



©UNICEF Yemen/2019. A group of children show their vaccination cards as they have just been vaccinated during the 8-day-long Oral Cholera Vaccination

Yemen Humanitarian Situation Report

Highlights

- UNICEF in partnership with Ministry of Public Health and Population and WHO supported and launched a nine-day round of Oral Cholera Vaccination (OCV) campaign on 24 April. The campaign was rolled-out in three districts in the Amanat Al Asimah which were not previously targeted. A total of 1,088,818 people over the age of one were vaccinated during this campaign. This is a first dose of OCV which intends to offer immunity against cholera for approximately six months. A second OCV campaign will follow in these three districts within the next six months to boost the immunity up-to-three years.
- Acute fuel and gas shortages throughout northern Yemen have led to long queues, with people reportedly waiting in line for days in some areas. Fuel prices on the black market have increased to YER 18,000 for 20 litres as opposed to the official price of YER 7,300. The shortage impacts on the cost of transport and threatens to increase the price of other commodities and services in country.
- The escalation in violence continues in Hajjah and has triggered mass population movements since February of this year. An estimated 68,000 families have been displaced. Humanitarian actors conducted a multi-cluster mission to Hajjah early April and have commenced Rapid Response assistance. (OCHA Humanitarian Update 22 March – 17 April 2019)

April 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
- 360,000**
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

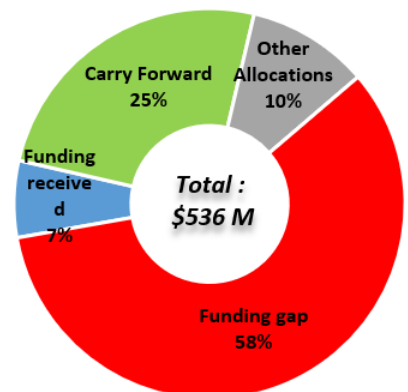
UNICEF Appeal 2019

US\$ 536 million

Funding Available*

US\$ 222 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 multi-lateral funding that is being allocated and that will contribute to 2019 results.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- Apr 2019 Results	Cluster Target	Jan- Apr 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	84,256	321,750	84,256
Health: Number of Children under 5 vaccinated against polio	5,352,000	151,132		
WASH: Number of people having access to drinking water	6,000,000	4,045,110	7,288,599	4,424,060
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	474,619	882,268	483,191
Education: Number of affected children provided with access to education via improved school environment and alternative learning opportunities	816,566	64,387	891,352	332,535

*Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM).

Situation Overview & Humanitarian Needs

The number of Acute Watery Diarrhoea/suspected cholera cases has continued to rise since the start of 2019, with 311 out of 333 districts reporting suspected cases this year so far. Since 1 January 2019 to 30 April 2019, there have been 284,905 suspected cases and 568 associated deaths¹ recorded (CFR 0.20 per cent). While children under five represent a quarter of the total suspected cases, the elderly are most seriously affected. Seventy per cent of suspected cases are reported from six governorates: Amanat al Asimah, Al Hudaydah, Sana'a, Amran, Ibb and Dhamar governorates: 147 districts have been identified as a priority for the response.² Health and WASH clusters have significantly scaled-up their response; UNICEF is working closely with the relevant Ministries, WHO and other humanitarian partners to ensure an effective response.

Acute fuel and gas shortages throughout northern Yemen have led to long queues, with people reportedly waiting in line for days in some areas. Fuel prices on the black market have increased to YER 18,000 for 20 litres as opposed to the official price of YER 7,300. The shortage impacts on the cost of transport and threatens to increase the price of other commodities and services in country. The shortages have led to daily protests outside the UNDP building in Sana'a, where protestors have been calling on the UN to intervene to allow oil tankers off the coast of Al Hudaydah to dock and discharge their oil supplies. As of 21 April, 11 ships were cleared in the coalition holding area off the coast of Al Hudaydah containing 231,000 litres of fuel.³

The Emergency Relief Coordinator and Under-Secretary General Mark Lowcock has urged donors to convert pledges into cash as the Yemen humanitarian response faces a funding crisis in his address to the Security Council on 15 April. He further added that without payments, UN agencies and partners face 'no option but to close or scale down programmes and at a time when we are struggling to prevent widespread famine and roll back cholera and other diseases- would be catastrophic.' He ended with a plea for peace, noting that 'without peace we will simply go on treating symptoms of this crisis instead of addressing the cause.'

