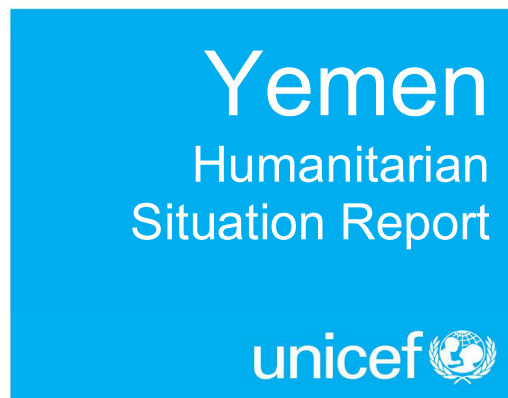




©UNICEF Yemen/2018. Bashaier, a Community Health Worker, provides basic health services to her community



## Highlights

- According to the latest IPC analysis about 5 million people are in IPC Phase 4 (Emergency) and about 10.6 million people are in IPC Phase 3 (Crisis) constituting about half of the population in Yemen (additional info below).
- In support of a nationwide polio campaign implemented by the Ministry of Public Health and Population, UNICEF and WHO helped reach more than 3.8 children under five years with immunization. The campaign is part of larger efforts to keep Yemen a polio-free country.
- Although there was been a pause in fighting in and around Al Hudaydah city on 12 November, violence did not completely stop, with continued fighting and shelling reported. Field reports continue to indicate most shops remain closed and the number of people in the city continues to decrease. Since 1 October, the interagency rapid response mechanism registered 14,000 internally displaced families.
- The Country Task Force documented and verified 123 cases of killing and maiming of children in November, of which 25 children were killed (13 boys; 12 girls) and 98 injured (71 boys; 27 girls). Most of the incidents took place in Al Hudaydah governorate followed by Taizz and Hajjah.
- The exchange rate of the Yemeni Rial (YER) changed to 520 YER per US dollar as at 21 November (compared to 754 YER to the USD as at 31 October). This indicates that the actions that have been taken to stabilize the exchange rate have taken effect. (source: OCHA).

## November 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

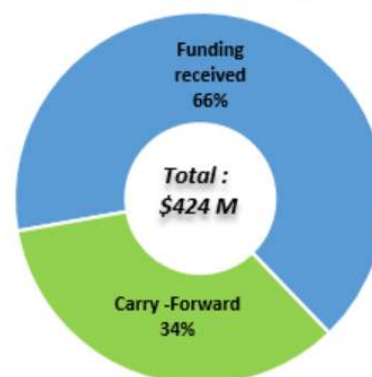
## UNICEF Appeal 2018

**US\$ 424 million**

**Funding Available\***

**US\$ 544 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, gaps remain in Child Protection and C4D.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- Nov 2018 Results	Cluster Target	Jan- Nov 2018 Results
<b>Nutrition:</b> Number of children under 5 given micronutrient interventions	4,177,000	3,390,608	4,177,000	3,390,608
<b>Health:</b> Number of Children under 5 vaccinated against polio	5,352,000	4,658,852		
<b>WASH:</b> Number of people having access to drinking water	6,000,000	4,954,795	7,288,599	5,338,840
<b>Child Protection:</b> Number of children and caregivers in conflict-affected area receiving psychosocial support	594,937	668,237	682,268	743,393
<b>Education:</b> Number of affected children provided with access to education via improved school environment and alternative learning opportunities	639,100	182,398	738,995	867,766

\*Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM) table in pages 11-12.

## Situation Overview & Humanitarian Needs

According to the latest Integrated Food Security Phase Classification (IPC) analysis publicized in November 2018, while accounting for the current levels of Humanitarian Food Assistance (HFA), from December 2018 to January 2019, 17 per cent of the population (about 5 million people) analyzed will be in IPC Phase 4 (Emergency) and 36 per cent (about 10.8 million people) will be in IPC Phase 3 (Crisis). Of greatest concern are the 65,000 people in IPC Phase 5 (Catastrophe). Overall, this constitutes or 53 per cent of the total population, approximately 15.9 million people. It is estimated that in the absence of HFA, about 20 million people of the total population (including Internally Displaced People) may be in need of urgent action to save lives and livelihoods. This includes 240,000 people in IPC Phase 5 (Catastrophe), i.e. threefold the usual number. In terms of severity, the worst affected areas are located in Al Hudaydah, Amran, Hajjah, Taiz and Saada Governorates.<sup>1</sup>

Across Yemen, UNICEF has accelerated the creation of specialized programmes to prevent and treat severe acute malnutrition in children in existing health facilities and using Mobile Teams to access hard-to-reach areas. This includes training staff and supplying facilities with essential equipment, specialized foods for such severely malnourished children and medicines. In addition, UNICEF has provided essential supplies including for example ready to use therapeutic foods, antibiotics and therapeutic milk.

