©UNICEF Yemen 2019/Mahmood Fadhel – Children taking part in a C4D awareness session on vaccination during nationwide measles and rubella immunization campaign

Yemen Humanitarian Situation Report

unicef

Highlights

- Since 1 January 2019 to 30 June 2019, there have been 439,812 suspected cases and 695 associated deaths recorded (case fatality ratio, CFR 0.16 per cent). Children under five represent a quarter of the total suspected cases. The number of new weekly cases is now declining since Week 14, as UNICEF and partners scale-up prevention and response interventions. UNICEF with the support of GAVI (global vaccine alliance) and WHO, vaccinated nearly 11.8 million children with measles and rubella vaccination in the first half of 2019, aiming to mitigate the frequency of the outbreak and reduce the high morbidity rate and death associated with them.
- In 2019, the UN Country Task Force on Monitoring and Reporting has documented 755 incidents of grave violations against children, in which 88 per cent (654) of the incidents were verified; this includes 562 children killed and maimed and 527 boys and 41 girls recruited and used by various parties to the conflict.
- UNICEF has increased the minimum target for management of Severe Acute Malnutrition (SAM) from 70 per cent in 2018 to 90 per cent in 2019. Up to the end of June 2019, 131,516 children were admitted to SAM treatment, through fixed and mobile Outpatient Therapeutic Programmes.
- UNICEF has responded to over 355,000 internally displaced people (IDPs) so far this year, through emergency WASH interventions, including water trucking, construction of latrines, distribution of hygiene kits and hygiene promotion.
- The Education Teachers' Incentives project carried out two payment cycles in February and May respectively. During the second cycle, 112,387 teachers and school-based-staff (85,144 males; 27,243 females) were reached with incentives.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- June 2019 Results	Cluster Target	Jan- June 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	131,516	321,750[1]	131,516
Health: Children from 6 months – 15 years vaccinated in MR campaigns	13,032,803	11,837,521		
WASH: Number of people having access to drinking water	6,000,000	5,123,758	7,288,599	5,658,758
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	331,374	882,268	378,376
Social Policy: Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)	175,000	69,456		

**Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM). table at the end of the Situation Report.*

June 2019

12.3 million
# of children in need of humanitarian assistance (estimated)

24.1 million
# of people in need
(OCHA, 2019 Yemen Humanitarian Needs Overview)

1.71 million
# of children internally displaced (IDPs)

4.7 million
# of children in need of educational assistance

360,000
# of children under 5 suffering Severe Acute Malnutrition (SAM)

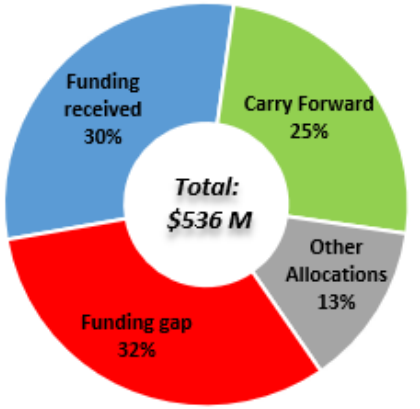
17.8 million
# of people in need of WASH assistance

19.7 million
# of people in need of basic health care

UNICEF Appeal 2019
US$ 536 million

Funding Available*
US$ 365.2 million

Overall 2019 Funding Status



**Funds available includes funding received for the current appeal (emergency and other resources), the carry-forward from the previous year and additional funding which is not emergency specific but will partly contribute towards 2019.*

Situation Overview & Humanitarian Needs: The conflict situation in Yemen continues unabated, affecting more than 24 million people in need of humanitarian assistance, including 14.3 million in acute need. These figures indicate that the number of people in acute need has risen by a staggering 27 per cent compared to December 2017. With 12.3 million children in need in 2019, children are among the most vulnerable groups and are disproportionately affected by the conflict.

Meanwhile, the fighting still rages across 30 active frontlines — home to nearly 1.2 million children. Whilst the implementation of the Stockholm Agreement initially led to a de-escalation of the conflict in Al Hudaydah, the governorate continued to suffer the highest levels of civilian casualties so far in 2019.[1] Moreover, deepened political divisions between the UN Special Envoy and the Government of Yemen has left the Stockholm Agreement more fragile than ever, increasing risk of failure in the political negotiations.

In the first six months of 2019, conflict activities also escalated in other parts of the country, including Hajjah and Taiz, and new patterns of displacement have been seen particularly in within Al Dhale'e and Al Hudaydah governorates[2], triggering increasing humanitarian needs. Torrential rain and flooding affected 80,000 people across Yemen[3]. This year has also seen an escalation of attacks into Saudi territory which has generated further retaliation in various areas such as Sana'a, Sa'adah and Hajjah, and airstrikes are more often targeting densely populated areas, causing mass casualties. Between January and June 2019, there have been verified reports of 562 children killed and maimed.[4]

Health and WASH conditions in Yemen have deteriorated due to the protracted conflict and amid declining WASH and health services, leading to increased caseloads of cholera. Since 1 January 2019 to 30 June 2019, there have been 439,812 suspected cases and 695 associated deaths[5] recorded (CFR 0.16 per cent). Whilst there was a rapid upsurge in the first quarter, the trend of new cases remained stable until mid-May, and in June there has been a slight decline, demonstrating the effective scale-up of UNICEF and partners integrated prevention and response interventions. While children under five represent a quarter of the total suspected cases in 2019, the elderly are most seriously affected. Up until 23 June 2019, there have also been nearly 6,000 suspected measles and rubella cases (45 per cent children between the ages of 1 and 5), with 44 associated deaths. For diphtheria, as of the end of June, there have been over 3,800 probable cases, with 214 associated deaths.

On top of this grave outlook, fuel shortages and price hikes were recorded in north Yemen, and disrupted transport networks, the delivery of basic services, and putting further pressure on already stretched household budgets. Against this backdrop of increasing humanitarian needs, UNICEF and partners continue to scale-up the response. However, physical access to populations in need is increasingly constrained in areas of conflict escalation, in addition, major land routes connecting Aden and Sana'a have been closed since April causing delays in the delivery of supplies.

2019 Estimated Affected Population in Need of Humanitarian Assistance *(Estimates calculated based on Humanitarian Needs Overview, December 2018)*					
Start of humanitarian response: March 2015					
	Total (Million)	**Men (Million)**	**Women (Million)**	**Boys (Million)**	**Girls (Million)**
Total Population in Need	24.1	5.9	5.9	6	6.3
People in acute need[6]	14.3	3.5	3.5	3.6	3.7
Internally Displaced Persons (IDPs)	3.34	0.8	0.84	0.83	0.87
People in need of assistance – WASH	17.8	4.2	4.4	4.5	4.7
People in need of assistance - Health	19.7	4.7	4.8	5	5.2
People in need of assistance – Nutrition	7.4	0	2.5[7]	2.5	2.4
People in need of assistance – Child Protection	7.4	-	-	3.6	3.8
People in need of assistance – Education	4.7	0	0	2.6	2.1

[1] ACAPS, Yemen: Crisis Impact Overview, July 2019.
[2] IOM Yemen, Rapid Displacement Tracking, 1 January - 26 May 2019.
[3] OCHA Yemen: Flash Floods, Flash Update No.2 – 17 June 2019.
[4] UN Country Task Force on Monitoring and Reporting, June 2019.
[5] Yemen Cholera Outbreak – Interactive Dashboard(http://yemeneoc.org/bi/), data as at 30 June 2019.
[6] Acute Need: People who require immediate assistance to save and sustain their lives.
[7] Pregnant and Lactating Women.

