Highlights

- The Yemen Humanitarian Country Team has launched the Yemen Humanitarian Needs Overview for 2017, estimating that 18.8 million people — some 70 per cent of the population — are in need for humanitarian assistance, including 10.3 million people with acute needs. As a consequence of the crisis, 14.8 million people will need health assistance in 2017 and 4.5 million will need nutrition services, a significant increase in comparison to 2016.

- At least 51 cholera cases were confirmed in November, with a total of 122 cases in 14 governorates since the beginning of outbreak in October. At least 82 deaths have been reported. UNICEF and partners continue putting in place integrated response and prevention activities in 17 prioritized governorates. Recent tests confirmed the decrease of Acute Watery Diarrhoea cases in locations where water sources were chlorinated.

- A third round of Integrated Outreach activities was conducted reaching all governorates in Yemen. Some 11,300 teams provided health and nutrition services, including over 620,000 doses against 11 childhood vaccine preventable diseases throughout the country.

- A situation assessment was conducted by UNICEF in At Tuhayat district (Al Hudaydah governorate), where coastal villages are severely affected by malnutrition. In a joint effort, UNICEF plans to reach 6,000 of the most affected families with a 3-month humanitarian cash transfer project.

UNICEF’s Response with partners*

| Number of affected population provided with improved water sources, sanitation services | UNICEF Target | Cumulative Results | Cluster Target | Cumulative Results |
| Number of children with access to basic learning supplies | 360,000 | 347,772 | 522,710 | 512,315 |
| Number of children under 5 vaccinated against polio | 5,039,936 | 4,853,083 | |
| Number of children under 5 given micronutrient interventions | 4,000,000 | 4,089,910 | 276,000 | 4,089,910 |
| Number of children receiving psychosocial support | 279,716 | 433,843 | 399,594 | 508,743 |

*Please refer to HPM table for details.
Situation Overview & Humanitarian Needs

At least 18.8 million people in Yemen are in need of humanitarian and protection assistance as a consequence of the ongoing crisis - including 10.3 million girls and boys, as estimated by the Humanitarian Country Team (HCT) in the Humanitarian Needs Overview (HNO) 2017. The decrease in the estimated number of people with humanitarian needs, does not reflect an improvement in the situation but rather the result of enhanced methodologies and data collection. Furthermore, the HCT estimates that needs are particularly acute for 10.3 million people who require immediate assistance to save and sustain their lives, while 8.5 million people are in moderate need and require assistance to stabilize their situation to prevent further deterioration.

While humanitarian partners are designing the scope of the response for 2017, conflict in Yemen gave no respite during the last months of 2016. From 19 to 21 November, a 48-hour truce was agreed but without a noticeable decrease in hostilities. At the end of the month a new government was formed in Sana'a. The implementation of activities in the field, including monitoring, has been constrained by the security situation in several locations, particularly in Marib, Al Bayda, Hajjah and Taizz governorates.

The cholera and Acute Watery Diarrhoea (AWD) outbreak declared in October - a consequence of poor hygiene practices and water infrastructure, and limited access to appropriate healthcare – has left 82 deaths and 122 confirmed cases in 14 governorates, 51 more cases since the end of October. Response and prevention activities under the Cholera Integrated Response Plan are under way in 17 prioritized governorates, recent reports show a decline of AWD in areas where water sources have been chlorinated.

Developments in Yemen’s political, economic and financial scenarios during the last months are having negative implications for implementation of humanitarian programmes in the country. Changes in clearance procedures and responsible entities have caused major delays in supply delivery and distribution, risking shortages that may have consequences – particularly for nutrition programming. In addition, the liquidity crisis is impeding partners (e.g. Governorate Health Offices, water authorities, among others) to withdraw cash from their bank accounts, hindering the implementation of life-saving activities. As a consequence of the suspension of public expenditures and the relocation of the Central Bank of Yemen from Sana’as to Aden, government salaries have been reduced or suspended – affecting staff essential for the implementation of UNICEF programmes.

Humanitarian leadership and coordination

UNICEF continues to work 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 has maintained both its political neutrality and good working relationship, partnering with technical ministries and sub-national government entities to deliver impartial humanitarian assistance.