UNICEF's Social Policy programme has supported the Ministry of Planning with the publication of the [40th edition of the Yemen Socio-Economic Update \(YSEU\)](#). The edition focused on the "Prospects for Yemeni Economy, and Livelihoods Priorities", and outlines three scenarios for the situation development. The First Scenario is the Optimistic scenario which assumes reaching an inclusive political settlement, punctuated by political and economic confidence-building steps. The second scenario "middle" assumes that current situation and conflict will continue sporadically, punctuated by slow and protracted political talks. The third scenario "pessimistic" assumes political blockage and widening military confrontations, and hence the growing economic and humanitarian cost and widening development gap between Yemen and other countries in the region.

¹ Yemen Cholera Outbreak – Interactive Dashboard(<http://yemeneoc.org/bi/>), data as at 30 April 2019.

² OCHA Yemen Humanitarian Update 17 March – 22 April 2019

³ Ibid.

2019 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2018)					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	24.1	5.9	5.9	6	6.3
People in acute need ⁴	14.3	3.5	3.5	3.6	3.7
Internally Displaced Persons (IDPs)	3.34	0.8	0.84	0.83	0.87
People in need of assistance – WASH	17.8	4.2	4.4	4.5	4.7
People in need of assistance - Health	19.7	4.7	4.8	5	5.2
People in need of assistance – Nutrition	7.4	0	2.5 ⁵	2.5	2.4
People in need of assistance – Child Protection	7.4	-	-	3.6	3.8
People in need of assistance – Education	4.7	0	0	2.6	2.1

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, Education and Nutrition are functional in Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada that provide office space, logistics support and safe accommodation for national and international UN staff and NGO workers. UNICEF monitors programme implementation through field staff – where access allows – and through contracted third-party monitoring firms.

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. This is complemented by the UNICEF RRM mechanism implemented through its INGO partner consortium.

Humanitarian Strategy

UNICEF's humanitarian strategy continues to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's 2019 Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans. Considering the collapse of public services, UNICEF aims to improve access to primary healthcare and water and sanitation services 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 Acute Water Diarrhoea (AWD)/cholera prevention and response plan focuses on high-risk areas, diarrhoea treatment, purification 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 grave child rights violations and referrals to services, mine risk awareness and psychosocial support (PSS).

Through establishment of temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing a safe learning environment plays a key role in the prevention of school drop-out, it increases retention and contributes to improve quality of education.

UNICEF is collaborating with other UN agencies and INGOs to efficiently 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, Oxfam, NRC, DRC and SCI), 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

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

⁵ Pregnant and Lactating Women.

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, RRM also established a unique framework for humanitarian access and included a strong Inter-Agency and Inter-Cluster Coordination component.

Summary Analysis of Programme response

AWD/Cholera Response

Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases as at 30 April 2019 reached 1,674,680 with 3,288 associated deaths (0.20 per cent case fatality rate, CFR) across the country. Children under the age of five continue to represent 28.5 per cent of the total suspected cases.

Since 1 January 2019 to 30 April 2019, there have been 284,905 suspected cases and 568 associated deaths⁶ recorded (CFR 0.20 per cent). A total of 311 out of the 333 districts in Yemen have reported cases during this year, with a national attack rate of 99 suspected cases per 10,000 people. In terms of case management, UNICEF is supporting 965 Oral Rehydration Centres (ORC) and 37 Diarrhoea Treatment Centres (DTC) in 201 districts in 18 governorates.

UNICEF in partnership with the Ministry of Public Health and the World Health Organisation supported and launched a nine-day integrated (Health, WASH and C4D) response for a new round of the Oral Cholera Vaccination (OCV) campaign. This started on 24 April in three districts in the Amanat Al Asimah that were not previously targeted. A total of 1,088,818 people over the age of one were vaccinated during this house-to-house vaccination campaign. This is a first dose of OCV which intends to offer immunity against cholera for approximately six months. A second OCV campaign will follow in these three districts within the upcoming six months to boost the immunity up-to- three years. This OCV campaign in Amanat Al Asimah was the sixth vaccination round implemented in Yemen since the first campaign in May 2018.



©UNICEF Yemen/2019. UNICEF carried out a water, sanitation and hygiene campaign in line with its cholera response and the Oral Cholera Vaccination campaign in Amanat Al Asimah.