The Ministry of Public Health and Population (MoPHP), in partnership with UNICEF and WHO, implemented a nationwide, three-day-house-to-house polio vaccination campaign reaching 3.8 million children under five years.<sup>2</sup> More than 40,000 health workers and volunteers visited about 3.2 million houses to deliver Oral Polio Vaccines (OPV) drops. Approximately 5,200 supervisors, monitors and local authority staff from all levels were involved to oversee the field activities and provide technical and logistical assistance to the polio vaccination teams.

UNICEF and the MoPHP also responded to the measles outbreak reported in Sa'ada governorate. To halt the spread of the measles, a streamlined vaccination response was rolled-out, in combination with the polio vaccination campaign. An Integrated Measles, Rubella, Polio vaccination, combined with Vitamin A supplementation, was provided in all 15 districts of Sa'ada. Vitamin A is a key intervention to reduce measles morbidity and mortality.

At the end of November, the Emergency Relief Coordinator (ERC) Mark Lowcock concluded a three-day visit to Yemen. At the end of the visit the ERC warned that the conditions in Yemen had deteriorated alarmingly. He further reiterated a call for the cessation of hostilities, particularly in and around the port and roads critical for aid operations and commercial imports. He further warned that the deteriorating conditions in Yemen will require substantially more resources for aid efforts in 2019.<sup>3</sup>

WASH needs remain high throughout the country. Public water and sanitation systems require increased support to provide a minimum level of services and avoid collapse. Sanitation and waste water treatment services are overwhelmed: an estimated 46 per cent of urban populations are connected to partially functioning public water networks, whilst lack of electricity or revenues creates significant reliance on humanitarian support.<sup>4</sup>

Humanitarian organizations are working towards the development of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2019. Publication of the HNO is anticipated for 20 December 2018 and the HRP launch anticipated 20 January 2019. These will be key framework documents for the delivery of 2019 humanitarian assistance.

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<sup>1</sup> IPC Yemen: Acute Food Insecurity Situation December 2018 - January 2019.

<sup>2</sup> Yemen was declared polio free in 2006.

<sup>3</sup> OCHA Yemen Humanitarian Update, Issue 33, 22-30 November 2018.

<sup>4</sup> WASH HH Assessment, REACH, 2018.

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 <sup>5</sup>	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).

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

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 the prevention of school drop-out, it increases retention and contributes to improve quality of education.

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.



©UNICEF Yemen/2018 A little girl receiving intensive health centre at Al Thawra hospital in Al Hudaydah

