



© UNICEF Yemen/2019/Ibrahim Al-La'adi. Awatef Mohammed, one year old, receiving diphtheria vaccine in Shu'ab district, Sana'a.

Yemen Humanitarian Situation Report

Highlights

- Since 1 January 2019 to 31 July 2019, 543,758 suspected cases of Cholera were identified, and 785 associated deaths were recorded (0.14 per cent CFR). UNICEF procured 1,721,300 Oral Cholera Vaccine (OCV) doses for emergency vaccination campaign against Cholera, to continue the efforts to combat the cholera outbreak.
- In July 2019, the UN Country Task Force on Monitoring and Reporting verified that 10 children were killed (3 girls and 7 boys), and 27 children were injured (12 girls and 15 boys) by various parties to the conflict.
- Between January and July 2019, UNICEF treated 159,472 children with Severe Acute Malnutrition (SAM), which represent 50 per cent of 321,750 children under five with SAM who were targeted for therapeutic care. This activity contributed to reduce the fatality rate for children under five with SAM.
- In July 2019, UNICEF reached to over 140,000 internally displaced persons through emergency water trucking, construction of emergency latrines, distribution of hygiene kits and hygiene promotion, for the access to safe, functioning toilets to reduce risk of disease, such as cholera and malnutrition.
- Psychosocial support was provided to 38,909 people, including 28,377 children and 10,532 adults in 15 governorates through a network of fixed and mobile child friendly spaces to help them overcome the immediate and limit long-term consequences of their exposure to violence.

July 2019

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

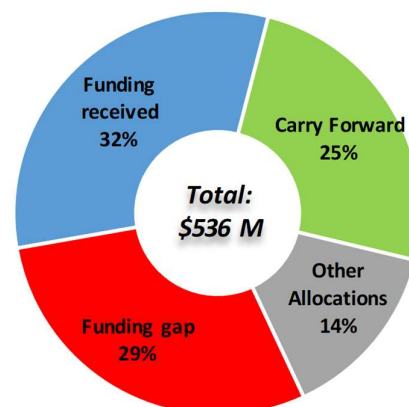
UNICEF Appeal 2019

US\$ 536 million

Funding Available*

US\$ 377.3 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- Jul 2019 Results	Cluster Target	Jan- Jul 2019 Results
Nutrition: Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	321,750	159,472	321,750 ¹	159,472
Health: Children from 6 months – 15 years vaccinated in MR campaigns	13,032,803	11,837,521		
WASH: Number of people having access to drinking water	6,000,000	5,391,465	7,288,599	5,926,465
Child Protection: Number of children and caregivers in conflict-affected area receiving psychosocial support	794,825	370,283	882,268	417,634
Social Policy: Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)	175,000	78,494		

*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: The continued hostilities across Yemen with more than 30 active front lines led more than 120,000 displaced people since June 2019, reported by the Emergency Relief Coordinator (ERC), Mark Lowcock at a briefing to the Security Council on 18 July, 2019¹.

During the reporting period, the UN Country Task Force on Monitoring and Reporting verified 65 per cent of reported incidents, including 10 children killed (3 girls and 7 boys), 27 children injured (12 girls and 15 boys), perpetrated by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Al Dhale'e followed by Al Hudaydah and Taiz. On 29 July 2019, 14 people including four children were killed and 26 people including 14 children were injured in an attack on Al Thabit market in Qatabir District of the Sa'ada Governorate². On 30 July 2019, indiscriminate attacks in Al-Rawdhah neighbourhood in the Taiz Governorate killed one child and injured three people. Several attacks damaging medical and education facilities in the Taiz Governorate have been reported³.

Since the onset of the second wave of Acute Watery Diarrhoea (AWD)/cholera outbreak on 27 April 2017, the cumulative total of suspected cholera cases as of 31 July 2019 reached 1,937,520 with 3,528 associated deaths (0.18 per cent case fatality rate, CFR) across the country. Children under the age of five represent 27.9 per cent of the total suspected cases in 2019. Since 1 January 2019 to 31 July 2019, there have been 543,758 suspected cases and 785 associated deaths recorded (0.14 per cent CFR)⁴. A total of 320 out of the 333 districts in Yemen have reported cases during this year, with a national attack rate of 188 suspected cases per 10,000 people. There has been a significant rise in the number of suspected cholera cases and associated deaths, in comparison to the same period in 2018 (108,808 suspected cases and 105 associated deaths)⁵.

Due to the denied humanitarian access by local authorities, the World Food Programme suspended their food assistance in Sana'a, affecting 850,000 beneficiaries since the end of June 2019⁶. Also, humanitarian agencies are imposed with bureaucratic requirements to travel from the south to the west coast of the country.

Humanitarian Leadership and Coordination: UNICEF continued to work in coordination with the Yemen Humanitarian County Team, leading the WASH, Education and Nutrition Clusters and the Child Protection Sub-Cluster, and is an active member of the Health Cluster.

WASH Cluster partners are being coordinated to respond to the districts and areas with highest reporting cases of Acute Watery Diarrhoea (AWD)/cholera cases⁷, especially in urban and conflict affected areas. WASH Cluster launched a high impact operation in the Amanat Al Asimah Governorate and conducted cholera awareness trainings in the Ibb Governorate. While WASH Cluster partners continued to provide water supply to over 17,000 displaced families in Hajjah, lack of partners,

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 ⁷	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 ⁸	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 Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lawcock Briefing to the Security Council on the humanitarian situation in Yemen, 18 July 2019.

