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UNICEF Yemen

UNICEF Yemen/2017

# Yemen

## Consolidated Emergency Report 2016

Prepared by:  
UNICEF Yemen  
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## Abbreviations and Acronyms

AMB	Al Amal Bank
AWD	Acute Watery Diarrhoea
CBY	Central Bank of Yemen
CCC	Core Commitments for Children
CFS	Child friendly space
CHV	Community Health Volunteers
CMAM	Community-based Management of Acute Malnutrition
CMW	Community mid-wives
CLTS	Community Led Total Sanitation
CPSC	Child protection sub-cluster
CSO	Civil Society Organization
DNA	Disaster Needs Assessment
EFSNA	Emergency Food Security and Nutrition Assessment
ERW	Explosive Remnants of War
GARWSP	General Authority for Rural Water Supply Project
GDP	Gross domestic product
GHN	Global Horizontal Note
GHO	Governorate Health Office
GEO	General Education Office
HAC	Humanitarian Action for Children
HACT	Harmonized Approach for Cash Transfer
HCTP	Humanitarian Cash Transfer Programme
HeRAMS	Health Resources Availability Mapping System
HF	health facilities
HNO	Humanitarian Needs Overview
HPF	Humanitarian Pooled Funds
HPM	Humanitarian Performance Monitoring
IDD	Iodine deficiency disorders
IDP	Internally displaced people
IMCI	Integrated management of childhood illnesses
IMO	Information management officer
IP	Implementing partner
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
LWC	Local Water Corporation
MAM	Moderate Acute Malnutrition
MNCH	Maternal, newborn and child health
MoE	Ministry of Education
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoWE	Ministry of Water and Environment
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanism
NGO	Non-governmental organization
NID	National Immunisation Day
OOSC	Out-of-school children
OTP	Outpatient Therapeutic Feeding Programme
PC	Program Criticality

PCA	Programme cooperation agreements
PCC	Project Coordination Committee
PDM	Post-distribution monitoring
PLW	Pregnant and lactating women
PM&E	Planning, Monitoring and Evaluation
PSS	Psychosocial support
RUTF	Ready-to-Use Therapeutic Food
RWP	Rolling Work Plan
SAM	Severe Acute Malnutrition
SC	Stabilization centres
SitRep	Situation report
SOP	Standard Operating Procedures
SUN	Scaling up nutrition Movement
SWF	Social Welfare Fund
TFC	Therapeutic feeding centres
TFPM	Task Force on Population Movement
TLS	Temporary Learning Spaces
TPM	Third party monitoring
UASC	Unaccompanied and separated children
UXO	Unexploded Ordnance
WASH	Water, sanitation and hygiene
YCO	Yemen Country Office
YHCT	Yemen Humanitarian Country Team
YHRP	Yemen Humanitarian Response Plan

## Executive Summary

Almost two years of conflict have left a disproportionate toll on civilians, affecting 21 out of Yemen's 22 governorates and exacerbating pre-crisis humanitarian needs. Continued shelling, aerial bombardment and ground fighting have resulted in countless civilian casualties, including children, as well as the destruction of civilian infrastructure like hospitals, schools, roads and bridges. The collapse of public services, particularly national health, water, sanitation, and social protection services is looming. Supplies of food, fuel and medicines are critically low and the lack of safe water and proper sanitation pose serious health risks to millions.

The conflict in Yemen and its grave impact on civilians continues to go largely under-reported, with inevitable consequences for humanitarian funding and the wider economy. A massive cash crisis threatens to limit the country's ability to respond to needs, and the Yemeni Rial has plummeted in value since 2015. Families are unable to afford the rising cost of basic services and commodities.

In this context, and despite numerous challenges, UNICEF's strategy continues to focus on delivering lifesaving services and supplies for the most vulnerable children and their families.

UNICEF has made every effort to support the collapsing health system, with health workers not paid for months at the time of writing and national budgets unable to cover the cost of basic medicines. Health and nutrition interventions have reached more than 4 million children under five and nearly 600,000 pregnant and lactating women. Mobile teams have proved particularly effective to reach the most vulnerable communities, particularly in many locations out of the scope of health facilities and where poverty and insecurity prevents thousands to receive healthcare. More than 2.4 million children were screened for severe acute malnutrition (SAM), and more than 237,000 SAM children were treated.

Responding to the October cholera outbreak, UNICEF distributed hygiene kits, provided water tanks and water source chlorination, as well as solid waste management. Nearly 900,000 people, most of them women, participated in Communication for Development (C4D) sessions on cholera prevention.

Child protection monitoring mechanisms provided coverage to more than 1.5 million children, and psychosocial support within child friendly spaces has reached nearly half million children in conflict-affected areas. Ongoing mine risk education activities reached close to 1.1 million children and community members. UNICEF also provided humanitarian cash assistance to particularly vulnerable groups, about 85,000 people - from the most vulnerable families in conflict-affected Taizz and Amanat Al Asimah - benefited from this programme.

In spite of improved access to education, nearly 2 million children remain out of school. This number has significantly increased following peak drop-out rates in late 2015, due in part to a large number of damaged, destroyed or occupied infrastructure. The provision of alternative forms of learning and education in emergencies response - including distribution of school and pedagogical kits, psychosocial support, national textbook printing and distribution - have helped facilitate access to better quality learning for nearly 1.7 million children.

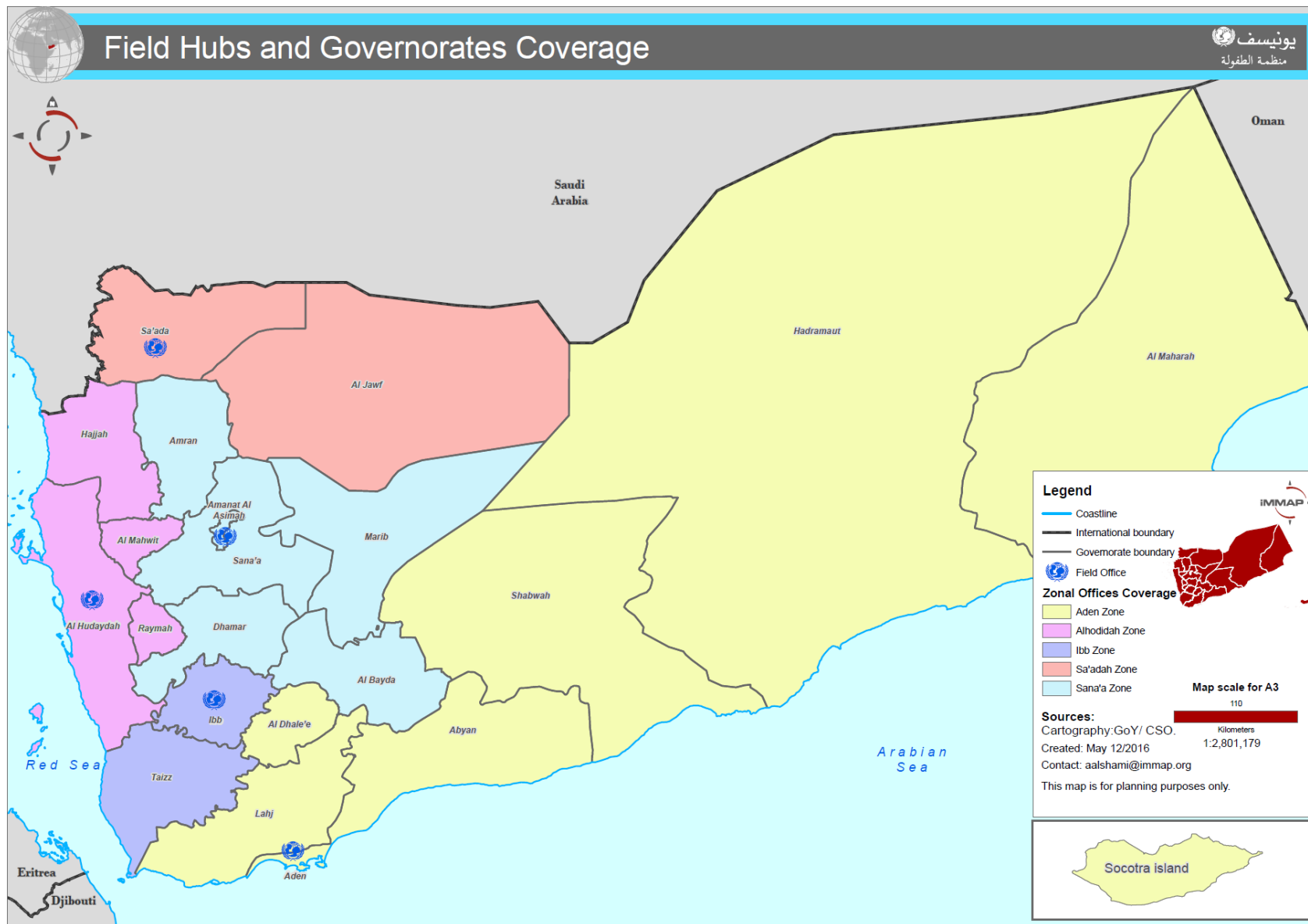
A key achievement in 2016 has been the scale up and improved targeting of humanitarian assistance to where it is most needed. UNICEF procured and distributed the equivalent of over USD 25 million in supplies despite ongoing import restrictions. The deepening humanitarian crisis has been met with a robust response, facilitated in large part by the decentralization process, with five operating field offices covering all governorates. This has simultaneously enabled UNICEF to monitor needs more closely and also facilitate the appropriate response.

Challenges nevertheless remain. Importing supplies by both sea and air has become increasingly difficult and expensive over the course of the year. Al Hudaydah port, which previously accounted for up to 70 percent of all food imports to Yemen, has been affected by the destruction of four cranes, and offloading of vessels can take four times as long.

UNICEF works with local government partners, local and international NGOs across Yemen. Continued uncertainty surrounding central governance of key services means that UNICEF is increasingly working at the decentralized level with technical and frontline staff.

With slow progress on a negotiated political solution to the conflict in Yemen, millions of children and their families continue to suffer, humanitarian needs are already reaching its highest levels. In 2017, UNICEF will remain committed to provide life-saving assistance for the most affected children and families, reaching all parts of the country.

## Map – UNICEF Yemen coverage





## 1. Humanitarian Context

After 21 months since the escalation of the conflict in Yemen, by the end of 2016 the situation of millions of people was more desperate than ever. The year 2016 started with the suspension of the UN-backed peace talks - between representatives of the internationally recognized Government of Yemen, Ansarallah and the General People's Congress - and the resumption of hostilities after a brief ceasefire with several violations reported. In April, the international humanitarian community welcomed a long-awaited cessation of hostilities and the continuation of the peace talks. Although a significant reduction in violence was observed during the first days of the truce, hostilities were reported in several parts of the country. Nevertheless, UNICEF and partners were able to reach some of the most affected and hard-to-access locations.



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Civilians and particularly children, are bearing the brunt of nearly two years of ongoing conflict in Yemen. Thousands have suffered the immediate impact but millions more will be affected by the long-term consequences.

After nearly four months of peace consultations in Kuwait, talks were suspended in early August and hostilities and ground fighting escalated dramatically. Schools, markets and hospitals were attacked in August, leaving several civilian deaths, many of them children. Humanitarian access and operations were also highly compromised with the closure of the Sana'a International Airport causing delays for the delivery of humanitarian supply and deployment of staff. Humanitarian flights resumed on 16 August 2016 but the airport remains closed for commercial flights. It is estimated that before August, nearly 30 per cent of passengers of commercial flights were medical evacuees. The only option for thousands is to travel to the southern city of Aden to board a flight, risking their lives going through active conflict areas.

Violence continued during the remainder of the year across 21 of 22 governorates. Despite persistent efforts to reach a political solution to the conflict, the peace talks remain stalled without an agreement on the sequencing steps provided for in the proposed roadmap to end the conflict.

