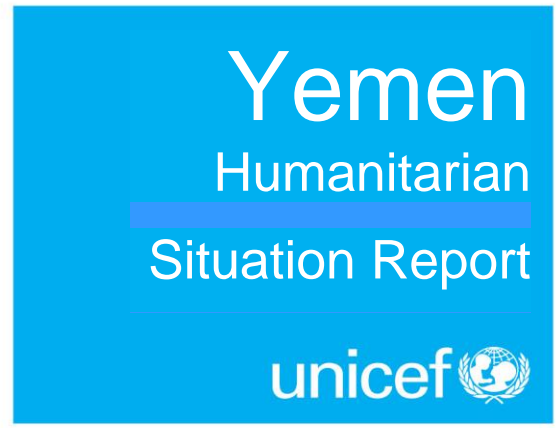




©UNICEF Yemen/2019/Mona Adel. A child from a marginalized community during a cholera prevention session conducted by female religious leaders in Al-



Highlights

- On 16 May, multiple air strikes hit various locations in Amanat Al Asimah and Sana'a governorates, killing children and wounding more than 70 civilians. Seven children between the ages of 4 and 14 were also killed on 24 May in an attack on the Mawiyah district, in the southern Yemeni city of Taiz. This attack increased the verified number of children killed and injured the escalation of violence near Sanaa and in Taiz to 27 in only 10 days, but the actual numbers are likely to be much higher.
- The number of Acute Watery Diarrhoea/suspected cholera cases has continued to rise since the start of 2019, with 312 out of 333 districts reporting suspected cases this year so far. Since 1 January 2019 to 31 May 2019, there have been 365,223 suspected cases and 638 associated deaths recorded (CFR 0.20 per cent). Children under five represent a quarter of the total suspected cases.
- UNICEF continues to assess and monitor the nutrition situation in Yemen. Out of the 22 planned SMART surveys nationwide, seven were completed in eight governorates between January and end of May 2019. These were conducted in Ibb, Sa'ada, Shabwa, Hajjah, Taiz, Abyan, Socotra and Al Maharah governorates.
- This year, UNICEF, together Rapid Response Mechanism (RRM) partners, has reached 752,745 newly displaced people with RRM kits (which include essential hygiene items and other supplies) within the first 72 hours of triggering a response.

May 2019

- 12.3 million**
of children in need of humanitarian assistance (estimated)
- 24.1 million**
of people in need (OCHA, 2019 Yemen Humanitarian Needs Overview)
- 1.71 million**
of children internally displaced (IDPs)
- 4.7 million**
of children in need of educational assistance
- 360,000**
of children under 5 suffering Severe Acute Malnutrition (SAM)
- 17.8 million**
of people in need of WASH assistance
- 19.7 million**
of people in need of basic health care

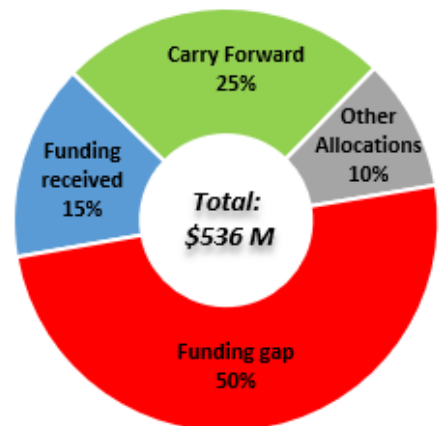
UNICEF Appeal 2019

US\$ 536 million

Funding Available*

US\$ 268.6 million

Overall 2019 Funding Status



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

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- May 2019 Results	Cluster Target	Jan- May 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	109,918	321,750 (it was agreed that cluster target would be same as UNICEF target)	109,918
Health: Number of Children under 5 vaccinated against polio	5,352,000	198,539		
WASH: Number of people having access to drinking water	6,000,000	4,494,892	7,288,599	5,029,892
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	301,8631	882,268	314,463
Education: Number of affected children provided with access to education via improved school environment and alternative learning opportunities	816,566	131,035	891,352	332,535

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

Situation Overview & Humanitarian Needs

Hostilities across Yemen continued in May impacting a very high number of civilians. “Violence rages still,” Mr. Lowcock, Under-Secretary-General and Emergency Relief Coordinator, told the Security Council on 15 May. “In the first quarter of the year, more than 900 civilian casualties were reported. And it is a sobering fact of the war in Yemen...that civilians are more likely to die in their own homes than anywhere else, as a result of the war.” On 16 May, multiple air strikes hit various locations in Amanat Al Asimah and Sana’a governorates, killing children and wounding more than 70 civilians. Seven children between the ages of 4 and 14 were also killed on 24 May in an attack on the Mawiyah district, in the southern Yemeni city of Taiz. This attack increased the verified number of children killed and injured the escalation of violence near Sanaa and in Taiz to 27 in only 10 days, but the actual numbers are likely to be much higher. In a statement on 26 May, Henrietta Fore, UNICEF Executive Director, said: “Nowhere is safe for children in Yemen. The conflict is haunting them in their homes, schools and playgrounds”.

Since the end of April, authorities in Aden, Lahj and Abyan governorates have detained migrants. Between 3-8 May, migrants were released from two detention sites, and as of 9 May, one detention site was operating in Aden city.¹ The International Organisation for Migration has raised concerns over the presence of security forces which poses protection risks for all detainees, in particular for women, girls and boys.

