Yemen Humanitarian Situation Report

November 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

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 $ 197.2 million

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>UNICEF</th>
<th>Sector/Cluster</th>
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<tbody>
<tr>
<td></td>
<td>UNICEF</td>
<td>Cluster</td>
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<tr>
<td></td>
<td>Target</td>
<td>Target</td>
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<tr>
<td>Number of children under 5 with SAM admitted to therapeutic care</td>
<td>323,000</td>
<td>204,031</td>
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<tr>
<td>Number of children under 5 vaccinated against polio</td>
<td>5,352,000</td>
<td>4,807,390</td>
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<tr>
<td>Number of people served with support to operation, maintenance and rehabilitation of public water systems</td>
<td>4,068,039</td>
<td>4,004,104</td>
</tr>
<tr>
<td>Number of children in conflict-affected areas receiving psychosocial support</td>
<td>545,814</td>
<td>486,579</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>417,527</td>
<td>492,037</td>
</tr>
</tbody>
</table>

*Total results are cumulative as of 30 November. For explanation for UNICEF results see the narrative report and the footnotes in the Humanitarian Performance Monitoring table.

** Funding received current year to date includes funds received for current year appeal and from other sources supporting emergency AWD/cholera response.

Highlights

- A blockade of Yemen’s ports since 6 November has been preventing the import of much needed commercial and humanitarian supplies. The humanitarian situation is further compounded by a price inflation of basic commodities, impacting the purchasing power and increasing food insecurity.
- Further escalation of the conflict during the reporting month has resulted in a worsening situation for children with 31 cases of children (27 boys; 4 girls) killed and 56 children (41 boys; 15 girls) maimed, both verified.
- The interruption of payment of salaries for 1.25 million public sector workers continued for another month, undermining public systems and further driving civil servants and their dependants into poverty.
- The number of new acute watery diarrhoea (AWD)/suspected cholera cases continues to decline each week, but UNICEF remains deeply concerned that children under 5 now represent 28% of all new cases, up from 28% in the summer. The total number of suspected AWD/suspected cholera cases reached 364,477 with 2,220 associated deaths, as of 30 November 2017.
- The diphtheria outbreak continues with 239 suspected cases and 28 associated deaths reported in 55 districts across 15 governorates, with a case fatality rate of 11.7%. 62% of suspected cases were from Ibb governorate.
- The national polio campaign launched in October was completed, with a total of 4.4 million children under 5 vaccinated, and 3.2 million children simultaneously screened for malnutrition. 292,000 acute malnutrition cases were identified and referred for treatment.
- After two months of teachers’ strikes, 4.5 million students in 13 northern governorates have started the new school year, but they are only benefiting from discontinuous teaching.

SITUATION IN NUMBERS

UNICEF’s Response with Partners

Overall 2017 Funding Status

Funding received 158 M 47%
Funding gap 141.8 M 42%
Total: 339M 11%
Carry-Forward 39.2 M 11%

** Funding received current year to date includes funds received for current year appeal and from other sources supporting emergency AWD/cholera response.
Situation Overview & Humanitarian Needs

A sharp escalation of violence characterized the month of November, with airstrikes on 1 November reportedly causing the death of six children and several other civilians in a market in Sa’ada governorate. A second airstrike on 3 November reportedly killed a family of seven people, including two children and two women. Indiscriminate shelling of residential areas in Taizz continued, reportedly killing five children.

As of 6 November, a blockade on commercial and humanitarian shipments was in effect, impacting an already catastrophic situation. This included the movement of humanitarian workers including UNICEF staff.

Fuel supplies were projected to last only until the end of the month, putting into jeopardy all humanitarian operations, as well as threatening the operation of public health facilities and public water systems. Vaccines requiring cold storage were also at risk, and current supplies would run out in under a month. Fuel prices were rising by as much as 300 per cent compared with previous monthly prices, and based on WFP estimates all diesel stockpiles would be depleted across Yemen by 2 December. The lack of fuel would also go on to affect the Acute Watery Diarrhea (AWD)/suspected cholera response at a time when the number of new cases had been dropping steadily, threatening to reverse the containment of the outbreak.

