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# Yemen Humanitarian Situation Report



## SITUATION IN NUMBERS

### October 2017

**11.3 million**

# of children in need of humanitarian assistance (estimated)

**20.7 million**

# of people in need  
(Periodic Monitoring Review HCT, Apr 2017)

**1.6 million**

# of children internally displaced (IDPs) and returnees out of

**2.9 million**

# of IDPs and returnees  
(Task Force on Population Movement 16th report, Protection Cluster, October 2017)

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

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

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

### UNICEF Appeal 2017

**US\$ 339 million**

### Funding Status\*\*

**US \$ 181 million**

## Highlights

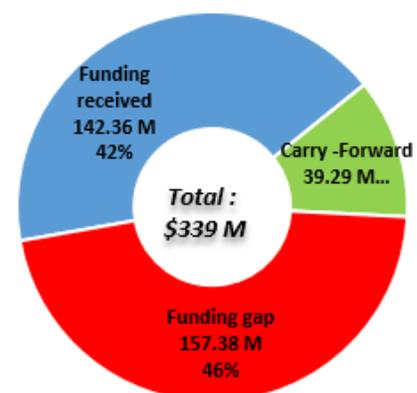
- The first national polio campaign started this month, and implementation took place across 19 governorates. More than 4.1 million children were vaccinated against polio, and the campaign was coordinated with a malnutrition screening of 2.9 million children, which identified over 271,000 acute malnutrition cases which were referred to appropriate services.
- The quality of the Community Management of Acute Malnutrition programme has shown improvements through the ongoing training of community-level health workers, as the cure rate for malnutrition cases rose to 75.5% for the first time.
- The number of new acute watery diarrhoea/cholera cases continues to decline each week, but UNICEF remains deeply concerned that children under 5 now represent 27.1% of all new cases, up from 18% in the summer. The total number of cases at the end of October reached 894,225 individuals.
- A massive AWD/cholera case verification exercise took place across 26% of all treatment centers this month, and 87% of new reported cases met the case definition. UNICEF will work closely with WHO to further refine case identification methods at facility level.
- According to the most recent data, 256 out of 16,000 schools across Yemen have reportedly been totally or partially destroyed due to airstrikes or shelling, 150 schools still occupied by IDPs, and 23 by armed groups. In October, rehabilitation works were completed in a further 10 schools in Al Jawf and Ibb and at least 5,879 children will gain access to education in those schools.

## UNICEF's Response with Partners

Key indicators	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results*
Number of children under 5 with SAM admitted to therapeutic care	323,000	167,338	323,000	167,338
Number of children under 5 vaccinated against polio	5,352,000	4,807,390		
Number of people served with support to operation, maintenance and rehabilitation of public water systems	4,068,039	4,004,104	5,492,703	4,812,501
Number of children in conflict-affected areas receiving psychosocial support	545,814	346,412	682,268	522,701
Number of children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	364,427	384,027	548,973	374,760

\*Total results are cumulative as of 31 October. \*\* Funding received current year include funding received for current year appeal and funds from other sources supporting emergency cholera response

### Overall 2017 Funding Status



## Situation Overview & Humanitarian Needs

The reporting period has been characterised by an increase in both conflict-related deaths and indirect casualties through the ongoing Acute Watery Diarrhoea (AWD)/cholera outbreak. In October, the UN Country Task Force on Monitoring and Reporting (CTF MR) verified the killing of 21 children and the maiming of 8 children as a result of airstrikes and ground fighting including 3 children (2 boys; 1 girl) injured by unexploded ordnance (UXO). UNICEF was also deeply concerned by new attacks on schools and hospitals, including their military use by armed forces and armed groups; two incidents of military use of schools and one incident of an attack on a hospital were verified this month.

October also saw the lowest daily new AWD/cholera caseload since May of this year, continuing a trend of declining new reported cases. However, of particular note is the rising percentage of children under 5 years in the new reported cases, having increased from 18% to 36% of the weekly new cases. The highest number of new cases is still in Hodeidah, Dhamar, Amran and Amanat al Asimah, but weekly trends for Hodeidah, Abyan and Taizz have seen significant drops compared with previous weeks. UNICEF and WHO continue to work to reduce the number of new cases by maintaining all existing Diarrhoea Treatment Centers (DTCs) and Oral Rehydration Corners (ORCs), and the next step is to ensure a strong prevention strategy in order to mitigate as many of the risks of such an outbreak occurring again.

This month saw another reminder of the impact of non-payment of public sector salaries, when more than 12,000 teaching staff from 13 governorates in the north of the country went on strike, thereby forcing the postponement of the start of the new school year originally scheduled for 1 October. The teaching staff highlighted that they have now not been paid for exactly one year, and 4.5 million children (78% of the student population) are currently missing the first weeks of the new academic year. In combination with renewed airstrikes and ground fighting, this could have a serious impact on long-term drop-out rates.

