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Yemen Humanitarian Situation Report

Highlights

- The Yemen Humanitarian Response Plan (YHRP) was released on 19 February, in advance of the High-Level Pledging Conference in Geneva held on 26 February, setting out needs, targets and requirements in 2019. A total of US\$4.2 billion in funding is needed to support the plan, which aims to provide humanitarian assistance to 24.1 million people in 2019.
- The Project Management Unit (PMU) successfully partnered with the Education Team to launch the first payment cycle of the Education Teacher Incentive (ETI) starting on 28 February, targeting 109,456 teachers and school staff across 11 governorates. The ETI aims to provide incentives to those teachers and school staff who have not received a salary in past two years, in an attempt to prevent children from leaving the school and in turn encourage learning.
- The UN Country Task Force on Monitoring and Reporting verified 60 incidents of grave child rights violations in the reporting period. Seven children were killed (six boys; one girl) and 17 injured (11 boys; six girls), with 37 per cent of incidents taking place in Hajjah governorate. Seventy-two cases of recruitment and use of children were verified, 62 per cent of which took place in Hajjah.
- UNICEF responded to a Measles outbreak in February with a nationwide, six-day Measles and Rubella (MR) vaccination campaign, reaching more than 11.8 million children under 15 years.

February 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

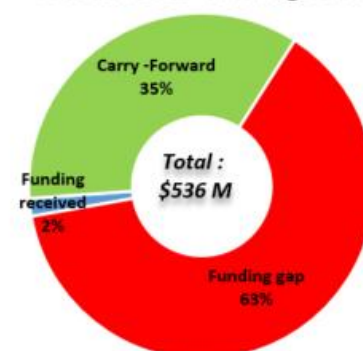
UNICEF Appeal 2019

US\$ 536million

Funding Available*

US\$ 197 million

Overall 2019 Funding Status



*Funds available include funding carried over from the previous year. The carry-forward figures are provisional and subject to change pending the 2018 financial accounts closure.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	Jan- Feb 2019 Results	Cluster Target	Jan- Feb 2019 Results
Nutrition: Number of children under 5 given micronutrient interventions (vit. A)	4,290,047	10,438	4,290,047	10,438
Health: Number of Children under 5 vaccinated against polio	5,352,000	-		
WASH: Number of people having access to drinking water	6,000,000	3,312,934	7,288,599	3,671,012
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	85,228	882,268	91,377
Education: Number of affected children provided with access to education via improved school environment and alternative learning opportunities	816,566	18,705	891,352	88,093

*Explanation for results vs. targets are available in the Humanitarian Performance Monitoring (HPM) table in pages 10-12.

Situation Overview & Humanitarian Needs

The recently released 2019 Yemen Humanitarian Needs Overview (HNO) indicates that four years into the crisis, conflict and severe economic decline are driving the country to the brink of famine and exacerbating needs in all sectors. Eighty per cent of the population, 24.1 million people, will need some form of humanitarian or protection assistance in 2019, including 14.3 million people in acute need and 12.3 million children. Two-thirds of all districts across the country are pre-famine and one-third face a convergence of multiple acute vulnerabilities.

The humanitarian response continues throughout the country, most notably in Al Hudaydah and Hajjah governorates following the escalation in violence over the last few months. UNICEF has been assisting the affected local and displaced population through the Rapid Response Mechanism (RRM), water trucking and construction of emergency latrines. Additional mobile teams are providing primary healthcare, nutrition screening services including infant and young child feeding counselling to pregnant and lactating mothers.

With the release of 2019 Humanitarian Response Plan, UNICEF has revised its [2019 Humanitarian Appeal for Children](#) (HAC) accordingly with revised targeting and associated funding requirements.

