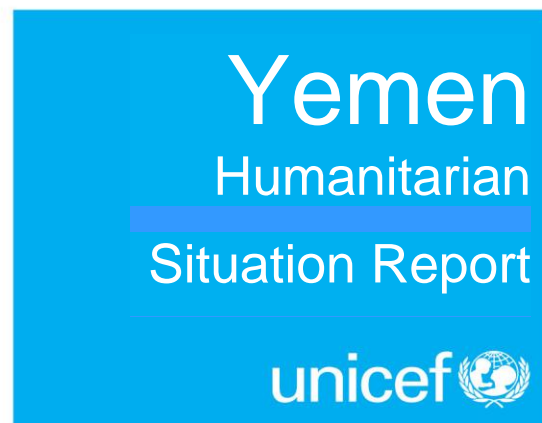




©UNICEF Yemen/2019/Ahmed Bashta. A girl is being vaccinated against cholera. Taizz City.



Highlights

- Between January and August 2019, there have been 617,317 Acute Watery Diarrhoea (AWD)/Cholera suspected cases and 844 associated deaths. UNICEF vaccinated the second dose of Oral Cholera Vaccination (OCV) in August, covering 81 per cent of the OCV campaign’s target.
- In August, 9 children were killed, and 30 children were injured by the ongoing conflict, according to the United Nations Country Task Force on Monitoring and Reporting.
- Between January and August 2019, UNICEF treated 193,638 children (60 per cent of annual target) with Severe Acute Malnutrition (SAM), through fixed and mobile Outpatient Therapeutic Programmes (OTPs).
- In August, UNICEF provided safe drinking water to nearly 2.8 million people including host communities and internally displaced persons, through the operation and maintenance of the water supply systems.
- Psychosocial support was provided to 24,673 people, including 10,905 children, in 16 governorates through a network of fixed and mobile child friendly spaces to help survivors overcome the immediate and limit long-term consequences of their exposure to violence.

August 2019

- 12.3 million**
of children in need of humanitarian assistance (estimated)
- 24.1 million**
of people in need (OCHA, 2019 Yemen Humanitarian Needs Overview)
- 1.71 million**
of children internally displaced (IDPs)
- 4.7 million**
of children in need of educational assistance
- 357,487**
of children under 5 suffering Severe Acute Malnutrition (SAM)
- 17.8 million**
of people in need of WASH assistance
- 19.7 million**
of people in need of basic health care

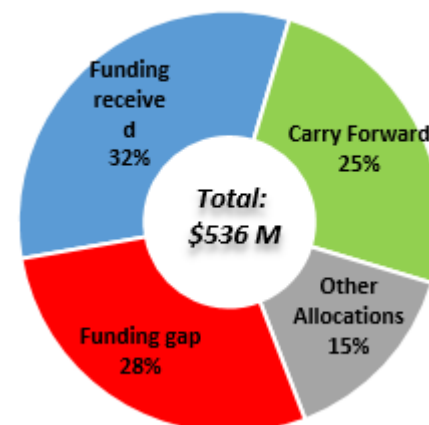
UNICEF Appeal 2019

US\$ 536 million

Funding Available*

US\$ 385.5 million

Overall 2019 Funding Status



*Funds available includes funding received for the current appeal (emergency and other resources), the carry-forward from the previous year and additional funding which is not emergency specific but will partly contribute towards 2019. HPM results.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan - Aug 2019 Results	Cluster Target	Jan - Aug 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	193,638	321,750 ¹	193,638
Health: Children from 6 months - 15 years vaccinated in MR campaigns	13,032,803	11,837,521		
WASH: Number of people having access to drinking water	6,000,000	5,478,952	7,288,599	6,043,322
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	394,956	882,268	442,641
Social Policy: Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)	175,000	89,094		

¹Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM) table at the end of the Situation Report.

Situation Overview & Humanitarian Needs:

In August, the conflict had been escalated across the country, especially in Aden. From the fighting that broke out on 8 August in Aden, 40 people have been killed and 260 people got injured. By 19 August, 638 families were displaced from the fight. On 11 August, strikes hit a family home in Hajjah, killing 12 people including six children. Clashes that had occurred on 27 August in Aden and Abyan killed 13 people and injured 70 people¹. On the other hand, heavy rains followed by flash floods damaged shelter, infrastructure and water networks mostly in western governorates, particularly in Al Hudaydah and Al Mahwit. The National Authority for the Management and Coordination of Humanitarian Affairs appealed for humanitarian assistance to 1,400 families displaced by the floods².

In August, the United Nations Country Task Force on Monitoring and Reporting verified 82 per cent of reported incidents, including nine children (3 girls and 6 boys) killed and 30 children (10 girls and 20 boys) injured, perpetrated by various parties to the conflict. Most of the incidents documented and verified were in Al Hudaydah followed by Al Dhale'e and Aden.

Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases as of 31 August 2019 reached 2,001,672 with 3,571 associated deaths (case fatality rate, CFR 0.18 per cent) across the country. Between January and August 2019, there have been 617,317 suspected cases of cholera and 844 associated deaths³ recorded (CFR 0.14 per cent). Children under five of age represent 27.8 per cent of the total suspected cases in 2019. A total of 320 of the 333 districts in Yemen have reported cases during this year, with a national attack rate of 213 suspected cases per 10,000 people. There has been a significant rise in the number of suspected cholera cases and associated deaths, in comparison to the same period in 2018 (140,273 suspected cases and 179 associated deaths).

Humanitarian Leadership and Coordination:

Nutrition Cluster⁴

Between January and July 2019, 323,874 moderately malnourished children, representing 35 per cent of the 2019 nutrition cluster target (937,878) and 22 per cent of the annual caseload were enrolled in an average of 2,179 Targeted Supplementary Feeding Programme (TSFP) sites with overall of reporting rate of 70 per cent. The July reporting rate was still trailing at 49 percent. Moreover, the number of moderately malnourished pregnant and lactating women (PLW) enrolled in TSFP reached about 50 per cent of the annual target (639,210) and 28 per cent of the annual caseload between January and July 2019; while the Blanket Supplementary Feeding Programme (BSFP) coverage for under two children stood at 53 per cent of the annual target and 46 per cent of the estimated annual caseload in 136 districts out of the planned 165 districts.

