

Update on the context and situation of children

In 2019, as the world marked 30 years of the Convention on the Rights of Children, Yemen entered its fifth year of armed conflict with a devastating toll on children's lives. Drivers of the crisis include insecurity and violence, displacement, sparse basic services, and insecure access to food and livelihoods.

By February 2019, it was estimated that at least 24.1 million people (80 per cent of the population) needed humanitarian assistance, including 12.3 million children^[1]. This was an increase of 27 per cent compared to 2018^[2]. Since the conflict started in 2015, around 4.3 million (15 per cent of the entire population) have been forced to flee their homes. As of end December 2019, a total of 3.3 million people were still displaced of which 368,268 individuals were displaced between January and October 2019^[3].

Despite the December 2018 Stockholm Agreement between the Internationally Recognized Government of Yemen (IRG) and the Houthis or Ansar Allah, high levels of conflict persisted in the north throughout the year. Similarly, the signed November 2019 Riyadh Agreement between IRG and the Southern Transitional Council (STC) security forces did not make any noticeable improvement in the south. According to data from the Armed Conflict Location and Event Data Project (ACLED), the frequency of battles remained steady throughout 2019, after a spike in December 2018.

Humanitarian access was an ongoing concern throughout 2019. From February to September 2019, humanitarian partners reported 1,259 access incidents across 164 districts in 21 governorates affecting nearly 5 million people, including 2.4 million children^[4]. Beside insecurity and fighting, access was predominantly impacted by bureaucratic restrictions, including extensive interference in humanitarian operations, restriction of movement across the country, visa and clearance issues and delays in the approvals of projects from relevant authorities. In 2018, only 420 access-related incidents^[5] were reported, thus reflecting a worsening access environment in Yemen. This is notably owing to the fluid political and security situation in southern Yemen and a further deteriorating operating environment in northern Yemen. The northern Yemen situation was further exacerbated with the establishment of the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) in October 2019 with a Presidential decree that has 24 articles which allow for its control over humanitarian and development programmes.

Impact on Children

Because of collapsing public institutions, people's access to essential services such as water, sanitation, health care and education were further constrained. Only 55 per cent of all health facilities (2,500 of the estimated 4,500 facilities) were fully functional in 2019, and even these faced severe shortages in medicines, equipment, and staff. Approximately 19.7 million people, including 10 million children, needed health assistance in Yemen – an increase of 3.1 million people compared to 2018^[6]. Assessments indicate that 203 of Yemen's 333 districts face levels of severe need due to poor access to health services, displacement and deteriorating socio-economic conditions^[7].

Given low immunization rates, the breakdown in health infrastructure and mass population movement, the potential for spread of infectious and vaccine-preventable diseases, such as cholera and measles, was high throughout 2019. From 1 January till 15 December, a total of 833,966 cases of acute watery diarrhoea/ suspected cholera were recorded, with an attack rate of 259/ 10,000; 1,018 deaths; and a case fatality rate of 0.12 per cent. Children were among the worst affected by Acute Water Diarrhoea (AWD) / suspected cholera, with half of all cases occurring among children under the age of 14.

Nearly 368,212 children under five years suffered from severe acute malnutrition (SAM), and required treatment. SMART surveys carried out between 2016 and early 2019 showed the national Global Acute Malnutrition in 2019 to be 11.6 per cent. The data revealed huge geographic disparities, with the west coastal lowlands having wasting rates of over 15 per cent. The mapping of hard-to-reach districts shows significant overlaps with the locations that had highest levels of acute malnutrition. The high prevalence of both chronic and acute malnutrition in Yemen is underpinned by a complex and interconnected set of structural causes largely associated with widespread poverty and associated food insecurity. This is further exacerbated by insufficient access to clean water and sanitation and a high prevalence of diarrhoeal disease in addition to sub-optimal infant and young child feeding (IYCF) practices.

An estimated 17.8 million Yemenis needed humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million were in acute need. This meant that at least half of the total population in Yemen were struggling to access water and sanitation services.

Children carry the heaviest burden of the conflict in Yemen. With most families unable to meet their basic needs, many are resorting to negative coping mechanisms such as marrying off their girls at a younger age and sending children into

exploitative labour including the recruitment of children into armed groups. Between January and October 2019, the country task force on Monitoring Reporting Mechanism (MRM) documented 755 incidents of grave violations against children, in which 88 per cent (654) of the incidents were verified. The verification of grave violations included 562 children killed and maimed (410 boys; 152 girls), 527 boys and 41 girls recruited and used by various parties to the conflict and 27 attacks on schools and hospitals (21 schools; six hospitals), perpetrated by various parties to the conflict. Land mines and Unexploded Ordnances remained the highest causes of killing and maiming in 2019.

