Yemen Humanitarian Situation Report

Aug - Sep 2017

Highlights

- In August, UNICEF led a national house to house campaign deploying 40,000 community mobilizers to promote key cholera prevention practices, distribute Oral Rehydration Salts (ORS), soaps and information materials reaching 16 million people. Despite the program scale-up, a concerning increasing trend in attack rate was observed in 12 districts, while overall morbidity rate remains low (below 1 per cent).

- With authorities and humanitarian partners, UNICEF is leading training of health workers and volunteers on identification and treatment of malnourished children who are extremely vulnerable to AWD/cholera.

- Two new rounds of integrated health and nutrition services - including vaccination, provision of nutrition and common childhood illness treatment were conducted in August and September, reaching over 891,000 children and more than 28,000 pregnant women across all districts in Yemen.

- In an effort to avert the collapse of the health system, UNICEF is supporting the operation of 1,072 primary health care facilities, and plans are to expand support to 1,000 more in prioritized districts, starting in October.

- With over 4,600 schools destroyed or partially damaged due to airstrikes or shelling, and the announcement of a teachers’ strike in 13 northern governorates, more than 4.5 million children are now risking to miss the start of the school year.

- In August and September, the Country Task Force on Monitoring and Reporting (CTF MR) identified and documented cases of killing and maiming of children. At least 31 children were killed (20 boys, 11 girls) and 28 more were maimed (20 boys, 8 girls). Additionally, nine cases of recruitment and use of boys were verified.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>UNICEF Target</th>
<th>Total Results*</th>
<th>Cluster Target</th>
<th>Total Results*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under 5 with SAM admitted to therapeutic care</td>
<td>323,000</td>
<td>146,186</td>
<td>323,000</td>
<td>146,186</td>
</tr>
<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,352,000</td>
<td>4,780,055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people served with support to operation, maintenance and rehabilitation of public water systems</td>
<td>4,068,039</td>
<td>3,994,530</td>
<td>5,493,703</td>
<td>4,741,262</td>
</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>545,814</td>
<td>336,665</td>
<td>682,268</td>
<td>477,095</td>
</tr>
<tr>
<td>Number of children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grands, and classroom furniture</td>
<td>364,477</td>
<td>368,881</td>
<td>548,973</td>
<td>373,998</td>
</tr>
</tbody>
</table>

*Total results are cumulative as of 30 September.

August - September 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

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 $ 191 million

Funds received current year: US$ 151.7M
Carry-forward: US$ 39.3M
Funding gap: US$ 148M

**Funds received current year’ include funding received for the current appeal year and funds from other resources supporting emergency cholera response.
Situation Overview & Humanitarian Needs

Although overshadowed by the magnitude of the acute watery diarrhoea (AWD) cholera wave, the conflict in Yemen is continuing unabated. August was a particularly violent month with 58 civilians killed in just one week, more than the number of civilians killed in the whole of July when 57 civilian died.\(^1\) At least 42 civilians were killed and 42 more were injured in tree airstrikes in Sana’a and Sa’ada governorates. Since March 2015, the UN Human Rights Office has documented 13,920 civilian casualties, including 5,159 killed and 8,761 injured, however the overall number is probably much higher.\(^2\)

After weeks of a decreasing trend in the number of suspected AWD/cholera cases per week, in late August, a concerning increasing trend was observed in some governorates, 12 districts in Al Hudaydah, Aden and Raymah showed the highest rise.\(^3\) In these governorates, the attack rates increased from 181.23 to 195.99 in Al Hudaydah, 147.63 to 154.48 in Aden, and from 139.31 to 150.56 in Raymah. UNICEF and partners deployed rapid response teams in the affected districts targeting households with suspected cases. The situation becomes more complex considering that more than 1.8 million children in Yemen are suffering from acute malnutrition and are more vulnerable to cholera/AWD, and therefore their diagnosis and treatment is more challenging. Against this backdrop, UNICEF is working with the Ministry of Public Health and Population (MoPHP) putting in place measures to address the particular needs of malnourished children at risk of AWD/cholera.

The rainy season has already caused floods in Ibb, Hajja, Lahj and Taizz, threatening to exacerbate the spreading of AWD and cholera. Through the UNICEF/ACF Rapid Response mechanism (RRM), rapid assessments were conducted in Lahj and Haja, although damages were not severe, maintenance of roads, drainage systems, and water and sanitation networks is critical. Risk assessments and contingency plans for schools and health facilities are also needed.

