



© UNICEF Yemen/2018 Girls participate in a back to school event held in Aden

Yemen Humanitarian Situation Report

Highlights

- The Yemeni Rial continues its depreciation against the US Dollar, causing prices of food and fuel to sharply rise. The decline in the currency will further weaken already destitute Yemenis and worsen livelihoods and current food insecurity levels. Compared to the pre-2015 period, essential commodity prices have increased by 140-204 per cent and fuel by 280-357 per cent.
- UNICEF Yemen continued the second round of an oral cholera vaccination campaign in five districts in the northern governorates of al Hudaydah and Ibb aimed at protecting 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.
- 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. In addition, 80 per cent of teachers in the south are conducting a strike, requesting a salary increment. This situation has a strong impact on access to education in the country. More concerning, out of school children are at higher risk of recruitment by armed forces and other armed groups.
- The Country Task Force noted a decrease in child casualties from 226 children in August to 70 children in September; 11 children (9 boys; 2 girls) killed and 59 children (38 boys; 21 girls) maimed were documented and verified. The majority of the incidents took place in Al Hudaydah and Taizz.
- Fighting continues in eastern and southern areas of al Hudaydah. The main road to Sana'a remains inaccessible to humanitarian partners due to fighting. More than 85,000 registered households have received rapid response assistance and non-food items.

September 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

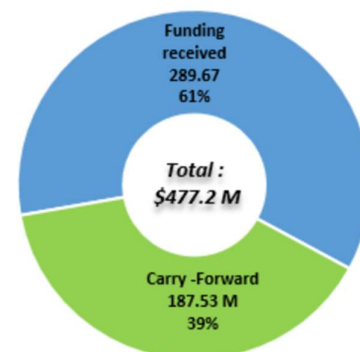
UNICEF Appeal 2018

US\$ 424 million

Funding Status*

US\$ 477 million

Overall 2018 Funding Status



*Funds available includes funding received for the current appeal (emergency and other resources), the carry-forward from the previous year and additional multi-lateral funding that is being allocated. Although the HAC appears have exceeded its funding target (some sectors have received funding exceeding the current appeal which will be rolled over to 2019), gaps remain in Child Protection and C4D.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- Sep 2018 Results	Cluster Target	Jan- Sep 2018 Results
Nutrition: Number of children under 5 given micronutrient interventions (Vitamin A – a UNICEF activity)	4,177,000	4,636,546	4,177,000	2,859,095
Health: Number of Children under 5 vaccinated against polio	5,352,000	4,163,322		
WASH: Number of people having access to drinking water	6,000,000	4,926,776	7,288,599	5,245,030
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	594,937	564,846	682,268	631,204
Education: Number of affected children provided with access to				

Situation Overview & Humanitarian Needs

The situation in Yemen continues to deteriorate. The combined depreciation of the Yemeni Rial, the subsequent increase in inflation and decline in food security and livelihoods are worsening the everyday situation for many Yemeni families. The value of the Yemeni Rial decreased from YER 460 in January to YER 655 (against the US Dollar) in September.¹ Crippling fuel shortages have been reported at gas stations that remain open with many reportedly being forced to close down. The prices of the three main commodities (sugar, wheat and flour) rose to record levels with the cost of sugar rising more than 20 per cent, wheat prices are up by 23 per cent and wheat flour up by 27 per cent. Compared to the pre-2015 period, essential commodity prices have increased by 140-204 per cent and fuel by 280-357 per cent.² Consequently, food security levels are deteriorating, with humanitarian partners estimating that this will potentially add 3.5 to 4 million people to the 8.4 million people who are in need of emergency food assistance throughout the country.³ UNICEF is working with partners to mitigate any impact on its programmes in Yemen. The current crisis continues to have a devastating impact on children.

UNICEF has activated its internal Emergency Management Team to respond to the latest increase in suspected cholera. UNICEF is participating in the National Cholera Task Force to further develop and scale up the National Cholera Strategic Plan, including in areas not categorised as high risk, distribution and prepositioning of the suspected cholera supplies nearest to the high-risk districts (including districts in Al Hudaydah, Sa'ada, Lahj and Hajjah governorates) and finalizing the contingency Programme Cooperation Agreements (PCAs) with partners for the emergency response. The humanitarian situation in Al Hudaydah has deteriorated, due to continuing violence, combined with the depreciation of the Yemeni Rial, disruption of trade and restricted availability of commercial supplies. A restriction in humanitarian access, due to closure of the main road, has further compounded the humanitarian situation. Reportedly, shops in the city remain open but supplies are running low; what is available may no longer be affordable due to the devaluation of the Rial. Furthermore, local authorities estimate that between 50 and 70 families are trapped by fighting in southern parts of Al Hudaydah city, without access to food, clean water or health care.⁴

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 ⁵	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, 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.