The Nutrition Cluster co-leadership at hub level was extended from 11 August to the end of September 2019 to provide an opportunity for interested partner to apply or re-apply. Meanwhile, the Nutrition Cluster partners agreed to establish the Nutrition Information Technical Working Group (NITWG) to provide guidance on the information and knowledge management for programmatic and coordination related to nutrition information. The Nutrition Cluster has been consulting with its partners to finalize the NITWG Terms of Reference.

WASH Cluster

In August, the WASH cluster in Yemen implemented capacity development activities. The WASH Cluster facilitated a training session on approaches and tools for accountability to affected populations (AAP) in Ibb for 20 WASH partners⁵. The training aimed to provide participants orientation and good knowledge on community engagement and AAP to be able to provide the same training for their partners and staff. Due to the severe flooding, shelters and infrastructure including water networks have been damaged in Al Hudaydah and Al Mahwit. Rapid response to populations affected by floods has been mobilized across the country, including provision of safe and clean water and hygiene items. The WASH Cluster, through the Local Water and Sanitation Corporation (LWSC) has discharged accumulated rainwater in Al Hudaydah. Water trucking and hygiene kits have been provided by the WASH Cluster partners to affected communities and families.

Child Protection Sub-Cluster

In August, the Child Protection Sub-Cluster provided critical child protection services including case management and victims' assistance to 1,398 children. A total of 10,520 children (97 per cent of annual target) were reached with case management and

¹ OCHA Yemen - Humanitarian Update Issue 11 (https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_Humanitarian%20Update%20%2311_FINAL.pdf)

² Yemen: Flash Floods, Flash Update No.2 as of 19 August 2019.

³ Yemen Cholera Outbreak – Interactive Dashboard (<http://yemeneoc.org/bi/>), data as at 31 August 2019.

⁴ Due to unavailable data for August 2019 at the time of reporting, figures for August are added to the next reporting month instead.

⁵ 3 females and 17 males

victims' assistance between January and August 2019. Of those 1,398 children, 26 children⁶ were referred to medical services due to injuries from the conflict. 42 per cent of cases reported were from Hajjah, Al Hudaydah, Aden and Sa'ada. 20,056 children⁷ and 4,951 caregivers⁸ received psychosocial support (PSS), while 2,679 children⁹ and 594 caregivers¹⁰ received lifesaving mine risk education. The Child Protection Sub-Cluster remained active during the recent escalation of conflict in Aden. The Child Protection Sub-Cluster delivered the minimum protection package including mine risk education, victim assistance, assistance to unaccompanied and separated children, and case management to 2,572 children¹¹ in Aden. In addition, 2,996 children¹² in Aden received PSS.

In August, the Child Protection Sub-Cluster Strategic Advisory Group (SAG) provided guidance to the Child Protection Sub-Cluster. The SAG recommended to strengthen national capacity and setting up a monitoring mechanism to improve the quality of child protection interventions. As the end of August 2018, the Child Protection partners received only 34 per cent (US\$14.7 million) of 2019 Yemen Humanitarian Response Plan funding requirements for Child Protection projects. Due to a \$26.3 million of funding gap, critical child protection interventions, especially case management for 1.5 million children are affected. While many children are identified and referred to services, children cannot use the services due to the funding gap.

Education Cluster

In August, the Education Cluster provided access to quality education to 18,243 children¹³, reaching 75 per cent of annual target, through improved learning environments and alternative learning opportunities. Education Cluster partners rehabilitated WASH facilities in 10 conflict affected governorates¹⁴. This helped children to have better schooling environment. 25,682 children¹⁵ affected by the conflict received PSS to help them build their resilience and overcome the trauma caused by the conflict. 3,713 students, reaching 7 per cent of annual target, were provided with learning supplies by the Education Cluster partners. Due to \$64 million (61 per cent of the Education Cluster funding requirements for 2019 Yemen Humanitarian Response Plan) of funding gap, Education Cluster partners are not able to provide school bags, kits and supplies, as well as providing training to strengthen teaching to teachers. This may cause to increase drop-out rates, with less access to schools and low quality of education.

Rapid Response Mechanism

UNICEF is leading on the rapid response mechanism (RRM) in Yemen along with UNFPA to ensure immediate life-saving supplies are delivered at onset of emergency. In August, RRM partners reached 19,120 newly displaced families (133,480 people) with RRM kits in Sa'ada, Al Hudaydah, Ibb, and Sana'a. A total of 1.07 million (54 per cent of annual target) have been reached by RRM partners between January and August 2019. The RRM Consortium supported d (70,521 individuals). They were reached with multipurpose cash transfer around the frontlines in Hajjah, Al Hudaydah, and Aden, reaching 32 per cent of annual target.

Humanitarian Strategy: Humanitarian Strategy remained as same as outlined in [the situation report for May](#).