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 ¹	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 ²	2.5	2.4
People in need of assistance – Child Protection	7.4	-	-	3.6	3.8
People in need of assistance – Education	4.7	0	0	2.6	2.1

Humanitarian leadership and coordination

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

UNFPA, supported by WFP and UNICEF, is leading an inter-agency Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates of Aden, Abyan, Al Hudaydah, Lahj and Hajjah. The UNFPA-led inter-agency RRM assistance aims to reach quickly the affected population at scale through kits distribution. This is complemented by the UNICEF RRM mechanism 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 Diarrhea (AWD)/cholera prevention and response plan focuses on high-risk areas, diarrhea treatment, purification of water sources, rehabilitation of wastewater systems and

¹ Acute Need: People who require immediate assistance to save and sustain their lives.

² Pregnant and Lactating Women.

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).

UNICEF continues to make all efforts to prevent the education system from collapsing, particularly through advocating for the provision of incentives to the teachers who have not received salaries since October 2016. Further, through establishing temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing a safe learning environment plays a key role in the prevention of school drop-out, it increases retention and contributes to improve quality of education.

UNICEF is collaborating with other UN agencies and INGOs to rapidly deliver basic life-saving supplies and services in areas impacted by increasing armed violence through the Rapid Response Mechanism. This is also referred to as the RRM Consortium (consisting of UNICEF, ACF, ACTED and Oxfam), which provides immediate emergency assistance - to internally displaced people and host communities in areas affected by conflict/natural disasters, epidemics, and children under five who are suffering from acute malnutrition - in non-food items, shelter, WASH, and supplementary feeding. Through prepositioning of stocks, and the establishment of Rapid Response Team (RRTs) skilled in rapid needs assessment and response, UNICEF RRM partners provide immediate assistance to vulnerable, hazard affected population in selected governorates of Yemen within a maximum of 10 days after the alert is received. In addition, both 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

Acute Watery Diarrhea (AWD)/suspected cholera response

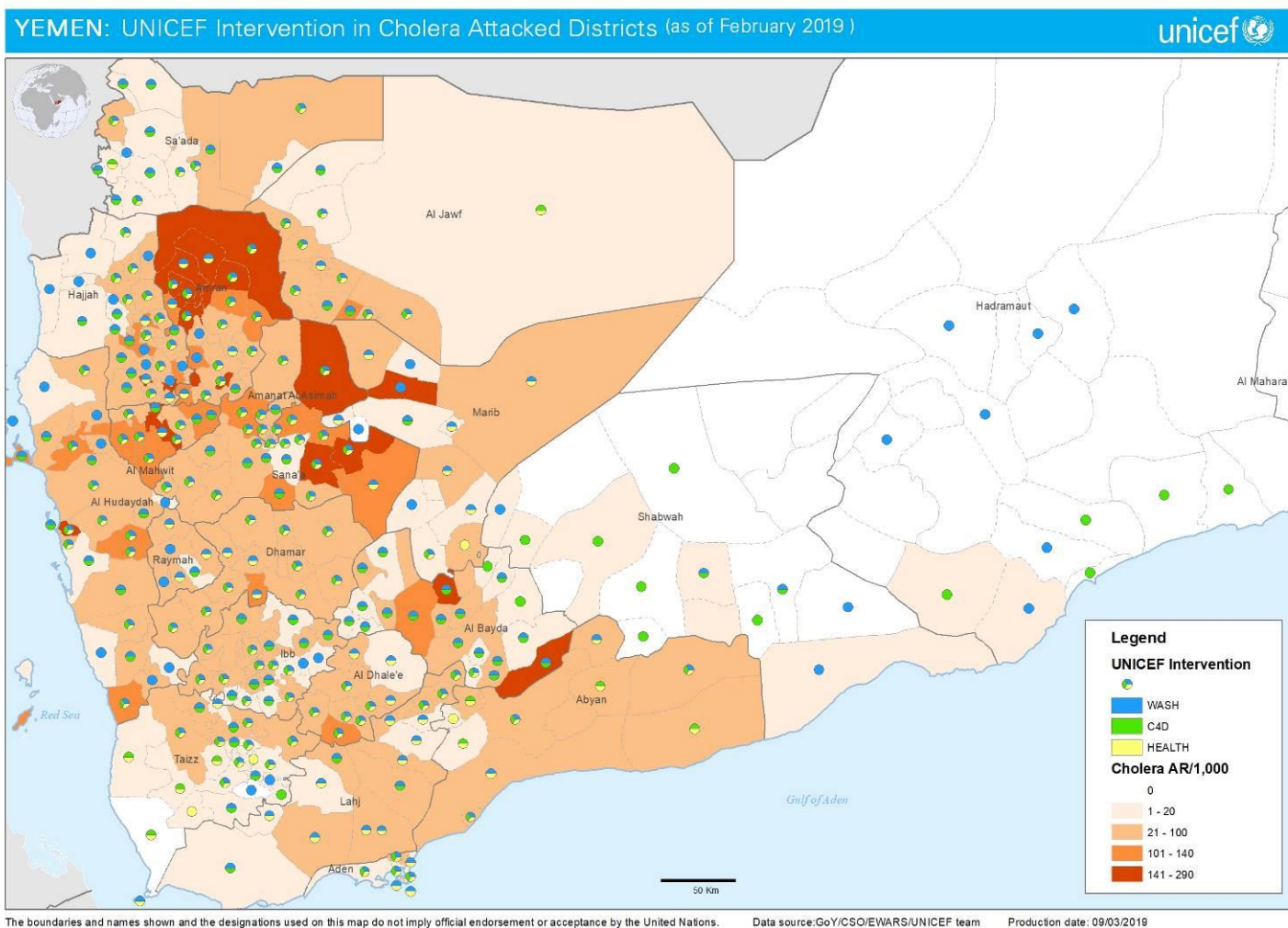
Since the onset of the second wave of Acute Watery Diarrhea (AWD)/suspected cholera outbreak on 27 April 2017, the cumulative total of AWD/suspected cholera cases until 28 February 2019 has reached 1,452,523 with 2,791 associated deaths (0.20 per cent case fatality rate 'CFR') across the country.