¹ UNOCHA Yemen; Al Hudaydah Update. Situation Report no 12. 27 September – 3 October 2018.

² UNOCHA Yemen Humanitarian Update. Situation Report no 29 28 September – 6 October 2018.

³ UNOCHA Yemen; Al Hudaydah Update. Situation Report no 12. 27 September – 3 October 2018.

⁴ Ibid.

⁵ Acute Need: People who require immediate assistance to save and sustain their lives.

UNICEF, together with UNFPA and WFP, are leading 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 Hajjah.

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 and referrals to services, 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 September 2018 has reached 1,217,652⁶ with 2,524 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.

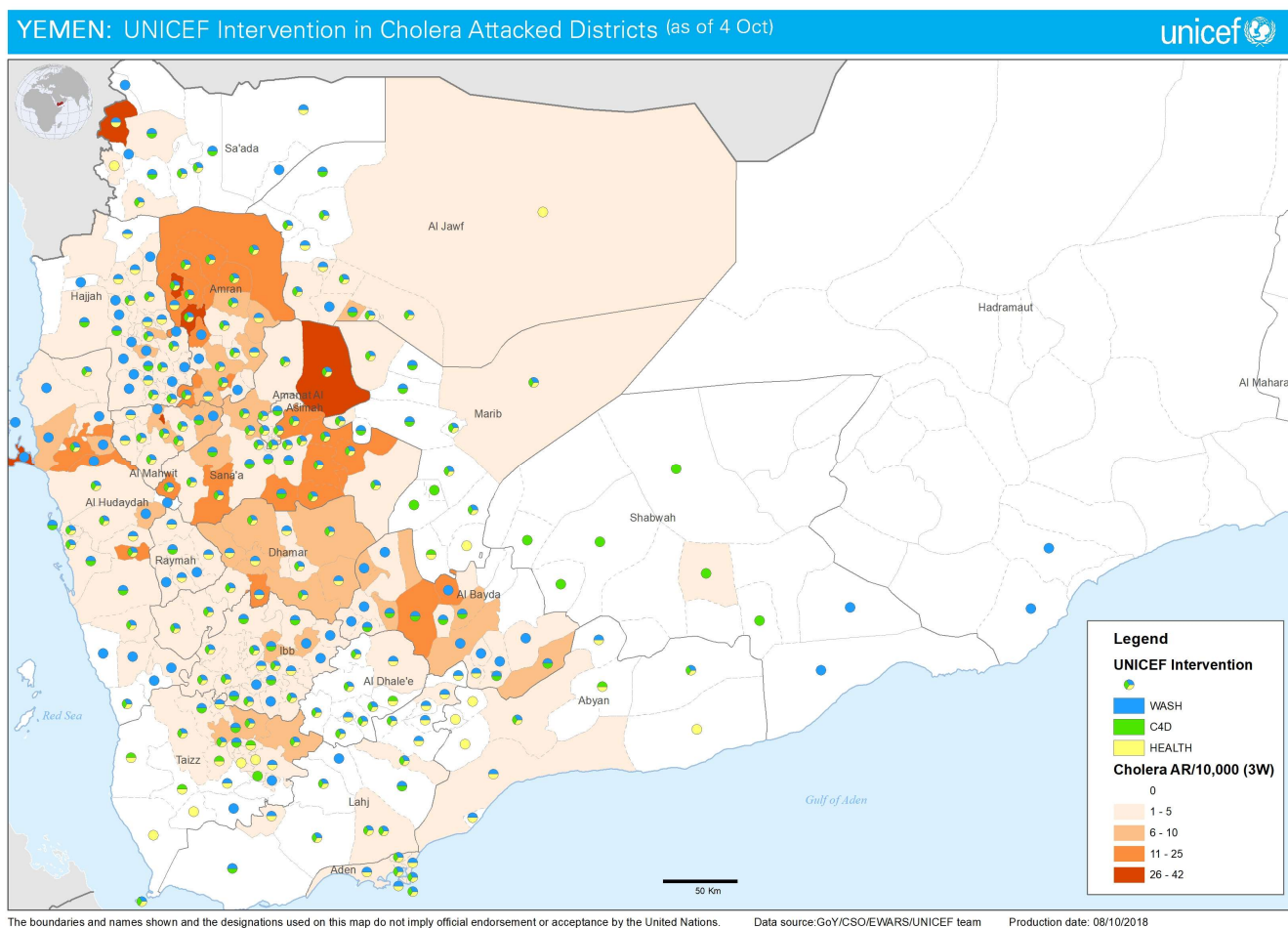
UNICEF has activated its internal Emergency Management Team in order to respond to the latest increase in suspected cases of cholera. UNICEF is participating in the National Cholera Task Force to develop the National Cholera Strategic Plan, distribution and prepositioning of the suspected cholera supplies nearest to the high-risk districts⁷ and finalizing the contingency Programme Cooperation Agreements (PCAs) with partners. In addition, UNICEF supported an integrated outbreak response training for health providers conducted in Sana'a.