One of the major land routes connecting Aden and Sana’a closed due to fighting in Qa’atabah and neighboring districts in Al Dhale’e Governorate.² Humanitarian partners are obliged to use alternative routes that pass through insecure areas with numerous checkpoints, with trucks carrying humanitarian supplies taking more than 60 hours to travel between Aden and Sana’a, which is about four times longer than before the road closed. Field reports also indicate that a shortage of cooking gas persists in many areas. In Sana’a region, cooking gas stations are no longer operational. Meanwhile, following widespread shortages of gasoline in March and April, petrol and diesel is now largely available, but in Ibb, queues were reported at gasoline stations due to increased demand and fear of potential shortages during Ramadan.³

Whilst there was a decrease in the number of new Acute Watery Diarrhoea/suspected cholera cases in May, in comparison to April, 312 out of 333 districts have reported suspected cases this year so far. Since 1 January 2019 to 31 May 2019, there have been 365,223 suspected cases and 638 associated deaths⁴ recorded (CFR 0.20 per cent). While children under five represent a quarter of the total suspected cases in 2019, the elderly (above 60 years) although that they represent only 8% of caseload they are most seriously affected with CRF of 46%; this is attributable to existing co-morbidities such as heart disease, renal problems, etc. Health and WASH clusters have significantly scaled-up their response; UNICEF is working closely with the relevant Ministries, World Health Organisation and other humanitarian partners to ensure an effective response.

2019 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2018)

Start of humanitarian response: March 2015

	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	24.1	5.9	5.9	6	6.3
People in acute need ⁵	14.3	3.5	3.5	3.6	3.7
Internally Displaced Persons (IDPs)	3.34	0.8	0.84	0.83	0.87
People in need of assistance – WASH	17.8	4.2	4.4	4.5	4.7
People in need of assistance - Health	19.7	4.7	4.8	5	5.2
People in need of assistance – Nutrition	7.4	0	2.5 ⁶	2.5	2.4
People in need of assistance – Child Protection	7.4	-	-	3.6	3.8
People in need of assistance – Education	4.7	0	0	2.6	2.1

¹ IOM Yemen, Migrant Situation in Aden, Flash Report, 9 May 2019.

² UN Office for the Coordination of Humanitarian Affairs, Yemen Humanitarian Update Covering 7 – 20 May 2019 | Issue 8.

³ Ibid.

⁴ Yemen Cholera Outbreak – Interactive Dashboard(<http://yemeneoc.org/bi/>), data as at 30 April 2019.

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

⁶ Pregnant and Lactating Women.

Humanitarian Leadership and Coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), leading the WASH, Education and Nutrition clusters and the Child Protection sub-cluster, and is an active member of the Health cluster. Sub-national level clusters for WASH, Child Protection, Education and Nutrition are functional in Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada which provide office space, logistics support and safe accommodation for national and international UN staff and NGO workers. UNICEF monitors programme implementation through field staff – where access allows – and through contracted third-party monitoring firms.

UNFPA, supported by WFP and UNICEF, is leading an inter-agency Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates of Aden, Abyan, Al Hudaydah, Lahj and Hajjah. The UNFPA-led inter-agency RRM assistance aims to reach quickly the affected population at scale through kits distribution. This is complemented by the UNICEF RRM mechanism implemented through its INGO partner consortium.

Humanitarian Strategy

UNICEF's humanitarian strategy continues to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's 2019 Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans. Considering the collapse of public services, UNICEF aims to improve access to primary healthcare and water and sanitation services by providing supplies and capacity-building of public sector staff. The scale-up of community management of malnutrition remains essential, especially in hard-to-reach areas. UNICEF's WASH strategy is integrated with nutrition and food security to target immediate needs and strengthen long-term resilience of communities. The integrated WASH, health and C4D Acute Water Diarrhoea (AWD)/cholera prevention and response plan focuses on high-risk areas, diarrhoea treatment, purification of water sources, rehabilitation of wastewater systems and hygiene awareness. In Child Protection, UNICEF targets the most vulnerable children in conflict-affected governorates with interventions including victim assistance, family tracing/reunification, documentation of grave child rights violations and referrals to services, mine risk awareness and psychosocial support (PSS).

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

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

Summary Analysis of Programme response

AWD/Cholera Response

Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases as at 31 May 2019 reached 1,759,357 with 3,373 associated deaths (0.19 per cent case fatality rate, CFR) across the country. In line with previous trends, children under the age of five represent 24.6 per cent of the total suspected cases in 2019. This year, to date, there have been 365,223 suspected cases and 638 associated deaths⁷ recorded (CFR 0.20 per cent). A total of 312 out of the 333 districts in Yemen have reported cases during this year, with a

⁷ Yemen Cholera Outbreak – Interactive Dashboard (<http://yemeneoc.org/bil/>), data as at 31 May 2019.

