least one in every two Yemenis is lacking adequate access to safe water and sanitation services. Malnutrition and disease outbreaks (i.e. cholera), are highly related to precarious WASH conditions. Internally displaced persons, remote and conflict-affected communities, and urban settlements where WASH systems have been damaged or are not functional, are among the most affected.

In 2016, despite access constrains and widespread insecurity, UNICEF provided fuel and equipment, and supported rehabilitation of water systems in 13 cities through Local Water Corporations, reaching over 4.5 million people with water and solid waste management services. More than 68,000 IDPs and host communities members benefited from regular water trucking in locations where infrastructure was not available. With ongoing support to local water systems, more than 2.4 million people - including 1.2 million children - accessed to water in six capitals of governorate.

In December, with UNICEF support, the rehabilitation of urban water supply schemes in Abyan and Lahj provided sustain clean water to 292,000 people. The rehabilitation of eight rural water projects is on-going in four governorates, and will serve more than 43,000 IDPs and affected communities.

After the cholera outbreak in October 2016, UNICEF and partners launched an immediate response plan. UNICEF has prioritized prevention and response activities in affected and at-risk governorates, reaching over 224,000 people with chlorination of household water sources. In December, chlorination tablets were provided to more than 13,000 beneficiaries in four governorates, 1,071 basic hygiene kits and 4,814 consumable hygiene kits were distributed in targeted communities. UNICEF supported the training of 62

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9 EPI: Expanded Programme on Immunization.
10 RUTF: Ready-to-Use Therapeutic Food.
11 Located in Al Hudaydah, Hajjah and Taizz governorates.
12 Amran, Sana’a, Amanat Al Asimah, Taiz and Hajjah.
13 Al Hudaydah: 574,000; Amanat Al Asimah (Sana’a city): 1,043,000; Amran: 50,000; Hajjah: 8,000; Ibb: 563,930; Sa’ada: 8,515; Dhamar: 165,000.
14 Abyan (Zinjbar, Khanfer): 380,000 people, Lahj (Hota & Tuban): 112,000 people.
15 Amran: 3 WP, 9,980 people; Hajjah: 2 WP, 25,033 people; Sa’ada: 2 WP, 7,000 people; Al Jawf: 1 WP, 1,500 people.
16 Al Hudaydah, Hajjah, Sana’a, Raymah.
17 Amanat Al Asimah (Bani Al Harith and Shu‘ub): 315 BHK, Hajjah (Abs): 315 BHK, Sana’a (Sanhan): 425 BHK.
18 Hajjah: 840 CHK, Ibb: 62 CHK, Abyan: 3,500 CHK, Sana’a: 4,412 CHK.
AWD/Cholera community hygiene promoters, i.e. hygiene promotion activities including public sessions, household visits and IEC materials distribution were conducted in Abyan, Sana’a, Dhamar and Raymah. Moreover, UNICEF provided emergency support to two diarrhoea treatment centers (DTC) in Lahij, providing WASH services and emergency chlorination.

Child Protection

The conflict continues to take a devastating toll on children in Yemen. Reports of child rights violations have increased dramatically since March 2015 and continued in 2016. Since the escalation of the conflict, the United Nations has verified that more than 1,400 children were killed and over 2,200 were injured, however, actual numbers are likely to be much higher. By the end of 2016, the MRM networks are functional in 19 governorates with capacity to document and verify grave violations committed against children in a catchment area of nearly 1.4 million children, covering the most conflict-affected locations.

In December, the Country Task Force on Monitoring and Reporting verified the killing and injury of 30 children (11 boys and 19 girls) – the majority of the casualties were reported in Sa’ada (80 per cent) while the remaining verified cases were in Taiz and Hajjah. At least 15 cases of children recruited/used by armed forces and armed groups, or released after being held in detention, were identified, their needs were assessed and were referred to specialized services, including apprenticeship opportunities.

