



Yemen Country Office Humanitarian Situation Report



Reporting Period: 1 - 30 April 2020

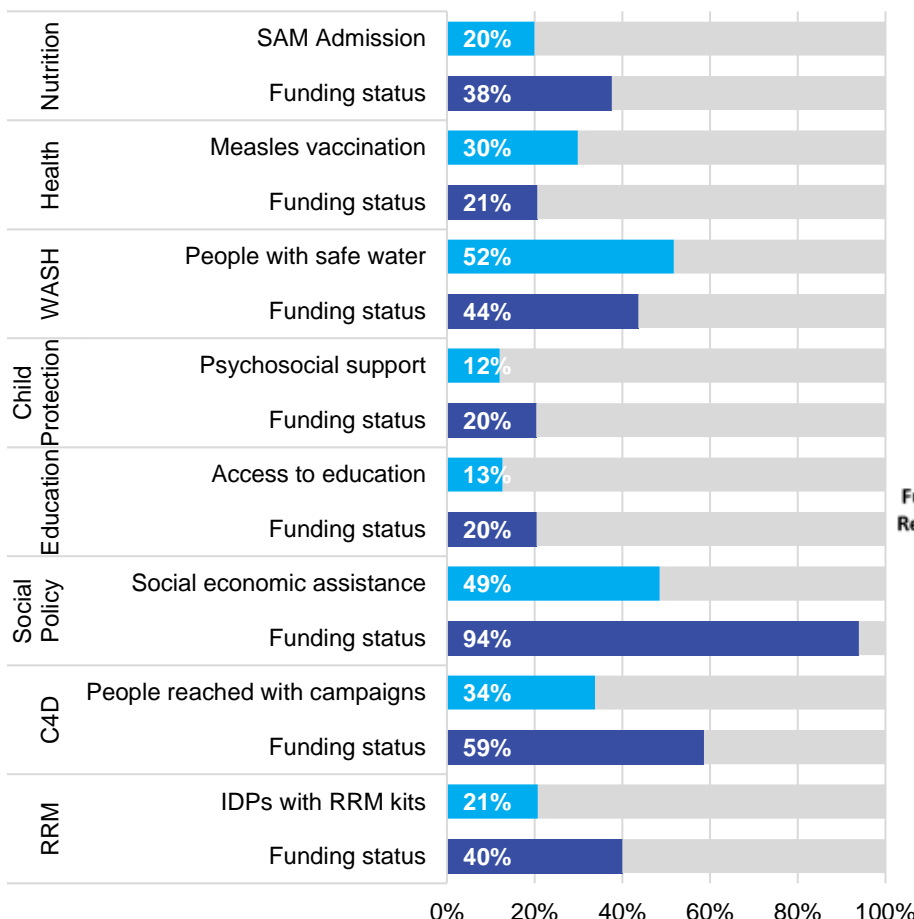
Highlights

- As of 30 April, there are six COVID-19 officially confirmed cases, two associated deaths, and one recovered case in Hadramaut and Aden. The number of cases remain low but may be the result of the lack of access to testing. UNICEF continues to implement preventive response activities alongside its regular programmes. COVID-19 continues to challenge the implementation of some UNICEF programmes due to restrictive measures imposed by local authorities, such as closure of schools and child-friendly spaces.
- As some therapeutic feeding and public health facilities are being used as COVID-19 isolation centers, an estimated 13% of 290 outpatient therapy sites reported a 10-50% decrease in attendance. 14% of 479 targeted supplementary feeding programme sites also reported a decrease ranging between 10% and 50%.
- Due to the COVID-19 mitigation measures imposed by local authorities, and considering the risk of transmission involved, UNICEF was forced to discontinue vaccination campaigns. This “cas de force majeure” has resulted in the potential expiry of oral polio and tetanus-diphtheria vaccines worth \$621,000.
- The United Nations Country Task Force on Monitoring and Reporting verified 37 incidents of grave violations against children. Nine children were killed, and 39 children were maimed by various parties to the conflict.
- 25,508 cases of Acute Watery Diarrhea (AWD)/suspected cholera and six associated deaths were reported in April, with a 0.02 % of the case fatality rate. UNICEF treated 6,500 AWD/suspected cholera cases through supporting 69 Oral Rehydration Centres and 49 Diarrhoea Treatment Centres in 13 governorates.

Situation in Numbers

- 12.2 million** children in need of humanitarian assistance
- 24 million** people in need (OCHA, 2020 Global Humanitarian Overview)
- 1.71 million** children internally displaced (IDPs)

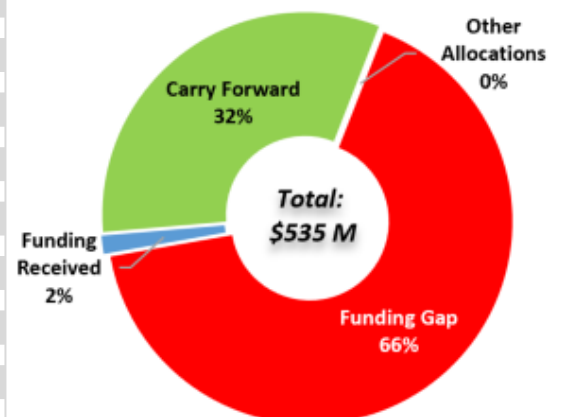
UNICEF's Response and Funding Status



UNICEF Appeal 2020
US\$ 535 million

Funding Available*
\$180 million

Overall 2020 Funding Status



* Fund available includes funding received for the current appeal (emergency and other resources), the carry forward from the previous year and additional funding which is not emergency specific but will partially contribute towards 2020 HPM results.