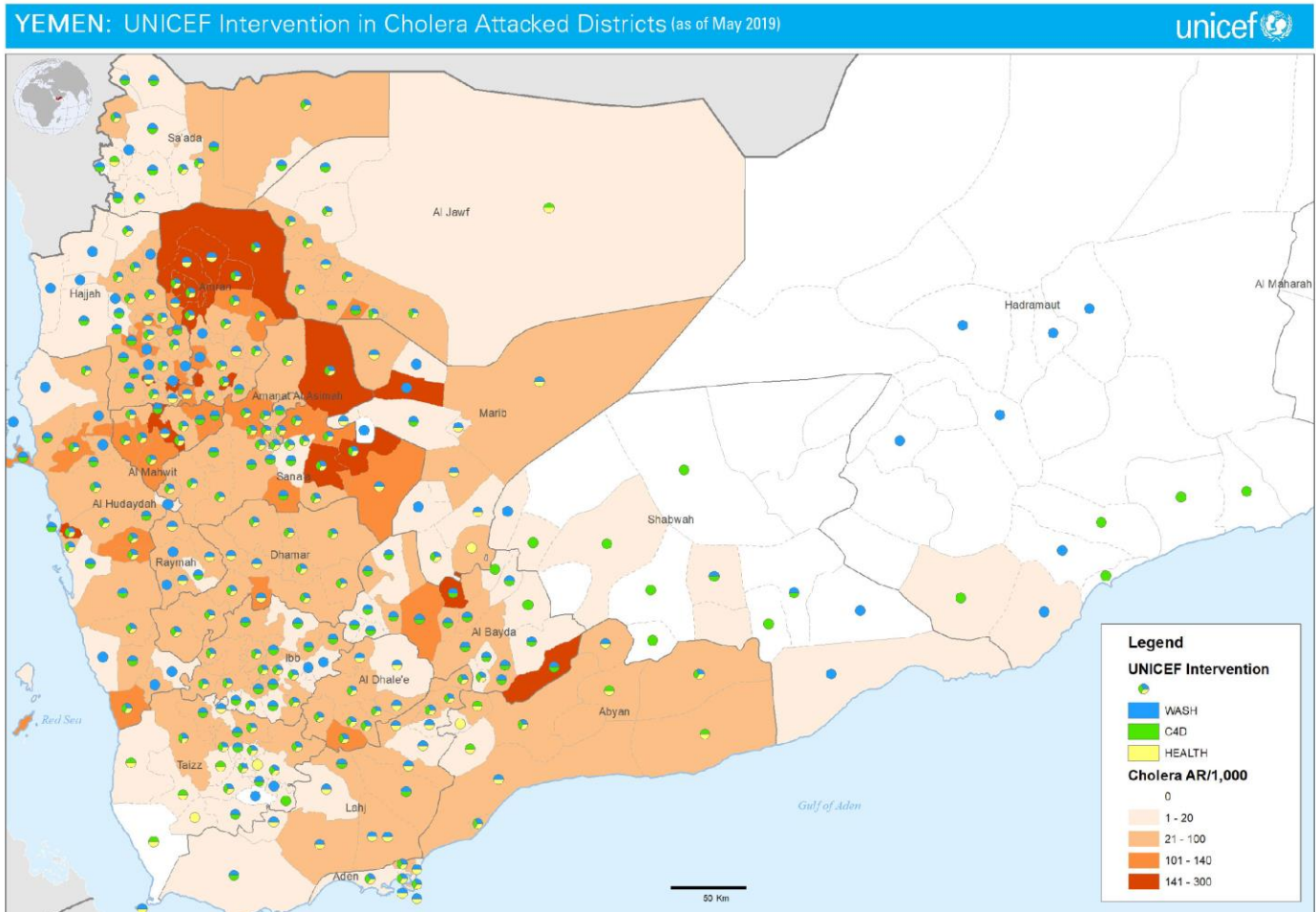
national attack rate of 99 suspected cases per 10,000 people. In terms of case management, UNICEF is supporting 987 Oral Rehydration Centres (ORC) (out of 1,090 nationwide) and 49 Diarrhoea Treatment Centres (DTC) in 201 districts in 18 governorates.

As part of the integrated AWD/suspected cholera response in May, UNICEF continued water quality monitoring programme in the hot spot locations, and scaled up interventions in Ibb, Dhamar, Hodeidah and Hajjah governorates. This involved undertaking timely corrective measures both with public and private water vendors. Over 2,300 *Sabils* (charity-provided water tanks) were replaced in mosques in Amanat Al Asimah governorate by the WASH team. The C4D team trained 1,000 *Sabil* caretakers in chlorination and communication skills to ensure that users of *Sabil* water, do not contaminate the water during collection, transportation and storage at home. However, this remains a concern which requires continuous follow-ups for its improvement. This work is on-going under the supervision of the GARWSP and targets two hygiene practices: safe transportation of water and storage and the use of water in mosques which includes communal eating practices and use of water before prayers.



©UNICEF Yemen/2019/Ahmed Abdul Haleem. UNICEF WASH Team in Amran works hard to clean and rehabilitate the city's sewage network as part of the cholera response and thanks to the EU's contribution.

Whilst there was a reduction in the number of cases in May in comparison to April (80,318 and 118,868 respectively), Communication for Development (C4D) continued their cholera prevention work, targeting the hot spots in Amanat Al Asimah governorate and other high-risk districts. During the Holy Month of Ramadan as many communities, households and individuals spend long hours at the mosques during Ramadan with many breaking their fast there, more than 500 mosques were targeted with cholera prevention education, chlorination of water and provision of soap for promoting hand washing with soap especially before *Iftar* and *Suhoor*. This intervention aimed at preventing that communal meals practices were not spreading AWD/Cholera. Activities were also organized in public places such as malls and markets where various communication activities took place including interactive theatre performances, health education sessions on cholera prevention and film shows. In total more than 1,071,562 people (106,130 women, 693,025 men, 92,814 girls, 179,593 boys) were reached, out of which 14,339 people were from marginalized communities and 33,458 displaced persons. The people were reached through 7,266 speeches in mosques and Jumma prayers, 4,337 home visits, as well as 548 communication sessions in Diarrhoea Treatment Centres and Oral Rehydration Centres, in collaboration with the health response.