The Nutrition Cluster recently finalized its Humanitarian Needs Overview (HNO) for 2018, with the Cluster partners basing the 2018 HNO severity scales on three indicators, namely Global Acute Malnutrition (GAM), (Severe Acute Malnutrition) and stunting. According to the currently available data, five governorates (al Hudaydah, Lahj, Taizz, Abyan and Hadramaut) have Global Acute Malnutrition (GAM) rates above 15 per cent, and seven governorates have GAM rate of 10-15 per cent with aggravating factors, thus classifying 12 of 22 governorates as emergency.

The UN Under-Secretary and Emergency Relief Coordinator, Mark Lowcock, visited Yemen between 23 and 27 October to meet with government counterparts in Aden and de facto authorities in Sana'a. He pressed upon both counterparts the need for greater coordination of humanitarian activities and urged parties to the conflict to work to provide all available assistance to humanitarian actors by reducing bureaucratic impediments and disruptions to humanitarian operations.

**Estimated Affected Population in Need of Humanitarian Assistance** (Estimates calculated based on Periodic Monitoring Review PMR, Jan-Apr 2017, April 2017)

Start of humanitarian response: March 2015

	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	20.7	4.7	4.6	5.8	5.5
People in acute need <sup>1</sup>	9.8	2.28	2.19	2.76	2.55
People in moderate need <sup>2</sup>	10.9	2.44	2.44	3.08	2.95
Internally Displaced Persons (IDPs) <sup>3</sup>	2	0.4	0.5	0.5	0.6
People in need of assistance – WASH	15.7	3.6	3.5	4.4	4.2
People in need of assistance - Health	14.8	3.4	3.3	4.2	4.0
People in need of assistance – Nutrition	4		1.0	1.5	1.5
People in need of assistance –Child Protection	6.2			3.2	3.0
People in need of assistance –Education	2.3			1.2	1.1

## Humanitarian Leadership and Coordination

UNICEF works in coordination with the Yemen Humanitarian Country Team (HCT) leading the WASH, Education and Nutrition Clusters and the Child Protection Sub-Cluster, and is an active member of the Health Cluster. Sub-national level Clusters for WASH, Child Protection and Nutrition are functional in all five field offices (Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb), and Education sub-national Clusters are active in Aden, Ibb and Al Hudaydah. UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF is lead focal point for Accountability to Affected Populations (AAP) and co-chairs the interagency Community Engagement Working Group.

As WASH Cluster lead, UNICEF provides effective sector leadership at national and sub-national levels, including information management (IM) assistance, operational and technical assistance to partners and quality assurance. With

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

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

<sup>3</sup> Figures include people currently displaced by conflict and natural disasters. Task Force on Population Movement (TFPM), 15th Report (July 2017).

technical support from UNICEF, the national Communication for Development AWD/ Cholera Task Force has been reconstituted under the Health Education Center of the Ministry of Public Health and Population (MoPHP), with membership of over 150 non-governmental organizations. WASH and Health cluster partners are currently updating the Integrated Cholera Response Plan to accommodate the revised caseload projections. A WASH Cholera Technical Working Group was established under the WASH cluster leadership to ensure stronger technical guidance to all WASH cluster partners, and to start discussions on preparedness and prevention of cholera in most affected areas. A community engagement dashboard for cholera response has been established following a successful system-wide mapping exercise with participation of over 20 UN/INGO/LNGO partners. Results show 238 out of 333 districts have on-going community based cholera interventions. The results of the mapping exercise have been discussed in a joint Health and WASH Cluster and more partners pledged to join dashboard reporting.

The Child Protection sub-cluster (CPSC) through its SAG endorsed Save the Children as the co-lead/deputy coordinator for the sub-cluster in Yemen. This arrangement ensures shared responsibility between NGOs and the UN in sub-cluster coordination and a consistent and reliable leadership within the sector. An interim co-lead from Save the Children is current taking on this responsibility. A ToR for the co-lead role and an MoU with Save the Children have been completed and are ready for endorsement. The Child Protection sub-cluster reactivated three key working groups (psychosocial support, Unaccompanied and Separated Children and Mine Risk Education) and updated their ToRs and modus operandi. This followed an increase in number of national NGOs working in these areas, technical capacity gaps, the need to strengthen coordination and developing a common approach in each technical area.

## Humanitarian Strategy

UNICEF's humanitarian strategy is guided by its Core Commitments for Children in Humanitarian Action. UNICEF revised Humanitarian Action for Children (HAC) appeal is aligned with the strategic objectives and cluster operational response plans, as in the Yemen Humanitarian Response Plan (YHRP) 2017. The YHRP was officially launched on 8 February, and revised in July 2017, requesting US\$2.3 billion to reach an estimated 12 million people with life-saving assistance.<sup>4</sup> The 2018 YHRP is currently under preparation. This is the largest consolidated humanitarian appeal for Yemen ever launched. UNICEF continues implementing an integrated AWD/ cholera response plan with a 2-phase approach: Response<sup>5</sup> and System Strengthening, and Prevention.<sup>6</sup> UNICEF response consists of three elements of coordinated response interventions in Health, WASH and C4D sectors aiming at reducing occurrence of, and to minimize morbidity and fatality of AWD and cholera, through effective prevention and timely response.