Spiking prices put increased pressures on households, further increasing the risk of widespread food insecurity and ultimately famine. 1.25 million public sector workers have still not received their salaries for over one year, and livelihoods opportunities are vanishing. While stock levels of wheat and rice were expected to last for three more months, rapid price inflation saw the average price of a standard food basket rise by 28 per cent. More than 70 per cent of families do not have any food stored, and rely on buying what they can day to day. On 20 November, the Famine Early Warning Systems Network (FewsNET) warned that a continued blockade would expose many parts of Yemen to famine within three months.

Yemen requires monthly food imports of approximately 350,000 metric tons, of which humanitarian imports make up around 75,000 metric tons. 80 per cent of commercial and humanitarian imports normally arrive through Al Hudaydah and Saleef, and in a ‘Key Messages’ document on 13 November, OCHA noted that moving supplies through Aden or Jezan ports further south would not meet the capacity demands of 27 million civilians. UNICEF has also been concerned that this would make it more difficult to respond to a worrying outbreak of diphtheria.

After ten days of complete blockade, some sea ports in the South of the country re-opened and UNHAS flights resumed in and out of Aden. The North, however, remained blocked until an announcement on 22 November that Sana’a and Al Hudaydah would be re-opened, and on 25 November UNICEF airlifted 1.9 million lifesaving vaccines into Sana’a. The first commercial ship reached Al Hudaydah on 26 November, but after three weeks of blockade, essential commodities such as food, fuel and medical supplies had begun to run low, and by the end of the month, humanitarian organisations were still waiting for the complete lifting of the blockade.

<table>
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<tbody>
<tr>
<td><strong>Start of humanitarian response:</strong> March 2015</td>
</tr>
<tr>
<td><strong>Total Population in Need</strong></td>
</tr>
<tr>
<td>People in acute need&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>People in moderate need&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Internally Displaced Persons (IDPs)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>People in need of assistance – WASH</td>
</tr>
<tr>
<td>People in need of assistance – Health</td>
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<tr>
<td>People in need of assistance – Nutrition</td>
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<tr>
<td>People in need of assistance – Child Protection</td>
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<tr>
<td>People in need of assistance – Education</td>
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**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

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<sup>a</sup> Acute Need: People who require immediate assistance to save and sustain their lives.

<sup>b</sup> Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.

UNICEF is lead focal point for Accountability to Affected Populations (AAP) and co-chairs the interagency Community Engagement Working Group.

As WASH Cluster lead, UNICEF provides effective sector leadership at national and sub-national levels, including information management (IM) assistance, operational and technical assistance to partners and 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 AWD/cholera Response Plan for 2018 to accommodate the revised caseload projections. A WASH AWD/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 AWD/cholera in most affected areas.

A community engagement dashboard for AWD/cholera response has been established following a successful system-wide mapping exercise with participation of over 20 UN/INGO/LNGO partners. Results show 238 out of 333 districts have on-going community based AWD/suspected cholera interventions. The outcome of the mapping exercise has been discussed in a joint Health and WASH Cluster and more partners pledged to join dashboard reporting.

The Child Protection sub-cluster (CPSC) through its Strategic Advisory Group (SAG) endorsed Save the Children as the co-lead/deputy coordinator for the sub-cluster in Yemen.

The Child Protection sub-cluster reactivated three key working groups (psychosocial support, Unaccompanied and Separated Children and Mine Risk Education) and updated their Terms of Reference (ToRs) and modus operandi.

The Community Engagement Working Group (CE-WG) shared the third Community Perception Survey results. The survey aimed to assess beneficiary perception of the quality of humanitarian response among Community Engagement Working Group partners. 1,058 respondents participated from 12 Governorates. One of the main results was that 80% of participants said that communities perceive humanitarian assistance as meeting communities' priority needs.

**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 ever launched for Yemen. UNICEF continues implementing an integrated AWD/suspected cholera response plan with a two-phase approach: Response and System Strengthening, plus 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.

UNICEF will continue to promote integrated activities and delivery of services while strengthening national systems and institutions - particularly the nearly collapsing health system - to enable them to respond to new crises such as the ongoing AWD/suspected cholera and diphtheria outbreaks more effectively. Key to this strategy will be the continuous advocacy for the public-sector workers receive their salaries from relevant authorities. In the absence of this, UNICEF will continue to advocate on their behalf, and will provide incentives for work carried out over and above their regular daily duties. Malnutrition prevention and treatment will be expanded through training of health workers and support to health facilities through provision of supplies. 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 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.