### The conflict in figures

The ongoing hostilities have left thousands of casualties, between March 2015 and December 2016 at least 7,469 Yemenis had been killed and 40,483 were injured due to the conflict, although actual figures are likely to be higher.<sup>1</sup> Despite repeated calls on all parties to the conflict to keep civilians out of the conflict, civilians continue to be direct victims. Over 4,125 have been killed since March 2015 and more than 7,207 have suffered injuries.<sup>2</sup> According to reports confirmed by the Monitoring and Reporting Mechanism (MRM) on grave violations of children's rights in situations of armed conflict, between March 2015 and December 2016, 1,441 children were killed,<sup>3</sup> 2,230 were injured,<sup>4</sup> 1,403 boys were recruited or used by armed groups, 222 boys were abducted or arbitrarily detained, at least 190 incidents of attacks on schools and 92 incidents of attacks on hospitals were reported.

It is estimated that as of November 2016, at least three million people have been forced to displace internally in connection with the ongoing conflict – half of them are children, this represents an increase of nearly half million internally displaced people (IDP) in comparison with 2015 figures.<sup>5</sup> By the end of the year, over two million people

<sup>1</sup> Figures correspond only to cases reported by health facilities still functioning, figures provided by WHO. Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien. Statement to the Security Council on Yemen. New York, 26 January 2017.

<sup>2</sup> Media statement, OHCHR, 10 October 2016. OHCHR civilian casualty numbers are not a subset of the WHO health facility based casualty numbers. They are independent efforts using different methodologies and cannot be compared.







<sup>3</sup> 1,441 children killed: 946 boys, 449 girls, 46 of unknown sex.

<sup>4</sup> 2,230 children injured: 1,643 boys, 586 girls, 1 of unknown sex.

<sup>5</sup> Task Force on Population Movement (TFPM) - Yemen, 6th Report, December 2016.

remained displaced across 21 governorates; 50 per cent of them in four governorates.<sup>6</sup> While 1 million returnees have been identified in 19 governorates.<sup>7</sup>

## The conflict in figures Yemen 2015 - 2016

	<b>1,441</b> children killed <b>2,230</b> children injured		<b>1,403</b> boys recruited or used by armed groups
	<b>222</b> boys abducted or arbitrarily detained		<b>1.1 million</b> children have displaced <b>0.6 million</b> have returned
	<b>92</b> incidents of attacks on hospitals		<b>190</b> incidents of attacks on school

Sources: MRM Dec 2016; TFPM.

## The crisis beyond the conflict

The impact of the conflict runs much deeper and will have long term consequences for the country's development. It has been estimated that the conflict in Yemen has caused US\$19 billion in infrastructure damage and other losses – approx. 50 per cent of 2013 Gross Domestic Product (GDP).<sup>8</sup> The GDP is now down by nearly 35 per cent, and revenue continues to decline as a result of falling oil and gas sales, and tax revenues.

Availability of food is being hit by compound factors, including poor wheat harvests in 2015 due to access difficulties and low rainfall. Many suppliers have stopped trading in Yemen due to widespread insecurity and the unpredictability of importing through any of the main ports, including Al Hudaydah and Aden - these two ports alone account for 90 per cent of all imports to the country. In September, in a decision of the internationally recognized Government, the Central Bank of Yemen (CBY) was relocated from Sana'a to Aden, increasing instability in the country. In December, importers indicated that they won't be able to import wheat into Yemen due to challenges obtaining lines of credit to pay for shipments following the relocation of the CBY. Given that nearly 90 per cent of cereal supplies are imported, impediments to commercial imports will eventually impact heavily the food security and nutrition situation.

Moreover, before relocated to Aden, the CBY repeatedly reported that it was about to exhaust its forex reserves, which would leave the Bank unable to peg back the depreciating exchange rates any longer. Such depreciation has already seen traders look to the black market, buying US dollars, further devaluing the Yemeni Rial and inflating food prices. As a consequence of the suspension of public expenditures, the relocation of the Central Bank and the cash shortage, salaries of nearly 1.25 million state employees have been reduced or suspended for several months, leaving households unable to afford the rising cost of basic services and commodities.

## A shattered health system

Ongoing conflict, the deteriorating economic situation and the shortage of resources necessary to ensure the uninterrupted operation have put essential public services on the verge of collapse leaving the most vulnerable at even higher risk. UNICEF estimates that at least 10,000 children have died from preventable diseases since the conflict escalated in March 2015, far more than from bullets and bombs.

<sup>6</sup> Hajjah, Taizz, Amanat Al Asimah and Sana'a governorates.

<sup>7</sup> Task Force on Population Movement (TFPM) - Yemen, 12th Report, January 2017.

<sup>8</sup> World Bank-supported Disaster Needs Assessment (DNA), preliminary results reported in '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.



According to the Health Resources Availability Mapping System (HeRAMS) assessment,<sup>9</sup> from a total of 3,507 health facilities assessed in Yemen, 45 per cent have been found to be fully functional, around 38 per cent were found to be partially functional and 17 per cent were non-functional. In the governorates most affected by the conflict, such as Al Dhale'e, Taizz, Sa'ada, Al Bayda, Marib and Al Jawf, less than a third of health facilities were found to be functional.

Maternal health services are especially threatened as only 35 per cent of the health facilities are providing full services. On average, only four out of ten health facilities are able to fully provide child health and nutrition services, and barely 34 per cent of facilities are currently able to provide full general and trauma services. At least 69 facilities have been totally damaged and 205 were partially damaged by conflict.



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Al-Thawra Hospital in Taizz city (Taizz governorate). At least 274 health facilities have been fully or partially damaged since the start of the conflict in Yemen.

Other factors have had negative impact on the ability of the health system to provide services, including lack of medicines, equipment and other medical supplies; lack of minimal operational costs for facilities; displacement of health workers; delay in salaries; increases in transportation cost and cessation of additional incentives for staff.

The unavoidable collapse of the health system is expected to have serious consequences for children's health situation, including:

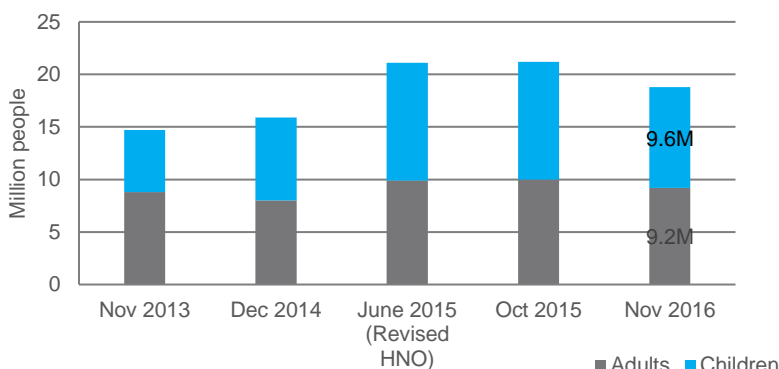
- Vaccination rates will fall.
- Children will not have access to treatment of childhood illness resulting in complications, suffering, malnutrition and deaths.
- Children will not have access to treatment for malnutrition, making them more susceptible to various infections and illnesses.
- The lack of health services combined with deteriorated water and sanitation conditions will increase the risk of other communicable diseases including cholera, malaria, dengue and other outbreaks.

## The scope of the crisis

The humanitarian community estimates that by the end of 2016, at least 18.8 million people – some 70 per cent of the population – were in need of humanitarian assistance, including 9.6 million children.<sup>10</sup> The decrease in the estimated number of people with humanitarian needs when compared with 2015 numbers, does not reflect an improvement in the situation but rather the result of improved methodologies and data collection.

According to preliminary results of the Emergency Food Security and

Chart 1: People with humanitarian needs Yemen (2013 – 2016)



Source: '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.

<sup>9</sup> Service Availability and Health Facilities Functionality in 16 Governorates, HeRAMS. WHO, Ministry of Public Health & Population, Yemen, October 2016.

<sup>10</sup> Office for the Coordination of Humanitarian Affairs, '2017 Yemen Humanitarian Needs Overview', OCHA, November 2016.

Nutrition Assessment (EFSNA)<sup>11</sup> conducted by UNICEF, WFP and FAO, an estimated 17.1 million people are food insecure and are struggling to feed themselves, about 7.3 million of them are considered to be in need of emergency food assistance – a 10 per cent increase when compared to pre-crisis levels (2014).



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*"We are witnessing some of the highest numbers of malnutrition amongst children in Yemen in recent times...Even if they survive, these children risk not fulfilling their developmental potentials"* Dr Meritxell Relación, UNICEF Representative in Yemen.

The future of the country is at stake with some 1.7 million children and 1.1 million pregnant or lactating women suffering from Moderate Acute Malnutrition (MAM), and 462,000 children under five years of age suffering Severe Acute malnutrition (SAM). SAM children are 11 times more at risk of death than healthy children if not treated on time, and face the risk of suffering irreversible physical and cognitive consequences.

At least 14.5 million people lack access to safe water and sanitation and 14.8 million have limited or no access to health services, compounding a cholera and Acute Watery Diarrhoea (AWD) outbreak that has put 7.6 million people at risk. As of 31 December, 14,121 suspected cases were reported, 173 cases and 97 associated deaths were confirmed in 15 governorates.

Since March 2015, more than 1,600 schools have been directly affected by the conflict in Yemen, including 1,412 schools partially or totally damaged, 167 schools accommodating IDPs and 23 occupied

by armed groups. Nearly two million children remained out of school at the end of the 2015-2016 school year, 350,000 of them due to conflict-related causes (i.e. fear, displacement, unavailability of infrastructure, etc.).

Over 6.2 million children are estimated to be in need of protection services, reports of child rights violations have continued throughout 2016 and children have been facing significant psychosocial stress inflicted by prolonged violence, instability and displacement. In addition, thousands of Yemenis are at risk in 15 governorates where the presence of landmines and Unexploded Ordnance (UXO) is confirmed or suspected, yet demining activities have been largely absent in the country.

As a rippling effect of the conflict, the poverty rate in Yemen has doubled. More than 60 per cent of the population lives in extreme poverty with less than US\$ 2 a day. The situation is even more desperate for some 8 million people already the poorest among the poor before the crisis, whom have lost access to their main source of income after the suspension of social programmes offered by the Social Welfare Fund (SWF).

Furthermore, over two million people displaced are facing urgent humanitarian needs and hosting communities are also struggling. In addition, more than 35,000 people were affected by floods as a result of heavy rains in May and August in seven governorates.

UNICEF and its partners have worked in all 22 governorates to respond to the needs of children throughout the year, providing health, nutrition, protection, education, water and sanitation interventions for the most affected by the current crisis, but not without challenges. Several factors affected UNICEF operation at a certain level:

- Having two acting authorities in the country: the internationally recognized government –currently based in Riyadh (Saudi Arabia) and Aden, and the *de facto* authorities –based in Sana'a; UNICEF has had to invest great efforts in coordination and advocacy in order to ensure no interruptions of the humanitarian operation and to guarantee that assistance reach the most affected.
- Changes in clearance procedures and responsible entities caused major delays in supply delivery and distribution, risking shortages –particularly affecting nutrition programming.
- The liquidity crisis is impeding some partners to withdraw cash from their bank accounts, hindering the implementation of life-saving activities.

<sup>11</sup> Yemen Emergency Food Security and Nutrition Assessment (EFSNA) 2016 - Preliminary Results. WFP, UNICEF, FAO. January 2017.

- As a consequence of the suspension of public expenditures and the relocation of the CBY from Sana'a to Aden, government salaries have been reduced or suspended –affecting staff essential for the implementation of UNICEF programmes.
- The price hikes for basic commodities as well as the fluctuating exchange rate (US\$/YER) resulted in minimizing the value of some interventions, affecting particularly the humanitarian cash programme.

UNICEF continues to reinforce and promote the relation between humanitarian and regular, development oriented country programming:

- By supporting and strengthening institutions which - in an eventual post-conflict scenario - will play a cornerstone role in effective transition from humanitarian relief to recovery and development.
- Through interventions like the Humanitarian Cash Transfer Programme (HCTP), not only as a temporary form of social assistance but as a window of opportunity to prevent the total collapse of the social protection system.
- In Education, through increased focus put on developing life skills to better deal with the conflict while preparing for recovery, and supporting the recruitment and payment of female teachers' salaries.
- Adopting a holistic approach to child protection, monitoring and responding to immediate protection needs, and by strengthening underlying systems to better protect children's from violence abuse and exploitation.
- In water, sanitation and hygiene (WASH) interventions, by exploring innovative energy solutions for water abstraction such as Solar-Powered pumps, and implementing complementary life-saving and development interventions in certain locations, when conditions allow.