Humanitarian Leadership and Coordination: UNICEF continues to work in coordination with the Yemen Humanitarian Country Team, 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, Education and Nutrition are functional in Sa'adah, Sana'a, Al Hudaydah, Aden and Ibb. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'adah which provide office space, logistics support and safe accommodation for national and international UN staff and NGO workers. UNICEF monitors programme implementation through field staff – where access allows – and through contracted third-party monitoring firms.

UNFPA, supported by WFP and UNICEF, is leading an inter-agency Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates of Aden, Abyan, Al Hudaydah, Lahj and Hajjah. The UNFPA-led inter-agency RRM assistance aims to reach quickly the affected population at scale through kits distribution. This is complemented by the UNICEF RRM mechanism implemented through its INGO partner consortium.

Humanitarian Strategy: UNICEF's humanitarian strategy continues to be guided by its Core Commitments for Children in Humanitarian Action. UNICEF's 2019 Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans. Considering the collapse of public services, UNICEF aims to improve access to primary healthcare and water and sanitation services by providing supplies and capacity-building of public sector staff. The scale-up of community management of malnutrition remains essential, especially in hard-to-reach areas. UNICEF's WASH strategy is integrated with nutrition and food security to target immediate needs and strengthen long-term resilience of communities. The integrated WASH, health and C4D Acute Water Diarrhoea (AWD)/cholera prevention and response plan focuses on high-risk areas, diarrhoea treatment, purification of water sources, rehabilitation of wastewater systems and hygiene awareness. In Child Protection, UNICEF targets the most vulnerable children in conflict-affected governorates with interventions including victim assistance, family tracing/reunification, documentation of grave child rights violations and referrals to services, mine risk awareness and psychosocial support (PSS).

Through establishment of temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing a safe learning environment plays a key role in the prevention of school drop-out, it increases retention and contributes to improve quality of education.

UNICEF is collaborating with other UN agencies and INGOs to efficiently deliver basic life-saving supplies and services in areas impacted by increasing armed violence through the Rapid Response Mechanism. This is also referred to as the RRM Consortium (consisting of UNICEF, ACF, ACTED, Oxfam, NRC, DRC and SCI), which provides immediate emergency assistance - to internally displaced people and host communities in areas affected by conflict/natural disasters, epidemics, and children under five who are suffering from acute malnutrition - in non-food items, shelter, WASH, and supplementary feeding. Through prepositioning of stocks, and the establishment of Rapid Response Team (RRTs) skilled in rapid needs assessment and response, UNICEF RRM partners provide immediate assistance to vulnerable, hazard affected population in selected governorates of Yemen within a maximum of 10 days after the alert is received. In addition, RRM also established a unique framework for humanitarian access and included a strong Inter-Agency and Inter-Cluster Coordination component.

Summary Analysis of Programme response

AWD/Cholera Response: Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases as of 30 June 2019 reached 1,833,423 with 3,428 associated deaths (0.19 per cent case fatality rate, CFR) across the country. Children under the age of five represent 24.6 per cent of the total suspected cases in 2019. This year, to date, there have been 439,812 suspected cases and 695 associated deaths[8] recorded (CFR 0.16 per cent). A total of 312 out of the 333 districts in Yemen have reported cases during this year, with a national attack rate of 153 suspected cases per 10,000 people. Whilst there was a spike in suspected cases in Week 14 of

[8] Yemen Cholera Outbreak – Interactive Dashboard (http://yemeneoc.org/bi/), data as of 30 June 2019.

2019, the number of new weekly cases is now declining, which is likely attributed to the effective scale-up of UNICEF and partners' integrated prevention and response interventions.

As part of the integrated AWD/cholera response for the health programme, in terms of case management, UNICEF is supporting 987 Oral Rehydration Centres (ORCs) and 49 Diarrhoea Treatment Centres (DTCs) in 201 districts in 18 governorates, and through its' partners have distributed AWD kits, Oral Rehydration Sachets and Zinc to all governorates. Additionally, two rounds of Oral Cholera Vaccine (OCV) campaigns were implemented in February and April 2019. The first one targeted 497,884 people above 1 year in prioritised high-risk districts in Aden, Taiz and Al Dhale'e governorates. The six-day house-to-house vaccination campaign reached and vaccinated 96 per cent (478,535) of the targeted beneficiaries. In April, a nine-day integrated (health, WASH and C4D) round OCV campaign was launched in three high-risk districts in Amanat Al Asimah governorate, targeting 1,272,085 people above 1 year, for the first dose of OCV. A total of 1,088,818 (86 per cent of target) people were vaccinated during this house-to-house vaccination campaign.

With support from UNICEF, the General Authority for Rural Water Supply Projects (GARWSP) has been able to rapidly scale-up its Rapid Response Team activities, reaching millions of people affected by cholera/AWD in 22 governorates across the country. UNICEF also supported the RRTs through a comprehensive training focused on C4D/hygiene awareness raising. Over eight million people have been reached with WASH cholera response and preventative interventions across the country in 2019. A total of 750 rapid response teams visited over one million houses, responding to over 200,000 targeted cases so far this year. The RRT response includes household chlorination campaigns, distribution of chlorination tablets, distribution of consumable hygiene kits and hygiene awareness sessions at household level. In parallel, UNICEF started the implementation of Quick Impact Projects (QIPs) in areas where cholera cases have increased. Government partners such as GARWSP, National Water Resources Agency (NWRA) and Local Water and Sanitation Cooperation's (LWSCs) are implementing QIPs across the country. A total of 350,000 people living in AWD/cholera affected districts have benefited from these projects since the beginning of the year.