Since 1 January 2019 to 28 February, there have been 67,714 cases of AWD/suspected cholera and 75 associated deaths, (CFR 0.11 per cent). Children under the age of five continue to represent 28.8 per cent of the total suspected cases. A total of 239 of the 333 districts in country have reported cases this year so far. In addition, a total of 26,859 rapid diagnostic tests (RDTs) have been performed with 10,724 positive and 242 confirmed cases by laboratory.

In response to emergency disease outbreaks, UNICEF conducts OCV vaccination campaigns, and integrates its cholera response with WASH, Nutrition, Education and C4D activities, especially in AWD/cholera prone areas. These include raising awareness around hygiene practices, community efforts to clean public spaces and to improve water and sanitation infrastructure as well as water trucking for access to clean water. The integrated response has been updated and aligned with the needs as identified during the integrated cluster workshops and suspected cholera evaluations in 2018. This includes the plans for the OCV implementation, which has been integrated with WASH activities at all Health facilities operating Oral Rehydration Centers (ORCs) and Diarrhea Treatment Centers (DTCs), and an environmental sanitation campaign in close collaboration between Ministry of Public Health and Population (MoPHP), the Ministry of Water and Department of Environmental Safety, in northern districts.

In the south, one first round of Oral Cholera Vaccination (OCV) campaign was conducted on 24 February 2019 to 1 March, targeting 497,884 people above one year of age. This campaign was conducted in four districts previously not targeted before; one district in Aden, two districts in Al Dhale and one district in Taiz. Out of the targeted population, 433,225 (87 per cent) people (215,109 females and 218,116males) received one dose of OCV. Another OCV campaign is planned for 20-25 April, and will be conducted in three districts (Shu'aub, Al Sabain and Al Wahdah) in Amanat Al Asimah and one district (Mukayras) in Al Bayda.

UNICEF continues to play an active role in the National Cholera Task Force and in the Emergency Operation Room (EOR) amongst key partners, including the MoPHP, and is contributing to the finalization of the National Cholera Strategic Plan which guides the Cholera 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, primarily the World Food Programme and the World Health Organization. Since the beginning of 2019, UNICEF treated 25,730 children for Severe Acute Malnutrition (SAM).

