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Yemen

Humanitarian Situation Report



SITUATION IN NUMBERS

Highlights

- The world's worst Acute Watery Diarrhea (AWD)/cholera outbreak continues spreading in Yemen. Between late-April and July, 436,625 suspected cases and 1,915 deaths had been reported in 21 of 22 governorates. Health, water and sanitation systems struggling to function as a result of the ongoing conflict, and lack of regular salary payments for many public sector workers have created the ideal conditions for the disease to spread.
- UNICEF and partners continue implementing a multisector response plan, tackling urgent needs and promoting prevention and preparedness. Over 5 million people in high-risk areas have benefitted from a package of services and nearly 17.5 million are expected to be reached by a nationwide awareness campaign, to be conducted by UNICEF and partners in August.
- In July, the Ministry of Public Health and Population (MoPHP), with UNICEF's and other partners support, carried out a six-day round of integrated outreach (IO) providing health and nutrition services. Among other results, nearly 30,000 children received a second measles and rubella (MR) vaccination and are now fully immunized against 12 preventable diseases.
- Through the scaled up community management of acute malnutrition (CMAM) programme, UNICEF continues to reach the most vulnerable children and mothers. The current malnutrition cure rate has increased to 75.8 per cent compared to 71 per cent in 2016, while the number of cases not completing their course of treatment ('default rate') is down to 21.3 per cent from 26 per cent in 2016.

July 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
(Task Force on Population Movement 14th report, Protection Cluster, June 2017)

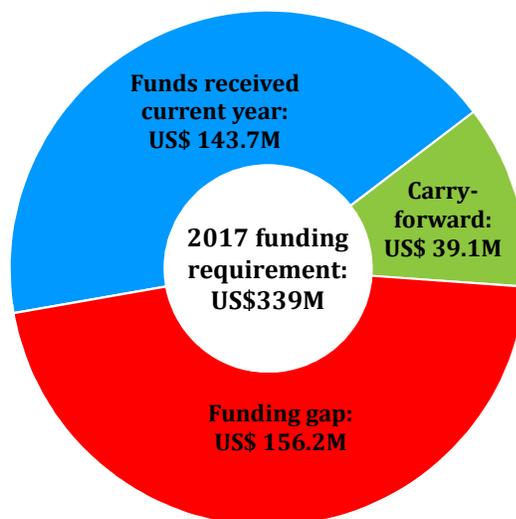
385,000 children under 5 suffering Severe Acute Malnutrition (SAM)

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



***Funds received current year' include funding received for the current appeal year and funds from other resources supporting emergency cholera response.

UNICEF's Response with Partners

	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results*
Number of children under 5 with SAM admitted to therapeutic care	323,000	100,881	323,000	100,881
Number of children under 5 vaccinated against polio	5,352,000	4,780,055		
Number of people served with support to operation, maintenance and rehabilitation of public water systems	4,068,039	3,802,554	5,492,703	4,449,981
Number of children in conflict-affected areas receiving psychosocial support	545,814	240,235	682,268	295,324
Number of affected children supported with basic learning supplies	364,427	226,619	548,973	231,736

*Total results are cumulative as of 31 July.

Situation Overview & Humanitarian Needs

Humanitarian needs in Yemen are at their highest and at least 20.7 million people require humanitarian assistance to thrive, including approximately 11.3 million children. Taking into consideration urgent needs emerging from the recent wave of acute watery diarrhoea (AWD) / cholera, and based on new information available on the situation and performance of humanitarian partners, the Yemen Humanitarian Country Team (HCT) agreed to revise the 2017 Humanitarian Response Plan (HRP).¹ Although the original strategic objectives and prioritization remain unchanged, the financial requirements have increased by 13 per cent, 94 per cent of additional funding requirements are linked with the integrated cholera response plan.