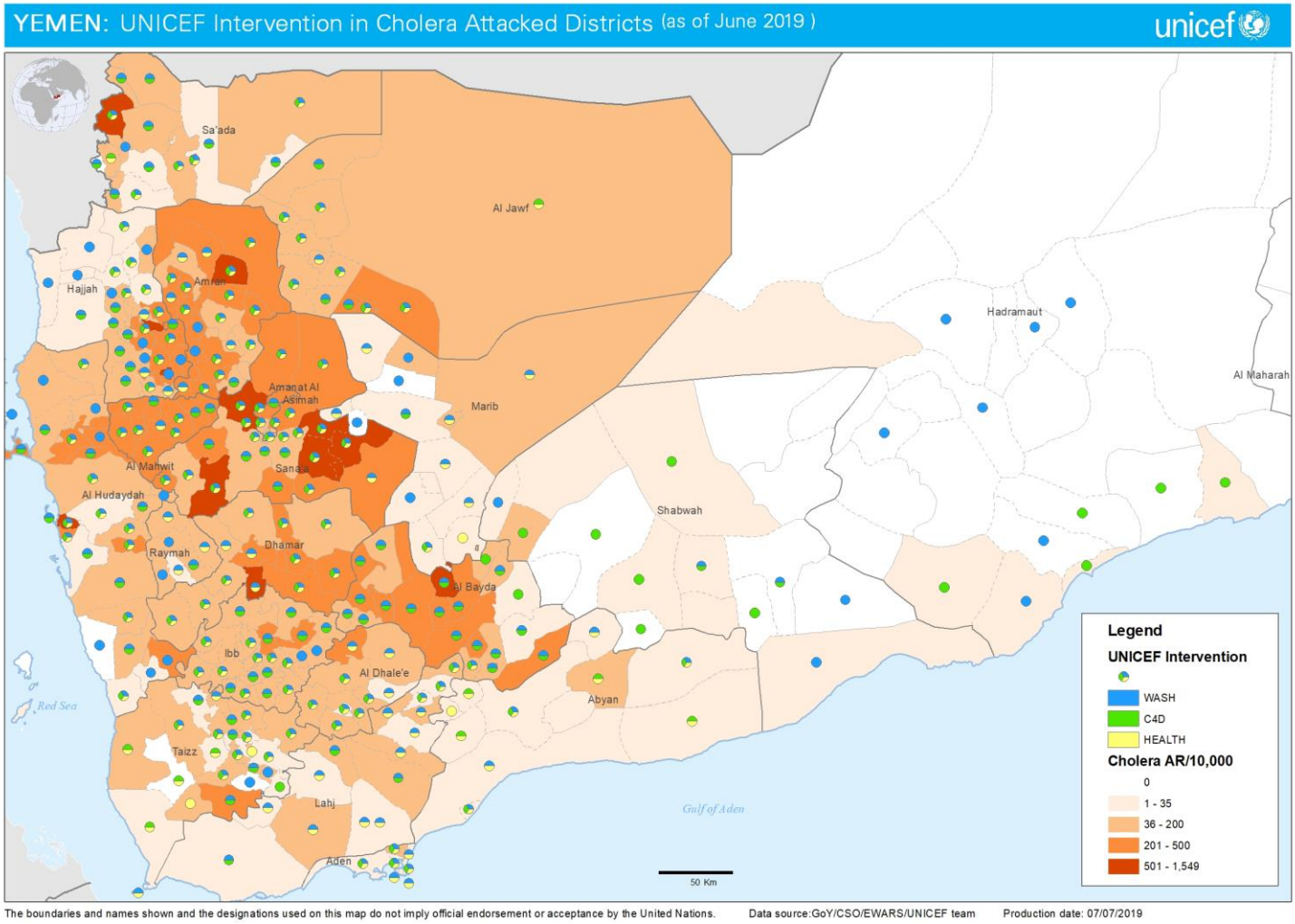
The rapid increase of AWD/Cholera cases in March also created a need for scaling-up of the national and community-based hygiene and sanitation interventions through partnerships with government and NGOs. In collaboration with the Ministry of Endowment, an urgent intensified cholera awareness plan was launched in the high priority districts mobilizing 5,400 religious leaders across the country. In 2019 so far, awareness sessions on hygiene practices, including water safety though chlorination were carried out in mosques and communities reaching 4,588,287 people. In Amanat Al Asimah, one of the governorates reporting more than 60 per cent of cholera cases, during Ramadan, mosques conducted cholera prevention education, chlorination of water and provision of soap for hand washing. Many households and individuals spent long hours at the mosques during Ramadan with many breaking their fast there and therefore the intervention ensured that communal meals in mosques did not spread AWD/Cholera.

To complement community engagement interventions, a partnership was developed with the Ministry of Information in collaboration with the Health Education Center within the Ministry of Public Health and Population (MoPHP) for an intensive mass media awareness campaign, including daily broadcasts and discussions on 12 TV channels and 33 radio stations across the country. A total of 250 billboards with key cholera prevention practices were installed in strategic public places (markets, transport stations, waterpoints, schools, and traffic prone areas). In addition, C4D engaged a famous Yemeni singer to reinforce the cholera prevention messages targeting families through the famous TV Drama "Qurbat Album" and this was accompanied by flashes which were broadcasted before the show and uploaded to social media platforms, generating discussions on hygiene practices. The social media platforms attracted more than 10 million views and the overall media campaign reached approximately 15 million people.

Despite UNICEF's extensive and continued efforts to control the cholera outbreak through an multisectoral integrated approach, a new epidemic wave of suspected cholera cases and a large number of deaths was reported early this year. While the triggers are currently being investigated, some problems in the case reporting system have been identified. The misclassification of non-acute diarrhoea cases as cholera in some facilities might have led to spike in the number of cholera cases in some areas, and ultimately to a misreading of the case fatality rate. The misreporting of cases has resulted in scattering reinforced response and diversion from the areas where cholera associated deaths were reported. UNICEF is deploying third party monitoring teams and validating reported cases by rapid response teams in some communities, in order to improve on supporting the supervision on cholera case classification. UNICEF is also ensuring data quality on the classified cholera cases, by requesting field epidemiology teams to provide data quality checks and improvements. These activities are implemented in partnership with WHO and MoPHP. As a key challenge in the cholera response, the rainy season that runs from mid-April has enabled the waterborne bacterium Vibrio Cholerae to be spread more easily. Especially,

the flooding contaminated drinking water with the bacterium. The increased population movement during the Ramadan might contribute to increase the cholera.

Another key challenge in the cholera response is the hesitation of community members to use chlorinated water due to the strong taste of chlorine and misinformation on the negative impact of chlorine on health. UNICEF is raising awareness on the significance of using chlorinated water to prevent cholera, by messaging through water truck drivers and religious leaders as agent of changes, as well as through TV, radio, SMS and social media. All these activities are implemented in partnership with the Awareness Center from the Ministry of Water and Environment, as well as the Ministry of Endowment and Religious Affairs.



Health and Nutrition: UNICEF and partners continue to support the scale-up of the Community Management of Acute Malnutrition programme, in coordination with the Nutrition Cluster partners, including the World Food Programme and the World Health Organisation. UNICEF has increased the minimum target for management of SAM from 70 per cent in 2018 to 90 per cent in 2019. Up to the end of June 2019, 131,516 children (41 per cent of targeted) were admitted in the management programmes of SAM, both fixed and mobile Outpatient Therapeutic Programmes (OTPs). This achievement is attributed to programme scale-up, which is provided in 3,707 health facilities (82 per cent of the functional health facilities).

Oral cholera vaccine during OCV campaign in Amanat Al Asimah.

The management of severely malnourished children is provided by 214 mobile teams across the country, out of which, 174 (81 per cent) mobile teams are supported by UNICEF. Up to 30 June 2019, 1,737,112 children under five years were screened for malnutrition in the health facilities and by community outreach workers.

UNICEF continues to assess and monitor the nutrition situation in Yemen. Out of the 22 planned SMART surveys nationwide, eight were completed in eight governorates between January and end of June 2019. These were conducted in Ibb, Sa'adah, Shabwa, Hajjah Lowland, Taiz Lowland, Abyan selected districts, Socotra and Al Maharah.