UNICEF continues to facilitate capacity-building as part of its efforts to strengthen current health and nutrition systems in-country. A total of 933 health workers 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). Moreover, 4,582 community health volunteers (CHVs) received training on Basic health and nutrition services of the community package (including refresher training to 1,357 health volunteers) and 2,719 others on growth monitoring.

UNICEF continues to support the scale-up of essential health care services for children and women through service delivery at health facilities, regular community outreach from health facilities to remote communities and integrated outreach and mobile teams. Since the beginning of the year, 84,343 children received micronutrient powder through health facilities, mobile teams, integrated outreach rounds, and community health volunteers. A total of 10,438 children (6- 59 months) have received Vitamin A this year (from routine nutrition services, yet achievement of this figure depends on implementing Polio campaign). De-worming tablets were provided to 70,867 children aged 12 to 59 months, a total of 135,092 pregnant and lactating women benefited from infant and young child feeding counselling services (reaching 62 per cent of the annual target) while 75,230 pregnant and lactating women received iron-folate supplementation.

This month, 54 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. A total of 28,932 children (14,755 boys; 14,177 girls) received Integrated management of Childhood Illnesses (IMCI) services. A further 9,685 pregnant women were provided with reproductive health services.



©UNICEF Yemen/2019. A girl taking her vaccine dose during the Oral Cholera Vaccination campaign conducted in Al-Mrawa'a district of Aden.

As part of its immunization strategy, a total of 53,624 children under one (U1) were vaccinated with Penta 3, 49,985 children (U1) received measles and Rubella first dose (MR1) vaccine and 38,521 women were vaccinated with Tetanus Toxoid (TT). Nationwide Measles and Rubella (MR) campaign was conducted from 9 to 14 February. This campaign reached 11,930,474 children aged between 6 months -15 years in 318 out of the 33 districts. More than 41,000 health workers implemented the campaign, with 1,124 supervisors, monitors and local authority staff from all levels involved in the oversight of the field activities and provision of technical and logistical assistance to the MR vaccination teams.

The Nutrition cluster coordination at the national and sub-national levels 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 (AAP) 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.

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. The main challenges remain delays of a bureaucratic nature and access to certain areas, due to the ongoing conflict and the sensitivity of conducting activities.

Water, Sanitation and Hygiene (WASH)

UNICEF scaled-up the RRTs and replenished the essential WASH supplies in the strategic locations as a preparedness measure for the recent spike of AWD/suspected cholera cases. UNICEF is providing safe drinking water in Al Bayda, Al Hudaydah, Al Mahwit, Amanat Al Asimah, Amran, Dhamar, Hajjah, Ibb, Taiz and Sada'a, reaching over 2.63 million through supporting the water supply systems with the provision of fuel, electricity, spare parts, and disinfectants for purification. Furthermore, UNICEF continued its support for the operation of the waste water treatment plants (WWTP) and sewage systems rehabilitation in Al Bayda, Amanat Al Asimah, Amran city, Dhamar city and Hajjah city, benefiting approximately 2.8 million people. In the old city of Sana'a, UNICEF is supporting the repair of a damaged main sewer pipeline to avoid further health risks. To ensure minimum WASH standards and AWD/suspected cholera prevention interventions activities, there is a need for additional WASH actors and scale-up in activities.

UNICEF continues responding to IDPs in collaboration with RRM partners through water trucking, installation of water points/communal water tanks, construction of emergency latrines, distribution of hygiene kits and household water treatment tablets, reaching 72,755 IDPs in Hajjah, Sada'a and Sanaa governorates. Furthermore, nearly 0.5 million people, particularly internally displaced people (IDPs) and people living in hard-to-reach areas, were reached with safe water through UNICEF-supported rehabilitation of existing rural and urban water supply systems.

WASH cluster partners continue to scale-up the emergency response to IDPs fleeing from conflict in Hajjah governorate, estimated to be over 420,000 people, through provision of safe water, hygiene kits and emergency sanitation. However, access issues, including security and administrative constraints, are impacting the response.

