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# Yemen Humanitarian Situation Report

October 2016

SITUATION IN NUMBERS

## Highlights

- By the end of October, the Yemeni Ministry of Public Health and Population (MoPHP) has confirmed 71 cholera cases in 11 governorates. At least 7.6 million people are at risk, nearly 40 per cent are children under 15.
- UNICEF and its partners are implementing an integrated cholera response plan, including support for strengthened and improved cholera surveillance and response capacity, improvement of water and sanitation practices and infrastructure and dissemination of key hygiene messages in communities at-risk.
- Ten additional mobile teams were launched in conflict-affected Sa'ada governorate, to provide primary health and nutrition services in nine of the most hard-to-reach districts of the border area, expecting to reach over 65,000 children.
- Scaling up efforts to reach the most vulnerable internally displaced persons (IDPs), nearly 16,000 IDPs in Hajjah, Al Dhale'e and Al Jawf, will receive monthly hygiene kits during the next three months. At least 2,575 IDPs – including 1,280 children - will benefit from improved WASH infrastructure supported by UNICEF.

## October 2016

**9.9 million**  
# of children affected out of

**21.2 million**  
# of people affected

**1.4 million**  
# of children internally displaced (IDPs) / returnees out of

**3.2 million**  
# of IDPs and returnees  
(Task Force on Population Movement 11<sup>th</sup> report, Protection Cluster, Oct. 2016)

**370,000** children under 5 at risk of Severe Acute Malnutrition (SAM)

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

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

## UNICEF's Response with partners\*

	UNICEF		Sector/Cluster	
	UNICEF Target**	Cumulative Results	Cluster Target**	Cumulative Results
Number of affected population provided with improved water sources, sanitation services	5,186,000	4,324,673	6,384,984	5,062,569
Number of children with access to basic learning supplies	360,000	316,437	522,710	333,081
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	4,023,003	276,000	4,023,003
Number of children receiving psychosocial support	279,716	393,913	399,594	451,210

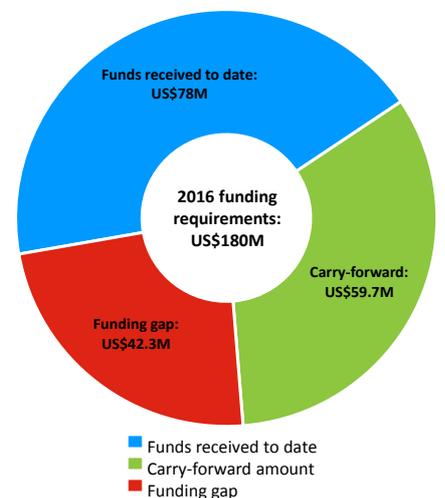
\*Please refer to HPM table for details.

\*\*UNICEF and Cluster targets are being reviewed and will be updated in upcoming SitReps.

## UNICEF Appeal 2016

**US\$180 million**  
2016 Funds available\*  
**US\$137.7 million**

### Funding Status



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

## Situation Overview & Humanitarian Needs

A cholera outbreak confirmed by the Ministry of Public Health and Population (MoPHP) on 6 October is now posing an additional health risk to the population - particularly children, and putting extra pressure on the already fragile national health system. Starting with 11 confirmed cases in one neighbourhood of the capital Sana'a, the toll rose rapidly as the outbreak spread leaving 71 confirmed cases in 11 governorates, by the end of the month. Health authorities determined that the source of infection is linked to contaminated water and commercial food as well as inadequate sanitation practices. At least 7.6 million people are living in areas affected or at risk and require urgent multi-sector response to help prevent the disease from spreading further.

On 8 October, in one of the deadliest attacks since the escalation of the conflict, airstrikes hit a community hall in Sana'a where thousands of mourners were taking part in a funeral ceremony. Over 140 people were reported killed and 550 more were injured. The international humanitarian community immediately responded, UNICEF provided immediate support and medical supplies to hospitals throughout Sana'a.

While much hope centred on the announcement of an agreed 72-hour truce (23:59hrs on 19 October - 23:59hrs on 22 October), this ceasefire followed a similar pattern to previous truce periods, seeing a reduction in the intensity of the fighting in some areas but not a complete halt. Armed confrontations continued and humanitarian organizations are still facing constraints to reach certain areas of the country.

