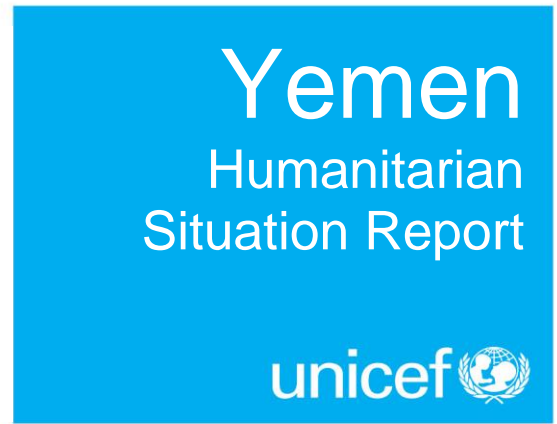




©UNICEF YEMEN/2018



Highlights

- UNICEF Yemen has supported the first round of an oral cholera vaccination campaign in five districts in the northern governorates of al Hudaydah and Ibb to protect an additional 540,595 people (over 1 years of age) against Cholera. This follows the first campaign held in five districts in Aden in May. In total 387,390 (69 per cent) persons have been vaccinated against the total target of 561,002 people.
- A nationwide polio vaccination campaign was conducted in August, targeting more than five million children under five years of age. Preliminary results show that 4,163,322 children (69%) have been vaccinated with oral polio vaccine and 2,851,917 children (6-59 months) have received vitamin A.
- The start of the new school year remains an urgent concern. 3.7 million children are at risk of missing schooling, mostly in the northern areas, as roughly two-thirds of the public school teachers are still awaiting their salaries after two years. This situation has a strong impact on both access and the quality of education. In addition, out of school children are at higher risk of recruitment by armed forces and other armed groups.
- Fighting continues to escalate in eastern and southern areas of al Hudaydah. Infrastructure has been damaged, including the main road to Sana'a which is inaccessible to humanitarian partners at present. More than 73,500 displaced households have been registered in Aden, al Hudaydah, Sana'a, Ibb and Sa'ada hubs, of whom 70,000 have received rapid response assistance and non-food items.
- This month, several official statements were published to raise public awareness on the worsening humanitarian situation in Yemen and the intense and senseless violence against children.

August 2018

11.3 million

of children in need of humanitarian assistance (estimated)

22.2 million

of people in need

(OCHA, 2018 Yemen Humanitarian Response Plan)

1 million

of children internally displaced (IDPs)

4.1 million

of children in need of educational assistance

400,000 # of children under 5 suffering Severe Acute Malnutrition (SAM)

16 million # of people in need of

WASH assistance

16.37 million # of people in need of basic health care

UNICEF Appeal 2018

US\$ 378 million

Funding Status*

US\$ 378 million

Overall 2018 Funding Status



*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year and additional multi-lateral funding. Although the HAC appears fully funded, gaps remain in different sectors. Funding gaps remain in Nutrition, Health, Child Protection, and C4D. The targets and overall budget requirement are subject to change upon publication of the revised 2018 Yemen Humanitarian Action for Children.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	2018 Results*	Cluster Target	2018 Results*
Nutrition: Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	268,000	169,615	268,000	169,615
Health: Number of children under 5 receiving primary health care	1,5 00,000	884,244		
WASH: Number of people having access to drinking water	5,500,000	4,659,948	7,288,599	4,839,100
Child Protection: Number of children and community members reached with lifesaving mine risk education messages	1,468,541	1,063,630	1,684,106	1,111,327
Education: Number of affected				

Situation Overview & Humanitarian Needs

The humanitarian situation in Yemen continues to deteriorate. The number of suspected cholera cases continues to increase rendering the possibility of a third wave of the epidemic more likely, especially in light of ongoing rains. WHO reports indicate increased presentations at health facilities, including severe cases that require further observation¹. In terms of current preparedness actions for possible third wave, UNICEF Yemen has procured and prepositioned supplies that are sufficient for over half million suspected Acute Watery Diarrhoea (AWD)/cholera cases including items such as vaccines, Oral Rehydration Salts, Zinc and Intravenous (IV) fluids. These are prepositioned in various UNICEF warehouses, the Ministry of Health and some government health offices.

Water systems continue to be a target of attacks, this month various water systems have been destroyed by airstrikes, including wells in Kamaran Island. The wells formed the only sources of water on the island. Five wells were completely destroyed, ten were badly damaged and need to be rehabilitated urgently. In addition to the wells, the desalination plant has been completely destroyed. A main water tank in Durayhimi city in Al Hudaydah, was destroyed when the vicinity was targeted in an attack. Reports suggest that people in the city have had no access to drinking water for one week.