**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 started with the preparation of the Humanitarian Action for Children (HAC) appeal 2017, to be launched in early 2017. The HAC document provides targets for UNICEF’s humanitarian programmes and sets the funds required in order to reach those targets, also in line with the YHRP.

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2 Acute Need: People who require immediate assistance to save and sustain their lives.
3 Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.
UNICEF advocates at the country, regional and global level 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 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.

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. An Integrated Response Plan was developed and updated in November, presenting a two-phased strategy that includes WASH and communications activities in 29 districts where cholera cases have been confirmed (Phase 1) and 58 districts that are at high risk due to presence of suspected cases, past endemic outbreaks and other risk factors (Phase 2).

**Summary Analysis of Programme response**

**Health and Nutrition**

Chronic vulnerabilities worsened by the increasing food insecurity and limited sources of income are heightening malnutrition indicators in Yemen. According to recent estimations by UNICEF and Nutrition partners, almost 4.5 million people require services to treat or prevent malnutrition, including nearly 2.2 million children and 1.1 million pregnant and lactating women (PLW) acutely malnourished. The estimated number of children under five years of age suffering from Severe Acute Malnutrition (SAM) has increased from 370,000 in 2015 to 462,000. During the reporting period, UNICEF and its partners identified 34,568 new SAM cases from a total of 400,082 6 - 59 months children screened for acute malnutrition through routine activities across the country.

Provision of micronutrients and treatment for acute malnutrition are among the most urgent needs in Yemen, as noted by the Location Assessment carried out by the Task Force on Population Movements (TFPM). UNICEF and its partners have continued their efforts to support the scale up of the Community Management of Acute Malnutrition (CMAM) programme, a joint initiative to address procurement and internal transportation of supplies, training of health workers to support the outpatient treatment of severe acute malnutrition, mobile clinics to provide an integrated nutrition and health package at a community-level, monitoring and supervision, and SMART surveys to assess the nutrition situation where required. As part of these efforts, during the reporting period, through UNICEF-supported activities, 81 SAM cases were referred by mobile teams to inpatient treatment programmes due to medical complications, 66,907 children from 6 to 59 months of age received micronutrient supplementation and 84,209 received deworming capsules. At least 113,321 PLW benefited from infant and young child feeding counselling (IYCF) and 88,390 received iron folate supplementation. Taking into account the increased vulnerability of malnourished children to diseases associated with poor hygiene practices, hygiene kits were provided to 1,878 children enrolled in SAM treatment.

With nearly half of health facilities not or partially functional, irregular salary payments for health workers and scarce supplies and equipment, access to public health services is increasingly difficult for people in Yemen. At least 14.8 million people are lacking adequate access to healthcare, 55 per cent of them are boys and girls. Health services provided through Mobile Teams supported by UNICEF, have reached thousands of the most vulnerable in hard-to-access and conflict-affected locations as well as internally displaced communities. In November, 87 mobile teams provided a package of health and nutrition services in 13 governorates (Table 1).

In regards to the cholera outbreak declared in October, the number of cases and affected governorates had continued to rise. By the end of November, at least 7,730 suspected cholera/ Acute watery Diarrhoea (AWD) cases were reported –over 60 per cent were children below 15 years of age, 122 cases were confirmed in 14 governorates – 70 per cent of the cases were recorded in five governorates: Aden (26), Sana’a (17), Ibb (16), Amanat Al Asimah (13) and Al Hudaydah (13). The number of related deaths amounts to 82 (10 cholera, 72 AWD), most of them in Al Hudaydah, 2016.

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2. TFPM – Protection Cluster, Location Assessments (June - September 2016).
3. By mobile teams deployed during the reporting period. At the time of this SitRep, 72 teams have consolidated their reports: Shabwa (1), Al Dhale’e (2), Abyan (2), Al Hudaydah (6), Hajjah (13), Raymah (3), Al Mahwit (2), Amran (6), Sana’a (6), Al Bayda (9), Marib (3), Taizz (13), Ibb (4).
Al Baydah and Taizz. In coordination with WHO, UNICEF continues supporting health response and prevention activities, at least 1 million sachets of Oral Rehydration Salts (ORS) and 11 Diarrheal Disease Kits (DDKs) have been provided to health facilities in affected governorates.

