



YEMEN

Consolidated Emergency Report 2018

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UNICEF Yemen
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Abbreviations and Acronyms

AWD	Acute Watery Diarrhea
CBC	Community Based Classes
CCC	Core Commitments for Children
CFS	Child friendly space
CHV	Community Health Volunteers
CHW	Community Health Workers
CMAM	Community-based Management of Acute Malnutrition
CMW	Community mid-wives
CPSC	Child protection sub-cluster
CSO	Civil Society Organization
C4D	Communications for development
DTC	Diarrhea Treatment Centre
ECTP	Emergency Cash Transfer Project
EHA	Evaluation of Humanitarian Assistance
EPI	Expanded Programme for Immunization
ERW	Explosive Remnants of War
GARWSP	General Authority for Rural Water Supply Project
GHO	Governorate Health Office
GEO	General Education Office
GPC	General People's Congress
HAC	Humanitarian Action for Children
HACT	Harmonized Approach for Cash Transfer
HCTP	Humanitarian Cash Transfer Programme
HF	health facilities
HH	Households
HNO	Humanitarian Needs Overview
HPM	Humanitarian Performance Monitoring
IHL	International Humanitarian Law
IDP	Internally Displaced People
IMCI	Integrated management of childhood illnesses
IMO	Information management officer
IP	Implementing partner
IYCF	Infant and Young Child Feeding
LWSC	Local Water and Sanitation Corporation
MAM	Moderate Acute Malnutrition
MNCH	Maternal, newborn and child health
MoE	Ministry of Education
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoWE	Ministry of Water and Environment
MUAC	Mid-Upper Arm Circumference
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanism
MT	Mobile team
NFE	Non-Formal Education
NFI	Non-food items
NGO	Non-governmental organization
OOSC	Out-of-school Children

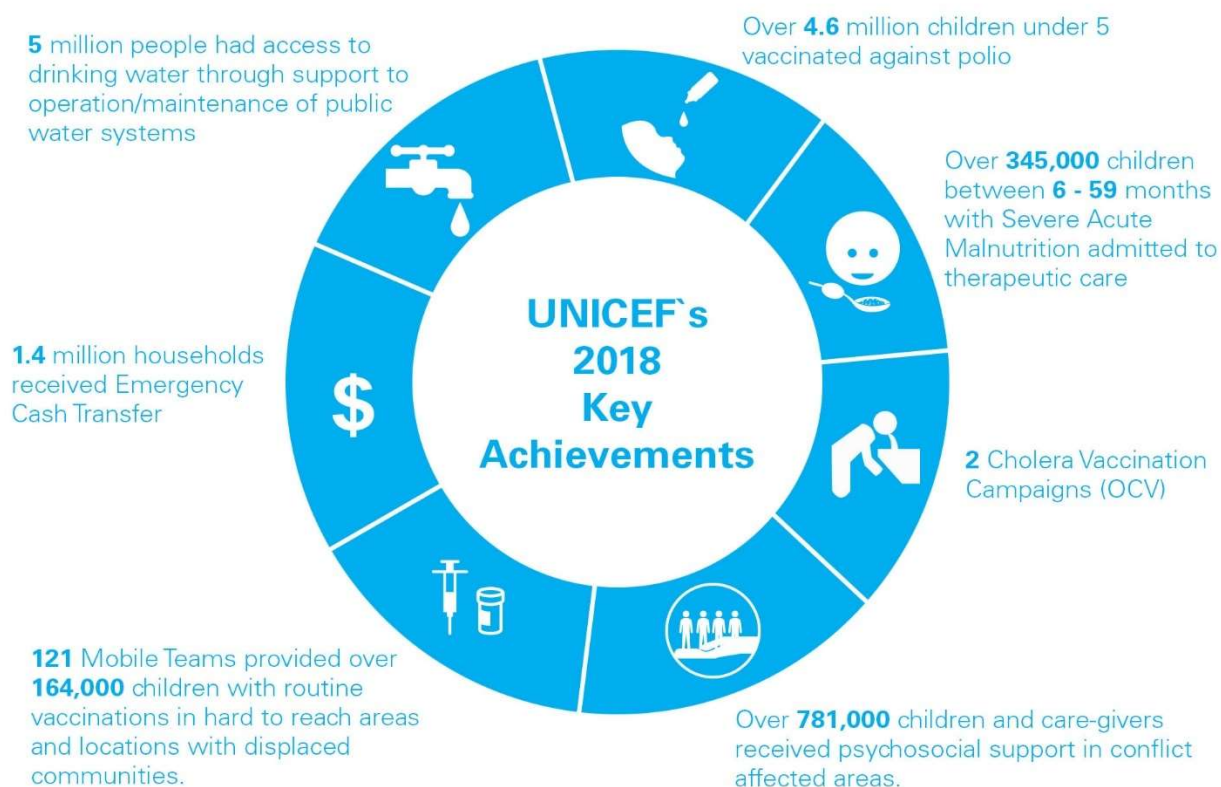
OTP	Outpatient Therapeutic Feeding Programme
ORC	Oral Rehydration Corner
PCA	Programme cooperation agreements
PLW	Pregnant and lactating women
PM&E	Planning, Monitoring and Evaluation
PSS	Psychosocial support
RUTF	Ready-to-Use Therapeutic Food
RRM	Rapid Response Mechanism
SAM	Severe Acute Malnutrition
SC	Stabilization centres
SitRep	Situation report
SOP	Standard Operating Procedures
SUN	Scaling up nutrition movement
SWF	Social Welfare Fund
TFC	Therapeutic feeding centres
TFPM	UN Task Force on Population Movement
TLS	Temporary Learning Spaces
TPM	Third party monitoring Yemen Humanitarian Response Plan
UASC	Unaccompanied and separated children
UXO	Unexploded Ordnance
U5	Children under the age of 5
VPD	Vaccine Preventable Diseases
WASH	Water, sanitation and hygiene
WHO	World Health Organization
YCO	Yemen Country Office
YHRP	Yemen Humanitarian Response Plan

Executive Summary

With no end in sight to the brutal conflict, the children and people of Yemen continue to suffer from the effects of the conflict, the economic crisis and the overall collapse in basic services. Following escalation in violence, ongoing displacement and Yemenis are more vulnerable and most food insecure than they ever have been since the escalation of the conflict in March 2015. In 2018, humanitarian needs in Yemen remained high despite efforts to conduct peace talks. The conflict affects at least two-third of the population throughout the country, within children continuing to bear the heaviest toll of the conflict.

Key interventions this year included the Oral Cholera Vaccination (OCV) campaign, which were rolled out in high risk districts in Aden, Ibb and Al Hudaydah. During these campaigns at least 707,000 people received one round of the vaccinations. UNICEF further mitigated the spread of cholera through the deployment of Rapid Response Teams (RRTs), who, in addition to promoting good hygiene practices, were able to establish a 'firewall' at household level through water disinfection and promotion of good hygiene practices for more than 16 million people. A Communications for Development (C4D) campaign went house-to-house nationwide, distributing key messages on AWD/cholera prevention and treatment to more than 18.5 million people.

A further key success has been the Emergency Cash Transfer Project (ECTP), which completed second and third payment cycles in 2018. The project, which builds on Yemen's Social Welfare Fund, reached an average of 1.4 million direct beneficiaries out of the targeted 1.5 million beneficiary cases across all 22 governorates of Yemen. As a result, almost a third of the country benefited from the cash assistance. 89 per cent of the Social Welfare Funds (SWF) beneficiary households improved their purchasing power and hence their possibility of accessing basic social services such as healthcare, food or water.



Despite the operational challenges, and the collapse in public services, almost 5 million people benefitted from rehabilitation, maintenance and operation of water supply systems, almost 4.7 million children received a polio vaccination and primary health care was provided to 1.4 million children. More than 200,000 children with SAM received treatment.

Children's right to education continues to suffer under the conflict, as nearly three-quarters of public school teacher have not received salaries for more than two years and over 3.7 million children are affected in their access to education. As schools continue to be damaged by the conflict, have closed or now serve as shelters for displaced families, more than 2 million children are out of school – compared to 1.6 million before the conflict. Toward the second half of 2018, UNICEF commenced resource mobilisation efforts for incentives for school staff, teachers and school volunteers, to sustain the accessibility of education.

The lack of teachers' salary payments hampered the ability of humanitarian actors to support educational activities. However, despite the challenges faced, UNICEF along with its partners in the field succeeded in facilitating access to education for 204,340 children (101,565 boys; 102,775 girls) and conducted major rehabilitation of 18 affected schools and rehabilitation of latrines in 218 schools. In addition, 4,055 teachers, supervisors and social workers received training on psychosocial support (PSS) benefitting 133,356 students (77,896 boys; 55,460 girls).

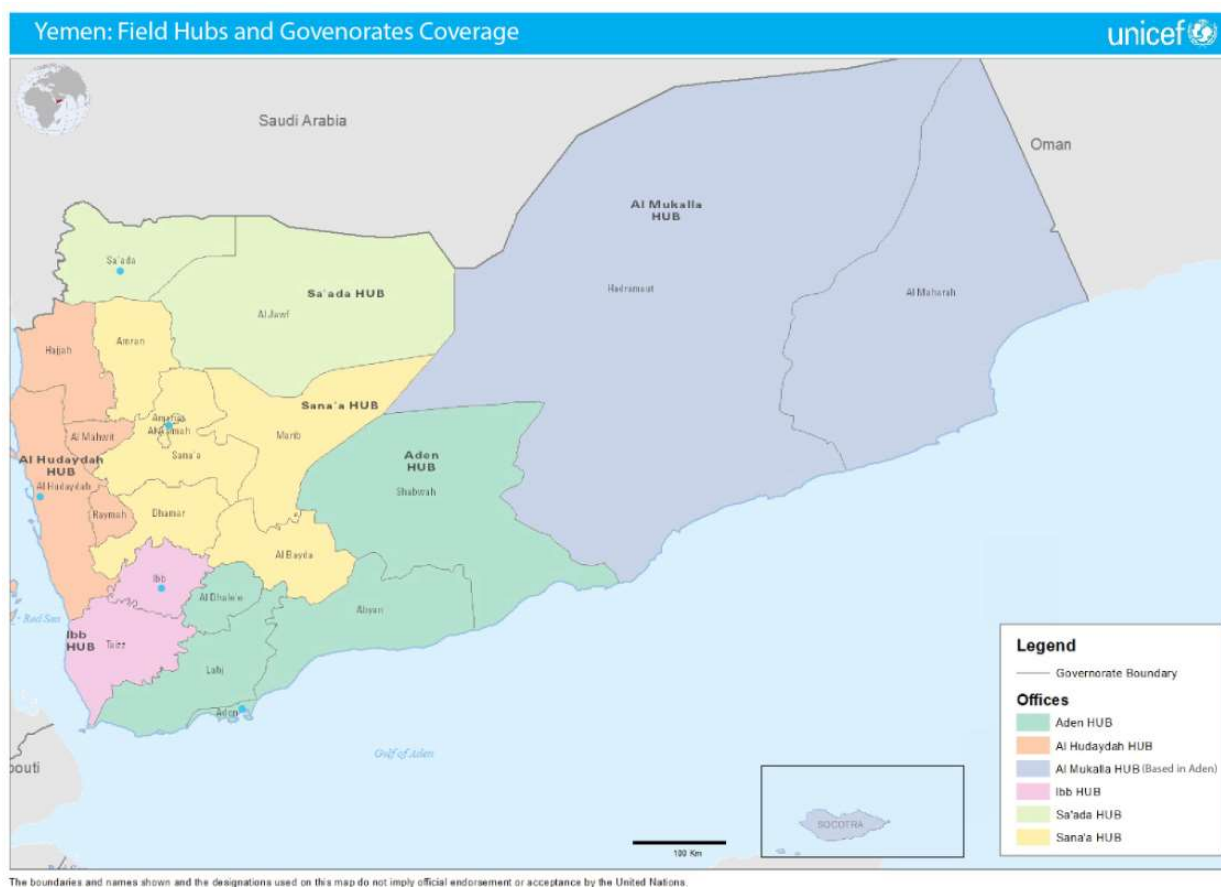
The Child Protection programme this year encountered several challenges related to humanitarian access and challenges in implementation, due to pending clearances which have caused delays. Despite the operational challenges, UNICEF has continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 1,580,032 conflict affected people including 1,145,851 children (631,391 boys; 514,460 girls) and 434,181 adults (261,264 male; 172,917 female) across 20 governorates, reaching 108 per cent of the annual target. Mine Risk Education was delivered in schools, in child friendly spaces, and through community campaigns as well as in child friendly spaces.