On 22 September, at the margins of the UN General Assembly’s 72nd session, a High-Level Meeting on the Humanitarian Situation in Yemen was held chaired by Ms. Margot Walström, Minister for Foreign Affairs of Sweden; Mr. Bert Koenders, Minister for Foreign Affairs of the Netherlands; and Mr. Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator. In the meeting, participants urged relevant parties to end the conflict and find a political solution through the peace process facilitated by the United Nations, and urgently called on the parties and those with influence over them to support the immediate payment of civil servant salaries for critical basic services, such as health, water and sanitation and education workers; the unconditional installation of the four mobile cranes at Al Hudaydah port to increase port capacity; and the re-opening of Sana’a airport for commercial flights.

### Estimated Affected Population in Need of Humanitarian Assistance


<table>
<thead>
<tr>
<th>Start of humanitarian response: March 2015</th>
<th>Total (Million)</th>
<th>Men (Million)</th>
<th>Women (Million)</th>
<th>Boys (Million)</th>
<th>Girls (Million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population in Need</td>
<td>20.7</td>
<td>4.7</td>
<td>4.6</td>
<td>5.8</td>
<td>5.5</td>
</tr>
<tr>
<td>People in acute need(^4)</td>
<td>9.8</td>
<td>2.28</td>
<td>2.19</td>
<td>2.76</td>
<td>2.55</td>
</tr>
<tr>
<td>People in moderate need(^5)</td>
<td>10.9</td>
<td>2.44</td>
<td>2.44</td>
<td>3.08</td>
<td>2.95</td>
</tr>
<tr>
<td>Internally Displaced Persons (IDPs)(^6)</td>
<td>2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>People in need of assistance – WASH</td>
<td>15.7</td>
<td>3.6</td>
<td>3.5</td>
<td>4.4</td>
<td>4.2</td>
</tr>
<tr>
<td>People in need of assistance – Health</td>
<td>14.8</td>
<td>3.4</td>
<td>3.3</td>
<td>4.2</td>
<td>4.0</td>
</tr>
<tr>
<td>People in need of assistance – Nutrition</td>
<td>4</td>
<td>1.0</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>People in need of assistance – Child Protection</td>
<td>6.2</td>
<td>3.2</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>People in need of assistance – Education</td>
<td>2.3</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

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.

---

\(^1\) According to reports confirmed by the Office of the UN High Commissioner for Human Rights in Yemen. Press briefing note on Yemen, Cambodia and Guatemala, 25 August 2017, Geneva. [https://goqo.glassen5-Z](https://goqo.glassen5-Z)

\(^2\) Press briefing note on Yemen, 19 September, Geneva. [https://goqo.gl/RxUjID](https://goqo.gl/RxUjID)


\(^4\) Acute Need: People who require immediate assistance to save and sustain their lives.

\(^5\) Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.

Since the resurgence of the AWD/cholera outbreak in late April, the national Taskforce has been actively led by health authorities. UNICEF is part of the Taskforce where members discuss updates and strategic issues to guide partners in their response, reporting regularly to their respective clusters and feeding back to the Governorate Health Offices (GHOs) and to Sub-national taskforces. As WASH Cluster lead, UNICEF provides sector leadership at national and sub-national levels, information management (IM) assistance for the overall AWD/cholera response, along with operational plan development and technical assistance to partners, standard guidelines for harmonization as well quality assurance. With technical support from UNICEF, the national Communication for Development 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. The WASH cluster was also engaged in the Humanitarian Needs Overview by facilitating discussions at hub level to collect information and liaising with partners and other clusters to collect data related to WASH needs.

Nutrition Cluster partners have started preparations for the 2018 Humanitarian Needs Overview, which will include not only the nutrition-specific analysis, but also a WASH, Health, Nutrition and Food Security inter-cluster analysis and its impact on the health and nutritional status of population; to support this initiative, a joint four-cluster mission from the Global Clusters is planned to take place in October. A number of SMART assessments are planned/ ongoing in several governorates to inform the needs analysis, however access and partners’ capacity remains an issue in scaling up nutrition assessments. A workshop to develop SMART protocols for the northern governorates was conducted in September. After the conduction of the Infant and Young Child Feeding in Emergencies (IYCF-E) training at national level for the Ministry of Public Health and Population (MoPHP) and Cluster partners, the Cluster is developing a plan for rolling it out. Partners from other clusters were also sensitized on IYCF-E and on the Breast Milk Substitutes Code.