In February the WASH Cluster, with UNICEF support, has implemented the second solar technical training for cluster partners in Sana'a. A joint review workshop with Food Security, Nutrition and Health clusters was held for the integrated famine risk reduction response, to identify lessons learned, best practices and define improved plans for 2019. In Aden, a one-day workshop and training was held with Cluster governorate focal points from nine governorates, and Government counterparts with coordination from the Ministry of Water and Environment.

Child Protection

Over the reporting period, the UN Country Task Force on Monitoring and Reporting that seven children were killed (six boys; one girl) and 17 injured (11 boys; six girls), and that seventy-two children were recruitment and used by parties to the conflict, predominantly in Hajjah.

The Child Protection programme continues to encounter implementation challenges including security risks and access constraints in active conflict areas and delays in the approval of sub-agreements with authorities which limit and delay implementation. Nevertheless, UNICEF has continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 150,286 conflict affected people in February, including 124,813 children (61,003 boys; 63,810 girls) and 25,473 adults (15,100 men; 10,373 women) across 20 governorates. Mine Risk Education was delivered in schools, in child friendly spaces, and through community campaigns.

Psychosocial support was provided to 47,951 people, including 39,653 children (20,857 boys; 18,796 girls) and 8,298 adults (2,429 men; 5,869 women) in 22 governorates through a network of fixed and mobile child friendly spaces to help them overcome the immediate and long-term consequences of their exposure to violence.

Through the case management programme, UNICEF continued to support referral and provision of critical services to children, including facilitating access to essential services for the most vulnerable children by supporting transportation to health facilities and accommodation for family members to enable children to access life-saving medical care. 1,044 children (601 boys; 443 girls) have been identified by trained case managers, and out of those 1,098 (455 girls, 634 boys) have already been provided with services including individual counselling, family tracing and reunification, victim assistance, reintegration, gender-based violence response, legal, and education services. Out of those children, eleven (five boys; six girls) were referred to and provided with life-saving specialised medical services. UNICEF continues to expand the victim assistance services to children who have lost their limbs and children with disabilities by supporting Prosthesis and Rehabilitation Centres in Aden and Taizz governorates and supporting children from other governorates to access these centres.

The child protection Area of Responsibility (AoR) and the Protection Cluster finalized the selection of eight organisations to provide integrated protection services in new IDP communities and IDP hosting sites under the first Humanitarian Fund allocation³. UNICEF has contributed to 95 per cent of the Child Protection Cluster results so far. Eight Child Protection AoR partners including UNICEF reached 130,530 children (65,224 boys; 65,306 girls) and 26,235 adults (15,755 men; 10,480 women) with Mine Risk Education, 41,861 children (22,302 boys; 19,559 girls) and 8,542 adults (2,557 men; 5,985 women,) with Psychosocial Support in 41 districts with the highest protection severity score. Access for AoR partners in Taiz, Hajjah and Al Hudaydah remained constrained. Nevertheless, the AoR's strategy to build local capacity resulted in 1,050 community volunteers (209 men; 841 women) receiving orientation on Psychosocial Support, Child Protection in Emergencies and case management in hard-to-reach communities. Provision of critical child protection services remained a priority in frontline zones and saw cluster members supporting 47 children (33 boys; 14 girls) in UNICEF-supported victim assistance programmes in Al Hudaydah, Sa'ada, Hajjah, Taiz and Sana'a.

Education

The issue of unpaid teachers continues to have a profound effect on the provision of education in public schools in 11 governorates. UNICEF has been working toward the payment of incentives to teachers and school-based staff, in an effort to keep education accessible. The contribution targets approximately 135,000 teachers and school-based staff for the 2018-2019 school year. UNICEF, through its partners, has started the first payment process on 28 February.

UNICEF along with its partners in the field completed the rehabilitation of four schools in Lahj governorate and one school in Taiz governorate providing 2,873 students (2,160 boys; 713 girls) with a better learning environment. Additionally, UNICEF supported the repair of WASH facilities in 10 schools in Aden benefitting 9,300



©UNICEF Yemen/2019. Female teachers and school's administrators participating in training program for social workers.