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1. 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://goo.gl/NNm28z](https://goo.gl/NNm28z) 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.

2. Phase 1, initially planned to be implemented until the end of 2017, might be extended to 2018 if needed.

3. Phase 2, to be conducted until the end of 2018.
Summary Analysis of Programme Response

AWD/cholera response

The acute watery diarrhoea (AWD) and cholera outbreak - initially reported by the Ministry of Public Health and Population (MoPHP) on 27 April - continues to spread, albeit with a slowing rate in recent weeks. Suspected cases have been reported across 22 of 23 governorates and 92% of districts are affected (305 out of 333). The cumulative total caseload of AWD/suspected cholera reached 964,477 cases , with 2,220 associated deaths, as of 30 November 2017. Children under the age of five (U5) currently represent 28 per cent of all suspected cases (compared with 18 per cent of the caseload in end of June 2017), while those aged 5-18 years represent 29 per cent of the caseload. The case fatality rate remains at 0.23 per cent and the attack rate per 10,000 population is stable at 350.2.

A total of 226 Diarrhea Treatment Centers (DTCs) and 946 Oral Rehydration Corners (ORCs) are currently operational across 236 districts in 20 governorates, with UNICEF directly supporting 64 DTCs and 632 ORCs with supplies, training and operational costs.

UNICEF has been working closely with MoPHP, the Ministry of Water and Environment (MoWE) and NGOs since the onset of the new wave of the outbreak, providing assistance in Health, WASH and C4D sectors as agreed jointly through the AWD/cholera Task Force, Health and WASH clusters. The Health Cluster is currently discussing recommendations setting out the methodology for integrating DTCs and ORCs into the regular health system and ensuring a quick response to any future outbreaks.

UNICEF, WHO and the Ministry of Health have now finalised national guidelines on fluid management for SAM children with AWD/ cholera, based on the 2013 WHO global guidelines. UNICEF supported the printing of the guidelines to be distributed in all DTCs and ORCs. In addition, 1,200 community health volunteers (CHVs) were trained on awareness raising and identification of AWD/ cholera cases, focusing on oral rehydration salt (ORS) preparation and good hygiene.

Building on the momentum from the national house to house (H2H) awareness campaign, an additional 1.1 million people were reached with key information, counselling and supplies for AWD/ cholera response in November, in all 22 governorates.

Community mobilizers provided counselling and education activities on key AWD/ cholera prevention and response practices with a focus on safe household water treatment (disinfection), water storage and use, handwashing, appropriate food handling and eating, oral rehydration, disinfection at household level, home care of the sick and reporting and referral of the sick to DTCs/ORCs and post-treatment care.

Following the reopening of some schools across the country, UNICEF in partnership with the Education and Health authorities, is supporting plans to roll out AWD/cholera response in schools targeting 2.4 million students. Planned activities include hygiene and sanitation promotion, awareness and prevention of AWD/cholera, and water safety. Over 6,000 teachers will be trained and mobilized to conduct and supervise AWD/cholera prevention activities in schools.

UNICEF WASH interventions remain focused on further containing the spread of the outbreak. The WASH programme therefore targeted high-risk areas across the country, providing immediate services at household, health facility and physical up-stream levels, by disinfecting public/private water sources, extending regular operation/maintenance (O&M) services, rehabilitating water supply and sanitation systems, and providing the WASH NFI’s and hygiene promotion. During the reporting period, UNICEF reached 6.8 million people with water and sanitation services through supporting the municipal water systems and complimentary emergency water trucking in 88 districts in 16 governorates in the areas facing AWD/cholera. The WASH interventions undertaken have cumulatively reached so far over 10.2 million people.
Under the AWD/cholera response, UNICEF interventions at household level include promotion of safe hygiene practices by providing aqua tabs for water disinfections, cleaning/disinfection of water storage tanks, Jerry Cans, consumable hygiene kits (soaps and washing powder) and hygiene promotions on safe practices. During the reporting period, over 1.5 million people benefited from these interventions.