The Child Protection sub-cluster (CPSC) completed and disseminated guidelines on integrating child protection into the cholera response. These guidelines were adopted by the Cholera Task Force and are being disseminated to partners in the field. The CPSC completed the consolidation of data regarding severity scores for child protection needs in Yemen, this exercise will be used in the Humanitarian Needs Overview 2018 process.

UNICEF-led clusters – WASH, Nutrition, Child Protection - have been active in coordinating the cluster partners’ proposals for the second standard allocation for the humanitarian pooled fund.

**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. 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 and System Strengthening and Prevention. 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.

As per the revised HAC (July 2017), life-saving health, nutrition, WASH, education, child protection and social protection services - supported by communication for development interventions - will be delivered to 17.3 million people, including 9.9 million girls and boys. UNICEF will promote integrated activities and delivery of services, strengthen national systems and institutions - particularly the nearly collapsing health system. Malnutrition prevention and treatment will be expanded. UNICEF plans to support the operation, maintenance and rehabilitation of water systems, empowering local communities to manage and maintain the water systems long-term. Some 1.8 million children will gain sustained access to education through the rehabilitation of schools and distribution of school materials. UNICEF will also scale up psychosocial services to prevent long-term harm linked to exposure to violence and expand the Monitoring and Reporting Mechanism (MRM). UNICEF advocates at the country, regional and global levels for unhindered humanitarian

---

7 Including Raymah, Aden, Lahj, Abyan, Hajjah, Al Dhale’e, Socotra, Al Maharah.
8 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://ygo.org/EN/Hm38gz](https://ygo.org/EN/Hm38gz) 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.
9 Phase 1, initially planned to be implemented until the end of 2017, might be extended to 2018 if needed.
10 Phase 2, to be conducted until the end of 2018.
access and protection, and remains focused on ensuring the availability of basic social services to the most vulnerable including internally displaced persons (IDPs), host communities and other conflict-affected populations.

Summary Analysis of Programme Response

AWD / cholera response

As of 30 September, 771,945 suspected cases of AWD / cholera had been reported in 22 of 23 governorates, 96 per cent of Yemen’s 333 districts are affected. The number of associated deaths reached 2,132 by the end of the month. Children under 14 years old represent 50 per cent of the total number of suspected cases and 32 per cent of all deaths.

During the last week of August (week 34), the epidemiological curve showed a slight increase in the weekly number of cases, despite a downward trend observed since week 27. Seven governorates showed a continue decrease in the number of suspected cases per week: Amanat Al Asimah, Taizz, Hajja, Al Mahwit, Al Maharah, Sayun and Al Mukalla, but three governorates started to show a concerning increasing trend namely Al Hudaydah, Aden and Raymah. Nevertheless, by the end of September the case fatality rate remained at 0.27% and it is estimated that 99 per cent of patients receiving timely health services have survived, therefore the importance of surveillance and functionality of treatment centres.

Multi sectoral response and prevention efforts in health; water, sanitation and hygiene (WASH); and Communication for Development (C4D) sectors continue to scale up (see Map). In August, UNICEF led an ambitious national house to house (H2H) awareness campaign with the aim of reaching 3.5 million households in 23 governorates. Over 40,000 community mobilizers working in 19,160 mobile teams (supported by 2,650 fixed teams and 4,795 supervisors) reached approximately 16 million people (3.1 million families) in all 23 governorates, families received key information on practices of water disinfection, hand washing, appropriate food handling, care of the sick and prevention of spread of infection as well as referral and treatment seeking; in addition to Oral Rehydration Salts (ORS), soaps and information materials. Despite challenges faced during the preparation and implementation stages - including late/insufficient arrival of supplies or late disbursement of funds from governorate to district level - reports from Third Party Monitoring (TPM), field monitoring conducted by UNICEF staff and partners, as well as media reports, indicate that the campaign has had a positive impact regarding willingness to adopt the messages received. From a sample of 22,451 families interviewed in 298 districts in 20 governorates, at least 85 per cent of beneficiaries reported willingness to adopt the received messages to prevent cholera.