At hub- level, humanitarian access remains most difficult in Al-Hudaydah (Midi, Haradh, Hayran, Mustaba and Bakil al Mir) and Sa'ada (al-Jawf) governorates. Violence and military operations in Al Hudaydah has forced nearly 470,000 people to flee their homes since early June and left them in need of urgent humanitarian aid

The value of the Yemeni Rial decreased from YER 460 to the USD in January to YER 485 to the USD in June. Over the past month, the Rial has depreciated further, affecting the average market price of basic food commodities which have increased up to 10 percent in recent weeks. Since November 2017, the cost of the minimum food basket has increased by more than 25 per cent; the cost of fuel commodities (cooking gas, diesel and petrol) have increased by more than 25 per cent between November 2017 and August 2017. The short-term impact of the depreciation is that an additional 3.5 million people will become further food insecure of the next months. A recent IMSEA assessment² indicated that 30 per cent of household have less than 3 meals a day, with 47 per cent receiving food through begging. The main reason for the high fluctuating in exchange rates in recent week is due to lack of foreign currencies in the Central bank of Yemen, printing of the Yemeni Rial by the Central bank without adequate reserves and a widespread reliance of traders on black markets.³

2018 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2017)

Start of humanitarian response: March 2015

	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	22.2	5.5	5.4	5.8	5.5
People in acute need ⁴	11.3	2.8	2.7	3	2.8
Internally Displaced Persons (IDPs)	1.98	0.42	0.46	0.56	0.54
People in need of assistance – WASH	16	3.95	3.9	4.16	4.4
People in need of assistance - Health	16.37	4	4	4.3	4.1
People in need of assistance – Nutrition	7.02	0	2.3	2.4	2.3
People in need of assistance – Child Protection	6.53	-	-	3.34	3.19
People in need of assistance – Education	4.1	0	0	2.3	1.84

Humanitarian leadership and coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), 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,

¹ OCHA Yemen Humanitarian Update 16-26 August 2018, issue 25.

² Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) – Vulnerability and Needs Assessment Amanat Al Asimah and Sana'a Governorates. September 2018

³ WFP Yemen Market Watch Report Issue no 25/26 – 2018

⁴ Acute Need: People who require immediate assistance to save and sustain their lives.

UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF monitors programme implementation through field staff—where access allows— or through a third-party monitoring partner.

UNICEF also leads the 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 Hajja.

Humanitarian Strategy

UNICEF's humanitarian strategy is guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans, as detailed in the 2018 Yemen Humanitarian Response Plan (YHRP). Considering the collapse of public services, UNICEF aims to improve access to primary healthcare 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 AWD/cholera prevention and response plan focuses on high-risk AWD/suspected cholera areas, diarrhea treatment, chlorination 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 child rights violations, mine risk awareness and psychosocial support (PSS).

UNICEF continues to undertake all efforts to prevent the education system from collapsing, particularly through providing incentives to the teachers who have not received salaries since October 2016. Further, through establishing temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing safe learning environment plays an important role in prevention of school drop-out and increasing retention improve quality of education, including quality of learning environment.