In 2019, some 2 million children were out of school, out of which an estimated 400,000 were due to the conflict, depriving them of an education and exposing boys to child recruitment and girls to child marriage with a devastating impact on their physical and psychological well-being. An additional 3.7 million children were at risk of being out of school as teacher salaries in parts of the country have not been paid in over three years. This affected an estimated 143,000 teachers (67 per cent of teachers in Yemen) that live and work in governorates under control of de-facto authorities. Obstacles to improving access and learning achievements in school included deeply rooted cultural norms, a nationwide gap of infrastructure with an estimated 2,000 schools unfit for purpose (destroyed, damaged, occupied), insufficient or inadequate teaching and learning materials and a lack of teachers (including female teachers).

These dire conditions were compounded by the collapse of the purchasing power of millions of Yemenis caused by several factors, including a significant diminishing of employment and income opportunities, severe fuel shortages resulting in increases of food prices, and a continued depreciation of the Yemeni Riyal.

To address these issues, UNICEF Yemen continued to invest in institutional and community-based systems focusing on children's survival, growth and development, while ensuring the provision of humanitarian assistance. UNICEF Yemen partnered with both humanitarian actors and public sector at decentralized level and targeted the most vulnerable children affected by the crisis through multi-sectoral response to their health, nutrition, WASH, education and protection needs. UNICEF has been progressively strengthening its focus on system strengthening, particularly in relation to health, WASH and education.

[1] Office for the Coordination of Humanitarian Affairs, 'Yemen: 2019 Humanitarian Needs Overview', December 2018.

[2] Office for the Coordination of Humanitarian Affairs, 'Yemen: 2018 Humanitarian Needs Overview', December 2017.

[3] IOM Rapid Displacement Tracking Report - Yemen: October 2019

[4] Office for the Coordination of Humanitarian Affairs, "Yemen – Humanitarian Access Snapshot – December 2018 to January 2019 & April to September 2019 (quarterly updates)"

[5] Office for the Coordination of Humanitarian Affairs, 2018 Humanitarian Response Plan End Year Report, August 2019

[6] Office for the Coordination of Humanitarian Affairs, 'Yemen: 2019 Humanitarian Needs Overview', December 2018.

[7] Ibid.

Major contributions and drivers of results

In 2019, UNICEF Yemen mobilized US\$ 856.5 million for the Country Programme, including carry-over from 2018 (US \$107.5 million). A significant amount of the funds came through the Humanitarian Action for Children (HAC) appeal (US\$ 449.4 million) as well as World Bank contributions for the emergency health and nutrition programme and the Emergency Cash Transfer (ECT) programme to the most vulnerable households in Yemen.

In 2019, UNICEF Yemen conducted a comprehensive review of its programme and operations footprint to stay fit for purpose for every child in Yemen. In addition, and in its continuing efforts to strengthen risk identification and management measures, UNICEF conducted an audit of its operations covering the period January 2017 to March 2019. The programme review and the audit recommendations combined resulted in a series of programme strategic shifts and risk mitigation measures implemented from the second half of 2019 onwards.

Goal Area 1- Every Child Survives and Thrives

Yemen's health system has been gradually collapsing since the crisis started in 2015 with serious implications on the availability of quality services, access and utilization of health services. Specific interventions on system preservation and strengthening were structured around UNICEF's comparative advantage and focussed on support to the functionality of primary health facilities and community-based networks and health force. UNICEF covered the operational costs of 2,500 primary health facilities to remain open and functional. Community Health Workers (CHWs) networks were established to provide a comprehensive package of health and nutrition services, including integrated community case management (ICCM) of common childhood illnesses covering major killers including pneumonia, diarrhoea and SAM. UNICEF advocated effectively for the newborn care as a priority and brought it onto the Government's agenda. Essential newborn care and care of the sick newborn was scaled up from 8 to 18 governorate level hospitals.