During the reporting period, UNICEF scaled-up its WASH interventions at household level, including: promotion of safe hygiene practices, distribution of aqua tabs for water disinfection, cleaning/disinfection of water storage tanks, distribution of storage facilities (Jerry Cans) and consumable hygiene kits (soaps and washing powder), as well as hygiene promotion. Household-level interventions have reached so far over 5.7 million people. At least 52 Rapid Response Teams (RRTs) were deployed in high risk areas to provide WASH services in households with suspected cholera/AWD cases.

At the physical up-stream level, UNICEF continues supporting disinfection of public water networks in 12 capitals of governorates, benefiting 5.7 million people. At facility level, UNICEF is providing WASH services in 62 health facilities (i.e. Diarrhoea Treatment Centres).

In coordination with MoPHP, UNICEF is supporting the operation of 632 Oral Rehydration Corners (ORCs) and 64 Diarrhoea Treatment Centres (DTCs) active at the end of September. Over 354,000 have received treatment on UNICEF-supported DTCs/ORCs, including nearly 175,000 between August and September.

UNICEF is working with MoPHP and partners in order to address the particular needs of malnourished children at risk of suffering AWD/ cholera. MoPHP, UNICEF and WHO have developed the national guidelines on fluid management for severely acute malnourished (SAM) children with cholera. UNICEF supported the printing of guidelines for fluid management of SAM children with cholera and these are being distributed in all active Oral Rehydration Corners (ORCs) and Diarrhoea Treatment Centres (DTCs).

In an effort to link malnutrition and cholera prevention, 1,200 Community Health Volunteers (CHVs) have been trained on cholera awareness raising, focusing on ORS preparation, Infant and Young Child Feeding (IYCF) practices and hygiene. Trained CHV provided ORS to 11,630 children under five and conducted 27,674 awareness sessions reaching 186,883
people. With UNICEF support, the MoPHP will continue training health workers in all active DTCs and ORPs on identification of SAM children, management of SAM children with cholera and support on IYCF.

In response to the increasing trends observed in three governorates, starting in September, UNICEF supported the deployment of RRTs to affected districts in Al Hudaydah, Aden and Raymah where the number of cholera / AWD cases was on the rise. A total of 150 teams – led by the General Authority for Rural Water Supply (GARWSP) – are being mobilized to identify AWD/cholera clusters, and provide targeted households with cholera prevention kits, IEC materials and adequate cholera prevention messages.

In October, RRTs from 23 governorates will be trained on dissemination of key messages and promotion of four key behaviour change messages. Hereinafter, the participants will conduct a training for 660 RRT members from across the country.

Health and Nutrition

Two rounds of integrated outreach (IO) health and nutrition services were conducted by the MoPHP, UNICEF and WHO – in partnership with the World Bank, Global Alliance for Vaccine Immunization (GAVI) and UAE. With the aim of maintaining a high immunization coverage among children under one, alleviate the burden of malnutrition and common childhood illness, and provide antenatal care and reproductive health services to women, services reached over 891,000 children across 333 districts in Yemen (see Table 1).

With 45,305 children treated for severe acute malnutrition (SAM) in August and September, the scale up of the Community Management of Acute Malnutrition (CMAM) programme continues to make progress across the country. Nearly 576,000 children between 6 and 59 months old were screened for acute malnutrition through routine nutrition services, nearly 130,000 children received deworming capsules, 201,037 pregnant and lactating women (PLW) were counselled on infant and young child feeding and 189,545 received iron folate supplementation.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under one receiving a preliminary dose of OPV</td>
<td>153,702</td>
</tr>
<tr>
<td>Children under one receiving doses of OPV1-3, IPV, Penta1-3, PCV1-3 and Rota1-2</td>
<td>891,034</td>
</tr>
<tr>
<td>Children under one receiving first dose of Measles and Rubella (MR1) vaccine</td>
<td>82,781</td>
</tr>
<tr>
<td>Children under two receiving second dose of MR</td>
<td>62,252</td>
</tr>
<tr>
<td>Children from 6 to 18 months receiving vitamin A capsules</td>
<td>89,918</td>
</tr>
<tr>
<td>Pregnant women receiving TT vaccination</td>
<td>28,439</td>
</tr>
<tr>
<td>Non-pregnant women receiving TT vaccination</td>
<td>62,496</td>
</tr>
</tbody>
</table>
As reported by the Nutrition cluster, the average SAM cure is 76.8 per cent and the death rate is 0.3 per cent. The default rate – still below Sphere minimum standards - stands at 21 per cent showing significant improvement when compared to 2016 values, progress is attributed mostly to the increased number of Outpatient therapeutic programme (OTP) and mobile teams during the first half of 2017.