Summary Analysis of Programme response

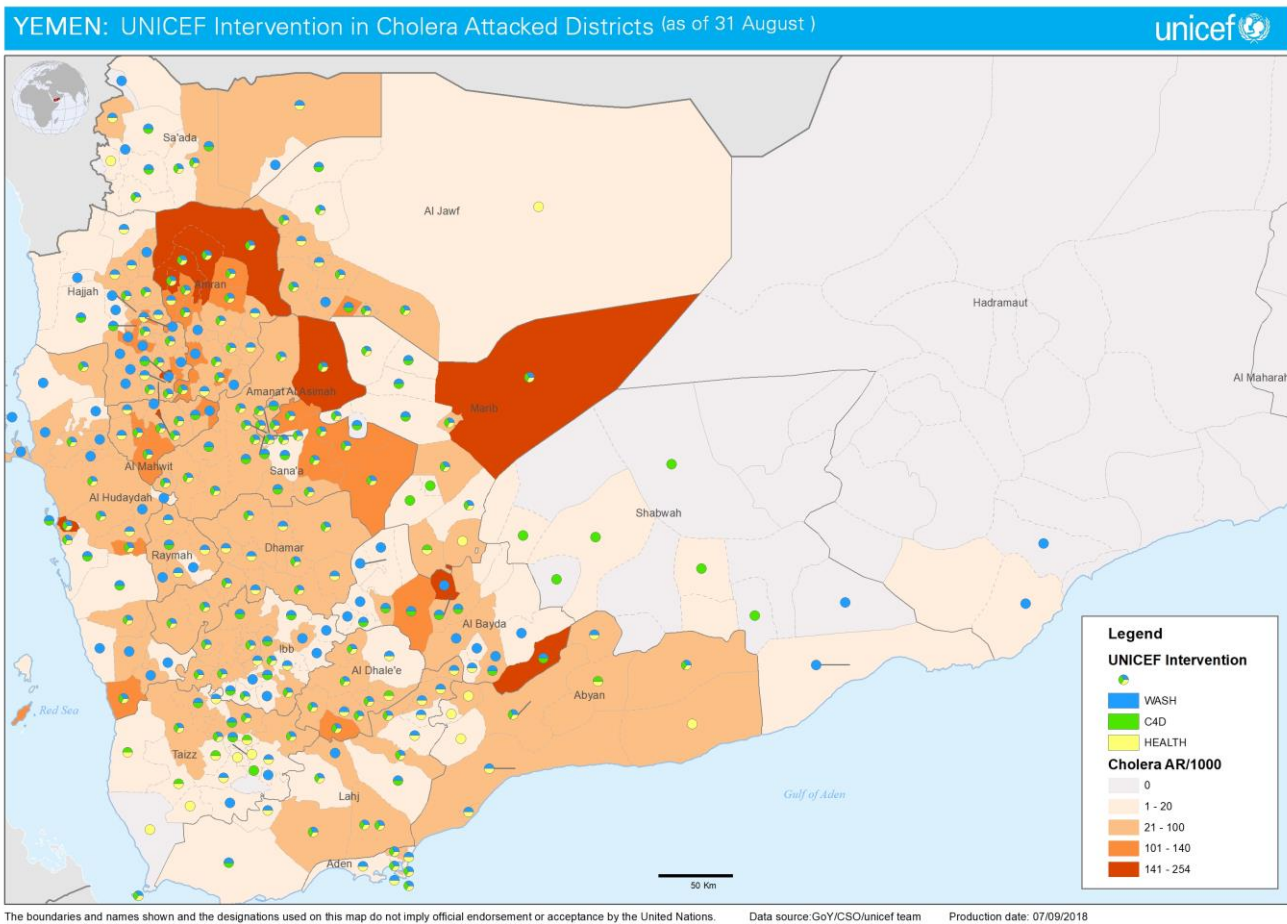
AWD/cholera response

Since the outbreak of Acute Watery Diarrhea (AWD)/cholera on 27 April 2017, the cumulative total of suspected cholera cases until August 2018 has reached 1,170,389, with 2,427 associated deaths (0.21 per cent case fatality rate) across the country. A total of 218 out of the 333 districts in Yemen have reported cases during this year – the national attack rate is 409.81 per 10,000 people. Children under the age of five continue to represent 28.8 per cent of the total suspected cases.

UNICEF Yemen, in collaboration with the World Health Organisation and the authorities, conducted the first round of an OCV campaign in five districts in northern Yemen, in the governorates of Al Hudaydah and Ibb. This round is set to protect an additional 540,595 people (over 1 year of age) against cholera. The second round will take place 30 September until 3 October, targeting the same population as vaccinated in round 1.

A Health and WASH Cluster preparedness and response plan is in place and under implementation, and a UNICEF integrated preparedness, response and system strengthening plan has been developed. Timely prepositioning remains key to a successful campaign given the challenges on importing supplies. At present, UNICEF supports over 1,000 Rapid Response teams with a cholera response. All acute watery diarrhoea and suspected cholera activities are complemented by the work of UNICEF's Communication for Development teams and volunteers, whose work aims to improve the understanding of basic hygiene practices, and facilitate community engagement to foster better understanding and practices.

A key bottleneck throughout the AWD/suspected cholera response remains the acceptance from authorities, as well as logistical challenges. UNICEF has worked extensively with authorities to foster the acceptance of vaccinations, areas and number of people targeted. The availability of vaccinations and the delivery time also pose challenges to an effective response, particularly in the event of an outbreak.



Health and Nutrition

During the reporting period, UNICEF and partners continued supporting the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, mainly WFP and WHO. The UNICEF target for the year is to reach at least 70% of the burden (400,000 revised to 382,00 based on SMART surveys) which is higher than the SPHERE standard. Since the beginning of 2018, over 169,615 children have been treated for Severe Acute Malnutrition (SAM), thereby reaching 61 per cent of the annual target for 2018. UNICEF expects a further increase in the numbers given that data collection is still ongoing and under verification: this figure is based on a current Outpatient Therapeutic Programme (OTP) reporting rate of 72 per cent.

Enrolment of children in SAM treatment will further improve once the Integrated Outreach Rounds take place as only one round has taken place so far. Further, a mass Mid-Upper Arm Circumference (MUAC) screening campaign is proposed for September or October 2018 in five governorates with the highest SAM burden, which will also significantly contribute to improving coverage of SAM treatment. UNICEF is scaling up its OTPs as well as the Community Health Volunteers (CHVs) focusing on the 107-high priority district.

UNICEF and partners also continued to support scale-up of essential health care services for children and women, supporting service delivery at health facilities, regular community outreaches from health facilities to remote communities, integrated outreaches and mobile teams. While UNICEF is supporting provision of a minimum service package to more than 1,700 Health Centres and units, it is also supporting an additional 1,500 facilities with routine vaccination and another 1,000 facilities with an integrated management of childhood illnesses (IMCI) service provisions. Regular community outreach from health facilities was conducted during the reporting period from at least 1,500 health facilities.

