



© UNICEF Yemen/2018 Safta, severely malnourished, is being treated for SAM in a UNICEF supported health facility.

Yemen Humanitarian Situation Report

Highlights

- UNICEF together with all United Nations agencies in Yemen is calling for urgent action on five key issues to avert a human catastrophe, in particular on: cessation of hostilities in Al Hudaydah and the rest of the country, addressing the massive malnutrition rates and underlying causes of food insecurity, intervening on essential infrastructure damages, tackling the ongoing depreciation of the Yemeni Rial (YER) and restoring payments of civil servants.
- Fighting intensified in and around eastern and southern areas of Al Hudaydah with increasing pressure on Al Hudaydah city and its port. An increase in airstrikes, naval and ground shelling continued to cause civilian casualties and damages to civilian infrastructure, as well as large displacement. Since June 2018, more than 425,000 people have been forced to flee the governorate.
- The Country Task Force continue to record a high number of child casualties due to the ongoing conflict, in October 54 cases were documented and verified; 15 children (14 boys; 1 girls) were killed and 39 children (30 boys; 9 girls) maimed. The majority of the incidents took place in Al Hudaydah and Taizz governorates.
- The YER continues its depreciation against the US Dollar (as of 31 October, 1 USD equaled 754YER average). The alarming decline in the currency is weakening already destitute Yemenis and worsening current food insecurity levels. In addition, rising fuel prices HOW MUCH? affect waste water treatment plants, sanitation services, rendering children and families at risk of diseases.
- On 14 October, cyclone Luban reached the coast of Yemen, causing widespread flooding and damages in notably coastal districts of Al Maharah governorate, but also Hadramaut governorate and Socotra. The Al Maharah Governorate Emergency Operations Room reported that over 3,000 families were affected. UNICEF supported the emergency response through provision of basic hygiene kits as part of the inter-agency RRM, but also undertook Health and WASH interventions, including cholera prevention messaging.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- Oct 2018 Results	Cluster Target	Jan- Oct 2018 Results
Nutrition: Number of children under 5 given micronutrient interventions	4,177,000	3,382,374	4,177,000	3,382,374
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	4,954,795	7,288,599	5,334,229
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial	594,937	625,473	682,268	698,383

October 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

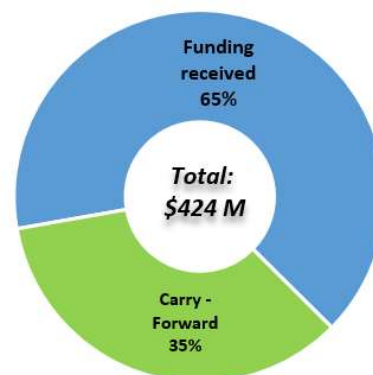
16.37 million # of people in need of basic health care

UNICEF Appeal 2018

US\$ 424 million

Funding Available*

US\$ 539 million



*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, gaps remain in Child Protection and C4D.

Situation Overview & Humanitarian Needs

The humanitarian situation in Yemen continues to deteriorate with no end in sight. The deterioration is not only caused by the depreciation of the Yemeni Rial, inflation, decline in food security and livelihoods, but also through ongoing fighting and violence in Al Hudaydah and many other areas across the country. Lack of salaries for civil servants, impediments to and lack of infrastructure for commercial and humanitarian supplies to enter the country, further compound an already dire humanitarian situation, affecting what currently remains of the resilience of many Yemeni families and children.

At the start of October, the Yemeni Rial (YER) depreciated by 238 per cent against the US Dollar compared to pre-crisis levels. The value of the YER decreased from YER 460 in January to YER 754 (average) against the US Dollar in October. The previous month, the exchange rate averaged to YER 655 to the US Dollar. The national average price of a liter of diesel has increased by 280 per cent and petrol by 357 per cent compared to pre-crisis prices. The cost of the survival minimum expenditure food basket for one household per month rose to an average of 42,101 YER in the first week of October (142 per cent increase since pre-crisis).¹ Fuel prices and scarcity affect basic services including water and sanitation provision, but also transport of water and essential supplies such as hygiene items, that are affected by an increase in transport cost.