In terms of prevention, since the beginning of the year, 625,765 children have received micronutrient powder supplementation which represents 22 per cent (625,765 children) of the annual target. The result of this activity during the first half of the year appears law as it is features results from fixed health facilities and mobile teams only., It is anticipated that UNICEF will reach higher percentages with the implementation of the integrated outreach activities in the second half of the year and once data collection of all reports from community health volunteers has been completed. A further 358,111 children aged 12 to 59 months received deworming medications and 1,076,298 pregnant and lactating women (PLW) received counselling on Infant and Young Child Feeding (IYCF) which represents 71 per cent of the annual target, and 735,389 PLW received iron-folate supplementation.

Between January and June 2019, the Nutrition Cluster partners treated a total of 131,516 children with SAM; these children were enrolled in over 3,700 OTP sites, representing 41 per cent of the annual cluster target (321,750) and 36 per cent of the annual burden/caseload (357,487). Based on the available reports, the admission rate is similar to the same period in 2018. Meanwhile, a total of 221,504 moderately acute malnourished (MAM) children, representing 24 per cent of the 2019 Nutrition Cluster target (937,878) were enrolled in over 2,240 Therapeutic Supplementary Feeding Programme Sites (TSFP), with an overall of reporting rate of 75 per cent. Moreover, the number of moderately malnourished Pregnant and lactating Women enrolled in TSFP reached about 37 per cent of the annual target of 639,210.

For health, as part of the Expanded Programme on Immunization (EPI), with the support of GAVI and UNICEF, the EPI fixed health facility service delivery has vaccinated 250,497 children (5 per cent of targeted) under one year with three doses of oral polio and Penta vaccines and 217,921 children (23 per cent of targeted) with first dose of measles and rubella (MR) vaccine, in the first half of 2019. Additionally, 149,669 women were vaccinated with two or more Tetanus Toxoid (TT)/ Tetanus diphtheria (Td) vaccines. As part of supporting and strengthening the health system, UNICEF has procured and delivered 785 Solar Direct Drive (SDD) refrigerators, in addition to 13 cold rooms and 4,000 vaccine carriers. The improved adaptation of the new-technology SDD, aims to mitigate the prolonged frequent power supply outages and ensure optimal vaccine storage. Additionally, UNICEF had the approval for the Yemen Cold Chain Optimization Equipment Project (CCEOP) GAVI Application, which will guarantee the delivery and installation of 617 SDDs in 615 EPI health facilities over a period of two years.

For response to outbreaks of measles, rubella, cholera and diphtheria, UNICEF with the support of GAVI and WHO, implemented a national measles and rubella MR vaccination campaign in the first half of 2019, aiming to mitigate the frequency of the outbreak and reduce the high morbidity rate and associated deaths. UNICEF has brought 14.3 million doses of MR vaccine into the country (both Aden and Sana'a). Nearly 11.8 million children have been reached and vaccinated against MR. Additionally, UNICEF in coordination with the MoPHP, will support 10 isolation centers and pediatric intensive care units for the treatment of diphtheria; the equipment procurement process has started, and operation will begin in the health centers in the coming months.

Furthermore, 933,777 children under five have been provided with Integrated Management of Childhood Illness (IMCI) services. Among these, 175,083 children were treated against pneumonia, through fixed health facilities and outreach workers. UNICEF has also supported capacity-building for over 1,000 health workers and doctors in 2019, and medicines have been distributed to all governorates. Supportive supervision and data collection is also regularly conducted from all levels: central, governorate and district.

In January 2019, UNICEF and the MoPHP conducted a meeting for the child health coordinators from all the governorates to discuss the achievements and challenges of the health programme and set the plans for 2019. Child health indicators were reviewed and updated in the current National Integrated Management of Childhood Illness registries. The updated registries will be printed and disseminated to all primary health care facilities.

UNICEF is supporting maternal and neonatal health services both at the community and facility level. The community level support is delivered through community midwives (CMW), mobile teams and outreaches activities. Out of the 534,404 women who received primary health care services so far in 2019, 376,861 received ante-natal care, 76,254 had deliveries by skilled birth attendants and 81,289 women and their new-borns received post-natal care services. As part of scaling-up

and ensuring quality for maternal and new-born health, UNICEF, through the higher council of medical specialization, is supporting a total of 200 Emergency Obstetric and Neonatal Care team members, with participants from each governorate in the country, to enrol in one-year diploma course training. After which, they will go back and support comprehensive maternal and new-born health (MNH) teams, serving their governorates. UNICEF is also currently supporting the operationalization of 17 Comprehensive Emergency Obstetric and Neonatal Care hospitals in 11 governorates to provide free maternal, new-born, child health and nutrition services. So far in 2019, MNH supplies and equipment have been distributed to 31 hospitals in all governorates.

In coordination with the MoPHP, UNICEF supported the updating of the reproductive health (RH) national drug list as well as the registries and developed a new-born registry, which is currently being printed and will be distributed to health facilities in the coming months. Furthermore, UNICEF supported pre-service training for around 150 midwives. After graduation, these midwives will provide quality maternal and new-born health services to mothers and their new-born's in rural areas.

On-going challenges include the long distance to functional maternal and child health facilities, insecurity, blocked roads, and prohibitive costs of transportation restrict beneficiaries to access to the healthcare services. Especially, the current economic climate in the areas controlled by de facto authorities limits the value of salaries and incentives of health workers; as a result, lack of resources and cost of healthcare services increased the demands of reproductive, maternal, new-born, child and adolescent health interventions.

Water, Sanitation and Hygiene (WASH): UNICEF's current WASH programme strategy pursues a dual pronged approach for addressing the WASH needs of the conflict-torn people of Yemen. The programme continued humanitarian emergency response as a top priority in the first half of 2019, particularly in high severity areas and those experiencing an emergency, necessitating a relief intervention for addressing life-saving needs in the immediate term. Simultaneously, the WASH programme also explores every opportunity to pursue stronger links between humanitarian and development programming through strengthening the resilience of local institutions and capacity-building of local communities to advance durable solutions in a cost-effective way.

©UNICEF Yemen 2019/Taha Al Mahbashi – A young student drinking clean water thanks to UNICEF-supported new WASH facilities at Ibn Khaldun Elementary School, Sana'a.

Since the beginning of 2019, UNICEF supported the operation and maintenance of the water supply systems both in major cities and rural areas, ensuring provision of safe drinking water, benefiting over five million people, both host communities and IDPs, through provision of fuel, electricity, spare parts, alternative energy options and disinfectants for bulk and water tanks chlorination. In addition, UNICEF supported the operation and maintenance of the Waste Water Treatment Plants (WWTP) and solid waste management, through provision of fuel, electricity, spare parts and emergency maintenance of sewage systems, benefiting approximately 2.2 million people in more than 160 districts from 21 governorates.

UNICEF has also responded to over 350,000 IDPs so far this year, through emergency water trucking, construction of emergency latrines, distribution of hygiene kits and hygiene promotion. With support from UNICEF, local NGOs, GARWSP, and INGOs under the umbrella of the RRM mechanism, UNICEF has reached thousands of IDPs in Al Hudaydah as well as people displaced in other governorates, especially Socotra, Al Mahara and Aden.