Estimated Affected Population ( <i>Humanitarian Needs Overview, Nov. 2015</i> ) <sup>1</sup>					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Affected Population	20.5	5.1	4.2	5.7	5.5
People in need of assistance - WASH	19.3	4.6	4.5	5.2	5
People in need of assistance - Health	14.1	2.7	3.1	4.2	4.1
People in need of assistance – Nutrition	3	-	0.8	1.1	1.1
People in need of assistance –Child Protection	7.4	-	-	3.8	3.6
People in need of assistance –Education	3	0.04	0.02	1.6	1.3

## Humanitarian leadership and coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), leads 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 continues leading humanitarian hubs in Ibb and Sa'ada.

UNICEF monitors programme implementation through field staff—where access allows—or through a third party monitoring partner. Throughout the conflict, 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. UNICEF advocates at the country, regional and global level for unhindered humanitarian access and protection. The YHRP was reviewed and endorsed by the HCT; UNICEF is currently updating its targets and indicators accordingly.

UNICEF remains focused on ensuring the availability of basic social services to the most vulnerable including internally displaced persons (IDPs), host communities and other conflict-affected populations. UNICEF's support to national systems is particularly relevant considering the current deteriorated economic situation and the shortage of resources necessary to ensure the uninterrupted operation of basic social services. UNICEF provides an integrated package of both preventive and curative health and nutrition services to children under 5 and pregnant and lactating women through mobile clinics, community outreach activities and health facilities. Displaced families are being provided safe water and hygiene kits. UNICEF also continues to work with related authorities to re-open schools, provide remedial classes, school supplies and encourage alternative accommodation for displaced persons occupying schools. Psychosocial support is provided to children and their families through schools, community facilities and child friendly spaces. UNICEF is working to address financial vulnerabilities of the most vulnerable families through targeted cash grants.

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 the authorities on an integrated Cholera Response Plan. UNICEF, WHO and government counterparts are

<sup>1</sup> The Revised 2016 YHRP is not based on a revised Humanitarian Needs Overview (HNO). The HCT agreed that the original planning scenario still applies to the current situation.

using existing coordination structures (WASH/Health Clusters) for emergency preparedness and response. An inter-agency Cholera Response Plan has been developed to support health facilities and provide integrated WASH-Health-C4D response activities.

## Summary Analysis of Programme response

### Health and Nutrition

On 6 October, Yemeni Ministry of Public Health and Population (MoPHP) officially confirmed a cholera outbreak in the country. The situation is particularly serious given the near-collapsed health system – with 54 per cent of health facilities not functioning or partially functioning<sup>2</sup> - poor sanitation services and practices, as well as the deteriorated nutrition situation. By the end of the month, at least 2,241 suspected cases had been reported and 71 confirmed cases – including eight deaths - had been recorded since the start of the outbreak. More information on the cholera outbreak and UNICEF response is available in a dedicated SitRep.<sup>3</sup>

UNICEF and partners continue providing integral health and nutrition services across the country, supporting the operation of health facilities, ensuring continuity of services in the most affected and remote communities through mobile teams, community outreach and deployment of community volunteers.

In October, 70 mobile teams in 13 governorates<sup>5</sup> provided a package of health and nutrition services to mothers and children (see Table 1). Ten additional mobile teams were launched in Sa'ada governorate, these teams will be able to provide primary health and nutrition services in nine of the most hard-to-reach districts of the border area, targeting nearly 65,000 children and 18,000 pregnant and lactating women in the coming months.

Coordinated by the Nutrition Cluster, and jointly led by UNICEF, WFP and WHO, the scale up of the Community Management of Acute Malnutrition (CMAM) programme remains critical. In October, around 372,273 children<sup>6</sup> from 6 to 59 months of age were screened for acute malnutrition through

routine nutrition services; of these, 26,360 were treated for severe acute malnutrition (SAM) and 113 were referred by mobile teams to inpatient treatment programmes due to medical complications. At least 2,081 children with SAM also received hygiene kits in order to contribute to the improvement of the sanitation conditions and therefore support their recovery. Furthermore, 25,157 children from 6 to 59 months received micronutrient supplementation, and 46,513 received deworming capsules. Mothers, pregnant and lactating women (PLW) also benefited from CMAM, 102,538 pregnant and lactating women received infant and young child feeding (IYCF) counselling, and 73,118 PLW received iron folate supplementation.

According to data consolidated after the completion of the 2<sup>nd</sup> round of Integrated Outreach activities in September,<sup>7</sup> at least 709,308 doses of vaccines were given to children, including BCG (34,080), OPV (162,417), Penta (162,082), PCV (161,677), Rota (94,538) and MR (94,514), and 69,882 children received Vitamin A.