UNICEF will continue to promote integrated activities and delivery of services, strengthening national systems and institutions - particularly the nearly collapsing health system - so that they might be better able to respond to new crises such as the ongoing AWD/cholera outbreak more effectively. Key to this strategy will be ensuring that public sector workers receive their salaries from relevant authorities. In the absence of this, UNICEF will continue to advocate on their behalf, and will provide incentives for work carried out over and above their regular daily duties. Malnutrition prevention and treatment will be expanded through training of health workers and support to health facilities through provision of supplies. 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). 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.

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<sup>4</sup> As reflected in the HRP revision, considering that the national cholera awareness campaign is a one-time provision of assistance, the overall YHRP target will not be affected and will remain at 12 million. The revised YHRP is available in the following link: <https://goo.gl/NRm28z>. With the revision of the YHRP and taking into account results expected from the nationwide cholera awareness campaign, UNICEF is currently adjusting its HPM indicators including those specific to the cholera response, these will be reported in upcoming sitreps.

<sup>5</sup> Phase 1, initially planned to be implemented until the end of 2017, might be extended to 2018 if needed.

<sup>6</sup> Phase 2, to be conducted until the end of 2018.

## Summary Analysis of Programme Response

### AWD / cholera response

The acute watery diarrhoea (AWD) and cholera outbreak - initially reported by the Ministry of Public Health and Population (MoPHP) on 27 April - continues to spread, albeit with a decreasing incidence in recent weeks. 20,674 new cases were reported this week, representing just under 3,000 cases per day. This is the lowest daily caseload since May. Suspected cases have been reported across 22 of 23 governorates and 92% of districts are affected (305 out of 333).

The cumulative total caseload of suspected AWD/cholera reached 894,225 individuals by the start of November, with 2,186 associated deaths in the same time period. No governorate is reporting a Case Fatality Rate (CFR) higher than 1%. So far in total, 17,896 rapid diagnostic tests (RDT) have been performed. 2,219 cultures have been performed which represents 22.3% coverage and 960 (5%) of which have been confirmed positive. Children under 5 now represent a total of 27.1% of all AWD/suspected cholera cases. The national attack rate is 323.1 per 10,000 population. The governorates with the highest attack rates include Amran (750), al Mahweet (706), al Dhale'e (633), Abyan (487) and Sana'a (440). In total, 17,896 rapid diagnostic tests (RDTs) have been conducted, representing a coverage of 20.1%. 2,219 cultures were taken, and the last positive culture was on 21 October in Dar Sad district of Aden governorate.

The highest number of weekly cases continues to be focused in Hodeidah, Dhamar, Amran and Amanat al Asimah, with slightly lower numbers in Taizz, Sana'a, Ibb and Hajjah. The three week trend has seen a reduction in cases for the vast majority of governorates; most notably, the trend in Hodeidah has dropped by 27%, Abyan by 38% and Taizz by 23%. Annex 2 highlights the trends for all governorates in more detail.

Some partners are scaling down their support to Diarrhoea Treatment Centers given a decline in attack rate. UNICEF's position is that a concerted response effort remains vital to ensure the current decline in cases continues and the system is sustained. The next step will be to ensure a strong prevention strategy is implemented, in order to mitigate as many of the risks of such an outbreak occurring again.

Using third party monitoring (TPM) UNICEF initiated a verification exercise for the reported cholera data this month. A total of 50 teams were deployed through the TPM at DTCs and ORCs with a high caseload to monitor and ensure health providers are adhering to case definition, listing procedures, and RDT testing. The TPM attended 26% of all AWD/cholera treatment centres over a period of two weeks, equivalent to 569 treatment centres in total.

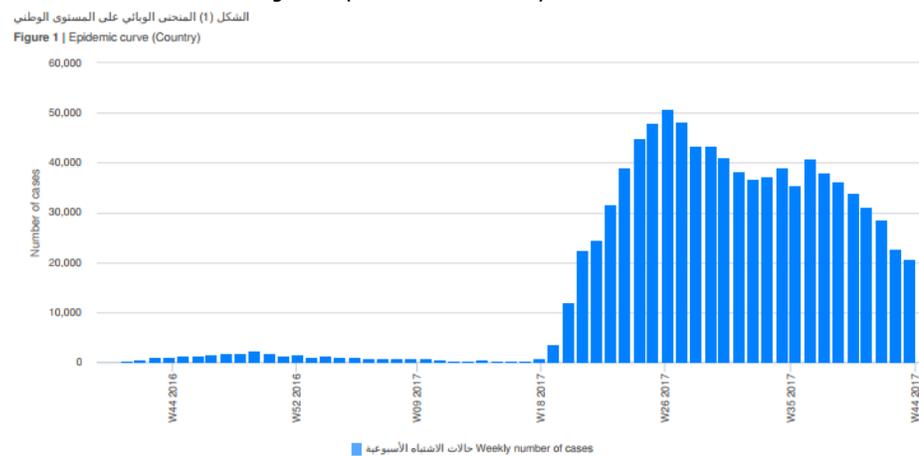
During this monitoring exercise, 4,755 patients were admitted at 83 RDTs and 34 DTCs. Out of these admitted cases 4,146 (87%) met the case definition for AWD/cholera, and 68 (2%) cases were subjected to RDT that yielded 34 (50%) positive results. Comparison of reported cases from these centers with the pre-intervention two weeks reveals a 65% reduction in cases, which may be attributed to adherence of case definition, correct line listing and improved reporting accuracy. WHO and UNICEF are discussing ways and means of correcting the data at source, by regular validation/verification of cases, before the report of suspect cases leaves the reporting unit.