By the end of July, 436,625 suspected AWD/cholera cases and 1,915 deaths had been reported in 21 of 22 governorates, and in 297 of 333 districts.² Half of the suspected cases in the country are concentrated in just five governorates: Amanat Al Asimah, Al Hudaydah, Hajjah, Amran and Dhamar. Since the onset of the new wave of the outbreak, UNICEF is working closely with authorities and partners with a multi-sectoral approach addressing not only urgent needs (e.g. supporting case management, training of health workers and ensuring operation of treatment facilities), but also tackling the root causes of the outbreak at household level and promoting preventative practices.

Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Periodic Monitoring Review PMR, Jan-Apr 2017, April 2017)

Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	20.7	4.7	4.6	5.8	5.5
People in acute need ³	9.8	2.28	2.19	2.76	2.55
People in moderate need ⁴	10.9	2.44	2.44	3.08	2.95
Internally Displaced Persons (IDPs) ⁵	2	0.4	0.5	0.5	0.6
People in need of assistance – WASH	15.7	3.6	3.5	4.4	4.2
People in need of assistance - Health	14.8	3.4	3.3	4.2	4.0
People in need of assistance – Nutrition	4		1.0	1.5	1.5
People in need of assistance –Child Protection	6.2			3.2	3.0
People in need of assistance –Education	2.3			1.2	1.1

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. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF (C4D) is also HCT lead focal point for Accountability to Affected Populations (AAP) and co-chairs the interagency Community Engagement Working Group. UNICEF monitors programme implementation through field staff – where access allows – or through a third party monitoring partner. UNICEF is partnering with technical ministries and sub-national government entities to deliver impartial humanitarian assistance.

Since the resurgence of the AWD/ suspected cholera outbreak in late April, the national AWD/Cholera Taskforce has been active, led by health authorities. UNICEF as active member of the WASH and Health clusters, is part of the Taskforce where members discuss updates and strategic issues to guide cluster partners in their response, reporting regularly to their respective clusters and feeding back to the Governorate Health Offices (GHO) and to Sub-national taskforces. As WASH Cluster lead, UNICEF continues providing 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.

In January 2017, in partnership with ACF, UNICEF established the Rapid Response Mechanism (RRM) as an operational, programmatic and partnership model designed to enhance UNICEF's capacity to respond in a timely, coordinated and predictable manner to the needs of populations made vulnerable by displacement, disease and/or natural disasters in humanitarian/ emergency settings, covering key governorates. The RRM has been activated also for cholera response,

¹ Yemen: Humanitarian Response Plan 2017 Revision (August 2017). <https://goo.gl/nYwF7L>

² Yemen: Cholera Outbreak Daily epidemiology update, 31 July 2017. WHO.

³ Acute Need: People who require immediate assistance to save and sustain their lives.

⁴ Moderate Need: People who require assistance to stabilize their situation and prevent them from slipping into acute need.

⁵ Figures include people currently displaced by conflict and natural disasters. Task Force on Population Movement (TFPM), 14th Report (May 2017).

supporting rehabilitation of WASH infrastructure in health facilities, providing incentive payments for health workers, distributing hygiene kits and chlorination supplies in cholera hotspots and in displaced communities.

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.⁶ 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 (to be implemented during the next six months) and System Strengthening and Prevention (to be conducted until the end of 2018). 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 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

UNICEF continues to respond to the latest severe outbreak of AWD /cholera in Yemen, which is currently the largest globally. Between late-April and July, 436,625 suspected cases and 1,915 deaths had been reported in 21 of 22 governorates. At its peak in early July, approximately 7,000 new cases of AWD/cholera were being reported each day. UNICEF is coordinating with partners and other agencies to operationalise Diarrhoea Treatment Centres (DTCs) and Oral Rehydration Corners (ORCs), provide safe drinking water for people living in high-risk areas, waste water treatment and disinfection, as well as deliver behaviour change messages on personal hygiene and use of safe drinking water.