UNICEF continues to invest in capacity building at the national and local level. In October, nearly 800 community health volunteers (CHVs), health workers (HW) and midwives (MW) from ten governorates took part in capacity building initiatives supported by UNICEF (see Table 2). In some locations (i.e. Marib), in order to cover gaps resulting from low local capacity, UNICEF has mobilized support of partners from other governorates.

UNICEF is currently working with the World Bank, in coordination with the MoPHP and WHO, developing a project and operational plan in response to the growing emergency situation and deterioration of the health system, the project will be implemented over 2017 and 2018. In addition, with UNICEF support, a national/international consultant team has been contracted to conduct a situation

Services	No. of Beneficiaries
Routine vaccination	33,880 children
Integrated management of childhood diseases (IMCI) services	36,555 children
<i>Deworming</i>	7,738 children
<i>Pneumonia treatment</i>	7,610 children
<i>Diarrhoea treatment</i>	7,222 children
<i>Dysentery treatment</i>	777 children
<i>Malaria treatment</i>	249 children
<i>Other treatments</i>	12,959 children
Pregnant and lactating women (PLW) services	29,207 PLW
<i>Antenatal care</i>	6,795 women
<i>Postnatal care</i>	3,624 women
<i>Iron folate supplementation</i>	11,083 women
<i>Tetanus vaccination</i>	7,705 women

Activity	No. of Beneficiaries
CHVs trained on CMAM and IYCF (Taizz, Al Dhale'e, Abyan, Shabwah)	340
HWs trained on CMAM and IYCF (Taizz)	18
HWs received refreshment training on CMAM and IYCF (Sana'a, Socotra, Al Mahwit)	142
MWs trained on IYCF (Hajjah, Abyan, Al Dhale'e, Shabwah)	78
MWs received refresher training on IYCF (Hajjah)	120
Community Volunteers review meeting	100

<sup>2</sup> According to Health Resources Availability Mapping System (HeRAMS), from 16 governorates surveyed (Sept. 2016).

<sup>3</sup> UNICEF Yemen Cholera Outbreak SitReps: [http://www.unicef.org/appeals/yemen\\_sitreps.html](http://www.unicef.org/appeals/yemen_sitreps.html)

<sup>4</sup> Shabwa (1), Al Dhale'e (4), Abyan (2), Al Hudaydah (11), Hajjah (13), Raymah (3), Al Mahwit (2), Amran (5), Sana'a (4), Al Bayda (4), Marib (3), Taizz (11), Sada'a (7).

<sup>5</sup> Shabwa (1), Al Dhale'e (4), Abyan (2), Al Hudaydah (11), Hajjah (13), Raymah (3), Al Mahwit (2), Amran (5), Sana'a (4), Al Bayda (4), Marib (3), Taizz (11), Sada'a (7).

<sup>6</sup> Figures include beneficiaries reached during the reporting period as well as data received from previous months not reported in previous SitReps.

<sup>7</sup> Conducted from 24 to 29 September 2016. More information available in UNICEF Yemen Humanitarian SitRep September 2016. <https://goo.gl/659oMo>

analysis that will feed the national New-born Health Strategy, as part of the Reproductive Health Strategy –developed in collaboration with UNFPA.

Low technical capacities in some Governorate Health Offices, duplicated authorities at the local level and the high turnover of staff, not only undermine coordination efforts but also limit the sustainability of results.

## Water, Sanitation and Hygiene (WASH)

During the reported period, at least 2.6 million people, including 1.2 million children, have regular access to water in eight capitals of governorate through the continued support provided by UNICEF to local water systems.<sup>8</sup> And over 77,000 people were reached through water trucking service in locations where water systems are non-existent or inadequate.<sup>9</sup>

IDPs and most conflict-affected families received WASH supplies. Water filters were distributed reaching 1,555 IDP families in Al Jawf,<sup>10</sup> 195 families in Taizz and 550 in Al Dhale'e. Water tanks were delivered in ten districts of Taizz governorate (70 tanks) and IDPs settlements in Hajjah (3 tanks). Consumable hygiene kits were distributed to IDPs families located in settlements in Hajjah (1,229 kits), in ten districts of Taizz (3,200 kits).<sup>11</sup> In addition, nearly 16,000 IDPs in three governorates received hygiene kits and will be receiving monthly consumable hygiene kits during the next three months.<sup>12</sup>