Health and Nutrition

In November, UNICEF tracked an outbreak of diphtheria, with 239 suspected cases and 28 associated deaths reported in 55 districts across 15 governorates, with a case fatality rate of 11.7 per cent. 62 per cent of the suspected cases were from Ibb governorate, with 9 per cent from Al Hudaydah, 7 per cent in Aden and 6 per cent in Dhamar. Ibb also reported the highest number of related deaths, currently standing at 11 individuals. Children U5 account for 21 per cent of cases and 39 per cent of deaths. UNICEF has established a task force with the Ministry of Health and WHO to develop the response plan. Rapid Response Teams are being deployed in the most affected districts for active search, identification and treatment, as well as health education sessions. Approximately 8,500 children aged 6-59 months were vaccinated with Penta in the two sub districts of al Sadah and Yarim where the highest number of cases has been identified.

The second national polio campaign was completed at the start of the month, with a total of 4,425,090 children U5 vaccinated against the disease. 82 per cent of all children were covered in 231 out of 333 districts across the country. Routine vaccination continues through 2,940 health facilities, while a further 143 facilities are not yet reporting. Additionally, 945 health facilities are currently not operational due to lack of access for staff and patients, as well as lack of supplies or because they have been affected by conflict.

A total of 543,253 children under 12 months have received their full routine immunization, covering 74 per cent of the national target, while 494,139 children were vaccinated against measles Measles Rubella (MR). 404,775 women of childbearing age have been vaccinated against Tetanus Toxoid (TT), covering 10 per cent of the national target, and 367,762 pregnant and lactating women received peri-natal care, including skilled birth attendance, ante- and post-natal care.
UNICEF is also supporting the provision of primary health care services through fixed health facilities, mobile teams and outreach campaigns. 783,027 children U5 have now received primary health care this year, of whom 36,241 were treated for diarrhea, 15,623 for dysentery, and 72,451 for pneumonia.

So far three outreach rounds have been conducted in 22 governorates, except for Sa’ada. Through these outreachs, 472,459 children were immunized, while 133,652 women of childbearing age have been vaccinated with TT, also 218,869 children U5 have received primary health care and 55,902 pregnant and lactating women received primary health care. Mobile teams provide access to communities in remote areas or when they are unable to travel to health facilities. 44 provided a package of health services to mothers and children, mainly for internally displaced populations.

UNICEF and partners continue delivery of nutrition services through supporting health facility-based and community based interventions in the most conflict-affected and in hard to reach areas.

During the reporting month, UNICEF and partners continued supporting scale up of Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, WFP and WHO. About 227,000 children 6 to 59 months were screened for acute malnutrition through routine nutrition services (OTPs, Mobile teams and CHVs) and 36,693 children were treated for severe acute malnutrition (SAM). Furthermore, 3,654 and 42,376 children 6 to 59 months received micronutrient supplementation and deworming medications respectively. Pregnant and lactating women (PLW) also benefited from nutrition service delivery. A total of 72,093 pregnant and lactating women received counselling on infant and young child feeding and 56,389 PLW received iron folate supplementation. CMAM program quality is improving as reflected in the performance indicators. To date the cure rate increased to 76 per cent from 71 per cent, and defaulters rate reduced from 26 per cent to 21 per cent since the same time last year.

The National Screening Campaign which was implemented alongside the national Polio campaign has been completed in all governorates in Yemen, except Sa’ada governorate. 3,218,371 children aged 6 to 59 months were screened for malnutrition by MUAC (72% of the target). 292,820 children with acute malnutrition were identified and referred. Through the intervention of 52 mobile teams, 28,524 children 6 – 59 month were screened for malnutrition and 2,628 were identified and enrolled in management program for SAM. 60 SAM children with complications were referred to inpatient SCs/TFCs. A total of 7,678 children received deworming medications. Furthermore 4,274 pregnant and lactating women were counselled on infant and young child feeding and 10,026 PLW received iron folate supplementation.