With UNICEF’s support, the Ministry of Public Health and Population (MoPHP) launched the third round of Integrated Outreach (IO) at the end October, reaching all governorates in Yemen. Approximately 11,300 teams were deployed and provided an integrated package of health and nutrition services over six days. According to preliminary consolidated results, at least 620,831 doses against 11 childhood vaccine preventable diseases (VPDs) were given to children including: BCG (35,964), Polio (153,762 oral drops, 41,890 injections), Penta (141,119), PCV (141,140), Rota (87,296), MR (67,893); Vitamin A was given to 59,183 children. 70,736 Tetanus TT vaccine doses were provided to women from 15 to 49 years of age. It is estimated that 14,000 pregnant and their unborn children are now protected against maternal and neonatal tetanus (MNT) during childbirth, irrespective of the hygienic conditions surrounding the deliveries.

In support of the national health system, UNICEF provided 13,340 litres of fuel to ensure the functioning of Expanded Programme on Immunization (EPI) cold rooms at central level, Al Mahwit, Al Hudaydah, Dhamar, Lahj and Aden governorates. Installation of 117 Solar Powered Refrigerated Units (SPRUs) is in progress in targeted health facilities. In partnership with GAVI, nine consultants have been deployed in Taizz, Sa’ada and Sana’a governorates to provide technical support on cold chain and vaccine management, C4D and EPI. Furthermore, capacity building activities continued in November, 1,289 community health volunteers (CHVs), midwives and health workers took part in activities in seven governorates (Table 2).

### Water, Sanitation and Hygiene (WASH)

As estimated by the WASH Cluster, at least 14.5 million people in Yemen, more than half of the total population, will need support to meet their basic water, sanitation and hygiene needs, 8.2 million of them are in acute need. Adequate access to drinking water and supplies is a top priority need. Accordingly, since the beginning of the crisis UNICEF has dedicated efforts to ensure regular provision of water by supporting the functioning of local water systems. In November, at least 2.4 million people - including 1.2 million children – were supported to access to water in six governorates. Where water systems are not available or have been damaged, water trucking services reached nearly 54,000 people over the last month.

Over 1.4 million people are benefiting from UNICEF fuel support provided for the operation of the wastewater treatment plant in Al Bayda and Sa’ada.

Inadequate storage and treatment of water have proved to be contributing to public health issues, as the cholera outbreak. UNICEF is distributing water filters and tanks, with particular focus on IDP and host communities where WASH conditions are even more precarious. Under the Yemen Cholera and AWD Outbreak Integrated Response Plan, 1,684 basic hygiene kits, 5,194 consumable hygiene kits and chlorine tablets were distributed to IDP families in Hajjah. Consumable hygiene kits were also distributed in ten districts of Taizz (1,000 kits) and three districts with IDP communities in Al Jawf (6,000 kits).

Response and prevention activities under the Cholera Integrated Response Plan will continue in 17 prioritized governorates. As reported by WASH Cluster partners, according to recent samples taken from water in affected locations there is a notable decline of AWD in areas where water sources were chlorinated.

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8 According to reports from the Ministry of Public Health and Population (MoPHP), as of 29 November 2016.
9 Each DDK is enough for treating 100 severe and 400 moderate cases.
10 More information on the cholera outbreak and interagency response available in WAH/Health cluster sitereps. [https://goo.gl/CGx4bH](https://goo.gl/CGx4bH)
11 Al Hudaydah: 574,000; Amanat Al Asimah (Sana’a city): 1,043,000; Amran: 50,000; Hajjah: 84,000; Ibb: 563,930; Dhamar: 565,000.
12 Amanat Al Asimah (Sana’a city): 25,500; Hajjah: 22,586; Sana’a: 5,750.
13 Al Bayda: 70,000; Sa’ada: 64,000;
14 Water filters distributed to 1,760 IDP families in Khayran Al Muqarrah district, Hajjah governorate.
15 29 water tanks delivered, reaching 12,564 people in Amanat Al Asimah (3 tanks, 1,500 people), Hajjah (8 tanks: 2,064 people) and Sana’a (58 tanks, 9,000 people).
16 Basic and Consumable Hygiene kits contain a different selection of items.
17 At Ta’ziyyah, Ash Shamayatayn, Al Mukha, Al Misrakh, Al Ma’afer, Al Mawasit, Jabal Habashy, Hayfan, Dimnat Khadir, Maqbanah.
18 Al Hazm, Al Khaleq and Al Ghyyl.
Children in Yemen continue to be killed and injured as a result of the conflict. During the reporting period, Taizz governorate was the most affected. The Country Task Force on Monitoring and Reporting verified the killing and injury of 28 children (13 boys, 15 girls), half of the casualties were reported in Taizz while the remaining cases took place in Al Hudaydah, Hajjah, Sa‘ada and Sana’a. In November, UNICEF through its cooperating partners, supported the referral and provision of specialized medical services of six children (3 boys, 3 girls) with physical injuries. Furthermore, attacks on schools and hospitals continue to hamper children access to basic services, one incident of attack on school and one incident of attack on hospital were verified during the reporting period, both in Taizz.