UNICEF is currently supporting 560 Oral Rehydration Corner (ORCs) and 62 Diarrhoea Treatment Centres (DTCs); more than 5 million people living in cholera high-risk areas are benefiting from access to safe water and improved sanitation; and over 5.3 million people have been reached with activities promoting key practices for prevention of cholera. At the same time, UNICEF and partners are preparing for a massive house-to-house cholera awareness campaign to be conducted in August, expected to reach 3.5 million families across all the 333 districts. To raise awareness on attitudes and practices for cholera prevention and control, households will receive Oral Rehydration Salts (ORSs), soaps and training on how to use ORS properly.

Health and Nutrition

Activity	Beneficiaries
Children under one received a preliminary dose of Oral Polio Vaccine (OPV).	12,629
Children under one received different doses of OPV1-3, IPV, Penta1-3, PCV1-3 and Rota 1-2.	144,863

⁶ 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/NRm28z> 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.

⁷ Preliminary figures, additional data is being processed by the time of this report.

This is the first of five rounds the MOPHP and partners plan to implement in 2017 with the goal of maintaining high immunization coverage among children under one year, alleviate the burden of malnutrition and common childhood illnesses, and provide antenatal care and reproductive health services to women. IO and vaccination activities were conducted in 300 of the 333 districts in Yemen, in 18 districts only vaccination was conducted, while in 15 districts of Sa'ada governorate IO activities are planned to be conducted in August. By the end of the round, over 144,000 children were vaccinated – including 29,217 who received a second MR dose and are now fully immunized against 12 vaccine preventable diseases (see Table 1).

Children under one received first dose of Measles and Rubella (MR ₁)	40,772
Children under two received second dose of MR	29,217
Children between 6 to 18 months received vitamin A capsules	52,982
Pregnant women received TT doses	13,968
Non-pregnant women received TT ₂₊ doses	31,015
Children screened for malnutrition	121,842
Children received micronutrient supplementation	42,403
Children received deworming capsules	41,931

UNICEF continues providing support to ensure the continuity of health services. A group of 1,072 primary health care facilities (health centers and health units) across all governorates, has been selected to receive a comprehensive support package, in coordination with the MoPHP and Governorate Health Offices (GHOs). The planned support includes the provision of essential medicines, medical equipment and furniture, operational costs and per-diem for health workers (HWs) conducting weekly community outreach sessions. The latter is particularly critical considering that more than 65 per cent of HWs have not received regular salaries over the past ten months. UNICEF will expand the support to additional health facilities if needed, based on lessons learnt from the first exercise. In addition to the support provided to health facilities, over 104,000 litres of diesel are being distributed to keep the governorate cold rooms functional. Under the GAVI Health System Strengthening (HSS) project, UNICEF has handed over three vehicles to the national immunization programme for field supervision.

Health services outreach continued by deploying 44 Mobile Teams in communities without access to health facilities, with special focus on internally displaced populations. More than 3,700 children were provided with routine vaccination and over 9,000 received Integrated Management of Childhood Diseases (IMCI) services (see Table 2). Mobile Teams also provided nutrition services for nearly 29,000 children and 10,000 PLW.

Through Community Management of Acute Malnutrition (CMAM) programme activities, 248,330 children from 6 to 59 months were screened for acute malnutrition, of these 18,354 were treated for severe acute malnutrition (SAM). In addition, 51,737 children from 6 to 59 months received micronutrient supplementation, and 93,619 received deworming capsules. At least 75,951 pregnant and lactating women benefitted from infant and young child feeding counselling, and 131,992 received iron folate supplementation. According to recent results, CMAM programme performance indicators reflect that the cure rate increased from 71 per cent in 2016 to 75.8, while the defaulter rate has reduced to 21.3 per cent compared to 26 per cent in 2016.

