

Highlights

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- UNICEF HAC has been revised in alignment with the 2021 HRP now at a total of USD 508.8 million (previously at USD 576.9 million). 52% remains unfunded. The lack of funding for emergency WASH interventions continues to undermine the integrated response. UNICEF will be forced to stop its provision of fuel to water pumping stations in September if funding is not urgently mobilized to support this vital activity.
- During the period, around 2,100 households have been displaced (14,700 IDPs) with
 the majority of displacement waves towards Amanat al Asimah, Hodeidah, Al Bayda,
 and Ibb, coming from Ma'rib, Hodeidah, Abyan and Al Jawf. The humanitarian and
 protection situation will likely continue to worsen as heavy rains are expected in the
 coming weeks. Fighting continues in Ma'rib, with concentration across the
 northwest, west, and southwest of Ma'rib city, affecting people in Sirwah district
 the most.
- UNICEF Rapid Response Mechanism (RRM) reached an additional 2,381 displaced households (16,667 individuals) in May, with RRM kits that included food and essential hygiene items including family basic hygiene kits and female dignity kits.

Yemen Country Office

Humanitarian
Situation Report
unicef

for every child

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)



11.3 million

children in need of humanitarian assistance



20.7 million

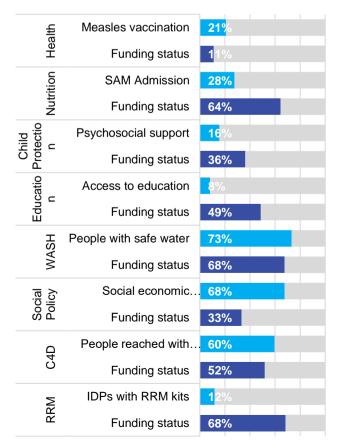
people in need



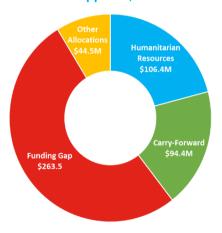
1.58 million

children internally displaced (IDPs)

UNICEF's Response and Funding Status



Funding Status 2021 Appeal: \$508.8M



Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC), which was aligned to the 2020 Yemen Humanitarian Response Plan (YHRP) and appealed for \$576.9 million in 2021, was revised in May 2021 to align with the 2021 YHRP. 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. The current appeal is for \$508.8 million in 2021. The COVID-19 response remains integrated into programmes planned within the HAC. A total of \$94.4 million was carried forward from 2020, with an additional \$44.5 million available from other contributions¹. As UNICEF continues to actively fundraise for its 2021 HAC appeal, \$106.4 million has been received as of 31 May. This leaves a funding gap of \$263.5 million, or 52 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. Generous contributions received during the reporting period came from the Government of Australia and the National Committees for UNICEF from Switzerland and Turkey.

Situation Overview & Humanitarian Needs

Yemen remains the worst humanitarian crisis in the world, with 20.7 million people – 71 per cent of the total population – in need of humanitarian assistance. The conflict, now well into its seventh year, has left three million people, including 1.58 million children, internally displaced. Over 138,000 additional people have become migrants and 137,000 people are seeking asylum abroad.

Heavy rains pose further life-threatening risks to children, as floods destroy shelters and makeshift camps for internally displaced persons (IDP). Access to children will also be increasingly difficult with the coming rains, on top of the critical health and nutrition crisis. In addition to severe acute malnutrition (SAM), which continues to plague children under age five, nutritional needs continued to rise throughout May, with more than 400,000 children under age five suffering from SAM. 2.25 million children are facing acute malnutrition according to the Integrated Food Security Phase Classification (IPC). The lack of funding for emergency WASH interventions continues to undermine the integrated response. UNICEF will be forced to stop its provision of fuel to water pumping stations in September if funding is not urgently mobilized to support this vital activity. More than 15.4 million people urgently need assistance to access WASH services which are linked to drivers of malnutrition. This shortfall also heightened the risk of COVID-19 as well as other waterborne diseases including cholera. Approximately 20.1 million people need health assistance. Women and children continue to be disproportionately affected, with 4.8 million women and 10.2 million children in need of assistance to access health services during the reporting period.

