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Yemen

Yemen is one of the chronically under developed countries facing the probably world's largest, most complex humanitarian crises. Almost the entire country (22.2 million people) needs humanitarian assistance. Conflict has caused the internal displacement of 2 million people, left 1 million public sector workers without pay for a year, and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries.³ Coping mechanisms are becoming desperate, with increased household borrowing. The recent outbreaks of Acute Watery Diarrhea (AWD)/cholera, symptoms of collapsing public systems, has now reached almost over one million cases. On top of this, the diphtheria outbreak in early 2018 has now reached over 1,200 cases.⁴ In addition, 16 million people lack access to safe water.⁵ Children are the primary victims of this conflict: more than 1,100 were verified as killed or maimed in the last year alone.⁶ The consequences of the war threaten millions more, due to growing food insecurity, poor water and sanitation, and the spread of preventable diseases and 394,000 children under 5 currently suffer from severe acute malnutrition (SAM).⁷ The damage and closure of schools and health facilities threaten children's access to education and health services for years to come.

Humanitarian strategy

UNICEF's humanitarian operations in Yemen are decentralized, with five field offices managing interventions locally, with implementing partners.⁸ Considering the collapse of public services, UNICEF improves access to primary healthcare by providing supplies, covering operational costs, as well as monitoring and responding to communicable disease outbreaks. 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 targeting immediate needs and strengthening long-term resilience of communities. UNICEF ensures uninterrupted access to safe water through rehabilitation works, and support for sustainable local management of water systems. The integrated WASH, health and C4D AWD/cholera prevention/response plan focuses on high-risk AWD areas, diarrhea treatment, chlorination of water sources, rehabilitation of waste water systems and hygiene awareness. In child protection, UNICEF targets the most vulnerable children with interventions including victim assistance, family tracing/reunification, documentation of child rights violations, mine risk awareness and psychosocial support (PSS). UNICEF is also scaling up its education response in 2018 and aims to provide a conducive environment to avoid further student drop-outs and retention of out-of-school children in education by rehabilitating damaged schools, establishing temporary safe learning spaces and providing learning/pedagogical kits, PSS and peace-building education.

Results from 2017

As of 31 December, UNICEF had US\$ 245.2 million funds available for its US\$ 339 million appeal (72 per cent funded).¹² Funding included US\$49.3 million towards AWD/cholera response. UNICEF responded immediately through an integrated health, nutrition, WASH and C4D plan. Nearly 6 million people gained access to safe drinking water¹³, 11.5 million benefitted from water treatment, and 18.4 million people participated in awareness and behavior change activities. UNICEF's health and nutrition response included supply and operational support to health facilities, which enabled 3,069 health facilities to stay open this year. This support was crucial to vaccinate 4.8 million children against polio, and delivering healthcare to almost 596,000 pregnant and lactating women. Nearly 227,000 children with Severe Acute Malnutrition (SAM) were treated, but needs continued to outstrip the response. UNICEF was able to verify and document 88 per cent of all protection cases through the Monitoring and Reporting Mechanisms¹⁴ and provided psychosocial support to over 519,400 children in child-friendly spaces. Nearly 1.7 million people accessed mine risk awareness education. Despite the delay to the 2017/18 school year, UNICEF distributed 509,500 school bags, opened safe learning spaces benefitting 552,700 children and provided psychosocial support in schools to over 431,100 students.

Humanitarian Action for Children

unicef 

Total people in need:

22.2 million¹

Total children (<18) in need:

11.3 million²

Total people to be reached:

11.1 million

Total children to be reached:

6.8 million

2018 programme targets:

Nutrition

- 276,000 children under 5 treated for severe acute malnutrition⁹
- 4.2 million children under 5 provided with micronutrient interventions

Health

- 5.3 million children vaccinated against polio and 912,000 vaccinated against measles
- 811,000 pregnant and lactating women receiving primary health care

WASH

- 5.5 million people provided with access to drinking water through operations, maintenance, and rehabilitation of public water systems
- 3.4 million people in AWD/cholera-affected areas provided with household-level water treatment and disinfection¹⁰

Child protection

- 594,937 children provided with psychosocial support
- 1.46 million people received mine risk education

Education

- 639,000 children provided with improved access to education through school rehabilitation
- 429,000 children provided with psychosocial support and peace-building education

Communication for Development

- 4 million people in cholera risk areas provided with key information on prevention and response to cholera
- 2.2 million people engaged to adopt 14 life-saving and protective practices¹¹