Table 2: Beneficiaries of mobile team services. ⁸ July 2017	
Services	No. of Beneficiaries
Routine vaccination	3,743 children
Integrated Management of Childhood Diseases (IMCI) services	9,375 children
<i>Deworming</i>	3,341 children
<i>Pneumonia treatment</i>	2,054 children
<i>Diarrhoea treatment</i>	1,552 children
<i>Dysentery treatment</i>	696 children
<i>Malaria treatment</i>	102 children
<i>Other treatments</i>	2,570 children
Pregnant and lactating women (PLW) services	8,562 PLW
<i>Antenatal care</i>	1,420 women
<i>Postnatal care</i>	519 women
<i>Iron folate supplementation</i>	6,226 women
<i>Tetanus vaccination</i>	2,336 women
Nutrition services	
<i>Children screened for malnutrition</i>	28,976 children
<i>Children screened for SAM</i>	2,246 children
<i>Children received micronutrient supplementation</i>	9,334 children
<i>PLW received infant and young child feeding counselling</i>	5,477 PLW
<i>PLW received iron folate supplementation</i>	10,275 PLW

Water, Sanitation and Hygiene (WASH)

UNICEF continues scaling-up AWD/cholera interventions to mitigate the further spread of the current outbreak. The WASH programme targets high risk areas across the country by providing immediate services at household, health facility and physical up-stream levels, including: disinfection of public/private water sources, support to regular operation/maintenance (O&M) services, rehabilitation of water supply and sanitation systems, and provision of WASH non-food items along with hygiene promotion activities. In July, UNICEF reached over 5 million people with water and sanitation services in 169 districts affected by the AWD/ cholera outbreak. Over 10 million people have been reached with WASH assistance since the resurgence of the outbreak in late April.

⁸ 44 Mobile Teams deployed during the reporting period. Lahj (1), Abyan (1), Socotra (3), Hadramaut (2), Al Hudaydah (7), Al Mahwit (2), Raymah (3), Amanat Al Asimah (1), Sana'a (4), Marib (7), Al Bayda (1), Dhamar (8), Taizz (3), Ibb (1).

During the reporting period, over 1 million people benefited from AWD/cholera response at household level including promotion of safe hygiene practices, distribution of aqua tabs for water disinfection, cleaning/disinfection of water storage tanks, and distribution of consumable hygiene kits. At the physical up-stream level, UNICEF continues supporting chlorination of public water networks in 12 capitals of governorates, benefiting 3.1 million people. At facility level, UNICEF is providing WASH services in 62 health facilities (i.e. Diarrhoea Treatment Centres) and distributes hygiene kits in cholera treatment facilities, benefitting over 62,000 people.

Regular ongoing activities include the continued support to water supply systems in urban areas benefiting over 2 million people, and the support provided for the rehabilitation of Waste Water Treatment plants in Amanat Al Asimah, Aden city, Al Hudaydah city and Dhamar city, benefiting 3.2 million people. Nearly 1 million people are beneficiaries of UNICEF's ongoing support for solid waste collection and disposal in Sa'ada, Sana'a, Dhamar and Ibb cities.

Nearly 19,000 people living in rural areas gained access to safe water with the rehabilitation of nine sustainable water sources supported by UNICEF. Over 73,000 IDPs and vulnerable groups received WASH support including emergency water supply through water trucking, installation of water storage tanks, distribution of water filters, distribution of hygiene kits and hygiene promotion with awareness raising on cholera prevention.

Child Protection

In July, the Country Taskforce on Monitoring and Reporting of Grave Child Rights Violations in Armed Conflicts (CTF MR) documented 18 cases of children killed (8 boys, 10 girls) and nine children maimed (3 boys, 6 girls), as a consequence of airstrikes (most of the cases were reported in Taizz and Hajjah governorates). Verification of ground fighting incidents was delayed due to ongoing fighting and subsequent security restrictions. Additionally, 19 cases of recruitment and use of boys under 18 years of age were verified, an increase in the number of cases was observed in Abyan and Hajjah governorates.