Additionally, UNICEF, working together with the Nutrition sector, was able to complement work on tackling SAM and MAM in 107 target districts. The WASH section secured geographic convergence with Health and Nutrition actors in 27 famine/malnutrition priority districts. A total of 320,000 people living in areas with a high rate of malnutrition have been provided with essential WASH supplies and services since the beginning of the year.

So far in 2019, the WASH Cluster partners continued to respond to an increase in cholera suspected cases, especially in Sana'a and Al Hudaydah. Efforts to tailor second line response to localized needs and contexts are being put in place to strengthen the response to stop transmission. Whilst response to IDPs in Hajjah, Al Hudaydah and Al Dhale'e from conflict continue, access challenges have been hampering the timeliness of response efforts. In June 2019, the WASH Cluster also undertook in depth analysis of the response and have developed an advocacy paper that will inform a detailed action plan. A roundtable in Amman attended by key WASH partners and donors, as well as a side event in Geneva at the Global WASH

Cluster meeting, were held by the WASH Cluster to raise awareness of technical and operational challenges in responding and to garner support and commitments to improving and expanding the quality of the WASH response to meet critical needs in Yemen.

Child Protection: Between January and June 2019, the UNCTFMR has documented 755 incidents of grave violations against children, in which 88 per cent (654) of the incidents were verified. The verification of grave violations, included 562 children killed and maimed (410 boys; 152 girls), 527 boys and 41 girls recruited and used by various parties to the conflict and 27 attacks on schools and hospitals (21 schools; six hospitals), perpetrated by various parties to the conflict. There was one verified incident of sexual violence and nine cases of abducted children. Most of the incidents documented and verified were in the governorates of Al Dhale'e, followed by Al Hudaydah and Taiz.

Despite ongoing operational challenges, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war, reaching 1,524,328 conflict-affected people so far this year. This includes 1,288,174 children (647,418 boys; 640,756 girls) and 236,154 adults (137,539 males; 98,615 females) across 19 governorates. Mine Risk Education (MRE) was delivered in schools and in child friendly spaces, as well as through community campaigns.

PSS was provided to 331,374 people, including 281,579 children (139,647 boys; 141,932 girls) and 49,795 adults (15,640 males; 34,155 females) in 19 governorates through a network of fixed and mobile child friendly spaces, to help them overcome the immediate and long-term consequences of their exposure to violence.

©UNICEF Yemen 2019/Ahmed AbdulHaleem – A group of deaf children learn more about risks of mines during a sensitization session organized at Sorouh Foundation in Sana'a with support of UNICEF.

Through the case management programme, UNICEF continued to support the referral and provision of critical services to children, including facilitating access to life-saving health services for the most vulnerable children. 7,837 children (2,970 girls; 4,867 boys) were identified by trained case managers. Out of these, 7,267 children (2,764 girls; 4,503 boys) were provided with services. Those services include victims' assistance, individual counselling, family tracing, reunification, economic empowerment and livelihood support, legal services, education services, and medical services.[9][10]

So far in 2019, the Child Protection Area of Responsibility (CP AoR) partners reached a total of 378,376 children and caregivers with psychosocial support, representing 43 per cent of the 2019 target. A total of 1,535,441 children and caregivers were reached with MRE awareness in the different governorates, representing 68 per cent of the CP AoR total targets for MRE in 2019. Identification of a new partnership with the Ministry of Education and close collaboration with the education sector led to this level of progress. However, overall access constraints, delays in proposal approval and blockade of national NGOs by state and non-state parties to the conflict persisted in Taiz, Saa'da and Al Bayda and Aden governorates, denying critical child protection services to children and their caregivers.

During the first half of 2019, the CP AoR also implemented its capacity-building plan for 31 members focusing on gaps in case management and skills in caring for child survivors of sexual violence and abuse. Additionally, in conjunction with the Protection Cluster, the CP AoR coordinators participated in a donor round table meeting focusing on key protection trends in Yemen. The CP AoR emphasized the need for investment in local capacity (localization), strengthening case management systems and victim assistance. Funding for the CP AoR however remains low; US$ 32.4 million is still required to reach the target and ensure children and their families receive essential services.

[9] Some children received multiple services and therefore the number of services provided exceeds the number of children who were identified by the case managers.
[10] Victims assistance for 239 children (174 boys; 65 girls), individual counselling for 4,736 children (3,020 boys; 1,716 girls), family tracing for 467 children (281 boys; 186 girls), reunification for 306 children (219 boys; 87girls), economic empowerment and livelihood support for 1,095 children (689 boys; 406 girls), legal services for 295 children (186 boys; 109 girls), education services for 837 children (516 boys; 321girls), and medical services for 1,382 children (856 boys; 526 girls).

Education: UNICEF's Education programme in 2019 has focused on preventing the system from collapse and ensuring that key inputs are in place, particularly provision of incentives for unpaid teachers to facilitate functionality of schools, rehabilitate infrastructure, as well as provision of student desks and learning materials to children, and training of teachers on child-centred methodology, classroom management and psychosocial support.

In February this year, the first payment cycle of the Education Teachers' Incentives (ETI) project was successfully launched by UNICEF. The project carried out two payment cycles in February and May respectively, and the verification process for the third payment cycle in August is currently ongoing. This targets a total of 135,359 school-based staff (teachers, including temporary teaching staff, and support staff) in 175 districts in 11 governorates. During the second cycle, 112,387 teachers and school-based-staff (85,144 males; 27,243 females) were reached with incentives.

To provide a better learning environment for children, during the first half of 2019, UNICEF along with its partners completed the rehabilitation of 13 affected schools in Ibb, Abyan and Lahj governorates and rehabilitation of WASH facilities in 37 schools in Aden and Lahj governorates, benefitting a total of 60,636 students (29,606 boys; 31,030 girls). Additionally, UNICEF supported the construction of 97 semi-permanent classrooms in 33 schools in Aden, Taiz, Abyan, Lahj and Al-Dhale'e governorates which now provide alternative learning opportunities to 18,159 internally displaced children (8,579 boys; 9,580 girls). Furthermore, UNICEF provided 21,891 new student desks in 500 schools in Amanat Al-Asimah, Aden, Sana'a, Dhamar, Ibb and Amran governorates, benefitting 65,673 students.

So far this year, UNICEF has supported psychosocial support training for 1,264 teachers in 78 schools in seven districts in Marib governorate, enhancing their capacity to attend to the needs of 33,524 conflict-affected children (14,439 boys; 19,085 girls). Also, 564 volunteer teachers in 120 schools and 70 community-based-classrooms in Aden and Taiz governorates were trained on classroom teaching-learning and supported with incentives, reaching 114,526 conflict-affected students (63,541 boys; 50,985 girls) in IDP dense areas.

©UNICEF Yemen/2019/Aidroos Alaidroos - A teacher uses a microscope inside the science lab at the Teachers' High Institute in Sana'a.

Additionally, 15,251 children (7,709 boys; 7,542 girls) in Aden governorate were provided with school bags and other essential learning materials to support/encourage access and reduce economic barriers to schooling. Other school supplies are under procurement and over 550,000 school bag kits will be distributed to children at the beginning of 2019-2020 school year. In addition to 50,000 school bag kits, 100 recreational and school-in-a-box kits will be kept as contingency stock in Field Office warehouses in Sana'a, Hodeida, Aden, Ibb, Taiz, and Sa'adah to respond to ad-hoc education emergency needs, with the capacity to support about 57,000 children. Furthermore, 244 schools in 13 governorates[11] with computer laboratories were fully equipped and training sessions were conducted on their use, targeting one teacher from each school.