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children aged 6 to 59 months with SAM admitted to therapeutic care for a specified period of time	323,000	226,557	323,000	226,557
Caregivers of children aged 0 to 23 months with access to infant and young child feeding counselling	1,355,000	750,416	950,000	750,416
Children under 5 given micronutrient interventions	567,000	4,728,783	4,528,100 ⁱ	4,697,144
HEALTH				
Children under 1 vaccinated against measles (MCV1)			884,000	642,512
Children under 5 vaccinated against polio			5,352,000	4,807,390
Children under 5 receiving primary health care			1,131,000	1,203,200
Pregnant or lactating women receiving primary health care			790,000	595,620
Functional Diarrhea Treatment Centres (DTCs) ^(CR)			75	64
Functional Oral Rehydration Corners (ORCs) ^(CR)			800	632
WATER, SANITATION AND HYGIENE				
Population served with support to operation, maintenance and rehabilitation of public water systems	5,492,703	5,105,046	4,068,039	4,203,875
Affected people with access to safe water as per agreed standards through water trucking	778,053	1,496,075	62,000	320,176 ⁱⁱ
Affected people provided with hygiene kits for self protection	1,379,678	502,398	163,000	228,371 ⁱⁱⁱ
People living in areas at high risk for cholera have access to safe drinking water ^(CR)			6,000,000	5,932,275
People in cholera high-risk areas benefitting from household level water treatment and disinfection ^(CR)			12,000,000	11,505,494
Diarrhoea treatment centres provided with WASH services ^(CR)			100%	85%
CHILD PROTECTION				
Incidents verified and documented of all the reported incidents	80%	87%	80%	88%
Children in conflict-affected areas receiving psychosocial support	682,268	720,730	545,814	519,446
Children and community members received information to protect themselves against injury/death of mine/unexploded ordnance explosion	1,684,106	1,709,211	1,347,284	1,681,228
EDUCATION				
Affected children provided with access to education via temporary learning spaces, school rehabilitation, capitation grants and classroom furniture	548,973	567,804	417,527	552,778
Affected children receiving psychosocial support services in schools	343,108	433,349	172,032	431,159 ^{iv}
Affected children supported with basic learning supplies, including school bag kits	704,515	472,601	324,789	409,533
SOCIAL INCLUSION				
Vulnerable individuals reached with humanitarian cash transfers			32,072	32,072
COMMUNICATION FOR DEVELOPMENT				
Affected people reached through integrated Communication for Development efforts			1,300,000 ^v 17,500,000 ^{vi} (CR)	2,123,957 18,387,289
Social mobilizers trained and deployed for key behaviour changing in AWD/cholera high-risk areas ^(CR)			40,000	38,924

Results are through 31 December 2017 unless otherwise noted.

(CR) Additional dedicated indicators established to monitor UNICEF's AWD/cholera response implementation. Cholera Response (CR) results are cumulative from April to December 2017.

ⁱ Nutrition cluster targets includes beneficiaries of micronutrient sprinkles supplementation, while UNICEF target includes both micronutrient sprinkles and vitamin A supplementation.

ⁱⁱ Target was exceeded due to the greater-than-expected needs of population without alternative access to clean water sources.

ⁱⁱⁱ Increased number of household reached due to cholera response.

^{iv} Target exceeded due to prioritization of the interventions using available resources.

^v 14 key practices, for a listing of these, refer to footnote 11.

^{vi} Four key practices for cholera. For a listing of these, refer to footnote 11.

Funding requirements

In line with Yemen's inter-agency 2018 Humanitarian Response Plan, UNICEF is requesting \$378,090,847 to meet the humanitarian needs of children in 2018. With the current breakdown of public services, including the non-payment of salaries for public sector workers for more than a year, UNICEF urgently needs funding to support basic health, nutrition, child protection, education, and water and sanitation services across Yemen. Without additional funding, UNICEF will be unable to provide life-saving services; respond to the onset of emergencies; and maintain and strengthen public systems.

Appeal Sector	Original 2018 HAC Requirement (US\$)	Revised 2018 HAC Requirement (US\$)	Funds Available (US\$) ¹⁵	Funding Gap	
				US\$	%
Nutrition	83,557,763	113,093,609	47,235,066	65,858,543	58%
Health	104,560,000	107,264,969	58,061,567	49,203,402	46%
WASH	90,299,558	79,100,000	55,616,479	23,483,521	30%
Child protection	20,937,391	33,238,526	8,754,881	24,483,645	74%
Education	15,292,938	30,840,473	16,074,896	14,765,577	48%
Communication for Development (C4D)	22,775,000	14,553,270	2,900,497	11,652,773	80%
Total	337,422,650	378,090,847	188,643,386	189,447,461	50%

¹ Office for the Coordination of Humanitarian Affairs, 2018 Yemen Humanitarian Response Plan

² Ibid.

³ Ibid.

⁴ Daily Diphtheria Outbreak Report, Electronic Disease Early Warning System, 1 March 2018.

⁵ Ibid.

⁶ From October 2016 to September 2017, as per the Country Task Force on the Monitoring and Reporting Mechanism.

⁷ Ibid.

⁸ Additionally, in coordination with the Humanitarian Country Team, UNICEF leads the water, sanitation and hygiene (WASH), education and nutrition clusters and the child protection sub-cluster and is an active member of the health cluster.

⁹ In 2018 there will be additional interventions to reach this target, including more mobile clinics, outpatient therapeutic programs in more remote areas, and an expansion of community health volunteer network, which require higher operational costs.

¹⁰ The number of new AWD/cholera cases has now decreased for the 25th consecutive week.

¹¹ The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for cholera response include: household water disinfection, hand washing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

¹² Available funds include US\$ 206 million raised against the 2017 appeal and US\$ 39.3 million carried forward from the previous year.

¹³ People living in areas at high risk for cholera.

¹⁴ The current total appeal for 2018 has been revised from US\$ 334,593,650 based on the 2018 inter-agency Humanitarian Response Plan which was not finalized until January 2018. The current appeal also reflects cross-sectoral costs.

¹⁵ Funds available include funds received against 2017 HAC appeal which have been carried forward to 2018 (figures are provisional and subject to change) as well as additional contributions from multi-lateral organisations which will contribute towards 2018 HAC Results. These additional contributions have been mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations.

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