Tropical cyclone Luban affected coastal districts of Al Maharah governorate, Hadramaut governorate and Socotra. UNICEF provided more than 2,150 basic hygiene kits as part of the inter-agency Rapid Response Mechanism. Further, UNICEF provided 7,000 cholera and WASH leaflets to internally displaced people (IDPs) sites to raise awareness, operated two integrated mobile clinics to deliver nutrition and a range of other comprehensive health services to assist the population.

Donors have pledged USD 70 million for the monthly cash incentives for teachers throughout Yemen who have not received salaries in over two years. This contribution will facilitate stipends for 135,000 teachers and school staff, so that an estimated 4 million children who otherwise may be at risk of missing school, can continue their education for the school year 2018-2019. Many children who do not attend school are left vulnerable to child labour, forced recruitment or early marriage.

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 ²	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 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.

UNFPA, supported by WFP and UNICEF, is leading an inter-agency Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates

of Aden, Abyan, Al Hudaydah, Lahj and Hajjah. The UNFPA-led inter-agency RRM assistance aims to reach quickly the affected population at scale through kits distribution.

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 make 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 a 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.



©UNICEF Yemen/2018 Photo taken in Al-Frusiah school, Sana'a. There are 6,000 students for 60 teachers, who have not been paid for two years and who cannot meet their basic needs.

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

Summary Analysis of Programme response

AWD/cholera response

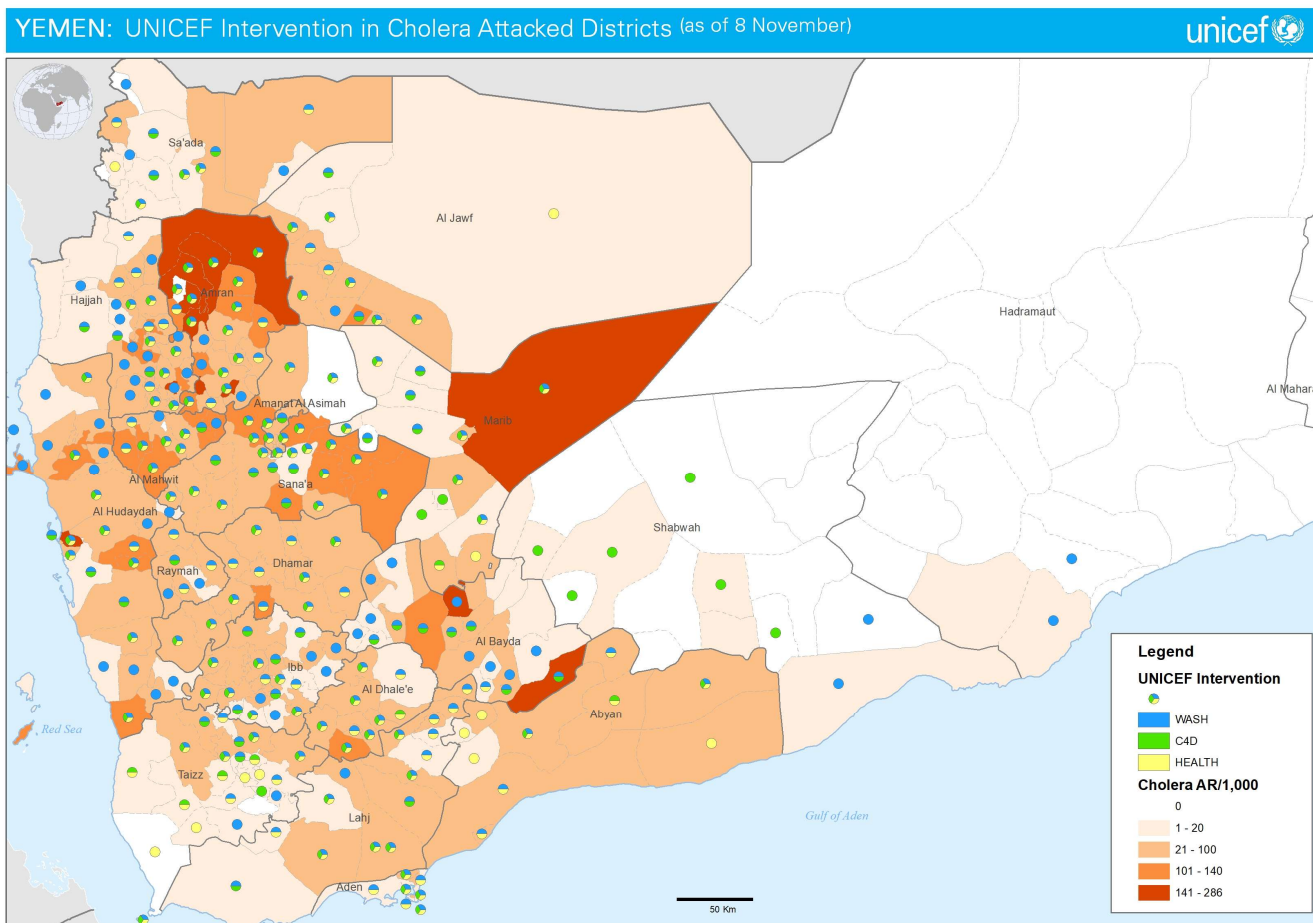
Since the onset of the second wave of Acute Watery Diarrhea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases until end of October 2018 has reached 1,263,542³ with 2,582 associated deaths (0.20 per cent case fatality rate) across the country. A total of 306 out of the 333 districts in Yemen have reported cases during this year – the national attack rate is 451.89 per 10,000 people. Children under the age of five continue to represent 28.8 per cent of the total suspected cases.