By the end of June 2019, the Education Cluster reached 2,000,029 children[12] in need, representing 43 per cent of the annual target. This number included 296,519 children targeted by school rehabilitation and WASH facilitates, 202,053 children targeted by school desks and whiteboards, 76,960 children targeted by school's supplies, 703,658 children targeted by school feeding, 141,181 children targeted by hygiene education, 51,309 targeted by temporary learning, 3,316 children targeted by support for national exams, 49,034 children targeted by the education support system, and 475,999 children and teachers targeted by teacher training.

The Education Cluster continues to conduct monthly and ad-hoc meetings to coordinate efforts in producing mapping products and fundraising efforts. In 2019, it has supported the rapid self-assessment survey of "Yemen NGOs Capacity Building Needs", and as a result, supported the following capacity-building efforts: conduct of a three-day training on

[11] Sana'a, Amran, Hajjah, Al Hodaydah, Dhamar, Al-Jawf, Raymah, Albayda'a, Shabwah, Aden, Abyan, Aldhala'a and Marib governorates.

[12] This number has been accumulated from the number of children reached by all activities. Some beneficiaries are reached by multiple activities.

education in emergencies for 25 members in Mukalla hub, as well as a one-day training in information management for members of the Aden, Ibb, Mukalla Sana'a and national level hubs.

Social Inclusion: In 2019, UNICEF's Social Policy programme has continued investing in generating evidence on child poverty and social protection systems to inform the child-focused decision-making and programming. In this respect, Social Policy has supported the Central Statistics Office in conducting a Perception Survey on Social Services in Amanat Al Asimah and bordering districts of Sana'a governorate. The objective of this exercise is to identify bottlenecks and barriers in accessing social services by poor households (e.g. health and water) and an opportunity for service beneficiaries to give feedback on the availability, accessibility, and affordability of social services and their satisfaction in general.

During the first half of 2019, the programme also continues to regularly monitor the social and economic situation in the country to inform UNICEF and partners' decision making and programming. Related to this, UNICEF has support the Ministry of Planning and International Cooperation (MoPIC) in publishing the Yemen Socio-Economic Update (YSEU), a key national source of social and economic information. Since beginning of the year, four YSEU issues were published focusing on Macroeconomic Developments, Prospects for Yemen's Economy and Livelihoods Priority, Status of Yemen in International Reports, and Food Insecurity Developments in Yemen.

The Social Policy programme is also supporting an Education Investment Case study, jointly with the Education programme. The objective of the study is to understand and quantify economic losses caused by the ongoing conflict to the education sector, including the effect of the crisis on school enrolment in Yemen. The initial results of the analysis estimate that roughly 24.5 per cent of children are out of primary school, while the share of children out-of-school in lower secondary has increased (13.9 per cent of girls and 7.7 per cent of boys in 2014 in the four governorates (Amanat Al Asimah, Aden Abyan, and Sadah governorates) compared to 17.83 per cent of girls and 12.9 per cent of boys in 2019). In this respect, the total loss of lifetime earnings for the children that dropped out of school yields an approximate loss of US$ 7 billion (equal to 16% of the 2014 GDP).

During the reporting period, the Social Policy programme has continued working on the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA). The model aims at addressing the immediate needs of the Muhamasheen, the poorest and most marginalized group in Yemen, and provide them with socio-economic opportunities/empowerment to enhance their livelihoods and strengthen resilience against shocks and stresses. A total of 5,797 families are now registered in the project (4,813 in Amanat Al Asimah, and 984 in Sana'a governorate). As part of the IMSEA Project, 200 case managers and 22 supervisors from the Social Welfare Fund (SWF) have been trained to undertake the case management using the manual and the electronic system developed for the project, in partnership with SWF and in coordination with the Child Protection programme and the Ministry of Social Affairs and Labour (MoSAL).

Similarly, in cooperation with the Communication for Development (C4D) programme, 80 community mobilizers have participated in a six-day training on behaviour change. As a result, campaigns have now been carried out aimed at promoting behavioural change by adoption and sustaining the best practices in health, nutrition and WASH. The community mobilizers conducted individual and group educational sessions reaching 4,113 individuals and 1,196 households. A WASH technical assessment has also been completed in project locations and cleaning campaigns have been carried out, resulting in a reduced risk of cholera and income provision for slum dwellers. In partnership with the World Food Programme (WFP), the Mohamasheen people have now started to receive monthly food baskets; the number of IMSEA participants who are benefiting so far from food assistance has reached 4,082 marginalized households or 20,410 individuals (about 70 per cent of the total IMSEA registered participants during the reporting period).

©UNICEF Yemen/2019/Suad Fadhel Al Khalidi - Children taking part in handwashing and cholera prevention education activities, as part of the IMSEA project.

Communication for Development (C4D): In the first half of 2019, C4D worked closely with communities in addressing social and behaviour practices that are contributing to poor health and disease outbreaks in Yemen. About 2,920 community volunteers were trained as part of capacity- building activities, achieving 58 per cent of the target (5,000). C4D also supported a Training of Trainers and cascade training of WASH Rapid Response Teams on community engagement and hygiene promotion. Those 2,920 trained volunteers were able to engage communities through interpersonal communication promoting adoption of the essential household practices for prevention of disease, outbreaks and for early care seeking, reaching 3,840,696 people which is 64 per cent of the target (six million).

Regarding vaccination campaigns, C4D supported the nationwide social mobilization for the Measles and Rubella (MR) vaccination campaigns in February 2019, reaching about 4,154,639 people through community engagement interventions. As part of the cholera prevention strategy, C4D deployed social mobilizers to support the OCV campaigns through house-to-house visits, community meetings and talks in mosques and other public places, reaching about 821,307 people. A key challenge for the implementation of C4D activities in 2019 has been difficulty in obtaining access to some communities to conduct house-to-house visits. UNICEF is therefore engaged in negotiations with the respective local authorities in response to this, to ensure that social and community mobilisers can provide uninterrupted support to communities.

As a challenge, cholera affected populations receive supplies, such as food, kits, cash and other in-kind support, delivered by C4D Community Volunteers who visit beneficiaries' homes. Some female beneficiaries, especially in urban areas, are reluctant to allow volunteers into their homes for security concerns. In such situations, C4D intensifies group communication through community meetings and events, establishment of Mother to Mother Support Clubs, in addition to sessions in mosques, health centers and schools. Also, this challenge will be mitigated by focusing on integrated response with WASH, Nutrition and Health with volunteers working with sectors that distribute supplies to also ensure appropriate use of those supplies.

High attrition of trained community volunteers due to unattractive incentives coupled with the denial of access to partners to some areas are bottlenecks to effective community engagement.

The limited reach of electronic mass media as well as poor access of households to electricity and other forms of energy for powering electronic mass media devices, has led to an over-reliance on interpersonal communication approaches to reach parents and caregivers especially through house-to-house visits which are human resource intensive.