To prevent excess mortality among children and women, UNICEF Yemen continued its focus on provision of life-saving interventions through community-based activities for affected populations and on sustaining access to a set of high-impact preventive and curative services at community and facility levels. The outreach activities and mobile teams provided antenatal and postnatal care to over 977,717 mothers (116 per cent of the planned target), including 213,282 births attended by Skilled Birth Attendant (SBA). Almost 1.9 million children under the age of 5 (122% of the UNICEF target) were treated for various childhood illnesses through the Integrated Management of Childhood Illness (IMCI) programme.

Immunization coverage increased for Penta3 (65 to 75 per cent), MR1 (55 to 65 per cent) and districts with 80 per cent DPT3 coverage (16 to 37 per cent) between 2018 and 2019. UNICEF supported solarization of facilities and provision of Solar Direct Drivers (SDDs) for improved cold chain storage, in addition to capacity building of governorate and district managers in Expanded Programme on Immunization (EPI) thereby strengthening information systems and responding to Vaccine Preventable Diseases (VPDs) outbreaks. In total, around 11.9 million children aged 6 months-15 years were vaccinated against measles in a nationwide mass campaign, reaching a coverage of 93 per cent. Three million children aged 6 weeks to 15 years (54 per cent coverage) were vaccinated against diphtheria in the north and 383,763 (89.8 per cent coverage) in the south.

UNICEF, in close coordination with WHO, supported the Ministry of Public Health and Population in Sana'a and Aden to vaccinate a total of 1.9 million children and adults above 1 year age (97% of the target) with Oral Cholera Vaccination (OCV) in seven selected high-risk districts. The OCV campaign reached 112.7 per cent and 73.9 per cent of children and adults above 1 year with 1 and 2 doses respectively. Nearly 40 per cent of the caseload of suspected cholera cases was catered for by UNICEF- through 70 Diarrhoea Treatment Centres (DTCs) and 987 Oral Rehydration Centres (ORCs).

UNICEF and partners continued to support the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners. By the end of October 2019, a total of 282,022 SAM children were enrolled in mobile and fixed Outpatient Therapeutic Programmes (OTPs), representing 88 per cent of the annual target and 79 per cent of the total burden in the country. The admission of SAM children in OTPs increased by 23 per cent in comparison to 2018.

The national geographical coverage of OTPs increased from 83 per cent at the beginning of the year to 89 per cent by the end of November 2019. Both in 2018 and 2019, Sphere standards were met with cure and default rates of 85 and 83 per cent, and 12 and 15 per cent respectively.

A total of 2,349,964 mothers benefited from Young Child Feeding (IYCF) consultations (140 per cent coverage).

Goal Area 2 – Every Child Learns

In 2019, the political context, capacity of counterparts and the fact that civil servants (teachers) have not received salaries in over three years were bottlenecks which adversely affected implementation of planned activities to support every child to learn in Yemen. Given that the impact of the crisis has been so devastating and detrimental to the functioning of the education sector, the focus of programming has primarily shifted from sector development to interventions designed to avoid total system collapse as well as delivering basic Education in Emergencies (EiE) to allow for some continuity for school aged children. A breakthrough this year was the approval of a 3-year Transitional Education Plan (TEP) for Education, as well as the Global Partnership for Education (GPE) Reprogramming III document, after more than 2 years of discussion.

Despite the challenges, UNICEF was able to provide basic education services across the country, including areas hardest hit by the conflict. UNICEF contributed to the provision of access to education to 253,406 children (131,961 girls and 121,445 boys), out of which 48 per cent were girls. It worked to strengthen the public schooling system and supported Ministry of Education (MoE) and local Education authorities' efforts with the rehabilitation of 13 conflict-impacted schools, construction of 124 semi-permanent classrooms, repair of WASH facilities in 142 schools and provision of school desks, benefitting 233,807 children. To reduce supply-side barriers, basic education materials including school-bag kits were procured for distribution to 676,200 students. In addition, around 1,864 teachers were trained on psychosocial support and are now

able to attend to the needs of around 61,732 students. Under the EiE response for sustained access and retention in school, UNICEF supported 564,809 (259,812 girls) children to sit for their exams.

To prevent the education system from collapse, UNICEF in collaboration with key sector partners, advocated for the payment of teacher salaries and initiated “*Cash Incentives to Support Teachers and School-based Staff*” project reaching 128,216 teachers and school-based staff, including temporary teachers, in 11 governorates, with incentives to cover transportation and other basic costs. These incentives were for the 2018/19 school year and were not a salary replacement. To increase female teachers’ workforce, continued payments of salaries for 2,300 Rural Female Teachers (RFTs) during the 2019-2020 school-year were advocated for by UNICEF and endorsed under GPE Reprogramming III.