In addition, 93 Mobile Teams (MTs) provided a package of health services to mothers and children, mainly in areas populated by internally displaced people (IDPs). During the reporting period, 34,603 children under one year were vaccinated against measles; 44,153 children were vaccinated with the Penta vaccine, 94,306 children under the age of five (U5) received Integrated Management of Childhood Illnesses services, and 48,039 pregnant and lactating women accessed reproductive health services. In addition to reproductive health services to 2,371 women (820 provided with

antenatal care, 390 provided with postnatal care, 1,163 provided with iron folate supplements and 794 pregnant women were vaccinated against tetanus).⁵

Furthermore, in August 371,940 children received micronutrient powder through health facilities, mobile teams and community health volunteers (reaching 51 per cent of the target) and 2,851,917 children (6- 59 months) have received Vitamin A (reaching 68 per cent of the target). Vitamin A supplementation was provided during the National Immunization Days (NIDs) for Polio that were conducted from 6-9 August targeting more than 5 million children U5 country wide and reached 4,163,322 children this round, as of the preliminary results.

Additionally, since the beginning of the year, de-worming tablets were provided to 446,651 children aged 12 to 59 months; 969,369 PLW benefited from infant and young child counselling services (reaching nearly 69 per cent of the target) while 605,628 PLWs received iron-folate supplementation.



©UNICEF Yemen/2018

UNICEF Health teams conduct vaccinations in the field.

An increase in number of suspected cholera cases has been recorded in many places within the country in the last three to four weeks. UNICEF continues to support the case management of these cases through supporting 25 Diarrhoea Treatment Centers (DTCs) in country and 141 Oral Rehydration Points. Of these 21 DTCs and 98 ORPs are in the 82 districts prioritized by the Health Cluster based on on-going transmission, attack rates and the population size. During the reporting period, UNICEF also supported the Oral Cholera Vaccine (OCV) vaccination campaign in the three districts in the northern governorates of Yemen to protect people (over 1 years of age). In total, 387,390 people above 1 were vaccinated, covering 69.2 per cent of total campaign target.

Water, Sanitation and Hygiene (WASH)

The WASH programme continued to prioritise humanitarian emergency response by providing services in locations with high risks of AWD/ suspected cholera and malnutrition throughout August. Provision of safe drinking water has continued in Amanat Al Asimah, Al Hudaydah, Amran, Al Bayda, Dhamar, Marib, Ibb, Hadramouth, Taiz and Sadaa, reaching over 3.3 million people (including XXX children) through supporting the water supply systems with the provision of fuel, electricity, spare parts, disinfectants for chlorination (water treatment/purification) and rehabilitation of water infrastructure.

Water contamination is being systematically tracked/investigated by the National Water Resources Authority (NWRA) through a Water quality monitoring exercise covering 10 districts in Amanat Al Asimah and 31 water sources in Taiz. Waste Water Treatment Plants (WWTPs) are supported in Amanat Al Asimah, Amran with approximately 1.4 million people reached. In addition, support to sewage systems through rehabilitation and provision of spare parts has been completed in Al Mukalla city while benefiting 40,000 people (including 8,000 children). Solid waste collection activities continued in Sa'ada and Al Hudaydah city benefiting 800,000 people (including 300,000 children).

⁵ A further 1,022 patients were treated for diarrhoea, 299 were treated for dysentery, 112 patients were treated for malaria, 2,990 with deworming, and a further 2,219 were treated for other symptoms.

In August, the emergency response to IDPs has continued through water trucking, installation of water points/ communal water tanks reaching over 70,700 people (including 25,020 children) in Lahj, Abyan, Al Hudaydah, Sa'ada, Al Jawf and Ibb. The distribution of chlorine tablets for household water treatment as well as water storage containers continued in Lahj, Abyan, Al Hudaydah. As part of the response, latrine construction and/or rehabilitation is ongoing in Lahj, Al Hudaydah, Sa'ada and Al Jawf. The team reached an estimated 120,500 people (including 45,000 children) with hygiene promotion key messages through household visits in Lahj and Abyan.



©UNICEF Yemen/2018

Rapid Response team conducts the distribution of consumable hygiene kits and chlorine tablets in Sa'dah.

In addition, over 500,000 people (including 200,000 children) were reached with basic or consumable hygiene kits in 14 governorates including Lahj, Abyan, Al Dhale, Aden, Al Hudaydah, Hajjah and Amran, Al Bayda, Taiz and Marib. Rapid Response Teams of the Rural Water Supply Project (GARWSP) reached over 1 million people (including XXX children) in more than 14 governorates including Amanat Al Asimah, Amran, Al Bayda, Sa'ada, Al Jawf, Aden, Lahj, Taiz, Ibb under the AWD/ suspected cholera response. The interventions included distribution of Consumable Hygiene Kits (CHKs), chlorine tablets, and household jerry cans, in conjunction with awareness sessions on personal and public hygiene as well. The awareness sessions on personal and public hygiene have reached more than 400,000 people including at least 120,000 children. UNICEF in collaboration with WHO and local authorities is also piloting Water Safety Planning (WSP) in Amanat Al Asimah as a sustainable approach to water quality management at community level.