Health and Nutrition

UNICEF and partners continue to support the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, including the World Food Programme and the World Health Organisation. UNICEF has increased the minimum target for management of Severe Acute Malnutrition (SAM) from 70 per cent in 2018 to 90 per cent in 2019. Up to the end of May 2019, 109,918 children (34 per cent of the target) were admitted in the management programmes of Severe Acute Malnutrition (SAM), both fixed and mobile Outpatient Therapeutic Programmes (OTPs). This achievement is attributed to the scale-up in its programme, which is provided in 3,707 health facilities (81 per cent of the functional health facilities). The management of severely malnourished children is provided by 214 mobile teams across the country, out of which, 174 (81 per cent) mobile teams are supported by UNICEF.



©UNICEF Yemen/2019/Mahmood Al-Falasteni. A Rapid Response Team member providing hygiene best practices to a father and his daughter in a centre for displaced families in Aden.

UNICEF continues to assess and monitor the nutrition situation in Yemen. Out of the 22 planned nationwide SMART surveys, eight were completed in eight governorates between January and end of May 2019. These were conducted in Ibb, Sa'ada, Shabwa, Hajjah, Taiz, Abyan, Socotra and Al Maharah governorates.

Up to 31 May 2019, 1,445,034 children under five years were screened for malnutrition in the health facilities and by community outreach workers. On top of regular screening for malnutrition through routine activities of Community Health Volunteers (CHVs) and health facilities, during May a mass screening campaign was implemented in five districts of Amran and Al Mahweet governorates, which are part of the 45 priority districts that have populations in catastrophic famine status (IPC 5).

In terms of prevention, since the beginning of the year, 517,570 children have received micronutrient powder supplementation which represents 18 per cent of the annual target. Although still low coverage, it is anticipated to reach higher percentages with the implementation of the integrated outreach activities in the 2nd half of the year and once data collection of all reports from community health volunteers has been completed. A further 290,827 children aged 12 to 59 months received deworming medications and 864,712 pregnant and lactating women (PLW) received counselling on Infant and Young Child Feeding (IYCF) and 696,931 PLW received iron-folate supplementation.

As part of the routine Expanded Programme on Immunization (EPI), 47,501 under one children have received Penta 3 (which protects against diseases such as Diphtheria, Hib, Tetanus and Hepatitis) and 33,853 children received the Measles and Rubella vaccination. About 28,400 women have been vaccinated with Tetanus Toxoid (TT). Further, 118,950 children under five have been provided with Integrated Management of Childhood Illness services, among these, 29,384 children were treated against pneumonia.

UNICEF is supporting maternal and neonatal health services both at the community and facility level. The community level support is delivered through community midwives (CMW), mobile teams and outreaches activities. Out of the 139,885 women who received primary health care services, 99,400 received ante-natal care, 17,349 had deliveries by skilled birth attendants and 23,136 women and their new-borns received post-natal care services.

In the reporting period, UNICEF, in partnership with Ministry of Public Health and Population (MoPHP), reviewed and endorsed the maternal and neonatal health essential drug list; the list includes forty-two obstetric, neonatal emergency medicines and seven family planning methods.

By the end of May, the Nutrition Cluster reached 1,382 280 people in need, representing 23% of the annual cluster target. This includes 109,918 children with SAM who were enrolled in over 3,700 outpatient therapeutic feeding program (OTP) sites in 323 districts, representing 38% of the target and 31 % of the annual caseload. Meanwhile, a total of 179,475 moderately malnourished children, representing 19% of the target, were enrolled in over 2,240 Target Supplementary Feeding Programme (TSFP) sites in 227 districts. Despite a low reporting rate for World Food Programme supported interventions, coverage of the Blanket Supplementary Feeding programme for children under-two and PLW against the annual target is significant, reaching 41 and about 47 percent respectively. The recent SMART surveys conducted between March and April 2019 revealed no improvement in the nutrition situation of under 5 children in lowlands of Taizz, where Global Acute Malnutrition prevalence has remained very high - recording 21.8 % in Al Mokha and 17.8 % in the Southern low land district of Taizz, compared to 22.6% in November 2018. While the SMART surveys do not detail drivers behind malnutrition, however the IPC findings indicate that the nutrition situation is mainly attributable to food insecurity.

Water, Sanitation and Hygiene (WASH)



©UNICEF Yemen/2019/Majd Aljunaid. Solar panels have been installed inside a water plant to provide continuous access to safe water in a sustainable way to the inhabitants of Sana'a, with support of UNICEF and the World Bank.

During the month of May, UNICEF's WASH programme continued its interventions to contain and break the transmission of the recent upsurge of AWD/suspected cholera cases. The integrated emergency response of WASH contributed to breaking the upward trend of the disease outbreak, resulting in a decreased number of the weekly cases during the reporting month. The interventions in the reporting period included continued bulk chlorination of nearly 325 private and public groundwater wells, which are providing safe drinking water (40.6 million litres) to nearly 2 million people. Moreover, 750 rapid response teams (RRTs) continued first line response across all high priority districts, reaching 45% of all suspected cases and 70% of confirmed cases. Bottlenecks related to RRTs including the timely availability of lists from the health authorities/WHO as well as accessibility in locations such as Hodeidah and Saada due to conflict related frontlines and local authorities' permissions. The RRTs distributed

consumable hygiene kits and household water treatment tablets, reaching over 1.4 million people in 245 districts of AWD/suspected cholera cases that were recorded.