*Response indicators represent only parts of section activities, while funding status represent the sections' entire funding level. While Social Policy, Communication for Development (C4D), WASH, and Rapid Response Mechanism (RRM) have more than 40 % of its funding requirements to implement Humanitarian Action for Children (HAC) activities, the most of available funding was carry-forwarded from the 2019 HAC funding.

Funding Overview and Partnerships

UNICEF is appealing for \$535 million as part of the 2020 Yemen Humanitarian Action for Children (HAC), which is aligned to the 2019 Yemen Humanitarian Response Plan (YHRP). In April, UNICEF received \$1.3 million in generous contributions towards the HAC from Canada and the UNICEF National Committees of Norway, Spain, and Austria.

UNICEF wishes to express its sincere gratitude to all donors for their contributions and pledges, which continue to make the 2020 response possible. In addition to the funds received in 2020, UNICEF has a carry-over of \$173 million from grants received in 2019. Nevertheless, UNICEF faces a critical funding gap of \$355 million (66%) in 2020. In May, UNICEF will undertake an internal programme review to measure COVID-19 impact on the whole of its programmes in order to adjust its beneficiary targets and funding requirements.

As part of continuing efforts to strengthen risk prevention and management measures, UNICEF conducted an office audit for the period of January 2017 and March 2019. As a result, UNICEF is actively implementing a series of risk mitigation measures to effectively deliver for children in a highly challenging and complex environment. UNICEF adopted the HACT (Harmonised Approach to Cash Transfers) Plus, a risk management framework that goes beyond the existing inter-agency HACT framework. In line with the HACT Plus modality, all implementing partners are assumed as 'high risk' and must be assessed using an enhanced risk management process, regardless of the cash amount to be transferred. The financial assurance Terms of Reference has also been revised to focus more on fraud detection and prevention. All payments for programme activities are made through direct payment and reimbursement modalities, except for operational and supervision costs, which are paid through direct cash transfers. Procurement is also directly done by UNICEF, including construction and rehabilitation related activities.

Situation Overview & Humanitarian Needs

The first laboratory-confirmed case of COVID-19 was declared on 19 April in Hadramaut. As of 30 April, there were six COVID-19 officially confirmed cases, two associated deaths, and one recovered case in Hadramaut and Aden.¹ The number of cases remain low but may be the result of the lack of access to testing.² As the ongoing conflict has already deteriorated the health infrastructure, weakened people's immune systems, and increased vulnerabilities, COVID-19 in Yemen could spread faster and more widely than in other countries.³

According to a special edition of the Yemen Socio-Economic Update, published by the Ministry of Planning and International Cooperation with UNICEF's support, the economy is likely to contract by 10% due to COVID-19. This will further increase poverty rates and, in turn, increase child poverty and vulnerabilities. It was estimated that remittances, the country's primary source of hard currency, have dropped by 60-70%. While Yemen relies on imports, constrictions on global trade between countries and a decline in global production have reduced commodities and supply stocks at local markets in Yemen. As a result, the prices of essential commodities and services significantly increased.

Due to the COVID-19 mitigation measures imposed by local authorities, schools and child-friendly spaces are closed nationwide and examinations are postponed in the northern governorates. The Ministry of Education in Aden announced that schooling would resume in June 2020, subject to change based on the situation. The 2019-2020 school year continued to be affected by the ongoing conflict, with unpaid teachers' salaries in 11 governorates⁴ and teacher strikes in Aden hampering children's access to school.

Between 21 January and 22 April, IOM estimated over 9,000 households fled conflict-affected areas in Marib and Al Jawf⁵. In April, the UN Country Task Force on Monitoring and Reporting (UN-CTFMR) documented 37 incidents of grave violations against children, of which 97% were verified (UN-CTFMR continues to collect information to verify the remaining 3%). The verified incidents included nine children killed (3 girls and 6 boys), and 39 children maimed (7 girls and 32 boys) by various parties to the conflict. The verified incidents were from Taizz, Al Hudaydah, Lahj, Al Dhale'e, and Marib. The decrease in child casualties can be attributed to the increased difficulty in verifying cases resulting from the COVID-19 movement restrictions.

In mid-April, heavy rains hit northern Yemen, reaching southern Yemen a week later. The torrential rains and flooding led to fatalities, injuries, and damaged buildings, infrastructure and services, affecting 13 governorates. By 30 April, 150,000 people had been affected by the rains and flooding. In Aden, powercuts had continued since the floods of 21 April until 30 April. Due to the

¹ WHO EMRO. [Latest update on COVID-19](#).

² UNICEF MENA COVID-19 Situation Report, 15-30 April.

³ OCHA. Briefing to the Security Council on the humanitarian situation in Yemen, 16 April 2020.

⁴ Amanat Al-Asimah, Sana'a, Amran, Dhamar, Hajjah, Al Hudaydah, Raymah, Al-Mahwit, Al-Bayda, Ibb, and Sa'ada.