While the conflict in Yemen continues unabated, the exposure of civilians to mines, unexploded ordnance (UXO) and explosive remnants of war (ERW) remains high. UNICEF and partners continue raising awareness on risks posed by landmines, UXOs and ERWs to reduce the likelihood of related injuries and death. Over 3,222 people were reached with UNICEF-supported Mine Risk Education (MRE) activities in July - including 1,958 children (girls: 878, boys: 1,080) and 1,264 adults (women: 449, men: 815).

Not only has the conflict had permanent consequences for children's psychosocial well-being, but poverty, diseases and malnutrition are also exposing children to further distress. UNICEF efforts to provide psychosocial support services (PSS) to affected children and families reached at least 15,762 children (girls: 7,263, boys: 8,499), and 2,432 of their parents. PSS activities were conducted through 101 fixed and mobile Child Friendly Spaces, and through Adolescents and Youth clubs.

Awareness sessions on how to protect children in emergency situations are also conducted in CFSs and Adolescents clubs, as a result, over 4,374 parents (incl. 2,075 female) and 10,979 children are now better prepared to identify and act upon key child protection issues such as child labour, early marriage, child recruitment, dropout of education, gender-based violence, birth registration and personal hygiene. These activities are also an opportunity for identifying cases and refer them to individual counselling and child protection services, 507 cases of particularly vulnerable children were found in July.

Education

Around 5.8 million children are expected to resume their new academic year in September 2017, however many challenges are hindering the smooth start of the school year. School infrastructure remains heavily affected - as of end of June 2017, around 230 schools remain destroyed, 1,348 schools are partially damaged due to airstrikes or shelling, 144 schools are still occupied by IDPs, and 23 are occupied by armed groups. Furthermore, the education sector is struggling taking into account that many teachers (73 per cent of teacher force) in 13 northern governorates have not received their salaries for the past ten months. Access to education for at least 4.5 million children (78 per cent of all students in Yemen) living in those governorates is threatened.

To minimize the impact of the crisis and ensure that schools are ready to receive children at the beginning of the new school year, rehabilitation works have been completed in 14 schools in Al Hudaydah and Ibb, 79 volunteer teachers in Al Hudaydah have been trained on teaching skills and child-centered methods. The volunteer teachers are conducting community classes to support integration of nearly 3,000 out-of-school children, who have now access to education. Psychosocial support training targeted 152 teachers in Taizz, who in turn will provide psychosocial education support to at least 5,320 affected children. UNICEF is working with the Ministry of Education in developing the alternative education strategy to support children not able to attend school.

As a preparation for the coming school year, offshore procurement of over 309,000 school bag kits is ongoing, expected to be distributed before the start of the academic year.

Social Inclusion

UNICEF continues support a field exercise to generate evidence on how the most vulnerable children and their families cope with the current crisis, and refer them to existing social services. Among the identified cases, 1,593 unregistered children in Amanat Al Asimah received birth certificates from the Civil Registration Authority. At the same time, the data collection analysis is being completed to inform further strategic decisions on the development of the Social Welfare Fund Network (SWFN) development and expansion.

Through the Rapid Response Mechanism (RRM) – in partnership with ACF, a total of 870 IDP families (5,089 individuals) were reached to provide them with unconditional cash assistance support. This exercise was carried out in four prioritized districts in Abyan governorate (Zingibar, Al Qabbyttah, Lawdar and Khanfir) where –after a RRM assessment- certain indicators were met related to food consumption, primary source of food and coping strategies. Families that have been displaced for less than one month are targeted, while UNICEF and ACF advocate with other partners to ensure that other assessed cases (incl. families displaced for more than two months) are reached through other programmes. Each beneficiary case received a one-time unconditional cash payment for an amount of US\$ 108.⁹ About 50 per cent of recipients were females, including young girls.

