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Yemen

The conflict-driven humanitarian crisis in Yemen has been described as the largest emergency in the world, with more than 22 million people in need of humanitarian assistance.¹ Conflict has led to the internal displacement of 2.2 million people,² left over 1 million public sector workers without pay for two years and undermined humanitarian access. An estimated 12 million Yemenis, including 2 million children, will be dependent on food assistance in 2019.³ The economy continues to deteriorate, with the rial losing nearly 50 per cent of its value, and affected families struggling to purchase food as a result. The recent escalation of violence in Al Hudaydah has threatened the delivery of essential food and medicine to other parts of the country. Nearly 394,000 children under 5 years are suffering from severe acute malnutrition (SAM) and require treatment. Only 10 per cent of children under 6 months are exclusively breastfed and the majority of children are deprived of a healthy diet.⁴ Only 15 per cent of children are eating the minimum acceptable diet for survival, growth and development.⁵ Rising food insecurity,⁶ coupled with poor sanitation and lack of safe water has increased the spread of preventable diseases. The caseload of acute watery diarrhoea (AWD) and cholera outbreaks has reached more than 1 million, and a diphtheria outbreak in 2018 affected at least 2,200 people. Children are the primary victims of the crisis. The Country Task Force on Monitoring and Reporting grave child rights verified that more than 6,700 children have been killed or maimed since the start of the conflict and more than 2,700 boys have been recruited into armed forces and groups. The actual figures are likely to be higher. Children remain under extreme risk of death or injury from unexploded ordnances or remnants of war. The damage and closure of schools and hospitals are threatening children's access to education and health services, rendering them vulnerable to serious protection concerns. At least 2 million children in Yemen are out of school.⁷

Humanitarian strategy

UNICEF's strategy in Yemen is informed by the humanitarian needs overview, the humanitarian response plan, cluster strategies and programme priorities.⁸ UNICEF's humanitarian operations are decentralized, with five field offices managing interventions locally with partners. With the collapse of public services, UNICEF will focus on improving access to primary health care by providing supplies and responding to communicable disease outbreaks. Community prevention and management of malnutrition will remain essential components of the response. The water, sanitation and hygiene (WASH) programme will support the rehabilitation and sustainability of local water management systems to increase access to safe water. AWD/cholera prevention and response will focus on high-risk areas, including through the provision of oral cholera vaccines.⁹ Vulnerable children will be targeted with victim assistance, education on mines/explosive remnants of war and resilience building. UNICEF will continue to rehabilitate damaged schools,

establish temporary safe learning spaces and provide learning/pedagogical kits for conducive learning environments for children. School-based staff will receive incentives to ensure education for children.¹⁰ The shifting humanitarian context requires a flexible response strategy aimed at reaching people in need regardless of their location. The multisectoral Rapid Response Mechanism (RRM) will be leveraged to assist newly displaced families and respond to immediate needs.

Results from 2018

As of 31 October 2018, UNICEF had US\$479.7 million available against the revised appeal of US\$423.9 million (100 per cent funded).¹¹ This enabled UNICEF to immediately respond to the AWD/cholera outbreak through an integrated nutrition, health, WASH and communication for development plan. Some 4.9 million people accessed safe drinking water and 9.5 million people engaged in awareness and behaviour change activities. Health facilities received supplies and operational support. More than 4.1 million children

Humanitarian Action for Children

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Total people in need: 22.2 million¹²

Total children (<18) in need: 11.3 million¹³

Total people to be reached: 13.4 million¹⁴

Total children to be reached: 8.7 million¹⁵

2019¹⁶ programme targets:

Nutrition

- 294,000 children aged 6 to 59 months with SAM admitted to therapeutic care¹⁷
- 4,281,000 children under 5 years received micronutrient interventions (vitamin A)

Health

- 986,000 children under 1 year vaccinated against measles
- 841,000 pregnant and lactating women receiving primary health care
- 5.3 million children under 5 years vaccinated against polio

WASH

- 6 million people accessing drinking water through the operation, maintenance and rehabilitation of public water systems
- 3.5 million people in AWD/cholera-affected areas provided with household water treatment and disinfection

Child protection

- 1.4 million children and community members reached with life-saving mine risk education messages
- 794,000 children and caregivers benefiting from resilience building activities

Education

- 135,000 school staff receiving incentives
- 639,100 children with continued access to quality education

Communication for development

- 6 million people reached through integrated communication for development interventions in outbreak response/campaigns¹⁸
- 5,000 community mobilizers/volunteers trained and deployed to engage communities in social and behaviour change practices

RRM

- 1 million vulnerable displaced people receiving RRM kits
- 350,000 vulnerable people supported with multipurpose cash transfers