At least 2,575 IDPs – including 1,280 girls and boys - living in settlements in Bani-Hassan (Abs district, Hajjah governorate) will benefit from the rehabilitation of 151 temporary latrines supported by UNICEF.<sup>13</sup>

UNICEF continues to provide fuel for the operation of the wastewater treatment plant in Amanat Al Asimah (Sana'a city), benefiting over 1.4 million people. More than 143,000 people are benefiting from UNICEF's continued support for solid waste management in Al Bayda, Sa'ada and Al Jawf governorates.<sup>14</sup> UNICEF, through its WASH partners, conducted hygiene awareness sessions reaching more than 93,000 individuals in three governorates.<sup>15</sup>

## Child Protection

In October, the UN Country Task Force on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts (CTFMR), verified the killing and injury of 37 children (32 boys, 5 girls) and two attacks on schools that hampered children access to basic services.

Through implementing partners, UNICEF has supported the referral and provision of specialized medical services to 18 children (12 boys, 6 girls) with physical injuries. In addition, from 22 boys identified out of 52 children earlier captured by Saudi Arabia authorities and later handed over to the Yemeni Government, UNICEF has supported registration and need assessment for eight children and will continue tracing the remaining 11 identified children.

Through community-based and mobile Child-Friendly Spaces (CFSs) activities in 62 districts of 11 governorates<sup>16</sup> 38,900 children (17,078 girls, 21,822 boys) received psychosocial support, 130 vulnerable children (94 boys, 36 girls) were identified and received child protection services including specialized psychosocial support and referral to medical services.

At least 38,605 people - including 20,078 children (8,323 girls, 11,755 boys) and 18,527 parents (8,001 female, 10,526 male) - received knowledge and skills on protection of children in emergency. Additionally, in partnership with the Ministry of Social Affairs and Labour (MoSAL), 220 community volunteers and NGOs staff in Al Jawf (77 female, 143 male) were equipped with knowledge and skills on the protection of children in emergency, including psychosocial support. Thirty social workers and para social workers (8 female, 22 male) were trained on social work and case management in Sa'ada and Al Jawf in order to respond to the increased needs of conflict affected children, particularly children released by armed groups/forces. Sessions to promote life-saving information about mine risk, unexploded ordnance (UXO) and Explosive remnants of war (ERW) reached over 37,000 people<sup>17</sup> in eight districts of Hadramout and Ibb, in partnership with MoSAL and YEMAC.<sup>18</sup>

UNICEF continues to explore ways to reach wider coverage with Mine Risk Education (MRE) key messages. MRE activities will resume in Amran and Al Jawaf in November with 95 community volunteers and NGOs' staff (36 female, 59 male) recently trained. In coordination with the CPSC, 35 participants from 28 local NGOs (9 female, 26 male) were equipped with information and skills to organize MRE activities in Amanat Al Asimah and Taizz. Furthermore, UNICEF, Ministry of Education and YEMAC have signed a Joint

<sup>8</sup> Al Hudaydah: 574,000; Amanat Al Asimah (Sana'a city): 1,043,000; Amran: 50,000; Hajjah: 84,000; Ibb: 563,930; Sa'ada: 227,565; Marib: 40,000; Al Mahwit: 21,000. (Approx. 1.2 million children).

<sup>9</sup> Amanat Al Asimah (Sana'a city): 22,000; Hajjah: 22,586; Taizz: 33,375.

<sup>10</sup> 9,994 beneficiaries in three districts (Al Hazm, Al-Khalaq and Al Ghayl).

<sup>11</sup> At Ta'iziyah, Ash Shamayatayn, Al Mukha, Al Misrakh, Al Ma'afer, Al Mawasit, Jabal Habashy, Hayfan, Dimnat Khadir, Maqbanah.

<sup>12</sup> Hajjah: 316 kits (2,212 IDPs) in Abs district; Al Dhale'e: 550 kits (3,850 IDPs) in Al Hussein district; Al Jawf: 1,555 kits (9,994 IDPs) in Al Hazm, Al Khalq and Al Ghayl districts.

<sup>13</sup> 396 IDPs families, 2,575 individuals (668 girls, 612 boys, 642 women, 653 men).

<sup>14</sup> Al Bayda: 70,000; Sa'ada: 64,000; Al Jawf: 9,940.