Between 1 January and 6 June 2021, a total number of 15,863 acute watery diarrhoea (AWD)/cholera suspected cases and three associated deaths were reported, with a 0.02 per cent confirmed fatality rate (CFR), a significant decrease compared with the same period in 2020 (140,528 suspected cases and 38 associated deaths with a 0.03 per cent CFR). The highest number of cases was reported from Sana'a and Hodeidah governorates. No data from the southern governorates was made available during the reporting period, which may be due to the lack of availability of a clear reporting mechanism. However, the available data show that the cholera trends are still stable since the beginning of the year. UNICEF continues close monitoring of cholera-suspected cases and associated deaths.

From 20 April 2020 to 7 June 2021, 6,787 COVID-19 cases were reported as officially confirmed, with 1,329 associated deaths leading to a case fatality rate of 19.6 per cent. After two successive waves with the latest from Feb-May 2021, the reported COVID-19 cases and deaths are back to a low level. All reported cases were from the southern governorates, while no cases were reported from the northern governorates where no reporting system is operational.

During the reporting period, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 19 incidents of grave violations against children, of which 95 per cent of the incidents were verified. The majority of verified violations this month pertained to child casualties, including six children killed (33 per cent girls), and 23 children maimed (21 per cent girls) by various parties of the conflict. There was also one attack on a school that took place in Al Dhale'e governorate. Most of the incidents documented and verified were in the governorates of Taizz (four), Al Hodeidah (three), Al Jawf (three) and Marib (three), reflecting the ongoing intense fighting along frontlines in these areas. These are only figures that the UN has been able to verify to date; the actual number of incidents might be higher.

 $^{^{\}mathrm{1}}$ "Other allocations" include other regular resources against the HAC 2021.

Summary Analysis of Programme Response Water, Sanitation and Hygiene

In May 2021, UNICEF maintained fuel delivery to 34 Local Water and Sanitation Corporations (LWSCs) in 15 governorates to support the operation of the water wells and pumping of water together with the World Bank and Famine Relief Fund. This ensured the provision of a safe water supply to around 3.6 million people. However, this critical support will stop in September if funding is not urgently mobilized to support this vital activity.

UNICEF supported the cholera response through the deployment of Rapid Response Teams (RRTs) in governorates in the North. The RRTs provided a package of WASH interventions including 429 consumable hygiene kits (CHKs), 6,270 chlorine tablets (33mg) and 81 jerry cans (10L) integrated with hygiene promotion, to 1,260 families (7,443 people) of cholera affected cases and surrounding households. As part of the Nutrition response, RRTs supported 3,756 people with the distribution of chlorine tablets, the disinfection of water containers at household levels, 2,555 CHKS, and hygiene promotion. A total of 36,750 people in lbb and 14,406 people in Al Dhale'e governorates were reached through RRT activities (distribution of CHKs and aqua tabs and hygiene promotion sessions). Furthermore, with UNICEF's support, the



UNICEF 2021

RRTs in Amanat Al Asimah, Dhamar, Sana'a, Amran, Marib, and Al-Bayda governorates benefited a total of 50,164 people with the distribution of 6,134 basic hygiene kits (BHKs), 140,000 chlorine tablets, and 1,825 jerry cans, integrated with hygiene promotion. Water Quality Monitoring of the existing water supply sources and chlorination activities in Dhamar, Al Bayda, and Amran governorates – districts with the highest number of current suspected cholera cases – was initiated during the reporting period to link with RRTs activities.

As part of the WASH response, UNICEF continued to support water trucking, chlorination of trucked water, and monitoring of water quality at all water distribution points. This benefited 125,500 people in Abs, Kua'aydenah, Aslam Hajjah, Al-Zuhrah and Al-Qanawis districts in Hodeidah governorate, Hajjah city and Al-Zuhrah district in Hajjah governorate; 6,164 people in Amran, Al Qafalh, Khamir and Huth districts in Amran governorate; and 13,872 people in Lahj and Aden governorates. In addition, 27,300 people in the Al-Jawf governorate were provided with improved water supply sources through the rehabilitation of the existing water supply systems and the installation of solar power systems.