UNICEF continues to play an active role in the National Cholera Task Force among other key partners including the Ministry of Public Health (MoPHP), and currently contributing to the finalisation of the revision of the National Cholera Strategic Plan which guides the response to the recent increase of suspected cases. UNICEF continues distribution and repositioning of cholera supplies to facilities near high-risk districts⁴. In addition, UNICEF supported an integrated outbreak response training for 31 trainers of trainers in Sana'a.

UNICEF Yemen, in collaboration with the World Health Organisation (WHO) and the authorities, conducted the second round of an Oral Cholera Vaccination (OCV) campaign on 27 to 31 October in five districts in Aden. This round is set to maximize and extend the immunity of 257,126 people (over 1 year of age) against cholera for up to three years. Data shows that, a total of 239,081 people received an OCV vaccination (93 per cent of the target). Approximately 82 per cent (211,826 people) of target received a second dose of OCV and 11 per cent (27,255) received the OCV for the first time.

The campaign is supported by 420 community volunteer mobilisers and 150 Imams and Morshydats (female religious leaders) whose aim is to spread awareness and encourage parents to vaccinate themselves and their children.

Two shipments of respectively 654,400 and 1,181,300 doses of Oral Cholera Vaccine (OCV) arrived in Aden and Sana'a International Airport in October. A total amount of 14,336,153 doses are expected to arrive in advance of the next campaign. This OCV vaccine will be used in vaccinating people over one year old in high risk districts, as a rapid and preventive intervention. The next campaign is planned for seven districts throughout the country, targeting more than 1.5 million people, it is pending confirmation from the authorities.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Data source: GoY/CSO/EWARS/UNICEF team Production date: 11/11/2018

Health and Nutrition

In October, 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 (276,000 children) of the Severe Acute Malnutrition (SAM) caseload of 394,000 children. Since the beginning of 2018, UNICEF treated 229,240 children for Severe Acute Malnutrition (SAM), thereby reaching 83 per cent of the annual target.