⁵ IOM Yemen. Displacement in Marib, 22 April 2020.

heavy rains and flooding, the risk of diseases, such as cholera and malaria, has increased⁶ with over 5 million children under five in Yemen face a heightened threat of AWD/cholera.⁷

During the reporting period there were 25,508 Acute Watery Diarrhoea (AWD)/suspected cholera cases and six associated deaths, translating to a 0.02% case fatality rate (CFR). The highest number of suspected cases were reported from Al Ta'iziyah (Taizz), Al Hali (Al Hudaydah), Az Zuhra (Al Hudaydah), Hamdan (Sana'a), and Sa'ada (Sa'ada). 125,817 AWD/suspected cholera cases and 31 associated deaths (0.02 CFR) were recorded between January - April 2020. Nevertheless, the suspected cases and associated deaths significantly decreased, compared to the same period of 2019 that had 281,433 suspected cases and 553 associated deaths (0.20 CFR). The decrease in cholera suspected cases may be due to the increase and improvement of hygiene awareness and practices, including frequent hand washing, also due to the high level of messaging undertaken for COVID-19 preventative measures.

Summary Analysis of Programme Response

AWD/Cholera Response

UNICEF continued to support 69 Oral Rehydration Centres (ORCs) and 49 Diarrhoea Treatment Centres (DTCs) in 70 districts in 13 governorates. In April, 6,500 cases of AWD/suspected cholera—25% of national caseload—were treated at UNICEF-supported centers. While weekly reported cholera suspected cases decreased in April, preparedness against a new wave of suspected cholera cases continued. UNICEF supported the delivery of \$0.5 million worth of AWD kits and oral rehydration salts to governorate health offices to treat suspected cholera cases. In addition, ORCs are integrated into the primary health care system to increase access to treatment for suspected cholera cases. Diarrhoea treatment centers are on standby to be activated immediately in case of any increase in suspected cases. UNICEF is supporting the capacity of health workers to enhance infection prevention and control (IPC) measures and provide personal protective equipment (PPE) to prevent the spread of diseases, including cholera and COVID-19.

To prevent the spread of cholera, UNICEF deployed Rapid Response Teams (RRTs) as soon as a suspected cholera case is reported. WASH cholera RRTs reached over 220,000 people in AWD/cholera outbreak affected areas in 13 governorates.⁸ RRTs conducted household chlorination campaigns, provided chlorination tablets and consumable hygiene kits, and conducted hygiene awareness sessions to establish a firewall at the household level. UNICEF continued its support for the operation and maintenance of the Waste Water Treatment Plants (WWTP) and solid waste management. UNICEF provided fuel, electricity, spare parts, alternative energy options, and emergency maintenance of sewage systems for 1.6 million people in high-risk AWD/cholera locations in 9 governorates.⁹

Through existing partnership agreements, UNICEF partners continued to support communication and social mobilization interventions to prevent the spread of AWD/cholera suspected cases. Community volunteers reached 282,315 people with the information on AWD/cholera, through 55,427 house-to-house visits and 190 community meetings and events. With the outbreak and suspected community spread of COVID-19, UNICEF engaged with households, while practicing physical and social distancing.

Health and Nutrition

In coordination with the World Health Organization (WHO) and the Ministry of Health (MoH), UNICEF leads Pillar 2—Risk Communication and Community Engagement (RCCE) and is actively involved in other Pillars¹⁰ of the National Preparedness and Response Plan for COVID-19. In coordination with WHO, UNICEF completed forecasting supplies and PPE for public health care facilities, community health workers, community health volunteers, community midwives, and other staff who were supported by UNICEF. This is to ensure the continuity of routine services with the safety of health providers by preventing cross-infection among patients. The procurement of PPE, COVID-19 test kits, and equipment is being processed, and PPE is being distributed in the country, to ensure the continuity of health services. 378,063 beneficiaries¹¹ received messages on protection measures against



A UNICEF-supported mobile team provides families with primary health care services at an IDP camp in Ibb. ©UNICEF Yemen.

⁶ OCHA. Yemen; Flash Floods Flash Update No. 3. As of 30 April 2020.

⁷ UNICEF Yemen. Press Release: Over 5 million children face the threat of cholera and acute watery diarrhea in the midst of COVID-19 as Yemen gets heavy rains. 29 April 2020.

⁸ Aden, Al Hudaydah, Al Jawf, Al Mahwit, Dhamar, Hadramout, Hajjah, Ibb, Raymah, Sa'ada, Sana'a, Amant Al Asimah and Taiz

⁹ Al Dhale'e, Aden, Al Bayda, Al Hudaydah, Dhamar, Ibb, Marib, Sa'ada and Amanat Al Asimah

¹⁰ Pillar 1: Country-Level coordination, planning and monitoring; Pillar 2: Risk Communication and Community Engagement (UNICEF Led); Pillar 3: Surveillance, rapid response teams, and case investigation; Pillar 4: Points of entry; Pillar 5: National laboratories; Pillar 6: Infection prevention and control; Pillar 7: Case management; Pillar 8: Operational support and logistics; Pillar 9: Continuity of health and nutrition services, WASH services and other essential social services for the prevention and management of secondary impact of COVID-19

¹¹ 263,252 females and 114,811 males

COVID-19 by community health workers in Amran, Sana'a, Al Hudaydah, Hajjah, and Ibb. A further 31% of the rural population in target areas received public health care services.