Through the intervention of trained community health volunteers distributed nationwide, 63,758 children were screened for malnutrition. A total of 26,426 children received deworming capsules. Furthermore 33,166 pregnant and lactating women received counselling on infant and young child feeding and 35,988 PLW received iron folate supplementation. Cumulatively since January 2017, more than 2 million children aged 6 to 59 months have now been screened for acute malnutrition using MUAC measurement through routine nutrition services while 200,031 children with SAM were enrolled in fixed and mobile OTPs. Micronutrient supplementation was offered to 4,652,241 children aged 6 to 59 months and deworming tablets were provided to 433,959 children aged 12 to 59 months. 574,080 PLW benefited from IYCF counselling services while 696,037 PLW received iron-folate supplementation.

**Water, Sanitation and Hygiene (WASH)**

At the physical up-stream level, UNICEF continues supporting operation and maintenance for urban water supply systems benefiting over 2.6 million people and, at the same time, UNICEF AWD/cholera WASH response continues supporting disinfection of the public water networks in 13 governorates capitals, benefiting 4.6 million people this month. A total of 10.1 million people in AWD/ cholera risk areas have now benefitted from household-level water treatment and disinfection.

At facility level, UNICEF is providing WASH services in 62 health facilities (namely DTCs). Moreover, UNICEF has now reached over 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 Sa’ada cities. In rural areas, UNICEF continues supporting the rehabilitation of 13 rural water supply systems with 38,770 people gaining access to sustained water in Al Jawf, Marib, Sa’ada and Sana’a governorates.

Over 40,000 IDPs and vulnerable groups received WASH support including emergency water supply through water trucking, distribution of family basic hygiene kits/household water treatment means and hygiene promotion sessions.

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7 3,743 children were provided routine vaccinations, 9,375 children received IMCI services with 1,552 treated for diarrhea, 2,054 treated for pneumonia, 696 treated for dysentery,102 treated for Malaria and 3,342 treated for deworming. Additionally, 8,562 pregnant women accessed routine health services with 3,420 provided with antenatal care, 559 with postnatal care, 6,226 with iron folate supplements and 2,336 vaccinated against Tetanus.

8 65,695 children were identified with severe acute malnutrition and 227,125 children with moderate acute malnutrition.
Child Protection

In November 2017, further escalation of the conflict with airstrikes and ground fighting resulted in a sharply deteriorating situation for children. In the first ten days of November, an average of six children were either killed or maimed each day. The Country Task Force on Monitoring and Reporting (CTF MR) documented a 32 per cent increase in verified cases of killing and maiming of children in November compared to October where 31 cases of children (27 boys; 4 girls) killed and 56 children (41 boys; 15 girls) maimed were verified in the reporting month. The recruitment of children and their use in hostilities by all parties to the conflict continues to put children at increased risk of being killed or maimed, and of suffering serious psychological and social effects. During this month, the CTF MR documented and verified 64 cases of recruitment and use of boys in 12 governorates. UNICEF also continues to provide specialised health services to children with injuries, and at least 29 children have so far received such support.

UNICEF keeps supporting partners to provide lifesaving information through Mine Risk Education (MRE) activities for conflict-affected children, families and communities. By the end of the month UNICEF had reached its target of 1.3 million people from prioritized communities. MRE activities were organized in 57 districts covering 9 governorates. Psychological distress remains one of the key impacts affecting populations in Yemen, particularly children, and psychosocial support remains a priority for Child Protection partners. In November, UNICEF and partners reached at least 36,596 people including 32,434 children (girls: 16,956, boys: 16,478) and 4,162 parents with PSS through 60 fixed and mobile child friendly spaces and adolescent and youth clubs. By the end of November, UNICEF reached 89% per cent of the annual PSS target.

During these activities, vulnerable children were referred to individual counselling and child protection services. 23 Yemeni Unaccompanied and Separated Children (girls: 4, boys: 19) were identified, registered, and provided with protection services.

Education

After almost two months of being deprived from access to education in 13 northern governorates due to teacher strikes, about 4.5 million students gradually began their new school year in November. This resumption of schooling came when the teachers on general strike received half of their monthly salary. However, by the end of November, schools in these 13 governorates were still not operating at full capacity and children in some schools are only provided with two or three periods a day out of the usual six.

Continuation of the conflict is still hindering children from enjoying a safe learning environment. One such example was the heavy bombing of targets near three primary schools in Sana’a during school time, causing severe distress to thousands of children, and threatening the continuation of their education. Working with its partners, UNICEF provided psychosocial support services to the affected children, organizing recreational activities and conducting minor rehabilitation in schools.