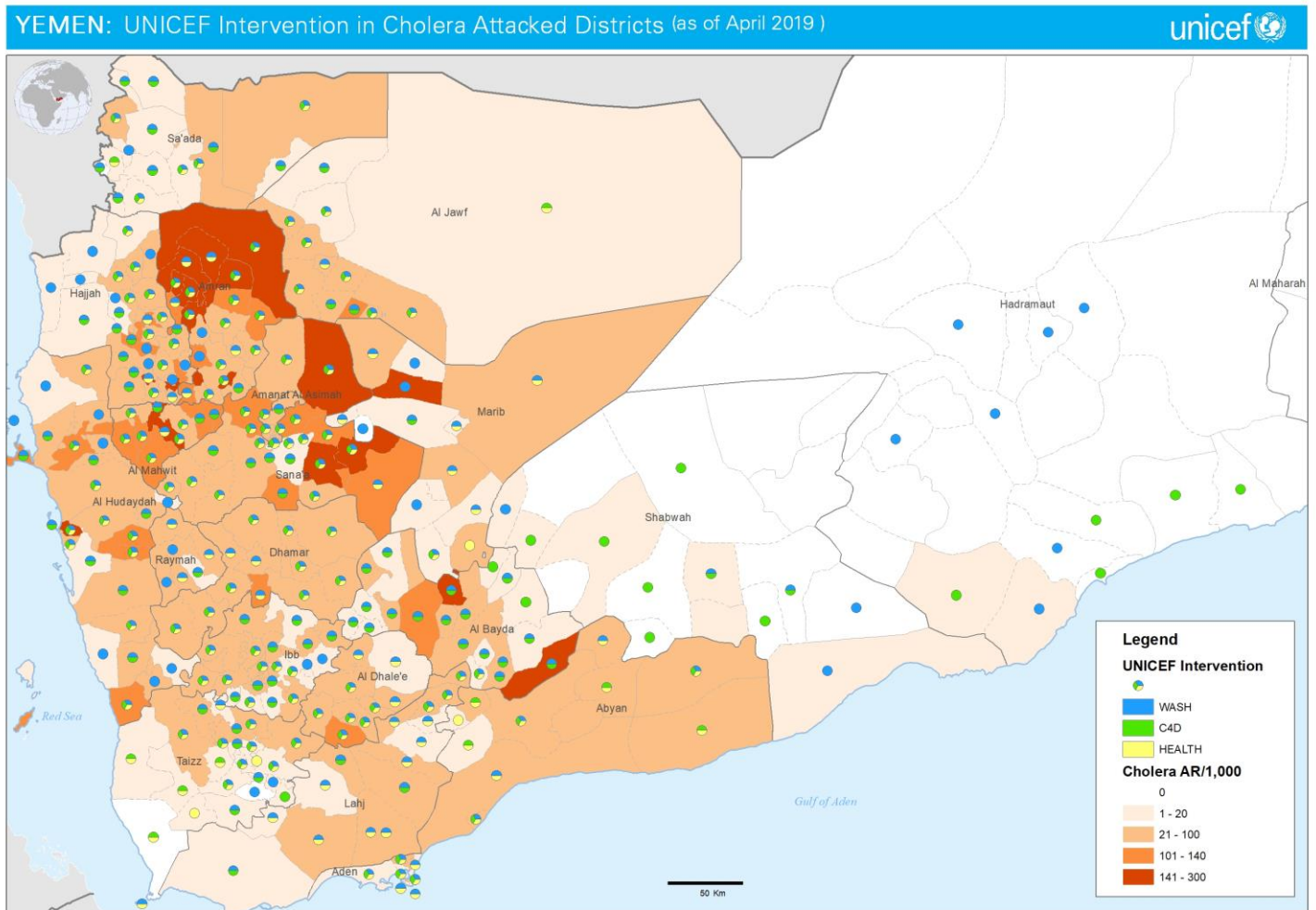
UNICEF's Integrated cholera strategy ensured that OCV was complemented with WASH activities. A total of 750 Rapid Response Teams (RRTs) distributed consumable hygiene kits and household water treatment tablets, reaching over 1.2 million people in 235 districts of AWD/suspected cholera cases that were recorded in 21 governorates.

UNICEF is working with the National Water Resources Authority (NWRA) to replace unsanitary tanks including training of Mosque leadership on chlorination techniques. C4D section is also supporting this initiative through active engagement with the Ministry of Endowment and Religious affairs. They also developed a community mobilization plan to address additional risks for cholera transmission brought about by the Holy month of Ramadan where the increased frequency of social gatherings as well as the increase use of street food may lead to active cholera transmission.

Furthermore, the campaign was preceded by community engagement and social mobilization through 300 community volunteers, 83 religious leaders and 37 female religious leaders for a period of 10 days prior to the campaign. The awareness activities reached 821,308 beneficiaries (335,883 men; 185,989 women; 150,756 boys; 148,680 girls) through 96,878 home visits and 3,525 communication activities through group discussions, community meetings, and talks at mosques. The awareness was reinforced by 25 roaming vehicles mounted with public address systems reaching an estimated one million people.