Building on the momentum from the national house to house (H2H) awareness campaign, a total of 591,028 people and 51,553 households were reached with key information, counselling and supplies for cholera response in October, in all 22 governorates, making a cumulative total of 17,343,711 individuals and 3,266,736 households reached at least once since the current outbreak began in April of this year.

Community mobilizers provided counselling and education activities on key cholera prevention and response practices with a focus on safe household water treatment (chlorination), water storage and use, handwashing with water and soap at critical moments, appropriate food handling and eating, oral rehydration, disinfection, home care of the sick and reporting and referral of the sick to DTCs/ORCs and post-treatment care.

Following the reopening of some schools across the country, UNICEF in partnership with the Ministry of Education and Ministry of Health, is supporting plans to roll out cholera response in schools targeting 2.4 million students. Planned activities include hygiene and sanitation promotion, awareness and prevention of cholera, and water safety. Over 6,000 teachers will be trained and mobilized to conduct and supervise cholera prevention activities in schools.

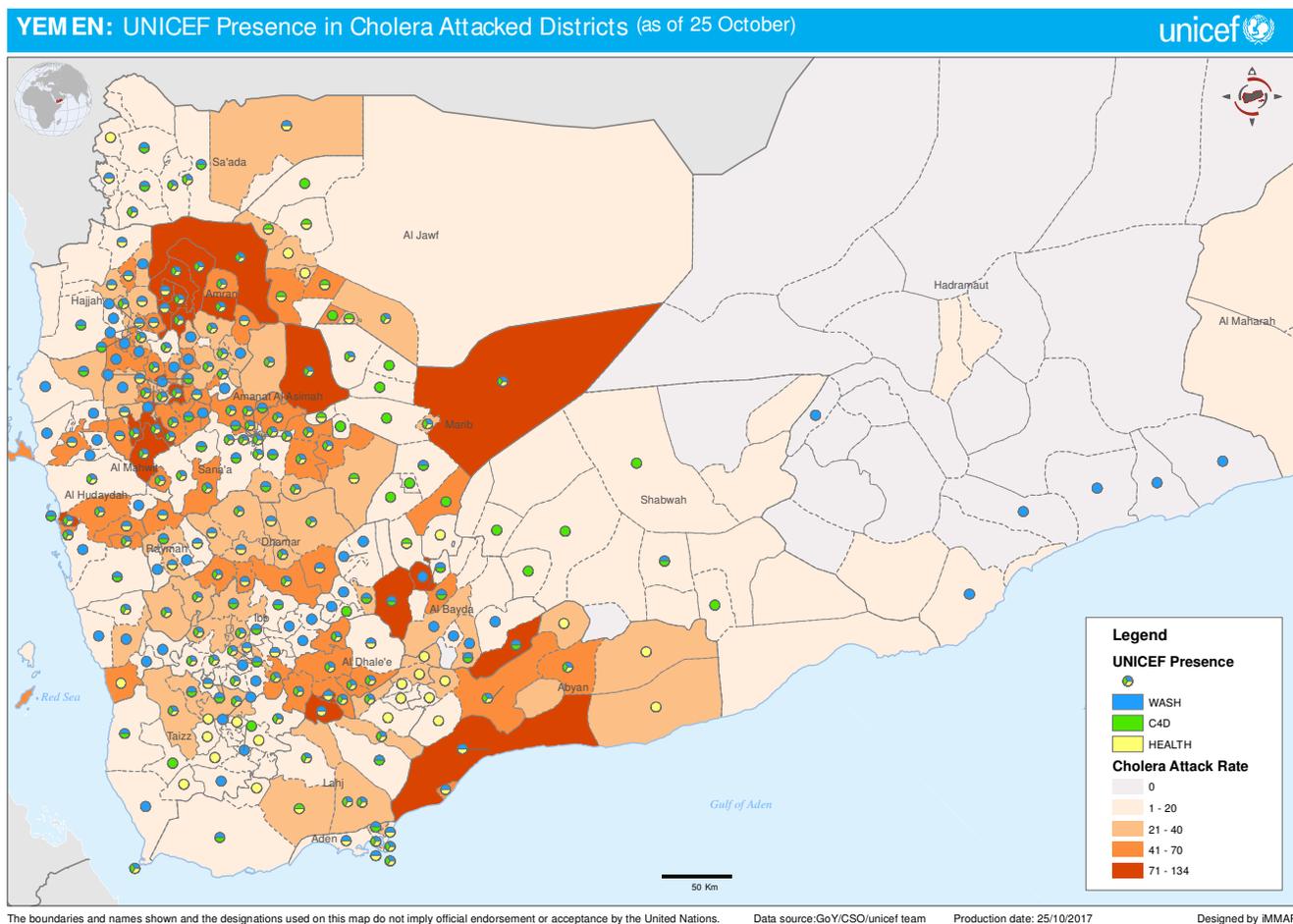
Figure 1: Epidemic curve – Weekly number of cases



