



Yemen

Almost two years of conflict in Yemen have left 18.8 million people – some 70 per cent of the population – in need of humanitarian assistance.² After the United Nations-backed peace talks were suspended in August 2016, airstrikes and hostilities intensified and civilians are paying the price. Close to 4,000 civilians have died as a direct result of the conflict,³ including 1,332 children.⁴ At least 14.5 million people lack access to safe water and sanitation and 14.8 million have limited or no access to health services,⁵ compounding a cholera crisis that has put 7.6 million people at risk.⁶ The nutrition situation has deteriorated, with 3.3 million children and pregnant or lactating women suffering from acute malnutrition and more than 460,000 children under 5 suffering from severe acute malnutrition (SAM).⁷ The near collapse of national services has left an estimated 2 million children out of school.⁸ Almost 2.2 million internally displaced persons, nearly half of them children, as well as 1 million returnees and many host communities are also in need of assistance.⁹ Ongoing conflict and the deteriorating economic situation have put essential public services such as health on the verge of collapse, leaving children and women at even higher risk.

Humanitarian strategy

Life-saving health, nutrition, WASH, education, child protection and social protection services will be delivered to 9.8 million people, including 6.9 million girls and boys. In coordination with the Humanitarian Country Team, UNICEF leads the water, sanitation and hygiene (WASH), education and nutrition clusters and the child protection sub-cluster and is an active member of the health cluster. UNICEF will promote integrated activities; scale up nutrition services; focus on increased procurement of vaccines, outbreak response and newborn and obstetric care; and strengthen national systems and institutions, particularly the nearly collapsing health system, including by providing essential supplies and covering basic operational costs. Cholera prevention and response activities will continue to be implemented. Malnutrition prevention and treatment will be expanded, 1.2 million mothers and caregivers will receive infant and young child feeding counselling and 4.5 million children will receive micronutrient supplements. UNICEF plans to support the operation, maintenance and rehabilitation of water systems to reach 4 million people. Some 1.8 million children will gain sustained access to education through the rehabilitation of schools, establishment of temporary learning spaces 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). The humanitarian cash transfer programme will cover 17,500 vulnerable families.

Results from 2016

As of 31 October 2016, UNICEF had received US\$137.9 million against the US\$180 million appeal (77 per cent funded).¹¹ UNICEF provided health and nutrition services to health facilities in hard-to-reach locations through mobile teams, outreach campaigns and community volunteers. Some 4.8 million children were vaccinated against polio and nearly 182,000 were treated for SAM. Nearly 3 million people gained access to water through the construction, rehabilitation and operation of systems; while over 1.4 million people benefited from improved sewage and solid waste management. Hygiene kits reached 340,000 people.¹² By building local capacity, MRM coverage was expanded to reach 1.2 million children and 2,662 children affected by the conflict were identified and referred to child protection services. Mine risk education was provided to 887,000 children and an action plan was signed with the Ministry of Education. The cash transfer programme was extended – surpassing initial targets – and now also reaches conflict-affected families in Taizz enclave. The cash programme emphasizes empowering mothers/female caretakers and includes a grievance mechanism to maintain quality and accountability. Following the cholera outbreak in October, a multi-sector response plan was implemented. Results for children in 2016 were achieved despite funding gaps, an extremely complex working environment, access constraints into and within the country, non-availability of supplies locally and low supply of local currency, among other challenges.

Humanitarian Action for Children

unicef 

Total people in need:

18.8 million

Total children (<18) in need:

9.6 million¹

Total people to be reached in 2017:

9.8 million

Total children to be reached in 2017:

6.9 million

2017 programme targets

Nutrition

- 323,000 children under 5 affected by SAM admitted for treatment¹⁰
- 4,528,000 children under 5 received micronutrient interventions

Health

- 5,342,000 children under 5 vaccinated against polio
- 1.07 million children under 5 received primary health care

WASH

- 4,068,000 affected people accessed safe water supply
- 654,000 affected people accessed basic standard hygiene kits

Child protection

- 571,000 children benefited from psychosocial support
- 1,347,000 people reached with information on protecting themselves from mines/unexploded ordnance/explosive remnants of war

Education

- 417,000 provided with access to education via temporary learning spaces, school rehabilitation and capitation grants
- 560,000 conflict-affected children received school supplies

Social protection

- 105,000 affected and extremely vulnerable people provided with humanitarian cash transfers