Due to the COVID-19 mitigation measures imposed by local authorities, and considering the risk of transmission involved, UNICEF had to discontinue the polio vaccination and Maternal Neonatal Tetanus Elimination (MNTE) campaigns and Integrated Outreach Rounds of vaccination campaigns. This "cas de force majeure" has resulted in the potential expiry of 4.1 million doses of oral polio vaccine (OPV) and tetanus-diphtheria (Td) vaccines worth \$621,000. To minimize waste, UNICEF utilized some of these doses for routine immunization services. 450,000 women of childbearing age and 860,000 children under five are likely to miss the MNTE and polio vaccination planned in the southern part of the country. Despite the COVID-19 situation, the delivery of routine immunization services continued through fixed, outreach, and mobile service delivery points, applying universal protection measures for all staff and doing triage in health facilities before admission to the service areas. During the service delivery, social and physical distancing measures are encouraged. Health workers and caregivers are using masks, gloves, and hand sanitizers and practicing frequent hand washing at health facilities.

A total of 57,196 children under one received the third dose of Pentavalent, and 52,196 children received the first dose of Measles and Rubella vaccines. 31,485 women of childbearing age (15 - 49 years) were vaccinated against tetanus and diphtheria (Td). In April, 110 Solar Direct Drives (SDDs) —solar-powered fridges—were installed to strengthen the immunization supply chain system in 110 health facilities in six governorates. The installation of an additional 201 SDDs is ongoing, after the training for 19 cold chain technicians conducted by DULAS in Djibouti in February 2020. The SDD installation continues at a slow pace, as the technicians are observing Ramadan. In response to these delays and to sustain the cold chain system, UNICEF supported the distribution of 2,200 cold boxes, 8,420 vaccine carriers, 5,200 temperature monitoring devices, and 25,000 ice packs to all governorates.

In April, UNICEF supported the distribution of \$1.5 million worth of maternal and neonatal health equipment to 79 hospitals, as well as 89 metric tons of Integrated Management of Childhood Illness (IMCI) supplies to the governorate health offices.

UNICEF and partners continued to support the integrated Community Management of Acute Malnutrition programme. Since the beginning of the year and through data collected so far, 1 million children under five have been screened for malnutrition, out of which 66,179 children with SAM admitted for treatment. To prevent malnutrition, 149,255 children received deworming tablets, and 263,443 children received micronutrient sprinkles. 31,463 mothers received iron folate supplementation, and 679,450 mothers received infant and young child feeding (IYCF) consultation. UNICEF, with the Centers for Disease Control and Prevention (CDC), is finalizing the analysis of mid-upper arm circumference (MUAC) data from the Food Security and Livelihood Assessment (FSLA) for the Southern governorates. The MUAC data collection through FSLA in the Northern governorates was ongoing in April.

MUAC screening, and referral campaigns and SMART surveys were also discontinued to reduce the risk of transmission of COVID-19. As schools have been closed, the adolescent anemia prevention pilot programme was put on hold. Nutrition protocols have been disseminated to partners to adopt programming in the COVID-19 context for therapeutic feeding centers, outpatient therapeutic programme (OTP), targeted supplementary feeding programme (TSFP), IYCF, and community health volunteers. The pre-positioning of nutrition supplies is ongoing. About 13% of OTP of the 290 sites reported a decrease in attendance ranging between 10% and 50%. The 290 OTP sites represent 72% of the 404 OTP sites supported by the NGOs. Similarly, 14% of the 479 TSFP sites reported a decrease in attendance ranging between 10% and 50%.

Three Nutrition Cluster partners (Save the Children International, SOUL, and Building Foundation for Development) were assigned as co-chairs of the Nutrition Cluster Coordination team. In the context of COVID-19, Nutrition Cluster partners support all 498 OTPs and 69% of the 1,238 TSFPs. To fulfill the commitments to support OTPs and TSFP, \$5.8 million funding is required for the Nutrition Cluster partners.

Water, Sanitation and Hygiene

As part of the COVID-19 response, UNICEF temporarily provided WASH services in quarantine and isolation centers. As returnees coming back either from outside of Yemen or internally must be quarantined at specific locations, UNICEF provided clean water, sanitation and hygiene facilities, including latrines, handwashing, consumable hygiene kits, and disinfection at quarantine and isolation centers.

UNICEF supported the operation and maintenance of the water supply systems both in major cities and rural areas, to provide safe drinking water. UNICEF provided fuel, electricity, spare parts, and alternative energy options. In April, 2.3 million people from host and IDP communities accessed safe drinking water in Al Bayda, Al Hudaydah, Al Mahwit, Amran, Dhamar, Amanat Al Asimah, and

Sa'ada. Additionally, 2.5 million people gained access to clean water through the UNICEF's support to water quality monitoring, disinfection of bulk water supplies, and water tank chlorination in Al Hudaydah, Dhamar, Ibb, and Amanat Al Asimah.