³ The Yemen Humanitarian Fund (YHF) mobilizes and channels resources to humanitarian partners to respond to the critical needs of millions of people affected by the devastating humanitarian crisis in Yemen. The Fund operates within the parameters of the Humanitarian Response Plan (HRP), with the objective of expanding the delivery of humanitarian assistance by focusing on critical priorities and needs.

students (4,449 boys; 4,851 girls) and construction of 56 semi-permanent classrooms in 18 schools in Abyan and Lahj providing alternative learning classrooms to 6,300 internally displaced children (3,262 boys; 3,038 girls). Technical needs assessments are ongoing for the rehabilitation of conflict-affected schools in 19 governorates.

Additionally, UNICEF supported psychosocial support training in 13 schools in (Majzar, Harib and Sirwah) districts in Marib governorate for 266 teachers (123 males; 143 females), enhancing their capacity to attend to the needs of 6,515 conflict-affected children (2,923 boys; 3,592 girls). Furthermore, 242 schools with computer laboratories were fully equipped and training sessions were conducted on their use targeting one teacher from each school, while the instalment of labs for other 108 schools is still ongoing.

To promote hygiene education and build awareness on best health practices in schools, UNICEF supported the organization of hygiene education and distribution of soap bars in schools in Taiz and Ibb in (Al Mukha, Dhubab, As Sha'ir and Ba'dan) districts, reaching around 47,843 students (26,048 boys; 21,795 girls).

Social Inclusion

As a result of the UNICEF's partnership with WFP on the Integrated Model of Social and Economic Assistance (IMSEA), a total of 2,314 marginalized households or 16,198 individuals (Mohamasheen; people living in slums) in Amanat Al Asimah governorate started receiving monthly food baskets. These families will continue receiving food assistance during the next few months. In addition, UNICEF and WFP have reached an agreement that food aid will be gradually provided to all IMSEA project participants and other non-participants from the marginalized groups (i.e., non-slum-dwellers) who appeal through the project's Grievance Redressal Mechanism (GRM).

While the IMSEA's beneficiary registration is being finalized and the preparations for the second stage of Vulnerability and Needs Assessment (VNA II) are ongoing, the GRM team continues receiving complaints and appeals on the project. By the end of February 2019, a total of 4,299 appeals and 216 complaints were received. All complaints have been reviewed and addressed by the GRM Committee consisting of the Social Welfare Fund, UNICEF and UNICEF Implementing Partner PERCENT Corporation for Polling and Transparency Promotion. All appeal cases will be investigated during the second phase of the VNA scheduled for March-April 2019; the latter will target smaller slums of 10 and more households in Amanat Al Asimah, Sana'a and Aden governorates.

In addition, UNICEF has completed the selection process of case managers and supervisors as part of the IMSEA project. A total of 200 case managers and 22 supervisors have been identified (the SWF staff) in Amanat Al-Asimah and Sana'a governorates. The case management system has been also set-up, and respective Standard Operational Procedures, training manuals and an automated data collection system have been developed.

In February 2019, the [39th issue of Yemen Social Economic Update](#) (YSEU) was published by the Ministry of Planning and International Cooperation (MoPIC) with support from UNICEF. The issue has focused on topics related to macro-economic development in 2018. The publication suggested that the GDP per capita in Yemen decreased from US\$481 in 2017 to US\$364 in 2018, i.e., by 24.3 per cent, while inflation was estimated at 20.7 per cent. This means that more people have slid down the poverty line and are now struggling to survive by adopting negative coping practices. The main causes of such a devastating situation are the ongoing conflict and the near-collapse of national systems, including the economic and financial ones. This is in addition to other contributing factors such as the depreciation of the national currency (the peak was registered in September 2018), which resulted in a spike in prices for food, fuel and other basic commodities and services. The economic losses are likely to significantly increase in case the conflict continues in 2019.

Communication for Development (C4D)

UNICEF through various communication activities in February has reached about 497,667 people (106,661 women, 194,066 men, 97,376 girls, 99,564 boys) with appropriate and culturally-acceptable information on the core essential family practices. About 4,154,639 people (1,257,503 women, 1,459,949 men, 606,111 girls, 831,076 boys) were also reached through interpersonal communication activities for the nation-wide Measles – Rubella (MR) vaccination campaign, out of which 77,723 people were from marginalized communities and 124,043 IDPs.