UNICEF Yemen, in collaboration with the World Health Organisation and the authorities, conducted the second round of an Oral Cholera Vaccination (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 targets the same population as vaccinated in round one. To date, 387,000 people received a vaccination (72 per cent of the target). The campaign is supported by community mobilisers whose aim is to spread awareness and encourage families to vaccinate their children. In addition, 225 supervisors, will be supervising the vaccination activities, who are overseen by six district supervisors.

⁶ 139,398 rapid diagnostic tests (RDT) were conducted and 34,860 were found positive. Of the positively tested results, 10,006 cultures were sent to laboratories, which confirmed 2,960 cases positively.

⁷ Including districts in the following governorates: Al Hudaydah, Sada'a, Lahj and Hajjah

A key challenge throughout the AWD/suspected cholera response in the second round of the OCV campaign has been in relation to security issues. The vaccination has been provided through fixed sites and outreach points, instead of a door to door campaign. The latter would allow for a greater access to the population and improved targeting of households. Despite the commencement of a second round in Al Hudaydah and Ibb governorates, UNICEF continues to work extensively with the authorities to foster the acceptance of vaccinations, and thereby increase the areas and number of people targeted.



Health and Nutrition

In September, 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 the World Food Programme and the World Health Organisation. The UNICEF target for the year is to reach at least 70 per cent (267,400 children) of the Severe Acute Malnutrition (SAM) caseload of 394,000 children. Since the beginning of 2018, UNICEF treated 195,628 children for Severe Acute Malnutrition (SAM), thereby reaching 70.8 per cent of the annual target (276,000 children) for 2018.

UNICEF expects a further increase in SAM treatment results given that data collection is still ongoing by partners and under verification: this figure is based on a current Outpatient Therapeutic Programme (OTP) reporting rate of 78 per cent. A total of 83 new OTPs were established during the last quarter of 2018, and now over 79 per cent of the health facilities are functioning as OTPs, the target for end 2018 is 85 per cent.

Enrolment of children in SAM treatment is expected to further improve once the Integrated Outreach Rounds take place as only one round has been implemented so far. A further three rounds are planned for this year, which will include various activities such as new-born care, immunization, screening for malnutrition, vitamin A supplementation and the treatment of common childhood illnesses. In addition, a mass Mid-Upper Arm Circumference (MUAC) screening campaign

targeting over 2 million children between 6-59 months is proposed for October 2018 in five governorates (Hajjah, Al Hudaydah, Taiz, Dhamar and Aden) with the highest SAM burden, which is anticipated to significantly contribute to improving the coverage of SAM treatment. UNICEF is scaling-up its OTPs as well as the Community Health Volunteers (CHVs) focusing on the 107-high priority districts.

Furthermore, since the beginning of the year, 417,038 children received micronutrient powder through health facilities, mobile teams, integrated outreach rounds, and community health volunteers (reaching 60 per cent of the target).