## 2. Humanitarian Results

In 2016, UNICEF's humanitarian strategy was guided by the Core Commitments for Children (CCC) in Humanitarian Action, and in line with the Yemen Humanitarian Response Plan (YHRP) 2016.<sup>12</sup> UNICEF has remained focused on ensuring the availability of basic social services to the most vulnerable including internally displaced persons (IDPs), host communities and other conflict-affected populations, and continued advocating at the country, regional and global levels for unhindered humanitarian access and protection.

### 2.1 Nutrition

2016 PROGRAMME TARGETS AND RESULTS	Overall needs <sup>13</sup>	Cluster Response		UNICEF and IPs	
		Target 2016	Total Results	Target 2016	Total Results
Number of children under 5 treated for Severe Acute Malnutrition (SAM)	370,518	178,562 <sup>14</sup>	237,378	178,562 <sup>15</sup>	237,378
Number of PLWs benefited from Infant and Young Child Feeding (IYCF) counselling	2,194,370	313,119 <sup>16</sup>	533,107	313,119 <sup>17</sup>	533,107
Number of children under 5 given micronutrient interventions	4,542,541	276,000 <sup>18</sup>	4,140,554	4,000,000 <sup>19</sup>	4,140,554

Due to the deterioration of livelihoods, food insecurity and the nearly collapse of healthcare services -among other factors, levels of SAM at the end of 2016 were nearly 200 per cent higher than pre-crisis levels, despite major efforts made by UNICEF and partners in order to treat and prevent malnutrition among children and mothers.

<sup>12</sup> Office for the Coordination of Humanitarian Affairs, 'Revised 2016 Yemen Humanitarian Response Plan', August 2016.

<sup>13</sup> Nutrition needs estimations revised and increased based on SMART survey data.

<sup>14</sup> Target increased to 205,708 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

<sup>15</sup> Ibid.

<sup>16</sup> Target increased to 330,888 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

<sup>17</sup> Ibid.

<sup>18</sup> Target increased to 469,081 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

<sup>19</sup> Target increased to 4,542,541 based on YHRP priorities, programme performance, financial commitments and SMART surveys data. UNICEF's target for this indicator is 4,542,541 children under 5 as Micronutrient interventions supported by UNICEF include Vit A supplementation and micronutrients sprinkles supplementation, while Nutrition cluster target does not include Vit A supplementation and will consider only micronutrients sprinkles supplementation target (469,081 children under 5).



In 2016, a Community-based Management of Acute Malnutrition (CMAM) action plan was developed with WFP, WHO to contribute to a scaled up emergency nutrition response. By the end of the year, results of the scale up plan included:

- 80 per cent of health facilities (HFs) in priority governorates and 57 per cent of HFs in other governorates providing SAM treatment.
- At least 67 per cent of HFs with functional Outpatient Therapeutic Feeding Programmes (OTPs).<sup>20</sup>
- 770 new OTPs established bringing the total to 2,929.
- More than two million children screened for malnutrition.
- Over 237,000 children with SAM treated across the country (64 per cent of them in governorates with the highest levels of food insecurity -IPC 4<sup>21</sup>). Timely treatment of SAM will give these children a chance to grow up and develop normally.
- More than 4.1 million children under five receiving micronutrients supplementation.
- The CMAM programme achieved a cure rate of 71 per cent, defaulter rate of 26 per cent and a death rate below 1 per cent.



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With UNICEF support, more than 237,000 children suffering Severe Acute Malnutrition (SAM) were treated, more than 6,000 tons of life-saving nutrition supplies –including therapeutic foods - were brought into the country and delivered across Yemen. Ready-to-use therapeutic foods (RUTF) provide all the nutrients required for recovery in most of SAM cases and are essential for the community-based management of acute malnutrition.

In addition, UNICEF supported operational costs for four therapeutic feeding centres (TFCs) in two governorates and provided supplies to all 43 functional TFCs / Stabilization centres (SCs) in Yemen, in coordination with the Ministry of Public Health and Population (MoPHP) and WHO.

Pregnant and lactating women (PLW) also benefited from nutrition interventions. Nearly 579,000 PLW received iron folate supplementation and, in an effort to strengthen infant and young child feeding (IYCF) behaviour and practices, over 533,000 received IYCF counselling. With the goal of increasing knowledge about the situation, SMART nutrition surveys were conducted in Taizz, Sa'ada, Sana'a and Al Dhale'e governorates.

During the last year, UNICEF was able to bring into the country over 6,000 metric tons of nutrition supplies including Ready-to-Use Therapeutic Food (RUTF), ensuring no interruptions in the pipeline throughout the year.

CMAM services were delivered through fixed health facilities and mobile teams, while screening and distribution of micronutrient were conducted by Community Health Volunteers (CHVs) at the community level. Vitamin A supplementation was usually provided during National Immunisation Days (NIDs) activities.

UNICEF's main implementing partner for the nutrition programme has been MoPHP. UNICEF also worked with local and international NGOs partners (incl. Field Medical Foundation -FMF, Humanitarian Aid development -HAD, Relief International -RI, SOUL for Development and ACF), delivering CMAM services and conducting community C4D activities.

Given the limited funding available for nutrition programming vis-à-vis the immense needs, SAM treatment was the priority. Regular resources and non-emergency resources were also critical to complement and support the emergency component, including: support given to the national SUN secretariat to maintain the coordination of the implementation of the multi-sectorial plan; the procurement of potassium iodate and salt test kit for the national Iodine deficiency disorders (IDD) programme; and support for printing the nutritional curriculum for academia.

<sup>20</sup> OTPs bring the services for management of SAM closer to the community by making services available at decentralized treatment points, through the use of ready-to-use therapeutic foods, community outreach and mobilization.

<sup>21</sup> Integrated Food Security Phase Classification (IPC), global and standardized tool that aims to promote a "common currency" for classifying the severity and magnitude of food insecurity.

Emergency response activities have also contributed to:

- **Resilience and capacity building:**  
Almost 90 per cent of the nutrition programme activities are implemented through the government system, reinforcing UNICEF's aim to strengthen the national system and keep state institutions functional. Civil society is empowered through strong partnerships with local NGOs, and through the community-based programme, which involves community volunteers in the implementation of programme activities at the community level. These go hand in hand with capacity building activities, more than 3,100 health workers were trained on CMAM and at least 467 CHVs received nutrition-related training, including active case finding of SAM and referral to treatment.
- **Complement other partners' activities:**
  - The CMAM scale up plan was developed in collaboration with WFP, WHO and MoPHP. SAM treatment is provided by UNICEF in collaboration with WHO -managing complex cases, while WFP is in charge of MAM treatment.
  - In 2016, UNICEF with FAO and WFP implemented the EFSNA in 18 governorate.<sup>22</sup> Preliminary findings informed the YHRP 2017 and will inform also the next IPC in February 2017.

Some of the challenges faced during the year include:

- Due to difficulties faced in getting clearance to bring RUTF to the north part of the country via Al Hudaydah port, 5 per cent of OTPs reported stock-out in November. Therefore, in December UNICEF delivered 4,685 cartons of RUTF to the affected OTPs via Aden port. Distribution of nutrition supplies in Taizz was also challenging during the year due to security constraints.
- The nutrition programme was underfunded by a 46 per cent. Limited funding prevented the achievement of CMAM expansion targets, in terms of geographical and treatment coverage. The expansion of the programme will require funding not only for sufficient supplies but also for straightening the community component and to support the re-activation of service delivery sites.

## 2.2 Health

2016 PROGRAMME TARGETS AND RESULTS	Overall needs	UNICEF and IPs	
		Target 2016	Total Results
Number of children under 1 vaccinated against measles (MCV1)	953,363	770,000	650,430
Number of children under 5 vaccinated against polio	5,039,936	5,039,936	4,853,083
Number of children under 5 receiving primary health care	2,387,000	815,000	1,024,568
Number of pregnant and lactating women receiving primary health care	2,076,000	680,000	558,032

UNICEF continued to focus on ensuring availability of services for integrated management of childhood illnesses (IMCI). Services were provided through 187 mobile teams, five integrated outreach activities and at targeted health facilities in 12 priority governorates, over 1 million children were treated during 2016 through these activities. Most services were provided by Governorate Health Offices (GHO), national and international NGOs have been key partners to cover hard-to-reach areas. Through the support given to IMCI services (including supplies), capacity building for service providers and covering operational costs for paediatrics work, UNICEF is able to contribute to the reduction of deaths due to common childhood illnesses.

UNICEF also continued supporting community based maternal and newborn care at household level through Community Mid-Wives (CMWs), who reached over 56,940 pregnant and lactating women in their houses. CMWs were trained and received the required supplies, and their work was key to contribute to the reduction of maternal and neonatal deaths.

With the aim of maintaining the polio free status in the country, preventing outbreaks and contribute to reduce vaccine-preventable deaths and diseases, UNICEF supported two rounds of national Polio Immunization Days reaching nearly 4.3 and 4.8 million children in January and April, respectively. UNICEF provided steady supply of

<sup>22</sup> Preliminary results available in: <https://goo.gl/XHpSy6>

vaccines into the country, supported the procurement of traditional vaccines (BCG, OPV, TT, MR), and provided fuel to maintain the cold chain functioning.

In response to the cholera outbreak declared in October, an inter-agency Response Plan was developed to support health facilities and conduct integrated WASH/Health/C4D response and prevention activities. In coordination with WHO, UNICEF provided more than one million sachets of oral rehydration salts and 11 Diarrhoeal Disease Kits to health facilities in affected governorates. UNICEF also supported the establishment of a Diarrhoea Treatment Centre in Al Sabeen hospital (Sana'a) and conducted trainings on cholera case management for 85 doctors and health workers.<sup>23</sup> As a result of improved case management through well trained staff, the case fatality rate at the end of the year decreased when compared to previous months (0.34% in November; 0.25% in December).<sup>24</sup>

Emergency response activities have also contributed to complement other partners' activities. At the national level, UNICEF and WHO jointly implemented polio NIDs and integrated outreach activities, and supported the deployment of mobile teams. The IMCI scale up plan was developed in coordination with MoPHP and WHO. Support to neonatal units, paediatric and obstetric departments was conducted in coordination with WHO and UNFPA.



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Two rounds of national Polio Immunization Days were conducted in Yemen during 2016 with UNICEF support. Nearly 4.3 and 4.8 million children were reached in January and April respectively.

Challenges faced throughout the year include:

- Implementation costs have increased considerably, prices and associated costs of supplies and distribution are much higher now than before the crisis. With the imminent collapse of the public health system, UNICEF is taking on as much of the burden as possible, procuring essential drugs and vaccines, and covering basic operations costs such as electricity and fuel, in order to ensure functionality. Without such support, programme implementation would be extremely affected.
- 
- Changes in clearance procedures and responsible instances caused delays in supply delivery and distribution, for over five months, most of medical supplies - including vaccines - were not allowed into the country. This led UNICEF to use buffer stocks, to prevent stock-out.
- The liquidity crisis has prevented UNICEF's partners to withdraw cash from their bank accounts, UNICEF put in place alternative payment mechanism in order to avoid interruption of activities.
- As a consequence of the suspension of public expenditures and the relocation of the Central Bank of Yemen from Sana'a to Aden, government salaries have been reduced or suspended.

<sup>23</sup> Each DDK is enough for treating 100 severe and 400 moderate cases.

<sup>24</sup> More information on the cholera outbreak and interagency response available in WASH/Health cluster sitreps. <https://goo.gl/CQx4bh>



## 2.3 Water, sanitation and hygiene (WASH)

2016 PROGRAMME TARGETS AND RESULTS	Overall needs	Cluster Response		UNICEF and IPs	
		Target 2016	Total Results	Target 2016	Total Results
Number of affected population (men, women, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining the public and community infrastructures	8,391,079	6,384,984 <sup>25</sup>	5,248,678	5,186,000 <sup>26</sup>	4,510,782
Number of affected people with access to safe water as per agreed standards (7.5-15L per person per day)	1,750,000	682,332 <sup>27</sup>	1,281,236	100,000 <sup>28</sup>	127,991
Number of affected people provided with standard basic hygiene kits	1,750,000	1,382,461 <sup>29</sup>	617,815	500,000 <sup>30</sup>	358,359

WASH conditions and practices are still very precarious in Yemen and the conflict has only worsened the situation, local water and sanitation systems have been damaged and, in many locations, financial and human resources are insufficient to ensure the provision of services. Internally displaced persons, remote and conflict-affected communities, and urban settlements where WASH systems have been damaged or are not functional, are among the most affected.