² Statement by the Humanitarian Coordinator for Yemen, 30 July 2019: Children are among scores of civilians, killed and injured by an attack on a market in Sa'ada.

³ OHCHR, Press briefing note on Yemen, 6 August 2019.

⁴ Yemen Cholera Outbreak – Interactive Dashboard (<http://yemeneoc.org/bi/>), data as of 31 July 2019.

⁵ Yemen Cholera Outbreak – Interactive Dashboard (<http://yemeneoc.org/bi/>), data as of 31 July 2019.

⁶ WFP Executive Director of assistance – Child Protection (<https://reliefweb.int/report/yemen/world-food-programme-wfp-executive-director-briefs-un-security-council-situation-yemen>), 18 July 2019.

⁷ Acute Need: People who require immediate assistance to save and sustain their lives.

⁸ Pregnant and Lactating Women.

access constraints due to bureaucratic impediments and interference continue to hinder the provision of latrines construction for IDPs, mostly in Hajjah; the factors combined increase the high risk for disease outbreaks.

Between January and July 2019, 259,584 moderately acute malnourished (MAM) children, representing 28 per cent of the 2019 Nutrition Cluster target (937,878) were enrolled in over 2,240 Therapeutic Supplementary Feeding Programme Sites (TSFP). Moreover, 68,016 moderately malnourished Pregnant and Lactating Women (PLW) enrolled in TSFP. By enrolling in TSFP, those MAM children and PLW will have a lower risk of mortality and nutrition-related deaths.

In July 2019, the Child Protection Sub-Cluster partners provided critical child protection services including case management, victim assistance to 1,553 children who were affected by the conflict. Of them, 63 injured children⁹ from the conflict were referred to medical services. The Child Protection Sub-Cluster partners provided psychosocial support to 28,693 children¹⁰ and 10,565 caregivers¹¹. To protect from the risks on the explosion of landmines and other explosive remnants of war, 51,798 children¹² and 55,137 caregivers¹³ received life-saving mine risk education awareness. In addition, partners provided child protection training to 579 community-based child protection committee members¹⁴ in the Al Jouf, Al Hudaydah, Marib, Amran and Sa'ada Governorates where the conflict frontlines are.

Humanitarian Strategy: Humanitarian Strategy remained as same as in the last month's situation report.

Summary Analysis of Programme response

AWD/Cholera Response: There has been a significant rise in the number of suspected cholera cases and associated deaths, in comparison to the same period in 2018 (108,808 suspected cases and 105 associated deaths)¹⁵. While the number of weekly cases is declining since the week 14 of 2019, UNICEF and its partners scaled up the integrated prevention and response interventions to the higher number of suspected cholera cases, compared to 2018.

During the reporting period, UNICEF procured 1,721,300 OCV doses for emergency vaccination campaigns against Cholera, to address the cholera outbreak.. Those OCV doses will be used in the second round of the OCV vaccination campaign to vaccinate the population above one year with the second dose of OCV in seven high-risk districts in Al Amanah, Al Dalea, Taize and Aden. The second dose of OCV will boost the immunity of communities against cholera to 65 per cent for a duration of up-to three years.

The scaled-up interventions of the AWD/suspected cholera continued, and it benefitted 2.5 million people including 1.2 million children in the high-risk districts through rapid response teams (RRTs) as a first-line response. The interventions include provision of the consumable hygiene kits, chlorination of the public as well private water sources, quick fixed projects for rehabilitating the water and sewage networks and hygiene awareness training including distribution of aquatabs for water disinfection at the household level. The continued support WASH interventions contributed in containing the disease with stable and declined trend of the number of cases during the month. Through case management, UNICEF partners have distributed AWD kits, Oral Rehydration Sachets and Zinc to all governorates through 375 Oral Rehydration Centres (ORCs) and 201 Diarrhoea Treatment Centres (DTCs) in 201 districts in 18 governorates. Moreover, RRTs provided guidance to partners on corrective actions in implementing ongoing interventions.

To raise awareness of preventive measures on AWD/Cholera, communication and social mobilization interventions led by national and governorate partners and civil society, organisations reached households and individuals with context-specific information and activities to address the specific drivers of AWD/Cholera identified at community levels. In partnership with the Ministry of Endowments, UNICEF supported urgent cholera communication interventions in high priority districts, by promoting handwashing with soap practice at critical times, using safe chlorinated water, using safe,