Children exposed to violence require psychosocial support in order to protect them from the long term harm or distress. UNICEF is supporting community based psychosocial approach and community mobilization, seeking to build on individual and community resources, capacities and resilience. In November, 180 community volunteers (75 female, 105 male) were equipped with information and skills on Community-based and mobile Child-Friendly Spaces (CFSs) activities. As a result, 39,930 children (19,875 boys, 20,055 girls) received psychosocial support in 66 districts of 13 governorates. Out of them, 198 boys and 150 girls were identified by UNICEF’s partners (Ministry of Social Affairs and Labour - MoSAL and Intersos) and received child protection services including individual counselling. At least 27,962 people, including 17,387 children and 10,575 parents, received knowledge and skills on protection of children in emergencies.

In the context of Yemen, where contamination with landmines and Unexploded Ordnance (UXO) is confirmed or suspected in at least 66 districts in 13 governorates, mine risk education (MRE) is the only preventive measure to protect lives and minimize the risks of injuries. During the last month, 117 community volunteers and NGO staff members (42 female, 75 male) were trained by UNICEF and partners on MRE and are now equipped with information and skills to disseminate life-saving messages to 150,815 community members, including 124,433 children (61,726 girls, 62,707 boys) and 26,382 adults (9,370 women, 17,012 men) in 36 districts of Hadramout, Amran, Marib and Taizz, in partnership with Intersos, MoSAL and the Yemen Executive Mine Action Center (YEMAC).

During the reporting period, 120 Ethiopian Unaccompanied and Separated Children (UASC) (11 girls, 109 boys) were identified, interviewed, documented and assisted in line with the best interest determination procedures with safe voluntary return to Ethiopia, in a joint effort between UNICEF, DRC and IOM.

Education

Between March 2015 and November 2016, more than 1,600 schools have been directly affected by the conflict in Yemen, including 1,412 schools partially or totally damaged, 167 accommodating IDPs and 23 occupied by Armed Groups. At least 2 million children out of school, as well as their teachers and parents, are in need of support in order to ensure their right to education.

The Back to School (B2S) campaign continues with activities across the country. In November, UNICEF reached at least 225,398 children with improved education services and activities. Rehabilitation works were completed in 197 schools, from this total 147 schools were provided with capitation grants to conduct minor repair and are prepared to receive 170,351 children in conflict-affected areas. In addition, 154 new Temporary Learning Spaces (TLS) tents were installed in Lahj, Al Dhale’e and Shabwah, to host 4,620 children. With UNICEF’s support, the Ministry of Education has printed text books for students in 4th, 5th and 6th grade and will start distribution in governorates as soon as possible.

Nearly 5,600 children in Marib governorate will receive psychosocial support in schools, provided by 224 teachers trained by UNICEF in November.

Social Protection

With the suspension of social protection programmes such as the Social Welfare Fund, thousands of the poorest families in Yemen are left without a source of income, leading them to extreme poverty and vulnerability. Starting at the end of 2015, UNICEF in partnership with public and private institutions launched a Humanitarian Cash Transfer Programme (HCTP) in two governorates: Amanat Al Asimah and Taizz. Monthly unconditional cash transfers are helping these families to meet their basic needs and ensure access to social services.