During the reporting period, 44 Mobile teams were deployed each month, reaching over 12,400 children and 8,300 PLW with health services (see Table 2).

Capacity building initiatives involved 3,595 health workers and volunteers. At a moment where over 30,000 health workers haven’t been paid in more than 11 months, training incentives provided by UNICEF are encouraging for thousands of dedicated health workers.

In an effort to avert the collapse of the primary health care system, UNICEF – in partnership with the World Bank - continues supporting 1,072 primary health care facilities (including health centres and health units) across 23 governorates. This support includes operational costs (electricity and water bills, gas, fuel, stationary and other routine supplies) to enable continuation of provision of services. In addition, health workers are receiving per-diem for conducting weekly integrated community outreach sessions. This support diversifies the modality of delivery of services while motivating the health workers. In coordination with MoPHP and GHOs, UNICEF is planning to expand this support to an additional 1,000 primary health care facilities, targeting 95 nutrition/food security priority districts. UNICEF is also preparing to assemble local health kits to be distributed to the above primary health care facilities.

### Water, Sanitation and Hygiene (WASH)

Between August and September, UNICEF reached over 6 million people with water and sanitation services in 140 districts affected by the AWD/ cholera outbreak. Over 12.8 million people have been reached with WASH assistance since the resurgence of the outbreak in late April.

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 Hudaydah, Amran, Hajjah and Dhamar cities. In rural areas, UNICEF supported the rehabilitation of 22 rural water supply systems with 100,579 people gaining access to sustained water in Al Jawf, Marib, Sa'ada and Sana'a governorates.

Over 50,000 IDPs and vulnerable groups received WASH support including emergency water supply through water trucking, distribution of family basic hygiene kits and hygiene promotion sessions – including awareness raising on cholera prevention.

### Child Protection

The protracted nature of Yemen’s conflict is having harrowing consequences for children. Children are used and recruited by armed groups at younger age, more girls are getting married before reaching 18, and airstrikes and armed violence continue to claim boys’ and girls’ lives. In August and September, the Country Task Force on Monitoring and Reporting (CTF MR) identified and documented cases of killing and maiming of children. At least 31 children were killed (20 boys, 11 girls) and 28 more were maimed (20 boys, 8 girls). Additionally, nine cases of recruitment and use of boys were verified.

Mine Risk Education (MRE) activities conducted in August and September targeted IDPs and other vulnerable communities. Over 40,336 people were reached, including 27,889 children (12,668 girls, 15,221 boys).

---

Psychosocial support (PSS) activities conducted by UNICEF and partners reached at least 46,295 people - including 39,100 children. Awareness sessions reached 40,242 community members, including 24,589 children, with knowledge and skills on how to protect children in emergency situations and key child protection issues (i.e. child labour, early marriage, child recruitment, dropout of education, gender based violence, birth registration, personal hygiene and cholera prevention).

PSS activities and awareness sessions are an entry point to wider child protection issues, and in fact during these activities, 1,357 cases of vulnerable children were identified, and referred to individual counselling and child protection services (mainly legal, psychosocial support, education services, medical services, birth registration services, economic empowerment and livelihood support).

Through partners, vulnerable children were identified and referred to services including: 833 children without birth certificates in Sa’ada referred to the Civil Registration Authority; 111 adolescent girls vulnerable/at risk of early marriage in Hajjah and Al Hudaydah were provided with economic empowerment and livelihood support; 140 Yemeni Unaccompanied and Separated Children (UASC) were identified and registered, out of these, 100 children with specific needs were provided with protection services, including interim care, support/referral, family tracing, reunification and post-reunification, and follow-up by protective social services. Additionally, five unaccompanied migrant/Ethiopian boys were identified, registered and provided with protection services in coordination with IOM and DRC.