In 2016, UNICEF and partners have been able to reach more than 4.5 million people with improved water and sanitation services, this is nearly 98 per cent of the revised target. Over 358,000 people, many of them IDPs, received basic hygiene kits, 80 per cent of the revised target. More than 68,000 IDPs and host communities members benefited from regular water trucking in locations where infrastructure was not available or was completely destroyed. With ongoing support to local water systems, more than 2.4 million people - including 1.2 million children – had regular access to water in six capitals of governorate.



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*"My family received a hygiene kit today along with some leaflets, they explained us how to protect ourselves from cholera". Sayeed, 12 years old, Aden. In Al Buraiqeh and Dar Sad districts (Aden governorate), where several AWD were confirmed, UNICEF provided hygiene kits, chlorine tablets, leaflets and posters with key prevention messages, reaching over 6,650 people.*

In response to the cholera/AWD outbreak since October 2016, UNICEF with its WASH partners have chlorinated more than 8,500 water sources in 29 hotspot districts with confirmed cholera cases. WASH response has reached to 16,576 households in more than 40 affected districts. Response and prevention activities include chlorination of household utensils, storage facilities and distribution of chlorine and hygiene materials.

Despite numerous challenges, throughout the year UNICEF was able to achieve results for the most affected children and their families through:

- Rehabilitation of damaged or non-functional water sources in areas of high concentration of IDPs.
- Provision of water trucking in locations where water systems were not available / totally destroyed.
- Provision of fuel support to Local Water Corporations (LWCs) across the country - as a transition measure - to ensure functioning of water systems. In the future, LWCs will explore more sustainable systems for water

<sup>25</sup> Target reduced to 5,828,703 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

<sup>26</sup> Target reduced to 4,615,540 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

<sup>27</sup> Target increased to 1,232,846 based on performance.

<sup>28</sup> Target increased to 120,000 based on performance.

<sup>29</sup> Target reduced to 1,166,741 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

<sup>30</sup> Target reduced to 445,000 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

abstraction such as solar powered pumps or direct connection to the electricity grid. An exit strategy has been developed by UNICEF to support LWCs.

- Provision of fuel to support solid waste management services, as well as support to solid waste campaigns in targeted locations.
- Distribution of water chlorination and storage supplies in order to contribute to improved sanitation conditions and safer access to water, these actions contribute to decrease risks associated with poor WASH practices (i.e. outbreaks, diseases, malnutrition, etc.).
- Targeted distribution of consumable and basic hygiene kits to families where children are affected by malnutrition (SAM, MAM), aiming to reduce children mortality rates.
- After the cholera outbreak was confirmed, a joint Cholera Task Force was established involving UNICEF, WHO as well as Health and WASH partner NGOs to coordinate the daily work and support the authorities on an integrated Cholera Response Plan. UNICEF, WHO and government counterparts relied on existing coordination structures (WASH/Health Clusters) for emergency preparedness and response. An inter-agency Cholera Response Plan was developed to support health facilities and provide integrated WASH-Health-C4D response activities. With an overall goal to reduce morbidity related to poor WASH systems and practices, UNICEF and partners are providing WASH support in 17 priority governorates. UNICEF's intervention aims at the root cause of the outbreak by improving water quality, as well as improving environmental hygiene through solid waste collection and disposal, promoting changes in sanitation practices and providing WASH supplies at the household level.
- Considering the challenging operational environment in Yemen, partnership have been critical to ensure that WASH assistance reach all corners in the country. In 2016, UNICEF established and reinforced key partnerships with international and local NGOs (including Islamic Relief, Mercy Corps, ACF, IMC, Al Khair, Al Atta, Altawasul Foundation, among others), as well as with the Ministry of Water and Environment (MoWE) and authorities at the local level.

Emergency response activities have also contributed to:

- Resilience and capacity building:
  - Despite the emergency context, UNICEF has maintained the implementation of development-oriented interventions such as Community Led Total Sanitation (CLTS) and Community Based Management of rural water supply systems in selected districts, complementing humanitarian assistance with regular programme activities.
  - Given the pressing needs, UNICEF has provided fuel to LWCs to ensure the functioning of water systems. However, in coordination with authorities, UNICEF is exploring innovative energy solutions for water abstraction with a sustainable approach, such as the use of solar-powered pumps or connection to the electric grid.
  - UNICEF supports capacity building of LWCs and General Authority for Rural Water Supply Project (GARWSP) in the areas of procurement, tendering, water testing and cholera response, contributing to these entities capacity to respond to external shocks. UNICEF has also contributed to the GARWSP emergency response capacity through the provision of incentives.
- Complement other partners' activities:
  - UNICEF has been providing in-kind support to local and international NGOs involved in the delivery of emergency services. As an example, consumable and basic hygiene kits have been provided to Save the Children to support response to IDPs in Al Mukha (Taizz); and water treatment supplies have been provided to Vision Hope International to support cholera response in Hajjah governorate.
  - UNICEF is also providing technical advisory services to WASH Cluster Partners to improve the quality of the overall WASH humanitarian response in Yemen.
  - In addition, UNICEF has provided emergency response in areas where other partners were not available.

Some of the main challenges faced in 2016:

- The existence of two acting authorities in the country have further complicated coordination at the field level.
- Implementation of humanitarian activities in coordination with authorities has been challenged by the collapse of government management arrangements due to unpaid wages.
- Lack of revenue collection for basic services, such as water, has increased the humanitarian burden in urban centres where Local Water Corporations were unable to meet water demand due to financial constraints.
- Access to some emergency affected locations has been challenging due to difficulties in the identification of suitable partners to work in those areas.

## 2.4 Child Protection

2016 PROGRAMME TARGETS AND RESULTS	Overall needs	Cluster Response		UNICEF and IPs	
		Target 2016	Total Results	Target 2016	Total Results
Number of children in conflict-affected areas covered by MRM interventions	2,473,352	1,372,933	1,307,602	1,372,933	1,307,602
Number of children in conflict-affected areas receiving psychosocial support	1,821,656	399,594 <sup>31</sup>	565,041	279,716 <sup>32</sup>	487,121
Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion	1,927,153	502,158 <sup>33</sup>	1,092,760	351,511 <sup>34</sup>	1,068,289

By the end of 2016, the coverage of the MRM network was expanded to 19 governorates<sup>35</sup> with capacity to document and verify grave violations committed against children in a catchment area of over 1.5 million children, 95 per cent of the indicator target.<sup>36</sup> The MRM network documented and verified 781 incidents, nearly 79 per cent of reports received.

Children in Yemen continued to face significant psychosocial stress inflicted by prolonged violence, instability and displacement. Between January and December, UNICEF-supported psychosocial activities reached at least 214,280 girls and 272,720 boys. The revised target for psychosocial support (PSS) activities was overachieved thanks to improved capacities at field level and access gained in certain locations. PSS services were provided through child friendly spaces (CFSs) and community based activities.



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*"I just want to be happy, I want to be safe", Mahmoud, 13 years old, while playing with empty cases of bullets. Violence, instability and displacement have left an indelible mark in Yemen children.*

Globally by the age of five, the biggest threat to child survival is unintentional injury. In conflict zones children's risk of physical danger and injury from the use of indiscriminate weapons is especially high. Mine Risk Education (MRE) has been evaluated as the quickest and most effective measure to reduce risks from explosives in short term before or during clearance. In the context of Yemen where de-mining activities have been largely absent, MRE is the only preventive measure to protect lives and minimize risk of injuries from mines and unexploded ordnance. Children are more vulnerable both in terms of probable exposure and physical impact. Based on this evidence, MRE has been identified as a life-saving priority and UNICEF invested heavily in outreaching over 1 million people with skills and knowledge on how to protect themselves from risks of mines. Widespread MRE campaigns have contributed in keeping low the numbers of children affected by mines and UXOs.

With UNICEF support, the social work and case management system was strengthened and now provides improved and equitable preventive and responsive services addressing violence, abuse and exploitation of children. Five Standard Operating Procedures (SOPs) on case management were endorsed with technical support and capacity building provided to Child Protection actors. In 2016, a total of 206 social workers (female: 92, male: 114) were equipped with information and skills on how to identify and refer the most vulnerable children to social services, out of a total of 467 social workers (female: 214, male: 253) trained since 2014. As a result, a total of 2,753 vulnerable children (boys: 1,675, girls: 1,078) were identified and referred to services in 2016 compared to 2,364 (boys: 1,234, girls: 1,130) referred to services in 2015.

<sup>31</sup> Target increased to 578,954 based on better access and improved methodology for defining priorities and calculating targets.

<sup>32</sup> Target increased to 463,163 based on better access and improved methodology for defining priorities and calculating targets.

<sup>33</sup> Target increased to 1,735,570 based on better access and improved methodology for defining priorities and calculating targets.

<sup>34</sup> Target increased to 1,388,456 based on better access and improved methodology for defining priorities and calculating targets.

<sup>35</sup> Abyan, Aden, Al Bayda, Al Dhale'e, Al Hudaydah, Al Jawf, Al Mahwit, Amanat Al Asimah, Amran, Dhamar, Hadramaut, Hajjah, Ibb, Lahj, Marib, Sa'ada, Sana'a, Shabwah and Taizz.

<sup>36</sup> December 2016 sitrep reported a coverage of 1.3M at the end of the year, 1.5M figure was reached after receiving additional reports from the field after closing the December 2016 sitrep.

In response to the identified needs, the Child Protection programme prioritized psychosocial support (PSS), Mine Risk Education (MRE) and Monitoring and Reporting on grave child rights violations, targeting at least 80 per cent of the total target (for PSS and MRE) and 100 per cent (for MRM) of the child protection sub-cluster (CPSC) targets. Key partnerships with authorities, INGOS and national NGOs (MOSAL YEMAC, Intersos, DRC, CPYO, among others) have contributed to achieving these results.

Emergency response activities also contributed to:

- Resilience, capacity building:
  - UNICEF has adopted a holistic approach to child protection in Yemen, operating along a continuum of care by regularly monitoring child protection concerns and needs as a result of the on-going conflict, responding to immediate protection needs through emergency interventions as guided by the CCC, strengthening underlying systems - particularly the social workers system - to better protect children's from violence abuse and exploitation.
  - Community-based psychosocial support to children has proved to contribute to enhance coping mechanisms and resilience for families and children affected by the conflict.
- Complement other partners' activities:  
UNICEF is not only member of the Child Protection sub-cluster, but also of the Protection cluster. Emergency activities included in UNICEF Child Protection Work Plan are mirroring priority interventions to respond to the most pressing child protection needs identified by the sub-cluster, through the HNO and YHRP process.

Challenges faced throughout the year include:

- Towards the end of the year, difficulties were encountered when coordinating activities implemented or led by government counterparts (from recognized or defacto authorities) in northern governorates (e.g. Mine Risk Education partnered by YEMAC). UNICEF had to play a mediating role between northern and southern entities to ensure consistency of approaches, consistent methodologies and harmonization of tools and materials.
- Access constraints for MRM monitors to conflict-affected areas, due to the sensitivities of the data collected, has impacted on the verification rate of MRM incidents. Partnering non-governmental organization and working with grass root entities such as Child Protection Committees, has partially mitigated the difficulties in accessing sensitive areas and /or sensitive information related to grave child rights violations.

## 2.5 Education

2016 PROGRAMME TARGETS AND RESULTS	Overall needs	Cluster Response		UNICEF and IPs	
		Target 2016	Total Results	Target 2016	Total Results
Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation	497,200 <sup>37</sup>	244,500 <sup>38</sup>	420,971	156,000 <sup>39</sup>	395,912
Number of affected children receiving psychosocial support services in schools	1,800,000	575,500 <sup>40</sup>	407,227	173,000 <sup>41</sup>	377,259
Number of affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system	2,000,000	522,710 <sup>42</sup>	965,277	360,000 <sup>43</sup>	793,081

<sup>37</sup> Estimated needs increased to 780,000 based on improved needs analysis and operational capacity.

<sup>38</sup> Target increased to 610,930 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.