At the physical upstream level, UNICEF continued its support for the operation of the water supply systems to ensure provision of safe drinking water in major cities (Al Hudaydah, Amanat Al Asimah, Amran, Dhamar, Ibb, Saada and Taiz), reaching over four million people, including both host communities and internally displaced persons (IDPs). The services provided include fuel, electricity, spare parts, rehabilitation of the pipelines, solar panels and alike. In addition, UNICEF inaugurated the solar energy project in Sana'a, benefiting 400,000 people by converting 17 groundwater wells from fuel energy. Moreover, UNICEF also continued its support for the operation of the Waste Water Treatment Plants (WWTP) and rehabilitation of sewage systems including emergency maintenance of collapsed sewage pipeline, cleaning and dislodging sewage system in Amanat Al Asimah, Amran, Hajjah and Sa'ada. Approximately 1.6 million people have benefited from these critical interventions.

UNICEF also continues to respond to Internally Displaced Populations (IDPs) needs with the construction of emergency latrines, distribution of hygiene kits, Hygiene promotion and emergency water trucking, reaching more than 180,000 IDPs in Aden, Al Hudaydah, Dhamar, Hajjah, Ibb and Lahj governorates.

During the reporting period, challenges reported included acceptance of the chlorination both at household level as well as at private tankers. In response, UNICEF continued awareness and sensitization activities in close collaboration with the C4D team, but this remains a concern and different approaches are being reviewed to improve this collectively with cluster partners. RRTs reported access constraints in frontline areas, particularly in Hajjah and Saada governorate. Therefore, continued advocacy at all levels remained a priority both at UNICEF and HCT level. Furthermore, delivery of fuel with support of WFP was also a concern as there were delays in obtaining timely approvals from the concerned authorities. Strong follow-up by UNICEF and WFP with all relevant authorities took place and now the contingency stock is being utilised.

The WASH Cluster partners continued to scale up response to AWD/cholera, in particular targeting high priority locations with the highest cases. AWD/Cholera response and preparedness trainings and workshops were held with partners in several locations across the country, and partners expanded awareness and water treatment interventions. The response to conflict-affected IDPs in Hajjah continued and over 12,000 households are now receiving safe water and 4,500 households living in IDP sites have safe sanitation options. WASH partners in Al Dhale also continued to scale up and mobilize emergency interventions to support IDPs who have been displaced due to conflict.

Child Protection

In May 2019, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) verified 81 per cent of reported incidents, including 31 children killed (24 boys; 7 girls), 66 children injured (47 boys; 19 girls), and 9 attacks on schools and hospitals (6 schools and 3 hospitals), perpetrated by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Al Dhale'e, followed by Taiz and Al Hudaydah.

Despite ongoing operational challenges, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war, reaching 134,128 conflict affected people in the reporting period. This includes 107,537 children (58,206 boys; 49,331 girls) and 26,591 adults (15,748 males; 10,843 females) across 10 governorates. Mine Risk Education (MRE) was delivered in schools and in child friendly spaces, as well as through community campaigns.

In the reporting period, psychosocial support was provided to 62,205 people, including 55,065 children (29,056 boys; 26,009 girls) and 7,140 adults (1,970 males; 5,170 females;) in 17 governorates through a network of fixed and mobile child friendly spaces (including within health facilities) to help them overcome the immediate and long-term consequences of their exposure to violence.

Through the case management programme, UNICEF continued to support the referral and provision of critical services to children including facilitating access to life-saving health services for the most vulnerable children. 1,611 children were identified by trained case managers. Out of those, 1,611 (570 girls; 1,041 boys) were provided with services so far, including victim assistance (43 children - 15 girls; 28 boys), individual counselling (738 children - 261 girls; 477 boys), family tracing and reunification (255 children - 65 girls, 190 boys), economic empowerment and livelihood support (365 children - 225

boys; 140 girls), gender-responsive services , legal services (33 children – nine girls, 24 boys), education services (108 children – 37 girls; 71 boys), medical services (385 children – 149 girls; 236 boys).⁸

During this reporting period, the Child Protection Area of Responsibility (CP AoR) partners reached a total of 134,253 children and caregivers with MRE awareness in ten Governorates, of whom 107,537 (49,331 girls; 58,206 boys) were children. 70% of the awareness raising was carried out in the frontline Governorates of Al Hudaydah and Taizz where risks of killing and maiming by UXOs and IEDs remain high. The CP AoR achievements this month also included victim assistance on access to medical services for 47 children (17 girls; 30 boys), and case management services for 1,718 children. Access constraints, delays in proposal approval and blockade of national NGOs by the de-facto government persisted in Taiz, Saa'da and Al Bayda governorates, denying critical child protection services to children and their caregivers.

Education

UNICEF launched the second payment cycle of the Education Teachers' Incentives (ETI) project on 12 May 2019. The project targets a total of 135,359 school-based staff (teachers, including temporary teaching staff, and support staff) in 175 districts in 11 governorates. Incentives are not a replacement for salaries, but rather a small injection to enable teachers to continue their role and thereby reduce barriers to learning for children. Eligible staff are entitled to receive the equivalent of USD 50 to be paid in Yemeni Riyals using the prevailing United Nations (UN) exchange rate for the monthly incentives. The cash disbursement period of the second payment ended on 16 May 2019, reaching an estimated 112,289 beneficiaries, or 97 per cent of the second payment cycle target of eligible beneficiaries of 115,593.