Communications for Development (C4D)

Through interpersonal engagement, UNICEF has promoted adoption of 14 key behaviour practices including: vaccination, exclusive breastfeeding and proper infant and child feeding practices, hygiene promotion and safe water use, prevention of child marriage, promoting back to school, girls' education, and on-time enrolment.

With the new wave of AWD/ suspected cholera in late April, the C4D programme prioritized response to the outbreak covering 140 hotspot districts in 19 governorates. Over 20,000 Community mobilizers are currently deployed reaching approximately 5.3 million individuals, through established partnerships with 27 NGOs and ministries of Health, Education, Religious Affairs and Labour, and Social Welfare.

A national media campaign continues in partnership with the Ministry of Information and local media. Mass media activities are reaching over 20 million of the public, working with 21 public and private radio stations and three TV stations. Twenty live radio show programs are broadcast weekly to engage communities by discussing key practises and messages. National and local social media campaigns are conducted by youth and volunteers initiatives mainly through Facebook, Twitter and WhatsApp groups -managed by C4D team together with MoPHP Health education team, Ministry of Information, Ministry of affairs, and Ministry of Education. Over 4 million copies of cholera brochures have been printed to be disseminated during the house to house cholera awareness campaign in August. An additional million copies of cholera brochures are under printing.

Supply and Logistics

During the reporting period, four aircrafts and 5 dhows were shipped to Yemen carrying 1.155 MT (2.267 cbm) of supplies –for a total value of US\$ 19.2 million – including life-saving supplies required for the cholera response (ORS, aquatabs), nutrition items (therapeutic spread) and vaccines.

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, additional funds are needed to address emerging needs arising from the recent AWD/cholera outbreak, to minimize the case fatality rate and prevent further spread of the disease.

As the number of people in need of assistance continues 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)						
Appeal Sector	Requirements (US\$)	Funds available*			Funding gap	
		Funds Received Current Year (US\$)	Funds Received Other sources** (US\$)	Carry-Over	(US\$)	%
Nutrition	83,557,762	44,707,936		8,060,099	30,789,727	37%
Health	104,560,000	23,972,691	11,000,000	9,142,731	60,444,578	58%
Water, sanitation and hygiene	90,299,558	23,526,253	20,000,000	11,260,969	35,512,336	39%

⁹ Amount calculated based on the minimum food basket defined by the Food Security and Agriculture Cluster (FSAC). The minimum food basket amount is YER 27,000 which at the exchange rate of 250 is equivalent to US\$ 108.

Child protection	20,937,391	6,568,403		3,283,302	11,085,686	53%
Education	15,292,938	9,476,424		5,854,484	- 37,970	0%
Social protection	1,611,529	-		1,611,529	- 0	0%
C4D (AWD/Cholera) ¹⁰	22,775,000		2,906,000		19,869,000	
Being allocated		1,560,658		- 130,835		
Total	339,034,178	109,812,364	33,906,000	39,082,280	156,233,534	46%

* 'Funds available' as of 30 July, includes cross sectoral support to programme operations and coordination. Figures are estimated, actual allocations are under review.

** 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.

¹⁰ C4D was not included in the original 2017 HAC appeal.

Next SitRep: 15/09/2017

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SUMMARY OF PROGRAMME RESULTS