To address the need for improved quality of Education, UNICEF supported various capacity development activities, such as training of 6,155 teachers on various topics, including child-centred approaches and active learning pedagogy. Hygiene promotion activities took place reaching over 91,220 children (45 per cent girls), positively contributing to the health of school-children and their learning environment. To improve school-governance, Father-Mother Councils in 400 schools (on average 5 members per FMC) and School Clubs in 120 schools were established benefitting an estimated 182,000 students (average of 350 students per school). Furthermore, out of 350 schools planned, 244 have received equipment for science and computer labs, procurement of remaining 106 is underway.

Goal Area 3 – Every child is protected from violence and exploitation

UNICEF’s programming environment for child protection throughout 2019 remained constrained in Yemen, with bureaucratic impediments and deeply rooted social norms intensified by the conflict. Given the de-facto authorities’ reluctance to engage on upstream systems building, UNICEF invested in strengthening the existing community-based mechanisms and provided services to 92 per cent of children or 21,275 (8,471 girls and 12,804 boys) who required case management compared to 46 per cent in 2018. This achievement was attributed to investment in capacity building of 896 social workers (349 women and 547 men) on case management, SOPs, referral pathways, and the case management database, and development of SOPs and referral pathways.

UNICEF reached a total of 856 children (201 girls and 655 boys) or 86 per cent of its target, with legal aid, alternatives to detention, and re-integration through investment in the Justice System, including rehabilitation of a juvenile court and partnership with the Ministry of Justice.

Psychosocial support (PSS) was provided to 565,682 community members including 480,690 children (242,635 girls and 238,055 boys) and 84,992 caregivers (56,780 women and 28,212 men) in 22 governorates through a network of fixed and mobile Child Friendly Spaces (CFSs) to help overcome the immediate and long-term consequences of their exposure to violence. Training materials were developed and used in health and nutrition centres for systematic referral of malnourished children who displayed signs of psychosocial distress to social workers.

To achieve better results and to holistically address the needs of children in Yemen, efforts were made to integrate sectors to improve impact and service coverage. Programmatic intersects between child protection, education and health included integrated programmes to provide psychosocial support to the children and their caregivers accessing health facilities and in schools. Vulnerable children were identified through experienced social workers visiting the health facilities regularly and by teachers, and were referred and provided with critical child protection services.

A total of 1,761,508 community members including 1,447,294 children (714,636 girls and 732,658 boys) and 314,214 adults (133,251 women and 180,963 men) received mine risk education through awareness raising campaigns in schools, Child Friendly Spaces (CFS) and communities across 20 governorates. This represented an overall achievement of 120% of UNICEF’s 2019 targets for Mine Risk Education (MRE).

Some 16,600 vulnerable children (6,542 girls and 10,058 boys) in need of critical child protection services and case management were identified by trained social workers and supported with at least 1 service including victim assistance, family tracing & reunification, Gender-Based Violence (GBV) responses, socio economic reintegration, legal aid, education, health and psychological first aid. UNICEF reached 160 per cent of its critical CP service provision targets. The overachievement is attributed to better trained social workers and clear referral mechanism established through the case management working group.

A total of 295,539 children (135,948 girls 159,591 boys) were supported with birth certificates (118 per cent of the 2019 target). Considerable progress was made by the Civil Registration Authorities (CRA) on establishing an electronic birth registration system and by the end of 2019. A third-party assessment established that the system was running at 85 per cent of its capacity in 44 registration points across four governorates, including 20 health facilities. The overall needs remained high when tallied with an estimate of 1 million new births per year. Printing and issuing of birth registration were hampered by the ongoing divide between two national administrations struggling to established authenticity.

Adolescents' needs were prioritized with life skills training ensuring they were at the forefront of changes within their communities. UNICEF Yemen adapted an intersectoral Adolescent country strategy that cuts across all UNICEF's programmes. A total of 23,014 adolescents (13,336 girls, 9,678 boys) in targeted schools and communities received life skills and knowledge on risks of child marriage, exploitative forms of child labour and the importance of education.