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 208 new OTPs has been established since the beginning of 2018, and now over 80 per cent of the health facilities are functioning as OTPs. In order to improve enrolment of children in SAM treatment an Integrated Outreach Round is planned to take place in December 2018, as only one round has been implemented so far and the second round is underway. UNICEF is scaling-up its OTPs as well as the Community Health Volunteers (CHVs) focusing on the 107-high priority districts. This scale up is needed as not all high priority areas are currently covered in terms of health services.



©UNICEF Yemen/2018 Child receives treatment for malnutrition in a health center in Sana'a.

Since the beginning of the year, 502,257 children received micronutrient powder through health facilities, mobile teams, integrated outreach rounds, and community health volunteers.

UNICEF continues 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 outreach and mobile teams. In October, 93 Mobile Teams (MTs) provided a package of health and nutrition services to mothers and children mainly in areas with internally displaced populations. The MTs provided 16,549 children with routine vaccinations. A total of 17,877 children received Integrated management of Childhood Illnesses (IMCI) services with 4,569 treated for

diarrhoea, 3,054 treated for pneumonia, 229 treated for dysentery, 294 treated for malaria, and 5,864 children received deworming treatment. A further 12,816 pregnant women were provided with reproductive health services with 4,697 provided antenatal care, 1,087 were provided with postnatal care, and 3,054 were provided with iron folate supplements and 3,978 women received vaccinations against tetanus.

In partnership with Ministry of Public Health, UNICEF started implementation of the second rounds of integrated outreach (IO) health and nutrition services. This IO is implemented as a strategy to improve the immunization coverage among children under one year of age, alleviate the burden of malnutrition, common childhood illness and provide antenatal care and reproductive health services to women. So far, IO activities have been launched in 17 governorates.

To achieve the maternal and neonatal tetanus elimination (MNT), a global and national goal, UNICEF implemented a second round of Tetanus Toxoid (TT) vaccination last week in Socotra governorate. The second round reached 11,374 women of reproductive age. A second round of TT vaccination will be implemented in the second week of November in nine high risk districts of Al Mahra governorate and three high risk districts in Lahj governorate targeting 58,000 women.

The Electronic Disease Early Warning System (EDEWS) continues to report cases of probable diphtheria across 20 out of 21 governorates in Yemen. As of end of October, the total cumulative cases reached 2,642 with 148 deaths and Case Fatality Rate (CFR) of 5.5%. The governorates most affected are Ibb and Sana'a. Following the two rounds of anti-diphtheria campaigns in March and August 2018, UNICEF continues to support the procurement of vaccines and medication. UNICEF further supports the case management at all public health facilities nationwide and referrals to facilities where isolation and treatment is available for those affected by diphtheria.

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. In October, UNICEF Health and Nutrition teams trained 142 midwives on CBMNC and 139 midwives on EmONC targeting 500 midwives across the country.

Since the beginning of 2018, a total of 14 Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys have been completed. SMART surveys conducted at governorate level are essential to the response, especially in calculating the Severe Acute Malnutrition (SAM) total burden in a year and the numbers that the Nutrition Cluster and UNICEF would target. The results of the SMART surveys, CMAM program data and data from the nationwide MUAC screening done towards the later part of 2017, are guiding the Integrated Phase Classification (IPC)⁵ analysis. Results of the 2018 IPC analysis should be available by late- November 2018.

The Nutrition cluster is working, in cooperation with other programme sectors, on a joint advocacy strategy for multi-cluster donor funding. The cluster further established a working group under the Humanitarian Country Team to advocate for increased humanitarian access and is developing a scale up plan for the Nutrition cluster response, including preventive interventions which focus on districts at risk of famine. The Nutrition Cluster along with WASH, Food security and Health clusters are piloting the Integrated Famine Risk Reduction plan in some districts which will be used as baseline for scaling up. An agreement was reached between the UN agencies to harmonise implementing partners for interventions in similar locations.