UNICEF continued to provide emergency water trucking, constructed emergency latrines, distributed hygiene kits and promoted hygiene practices to 175,000 IDPs in Al Dhale'e, Aden, Al Hudaydah, Hajjah, Ibb, Lahj, Marib, and Taiz.

In response to severe flooding in 13 governorates¹², the WASH Cluster mobilized rapid assessments, focusing on IDPs sites and areas with vulnerable populations. The WASH partners rapidly responded to the floods, by de-watering and de-sludging, conducting cleaning campaigns, monitoring water quality, and distributing hygiene kits to 6,653 households. The WASH Cluster established a COVID-19 Core Group. The WASH Cluster developed protocols, guidance, and a response plan for key strategies and priority activities aligned with the Yemen Preparedness and Response Plan for COVID-19, focusing on high-risk areas and vulnerable populations. WASH Cluster partners distributed soap and WASH items for practicing handwashing, and hygiene supplies, while keeping physical distance in IDP sites. The WASH Cluster identified WASH and IPC needs by conducting assessments at 15 isolation units.



©UNICEF Yemen/2020. The clean water is being provided to displacement centers, through the emergency water trucking activity.

Child Protection

UNICEF and its partners reached 3,239 people¹³ in Al Jawf with COVID-19 prevention messages. UNICEF continued its advocacy efforts to authorities for the reunification of the children in orphanages and juvenile centers with their families and for reducing the risk of infection. As a result, 159 children (154 boys and 5 girls) from juvenile centers in Hajjah, Al Hudaydah, and Mahweet reunified with their families.

In April, due to the COVID-19 suppression measures imposed by authorities, explosive ordinance risk education was not conducted, as schools and child-friendly spaces were closed, and public gatherings were prohibited. UNICEF and Yemen Executive Mine Action Center agreed on an alternative modality to provide mine risk education through social media and radio outlets that plan to reach over 2 million children and adults in need.

To help conflict-affected people and address the immediate and long-term consequences of their exposure to violence, UNICEF provided psychosocial support (PSS) to 468 people¹⁴ in Aden and Al Jawf. The under-achievement on the PSS activity is due to the closure of schools and child-friendly spaces, where PSS was provided. UNICEF is exploring alternative options to deliver PSS, primarily psychological first aid and group counseling, with partners, through social media, radio outlets, and call centers to the remaining target 700,000 children and caregivers.

UNICEF continued to support the provision of critical services to children. Trained case managers identified 742 children (278 girls and 464 boys) who need critical child protection services. Of those children who were identified in April and the previous months, 1,598 children¹⁵ received child protection services, including victim assistance, individual counseling, family tracing, and reunification services, economic empowerment and livelihood support, legal support, education services, birth registration, community- and family-based PSS, focused non-specialized PSS, rehabilitation, and reintegration, one-to-one/group therapy, temporary shelter services, and medical services. The significant drop in case management beneficiaries is attributed to the ongoing Covid-19 suppression measures.

¹² Aden, Abyan, Al Dhale'e, Hadramout, Hajjah, Al Hudaydah, Ibb, Lahj, Marib, Amanat Al Asimah, Sana'a, Shabwa and Taizz.

¹³ 1,278 girls, 1,101 boys, 521 women and 348 men.

¹⁴ 151 girls, 214 boys, 73 women and 30 men.

¹⁵ 713 girls and 885 boys received critical child protection services. This includes victims assistance to 35 children (8 girls and 27 boys), individual counselling to 335 children (137 girls and 198 boys), family tracing to 16 children (9 girls and 7 boys), reunification services to 27 children (15 girls and 12 boys), economic empowerment and livelihood support to 70 children (28 girls and 42 boys), legal support to 8 children (2 girls and 6 boys), education services to 13 children (8 girls and 5 boys), birth certificate to 482 children (245 girls and 237 boys), community- and family-based PSS to 137 children (57 girls and 80 boys), focused non-specialized PSS 20 children (13 girls and 7 boys), rehabilitation and reintegration services to 11 children (6 girls and 5 boys), one-to-one or group therapy to 336 children (139 girl and 197 boys), temporary shelter service to 59 children (28 girls and 31 boys), and medical services 49 children (18 girls and 31 boys).

Education

With the support from the Global Partnership for Education, UNICEF led the development of a National COVID-19 Education Response Strategy: (1) Immediate responses, including catching up of lost schooling hours, broadcasting of education messages and awareness-raising; (2) Reopening of the school year, including distance and alternative learning as part of a larger Back-to-Learning Package; (3) Scaling up and sustaining learning opportunities for over six months. UNICEF contributed to developing education response guidelines for the use of schools as quarantine/isolation centers. UNICEF and the MoE have been exploring the Learning Passport, a global learning platform, in Yemen.

UNICEF distributed 18,215 desks for 54,566 children in 7 governorates¹⁶, 200 maths and science kits, and 98 tents in 5 governorates¹⁷. Repair of WASH facilities was completed in 12 schools of 4 governorates¹⁸, benefitting 5,055 children. To prevent the collapse of the education system, UNICEF continued the provision of cash incentives to teachers who are not in receipt of salary. In Aden, a total of 437 temporary teachers received retroactive payments for the months of January and February 2020.



©UNICEF Yemen/2020. School desks are being distributed in Taizz.

