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## Yemen

Yemen is experiencing one of the world's largest, most complex humanitarian crises. Almost the entire population—22.2 million people—requires humanitarian assistance.<sup>3</sup> Conflict has led to the internal displacement of over 2 million people,<sup>4</sup> left 1.25 million public sector workers without pay for a year,<sup>5</sup> and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries. In addition, 16 million people lack access to safe water<sup>6</sup> and there are over 1 million suspected cases of acute watery diarrhoea (AWD) and cholera.<sup>7</sup> The outbreak has been exacerbated by the collapse of public systems, which are further strained by fuel shortages. More than 1,100 children have been killed or maimed<sup>8</sup> and millions more are threatened by growing food insecurity, poor water and sanitation and the spread of preventable diseases. The recent spread of diphtheria is another grave concern. Lack of livelihood opportunities has given rise to desperate coping mechanisms, including increased household borrowing and rising rates of child marriage and recruitment of children into armed forces and groups. An estimated 400,000 children under 5 years will suffer from severe acute malnutrition (SAM) in 2018,<sup>9</sup> and the damage or closure of schools and health facilities will threaten children's development for years to come.

### Humanitarian strategy

Humanitarian operations in Yemen are decentralized, with five field offices managing interventions locally. UNICEF works closely with a range of partners and leads the water, sanitation and hygiene (WASH), nutrition and education clusters and the child protection sub-cluster. Given the collapse of public services,<sup>10</sup> UNICEF will increase access to primary health care by providing supplies, covering operational costs, referring maimed children to services, and monitoring/responding to disease outbreaks. Community management of malnutrition will be strengthened, particularly in hard-to-reach areas. WASH interventions will target immediate needs while strengthening long-term resilience by facilitating uninterrupted access to safe water through the rehabilitation of water works and support for sustainable local water system management. Integrated AWD/cholera prevention/response in high-risk areas will encompass WASH, health and Communication for Development interventions, including diarrhoea treatment, water chlorination, waste water system rehabilitation and hygiene awareness. UNICEF will reach the most vulnerable children with protection services, including victim assistance, family tracing/reunification, documentation of child rights violations, mine risk awareness education and psychosocial support. Education interventions will focus on creating safe learning environments, preventing dropout and bringing out-of-school children back to classrooms by rehabilitating damaged schools, establishing temporary safe learning spaces and providing learning/pedagogical kits, psychosocial support and peacebuilding education.

### Results from 2017

As of 31 October 2017, UNICEF had US\$170.3 million available against the US\$339 million appeal (50 per cent funded).<sup>11</sup> This included US\$49.3 million for the immediate (first phase) AWD/cholera response, which involved integrated health, nutrition, WASH and Communication for Development interventions. More than 5 million people gained access to safe drinking water,<sup>12</sup> 9.1 million people benefitted from water treatment, and 17.7 million people participated in awareness and behaviour change activities. UNICEF support for health facilities, which included the provision of supplies and operational support, enabled 2,840 out of 3,083 facilities to stay open in 2017. In addition, some 4.8 million children received polio vaccination, and more than 405,000 pregnant and lactating women accessed health care. Although over 167,300 children with SAM received treatment, the needs continued to outstrip the response. UNICEF was able to verify and document 88 per cent of all child protection cases through the Monitoring and Reporting Mechanism, and provided psychosocial support to more than 404,400 children through child-friendly spaces. Nearly 1.1 million people accessed mine-risk awareness education. Despite the delay to the 2017/18 school year, UNICEF distributed 119,000 school bags, opened safe learning spaces that benefitted 375,000 children and provided psychosocial support to 256,000 students.