Yemen continues to be one of the world's most difficult and volatile operating environments for humanitarian actors. Fighting erupted along the Western coast of Yemen in June, affecting Al Hudaydah, a port city and one of the major lifelines to Yemen's population. The humanitarian response continued throughout the country, most notably in Al Hudaydah and Hajjah governorates following the escalation in violence in the second half of 2018. The fighting displaced at least 600,000 people in Al Hudaydah governorate alone. UNICEF has been assisting the affected local and displaced population through the rapid response mechanism and water trucking. UNICEF has been assisting the affected local and displaced population through the rapid response mechanism and water trucking.

Advocacy played a crucial role in effecting change and fundraising to support children most in need. In 2018, the Yemen Country Office (YCO) received its highest ever funding as a result of an evidence-based resource mobilization strategy and placing the office as the primary source of information for the situation of children in Yemen. Significant on-the-ground presence and capacity to manage large projects, as well as flexible humanitarian and resilience programming helped gain the confidence of donors such as the World Bank, USAID, the EU, ECHO, DFID, Japan, Germany, SIDA and OCHA.

UNICEF continues to work in close partnership with all UN agencies, International and National NGOs in Yemen. Key partnerships include with WHO and WFP under the World Bank-funded Emergency Health and Nutrition Project and Emergency Cash Transfer Project. UNICEF also works closely with UNFPA to contribute towards the Global Programme to Accelerate Action to End Child Marriage. A key relationship in the Education in Emergency response is nurtured by continued partnership with Education Cannot Wait alongside the Global Partnership for Education, and a more harmonized and consultative partnership framework among members of the Local Education Group.

Map – UNICEF Yemen Coverage



1. Humanitarian Context

The conflict in Yemen

Over the course of 2018, Yemen has become the world's worst humanitarian crisis, affected by ongoing violence, economic collapse and a deterioration in the availability and accessibility of basic services. In 2018, 75 per cent of the population (22.2 million people) required some form of humanitarian assistance.¹ The conflict has led to the internal displacement of 2 million people, left over 1 million public sector workers without pay for over two years and undermined access to ports and airports, obstructing essential humanitarian and commercial deliveries. Alarming levels of food insecurity, deterioration of water and sanitation infrastructure and the spread of preventable diseases have threatened, and continue to threaten, millions of Yemenis. As compared to the end of 2017, needs have intensified in all sectors across the country, resulting in a higher number of people reliant on humanitarian aid by the end of the year.

Although the economy in Yemen and the Yemeni Rial (YER) have been increasingly unstable since the war began in March 2015, 2018 witnessed alarming levels of economic decline. The economy contracted by about 50 per cent since the conflict escalated in March 2015, with a significant diminishing of employment and income opportunities. Exchange rate volatility, including depreciation of the YER, between August and October, further challenged households' purchasing power. The currency depreciation undermined the Yemeni economy which heavily relies on imports paid for in US dollars and has driven up the cost of household goods and substantially reduced households' purchasing power. In October 2018, retail prices of food commodities increased by an average of 174 per cent in comparison to the pre-crisis period. Many households were no longer able to afford sufficient food, resulting in negative coping mechanisms such as eating only one meal a day.

Linked to the economic crisis, more than 20 million people (more than two-thirds of the population) were found to be food insecure, including nearly 10 million people who are suffering from extreme levels of hunger, according to the results from the Integrated Food Security Phase Classification (IPC) Analysis completed in December 2018, it has been found that 65,000 people are in IPC Phase 5, meaning they are affected by catastrophic hunger.² The situation has deteriorated since 2017 as for the first time there are pockets of the population classified as IPC Phase 5, with an overall higher number of those reliant on food assistance. Food insecurity is most severe in areas with active fighting such as Al Hudaydah, Hajjah and Saada governorates, and particularly affects Internally Displaced Persons (IDPs) and host communities, as well as marginalized groups.

Basic services and institutions are collapsing as a result of major gaps in their operational budgets and reduced salary payments to its staff. Only 51 per cent of the health facilities in country are fully functional. More than a quarter of children are out of school, with many civil servants (including teachers), not receiving salaries for close to two years. The salary gap is estimated to affect a quarter of the population (at least 8-9 million people) – civil servants and their families, leaving them without a regular income at a time of shortages and rising prices. It is estimated that income poverty has increased from 49 per cent in 2014 to 81 per cent in 2018 with unemployment on the rise (no official data available). As a result of economic instability, households are forced to negative coping mechanisms such as selling assets, reducing food consumption and clean water purchases, taking on debt and sending children to work or beg. Worryingly, an increasing number of households have exhausted even these measures as they find themselves without assets that can be sold and traders no longer providing credit.

In June 2018, violence broke out in the port city of Al Hudaydah as the Saudi Led Coalition (SLC) forces along with the Yemeni army, different militia factions and a contingent of foreign Sudanese fighters advanced on the city after taking control of the port town of Mokha and Dhubab in western parts of Taiz governorate. The escalation of violence in Al Hudaydah heightened humanitarian concerns with over 425,000 people forced to flee their homes; exacerbating the numbers of an already underserved population of internally displaced persons. Throughout the governorate, infrastructure was damaged including the main road to Sana'a affecting flows and access of critically needed supplies and added further strain to the

¹ Humanitarian Needs Overview, 2018, UN Office for the Coordination of Humanitarian Affairs

² <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1151858/>
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services in the densely populated area. Vulnerabilities and risks of outbreaks were amplified as the population experienced limited access to food, water and sanitation.

The delivery of humanitarian assistance remained challenging within a complex and insecure operating environment, particularly in areas with active conflict such as Al Hudaydah, Hajjah, Taiz and Saada. – Physical and bureaucratic impediments affect access to beneficiaries, and operating space for the humanitarian agencies has been tightening, with increased requirements around visas, import licenses, movement permits, project sub-agreements and interference resulting in significant implementation bottlenecks for national and international humanitarian actors.

Given the overall situation, it is no surprise that the vulnerability to outbreaks has increased. The largest cholera outbreak took place in 2017 with over 1 million suspected cholera patients. A comprehensive response by the UN and its partners in 2018, including the first ever Oral Cholera Vaccination campaign lead by UNICEF, prevented an outbreak similar to that of 2017. However, increased hardship, inaccessibility of food and health services, have rendered the population more vulnerable to diseases, which have included measles outbreaks, diphtheria and malnutrition.

Following numerous attempts to engage in peace talks, the parties to the conflict adopted the Stockholm Agreement in December 2018, endorsed by the UN Security Council, resulting in a ceasefire in Al Hudaydah and the ability of humanitarian actors to deliver much needed assistance in the Al Hudaydah governorate.

Children and conflict

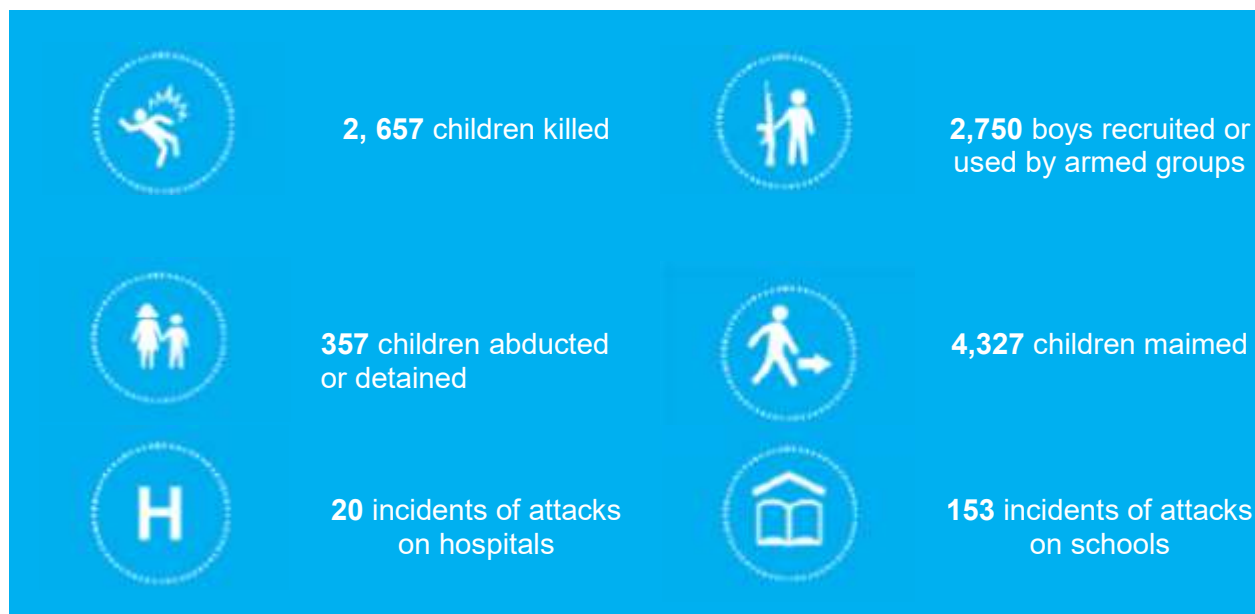
Children remain amongst the most vulnerable and disproportionately affected by the conflict. An estimated 7.4 million children are in need of humanitarian assistance; a 12 per cent increase since 2017. As a direct consequence, children in Yemen are affected by interrupted schooling, a nutrition crisis and severe protection vulnerabilities.

Children are increasingly exposed to multiple child protection risks such as violence, abuse and exploitation, recruitment into armed forces and armed groups, child marriage and more, all of which have devastating impacts on their physical and psychological well-being. At least 35 per cent of child protection incidents reported in 2018 to social workers were of a mental health and psychosocial nature.³

From October 2017 to September 2018, the Country-level Task Force on Monitoring and Reporting Mechanisms (MRM) documented and verified 2,367 victims of grave violations (1,852 boys, 512 girls, 3 children of unknown sex), with the highest number of grave child violations reported in Taizz, Shabwah and Al Hudaydah governorates. This is a 23 per cent increase from October 2016 to September 2017, when the number of grave violations documented and verified amounted to 1,926. Daily risks include land mines, and the potential targeting of public service facilities such as schools, hospitals as well as water and sanitation services. In August 2018, a school bus was hit by an airstrike in Saada, killing dozens of children.

³ OCHA, 2019 Humanitarian Needs Overview

The conflict in figures Yemen 2015-2017



Source: MRM 31 December 2017, TFPM

The economic hardship has left most families unable to meet their basic needs, resulting in increased negative coping mechanisms that directly impact on child rights such as marrying girls at a younger age, sending children into exploitative labor including child recruited into armed forces/groups. Child marriage is estimated to have escalated three-fold between 2017 and 2018 for girls under 18 years.⁴

Children are especially affected by growing rates of malnutrition; at least one child dies every ten minutes in Yemen because of preventable diseases such as diarrhea or malnutrition. As of the end of 2018, two million children are estimated to be acutely malnourished, with nearly 360,000 suffering from severe acute malnutrition. This is particularly profound amongst children under the age of five in conflict-prone areas and access-restricted communities such as Taizz, Al Hudaydah and Hajjah.