Water, Sanitation and Hygiene (WASH)

UNICEF capitalised on the celebration of Global Handwashing Day (GHD) to engage in active hygiene promotion in schools and at community level with focus on districts affected by suspected cholera/AWD.

Rapid Response Teams (RRTs) continued to respond to suspected cholera/AWD cases reaching over 1.2 million people in October, in more than 14 governorates including Amanat Al Asimah, Amran, Al Bayda, Sa'ada, Al Jawf, Aden, Lahj, Taiz, and Ibb. The National Water Resources Authority (NWRA) increased its monitoring of water quality in 10 districts of Amanat Al Asimah and 31 priority water sources in Taiz governorate, covering more than 2 million people living in districts which are prone to suspected cholera.

An emergency response to internally displaced populations was expanded to include communities affected by Cyclone Luban in the southern governorates. Several interventions such as water trucking, installation of water points/ communal water tanks and distribution of household water treatment tablets were implemented, reaching over 52,000 people in Abyan, Socotra, Sa'ada, Al Jawf, Lahj, Abyan and Al Hudaydah. Latrine construction and rehabilitation is ongoing in Al Mahara, and Al Hudaydah. An estimated 22,000 people were reached with hygiene promotion messaging through household visits in Lahj and Socotra.

Over 500,000 people were reached through the Rapid Response Mechanism (RRM) with basic or consumable hygiene kits in 12 governorates including Lahj, Socotra, Al Mahra, Al Hudaydah, Hajjah, Ibb, Taiz and Marib.

Provision of safe drinking water is ongoing in Amanat Al Asimah, Al Hudaydah, Amran, Al Bayda, Dhamar, Marib, Ibb, Lahj, Hadramouth, Taiz and Sada'a, reaching over 3.5 million through supporting the water supply systems with the provision of fuel, electricity, spare parts, disinfectants for chlorination.

UNICEF also continued its support for the operation of the Waste water treatment plants (WWTP) in Amanat Al Asimah and Amran city with approximately 1.4 million people reached. Sewage systems rehabilitation including provision of spare parts was completed in Al Mukalla city and is ongoing in Aden. An estimated 64,000 people benefited from a sewage pits emptying/desludging program in Sa'ada Governorate.

The rapid depreciation of the YER continues to significantly impact significant access to WASH services. UNICEF and partners continue to try and fill the gap of fuel for water and sanitation infrastructure, as local services providers are struggling to afford the increased prices of fuel. Additionally, WASH partners are stepping in to support sold waste trucks and operating trucks to support safe sanitation disposal. A total of 65 WASH partners are active in the WASH Cluster and



©UNICEF Yemen/2018 WASH teams conducting construction works as part of the rehabilitation of WASH infrastructure

in October, partners continued to respond to life-saving and sustained needs of populations, including increased response populations displaced from and within Al Hudaydah, and particularly in response to Cyclone Luban through emergency water provisions, temporary sanitation and basic hygiene items. Overall, emergency interventions reached over 1.25 million persons, which also includes those living in cholera and famine risk locations.

Child Protection

The Country Task Force recorded cumulative figure of 1,043 of Monitoring and Reporting Mechanism (MRM) incidents as of 31st October 2018, of which 949 incidents were verified, representing 91 per cent of the total. The Task Force noted a decrease in child casualties from 90 children in September to 54 children in October. Attacks and military use of schools and hospitals continue to prevent children from accessing basic services.

UNICEF and its partners 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 145,386 people, including 102,211 children (53,568 boys; 48,643 girls) and 43,175 adults (21,782 male; 21,393 female) covering six governorates.