⁹ 17 girls and 46 boys

¹⁰ 13,712 girls and 14,981 boys

¹¹ 5,843 females and 4,722 males

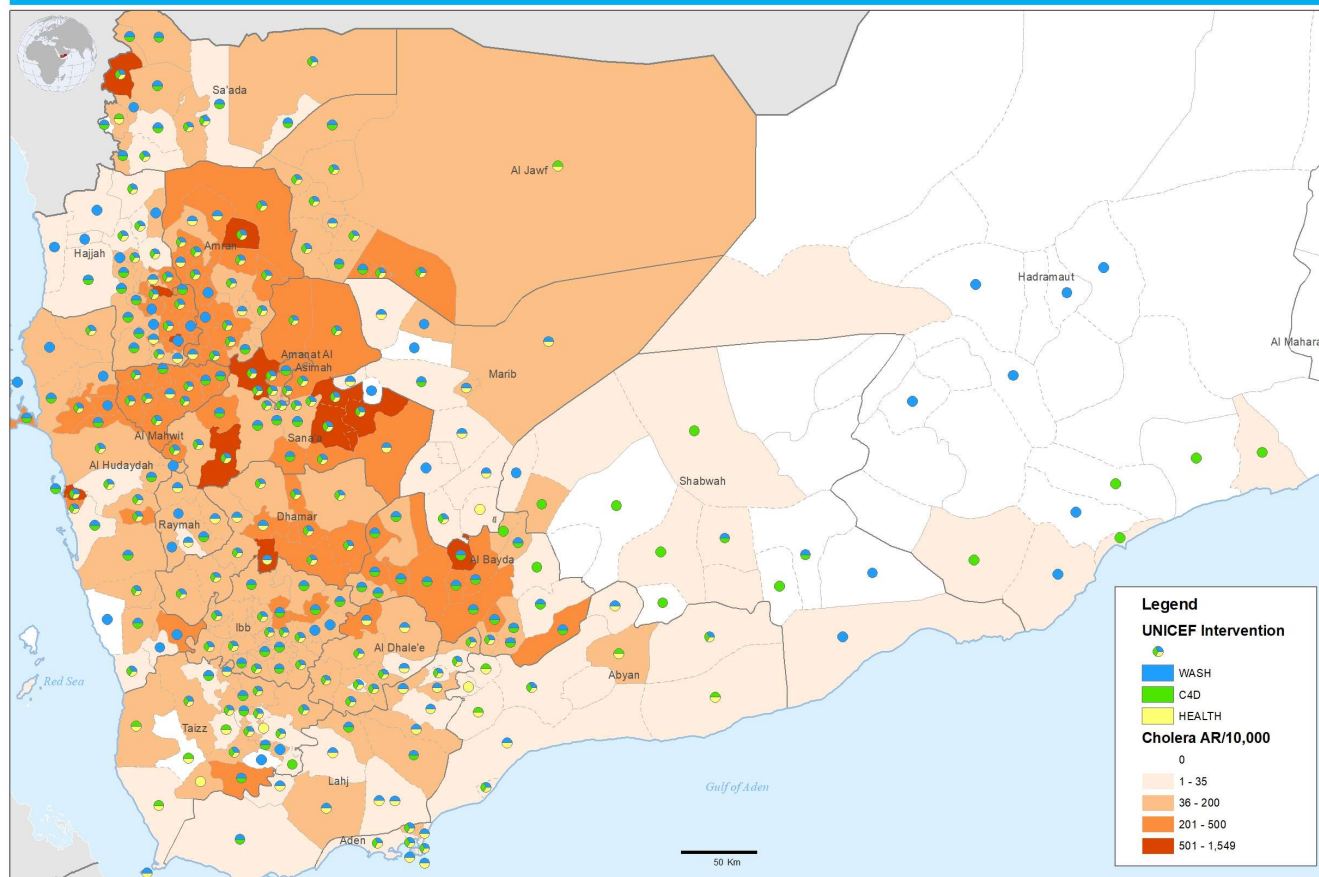
¹² 21,061 girls and 30,737 boys

¹³ 24,876 females and 30,261 males

¹⁴ 4,60 females and 119 males

¹⁵ Yemen Cholera Outbreak – Interactive Dashboard (<http://yemeneoc.org/bil>), data as of 31 July 2019.

YEMEN: UNICEF Intervention in Cholera Attacked Districts (as of July 2019)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Data source: GoY/CSO/EWARS/UNICEF team Production date: 08/08/2019

clean and hygienic latrines, and washing raw vegetables with safe clean waters for food safety. Through this intervention, 501,592 people¹⁶ were reached by male and female religious leaders through 5,819 talks in mosques and during Friday Jumma prayers. In addition, key interpersonal communication activities included 4,008 community meetings, 3,388 home visits and 351 counselling sessions in DTCs and ORCs. Through the network of community volunteers, interpersonal communication strategies help to increase the knowledge of 1,590,405 people¹⁷ on Cholera and dengue fever prevention practices, through 194 group discussions, 188 counselling sessions, 7,800 community meetings and events, 36 community drama shows and 201,354 home visits.

The major challenges in relation to the AWD/suspected cholera remained: misclassification of non-acute diarrhoea cases as cholera in some facilities, the hesitation of community members to use chlorinated water due to the strong taste of chlorine and misinformation on the negative impact of chlorine on health. To prevent misclassification of cholera cases, UNICEF continues to support the supervision on case classification by deploying third-party monitoring teams and validating reported cases by RRTs in some communities. Also, UNICEF continues to raise awareness on the significance of using chlorinated water to prevent cholera through communication and social mobilization interventions.

Health and Nutrition: For 2019, Nutrition Cluster identified 357,487 children under five with Severe Acute Malnutrition (SAM) in need of therapeutic care. Of those children, UNICEF treated 159,472 children between January and July 2019; these children were enrolled in over 3,707 Outpatient Therapeutic Programmes (OTP) sites. As a result, UNICEF reached 50 per cent of the cluster annual target (321,750). UNICEF reached nearly 30,000 more children with SAM, compared to the same period of 2018, contributing to the reduction of the fatality rate for children under five with SAM. This is attributed to scaled-up Community Management of Acute Malnutrition programme, in coordination with the Nutrition Cluster.

¹⁶ 65,414 women, 284,646 men, 52,594 girls, and 98,937 boys, of which 9,255 people were from marginalized communities and another 24,996 displaced persons. Mainly male beneficiaries were reached by religious leaders during Friday (Jumma) Prayers.

¹⁷ 572,230 women, 293,917 men, 388,230 girls, and 336,028 boys

The management of severely malnourished children is provided by 214 mobile teams across the country, out of which, 174 (81 per cent) are supported by UNICEF. By the end of July 2019, 2,164,189 children under five years were screened for malnutrition in the health facilities and by community outreach workers.