Roughly 4,193 consumable hygiene kits (CHKs), 4,080 basic hygiene kits (BHKs) and 2,580 ceramic water filters were distributed in partnership with the Emergency Unit of the Ministry of Water and Environment (MoWE) in the south, as well as WASH partners in Sana'a, Dhamar, and Amran governorates and with RRTs in Sa'ada. A total of 51,841 people, including 26,439 children, benefited from the distribution of these UNICEF-supported WASH non-food items (NFI) as well as hygiene promotion.

Education

UNICEF continued its multi-pronged strategy to ensure continuity of learning for all children in Yemen. While schools were on summer break, UNICEF continued preparatory activities for the safe return to learning in the new academic year. WASH facilities were rehabilitated in 16 schools (five in Aden, one in Lahj, and 10 in Hajjah governorates) benefiting 11,272 children (46 per cent girls). In addition, major rehabilitation was carried out in five schools (four in Taiz and one in Sa'ada governorates), benefiting 3,121 children (50 per cent girls) attending those schools. To support the continuity of education in conflict-affected regions, 70 tents were provided as temporary learning spaces (55 in Sa'ada and 15 in the Abyan governorates).

Extensive efforts have been made by the Education cluster team and partners to prepare for the Yemen Humanitarian Fund (YHF) Standard Allocation (SA) for 2021, including through the development of a strategy note, the drafting of analyses and the identification of key gaps. A total of 10 proposed projects (60 per cent from national NGOs) focus on children with disabilities (CWD), IDPs and the most conflict-affected areas. The SA may be the only opportunity for greater access to reach the hardest affected areas.

Health and Nutrition

The Polio campaign was implemented from 29 to 31 May 2021 in 14 northern governorates, and a total of 3,791,511 children under the age of five (U5) were vaccinated against polio (89 per cent coverage of the target). 3,068,869 children aged 6-59 months received Vitamin A supplements (79 per cent coverage of the overall target). Preventative measles vaccinations were also conducted in 13 high-risk districts in three governorates, and a total of 11,607 children aged 6 – 59 months received the Measles Mumps Rubella Vaccine (MMR).

COVID-19 vaccinations continued in 13 southern governorates during the reporting period. As of 31 May 2021, a total of 140,867 people were vaccinated including 14,694 Health workers, 23,614 elderly above 60 years and 102,559 others including those with comorbidity. A total balance of 205,850 doses of the COVID vaccine is available in the country. About 25,000 doses will be used for the second dose for those vaccinated during Ramadan, and 10,000 doses will be deployed to the north for health workers. The remaining doses will continue to be used for target groups including health workers, the elderly above 60 years, and those with comorbidities. A total of 72 solar direct drive (SDD) fridges were installed in 72 health facilities in nine governorates to ensure the quality of the cold chain for storing vaccines at the optimum temperature. As part of the COVID-19 response, UNICEF distributed packages of medical supplies in 10 governorates in the south. These packages included: personal protective equipment (PPE), pharmaceuticals, and consumables to 60 triage facilities and 10 governmental health organizations. During the reporting period, a total number of 11,934 cases were screened for COVID-19 in UNICEF-supported triage facilities in eight governorates in the south (Abyan, Lahj, Shabwah, Taiz, Al-Maharah, Socotra, Hadramout Sahel, and Hadramout Wadi). Approximately 63.4 per cent of these cases were female and 18.2 per cent were children U5. 519 suspected cases (53.7 per cent females & 6.5 per cent children U5) were referred for treatment at isolation centres, out of which 135 cases were admitted in the isolation units. By the end of May 2021, UNICEF oriented a total of 8,655 staff (out of the total planned 20,000) on infection prevention control (IPC) and PPE as part of the COVID-19 response.