Summary Analysis of Programme response

AWD/Cholera Response: In August, over 2.6 million people were reached through WASH cholera rapid response teams (RRTs) across Yemen in Acute Watery Diarrhoea(AWD)/cholera outbreak affected areas. RRTs mobilized household chlorination campaigns and distributed 5,194,517 chlorination tablets, 48,180 consumable hygiene kits and 59,490 hygiene awareness sessions at household level. The mobilization of RRTs also contributed to identify the high-risk locations for an integrated long-term preventive interventions. In order to prevent the spread of AWD/cholera and to minimize associated cases and deaths, the High Impact Operation (HIO) has been initiated in 20 AWD/cholera hotspot districts in Sana'a, Hajjah and Al Hudaydah. UNICEF WASH Emergency Response Team (ERT) analysed cholera cases between June and July 2019, and identified these cholera hotspots. As per ERT recommendation, HIO has been initiated to implement specific, tailored and multi-sectoral interventions of health, WASH, C4D and monitoring activities. For the HIO, rapid response teams (RRTs) have been mobilized for social mobilization, hygiene awareness and water chlorination support both as preventive and responsive activities. By initiating the

⁶ 8 girls and 18 boys

⁷ 9,667 girls 10,389 boys

⁸ 3,575 females and 1,376 males

⁹ 1382 girls and 1,297 boys

¹⁰ 348 females and 246 males

¹¹ 1,335 girls and 1,237 boys

¹² 1,513 girls and 1,483 boys

¹³ 8,392 girls and 9,851 boys

¹⁴ Al Bayda, Al Dhale'e, Al Jawf, Al Mahara ,Al Mahwit, Dhamar,Hadarmut, Hajjah, Sa'ada, Taizz

¹⁵ 11,814 girls and 13,686 boys

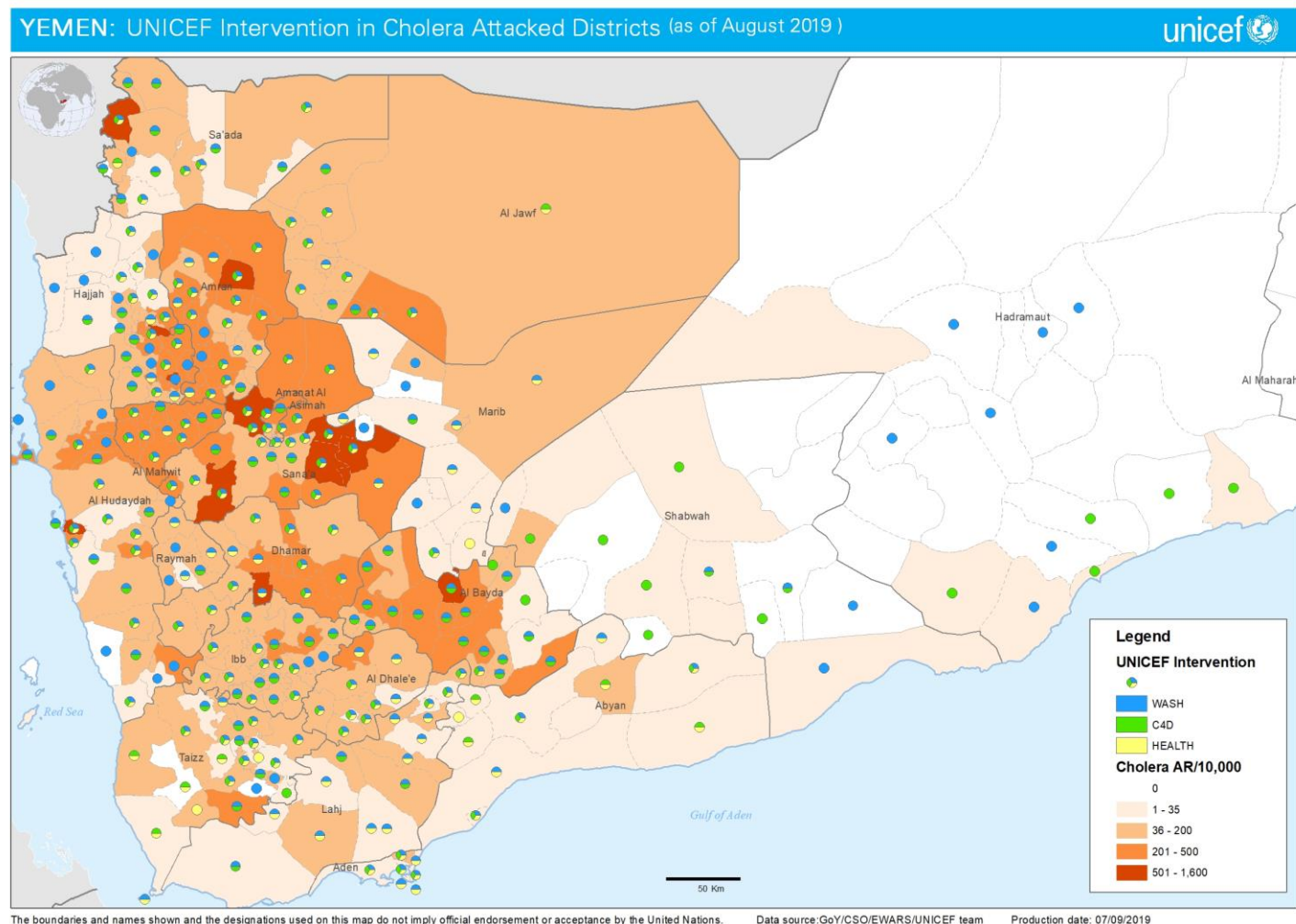
HIO during the dry season, it allows communities to receive cholera preventive interventions and adopt best practices before the next rainy season.

In response to the AWD/Cholera, UNICEF partners distributed approximately 3,000 AWD kits, 1.5 million Oral Rehydration Sachets and over 21,000 packs of Zinc through 372 Oral Rehydration Centres (ORCs) and 52 Diarrhoea Treatment Centres (DTCs) supported by UNICEF, in 201 districts in 18 governorates.

Oral Cholera Vaccine (OCV) has been used in Yemen since 2018 as one of the effective preventive measures aimed at breaking the transmission of cholera. On 3 August 2019, a six-day long OCV campaign launched in four high-risk districts in Aden, Taiz and Al Dhale'e. The campaign was accompanied by activities to mobilize the communities and raise public awareness on prevention of cholera. In August, 389,911 people above 1 year of age were vaccinated with the second dose of OCV, covering 81 per cent of total campaign's target. Of them, 72,914 children aged 1 - 5 years (92 per cent of target) were vaccinated. Vaccination teams visited 67,139 houses for vaccination in August.