## Summary Analysis of Programme response

### AWD/cholera response

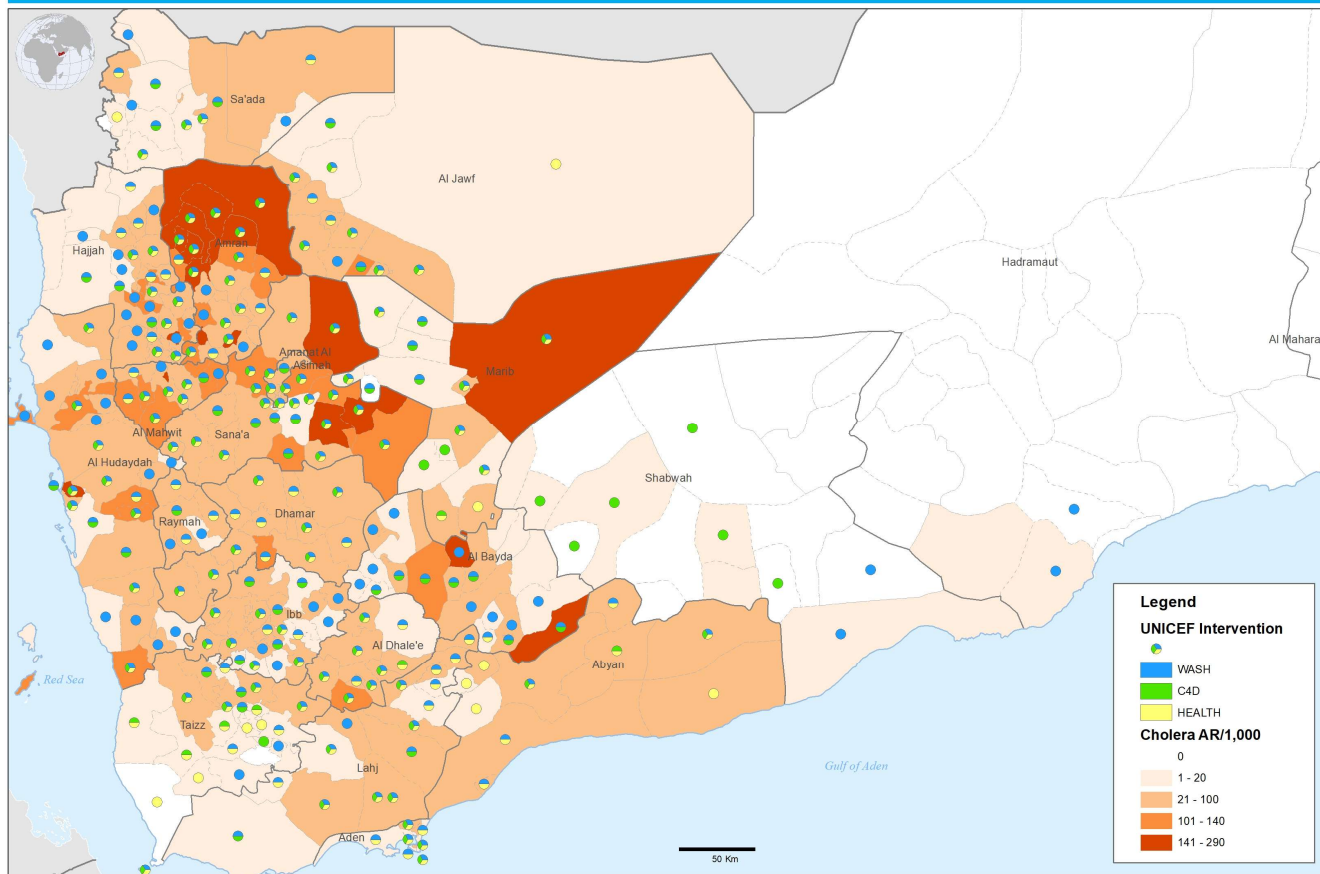
Since the onset of the second wave of Acute Watery Diarrhea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases until end of November 2018 has reached 1,326,513 with 2,627 associated deaths (0.20 per cent case fatality rate) across the country. A total of 306 out 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.

Since the beginning of January to 11 November 2018, there have been almost 277,000 suspected cholera cases and 347 associated deaths, (CFR 0.13 per cent). A total of 218 of the 333 districts in country have reported cases during 2018. In addition, a total of 153,428 rapid diagnostic tests (RDTs) have been performed with 34,721 found positive (23 per cent) and 2,845 cases (sampled out of the 9,230) tested have been confirmed by culture tests (31 per cent). The last four weeks indicate a gradual reduction in the cases reported.

UNICEF continues to ship in vaccines for two upcoming Oral Cholera Vaccine campaigns, which are set to reach 1.5 million people over one year in eight new high priority districts (four districts in the south and four districts in the north). Thus far, approximately 1.7 million vaccines have been received. The campaign is anticipated to start in December 2018.

At national level, UNICEF continues to play an active role in the National Cholera Task Force amongst key partners including the MoPHP and is contributing to the finalisation of the National Cholera Strategic Plan which guides the Cholera response. In addition to vaccination campaigns, UNICEF integrates its cholera response with WASH and C4D activities, especially in Cholera prone areas. These include raising awareness around hygiene practices, community efforts to clean public spaces but also improve water and sanitation infrastructure as well as water trucking for access to clean water.

YEMEN: UNICEF Intervention in Cholera Attacked Districts (as of December 2018)



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: 09/12/2018

### Health and Nutrition

UNICEF and partners continued supporting the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, primarily the World Food Programme and the World Health Organisation. Since the beginning of 2018, UNICEF treated 278,483 children for Severe Acute Malnutrition (SAM), thereby reaching 101 per cent of the annual target.<sup>6</sup>



©UNICEF Yemen/2018 A newborn being treated for malnutrition at May 22 hospital of Sana'a

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 79 per cent. A total of 275 new OTPs has been established since the beginning of 2018, and now over 83 per cent of the health facilities are functioning as OTPs.