In November, UNICEF continued implementing the Phase 2 of the HCTP (launched in August 2016), aiming to cover 5,600 from the most conflict-affected households in Taizz enclave. During the reporting period, 68 households (or 318 individuals, including 184 children under the age of 18), received unconditional cash assistance. At the same time, humanitarian cash was also distributed to 520 households or 3,120 individuals under the Phase 1, Muhamasheen complementary group.

Ensuring quality and accountability for the service, UNICEF established a grievance mechanism as well as a monitoring and evaluation process. Managed by the Social Welfare Fund (SWF), the grievance mechanism provides a platform for beneficiaries to share feedback and report any issues or concerns, either through a toll-free phone line or through visiting any SWF branch office. In

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Muhamasheen or Al Muhamasheen (‘the marginalized’) designates a marginalized demographic group in Yemen, mostly living in slum areas and outskirts of cities, suffering the highest rates of unemployment and poverty.
November, the SWF received 117 complaints and 304 appeals. All complaints were addressed, and the appeals were registered on a waiting list, provided that additional funding is available in the future.

Due to changes in UNICEF internal financial procedures, the 3rd round of HCTP was delayed and will be merged with the 4th round (December 2016).

Moreover, UNICEF continues efforts to resume and strengthen the SWF outreach network (SWFN) even in times of conflict. At the end of November 2016, a network meeting was conducted for 50 SWFN members from Sana’a governorate, where available social services were mapped (ie. health, nutrition, education, child protection and WASH) and a corresponding referral mechanism agreed upon and set-up at governorate and district levels. The SWFN training workshops and fieldwork focused on outreach, referral and data collection activities in Sana’a, Ibb and Taizz governorates are scheduled for December 2016 and January 2017.

In November, the UNICEF Social Policy team provided technical support to HCTP partners from Taizz. A situation assessment was conducted also by UNICEF's Social Policy team in Al Hudaydah governorate, aiming at launching a 3-month humanitarian cash transfer project in At Tuhayat district, severely affected by malnutrition. The short-term project is planned to be launched in January 2017, and will target 6,000 of the poorest households in coastal villages of the district. Preparations are also underway to launch the emergency resumption of the SWF project in early 2017.

Communications for Development (C4D)

In November, at least 98,407 people were reached with critical information and face to face engagement activities conducted by 1,341 community volunteers and 15,772 community and religious leaders to promote adoption of positive behaviours and key lifesaving practices. Over 1.1 million people, including IDPs and host communities, have participated in counselling sessions, focus group discussions, theatre, mobile cinema and speeches in mosques among other interpersonal activities since January 2016. Following the cholera outbreak, C4D activities have prioritized cholera prevention and response messages. In addition, 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

Supplies dispatched during the reporting period included medical, WASH and education supplies as well as items critical to support UNICEF’s field activities:

- Two dhows (small boats) carrying school kits, shipped to Al Hudaydah port (292.269 MT, 1,074.19 cbm).
- A chartered aircraft from Amman to Sana’a carrying Diarrhoeal Disease kits (DDKs), 10L collapsible water tanks and water purification tablets (29.346 MT, 154.56 cbm).
- One dhow carrying medicines and medical supplies, shipped to Aden (206.735 MT, 630.94 cbm).

Changes in custom clearance procedures and responsible instances have caused delays in supply delivery and distribution, particularly health and nutrition supplies. UNICEF and humanitarian partners continue making great efforts to comply with the established procedures and advocate for unrestricted access of humanitarian supplies into and within the country.

Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>2016 Requirements (US$)</th>
<th>2016 Funds available* (US$)</th>
<th>Funding gap US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>61,500,000</td>
<td>34,083,032</td>
<td>27,416,968</td>
<td>45%</td>
</tr>
<tr>
<td>Health</td>
<td>36,000,000</td>
<td>28,158,737</td>
<td>7,841,263</td>
<td>22%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>48,500,000</td>
<td>37,964,096</td>
<td>10,535,904</td>
<td>22%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>14,000,000</td>
<td>10,894,756</td>
<td>3,105,244</td>
<td>22%</td>
</tr>
<tr>
<td>Education</td>
<td>14,000,000</td>
<td>15,369,803</td>
<td>-1,369,803</td>
<td>-10%</td>
</tr>
<tr>
<td>Social Protection in Emergency</td>
<td>6,000,000</td>
<td>9,592,830</td>
<td>-3,592,830</td>
<td>-60%</td>
</tr>
<tr>
<td>Unallocated</td>
<td></td>
<td>2,614,867</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>180,000,000</td>
<td>138,678,121</td>
<td>41,321,879</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Funds available as of 24 November, includes funding received against current appeal as well as carry-forward from the previous year.
Next SitRep: 15 January 2016