⁶ Yemen Cholera Outbreak – Interactive Dashboard(<http://yemeneoc.org/bil/>), data as at 30 April 2019.

In strengthening linkages with Health services as part of cholera response, C4D launched a communication skills training for health workers targeting about 1,000 health workers in seven governorates. Approximately 200 health managers and primary health managers participated in the orientation and planning workshops, which was followed by a Training of Trainers workshop conducted in the last week of April for 30 master trainers. The master trainers will be responsible for further roll-out of the training in the 70 districts.



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: 08/05/2019

Health and Nutrition

UNICEF and partners continue to support the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, including the World Food Programme and the World Health Organisation. UNICEF has increased the minimum target for management of Severe Acute Malnutrition (SAM) from 70 per cent in 2018 to 90 per cent in 2019. Up to the end of April 2019, 84,256 children were admitted in the management programmes of Severe Acute Malnutrition (SAM) both fixed and mobile Outpatient Therapeutic Programmes (OTPs). This achievement is attributed to the scale-up in its programme, which is provided in 3,646 health facilities; 80 per cent of the functional health facilities. The management of severely malnourished children is provided in 214 mobile teams across the country, out of which, 174 (81 per cent) mobile teams are supported by UNICEF.



©UNICEF Yemen/2019. A girl is screened for malnutrition during a four-day screening campaign launched by UNICEF in Aden.

UNICEF continues to assess and monitor the nutrition situation in Yemen. Out of the 22 planned SMART surveys nationwide, seven were completed in seven governorates between January and end of April. These were conducted in Ibb, Sa'ada, Shabwa, Hajjah, Taiz, Abyan, Socotra and Al Maharah governorates.

In April, 1,044,809 children under five years were screened for malnutrition in the health facilities and community, of whom 78,634 children with severe acute malnutrition were identified and referred for treatment. On top of regular screening for malnutrition through routine activities of Community Health Volunteers (CHVs) and health facilities, a mass screening campaign was implemented in five districts of Amran and Al Mahweet governorates, which are part of the 45 priority districts that has population in catastrophic famine status (IPC 5). A total of 55,894 children aged 6 – 59 months were screened in those five districts, out of them, 6,188 children were identified with acute malnutrition (1,231 with severe acute malnutrition and 4,957 with moderately acute malnutrition) and have been referred for further treatment.

On the prevention side of the nutrition interventions, since the beginning of the year, 333,455 children have received micronutrient powder supplementation which represents 12 per cent of the annual target. Although still low coverage, it is anticipated to reach higher percentages with the implementation of the integrated outreach activities in the 2nd half of the year and also with the collection of all reports from community health volunteers. A further 207,108 children aged 12 to 59 months received deworming medications and 595,705 pregnant and lactating women (PLW) received counselling on Infant and Young Child Feeding (IYCF) and 420,178 PLW received iron-folate supplementation.

As part of the routine Expanded Programme on Immunization (EPI), 49,896 under one children have received Penta 3 (which protects against diseases such as Diphtheria, Hib, Tetanus and Hepatitis) and 41,917 children received the Measles and Rubella vaccination. About 29,794 women vaccinated with Tetanus Toxoid (TT). Furthermore, 136,649 children under five have been provided with Integrated Management of Childhood Illness services, among these, 29,384 children were treated against pneumonia.

UNICEF is supporting maternal and neonatal health services both at community and facility level. The community level support is delivered through community midwives (CMW), mobile teams and outreaches activities. Out of the 89,290 women who received primary health care services, 62,981 received ante-natal care, 19,678 had deliveries by skilled birth attendants and 6,631 women and their new-borns received post-natal care services.

Water, Sanitation and Hygiene (WASH)

UNICEF continues its support for the operation of the water supply systems to ensure provision of safe drinking water in major cities including Al Hudaydah, Amanat Al Asimah, Amran, Dhamar, Ibb, Saada and Taiz reaching over three million people, through provision of fuel, electricity, spare parts and disinfectants such as chlorination. The recent fuel shortage did not affect the operation of water supply systems in country as contingency stock was available and used until fuel deliveries resumed at a later stage. Over 230,000 people were reached with UNICEF support for the rehabilitation of existing rural water supply systems benefiting both IDP settlements as well as households in high risk AWD/cholera locations and other front lines (cyclone, famine) in Al Jawf, Al Mahara, Hadhramaut, Lahj, Marib and Socotra archipelago governorates. The rehabilitation work was done and according to initial plans, ensured provision of at least 15 l/c/d of water to IDPs in these locations.