**Education**

The school year officially started on 17 September in all southern governorates of Yemen - except Marib and parts of Taizz - and is planned to start on 1 October in the rest of the country. While approximately 5.8 million children were expected to gradually resume schooling, many challenges are still hindering the smooth start of the school year. School infrastructure remains heavily affected. As of end of July 2017, out of 16,000, around 246 schools were reported totally destroyed, 1,396 schools partially damaged due to airstrikes or shelling, 147 schools still occupied by IDPs, and 23 by armed groups. Furthermore, the non-payment for the past year of civil servants’ salaries, including 373,000 teachers - or 73 per cent of Yemen’s teaching force - in 23 northern governorates, has led teachers to call for a strike, thereby threatening access to education for at least 4.5 million children living in those governorates (78 per cent of all students in Yemen). As a contingency measure, in order to minimize the impact of the strike, local authorities (e.g. in Sa’ada) are planning to gather neighbouring school’s students, to reduce the number of teachers required. UNICEF works closely with partners to keep the education system from collapsing, and advocates with donors to step up and enable the payment of incentives to education personnel.

In August and September, rehabilitation works were completed in 149 schools in Al Hudaydah, Taizz, Ibb, Sa’ada, Dhamar, Amran, Sana’a, Marib, Abyan, Lahj, Hadramaout, Shabwah and Aden, and at least 127,021 children will gain access to education in those schools.

UNICEF continues building capacities at the local level training teachers to provide psychosocial support. In August and September, 3,563 teachers were trained in Aden and Amanat Al Asimah, and are now prepared to provide PSS in schools to at over 67,000 affected children. UNICEF is also working in coordination with the Ministry of Education developing an alternative education strategy to support children not able to attend school.

**Social Inclusion**

In August, UNICEF - with the Cash and Market Technical Working Group (CMTWG) partners, including Oxfam, UNHCR, REACH and others - has completed the market assessment data collection in Sana’a, Taizz and Al Hudaydah governorates (two districts in each governorate). This market assessment is part of a wider joint inter-agency research study to determine the feasibility of cash and market-based response in Yemen. Twelve local markets have been assessed. The monitored items are part of the Minimum Expenditure Basket (MEB), which represents the minimum amount of consumable items that an average Yemeni household needs to purchase each month. The final report is expected in October 2017.

UNICEF launched the rapid assessment of institutional effectiveness and operational capacity of the Social Welfare Fund (SWF). The 3-month assessment, implemented together with Maestral International, targets the SWF offices at both central and decentralized level, including Sana’a, Sa’ada, Aden, Al Hudaydah and Ibb/Taizz governorates. In September 2017, the research team met with partners in Aden and rolled-out the field work. This evidence-generation exercise will inform further social protection systems decision-making in general, and the institutional reform and cash-based programming in particular.

UNICEF has also started technical preparations for the launch of the assessment of institutional and financial management capacity of social cash transfer payment agencies and feasibility of payment delivery modalities in Yemen; Rapid randomized cluster sample survey of household vulnerability (verification of the SWF beneficiary list for exclusion and inclusion errors); and Social protection systems analysis as part of a wider cash-based programming initiative.
UNICEF continues working with the SWF outreach network on the field-work exercise as reported in previous SitReps. Data analysis has been completed for Ibb and Sana’a governorates, while data entry for Amanat Al Asimah is still ongoing. In September, the Ministry of Social Affairs and Labour (MoSAL) and UNICEF started the work on setting up the Social Protection Consultative Committee aimed at conceptualizing the social protection agenda for Yemen. The Committee will be comprised of government, UN and non-governmental representatives.

Communications for Development (C4D)
The C4D programme, in partnership with 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 1.4 million people – 88 per cent of the annual target - have been reached by end of September 2017.

As part of accountability to affected population commitments of the Humanitarian Country Team, UNICEF is coordinating the Third Community Perception Survey which seeks to assess the quality of humanitarian response among Community Engagement Working Group partners. The survey will be conducted from 26 September to 7 October.

In a joint C4D / Education effort, UNICEF is conducting focus group discussions with parents and children in all 23 governorates to understand their views, fears and expectations for the reopening of schools. This exercise will allow UNICEF and partners to better align key messages and community activities part of the “back to school” campaign.

Supply and Logistics
During the reporting period, 18 shipments were carried out including nine dhows, four chartered planes, and five operations facilitated by the Logistic Cluster - 4 by air, 1 by sea. At least 2,354 MT of nutrition and health supplies, including vaccines, were shipped to Yemen via Djibouti, for a value of US$ 11.1 million.