	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
NUTRITION				
Children under 5 treated for SAM ⁱ	178,562	181,673	178,562	181,673
Pregnant or lactating women benefited from infant and young child feeding counselling ⁱⁱ	313,119	342,324	313,119	342,324
Children under 5 given micronutrient interventions ⁱⁱⁱ	276,000	4,023,003	4,000,000	4,023,003
HEALTH				
Children under 1 vaccinated against measles (MCV1)			770,000	420,380
Children under 5 vaccinated against polio			5,039,936	4,853,083
Children under 5 receiving primary health care			815,000	746,754
Pregnant or lactating women receiving primary health care			680,000	281,031
WATER, SANITATION AND HYGIENE				
Affected population (men, women, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining public and community infrastructures ^{iv}	6,384,984	5,062,569	5,186,000	4,324,673
Affected people with access to safe water as per agreed standards (7.5–15 litres per person per day)	682,332	1,061,303	100,000	129,159
Affected people provided with standard basic hygiene kits	1,382,461	528,671	500,000	339,642
CHILD PROTECTION^v				
Children in conflict-affected areas covered by MRM interventions	1,372,933	1,161,735	1,372,933	1,161,735
Children in conflict-affected areas receiving psychosocial support	399,594	451,210	279,716	393,913
Children and community members receiving knowledge to protect themselves against injury/death of mine/unexploded ordnance explosion	502,158	910,817	351,511	887,280
EDUCATION				
Affected school-aged children provided with access to education via temporary learning spaces and school rehabilitation	244,500	134,733	156,000	110,929
Affected children receiving psychosocial support services in schools	575,500	257,214	173,000	245,022
Affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system	522,710	333,081	360,000	316,437
SOCIAL PROTECTION^{vi}				
Vulnerable individuals reached with humanitarian cash transfer			34,285	83,880
COMMUNICATION FOR DEVELOPMENT				
Affected people reached through integrated Communication for Development efforts			1,200,000	1,032,103

Results are through 31 October 2016 unless noted.

(i) Figures correspond to UNICEF total SAM targets and results.

(ii) The estimate for the number of pregnant or lactating women who benefited from infant and young child feeding counselling is based on the total number of pregnant or lactating women (8 per cent of population). The estimate for the number of children under 5 given micronutrient interventions is based on the total number of children aged 6 to 59 months.

(iii) UNICEF's target for this indicator is 4 million children under 5, as micronutrient interventions supported by UNICEF include vitamin A supplementation and micronutrient sprinkles supplementation. The nutrition cluster target does not include vitamin A supplementation and will consider only the micronutrient sprinkles supplementation target: 469,081 children under 5.

(iv) The 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.

(v) UNICEF and child protection sub-cluster targets are based on the access and capacity of partners, which at the time of the exercise (October 2015) were ranked low as a reflection of the situation.

(vi) UNICEF target for 2016 is markedly low compared with 2015 since this activity moved from being under the non-food item/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 for, and thus a change in the target.

Funding requirements

In line with the inter-agency Humanitarian Response Plan,¹³ UNICEF is requesting US\$236,584,269 to meet the humanitarian needs of the most vulnerable children in Yemen in 2017. Without additional funding at such a critical time, when 7 out of 10 people are in need of humanitarian assistance, UNICEF and its partners will be unable to contribute to meeting the needs of the most-affected children and families, not only suffering the consequences of conflict but also the major risk of the potential collapse of public services. Funding requirements include activities under the cholera response plan. The specific cluster coordination requirements are embedded in each of the sectors.

Sector	2017 requirements (US\$)
Nutrition	83,557,762
Health	62,000,000
Water, sanitation and hygiene	30,299,558
Child protection	20,937,391
Education	31,789,558
Social protection	8,000,000
Total	236,584,269

¹ Office for the Coordination of Humanitarian Affairs, '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.

² Ibid.

³ United Nations High Commissioner for Human Rights, September 2016.

⁴ MRM verified cases March 2015–20 October 2016.

⁵ Office for the Coordination of Humanitarian Affairs, '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.

⁶ World Health Organization, November 2016.

⁷ Office for the Coordination of Humanitarian Affairs, '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.

⁸ Ibid.

⁹ Protection Cluster Yemen, 'Task Force on Population Movement', 11th report, October 2016.

¹⁰ Figure corresponds to UNICEF total SAM target for 2017.

¹¹ Available funds included funding received against the current appeal of US\$78.2 million and US\$59.7 million carried forward from the previous year.

¹² This includes 23,000 people reached through cholera response and prevention activities.

¹³ At the time of writing, the Yemen Humanitarian Response Plan was under development; targets and funding requirements may be revised accordingly. UNICEF Humanitarian Action for Children funding requirements are in accordance with its proportion of the Humanitarian Response Plan.

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