Rapid Response Mechanism (RRM): UNICEF is leading on the rapid response mechanism in Yemen, together with UNFPA, to ensure immediate life-saving supplies are delivered at onset of emergency. Between January and June, UNICEF together with UNFPA and WFP, reached 121,292 newly displaced families (849,049 people) with RRM kits which include essential hygiene items and other supplies. These families have been displaced mainly due to increasing escalations around the front lines in Sa'adah, Hajjah, Al Hudaydah, Taiz and Al Dhale'e governorates, or due to floods caused by heavy rains in Marib, Al Bayda, Aden, Lahj and Hadrmaout.

This year, the UNICEF RRM consortium, led by Action contre la Faim (with membership of ACTED, NRC, DRC, SCI and OXFAM), have conducted a major verification exercise amongst displaced people in Al Hudaydah, Hajjah, Al Dhale'e and Aden governorates, to assess vulnerability and eligibility for RRM multi-purpose cash transfer (MPCT). As a result, so far in 2019, 62,861 vulnerable displaced people were reached by MPCT around the frontlines in those governorates.

The UNICEF RRM consortium is also delivering immediate emergency WASH and sanitation services in Hajjah governorate; this includes the provision of water trucking for 72 IDP sites in Abs district and the rehabilitation of 10 steel water tanks in Abs and Huidanah districts. In Taiz governorate, the RRM consortium completed the rehabilitation of two water supply schemes in Al-Shamayateen and Al Mafaar districts of Taiz. The total beneficiaries between January and June 2019 of those interventions is 75,216 people, who are now receiving clean drinking water on daily basis. In addition, a total of 68,293 individuals both IDPs and host communities participated in hygiene promotion sessions organized by community health volunteers across Al Hudaydah, Aden, Lahj, Taiz and Abyan governorates.

Supply and Logistics: The total value of supplies delivered between January and June 2019 amounted to more than US$ 14.7 million with a total weight and volume of 2,427 metric tons and 10,580 cubic meters respectively. This delivery was completed with four dhows to Al Hudaydah and one Logistics Cluster air operation to Al Hudaydah.

Media and External Communication: The first part of 2019 has been an opportunity for UNICEF to consolidate its communication and advocacy efforts to raise awareness on the situation of children in Yemen, calling for the protection of their rights. A total of 14 press releases and statements have been published on UNICEF global and regional websites (seven of which in both English and Arabic), to condemn resurgence of violence against children, highlight the nationwide vaccination campaigns and teachers' incentives programme implemented in the country and give recognition to the donors supporting UNICEF's response in Yemen.

MID-YEAR SOCIAL MEDIA HIGHLIGHTS (JAN-JUN 2019)	
TWITTER	
New Followers	15.6K
Tweets impressions	4.49mln
Top tweet	113.3K impressions
Total tweets (Arabic/English)	614
Profile Visits	105.1K
Total mentions	6,022
FACEBOOK	
Total posts (mostly bilingual)	406
Net new page likes/ followers	10.9K
Total reach	2.54mln people
Key post	104.3K people reached

In terms of advocacy, major reports and publications were released in the last six months, including the Scaling-up Support: Results for children of Yemen 2017-2018 and the Parenting in a War Zone reports, released on the occasion of the UNICEF global parenting month in June 2019 and on the occasion of the 30th anniversary of the Convention on the Rights of the Child, to address the worsening situation of women and children at birth.

Other important events, such as the Geneva Pledging Conference, which took place in February 2019, contributed to strengthening the support of contributing donors to UNICEF Yemen. In partnership with the European Union, an interactive exhibition featuring the community health workers project ran in June 2019 in Brussels, the capital of the European Union.

The main digital campaigns conducted so far in 2019 highlighted the World Water Day, World Immunization Week, the nationwide measles and rubella vaccination campaign conducted in February 2019, the OCV campaign in April 2019 and the Parenting month in June 2019.

Regarding social media engagement this year, UNICEF Yemen has gained more than 15,000 followers on Twitter, for a total of 4.5 million impressions, and almost 11,000 on Facebook, for a reach of 2.5 million. The top tweet on a vaccination response to children in remote areas collected 113,000 impressions, the top Facebook post on payment of transportation incentives reached more than 104,000 people and on Instagram, the top post on a displaced child gathered close to 2,900 impressions.

Funding: UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which are making the current response possible. The 2019 Humanitarian Action for Children appeal is aligned with the Yemen Humanitarian Response Plan, and so far in 2019, UNICEF has received contributions totaling over US$ 160.6 million, however a funding gap of US$ 170.5 million remains. Without this funding, UNICEF will be unable to reach all the children in urgent need of assistance. To meet the immediate and longer-term needs of children and their families in Yemen, UNICEF Yemen particularly welcomes predictable, flexible and multi-year funding.

In 2019, UNICEF has received contributions to support its emergency appeal from Slovenia, Sweden, Japan, Andorra, Denmark, USAID Office of Disaster Assistance, Canada, UN OCHA Humanitarian Pooled Funds, Kingdom of Saudi Arabia and United Arab Emirates pooled fund, Australia and USAID Food for Peace, in addition to numerous contributions from UNICEF's National Committees).[13]
UNICEF will be revising its 2019 Humanitarian Action for Children funding appeal, which is expected to be published by end of August. This will ensure that donors and partners remain updated about the needs on the ground, changes in context and priorities, and other key developments since the last revision in April 2019.

[13] Donor countries listed in order of date of receipt of contribution.

Funding Requirements (as defined in the revised Humanitarian Appeal of 2019 for a period of 12 months)							
Appeal Sector	2019 Requirements ($)	Funding Received Against 2019 Appeal ($)	Carry Forward From 2018 ($)	Other Allocations Contributing Towards Results ($)*	2019 Funds Available ($) **	Funding Gap	
						$	%
Nutrition	124,678,000	33,159,710	22,505,261	20,500,890	76,165,861	48,512,139	39%
Health	85,788,673	9,630,141	22,074,642	24,487,066	56,191,849	29,596,824	34%
Water, Sanitation and Hygiene	135,000,000	32,068,605	34,775,718	19,153,893	85,998,216	49,001,784	36%
Child Protection	38,348,211	7,900,098	11,766,930	-	19,667,028	18,681,183	49%
Education	106,000,000	67,395,282	31,116,985	2,504,291	101,016,558	4,983,442	5%
Social Policy	14,009,396	2,406,114	421,074	3,600,000	6,427,188	7,582,208	54%
C4D	10,857,795	1,128,981	5,059,736	-	6,188,717	4,669,078	43%
RRM	21,000,000	6,499,363	6,683,055	-	13,182,418	7,817,582	37%
Being allocated		394,686			394,686		
Total	**535,682,075**	**160,582,980**	**134,403,401**	**70,246,140**	**365,232,521**	**170,449,554**	**32%**

**This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2019 HPM results.*

***'Funds Available' as of 30 June 2019 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. 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 which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.*

Next SitRep: 28/08/2019

UNICEF Yemen Facebook: www.facebook.com/unicefyemen
UNICEF Yemen Twitter: @UNICEF_Yemen
UNICEF Instagram: UNICEF_Yemen
UNICEF HAC 2019: www.unicef.org/appeals/yemen.html