UNICEF and partners continued to support the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation across the country, as well as the deteriorated 209 districts as per the Integrated Food Security Phase Classification Acute Malnutrition (IPC AMN) analysis released in March 2021. Since the beginning of the year and through 85 per cent of nationwide health facilities (HFs) average reporting rate, a total of 1,536,150 children U5 were screened for malnutrition through all interventions. Out of this, 88,163 children with SAM were admitted for treatment without complications with an 88.5 per cent cure rate, while 7,139 children with complications were admitted to therapeutic feeding centres (TFCs). On the prevention side, 320,656 children received deworming tablets, 436,224 children received micronutrient sprinkles, and 25,965 children reached with Vitamin A supplementation. In addition, 482,827 mothers received Iron Folate supplementation, and 758,430 mothers received Infant and Young Children Feeding (IYCF) consultation. Considerable work has been done on the preparation for and implementation of the Famine Relief Fund (FRF) project within the priority districts, including the establishment of new outpatient therapeutic feeding programmes (OTPs), TFCs, and mobile teams (MTs), the training of community health and nutrition volunteers (CHNVs), and the implementation of nutrition campaigns for Mid-Upper Arm Circumference (MUAC) and referral, micronutrient supplementation, and IYCF counselling. FRF will focus on scaling up preventative and therapeutic services to 2,252,696 children and their families at risk of malnutrition in 209 districts identified with the highest observed increase in malnutrition of 25 per cent with an additional caseload of 55,000 children with Severe Acute Malnutrition (SAM).

On SMART Surveys, a protocol workshop was held in the north and all governorate protocols were approved except in lbb so far.

AWD/Cholera Response

As part of the integrated acute watery diarrhoea (AWD)/Cholera response, UNICEF supported 276 out of 321 Oral Rehydration Centres (ORCs), and 26 out of 234 Diarrhoea Treatment Centres (DTCs) in 68 districts of 11 governorates. The number of reported AWD/suspected cholera cases remain low compared to that of the same reporting period in 2020.

Implementing partners continued to support communication and social mobilization interventions for AWD/Cholera prevention. Community volunteers, religious leaders, and members of Mother-to-Mother clubs reached 1.8 million people with messages and interventions on AWD/Cholera and key family practices for child survival through house-to-house visits, community meetings/events and awareness sessions in mosques.

Child Protection

During the month of May, 62,436 conflict-affected people were reached through Mine Risk Education (MRE) activities, including 28,908 children (41 per cent girls) and 33,528 adults (35 per cent female) in five governorates of Al Bayda, Ibb, Marib, Sa'ada and Sana'a. MRE was conducted in schools and child-friendly spaces, as well as through community campaigns with COVID-19 preventive measures.

Through a network of fixed and mobile child-friendly spaces, UNICEF provided psychosocial support (PSS) to 15,678 people, including 14,595 children (46 per cent girls) and 1,083 adults (64 per cent women), across ten governorates (Al Hodeidah, Al Jawf, Amran, Dhamar, Hadramout, Hajjah, Ibb, Raymah, Sa'ada, and Taiz).

Through the case management programme, UNICEF continued to support the referral and provision of critical services for the most vulnerable children. A total of 838 children (28 per cent girls) were identified by trained case managers.782 of them (35 per cent girls) received more than one service.

According to the Child Protection (CP) Sub-Cluster Area of Responsibility (AoR), a total of 18,920 children and primary caregivers were provided with community-based mental health and psychosocial support by CP partners. The CP AoR will continue to link with other key sectors such as education, nutrition, and health among others to ensure that the response to children's needs will be integrated into other sectors' responses.

Social Protection and Inclusion

The preparation for the third payment cycle of the Humanitarian Cash Transfer (HCT) initiative, which is to take place in early July, continued during the reporting period. UNICEF registered 80 per cent of the 9,000 additional households to target a total of 30,000 households, an increase from the second payment cycle target of 21,548 households. Most registered families for the third payment cycle will be entitled to collect 30,000 Yemeni Riyal (YER) per beneficiary case, with the exception of families with more than one child with disabilities, who will be entitled to collect 45,000 YER per beneficiary case. The third payment cycle will be preceded by outreach activities led by Social Welfare Fund (SWF) and Handicaps Care and Rehabilitation Fund (HCRF).