UNICEF continues its support for the operation of the Waste Water Treatment Plants (WWTP) and rehabilitation of sewage systems including emergency maintenance of collapsed sewage pipeline, cleaning and dislodging sewage system in Amanat Al Asimah, Amran, Dhamar and Sa'ada. Approximately 1.6 million people have benefited from these critical interventions.

In collaboration with partners, UNICEF continues to respond to Internally Displaced Populations (IDPs) through construction of emergency latrines, distribution of hygiene kits and distribution of household water treatment tablets, almost 21,000 IDPs have gained access to basic sanitation through construction of 3,000 emergency latrines. In addition, 49,949 IDPs were reached with emergency water trucking, installation of water points/communal water tanks in Aden, Al Hudaydah and Lahj governorates and more than 9,000 basic hygiene kits were distributed to 85,342 IDPs in Al Hudaydah, Al Jawf, Lahj and Sa'ada governorates.

UNICEF continued the bulk chlorination of the public and private water sources and water tanks chlorination to ensure safe drinking water, which includes installation of chlorine dosage pumps to the piped networks and daily chlorination of 9,686 water trucks (406,848,300 litres of water) in 318 private groundwater wells in Amanat Al Asimah governorate. One key challenge encountered by UNICEF in its chlorination programme is the reluctance of water truck drivers to use water wells

that are providing chlorinated water. In response, UNICEF is working with GARWSP and National Water Resources Authority (NWRA) and is conducting an awareness building campaign to raise the profile of chlorine among truck drivers, well owners as well as local communities. Further support is being provided by UNICEF C4D team on the same topic to communities.

UNICEF continued the water quality monitoring program covering hot spot districts in Amanat Asimah Sana'a, Dhamar and Amran governorates, where water contamination is being tracked and reported to UNICEF supported chlorination teams for any corrective actions. The team measured Free Residual Chlorine (FRC) on site as well as microbiological and chemical analysis of water in the NWRA laboratories. One key concern here is that a significant proportion of Sabil/Charity tanks are operated by mosques and private donors, which are not chlorinated and as a result can be very unsanitary. UNICEF is strengthening its efforts in these locations to support the promotion and understanding of safe water.

The WASH Cluster has mobilized additional funds through the Humanitarian Pooled Fund to support front line WASH response to Cholera. As a result, the WASH Cluster partners have improved timeliness and scale of response to the surge in cholera cases across the country. Increased Rapid Response Teams have been mobilized as well as mass chlorination and hygiene messaging to control spread and break transmission. Population displacement has continued due to conflict, in Hajjah Cluster partners have hugely scaled up their WASH response to 169,000 IDPs that have arrived in 2019 alone. A conflict flare up in al Dhale caused almost 4661 households to be displaced, and in response WASH partners have mobilized Rapid Response activities including emergency water supply and hygiene items.

Child Protection

In April 2019, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) verified 80 per cent of the reported incidents. The verified incidents included 20 children killed (17 boys; three girls), 64 children injured (51 boys; 13 girls), and 10 boys recruited and used by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Taiz, Al Hudaydah and Al Dhale'e.

UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 711,450 conflict affected people including 623,288 children (334,532 girls; 288,756 boys) and 88,162 adults (41,441 females; 46,721 males) across 14 governorates. Mine Risk Education was delivered in schools and communities including child friendly spaces, as well as through community campaigns.

Psychosocial support was provided to 92,613 conflict affected people, including 81,368 children (48,181 girls; 33,187 boys) and 11,245 adults (7,894 females; 3,351 males) in 14 governorates through a network of fixed and mobile child friendly spaces to help them overcome the immediate and long-term consequences of their exposure to violence and in health facilities to support the children with malnutrition, cholera and other diarrheal diseases.

Through the case management programme, UNICEF continued to support the referral and provision of critical services to children. 1,514 children (525 girls; 989 boys) were identified by the trained case managers. Out of those, 1,481 (510 girls; 971 boys) were provided with services. So far, achievements include: individual counselling (686 children – 228 girls; 458 boys), family tracing and reunification (269 children - 77 girls, 192 boys), victims' assistance (61 children - 16 girls; 45 boys), economic empowerment and livelihood support, gender-responsive services, as well as legal services (nine children - two girls, seven boys), education services (201 children – 56 girls; 145 boys), medical services (330 children – 109 girls; 221 boys) and legal aid (nine children – two girls; seven boys).

Following a capacity needs survey for its members, the Child Protection Area of Responsibility (CP AoR) organized and conducted a seven-day case management training in Sana'a for 35 NGO and INGO social workers. This was conducted with support from UNICEF and the Ministry of Social Affairs and Labour. The training focused on partners implementing child protection activities in community centers. In Aden, the CP AOR, in collaboration with Save the Children, conducted training to support child survivors of sexual exploitation and abuse benefitting 14 participants from 7 national NGOs.