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### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>2016 PROGRAMME TARGETS AND RESULTS*</th>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>Target 2016</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 treated for Severe Acute Malnutrition (SAM)</td>
<td>315,966</td>
<td>178,562</td>
</tr>
<tr>
<td>Number of PLWs benefited from the IYCF counselling</td>
<td>2,076,914(1)</td>
<td>333,113</td>
</tr>
<tr>
<td>Number of children under 5 given micronutrient interventions(2)</td>
<td>4,298,163(3)</td>
<td>276,000(3)</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 1 vaccinated against measles (MCV1)</td>
<td>953,363</td>
<td>770,000</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,039,936</td>
<td>5,039,936</td>
</tr>
<tr>
<td>Number of children under 5 receiving primary health care</td>
<td>2,387,000</td>
<td>815,000</td>
</tr>
<tr>
<td>Number of pregnant and lactating women receiving primary health care</td>
<td>2,076,000</td>
<td>680,000</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<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(3)</td>
<td>8,395,079</td>
<td>6,384,984</td>
</tr>
<tr>
<td>Number of affected people with access to safe water as per agreed standards (7.5-15L per person per day)</td>
<td>1,750,000</td>
<td>682,332</td>
</tr>
<tr>
<td>Number of affected people provided with standard basic hygiene kits</td>
<td>1,750,000</td>
<td>1,382,461</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children in conflict-affected areas covered by MRM interventions</td>
<td>2,473,352</td>
<td>1,372,933(4)</td>
</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>1,821,656</td>
<td>399,594(4)</td>
</tr>
<tr>
<td>Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion</td>
<td>1,927,153</td>
<td>508,158(4)</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation</td>
<td>497,200</td>
<td>244,500</td>
</tr>
<tr>
<td>Number of affected children receiving psychosocial support services in schools</td>
<td>1,800,000</td>
<td>575,500</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</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen</td>
<td>8,000,000</td>
<td>34,285</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected people reached through integrated C4D efforts</td>
<td>2,000,000</td>
<td>1,200,000</td>
</tr>
</tbody>
</table>

Footnotes:

(*) Cumulative results as of 23 November, except for ‘Number of children under 5 treated for Severe Acute Malnutrition (SAM)’, as of 30 November.

(**) Nutrition activities were scaled up midyear 2016 in response to heightened needs and availability of funding

(1) UNICEF’s target for this indicator is 4,000,000 children under 5, as Micronutrient interventions supported by UNICEF include Vit A supplementation and micronutrients sprinkles supplementation. Nutrition duster target does not include Vit A supplementation and will consider only micronutrients sprinkles supplementation target: 449,081 children under 5.

(2) “Number of PLWs benefited from the IYCF counselling” estimate based on the total number of PLWs (8 per cent of population). “Number of children under 5 given micronutrient interventions”, estimate based on the total number of children from 6 to 59 months.

(3) Cumulative catchment number of people accessing safe drinking water through rehabilitation/repair of the existing urban water supply systems with established operations/maintenance routines, rehabilitation of rural and urban water and sewage systems infrastructure including supply of equipment, spare parts, fuel, chemicals for treatment and other operation and maintenance costs, and the cumulative catchment number of people benefiting from support to solid waste management services with supply of equipment, spare parts, fuel and other operational costs.

(4) UNICEF and Child Protection Sub Cluster (CPS) targets are based on access and capacity of partners, which at the time of the exercise (October 2015) were ranked low as reflection of the situation.

(5) Nutrition activities were scaled up midyear 2016 in response to heightened needs and availability of funding

(6) UNICEF target for 2016 is markedly low compared to 2015 since this activity moved from being under the NFI/Shelter Cluster to being under the Protection Cluster. Associated with this change in clusters was a change in the limits of funds that could be appealed, and thus a change in the target.