Goal Area 4 – Every child lives in a safe and clean environment

WASH programme pursued a dual pronged approach during 2019 to address the immediate basic human rights needs for commodities related to water and sanitation in the conflict-torn context of Yemen. The priority remained to achieve the humanitarian life-saving results for the children as outlined in the Yemen Humanitarian Response Plan (YHRP-2019) and Humanitarian Action for Children 2019. The WASH programme established a stronger linkage between humanitarian and development programming through strengthening the resilience of local institutions and capacity building of local communities to achieve results of durable solutions in a cost-effective manner.

UNICEF's WASH interventions covered 21 governorates in 296 districts (total districts in the country 333) both accessible and hard to reach (Taiz, Hajar, Marib, Al-Baiyda, Hajar and Hodeida) through the above-mentioned approach and achieved 85 per cent of the total WASH Cluster planned results for 2019. UNICEF responded to emergency needs of children, both for Internally Displaced Persons (IDPs), host communities, those affected by disease outbreaks, malnutrition and others.

As part of the integrated cholera response, UNICEF reached over 23 million people with household level water treatment and disinfection, of which about 9 million were children, in high risk cholera areas. This intervention contributed to containing the spike of the suspected cholera/AWD case during the reporting year through first-line emergency response of the RRTs. UNICEF provided for the disinfection of drinking water sources in rural and urban cholera affected areas benefiting about 2.6 million people, about 1.2 million of whom were children, representing 150 per cent of the target^[1]. Furthermore, 9 million people, about 4 million of whom were children, received consumable hygiene kits and received hygiene messages mostly in cholera affected areas.

UNICEF strengthened the capacity of local communities and institutions for more durable impacts in a cost-effective manner while addressing the root causes of many of the emerging WASH related diseases. This paradigm shift was initiated in 2018 and continued during the reporting year and provided water and sanitation services through reviving/preserving the existing infrastructure, both in rural and urban context. UNICEF provided improved and sustained access to drinking water to over 6.3 million people, nearly 1.8 million children, through a wide spectrum of activities including support to operation and maintenance and rehabilitation of public water systems, representing 105 per cent of the target. UNICEF provided improved access to sanitation services to over 3.7 million people across Yemen, nearly 1.7 million children, through support to wastewater treatment and solid waste management representing 120 per cent of the target. While these activities were essential to containing the cholera outbreak, these overlap with high risk malnutrition communities and conflict affected communities. Nearly 45 per cent of the targeted population were in high risk malnutrition communities and 100 per cent were conflict-affected.

UNICEF supported the authorities in the formulation of the National Water and Sanitation Sector Plan (NWSSP) for the period 2019-2021

UNICEF contributed to the preservation and sustaining of local WASH entities. The partnership modalities adopted, while reaching at scale across Yemen, strengthened local institutions despite many challenges. UNICEF presence at field level and at country level ensured technical assistance to the local entities for ensuring programme quality, including the training of 1,969 sector professionals.

Goal Area 5 – Every child has an equitable chance in life

The Integrated Model for Social and Economic Assistance and Empowerment (IMSEA) became fully functional during the reporting period. The model aims at addressing immediate needs of the poorest and most marginalized (slum dwellers) by providing them with socio-economic opportunities to enhance their livelihoods and strengthen resilience against shocks and stresses. More than 100,000 marginalized people benefited from the pilot IMSEA in Amanat Al-Asimah and Sana'a.

UNICEF provided technical support to the Social Protection Consultative Committee (SPCC), the main coordination platform to promote integrated and inclusive social protection systems both in the present humanitarian and future development contexts of Yemen.

Under the Emergency Cash Transfer Project managed by the UNICEF Programme Management Unit (PMU), three cash payment cycles were successfully implemented in 2019, reaching 1.5 million poor and vulnerable families in all

governorates and districts of Yemen despite constraints to access and current political and security situation in the country and benefiting almost a third of the country's population. About 48 per cent of those who collected the payment were female. The payment reached about 89 per cent of the targeted population that translates into around 9 million people nationwide. Findings from post-distribution monitoring activities across the three cycles showed that cash is mostly used by the families to meet immediate pressing needs, such as food, medical care, transportation and debt repayment.

UNICEF Yemen launched the Cash Plus initiative, in which cash provided by the Emergency Cash Transfer Programme was combined with provision and referral to basic social services and accompanied by awareness messages. The Cash Plus project was piloted in Amanat Al-Asimah governorate, where around 8,000 ECT beneficiaries' household members benefited.