Education

The Education team continues to prepare the next (second) payment cycle of the Emergency Teachers Incentives (ETI) project, which is set to commence on 12 May. The project targets a total of 135,359 school-based staff (teachers, including temporary teaching staff, and support staff) in 175 districts in 11 governorates. Incentives are not a replacement for salaries, but rather a small injection to enable teachers to continue their role and thereby reduce barriers to learning for children. Eligible staff are entitled to receive the equivalent of USD 50 to be paid in Yemeni Riyals using the prevailing United Nations (UN) exchange rate for the monthly incentives.

To date, a total of 97,710 beneficiaries received their cash entitlements. Of those successfully verified, 2,099 beneficiaries could not claim their entitlements because they did not reach the payment site before the closure of the first payment cycle. UNICEF has made provisions to ensure that they will receive their incentives retroactively in the next payment cycle. Overall, retroactive payments for the months of October to December 2018 will be staggered through the payment cycles.

To improve the environment for children, UNICEF along with its partners completed the rehabilitation of three schools in Abyan governorate, benefitting 2,668 students (1,430 boys; 1,238 girls). UNICEF also supported the repair of WASH facilities in 21 schools in Aden, benefitting 29,068 students (13,920 boys; 15,148 girls). Construction of semi-permanent classrooms in 11 schools in Lahj, Abyan and Taiz benefitted 4,496 students (1,958 boys; 2,538 girls). To support scale-up of rehabilitation activities, technical needs assessments of conflict-affected schools are ongoing in several governorates across the country.

UNICEF supported psychosocial support trainings for 998 teachers (531 males; 467 females) in 64 schools in Marib governorate (districts of Marib Al-Wadi, Mahliyah and Al-Jubah), aiming at enhancing their capacity to attend to the needs of 27,009 conflict-affected children (11,516 boys; 15,493 girls).

Social Inclusion

In April 2019, as a result of partnership of UNICEF with WFP on the Integrated Model of Social and Economic Assistance (IMSEA), a total of 1,768 marginalized households or 12,376 people living in slums in Amanat Al Asimah and Sana'a governorates started receiving monthly food baskets. With this, the number of IMSEA participants who are benefiting from food assistance has reached 4,082 marginalized households or 28,574 individuals (about 70 per cent of the total IMSEA registered participants to date). These families will continue receiving food assistance during the next few months.

As part of the IMSEA's community-based component, cleaning campaigns have been carried out in the 19 targeted slums in Amanat Al-Asimah and Sana'a governorates. These campaigns benefited around 6000 households in slums and were carried out by 285 community volunteers. To ensure sustainability of slums cleanliness, 19 Consultation Committees (CCs) were established in April 2019 and were involved throughout the process. A key part of their role was to ensure that the dwellers of the slums maintain this level of cleanliness voluntarily. To this end, the CCs were provided with basic cleaning tools. These campaigns have resulted in cleaning the slum territories to eliminate the risk of cholera, and provided income/incentives for slum dwellers, who were engaged in the initiative.

UNICEF has supported Social Welfare Fund (SWF) in holding the first meeting of the IMSEA Community Based Organizations (CBOs) Network. The Network, which is facilitated by SWF, comprises of 8 CBOs that work with marginalized groups, and will be engaged in IMSEA project's community engagement and participation component. The Network aims at building capacity of small CBOs and promote initiatives for and with marginalized and most vulnerable population groups, especially those targeted by IMSEA. This month, 19 Consultation Committees (76 members) were established and trained to empower



©UNICEF Yemen/2019. UNICEF rehabilitated water and sanitation systems in schools creating a healthy environment for students in Aden and Lahj governorates.

local communities and give them a channel to actively participate in the IMSEA project, and to inform the design and implementation of different components of the project.

UNICEF partnership with Central Statistical Office (CSO) conducted two training workshops in Sana'a (for Amanat Al Asimah and Sadah governorates) and Aden (for Aden and Abyan) on data collection for enumerators engaged in the Education Investment Case. The field data collection process was also completed in the four governorates, where 1,500 households participated in the quantitative survey, and 200 households and 80 teachers – in the qualitative survey (in-depth interviews). The objective of the survey was to get more information about bottlenecks and barriers in accessing education, including those related to the reasons for high school drop outs. The results of these evidence generation efforts will inform the study aimed at assessing human, social, and economic impact of conflict on the education sector, and quantifying social and economic losses of not investing in education.

