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for every child

Humanitarian Action for Children

Shawqi, 1, with his mother at the maternal and childhood centre in Zingibar, Abyan. Shawqi is making a strong recovery after receiving care at the UNICEF-supported health facility.

Yemen

HIGHLIGHTS

- Yemen remains the world's worst humanitarian crisis. Protracted armed conflict, widespread economic collapse, and a breakdown in national systems and services has left 70 per cent of the total population, including 11.3 million children, in need of humanitarian assistance.¹ The protracted situation risks bringing Yemen to the brink of famine: close to 400,000 children are severely malnourished; 2.3 million children are acutely malnourished.² The COVID-19 pandemic has further strained the fragile health system and exacerbated the underlying protection and gender-related vulnerabilities of children, adolescents and women.
- UNICEF's humanitarian strategy has a dual focus on direct life-saving assistance and system strengthening, in line with efforts to strengthen the linkages between humanitarian action and development/resilience programming. The COVID-19 response involves protecting children and their families from exposure to the virus, minimizing mortality, and supporting the continuity of essential services.
- Amidst an already constrained funding landscape, UNICEF requires US\$508.8 million to respond to the humanitarian situation in Yemen in 2021.

KEY PLANNED TARGETS



320,108

children admitted for treatment for severe acute malnutrition



6.1 million

women and children accessing gender-based violence risk mitigation/prevention/response



8 million

people participating in engagement actions

IN NEED

20.7 million people³ **11.3 million children⁴**



2017

2021

TO BE REACHED

11.3 million people⁵ **8 million children⁶**



2017

2021

FUNDING REQUIREMENTS

US\$ 508.8 million



2017

2021

HUMANITARIAN SITUATION AND NEEDS

Six years since the conflict began, Yemen remains the worst humanitarian crisis in the world, with 20.7 million people – 70 per cent of the total population – in need of humanitarian assistance.⁷ The conflict has left 3.6 million people, including 2 million children, internally displaced, and 422,000 people are now migrants and asylum seekers.⁸

Humanitarian access in Yemen remains constrained due to the escalation of armed conflict and increasing bureaucratic impediments that are hampering the work of UNICEF and partners across the country. In 2020, fighting erupted along new frontlines, bringing the number of active frontlines in 2021 to 49. Intense hostilities and violence continue in several Governorates of the country, including Hodeidah, Hajja, Taiz, Hadramut, Sana'a, and Aden. The most critically intense are concentrated in Marib Governorate. Children are the primary victims of the war: more than 3,300 have been killed; over 6,300 have been injured; and over 3,600 have been recruited into armed forces and groups.⁹

The war's impact on children is staggering. Close to 400,000 children under the age of five suffer from severe acute malnutrition (SAM),¹⁰ and more than 15.4 million people urgently need WASH services.¹¹ Nutrition needs continue to rise and lack of funding for WASH undermines UNICEF's WASH response. These conditions heighten the risk of cholera, malnutrition, and other WASH-related diseases, including the COVID-19 pandemic. Immunization coverage has stagnated at the national level, with 37 per cent of children under 1 year missing routine vaccinations.¹² As a result, the country is seeing regular outbreaks of measles, diphtheria, and other preventable diseases. In 2020, Yemen confirmed 16 cases of vaccine-derived poliovirus.¹³

By mid-March 2021, Yemen had confirmed nearly 2,627 cases of COVID-19, including over 1,452 recoveries and nearly 661 deaths.¹⁴ The pandemic has put added pressure on the already fragile health system – more than half of health facilities are not functioning – and global shortages and breaks in the supply chain could lead to further loss of household income, rising food prices and general inflation.¹⁵ At least 2 million children in Yemen were out of school before the COVID-19 outbreak; following COVID-19 school closures, an additional 5.8 million children have had their education disrupted.¹⁶ School closures and the worsening economic situation due to COVID-19 restrictions have increased the vulnerability of children and women to exploitation, violence and abuse, including child labour, domestic and gender-based violence and child marriage.

SECTOR NEEDS



Nutrition

400,000 children under 5 years have SAM¹⁷



Health

20.1 million people need health assistance¹⁸



Water, sanitation and hygiene

15.4 million people lack access to safe water¹⁹



Education

8.1 million children need education support²⁰

STORY FROM THE FIELD



Ten-year-old Muna Zayed is one of 2 million internally displaced children in Yemen, the world's largest humanitarian emergency. The situation in Yemen is dire, and the need to reduce the additional strain of COVID-19 is urgent.

UNICEF has been scaling up preparedness and response programmes across Yemen, including providing clean water to communities in need, and distributing basic hygiene kits – containing soap, towels, buckets and jerry cans – to empower and enable internally displaced families across the country to protect themselves.

[Read more about this story here](#)

Muna, 10, helps cook lunch for herself and her family in Al-Sha'ab Camp for internally displaced persons in Aden Governorate.