UNICEF continues to support the scale-up of essential health care services for children and women through service delivery at health facilities, regular community outreach from health facilities to remote communities and integrated outreach and mobile teams. Since the beginning of the year, 577,808 children received

<sup>6</sup> 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.

micronutrient powder through health facilities, mobile teams, integrated outreach rounds, and community health volunteers. A total of 3,390,608 children (6- 59 months) have received Vitamin A this year.

In November, 92 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 15,547 children with routine vaccinations. A total of 16,687 children received Integrated management of Childhood Illnesses (IMCI) services with 4,361 treated for diarrhoea, 3,164 treated for pneumonia, 205 treated for dysentery, 229 treated for malaria, and 5,364 children received deworming treatment. A further 11,333 pregnant women were provided with reproductive health services with 4,357 provided antenatal care, 101 were provided with postnatal care, and 3,604 were provided with iron folate supplements and 3,271 women received vaccinations against tetanus.

Routine service delivery in November shows 34,998 children were vaccinated with penta 3 and 29,351 with Measles and Rubella 1 vaccine, while 8,029 women received Tetanus Toxoid (TT) vaccination. 90,233 children were provided with primary health care IMCI care services, while 52,144 pregnant and lactating women received primary health care services.

In partnership with Ministry of Public Health, UNICEF started implementation of the second round 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. IO activities have been launched in all governorates. More than 94,200 children below one year of age were immunized (BCG<sup>7</sup>, Polio 1,2,3 and Measles and Rubella 1).



©UNICEF Yemen/2018 Polio campaign conducted in Al Hudaydah governorate

To achieve the Maternal and Neonatal Tetanus Elimination (MNT), a global and national goal, UNICEF implemented a second round of Tetanus Toxoid (TT) vaccination late in Socotra governorate. The second round targeting 11,374 women of reproductive age reached 9,115 women and vaccinated 1,407 pregnant and 7,732 non-pregnant women. As one of the MNT elimination strategy to improve clean delivery, clean delivery kits have been distributed to pregnant women during the TT vaccination round. In late November, the second round of TT vaccination has been implemented in the three high risk districts in Lahj governorate. Data on the number of women vaccinated in these three districts is currently undergoing verification.

To maintain current vaccination needs, UNICEF has received 267,400 doses of Pneumococcal Conjugate Vaccine<sup>8</sup>, 612,000 doses of Rota<sup>9</sup>, and 5,903,000 doses of b-OPV for the Polio vaccination, through Sana'a airport during the reporting period.

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 November, the total cumulative cases for this year reached 2,887 with 167 deaths and Case Fatality Rate (CFR) of 5.7 per cent.

## Water, Sanitation and Hygiene (WASH)

UNICEF continued its support for the continuous operation of water supply systems in Amanat Al Asimah, Al Hudaydah, Amran, Al Bayda, Dhamar, Hajjah, Ibb, Lahj, Hadramouth, Taiz and Sadaa, reaching over 4.1 million people. These critical interventions include provision of fuel, electricity, spare parts and disinfectants for chlorination.

<sup>7</sup> Bacillus Calmette–Guérin (BCG) vaccine; a vaccine against tuberculosis.

<sup>8</sup> Pneumococcal Conjugate Vaccine (PCV) is administered to children in three doses and protects children from Pneumonia, Meningitis & Sepsis.

<sup>9</sup> Rota is the Rotavirus vaccine and is given in two doses. It protects children from diarrhoea.

UNICEF is working with Local Corporations (LCs) to support operation of Waste water treatment plants (WWTP) and engage in rehabilitation of sewage collection systems in Amanat Al Asimah, Al Hudaydah city, Sa'ada city, Taiz city, Amran city, Al Mukalla city, Ad Dhale'e and Aden. Up to date, approximately 2.4 million people have benefited from these critical interventions.

Desludging activities are ongoing as part of UNICEF's Quick Impact Projects (QIPs) with special focus on cholera priority districts in Amanat Al Asimah and Al Hudaydah. The desludging work implemented by GARWSP and National NGOs will benefit more than 50,000 people in the two governorates.