UNICEF Yemen continued investing in evidence generation on the social protection systems, child poverty, and disparities and vulnerabilities of Yemeni children and their families. Yemen Socio-Economic Update (YSEU) were shared to inform senior management and programme staff on the key socio-economic developments in the country. A multi-sectoral Vulnerability and Needs Assessment (VNA) study which was conducted on people living in slums (Muhamasheen) was shared to extend the knowledge on the marginalized for more-informed and inclusive policy and programming. Perception Survey on the access of poor people to Social Services was conducted to complement a Social Service Mapping Survey which was conducted to inform the IMSEA case management. A Household Budget Survey report was finalised, an education investment case study and a child poverty simulation were conducted.

Partner capacity for social strategic and behaviour change communication programming was addressed through strengthening of knowledge and skills of staff of over 51 partner institutions who scaled-up context-specific and culturally appropriate social and behaviour change interventions reaching 10 million individuals through interpersonal communication interventions.

Through these partnerships, platforms for engagement were established for caregivers, particularly mothers with children under five on the essential family practices, to strengthen the outbreak response as well as build resilience to prevent and withstand outbreaks and other humanitarian emergencies. To date, about 300 Mother to Mother (Jadati) Clubs have been established across the five hubs, with each club member reaching out and engaging five neighbours after each group session.

Interpersonal communication approaches through trusted local volunteers such as religious leaders, teachers and other community volunteers were highly effective in mobilising and engaging caregivers and community influencers to adopt key prevention actions for the different outbreaks and preventable diseases, as well as motivating eligible communities to access services during vaccination campaigns. Mass media support, particularly television and radio as well as social media platforms such as WhatsApp helped to reinforce key messages, provide reminders as well as ensure regular dialogue and publicity on ongoing interventions to ensure that households adopt relevant prevention practices as well as the promoted essential family practices.

In all, 12 television and 33 radio stations were engaged reaching an estimated 15 million people with life-saving information and alerts about vaccination campaigns.

The partnership with religious leaders – especially with female religious leaders (Morshydat) was a critical resource in addressing rumours and misconceptions about vaccines.

Two rounds of the cholera Behaviour Indicators Monitoring (BIM) study were conducted in 9,800 households across 98 high risk cholera districts providing rich information to inform the cholera response and to strengthen context-specific messaging and engagement on key prevention behaviours. Qualitative evidence through Focus Group Discussions in specific communities helped to address the root causes and drivers of the spread of cholera.

UNICEF collaborated with other UN agencies and INGOs to efficiently deliver basic life-saving supplies and services in areas impacted by increasing armed violence through the Rapid Response Mechanism. From January to November 2019, over 1 million people were reached through this mechanism.

UNICEF Yemen developed contingency plans (CP) for all the five field offices to ensure an appropriate, timely response to ongoing and sudden emergencies. The plans foresaw prepositioning of supplies and Quick Impact Packages (QIP/ RRM), dedicated implementing partners, surge Human Resources and committed funding, which enabled rapid response in each hub at critical times during onset emergency.

To ensure that the needs of the affected population were realized in a harmonized, effective and timely manner, UNICEF, as cluster lead of WASH, Nutrition, Child Protection, and Education (together with Save the Children), dedicated full-time support to interagency planning, coordination and information management.

The CRC@30 was the pivot for advocacy on child rights in 2019. During the year several initiatives were undertaken to generate stories of children to reinforce advocacy. A partnership with the Ministry of Youth and Sports resulted in nationwide sports events for children to mark the CRC@30. Across the country, nearly 20,000 children in all the 22 governorates were able to participate in football and other games. UNICEF managed to bring together the Ministries of Youth and Sports in both the north and the south to work together in organizing the events and to give children an equal opportunity to play in a safe environment.

[1] *This year there have been a higher number of suspected cholera cases than the usual trend in previous years. Therefore, the originally planned target is much lower than the current need, and this is reflected in the over-achievement of the targets.*

Lessons Learned and Innovations

Key Constraints

Three overarching constraints hindered UNICEF programming across sectors: access constraints and security concerns; limited operational partners; and lack of reliable data.

Access constraints and security concerns: To leave no child behind it is essential for all children to be reached with services. Humanitarian access and projects clearances mostly in the North continued to be restricted by all parties to the conflict and by civilian authorities. Of the 24.1 million people that needed assistance, approximately 5 million (including 2.4 million children) lived in districts with access constraints. Security and safety of humanitarian staff continued to be a major concern, particularly in the North. From August to September alone, a total of 84 separate incidents of incidents of assault, intimidations, arbitrary detention and other forms of mistreatment were reported along with theft and looting of relief supplies^[9].