2017 PROGRAMME TARGETS AND RESULTS ⁽¹⁾	Overall needs ⁽²⁾	Cluster Response			UNICEF and IPs		
		Target 2017 ⁽²⁾	Total Results	Change since last report	Target 2017	Total Results	Change since last report
NUTRITION							
Children from 6 to 59 months with Severe Acute Malnutrition (SAM) admitted to therapeutic care for specified period of time ⁽⁴⁾	385,000	323,000	100,881	18,354 ▲	323,000	100,881	18,354 ▲
Caregivers of children from 0 to 23 months with access to Infant and Young Child Feeding (IYCF) counselling	2,209,935	1,355,000 ⁽³⁾	242,158	75,951 ▲	950,000 ⁽³⁾	242,158	75,951 ▲
Children under 5 given micronutrient interventions ^(5,6)	4,528,100	567,000	4,517,105	51,737 ▲	4,528,100	4,517,105	51,737 ▲
HEALTH							
Children under 1 vaccinated against measles (MCV1)					884,000	283,225	123,865 ▲
Children under 5 vaccinated against polio					5,352,000	4,780,055	
Children under 5 receiving primary health care					1,131,000	328,466	42,388 ▲
Pregnant or lactating women receiving primary health care					790,000	110,796	43,557 ▲
Functional Diarrhoea Treatment Centres (DTCs) ^(CR)					75	62	-
Functional Oral Rehydration Corner (ORCs) ^(CR)					800	560	30 ▲
Percentage of households reached by the cholera awareness campaign team in governorates supported by UNICEF ^(CR)					70% of households in target governorates	-	-
WASH							
Population served with support to operation, maintenance and rehabilitation of public water systems		5,492,703	4,449,981	1,679,220 ▲	4,068,039	3,802,554	1,628,485 ▲
Affected people with access to safe water as per agreed standards through water trucking		778,053	736,423	92,111 ▲	62,000	61,863	43,750 ▲
Affected people provided with hygiene kits for self-protection		1,379,678	343,796	30,022 ▲	163,000 (basic kits) ⁽⁷⁾	180,620 (basic kits)	10,426 ▲
					12,000,000 (consumable kits) ⁽⁷⁾	-	-
People living in areas at high risk for cholera have access to safe drinking water ^(CR)		-	-	-	6,000,000	5,034,000	-
Number of people at Cholera high risk areas benefiting from household level water treatment and disinfection ^(CR)		-	-	-	12,000,000	5,189,154	3,939,154 ▲
Percentage of DTCs provided with WASH services ^(CR)		-	-	-	100%	82%	35% ▲
CHILD PROTECTION							
Number of incidents verified and documented from all the reported incidents		80%	Reported: 1,070 Verified: 936	87%	Reported: 955 Verified: 846	80%	Reported: 955 Verified: 846
Children in conflict-affected area receiving psychosocial support		682,268	295,324	26,951 ▲	545,814	240,235	18,248 ▲
Number of children and community members received information to protect themselves against injury/death of mine/UXO explosion		1,684,106	587,353	6,447 ▲	1,347,284	567,028	3,222 ▲
EDUCATION⁽⁸⁾							
Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	574,545	548,973	231,736	16,588 ▲	364,427	226,619	16,578 ▲
Number of affected children receiving psychosocial support services in schools	368,679	343,108	83,802	5,320 ▲	172,032	83,707	5,320 ▲
Number of affected children supported with basic learning supplies, including school bag kits	730,087	704,515	105,346	86,246 ▲	324,789	102,246	86,246 ▲
SOCIAL PROTECTION							
Number of vulnerable individuals reached with humanitarian cash transfers	800,000				105,000	32,072	-
C4D⁽⁷⁾							
Affected people reached through integrated Communication for Development efforts	2,000,000				1,300,000 (14 key practices) ⁽¹⁰⁾	1,072,698	107,677 ▲
					12,000,000 (4 key practices for cholera prevention) ^{(10)(CR)}	5,336,390	3,851,592 ▲
Social mobilisers trained and deployed for key behaviour changing in AWD/cholera high risk areas ^(CR)					40,000	20,284	312 ▲

Footnotes:

(CR) Additional dedicated indicators established to monitor UNICEF's AWD/cholera response implementation.

(1) Total results are cumulative from 1 January 2017 to 31 July 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 sitreps.

(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 EFSNA 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) Since 1 July, UNICEF WASH suspended distribution of 'basic hygiene kits' to be replaced by 'consumable kits'.

(8) Education section has reduced its target due to fund availability.

(10) The '14 key practices' addressed through regular CAD 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)