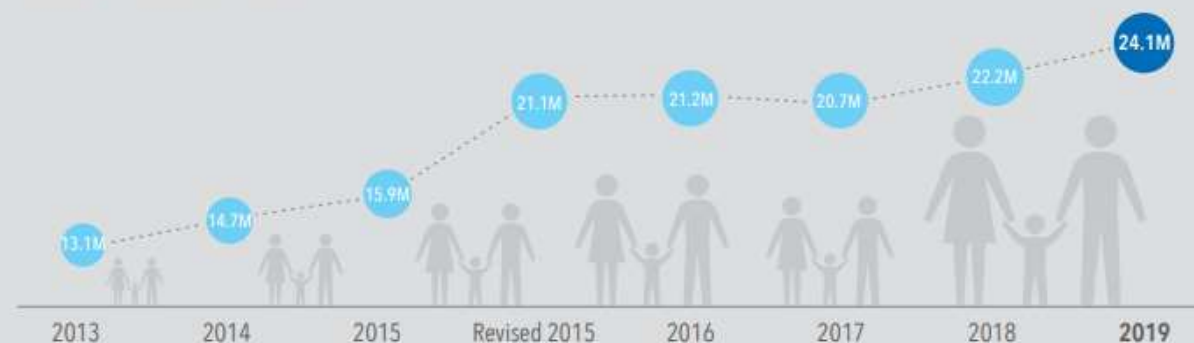
The conflict has taken a toll on children's access to education, with some two million children out of school, exposing them to risks of recruitment, depriving them of education and child marriage. About 2,000 schools have been affected by the conflict due to damaged school buildings, presence of IDPs or armed groups in the school or school area.

Humanitarian needs

Humanitarian needs in Yemen are at an all-time high. Violence, economic hardship, lack of basic services and institutions and an increasingly growing protection crisis result have a dire impact on children. In 2019, 24.1 million people in Yemen need humanitarian assistance, an increase of 21.1 million people at the start of the conflict.

⁴ Ibid.

PEOPLE IN NEED (2013 - 2019)



Sources: CAP 2013; PMR 2017; HNDs 2014-2019



With the risk of famine intensifying, an estimated 3 million people are in need of nutrition assistance. This includes approximately 2 million children who are acutely malnourished, of whom nearly 360,000 children are suffering from severe acute malnutrition (SAM).



With only 51 per cent of health facilities fully functional, and a disruption of salaries paid to public health staff, 19.7 million people lack adequate access to healthcare – 8.9 million of whom are in acute need. Prevalence of cholera, diphtheria, diarrhea, and malnutrition all underline the significance and severe need of basic health care in Yemen.



Two thirds of the population, 17.8 million people, require support to meet their basic water, sanitation and hygiene needs (WASH), including 12.6 million people in acute need. Inadequate access to WASH services is a major driver of communicable diseases and malnutrition. Years of underdevelopment, extensive damage to infrastructure caused by conflict, unstable fuel imports and natural disasters have significantly reduced the capacity of water and sanitation systems.



The current context in Yemen renders it the world's largest protection crisis, with 14.4 million people are in need to protect their safety, dignity or basic rights from being violated. An estimated 8.2 million are in acute need of protection assistance. Children, girls and women are disproportionately affected and face serious protection challenges including gender-based violence and child marriage. An estimated 4.3 million children are in acute need and face grave violations (notably along conflict frontlines) of their rights, resulting in needing various forms of support including psychosocial assistance, mine risk education and family reunification as a result of displacement.



The 2017/2018 school year started with a setback in the education process in 13 out of 22 governorates due to the extended time of non-payment of salaries for teachers. Schools across the country are unfit for use due to conflict-related damage, hosting of internally displaced people (IDPs), or occupation by armed groups. An estimated 4.1 million school-age children require assistance to continue their education.

Operating in a high-risk and hard to access environment

Humanitarian access in Yemen remains limited, notably in areas affected by shifting front-lines, predominantly in Al Bayda, Al Hudaydah, Sa'ada and Hajjah. It is estimated that 6.5 million people are living in these hard to reach areas where delivery of humanitarian assistance faces access constraints. UNICEF and humanitarian partners are committed to reaching the most vulnerable and in need and continues to undertake every effort to ensure the rehabilitation and functioning of water pumping systems, distribution of hygiene and cholera prevention kits to households, host communities and displaced families. Remote areas are supported through Mobile Teams for the provision of health and nutrition services, while medical and nutrition supplies are distributed to Governorate Health Offices to ensure service provision in affected and inaccessible locations. Community engagement and strengthening local level coping mechanisms is also a strategy adopted by UNICEF to support the most vulnerable and hard to reach.

Before the escalation of the crisis, Yemen imported about 90 per cent of its staple food and required an estimated 544,000 metric tons of imported fuel per month.⁵ The ports and their operations are important for Yemenis in order to divert famine and ensure sufficient availability of goods. Although a blockade was lifted at the end of 2017, allowing for the import of 3.2 million tons of food through Al Hudaydah and Saleef ports (the most important entries for food import into Yemen) up to November 2018, challenges remain. Bureaucratic impediments, restrictions, congestion and hostilities continue to have a profound effect on the ability to import goods. Bureaucracy specifically resulted in extensive delays to the clearance and distribution of supplies.



©UNICEF Yemen/2018 *Girls studying in the wreckage of Al Khair school in Taizz governorate*

⁵ Yemen Humanitarian Response Plan, 2017

2. Humanitarian Results

UNICEF's humanitarian strategy for 2018 was guided by the Core Commitments for Children (CCC) in Humanitarian Action, and in line with the Yemen Humanitarian Response Plan (YHRP) 2018. UNICEF's Humanitarian Action for Children (HAC) 2018 was also aligned with the strategic objectives and cluster operational response plans and revised in October 2018 to reflect the changing needs. Life-saving health, nutrition, Water, Sanitation and Hygiene (WASH), education, child protection services were delivered, ensuring the availability of basic social services to the most vulnerable including internally displaced persons (IDPs), host communities and other conflict-affected populations.

Results Table

The table below presents UNICEF-supported results in 2018 against the targets set for the year in the HAC:

	Revised Cluster 2018 Target	Total Results	Revised UNICEF 2018 Target ⁶	Total Results
NUTRITION				
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	268,000	305,628	276,000	305,628
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	1,404,000	1,589,227	983,000	1,589,227 ¹
Number of children under 5 given micronutrient interventions (MNPs)	691,000	739,016	691,000	739,016
Number of children under 5 given micronutrient interventions (Vitamin A)	4,177,000	3,398,648	4,177,000	3,398,648
HEALTH				
Number of children under 1 vaccinated against measles (MCV1)			912,560	669,853
Number of Children under 5 vaccinated against polio			5,352,000	4,692,335
Number of children under 5 receiving primary health care			1,500,000	1,428,119
Number of pregnant and lactating women receiving primary health care			801,045	681,108
WATER, SANITATION AND HYGIENE (WASH)				
Number of people having access to drinking water through support to operation/maintenance of public water systems	7,288,599	5,990,363	6,000,000	4,954,795
Number of people gaining access to emergency safe water supply	1,703,359	1,370,206	1,000,000	929,836
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)	1,223,908	936,226	800,000	892,523
Number of people provided with standard hygiene kit (basic and consumables)	2,322,981	900,496	800,000 (basic)	807,717
	5,332,045	9,075,201	4,000,000 (consumable)	3,436,324 ¹
Number of people living in cholera high risk areas having access to household level water treatment and disinfection	4,202,324	16,393,196	4,000,000	16,393,196 ¹

⁶ Revised in October 2018

CHILD PROTECTION				
Percentage of MRM incidents verified and documented from all the reported incidents	90%	92%	90%	92%
Number of children and caregivers in conflict-affected area receiving psychosocial support	682,268	858,862	594,937	781,353
Number of children and community members reached with lifesaving mine risk education messages	1,684,106	2,122,410	1,468,541	1,580,032
Number of children reached with critical child protection services, including case management and victims' assistance	12,932	12,368	10,345	10,370
EDUCATION				
Number of affected children provided with access to education via improved school environment and alternative learning opportunities	738,995	1,014,800	639,100	204,340
Number of affected children receiving psychosocial support services and peace building education in schools	1,000,000	877,434	429,000	133,356
Number of affected children supported with basic learning supplies including school bag kits	1,500,000	277,441	473,000	41,907
COMMUNICATION FOR DEVELOPMENT (C4D)				
Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ¹			2,200,000(14)	2,636,861 ²
			4,000,000(4)	10,667,606 ²
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas			10,000	9,500
Footnotes				
Nutrition 1: The target has been exceeded due to a scale up in interventions that include IYCF services, including an increase of 4,000 additional Community Health Volunteers, support of health facility based regular outreach, a significant increase of IYCF corners (650 to 1,100), and improved reporting from the service providers.				
WASH 1: The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.				
Education 1: Education authorities in Sana'a indicated that unless the issue of teachers' incentives is addressed, no implementation of any other activity could take place. As a result, implementation of some major activities to facilitate access to education such as rehabilitation of damaged schools and construction of semi-permanent classrooms have experienced severe delays.				
C4D 1: The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for AWD/cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).				
C4D 2: The target is exceeded due to added focus on AWD/Cholera response.				

2.1 Nutrition

In response to the malnutrition crisis, UNICEF continued to expand essential malnutrition prevention and treatment interventions throughout all of 2018, making significant gains against planned targets. Since the beginning of 2018, UNICEF treated 305,628 children for Severe Acute Malnutrition (SAM), thereby exceeding its annual target and reaching 111 per cent of the target.⁷

Working in partnership with 17 international and local NGOs, UNICEF supported the management of 323,000 children under the age of five with Severe Acute Malnutrition (with SAM), representing 77.5 per cent of the expected cases and 121 per cent of the annual cluster target. A total of 3,333,454 (120 per cent

⁷ The UNICEF target for the year is to reach at least 70 per cent (276,000 children) of the Severe Acute Malnutrition (SAM) caseload of 394,000 children.

of the annual target) children under the age of five were screened for malnutrition. In addition, 4,137,664 children ages 6-59 months received micronutrient supplements (including both Vitamin A and micronutrient supplements), de-worming tablets were provided to 729,061 children aged 12 to 59 months, and 1,589,227 caregivers of children 0-23 months were provided with access to Infant and Young Child Feeding (IYCF) counselling for appropriate feeding (162 per cent of 2018 target) while 1,039,205 pregnant and lactating women received iron-folate supplementation. In addition, 182 new IYCF corners were established, bringing the total number in the country to 1,081.

Over the course of the year, to respond to the malnutrition crisis, UNICEF and partners scaled-up the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, primarily the World Food Programme and the World Health Organisation. To scale up CMAM coverage in the country, UNICEF in collaboration with the World Health Organisation (WHO) and the Ministry of Health, established 266 new Outpatient Therapeutic Programmes (OTPs) and Stabilization Centres (SCs). Furthermore, 121 mobile teams were deployed and functional in 2018 versus 58 in 2017, enabling more children in remote and hard to reach communities to access essential services.

As part of the scale up, a total of 275 new Outpatient Therapeutic Programmes (OTPs) have been established since the beginning of 2018 to respond to severe acute malnutrition prevalence, and by the end of the year, over 83 per cent of the health facilities function were functioning as OTPs as well.