Children are facing significant psychosocial stress inflicted by prolonged violence, instability, and displacement. Since January, UNICEF-supported psychosocial activities have reached over 487,000 children (214,280 girls, 272,720 boys) through child-friendly spaces and community-based activities in 18 conflict-affected governorates. In December, 53,278 children (23,552 girls, 29,726 boys) received psychosocial support to help overcome the immediate and long-term consequences of their continuing exposure to conflict in 51 districts of 12 governorates. Out of them, 680 vulnerable children (394 girls, 286 boys) were identified – most of them victims of child marriage - and received child protection services including individual counselling, livelihood support, medical support, empowerment activities and life skills training. At least 17,682 people, including 6,240 children (2,524 girls, 3,716 boys) and 11,442 parents received knowledge and skills on protection of children in emergency.

In 2016, the coverage of Mine Risk Education (MRE) sessions for children, communities, and IDPs was considerably expanded. Nearly 1.1 million people, 76 per cent of them children, received life-saving information through community and school-based approach on protecting themselves from the risks of mines, UXOs, and ERW. In December, MRE activities reached 30,194 people including 18,278 children in 15 districts of Hadramout, Aden, Al Jawf, Marib and Ibb. Additional MRE training was organized for 66 community volunteers and NGOs’ staff.

Education

In 2016, UNICEF focused on ensuring access to educational opportunities for children affected by the conflict. Combined interventions (i.e. set up of temporary learning spaces, school construction / rehabilitation and equipment, availability of WASH facilities in schools, community-based classes, distribution of school kits and pedagogical material, psychosocial support to children and teachers, capitation grants for elaboration and implementation of school improvement plans), implemented in partnership with the Ministry of Education (MoE), succeeded in giving affected children a chance to learn in a secure environment while bringing a sense of normalcy back in their lives. As a result, nearly 1.7 million children, including over 27,000 children out-of-school, were able to attend school in spite of the strong threat of schools destruction/occupation by IDPs, safety issues, internal population displacements, insufficient numbers of teachers in some areas, etc. Nevertheless, by the end of the 2015/2016 academic year, nearly 2 million children remained out of school, including 1.6 million who were out of school before the onset of the conflict. As Education cluster Lead, UNICEF has also invest efforts to build system’s resilience and national capacity (Government and civil society) to provide educational response in emergencies.

The Back to School (B2S) campaign initiated at the beginning of the school year in October, continued in December with activities across the country, involving sensitization campaigns on the importance of sending children to school, distribution of school bag kits to 320,394 children in most affected areas. Access to school has been improved with the rehabilitation of 195 schools benefiting 110,012 children and 3,850 teachers have received training to be able to provide children with educational psychosocial support, to reach around 132,237 conflict-affected children.

To protect the education sector from further attacks and increase system’s resilience, UNICEF in partnership with a local NGO, is working with the Ministry of Education to develop a National Safety and Emergency Plan for Schools and raise awareness on ways to mitigate risks associated with armed violence.

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19 Sana’a: 36; Dhamar: 26.
20 MRM: Monitoring and Reporting Mechanism.
21 Abyan, Aden, Al Bayda, Al Dhale’e, Al Hudaydah, Al Jawf, Al Mahwit, Amanat Al Asimah, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Sa’ada, Sana’a, Shabwah and Taizz.
22 Aden, Abyan, Ibb, Al Hudaydah, Hajjah, Raymah, Al Bayda, Lahj, Dhamar, Amanat Al Asimah, Al Jawf.
23 UXO: Unexploded Ordnance, ERW: Explosive remnants of war.
Social Protection

The challenging humanitarian situation in Yemen has called for a rapid response to support the poorest and most vulnerable during difficult economic, social and political times. In early 2015, UNICEF in partnership with public and private institutions launched a humanitarian cash transfer programme (HCTP) in two governorates: Amanat Al Asimah and a war-torn Taizz. The first humanitarian cash transfers programme (HCTP-1) targeted 4,999 families /28,517 beneficiaries in 10 districts of Amanat Al Asimah and 8,411 families/46,996 beneficiaries in nine districts of Taizz, i.e. helping 75,513 people survive the conflict and reduce their vulnerability. HCTP-1 was supported with the production of critical information, education and communication (IEC) materials and over 500,000 copies disseminated to the general population.

