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Yemen

Humanitarian SitRep

May 2017

SITUATION IN NUMBERS

May 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

(Task Force on Population Movement 14th report, Protection Cluster, May 2017)

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\$105.7 million

Highlights

- By the end of May, over 65,000 suspected cases of cholera and at least 532 deaths have been reported, the number of cases increases by the minute*. The outbreak is making an already dire situation for children in Yemen much worse. Almost half of the suspected cases are children.
- The situation is overwhelming for what remains of Yemen's conflict-battered health system. Hospitals and health facilities are struggling to cope. There is a shortage of health workers, many of whom have not been paid for months.
- UNICEF and partners have been able to support nearly 2.5 million people in cholera-affected or at-risk locations by airlifting essential supplies for treatment, providing safe water through rehabilitation and disinfection of water sources and containers, as well creating awareness among the public on how to prevent cholera.
- With the Health system working at the limits of its capacity, the Community Management of Acute Malnutrition (CMAM) programme becomes even more critical to treat and prevent malnutrition. Over 16,500 children were treated for severe acute malnutrition (SAM) in May and nearly 7,000 received micronutrient supplementation.
- The Tetanus Toxoid (TT) vaccination round launched on 29 April was completed on 11 May in 46 High Risk Districts, reaching 36,774 pregnant women and 323,140 women of child bearing age.
- Over 70 per cent of teachers in Yemen have not received their salaries in the past eight months. The situation forced the early closure of the school year in 13 governorates, affecting nearly 4.5 million students.

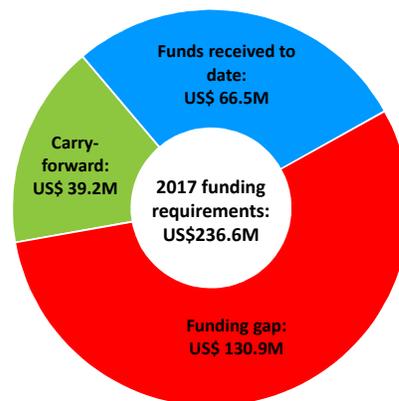
UNICEF's Response with Partners

	UNICEF		Sector/Cluster	
	UNICEF Target	Cumulative Results	Cluster Target	Cumulative Results
Number of children under 5 with SAM admitted to therapeutic care	323,000	67,714	323,000	67,714
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	1,252,853	5,492,703	1,766,074
Number of children in conflict-affected areas receiving psychosocial support	545,814	210,285	682,268	254,549
Number of affected children supported with basic learning supplies	560,624	16,000	704,515	19,100

*As of 24 June: 208,203 suspected cases; 1,344 associated deaths.

**SAM caseload has been revised by the Global Nutrition Cluster, will be updated in a forthcoming HAC revision.

Funding Status



■ Funds received to date
 ■ Carry-forward amount
 ■ Funding gap

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

Situation Overview & Humanitarian Needs

The humanitarian situation in Yemen is appalling and continues to deteriorate. In addition to the protracted conflict, the nutrition and food security crisis, and the economic and institutional collapse; the cholera outbreak keeps spreading at an alarming pace further stretching the already limited public systems capacities. By the end of May – just four weeks after the outbreak was announced – more than 65,000 suspected cases had been reported and at least 532 deaths were recorded. The number of cholera and Acute Watery Diarrhoea (AWD) associated deaths between 27 April and end of May, was almost three times higher than figures reported from October 2016 to March 2017. The outbreak is rapidly spreading. According to projections, 29.6 million people are at risk, and cases are most likely going to reach 300,000 by the end of the year.

UNICEF and humanitarian partners, in coordination with authorities at all levels, have scaled up the integrated emergency response. Targeted plans were quickly prepared and put into action at cluster and organization level to address the most urgent cholera-related needs - including case management, chlorination of water supplies, hygiene promotion, integrated prevention activities and treatment services. Furthermore, UNICEF has already started to plan and fundraise for complementary long term actions and preventative measures, particularly critical in communities not yet reached by the outbreak. The limited availability of health services, the quality of care and case management at health centres, non-functional water supply systems, as well as extended unsafe practices in terms of use of water and hygiene, are among the main challenges to overcome when planning response actions.

In parallel with the unprecedented cholera spread, violence does not cease in Yemen. Fighting and clashes were reported in Nihm district (Sana'a), Sa'ada, Hajjah, and particularly heavy fighting were recorded in Taizz city and its surrounding.