In addition to meeting emergency nutritional needs, UNICEF continues to facilitate capacity building as part of its efforts to preserve and strengthen the current health and nutrition systems in-country. A total of 933 health workers (461 male; 472 female) received training on Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) since the beginning of the year (which includes refresher training for 622 health workers). In total, 83 per cent of the health facilities in the country (3,593 facilities) are now delivering SAM treatment services. Expansion was not the only priority, programme quality was also improved; the cure rate for SAM treatment reached 83 per cent in 2018 versus 77 per cent in 2017.

Moreover, over the course of the year, 4,582 Community Health Volunteers (CHVs) received basic training (including refresher training to 1,357 health volunteers) and 2,719 CHVs received training on growth monitoring.

In 2018 UNICEF also launched support to cover the referral cost of malnourished children to and from SCs, as well as to provide daily accommodation allowances for caregivers. This support addressed the key financial constraints for families in accessing SCs services. To improve the quality of SCs services, UNICEF, together with WHO, supported the capacity development for the first national SC technical supervisors team as well as updating the supervision checklists, registration and reporting tools.

UNICEF also re-launched the Early Childhood Development (ECD) interventions in 2018. The first step was to integrate an Early Childhood Development (ECD) component at SCs, and subsequently UNICEF distributed 70 ECD kits to all SCs in the country.

As an integrated programming approach, UNICEF supported the integration of SAM management and IYCF counseling into the cholera response. This included capacity development of health workers on identification of malnourished cases, fluid management for children with AWD/Cholera SAM as well as

provision of IYCF messages at Diarrhea Treatment Centres/Oral Rehydration Centres (DTC/ORC). Furthermore, CHVs from high-risk areas were trained on the prevention and management of cholera; these CHVs subsequently conducted awareness raising sessions for their communities, focusing on ORS preparation, IYCF practices and hygiene. In 2018, on-the-job training was provided to health workers from 64 DTCs and ORCs in 16 governorates.



Cluster Response

UNICEF is the Nutrition Cluster lead agency and a key partner contributing to the achievements of cluster objectives and the overall humanitarian response in Yemen. UNICEF has assigned a dedicated international Nutrition Cluster coordinator. The co-chair of the cluster is the Nutrition Department of the MoPHP and the cluster is further supported by a dedicated Information Management Officer (IMO) and sub national cluster coordinators, filled by UNICEF Health and Nutrition Officers.

Nutrition cluster coordination at national and sub national level continued to be strengthened in 2018. A total of five sub-national cluster coordination hubs were formed and operationally staffed with a sub-national cluster coordinator and an information manager. Sub-national cluster coordination co-leadership was also established in three hubs (Aden, Saada and Al Hudaydah). The cluster has developed its Accountability to Affected Population Operational guidance and Reporting Toolkit based on the current best practices where the cluster and its partners are required to ensure community engagement throughout the project cycle for all responses and related assessments.

Despite the barriers faced during the year, such as a collapsing health system, non-payment of salaries and lack of access, compared to previous years there was a substantial scale up of the CMAM and IYCF programs.

UNICEF continued to provide leadership in the nutrition cluster and inter-agency coordination as well as active participation in the integrated inter-cluster famine response framework with a range of other partners. The cluster also contributed to the development of the integrated famine risk reduction (IFRR) operational guidance and participated in the piloting of the IFRR guidance in selected districts. Lessons learnt from the pilot districts will be consolidated in 2019 and guide the roll out to other districts.

UNICEF also strengthened assessment of the situation through Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. Despite the volatile operational environment, 17 SMART surveys were completed, compared to 4 in 2017. A change in strategy, bringing on board the Ministry of Planning and International Cooperation (MoPIC) and Central Statistical Office, with the formation of a technical committee and continued advocacy on the need of data for programming, resulted in improved outcomes.

2.2 Health

UNICEF's 2018 health strategy focused on expanding and supporting the provision of health services with an aim to preventing system collapse and saving lives through immediate service provision through community-based service delivery, primary health care facilities and secondary health facilities, with a focus on the first two.

At the community level, UNICEF supported community case management of common childhood illnesses and home based maternal and newborn care. In addition, UNICEF aimed to strengthen referral pathways from communities to Primary Health Care facilities and secondary care facilities for maternal, new-born and child health (MNCH). In areas where regular service delivery was not possible, UNICEF supported Integrated Outreach Rounds and Mobile Teams based on needs. Timely preparedness and responses to outbreaks also formed a mainstay of the strategy.

In 2018, 121 Mobile Teams (MTs) provided a package of health and nutrition services to mothers and children mainly in areas lacking health facilities, hard to reach areas and locations with displaced communities. The MTs provided 164,531 children with routine vaccinations, which is 5.7 per cent of the annual vaccination coverage. Through Maternal and New-born Health Care and Integrated Management of Childhood Illnesses (IMCI) at three levels, UNICEF supported the treatment of 1,428,119 children for common childhood illnesses, including pneumonia and diarrhea. Through Community Mid-Wives (CMWs), UNICEF reached 634,002 pregnant and lactating women at their homes: 413,025 received antenatal care, 228,487 had skilled birth attendants and 81,985 received postnatal care.

Given the onset of diseases such as cholera, diphtheria and measles, UNICEF has continued to prioritize and expand its immunization activities in Yemen. This year, three integrated outreach rounds have been implemented in 301 out of 333 districts in the country to improve the immunization coverage among children under one year of age. These outreach vaccination activities have contributed to ensuring 30-35 per cent of the routine annual coverage in Yemen.

Through the support to Expanded Programme for Immunization (EPI), UNICEF aimed to maintain the polio free status of the country and to prevent Vaccine Preventable Diseases (VPD) related outbreaks and therefore, reduce VPD related deaths and illnesses. This was supported through eight national and subnational campaigns to vaccine various segments – geographically and age groups- of population with Oral Cholera Vaccine, Oral Polio Vaccine, Tetanus Toxoid and Diphtheria vaccine and Measles and Rubella vaccine. Over 5 million children under the age of five (U5) were vaccinated against polio with 4,692,335 U5 vaccinated with two doses of the oral polio vaccine, reaching a vaccination coverage of 87 per cent. In response to the Measles outbreak, a total of 1,203,148 children were vaccinated against Measles and Rubella (82 per cent coverage). In response to Diphtheria outbreaks, UNICEF supported two rounds of a Diphtheria vaccination campaign in 39 high-risk districts of 11 governorates, vaccinating 1,956,684 children under 15 years of age (73 per cent of the target) with Penta and Td vaccines. A second round of Diphtheria campaign was conducted in 39 districts covering 146,192 children (aged between 6 weeks and 59 months) with Penta vaccination and 544,913 children (aged between 5 and 15 years) were given Td vaccination.

UNICEF has also supported the operationalization of the Expanded Programme on Immunization (EPI) centers in phases, enabling the functioning of 1,000 EPI centers in first phase and more than 700 EPI centers in second phase, along with the provision of 110,000 liters of diesel on a quarterly basis to cold rooms at central and governorate levels. In addition, UNICEF supports the procurement and transportation of vaccines at central, governorate and district level, as well as the upgrading of EPI centers and cold chain operations for the storage of vaccines and the capacity building of staff. UNICEF supported the functioning 1,700 EPI centres and procured 55 million of doses for Routine EPI and supplementary immunization activities.

Whilst in 2017 Yemen reported the largest ever cholera outbreak with over a million suspected cases, and over 2,225 associated deaths (a Case Fatality Rate of 0.22 per cent), in 2018 the outbreak was less widespread and there were approximately 361,275 suspected cholera cases and 493 associated deaths reported. 23 percent of the cases tested (34,721 of 153,428) with rapid diagnostic tests were found to be positive and 31 percent of the samples tested (2,845 of 9,230) by lab culture were found to be positive.

The significant decrease in the number of suspected cholera cases in 2018, in comparison to 2017, may be attributed in part to the prevention activities and enhanced institutional capacities to respond. In 2018, the first ever Oral Cholera Vaccine campaign in the country was conducted in 8 districts (with 3 in Northern governorates and 5 in Southern governorates), vaccinating 731,860 people. The campaign was accompanied by complementary WASH and C4D activities. The Ministry of Public Health and Population actively led a cholera task force, with support from UNICEF and WHO, and there was increased monitoring and adherence to the case definition with all suspected cases subjected to rapid diagnostic tests for a certain period during the year that made health providers conscious of classifying the cases. As a result, there was significant reduction in cholera cases - 30% less than those reported in 2017. UNICEF and its partners' also improved preparedness in 2018 and promoted preventative measures as a first line of defense against the disease.



©UNICEF Yemen/2018 A child taking the oral cholera vaccine during OCV campaign in Aden governorate

To contribute to better health outcomes for children, foster female empowerment and in an effort to bridge the gender gap, a Community Health Workers network was launched in 8 governorates and 28 districts, including Sana'a, Sa'ada, Hajjah, Ibb, Hodeida, Lahj, Abyan, Hadramout. In 2019, this will be scaled up to 11 Governorates, including 65 districts: Sana'a, Sa'ada, Hajja, Ibb, Al Hudaydah, Lahj, Abyan, Hadramout, Amran, Taiz and Al-Dhale'e.

Over the course of the year, UNICEF has been able to make a critical contribution to health systems preservation, and in some cases strengthening, with the view to mitigate the effects of the crisis and enable a more effective post-conflict recovery when the crisis ends. With public systems on the verge of collapse due to non-payment of civil servants' salaries for over 2.5 years, high attrition of human resources from public to private sector and leaving the country, lack of operational/ recurrent budget and energy crises, UNICEF has supported the continuation of service provision by providing incentives to Community Health Volunteers, 1,570 Community Health Workers and over 5000 Primary Health Care Workers, to ensure the community-based services and health facilities remain functional.

Complementary to incentives, UNICEF has covered the operational costs of 1,725 primary health care facilities (43 per cent of all health facilities in Yemen) to remain open and functional, including 130 previously closed facilities that were re-opened. At secondary care level, UNICEF supported 18 Newborn Intensive Care Units in 2018 to address the high rates of deaths in newborns in Yemen. The guiding principle has been the provision of the Minimum Services Package that is a package of agreed on services/ interventions at each level of health care. UNICEF ensures implementation of the package through provision of operational costs, health workers per diems and in some cases incentives, medicines, supplies, equipment and training and supervision. Collectively, these efforts have maintained basic functioning of critical health services.

2.3 Water, sanitation and hygiene (WASH)

UNICEF pursued a dual pronged approach for addressing the Water, Sanitation and Hygiene (WASH) needs of the conflict-torn people of Yemen. The first strategy aimed at meeting life-saving needs in the immediate term, whereas the second focused on providing durable solutions through strengthening the resilience of local communities and the capacity of local institutions. UNICEF WASH activities respond to humanitarian needs of both for Internally Displaced Peoples (IDPs), host communities, those affected by crises, disease outbreaks, malnutrition and others. UNICEF focuses immediate short-term interventions for ensuring availability of life-saving assistance including safe drinking water and adequate sanitation along with essential supplies, to the most vulnerable affected communities as identified by the WASH cluster and other assessment by the partners with prioritizing the communities in acute needs.

As part of UNICEF Yemen's emergency response, a total of people 5,432,607 (99 per cent of the UNICEF Yemen annual target) were supported with access to safe drinking water through support to operations and maintenance (O&M) and rehabilitation of public water systems while an addition 929,836 people were reached with emergency water supply (mainly water trucking), representing 93 per cent of the target. In total, UNICEF's provision of water supplied through various means covered an estimated 68 per cent of the total WASH cluster target for 2018. The services were provided across Yemen in both urban and rural areas as planned against HNO-2018 and YHP-2018 priorities.