C4D supported social mobilization to deploy 553 community volunteers and religious leaders to engage communities in the respective districts, to encourage people above one year of age to be vaccinated with OCV. The social mobilization interventions included 30,000 home visits, 3,000 group discussions, 1,864 counselling sessions, 4,000 community meetings, 100 community drama shows and 2,000 talks on OCV in mosques. 80 banners and 162,500 posters and leaflets were disseminated to reinforce the OCV messages. 280,349¹⁶ people were reached through the interpersonal communication.

The routine cholera prevention interventions continued through the network of community volunteers engaging communities and interpersonal communication. These activities promote five key practices: handwashing with soap; household water safety including chlorination; appropriate food storage; cooking and handling; and safe disposal of waste including faeces and care for the people with illnesses, including use of oral rehydration therapy at household level. These interventions were implemented



¹⁶ 108,121 women, 94,769 men, 47,410 girls, and 30,047 boys

through 717 group discussions, 2,335 counselling sessions, 827 community meetings and events, 160 community drama shows, 413 awareness sessions in DTCs and ORCs and 75,901 home visits. The routine preventive interventions reached 625,731 people¹⁷. Furthermore, religious leaders continued public awareness in mosques and community in 45 high risk districts. Key cholera preventive messages were integrated into religious sermons delivered during prayers and in outreach activities. Religious leaders, including female religious leaders, were able to conduct 10,393 talks in mosques and 5,703 community meetings. Additionally, female religious leaders conducted 4,877 women's group meetings. In collaboration with WASH activities, efforts are underway to ensure water points in mosques are chlorinated. The activities contributed significantly in cholera prevention interventions reaching 823,360 people¹⁸, of which 14,310 people were from marginalized communities and 25,824 people were displaced.

Health and Nutrition: Between January and August 2019, 193,638 children¹⁹ (60 per cent of target) were admitted for treatment of Severe Acute Malnutrition (SAM), through fixed and mobile Outpatient Therapeutic Programmes (OTPs) in 3,928 health facilities (86 per cent of the functional health facilities). UNICEF also provided support on management of severely malnourished children to 163 mobile teams across the country. By August 2019, 2,417,682 children under five years of age were screened for malnutrition in the health facilities and by community outreach workers.

UNICEF continued to assess and monitor the nutrition situation in Yemen. UNICEF completed a SMART survey in the selected 42 districts of Abyan in August, thus completing in total nine of 22 planned governorate SMART surveys²⁰ between January and August 2019. In addition to those nine SMART surveys, another SMART survey has been conducted in Dhamar. Five of the survey results indicated very high global acute malnutrition rates in 22 districts in Hajjah (17) and Taizz (5), which are above the 15 per cent WHO emergency threshold.

950,363 children²¹ received micronutrient powder supplementation which represents 33 per cent of the annual target. The result of this activity appears low as it features results from fixed health facilities, mobile teams, and primarily received reports from community health volunteers. It is anticipated that UNICEF will reach higher percentages with the implementation of more integrated outreach activities in the remaining months of the year and once data collection of all reports from community health volunteers has been completed. 518,640 children aged 12 - 59 months²² received deworming medications and 1,557,511 PLW received counselling on Infant and Young Child Feeding (IYCF) which represents 93 per cent of the annual target, and 1,287,753 PLW received iron-folate supplementation.

UNICEF continued to support the Expanded Programme on Immunization (EPI) services in all governorates by supporting routine services at facilities or through mobile teams. As results, UNICEF vaccinated 63,599 children with Penta3 vaccine, 58,018 children with MR1 vaccine, and 63,582 children with Polio vaccine.

As part of integrated child health, in August, 164,032 children under five received Integrated Management of Childhood Illness (IMCI) services, reaching 80 per cent of annual target. Of them, 22,426 children were treated for pneumonia, through fixed health facilities and outreach workers. UNICEF also supported the Ministry of Public Health and Population (MoPHP), by providing supportive supervision in monitoring quality of services provided. Furthermore, data collection is regularly conducted at the central, governorate and district levels.



©UNICEF Yemen/2019/Mahmoud Mohammed. Boys hold their vaccination cards after they got vaccinated against cholera during the second round of the OCV campaign in Aden.

UNICEF launched a diploma training course in the areas controlled by de-facto authorities for 82 participants in five disciplines including obstetricians, operation theatre nurses, neonatologists, neonatal intensive care unit (NICU) nurses, and anaesthesiologists. The purpose of the course is to have a skilled technical team at governorates level, to establish comprehensive emergency obstetric and new-born care (EmONC) facilities at governorate hospital. The training was on service delivery, referral and training the district team in basic EmONC in their respective governorates to the participants. UNICEF, in coordination with WHO and UNFPA, supported MoPHP to update the reproductive health (RH) indicators based

¹⁷ 268,992 women, 142,729 men, 113,496 girls, and 100,514 boys

¹⁸ 112,105 women, 474,771 men, 89,921 girls, and 146,562 boys

¹⁹ 104,119 girls, and 89,519 boys

²⁰ sIbb, Sa'adah, Shabwa, Hajjah Lowland, Taiz Lowland, Abyan selected districts, Socotra, Hadhramout and Al Maharah

²¹ 472,273 girls and 478,089 boys

²² 256,165 girls and 262,475 boys

on the updated registers. As a result, ten global RH indicators were adopted, to identify the maternal and new-born health (MNH) needs and the gap of MNH services.

UNICEF supported the MoPHP to conduct a two-day workshop to review the Community-Based Maternal and EmONC manual. 50 master trainers and midwives attended this workshop. Through the workshop, updated information on MNH was incorporated into the new version of the Community-Based Maternal and EmONC manual.

Water, Sanitation and Hygiene (WASH): UNICEF continued its support for the operation and maintenance of the water supply systems both in major cities and rural areas to ensure the provision of safe drinking water. Through this activity, UNICEF reached nearly 2.8 million people including host communities and internally displaced persons (IDPs) in August. UNICEF provided fuel, electricity, spare parts and alternative energy options for water facilities, as well as disinfectants for bulk and water tanks chlorination.