Psychosocial support (PSS) was provided to 60,627 people, including 48,171 children (24,405 boys; 23,766 girls) and 12,456 adults (3,141 male; 9,315 female) 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, 1,297 cases of vulnerable children (766 boys; 531 girls) were identified, of which 1,225 children (723 boys; 502 girls) have so far been referred to individual counselling and critical child protection services.

The Child Protection Area of Responsibility (CPAoR) partners are currently engaged in consultations with the authorities in five hubs on the Humanitarian Needs Overview/ Humanitarian Response Plan 2019 data collection and analysis process. CP partners reached a total of 220,246 children and caregivers (86,765 boys; 77,232 girls; and 25,078 male; 31,171 female) with community resilience-building activities, mine risk education key messages and critical child protection services, including case management, and victims of gender-based violence assistance. Amidst the conflict in Al Hudaydah, hub partners continued to face blockade of child protection projects from the National Authority for the Management and Coordination of Humanitarian Assistance (NAMCHA).

Education

Donors have pledged USD 70 million for the monthly cash incentives for the 2018-19 school year for teachers in Yemen. This contribution will facilitate stipends for 135,000 teachers and school staff for approximately nine months, so that an estimated 4 million children who otherwise may be at risk of missing school, can continue their education.

UNICEF continues to advocate with all parties to find a temporary solution and will continue advocating with all parties to resume school staff salaries. In southern governorates, the teachers' strike has ended and almost 95 per cent of schools are open again. The strike was caused by teachers requesting a salary increment.

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 three conflict-affected districts in Taizz governorate (Al-Mukha, Mawza and Dhubab), 371 teachers and supervisors (203 male; 168 female) were trained on psychosocial support education enhancing their capacity to attend to the needs of 15,539 conflict-affected students (8,239 boys; 7,300 girls).



Social Inclusion

As part of launching phase I of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA), UNICEF's Social Inclusion team has started the process of beneficiary verification and registration of 6,484 households in Amanat Al-Asimah and Sana'a Governorates. During the registration exercise, beneficiary households will be identified and provided with the cards which will allow them to receive different services that the IMSEA project will cover based on their individual needs. Services include health, nutrition, water and sanitation, education, child protection, and other social services.

In partnership with the Central Statistical Organization (CSO), UNICEF has completed a Social Service Mapping exercise to identify existing and functional facilities (in health, nutrition, water, education, child protection, and social protection) in Amanat Al Asimah and Sana'a. The findings show that there are 3,015 facilities (2,287 in Amanat Al Asimah and 728 in Sana'a). A total of 59 per cent of the facilities are Educational, 20 per cent are health and nutrition facilities, 12 per cent are water facilities, 6 per cent are social protection, and 3 per cent are child protection facilities. The findings also show that only 74 per cent of the total mapped facilities are functional (1,676 in Amanat Al Asimah and 570 in Sana'a). The findings identify several reasons for this, including temporary or permanent closure due to the conflict, or the facility has moved to another location, or has been destroyed by the conflict. This mapping forms the basis for a referral mechanism for disadvantaged people who live below the poverty line, to link them to required social services, which is a part of the aforementioned IMSEA case management component.

Communication for Development (C4D)

This month, UNICEF, in partnership with Ministry of Endowment, Ministry of Public Health and Civil Society Organizations (CSO) reached an estimated 890,585 people (209,102 boys and 211,518 girls; and 235,073 males, 234,892 females) through various community activities in schools, mosques and gatherings or meetings promoting essential family practices including hygiene practices for prevention of cholera.

These activities were conducted by 7,000 community mobilizers including 2,000 religious leaders (1,470 Imams and 530 Morshydats, female religious leaders). The communication included interpersonal engagement through home visits to 150,000 households, 20,000 group discussions, 7,000 counselling sessions, 6,000 community meetings and events, 63 community drama shows, as well as Friday speeches in 900 mosques.