The main challenges faced by Implementing Partners in August include a deterioration of the security situation as well as access constraints especially in al Hudaydah city; the destruction of water facilities and warehouses in some location that have led to disruption in services. In addition, slow contractor sourcing processes and complexity in procurement procedures have led to delays in implementation. A sharp increase in prices of goods has been observed due to fluctuation of the local currency.

The WASH cluster members reached over 1.2 million individuals since the beginning of the year through emergency WASH interventions, including response to 44,000 persons displaced as a result of conflict in Al Hudaydah. Overall, sustained interventions to support water and sanitation systems reached 2.6 million people. The suspected cholera response continued to scale-up, reaching 430,000 individuals as part of cholera response activities by WASH partners. In addition, the Cholera Taskforce has been activated in Aden and Al Hudaydah.

Child Protection

In August, the Country Task Force documented and verified the killing of 59 children (55 boys; 4 girls) and the maiming of 97 children (87 boys; 10 girls). The majority of the incidents took place in Sa'ada and Al Hudaydah where 44 children were killed and 63 injured in two separate incidents. The Task Force documented and verified two attacks on schools and two attacks on hospitals this month. Verification is ongoing for a number of incidents with a large number of child casualties reported.

During the reporting period, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war to conflict-affected children and their caregivers through school and community-based activities. These messages reached 66,272 people, including 28,408 children (11,094 girls, and 17,314 boys) and 37,864 adults (16,619 female, and 21,245 male) covering four governorates.

UNICEF also provided psychosocial support (PSS) to 82,104 people, including 60,490 children (30,767 girls, and 29,723 boys) and 21,614 adults (13,108 female, and 8,506 male) through a network of fixed and mobile child friendly spaces in twelve governorates. As part of these initiatives, 16,736 people, including 13,306 children, were provided with knowledge and skills on protection during emergencies.



©UNICEF Yemen/2018

Two girls receive lifesaving education on mines and unexploded ordnances

Through the case management programme, 1,254 cases of vulnerable children (485 girls; 769 boys) were identified, and referred to child protection critical services supported by UNICEF, including family tracing and reunification, victims' assistance, socio-economic empowerment, response to sexual and other gender based violence incidents, legal support, and other services.

The Child Protection Area of Responsibility provided technical support and leadership to child protection actors eligible to apply for the Humanitarian Pooled Funds (HPF) in Yemen and developed strategic and technical guidance tools to facilitate child protection proposal development. Technical guidelines included community centres as one stop centres for delivering protection services to vulnerable communities. A Mental

Health and Psychosocial Support mapping tool aimed to facilitate service delivery between PSS and mental health service providers was finalized through the Child Protection Area of Responsibility (CPAoR) PSS task force. An orientation on community engagement and accountability was conducted by the CPAoR for partners setting-up milestones to ensure concrete follow-up actions and commitment from all partners. In preparation for the 2019 Humanitarian Needs Overview process the CPAoR reviewed its severity scale and agreed to maintain the same scales pending finalization and analysis of assessment findings from the multi cluster location assessment.

Education

The beginning of the school year, scheduled to start mid-September 2018, may be delayed as the issue of non-payment of teachers' salaries in 12 northern governorates remains unresolved despite humanitarian partners' efforts to raise funds and address the matter by providing incentives to concerned school staff. In some southern governorates, teacher strikes are anticipated, by teachers requesting a salary increment. If the situation is not resolved over the next month, 3.7 million students are at risk of missing months of schooling. UNICEF remains committed to find a solution and is working closely with partners to keep the education system from collapsing. At present, UNICEF is advocating with all parties to find a temporary solution and talking to donors to step in and temporarily support the payment of incentives to teachers.

In August, 10,349 students (4,486 boys; 5,863 girls) accessed a better learning environment for the new school year, and 55 latrines in nine schools in Ibb and Taizz were repaired. Technical needs assessments are ongoing to rehabilitate schools that recently hosted IDPs who fled the western coast and repair WASH facilities in 417 schools in various governorates. These interventions will benefit around 145,000 children. Additionally, UNICEF has provided support to the Ministry of Education in Aden to facilitate a second round of national exams for IDP children who have had to flee from increased fighting in the western coast, namely the Al Hudaydah area. These are scheduled for 15 September 2018.

The Education cluster revised its Yemen Humanitarian Response Plan (YHRP) section and included teachers' incentives as the top first-line response activity, in addition to others based on priorities outlined by education authorities in both Sana'a and Aden. They include education supplies, set-up of temporary learning spaces (TLS), support for national exams, provision of specialized child-centred programmes in hard-hit areas, and distribution of school snacks to children. For the first-time in three years, the Education cluster was included in the Standard Allocation of preparedness activities. With Education being part of the Humanitarian Appeal, Education partners are now able to apply for funder the 2018 Yemen Humanitarian Response Plan.



