UNICEF Yemen Situation Report
July 2014

Key focus:
New born health

Highlights:
• The situation in Amran remains stable with reports of hundreds of displaced families re-turning home
• New SMART survey results reveal significant improvements in malnutrition rates in Lahj

Situation Overview

Fighting stopped in Amran at the end of July with a number of displaced people reported to have returned to their homes. The situation however remains tensed. Agencies have gradually started conducted short missions and assessments. Resumption of social basic services is slow, with just 56% of OTPs providing reports and water shortages observed due to the conflict but also the increased cost of fuel (due previously to shortages and now the lifting of subsidies). Over 150 families left Amran and fled to Sa’ada while July saw an increase in the numbers moving from Amran to Sana’a. UNICEF is working with YRC to respond to more than 25,000 internally displaced people (IDPs) from Amran. Some sought refuge with relatives but many were found to need water and shelter. According to YRC, most of the IDPs housed in schools have already re-turned home, but two schools in Sana’a are still housing people.

Thirteen child rights violations incidents were reported (three of which were verified) throughout Amran, Dhale and Sa’ada affecting 15 boys and 5 girls. In addition, through the child protection rapid assessment in Amran, at least 30 per cent of respondents mentioned witnessing children from the community being recruited and used by armed forces and armed groups. The safety and security of humanitarian agencies including UN agencies providing neutral and impartial humanitarian assistance has also been compromised in Amran which is also of grave concern. Incidents have include the confiscation of a truck carrying food for displaced people, and offices being looted.
Key focus: New born health

Issue
42 per cent of Yemeni children who die before their fifth birthday, die in their first month and primarily within the first hours of life. With these figures, Yemen has one of the highest rates of neonatal death in the world. The majority of newborn deaths are caused by complications due to premature birth or during childbirth and yet most stillbirths and neonatal deaths could be prevented. In Yemen’s case, high levels of maternal malnutrition increase the likelihood of premature delivery and therefore low birth weight babies. The under 5 mortality rate is 68 per cent higher among the poorest one fifth of the population than among the richest, while delivery by a skilled birth attendant is 331 per cent lower.

Therefore, investment in maternal care, labour and delivery care; and other low-cost, high-impact interventions focusing on the first 24 hours, in addition to ensuring that birth mothers are adequately nourished, would reduce these rates significantly.

Action
As only 60 per cent of the Yemen population (mostly in urban areas) have access to basic health services, greater community outreach activities are vital, including innovative alternative ways of delivering the services of community health workers.

In this regard, UNICEF supports the national Community Based Maternal and Newborn Care (CBMNC) programme, which focuses on empowering communities and families and providing essential care to newborns and their mothers at home. Community midwives (CMWs) are identified in target districts and trained to provide low-cost, high impact interventions at critical times; during pregnancy, at the time of delivery and at least twice in the first week after birth.

In addition to training CMWs, focus is given to improving referral hospitals, health facilities and their staff. This ensures that basic and comprehensive emergency obstetric newborn care services are provided, including essential newborn care and care of low birth weight babies. Community participation is crucial to success, so links between the community and health centres are also strengthened, while a sustainable monetary fund is created for maternal and newborn health emergencies. This typically results in increased referrals for maternal and newborn complications from the community to the facilities. Alongside this, any mother delivering in or referred to the health centre will be sent home with a message for the CMW to follow-up with continued care of the newborn during the first week.

Impact
Since the programme began, maternal and newborn home-based care programmes have been established in 25 districts through the training of 500 midwives and the provision of supplies and equipment. The aim of the CBMNC training is to ensure better health and nutrition of mothers and their babies and to ultimately improve the percentage of deliveries attended by skilled birth attendants in targeted districts. The midwives are also supported with supervision during their home visits to improve their skills and help with problem solving of difficult cases.

Nationally, the situation of community midwives has been mapped to better understand the status of deployment in the villages, and the commodities available to them. Midwifery bags have been procured and distributed to include life-saving commodities that will help the midwives to carry out their work. This is in line with the UN commissioner report and the national forecasting for UNICEF’s 106 target districts.

The Ministry of Public Health and Population has also developed their training plan for the districts, and newborn care specialists including medical doctors, nurses and midwives are being trained on a one year diploma. Evaluation of the CBMNC care programme is currently being undertaken by UNICEF and the Hadramount University with technical support from maternal and newborn experts at the Johns Hopkins University (JHPIEGO). Results from the forthcoming evaluation report will be used to inform better service delivery and to scale up the programme.
Interagency Collaboration

The protection rapid assessment of IDP households in the three conflict affected districts of Amran has been finalized with results showing the need for PSS, MRE and MRM in affected areas. 18% of respondents reported witnessing security incidents in the community such as abduction, killing or injury, while 27% said they had left their children or other family members behind to finish exams or stay with an elder family member who refused to move.

UNICEF Yemen Nationwide Response

Education:

28 child friendly schools in Ibb and Taiz Governorates have finalized implementation of 50% school improvement plans by the school committees. 11,200 children will benefit in the new academic year from the newly completed rehabilitation works in 35 schools under the Global Partnership for Education (GPE).

Child Protection:

7,301 individuals including 3,683 children (1,457 girls, 2,226 boys) and 3618 adults (1433 women and 2185 men) received mine risk education under the leadership of YEMAC and in partnership with Intersos in Abyan Governorate. 3,116 children (1,573 girls, 1,543 boys) received psychosocial support services (PSS) through community based child friendly spaces (CFS) in Abyan Governorate. Through this, 52 girls and 15 boys were further identified as vulnerable children, namely victims of violence, abuse and exploitation (child labour, child marriage and physical abuse) and were provided with relevant child protection services.

76 unaccompanied migrant/Ethiopian boys were interviewed and documented in Sana’a, Aden and Shabwa bringing the total to 186 unaccompanied migrant boys waiting for their safe return back to Ethiopia. 17 unaccompanied Yemeni boys were identified and provided with interim care at the MoSAL run Child Protection centre in Haradh supported by UNICEF. 12 of these children have been reunited with their families and returned safely to their community of origin.
Health and Nutrition:

5,486 children under 5 (88% coverage) were vaccinated against measles in the first round of a campaign in Sana’a.

Rates of malnutrition have dropped significantly in Lahj since 2012 according to the results from the latest SMART survey.

The global acute malnutrition (GAM) rate dropped from 23% to 17.2% in the lowlands and from 14.3% to 7.10% in the highlands, while rates of severe acute malnutrition (SAM) dropped from 4.5% to 0.50% and from 2.8% to 0.60% respectively.

In Hajja however, the IDP SMART survey reveals that rates have worsened: from 15.7% to 21.9% GAM and from 3% to 3.5% SAM between 2012 and 2014.

799 health workers (176) and volunteers (623) were trained in Sa’ada, Hodeidah, Taiz and Ibb on the integrated package and communication for development techniques.

8,791 people in emergency areas of Dhale and Shabwa were reached with integrated services through mobile services including vaccinations, nutrition screening and reproductive health.

WASH:

10,517 IDP families (around 60,000 people) and 5,700 IDP school students have been given hygiene kits in Sa’ada, Haradh and Sana’a.

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