UNICEF continues to assess and monitor the nutrition situation in Yemen. Out of the 22 planned SMART surveys nationwide, nine were completed in nine governorates between January and July 2019. These were conducted in Ibb, Sa'ada, Shabwa, Hajjah Lowland, Taiz Lowland, Abyan selected districts, Socotra, Hadhramout and Al Maharah. Five of the survey results indicated very high global acute malnutrition rates in 22 districts in Hajjah (17) and Taizz (5), which are above the 15 per cent WHO emergency threshold. These survey results will contribute to the forthcoming Integrated Food Security Phase Classification analysis scheduled for October 2019.

To prevent chronic malnutrition, UNICEF provided micronutrient powder supplementation to 882,105 children (31 per cent of target) between January and July 2019. The result of this activity appears low as it is centred on results from fixed health facilities, mobile teams, and primarily received reports from community health volunteers. It is anticipated that UNICEF will reach higher percentages with the implementation of the integrated outreach activities in the rest of the year and once data collection of all reports from community health volunteers has been completed or increased. A further 468,613 children aged 12 to 59 months received deworming medications and 1,425,202 PLW received counseling on Infant and Young Child Feeding (IYCF) which represents 85 per cent of the annual target, and 1,177,309 PLW received iron-folate supplementation.

To achieve the immunization program's elimination and control of vaccine preventable diseases, UNICEF continues its support to the Expanded Programme on Immunization (EPI) with procurement of 1,721,300 OCV doses and 837,000 Rota doses, emergency outbreaks vaccination activities, cold chain supply and raising public awareness about the benefits of vaccinations in protecting children against the dangerous of vaccine preventable childhood diseases. The EPI fixed health facility service delivery in July 2019 vaccinated 73,413 children, reaching total 323,910 children so far in 2019 (6 per cent of target) under one year with three doses of oral polio and Penta¹⁸ vaccines and 270,932 children (28 per cent of targeted) with first dose of measles and rubella (MR) vaccine. Low results for first seven months of 2019 as no polio and MR campaigns have taken place yet; only as part of routine vaccinations. Polio and MR campaigns are currently being planned. Furthermore, The cumulative result of MR vaccination is expected to be higher. Results are communicated from district to governorate, then processed at the national level, therefore results are communicated with delays. Additionally, 28,400 women were vaccinated with Tetanus Toxoid (TT)/ Tetanus diphtheria (Td) vaccines. The result of this activity appears low as polio vaccines were provided as part of routine vaccinations. A polio campaign is currently being planned to be implemented.

During late June and early July, the nine governorates in the areas controlled by the internationally recognized government implemented the first round of the integrated outreach. Vaccination and health teams, equipped with a package of integrated vaccination, nutrition, child, maternal and new-born and reproductive health services delivery, were deployed to bring these services close to communities and people living in tier 2 and 3 of the facilities' service catchment areas. 27,438 children and 8,876 women were reached with EPI vaccination services.

During the reporting month, UNICEF procured Rota vaccine for 0.7 million children under one year across Yemen, to gain immunity against rotavirus diarrheal infections. As part of supporting and strengthening the health system, UNICEF has procured 311 Solar Direct Drive (SDD) refrigerators to be delivered. The SDD aims to mitigate the prolonged frequent power supply outages and ensure optimal vaccine storage.

In responding to the emergent outbreaks of diphtheria, UNICEF in partnership with the Ministry of Public Health and Population (MoPHP) and WHO, implemented a Td/Penta outreach vaccination campaigns against diphtheria in six governorates in the areas

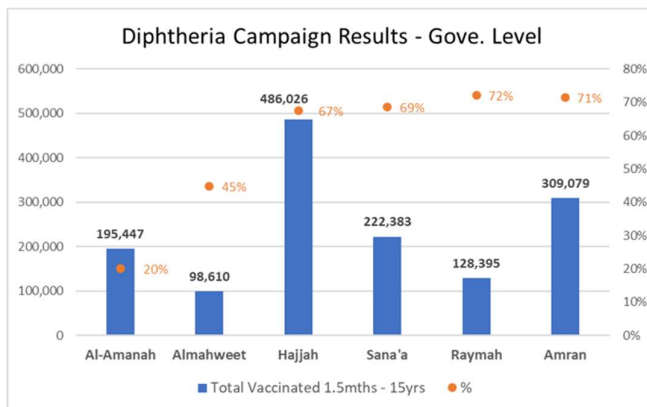


©UNICEF Yemen/2019. More than 16 tons of vaccines arrived to Sana'a International Airport. More than 2 million people will be reached with lifesaving vaccines.

¹⁸ Five antigen vaccines in one formula use to protect against Diphtheria, Pertussis, Tetanus, Hib A and Hepatitis B.

controlled by the de-facto authorities. A mixed static and outreach vaccination strategy were adopted and UNICEF supported the social mobilization and communication activities prior to and during the vaccination days. As a result, 506,628 children under 5 years vaccinated with Penta and 933,312 children between five and 15 years were vaccinated with Td vaccine.

The UNICEF diphtheria intervention is not limited to prevention through vaccination but extends to provide curative service to manage admitted cases of diphtheria. UNICEF established one isolation center in the Dhamar governorate. Additionally, UNICEF procured equipment for nine isolation centers to be functional.



As part of integrated child health, 268,587 children under five have been provided with Integrated Management of Childhood Illness (IMCI) services in July 2019. Among those, 29,384 children were treated against pneumonia, through fixed health facilities and outreach workers. Supportive supervision and data collection is also regularly conducted from the district, governorate and central levels. During the reporting period, UNICEF has been distributed IMCI supplies to treat over 250,000 children under five with pneumonia and 300,000 children under five with diarrhoea.