Social policy

- 175,000 vulnerable people benefiting from emergency and longer-term social and economic assistance (through case management)

were vaccinated against polio with UNICEF support, and over 1 million children under 5 years received primary health care. In addition, more than 229,000 children with SAM received treatment. UNICEF's child protection programme reached more than 625,000 children with psychosocial support in child-friendly spaces, and some 1.3 million children and adults with risk education on mines/explosive remnants of war. Ninety-one per cent of reported incidents of grave violations against children were verified and documented through the Monitoring and Reporting Mechanism. With UNICEF support, 41,700 school bags were distributed to schoolchildren, and some 157,400 children accessed education services in safe learning spaces. Psychosocial support services in schools benefited more than 133,000 students. UNICEF has been mobilizing resources for teacher incentives in order to resume the school year nationwide.

	Sector 2018 targets	Sector total results	UNICEF 2018 targets	UNICEF total results
NUTRITION				
Children aged 6 to 59 months with SAM admitted to therapeutic care for a specified period of time	268,000	229,240	276,000 ⁱ	229,240
Caregivers of children aged 0 to 23 months with access to infant and young child feeding counselling for appropriate feeding	1,404,000	1,218,003	983,000	1,218,003 ⁱⁱ
Children under 5 years given micronutrients	691,000	502,257	691,000	502,257
Children under 5 years given micronutrient interventions (vitamin A)	4,177,000	3,382,374	4,177,000	3,382,374 ⁱⁱⁱ
HEALTH				
Children under 1 year vaccinated against measles (first dose of measles-containing vaccine)			912,560 ^{iv}	471,243
Children under 5 years vaccinated against polio			5,352,000	4,163,322
Children under 5 years receiving primary health care			1,500,000	1,090,559
Pregnant and lactating women receiving primary health care			801,045	559,909
WATER, SANITATION AND HYGIENE				
People having access to drinking water through support to the operation/maintenance of public water systems	7,288,599	5,334,229	6,000,000	4,954,795
People gaining access to emergency safe water supply	1,703,359	1,275,843	1,000,000	929,836
People with access to adequate sanitation (through emergency latrine construction or rehabilitation)	1,223,908	525,015	800,000	481,312
People provided with the standard hygiene kit (basic)	2,322,981	647,997	800,000	564,540
People provided with the standard hygiene kit (consumables)	5,332,045	4,855,293	4,000,000	3,403,358
People living in cholera high-risk areas having access to household level water treatment and disinfection	4,202,324	5,732,461	4,000,000	5,577,035 ^v
CHILD PROTECTION				
Monitoring and Reporting Mechanism incidents verified and documented out of all reported incidents (%)	90%	91%	90%	91%
Children and caregivers in conflict-affected areas receiving psychosocial support	682,268	698,383	594,937	625,473
Children and community members reached with life-saving mine risk education messages	1,684,106	1,365,128	1,468,541	1,306,842
Children reached with critical child protection services, including case management and victim assistance	12,932	9,555	10,345	8,478
EDUCATION^{vi}				
Affected children provided with access to education via improved school environments and alternative learning opportunities	738,995	818,783	639,100	157,412 ^{vii}
Affected children receiving psychosocial support services and peacebuilding education in schools	1,000,000	831,411	429,000	133,356
Affected children supported with basic learning supplies, including school bag kits	1,500,000	263,055	473,000	41,701
COMMUNICATION FOR DEVELOPMENT				
Affected people in cholera risk areas provided with key information on prevention of and response to cholera			6,000,000	9,530,169 ^{viii}
Affected people engaged to adopt 14 life-saving and protective practices ^{ix}			2,200,000	2,418,548 ^x
Social mobilizers trained and deployed for key behaviour changing in AWD/cholera high-risk areas			10,000	8,678

Results are through 31 October 2018.

ⁱ The UNICEF target has remained unchanged, and is therefore higher than the corresponding target in the revised Yemen 2018 Humanitarian Response Plan and that of the cluster. The targets will be reconciled once the 2019 humanitarian needs overview and humanitarian response plan documents are final.

ⁱⁱ The target was exceeded due to a scale up in interventions, including infant and young child feeding services, and increases in the number of community health volunteers (4,000 additional volunteers), health facility-based outreach and infant and young child feeding corners (from 650 to 1,100), and improved reporting from service providers.

ⁱⁱⁱ The data was corrected following data cleaning that indicated double counting of beneficiaries.

^{iv} Measles vaccinations are part of integrated outreach rounds in areas where communities have no access to health clinics. Due to challenges with relevant (local) authorities and ministries, teams are awaiting permission to provide assistance in certain areas. As soon as permissions are received, UNICEF will proceed with the outreach rounds.