<sup>15</sup> Al Dhale'e: 12,128; Hajjah: 66,830; Shabwah: 14,748.

<sup>16</sup> Aden, Abyan, Hadramaut, Ibb, Al Hudaydah, Hajjah, Raymah, Al Bayda, Lahj, Amran, Taizz.

<sup>17</sup> 33,633 children (17,889 girls, 15,744 boys) and 3,769 adults (1,788 female, 1,981 male).

<sup>18</sup> YEMAC: Yemen Executive Mine Action Center

Action Plan to increase capacity of school teachers in conducting MRE activities in schools, with a sustainable and cost effective approach.

UNICEF is following up on reports about 310 unaccompanied and separated children detained in Aden and Shabwah as alleged migrants. After registering about 99 of these children, UNICEF and its partners were informed by the authorities that the migrants, including the unaccompanied children, were forcibly transferred to Djibouti reportedly without coordination with authorities in Djibouti. UNICEF also received reports that migrants detained in Shabwah were suddenly released after a violent riot. Most of them moved to northern governorates. Advocacy with authorities in Aden and Shabwah is on-going to establish clearer procedures and coordination mechanisms to manage arrivals of migrants, specifically regarding non-accompanied and separated children.

## Education

In coordination with the Ministry of Education (MoE) and partners from the Education Cluster, the Back to School (B2S) campaign is ongoing, aiming to promote and facilitate access of children to protective learning environments through school rehabilitation, establishment of temporary learning spaces (TLS), media campaigns, community outreach and provision of education supplies.

In October, at least 90,500 children gained access to education or benefited from improved education services, through activities supported by UNICEF. Rehabilitation works were completed in 11 schools in Ibb and one school in Sa'ada governorate, benefiting more than 6,800 children in conflict-affected areas, 11 temporary learning spaces tents were installed in Ibb to host 385 children and school desks were provided to 2,550 students.

Teachers in Ibb, Al Hudaydah and Al Mahwit governorates were trained to provide psychosocial support, with acquired skills they will be able to reach at least 79,660 children.

With UNICEF's support, the Ministry of Education has been organizing community mobilization activities promoting the return to school. The media campaign featured radio messages and flashes, SMS targeting parents, children and other community members.

## Social Protection

UNICEF's Humanitarian Cash Transfers (HCT) programme (Phases 1 and 2) continues in Taizz.<sup>19</sup> In October, 6,163 received cash transfers, 633 Phase 1 beneficiary households (3,798 individuals) and 5,530 Phase 2 beneficiary households (33,180 individuals). For most of these families, this was their second cycle of monthly cash assistance while 296 households (1,614 individuals) received their first cycle during the reporting period.

Preparation continues for activities aimed at strengthening access to social services for the most vulnerable. Activities will include, among others, mapping existing services, holding advocacy sessions with service providers in key sectors and building capacity of social workers from the Social Welfare Fund Network in referring cases to the appropriate service. Activities will be piloted in Amanat Al Asimah and Ibb, then be scaled-up to cover a wider geographic scope.

In collaboration with the Communications section, the Social Policy team is working on developing media products, including films and human interest stories on the Humanitarian Cash Transfers programme. Lessons on the HCT programme are also being consolidated and documented. Additionally, UNICEF is supporting the preparation process of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), by assessing the status of cash delivery mechanisms across the country. UNICEF is also liaising with WFP and MoSAL to extend food distribution to IDP children settlements and collective centers in Ibb.

## Communications for Development (C4D)

During the reporting period, UNICEF reached about 137,481 individuals with critical information and face to face engagement to promote adoption of positive behaviours and key lifesaving practices. Over 1 million people, including IDPs and host communities, have so far 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 in at least ten governorates, the focus of C4D interventions has been on cholera prevention and response. 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

In October, UNICEF dispatched medical supplies to support the cholera response in Sana'a, Al Bayda, Al Jawf, Amran, Hajja, Al Hudaydah, Ibb, Al Mahwit, Marib, Raymah, Taizz, Shabwah, Abyan, Aden, Al Maharah, Amanat Al Asimah, Al Dhale'e, Lahj, Sa'ada and Hadramaut governorates, with a total value of US\$ 350,000. UNICEF dispatched urgently needed health supplies in hospitals in Sana'a, after an airstrike hit the capital city on 8 October. Delivery of supplies as part of the Back to School campaign continued, school furniture for 90,000 students was distributed.