Rapid Response Teams (RRTs) continued to respond to suspected AWD/cholera cases reaching over 1.5 million people in November, in 217 districts in 18 governorates. The National Water Resources Authority (NWRA) continued its monitoring of water quality in Amanat Al Asimah and Al Hudaydah governorates, covering more than 2 million people living in districts at high risk for AWD/cholera cholera/.

UNICEF is also responding to internally displaced populations (IDPs) in collaboration with Rapid Response Mechanism (RRM) partners through water trucking, installation of water points/ communal water tanks, construction of emergency latrines, distribution of hygiene kits and distribution of household water treatment tablets, reaching over 17,000 IDPs families in Al Hudaydah, Taizz and Aden.

*©UNICEF Yemen/2018 UNICEF Restoring functionality and improving governance of Aden Local Water and Sanitation Corporation.*

The WASH Cluster partners finalised household level assessments across 38 districts, focusing on districts with high cholera cases, famine risk and internally displaced persons. Findings will inform the humanitarian needs overview and partner scale-up in critical locations. Sixty-five WASH partners are active in the WASH Cluster, and have continued to respond to life-saving needs, from those displaced from Al Hudaydah, and additional 6,000 households are being supported within Hajjah. Whilst the emergency response has been scaled-up, partners are identifying and committing to sustainable solutions, such as solar energy. A solar training for WASH agencies was conducted in Sana'a as well as the activation of a cash for WASH Working Group to develop guidance to improve markets based response.

## Child Protection

The Country Task Force documented and verified 123 cases of killing and maiming of children during the month of November of which 25 children were killed (13 boys; 12 girls) and 98 injured (71 boys; 27 girls). Sixty-two per cent of these cases took place in Al Hudaydah governorate followed by 12 per cent in Taizz and eight per cent in Hajjah. Attacks on and military use of schools and hospitals increased from two to seven incidents compared to the previous month in Abyan, Aden, Al Dhale'e, Al Hudaydah, Al Mahwit and Taizz.

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 209,939 people, including 152,235 children (82,164 boys; 70,071 girls) and 57,704 adults (30,352 male; 27,352 female) covering six governorates. Through its implementing partners, UNICEF continued to support the referral and provision of specialized health services to children with injuries and disabilities including facilitating the access to services of the most vulnerable children by supporting the transportation and accommodation. At least, 60 children (42 boys; 18 girls) were provided with medical and other services.

Psychosocial support (PSS) was provided to 42,764 people, including 22,266 children (11,950 boys; 10,316 girls) and 20,498 adults (6,453 male; 14,045 female) through a network of fixed and mobile child-friendly spaces in 14 governorates. As part of these initiatives, 6,207 people, including 4,744 children, were provided with knowledge and skills on protection during emergencies. Through the case management program, 1,353 cases of vulnerable children (763 boys; 590 girls) were identified, of which 1,164 cases of vulnerable children (652 boys; 512 girls) have so far been referred to individual counselling and critical child protection services.

The Child Protection Area of Responsibility (CPAoR) completed the data analysis for the child protection component of the humanitarian needs overview with initial findings showing a 14 per cent overall increase in children in need and 36 per cent increase in children in acute need. Governorates with either an ongoing conflict or a history of active conflict and significant access restrictions have demonstrated the highest severity. These included Al Hudaydah, Hajjah, Taiz, Marib, Saa'da and Marib.

Despite conflict restrictions in Al Hudaydah, Hajjah and Raymah, the sub-cluster members continued to provide critical services reaching a total of 29,212 children (5,154 boys; 5,454 girls) and adults (59,56 male; 12,848 female) with psychosocial support. In Al Hudaydah, the Ministry of Social Affairs and Labour provided case management services to 146 children (70 boys; 76 girls). In Yemen, child protection programming continues to face major challenges related to political, military and bureaucratic context that are limiting the operational space for UNICEF and its partners.

## Education

Late October into November 2018, UNICEF, along with its partners in the field, facilitated access for 24,986 students (14,990 boys; 9,996 girls) to a better learning environment through the construction of six new classrooms in two schools in Sa'ada (three classrooms in each school) and repair of latrines in 32 schools in Ibb, Aden, Abyan, Shabwah and Lahj governorates. 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 Marib and Taiz governorates, 207 teachers and supervisors (114 male; 93 female) were trained on psychosocial support education enhancing their capacity to attend to the needs of 5,384 conflict-affected students (2,322 boys; 3,062 girls).