©UNICEF Yemen/2018. A community volunteer in Socotra following Cyclone Luban conducts awareness raising on hygiene practices

The community volunteers reached 200 Diarrhoea Treatment Center/Oral Rehydration Centers in the high-risk districts to raise awareness on hygiene practices. These activities reached at least 800 internally displaced people and gatherings of Muhamasheen.

Supply and Logistics

The total value of supplies delivered during the reporting month has amounted to USD 5,743,641 with a total weight and volume of 528 metric tons and 1,962 cubic meters respectively (this included hospital equipment, vaccines and water purification tablets). This delivery was composed of four dhows, three of which had been re-routed to Aden, four Logistics Cluster air operations to Sana'a, and two 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 the escalation in violence, these were re-routed to Aden instead.

Media and External Communication

UNICEF, in cooperation with Education Cannot Wait, the Global Partnership for Education, and UNESCO, highlighted the education and [teachers' situation](#) in Yemen, on the occasion of the World Teachers' Day held on 5 October. In a [joint statement](#) with WHO released on 5 October, UNICEF Executive Director Henrietta Fore welcomed Al Hudaydah and Ibb's OCV campaign, made possible by a pause in fighting agreed by parties to the conflict, and called for "a comprehensive

political resolution to the conflict to secure the wellbeing of children across the country over the long term.” The joint WHO- UNICEF OCV campaign in Al Hudaydah and Ibb was detected in 131 online media outlets and featured in a [Reuters](#) article, compared to 148 media mentions for the Aden one.

From mid-October, thanks to strengthened advocacy’s efforts, the focus shifted to malnutrition with the [visit of UNICEF Regional Director](#) to Yemen at the end of October, focusing on scaling up UNICEF’s response to children’s humanitarian needs to cope with the worsening economic crisis and aggravating severe acute malnutrition of children in Yemen. As part of the visit, the statement of Geert Cappelaere on malnutrition and food crisis spanned across 125 online media outlets and his visit itself was covered by 72 media outlets.

In another [statement](#) published on 18 October 2018 on the deteriorating humanitarian situation in Al Hudaydah, UNICEF Executive Director Ms. Fore warned that “millions of desperate children and families across Yemen could soon be without food, clean water or sanitation services because of the deepening economic crisis and unrelenting violence in the port city of Al Hudaydah.” Around 200 media outlets covered the statement, 150 international English media, 30 international Arabic media and 20 local Arabic media titles. An increase in the coverage featuring UNICEF is noted at 39 per cent, in comparison with last month.

Regarding UNICEF Yemen multimedia presence, [8 stories](#) were published on the website as well as videos, both in English and Arabic, on a UNICEF and World Bank supported [health centre](#) in Al Dhale’e governorate and on the [OCV campaign](#) carried out in Al Hudaydah and Ibb. Other campaigns that have been widely covered on UNICEF Yemen social media platforms, together with the cash assistance project, include: World Teachers’ Day, Cyclone Luban response in Al Maharah, Socotra and Hadramout governorates, International Day of the Girl , Global Handwashing Day and World Polio Day. A global twitter crackdown on fake accounts in October has led to a drop in the number of UNICEF Yemen account’s followers. Nevertheless, the top tweet gathered 75,000 impressions (on cholera WASH response) and the top Facebook post, on UNICEF cash assistance, more than 21,000.

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 October, UNICEF received generous contributions from DFID, Denmark, OFDA, and a private donor in the UAE. Part of the DFID contribution and as well as the full contribution from Denmark will contribute toward the HAC.

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.