Similarly, UNICEF provided improved access to sanitation services for over 872,526 people across Yemen, nearly 226,857 of whom are children, through support of emergency latrine construction or rehabilitation of and desludging, reaching 109 per cent of the planned target. 807,717 people received basic hygiene kits (100 per cent of planned target) and 5,638,877 people received consumable hygiene kits (140 per cent of planned target), and; 8,414,407 people living in cholera high risk areas have been supported to have access to household level water treatment and disinfection (210 per cent of planned target). The hygiene kits were partially delivered through the newly formed Rapid Response Mechanism.

The comprehensive WASH response to IDPs, people in districts at considerable risk for cholera/AWD and crises affected populations. The response significantly contributed to a decrease in cholera transmission and alleviated the suffering of IDPs across the country; in a context characterized by increasing needs and extensive damage to WASH systems. 929,836 people benefited from the WASH IDP response and 9 million were provided with basic and consumable hygiene kits.

UNICEF has also provided substantial WASH humanitarian assistance to internally displaced populations (IDPs) in collaboration with partners through water trucking, installation of water points/communal water tanks, construction of emergency latrines, distribution of hygiene kits and distribution of household water treatment tablets, reaching almost 1 Million IDPs in Abyan, Al Maharah, Amanat Al Asimah, Ibb, Lahj, Saada, Socotra, Al Hudaydah, Taizz and Aden governorates.

UNICEF mobilised and deployed nearly 750 Rapid Response Teams (RRTs) to respond to suspected cholera/AWD cases to reach over 9 million people in 2018, in 259 districts of 21 governorates. Through this intervention and the quick impact projects such as desludging, quick fix of damaged water and sewage pipe networks, water quality monitoring, cleaning campaigns and community engagement, the number of cholera cases have declined significantly in all the affected districts. UNICEF supported capacity-building of the National Water Resource Authority (NWRA) to support water quality monitoring and the regulation of private water sources in cholera affected areas. In addition, UNICEF supported the activation of the National WASH Emergency Operation Room (EOR) in the Ministry of Water and Environment (MoWE) for emergency response and overall coordination of the suspected cholera/AWD response including providing strong technical and strategic guidance to implementing partners and other stakeholders.

UNICEF also supported Local Water and Sanitation Corporations (LWSCs) to with support to operations and maintenance of Waste water treatment plants (WWTP) and rehabilitation of sewage systems in 13 cities (Amanat Al Asimah, Al Hudaydah, Sa'ada, Taiz, Amran, Al Mukalla, Ad Dhale'e Dhamar, Hajjah, Ibb, Raymah, Taizz and Aden). As a result, approximately 4.8 million people have benefited from these critical interventions.

Cluster Response

UNICEF continued to lead the WASH Cluster at national and sub-national levels and the head of the GARWSP Emergency Unit co-chairs the cluster. The WASH Cluster is operational at all five humanitarian hubs, with dedicated sub-national coordinators. The WASH humanitarian response is therefore timely coordinated with the relevant WASH Cluster partners at all levels, to avoid duplication and gaps.

Between January and December 2018, 67 WASH cluster partners were active, as compared to 47 in 2017, across 22 governorates of Yemen. Of those, 41 are National actors (including local NGOs and authorities) and 26 are international NGOs and UN. Humanitarian WASH interventions reached over 12 million people in 2018, with over 6 million reached through sustained support to water supply and sanitation systems. Significant achievements can be seen in the integrated WASH and health response to Cholera through 750 RRTs across the country and mobilization of quick impacts projects in cholera priority districts with the Ministry of Water and cluster members.

The cluster was able to conduct a capacity assessment of the sector through technical assistance supported by UNICEF and capacity building priorities have been identified for follow up in 2019. In 2018, with support of REACH and other partners, WASH cluster conducted assessments at district level which generated essential detailed analysis of sector priorities now reflected in the 2019 Humanitarian Needs Overview.

WASH Cluster actions targeting famine prevention and outbreak response scaled up to support service delivery for affected populations, whilst simultaneously partners mobilized to reach over 3 million IDPs in Yemen, including over 600,000 new IDPs from the Al Hudaydah conflict and Cyclone Luban. In 2018, the WASH cluster expanded its reach through shared leadership, by activating 22 governorate focal points to support local level coordination, meanwhile the strategic leadership activated CASH, Gender and Inclusion, Sanitation and Assessment technical working groups to improve the quality and standards of WASH interventions across Yemen.



©UNICEF Yemen/2018 Distribution of clean water in Al Hudaydah city

2.4 Child Protection

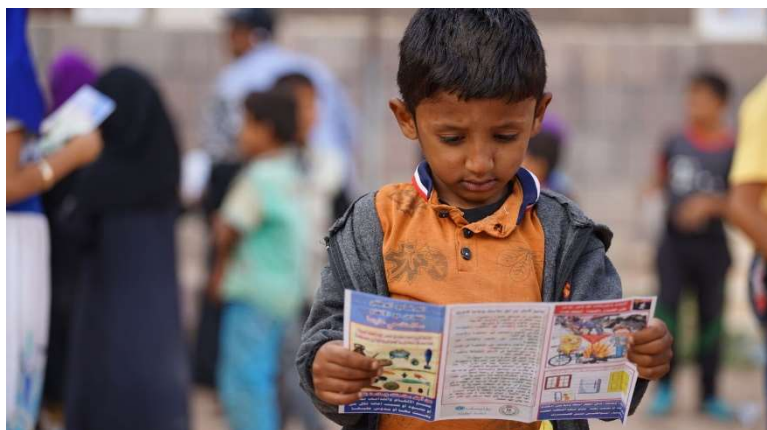
UNICEF's Child Protection programme targets the most vulnerable children in conflict-affected governorates with integrated interventions including victim assistance, family tracing and reunification, documentation of child rights violations, mine risk awareness and psychosocial support (PSS). It focuses on addressing the immediate humanitarian protection needs of children while at the same time ensuring linkages between the emergency programme and longer-term recovery/development interventions. The programme outputs and activities are linked to the UN strategic framework, the overall objective of which is to bridge the programmatic divide between humanitarian assistance and future recovery and post crisis, effectively broadening humanitarian relief to a greater focus on strengthening social services, economic and social resilience, security and peacebuilding.

Between January and December 2018, the Country Task Force on Monitoring and Reporting verified and documented 2,367 incidents of grave violations. The victims included 1,852 boys, 512 girls, 3 children of unknown sex. The escalation of hostilities in Al Hudaydah governorate resulted in a dramatic increase of children killed and injured because of the conflict. Specifically, data increased from around 100 child casualties in 2017 to over 500 child casualties in 2018. The verification of recruitment and use of children decreased by 60 per cent in 2018 compared to 2017 due to security threats and access constraints on humanitarian actors and human rights monitors. Education and health related incidents increased by 56 per cent compared to the previous year; 46 per cent of the education and health related incidents were attacks on schools and hospitals and 44 per cent were the military use of schools and hospitals. Last year, UNICEF was able to ensure that 92 per cent of MRM reported incidents were verified and adequately documented.

In response to the protection crisis that affects children and adults alike, UNICEF provided 781,353 children and caregivers in conflict-affected area with psycho-social support (PSS), including 538,812 children (267,927 boys; 270,885 girls) and 242,541 adults (male: 101,935; female: 140,606) in 22 governorates through a network of fixed and mobile child friendly spaces to help overcome the immediate and long-term consequences of their exposure to violence. UNICEF further reached 1,580,032 children and community members, (including 631,391 boys; 514,460 girls; 261,264 men and 172,917 women) with lifesaving mine risk education messages and 10,370 children (5,844 boys; 4,526 girls) with critical child protection services (family tracing and reunification, reintegration, gender responsive services, socio-economic empowerment initiatives, and victims' assistance). The majority of these children assisted were in Saada (27 per cent), Taiz (21 per cent) and Al Hudaydah (16 per cent).

Furthermore, UNICEF expanded the victim assistance services to reach children who lost their limbs and children with disabilities by supporting the Prosthesis and Rehabilitation centers in Aden and Taizz governorates as well as supporting the access of children coming from other governorates to these centers. By end of 2018, 102 children (79 boys; 23 girls) were provided with prosthesis and artificial limbs and 213 children (127 girls; 86 boys) were provided with assistive devices to help them overcome barriers.

UNICEF's programming environment for child protection remains constrained in Yemen, with bureaucratic impediments and deeply rooted social norms exacerbated in the current conflict. Given the restrictions in terms of opportunities for upstream systems building at present, UNICEF has invested in further strengthening the existing already effective case management system and community-based mechanisms. Consequently, in 2018, UNICEF achieved a 38 per cent increase in the number of children accessing case management services compared with 2017 (9,093 children in 2018 and 5,615 children in 2017). This increase is attributed, at least in part, to investments in the capacity building of social workers and the development of SOPs and referral pathways. In 2018, UNICEF supported the training of 308 female and 469 male social workers (777 in total) on case management, SOPs, referral pathways, and the case management database, exceeding the target set for the year (750).



©UNICEF Yemen/2018 A young boy attending a Mine Risk Education session in Al Dhale'e governorate

Investments in the justice system resulted in improved access of children to alternatives to detention. In 2018, UNICEF supported an assessment of 243 of children detained in 23 detention facilities. As a result of this work, three case-loads were identified: 163 children (17 girls, and 146 boys) who have committed low level offences and are eligible to be considered for diversion, 14 children (all boys) who will exit detention facilities in the coming 6 months; and 66 children (all boys) who have committed serious offences and are facing long sentences. So far, 43

girls, and 305 boys (348 children in total) were provided with legal aid out of which 86 children (girls: 8, boys:78) have already been diverted from detention and are accessing support.

UNICEF partners reached 8,023 adolescents with life skills education; at the same time, significant technical support was invested in the process of harmonizing life-skills approaches between UNICEF, UNFPA and implementing partners, to deliver a coherent, multi-week, quality package aligned with the MENA Life Skills and Citizenship Education framework targeting boys at risk of recruitment and girls at risk of child marriage.

Despite the challenges, considerable progress has been made by the Civil Registration Authorities (CRA) over the last 5 years on establishing an electronic birth registration system. The system is now in the final stages of implementation in 44 registration points across 4 governorates, including 20 health facilities. UNICEF supported training on CRVS guidelines for 179 staff, and 108,500 girls, and 132,144 boys (240,664 children in total) received birth certificates in 2018.

Cluster Response

The Child Protection Sub-cluster (CPSC), led by UNICEF, continued to function throughout 2018 at both national and sub-national levels, coordinating efforts of child protection partners in addressing life-saving child protection needs during the on-going emergency; in 2018, UNICEF contributed to over 80 per cent of the cluster results.

A key achievement and milestone of 2018 was the signing of the Road Map to implement the Action Plan signed in 2014 between the Government of Yemen and the United Nations on the recruitment and use of children with the YAF and affiliated security forces /groups.

Implementation delays were encountered in 2018 due to the challenging operating environment, in which child protection activities are not easy to facilitate and implement due to localized challenges and cultural norms. Despite these challenges, the CPSC continued to provide strategic leadership and coordination, bringing NGOs, UN agencies and other entities together on a regular basis in order to ensure a predictable, accountable and effective child protection response.

2.5 Education

The political context, capacity of counterparts and the fact that civil servants (teachers) have not received salaries in over 2 years are key bottlenecks which adversely affected approval of the implementation of activities in parts of the country. One of the largest challenges has been the lack of civil servant salaries, which has and continues to have a profound effect on the accessibility of education to children in Yemen. Nearly three quarters of public school teachers in 11 governorates have not been paid for over two school years, which has disrupted schooling of around 3.7 million children in these governorates. Through continued advocacy efforts to find a temporary solution, UNICEF succeeded to secure USD 70 million for monthly cash incentives for teachers in Yemen, which are to be rolled out in 2019.