HUMANITARIAN STRATEGY

UNICEF's humanitarian strategy in Yemen is aligned with the 2021 Humanitarian Needs Overview, Humanitarian Response Plan, and cluster priorities. UNICEF leads the nutrition and WASH clusters and co-leads the education cluster and child protection sub-cluster, providing dedicated full-time support to coordination and information management. Building on gains made in previous years, UNICEF will continue to pursue a balanced approach between providing immediate life-saving interventions and investing in systems strengthening. This balancing of humanitarian and development programming will require a nuanced approach in different parts of the country at different paces, as well as dedicated donor support.

Access constraints and bureaucratic impediments continue to intensify. The fighting continues in 49 active frontlines that are home to nearly 1.2 million children. Notwithstanding these challenges, UNICEF will continue to provide life-saving assistance for children in some of the hardest-to-reach districts, with its robust field presence and network of five field offices. With public services collapsing, UNICEF will continue to provide life-saving health and nutrition interventions through community-based activities for affected populations, including internally displaced persons, while sustaining and strengthening access to a set of high-impact preventive and curative services at the community and facility levels. UNICEF's COVID-19 strategy involves protecting children and their families from exposure to the virus, minimizing mortality, and supporting the continuity of services.

UNICEF WASH interventions will include the provision of durable, cost-effective solutions that strengthen the resilience of local institutions and communities. UNICEF will provide immediate life-saving assistance: sustain existing WASH services to mitigate exposure to disease in high-risk communities and avert further deterioration of humanitarian needs; and support public institutions to reduce risks of COVID-19 and support health actors to reduce secondary contamination in health facilities.

UNICEF will continue to improve access to and enrolment in safe learning environments through the rehabilitation of damaged schools and the establishment of temporary safe learning spaces as well as utilising safe COVID-19 school protocols. Incentives for school-based staff will also continue in 2021. In addition, distance learning modalities and alternative learning pathways will be strengthened to reduce the impact of COVID-19 and to address the education of the most vulnerable children, especially out-of-school children. UNICEF will integrate gender-responsive initiatives to ensure protection from sexual exploitation and abuse and strengthen interventions to prevent, respond to, and mitigate the risk of gender-based violence through UNICEF-supported programmes. In 2021, UNICEF will continue to support specialised response programming using remote modalities to address security and mobility restrictions that may prevent women, girls, and boys from seeking support. UNICEF will build the resilience of affected children through life-skills education and psychosocial support in community spaces, schools and hospitals; mitigate the risk of injuries from exposure to landmines and explosive remnants of war through targeted campaigns; and provide services to children with acute protection needs. The Country Task Force on Monitoring and Reporting will engage with parties to the conflict to establish concrete measures to prevent and halt grave child rights violations. Vulnerable children and families will receive integrated social protection services, including humanitarian cash transfers, in line with the Grand Bargain commitments,²¹ targeting especially the most vulnerable children and their families, including children with Severe Acute Malnutrition complications, and pregnant women and lactating women to ease the economic barriers to access to services and treatment.

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2021 PROGRAMME TARGETS



Nutrition

- **320,108** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **4,633,443** children aged 6 to 59 months receiving vitamin A supplementation every six months



Health

- **2,500,000** children and women accessing primary health care in UNICEF-supported facilities
- **972,142** children aged 0 to 12 months vaccinated against measles
- **5,535,816** children aged 0 to 59 months vaccinated against polio
- **15,000** health care facility staff and community health workers provided with personal protective equipment



Water, sanitation and hygiene

- **6,800,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **5,910,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services
- **3,400,000** people in humanitarian situations accessing safe means of excreta disposal
- **5,910,000** people in humanitarian situations reached with messages on appropriate hygiene practices



Child protection, GBViE and PSEA²²

- **900,000** children and caregivers accessing mental health and psychosocial support
- **6,100,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **500,000** people with access to safe channels to report sexual exploitation and abuse
- **2,160,000** children accessing explosive weapons-related risk education and survivor assistance interventions



Education

- **500,000** children accessing formal or non-formal education, including early learning
- **800,000** children receiving individual learning materials
- **1,000** schools implementing safe school protocols (infection prevention and control)
- **86,000** teachers receiving teacher incentives each month



Social protection and cash transfers

- **40,000** households reached with humanitarian cash transfers across sectors
- **150,000** people benefiting from emergency and longer-term social and economic assistance²³



C4D, community engagement and AAP²⁴

- **8,000,000** people participating in engagement actions for social and behavioural change

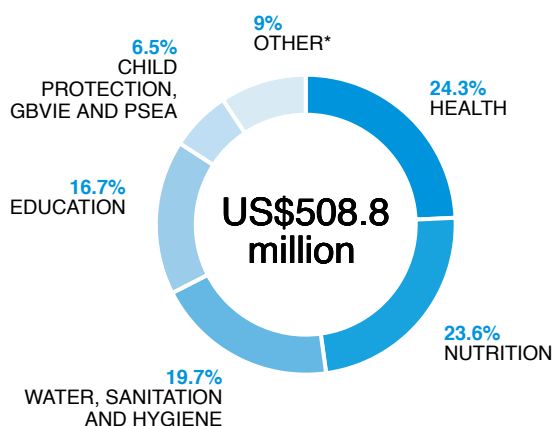


Rapid Response Mechanism

- **672,000** vulnerable displaced people who received Rapid Response Mechanism kits²⁵