These temporary teachers serve in schools located in areas with a high number of displaced families. At the end of April, disbursement of incentives for teachers and school-based staff in 10 governorates also began, covering retroactive payments for the months of October 2019 to February 2020. Payment was preceded by a verification process, which aimed at confirming beneficiaries' identity, employment status and attendance confirmation which required 75% attendance for each month covered by the payment period. 704 banners on COVID-19 awareness were placed at payment sites, and 254,214 leaflets were distributed. Preparations for the school grants initiative for 7,000 schools continued to take place.

The Education Cluster and key education partners contributed to developing the COVID-19 national response plan. 6 Task Force meetings were held to coordinate the plan led by the Ministries of Education. Part of an overall initiative led by OCHA and Global Clusters, the Education Cluster has been assessing the impact of COVID-19 on Education Cluster HRP activities, in addition to the cluster contribution to the WHO Global COVID-19 HRP 8 Pillars¹⁹.

Social Inclusion

UNICEF continued to implement the second phase of the Cash Plus initiative. Through the Cash Plus initiative, UNICEF reached 32,204 people in four districts²⁰ in Amant Al-Asimah and Sana'a, with Iodine testing services, educational messages on COVID-19 prevention, and general health and nutrition messages. After the needs assessment, UNICEF supported the referral of 2,925 children to obtain birth certificates, 159 children to get vaccinated, and four suspected cholera cases were referred to health services. Out of 3,433 children and 785 pregnant and lactating women (PLW) who were screened for malnutrition, 92 children and 37 PLW with malnutrition were referred to health and nutrition centers to receive the necessary malnutrition treatment. Additionally, 1,286 PLW received iron and folate supplements, 3,488 children received micronutrient supplements, and 3,306 children received deworming pills, and 1,402 children were assessed as out of school.

UNICEF continued the community engagement under the Integrated Model for Social and Economic Assistance (IMSEA) project. UNICEF supported to increase the awareness and knowledge of critical COVID-19 preventive practices among the most vulnerable groups (Muhamasheen) in Sana'a and Amanat Al Asimah. 94 community mobilizers²¹ were trained on C4D activities related to COVID-19 prevention, and 8,497 people²² received the awareness messages on COVID-19 by community mobilizers. This activity was conducted through door-to-door visits or awareness sessions where physical distancing and other precautionary measures were taken place.

¹⁶ Al Hudaydah, Al Mahwit, Ibb, Lahj, Raymah, Shabwa and Taizz

¹⁷ Marib, Shabwa, Lahj, Aden and Taizz

¹⁸ Abyan, Al Dhale'e, Shabwa and Lahj

¹⁹ (1) coordination, planning and monitoring; (2) risk communication and community engagement; (3) surveillance, rapid response and case investigation; (4) points of entry; (5) Laboratories; (6) infection prevention and control; (7) case management; and (8) operational support and logistics.

²⁰ Al-Tahrir, Al-Safia, Sanhan and Hamadan districts

²¹ 39 females and 55 males

²² 1,605 girls, 1,778 boys, 2,049 females, and 1,690 males

Communications for Development

UNICEF leads the Risk Communication and Community Engagement (RCCE) for the COVID-19 preparedness and response actions in Yemen, with support from WHO, the Ministry of Public Health and Population's (MoPHP) Health Education Centre (HEC), the Ministry of Endowment, the Hygiene Awareness Centre of Ministry of Water and Environment, and NGO partners.

In northern Yemen, government partners continued to deliver the information on COVID-19 through house-to-house visits and awareness sessions in mosques, adhering to physical distancing guidelines. 1.1 million people received COVID-19 messages through 215,358 home visits by community volunteers. One million people participated in 12,745 COVID-19 awareness sessions in mosques, and 98,811 people received the messages through WhatsApp groups created by the religious leaders and morshydat (female religious leaders). 369 roaming vehicles mounted with megaphones to disseminate COVID-19 messages to seven million people across the country. Another 500,000 people were reached through multiple daily announcements from the public address systems of 232 mosques in the southern governorate. Mass Media interventions, including TV broadcasting, radio flashes, discussion, and entertainment programmes, through 18 TV channels and 44 radio stations across the country, reached 13 million people with COVID-19 messages. An additional 8 million people received COVID-19 messages through social media posts, cards, videos, WhatsApp, Facebook, Twitter, YouTube, and other platforms.

A total of 6,100 community volunteers participated in orientation and sensitization sessions on COVID-19 while respecting social and physical distancing. UNICEF also supported organizing virtual orientation sessions for 150 staff from 80 NGOs, as well as the WASH, Protection, and CCCM Clusters. Through phone-in programmes on local radio stations and other channels, over 13,651 people received responses to their questions on COVID-19 from health experts and community volunteers.

UNICEF, in partnership with the MoPHP, continued social mobilization and communication support for the dengue fever-affected areas in Al Hudaydah. Community volunteers reached 110,854 people through 11,100 house-to-house visits, to promote hygiene practices at the household and community levels, and the use of mosquitos net. Community volunteers also provided information on the symptoms of dengue fever and care and treatment-seeking.