©UNICEF Yemen/2018 *3.7million children are at risk of missing months of schooling due to the lack of payment of teacher's salaries.*

Social Inclusion

During the reporting period, Social Policy has conducted several technical and strategic meetings with stakeholders; including internal UNICEF sectors, local authorities and partners such as Social Welfare Fund (SWF), Ministry of Local Affairs and Labour (MoSAL), International Labour Organization (ILO) among others, to put the final touches on the design of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) based on the findings of the first phase of the needs assessment. During this phase, the IMSEA targeted 6,484 households (32,551 people) with an almost equal number of males and females of the poorest and most vulnerable people who live in 19 slums within 11 districts in Amanat Al Asimah and Sana'a Governorates. The majority of the surveyed population (over 50%) were children. These initial findings point at high vulnerability levels among the households surveyed, including over a third (37 per cent) living in overcrowding conditions, and 35 per cent of households use unimproved latrines. The situation for children is particularly dire: the percentage of households with a literate head is very low (9 per cent). Over half of children and adolescents (6-14 years) had not attended school the past academic year. Only 9 per cent of children aged 6 attended school the previous academic year. For young people (15-17 years) this figure was even higher (57 per cent). 80 per cent of those who did not attend school did so either because education was unaffordable, or they had to work and help the family earn money for food and basic needs.⁶

In partnership with the Central Statistical Office, the team commenced the mapping of social services (health, nutrition, water and sanitation, education, child protection, and social protection) exercise in one district of Amanat Al-Asimah (Azal district) as a pilot pre-to the comprehensive survey which is planned to be conducted in September 2018. This mapping will form the basis for the delivery and/or referral of social services mechanisms.

Communications for Development (C4D)

About 2,595,355 people (867,038 women, 1,076,554 men, 334,214 girls, 317,549 boys) were reached during August through various interpersonal communication activities, including activities for the polio and the oral cholera vaccination (OCV) campaigns. These were conducted through community events and activities by 7,000 community mobilizers, including 460 religious leaders (Imams and Murshedats). The communication activities included 178,042 home visits, 10,316 group discussions, 3,546 counselling sessions, 3,500 community meetings and events, 44 drama shows, as well as awareness activities during 1,200 Friday prayers, in 77 Diarrhoea Treatment Centre/Oral Rehydration Centres and 3,120 IDPs and Mohamasheen gatherings.

Through mass media channels (29 radio and TV stations), the C4D team supported awareness activities during the polio campaign, reaching about nine million people. In addition, 459 vehicles with public address systems were deployed in the targeted districts throughout the country, including Sana'a, Taiz, Hajjah and Al-Hudaydah, reaching approximately two million people. These were further supported through distribution of 300,000 copies of information, education and communication materials.

In response to reports of new suspected cholera cases, UNICEF's C4D team in partnership with the Ministry of Endowment deployed 460 religious leaders in 17 districts of the highest priority districts in Amanah and al-Hudaydah. In addition, new partnership agreements were developed with local NGOs to support community engagement interventions to promote adoption of the cholera key behaviour practices in the 83 high-risk districts.

Supply and Logistics

The total value of supplies delivered during the reporting month has amounted to USD 3,512,456.51, with a total weight and volume of 120.92 metric tons and 642 cubic meters respectively (this included hospital equipment, vaccinations, surgical equipment and medication). This delivery was composed of one dhow which arrived in Al Hudaydah, one Logistics Cluster air operation to Sana'a, and two charter aircrafts to Sana'a (one for vaccines and another for medical equipment

⁶ Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) – Vulnerability and Needs Assessment Amanat Al Asimah and Sana'a Governorates. September 2018

and supplies). Clearances for supplies in al Hudaydah remain challenging: a new demand from the Ministry of Health includes that all shipments have to be customs cleared by the Ministry, the cost of which is to be reimbursed by UNICEF.

Media and External Communication

During August, several official statements were published to raise public awareness on the worsening humanitarian situation in Yemen and the intense and senseless violence against children. UNICEF Executive Director, Henrietta H. Fore, released a [statement](#) on 1 August, following the escalation in the targeting of water systems and facilities which resulted in nearly 80,000 people being deprived of their access to safe water. In her statement, she called “on all parties to the conflict to protect civilians and civilian infrastructure” to stop “robbing Yemeni children of their futures”. Her statement spanned across 186 online media outlets. Interviews were given by UNICEF spokespersons following the statement on Al Jazeera Arabic and Al Masirah TV. Two statements were also published on 9 and 24 August by UNICEF Regional Director in the Middle East and North Africa, Geert Cappelaere, condemning cruel attacks on civilians which resulted in the deaths of more than 60 children in [Sa’ada](#) and [Ad-Durayhimi](#). Moreover, following the horrific bus attack in Sa’ada, in a statement republished by 195 media outlets, UNICEF Executive Director [deplored](#) “the continuing conflict, repeated attacks, and access restrictions hampering our ability to reach those most in need, including 11 million children who require humanitarian assistance.”