UNICEF provided on-going support for the operation and maintenance of the Waste Water Treatment Plants and solid waste management, through provision of fuel, electricity, spare parts, alternative energy options and emergency maintenance of sewage systems benefiting approximately 1.4 million people in high risk AWD/Cholera locations.

In August, UNICEF WASH supported more than 60,000 IDPs in Al Dhale'e and Al Jawf with critical WASH services including emergency water trucking, construction of emergency latrines, distribution of hygiene kits and Hygiene promotion. The emergency latrine construction provided safe access to the IDPs in the above mentioned locations which also resulted in improving environmental health situation in the IDP camps.

Following the flash floods followed by the heavy rains in Al Hudaydah, UNICEF through the Local Water and Sanitation Corporation (LWSC) hired 30 trucks to discharge accumulated rainwater in Al Hawak district. In addition, UNICEF supported LWSC to commence maintenance and cleaning of sewage network in Al Hawak and Baital Faqih districts. The impact of the WASH interventions during the flooding in the IDP camps contributed in preventing further increase in disease outbreak.

In August, insecurity escalated in the country, particularly in Aden and its neighbouring areas. This resulted in delays on programme monitoring and supply delivery. The fuel provision to water supply utilities has been hindered due to fuel shortage. This issue has been impacting on the operation of WASH system including cleaning activities. UNICEF is working on the alternative arrangement using long-term agreement with private suppliers for fuel support. Due to \$28 million of funding gap (33 per cent of funding requirements for UNICEF WASH programme for 2019), interventions on solid waste management, water trucking, fuel support, as well as IDP responses and cholera responses, have been affected.

Child Protection: UNICEF continued to provide life-saving education on the risks posed by mines, unexploded ordnances and explosive remnants of war, reaching 3,256 conflict-affected people²³ in Aden and Sa'ada in August. As a result, UNICEF has

reached 1.6 million people (111 per cent of annual target) with life-saving mine risk education so far in this year. Mine risk education was delivered in schools and in child friendly spaces, as well as through community campaigns. UNICEF was able to reach more students and community members with mine risk education messages than targeted, with lower cost. Furthermore, due to the conflict in Al Hudaydah and Hajjah, as well as displacement in Abyan and Al Dhale'e, UNICEF scaled up the intervention on MRE. UNICEF continues to provide MRE in 12 governorates where the planned targets have not reached yet.

In August, PSS was provided to 24,673 people²⁴ in 16 governorates²⁵, through a network of fixed and mobile child friendly spaces to help survivors overcome the immediate and limit long-term consequences of their exposure to violence.



©UNICEF Yemen/2019/Ghassan Barakat. A child suffering from blood breaks or Anemia is getting water provided by UNICEF. Al Hudaydah.



©UNICEF Yemen/2019/Waleed Al-Hadramy. A 11-year-olds boy is having fun during his participation with children at UNICEF supported friendly space. Hajjah City.

²³ 348 females, 246 males, 1,372 girls, and 1,290 boys

²⁴ 3,429 females, 1,296 males, 9,609 girls, and 10,339 boys

²⁵ Aden, Hadramaut, Lahj, Al bayda, Al Hudaydah, Aljwaf, Amanat Al Asimah, Amran, Hajjah, Ibb, Marib, Raymah, Saddah, Sana'a, Taiz and Dhamar

UNICEF provided PSS to a total of 394,956 children and caregivers (50 per cent of annual target) between January and August 2019.

Through the case management programme, UNICEF has continued to support the referral and provision of critical services to children, including facilitating access to life-saving health services for the most vulnerable children. 1,299 children²⁶ were identified by trained case managers who were trained with case management standards operating procedures and referral pathway developed by UNICEF. Of those 1,299 children, 1,281²⁷ were provided with interventions on victims' assistance, individual counselling, family tracing, reunification with families, economic empowerment and livelihood support, legal services, education services, and medical services, as of the end of August.

As key challenges, delays and denial of approval for partners sub-agreement from authorities have affected the implementation of some child protection programmes. Due to the escalated hostilities, the limited access to the frontlines of the conflict have been affecting the verification of grave child rights violations. A \$17 million of funding gap (46 per cent of the funding requirements for the UNICEF Child Protection programme for 2019) has impacted the delivery of PSS and critical services. PSS interventions were hindered, especially in the areas along the west coast of the country, where only 16 per cent of targeted children has been reached. In the same areas, the delivery of critical services, especially victims' assistance has been affected by the funding gap. Across the country, only 41 per cent of the children who were targeted to receive PSS and critical services had been reached so far in 2019.

Education: Ahead of the school year 2019-2020 planned to start in September, UNICEF and its partners prepared to launch a Back-to-Learning campaign in August. The objective of the campaign is to advocate with local communities for the importance of children to return to school, to improve access to quality education for all children and maintain those already enrolled in school at risk of dropping out. UNICEF established the Task Force for Back to Learning in partnership with the Ministry of Education (MoE), to ensure cross-sectoral approach integrated with communication and C4D interventions.

UNICEF and its partners have completed the verification of technical need assessments to rehabilitate 470 affected schools in 15 governorates²⁸. Around 170,450 children (average of 350 children per school) will benefit from the rehabilitation work. An additional 17 schools are in the tendering processes for rehabilitation. Additionally, UNICEF is supporting catch-up classes for 491 displaced students²⁹ in grade 9 in Abs district in Hajjah. The students missed the end of school year exams due to the displacement; the catch-up classes were provided for the second-round examination that would take place in September. By providing catch-up classes, these students can be prevented from missing another school year.

The third payment of Education Teachers Incentives took place in early August. UNICEF provided incentives to 127,157 teachers and school-based staff, representing 99.6 per cent of the payment cycle target of eligible beneficiaries.