School infrastructure remains heavily affected. As of the end of November 2017, out of 16,000, around 256 schools were reportedly destroyed, 4,413 schools partially damaged due to airstrikes or shelling, 150 schools still occupied by IDPs, and 23 by armed groups.

UNICEF continues its activities across the country, and in November, it reached at least 269,317 children with improved education services and activities. Rehabilitation work was completed in 29 schools in Shabwah, Dhamar, Raymah and Sa’ada and UNICEF distributed small grants to a further 112 schools to manage minor rehabilitation works themselves. A total of 298 temporary learning spaces (TLS) were also installed, benefitting at least 117,257 children in those schools during the reporting period. Capacity building is being pursued at the local level through teacher training on psychosocial support (PSS). 326 teachers in 17 schools were trained in Sana’a, despite the ongoing strike in northern governorates, and are now prepared to provide PSS to 11,410 affected children. In addition, 140,650 children received school bag kits to facilitate their school enrolment.

Social Inclusion

In November, UNICEF pursued evidence generation activities aimed at understating different aspects of social protection systems in Yemen. As part of this exercise, data collection for the rapid assessment of institutional effectiveness and operational capacity of the Social Welfare Fund (SWF) has been completed. The final report is expected to be finalized by late December/early January. Preparation for field work is ongoing for two more assessments, namely of the social cash transfer payment agencies and payment modalities, and a rapid one of social protection systems in Yemen. A joint activity

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9 Mainly legal, psychosocial support, education services, medical services, birth registration services, economic empowerment and livelihood support.
10 Including interim care, support/referral, family tracing, reunification, post-reunification, and follow-up by protective social services.
market assessment is also underway; the final report is expected in December 2017. These evidence-generation activities will inform further decision-making on social protection systems and institution building with a view to contribute to reducing poverty and disparities in the mid- and longer-term perspectives.

UNICEF also continues preparatory work, including a mapping survey, on the implementation of an integrated model of social assistance to the poorest and most vulnerable in Yemen.

**Communications for Development (C4D)**

The C4D programme, in partnership with authorities and 28 Civil Society Organizations (CSO) in 160 districts, continues to support community engagement interventions promoting adoption of 14 key behaviour practices among care givers and decision-makers. Over 2 million people - meeting the annual target - had been reached by the end of November 2017.

Four new partnerships have started activities to strengthen C4D efforts in districts with minimal interventions with focus on outbreak emergency and the 14 key behaviour practices.

Responding to the diphtheria outbreak, UNICEF in partnership with Ministry of Health and Ministry of Endowment is undertaking a joint Communication for Development campaign in the four effected districts in Ibb governorate. Interpersonal communication activities are conducted to prevent communities from Diphtheria with focus on the importance of vaccination to prevent the disease. In addition, 200 imams and female religious leaders (50 in each district) were deployed to conduct Friday sermons and community gathering around diphtheria prevention and immunization messages.

IEC materials (posters and brochures) were developed on the key messages on diphtheria symptoms, transition, prevention and treatment, and have been distributed in the targeted areas.

**Supply and Logistics**

November saw a significant reduction in the number of shipments reaching Yemen, due to the partial blockade of ports being enforced. Only two dhows reached Al Hudaydah and Aden respectively, and UNICEF made use of one Logistics Cluster vessel reaching Aden, in addition to one airlift landing in Sana’a with vaccines.

Nevertheless, a total of 1,863 metric tons worth USD 10.2 million reached the country, including regular medical supplies and drugs, WASH and nutrition supplies, and Bacillus Calmette–Guérin (BCG), Pneumococcal conjugate vaccine (PCV) and Penta vaccines. Most supplies continue to go via Djibouti in order to help manage risk and warehouse supply levels in-country. With support from the Logistics Cluster, additional warehousing in Aden and Al Hudaydah was provided.

**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 still 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 AWD/cholera response in Health and WASH sectors. However, as needs continue to grow, funding for humanitarian programmes across all sectors remains critical.

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11 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.