SOCIAL MEDIA HIGHLIGHTS FOR AUGUST 2018	
TWITTER	
New Followers	2.9K
Tweets impressions	1.03 Million
Top tweet	92.4K impressions
Total tweets (Arabic/English)	101
Total mentions	2.8K
FACEBOOK	
Net new page likes/ followers	1.6K
Total Reach	230K
Key post	68.5K Reach

During the first week of the reporting month, the polio campaign and the first OVC campaign conducted in the northern part of Yemen were largely covered, through multimedia content and UNICEF Yemen social media platforms. The cholera vaccination campaign held between 4-6 August by WHO, UNICEF and the World Bank was covered by 90 online media outlets and 103 tweets, posts and uploaded YouTube videos. UNICEF Yemen published [seven](#) human interest stories and photo essays to highlight the results of UNICEF efforts on the ground for the children of Yemen, including in the sectors of WASH, Education, C4D and Child Protection. Three major multimedia campaigns were also conducted and short videos and photos were published for UN international days such as [International Youth Day](#), [World Humanitarian Day](#) and [World Water Week](#).

The overall online media coverage on humanitarian and children issues spanned across 5,004 links in August. UNICEF found prominence in 37% of the total media coverage and secured 45% of the coverage featuring International Organizations. Comparing to July, the negative coverage featuring UNICEF and international organizations registered an spike of 2900% while the interviews given by UNICEF to various media outlets witnessed a spike upwards by a large margin of 148% compared to last month. In terms of social media engagement, UNICEF Yemen twitter account gained 2.9k new followers in August, comparing to 1.75k in July. The top tweet gathered 92.4k impressions, where as the top Facebook post reached out to 68.5k people.

UNICEF Yemen also reinforced its donor visibility activities for major Gulf donors including the Kingdom of Saudi Arabia and the United Arab Emirates, countries, whose significant contribution to respond to the urgent needs of children affected by the conflict in Yemen was highlighted in a [photo essay](#) on UNICEF Yemen website and on [social media](#). More activities are planned to promote KSA and UAE’ support, through the creation of dedicated partnership webpages as well as multimedia photo and video albums.

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. In August, UNICEF received a generous multi-year contribution from the Government of Kuwait which will contribute to the ongoing emergency response.

With no end in sight to the conflict in Yemen and ongoing operational challenges to key programme activities, UNICEF continues to fundraise for its Yemen response for 2019. To maintain continuity of its programmes and activities, UNICEF particularly welcomes flexible and multi-year funding.

Funding Requirements (as defined in Humanitarian Appeal of 2018 for a period of 12 months)						
Appeal Sector	2018 Requirements (US\$)	Funding Received Against 2018 Appeal (US\$)	Carry Forward and Other Allocations (US\$) *	2018 Funds Available (US\$) **	Funding Gap	
					\$	%
Nutrition	113,093,609	44,615,698	47,235,066	91,850,764	21,242,845	19%
Health	107,264,969	36,951,493	58,061,567	95,013,060	12,251,909	11%
Water, Sanitation and Hygiene	79,100,000	102,616,131	55,616,479	158,232,609	0	0% ⁷
Child Protection	33,238,526	17,859,349	8,754,881	26,614,230	6,624,296	20%
Education	30,840,473	16,884,259	16,074,896	32,959,155	0	0% ⁸
C4D	14,553,270	6,199,094	2,900,497	9,099,591	5,453,679	37%
<i>Being allocated</i>		59,000,000⁹		59,000,000		
Total	378,090,847	284,126,024	188,643,386	472,769,409	0	0%¹⁰

*'Carry Forward' includes funds which were received against the 2017 HAC appeal and 'Other Allocations' includes additional contributions from multi-lateral organizations which will contribute towards 2018 Results. Although the HAC appears fully funded, gaps remain in different sectors. Funding gaps remain in Nutrition, Health, Child Protection, and C4D. The targets and overall budget requirement are subject to change upon publication of the revised 2018 Yemen Humanitarian Action for Children.

**'Funds Available' as of 1 August includes total funds received against current appeal plus Carry Forward and Other Allocations. It also includes Cross-Sectoral Costs which are vital to support programming in a high-cost operating environment such as Yemen; costs include security, field operations, monitoring, communications and visibility. 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, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

Next SitRep: 28/10/2018

UNICEF Yemen Facebook: www.facebook.com/unicefyemen

UNICEF Yemen Twitter: @UNICEF_Yemen

UNICEF Instagram: UNICEF_Yemen

UNICEF HAC, 2017: www.unicef.org/appeals/yemen.html

Who to contact for further information:

Sherin Varkey
Deputy Representative
UNICEF Yemen
Sana'a
Tel: +967 712 223 150
Email: svarkey@unicef.org

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

Rosalyn Velds
Reports Officer
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 790 083 484
Email: rvelds@unicef.org

⁷ UNICEF has exceeded in its WASH programme target in 2018. The WASH interventions are progressing as planned and it is foreseen that all HPM targets will be reached or exceeded this year.