In order to ensure access to education and reduce economic barriers for education, UNICEF procured 70,000 school bag kits that had reached to the Aden port in August. Due to the recent escalated conflict in Aden, as of the end of August, those kits have remained at the port and have not been distributed to children in the areas controlled by the internationally recognized government. As another key challenge, some of the school supplies have not been delivered before the school year started due to a long consultation process with the MoE to agree on school items' specification. This resulted in the delay of school supply delivery to the areas controlled by de-facto authorities. As a mitigation measure for the next school year, UNICEF will ensure the order of supply in a timely manner, while respecting the criteria that was agreed on with MoE.

Social Inclusion: In August, 10,600 people benefitted from emergency and longer-term social and economic assistance through case management; as a result, UNICEF reached a total of 89,094 people (51 per cent of annual target) so far this year. UNICEF launched a National Identification (ID) campaign as a part of the Integrated Model of Social and Economic Assistance (IMSEA) project in the targeted areas in Amanat Al-Asimah and Sana'a. This campaign aimed to support parents in obtaining IDs, which is a requirement for obtaining birth certificates for their children. The campaign will be followed by a birth registration campaign.

²⁶ 515 girls, and 784 boys

²⁷ 506 girls, and 775 boys. Those children include 24 children (8 girls and 16 boys) who accessed with victims' assistance services, 696 children (303 girls; 393 boys) who accessed individual counselling, 39 children (17 girls; 22 boys) who accessed family tracing, 27 children (5 girls; 22 boys) who reunified with their families, 334 children (124 girls; 210 boy) who accessed economic empowerment and livelihood support, 16 children (4 girls, 12 boys) who accessed legal services, 173 children (74 girls; 99 boys) who accessed education services, and 162 children (73 girls; 89 boys) who accessed medical services. Some of these children were referred to and accessed more than one service.

²⁸ Hajjah, Al Hodaydah, Aden, Lahj, Shabwah, Al Dhale'e, Sa'ada, Taiz, Ibb, Amran, Dhamar, Hadhramaut, Abyan, Mareb and Albaydha

²⁹ 208 girls and 283 boys

The campaign is divided into two main components: community mobilization and awareness activities by the Social Welfare Fund; and issuance of ID cards by the Civil Registration. 5,189 parents³⁰ were provided with IDs. This intervention would prevent social exclusion resulting from not having national identity and enable the recipients' children to get birth certificates. By implementing the campaign before the new school year, which will start in September, birth certificates will facilitate the access to education for children.

In parallel, the communication for change campaigns continued in the IMSEA targeted slums in Amanat Al-Asimah and Sana'a. The campaigns aimed to promote behavioral change by adoption and sustaining the five best practices: hand-washing with soap; safe motherhood; immunization for all children; early initiation and exclusive breastfeeding; and suitable supplementary feeding for suitable age. Along with the ID and Birth Registration campaigns, the community mobilizers conducted individual and group educational sessions on the right to birth registration for 6,880 individuals (1,325 households) in August.

During the reporting period, UNICEF supported the Ministry of Social Affairs and Labour (MoSAL) to conduct the monthly meeting of the Social Protection Consultative Committee (SPCC). The committee discussed developments in the social protection area in the country. Pensions for civil servants was discussed and the committee committed to advocate for the continuous support of this key social protection programme. The committee also discussed the challenges on the Fund for Care and Rehabilitation of the Disabled (FCRD). The SPCC called for its members to contribute to the fund including through advocacy for support to the fund.³¹

Due to the \$9 million funding gap (63 per cent of the 2019 funding requirements for the Social Inclusion Programme for 2019), UNICEF is not able to implement the IMESA project in two governorates.

Communication for Development (C4D): In August, the MoPHP launched a Diphtheria outreach programme in 13 governorates to improve coverage of vaccine preventable diseases. UNICEF supported social mobilization prior to the outreach to raise awareness and promote uptake of the vaccine among the eligible population. The first round of outreach covered 6 governorates³². The social mobilization interventions reached 1,350,492 people³³, through 202,222 household visits conducted by 2,200 community volunteers. To reinforce the messaging especially in hard-to-reach areas, 82 roaming vehicles mounted with public address systems were deployed in the targeted districts.



©UNICEF Yemen/2019/Mahmoud Mohammed.
People are attending C4D activities. Al Dhale'e City.

In order to convey the information on Diphtheria vaccinations including the eligibility, importance of the vaccines, adverse effects and its management, communication interventions were conducted through mass media broadcasting of public service announcements, placement of 800 street banners, dissemination of 40,000 posters and 160,000 leaflets. Interpersonal communication reinforced by mass media was conducted to address misinformation on the safety of vaccine. An estimated 5 million people were reached with the information on Diphtheria vaccinations.

A key challenge to be addressed through behaviour change communication is the misinformation on the safety of vaccines which was spread among communities. To address this challenge, UNICEF disseminated correct information on the safety of vaccines through TV, radio and social media platforms, as well as encouraging the messaging on the safety of vaccines by the Ministry of Health at authority and governorate levels.

Rapid Response Mechanism (RRM): UNICEF provided safe water through water source chlorination to 131 IDPs in Khanfir district in Abyan, as well as through water trucking to 30,457 IDPs in Al-Hali, Jails and Al-Thawra districts in Al-Hawk. UNICEF provided total 8,811m³ of water to IDPs. In Aden, UNICEF provided 13 hygiene promotion sessions to 441 IDPs, and distributed 450 brochures and 350 posters on hygiene key messages in IDP camps in Al Buriqah district of Aden. During the reporting period, a Nutrition Screening Workshop was conducted for the RRM consortium partners in Aden. UNICEF carried out nutrition screening in Aden, and Al Hudaydah, for 130 children under 5 years of age and 61 PLW. Through the screening, UNICEF identified 73 children with moderate acute malnutrition (MAM) and 11 children with SAM, as well as 35 PLW with MAM in Aden. UNICEF conducted multi-sectoral assessment and verification for 301 displaced households in Al Hudaydah.

³⁰ 3,754 mothers and 1,435 fathers

³¹ The SPCC is being chaired by MoSAL and deputy-chaired by the Ministry of Planning and International Cooperation (MoPIC); different social and economic ministries, NGOs, the UN agencies, and the private sectors are members of the Committee.