©UNICEF Yemen/2019. A teacher in Al Fath School in Marib using tools during his class to address psychosocial distress of his students.

During the month of May, in order to provide a better learning environment for children, UNICEF along with its partners completed the rehabilitation of WASH facilities in six schools in Aden governorate, benefitting 12,212 students (4,077 boys; 8,135 girls). To support scale-up of rehabilitation activities, UNICEF plans to support over 1,100 schools with major rehabilitation and rehabilitation of WASH facilities in conflict affected schools. As of May 2019, technical needs assessments have been completed in 32 schools and are ongoing in 60 schools.

Furthermore, during the second semester of 2018-2019 school year, 54,436 children (27,019 boys; 27,417 girls) were provided with new desks to support positive learning environments in Aden and Al-Dhale'a governorates, additionally 15,251 children (7,709 boys; 7,542 girls) in Aden governorate received school bags and other essential learning materials to support access and reduce economic barriers to schooling. School supplies are under procurement and over 550,000 school bag kits will be distributed to children in the beginning of 2019-2020 school year. In addition to 50,000 school bag kits, 100 recreational and school-in-a-box kits will be kept as contingency stock to respond to ad-hoc education emergency needs.

To promote hygiene and build awareness on best health practices in schools, UNICEF supported hygiene education sessions including provision of hygiene kits/cleaning materials in schools in Aden and Al-Dhale'a governorates reaching 6,000 students (2,807 boys; 3,193 girls) in the reporting period. UNICEF Yemen remains committed to deploy all its efforts to ensure continual education for children across the country.

The Education Cluster, in coordination with C4D, conducted a two-day workshop in May on Accountability to Affected Populations (AAP) for 26 education partners, comprised of UN agencies, INGOs and local NGOs. The workshop focused on accountability and community participation and the commitment towards affected populations and resulted in a matrix and mechanism for AAP reporting that will be taken forward by partners.

⁸ Please note that some children received multiple services and therefore the number of services provided exceeds the number of children who were identified by the case managers.

Social Inclusion

In May 2019, as part of the community engagement component under the Integrated Model of Social and Economic Assistance (IMSEA) and in cooperation with C4D, 80 community mobilizers, who were selected from the targeted slums in Amanat Al-Asimah and Sana'a governorates, participated in a six-day training on behaviour change around the 'Five Plus One UNICEF practices'⁹ and Accountability for Affected Population (AAP). At the end of the training, participants developed their action plans for the field work that will start in June, in which they focus each month on one main best practice. Activities will include role plays, theatre open spaces, open days for signing and drawings, and other creative ways to get the best practice messages through to their communities.

During the reporting period, UNICEF supported the Ministry of Planning and International Cooperation (MoPIC) in publishing the 41st edition of the Yemen Socio-Economic Update (YSEU)¹⁰ entitled "Yemen in International Reports". It highlights Yemen's situation in several important international reports related to human development, hunger, good governance, corruption control, fragile states, global peace and happiness. In general, Yemen was placed at the bottom of these international reports. For example, Yemen was ranked 178 out of 189 countries in the 2018 Human Development Index (HDI) and in the Global Hunger Index (GHI) 2018, Yemen ranks 117 out of 119 countries meaning that the country suffers from alarming levels of hunger. This is mainly due to the war and repercussions from the conflict. Furthermore, the update shows that Yemen is considered among the five most corrupt countries in the world in the 2018 Corruption Perceptions Index (CPI) ranking 176 out of 180 countries worldwide.

Communication for Development (C4D)

In addition to the aforementioned cholera prevention and response activities, the C4D programme, together with the Ministries of Health and Information, scaled up its' mass media communication activities with content developed specifically for the Holy Month of Ramadan. This included 3 TV and Radio flashes on hygiene practices, focusing on a special call to wash hands with soap before *Iftar* (breaking the fast in the evening) and *Suhoor* (dawn meal before fasting begins), broadcasted through all mass media channels. In addition, C4D engaged the famous Yemeni Singer Ammar Al Azaki in the media campaign to reinforce the cholera prevention practices targeting children and youths. His presence in the special TV Drama "Qurbat Album", as well as on flashes broadcasted and uploaded to social media platforms, increased the uptake of viewers in social media platforms with one of the episodes reaching 1,089,388 views.

The C4D development work promoting the key essential family practices also continued in the reporting period through interpersonal community activities, reaching 837,669 people (175,646 males; 295,210 females; 174,844 boys; 191,969 girls) this month. The community activities included 163 group discussions, 200 counselling sessions, 2,749 community meetings and open events, 181 drama shows and 107,000 home visits. These activities are monitored by partners and government counterparts.

Rapid Response Mechanism (RRM)

UNICEF is leading on the rapid response mechanism in Yemen, together with UNFPA, to ensure immediate life-saving supplies are delivered at onset of emergency. In May, UNICEF together with UNFPA and WFP, reached 25,259 newly displaced families (176,813 people) with RRM kits (which include essential hygiene items and other supplies). These families have been displaced mainly due to increasing escalations around the front lines in Saada, Hajjah, Al Hudaydah, Taizz and Al Dhale governorates, or due to floods caused by heavy rains in Marib, Al Bayda, Aden, Lahj and Hadramout.

The UNICEF RRM consortium, led by Action Contre la Faim (with membership of ACTED, NRC, DRC, STC, OXFAM), have conducted a major verification exercise amongst displaced people in Hajjah and Al Dhale governorates, to assess vulnerability and eligibility for RRM multi-purpose cash assistance (MPCT). As a result, 4,460 vulnerable displaced families were reached by MPCT around the frontlines in both governorates.