UNICEF's education programme has been able to support 204,340 children (101,565 boys; 102,775 girls), through major rehabilitation of 18 affected schools and rehabilitation of latrines in 218 schools (thereby reaching 32 per cent of the target). A total of 190,124 children (28 per cent of the annual target) affected by the conflict have been supported with access to education via improved school environment and alternative learning opportunities (e.g. temporary Learning Spaces, school rehabilitation, equipment and classroom furniture). UNICEF also provided 133,356 children affected (77,896 boys; 55,460 girls) by the conflict with psychosocial support services and peace building education in schools and 41,907 children (21,339 boys; 20,568 girls) with basic learning supplies including school bag kits. These results are relatively low and are attributable to the limited implementation of work primarily in the south of the country.

In 2018, UNICEF worked with its main partner the Ministry of Education (MoE) throughout Yemen, with strategies and approaches aimed at ensuring a high number of child enrolment and retention, such as (i) female teachers in rural areas, (ii) construction/rehabilitation of Temporary Learning Spaces (TLS), (iii) payment of exams for children grades 9-12, and (iv) distribution of learning supplies. These approaches are aligned to the Education authorities', on both sides, priorities as reflected in the revised Yemen Humanitarian Response Plan (YHRP) completed by the Education Cluster in August 2018. In the YHRP, first line response involves ensuring that schools remain open and operational through (i) provision of

incentives to teachers, (ii) distribution of school meals to boys and girls, (iii) equipment of schools and (iv) facilitation of Grades 9 and 12 exams. Second line response concerns (i) rehabilitation of school infrastructure including WASH facilities and (ii) training of teachers, school managers, supervisors and members of parents' councils to quality of teaching and schools' management (mostly South).

Despite the challenges and bottlenecks to programme-wide implementation, UNICEF worked to achieve results for the children it could reach; in total reaching across all its programming activities 1,595,247 children. In places where formal schools are unavailable, UNICEF provided community-based classes (CBC) to reach out-of-school children (OOSC) and community members have been sensitized on the importance of education and their capacity strengthened to facilitate implementation of the intervention, bringing around 7,726 out-of-school-children (4,307 boys; 3,419 girls) back to school. These children were integrated into formal education through supporting Community-Based-Classroom (CBC classes) in Taiz, Abyan, Amran and Al-Hodeidah.

In 4 governorates, 18 schools were rehabilitated with 8,893 school children (including 1,851 girls) benefitting from improved learning conditions. Additionally, rehabilitated WASH facilities in 218 schools across 7 governorates to benefit 172,155 (including 84,417 girls) school children. UNICEF procured supplies to benefit children in school, including desks for 1,350 children (including 746 girls) and 33,950 children (including 15,254 girls) received school snacks in 4 targeted governorates (2 in the North and 2 in the South) and 41,907 children (including 20,568 girls) received learning supplies. To ensure sufficient female teachers are assigned to rural areas, UNICEF continued support with the payment of salaries of 1,589 female teachers in rural areas.



©UNICEF Yemen/2018 A boy classroom at Al Fath School, benefiting from UNICEF emergency education interventions, in Marib governorate

The elaboration of the Transitional Education Plan (TEP), supported by the Global Partnership for Education, continued to progress in 2018. Teams from both the education authorities met several times with the leadership of UNESCO, which resulted in completion of the assessment of education situation in Yemen.

In 2018, resulting from the lack of teacher's payments and bottlenecks in programming, a significant proportion of work under the Education programme consisted of advocacy. Advocacy with the Ministry of Education to allow for activities implementation, dialogue with development partners, negotiation of support for teacher incentives and high-level advocacy with parties to the conflict to preserve education facilities, including avoiding IDPs occupation of schools. A key result of advocacy is the progress towards implementation of teacher incentives for teachers, volunteers and education staff in 11 governorates who have not received salary in over two years.

Additional education related support interventions resulted in 133,356 children (including 55,127 girls) were better able to cope with the trauma of the conflict thanks to the training of 4,055 teachers on psycho-social support (PSS) and 662,927 children (including 285,059 girls) in the North and South were able to sit for the grades 9-12 exams with UNICEF support of the payment of related fees for school year 2017/2018.

Cluster Response

UNICEF and Save the Children co-lead the Yemen Education Cluster, following the global co-lead arrangement. They support the Education in Emergency Committee of the Ministry of Education (MoE). At the national level, the Education Cluster has been working closely with the MoE to track the impact of the conflict on education and ensure that measures are taken to minimize the negative consequences on children's right to education. The overarching goal of the Education Cluster is to ensure access to safe, equitable and quality education and to strengthen the capacity of the education system and communities to deliver a timely and evidence-based education response.

In 2018, the Cluster helped 525,049 children benefitted from school rehabilitation including rehabilitation of WASH facilities in conflict affected areas. This helped children to have an improved schooling environment. Furthermore, hygiene kits were provided to 118,328 students and 74,609 children received support through provision of alternative learning classrooms. The Cluster partners supported 619,519 children through training of teachers, resulting in improved teacher capacity and education. At the subnational level, UNICEF Education Officers in Taizz, Al Hudaydah and Sa'ada have a dual task, partially leading the sub-national Cluster.

2.6 Communication for Development

In 2018, the planned target of 6,000,000 affected people to be reached through integrated emergency and outbreaks C4D response was surpassed with more than 10 million people (1,490,540 boys; 1,578,431 girls; 3,788,822 men; 3,809,813 women) reached. This included at least 200,000 marginalized people such as the Muhammasheen, who are amongst the most deprived, vulnerable and internally displaced communities. The overall target was exceeded due to the extensive awareness activities associated with eight rounds of national and sub national vaccinations campaigns, including Polio, Measles and Diphtheria, Oral Cholera Vaccination.

Interventions delivered through regular C4D and emergency actions were driven by evidence from the Third-Party Monitoring Reports and the Behaviour Indicators Monitoring exercise. A representative Knowledge, Attitudes and Practices (KAP) study was conducted, the results of which will be published in the next Situation Report.

As for capacity development, about 9,500 community volunteers, including the 3,000 religious leaders, were engaged in 23 Governorates for the different vaccination campaigns and to promote the 14 key family practices. About 300 Rapid Response Team members acquired skills in interpersonal communication strengthening early action for cholera prevention and response.

By December, 2,637,320 people (582,231 girls, 537,838 boys, 859,805 women, 657,446 men) out of the target of 2.2 million had been reached on the 14-key

lifesaving practices. This seemingly over achievement was due to the full engagement of dedicated volunteers adapting the house-to-house approach in ensuring all families in the targeted areas are receiving comprehensive knowledge on the key lifesaving family practices.

The key lessons learned in 2018 is that households wish to be engaged and to learn something new. This calls for focusing on fewer high-impact essential family practices as a platform for engaging households and communities.

Some of the key challenges to the implementation of C4D interventions include: high attrition of trained community volunteers due to unattractive incentives coupled with the denial of access to partners in some areas have been a bottleneck to effective community engagement. For example, in Al Hudaydah Governorate due the ongoing conflict about 20 per cent of community volunteers have moved to other Governorates. The limited reach of electronic mass media as well as poor access of households to electricity and other forms of energy for powering electronic mass media devices, has led to an over-reliance on interpersonal communication approaches which is human resource intensive.



©UNICEF Yemen/2018 Community volunteers sensitizing children on cholera prevention practices in Crater district, Aden governorate

Case Study: Emergency Cash Transfer Project

Background: In 2017, UNICEF launched the Emergency Cash Transfer Project (ECTP) in Yemen. The ECTP was designed to not only be a temporary form of social assistance to the poorest and most vulnerable, but also an opportunity to maintain the national social protection system, the Social Welfare Fund (SWF), and prevent it from collapse.

Problem Statement: The crisis erupted in Yemen in 2015 and the challenging humanitarian situation has called for a rapid response to help the poorest and most vulnerable children and their families survive. This situation was further worsened by the collapsing social protection systems, and the suspension of the SWF cash transfer programme, which used to provide critical cash assistance to 1.5 million people in the poorest and most vulnerable households (HH).

Implementation: The ECT project targets 1.5 million vulnerable families and individuals across all 333 districts and 22 governorates in Yemen with unconditional cash transfers. The ECT project builds on the Social Welfare Fund with a longer-term objective of reviving and strengthening national social protection mechanisms, UNICEF has been working with a view to systems resumption and longer-term sustainability.

The design parameters of the cash transfer project are built on those of the national Cash Transfer Programme implemented by the Social Welfare Fund as of the last quarter of 2014, most especially the targeting approach. The amount of the cash transfer benefit that is received by a given beneficiary case varies between YER 3,000 to YER 6,000 per month, depending on the size of the household, averaging YER 5,000 per beneficiary case per month. This means that by quarter, each beneficiary case receives between YER 9,000 and YER 18,000 (an average of YER 15,000).

UNICEF and partners (including SWF) adopted a mixed-method targeting approach, using proxy-means tests and community-based targeting to identify the poorest, most vulnerable and conflict-affected HHs. The cash was disbursed by a bank that provided financial services for the poorest populations. For maximum reach and coverage, Al Amal Bank and Al Kuraimi Bank utilized its vast network of mobile banks and money dealers, allowing beneficiaries to collect their cash within walking distance. In case a beneficiary was not able to reach the Al Amal Bank disbursement site in the community due to disability or sickness, the mobile payment teams can deliver the cash disbursement closer to the beneficiary home.

During distribution, beneficiaries were given awareness messages on spending their cash towards the wellbeing of their children and families. Moore Stephens Yemen provided third party monitoring. Verification and monitoring activities were key in highlighting the progress of the project, ensuring against any possible fund diversion, as well as providing close and consistent examination of the way beneficiaries spent their cash.

Progress and Results: Since its inception in 2017, three cash payment cycles have been implemented, reaching an average of 1.4 beneficiaries, impacting almost 9 million people in the country; a third of the population.

According to third party monitoring, the average beneficiary household is 7 members who live and share meals and expenses. Approximately 89 per cent of beneficiaries used the cash to purchase food and 27 per cent used their cash to pay for medical expenses. An estimated 17 per cent used the money to pay off debts. Recent data furthermore shows that 54 per cent of the households have children that are of school age and the average age of children in each household is 3 years old. Of the school-age children, 14 per cent do not attend school, and 22 per cent of the households said that some of the children do not attend school at all. The results on reasons why their children did not attend schools revealed that 51 per cent was because the school fees cannot be afforded.

The ECT project addresses short-term humanitarian needs as well as contributes to the resilience of the Social Welfare Fund System, which collapsed because of the conflict. In the short term, the cash component addresses immediate household needs by providing life-saving support to families for food (nutrition) and health needs. The injection of cash in the economy contributes to the revitalisation of the economy and markets. With a systems preservation and strengthening view, the project's engagement

with the Social Welfare Fund staff contributes to its preservation by building on and improving the delivery mechanism, ensuring knowledge transfer to support the resumption of the SWF in the future. In parallel, the ECT's project delivery through the private sector has enhanced the capacity of and preserved the private sector during the crisis.

At present, the ECT project is UNICEF's largest cash transfer project globally and generating a body of experience and knowledge for the organization.

Lessons Learned: Engagement of non-state actors and private service providers was critical for UNICEF to promote, advocate for and support national systems. The SWF, in particular, ensured effective coordination and smooth implementation of the project. UNICEF also pioneered and mainstreamed feedback mechanisms (the grievance and redressal mechanism for example) for better information flows and beneficiary perceptions. This increased knowledge promoted partners to strengthen coordination and monitoring mechanisms, which were traditionally weak. These strategic approaches and interventions ensured an overall success of the project.

3. Results Achieved from Humanitarian Thematic Funding

In 2018, UNICEF received more than US\$ 18 million in thematic contributions from a wide range of partners towards the emergency appeal. With the support of such flexible funding, UNICEF has delivered lifesaving interventions, across all of its key programming areas - health, nutrition, WASH, education, child protection, social protection, and Communication 4 Development (C4D) services.