SOCIAL MEDIA HIGHLIGHTS FOR OCTOBER 2018	
TWITTER	
New Followers	-53.9K (due to clean up of fake accounts by Twitter)
Tweets impressions	1.32million
Top tweet	75K impressions
Total tweets (Arabic/English)	155
Profile Visits	24.1K
Total mentions	1.3K
FACEBOOK	
Net new page likes/ followers	1.8K
Total Reach	291K
Key post	21.3K Reach

Funding Requirements (as defined in revised 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	68,993,404	64,233,969	133,227,373	0	0%
Health	107,264,969	57,145,950	67,953,465	125,099,415	0	0%
Water, Sanitation and Hygiene	125,000,000	119,168,703	27,616,479	146,785,182	0	0%
Child Protection	33,238,526	21,257,341	8,754,881	30,012,222	3,226,304	10%
Education	30,840,473	18,033,490	16,074,896	34,108,386	0	0%
C4D	14,553,270	10,126,878	2,900,497	13,027,375	1,525,895	10%
<i>Being allocated</i>		56,572,120		56,572,120		
Total	423,990,847	351,297,886	187,534,186	538,832,073	4,752,199	1%***

*'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 31 October reflects the latest revision of the HAC and includes total funds received against the 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.

*** Kindly note, 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.

Next SitRep: 28/12/2018

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Annex A

SUMMARY OF PROGRAMME RESULTS (January- October 2018)

	Cluster Response	UNICEF and IPs
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2018 Programme Targets and Results ¹	Overall needs	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 ¹	229,240	33,612▲	276,000 ¹	229,240	33,612▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	1,218,003	171,399▲	983,000	1,218,003 ²	171,399▲
Number of children under 5 given micronutrient interventions (MNPs)		691,000	502,257	85,219▲	691,000	502,257	85,219▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	3,382,374	523,279▲	4,177,000	3,382,374 ³	-1,777,451▼
HEALTH							
Number of children under 1 vaccinated against measles (MCV ₁)					912,560	471,243 ¹	58,942▲
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	1,090,559	93,289▲
Number of pregnant and lactating women receiving primary health care					801,045	559,909	56,758▲
WASH, SANITATION & HYGIENE (WASH)							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,334,229	89,199▲	6,000,000	4,954,795	28,019▲
Number of people gaining access to emergency safe water supply		1,703,359	1,275,843	25,830▲	1,000,000	929,836	25,830▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	525,015	47,685▲	800,000	481,312	47,685▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	647,997	48,952▲	800,000 (basic)	564,540	42,637▲
		5,332,045	4,855,293	42,307▲	4,000,000 (consumable)	3,403,358	42,307▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	5,732,461 ¹	69,880▲	4,000,000	5,577,035 ¹	69,880▲
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	91%	91%	90%	91%	91%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	698,383	67,179▲	594,937	625,473	60,627▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,365,128	151,447▲	1,468,541	1,306,842	145,386▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	9,555	2,444▲	10,345	8,478	1,367▲
EDUCATION¹							

Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	818,783	391,429 ▲	639,100	157,412	-6,220 ▼ ²
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	831,411	548,626 ▲	429,000	133,356	15,538 ▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	263,055	133,018 ▲	473,000	41,701	0

Communication for Development (C4D)

Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ¹					2,200,000(14)	2,418,548 ²	435,256 ▲
					4,000,000(4)	9,530,169 ²	890,585 ▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	8,678	700 ▲

Footnotes

Results 1: Some targets have been amended following the HAC revision in October. Changes have been made to targets in Nutrition, Health, WASH and C4D.

Nutrition 1: 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.

Nutrition 2: The target has been exceeded due to a scale up in interventions that include IYCF services, including an increase of 4,000 additional Community Health Volunteers, support of health facility based regular outreach, a significant increase of IYCF corners (650 to 1,100), and improved reporting from the service providers.

Nutrition 3: Data has been corrected following data cleaning which indicated double counting of beneficiaries. This has now been corrected.

Health 1: 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.

WASH 1: The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.

Education 1: Education authorities in Sana'a have indicated that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other activities in the governorates under their control. To date, a 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.

Education 2: Data has been corrected following data cleaning which indicated double counting of beneficiaries. The result has now been corrected.

C4D 1: 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).

C4D 2: The target is exceeded due to added focus on AWD/Cholera response.