12 Traditional sailing vessels.
<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (US$)</th>
<th>Funds available¹</th>
<th></th>
<th></th>
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<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
<td>Funding gap</td>
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<tr>
<td></td>
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<td>Current Year (US$)²</td>
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<td>Nutrition</td>
<td>83,557,762</td>
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<td>90,299,558</td>
<td>44,507,541</td>
<td>11,260,969</td>
<td>34,531,048</td>
</tr>
<tr>
<td>Child protection</td>
<td>20,937,391</td>
<td>10,049,444</td>
<td>3,254,021</td>
<td>7,633,926</td>
</tr>
<tr>
<td>Education³</td>
<td>15,292,938</td>
<td>12,159,409</td>
<td>5,854,484</td>
<td>(2,720,955)</td>
</tr>
<tr>
<td>Social inclusion</td>
<td>1,611,529</td>
<td>884,000</td>
<td>1,611,529</td>
<td>(884,000)</td>
</tr>
<tr>
<td>C4D (AWD/cholera)⁴</td>
<td>22,775,000</td>
<td>3,106,000</td>
<td>-</td>
<td>19,669,000</td>
</tr>
<tr>
<td>Cross sectoral⁵</td>
<td></td>
<td>15,417,485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being allocated</td>
<td></td>
<td>3,871,249</td>
<td>62,647</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>339,034,178</strong></td>
<td><strong>177,287,375</strong></td>
<td><strong>39,246,480</strong></td>
<td><strong>141,851,704</strong></td>
</tr>
</tbody>
</table>

1. 'Funds Received' as of 30 November, includes coordination costs and US$ 33,906,000 of other resources from non-humanitarian funds (US$ 11,000,000 for Health, US$20,000,000 for WASH and US$ 2,906,000 for C4D). Figures are estimated, actual allocations are under review. In addition to the above humanitarian funding, additional resources have been 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, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

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.

5. Cross sectoral support to programme operations, i.e. security, field operations, communications and visibility, etc.

**Next SitRep: 15/1/2018**

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UNICEF Yemen Twitter: @UNICEF_Yemen
UNICEF Instagram: UNICEF_Yemen

**Who to contact for further information:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>UNICEF Yemen</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherin Varkey</td>
<td>Deputy Representative</td>
<td>Sana’a</td>
<td>Tel: +967 967 1211400, Email: <a href="mailto:svarkey@unicef.org">svarkey@unicef.org</a></td>
</tr>
<tr>
<td>Rajat Madhok</td>
<td>Chief of Communications</td>
<td>Sana’a</td>
<td>Tel: +967 712223001, Email: <a href="mailto:rmadhok@unicef.org">rmadhok@unicef.org</a></td>
</tr>
<tr>
<td>Peter Tubman</td>
<td>Reports Officer</td>
<td>Amman, Jordan</td>
<td>Tel: +962 791369347, Email: <a href="mailto:ptubman@unicef.org">ptubman@unicef.org</a></td>
</tr>
</tbody>
</table>
Including nearly 16 million people reached through the House-to-House awareness campaign. Families reached received soaps, ORS and awareness on the ‘4 key practices’ for AWD/ cholera response. As well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The ‘4 key practices’ for AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

The ‘14 key practices’ addressed through regular C4D interventions include: 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 recruitment. The ‘4 key practices’ for AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