# Humanitarian Action for Children

#### Total people in need:

22.2 million

#### Total children (<18) in need:

11.3 million<sup>1</sup>

#### Total people to be reached:

17.3 million<sup>2</sup>

#### Total children to be reached:

9.9 million

#### 2018 programme targets:

##### Nutrition

- 323,000 children under 5 treated for SAM
- 4.5 million children under 5 provided with micronutrient interventions

##### Health

- 5.3 million children vaccinated against polio and 884,000 children vaccinated against measles
- 790,000 pregnant and lactating women receiving primary health care

##### WASH

- 4 million people provided with improved access to public water systems
- 6 million people in AWD/cholera-affected areas provided with safe drinking water

##### Child protection

- 545,000 children provided with psychosocial support
- 1.3 million people received mine-risk education

##### Education

- 364,000 students provided with improved access to education through school rehabilitation
- 172,000 children provided with psychosocial support and peacebuilding education

##### Communication for Development

- 12 million people in AWD/cholera-affected areas provided with key information on prevention and response to AWD/cholera
- 1.7 million people engaged to adopt 14 life-saving and protective practices<sup>13</sup>

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
<b>NUTRITION</b>				
Children aged 6 to 59 months with SAM admitted to therapeutic care for a specified period of time	323,000	167,338	323,000	167,338
Caregivers of children aged 0 to 23 months with access to infant and young child feeding counselling	1,355,000	501,987	950,000	501,987
Children under 5 given micronutrient interventions <sup>i</sup>	567,000	4,649,169	4,528,100	4,616,530
<b>HEALTH</b>				
Children under 1 vaccinated against measles (MCV1)			884,000	591,501
Children under 5 vaccinated against polio			5,352,000	4,807,390
Children under 5 receiving primary health care			1,131,000	805,898
Pregnant or lactating women receiving primary health care			790,000	405,016
Functional diarrhoea treatment centres			75	64
Functional oral rehydration corners			800	632
<b>WATER, SANITATION AND HYGIENE</b>				
Population served with support to the operation, maintenance and rehabilitation of public water systems	5,492,703	4,812,501	4,068,039	4,004,104
Affected people with access to safe water as per agreed standards through water trucking	778,053	1,079,166	62,000	136,198 <sup>ii</sup>
Affected people provided with hygiene kits for self protection	1,379,678	448,657	163,000	214,753 <sup>iii</sup>
People living in areas at high risk for cholera have access to safe drinking water			6,000,000	5,735,218
People in cholera high-risk areas benefitting from household level water treatment and disinfection			12,000,000	9,151,616
Diarrhoea treatment centres provided with WASH services (%)			100%	85%
<b>CHILD PROTECTION</b>				
Incidents verified and documented of all the reported incidents (%)	80%	88%	80%	88%
Children in conflict-affected areas receiving psychosocial support	682,268	522,791	545,814	404,425
Children and community members received information to protect themselves against injury/death of mine/unexploded ordnance explosion	1,684,106	1,087,159	1,347,284	1,066,739
<b>EDUCATION</b>				
Affected children provided with access to education via temporary learning spaces, school rehabilitation, capitation grants and classroom furniture	548,973	384,027	417,527	374,760
Affected children receiving psychosocial support services in schools	343,108	255,957	172,032	255,862 <sup>iv</sup>
Affected children supported with basic learning supplies, including school bag kits	704,515	140,305	324,789	118,536 <sup>v</sup>
<b>SOCIAL INCLUSION</b>				
Vulnerable individuals reached with humanitarian cash transfers			32,072	32,072
<b>COMMUNICATION FOR DEVELOPMENT</b>				
Affected people reached through integrated Communication for Development efforts			1,300,000 <sup>vi</sup> 17,500,000 <sup>vii</sup>	1,770,309 17,677,563
Social mobilizers trained and deployed for key behaviour changing in AWD/cholera high-risk areas			40,000	38,924

Results are through 31 October 2017 unless otherwise noted.

<sup>i</sup> Nutrition cluster target includes beneficiaries of micronutrient sprinkles supplementation, while UNICEF's target considers children reached with vitamin A supplementation and micronutrient sprinkles.

<sup>ii</sup> Target was exceeded due to the greater-than-expected needs of populations without alternative access to clean water sources.

<sup>iii</sup> Increased number of households reached with hygiene kits due to cholera response.