Source: eDEWS, 30 October 2017

UNICEF WASH interventions remain focused on mitigating the further spread of the current outbreak. The WASH programme therefore targeted the high-risk areas across the country, by providing immediate services at household, health facility and physical up-stream levels, by disinfecting public/private water sources, extending regular operation/maintenance (O&M) services, rehabilitating water supply and sanitation systems, along with provision of the WASH NFI's and hygiene promotion. During the reporting period, UNICEF reached 5.7 million people with water and sanitation services in 161 districts in 14 governorates in the areas facing cholera outbreak. This brings the total reach since the outset of AWD/Cholera (since April 2017) to over 14.7 million people in 223 districts affected by the AWD/ cholera outbreak in 21 governorates.

Under the AWD/Cholera response, at household level, UNICEF interventions includes, promotion of safe hygiene practices by providing aqua tabs for water disinfections, cleaning/disinfection of the water storage tanks, storage facilities (Jerry Cans), consumable hygiene kits (soaps and washing powder) and hygiene promotions on safe practices. During the reporting period, over 1.7 million people benefited from this intervention. The interventions undertaken have reached so far over 8.5 million people.



## Health and Nutrition

The national polio campaign was a significant undertaking this month, with activities completed in 19 governorates. 4,186,742 children aged 6-59 months were vaccinated against polio, and 2,923,124 children aged 6 – 59 months were screened for malnutrition by the mid-upper arm circumference (MUAC) test, representing 60% of the country target. 1,587,104 children received Vitamin A supplements through the same campaign. 271,568 children with acute malnutrition were also identified and referred to appropriate services. The coverage rate for the 19 governorates that implemented the campaign is 64%. The remaining four governorates (Soqatra, Sayoun, Mahara and Sa'ada) will start their campaigns in the coming weeks.

UNICEF and partners continue delivery of nutrition services through supporting health facility-based interventions and community based interventions in the conflict most affected and in hard to reach areas such as mobile teams, outreach services and through the trained community health volunteers.

During the reporting period of October 2017, UNICEF and partners continued supporting scale up of Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, WFP and WHO. In addition to the vaccination/MUAC campaign, at least 194,449 children 6 to 59 months were screened for acute

malnutrition through routine nutrition services and 21,152 children were treated for severe acute malnutrition (SAM). These numbers will continue to rise as the Polio/MUAC campaign continues in the remaining four governorates. Furthermore, 32,605 and 36,202 children 6 to 59 months received micronutrient supplementation and deworming capsules respectively.

The Nutrition Cluster has finalized its Humanitarian Needs Overview (HNO) for 2018. Cluster partners will now base the 2018 HNO severity scales on three indicators, namely GAM, SAM and stunting. An estimated 7 million people are in need of nutrition assistance, with 2.9 million people who will require treatment for acute malnutrition in 2017, out of whom 1.8 million are children under age of 5 and 1.1 million are pregnant and lactating women (PLW). 2.3 million PLW and caretakers of children aged 0-23 months will require infant and young child feeding counselling.

Pregnant and lactating women (PLW) also benefited from nutrition service delivery. A total of 58,792 pregnant and lactating women were counselled on infant and young child feeding and 65,047 PLW received iron foliate supplementation.

CMAM program quality is improving as reflected in the performance indicators. To date the cure rate has increased from 71% to 75.5% and defaulter rate reduced from 26% to 21.6% since this time last year.

### Water, Sanitation and Hygiene (WASH)

At the physical up-stream, UNICEF continues supporting operation/maintenance for urban water supply systems over 2.6 million people and, at the same time, UNICEF cholera WASH response continues supporting chlorination of the public water networks in 13 capitals of governorates, benefiting 4.6 million people. At facility level, UNICEF is providing WASH services in the health facilities (DTCs and ORCs), and so far such services are provided in 62 centres. Moreover, UNICEF reached over 4.4 million people by supporting the operation of water waste treatment plants and solid waste collection and disposal in Amanat Al Asimah, Aden, Al Hodeidah, Amran, Hajjah, Sa'ada and Dhamar cities. In rural areas, UNICEF continues supporting the rehabilitation of 18 rural water supply systems with 49,260 people gaining access to sustained water in Al Jawf, Marib, Sa'ada and Sana'a governorates.

Over 28,000 IDPs and vulnerable groups received WASH support including emergency water supply through water trucking, distribution of household water filter and hygiene promotion sessions – including awareness raising on cholera prevention.