Since the beginning of the year, de-worming tablets were provided to 496,571 children aged 12 to 59 months; 1,046,604 pregnant and lactating women (PLW) benefited from infant and young child feeding counselling services (exceeding the target by 6 per cent) while 651,585 PLW received iron-folate supplementation.

A total of 4,636,546 children (6- 59 months) have received Vitamin A (exceeding the target by 11 per cent) this year. Vitamin A supplementation was provided during the National Immunization Days (NIDs) for polio, which was conducted from 6-9 August targeting more than five million children under the age of five nationwide. The campaign reached 4,163,322 children so far this year.

During September 2018, the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey in Al Dhale'e was undertaken, the results of which will follow over the next month. In the absence of large nationwide health and nutrition surveys, SMART surveys conducted at governorate level are essential to the response, especially in calculating the SAM total burden in a year and the numbers that Nutrition Cluster and UNICEF would target.

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. This month, 93 mobile teams provided a package of health services to mothers and children mainly in areas with internally displaced populations. The mobile teams provided 18,600 children with routine vaccinations, and integrated management of childhood illnesses (IMCI) service to 18,705 children . Additionally, 4,665 children were treated for diarrhoea, 3,102 treated for pneumonia, 235 treated for dysentery, and 305 received treatment for malaria.

Furthermore, the mobile teams provided reproductive health services to 13,124 pregnant women, including antenatal care to 4,796 women, postnatal care to 1,101 women, iron folate supplements to 3,122 women and vaccination against tetanus to 4,105 women.

The first shipment of 5.6 million doses of measles and rubella (MR) vaccines arrived in Sana'a on 25 September. A total amount of 14,336,153 doses are expected to arrive in advance of the campaign. This vaccine will be used in a nationwide MR campaign in December 2018 that is set to target more than 13 million children between the ages of 6 months and 15 years. The next shipment is planned for October and November 2018. The vaccinations were complemented by a total of 34,500 litres of fuel in order to maintain cold rooms and ensure that district vaccination storage spaces can maintain the cold chain equipment functional and the vaccines intact.

In terms of Maternal New-born and Child Health (MNCH), UNICEF supported the updating of reproductive health registries and the introduction of new-born registry into existing Health Management and Information Systems (HMIS), which are managed by the Reproductive Health Department of the Ministry of Public Health and Population (MoPHP). The final consensus workshop to agree on the new-born and quality of care indicators is scheduled tentatively for the last week of



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A boy holds its vaccination card, having received his Oral Cholera Vaccination in the latest round of the OCV campaign in al Hudaydah and Ibb.

October. Furthermore, UNICEF provided 200,000 clean delivery kits⁸ to MoPHP for the distribution to all UNICEF-supported health facilities.

A scale-up of the training on the Community-based Maternal and New-born Care (CBMNC) guideline and Emergency Obstetric and New-born Care (EmONC) started in all governorates through the National Yemeni Midwifery Association. This training targets approximately 500 midwives across the country in the last quarter of 2018. It is facilitated and monitored by UNICEF Health and Nutrition teams.

Water, Sanitation and Hygiene (WASH)

The emergency WASH response continued to be a priority through provision of services in locations with high risks of Acute Watery Diarrhea (AWD)/suspected cholera and malnutrition throughout the month of September. Nearly 3.5 million people (including 1.75 million children) in Amanat Al Asimah, Al Hudaydah, Amran, Al Bayda, Dhamar, Marib, Ibb, Hadramaut, Taiz and Saada, were reached with provision of safe drinking water. The interventions supported the water supply systems through provision of fuel, electricity, spare parts, disinfectants for water treatment/purification and rehabilitation of water infrastructure.



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Completion of Water Supply project in Tolomos, Saada

Due to an increase in AWD/suspected cholera, the WASH programme was scaled-up and aligned with the integrated preparedness plan. Contingency partnerships were activated with four partners in Amanat Al Asimah, Amran, Ibb and Dhamar governorates. Moreover, the rapid response teams (RRTs) were also scaled-up in all highly-reported districts for immediate household level interventions. Rapid Response Teams (RRTs) reached over 1.2 million people in September, in more than 14 governorates including Amanat Al Asimah, Amran, Al Bayda, Sa'ada, Al Jawf, Aden, Lahj, Taiz, and Ibb, as part of the cholera response. In Yemen, the key tasks and responsibilities of the RRTs target households and communities. At the household level, the RRTs intervene in 20 houses per day, on average, with visits, targeting