<sup>iv</sup> Target exceeded due to the prioritization of the intervention using available funds.

<sup>v</sup> Target not achieved due to the prioritization of psychosocial support activities.

<sup>vi</sup> 14 key practices. For a listing of these refer to endnote 13 below.

<sup>vii</sup> Four key practices for cholera. For a listing of these refer to endnote 13 below.

## Funding requirements

In line with Yemen's inter-agency Humanitarian Response Plan (HRP), UNICEF is requesting US\$337,422,650 to meet the needs of children in 2018. The current requirement is subject to change pending the official release of the 2018 HRP. Given the length of the conflict and the catastrophic breakdown of public services, UNICEF urgently needs funding to support basic health, nutrition, child protection, education, water and sanitation services across Yemen. Without additional funding, UNICEF will be unable to provide life-saving services; respond to the onset of additional emergencies; and support essential services necessary to improving resilience.

Sector	2018 requirements (US\$) <sup>14</sup>
Nutrition	83,557,763
Health	104,560,000
Water, sanitation and hygiene	90,299,558
Child protection	20,937,391
Education	15,292,938
Communication for Development	22,775,000
<b>Total</b>	<b>337,422,650</b>

<sup>1</sup> Office for the Coordination of Humanitarian Affairs, '2018 Yemen Humanitarian Needs Overview', OCHA, November 2017.

<sup>2</sup> Both the targets and budgets in this appeal are temporary from 2017 and will be adjusted once the 2018 HRP is final (expected mid-December 2017).

<sup>3</sup> Office for the Coordination of Humanitarian Affairs, '2018 Yemen Humanitarian Needs Overview', OCHA, November 2017.

<sup>4</sup> Protection Cluster Yemen, 'Task Force on Population Movement', 16th report, October 2017.

<sup>5</sup> Office for the Coordination of Humanitarian Affairs, '2018 Yemen Humanitarian Needs Overview', OCHA, November 2017.

<sup>6</sup> Ibid.

<sup>7</sup> Geneva Press Briefing: OHCHR, UNICEF, IOM, WHO, UNHCR, video, UN Web TV, Geneva, 22 December 2017, available at: <<http://webtv.un.org/media/geneva-press-briefings/watch/geneva-press-briefing-ohchr-unicef-iom-who-unhcr/5687612924001>>, accessed 23 December 2017.

<sup>8</sup> Between October 2016 and September 2017, as per the Country Task Force on the Monitoring and Reporting Mechanism.

<sup>9</sup> Office for the Coordination of Humanitarian Affairs, '2018 Yemen Humanitarian Needs Overview', OCHA, November 2017.

<sup>10</sup> As part of the 2018 strategy, UNICEF will aim to address the payment of some incentives for public sector workers but not at the needed scale.

<sup>11</sup> Available funds include US\$131 million raised against the current appeal and US\$39.3 million carried forward from the previous year. In addition to the above humanitarian funding, additional resources were mobilized to strengthen social protection, WASH and health systems to address short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, which is funded by non-humanitarian resources and aims to mitigate the impact of humanitarian and non-humanitarian shocks on communities.

<sup>12</sup> People living in areas at high risk of AWD/cholera.

<sup>13</sup> The '14 key practices' addressed through regular Communication for Development interventions include: 1) uptake of antenatal care; 2) uptake of safe delivery practices; 3) routine immunization; 4) infant and young child feeding, including exclusive breastfeeding; 5) prevention of malnutrition; 6) hand washing with soap; 7) household water treatment and storage; 8) safe disposal of human waste; 9) promotion of one-time enrolment at 6 years; 10) promotion of girls' education; 11) addressing social norms around child marriage; 12) creating demand for birth registration; 13) prevention of child trafficking; and 14) child recruitment. The '4 key practices' for cholera response include: 1) household water disinfection; 2) hand washing with soap; 3) appropriate food handling; and 4) appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

<sup>14</sup> The current requirement is a roll over from 2017 and subject to change upon the official release of the 2018 HRP.

**Who to contact for further information:**

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