Thematic resources were also used to support essential operational costs, such as supply procurement and logistics, which have risen significantly since the conflict started in 2015. This was particularly helpful for UNICEF operations in 2018, as the Yemeni Riyal experienced extreme devaluation, resulting in higher operational costs.



©UNICEF Yemen/2018 Distribution of basic hygiene kits in Al Hudaydah

To respond effectively and efficiently to the most complex and largest humanitarian crisis in the world requires new thinking and innovative approaches, and thematic contributions provide UNICEF with the means to explore different interventions. One of the key lessons learned while responding to this emergency is the need for real-time information on the affected population and their requirements which can lead to saving more lives.

Thanks to having the funding flexibility, UNICEF was able to gear funding toward immediate needs, channeled

through emergency response activities such as the Rapid Response Mechanism following the onset of displacement, the operations of the Rapid Response Team to support cholera prevention/response activities, humanitarian response to cyclone Luban in southern parts of the country, but also support costs including monitoring following the implementation of activities.

4. Assessment, Monitoring and Evaluation

After the onset of the conflict in March 2015, the on-going humanitarian crisis has shifted the Yemen Country Office (YCO) overall direction into humanitarian interventions due to the urgency of needs. The Planning, Monitoring and Evaluation (PM&E) section - in line with global strategic vision and CCCs – has aligned indicators with yearly targets and developed/rolled out Humanitarian Performance Monitoring (HPM) indicators in close consultation with all sections since. These HPM indicators are aligned with HAC, RWPs and Programme cooperation agreements (PCAs), partners share progress on monthly basis and are reported through monthly Situation Reports. To closely monitor programmatic interventions, a monitoring and evaluation strategy is laid down with clear roles and responsibilities for field monitoring, both conducted by UNICEF staff where security and access allows or through Third Party Monitoring (TPM). In order to standardize partners reporting, activity info license is rolled to ensure that clusters report their monthly progress through online platform in a real time manner.

Even though evacuation status is lifted across Yemen (except few districts in Taiz, Al Jawf and Hadramout), UNICEF still actively relies on TPM services, as a pre-requisite from some donors like the World Bank. Furthermore, a Third-Party HR agreement is in place for the deployment of facilitators/consultants in hard to reach areas through third party human resource management. Third Party Monitoring (TPM) presents a set of unique opportunities and challenges as the number of firms in Yemen are limited; however, moving into 2019, UNICEF will explore expanding the network and developing the capacity of new TPM providers. Internal challenges such as slots for internationals pose certain implementation bottlenecks.

Monitoring

The HPM indicators for 2018 were finalized and incorporated in the Humanitarian Action for Children (HAC) and the Yemen Humanitarian Response Plan 2018, to avoid inconsistencies in reporting. All UNICEF staff at the field offices in Sa'ada, Ibb, Al Hudaydah and Sana'a have been trained on Civil Society Organization (CSO) and Harmonized Approach for Cash Transfer (HACT) procedure and UNICEF's partners were also trained on HACT.

Out of the total 24 HPM indicators, 16 indicators achieved more than yearly target while seven indicators achieved above 80 per cent target. Only three indicators (all Education) underperformed by achieving less than 70 per cent of the target. In terms of field monitoring, a total of 1,280 programmatic visits have been conducted as against the yearly target of 433 programmatic visits as per HACT Assurance Plan. Out of the total 1,280 programmatic visits, 62 per cent of the visits are conducted by a TPM firm. In addition, OCV campaigns are monitored both in Aden, Al Hudaydah and Taiz governorates, which are implemented for the very first time in Yemen. For every fuel delivery assistance to WASH counterparts, TPM services were mobilized to ensure fuel is monitored at source, to ensure actual quantity as requested is delivered. Furthermore, fuel consumption against water provided to the beneficiaries is ensured. To ensure that cholera WASH RRTs are available on the ground, TPM teams have monitored RRTs interventions at health facilities and at beneficiary level.

As part of YCO overall strategy to adopt innovative monitoring techniques, RapidPro (SMS based monitoring) is rolled out for WASH and the Health and Nutrition programmes. At present, data from health facilities is collected through RapidPro. Furthermore, four modules of eTools have been rolled out i.e. Trip Management, Partnership Management, TPM and Financial Assurance Module (FAM).

To cater to office information management and data analysis needs, 22 Information Management Officers (IMOs) are deployed to sections, Field Offices and Clusters all across Yemen. In this regard, an LTA was

signed with CTG International and Prodigy (following competitive bidding) for the hiring of 22 IMOs consultants.

Evaluation

Upon completion of the new Rolling Work Plans, all M&E activities were consolidated into a costed PRIME (IMEP) plan which was refined following feedback from the Regional Office's feedback. The PRIME was uploaded online following its endorsement by the Country Management Team (CMT) in June and the Representative's approval. In 2018, the office achieved a 75 per cent implementation with six activities either completed or on-going while the remaining two are not started yet and will be prioritized for the 2019 PRIME.

Updating of the Situation Analysis of children is not currently feasible given the lack of reliable household level information. The Central Statistical Organization (CSO), with the support of UNICEF Yemen and the Regional office, has drafted the concept note of conducted MICS 6 in humanitarian context after having series of consultation workshops with officials, national/international NGOs, UNICEF Regional Office and United Nations Economic and Social Commission for Western Asia (UN ESCWA). This survey is considered as one of UNICEF Yemen's priorities for 2019.

Capacity assessment of CSOs at the central and local level has been completed and the result has been published with the support of UNICEF.

Gender

UNICEF's gender programming in Yemen in an L3 Emergency context faced particular challenges due to the escalation of conflict and the increase of a high resistance from government and authorities as a result of suspicions of hidden agendas, social norms and resistance towards community engagement on the whole. Despite the challenging environment, gender equality remains at the core of UNICEF Yemen's programming and achievements. High level advocacy with Ministries on gender mainstreaming and gender sensitive planning and programming was conducted by UNICEF. A total of 1,570 female health workers were enrolled; of the established Ministry of Water and Environment's (MWE) Rapid Response Teams, 50 per cent were females, in the cholera response interventions. The Ministry of Public Health and Population (MoPHP) achieved almost 90 per cent of its target to include female volunteers service providers among the 40,000-team targeting 20,000 of the most vulnerable communities. The target is to include one female and one male per visit. In many cases, the visits consist of two females because they have more access to enter the targeted households.

UNICEF supported and promoted gender equity through different mechanisms including the integration of gender in PCAs with NGOs, pursuit of gender equality in recruitment of staff. Gender was mainstreamed and included in all the sector's workplans' goals, outputs, activities and indicators and the continued capacity building program to staff and to partners reached 425 staff members from different line ministries, both at the national and sub-national levels. The training topics include:

- 1) "Gender and Conflict Sensitive Planning" with MOPIC. The training was based on the development of Gender and conflict sensitive planning manual that was finalized in mid-2018.
- 2) Capacity building on Gender Mainstreaming to 40 Director Generals and staff from MOPHP.
- 3) UNICEF and MWE jointly conducted an orientation workshop to around 55 decision makers from the Ministry and affiliated authorities from 11 Governorates;
- 4) Orientation package including gender to 90 partners in Sana'a & Ibb, as part of the audit recommendations and requirements for the UNICEF Yemen partnership strategy.

To ensure that the needs of the affected population are realized in a harmonized, effective and timely manner, UNICEF, as cluster lead of WASH, Health, Nutrition and Child Protection, in close consultation with the partners, has led on designing cluster operational strategies, based on the Humanitarian Needs Consolidated Emergency Report - UNICEF Yemen 2018

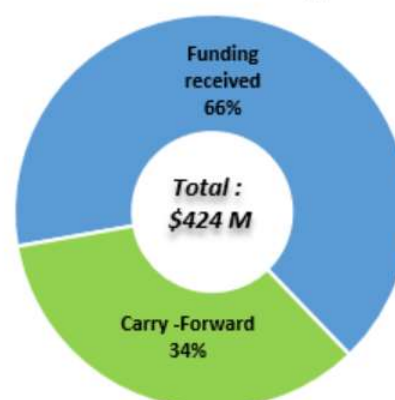
Overview (HNO). The operational strategies are incorporated in the form of the Yemen Humanitarian Response Plan (YHRP). Minimum SPHERE standards and indicators are adopted while designing the strategy so that the needs and basic rights of the children and women meet in a quality manner. These standards and indicators are shared with all partners and are uploaded on a website for easy reference and to ensure good quality programming. While carrying out the HNO, UNICEF took the lead in contributing to the social services part, by designing tools and reports.

5. Financial Analysis

2018 saw a significant increase in the Country Office budget, with significant resource mobilization for the 2018 Humanitarian Action for Children (HAC) appeal. The humanitarian requirements for 2018 was 424 million to address the escalating humanitarian needs, and in particular to respond to the cholera outbreak. In 2018, UNICEF Yemen received US\$ 544 million towards its HAC appeal or 128 per cent of its appeal.

Where sectors have received more than the budget requirement in 2018, UNICEF has rolled-over the funding against the 2019 HAC appeal. This funding will be essential to ensure the continuity of the response. With no end in sight to the conflict in Yemen and ongoing operational challenges to key programme activities, UNICEF continues to fundraise for its Yemen response for 2019 and beyond. To maintain continuity of its programmes and activities, UNICEF welcomes flexible and multi-year funding.

Overall 2018 Funding Status



Pooled funds were also key to respond to most pressing needs in a timely manner. During the year, Central Emergency Response Funds and Humanitarian Pooled Fund contributions were used to reinforce UNICEF's multisector response to IDPs' urgent humanitarian needs and boosted the implementation of cholera outbreak response plan.

Nutrition, Health and WASH sectors received the largest share of resources, this is in line with the highest needs of the population. Key interventions in Child Protection and C4D remained underfunded despite its criticality for an integral emergency response approach. Un-earmarked contributions and multisector grants were vital to ensure the minimum necessary for implementation of such programmes, of great importance for children in Yemen.