approximately 50 to 100 metres in the immediate surrounding area, in locations or 'clusters' identified as having more than 20 reported cases of cholera (suspected or confirmed). The intervention includes immediate investigation and active case identification; distribution of a cholera prevention kit⁹; conducting hygiene promotion sessions based on key messages¹⁰ that ensure that integration of C4D and WASH. At the community level, RRTs also conduct a rapid assessment to investigate the WASH situation. The interventions included distribution of consumable hygiene kits, chlorine tablets and household jerry cans, in conjunction with awareness sessions on personal and public hygiene. Over 490,000 people (including 200,000 children) were reached with basic or consumable hygiene kits in the high-risk areas by RRTs and through the Rapid Response Mechanism (RRM). The Rapid Response interventions have contributed to a decrease in the reported cases nationally from week 37 to week 40 of 2018.

Furthermore, the WASH cholera response was strengthened through coordination at a central level by supporting the emergency operation room (EOR) with a weekly bulletin on key interventions undertaken in reported suspected and culture positive (laboratory tested and positively confirmed) locations. RRT response was further enhanced through quick impact projects which were implemented in Al Hali district of al Hudaydah governorate through repairing of damaged pipe networks and de-sludging of overflowing sewage networks, benefiting nearly 110,000 people.

⁸The purpose of clean delivery kits is to conduct delivery in a clean manner and prevent infections for both mother and new-born.

⁹ This includes soap and washing powder for one month; water treatment products (50 tablets of Aquatabs 0.33 mg per household); chlorine stock solution to disinfect household water buckets and jerry cans (shock chlorination); and 20 litre jerry cans for the household with the suspected or confirmed case

¹⁰ These are based on an integrated IEC package that has been designed jointly by WASH and C4D. These include: cholera risks of transmission, importance of safe practices and early referral; importance of hand washing with soap at key moments; importance of safe water, household water treatment and safe storage (clean buckets with lids or clean jerry cans)

Furthermore, the WASH Cluster launched the data collection for the WASH household assessment, covering 41 districts through 15 partners across the country, which will provide in-depth household level WASH data in high priority districts. The assessment results should be available by end of November 2018. The Joint Market Monitoring initiative (JMMI) of the WASH Cluster, supported by REACH, also expanded in its tracking of WASH items' price monitoring in September to reach 50 districts. The JMMI has shown how the depreciation of the Yemeni Rial is having a significant impact of prices including fuel (up to 80 per cent increase in Sana'a since August), thus impacting water and sanitation infrastructure that operate with fuel, as well as the cost of water, both trucked (increase of 54 per cent from the last month) and bottled (increase of 43 per cent from the last month), and as a result, access to water, especially for the most vulnerable populations, is decreasing.

This month, 34 WASH partners continued to respond to life-saving and sustained needs of populations, including 442,000 IDPs from Al Hudaydah, through emergency water provision, and delivery of temporary sanitation and basic hygiene items. In Al Hudaydah, partners on the ground continue to work in challenging conditions to provide safe water, cholera response and emergency hygiene items. Overall, these emergency interventions have reached 1.2 million people. The AWD/suspected cholera response continued to scale-up with partners reaching 2,800,000 people through cholera intervention activities. The National Cholera Taskforce was also activated reaching over 5.2 million individuals in September, through sustained support to water and sanitation infrastructure.

Child Protection

The Country Task Force noted a decrease in child casualties from 226 children in August to 70 children in September. In September, 11 children (nine boys; two girls) killed and 59 children (38 boys; 21 girls) maimed were documented and verified. The majority of the incidents took place in Al Hudaydah and Taizz with a noticeable decrease of child casualties in Sa'ada governorate (96 in August compared to 6 in September) compared to the previous month.

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 97,826 people, including 65,778 children (35,006 girls, and 30,772 boys) and 32,048 adults (15,804 female, and 16,244 male) covering six governorates.

In September, UNICEF provided psychosocial support (PSS) to 102,849 people, including 99,242 children (49,192 girls, and 50,050 boys) and 3,607 adults (2,031 female, and 1,576 male) through a network of fixed and mobile child-friendly spaces in 15 governorates. As part of these initiatives, 13,259 people, including 10,452 children, were provided with knowledge and skills on protection during emergencies.