©UNICEF Yemen/2018. A mother and her three daughters studying together at Maria Al-Qibtiyya school of Sana'a supported by UNICEF

In southern governorates, the teachers' strike has ended and all schools are open again. The strike was caused by teachers requesting a salary increment. Ongoing challenges remain however, in light of the lack of school staff salaries. UNICEF is advocating with all parties to find a temporary solution and will continue advocating with all parties to resume school staff salaries in an effort to maintain access to education for children.

## Social Inclusion

As part of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA)<sup>10</sup>, UNICEF, in partnership with Social Welfare Fund (SWF), conducted a community participation and engagement session with representatives from communities. More than 70 community members participated in the session representing children, women, youth, and community leaders from 18 slums located in 10 districts in Amanat Al Asimah and Sana'a governorates. The session aimed at sensitizing communities about the importance of their participation and engagement in the project as key stakeholders. It intends to set the ground for the community participation and engagement component of IMSEA which will serve as a key element to ensure transparency, participation, community-led initiatives, sustainability and vital exit strategy.

UNICEF's Social Inclusion team further supported the Ministry of Social Affairs and Labour (MoSAL) in conducting its monthly meeting of the Social Protection Consultative Committee (SPCC) – a platform/forum to facilitate and coordinate social protection policy and projects, and maintain strategic dialogue with authorities. The Integrated Model of Social and Economic Assistance and Empowerment project was presented to the committee members for their feedback and

<sup>10</sup> The Integrated Model of Social and Economic Assistance and Empowerment is a multi-sectoral approach aimed at joining up benefits, social services and other social and economic inputs/interventions to achieve improved outcomes for the poorest and most vulnerable, strengthen their resilience to shocks and stresses, and enhance greater collocation, collaboration and cooperation within and between (different) sectors.



support. Capacity-building and professional development in the area of social protection for both the committee members and key social protection players continues to be discussed.

UNICEF continues to support the development of the [Yemen Socio Economic Update](#). The issue focusses on Yemeni Riyal Devaluation Ignites Inflation and provides an analysis of the key factors affecting foreign exchange, implications of the exchange rate shock on inflation, and suggested response to the crisis.

UNICEF is supporting Central Statistical Organization (CSO) in finalizing the 2014 Household Budget Survey and drafting the final report. The survey provides data on several important indicators related to living conditions, as well as data on basic demographic, economic and social characteristics of families. Part of the analysis is to provide simulations on child poverty as a first step for conducting a Multidimensional Child Poverty Study. The Social Inclusion team also is supporting (CSO) to finalize Social Service Mapping report. The report will provide analysis and information on existing and functional facilities (in health, nutrition, water, education, child protection, and social protection) in Amanat Al Asimah and Sana'a Gov (only four districts which are bordering Amanat Al Asimah). The mapping results, available at the end of December 2018, will be used in referral of disadvantaged poor people to link them to required social services, which is part of IMSEA case management component.

### Communication for Development (C4D)

The support of male Imams and female Morshydats religious leaders and other community volunteers continues to be a key channel for engaging individuals and households on critical prevention and health seeking practices. In November, 791,791 people (47,189 boys; 46,884 girls and 173,843 men; 523,875 women) were reached through interpersonal communication and community engagement activities. These were conducted by 7,000 community mobilizers including 2,000 religious leaders (1,470 Imams and 530 Morshydats). These communication activities included 250,000 home visits (including visits during the Polio campaign), 3,600 group discussions, 4,000 counselling sessions, 6,000 community meetings and events, 50 drama shows and talks during 1,100 Friday prayers in mosques.

UNICEF, through the community mobilizers network, also supported information dissemination in 200 Diarrhoea Treatment Centre/Oral Rehydration Centers, as well as during 16,000 internally displaced people and Muhamasheen (marginalized people living in slum) gatherings and in 70 schools.

In addition, 459 vehicles fitted with public address systems helped to reach about 6 million people in districts targeted for interventions. These activities were supported with the distribution of Information, Education and Communication (IEC) materials. Mass Communication channels comprising 29 radio and television stations further supported the community mobilization activities reaching about 10 million people. This was reinforced by key messages disseminated through SMS, which reached about 10 million mobile phone subscribers.