Estimated Affected Population (Humanitarian Needs Overview, Nov. 2016)					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Affected Population	18.8	4.3	4.2	5.3	5
People in acute need ¹	10.3	2.3	2.3	2.9	2.7
People in moderate need ²	8.5	1.9	1.9	2.4	2.3
Internally Displaced Persons (IDPs) ³	2	0.4	0.5	0.5	0.6
People in need of assistance – WASH (Estimated)	14.5	3.3	3.2	4.1	3.9
People in need of assistance – Health (Estimated)	14.8	3.4	3.3	4.2	4.0
People in need of assistance – Nutrition (Estimated)	4.5	-	1.1	1.7	1.7
People in need of assistance – Child Protection (Estimated)	6.2	-	-	3.2	3
People in need of assistance – Education (Estimated)	2.3	-	-	1.2	1.1

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 national 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 the Health and WASH clusters – is being revised according to recent caseload projections.⁴ 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 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.

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) 2017.⁵ The

¹ Acute Need: People who require immediate assistance to save and sustain their lives.

² Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.

³ Figures include people currently displaced by conflict and natural disasters. Task Force on Population Movement (TFPM), 14th Report (May 2017).

⁴ Integrated Response Plan: Yemen Cholera Outbreak. Health/WAS Clusters. 23 May 2017. <https://goo.gl/uF4am6>

⁵ Yemen Humanitarian Response Plan 2017, OCHA. <http://ochayemen.org/hrp-2017/>

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 properly meet the additional needs resulting from the rapidly spreading cholera outbreak, UNICEF is currently revising its targets and funding needs.

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 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

By the end of May, over 65,000 cholera and AWD cases had been reported in 75 per cent of districts in the country. Since the resurgence of the outbreak on 27 April, UNICEF is working in close coordination with the Ministry of Public Health and Population (MoPHP) and NGO partners to scale up the case management response by establishing and ensuring functionality of 488 Oral Rehydration Centers (ORCs) and 22 Diarrhoea Treatment Centers (DTCs). In addition, approximately 100 ORCs are also receiving support - mostly in terms of supplies. The number of supported ORCs and DTCs is expected to increase in the coming weeks.

UNICEF is also supporting local health authorities in Sana'a by distributing over 600,000 Oral Rehydration Salt (ORS) sachets to be used at Oral Rehydration Points and at homes, to treat over 60,000 cases of diarrhoea.

Case management remains challenging - and is considered as one of the main factors contributing to the spread of the disease - given the lack of functional health services in some of the affected locations. To overcome this, UNICEF is increasing support dedicated to ORCs and DTCs, including the establishment of 45 ORCs and DTCs, through the Rapid Response Mechanism, in partnership with ACF.

Health services outreach continued during the reporting period by deploying 52 Mobile Teams in communities without access to health facilities. More than 27,000 children were provided with routine vaccination and over 20,000 received Integrated Management of Childhood Diseases (IMCI) services (see Table 1).

Yemen remains one of the 18 countries globally missing its Maternal and Neonatal Tetanus Elimination (MNTE) goal, the lack of skilled attendants and/or sterilised medical equipment used during deliveries, being some of the main causes of neonatal tetanus. In spite of the extremely dire situation of the Health system, UNICEF continues working for the elimination of the tetanus threat by training midwives, supporting neonatal units and providing routine immunization. The Tetanus Toxoid (TT) vaccination round launched on 29 April was completed on 11 May in 46 High Risk Districts (HRDs) located in eight governorates, reaching 36,774 pregnant women and 323,140 women of child bearing age.

In May, UNICEF support to the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, reached at least 198,825 children (6 to 59 months) who were screened for acute malnutrition, 16,533 children were treated for severe acute malnutrition (SAM) – equivalent to 3.5% of the current caseload, 5.1% of UNICEF's annual target - and 11 were referred by mobile teams to inpatient treatment programmes due to medical complications. In addition, 6,958 children (6 to 59 months) received micronutrient supplementation, and 47,889 received deworming capsules. Mothers, pregnant and lactating women (PLW) benefited from CMAM, 52,912 PLW received infant and young child feeding counselling (IYCF) and 95,875 received iron folate supplementation.

Services	No. of Beneficiaries
Routine vaccination	27,262 children
Integrated Management of Childhood Diseases (IMCI) services	20,086 children
<i>Deworming</i>	4,598 children
<i>Pneumonia treatment</i>	4,077 children
<i>Diarrhoea treatment</i>	4,365 children
<i>Dysentery treatment</i>	791 children
<i>Malaria treatment</i>	478 children
<i>Other treatments</i>	5,777 children
Pregnant and lactating women (PLW) services	4,247 PLW
<i>Antenatal care</i>	2,297 women
<i>Postnatal care</i>	1,843 women
<i>Iron folate supplementation</i>	9,285 women
<i>Tetanus vaccination</i>	6,167 women

⁶ 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).