<sup>39</sup> Target increased to 393,650. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and therefore increased its targets.

<sup>40</sup> Target increased to 607,617 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.

<sup>41</sup> Target increased to 565,760. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and therefore increased its targets.

<sup>42</sup> Target increased to 962,904 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.

<sup>43</sup> Target increased to 905,000. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and therefore increased its targets.



In 2016, UNICEF focused on ensuring access to educational opportunities for children affected by the conflict. Combined interventions succeeded in giving affected children a chance to learn in a secure environment while bringing a sense of normalcy back in their lives. As a result, nearly 1.7 million children, including over 17,000 children out-of-school, were able to attend school in spite of the strong threat of schools destruction / occupation, safety issues, internal population displacements, insufficient numbers of teachers in some areas, etc.

UNICEF provided sustained access to learning for over 395,000 conflict-afflicted children via Temporary Learning Spaces (TLS) and rehabilitated schools, reaching over 100 per cent of the revised target. Teachers were trained and provided PSS to more than 377,000 students, this corresponds to 67 per cent of the revised target. School supplies, including school bags, were delivered to 793,081 vulnerable children -this represents 88 per cent of the revised target.

UNICEF also supported the printing and distribution of textbooks for 900,000 students and provided financial support to the Ministry of Education (MoE) for the administration of National Exams, benefiting nearly 600,000 students from 9<sup>th</sup> and 12<sup>th</sup> grade. UNICEF also worked with the MoE to elaborate conflict-sensitive education training materials to address violence in schools.

With partners, UNICEF has initiated work to protect schools from conflict through: (i) development of safety and emergency plans for schools, (ii) capacity building of MoE on elaboration and implementation of safety and emergency plans and (iii) advocacy towards conflicting parties and communities aimed at promoting safer schools. It is expected that interventions implemented under the Safer School Initiative will facilitate children's return to schools and improve schools' capacity to keep operating.

In addition to funds raised for humanitarian activities, and thanks to donor's flexibility inc. GPE and EAC, funds initially mobilized for development activities were reprogrammed to support humanitarian response, with the original objective to provide children with access to learning opportunities remaining unchanged.

Results were obtained through key partnerships with the MoE at national, governorate and district levels, and NGOs (e.g. Save the Children, Asdiqa Aljawf, Abyan Youth Foundation-AYF).

Some indicators illustrate the results achieved for children during the last year:

- School enrolment rate has improved from 73 per cent in June 2016 to 74.5 per cent in December 2016.
- The number of schools affected by the conflict – including schools damaged, occupied by armed groups or used by IDPs - has reduced from 3,584 in March 2015 to 1,223 in December 2016.
- The estimated number of out-of-school children (OOSC) fell to 2 million in November 2016 from its peak of 3.4 million in November 2015 (including 1.6 million children that were out of school before the onset of the conflict), with the return to school of many temporary OOSC facilitated by UNICEF-supported interventions.

Emergency response activities in 2016 also contributed to:

- Resilience, capacity building:
  - Increased focus is being put on developing life skills to better deal with the conflict while preparing for recovery. Emergency and development funds have covered recruitment and payment of female teachers' salaries, training of supervisors and provision of capitation grants to schools for minor rehabilitation and day-to-day operational costs.
- Complement other partners' activities:
  - As cluster lead and key partner, UNICEF has actively worked to ensure that Education in Emergency coordination mechanisms are functional at central and sub-national levels (four out of five sub-clusters



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In Al-Mohsynyah school (Al Hawtah district, Lahj governorate), teachers have been trained on how to provide psychosocial support to help students overcome the consequences of the prolonged exposure to conflict, violence and displacement.

activated). National capacity has been built through training on cluster approach and Minimum Standards of Education in Emergency (INEE). This requires close collaboration with partners to identify the needs of affected children and support implementation of agreed upon activities based on the jointly developed response plan by the education cluster. In 2016, UNICEF's contribution helped reach 87 per cent of planned targets. .

Some of the challenges faced during the year include:

- UNICEF has striven to provide necessary support to children in spite of limited access to many schools, including those occupied by armed groups and IDPs. Interventions to preserve access to education (e.g. provision of teaching and learning materials, training of teachers, etc.) have also been adversely impacted by the suspension of payments of teachers' salaries since September, which increased absenteeism. Furthermore, construction and rehabilitation works have also slowed down due to security and safety issues.
- The recent establishment of a Ministry of Education in Aden, hence the existence of two different education authorities for the south and the rest of the country, is presenting increasing challenges in terms of coordination for efficient programme implementation nationwide.
- Under achievement of some activities (e.g. PSS in schools) can be attributed to the unpredictable security situation and inaccessibility of some locations, closure of schools, teacher's absenteeism, and closure of General Education Office (GEO) bank accounts.
- De-prioritization of education over other sectors.
- Limited capacity of MoE to conduct supervision and monitoring activities, lack of coordination among sectors within MoE and frequent changes in leadership.
- Limited availability and capacity of implementing partners in the field.

## 2.6 Social Protection

2016 PROGRAMME TARGETS AND RESULTS	Overall needs	UNICEF and IPs	
		Target 2016	Total Results
Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen	8,000,000	34,285 <sup>44</sup>	84,600

The challenging humanitarian situation in Yemen has called for a rapid response to support the poorest and most vulnerable during difficult economic, social and political times. In end 2015 / early 2016, UNICEF in partnership with public and private institutions launched a humanitarian cash transfer programme (HCTP) in two governorates: Amanat Al Asimah and Taizz. The first humanitarian cash transfers programme (HCTP-1) targeted 4,999 families / 28,517 beneficiaries in 10 districts of Amanat Al Asimah and 8,411 families/46,996 beneficiaries in nine districts of Taizz, i.e. helping 75,513 people survive the conflict and reduce their vulnerability. HCTP-1 targeted traditionally most excluded and poorest Muhamasheen<sup>45</sup> minority communities.

In August 2016, UNICEF launched the second humanitarian cash transfers programme (HCTP-2) targeting 5,600 households from non-Muhamasheen communities in two districts of Taizz enclave – Salah and Al Quahirah. The humanitarian cash transfers programme has also helped increase the role of women in decision-making at the



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In Amanat Al Asimah, a disabled woman receives her monthly cash amount from an Al-Amal Bank staff. More than 84,000 individuals from the most vulnerable communities in Yemen have benefited from unconditional humanitarian cash transfers since the beginning of 2016.

<sup>44</sup> Target increased to 105,000 individuals to reflect increasing needs and expand coverage in Taizz and Sana'a governorates.

<sup>45</sup> *Muhamasheen* or *Al Muhamasheen* ('the marginalized') designates a marginalized demographic group in Yemen, mostly living in slum areas and outskirts of cities, suffering the highest rates of unemployment and poverty.



household level. In December, HCTP-2 continued with the third and fourth cycles reaching 5,481 households/ 32,886 individuals. The cumulative number of individuals provided with cash assistance since the beginning of 2016 is 84,600, nearly 54 per cent of beneficiaries were boys and girls under 18 years of age.

In a situation of the economic and financial crisis as well as the collapsing social protection systems, poorest children and their families are struggling to survive the conflict. Since the launch of HCTP in 2015, 19,173 families or 104,489 people - including 58,937 children - benefited from the programme. Humanitarian cash helped families address their food insecurity, meet their basic needs and ensure access to social services. The post-distribution monitoring (PDM) reports of HCTP in Taizz enclave, for instance, confirm that for 96 per cent of beneficiaries humanitarian cash was one of their main income sources. In addition, on average 99 per cent of sampled households spent their cash on primarily food; 37 per cent were able to pay their debts; 12 per cent accessed health services and purchased required medicines and 6 per cent could afford education spending.

A key aspect of the HCTP was gender empowerment, as mothers/female care-takers were the primary beneficiaries of cash transfers. This allowed to improve the decision-making dynamics over spending at the household level.

UNICEF partnered with a local institution - Prodigy Systems - that uses technology solutions to collect household data (including biometrics), register beneficiaries, and provide third-party monitoring of humanitarian cash transfer programme. The third-party monitoring has specifically included real-time verification of cash distribution as well as post-distribution monitoring through quantitative and qualitative methods. In addition to Prodigy, in Taizz, Hemmat Shebab Foundation (local NGO), also participated in monitoring to ensure social accountability at community level during HCTP.

Cash was disbursed by Al Amal Bank (AMB), a micro-finance institution that provides financial services to the poorest populations. For maximum reach and coverage, AMB utilized its vast network of mobile banks and money dealers. In case a beneficiary was not able to reach AMB disbursement site due to disability or sickness, the bank staff delivered humanitarian cash to the beneficiary's home. During distribution, beneficiaries were given awareness messages on spending their cash towards the wellbeing of their children and families.

At the same time, a grievance redress (complaint and appeal) mechanism was also set up and led by the Social Welfare Fund (SWF). A toll-free number for SWF was printed on the programme's magnetic cards to enable beneficiaries to complain on any aspect of the programme. In addition, a Project Coordination Committee (PCC) was established, which included UNICEF, SWF, Prodigy Systems and AMB. The PCC hold regular meetings to discuss various issues raised during HCTP implementation, and to decide on solutions or programme modifications as needed.

Although the programme was fully funded (US\$ 8 M) in 2016 – mainly by OFDA contributions - and the targets as well as results have been achieved (in both Amanat Al Asimah and Taizz enclave), the coverage by HCT was still low in comparison with the present humanitarian needs. Famine is looming in Yemen, and governorates severely affected by the nutrition crisis, including Al Hudaydah, Hadramaut, Abyan and others, are not part of the programme. In the future, if funding is available for humanitarian cash, these governorates must be prioritized in addition to Taizz.

Social protection in emergency activities also contributed to:

- Resilience, capacity building:
  - The HCTP is not only a temporary/emergency form of social assistance to the poorest and most vulnerable households, but it is also a window of opportunity to prevent the total collapse of the social protection system, to advocate for the resumption of the Social Welfare Fund (SWF) cash transfer programme and strengthen other national social protection institutions and mechanisms.
  - UNICEF has also resumed the SWF Outreach Network to provide early social welfare counselling, advocacy and referral to social services to ensure at least the non-cash support to the SWF beneficiaries and other vulnerable families during these challenging times. UNICEF anticipates that in the aftermath of the conflict, strengthened institutions will play their cornerstone role in effective transition from humanitarian relief to recovery and development.
  - Currently, most of the poor are trapped in a web of deprivations, and limitations on resources and opportunities prevent them from coping with shocks and stresses effectively. Without access to adequate social protection support, the poorest and excluded groups suffer the most. These groups

are forced to adopt negative coping strategies (e.g., marrying off young girls, selling assets, reducing dietary intake, removing children from school, relying on child labour), which undermine their capacity to build long-term resilience and escape poverty. The humanitarian cash transfer programme has contributed to minimizing the adoption by targeted chronically poor families of negative coping strategies and building their resilience to the multiple types of shocks. The PDM reports suggested that HCTP beneficiaries could access required social services (healthcare and education, in particular), credit, agricultural inputs and others to ensure/contribute to livelihood security. Interviews with key informants and focal groups informed about instances when humanitarian cash helped beneficiaries - including females, open their small business to build economic security (generate income) and improve their resilience.

- Complement other partners' activities:
  - UNICEF has signed a letter of understanding with WFP to complement unconditional cash transfers with WFP's food distribution. UNICEF has referred 1,491 cases not targeted by HCTP to WFP for their inclusion to the food distribution programme.
  - In 2016, UNICEF was a member of the Protection Cluster and the Cash and Markets Working Group, where UN agencies and national and international NGOs exchanged their experiences and coordinated their cash transfer interventions. UNICEF also participated in discussions and contributed to UNDP's and other agencies' efforts to understand and mitigate the socio-economic impact of the crisis on national systems in general, and the poorest and most vulnerable people in particular.