In coordination with the MoPHP, WHO and UNFPA, UNICEF supported the review and updating of Yemen’s reproductive health strategy for Maternal, New-born, Advocacy and Behaviour Change Communication (2019 - 2022). UNICEF, in partnership with MoPHP, also reviewed the maternal and new born health essential drug list that includes 42 obstetric, neonatal emergency medicines and seven family planning methods; the list was endorsed by the MoPHP.

Water, Sanitation and Hygiene (WASH): During the reporting period, WASH programme continued its support to both, immediate life-saving needs of the affected people, as well as system preservation across the country. The humanitarian interventions focused on AWD/suspected cholera affected areas, acute malnutrition children needs and influx of the IDPs.

Over 50 per cent of IDPs living in host sites without access to safe, functioning toilets and are thus at greater risk of malnutrition and diseases such as cholera. IDP response remained as a priority and reached to over 140,000 IDPs in Hodeitda, Hajjah, Aden, Lahj and Abyan in July 2019. UNICEF provided IDPs with emergency water trucking, construction of emergency latrines, distribution of hygiene kits and hygiene promotion. Also, WASH team reviewed the ongoing IDP response strategy and an IDP minimum package, in order to standardize the package and increase the coverage of WASH responses to IDPs. Furthermore, jointly with nutrition programme provided WASH services in the Integrated Food Insecurity Phase Classification, Phase 5 locations – 13 governorates¹⁹ with populations experiencing catastrophic conditions.

UNICEF continued its support the operation and maintenance of the water supply systems both in major cities and rural areas, ensuring provision of safe drinking water for over 2.3 million people in both host communities and IDPs, through provision of fuel, electricity, spare parts, alternative energy options and disinfectants for bulk and water tanks chlorination.



©UNICEF Yemen/2019. A boy in Hajjah has now access to clean water after UNICEF installed new water networks in the city as part of the emergency health and nutrition project.

This support also includes the continuous support to the operation and maintenance of the wastewater treatment plants and solid waste management at community level, through the provision of fuel, electricity, spare parts and emergency maintenance of sewage systems. In addition, work is underway for the rehabilitation and augmentation of the water and sanitation projects across Yemen at nearly 70 locations.

Detailed strategy for sanitation has been finalized to provide scaled-up and preventive sanitation projects in rural, urban and peri-urban locations in the coming years. Furthermore, potential associated risks have been identified and its mitigation strategy has been in place. In July, UNICEF supported the Ministry of Water and Environment on reviving the donor coordination group on developmental agenda of WASH.

¹⁹ Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Mahwit, Amran, Hadramout, Hajjah, Ibb, Lahj, Sa'ada and Taiz

Child Protection: Despite ongoing operational challenges, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war reaching 106,932 conflict-affected people in July 2019. This includes 51,795 children²⁰ and 55,137 adults²¹ across four governorates. Mine Risk Education was delivered in schools and in child-friendly spaces, as well as through community campaigns.

During the reporting period, psychosocial support was provided to 38,909 people²² in 15 governorates through a network of fixed and mobile child-friendly spaces to help them cope with the immediate and limit long-term consequences of their exposure to violence.



©UNICEF Yemen/2019/ Mahmood Mohammed Ibrahim, 11 years old, got injured by a mine in Hudaydah and is now being treated at UNICEF-supported prosthetic centre of Aden.

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. 1,538 children²³ were identified by case managers who were trained with case management standards operating procedures and referral pathway developed by UNICEF. Of those 1,538 children, 1,508 children²⁴ (98 per cent of identified cases) were provided with interventions on victims' assistance, individual counseling, family tracing, reunification with families, economic empowerment and livelihood support, legal services, education services, and medical services.

Education: To provide a better learning environment for children, during the month of July, UNICEF along with its partners completed the rehabilitation of one school in Al-Sadda district in the Ibb Governorate and rehabilitation of WASH facilities in 18 schools in the Taiz and Ibb Governorates, benefitting 21,936 students²⁵. Additionally, UNICEF supported the construction of 49 semi-permanent classrooms in 33 schools in the Marib Governorate, to provide alternative learning opportunities to 12,634 internally displaced children²⁶. UNICEF supported the repair of 100 school desks of a boys' school in Al-Dhihar district in the Ibb Governorate. To support the scale-up of rehabilitation of conflict-affected schools, technical needs assessments and tendering processes are ongoing in several governorates across the country.

UNICEF has supported training on active learning, and training on pedagogical and classroom management skills for 150 teachers and training of school management skills for 100 school headmasters in Al-Buraika district in the Aden Governorate, enhancing their capacity to respond to the education needs of their students.

Social Inclusion: In July 2019, UNICEF supported the Social Welfare Fund to distribute Basic Hygiene Kits (BHKs) to the Muhamasheen communities as part of the Integrated Model of Social and Economic Assistance (IMSEA) project. 7,468 BHKs were distributed benefitting 37,340 people²⁷ including the IMSEA beneficiaries (slums dwellers) in the Amanat Al-Asimah and Sana'a Governorates. BHKs were also distributed to households who appealed during the registration phase to be included in the IMSEA project phase II. This activity is a response to recommendations of the WASH technical assessment which highlights the need to enhance the personal hygiene status of the slums dwellers and Muhamasheen communities including provision of BHKs as well as raising the awareness about personal hygiene. This comes highly important as Cholera spreads in the slums. This activity was implemented with close coordination with the UNICEF WASH programme.