Over 8,737 community mobilizers, including 4,274 male religious leaders (Imams) and 650 female religious leaders (Morshydats), conducted these activities which included 365,453 home visits, 8,812 talks and discussions in 6,000 mosques, 2,100 group discussions, 14,000 one to one sessions, 6,000 community meetings and events, 1,382 drama shows, as well as 3,100 school-based activities and communication sessions in 920 Health Centers.



©UNICEF Yemen/2019. Children taking part in community mobilization activities ahead of the measles and rubella vaccination campaign in collective centre for displaced families, Aden governorate.

To complement the community engagement interventions, 25 Radio and TV stations supported the social mobilization for the MR campaign, reaching about eight million people, while 6.5 million people were reached through SMS messages and another one million through social media. To keep eligible families aware of the campaign dates and venues, 460 vehicles mounted with public address systems were deployed in the targeted districts reaching an estimated 2 million. These were further supported through the distribution of communication materials.

More and more religious leaders continue to engage with communities through communication and social mobilization interventions as volunteers. During the reporting month, orientation sessions were organized for 1,200 new religious leaders through the UNICEF partnership with the Ministry of Endowment to scale-up interventions for vulnerable groups to promote health and improve household hygiene practices.

Supply and Logistics

The total value of supplies delivered during February amounted to just over US\$ 6 million with a total weight and volume of 350 metric tons and 1,835 cubic meters respectively. This delivery was completed with two dhows to Aden and two Logistics Cluster air operations to Sana'a and one sea operation through logistic cluster.

Media and External Communication

UNICEF secured a 30 per cent coverage on traditional media headlines about children and humanitarian issues in February, comparing to 20 per cent in January. A total of 48 per cent of the coverage was detected in local media compared to 27 per cent in international English-speaking media. While the coverage in local media remains the same as in January, a sharp increase in the interactions with international media for UNICEF-features is noted at 28 per cent for Arabic-speaking media and 113 per cent for English-speaking.

In terms of media engagement, the highlight of February was the Geneva Pledging Conference on Yemen. Ahead of the conference, [UNICEF Regional Director](#) for the Middle East and North Africa, Geert Cappelaere, published a statement calling for the prioritization of children and respect of their fundamental rights. On the day of the conference on 26 February, [UNICEF's Executive Director](#), Henrietta Fore, urged world leaders to remember that the lives of Yemeni children depend on their support. Earlier this month, [UNICEF MENA Regional Director](#) also published a statement welcoming the redeployment of forces from the port city of Al Hudaydah. While taking-up her duties, the newly appointed [UNICEF Yemen representative](#), Sara Beysolow Nyanti, committed to continue UNICEF's efforts to protect children across Yemen.

In terms of digital engagement, UNICEF published stories and multimedia content on its website, mainly on the nationwide Measles and Rubella vaccination campaign, which took place from 9 to 14 February, and on WASH and cholera response interventions. The publication [Scaling-up support: Results for children of Yemen 2017-2018](#), giving a summary of UNICEF programmes in Yemen in 2017 and 2018 and main results achieved, was

SOCIAL MEDIA HIGHLIGHTS FOR FEBRUARY 2019	
TWITTER	
New Followers	2.2K
Tweets impressions	863K
Top tweet	113.3K impressions
Total tweets (Arabic/English)	116
Profile Visits	17K
Total mentions	808
FACEBOOK	
Total posts (mostly bilingual)	71
Net new page likes/followers	1.3K
Total reach	305K people
Key post	22.3K people reached

also published on the Country Office website. The top tweet, on [vaccination activities](#), gathered more than 113,000 impressions and the top Facebook post on the [Rapid Response Teams](#) with over 22,000 Impressions.