Some of the challenges and key lessons learned during the last year:

- The price hikes for basic commodities as well as the fluctuating exchange rate (US\$/YER) have resulted in minimizing the value of humanitarian cash – in early 2016, the HCT per family with children was YER 22,500 or US\$ 97.8 (US\$1 / YER 230), while in the end of 2016, the value was US\$ 90 (official rate) / US\$75 (parallel market). For families without children, it was even less – YER 10,750 or US\$ 43 (official rate) / US\$35.8. The increased prices, especially for food, made it difficult for families to meet their basic needs to survive the conflict.
- The ongoing economic and financial crisis, and the liquidity crunch in particular, have posed a risk of unavailability of local currency to be paid to HCT beneficiaries. In 2016, AMB could well address this challenge (there were no delays in payments). However, if the crisis continues and/or deteriorates, it would be critical to develop risk mitigation measures to ensure that cash payment agencies are able to pay humanitarian cash in local currency.
- Local authorities have started playing a more active role in coordinating the delivery of humanitarian aid, and cash in particular. In 2017, it would be critical to negotiate with concerned authorities that no obstacles are created in delivering emergency cash to the poorest and most vulnerable people.
- It is critical to have a clear communication strategy and plan that would support the dissemination of required programme information (the scope, objectives, targeting, etc.) to reduce and/or eliminate any social tension between the cash recipients and non-recipients.
- There were many unexpected benefits and spill-over effects from cash assistance, such as families becoming more motivated to obtain identification documents - including birth certificates, ID cards, family cards, and vaccinations cards. Some families managed to invest in livelihood activities, and others became more committed to enrolling their children in school. It would be critical to build additional components into the cash assistance to strengthen such diverse outcomes.

## Results Table

		Cluster Response**		UNICEF and IPs	
2016 PROGRAMME TARGETS AND RESULTS*	Overall needs	Target 2016	Total Results	Target 2016	Total Results
NUTRITION					
Number of children under 5 treated for Severe Acute Malnutrition (SAM)	370,518 <sup>(1)</sup>	178,562 <sup>(2)</sup>	237,378	178,562 <sup>(2)</sup>	237,378
Number of PLWs benefited from the IYCF counselling	2,194,370 <sup>(1)</sup>	313,119 <sup>(3)</sup>	533,107	313,119 <sup>(3)</sup>	533,107
Number of children under 5 given micronutrient interventions	4,542,541 <sup>(1)</sup>	276,000 <sup>(4)</sup>	4,140,554	4,000,000 <sup>(5)</sup>	4,140,554
HEALTH					
Number of children under 1 vaccinated against measles (MCV1)	953,363			770,000	650,430
Number of children under 5 vaccinated against polio	5,039,936			5,039,936	4,853,083
Number of children under 5 receiving primary health care	2,387,000			815,000	1,024,568
Number of pregnant and lactating women receiving primary health care	2,076,000			680,000	558,032
WASH					
Number of affected population (men, women, boys and girls) provided with improved water sources and environmental sanitation services by developing, rehabilitating and maintaining the Public and community infrastructures	8,391,079	6,384,984 <sup>(6)</sup>	5,248,678	5,186,000 <sup>(9)</sup>	4,510,782
Number of affected people with access to safe water as per agreed standards (7.5-15L per person per day)	1,750,000	682,332 <sup>(7)</sup>	1,281,236	100,000 <sup>(10)</sup>	127,991
Number of affected people provided with standard basic hygiene kits	1,750,000	1,382,461 <sup>(8)</sup>	617,815	500,000 <sup>(11)</sup>	358,359
CHILD PROTECTION					
Number of children in conflict-affected areas covered by MRM interventions	2,473,352	1,372,933	1,307,602	1,372,933	1,307,602
Number of children in conflict-affected areas receiving psychosocial support	1,821,656	399,594 <sup>(12)</sup>	565,041	279,716 <sup>(14)</sup>	487,121
Number of children and community members receiving knowledge to protect themselves against injury/death of mine/UXO explosion	1,927,153	502,158 <sup>(13)</sup>	1,092,760	351,511 <sup>(15)</sup>	1,068,289
EDUCATION					
Number of affected school-aged children provided with access to education via Temporary Learning Spaces and School Rehabilitation	497,200 <sup>(16)</sup>	244,500 <sup>(17)</sup>	420,971	156,000 <sup>(20)</sup>	395,912
Number of affected children receiving psychosocial support services in schools	1,800,000	575,500 <sup>(18)</sup>	407,227	173,000 <sup>(21)</sup>	377,259
Number of affected children with access to basic learning supplies, books and classroom furniture to be integrated into education system	2,000,000	522,710 <sup>(19)</sup>	965,277	360,000 <sup>(22)</sup>	793,081
SOCIAL PROTECTION					
Number of vulnerable individuals reached with humanitarian Cash transfer in Yemen	8,000,000			34,285 <sup>(23)</sup>	84,600
C4D					
Number of affected people reached through integrated C4D efforts	2,000,000			1,200,000	1,347,967

\*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

\*\* UNICEF, as Nutrition, Education, WASH clusters, and CPSC lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

### Footnotes:

(1) Nutrition needs estimations revised and increased based on SMART surveys data.

(2) Target increased to 205,708 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

(3) Target increased to 330,888 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

(4) Target increased to 469,081 based on YHRP priorities, programme performance, financial commitments and SMART surveys data.

(5) Target increased to 4,542,541 based on YHRP priorities, programme performance, financial commitments and SMART surveys data. UNICEF's target for this indicator is 4,542,541 children under 5 as Micronutrient interventions supported by UNICEF include Vit A supplementation and micronutrients sprinkles supplementation, while Nutrition cluster target does not include Vit A supplementation and consider only micronutrients sprinkles supplementation target (469,081 children under 5).

(6) Target reduced to 5,828,703 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

(7) Target increased to 1,232,846 based on performance.

(8) Target reduced to 1,166,741 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

(9) Target reduced to 4,615,540 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.

(10) Target increased to 120,000 based on performance.

- (11) Target reduced to 445,000 based on overall YHRP targets reduction, taking into consideration partner's performance, current capacity (including available funding) and access.
- (12) Target increased to 578,954 based on better access and improved methodology for defining priorities and calculating targets.
- (13) Target increased to 1,735,570 based on better access and improved methodology for defining priorities and calculating targets.
- (14) Target increased to 463,163 based on better access and improved methodology for defining priorities and calculating targets.
- (15) Target increased to 1,388,456 based on better access and improved methodology for defining priorities and calculating targets.
- (16) Estimated needs increased to 780,000 based on improved needs analysis and current operational capacity.
- (17) Target increased to 610,930 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.
- (18) Target increased to 607,617 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.
- (19) Target increased to 962,904 due to the increase in needs, increase of cluster partners members and enhanced capacity of partners.
- (20) Target increased to 393,650. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence targets were increased.
- (21) Target increased to 565,760. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence targets were increased.
- (22) Target increased to 905,000. UNICEF's targets were initially set based on available resources. As the conflict escalated and the number of affected children increased, UNICEF managed to fundraise and increase funds available for education, and hence targets were increased.
- (23) Target increased to 105,000 individuals to reflect its plans to expand coverage in Taizz and Sana'a governorates.

### 3. Cluster / sector leadership

UNICEF works 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 all five field offices (Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb), and Education sub-national Clusters are active in Aden, Ibb and Al Hudaydah.

#### Nutrition cluster

UNICEF is the Nutrition Cluster lead agency and has assigned a dedicated international Nutrition Cluster coordinator. The co-chair of the cluster is the Nutrition Department of the MoPHP. The cluster is further supported by a dedicated Information Management Officer (IMO) who assists data compilation and analysis and feeds back products such as geographic priority maps to the cluster members. Online information management tools (i.e. Google drive) are used for information storage and sharing. On a regular basis, the IMO shares the cluster results with OCHA through the Interagency Information Management Working Group.

Currently, all hubs have sub national cluster coordinators, filled by national UNICEF Health and Nutrition Officers, who are double hatting, spending approximately 20 to 30 per cent of the time on coordination. Sub-national clusters are co-chaired by the GHO. The key roles of the sub national cluster coordination are to coordinate and monitor assessments and response, which requires daily interaction with partners (NGOs and local authorities), OCHA and the Area Humanitarian Country Team.

UNICEF remains a key partner contributing to the achievements of the cluster objectives and overall humanitarian response in Yemen. UNICEF contributed significantly to the cluster in terms of conducting assessments using SMART surveys methodology, trained 20 partners' staff on SMART survey, and supported the cluster in leading the Assessment Working Group, which is responsible for planning assessments as well as validating survey results.

The humanitarian reform has made grater difference in terms of service delivery effectively to population affected by the nutrition crisis by enhancing predictability of the funding and leadership of responses by UNICEF as cluster lead agency. Moreover, accountability to affected populations was taken a priority and mandatory activity with all the partners ensuing feedback and complains mechanisms are established while maintaining/strengthening the participation of the affected population in projects.

UNICEF adheres to the principle of partnership with all the cluster partners to strengthen response capacity in the country. As a result, the number of children and women assisted in 2016 has significantly improved compared to the 2015. This can be partially attributed to partners shared responsibility for enhancing the effectiveness of the nutrition response. To the extent possible, appropriate complementarity amongst different humanitarian actors operating in nutrition response was ensured. Partners are given the opportunity to fully and equally participate in setting the direction, strategies and activities of the cluster.

## WASH Cluster

UNICEF continues to lead the WASH cluster at national and sub national levels, the head of the Emergency Unit of the GARWSP co-chairs the cluster. The WASH cluster is operational at all five humanitarian hubs with dedicated WASH sub cluster coordinators in Aden and Al Hudaydah through a partnership between UNICEF and DRC (funded by UNICEF). The WASH humanitarian response is timely coordinated with the relevant WASH cluster partners at all levels to avoid duplication and fill any gaps. This includes authorities, international and local NGOs, UN, observers and donors.

The WASH cluster reached 99 per cent of its planned YHRP targets in 2016 and increased efforts to build the technical WASH capacity of local NGOs. A cholera standard operating procedure was produced, guiding partners in the cholera response.

During 2016, the cluster showed its strong coordination mechanism during rapid responses for IDPs, floods and most recently during the recent cholera outbreak declared in October 2016. With limited new resources for cholera response available, WASH partners used existing prepositioned stocks and own funding resources to immediately respond in the affected locations. The cluster coordinated these efforts, linking partners together so that supplies, human resources and logistics could be linked and joint response was possible.

The cluster has a dedicated information management officer (IMO) who is managing an information management system that tracks the WASH cluster response reported by partners. The IMO does regular analysis to compare plans with results reached and alerts partners when certain areas are under served or response is delayed. The WASH cluster plans and results are reported monthly to OCHA - as the key agency to track inter agency monitoring and reporting of cluster level results. At sub national level the WASH cluster is supported part time by information management officers based in the hubs. Part of their responsibility is to verify the reports submitted at national level.

UNICEF has an agreement with DRC to share the WASH sub cluster coordination role in Aden and Al Hudaydah. This has been a very successful approach, since it allows dedicated human resources for coordination of the sub cluster response in two of the key hubs in the country.

## Child protection Sub-cluster

In 2016, the Child Protection sub-cluster (CPSC) had a UNICEF fully dedicated sub-cluster coordinator, and a UNICEF Child Protection staff has coordinated the sub-cluster at the sub-national level in five hubs.

UNICEF has fulfilled its role of cluster lead responsibility according to the cluster work plan – 2016 YHRP. On a quarterly basis, the CPSC – at national and sub-national level - has reassessed capacity, access, and needs criteria, identifying and mapping gaps as well as determining measures needed to overcome the gaps discussed.

Cluster participation has been facilitated through regular meetings, consultations with members and information sharing. In addition, a membership process was initiated towards the end of 2016 aimed at identify the most committed and active members and differentiate participation and meeting agenda. At the national level, four thematic working groups were active: Unaccompanied and separated children (UASC), Mine Risk education (MRE), Psychosocial Support (PSS) and Monitoring and reporting mechanism (MRM); meeting and reporting regularly to the CPSC. One of the most active member, a national NGOs has taken the leadership of the PSS working group under the sub-cluster.

A dedicated IMO is supporting the CPSC as well as dedicated IMOs are supporting each field offices in data collection and analysis. Data is collected through ActivityInfo<sup>46</sup> and capacity building was regularly provided to existing and new partners on how to use the collection tool.

Partnerships based on the CPSC contributed to improved results. Efforts were invested to coordinate Victims' Assistance activities by different health, Early Recovery (especially Mine Action Group) and Child Protection partners. Joint-funding proposals were made between Health and CPSC partners for Humanitarian Pooled Funds (HPF). Several Child Protection partners (DRC with Hajjar Foundation, Al Atta, ADO) were funded and are

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<sup>46</sup> Online humanitarian project monitoring tool <https://www.activityinfo.org/>



currently working on referral, case management and secondary health care for injured children identified by the MRM.