²⁰ 21,061 girls and 30,734 boys

²¹ 24,876 females and 30,261 males

²² 5,819 females, 4,713 males, 13,603 girls and 14,774 boys

²³ 573 girls and 965 boys

²⁴ 561 girls and 947 boys. Those include 39 children who accessed victims' assistance (14 girls and 25 boys) 880 children who accessed individual counselling (371 girls and 509 boys), 109 children who accessed family tracing (33 girls and 76 boys), 47 children who were reunified with their families (17 girls and 30 boys), 302 children who accessed economic empowerment and livelihood support (96 girls and 206 boys), 22 children who accessed legal services (3 girls and 19 boys), 130 children who accessed education services (42 girls and 88 boys), and 230 children who accessed medical services (94 girls and 136 boys). Some of these children were referred to and accessed more than one service.

²⁵ 10,318 girls and 11,618 boys

²⁶ 6,191 girls and 6,443 boys

²⁷ 8,943 females, 7,224 males, 11,107 girls, and 10,565 boys



©UNICEF Yemen/2019/Suad Fadhel Al Khalidi. A young girl taking part in cholera sensitization session organized by UNICEF Social Policy programme and its local partners.

The communication for change campaigns continued in the IMSEA targeted slums in Amanat Al Asimah and Sana'a. The campaigns aim at promoting behavioural change by adoption of and sustaining the best practices. The focus this month was on the importance of environment and personal hygiene, handwashing and Cholera. The community mobilizers conducted individual and group educational sessions and reached 6,738 individuals from 1,335 households.

In addition, the Consultation Committees (CCs) led a community-based cleaning campaign in the 19 target slums in the Amanat Al Asimah and Sana'a Governorates. These campaigns were carried out by 107 community volunteers for seven days in each slum, to complement the distribution of BHKs. The campaigns have resulted in cleaning the slum territories to eliminate the risk of cholera and provided income/incentives for slum dwellers, who were engaged in the initiative.

During the reporting period, a refresher training was conducted for the community mobilizers, whose role is to promote behavioral change with a focus on key best practices in health, nutrition, WASH and education. The training aims at strengthening the community mobilizers role, focusing on refreshing their knowledge on UNICEF's key best practices, their achievements and the challenges of their work and the way forward. A similar exercise was conducted with the CCs, where seven meetings were held with the goal to assess the role of CCs in community engagement, the challenges and the way forward. Also, UNICEF facilitated a meeting with case managers. The meeting was devoted to refresh the knowledge of the case managers and their supervisors on case management and discussing the case management code of conduct. Through these meeting and trainings, the previous period of their work was assessed, and corrective actions were proposed to enhance their role and provide technical support to these key actors.

In parallel, UNICEF supported the operationalization of the Grievance Redressal Mechanism, to ensure all IMSEA components have been implemented in a very transparent and accountable manner. The total received grievances is 1,791 through the project call centre²⁸. While 46 per cent of total calls were complaints from beneficiaries on different activities of the programme, 55 per cent were appeals from those who want to be enrolled in the project. To date, 86 per cent of complaints have been addressed while appeal cases will be investigated in the complementary registration survey that will be conducted at the end of 2019.

In July, UNICEF supported Ministry of Planning and International Cooperation in publishing the 43th edition of the [Yemen Socio-Economic Update](#), which is a key national source of social and economic information in Yemen.

Communication for Development (C4D): In the sub-districts in Amanat Al Asimah Governorate, UNICEF supported the Ministry of Endowment in mapping water sources in mosques used by communities and households nearby. These water sources such as Sabeel (charity) tanks, wells, piped water networks informed the WASH response of replacing the obsolete and unhygienic tanks as well as ensuring that these containers are regularly chlorinated. UNICEF supported trainings of attendants in promoting water, hygiene and cholera prevention practices, and strengthening interpersonal communication skills.

In partnership with the Ministry of Education, UNICEF provided a training programme on positive hygiene practices and social change to over 600 school health focal points, mostly school teachers. To promote positive hygiene practices, those focal persons have engaged with children in 149 schools as well as engaging with children and their families through innovative child to child approaches during the summer vacation. Summer holidays are over.

In the Taiz and Ibb Governorates, 166 facilitators from 28 child friendly spaces were trained on communication and AWD/cholera prevention practices to support children and their families who visit these centres. Interactive entertainment activities including mobile cinema and performances by comedian and actors were organised in public spaces such as gardens and streets in Amanat Al Asimah, Dhamar city, and Amran city, reaching an estimated 120,000 people, mainly children and their parents.

²⁸ Through the GRM, beneficiaries can dial a free-toll number to register their complaints and appeals.

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 July, UNICEF along with UNFPA and WFP, reached 117,278 newly displaced 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 the Hajjah, Al Hudaydah, Taizz, and Al Dhale Governorates.

Supply and Logistics: The total value of supplies delivered in July 2019 amounted more than \$17 million with total weight and volume of 3,467 metric tons and 9,868 cubic meters respectively. Their delivery was completed with one dhow to Al Hudaydah, one Logistic Cluster ship to Salalah, and two planes to Aden and Sana'a.

Media and External Communication: The overall media coverage featuring UNICEF, children and the humanitarian situation in Yemen has increased by 14 per cent in July, comparing to last month. UNICEF was featured in almost 25 per cent of the general coverage on traditional media and in 25 per cent of the content circulated on social media. Local media reported on UNICEF issues at 33 per cent, followed by 30 per cent in regional Arabic media, 7 per cent in international English media. An increase in the interaction with international English media is noted at 80 per cent and at 42 per cent for local media.