Table 1: 2018 Funding Status against the Appeal by Sector (in US\$)

Appeal Sector	2018 Requirements (US\$)	Funding Received Against 2018 Appeal (US\$)	Carry Forward and Other Allocations (US\$)	2018 Funds Available (US\$)
Nutrition	113,093,609	69,702,099	64,233,969	133,936,068
Health	107,264,969	58,418,370	67,953,465	126,371,835
Water, Sanitation and Hygiene	125,000,000	119,785,662	27,616,479	147,402,141
Child Protection	33,238,526	23,196,928	8,754,881	31,951,809

Education	30,840,473	18,111,324	16,074,896	34,186,220
C4D	14,553,270	10,165,795	2,900,497	13,066,292
<i>Under allocation</i>		57,893,376		57,893,376
Total	423,990,847	357,273,555	187,534,186	544,807,741

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	17,818,964
See details in Table 3	SM149910	3,850
b) Non-Thematic Humanitarian Funds		
Kuwait	SM180343	59,000,000
Saudi Arabia	SM180256	20,806,500
USA USAID	SM160467	9,859,400
European Commission / ECHO	SM180434	9,345,947
SIDA - Sweden	SM180177	3,610,108
Germany	SM170641	3,554,502
Germany	SM160592	3,184,713
Belgium	SM180499	2,378,992
European Commission / ECHO	SM180394	2,331,002
Australia	SM180184	2,300,614
Kuwait	SM180141	2,000,000
Japan	SM180078	1,500,000
Canada	SM180159	1,165,501
United Arab Emirates	SM170567	1,000,000
Republic of Korea	SM180544	750,000
UNICEF-United Arab Emirates	SM180487	500,035
United States Fund for UNICEF	SM180249	490,000
Kuwait	SM170680	350,000
Mexico	SM180218	225,000
USAID/Food for Peace	SM180388	271,800
Swedish Committee for UNICEF	SM180345	111,222
Bulgaria	SM180136	61,728
Slovenia	SM180099	36,810
Total Non-Thematic Humanitarian Funds		124,833,876
c) Pooled Funding		
CERF	SM180028 SM180029	9,163,312
Humanitarian Pooled Funds	SM180254 SM180320 SM180321	157,661,398
Total Pooled Funding		166,824,710
d) Other types of humanitarian funds		
United States Fund for UNICEF	KM180038	113,106

USA (USAID) OFDA	KM180004	10,312
USAID/Food for Peace	KM180035 KM180037	2,952,720
Total other types of humanitarian funds		3,076,138
Total of humanitarian funds received in 2018 (a+b+c+d)		312,557,538
II. Carry-over of humanitarian funds available in 2018		187,534,186

Thematic Humanitarian Contributions Received in 2018 (in USD)			
Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Australian Committee for UNICEF	SM1899100095	12,975.75	13,625
Australian Committee for UNICEF	SM1899100186	26,144.09	27,451
Austrian Committee for UNICEF	SM1899100096	7,123.57	7,480
Belgian Committee for UNICEF	SM1899100097	5,161.55	5,420
Belgian Committee for UNICEF	SM1899100368	71,066.69	74,620
Canadian UNICEF Committee	SM1899100098	21,321.65	22,388
Canadian UNICEF Committee	SM1899100131	122,486.75	128,611
Canadian UNICEF Committee	SM1899100224	19,674.70	20,658
Czech Committee for UNICEF	SM1899100099	3,780.31	3,969
Czech Committee for UNICEF	SM1899100222	74,346.10	78,063
Danish Committee for UNICEF	SM1899100045	211,649.12	222,232
Danish Committee for UNICEF	SM1899100100	211,649.12	222,232
Danish Committee for UNICEF	SM1899100307	211,649.12	222,232
Denmark	SM1899100304	4,342,168.68	4,646,120
Finnish Committee for UNICEF	SM1899100197	11,461.70	12,035
French Committee for UNICEF	SM1899100101	85,694.42	89,979
French Committee for UNICEF	SM1899100219	384,545.34	403,773
French Committee for UNICEF	SM1899100430	459,705.00	482,690

German Committee for UNICEF	SM1899100006	3,841,334.67	4,033,401
German Committee for UNICEF	SM1899100107	16,079.47	16,883
German Committee for UNICEF	SM1899100193	1,170,922.48	1,229,469
German Committee for UNICEF	SM1899100278	285,714.29	300,000
Iceland	SM1899100002	653,538.18	699,286
Iceland National Comm for UNICEF	SM1899100359	135,816.07	142,607
Italian National Committee	SM1899100102	21,066.90	22,120
Italian National Committee	SM1899100203	14,651.85	15,384
Luxembourg Committee for UNICEF	SM1899100324	33,514.24	35,190
Luxembourg Committee for UNICEF	SM1899100327	97,402.60	102,273
Netherlands Committee for UNICEF	SM1899100103	5,815.95	6,107
Netherlands Committee for UNICEF	SM1899100343	64,935.07	68,182
New Zealand Committee for UNICEF	SM1899100147	66,377.92	69,697
Norwegian Committee for UNICEF	SM1899100091	87,522.61	91,899
Norwegian Committee for UNICEF	SM1899100345	396,967.17	416,816
Polish National Committee for UNICEF	SM1899100372	49,778.17	52,267
Portuguese Committee for UNICEF	SM1899100229	157,232.70	165,094
Spanish Committee for UNICEF	SM1899100104	9,872.04	10,366
Spanish Committee for UNICEF	SM1899100138	64,504.43	67,730
Spanish Committee for UNICEF	SM1899100280	22,200.02	23,310
Spanish Committee for UNICEF	SM1899100351	108,348.23	113,766
Swedish Committee for UNICEF	SM1899100105	4,288.64	4,503

Swedish Committee for UNICEF	SM1899100340	628,483.48	659,908
Swiss Committee for UNICEF	SM1899100108	698.74	734
Swiss Committee for UNICEF	SM1899100212	15,365.30	16,134
Swiss Committee for UNICEF	SM1899100220	486,902.32	511,247
Turkish National Comm for UNICEF	SM1899100106	4,870.58	5,114
UNICEF Ireland	SM1899100390	270,870.58	284,414
UNICEF-Brazil	SM1899100109	11,957.93	12,556
UNICEF-China	SM1899100406	12,672.21	13,306
UNICEF-Indonesia	SM1899100110	5,669.88	5,953
UNICEF-Kuwait	SM1899100111	3,634.24	3,816
UNICEF-Malaysia	SM1899100112	10,104.59	10,610
UNICEF-Mexico	SM1899100113	9,515.63	9,991
UNICEF-QATAR	SM1899100129	6,436.21	6,758
UNICEF-THAILAND	SM1899100114	8,359.91	8,778
UNICEF-UNITED ARAB EMIRATES	SM1899100116	15,164.48	15,923
United Kingdom Committee for UNICEF	SM1899100033	870,416.19	913,937
United Kingdom Committee for UNICEF	SM1899100137	95,238.10	100,000
United Kingdom Committee for UNICEF	SM1899100349	46,934.36	49,281
UNITED STATES FUND FOR UNICEF	SM1899100012	130,245.00	136,757
UNITED STATES FUND FOR UNICEF	SM1899100042	832,090.31	873,695
UNITED STATES FUND FOR UNICEF	SM1899100350	17,370.13	18,239
Total		17,083,082.24	18,037,150

6. Future Work Plan

In 2019, UNICEF's humanitarian strategy will continue to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF HAC 2019 is aligned with the strategic objectives and cluster operational response plans, as well as the Yemen Humanitarian Response Plan (YHRP) for 2019. Life-saving health, nutrition, WASH, education, child protection and social protection services will be delivered to 13.4 million people, including 8.7 million girls and boys. Cholera response and prevention remains important in UNICEF's response this year, through combined Health, WASH and C4D efforts.

Nutrition

In 2019, UNICEF aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of vulnerable groups (children aged 0-59 months, pregnant and lactating women, refugees, IDPs and host populations), through treatment and prevention of acute malnutrition and micronutrient deficiencies. UNICEF has the target of treating 276,000 children under 5 with SAM. To achieve this, UNICEF continues to expand on the treatment of children with SAM to all 333 districts of Yemen. Additionally, UNICEF will aim to reach 4.2 million children with micronutrient interventions and 983,000 caregivers of children aged 0-23 months with access to infant and young child feeding counselling for appropriate feeding. UNICEF will continue to lead the Nutrition Cluster in 2019.

Health

For health, UNICEF will focus on increased access to life-saving minimum health service packages, adhering to continuum of care for mothers, newborns and children in need. The interventions will mainly include provision of operational costs to health facilities to ensure their functioning, and incentives, where appropriate, to the health service providers will contribute to ensure service continuity. In-kind support, such as medicines, medicinal supplies, equipment both medical and non-medical (such as computers and furniture) and training equipment will also be delivered.

UNICEF will mainly support the implementation of activities through the Governorate Health Offices and implementing partners in different Governorates across country, mainly at primary health care facilities with some selected hospitals for special new-born care services by establishing and operationalizing Intensive New-born Care Units of secondary level. This year, UNICEF will aim to reach 5.3 million children with polio vaccines and 801,000 PLWs with primary health care.

WASH

The WASH humanitarian response is based on the cluster priorities as reflected in the YHRP for 2019 and will follow a dual approach for addressing immediate emergency needs while simultaneously strengthening the resilience and coping capacities of the communities to withstand protracted crisis. The programme will focus on securing uninterrupted access to safe water through the rehabilitation and augmentation of the water supply networks, supporting alternative sources as a contingency supply in the face of frequent and long-lasting and often deliberate power cuts, provision of water disinfectants to counter disease outbreaks as well as emergency interventions in IDP shelters and host communities following population displacement.

On the sanitation and hygiene front, the programme will support on the rehabilitation of the damaged facilities as well emergency latrines, specifically to IDP's and areas of cholera high risk as well high SAM cases. Hygiene awareness will continue with C4D approaches in cholera high risk areas with provision of

essential WASH NFI's (consumable hygiene kits, basic hygiene kits, jerry cans aqua tabs etc.), together with key messages.

Child Protection

UNICEF will continue its focus on the most vulnerable children, through the provision of life-saving and critical child protection support services in the most affected areas. Interventions will include targeted messages on mine risk education for 1.5 million children in schools, child friendly spaces and at the community level in high conflict affected locations.

UNICEF will also continue to document and verify reported incidents of grave rights violations and to provide psychosocial support to the most affected children to prevent the development of serious mental health impacts. To avert an exacerbation of protection risks and respond to the impact of disrupted services, UNICEF will identify and respond to the most vulnerable, most in need and most at risk boys and girls with a package of critical child protection services and provide victim's assistance services to children already harmed. Interventions will include, victim's assistance, family tracing and reunification, and prevention and response to gender-based violence and child recruitment.

Education

UNICEF's education programme plans to ensure sustained access to learning opportunities for conflict-affected children through the provision of safe and conducive environments (including the rehabilitation of affected schools, and establishment of temporary or semi-durable learning spaces), distribution of academic and pedagogical kits for pupils and teachers. In addition, it aims to psychosocial support in schools for 2.6 million children. As the Education Cluster Lead, UNICEF will also pursue its efforts to build national capacity (both of Government and civil society) for better emergency preparation and response, as well as increased resilience.

2019 Funding needs

In 2019, UNICEF will require US\$ 542 million to meet the humanitarian needs of the most vulnerable children in Yemen. Without additional funding at such a critical time, with 24.1 million people in need of humanitarian assistance, UNICEF and its partners will be unable to contribute to meeting the needs of the most-affected children and families.

7. Expression of Thanks

UNICEF Yemen thanks to all its donors for their continued support to the humanitarian response in Yemen. In 2018, despite the increasingly challenging operational context, UNICEF continued to deliver integrated response to millions affected by the conflict, displacement, diseases and natural disasters throughout the year and across the country. This would not have been possible without the crucial contributions from our public-sector partners and National Committees for UNICEF.

On behalf of Yemeni children and their families, UNICEF would like to express sincere gratitude to all donors for its crucial support and generous contribution even during the hardest times. Thanks to their commitment and flexibility, UNICEF Yemen has been able to obtain remarkable results in advancing children's rights.



©UNICEF Yemen/2018 A group of boys playing in one of UNICEF-supported Child Friendly Spaces, Shabwah governorate

8. Annexes

Two-pager Reports and Donor Statements

A two-pager narrative report is provided for non-thematic emergency contributions from partners with a contribution amount of more than US\$ 100,000.

SM170487	Australia
SM180184	Australia
SM170214	Belgium
SM170359	Belgium
SM180159	Canada
SM170659	France
SM170465	Japan
SM170242	Norway
SM170272	Republic of Korea
SM170504	Turkey
SM180249	United States Fund for UNICEF
SM170220	USA (USAID) OFDA
SM180388	USAID/Food for Peace
SM170218	USAID/Food for Peace
KM170008	USAID/Food for Peace
KM170010	USAID/Food for Peace
KM180035	USAID/Food for Peace
SM170323	French Committee for UNICEF
SM170161	Netherlands Committee for UNICEF
SM170214	Belgian Committee for UNICEF
SM170323	French Committee for UNICEF
SM180345	Swedish Committee for UNICEF

Human Interest Stories

Attached to this document, stories on Health and Nutrition, Education, WASH, and Child Protection.

Donor feedback

Please complete your feedback using the form in the following link:

- [English version](#)
- [French version](#)