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 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)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (US$)</th>
<th>Funds available a</th>
<th>Funding gap</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>83,557,762</td>
<td>49,922,049</td>
<td>33,505,414</td>
<td>40%</td>
</tr>
<tr>
<td>Health</td>
<td>104,560,000</td>
<td>22,686,753</td>
<td>6,142,731</td>
<td>59%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>90,299,558</td>
<td>23,104,763</td>
<td>61,548,516</td>
<td>40%</td>
</tr>
<tr>
<td>Child protection</td>
<td>20,937,391</td>
<td>6,728,883</td>
<td>14,208,508</td>
<td>59%</td>
</tr>
<tr>
<td>Education b</td>
<td>15,929,938</td>
<td>11,399,409</td>
<td>4,530,539</td>
<td>52%</td>
</tr>
<tr>
<td>Social inclusion</td>
<td>1,613,539</td>
<td>1,613,539</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>C4D (AWD/Cholera) c</td>
<td>22,775,000</td>
<td>-</td>
<td>19,869,000</td>
<td>87%</td>
</tr>
<tr>
<td>Cross sectoral</td>
<td>10,614,663</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Being allocated</td>
<td>307,704</td>
<td>-</td>
<td>307,704</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>339,034,178</strong></td>
<td><strong>117,775,424</strong></td>
<td><strong>221,258,754</strong></td>
<td><strong>44%</strong></td>
</tr>
</tbody>
</table>

1. 'Funds available’ as of 26 September, includes coordination costs. Figures are estimated, actual allocations are under review.
2. Other Resources from non-humanitarian funds. These resources were not received against the original 2017 HAC appeal but are contributing to the emergency cholera response, therefore are considered as received against the revised 2017 HAC. Additional non-humanitarian contributions from the World Bank have been secured for health, WASH and C4D sectors and will be reflected in upcoming reports.
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.

---

13 Prior the beginning of the school year, UNICEF and partners carry out a “back to school” campaign, encouraging community-level engagement, distributing essential school materials, conducting rehabilitation works in schools and providing temporary learning spaces when necessary.
14 Traditional sailing vessels.
5. Cross sectoral support to programme operations, i.e. security, field operations, communications and visibility, etc.

Next SitRep: 15/11/2017

UNICEF Yemen Facebook: www.facebook.com/unicefyemen
UNICEF Yemen Twitter: @UNICEF_Yemen

Who to contact for further information:

Sherin Varkey
Deputy Representative
UNICEF Yemen
Sana’a
Tel: +967 967 1211400
Email: svarkey@unicef.org

Rajat Madhok
Chief of Communications
UNICEF Yemen
Sana’a
Tel: +967 712223001
Email: rmadhok@unicef.org

Isabel Suarez
Reports Specialist
UNICEF Yemen
Amman, Jordan
Tel: +962 796136253
Email: isuarez@unicef.org
Annex A