### Child Protection

Entering the fourth quarter of 2017, the situation of children affected by armed conflict continues to deteriorate and more children continue to be killed than injured by the lethal impact of hostilities. Moreover, children are increasingly exposed to mines and other unexploded ordnance (UXO) In October 2017, the CTF MR verified the killing of 21 children (17 boys; 4 girls) and the maiming of 8 children (6 boys; 2 girls) as a result of airstrikes and ground fighting including 3 children (2 boys; 1 girl) injured by UXO compared to no incidents verified in the previous months. UNICEF is alarmed by recent attacks on schools and hospitals including their military use by armed forces and armed groups; two incidents of military use of schools and one incident of attack on a hospital have been verified while there were no such incidents in September.

Mine Risk Education (MRE) activities continued to be provided to the conflict affected children and their care givers through school and community based awareness activities. In October 2017, at least 180,338 people including 126,784 children (girls: 54,338, boys: 72,446) and 53,554 adults (women: 20,485, men: 33,069), received life-saving MRE messages on protection from the risks of mines, UXO and ERW. The campaigns targeted schools and community in 36 districts of 11 governorates from the north and the south.

The psychosocial support needs of children impacted by the conflict are massive. In October, UNICEF and partners reached at least 21,277 people including 20,867 children (girls: 10,316, boys: 10,551) and 410 of their parents (mothers: 189, fathers: 221) with psychosocial support through fixed and mobile child friendly spaces and adolescent/youth clubs. This was organized in 50 districts of 5 conflict affected governorates.

305 cases of vulnerable children (girls: 118, boys: 187) were identified through these child friendly spaces. Out of those, 302 children (girls: 116, boys: 186) 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).

Despite the several challenges that birth registration activities encountered due to the registration campaigns and activities continued in 60 districts of 12 governorates where vulnerable children have been identified and referred to the Civil Registration Authority (CRA). A total of 237,021 conflict affected children (girls: 107,929, boys: 129,092) have now been provided with birth certificates.

In the Child Friendly Spaces, Adolescent Clubs, and wider communities, more than 178 awareness sessions conducted in October 2017 equipped 16,882 community members/affected populations including 7,204 parents (Female: 3,594 Male: 3,610) and 9,678 children (girls: 4,662, boys: 5,016) with knowledge and skills on how to protect children in emergencies.

In partnership with MoSAL, at least 10 adolescent girls vulnerable/at risk of early marriage were identified. Out of these, 8 girls were referred to child protection services (mainly legal, psychosocial support, education services, medical services, birth registration services, economic empowerment and livelihood support).

A total of 13 Unaccompanied and Separated Children (UASC) (Girls: 1, boys: 12) were identified, registered, and provided with protection services including interim care, support/referral, family tracing, reunification, post-reunification, and follow-up by protective social services.

The child protection (CP) sub-cluster has now completed a capacity needs assessment for its 28 members, of whom 90 per cent are national NGOs. At least 60 per cent of members indicated training gaps in psychosocial support (PSS), UASC, MRE, and Case Management. The needs assessment also identified capacity gaps in proposal writing, M&E and budget monitoring. The cluster is leading on developing and implementing a training strategy for 2018 that will focus on child protection in emergencies and the Child Protection Minimum Standards (CPMS).

## Education

The school year officially started on 17 September in Sa'ada and all southern governorates of Yemen, except Marib and parts of Taizz where the majority of schools started operating from the third week of October. In the rest of country, the school year was planned to start on 1 October. However, while the majority of schools are open, no teaching has yet taken place due to non-payment of civil servants' salaries, including teachers who have called for a general strike. If the situation is not quickly resolved, at least 4.5 million children (78 per cent of all students in Yemen) living in those in 13 northern governorates concerned are at risk of missing a year of schooling. UNICEF keeps working closely with partners to keep the education system from collapsing, and advocates with all parties to find a lasting solution. UNICEF is also actively advocating with donors to step in and temporarily support payment of incentives to all public sector workers, including education personnel. Alternative forms of education like community-based classes are also being considered on a wider scale.

School infrastructure remains heavily affected. As of end of September 2017, out of 16,000, around 256 schools were reported totally destroyed, schools partially damaged due to airstrikes or shelling, 150 schools still occupied by IDPs, and 23 by armed groups. In October, rehabilitation works were completed in a further 10 schools in Al Jawf and Ibb and at least 5,879 children will gain access to education in those schools.

Capacity building is being pursued at the local level through teacher training on psychosocial support (PSS). In October, 2,814 teachers were trained in Aden, Hajjah, Hodeida, Dhamar and Sana'a, despite the ongoing strike in northern governorates, and are now prepared to provide PSS to 105,620 affected children.

## Social Inclusion

In October, UNICEF progressed with implementation of the rapid assessment of institutional effectiveness and operational capacity of the Social Welfare Fund (SWF). Meetings with key stakeholders have been conducted, and data collection is ongoing in all targeted governorates, including Sana'a, Sa'ada, Aden, Al Hudaydah and Ibb, and Taizz. This evidence-generation exercise will inform further decision-making on social protection systems, and institution building in particular, with a view to contribute to reducing poverty and disparities in the mid- and longer-term perspectives.