Social Policy has also supported the CSOs in conducting a training workshop for 70 field enumerators engaged in the Social Services Perception Survey being commissioned in Amanat Al Asimah and bordering districts of Sana'a governorate. The objective of this exercise was to identify bottlenecks and barriers in accessing social services by poor households (e.g. health and water) and an opportunity for service beneficiaries to give feedback on the availability, accessibility, and affordability of social services.

Communication for Development (C4D)

C4D has continued its efforts to break the transmission routes of AWD/Cholera cases. C4D continued intensifying its national and Governorate level strategic partnerships with Ministries for engagement at the community and household levels. A partnership with the Ministry of Endowment was launched for an urgent cholera awareness intervention in the high priority districts, reaching 2,526,401 people (242,395 women, 1,290,321 men, 399,874 girls, 593,812 boys), out of which 30,212 people from marginalized communities and 95,000 displaced persons. The people were reached through 10,807 speeches in mosques and Jumma prayers, 6,155 home visits, as well as 2,540 school-based activities and 1,365 communication sessions in Diarrhoea Treatment Centres and Oral Rehydration Centres.

On 27 April, UNICEF and the Ministry of Information launched a national media campaign on cholera outbreak calling for collective quick actions to break the transmission. The three-month media campaign included an exclusive week for intensive media coverage 24/7, aiming to influence the public with health and hygiene practices messages to prevent and control the cholera outbreak. The campaign is implemented by key mainstream media in Yemen (eight TV channels and 18 radio stations and social media outlets) and expected to reach about 10 million people. The main programs include live radio and TV shows in the participating media outlets. In the community radio stations, fathers, mothers, adolescent, religious leaders and community leaders will be engaged through interviews or calls in programs. With support from UNICEF, the Ministry of Health/Health Education Centre produced 6 radio flashes and spots, six TV flashes which are broadcasted as part of the media campaign.



©UNICEF Yemen/2019. Mother clubs spread lifesaving messages and educate other mothers on health and nutrition practices in cholera high-risk districts in southern Yemen.

UNICEF continues its regular activities reaching about 737,237 people (234,869 males; 390,910 females; 54,202 boys; 57,256 girls) in the reporting month with 5 plus 1 core essential family practices, through 1,056 group discussions, 621 counselling sessions, 4,500 community meetings and open events, 56 drama shows and 50,000 home visits.

Supply and Logistics

The total value of supplies delivered in March amounted to more than US\$ 1.2 million with a total weight and volume of 601 metric tons and 2,166 cubic meters respectively. This delivery was completed with four dhows to Al Hudaydah and one Logistics Cluster air operation to Aden.

Media and External Communication

The overall coverage of children and humanitarian issues in Yemeni media increased in April comparing to March, especially regarding the health and nutrition interventions, noted at 264 per cent, comparing to 71 per cent last month. UNICEF was featured in 34 per cent of the total media coverage of children and humanitarian issues, including with 644 broadcast videos aired on 21 TV channels. Most of the coverage was detected by 44 per cent in local media, comparing to 25 per cent in international English media and almost the same quantum in regional media. An increase in the interaction of the international Arabic media with UNICEF is noted at 198 per cent this month.

April was tragically marked by a blast in Sana'a which occurred near two schools early this month, killing 14 children and critically injured 16. UNICEF issued a [statement](#), on the incident as "another reminder that even schools are not safe in Yemen." The statement spanned across 282 online media outlets. On the occasion

of the World Immunization Week from 24 to 30 April, UNICEF launched a [global digital campaign](#) to emphasize the power and safety of vaccines among parents and wider social media users, which UNICEF Yemen joined. This was particularly timely as in parallel, UNICEF launched an eight-day-long Oral Cholera Vaccination campaign in Amanat Al Asimah governorate, reaching more than one million people.

In its digital engagement's efforts, UNICEF in Yemen published [web articles](#) and videos on its online platforms highlighting WASH and nutrition interventions and particularly the cholera response, which was also the subject of the [top tweet](#), which gathered over 65,000 impressions. On Facebook, the [top post](#) collected 38,000 impressions, which highlighted the Oral Cholera Vaccination campaign.

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. The 2019 Humanitarian Action for Children appeal has been revised to ensure alignment with the Yemen Humanitarian Response Plan. The contributions received in April include funds under the OCHA Standard Allocation for the RRM response, in addition to contributions from National Committees including Slovenia, Spain, Canada, Turkey, Germany and Japan. An agreement was signed with OCHA under the Country-based Pooled Fund for the Cholera Response.

To meet the immediate and longer-term needs of children and their families in Yemen, UNICEF particularly welcomes predictable, flexible and multi-year funding.