Through the case management program, 967 cases of vulnerable children (428 girls; 567 boys) were identified, of which 967 children (414 girls; 553 boys) have so far been referred to individual counselling and child protection services during the reporting month. These are focused on family tracing and reunification, victim assistance, reintegration, gender based violence response, legal, and education services.

During the reporting month, the Child Protection Area of Responsibility partners reached a total of 208,911 children and caregivers (102,406 girls; 106,585 boys) with community resilience-building activities, mine risk education messages and critical child protection services, including case management, and victims of gender-based violence assistance. Advocacy on the importance of child protection in emergencies was conducted for local authorities and resulted in the implementation of Child Protection in Emergencies activities in Sa'ada, Sana'a and Al Hudaydah. In addition, the Child Protection Area of Responsibility held its quarterly Standing Advisory Group meeting and agreed to advocate for stronger coordination of and commitment to the Mental Health and Psychosocial Support Working Group of the Health Cluster. A joint-coordination role between national NGOs and international NGOs or UN agencies to steer the Working Group was agreed upon as the best way forward.

Education

The new school year has officially started in September, however 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 southern governorates, teacher strikes have been taking place in 80 per cent of schools. The strikes are caused by teachers requesting a salary increment. If the situation is not resolved soon, 3.7 million students will be at risk of missing months of education. 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 continues discussions with donors to support the payment of incentives to teachers.



©UNICEF Yemen/2018 Girls sing in a back to school event held in Aden

In September, 554 students (404 boys; 150 girls) accessed a better learning environment for the new school year through the reconstruction of two schools in Sa'ada governorate. Technical needs assessments are ongoing to rehabilitate schools that recently hosted IDPs who have fled the western coast, and for the repair of WASH facilities in 417 schools in various governorates. These interventions will benefit around 145,000 children. In Lahj and Abyan, 1,524 teachers (839 male; 685 female) were trained on psychosocial support education and are now able to better attend to the needs of their students.

Additionally, UNICEF supported the organization of catch-up classes in 37 schools in Amanat Al Asimah and Marib reaching 23,991 (15,960 boys; 8,031 girls) by providing incentives for 777 volunteer teachers. In addition, 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 Al Hudaydah area.

The Education Cluster revised its 2018 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.

Social Inclusion

In partnership with the Central Statistical Office, UNICEF has completed the first stage of the social services (health, nutrition, water and sanitation, education, child protection, and social protection) mapping exercise in Amanat Al Asimah. The tools and manuals have been updated based on the findings for the comprehensive survey to be conducted in October 2018. This mapping provides the basis for the delivery and/or referral of social services mechanism, which is a part of the project case management component.

The Social Inclusion team continues preparation for the launch of an Integrated Model for Social and Economic Assistance and Empowerment (IMSEA) project that will be implemented in partnership with the national systems, the UN, and civil society organizations.

Communications for Development (C4D)

About 831,986 people (199,449 women, 326,016 men, 151,229 girls, 155,292 boys) were reached in September through various interpersonal communication activities including activities for the second round of the oral cholera vaccination campaign. These were through community events and activities conducted by 7,000 community mobilizers, including 2,000 religious leaders (1,470 Imams and 530 Morshydat, female religious leaders).

The communication activities included 98,785 home visits, 13,662 group discussions, 4,000 counselling sessions, 4,477 community meetings and events, 49 drama shows, as well as awareness activities in 752 mosques, 87 Diarrhea Treatment Centres /Oral Rehydration Centers and 1,500 IDPs and Muhamasheen gatherings.



©UNICEF Yemen/2018. C4D community volunteers support a hygiene promotion campaign by cleaning up streets in the Al-Sharkyah neighbourhood of Aden, a high-risk cholera area.

To respond to reports of new cholera cases, the C4D team continued partnership with the Ministry of Endowment. Currently, 2,000 religious leaders are deployed in 77 of the highest priority districts to support community engagement through Friday prayers and community outreach activities to promote cholera preventive hygiene practices.

In partnership with the Ministry of Water and Environment, three trainings of trainers were conducted for the Rapid Response Teams (RRTs) who will be dispatched to several governorates, to enhance their capacity in interpersonal communication and reporting for effective health education and household-based hygiene promotion.