Who to contact for further information:

Bastien Vigneau
Deputy Representative
UNICEF Yemen
Sana'a
Tel: +967 712 223 150
Email: bvigneau@unicef.org

Bismarck Swangin
Chief of Communications
UNICEF Yemen
Sana'a
Tel : +967 712 223 161
Email: bswangin@unicef.org

Anne Lubell
Partnerships Specialist
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 79 835 0402
Email: alubell@unicef.org

Annex A

SUMMARY OF PROGRAMME RESULTS (January- June 2019)

		Cluster Response			UNICEF and IPs		
2019 Programme Targets and Results	Overall needs	2019 Target[1]	Total Results	Change since last report ▲▼	2019 Target[1]	Total Results[1]	Change since last report ▲▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	357,487	321,750	131,516	21,598▲	321,750[1]	131,516	21,598▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	1,076,298	211,586▲	1,514,102	1,076,298	211,586▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	625,765	108,195▲	2,860,031	625,765[2]	108,195▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	44,342	10,816▲	4,290,047	44,342[3]	10,816▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	217,921[3]	46,579▲
Children from 6 months – 15 years vaccinated in MR campaigns					13,032,803	11,837,521[1]	-
Number of Children under 5 vaccinated against polio					5,352,000	250,497[2]	51,958▲
Number of children under 5 receiving primary health care					1,575,000	933,777	161,468▲
Number of pregnant and lactating women receiving primary health care					841,097	534,404	104,057▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,658,758	628,866▲	6,000,000	5,123,758[2]	628,866▲
Number of people gaining access to emergency safe water supply		1,703,359	599,759	15,095▲	1,000,000	355,296[3]	15,095▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	519,214	404,062▲	800,000	437,192	404,062▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	321,874	23,919▲	800,000	179,660[4]	23,919▲
		5,332,045 (CHKs)	4,212,343	1,669,293▲	4,000,000	4,086,759[5]	375,759▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection[1]		4,202,324	10,138,411	5,121,114▲	3,500,000	9,900,593	5,121,114▲
CHILD PROTECTION							

Percentage of MRM incidents verified and documented from all the reported incidents		90%	88%	8%▲	90%	88%	8%▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	378,376	63,913▲	794,825	331,374	29,511▲
Number of children and community members reached with lifesaving mine risk education messages[1]		1,684,106	1,535,441	42,554▲	1,365,128	1,524,328	39,154▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	7,569	923▲	10,345	7,267[2]	922▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	701[3]	247▲
EDUCATION							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	567,763	235,228▲	816,566	180,940[1]	49,905▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	295,924	89,299▲	170,000	33,524[2]	-
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	92,211	-	996,994	15,251[3]	-
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		135,359	112,289[4]	-	135,359	112,289	-
Social Policy							
Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	69,456	15,547
RRM [1]							
Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	849,049	69,304▲
Number of vulnerable persons supported with multipurpose cash transfer					350,000	62,861	9,465▲
C4D							
Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	3,840,696	568,941
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices					5,000	2,920 Reflect narrative	250 up-

Footnotes

Target 1: The Yemen Humanitarian Appeal for Children (HAC) has been revised in April 2019.

Results 1: Data from the field is collected and reported through Field Offices; delays in reporting figures may occur to do lengthy reconciliation. As a result, figures reported may not be an accurate reflection of the results achieved that month and results are added to the next reporting month instead.

Nutrition 1: The SAM target has been revised as part of the HAC revision in March 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target increased from 80% to 90% of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). The Nutrition Cluster expects to revise their target during the mid-term review of the HRP, that is currently under discussion with OCHA. UNICEF contributes to 100% of SAM targets at the community level.

Nutrition 2: The result of this indicator for the first half of the year appears low as it is features results from fixed health facilities and mobile teams only. However, almost half of the results of this indicators are attributed to the community health volunteers (CHVs) and the integrated outreach activities. The reports of CHVs are collected only on quarterly basis (however, reports for Q2 have not yet been received at time of report preparation) and the integrated outreach is yet to be implemented.

Nutrition 3: Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.

WASH 1: This year there have been a higher number of suspected cholera cases in first half of the year than the usual trend in previous years. Therefore, the original planned target is much lower than the current need, and this is reflected in the over-achievement of the targets. The Cluster and UNICEF will review the targets in the mid-term review of the HRP, and the HAC targets will then be revised accordingly.

WASH 2: Due to an upsurge and increase of expected cases of AWD/suspected cases in Q1 2019, the operational plan for water supply was scaled up to ensure safe drinking water in the affected area. This has led to an over-achievement of this indicator at the mid-year point.

WASH 3: This number has not included the results on water supply chlorination in Amanat Al Asimah and Al Hodayda, as it was not tracked during the monitoring period.

WASH 4: This indicator has been under-achieved as it is based on the IDP settlements and needs which have been less than anticipated. It is expected that the reach of BHKs will increase in the next quarter as the IDP strategy and guidelines are reviewed. The target will also be reviewed in the upcoming HAC revision based on needs.

WASH 5: This year there have been a higher number of suspected cholera cases in first half of the year than the usual trend in previous years. Therefore, the RRTs scaled up their response to deliver CHKs to break the transmission of the outbreak, resulting in over-achievement of this indicator at the mid-year point. This target will be reviewed in the upcoming HAC revision.

Health 1: A nationwide Measles and Rubella vaccination campaign held in January has been very successful and reached a high number of children.

Health 2: Low results for first half of 2019 as no polio campaign has taken place yet; only as part of routine vaccinations. A polio campaign is currently being planned.

Health 3: The cumulative result is expected to be higher. Results are communicated from district to governorate, then processed at national level, therefore results are communicated with delays.

Child Protection 1: The target number of this indicator is planned to be updated, aligned with the HAC to be updated.

Child Protection 2: There is significant achievement for this indicator at the mid-year point, due to an over-achievement of the provision of victims' assistance. This is in part due to large numbers of children sustaining injuries as a result of the conflict, in comparison to planned targets. Furthermore, the unit cost for victims' assistance is sometimes lower than planned when a victim does not require the full package of services, enabling partners to reach more children in need.

Child Protection 3: This indicator has been over-achieved because more staff members and partners have engaged in the training than initially planned, as a result, the target will be revised with the upcoming HAC revision.

Education 1: This indicator is under-achieved because the process of identification and technical assessment of affected schools is taking more time than expected. In addition, some schools within the planned target are part of a suspended grant, which is pending donor approval for reprogramming.

Education 2: This indicator has low achievement because it can now be implemented in the areas controlled by the internationally recognized government only, as authorities in the areas controlled by de facto authorities have not approved it. The target will therefore be revised in the upcoming HAC revision. Alternatively, UNICEF will resume the PSS interventions in the child friendly spaces within the communities in the areas controlled by the de facto authorities.

Education 3: The procurement of learning supplies is through an offshore supplier; the supplies are currently in the pipeline and the plan is to distribute school bag kits at the beginning of the coming school year (Q3).

Education 4: This is the monthly progress rather than cumulative figure. The amount is the number of teachers who received the incentive in the last payment cycle, which took place in May 2019.