⁹ UNICEF's Five basic practices include: 1) handwashing with soap; 2) safe motherhood; 3) immunization for all children; 4) early initiation and exclusive breastfeeding; and 5) suitable supplementary feeding for suitable ages. The Plus One practice is: response to emergency situations.

¹⁰ YSEU is a key national source of social and economic information in the country. <https://reliefweb.int/report/yemen/yemen-socio-economic-update-issue-41-march-2019-enar>

The UNICEF RRM consortium is delivering immediate emergency WASH and sanitation services in Hajjah governorate; this including provision of water trucking for 72 IDP sites in Abs district and the rehabilitation of 10 steel water tanks in Abs and Huidanah districts. In Taizz governorate, the RRM consortium completed the rehabilitation of 2 water supply schemes in Al-Shamayateen and Al Mafaar districts, benefiting 31,374 people, as well as completing the construction of 148 family latrines in Al-Shamayateen district. A total of 4,326 individuals (1,272 men; 1,250 women; 917 boys; and 887 girls), both IDPs and host communities, in Al-Ma'afer and Al-Shamayteen districts (Taizz governorate) participated in hygiene promotion sessions.

Supply and Logistics

The total value of supplies delivered in May amounted to more than US\$ 3 million with a total weight and volume of 537 metric tons and 2,723 cubic meters respectively. This delivery was completed with four dhows to Al Hudaydah and one Logistics Cluster air operation to Al Hudaydah.

Media and External Communication

SOCIAL MEDIA HIGHLIGHTS FOR MAY 2019

TWITTER

New Followers	3,577
Tweets impressions	821K
Top tweet	88.2K impressions
Total tweets (Arabic/English)	86
Profile Visits	20.7K
Total mentions	1,472

FACEBOOK

Total posts (mostly bilingual)	64
Net new page likes/followers	2.7K
Total reach	452K people
Key post	104.3K people reached

In terms of coverage in the media this month, UNICEF was featured in 24 per cent of the total media coverage on children and humanitarian issues and 25 per cent on social media. A sharp increase in the general coverage of the nutrition programme is noted at 115 per cent. Most of the coverage was detected by 45 per cent in local media, comparing to 25 per cent in regional Arabic media and 20 per cent in international English media.

A series of tragic incidents in Sana'a and Taiz brought to 27 the number of children killed and injured during the month of May. In a [statement](#) issued on 26 May 2019, UNICEF Executive Director Henrietta D. Fore condemned this tragic loss: "Nowhere is safe for children in Yemen. The conflict is haunting them in their homes, schools and playgrounds." At the end of April, the 9-day-long Oral Cholera Vaccination Campaign organised in Amanat Al Asimah governorate by UNICEF, WHO Yemen and Gavi Alliance, ended and reached over one million people above one year of age with the lifesaving vaccine in some efforts to prevent the cholera outbreak from spreading further. The campaign was organised in parallel to the World Immunization Week, on the occasion of which, UNICEF issued a [statement](#), to highlight the fact that despite

ongoing conflicts and violence, UNICEF and partners were able to reach over 34 million children with vaccination campaigns in the Middle East and North Africa, including in Iraq, Jordan, Libya, Syria Sudan, and Yemen since the beginning of the year.

In its digital engagement's efforts, UNICEF Yemen published [web articles](#) and videos on its online platforms highlighting the Oral Cholera Vaccination, WASH and C4D campaigns, as part of the integrated cholera response in Amanat Al Asimah governorate. This was also the subject of the [top tweet](#) which gathered over 88,000 impressions. On Facebook, the [top post](#), with 104,000 impressions, was an announcement about the launch of the teachers' incentives programme.

Funding

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which are making the current response possible. The 2019 Humanitarian Action for Children appeal has been revised to ensure alignment with the Yemen Humanitarian Response Plan. The contributions received in May include funds under the OCHA Standard Allocation for the cholera response, in addition to contributions from UNICEF's National Committees including Canada, France, Italy, UK, USA, Germany, Hong Kong, Brazil, Kuwait, UAE and Qatar. Two agreements were signed with the Kingdom of Saudi Arabia and United Arab Emirates to support teacher incentives payments, integrated nutrition programming and cholera response, for a total amount of US\$ 110 million. Pipeline funds are not reflected in the below table.

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

Funding Requirements (as defined in the revised Humanitarian Appeal of 2019 for a period of 12 months)							
Appeal Sector	2019 Requirements (US\$)	Funding Received Against 2019 Appeal (US\$)	Carry Forward From 2018 (US\$)	Other Allocations Contributing Towards Results (US\$)*	2019 Funds Available (US\$)**	Funding Gap	
						\$	%
Nutrition	124,678,000	10,214,585	22,505,261	20,500,890	53,220,736	71,457,264	57%
Health	85,788,673	6,796,696	22,074,642	20,245,023	49,116,361	36,672,312	43%
Water, Sanitation and Hygiene	135,000,000	13,241,952	34,775,718	7,033,770	55,051,440	79,948,560	59%
Child Protection	38,348,211	7,553,754	11,766,930	-	19,320,684	19,027,527	50%
Education	106,000,000	33,415,052	31,116,985	2,504,291	67,036,328	38,963,672	37%
Social Policy	14,009,396	2,015,999	421,074	3,600,000	6,037,073	7,972,323	57%
C4D	10,857,795	810,887	5,059,736	-	5,870,623	4,987,172	46%
RRM	21,000,000	6,242,182	6,683,055	-	12,925,237	8,074,763	38%
Total	535,682,075	80,291,108	134,403,401	53,883,974	268,578,483	267,103,592	50%