UNICEF has also taken efforts to support the resumption of the SWF outreach beneficiary network (SWFN) to provide early social protection counselling and referrals to basic social services to ensure at least the non-cash support to the SWF beneficiaries. At the same time, UNICEF Yemen has been advocating for the reactivation of the SWF cash transfer programme across the country. In December, two networking workshops were held in Amanat Al Asimah and Ibb governorates. The goal of these workshops was to bring together social services providers and SWFN outreach specialists to set up a coordination mechanism, and identify and map out the currently available social services to be referred to by the SWFN.

UNICEF is currently working on launching the HCTP in Al Tuhaitah district (Al Hudaydah). The programme is aimed at addressing the malnutrition crisis in the district from an integrated and multi-sectoral perspective, reaching 5,000 families in two sub-districts of Al-Tuhaitah.

Communications for Development (C4D)

During 2016, over 1.3 million people were reached with key messages and engaged for improved knowledge, attitudes and practices. More than 5,000 community volunteers, over 12,000 community leaders and nearly 13,000 Religious Leaders are capable in adopting and also advocating for the 14 key life-saving, care and protective behaviours. In December, about 217,457 individuals were reached with critical information and face to face engagement through 2,000 community volunteers, community and religion leaders, to promote adoption of positive behaviours and key lifesaving practices.

Using interpersonal means, at least 700,000 people were reached since the beginning of the year with emergency-related messages (i.e. dengue fever, AWD/Cholera, scabies and measles). Following the cholera outbreak, the focus of C4D interventions has been on cholera prevention and response. In addition to community engagement activities, mass media continued to shed lights on the cholera prevention practices through TV, Radio, and social media. Communication efforts were supported with the production of more than 15 multi-media information, education and communication (IEC) materials and over 500,000 copies disseminated to the general population. UNICEF, through partnership with government and NGOs, continues empowering affected communities to break the chain of transmission. The C4D integrated approach combined cholera prevention messages with WASH and health messages based on the need of the community. Active school-based programmes are in place to raise awareness among students and teachers and equip them with the necessary information and skills.

Social mobilization activities continued promoting back to school, girls’ education, on-time enrolment, vaccination, exclusive breastfeeding and proper infant and child feeding practices, hygiene promotion and safe water use.

Supply and Logistics

After the escalation of the conflict in March 2015, and given the limited access to ports and airports for commercial sea and air shipments, UNICEF Country Office in Yemen - supported by UNICEF Supply Division and MENA Regional Office - set up a logistics hub in Djibouti to facilitate the re-forwarding of shipments into Yemen using local boats. Due to the lack of local production, the majority of the procurement is processed offshore, most of shipments are now offloaded in Djibouti and from there are taken into Yemen in smaller local boats. The Djibouti Hub continued operations during 2016, over 4,783 MT (12,275 cbm) of supplies have been delivered into Yemen through this modality since the beginning of the year.

Most of the supplies arriving in Djibouti are shipped to Al Hudaydah port, which nevertheless has seen a reduction in its original capacity due to conflict-related damages, for this reason more ships are being routed directly to the Aden port. Although works are ongoing in order to increase the Aden’s port capacity, it is still lower than the existing capacity in Al Hudaydah port. From sea ports in Yemen, supplies are transported by land to other governorates.

YEMEN SITUATION REPORT

December 2016
In December, three dhows44 were dispatched from Djibouti to Yemen carrying 81.3 MT of nutrition supplies to Al Hudaydah and 633.3 MT of nutrition and medical supplies to Aden.

Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>2016 Requirements (US$)</th>
<th>2016 Funds available* (US$)</th>
<th>2016 Funding gap US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>61,500,000</td>
<td>36,129,823</td>
<td>25,370,177</td>
<td>41%</td>
</tr>
<tr>
<td>Health</td>
<td>36,000,000</td>
<td>27,188,374</td>
<td>8,811,626</td>
<td>24%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>48,500,000</td>
<td>28,461,588</td>
<td>20,038,412</td>
<td>41%</td>
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<tr>
<td>Child Protection</td>
<td>14,000,000</td>
<td>9,926,133</td>
<td>4,073,867</td>
<td>29%</td>
</tr>
<tr>
<td>Education</td>
<td>14,000,000</td>
<td>15,367,594</td>
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<tr>
<td>Social Protection in Emergency</td>
<td>6,000,000</td>
<td>9,698,711</td>
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<td>-62%</td>
</tr>
<tr>
<td>Unallocated</td>
<td>20,085,230</td>
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<td></td>
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</tr>
<tr>
<td>Total</td>
<td>180,000,000</td>
<td>146,857,453</td>
<td>33,142,547</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Funds available as of 27 December, includes funding received against current appeal as well as carry-forward from the previous year.

Next SitRep: 15 February 2016

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44 Local boats.
### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>2016 PROGRAMME TARGETS AND RESULTS*</th>
<th>Overall needs</th>
<th>Target 2016</th>
<th>Total Results</th>
<th>Change since last report</th>
<th>Target 2016</th>
<th>Total Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
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<tr>
<td>Number of children under 5 treated for Severe Acute Malnutrition (SAM)</td>
<td>370,518(1)</td>
<td>178,562(1)</td>
<td>237,378</td>
<td>22,378</td>
<td>178,562(1)</td>
<td>237,378</td>
<td>22,378</td>
</tr>
<tr>
<td>Number of PLWs benefited from the ICYF counselling(2)</td>
<td>2,194,370(1)</td>
<td>331,197(1)</td>
<td>77,462</td>
<td></td>
<td>331,197(1)</td>
<td>77,462</td>
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</tr>
<tr>
<td>Number of children under 5 given micronutrient interventions(3)</td>
<td>4,542,544(1)</td>
<td>276,000(1)</td>
<td>4,140,554</td>
<td>50,644</td>
<td>4,000,000(1)</td>
<td>4,140,554</td>
<td>50,644</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
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<tr>
<td>Number of children under 5 vaccinated against measles (MCV4)</td>
<td>953,363</td>
<td></td>
<td></td>
<td></td>
<td>770,000</td>
<td>650,430</td>
<td>227,915</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,099,956</td>
<td></td>
<td></td>
<td></td>
<td>5,039,926</td>
<td>4,892,083</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></td>
<td>815,000</td>
<td>1,024,568</td>
<td>122,480</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></td>
<td>680,000</td>
<td>558,032</td>
<td>93,615</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
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<tr>
<td>Number of affected population (men, women, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining the Public and community infrastructures(4)</td>
<td>8,391,079</td>
<td>6,384,984(1)</td>
<td>5,248,678</td>
<td>16,417</td>
<td>5,186,000(1)</td>
<td>4,510,782</td>
<td>16,417</td>
</tr>
<tr>
<td>Number of affected people with access to safe water as per agreed standards (7.5 LSL per person per day)</td>
<td>1,750,000</td>
<td>682,332(1)</td>
<td>1,281,236</td>
<td>147,623</td>
<td>100,000(1)</td>
<td>127,991(1a)</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(1)</td>
<td>617,815</td>
<td>36,635</td>
<td>500,000(1a)</td>
<td>358,359</td>
<td>7,025</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
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</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>1,307,602</td>
<td>145,867</td>
<td>1,372,933</td>
<td>1,307,602</td>
<td>145,867</td>
</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>1,821,566</td>
<td>399,594(1)</td>
<td>565,041</td>
<td>56,298</td>
<td>279,716(1b)</td>
<td>487,121</td>
<td>53,278</td>
</tr>
<tr>
<td>Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion</td>
<td>1,927,535</td>
<td>502,158(1a)</td>
<td>1,092,760</td>
<td>31,128</td>
<td>351,511(1d)</td>
<td>1,068,289</td>
<td>30,194</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
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<td>Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation</td>
<td>497,200(1c)</td>
<td>244,500(1m)</td>
<td>420,971</td>
<td>111,267</td>
<td>156,000(1a)</td>
<td>395,912</td>
<td>110,012</td>
</tr>
<tr>
<td>Number of affected children receiving psychosocial support services in schools</td>
<td>1,800,000</td>
<td>575,500(1a)</td>
<td>407,227</td>
<td>139,893</td>
<td>373,000(1a)</td>
<td>377,259</td>
<td>132,237</td>
</tr>
<tr>
<td>Number of affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system</td>
<td>2,000,000</td>
<td>522,710(1m)</td>
<td>965,277</td>
<td>452,962</td>
<td>360,000(1a)</td>
<td>793,081</td>
<td>445,309</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
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<td>Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen</td>
<td>8,000,000</td>
<td></td>
<td></td>
<td></td>
<td>34,285(1a)</td>
<td>84,600</td>
<td>402</td>
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<td><strong>CPD</strong></td>
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<tr>
<td>Number of affected people reached through integrated CPD efforts</td>
<td>2,000,000</td>
<td></td>
<td></td>
<td></td>
<td>1,200,000</td>
<td>1,347,967</td>
<td>217,457</td>
</tr>
</tbody>
</table>