Rapid Response Mechanism

In April, UNICEF with UNFPA, WFP and its partners, provided Rapid Response Mechanism (RRM) kits to 98,046 IDPs. RRM kits intend to meet the most critical and immediate needs of displaced families, which include food, family basic hygiene kits and female dignity kits, as they are uprooted suddenly from their homes without time to take anything with them. As part of the COVID-19 response plan, UNICEF, with UNFPA and WFP, delivered 1,439 RRM kits to 5,067 people in 38 quarantine centers in 9 governorates.²³

UNICEF partners also provided other life-saving interventions for IDPs, to complement the provision of RRM kits. UNICEF partners provided non-food item kits to over 100 households in Sa'ada, access to safe drinking water to 490 IDPs, and hygiene promotion sessions, and key messages to 300 IDPs in Hajjah city. Hygiene messages sensitized the target IDPs to adopt handwashing practices, social distancing, and other preventive measures, to prevent the spread of water-borne diseases and COVID-19. With respect to the cultural, social norms, the sessions were conducted separately for males and females' beneficiaries. Furthermore, more than 120 PLW were screened for malnutrition, and critical cases were referred to health clinics for further treatment.

To ensure the 'do no harm' principle, consistency, and continuity of the multi-purpose cash assistance activity, UNICEF consulted with other cash providers in Yemen and handed over the caseload to the new cash consortium starting from April 2020.



©UNICEF Yemen/2020. A child is carrying WASH supplies with the informative stickers on COVID-19.



©UNICEF Yemen/2020. Hygiene kits are being distributed to displaced families while practicing social distance.

²³ Taizz, Sa'ada, Al Bayda, Al Jawf, Dhamar, Amanat Al Asimah, Raymah, Al Hudaydah and Sana'a.

Some RRM implementing partners continued to face access issues to reach IDPs at the frontlines due to security concerns, the disruption of the verification process on sites, and the sub-agreements denied by authorities. Furthermore, some partners experienced limited movement due to the travel and access restrictions imposed by authorities, as COVID-19 suppression measures. The challenge of access delayed some activity implementation.

Supply and Logistics

In April, supplies worth more than \$5.4 million with total weight and volume of 1,544 metric tons, and 3,086 cubic meters respectively arrived in Yemen from Djibouti and Oman. The delivery was completed with two chartered vessels to Al Hudaydah, and nine trucks through Shahrin. In April, \$5.4 million worth of supplies was delivered from UNICEF warehouses to end-user beneficiaries.

As COVID-19 precautionary measures, only the shipments of COVID-19 supplies are allowed through Aden via sea and land, as well as via air through Sana'a. UNICEF continues to maintain the Salalah Hub in Oman, as the main entry point. The Al Hudaydah port and the land border at Shahrin are open for the supply movement only, with requirements for quarantine.

The process to deliver COVID-19 life-saving supplies into Yemen takes longer than usual due to a long pre-approval process in and out of Yemen. Also, mandatory quarantine is required at ports and airports as entry or stop-over points, including in Djibouti and at the border of Yemen-Oman. As a result of lockdowns in many countries, only limited options of freights are available globally.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as in [the situation report for January 2020](#).

In the context of the COVID-19 pandemic, UNICEF developed a COVID-19 preparedness and response plan. The UNICEF strategy in support of the National Plan aims at: a) strengthening RCCE, including digital engagement and rumor monitoring; b) providing critical medical, prevention and WASH supplies along with improved WASH services; c) supporting the provision of continued access to essential WASH and health care services for women, children, and vulnerable communities, including case management; and d), access to continuous education, social protection, child protection, and gender-based violence (GBV) services. The response plan also aligns with the UN and government three priorities for Yemen: case management, RCCE, and protection of non-COVID response – and UNICEF leads the last two priorities. The plan builds on the WHO-led National Preparedness and Response Plan and considers lessons learned from other affected countries.

For COVID-19 specific responses in April, see the Middle East & North Africa Region COVID-19 Situation Report [No. 2](#) and [No. 3](#).

Human Interest Stories and External Media

Curtailing COVID-19



The spread of COVID-19 in Yemen could be devastating for the vulnerable communities that UNICEF is already working to serve. With a health system on the brink of collapse and many health workers going without salaries for years, it is already difficult for many families to access the healthcare they need to survive. At the same time, vulnerable communities are also grappling with dengue and cholera/AWD outbreaks, food insecurity, and an economic crisis. To respond and reduce the additional impact that COVID-19 could have in communities, UNICEF is scaling up preparedness and response programmes across the country.

For the full Human Interest Story, click [here](#).

External Media

[C4D activities on COVID-19](#)



[Emergency Teachers' Incentives](#)



[Water System Rehabilitation in Ibb](#)



[Improved hygiene for communities in Sa'ada](#)