The CPSC Accountability to Affected Population (AAP) framework was recently developed in consultation with partners and later endorsed and adopted as an inter-cluster AAP tool by the OCHA-led Assessment/Monitoring work group, and is mandatory for all the organizations applying for the HRP 2017. Also in 2016, the Protection mainstreaming training for all clusters was conducted by the Protection cluster with the support of the CPSC.

## Education Cluster

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

The Cluster drafted a National Strategy for Education in Emergencies for 2016/17, and is included in the Yemen Humanitarian Response Plan (YHRP) for 2017 although it is not prioritized in the Yemen Humanitarian Pool Fund allocations. One of the key successes of the YEC has been to get IDP students back to school, especially those who lost their certificates. Another success is the regular monitoring of schools affected by the conflict, as well as information sharing

At the subnational level, UNICEF Education Officers in Taizz, Al Hudaydah and Sa'ada have a dual task, partially leading the sub-national Cluster. An IMO was recruited by UNICEF to dedicate 50 per cent of his time to support the cluster. Moreover, the Education cluster maintains IM tools for monitoring and reporting partners' activities, these tools keep track of partners' activities, locations and beneficiaries' information in order support coordinated response. The cluster also conducts gap analysis to identify achievement against targets per activity and location.

The Education cluster participates in the Inter-Cluster Coordination Group at the national and the sub-national levels to ensure education establishes the strongest possible collaboration with the other humanitarian sectors.

## 4. Monitoring and Evaluation

After the onset of the conflict in March 2015, the ongoing humanitarian crisis has shifted the Yemen Country Office (YCO) overall direction into humanitarian-cantered interventions as compared to development-focused interventions (80 per cent in 2014). The Planning, Monitoring and Evaluation (PM&E) section - in line with global strategic vision and CCCs - aligned indicators, and developed/rolled out Humanitarian Performance Monitoring (HPM) indicators in close consultation with all sections. These HPM indicators are aligned with Programme cooperation agreements (PCAs), partners share progress on monthly basis and are reported through monthly SitReps.<sup>47</sup> Monthly milestones are monitored and information management officers (16 IMOs) have been taken on board through IMMAP. Accordingly, in order to closely monitor programmatic interventions, a monitoring and evaluation strategy is laid down with clear roles and responsibilities for field monitoring, both conducted by UNICEF staff where security allows or through Third party monitoring (TPM).

### Monitoring

The HPM indicators for 2016 were finalized and incorporated in the Humanitarian Action for Children (HAC) / YHRP 2016, to avoid inconsistencies in reporting. It is worth mentioning that out of the 18 indicators, 11 achieved more than 90 per cent of the planned target.

All UNICEF staff at the field offices in Sa'ada, Ibb, Al Hudaydah and Sana'a have been trained on Civil Society Organization (CSO) and Harmonized Approach for Cash Transfer (HACT) procedure and UNICEF's partners were

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<sup>47</sup> UNICEF Yemen monthly Humanitarian SitReps available in [https://www.unicef.org/appeals/yemen\\_sitreps.html](https://www.unicef.org/appeals/yemen_sitreps.html)



also trained on HACT. Throughout the year, 48 micro assessments were conducted to determine the financial capacity of UNICEF partners and 65 spot-checks were completed to assess the accuracy of the financial records for cash transfers to implementing partners.

For the past few years, field monitoring was mostly done by UNICEF staff, but due to the ongoing conflict in Yemen, monitoring has been severely halted due to significant access constraints. Henceforth, in September 2015 UNICEF contracted a local vendor (Prodigy Systems) for TPM services. TPM visits began in November 2015 and continued in 2016 with a total of 334 programmatic visits conducted by TPM as of 31 December, in areas unreachable for UNICEF's staff. In order not to heavily rely on TPM, UNICEF has a two-pronged approach to programmatic field monitoring. On one hand, the office continues to advocate for, and put measures in place in order to enable increased access for staff to conduct programmatic visits. At the same time, the TPM contract allowed for up to 50 field visits per month, which helped in achieving minimum estimated HACT requirement of 302 programmatic visits. The ultimate goal is to ensure that TPM serves complement staff-led field monitoring rather than replace it. UNICEF is also working to increase monitoring of its accountability to the affected population, including end-user monitoring of supplies, tools for this have been developed as a part of TPM and are incorporated in the SOP for the staff-led field monitoring.

In terms of gender mainstreaming, a PCA Gender Checklist Monitoring Tool was developed. With support from the Yemen GenCap advisor, 16 UNICEF staff members including the Gender Core Team and the Cluster Coordinators were trained on gender mainstreaming in humanitarian programming and the improvement of PCA quality with respect to gender and age.

## **Evaluation**

The YCO was selected as part of four countries in the region taking part in an initiative to build capacity in evaluation of humanitarian action (EHA). A vendor was contracted and a draft inception report was received in July. The focus of the Yemen EHA was to evaluate the management of UNICEF's humanitarian response in the ten months following the escalation of conflict with the main objective to use the findings to improve the management of the current emergency response and also to influence future UNICEF responses in any complex emergencies.

## **Tools and systems in place**

To ensure that the needs of the affected population are realized in a harmonized, effective and timely manner, UNICEF, being cluster lead of WASH, Health, Nutrition and Child Protection, in close consultation with the partners, has taken the lead on designing cluster operational strategies, based on the Humanitarian Needs Overview (HNO). The operational strategies are incorporated in the form of the Yemen Humanitarian Response Plan (YHRP). Minimum SPHERE standards and indicators are adopted while designing the strategy so that the needs and basic rights of the children and women meet in a quality manner. These standards and indicators are shared with all partners and are uploaded on a website for easy reference and to ensure good quality programming. While carrying out HNO, UNICEF took the lead in contributing to the social services part, by designing tools and reports.

To cater increasing information demand, the number of IMOs - through an institutional contract with iMMAP - increased to 16 covering all UNICEF Clusters, sections and Field Offices. The IMOs are dedicated to each cluster and UNICEF section/field office to ensure that all information collected (both directly and through partners) is analyzed in a timely and professional manner. This has helped UNICEF in further improving overall program quality by developing action trackers with relevant action points. Similarly, such information is used as management tool for effective and timely decision making. The role of IMOs is of significant importance in the current context as it helps UNICEF to closely monitor partners and to cross validate data in order to avoid any duplication/errors. ActivityInfo, which helps streamline the management of sectoral information, was introduced and implemented successfully by the Child Protection cluster. Health and Nutrition clusters uploaded their database to roll out Activityinfo during third quarter of the year.

The increased fragmentation of the country due to the escalation of conflict has pushed UNICEF to work with partners in a decentralized manner and conduct assurance activities accordingly. This has meant putting in place the mechanisms to ensure that the findings of programmatic visits and spot checks are correctly understood and appropriately acted upon by the relevant staff. To this end, a workflow process indicating the timing, accountability and verification of field monitoring visits and spot checks was developed to ensure that the planning and follow-up of assurance activities are done at the field office-level with appropriate oversight and support from the national office. In doing this, YCO has taken a practical approach, learned by doing, and improved upon the process iteratively.

## 5. Financial Analysis

Despite the seriousness of the situation, the Yemen crisis has not received enough international attention and the required financial support. With only 26 per cent of HRP requirements funded as of mid-August 2016, the Yemen Humanitarian Country Team agreed to review its 2016 HRP by reducing its funding requirements from US\$ 1.8 billion to US\$1.6 billion to reach 12.6 million people with life-saving and protection services, focusing on the most urgent programmes. As of December, the Yemen Humanitarian Response Plan received 60 per cent of the amount required to cover the humanitarian needs in 2016. With major competing crises in Iraq, Syria, West and Central Africa, fundraising efforts for Yemen are increasingly complex.

The economic, social, and human conditions have continued to deteriorate in the country, with some of the most urgent humanitarian needs caused not only by the current conflict but by poverty, lack of access to services and weakened national systems. With the current funding trends, UNICEF and humanitarian partners might just respond to basic and immediate needs for the most vulnerable children and their families, but achieving long-term goals will require more predictable, flexible and multiyear funding.

In 2016, UNICEF Yemen reached 82 per cent of its original HAC requirement of US\$ 180 million, from this total US\$ 87.5 million were received against the 2016 appeal while US\$ 59.7 million were carried-forward from the previous year.

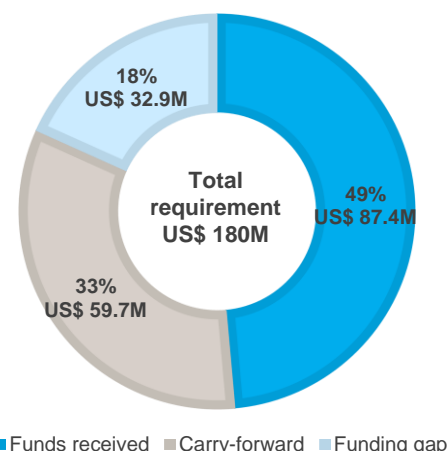
In order to address the most urgent needs, in spite of funding gaps, UNICEF had to prioritize certain urgent activities, in line with the HCT and cluster revised strategies. However, humanitarian needs exacerbated throughout the year, especially after the cholera outbreak in October, forcing UNICEF to reprogram and reallocate resources in order to respond to new emerging priorities. Un-earmarked funds as well as the flexibility of donors providing earmarked support (i.e. DFID, OFDA), proved very helpful.

Pooled funds were also key to respond to most pressing needs in a timely manner. During the year, CERF and HPF contribution were used to reinforce UNICEF's multisector response to IDPs' urgent humanitarian needs and boosted the implementation of cholera outbreak response plan.

Thanks to the availability of additional resources and strengthened implementation capacities, the Social Protection in Emergency programme, mainly focused on providing unconditional cash transfers, was able to increase significantly its coverage (from 34,285 initially planned to over 84,000 individuals), hence it appears as over funded and may distort the overview of the funding status of the Country Office.

Nutrition, health and WASH sectors received the largest share of resources, this is in line with the highest needs of the population. However, funding gaps for such critical sectors remained high. Key interventions in child protection and education remained under funded despite its criticality for an integral emergency response approach. Un-earmarked contributions and multisector grants were vital to ensure the minimum necessary for implementation of such programmes, of great importance for children in Yemen.

Figure 1: Funding status HAC Yemen 2016



■ Funds received ■ Carry-forward ■ Funding gap

Table 1: 2016 Funding status against the appeal by sector (as of 31 Dec 2016)

Sector	Requirements	Funds Available*		Funding Gap	
		US\$	%	US\$	%
Nutrition	61,500,000	33,374,713	54%	28,125,287	46%
Health	36,000,000	27,348,110	76%	8,651,890	24%
Water, Sanitation and Hygiene	48,500,000	33,329,009	69%	15,170,991	31%
Child Protection	14,000,000	9,900,425	71%	4,099,575	29%
Education	14,000,000	12,849,611	92%	1,150,389	8%
Social Protection in Emergency	6,000,000	9,886,920	165%	-3,886,920	-65%
Being allocated		20,452,068			
<b>Available balance</b>	<b>180,000,000</b>	<b>147,140,857</b>	<b>82%</b>	<b>32,859,143</b>	<b>18%</b>

\* Funds available includes funds received against 2016 appeal and carry-forward from previous year.