### Supply and Logistics

The total value of supplies delivered during the reporting month amounted to USD 8,757,959 with a total weight and volume of 583 metric tons and 2,262 cubic meters respectively (this included first aid kits, hospital equipment, vaccines and water purification tablets). This delivery was completed with three dhows, one to Aden and one to Al Hudaydah, three Logistics Cluster air operations to Sana'a, and four charter aircraft to Sana'a (for the delivery of vaccines). Delivery of goods and supplies to Al Hudaydah continue to be challenging and time consuming due to the ongoing hostilities and conflict.



©UNICEF Yemen/2018. More than 14 million doses of the Measles & Rubella (M&R) vaccines arrived in Aden Airport for children between 6 months and 15 years in the upcoming National M&R campaign.

### Media and External Communication

During November, UNICEF and children issues, with a strong focus on health and nutrition, were featured in 469 broadcast videos aired on 21 TV channels. UNICEF was featured in 40 per cent of the total media coverage given to children and humanitarian issues. The coverage of international Arabic and English media about UNICEF Yemen registered an increase by 76 per cent and by 72 per cent respectively.

Following the end of his visit to Yemen, to raise public awareness on child malnutrition, UNICEF Regional Director Geert Cappelaere briefed the media during a [press conference](#) held in Amman, Jordan, on 3 November 2018, which has been livestreamed on Facebook and spanned across 558 links in online media. The statement by the Regional Director was covered by 125 online media sources (76 in English and 49 in Arabic media) and aired by six TV channels, including BBC Arabic, Al Jazeera, Yemen TV, I24News, Belqees TV and Al Mayadeen TV.

On 6 November, UNICEF Executive Director Henrietta Fore issued a [statement](#) regarding children in Al Hudaydah hospital at imminent risk of death, following the intensifying fighting in the area and called “on all parties to cease hostilities near and around the hospital, and to ensure that civilians can safely access the hospital from all sides, and to abide by their legal obligations to stop attacks against civilian infrastructure.” The statement generated a coverage spanned across 315 links in online media outlets.

On 16 November, as the Special Envoy for Yemen Mr. Martin Griffiths briefed the Security Council on the current situation in the country, UNICEF Executive Director [welcomed](#) “the increasing number of appeals for a ceasefire in Yemen and resumption of political talks,” calling “for a lasting peace and place the interests of Yemeni children front and centre.”

Finally, a [joint statement](#) by Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, and Ms. Fore, UNICEF Executive Director, on the situation in Yemen and in Al Hudaydah more particularly was released on 22 November, urging for a durable cessation of hostilities, among other measures to prevent potential catastrophe.

On 30 November, Meritxell Relaño, UNICEF Representative in Yemen, made a [statement](#) on the 60,000 children out-of-school in Al Hudaydah due to the escalation of the conflict, which has forced over a third of all schools there to close and to praise the heroic commitment of teachers who continue to educate children across the country despite the many hardships they face.

In the same reporting month, [seven stories](#) were published on the website on malnutrition, education and cholera response, as well as videos, both in English and Arabic, on the visit of the UNICEF Regional Director to Yemen and the [malnutrition](#) situation in Yemen, [Child Friendly Spaces](#) in Aden governorate, [World Children’s Day](#) and the efforts of the [Rapid Response Teams](#) in Al Hudaydah in the fight against cholera. On the occasion of [World Children’s Day](#) celebrated globally on 20 November 2018, UNICEF Yemen also turned the world in blue through a large-scale multimedia campaign, featuring visuals, videos and pictures of children across the country and testimonies of UNICEF Yemen field staff committed to protect and save children in Yemen, as well as events organized by UNICEF Yemen in country from Sana’a and other field offices. The top tweet gathered more than 108,000 impressions (comparing to 75,000 last month) and the top Facebook post, on UNICEF cash assistance, more than 13,000.

Other multimedia campaigns were launched through the month across UNICEF Yemen social media platforms to cover the arrival of vaccine supplies to Sana’a for future OCV campaigns, the situation of displaced children in Aden and Al Mahara governorates titled “I matter because” in cooperation with C4D, the role of Community Health Workers and the nation-wide door-to-door polio campaign which took place from 26 to 30 November.

## 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 November, UNICEF received generous contributions from a private donor in the UAE (Health interventions), Belgium (Child Protection and a flexible contribution for the Humanitarian Appeal for Children ‘HAC’) and the United Kingdom National Committee (cross-sectoral support to the HAC).