In terms of advocacy campaigns and taking the opportunity of the global UNICEF parenting month, UNICEF Yemen published a series of reports on [Parenting in a war zone](#), pursuing its efforts to raise awareness on the situation of women and children at birth. In a press release published on 24 July on [unconditional cash assistance](#), UNICEF announced that nearly 9 million people across Yemen have been reached with emergency cash assistance in the fifth payment cycle by UNICEF to help meet their urgent needs as the conflict in the country enters its fifth year. UNICEF Yemen reacted to the killing and injury of children later this month, emphasizing that [children should never be the target](#) of violence. UNICEF Yemen also promoted the [diphtheria vaccination campaign](#) on its social media platforms that reached 1.3 million children between 6 months and 15 years of age in Amanat Al Asimah governorate.

UNICEF Yemen pursued its digital engagement efforts, with social media content highlighting UNICEF humanitarian response in Yemen, including cholera response, health, water, sanitation and hygiene, communication for development, child protection and provision of emergency services to displaced populations.

One of the successes of the month was the digital campaign around the [community health workers exhibition](#) organized jointly with the European Union in Brussels, which gathered 476,960 interactions on all UNICEF Yemen social media platforms.

This month, the [top tweet](#) gathered more than 136,000 impressions, with photos of newly installed water networks in Hajjah governorate. On Facebook, the [top post](#), with over 55,000 impressions, covered the cash incentives project for teachers and school-based staff.

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 is aligned with the Yemen Humanitarian Response Plan, and so far in 2019 UNICEF has received contributions totalling over \$172.6 million. In July 2019, UNICEF received \$2.4 million of contributions from UNICEF's National Committees including Austria, Denmark, Luxembourg, Belgium, Croatia, Czech Republic and United Kingdom; however, a funding gap of \$158.4 million remains. Without this funding, UNICEF will be unable to reach all the children in urgent need of assistance. 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.

SOCIAL MEDIA HIGHLIGHTS (JULY 2019)	
TWITTER	
New Followers	2.1K
Tweets	1.1M
impressions	
Top tweet	136.2K impressions
Total tweets (Arabic/English)	88
Profile Visits	14.3K
Total mentions	594
FACEBOOK	
Total posts (mostly bilingual)	54
Net new page likes/ followers	1.7K
Total reach	431K people
Key post	55.6K people reached
INSTAGRAM	
Total posts (Arabic/English)	57
Number of followers	8.5K followers
Top post	3.7K impressions

Funding Requirements (as defined in the revised Humanitarian Appeal of 2019 for a period of 12 months)							
Appeal Sector	2019 Requirements (\$)	Funding Received Against 2019 Appeal (\$)	Carry Forward From 2018 (\$)	Other Allocations Contributing Towards Results (\$)*	2019 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	124,678,000	36,881,787	22,505,261	20,500,890	79,887,938	44,790,062	36%
Health	85,788,673	10,825,827	22,074,642	24,487,066	57,387,535	28,401,138	33%
Water, Sanitation and Hygiene	135,000,000	35,752,704	34,775,718	19,153,893	89,682,315	45,317,685	34%
Child Protection	38,348,211	6,573,707	11,766,930	1,600,000	18,340,637	20,007,574	52%
Education	106,000,000	72,055,785	31,116,985	2,504,291	105,677,062	322,938	0%
Social Policy	14,009,396	1,181,179	421,074	3,600,000	5,202,253	8,807,143	63%
C4D	10,857,795	974,961	5,059,736	5,915,188	6,034,697	4,823,098	44%
RRM	21,000,000	6,580,037	6,683,055	-	13,263,092	7,736,908	37%
<i>Being allocated</i>		1,808,694			1,808,694	1,808,694	
Total	535,682,075	172,634,681	134,403,401	77,761,327	377,284,222	158,397,853	29%

*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 July 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: 28/09/2019

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- July 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	159,472	27,956 ▲	321,750 ¹	159,472	27,956 ▲
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	2,403,337	1,682,336	1,425,202	348,904 ▲	1,514,102	1,425,202	348,904 ▲
Number of children under 5 given micronutrient interventions (MNPs)	4,766,718	2,860,031	882,105	256,340 ▲	2,860,031	882,105 ²	256,340 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,290,047	52,155	7,813 ▲	4,290,047	52,155 ³	7,813 ▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					942,842	270,932 ³	53,011 ▲
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	323,910 ²	73,413 ▲
Number of children under 5 receiving primary health care					1,575,000	1,095,245	161,468 ▲
Number of pregnant and lactating women receiving primary health care					841,097	638,461	104,057 ▲
WASH							
Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	5,926,465	267,707 ▲	6,000,000	5,391,465 ²	267,707 ▲
Number of people gaining access to emergency safe water supply		1,703,359	890,574	290,815 ▲	1,000,000	586,915 ³	231,619 ▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	570,080	50,866 ▲	800,000	471,992	34,800 ▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981 (BHKs)	366,246	44,372 ▲	800,000	188,319 ⁴	8,659 ▲
		5,332,045 (CHKs)	4,766,184	553,841 ▲	4,000,000	4,640,600 ⁵	553,841 ▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection ¹		4,202,324	12,735,490	2,597,079 ▲	3,500,000	12,497,672	2,597,079 ▲
CHILD PROTECTION							
Percentage of MRM incidents verified and		90%	80%	8% ▼	90%	80%	8% ▼

documented from all the reported incidents							
Number of children and caregivers in conflict-affected area receiving psychosocial support		882,268	417,634	39,258 ▲	794,825	370,283	38,909 ▲
Number of children and community members reached with lifesaving mine risk education messages ¹		1,684,106	1,642,376	106,935 ▲	1,365,128	1,631,260	106,932 ▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	9,122	1,553 ▲	10,345	8,775 ²	1,508 ▲
UNICEF staff and implementing partners trained on Protection from Sexual Exploitation & Abuse (PSEA)					500	701 ³	-