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

**'Funds Available' as of 31 May 2019 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.

Next SitRep: 28/07/2019

UNICEF Yemen Facebook: www.facebook.com/unicefyemen

UNICEF Yemen Twitter: @UNICEF_Yemen

UNICEF Instagram: UNICEF_Yemen

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

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Annex A

SUMMARY OF PROGRAMME RESULTS (January- May 2019)

2019 Programme Targets and Results	Overall needs	Cluster Response			UNICEF and IPs		
		2019 Target ¹	Total Results	Change since last report ▲▼	2019 Target ¹	Total Results ¹	Change since last report ▲▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	357,487	321,750	109,918	25,662 ▲	321,750 ¹	109,918	25,662 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	864,712	269,007 ▲	1,514,102	864,712	269,007 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	517,570	184,115 ▲	2,860,031	517,570 ²	18,4115 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	33,526	9,996 ▲	4,290,047	33,526 ³	9,996 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV ₁)					942,842	171,342 ³	33,853 ▲
Children from 6 months – 15 years vaccinated in MR campaigns					13,032,803	11,837,521 ¹	-
Number of Children under 5 vaccinated against polio					5,352,000	198,539 ²	47,407 ▲
Number of children under 5 receiving primary health care					1,575,000	772,309	118,950 ▲
Number of pregnant and lactating women receiving primary health care					841,097	430,347	139,885 ▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,029,892	605,832 ▲	6,000,000	4,494,892	449,782 ▲
Number of people gaining access to emergency safe water supply		1,703,359	584,664	142,243 ▲	1,000,000	340,201	74,765 ▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	115,152	19,862 ▲	800,000	33,130	-
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	297,955	24,986 ▲	800,000	155,741	4,232 ▲
		5,332,045 (CHKs)	2,543,050	- ²	4,000,000	3,711,000	-
Number of people living in cholera high risk areas		4,202,324	5,017,297	1,317,063 ▲	3,500,000	4,779,479	1,209,365 ▲

having access to household level water treatment and disinfection ¹							
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	80%	-	90%	80%	-
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	314,463	63,786 ▲	794,825	301,863 ¹	62,205 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,492,887 ²	134,253 ▲	1,365,128	1,485,174	134,128 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	6,646	1,718 ▲	10,345	6,345	1,611 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	454	-
EDUCATION							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	332,535	86,469 ▲	816,566	131,035	66,648 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	206,625	-	170,000	33,524	-
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	92,211	23,772 ▲	996,994	15,251	15,251 ▲
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		141,746	112,289 ¹	14,579 ▲	135,359	112,289	14,579 ▲
Social Policy							
Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	53,909	0 ¹
RRM ¹							
Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	752,745	443,673 ▲
Number of vulnerable persons supported with multipurpose cash transfer					350,000	53,396	39,836 ▲
C4D							
Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	3,271,755	837,669 ▲
Number of community mobilisers/volunteers					5,000	2,670	300 ▲

trained and deployed for engaging communities in social and behaviour changes practices							
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Footnotes

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

Results 1: Data from the field is collected and reported through Field Offices; delays in reporting figures may occur to do lengthy reconciliation. As a result, figures reported may not be an accurate reflection of the results achieved that month and results are added to the next reporting month instead.

Nutrition 1: The SAM target has been revised as part of the HAC revision in March 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target increased from 80% to 90% of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). The Nutrition Cluster expects to revise their target during the mid-term review of the HRP, that is currently under discussion with OCHA. UNICEF contributes to 100% of SAM targets at the community level.

Nutrition 2: The result of this indicator for quarter one appears low as it features results from fixed health facilities and mobile teams only. However, almost half of the results of this indicators are attributed to the community health volunteers (CHVs) and the integrated outreach activities. The reports of CHVs are collected only on quarterly basis and the integrated outreach is yet to be implemented.

Nutrition 3: Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.

WASH 1: This year there have been a higher number of suspected cholera cases in first half of the year than the usual trend in previous years. Therefore, the original planned target is much lower than the current need, and this is reflected in the over-achievement of the targets. The Cluster and UNICEF will review the targets in the mid-term review of the HRP, and the HAC targets will then be revised accordingly.

WASH 2: For this indicator, WASH Cluster and UNICEF partners were unable to report on time and therefore the progress for May will be reported in the June Sitrep.

Health 1: A nationwide Measles and Rubella vaccination campaign held in January has been very successful and reached a high number of children.

Health 2: Low results for first quarter of 2019 as no polio campaign has taken place yet; only as part of routine vaccinations. A polio campaign is currently being planned.

Health 3: The cumulative result is expected to be higher. Results are communicated from district to governorate, then processed at national level, therefore results are communicated with delays.

Child Protection 1: There has been a decrease in the progress reported this month as a result of a reporting error in the April Sitrep (PSS targets were reported as MRE targets and vice-versa).

Child Protection 2: There has been a decrease in the progress reported this month as a result of a reporting error in the April Sitrep (PSS targets were reported as MRE targets and vice-versa).

Education 1: This is the monthly progress rather than cumulative figure. The amount is the number of teachers who receive the incentive each month.

Social Policy 1: Data cleaning found duplicate results, these have now been adjusted. As a result, there is no change in achievements for this month.

RRM 1: As a result of late reporting in April, results for April and May are both now included in the cumulative progress.