## SOCIAL MEDIA HIGHLIGHTS FOR NOVEMBER 2018

### TWITTER

New Followers	-40 (again due to clean up of fake accounts done by Twitter)
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Tweets impressions	1.76million
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Top tweet	<a href="#">108.2K impressions</a>
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Total tweets (Arabic/English)	158
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Profile Visits	27.4K
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Total mentions	1.8K
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### FACEBOOK

Net new page likes/followers	1.7K
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Total Reach	224K
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Key post	<a href="#">13.9K Reach</a>
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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 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	69,702,099	64,233,969	133,936,068	-	0%
Health	107,264,969	58,418,370	67,953,465	126,371,835	-	0%
Water, Sanitation and Hygiene	125,000,000	119,785,662	27,616,479	147,402,141	-	0%
Child Protection	33,238,526	23,196,928	8,754,881	31,951,809	1,286,718	4%
Education	30,840,473	18,111,324	16,074,896	34,186,220	-	0%
C4D	14,553,270	10,165,795	2,900,497	13,066,292	1,486,978	10%
<i>Being allocated</i>		57,893,376		57,893,376		
<b>Total</b>	<b>423,990,847</b>	<b>357,273,555</b>	<b>187,534,186</b>	<b>544,807,741</b>	<b>2,773,695</b>	<b>1%***</b>

*\*\*Carry Forward' includes funds which were received against the 2017 HAC appeal and 'Other Allocations', which includes additional contributions from multi-lateral organizations which will contribute towards 2018 Results.*

*\*\*\*Funds Available' as of 30 November 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 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: 28/01/2018

UNICEF Yemen Facebook: [www.facebook.com/unicefyemen](http://www.facebook.com/unicefyemen)

UNICEF Yemen Twitter: @UNICEF\_Yemen

UNICEF Instagram: UNICEF\_Yemen

UNICEF HAC 2018: [www.unicef.org/appeals/yemen.html](http://www.unicef.org/appeals/yemen.html)

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## Annex A

### SUMMARY OF PROGRAMME RESULTS (January- November 2018)

2018 Programme Targets and Results <sup>1</sup>	Overall needs	Cluster Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
<b>NUTRITION</b>							
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	400,000	268,000 <sup>1</sup>	278,483	49,243▲	276,000	278,483	49,243▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	1,352,462	134,459▲	983,000	1,352,462 <sup>2</sup>	134,459▲
Number of children under 5 given micronutrient interventions (MNPs)		691,000	577,808	75,551▲	691,000	577,808	75,551▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	3,390,608	8,234▲	4,177,000	3,390,608	8,234▲
<b>HEALTH</b>							
Number of children under 1 vaccinated against measles (MCV <sub>1</sub> )					912,560	546,679 <sup>1</sup>	75,436▲
Number of Children under 5 vaccinated against polio					5,352,000	4,658,852	13,678▲
Number of children under 5 receiving primary health care					1,500,000	1,180,792	90,233▲
Number of pregnant and lactating women receiving primary health care					801,045	612,053	52,144▲
<b>WASH, SANITATION &amp; HYGIENE (WASH)</b>							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,338,840	4,611▲	6,000,000	4,954,795	0
Number of people gaining access to emergency safe water supply		1,703,359	1,315,150	39,307▲	1,000,000	929,836	0▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	916,229	391,214▲	800,000	872,526	391,214▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	891,174	243,177▲	800,000 (basic)	807,717	243,177▲
		5,332,045	5,638,877	783,584▲	4,000,000 (consumable)	5,638,877 <sup>1</sup>	2,235,519▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	8,414,407	2,681,946▲	4,000,000	8,414,407 <sup>1</sup>	2,837,372▲

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	743,393	45,010 ▲	594,937	668,237	42,764 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,576,372	211,244 ▲	1,468,541	1,516,781	209,939 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	10,865	1,310 ▲	10,345	9,702	1,224 ▲
EDUCATION <sup>1</sup>							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	4,100,000	738,995	867,766	48,983 ▲	639,100	182,398	24,986 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	876,505	45,094 ▲	429,000	133,356	0
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	271,897	8,842 ▲	473,000	41,907	206 ▲
Communication for Development (C4D)							
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) <sup>2</sup>					2,200,000(14)	2,495,699 <sup>2</sup>	77,151 ▲
					4,000,000(4)	10,321,960 <sup>2</sup>	791,791 ▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	9,078	400 ▲

## 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.

**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 activity 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.

**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.