<sup>19</sup> Phase 1 covers Muhamasheen households in Amanat Al Asimah and Taizz. Phase 2 covers non-Muhamasheen households in Taizz.

## Funding

Funding Requirements (as defined in Humanitarian Appeal of 2016 for a period of 12 months)				
Appeal Sector	2016	2016	Funding gap	
	Requirements (US\$)	Funds available* (US\$)	US\$	%
Nutrition	61,500,000	33,521,273	27,978,727	45%
Health	36,000,000	27,255,851	8,744,149	24%
Water, Sanitation and Hygiene	48,500,000	35,945,461	12,554,539	26%
Child Protection	14,000,000	10,824,334	3,175,666	23%
Education	14,000,000	15,853,301	- 1,853,301	-13%
Social Protection in Emergency	6,000,000	9,591,853	- 3,591,853	-60%
<i>Unallocated</i>		4,720,614		
<b>Total</b>	<b>180,000,000</b>	<b>137,712,686</b>	<b>42,287,314</b>	<b>23%</b>

\* 'Funds available' as of 24 October, includes funding received against current appeal as well as carry-forward from the previous year.

## Next SitRep: 15 December 2016

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## SUMMARY OF PROGRAMME RESULTS

2016 PROGRAMME TARGETS AND RESULTS*	Overall needs	Cluster Response			UNICEF and IPs		
		Target 2016	Total Results	Change since last report ▲▼	Target 2016	Total Results	Change since last report ▲▼
<b>NUTRITION</b>							
Number of children under 5 treated for Severe Acute Malnutrition (SAM)	319,966	178,562	181,673	▲	178,562	181,673	▲
Number of PLWs benefited from the IYCF counselling	2,076,914 <sup>(2)</sup>	313,119	342,324	▲	313,119	342,324	▲
Number of children under 5 given micronutrient interventions <sup>(3)</sup>	4,298,163 <sup>(2)</sup>	276,000 <sup>(1)</sup>	4,023,003	▲	4,000,000 <sup>(1)</sup>	4,023,003	▲
<b>HEALTH</b>							
Number of children under 1 vaccinated against measles (MCV1)	953,363				770,000	420,380	▲
Number of children under 5 vaccinated against polio	5,039,936				5,039,936	4,853,083	-
Number of children under 5 receiving primary health care	2,387,000				815,000	746,754	▲
Number of pregnant and lactating women receiving primary health care	2,076,000				680,000	281,031	▲
<b>WASH</b>							
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 <sup>(3)</sup>	8,391,079	6,384,984	5,062,569	▲	5,186,000	4,324,673	▲
Number of affected people with access to safe water as per agreed standards (7.5-15L per person per day)	1,750,000	682,332	1,061,303	▲	100,000	129,159	▲
Number of affected people provided with standard basic hygiene kits	1,750,000	1,382,461	528,671	▲	500,000	339,642	▲
<b>CHILD PROTECTION<sup>(4)</sup></b>							
Number of children in conflict-affected areas covered by MRM interventions	2,473,352	1,372,933 <sup>(4)</sup>	1,161,735	▲	1,372,933 <sup>(4)</sup>	1,161,735	▲
Number of children in conflict-affected areas receiving psychosocial support	1,821,656	399,594 <sup>(4)</sup>	451,210	▲	279,716 <sup>(4)</sup>	393,913	▲
Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion	1,927,153	502,158 <sup>(4)</sup>	910,817	▲	351,511 <sup>(4)</sup>	887,280	▲
<b>EDUCATION</b>							
Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation	497,200	244,500	134,733	▲	156,000	110,929	▲
Number of affected children receiving psychosocial support services in schools	1,800,000	575,500	257,214	▲	173,000	245,022	▲
Number of affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system	2,000,000	522,710	333,081	▲	360,000	316,437	▲
<b>SOCIAL PROTECTION<sup>(6)</sup></b>							
Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen	8,000,000				34,285	83,880	▲
<b>C4D</b>							
Number of affected people reached through integrated C4D efforts	2,000,000				1,200,000	1,032,103	▲

## Footnotes:

(\*) In line with the YHRP revision, sector targets are being reviewed and will be updated in upcoming SitReps.

(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 cluster target does not include Vit A supplementation and will consider only micronutrients sprinkles supplementation target: 469,081 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 of 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 (CPSC) 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. Targets will be updated after the mid-year review of the YHRP/HAC.

(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. Social Policy section with the Protection Cluster will adjust the target after the YHRP mid-year review.