UNICEF also supported the Ministry of Planning and International Cooperation (MoPIC) in issuing two issues of the monthly Yemen Socio-Economic Update (YSEU). The first issue was focused on the cholera crisis in Yemen, while the second focused on the socio-economic impact of the ongoing conflict/crisis on the education sector. Both publications warned that without an end to the conflict soon, the damage to children's lives may be irreversible.

UNICEF also continued partnering with the Ministry of Social Affairs and Labour (MoSAL), UN agencies, INGOs and the private sector organizations on setting up the Social Protection Consultative Committee (SPCC). Besides, the Social Inclusion programme has been also working with varied partners on development of an integrated model of social assistance to the poorest and most vulnerable in Yemen. The first pilot will be launched in November 2017 and will focus on people living in slums in Amanat Al Asimah.

## Communications for Development (C4D)

The C4D programme, in partnership with government and 27 Civil Society Organizations (CSO) in 156 districts, continues to support community engagement interventions promoting adoption of 14 key behaviour practices among care givers and decision-makers. Key behaviour practices include: vaccination, exclusive breastfeeding and proper infant and child feeding practices, hygiene promotion and safe use of water, antenatal clinic attendance and safe delivery, prevention of

child marriage promotion of “back to school” initiatives, girls’ education and on-time enrolment. Approximately 1.5 million people - 95 per cent of the annual target - have been reached by end of October 2017. Four new partnership agreements have been signed with local NGOs to strengthen C4D efforts in districts with minimal interventions while phase 2 of the national media campaign for health promotion is due to be rolled out in November in collaboration with the Ministry of Information.

UNICEF in coordination with OCHA and the Community Engagement Working Group (CE-WG) partners has successfully completed the third Community Perception Survey which seeks to assess the beneficiary perception of the quality of humanitarian response among Community Engagement Working Group partners. The results of the survey will be shared with the ICCM and CEWG members at the beginning of November.

## Supply and Logistics

During October, a total of 15 shipments reached Yemen, including nine *dhow*<sup>7</sup> and six transports through the Logistics Cluster (three airlifts landing in Sana'a and three boats reaching Aden). A similar quantity of supplies reached Yemen this month, compared with previous months, with a total weight of 2,357 metric tons and 5,952 cubic metres. The vast majority of supplies continue to go via Djibouti in order to manage risk and warehouse supply levels in-country, but the needs of the AWD/cholera response have resulted in a significant reduction in the backlog of supplies.

## Funding

UNICEF revised its humanitarian requirement for 2017 from US\$ 236.6 million to US\$ 339 million, to address the humanitarian needs of the most vulnerable children in Yemen. In addition to the ongoing nutrition response against the famine alert in Yemen, funds are still needed to address emerging needs arising from the AWD/cholera outbreak, to minimize the case fatality rate and prevent further spread of the disease.

Additional funds have been secured - from emergency and non-emergency sources - to support the cholera response in health and WASH sectors, however as needs continue to grow, funding for humanitarian programmes across all sectors is critical.

Funding Requirements (as defined in Humanitarian Appeal of 2017 - revised in July 2017- for a period of 12 months)					
Appeal Sector	Requirements (US\$)	Funds available <sup>1</sup>		Funding gap	
		Funds Received Current Year (US\$) <sup>2</sup>	Carry-Over	(US\$)	%
Nutrition	83,557,762	42,437,290	8,060,099	33,060,373	40%
Health	104,560,000	43,625,708	9,142,731	51,791,561	50%
Water, sanitation and hygiene	90,299,558	44,507,541	11,260,969	34,531,048	38%
Child protection	20,937,391	9,177,687	3,300,514	8,459,189	40%
Education <sup>3</sup>	15,292,938	12,159,409	5,854,484		-18%
Social inclusion	1,611,529	800,000	1,611,529		-50%
C4D (AWD/Cholera) <sup>4</sup>	22,775,000	3,106,000	-	19,669,000	86%
Cross sectoral <sup>5</sup>		16,170,630			
Being allocated		4,286,200	62,647		
<b>Total</b>	<b>339,034,178</b>	<b>176,270,465</b>	<b>39,292,974</b>	<b>157,376,739</b>	<b>46%</b>

1. 'Funds Received' as of 31 October, includes coordination costs and US\$ 33,906,000 of other resources from non-humanitarian funds (US\$ 11,000,000 for Health, US\$ 20,000,000 for WASH and US\$ 2,906,000 for C4D). Figures are estimated, actual allocations are under review. In addition to the above humanitarian funding, additional resources have been mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

3. Preliminary figures, part of the funds received may be allocated to 2018 activities.

4. C4D Sector was not included in the original 2017 HAC appeal.

5. Cross sectoral support to programme operations, i.e. security, field operations, communications and visibility, etc.

<sup>7</sup> Traditional sailing vessels.