³² Sana'a, Amran, Hajjah, Raymah, Al Mahwit and Amanat Al Asimah

³³ 488, 101 women, 195,420 men, 356,824 girls, and 310,147 boys

Due to the \$7 million funding gap (34 per cent of the 2019 funding requirements for RRM), interventions on water trucking, multi-purpose cash and MAM and SAM screening and referrals, as well as transportation of supplies will be affected from October. Without transportation of supplies, UNICEF will not be able to deliver RRM kits to displaced families. In order to provide immediate, life-saving emergency assistance to newly displaced families and in hard-to-reach areas, UNICEF has been continuously engaged with local authorities and community networks, to verify and enrol new displaced households.

Media and External Communication: The overall media coverage featuring the humanitarian situation and children remained on the same level compared to the last month. UNICEF was featured in 32 per cent of the general coverage in traditional media and in 32 per cent of the content circulated on social media. While local media reported on UNICEF issues at 12 per cent, regional media featured UNICEF at 48, followed by 37 per cent in international English media, and 28 per cent of Gulf media. In August, UNICEF participated in the digital media campaign to advocate for addressing the funding shortfalls through a series of social media products. UNICEF pursued its digital engagement efforts, with social media content highlighting UNICEF humanitarian response in Yemen, including cholera responses, health, water, sanitation and hygiene, communication for development, child protection interventions, and provision of emergency services to displaced populations. This month, the [top tweet](#) gathered nearly 82,000 impressions, with photos of a father and his children talking about how easy UNICEF has made it to access clean water. On Facebook, the [top post](#), with over 26,000 impressions, covered the cash incentives project for teachers and school-based staff in Yemen.

Supply and Logistics: A total value of supplies delivered in August 2019 amounted more to than \$3 million with total weight and volume of 3,644 metric tons and 9,868 cubic meters respectively. Their delivery was completed with three dhows to Al Hudaydah.

Funding: As of August, UNICEF has received \$173.2 million of contributions towards the 2019 Humanitarian Action for Children appeal, that has been aligned with the Yemen Humanitarian Response Plan for 2019. UNICEF wishes to express its deep gratitude to all donors for the contributions and pledges received which are making the current response possible; however, a funding gap of \$150.2 million hinders to reach all children in urgent needs of assistance in Yemen, for the rest of the year. To meet the immediate and longer-term needs of children and their families in Yemen, UNICEF Yemen welcomes predictable, flexible and multi-year funding.

SOCIAL MEDIA HIGHLIGHTS FOR AUGUST 2019	
TWITTER	
New Followers	615
Tweets impressions	546K
Top tweet	82K impressions
Total tweets (Arabic/English)	60
Profile Visits	9.8K
Total mentions	497
FACEBOOK	
Total posts (mostly bilingual)	47
Net new page likes/followers	1.2K
Total reach	297K people
Key post	26.6K people reached

Funding Requirements (as defined in the revised Humanitarian Appeal of 2019 for a period of 12 months)

Appeal Sector	2019 Requirements (\$)	Funding Received Against 2019 Appeal (\$)	Carry Forward From 2018 (\$)	Other Allocations Contributing Towards Results (\$)*	2019 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	124,678,000	36,922,353	22,505,261	20,500,890	79,928,504	44,749,496	36%
Health	85,788,673	10,803,027	22,074,642	24,487,066	57,364,735	28,423,938	33%
Water, Sanitation and Hygiene	135,000,000	35,724,204	34,775,718	19,153,893	89,653,815	45,346,185	34%
Child Protection	38,348,211	7,706,220	11,766,930	1,600,000	21,073,150	17,275,061	45%
Education	106,000,000	72,268,216	31,116,985	2,504,291	105,889,492	110,508	0%
Social Policy	14,009,396	1,178,899	421,074	3,600,000	5,199,973	8,809,423	63%
C4D	10,857,795	972,681	5,059,736	5,915,188	11,947,604	- 1,089,809	-10%
RRM	21,000,000	7,169,172	6,683,055	-	13,852,227	7,147,773	34%
Being allocated		530,758			1,163,758		
Total	535,682,075	173,275,530	134,403,401	77,761,327	385,440,259	150,241,816	28%

*This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2019 HPM results.

**'Funds Available' as of 31 August 2019 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. 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 which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.

Next SitRep: 28/10/2019

UNICEF Yemen Facebook: www.facebook.com/unicefyemen

UNICEF Yemen Twitter: @UNICEF_Yemen

UNICEF Instagram: UNICEF_Yemen

UNICEF HAC 2019: www.unicef.org/appeals/yemen.html

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Annex

SUMMARY OF PROGRAMME RESULTS (January - August 2019)

2019 Programme Targets and Results	Overall needs	Cluster Response			UNICEF and IPs		
		2019 Target ¹	Total Results	Change since last report ▲▼	2019 Target ¹	Total Results ¹	Change since last report ▲▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	357,487	321,750	193,638	34,166 ▲	321,750 ¹	193,638	34,166 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	1,557,511	132,309 ▲	1,514,102	1,557,511 ⁴	132,309 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	950,363	68,258 ▲	2,860,031	950,363 ²	68,258 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	64,847	12,692 ▲	4,290,047	64,847 ³	12,692 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	328,950 ³	58,018 ▲
Children from 6 months – 15 years vaccinated in MR campaigns					13,032,803	11,837,521 ¹	-
Number of Children under 5 vaccinated against polio					5,352,000	387,492 ²	63,582 ▲
Number of children under 5 receiving primary health care					1,575,000	1,259,277	164,032 ▲
Number of pregnant and lactating women receiving primary health care					841,097	730,115	91,654 ▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	6,043,322	116,857 ▲	6,000,000	5,478,952 ²	87,487 ▲
Number of people gaining access to emergency safe water supply		1,703,359	934,830	44,256 ▲	1,000,000	631,171 ³	44,256 ▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	581,566	11,486 ▲	800,000	472,442	450 ▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	446,785	80,539 ▲	800,000	203,952 ⁴	15,633 ▲
		5,332,045 (CHKs)	5,103,444	337,260 ▲	4,000,000	4,977,860 ⁵	337,260 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection ¹		4,202,324	16,371,652	3,636,162 ▲	3,500,000	16,133,834	3,636,162 ▲
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	80%	17% ▲	90%	80%	17% ▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	442,641	25,007 ▲	794,825	394,956	24,673 ▲
Number of children and community members reached with lifesaving mine risk education messages ¹		1,684,106	1,645,649	3,273 ▲	1,365,128	1,634,516	3,256 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	10,520	1,398 ▲	10,345	10,056 ²	1,281 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	701 ³	-
EDUCATION							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	667,447	18,243 ▲	816,566	216,464 ¹	- ⁵
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	321,606 ⁶	25,682 ▲	170,000	33,524 ²	- ⁵
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	110,041 ⁶	3,713 ▲	996,994	15,251 ³	- ⁵

Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives each month		135,359	127,157 ⁴	-	135,359	127,157	-
Social Policy							
Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	89,094	10,600▲
RRM							
Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	1,072,807	133,480▲
Number of vulnerable persons supported with multipurpose cash transfer					350,000	112,283 ¹	13,641▲
C4D							
Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	6,056,832	625,731▲
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices					5,000	3,720 Reflect narrative	200▲
Footnotes							
Target 1: The Yemen Humanitarian Appeal for Children (HAC) has been revised in April 2019.							
Total Results 1: Data from the field is collected and reported through Field Offices; delays in reporting figures may occur to do lengthy reconciliation. As a result, figures reported may not be an accurate reflection of the results achieved that month and results are added to the next reporting month instead.							
Nutrition 1: The SAM target has been revised as part of the HAC revision in April 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target increased from 80 per cent to 90 per cent of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). UNICEF contributes to 100 per cent of SAM targets at the community level.							
Nutrition 2: The result of this indicator appears low as it features results from fixed health facilities and mobile teams only. However, almost half of the results of this indicators are attributed to the community health volunteers (CHVs) and the integrated outreach activities. The reports of CHVs are collected only on quarterly basis (however, reports for Q2 have not yet been received at time of report preparation) and the integrated outreach is yet to be implemented.							
Nutrition 3: Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.							
Nutrition 4: UNICEF is targeting 63 per cent of the total need. The overachievement of this indicator is attributed to the scale up of IYCF interventions at health facilities and community levels. However, there is slight possibility of double counting between different delivery platforms where mothers are receiving this service in two locations. UNICEF is working on improving the reporting tools to minimize the double counting specifically for this indicator and the screening indicator.							
Health 1: A nationwide Measles and Rubella vaccination campaign held in January has been very successful and reached a high number of children.							
Health 2: Low results for first seven months of 2019 as no polio campaign has taken place yet; only as part of routine vaccinations. A polio campaign is currently being planned.							
Health 3: The cumulative result is expected to be higher. Results are communicated from district to governorate, then processed at national level, therefore results are communicated with delays.							
WASH 1: This year there have been a higher number of suspected cholera cases than the usual trend in previous years. Therefore, the original planned target is much lower than the current need, and this is reflected in the over-achievement of the targets.							
WASH 2: Due to an upsurge and increase of expected cases of AWD/suspected cases in Q1 2019, the operational plan for water supply was scaled up to ensure safe drinking water in the affected area. This has led to an over-achievement of this indicator at the mid-year point.							
WASH 3: This number has not included the results on water supply chlorination in Amanat Al Asimah and Al Hudaydah, as it was not tracked during the monitoring period.							
WASH 4: This indicator has been under-achieved as it is based on the IDP settlements and needs which have been less than anticipated. It is expected that the reach of BHKs will increase in the next quarter as the IDP strategy and guidelines are reviewed. The target will also be reviewed in the upcoming HAC revision based on needs.							
WASH 5: This year there have been a higher number of suspected cholera cases in first half of the year than the usual trend in previous years. Therefore, the RRTs scaled up their response to deliver CHKs to break the transmission of the outbreak, resulting in over-achievement of this indicator at the mid-year point. This target will be reviewed in the upcoming HAC revision.							
Child Protection 1: UNICEF was able to reach more students and community members with mine risk education messages than targeted, with lower cost. Furthermore, due to the conflict in Al Hudaydah and Hajjah, as well as displacement in Abyan and Al Dhale'e, UNICEF scaled up the intervention on MRE. UNICEF continues to provide MRE in 12 governorates where the planned targets have not reached yet.							
Child Protection 2: There is significant achievement for this indicator, due to an over-achievement of the provision of victims' assistance. This is in part due to large numbers of children sustaining injuries as a result of the conflict, in comparison to planned targets. Furthermore, the unit cost for victims' assistance is sometimes lower than planned when a victim does not require the full package of services, enabling partners to reach more children in need.							
Child Protection 3: This indicator has been over-achieved because more staff members and partners have engaged in the training than initially planned.							
Education 1: This indicator is under-achieved because the process of identification and technical assessment of affected schools is taking more time than expected. In addition, some schools within the planned target are part of a suspended grant, which is pending donor approval for reprogramming.							
Education 2: This indicator has low achievement because it can now be implemented in the areas controlled by the internationally recognized government only, as authorities in the areas controlled by de facto authorities have not approved it. Alternatively, UNICEF will resume the PSS interventions in the child friendly spaces within the communities in the areas controlled by the de facto authorities.							
Education 3: The procurement of learning supplies is through an offshore supplier; the supplies are currently in the pipeline and the plan is to distribute school bag kits at the beginning of the coming school year (Q3).							
Education 4: This is the progress for August.							
Education 5: No children has been reached due to school vacation in August.							
Education 6: This indicator has low achievement due to funding gap. In addition, different requirements and priorities from different authorities limited the implementation of this activity.							
RRM 1: This indicator has low achievement due to delayed coordination with authorities.							