Capacity building activities aiming at improving accessibility and quality of health and nutrition services reached nearly 1,300 health workers and volunteers in ten governorates (see Table 2).

Activity	No. of Beneficiaries
Community Health Volunteers (CHVs) trained on CMAM and IYCF (Marib, Ibb, Lahj)	308
Health workers trained on basic CMAM and IYCF (Amanat Al Asimah, Hadramaut)	141
Health workers received refreshment training on CMAM and IYCF (Amanat Al Asimah)	146
Midwives received refreshment training on IYCF (Lahj)	98
CHVs participated in quarterly meeting review - 2 days (Marib, Sana'a)	473
CHVs received Training of Trainers (Marib)	22
District Health Officers received training on Nutrition Mobile Based System (Hajjah, Al Hudaydah, Sa'ada, Taizz)	104

Water, Sanitation and Hygiene (WASH)

Areas with increased number of cholera and/or AWD suspected cases and districts affected by the nutrition and food security crisis remain the main focus of UNICEF's emergency WASH programme, at least 45 districts have been prioritized.

In May, UNICEF activated a series of emergency and preventative interventions in response to the cholera outbreak. Over 2.5 million people were reached across affected areas through household chlorination campaigns, chlorination of water sources, chlorination of water trucks, distribution of chlorination tablets, distribution of consumable hygiene kits and hygiene awareness sessions at household level. In addition, over 250 volunteers were trained on water disinfection at private wells, water storage reservoirs and water tankers, covering both public and private groundwater wells. Moreover, Sana'a city's wastewater treatment plant is currently functional with UNICEF support, benefiting approximately 2.5 million people. By the end of the year, at least 8 million people are expected to be reached by the scaled-up WASH cholera response, including provision of water and sanitation services at household level.

The Rapid Response Mechanism (RRM) in partnership with ACF reached more than 35,000 people in Aden, Lahj and Abyan through chlorination and water disinfection of household and communal water tanks and distribution of Consumable Hygiene kits. The RRM teams were dispatched to Sana'a to support the Local Water Authority teams in their emergency WASH response with immediate capacity building on chlorination and water disinfection protocols.

In rural areas UNICEF keeps providing access to sustainable drinking water supply services through rehabilitation and operation/maintenance support of water supply systems. During the reporting period, over 253,000 people benefited from rehabilitation of 22 water supply systems and maintenance support to additional 30 systems. In urban areas, UNICEF provided drinking water supply services to over 1.6 million people in five governorates, through rehabilitation of water supply systems and supporting operation, including provision of fuel. Rehabilitation of urban water supply schemes is in progress in six cities, expected to serve over 1.6 million people.

Over 23,000 IDPs received WASH support including emergency water supply through water trucking, installation of water storage tanks, solid waste campaigns and construction of emergency latrines.

Child Protection

In May, the CTF MR⁷ verified cases of 13 children killed (10 boys; 3 girls) and 12 children injured (4 boys; 8 girls), with most of the cases reported in Taizz (18 out of 25 children). Children under the age of 18 years old continue to be associated with armed forces and armed groups and ten cases of recruitment and use of boys were verified during the reporting period.

Fifteen governorates in Yemen are either confirmed or suspected to have landmine contaminated areas, and at least 988 casualties were officially reported in 2015.⁸ A comprehensive mine action programme is still required to survey and clear contaminated areas, increase awareness through mine risk education and assist victims. As prioritized by the Humanitarian Country Team, UNICEF-supported Mine Risk Education (MRE) activities conducted in May reached over 76,785 people, including 67,027 children. By instilling safe behaviours, MRE activities seek to save the lives of adults and children in Yemen living with the threat of mines, UXOs⁹ and ERW.¹⁰ By the end of the month, UNICEF had reached 41.7 per cent of the annual MRE target and continues putting in place alternatives to deliver sustainable and low cost MRE activities, such as training 62 imams - in partnership with the Ministry of Endowment - on skills to deliver MRE life-saving messages in four districts of Amanat Al Asimah.

In the first Friday sermons speech after the training, the trained imams delivered MRE key messages reaching at least 50,000 people. In addition, through a partnership with the Ministry of Information, 49 media staff (female: 15, male: 34) acquired knowledge and skills on delivering MRE key messages, TV and Radio flashes were produced to be disseminated in Yemen National Television and Radio.