^v The target was exceeded due to the ongoing focus on elimination and mitigation of cholera.

^{vi} Education authorities in Sana'a have indicated that unless the issue of teachers' incentives is addressed, they will not accept the implementation of other activities. To date, a needs-based work plan for education interventions has not yet been approved and certain activities are on hold.

vii Data was corrected following data cleaning that indicated double counting of beneficiaries.

viii The target was exceeded due to the added focus on AWD/cholera response.

ix These include uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, handwashing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrollment at 6 years and girls' education.

x The target was exceeded due to the added focus on AWD/cholera response.

Funding requirements

UNICEF is requesting US\$542.3 million for its 2019 humanitarian programme activities, a 28 per cent increase from the 2018 revised Humanitarian Action for Children appeal (US\$423.9 million). This is due in part to the sharp depreciation in the Yemeni rial, which has increased operating costs and the cost of implementing activities. At the time of writing, UNICEF is contributing to the development of the Humanitarian Response Plan and will ensure full alignment of its approach with the Humanitarian Response Plan. This appeal is subject to change once the Humanitarian Response Plan has been published.

Sector	2019 requirements (US\$) ¹⁹
Nutrition	120,000,000
Health	107,264,969
Water, sanitation and hygiene	135,000,000
Child protection	36,980,373
Education	106,000,000
Social policy	9,714,170
Communication for development	10,857,795
Rapid Response Mechanism	16,500,000 ²⁰
Total	542,317,307²¹

¹ Office for the Coordination of Humanitarian Affairs, 'Yemen: 2018 Humanitarian Response Plan', OCHA, 2017.

² International Organization for Migration Displacement Tracking Matrix Yemen, Round 32, June 2018.

³ World Food Programme, 'WFP Welcomes New Funding Pledge for Humanitarian Needs in Yemen from United Arab Emirates and Kingdom of Saudi Arabia', WFP, 20 November 2018.

⁴ Based on weighted data from Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys conducted between 2016 and 2018 in 17 governorates and 2013 demographic and health survey data for five governorates.

⁵ Ibid.

⁶ "It is abundantly clear that Yemen is already facing mass hunger and severe food insecurity." Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, briefing to the Security Council on the humanitarian situation in Yemen, United Nations, New York, 16 November 2018.

⁷ United Nations Children's Fund, 'If Not in School: The paths children cross in Yemen', UNICEF, March 2018.

⁸ Each cluster identifies priority districts as per programme needs assessment and severity scores from the humanitarian needs overview (i.e., cholera districts with a large number of cases or considered at risk use SMART survey results and programme data for priority nutrition interventions).

⁹ The health and WASH clusters have identified 100 priority districts for cholera, and UNICEF's integrated cholera response focuses on these priority districts.

¹⁰ This plan includes activities such as: diarrhoea treatment, chlorination of water sources, rehabilitation of wastewater systems and hygiene awareness. These activities are conducted as part of the various interventions contributing to the United Nations famine prevention roadmap. Cash incentives are provided to teachers, volunteers and school administration staff to foster the continuation of schools and ensure education of children.

¹¹ Available funds include US\$292.2 million received against the current appeal and US\$1875 carried forward from the previous year. In addition to other resources-emergency, UNICEF had US\$51.5 million of other resources available for the response.

¹² At the time of writing this appeal, the 2019 humanitarian needs overview and humanitarian response plan documents for Yemen were not yet available/published. Therefore, the needs, planning figures and funding requirements are provisional/based on the Yemen 2018 Humanitarian Response Plan and are subject to change after the 2019 humanitarian needs overview and humanitarian response plan documents are published.

¹³ Ibid.

¹⁴ This includes 5.3 million children under 5 years to be reached with polio vaccination and 8.1 million people over 5 years (85 per cent of the population) to be reached with either safe water supply or household water disinfection.

¹⁵ This includes 5.3 million children under 5 years to be reached with polio vaccination and 3.4 million children aged 5 to 17 years (36 per cent of the population) to be reached with either safe water supply or household water disinfection.

¹⁶ Based on the draft Yemen 2019 Humanitarian Response Plan. The 2019 planning figures and funding requirements are provisional and subject to change.

¹⁷ In 2019, there will be additional interventions to reach this target, including more mobile clinics, outpatient therapeutic programmes in remote areas, and an expansion of community health volunteer networks, which will mean higher operational costs.

¹⁸ Target to be reached through interpersonal communication and community engagement.

¹⁹ Based on the draft Yemen 2019 Humanitarian Response Plan. The 2019 planning figures and funding requirements are provisional and subject to change.

²⁰ This includes US\$7.7 million for multipurpose cash transfers.

²¹ Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme to mitigate the impacts of humanitarian and non-humanitarian shocks on communities.

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