SOCIAL MEDIA HIGHLIGHTS FOR APRIL 2019

TWITTER

New Followers	2,859
Tweets impressions	884K
Top tweet	65.3K impressions
Total tweets (Arabic/English)	129
Profile Visits	17.9K
Total mentions	1313

FACEBOOK

Total posts (mostly bilingual)	106
Net new page likes/ followers	1.6K
Total reach	531K people
Key post	38.3K people reached

Funding Requirements (as defined in revised Humanitarian Appeal of 2019 for a period of 12 months)							
Appeal Sector	2019 Requirements (US\$)	Funding Received Against 2019 Appeal (US\$)	Carry Forward From 2018 (US\$)	Other Allocations Contributing Towards Results (US\$)*	2019 Funds Available (US\$) **	Funding Gap	
						\$	%
Nutrition	124,678,000	10,208,531	22,505,261	20,500,890	53,214,682	71,463,318	57%
Health	85,788,673	6,796,696	22,074,642	20,245,023	49,116,361	36,672,312	43%
Water, Sanitation and Hygiene	135,000,000	4,820,320	34,775,718	7,033,770	46,629,808	88,370,192	65%
Child Protection	38,348,211	5,625,988	11,766,930	-	17,392,918	20,955,293	55%
Education	106,000,000	415,052	31,116,985	2,504,291	34,036,328	71,963,672	68%
Social Policy	14,009,396	786,658	421,074	3,600,000	4,807,732	9,201,664	66%
C4D	10,857,795	672,369	5,059,736	-	5,732,105	5,125,690	47%
RRM	21,000,000	4,744,182	6,683,055	-	11,427,237	9,572,763	46%
Total	535,682,075	34,069,797	134,403,401	53,883,974	222,357,172	313,324,903	58%

*This includes additional contributions from multi-lateral organizations and other donors which have emergency components and will contribute towards 2019 Results.

**'Funds Available' as of 9 May 2019 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. The total amount also includes the Recovery Cost for each contribution which is retained by HQ. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

Next SitRep: 28/06/2019

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 A

SUMMARY OF PROGRAMME RESULTS (January- April 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	84,256	29,885 ▲	321,750 ¹	84,256	29,885 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	595,705	259,192 ▲	1,514,102	595,705	259,192 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	333,455	153,144 ▲	2,860,031	333,455 ²	153,144 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	23,530	9,363 ▲	4,290,047	23,530 ³	9,363 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	113,872 ³	41,917 ▲
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	151,132 ²	49,896 ▲
Number of children under 5 receiving primary health care					1,575,000	653,359	247,322 ▲
Number of pregnant and lactating women receiving primary health care					841,097	290,462	156,247 ▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	4,424,060	753,048 ▲	6,000,000	4,045,110	732,176 ▲
Number of people gaining access to emergency safe water supply		1,703,359	442,421	63,707 ▲	1,000,000	265,436	49,095 ▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	95,290	8,670 ▲	800,000	33,130	-
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	272,969	118,987 ▲	800,000	151,509	85,342 ▲
		5,332,045 (CHKs)	2,543,050	117,380 ▲	4,000,000	3,711,000	1,253,634 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	3,700,234	1,257,802 ▲	3,500,000	3,570,114	1,243,802 ▲

CHILD PROTECTION

Percentage of MRM incidents verified and documented from all the reported incidents		90%	80%	80% ▲	90%	80%	80% ▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	483,191	95,076 ▲	794,825	474,619	92,613 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,347,149	711,590 ▲	1,365,128	1,328,188	711,450 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	4,928	1,484 ▲	10,345	4,734	1,481 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	454	-

EDUCATION

Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	332,535	86,469 ▲	816,566	64,387	36,232 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	206,625	-	170,000	33,524	27,009 ▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	48,438	20,001 ▲	996,994	-	-
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		141,746	97,710	-	135,359	97,710	-

Social Policy

Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	53,909	-21,608 ¹
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RRM

Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	309,072	-
Number of vulnerable persons supported with multipurpose cash transfer					350,000	13,560	-

C4D

Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	2,434,086	737,237 ▲
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices					5,000	2,370	200 ▲

Footnotes

Target 1: The Yemen Humanitarian Appeal for Children (HAC) has been revised in April 2019.

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 March 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 has recently been increased to at least 90% of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). The Nutrition Cluster may also increase their target to match the UNICEF target, following the meeting of the Nutrition Cluster SAG. UNICEF contributes to 100% of SAM targets at the community level.

Nutrition 2: The result of this indicator for quarter one 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 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.

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 quarter 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.

Social Policy 1: Data cleaning found duplicate results, these have now been adjusted. As a result, the achievements are lower than reported last month.