Table 2: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2016</b>		
<b>a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)</b>		
See details in Table 3	SM149910	1,546,261
<b>b) Non-Thematic Humanitarian Funds</b>		
The United Kingdom	SM160268	25,607,848
USA (USAID) OFDA	SM160057	13,888,889
Japan	SM160069	8,333,333
European Commission/ECHO	SM150339	4,997,245
SIDA - Sweden	SM160108	3,480,239
Yemen/ WB	SM150627	3,439,031
Germany	SM160592	2,948,809
USA USAID	SM160467	2,778,750
USA USAID	SM160596	1,851,852
SIDA - Sweden	SM160346	981,547
Netherlands	SM160565	955,784
Netherlands	SM160513	584,074
Switzerland	SM160139	470,013
French Committee for UNICEF	SM160454	454,975
WFP - Italy	SM160018	330,556
FAO - Italy	SM160019	120,370
Slovenia	SM160212	31,494
<b>Total Non-Thematic Humanitarian Funds</b>		<b>71,254,810</b>
<b>c) Pooled Funding</b>		
CERF	SM160420	4,089,455
Humanitarian Pooled Funds	SM160043, SM160050, SM160401, SM160402, SM160494	3,934,674
<b>Total Pooled Funding</b>		<b>8,024,130</b>
<b>d) Other types of humanitarian funds</b>		

USAID/Food for Peace	KM150056	152,820
<b>Total humanitarian funds received in 2016 (a + b + c + d)</b>		<b>80,978,021</b>
<b>II. Carry-over of humanitarian funds available in 2016</b>		<b>59,692,673</b>

\* Programmable amounts of donor contributions, excluding recovery cost.

\*\* 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2016

Donor	Grant Number	Programmable Amount (in US\$)	Total Contribution Amount (in US\$)
German Committee for UNICEF	SM1499101168	562,586	590,715
United Kingdom Committee for UNICEF	SM1499101243	291,222	306,269
Netherlands Committee for UNICEF	SM1499100978	269,949	283,447
Swedish Committee for UNICEF	SM1499101267	215,813	226,603
Japan Committee for UNICEF	SM1499101128	144,316	151,531
United Kingdom Committee for UNICEF	SM1499101211	41,949	44,046
International On-line Donations	SM1499101017	11,379	11,978
United States Fund for UNICEF	SM1499101091	9,048	9,500
<b>Total</b>		<b>1,546,261</b>	<b>1,624,090</b>

## 6. Future Work Plan

In 2017, UNICEF's humanitarian strategy will continue to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF HAC 2017 is aligned with the strategic objectives and cluster operational response plans, as in the Yemen Humanitarian Response Plan (YHRP) 2017. Life-saving health, nutrition, WASH, education, child protection and social protection services will be delivered to 9.8 million people, including 6.9 million girls and boys (see Table 4, Table 5).

### Nutrition

In 2017, malnutrition prevention and treatment will be expanded, 1.2 million mothers and caregivers will receive infant and young child feeding counselling and 4.5 million children will receive micronutrient supplements. From a total of 462,000 children estimated to be suffering SAM in 2017, UNICEF plans to reach at least 70 per cent with the required treatment.

UNICEF is following and leading the implementation of the Nutrition part of the YHRP. UNICEF, WFP and WHO will work on the revision of the 2016 CMAM Scale up plan and preparations for a 2017 joint CMAM scale up plan. With the MoPHP, UNICEF and partner will work on establishing the national IYCF and IYCF in Emergencies strategies. UNICEF plans to support implementation of SMART surveys in ten governorates out of the 20 planned by the Nutrition cluster - 5 of them with MoPHP. Furthermore, micronutrient supplementation, as preventive intervention, will scale up.

Planned interventions are mainly guided by YHRP 2017, however UNICEF and humanitarian partners will take into account the results of the final IPC Communication Report after the analysis exercise conducted in mid-February 2017. IPC phasing results may affect the prioritization for 2017.

## Health

UNICEF will focus on increased procurement of vaccines, operational support to health facilities, strengthen referral health facilities for Maternal, newborn and child health (MNCH) and IMCI, support Integrated Outreach Rounds based on needs and timely response to outbreaks.

Due to financial constraints the MoPHP is unable to pay for the procurement of traditional vaccines, therefore UNICEF will be providing support to MoPHP in procurement of traditional vaccines and related devices.

UNICEF will work at the community and health facility level regarding maternal, newborn and child health (MNCH) care. Focus will be in strengthening the referral hospitals for newborn care, basic and comprehensive emergency Obstetric Care (EmONC) services.

In 2017, UNICEF will also expand support regarding IMCI. For provision of quality IMCI services UNICEF will support Monitoring & Supervision, as well as operational costs for targeted health facilities.

Integrated Outreach Activities is one of the key strategy to reach communities in tier 2 and 3, and to reach high risk, security compromised and hard-to-access areas. The package of services offered will be increased and adjusted based on needs.

UNICEF will support the operation and expansion of health services provision. In addition, will support the launching and expansion of community case management of common childhood illnesses, namely pneumonia, diarrhoea and malaria

## Water, sanitation and hygiene (WASH)

By supporting operation, maintenance and rehabilitation of water systems, UNICEF be able to ensure access to safe water for over 4 million people in the most affected areas, including IDPs and host communities. Water trucking will be provided in remote communities and in locations where water provision systems are not available, and will reach at least 62,000 people. Hygiene kits will be delivered to 654,000 people.

In 2017, UNICEF will prioritize:

- Transition from diesel-powered water supply systems to more sustainable means for water abstraction in urban areas.
- Rehabilitation of water supply infrastructure in urban areas
- Building institutional capacity of local water and sanitation corporations as well as other sector partners
- Temporary incentive support to key government employees to ensure continuity of services.
- Water Quality/Water Safety plans as a mean to prevent AWD/cholera outbreaks.
- Introduction of innovative systems to deal with water scarcity.
- Initiate discussions on post-crisis WASH programming.

## Child protection

Based on the current access conditions and existing partners' capacities, UNICEF will continue to contribute to the YHRP's and CPSC's targets for 2017 in order to respond to the critical needs of children. UNICEF will continue supporting the provision of psycho-social support for over 545,000 children through CFSs. These activities also will enable the community workers to identify the most vulnerable children and refer them to the suitable services. In addition, UNICEF will continue to provide life-saving information to more than 1.3 million children and their key care givers on how to protect themselves from the risks of mines, UXOs and Explosive Remnants of War (ERW).

UNICEF will continue also strengthening the MRM network through coordination, partnership and capacity building in order to improve verification of data collected on grave violations. Data collected will inform the scale up of the victim's assistance programme - focusing on injured children who will be supported through case management, medical referral and rehabilitation assistance. UNICEF will report on the situation of children in Yemen through quarter reports (Global Horizontal Note - GHN) and the annual reports to be shared with the OSRSG CAAC.<sup>48</sup> In

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<sup>48</sup> Office of the Special Representative of the Secretary General for Children and Armed Conflict.

addition, UNICEF along with UN-CTFMR will continue to advocate for the protection of the rights of children in Yemen.

## Education

Humanitarian support in the Education Sector will seek to ensure access to education for more than one million children affected, through a variety of interventions including rehabilitation of at least 537 schools, provision of 629 schools with operating /capitation grants, installation of 569 TLS, distribution of more than 23,000 classroom desks, provision of teaching/learning supplies for more than one million affected children. Over 580,000 conflict-affected children and adolescents will also be provided psychosocial in order to be better equipped to deal with the potential trauma caused by the crisis.

## Social Protection

Humanitarian cash will remain on the priority agenda of UNICEF YCO. In 2017, if funding is available, the programme will cover governorates with the highest child malnutrition rates, including Al Hudaydah, Hadramaut, Taizz, Abyan, Sana'a, Amanat Al Asimah, Ibb, Sa'ada, Lahj, Aden, Al Dhale'e, Shabwah and Dhamar. In areas of 'critical' nutrition situation, it is suggested to implement an integrated approach – i.e. blanket coverage by HCT complemented by social services (health, nutrition, and WASH). In other areas, the vulnerability targeting is suggested.

In addition to the HCT programme, UNICEF will also continue preparing the system for the emergency resumption of the SWF cash transfer programme (assessments, studies, cleaning the SWF beneficiary list, etc.). If the funding is available for SWF cash transfers (approx. US\$450 M), the programme will be implemented across the country (22 governorates) to target 1.5 million beneficiary cases or almost 8 million direct and indirect beneficiaries.

Table 4: UNICEF Yemen – Programme targets 2017

	Cluster Response	UNICEF and IPs
2017 PROGRAMME TARGETS	Target 2017	Target 2017
<b>NUTRITION</b>		
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	323,218	323,218
Number of targeted caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	1,988,941	1,392,259
Number of children under 5 given micronutrient interventions	566,848	4,528,100
<b>HEALTH</b>		
Number of children under 1 vaccinated against measles (MCV1)		884,000
Number of children under 5 vaccinated against polio		5,352,000
Number of children under 5 receiving primary health care		1,131,000
Number of pregnant and lactating women receiving primary health care		790,000
<b>WASH</b>		
Number of population served with support to operation, maintenance and rehabilitation of public water systems	5,492,703	4,068,039
Number of affected people with access to safe water as per agreed standards through water trucking	778,053	62,000
Number of affected people provided with standard basic hygiene kit	1,379,678	654,000
<b>CHILD PROTECTION</b>		
Number of incidents verified and documented from all the reported incidents	1,716,565	1,716,565
Number of children in conflict-affected area receiving psychosocial support	682,268	545,814
Number of children and community members received information to protect themselves against injury/death of mine/UXO explosion	1,684,106	1,347,284
<b>EDUCATION</b>		
Number of affected children provided with access to education via Temporary Learning Spaces, school rehabilitation, capitation grants, and classroom furniture	548,973	417,527
Number of affected children receiving psychosocial support services in schools	343,108	322,397
Number of affected children supported with basic learning supplies, including school bag kits	704,515	560,624
<b>SOCIAL PROTECTION<sup>(6)</sup></b>		
Number of vulnerable individuals reached with humanitarian cash transfers		105,000
<b>C4D</b>		
Number of affected people reached through integrated C4D efforts		1,300,000



In 2017, UNICEF will require US\$ 236.6 million to meet the humanitarian needs of the most vulnerable children in Yemen. Without additional funding at such a critical time, when 7 out of 10 people are in need of humanitarian assistance, UNICEF and its partners will be unable to contribute to meeting the needs of the most-affected children and families, not only suffering the consequences of conflict but also the major risk of the potential collapse of public services.

Table 5: UNICEF Yemen Funding requirements HAC 2017

Sector	2017 requirements (US\$)
Nutrition	83,557,762
Health	62,000,000
Water, sanitation and hygiene	30,299,558
Child protection	20,937,391
Education	31,789,558
Social protection	8,000,000
<b>Total</b>	<b>236,584,269</b>

## 7. Expression of Thanks

UNICEF Yemen thanks to all its donors for their continued support to the humanitarian response in Yemen. In 2016, despite the extremely challenging conditions, UNICEF continued to deliver integrated response to millions affected by the conflict, displacement, diseases and natural disasters throughout the year and across the country. This would not have been possible without the crucial contributions from our public sector partners and National Committees for UNICEF.

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



UNICEF Yemen/2016

## 8. Annexes

### Two-pager reports

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

SM140229	SIDA – Sweden
SM150527	Canada
SM150199	SIDA - Sweden
SM150530	SIDA - Sweden
SM150479	USA (USAID) OFDA
SM150142	Switzerland
SM160454	French Committee for UNICEF
SM160108	SIDA - Sweden
SM160057	USA (USAID) OFDA
SM160139	Switzerland
SM160346	SIDA - Sweden
KM150056	USAID/Food for Peace
KM150057	USAID/Food for Peace

### Human Interest Stories

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

### Photos/Videos

Photos and videos can be used by donors as needed, giving credit to UNICEF Yemen.

- Photo gallery UNICEF Yemen in action, available in the following link:  
<https://www.dropbox.com/sh/ofokg5k348u6895/AABGR9LZux3YXwsEgPwKpjY2a?dl=0>
- Footage UNICEF Yemen in action:  
<https://www.dropbox.com/s/da546drhejsw412/2%20-%20Generic.mp4?dl=0>  
Shotlist: <https://www.dropbox.com/s/v1eylhmf14tyti3/Video%20Shortlist%20Generic%20.docx?dl=0>
- For more videos, visit <https://www.youtube.com/user/UNICEFYemen/videos>
- For more stories, visit: <https://www.unicef.org/yemen/>  
Facebook: <https://www.facebook.com/unicefyemen/>  
Twitter: @UNICEF\_Yemen  
Instagram: [https://www.instagram.com/unicef\\_yemen/](https://www.instagram.com/unicef_yemen/)

## Report Feedback Form

**UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!**

**Please return the completed form back to UNICEF by email to:**

Name:

Email:

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**SCORING: 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING:**     **5 indicates “highest level of satisfaction” while**  
**0 indicates “complete dissatisfaction”**

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

**Thank you for filling this form!**