Footnotes:
1. Nutrition needs estimations revised and increased based on SMART surveys data.
2. Target increased to 205,708 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.
3. Target increased to 380,888 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.
4. Target increased to 469,081 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.
5. Target increased to 4,542,541 based on YHRP priorities, programme performance, financial commitments and SMART surveys data. UNICEF’s target for this indicator is 4,542,541 children under 5 as Micronutrient interventions supported by UNICEF include Vit A supplementation and micronutrients sprinkles supplementation, while Nutrition cluster target does not include Vit A supplementation and will consider only micronutrients sprinkles supplementation target (469,081 children under 5).
6. Target reduced to 8,528,703 based on overall YHRP targets reduction, taking into consideration partner’s performance, current capacity (including available funding) and access.
7. Target increased 1,232,846 based on performance.
8. Target reduced to 1,166,741 based on overall YHRP targets reduction, taking into consideration partner’s performance, current capacity (including available funding) and access.
9. Target reduced to 4,615,540 based on overall YHRP targets reduction, taking into consideration partner’s performance, current capacity (including available funding) and access.
10. Target increased to 1,200,000 based on performance.
11. Target reduced to 445,000 based on overall YHRP targets reduction, taking into consideration partner’s performance, current capacity (including available funding) and access.
12. Results lower than in the previous sitep due to data cleansing.
13. Target increased to 578,954 based on better access and improved methodology for defining priorities and calculating targets.
14. Target increased to 1,775,570 based on better access and improved methodology for defining priorities and calculating targets.
15. Target increased to 463,163 based on better access and improved methodology for defining priorities and calculating targets.
16. Target increased to 1,388,456 based on better access and improved methodology for defining priorities and calculating targets.
17. Estimated needs increased to 780,000 based on improved needs analysis and current operational capacity.
18. Target increased to 610,930 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.
(19) Target increased to 607,617 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.

(20) Target increased to 962,904 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.

(21) Target increased to 393,650. UNICEF’s targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence is now in the position to increase its targets.

(22) Target increased to 565,760. UNICEF’s targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence is now in the position to increase its targets.

(23) Target increased to 905,000. UNICEF’s targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence is now in the position to increase its targets.

(24) Target increased to 105,000 individuals to reflect its plans to expand coverage in Taizz and Sana'a governorate before the end of 2016.