⁷ CTF MR: Country Task Force on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts.

⁸ Landmine and cluster munition Monitor. October 2016.

⁹ UXO: Unexploded ordnance.

¹⁰ ERW: Explosive remnants of war.

In Child Friendly Spaces and adolescent clubs, at least 34,640 people, including 21,588 children, were provided with knowledge and skills on how to protect themselves during emergencies. During these activities, 821 cases of vulnerable children were identified and 345 were referred for individual counselling and child protection services (mainly legal and psychosocial support, education services, medical services, birth registration services, economic empowerment and livelihood support).

Psychosocial support (PSS) in response to psychological disorders and distress as consequence of the ongoing conflict remains one of the main needs of affected population in Yemen – particularly children - and is a priority for Child Protection partners. In May, UNICEF and partners reached at least 16,346 children (girls: 7,697, boys: 8,649) with PSS provided through 51 fixed and mobile Child Friendly Spaces, and adolescent and youth clubs.

Education

More than five million children in Yemen completed in May their school year 2016-2017 in an increasingly challenging environment. School infrastructure remains affected - as of May, 1,279 schools are partially damaged, 233 totally damaged, 694 closed (355 due to damage and 339 due to security reasons), 162 schools are still being used as shelters for IDPs, and 21 schools are occupied by armed groups. In total, 637 schools have been vacated from IDPs and armed groups.

In addition, it is now eight months since over 166,000 teachers (nearly 73 per cent) from approx. 13,000 schools in 13 governorates, have not received their salaries. As a result, schools in those governorates were closed one month earlier than planned, affecting nearly 4.5 million students (78 per cent of all students in Yemen).

As of May 2017, UNICEF has completed rehabilitation works in 631 schools - including rehabilitation of WASH facilities - and works are in progress in additional 390 schools. As a preparation for the 2017-2018 school year, offshore procurement for 304,069 school bag kits is in place to be distributed to conflict-affected children across the country.

In May, 202 teachers in Taizz and 100 in Sa'ada governorates were trained on educational psychosocial support provision and they will be able to provide support to over 18,100 children.

Social Protection

During the reporting period, after verification of appeal cases on the Humanitarian Cash Transfer Project (HCTP-2), a total of additional 1,048 families from Taizz were registered as a complementary group of HCTP-2 and received their first payment (of six-rounds) at the end of May 2017.

In May, the Social Welfare Fund Outreach Network (SWFN) continued carrying out a field-work exercise in Sana'a, Amanat Al Asimah and Ibb governorates. The field work aims at generating evidence on how the most vulnerable people in the targeted areas are coping with the conflict. This exercise has three major components: 1) data collection, 2) referral to social services, and 3) dissemination of C4D messages on health, nutrition, child protection, education and WASH practices. So far, 4,550 families in Sana'a, 3,510 in Amanat Al Asimah and 3,500 in Ibb governorate were targeted by this exercise, some of the results of the exercise include over 2,200 children and their families receiving C4D messages on best child wellbeing practices; at least 300 malnourished children referred to Outpatient Therapeutic Programme (OTP), and nearly 6,000 cases of unregistered children identified and referred to facilitate the issuance of birth certificates. In Ibb governorate the field work focused on cholera prevention messages and practices. In addition, the SWFN facilitates regular reporting on the number of cholera cases to health offices at the district level.

Communications for Development (C4D)

UNICEF's C4D programme has prioritized response to the cholera outbreak covering 76 hotspot districts with health and hygiene promotion interventions through interpersonal channels, in cooperation with over 30 government and NGO partners. More than 150,000 families have been reached by activities conducted by 6,000 Community Volunteers (CVs), 1,493 Community leaders and 595 religious leaders (imams).

Working in teams of 2-3, CVs conduct household visits where they provide counselling/ education on cholera prevention, including chlorination and other safe household water treatment, storage and use; handwashing with soap, appropriate food handling, disinfection, care and treatment of the sick. Volunteers also report and refer cases to cholera treatment centers and oral rehydration corners. Community engagement efforts are being reinforced with printed materials containing key messages (posters/flyers, banners and billboards, etc.) – over 300,000 copies have been distributed. Radio and TV programmes have reached over 10 million people through daily broadcast in 16 public and private channels. SMSs, 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 public. New audio-visual materials focusing on chlorination and home care of the sick are currently under production. Since the resurgence of the cholera outbreak, C4D activities have reached over 1.5 million people with key behavioural change messages at household and community level.