## Next SitRep: 15/12/2017

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

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

**UNICEF Instagram:** UNICEF\_Yemen

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

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## Annex A

## SUMMARY OF PROGRAMME RESULTS

2017 PROGRAMME TARGETS AND RESULTS <sup>(1)</sup>	Overall needs <sup>(2)</sup>	Cluster Response			UNICEF and IPs		
		Target 2017 <sup>(2)</sup>	Total Results	Change since last report	Target 2017	Total Results	Change since last report
<b>NUTRITION</b>							
Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time <sup>(4)</sup>	385,000	323,000	167,338	21,152 ▲	323,000	167,338	21,152 ▲
Caregivers of children from 0 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling	2,209,935	1,355,000 <sup>(3)</sup>	501,987	58,792 ▲	950,000 <sup>(3)</sup>	501,987	58,792 ▲
Children under 5 given micronutrient interventions <sup>(5,6)</sup>	4,528,100	567,000	4,649,169	32,605 ▲	4,528,100	4,617,530	32,605 ▲
<b>HEALTH</b>							
Children under 1 vaccinated against measles (MCV1)					884,000	591,501	154,276 ▲
Children under 5 vaccinated against polio					5,352,000	4,807,390	27,355 ▲
Children under 5 receiving primary health care					1,131,000	805,898	288,257 ▲
Pregnant or lactating women receiving primary health care					790,000	405,016	211,284 ▲
Functional Diarrhoea Treatment Centres (DTCs) <sup>(CR)</sup>					75	64	-
Functional Oral Rehydration Corner (ORCs) <sup>(CR)</sup>					800	632	-
<b>WASH</b>							
Population served with support to operation, maintenance and rehabilitation of public water systems		5,492,703	4,812,501	71,239 ▲	4,068,039	4,004,104	9,574 ▲
Affected people with access to safe water as per agreed standards through water trucking		778,053	1,079,166	211,413 ▲	62,000	136,198 <sup>(8)</sup>	30,585 ▲
Affected people provided with hygiene kits for self-protection		1,379,678 (basic kits)	448,657	20,430 ▲	163,000 (basic kits) <sup>(7)</sup>	214,753	-
					12,000,000 (people) <sup>(7)</sup>	3,724,883	-
People living in areas at high risk for cholera have access to safe drinking water <sup>(CR)</sup>					6,000,000	5,735,218	-
Number of people at Cholera high risk areas benefiting from household level water treatment and disinfection <sup>(CR)</sup>					12,000,000	9,151,616	556,834 ▲
Percentage of DTCs provided with WASH services <sup>(CR)</sup>					100%	85 %	-
<b>CHILD PROTECTION</b>							
Number of incidents verified and documented from all the reported incidents		80%	Reported: 1,412 Verified: 1,242	88% Reported: 1,412 Verified: 1,242	80%	Reported: 1,412 Verified: 1,242	88% Reported: 1,412 Verified: 1,242
Children in conflict-affected area receiving psychosocial support		682,268	522,791	45,696 ▲	545,814	404,425	67,760 ▲
Number of children and community members received information to protect themselves against injury/death of mine/UXO explosion		1,684,106	1,087,159	420,550 ▲	1,347,284	1,066,739	420,539 ▲
<b>EDUCATION<sup>(8,9)</sup></b>							
Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	574,545	548,973	384,027	10,029 ▲	364,427	374,760	5,879 ▲
Number of affected children receiving psychosocial support services in schools	368,679	343,108	255,957	105,620 ▲	172,032	255,862	105,620 ▲
Number of affected children supported with basic learning supplies, including school bag kits	730,087	704,515	140,305	18,669 ▲	324,789	118,536	-
<b>SOCIAL PROTECTION</b>							
Number of vulnerable individuals reached with humanitarian cash transfers	800,000				32,072	32,072	-
<b>C4D<sup>(7)</sup></b>							
Affected people reached through integrated Communication for Development efforts	2,000,000				1,300,000 (14 key practices) <sup>(10)</sup>	1,770,309	336,452 ▲
					17,500,000 (4 key practices for cholera prevention) <sup>(10)(CR)</sup>	17,677,563 <sup>(11)</sup>	648,485 ▲
Social mobilisers trained and deployed for key behaviour changing in AWD/cholera high risk areas <sup>(CR)</sup>					40,000	38,924	-

## Footnotes:

(CR) Additional dedicated indicators established to monitor UNICEF's AWD/cholera response implementation. CR results are cumulative from April to 4 October 2017.

(1) Total results are cumulative from 1 January 2017 to 30 September 2017. With the revision of the Humanitarian Response Plan recently completed and taking into account results expected from the nationwide cholera awareness campaign, UNICEF is currently adjusting its HPM indicators including those specific to the cholera response, these will be reported in upcoming sitreps.

(2) Overall needs and targets as per HRP revision.

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

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

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

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

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

(8) July results were reported incorrectly. The actual result as of 31 July 2017 was 105,613.

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

(10) The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

(11) Including nearly 16 million people reached through the House-to-House awareness campaign. Families reached received soaps, ORS and awareness on the '4 key practices' for AWD/ cholera response.