Yemen Humanitarian Situation Report

SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>2017 PROGRAMME TARGETS AND RESULTS(1)</th>
<th>Overall needs(2)</th>
<th>Target 2017(3)</th>
<th>Total Results</th>
<th>Change since last report</th>
<th>Target 2017</th>
<th>Total Results</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time(4)</td>
<td>385,000</td>
<td>323,000</td>
<td>146,186</td>
<td>45,305 ▲</td>
<td>323,000</td>
<td>146,186</td>
<td>45,305 ▲</td>
</tr>
<tr>
<td>Caregivers of children from 0 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling</td>
<td>2,209,935</td>
<td>1,355,000(6)</td>
<td>443,195</td>
<td>201,037 ▲</td>
<td>950,000(6)</td>
<td>443,195</td>
<td>201,037 ▲</td>
</tr>
<tr>
<td>Children under 5 given micronutrient interventions(4)(9)</td>
<td>4,318,100</td>
<td>367,000</td>
<td>4,616,664</td>
<td>99,459 ▲</td>
<td>4,318,100</td>
<td>4,616,664</td>
<td>99,459 ▲</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population served with support to operation, maintenance and rehabilitation of public water systems</td>
<td>5,492,703</td>
<td>4,744,262</td>
<td>391,281 ▲</td>
<td>4,068,039</td>
<td>3,994,530</td>
<td>291,281 ▲</td>
<td></td>
</tr>
<tr>
<td>Affected people with access to safe water as per agreed standards through water trucking</td>
<td>778,053</td>
<td>867,753</td>
<td>131,330 ▲</td>
<td>62,000</td>
<td>105,613(8)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Affected people provided with hygiene kits for self-protection</td>
<td>1,375,678 (basic kits)</td>
<td>428,227</td>
<td>84,431 ▲</td>
<td>263,000 (basic kits)(7)</td>
<td>214,753</td>
<td>34,133 ▲</td>
<td></td>
</tr>
<tr>
<td>People living in areas at high risk for cholera have access to safe drinking water(8)</td>
<td>12,000,000 (consumable kits)(10)</td>
<td>6,000,000</td>
<td>7,746,580</td>
<td>3,701,218</td>
<td>7,746,580</td>
<td>3,701,218</td>
<td></td>
</tr>
<tr>
<td>Number of people at cholera high risk areas benefiting from household level water treatment and disinfection(8)</td>
<td>12,000,000</td>
<td>7,104,815</td>
<td>3,951,661</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of DTCs provided with WASH services(8)</td>
<td>100%</td>
<td>85 1/4 ▲</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of incidents verified and documented from all the reported incidents</td>
<td>809 1/4</td>
<td>631 2/4</td>
<td>178,771 ▲</td>
<td>54,814</td>
<td>336,665</td>
<td>96,430 ▲</td>
<td></td>
</tr>
<tr>
<td>Children in conflict-affected area receiving psychosocial support</td>
<td>682,268</td>
<td>477,095</td>
<td>181,771 ▲</td>
<td>54,814</td>
<td>336,665</td>
<td>96,430 ▲</td>
<td></td>
</tr>
<tr>
<td>Number of children and community members received information to protect themselves against injury/death of mine/UxO explosion</td>
<td>1,684,106</td>
<td>666,090</td>
<td>72,256 ▲</td>
<td>1,347,284</td>
<td>646,200</td>
<td>73,271 ▲</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture</td>
<td>574,545</td>
<td>548,973</td>
<td>373,998 ▲</td>
<td>214,262 ▲</td>
<td>364,427</td>
<td>368,881</td>
<td>243,261 ▲</td>
</tr>
<tr>
<td>Number of affected children receiving psychosocial support services in schools</td>
<td>368,679</td>
<td>343,108</td>
<td>150,337</td>
<td>66,533 ▲</td>
<td>171,032</td>
<td>175,304</td>
<td>66,533 ▲</td>
</tr>
<tr>
<td>Number of affected children supported with learning supplies, including school bag kits</td>
<td>730,087</td>
<td>704,515</td>
<td>125,363</td>
<td>16,290 ▲</td>
<td>324,789</td>
<td>119,536</td>
<td>16,290 ▲</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of vulnerable individuals reached with humanitarian cash transfers</td>
<td>800,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>CAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affected people reached through integrated Communication for Development efforts</td>
<td>2,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social mobilisers trained and deployed for key behaviour changing in AWD/cholera high risk areas(11)</td>
<td>40,000</td>
<td>38,924</td>
<td>18,640 ▲</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Footnotes:

(1) Additional dedicated indicators established to monitor UNICEF’s AWD/cholera response implementation. OR results are cumulative from April to 4 October 2017.
(2) 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 reports.
(3) Overall needs and targets as per HPM revision.
(4) Both the cluster and UNICEF targets for IYCF have been revised as part of still on-going WFP review. UNICEF target is 70% of the cluster target as before.
(5) IYCF results are based on UNICEF assessment as of May 2017.
(6) Nutrition cluster based on household-level data.
(7) Nutrition cluster targets are revised for 2017.
(8) Nutrition cluster results include beneficiaries of micronutrient sprinkles supplementation, while UNICEF’s target considers children reached with Vit A supplementation and micronutrient sprinkles.
(9) Micronutrient distribution increased during national vitamin A campaign. A great proportion of children vaccinated were also provided Vit A supplementation.
(10) Since 1 July, UNICEF/WASH suspended distribution of ‘basic hygiene kits’ to be replaced by ‘consumable kits’.
(11) Education cluster has revised its target due to fund availability.
(12) The 14 key practices are addressed through regular CAD interventions: - 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 marriage. The ‘4 key practices’ for AWD cholera response include: household water disinfection, hand washing with soap, appropriate food handling as well as appropriate care practices at home (diarrhoea, rehydration and immediate referral to health facility).

(11) Including nearly 10 million people reached through the House-to-House awareness campaign. Families reached received soap, ORS and awareness on the ‘4 key practices’ for AWD cholera response.