FUNDING REQUIREMENTS IN 2021

The funding requirement for UNICEF in Yemen has been revised to \$508.8 million to align with the finalized 2021 Humanitarian Response Plan. UNICEF's humanitarian programmes are planned for nationwide reach, targeting populations in the areas with the most acute needs. The appeal reflects UNICEF's requirements for the ongoing humanitarian response and the COVID-19 response. Without timely funding, UNICEF and its partners will be unable to effectively address the needs of the most vulnerable children and families. This funding will allow UNICEF to meet pressing needs in health, WASH, nutrition and education (including teacher incentives) and work through the Rapid Response Mechanism. This support will be vital to meeting the needs of affected people, who are experiencing the devastating impacts of the continued conflict coupled and the crippling health and economic consequences of the COVID-19 pandemic.



*This includes costs from other sectors/interventions : Social protection and cash transfers (4.2%), C4D, community engagement and AAP (2.4%), Cluster coordination (1.4%), Rapid Response Mechanism (1.4%).

Sector	2021 requirements (US\$)
Nutrition	119,875,500 ²⁶
Health	123,460,800 ²⁷
Water, sanitation and hygiene	100,000,000 ²⁸
Child protection, GBVIE and PSEA	33,287,000 ²⁹
Education	84,760,000
Social protection and cash transfers	21,240,000 ³⁰
C4D, community engagement and AAP	12,320,000
Rapid Response Mechanism	6,878,200
Cluster coordination	7,000,000
Total	508,821,500

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ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
2. Acute Malnutrition Analysis January 2020 – March 2021, Issued February 2021.
3. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
4. Ibid.
5. This was calculated using the highest coverage programme targets of 5.5 million children under 5 years to be reached with polio vaccination and 2.5 million children aged 5 to 17 and 3,332,000 adults to be reached with safe water. An estimated 57 per cent are women/girls. According to 2021 HRP around 2.4 million of the 20.1 million people in need are with disability. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
6. This was calculated using the highest coverage programme targets of 5.5 million children under 5 years to be reached with polio vaccination and 2.5 million children aged 5 to 17 years to be reached with safe water. An estimated 50 per cent are girls. Of the 11.3 million children, an estimated 15 per cent are disabled. This figure is based on the World Health Organization (WHO) global estimate of 15 per cent disability prevalence in all countries; the actual number of people with disabilities in Yemen is widely expected to be much higher.
7. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
8. International Organization for Migration Displacement Tracking Matrix, 'Rapid Displacement Tracking (RDT): DTM Yemen', IOM DTM, February 2020.
9. United Nations Children's Fund (UNICEF) estimates as of February 2021 & Acute Malnutrition Analysis January 2020 – March 2021, Issued in February 2021
10. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
11. Ibid.
12. Yemen Ministry of Health administrative data, January to August 2019.
13. Yemen Ministry of Health administrative data, August 2020.
14. World Health Organization, 'Yemen: COVID-19 Epidemiological Update', WHO, <<https://bit.ly/2BTyVem>>, accessed 14 September 2020.
15. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
16. Yemen Ministry of Education, 2020.
17. Acute Malnutrition Analysis January 2020 – March 2021, Issued February 2021.
18. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
19. Ibid.
20. Ibid.
21. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
22. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
23. Cash plus also includes referrals to services, communication for development and life skills and economic empowerment (adolescent employability) activities.
24. Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.
25. The target number have increased to reflect the collaborative response in 2021 where UNICEF and partners complement each other's efforts to reach more people who receive the RRM kits.
26. The target was revised in alignment with the finalised 2021 HRP target and the cluster figures. The total target figure for nutrition increased from the original HAC 2021 estimated targets due to a deteriorating nutrition situation. However, the budget for nutrition interventions remains the same since increase in target has minor budget implications.
27. The budget reduction is due to the availability of integrated management of children illness (IMCI) kits procured in 2020.
28. WASH funding needs decreased in 2021 due in part to activities related to safe water provision and longer-term interventions covered and complemented by regular programming. New WASH activities outlined in the appeal will reach more people with low-cost activities – for example community awareness, which will reach people with messages on hygiene activities.
29. This includes US\$ 33,287,000 for child protection interventions; US\$2,156,000 for gender-based violence interventions; and US\$150,000 for prevention of sexual exploitation and abuse interventions. The reduction in budget is mainly related to the unit cost revision for mental health and psychosocial support (MHPSS) and Mine Risk Education. 40 per cent of the targets will be reached through remote modality/awareness raising activities, while 60 per cent is estimated to be reached by group-based activities.
30. Funding requirement increased by 88 per cent while target only increased by 25 per cent. The main reason for this is the high costing of the multi-sectoral interventions the additional 10,000 households will be receiving, especially the households with children affected by SAM. For this group, cost covering transportation and accommodation for the caregiver as well as discharge package will be included.