Supply and Logistics

During May, UNICEF Yemen Country Office dispatched three aircrafts carrying 40.456 MT of lifesaving supplies including Diarrhoeal Disease Kits (DDKs)¹¹ and medical supplies, these shipments were critical to increase UNICEF's capacity to respond to the cholera outbreak, by allowing the establishment of 16 DTCs across the country. Plans are in place to further scale up cholera-related supply shipment and transportation.

One dhow was dispatched to Yemen from Djibouti carrying 22,100 cartons of Ready to Use Therapeutic Food (RUTF), which will benefit 27,625 children suffering SAM.

Funding

Funding Requirements (as defined in Humanitarian Appeal of 2017 for a period of 12 months)				
Appeal Sector	2017	2017	Funding gap*	
	Requirements (US\$)	Funds available* (US\$)	US\$	%
Nutrition	83,557,762	33,068,656	50,489,106	60%
Health	62,000,000	24,248,197	37,751,803	61%
Water, Sanitation and Hygiene	30,299,558	27,104,638	3,194,920	11%
Child Protection	20,937,391	6,554,111	14,383,280	69%
Education	31,789,558	8,154,087	23,635,471	74%
Social Protection in Emergency	8,000,000	1,611,529	6,388,471	80%
<i>Unallocated</i>		4,963,853		
Total	236,584,269	105,705,072	130,879,197	55%

* 'Funds available' as of 5 June, 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 July 2017

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UNICEF HAC, 2017: www.unicef.org/appeals/yemen.html

Health/ WASH Clusters Acute Watery Diarrhea / Cholera Outbreak - Situation Report #3 (25 May 2017) <https://goo.gl/kqDrEB>

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¹¹ Each kit for treating 600 severe cases / 2,500 normal cases.

SUMMARY OF PROGRAMME RESULTS

2017 PROGRAMME TARGETS AND RESULTS ⁽¹⁾	Overall needs ⁽²⁾	Cluster Response			UNICEF and IPs				
		Target 2017	Total Results	Change since last report	Target 2017	Total Results	Change since last report		
NUTRITION ⁽³⁾									
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	461,740	323,000	67,714	16,533	323,000	67,714	16,533		
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,209,935	1,989,000	123,679	52,912	1,392,000	123,679	52,912		
Number of children under 5 given micronutrient interventions	4,528,100	567,000 ⁽⁴⁾	4,456,254	6,958	4,528,100	4,456,274 ⁽⁵⁾	6,958		
HEALTH									
Number of children under 1 vaccinated against measles (MCV1)					884,000	113,669	5,199		
Number of children under 5 vaccinated against polio					5,352,000	4,780,055	-		
Number of children under 5 receiving primary health care					1,131,000	253,024	68,929		
Number of pregnant and lactating women receiving primary health care					790,000	58,446	10,332		
WASH									
Number of population served with support to operation, maintenance and rehabilitation of public water systems		5,492,703	1,766,074	492,353	4,068,039	1,252,853	413,494		
Number of affected people with access to safe water as per agreed standards through water trucking		778,053	530,601	174,169	62,000	20,595	2,157		
Number of affected people provided with standard basic hygiene kit		1,379,678	279,221	23,280	654,000	153,505	17,997		
CHILD PROTECTION									
Number of incidents verified and documented from all the reported incidents		80%	Reported: 885 Verified: 783	88%	Reported: 1,811 Verified: 1,643	80%	Reported: 885 Verified: 783	88%	Reported: 1,811 Verified: 1,643
Number of children in conflict-affected area receiving psychosocial support		682,268	254,549	19,625	545,814	210,285	18,959		
Number of children and community members received information to protect themselves against injury/death of mine/UXO explosion		1,684,106	578,171	82,436	1,347,284	561,174	76,785		
EDUCATION									
Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	574,545	548,973	104,160	10,435	417,527	99,043	10,435		
Number of affected children receiving psychosocial support services in schools	368,679	343,108	78,482	18,108	322,397	78,387	18,108		
Number of affected children supported with basic learning supplies, including school bag kits	730,087	704,515	19,100	-	560,624	16,000	-		
SOCIAL PROTECTION									
Number of vulnerable individuals reached with humanitarian cash transfers	800,000				105,000	32,134	5,298		
C4D ⁽⁶⁾									
Number of affected people reached through integrated C4D efforts					1,300,000	752,535	65,851		

Footnotes:

(1) All figures as of 31 May 2017.

(2) Some figures are under review, will be completed in upcoming reports. Nutrition caseload figures have been revised by the Global Nutrition Cluster and will be updated in a forthcoming HAC revision.

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

(6) Total results do not include Cholera response results, targets will be revised.