Limited partner capacity: In health, a high turnover of government staff and frequent mobility of health workers in local government areas and facilities required rebuilding capacity for health service delivery. In WASH there were limited partners to scale-up the programme. As a result, UNICEF has taken responsibility of over 75 per cent reach which also includes interventions of solid waste management. To improve this situation, UNICEF Yemen worked through local government area facilitators to provide in-service training and capacity building.

Lack of financial assistance in public sector remained a challenge as the government officials in social sectors continued services without regular salaries for the last 3 years. Although the Internationally Recognized Government resumed some salary payments to civil servants based in northern governorates in 2019, these were still incomplete, inconsistent, and as of early 2020 it is unclear whether they will continue.

Lack of reliable data: Due to a series of constraints, including restrictions in conducting independent assessment and monitoring, the humanitarian response to the crisis continued to suffer from a major lack of information, leading to inefficiencies in the design and targeting of humanitarian aid. Quality of data was also a major issue. Quality of epidemiological data from the Ministry of Public Health and Population led to most of the reported cholera cases being AWD cases. Significant efforts have been made by UNICEF and partners to address these information gaps using feasible and alternative data collection instruments. At the same time, there is a significant amount of programme related information available, particularly at the decentralized level, but this has not been analysed sufficiently. During the last quarter of 2019, UNICEF Yemen developed an information management strategy to address these issues. The strategy will be fully implementing in 2020.

Risk Management

As part of its regular audit calendar for its programmes and corporate approach to risk, UNICEF's Office of Internal Audit and Investigations (OIAI) conducted an audit of UNICEF's Yemen operations in March and April 2019, covering the period from January 2017 to March 2019. The audit report was officially released in November 2019. One of the key recommendations was the urgent need to better manage risks arising from partnerships in the high risk environment such as Yemen. The office's use of the harmonized approach to cash transfer (HACT) assurance activities was not considered fit

for purpose. As a result, from 1 November 2019, the risk profiles of all implementing partners were considered high risk until new enhanced 'HACT-plus' assessments re-establish the risk levels and appropriate funding modalities are applied accordingly. In the meantime, UNICEF will only be using direct payment and re-imburement modalities for all implementing partners. Further, all recurrent and scheduled payments are being directed for disbursement through the Amman-based Programme Management Unit (PMU). This measure applies to both INGOs/NGOs/CSOs and government entities.

UNICEF Yemen was fully HACT compliant. However, years of active conflict in Yemen have impacted governance, accountability and transparency structures. UNICEF's own programme scaled up rapidly in response to the urgent humanitarian needs from an annual budget of US\$ 100 million in 2014 to a budget of US\$ 879.5 million in 2019. Given the numerous complexities on the ground, key internal controls and risk management mechanisms were not as strong and fit for purpose as they should have been. The above mentioned measures were therefore taken to strengthen risk management.

Prior to the release of the audit report, and in complement, the UNICEF Yemen Office was already undergoing programmatic and operational changes following an in-depth internal programme review conducted from April to August 2019. YCO has already started implementing all these shifts including moving from system preservation to system strengthening particularly in the health (e.g. performance-based financing), education (e.g. infrastructure through GPE funding) and water sectors (e.g. solarisation). The review resulted in 9 key strategic programme and operational shifts:

1. Transitional approach from system preservation to system strengthening.
2. Shift towards prioritization of interventions to focus on quality of assistance – balance of at scale and targeted.
3. Integrate better risk-informed planning into the programme.
4. Significantly scale-up (appropriate) data collection and analysis.
5. Improve targeting and intensify actions to access hard-to-reach populations
6. Strengthen multisectoral programming.
7. Embed management of all periodic cash and voucher transfers within the PMU.
8. Increase focus on second generation programming
9. Gradually reposition C4D as a programme strategy rather than standalone programme.

Human Resource Challenges: In recruitment, attracting women candidates and industrial country candidates remained a challenge due to culture issues for national staff and security issues for international staff. Also, arranging visa for the international staff (IP) remained a constant challenge during the year 2019. It resulted in large number of vacant posts to be filled. By end December 2019, YCO had 40 per cent female staff and 60 per cent male staff with 24 per cent of IP staff from donor countries and 76 per cent from programme Countries.

[9] Office for the Coordination of Humanitarian Affairs, "Yemen – Humanitarian Access Snapshot – August to September 2019"