⁸ UNICEF has exceeded in its Education programme target in 2018. However, given the abovementioned challenges with the authorities in the Sana'a, there is an urgent need to seek donor approval to re-programme fund.

⁹ Generous multi-year contribution (2018-2020) recently received from Kuwait pending programme allocation.

¹⁰ Whilst UNICEF has exceeded in its overall fundraising target for 2018, this figure hides discrepancies between the gaps in different sectors. Funding gaps remain in Nutrition, Health, Child Protection, and C4D.

Annex A

SUMMARY OF PROGRAMME RESULTS (January-August 2018)

2018 Programme Targets and Results	Overall needs	Cluster Response ¹¹			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
NUTRITION							
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	400,000	276,000 ¹²	169,615	39,605▲	276,000 ¹³	169,615	39,605▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	956,382	100,408▲	1,404,000	969,369	113,395▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	368,078	50,499▲	730,000	689,519	371,940▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	1,076,061	1,013,722▲	4,177,000	4,691,707	2,851,917▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					912,560	375,163 ¹⁴	34,603▲
Number of Children under 5 vaccinated against polio					5,352,000	4,163,322	1,701,307▲
Number of children under 5 receiving primary health care					1,500,000	884,244	94,306▲
Number of pregnant and lactating women receiving primary health care					811,055	441,726	41,593▲
WASH, SANITATION & HYGIENE (WASH)							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	4,908,651	69,551▲	5,500,000	4,659,948	0 ¹⁵
Number of people gaining access to emergency safe water supply		1,703,359	1,237,601	37,328▲	800,000	891,594	0 ¹⁶
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	477,330	8,005▲	800,000	433,627	0 ¹⁷
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	485,690	167,769▲	800,000 (basic)	519,813	90,627▲

¹¹ The UNICEF and the Cluster Response targets are currently under review and subject to change upon publication of the revised 2018 Yemen Humanitarian Action for Children

¹² The revised target is based on the mid-year revision of the caseload based on the results of the recent SMART surveys.

¹³ Ibid.

¹⁴ Measles vaccinations are part of integrated outreach rounds in areas where communities have no access to health clinics. Due to challenges with relevant (local) authorities and ministries, teams are awaiting permission to provide assistance in certain areas. As soon as permissions are received, UNICEF will proceed with the outreach rounds. The rate of measles vaccinations provided in health facilities continues as planned.

¹⁵ Although 0 is indicated, the same beneficiaries are receiving this activity/service, but in order to avoid duplication these are not counted a second time.

¹⁶ Although 0 is indicated, the same beneficiaries are receiving this activity/service, but in order to avoid duplication these are not counted a second time.

¹⁷ Although 0 is indicated, the same beneficiaries are receiving this activity/service, but in order to avoid duplication these are not counted a second time.

		5,332,045	2,641,374	0▲	3,400,000 (consumable)	3,652,917	274,819▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	4,278,477	0▲	3,400,000	5,469,491 ¹⁸	150,426▲

CHILD PROTECTION

Percentage of MRM incidents verified and documented from all the reported incidents		90%	90%	90%	90%	90%	90%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	525,786	99,499▲	594,937	461,997	82,104▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,111,327	71,528▲	1,468,541	1,063,630	66,272▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	3,840	1,543▲	10,345	6,144	1,254▲

EDUCATION¹⁹

Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	293,492	10,349▲	639,100	152,729	10,349▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	212,595	0	429,000	70,748	0
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	114,058	0	473,000	41,701	0

Communication for Development (C4D)

Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ²⁰					2,200,000(14)	1,658,185	579,666▲
					4,000,000(4)	7,807,598 ²¹	2,595,355▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	7,578	300▲

¹⁸ The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.

¹⁹ HAC targets are revised down for July-Dec 2018 for all HAC indicators considering challenges hindering the achievement of results in 2018. Education authorities in Sana'a have recently indicated that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other activity in the governorates under their control. To date, needs-based work plan for education interventions has not yet been approved. As a result, implementation of some major activities to facilitate access to education such as rehabilitation of damaged schools and construction of semi-permanent classrooms are being delayed. In addition, education authorities have clearly indicated that psychosocial support to teachers and children is not a priority and should therefore be stopped. While some funds allocated for this purpose will be transferred to Southern governorates, insufficient capacity will not allow for initial targets to be reached. Due to supply bottlenecks concerning the procurement of student desks, those desks will not be available for delivery in 2018 and thus targets will not be reached this year. Finally, the original 2018 targets for access and supplies included contingency stock of learning supplies and tents to be used as temporary learning spaces which are not expected to be distributed in 2018.

²⁰ The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for AWD/cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).

²¹ The target is exceeded due to added focus on AWD/Cholera response