EDUCATION

Number of affected children provided with access to education via improved school environment and alternative learning opportunities		891,352	649,204	81,441 ▲	816,566	216,464 ¹	35,524 ▲
Number of affected children receiving psychosocial support services and peace building education in schools		1,794,689	295,924	-	170,000	33,524 ²	-
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	96,328	4,117 ▲	996,994	15,251 ³	-
Number of teachers/staff in schools (in a total of 10,331 schools) will receive incentives		135,359	449,445 ⁴	127,157 ▲	135,359	449,445	127,157 ▲

Social Policy

Number of targeted marginalized/excluded benefiting from emergency and longer-term social and economic assistance (through case management)					175,000	78,494	9,038 ▲
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RRM

Number of vulnerable displaced people receiving RRM kits within 72 hours of trigger for response					2,000,000	939,327	117,278 ▲
Number of vulnerable persons supported with multipurpose cash transfer					350,000	62,861 ¹	-

C4D

Affected people reached through C4D integrated efforts in outbreak response and campaigns					6,000,000	5,431,101	1,590,405 ▲
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices					5,000	3,520 Reflect narrative	600 up-

Footnotes

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

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

<p>Nutrition 1: The SAM target has been revised as part of the HAC revision in April 2019 and is now higher than that of the Cluster and the minimum number of SAM children targeted under the 2019 Humanitarian Response Plan. The UNICEF target increased from 80 per cent to 90 per cent of estimated SAM caseload for 2019 (which is estimated at 357,487 cases). UNICEF contributes to 100 per cent of SAM targets at the community level.</p>
<p>Nutrition 2: The result of this indicator appears low as it features results from fixed health facilities and mobile teams only. However, almost half of the results of this indicators are attributed to the community health volunteers (CHVs) and the integrated outreach activities. The reports of CHVs are collected only on quarterly basis (however, reports for Q2 have not yet been received at time of report preparation) and the integrated outreach is yet to be implemented.</p>
<p>Nutrition 3: Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.</p>
<p>Health 1: A nationwide Measles and Rubella vaccination campaign held in January has been very successful and reached a high number of children.</p>
<p>Health 2: Low results for first seven months of 2019 as no polio campaign has taken place yet; only as part of routine vaccinations. A polio campaign is currently being planned.</p>
<p>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.</p>
<p>WASH 1: This year there have been a higher number of suspected cholera cases than the usual trend in previous years. Therefore, the original planned target is much lower than the current need, and this is reflected in the over-achievement of the targets.</p>
<p>WASH 2: Due to an upsurge and increase of expected cases of AWD/suspected cases in Q1 2019, the operational plan for water supply was scaled up to ensure safe drinking water in the affected area. This has led to an over-achievement of this indicator at the mid-year point.</p>
<p>WASH 3: This number has not included the results on water supply chlorination in Amanat Al Asimah and Al Hudaydah, as it was not tracked during the monitoring period.</p>
<p>WASH 4: This indicator has been under-achieved as it is based on the IDP settlements and needs which have been less than anticipated. It is expected that the reach of BHKs will increase in the next quarter as the IDP strategy and guidelines are reviewed. The target will also be reviewed in the upcoming HAC revision based on needs.</p>
<p>WASH 5: This year there have been a higher number of suspected cholera cases in first half of the year than the usual trend in previous years. Therefore, the RRTs scaled up their response to deliver CHKs to break the transmission of the outbreak, resulting in over-achievement of this indicator at the mid-year point. This target will be reviewed in the upcoming HAC revision.</p>
<p>Child Protection 1: The target number of this indicator is planned to be updated, aligned with the HAC to be updated.</p>
<p>Child Protection 2: There is significant achievement for this indicator, due to an over-achievement of the provision of victims' assistance. This is in part due to large numbers of children sustaining injuries as a result of the conflict, in comparison to planned targets. Furthermore, the unit cost for victims' assistance is sometimes lower than planned when a victim does not require the full package of services, enabling partners to reach more children in need.</p>
<p>Child Protection 3: This indicator has been over-achieved because more staff members and partners have engaged in the training than initially planned.</p>
<p>Education 1: This indicator is under-achieved because the process of identification and technical assessment of affected schools is taking more time than expected. In addition, some schools within the planned target are part of a suspended grant, which is pending donor approval for reprogramming.</p>
<p>Education 2: This indicator has low achievement because it can now be implemented in the areas controlled by the internationally recognized government only, as authorities in the areas controlled by de facto authorities have not approved it. Alternatively, UNICEF will resume the PSS interventions in the child friendly spaces within the communities in the areas controlled by the de facto authorities.</p>
<p>Education 3: The procurement of learning supplies is through an offshore supplier; the supplies are currently in the pipeline and the plan is to distribute school bag kits at the beginning of the coming school year (Q3).</p>
<p>Education 4: This is the monthly progress rather than cumulative figure. The amount is the number of teachers who received the incentive in the last payment cycle, which took place in May 2019.</p>
<p>RRM 1: Due to delay in reporting figures to this indicator, the results for July will be accumulated to the Situation Report for the next month.</p>