Next SitRep: 30 June 2020

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Annex A

Summary of Programme Results

2020 Programme Targets and Results	Overall Needs ¹	Cluster Response			UNICEF and IPs		
		2020 Target ¹	Total Results	Change since last report ▲ ▼	2020 Target	Total Results	Change since last report ▲ ▼
NUTRITION¹							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	325,209	263,430	69,558	26,005 ▲	331,000	66,179 ³	24,316 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,528,383	17,598	3,164 ▲	4,400,000	16,254 ²	3,164 ▲
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					700,000	209,147	52,196 ▲
Number of children under 5 vaccinated against polio					5,500,000	0 ¹	-
Number of children under 5 receiving primary health care in UNICEF-supported facilities					1,700,000	665,130	169,277 ▲ ²
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	No data available yet	No data available yet	4,769,933	187,584 ▲	6,800,000	3,518,858	-
Number of people provided with standard hygiene kit	No data available yet	No data available yet	1,063,524	268,592 ▲	5,000,000	894,615 ¹	235,902 ▲
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	No data available yet	106,597	468 ▲	874,000	105,430 ²	468 ▲
Number of children and community members reached with life-saving mine risk education messages ¹					2,000,000	234,501 ²	-
Number of children and women accessing gender-based violence response interventions ¹					200,000	2,065 ²	253 ▲
EDUCATION							
Number of children provided with individual learning materials	No data available yet	No data available yet	318,168	66,560 ▲	1,000,000	231,194 ¹	52,049 ▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	201,354	76,573 ▲	820,000	103,943 ¹	59,621 ▲
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet	465	465 ▲	135,000	465 ²	465 ▲
Social Policy							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					85,000	41,248	19,438 ▲
RRM							
Number of vulnerable displaced people who receive RRM kits					1,300,000	269,466 ¹	98,046 ▲
Number of vulnerable persons supported with multi-purpose cash transfer					135,000	58,751 ²	
C4D							
Number of people reached with key life-saving/behaviour change messages through communication for development interpersonal communication interventions					6,000,000	2,027,224	393,169 ▲
Footnotes							
Overall Needs 1: Figures for needs will be provided once the 2020 Humanitarian Needs Overview for Yemen is published.							
Target 1: Figures for 2020 Cluster Target will be provided once the Yemen HRP for 2020 is published.							
Nutrition 1: The data collection of nutrition figures is being delayed for a month.							

Nutrition 2: The immunization campaign planned for February was not materialized, representing under-achievement. UNICEF will explore ways to provide Vitamin A through other platforms.
Nutrition 3: The low achievement is attributed to the COVID-19 suppression measures and Ramadan, which led less movement of beneficiaries.
Health 1: Due to the COVID-19 precautionary measures, UNICEF reschedule the Polio vaccination campaign.
Health 2: The data collection for this activity was delayed. The final figures are 200,855 for January, 132,409 for February, and 162,589 for March.
WASH 1: Due to a potential risk on increasing suspected cholera cases following the rainy season during summer, hygiene kits will be distributed during the second half of 2020.
Child Protection 1: This indicator is not tracked by the Child Protection Sub-Cluster, as it is being tracked by the Protection Cluster.
Child Protection 2: The under-achievement for the child protection activities is due to the COVID-19 suppression measures, including the closure of schools and child-friendly spaces, restricted movement between governorates and a ban on meetings and public gathering. This affected mobility of partners and implementation of mine risk education awareness raising campaigns in communities and schools. Both fixed and mobile psychosocial support activities were equally affected as child-friendly spaces should had to be closed, and public gatherings were prohibited.
Education 1: The under-achievement against these indicator is due to teachers' strike in Aden, which prevented children to continue with the education programme, as well as early closure of schools across the country as of 16 March as the COVID-19 suppression measures. An education authority requested to resume the distribution of supplies from the school year 2020/2021.
Education 2: In April, a total of 437 temporary teachers in Aden received incentive payments for the months of January and February 2020. Additionally, disbursement of incentives for teachers and school-based staff in 10 governorates began at the end of April 2020, targeting 111,773 individuals. The number of the teachers and school-based staff who received incentives will be reported for May.
RRM 1: The under-achievement of this indicator is attributed to the fluctuating security situation at frontlines and denied sub-agreements and approval for implementing partners to implement the activity.
RRM 2: To ensure the 'do no harm' principle, consistency and continuity of the response, UNICEF consulted with other cash providers in Yemen and handed over the caseload to the new cash consortium.

Annex B

Funding Status*

Funding Requirements (as defined in the revised Humanitarian Appeal of 2020 for a period of 12 months)							
Appeal Sector	2020 Requirements (\$)	Funding Received Against 2020 Appeal (\$)	Carry Forward From 2019 (\$) ***	Other Allocations Contributing Towards Results (\$)*	2020 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	126,103,718	1,617,371	45,806,122	-	47,423,493	78,680,225	62%
Health	91,190,848	992,321	17,806,915	-	18,799,236	72,391,612	79%
Water, Sanitation and Hygiene	135,000,000	853,920	58,077,601	-	58,931,521	76,068,479	56%
Child Protection	42,800,150	572,007	8,145,887	-	8,717,894	34,082,256	80%
Education	110,997,852	262,496	22,398,078	-	22,660,574	88,337,278	80%
Social Policy	3,400,000	6,673	3,187,235	-	3,193,908	206,092	6%
C4D	11,730,000	23,022	6,850,650	-	6,873,672	4,856,328	41%
RRM	13,760,000	27,006	5,480,279	-	5,507,285	8,252,715	60%
Being allocated	-	3,359,115	4,982,550	-	8,341,665	- 8,341,665	
Total	534,982,568	7,713,931	172,735,317	-	180,449,248	354,533,320	66%

*This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2020 HPM results.

**'Funds Available' as of 30 April 2020 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.