Supply and Logistics

The total value of supplies delivered during the reporting month has amounted to USD 6,582,718 with a total weight and volume of 1,007 metric tons and 2,086 cubic meters respectively (this included hospital equipment, vaccinations and ready to use therapeutic feeding). This delivery was composed of three dhows which had been re-routed to Aden, three Logistics Cluster air operation to Sana'a, and one charter aircraft to Sana'a (for the delivery of vaccines). The three dhows were originally planned to deliver supplies in Al Hudaydah, however due to complications related to permits, these were re-routed to Aden instead.

Media and External Communication

UNICEF's advocacy efforts to raise global awareness on children's worsening humanitarian situation continued in September. Ahead of the Yemen Peace Talks, initially planned early September but eventually abandoned, UNICEF's Executive Director, Henrietta H. Fore, released a [statement](#) on 5 September urging parties in Yemen, as well as their allies, "to put the protection of children at the center of discussions and outcomes." The statement spanned across 118 online media outlets, mainly in international Arabic media. Mrs. Fore reiterated her call in another [statement](#) on Al Hudaydah published on 21 September as "escalating hostilities are putting thousands of children living in and around the area at imminent risk of injury or death." On 13 September, UNICEF Representative in Yemen, Meritxell Relano, gave an [interview](#) to Reuters on malnutrition, saying that "the conflict has made Yemen a living hell for its children," and that "1.8 million children are malnourished in the country. Nearly 400,000 of them are severely acute malnourished and they are fighting for their lives every day." The interview received a wide coverage through 204 online media outlets, with the majority being international English media.

During a [press briefing](#) on education in Yemen at the Palais des Nations in Geneva on 14 September, Christophe Boulierac, UNICEF Spokesperson in Geneva, stressed that "the education sector in Yemen is on the brink of collapse" and called "upon all education authorities across Yemen to work together to find an immediate solution to provide salaries for all the teachers and education staff."

UNICEF Yemen reinforced its presence on online and social media with [seven stories](#) published, on WASH, Health, C4D and Child Protection, and three high-quality videos on [Mine Reduction Education](#) in Al Dhale'e governorate, [psychosocial activities](#) in Aden and Al Dhale'e governorates and a broader one on UNICEF [cholera response](#) in Yemen. In addition, four multimedia campaigns were carried-out during the month, including "What does peace mean to me?", "One Day in My World", both featuring children' stories of hope and dreams for the future, "Back to School" and on malnutrition, in light of the Yemen high-level meeting which took place in the margins of the 73rd UN General Assembly.

The overall online media coverage on humanitarian and children issues spanned across 4,271 links in September. UNICEF was featured in 30 per cent of the general coverage on traditional media, 34 per cent on social media and 24 per cent on broadcast news. UNICEF was also mentioned in 32 per cent of the coverage detected in both international English and Arabic media, compared to 27 per cent in local Arabic media. The organization was featured in 66 per cent of the total news highlighting the humanitarian situation in the reporting month. Comparing to August, a decrease in the coverage featuring UNICEF is noted at 46 per cent. However, the coverage for both Nutrition and Education programmes increased to 97 per cent. Furthermore, critical content against UNICEF registered a decrease by 227 per cent. On social media, UNICEF gained 3,300 more followers in September, compared to 2,900 in August, and the top tweet (on cholera sensitization sessions) gathered 109, 300 impressions compared to the 16,900 impressions that the top tweet for August (UNICEF statement following the attack on a school bus in Sa'ada) has gathered.

SOCIAL MEDIA HIGHLIGHTS FOR SEPTEMBER 2018	
TWITTER	
New Followers	3.3K
Tweets impressions	925K
Top tweet	109.3K impressions
Total tweets (Arabic/English)	83
Total mentions	1.6K
FACEBOOK	
Net new page likes/followers	1K
Total Reach	163K
Key post	18.8K Reach

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 September, UNICEF received a generous multi-year contribution from ECHO for the WASH emergency response and Rapid Response Mechanism, and in kind contributions from USAID Food for Peace to support with the nutrition response.