2017 PROGRAMME TARGETS AND RESULTS (1)

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>2017 Programme Targets and Results</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>NUTRITION</td>
<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>200,031</td>
<td>32,693 ▲</td>
<td>323,000</td>
<td>204,031</td>
<td>36,693 ▲</td>
</tr>
<tr>
<td></td>
<td>Caregivers of children from 6 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling</td>
<td>2,109,935</td>
<td>2,355,000(5)</td>
<td>574,080</td>
<td>72,093 ▲</td>
<td>948,700</td>
<td>574,080</td>
<td>72,093 ▲</td>
</tr>
<tr>
<td></td>
<td>Children under 5 given micronutrient interventions(6)(7)</td>
<td>4,528,100</td>
<td>567,000</td>
<td>4,652,823</td>
<td>3,654 ▲</td>
<td>4,543,100</td>
<td>4,621,184</td>
<td>3,654 ▲</td>
</tr>
<tr>
<td>WASH(8)</td>
<td>Children under 5 vaccinated against measles (MCVL)</td>
<td>884,000</td>
<td>593,146</td>
<td>645 ▲</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children under 5 vaccinated against polio</td>
<td>5,155,000</td>
<td>4,807,390</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnant or lactating women receiving primary health care</td>
<td>1,131,000</td>
<td>899,764</td>
<td>93,866 ▲</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functional Diarrhoea Treatment Centres (DTCs)(9)(CR)</td>
<td>75</td>
<td>64</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functional Oral Rehydration Corner (ORCs)(CR)</td>
<td>800</td>
<td>632</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td>Population served with support to operation, maintenance and rehabilitation of public water systems</td>
<td>5,499,703</td>
<td>4,825,286</td>
<td>12,785 ▲</td>
<td>4,068,039</td>
<td>4,004,104</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affected people with access to safe water as per agreed standards through water trucking</td>
<td>778,053</td>
<td>1,232,622</td>
<td>153,456 ▲</td>
<td>62,000</td>
<td>147,210</td>
<td>11,012 ▲</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affected people provided with hygiene kits for self-protection</td>
<td>3,379,698(10)</td>
<td>492,986</td>
<td>44,129 ▲</td>
<td>163,000(basic kits)(10)</td>
<td>214,753</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People living in areas at high risk for cholera have access to safe drinking water(10)</td>
<td>12,000,000</td>
<td>7,342,883</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Number of people in cholera high risk areas benefiting from household level water treatment and disinfection(10)</td>
<td>12,000,000</td>
<td>10,195,270</td>
<td>1,047,654 ▲</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Percentage of DTCs provided with WASH services(10)</td>
<td>100%</td>
<td>85%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Number of incidents verified and documented from all the reported incidents</td>
<td>80%</td>
<td>87%</td>
<td>1,44%</td>
<td>1,44% Verified: 1,300</td>
<td>80%</td>
<td>87%</td>
<td>1,44% Verified: 1,300</td>
</tr>
<tr>
<td></td>
<td>Children in conflict-affected area receiving psychosocial support</td>
<td>682,268</td>
<td>675,029</td>
<td>152,238 ▲</td>
<td>554,814</td>
<td>486,579</td>
<td>82,245 ▲</td>
<td></td>
</tr>
<tr>
<td></td>
<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>1,479,595</td>
<td>392,436 ▲</td>
<td>1,347,284</td>
<td>1,456,981</td>
<td>392,442 ▲</td>
<td></td>
</tr>
<tr>
<td>SOCIAL PROTECTION</td>
<td>Number of vulnerable individuals reached with humanitarian cash transfers</td>
<td>800,000</td>
<td>32,072</td>
<td>32,072</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAD</td>
<td>Affected people reached through integrated Communication for Development efforts</td>
<td>2,000,000</td>
<td>1,820,000(11)</td>
<td>1,000,000(11)</td>
<td>17,000,000(11)</td>
<td>2,000,402</td>
<td>233,093 ▲</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social mobilisers trained and deployed for key behaviour changing in AWD/cholera high risk areas(12)</td>
<td>40,000</td>
<td>38,924</td>
<td>-</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. CR results are cumulative from April to 4 October 2017.
(2) Overall needs and targets as per HRP revision.
(3) Both the cluster and UNICEF targets for IYCF have been revised as part of still on-going YHRP review. UNICEF target is 70% of the cluster target as before.
(4) SAM caseload figures revised by the Nutrition Cluster based on new information available, including EFSHA and IPC March 2017.
(5) Nutrition cluster target includes beneficiaries of micronutrients sprinkles supplementation, while UNICEF's target considers children reached with Vit A supplementation and micronutrients sprinkles.
(6) Micronutrient distribution increased during National Polio campaign, a great proportion of children vaccinated were also provided Vit A supplementation.
(7) Part of the WASH results is attributed to funding received from non-humanitarian resources.
(8) Since 1 July, UNICEF WASH suspended distribution of 'basic hygiene kits' to be replaced by 'consumable kits'.
(9) The '14 key practices' addressed through regular C4D interventions include: 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 recruitment. The '4 key practices' for AWD/ cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).
(10) Including nearly 16 million people reached through the House-to-House awareness campaign. Families reached received soaps, ORS and awareness on the '4 key practices' for AWD/ cholera response.

Annex A

SUMMARY OF PROGRAMME RESULTS