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

Funding Requirements (as defined in revised Humanitarian Appeal of 2019 for a period of 12 months)						
Appeal Sector	2019 Requirements (US\$)	Funding Received Against 2019 Appeal (US\$)	Carry Forward and Other Allocations (US\$) *	2019 Funds Available (US\$) **	Funding Gap	
					\$	%
Nutrition	124,678,000	2,793,149	43,006,151	45,799,300	78,878,700	63%
Health	85,788,673	1,202,460	42,319,665	43,522,125	42,266,548	49%
Water, Sanitation and Hygiene	135,000,000	1,342,134	41,809,488	43,151,623	91,848,377	68%
Child Protection	38,348,211	923,250	11,766,930	12,690,180	25,658,031	67%
Education	106,000,000	264,556	33,621,276	33,885,832	72,114,168	68%
Social Policy	14,009,396	72,630	4,021,074	4,093,704	9,915,692	71%
C4D	10,857,795	72,630	5,059,736	5,132,366	5,725,429	53%
RRM	21,000,000	2,240,036	6,683,055	8,923,091	12,076,909	58%
Total	535,682,075	8,910,844	188,287,375	197,198,220	338,483,855	63%

*'Carry Forward' includes funds which were received against the 2018 HAC appeal and 'Other Allocations', which includes additional contributions from multi-lateral organizations which contribute towards 2019 Results.

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

Next SitRep: 28/04/2019

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UNICEF HAC 2018: www.unicef.org/appeals/yemen.html

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Annex A

SUMMARY OF PROGRAMME RESULTS (January- February 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	25,730	322,018 ▲	321,750 ¹	25,730	22,018 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,403,337	1,682,336	135,092	116,737 ▲	1,514,102	135,092	116,737 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	84,343	68,652 ▲	2,860,031	84,343	68,652 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	10,438	5,440 ▲	4,290,047	10,438	5,440 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	35,986	-
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	-	-
Number of children under 5 receiving primary health care					1,575,000	269,388	183,731 ▲
Number of pregnant and lactating women receiving primary health care					841,097	101,624	95,918 ▲
WASH, SANITATION & HYGIENE (WASH)							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	3,671,012	3,671,012 ▲	6,000,000	3,312,934	3,312,934 ▲
Number of people gaining access to emergency safe water supply		1,703,359	189,280	189,280 ▲	1,000,000	52,755	52,755 ▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	15,016	15,016 ▲	800,000	500	500 ▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	64,174	64,174 ▲	800,000	20,083	20,083 ▲
		5,332,045 (CHKs)	2,425,670	2,425,670 ▲	4,000,000	2,360,306	2,360,306 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	2,069,118	2,069,118 ▲	3,500,000	2,009,938	2,009,938 ▲

2019 Programme Targets and Results ¹	Overall needs	Cluster Response			UNICEF and IPs		
		2019 Target	Total Results	Change since last report ▲▼	2019 Target	Total Results	Change since last report ▲▼
CHILD PROTECTION							
Percentage of MRM incidents verified and documented from all the reported incidents		90%	80%	80% ▲	90%	80%	80% ▲
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	91,337	50,403 ▲	794,825	85,228	47,951 ▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	193,501	350,266 ▲	1,365,128	342,818	150,286 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	2,258	1,116 ▲	10,345	2,067	1,044 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	454	454 ▲
EDUCATION							
Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	88,093	40,100 ▲	816,566	18,705	18,473 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	84,376	6,555 ▲	170,000	6,515	6,515 ▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	2,191	1,996 ▲	996,994	-	-
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		141,746	-	-	135,359	-	-
Social Policy							
Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	31,873	-
RRM							
Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	131,327	-
Number of vulnerable families supported with multipurpose cash transfer					350,000	5,530	-
Communication for Development (C4D)							
Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	1,049,506	497,667 ▲

Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behavior changes practices					5,000	1,770	1,200 ▲
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Footnotes

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

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

Nutrition 1: The SAM target has been revised as part of the HAC revision in March 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target has recently been increased to at least 90% of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). The Nutrition Cluster may also increase their target to match the UNICEF target, following the meeting of the Nutrition Cluster SAG. UNICEF contributes to 100% of SAM targets at the community level.

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