UNICEF Yemen is still experiencing a funding gap for Child Protection and C4D for 2018. Where sectors have received more than the budget requirement, UNICEF will roll-over this funding beyond the budget requirement for 2018 against the 2019 HAC appeal. This funding will be essential to ensure the continuity of the 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	48,859,640	64,233,969	113,093,609	0	0%
Health	107,264,969	39,311,493	67,953,465	107,264,958	0	0%
Water, Sanitation and Hygiene	125,000,000	104,386,131	27,616,479	132,002,609	0	0% ¹¹
Child Protection	33,238,526	18,390,349	8,754,881	27,145,230	6,093,296	18%
Education	30,840,473	18,009,490	16,074,896	34,084,386	0	0%
C4D	14,553,270	6,334,694	2,900,497	9,235,191	5,318,079	37%
<i>Being allocated</i>		54,377,135¹²		54,377,135		
Total	423,990,847	289,668,933	187,534,186	477,203,129	11,411,375	3%¹³

*'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 Child Protection, and C4D.

**'Funds Available' as of 30 September reflects the latest revision of the HAC, and 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: 28/11/2018

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

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¹¹ 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.

¹² Generous multi-year contribution (2018-2020) recently received from Kuwait which will be allocated in 2019.

¹³ 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 Child Protection, and C4D.

Annex A

SUMMARY OF PROGRAMME RESULTS (January-September 2018)

2018 Programme Targets and Results ²⁴	Overall needs	Cluster Response			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	268,000 ²⁵	195,628	26,013▲	276,000	195,628	26,013▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	1,046,604	77,235▲	983,000	1,046,604	77,235▲
Number of children under 5 given micronutrient interventions (MNPs)		691,000	417,038▼	-272,481	691,000	417,038	-272,481▼ ²⁶
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	2,859,095	1,783,034▲	4,177,000	4,636,536 ²⁷	-55,161▼ ²⁸
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					912,560	412,031 ²⁹	37,138▲
Number of Children under 5 vaccinated against polio					5,352,000	4,163,322	0
Number of children under 5 receiving primary health care					1,500,000	997,270	113,026▲
Number of pregnant and lactating women receiving primary health care					801,045	503,151	61,425▲
WASH, SANITATION & HYGIENE (WASH)							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,245,030	336,379▲	6,000,000	4,926,776	266,828▲
Number of people gaining access to emergency safe water supply		1,703,359	1,250,013	12,412▲	1,000,000	904,006	12,412▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	477,330	0 ²⁰	800,000	433,627	0 ²¹
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	599,045	-113,355▼ ²²	800,000 (basic)	521,903	-2,090▼ ²³
		5,332,045	4,812,986	-519,059▼ ²⁴	4,000,000 (consumable)	3,361,051	-291,866▼ ²⁵

²⁴ Some targets have been amended following the HAC revision; changes have been made to targets in Nutrition, Health, WASH and C4D.

²⁵ The UNICEF target has remained unchanged, and is therefore higher than the corresponding target in the revised 2018 Yemen Humanitarian Response Plan and that of the Cluster. Given the current rise in food insecurity and the sharp devaluation of the Yemeni Rial, UNICEF has not changed its target in order to try to reach more children who may be at risk. The targets will be reconciled in the 2019 HAC appeal.

²⁶ Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

²⁷ Vitamin is provided by UNICEF only, therefore the results are higher than that of partners.

²⁸ Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

²⁹ 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.

²⁰ 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.

²¹ Ibid.

²² Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

²³ Ibid.

²⁴ Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

²⁵ Ibid.

Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	5,662,581	1,384,104▲	4,000,000	5,507,155 ²⁶	-37,664▼ ²⁷
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	92%	92%	90%	92%	92%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	631,204	105,418▲	594,937	564,846	102,849▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,213,681	102,354▲	1,468,541	1,161,456	97,826▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	7,111 ²⁸	1,151▲	10,345	7,111	967▲
EDUCATION²⁹							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	427,354	133,862▲	639,100	163,632	10,903▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	282,785	70,190	429,000	117,818	47,070
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	130,037	15,979	473,000	41,701	0
Communication for Development (C4D)							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ³⁰					2,200,000(14)	1,983,292	325,107▲
					4,000,000(4)	8,639,584 ³¹	831,986▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	7,978	400▲

²⁶ The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.

²⁷ Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

²⁸ The Child Protection Cluster result does not include all the reports from cluster partners. It is anticipated that this result will be higher when all the updates are received.

²⁹ 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 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.

³⁰ 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).

³¹ The target is exceeded due to added focus on AWD/Cholera response.