During the reporting period, UNICEF received preliminary results from an independent third-party monitoring organization on the implementation of the second payment cycle of the HCT, which took place between 19 to 27 April 2021. During the second payment cycle, 21,041 beneficiaries collected their cash (97.6 per cent of the target). Of all interviewed beneficiaries, 100 per cent received the correct amount of cash². Additionally, 100 per cent of interviewed beneficiaries reported that they were treated appropriately by payment agents. Almost all of the interviewed beneficiaries were satisfied with the project, with 42 per cent highly satisfied and 57 per cent satisfied. At the payment sites, interviewed beneficiaries reported that 98 per cent of sites had priority services for pregnant and lactating women, persons with disabilities, and the elderly.

UNICEF supported drafting and publishing the 56th issue of the Yemen Socio-Economic Update (YSEU) titled "Economic and Humanitarian Development and Major issues in 2020"³. The edition covers macroeconomic developments as well as other crises that happened during 2020, such as the fuel shortage crisis and its impact, food insecurity and the risk of famine, the currency exchange rate, consumer price inflation rate, COVID-19 pandemic impact, and the international funding gap.

In addition, the 57th issue titled "Adolescents and Youth and the Means of Empowering them Economically and Socially" was published. The edition indicates that the ratio of adolescents and youth to the total population in Yemen is 32 per cent, while the ratio of the population under 25 years of age to the total population is 51 per cent. 6.4 per cent of Yemeni citizens under 25 have bank accounts, and nine per cent of private enterprises obtained loans. The overall unemployment rate in Yemen is 32 per cent.

Communication for Development (C4D)

During the reporting period, Advocacy, Communication, and Social Mobilization (ASCM) support was provided for the polio vaccination campaign, conducted in the northern governorates. Community volunteers reached 2,032,998

² The sample of interviewed beneficiaries was 860 out of total 21,041 beneficiaries.

³ https://reliefweb.int/sites/reliefweb.int/files/resources/YSEU-56-English%20version.pdf

people through 411,733 house-to-house visits, while religious leaders reached 2,934,652 people through 22,908 community meetings, 20,161 women gatherings, and 10,195 awareness sessions in mosques as well as 4,794 health facility sessions. Of the beneficiaries, 56,577 people were IDPs and 80,777 individuals were from marginalized communities.

Interpersonal communication activities were also supported in May, with over 397 roving vehicles mounted with megaphones deployed in the campaign districts to broadcast public service announcements on polio. Mass media support was delivered through eight TV channels and 15 radio stations, which broadcasted the campaign messages reaching an estimated 13 million people.

On COVID-19 Risk Communication and Community Engagement (RCCE), implementing partners led interpersonal communication interventions while adhering to physical distancing and other COVID-19 prevention measures. Religious leaders continued engaging with people in mosques as well as in community gatherings and events to sensitize the public on COVID-19 prevention practices and physical distancing guidelines. Overall, 2,114,242 people were reached by religious leaders in community gatherings, women social events, and mosque sessions, especially during Jumma Friday prayers. In addition, community volunteers reached 185,632 people with COVID-19 messages through house-to-house visits and Mother-to-Mother sessions. Community volunteers also engaged individuals and households for COVID-19 RCCE in eight IDP centres in Aden and Abyan.

In 13 governorates in the south, community volunteers, members of Mother-to-Mother clubs and religious leaders were mobilized to support COVID-19 vaccination interventions, reaching 732,200 people through various interpersonal communication activities.

During the reporting period, communication materials for COVID-19 vaccination, including 12 billboards, 50,000 posters, and 900 banners, were disseminated. These were placed in locations with high traffic, such as crossroads, malls, and markets while consumer commodities were branded with 20,000 stickers issuing vaccination messages.

Mass media support for the vaccination campaign was provided through 23 radio stations and six TV channels which aired the campaign messages through flashes, public service announcements and dedicated discussion programmes on COVID-19 vaccines, reaching an estimated 5.5 million people, while 6,100 people were also reached through WhatsApp groups.

Rapid Response Mechanism

Throughout May, conflict continued across several frontlines in Yemen. Conflict trends in Ma'rib have remained relatively the same, with fighting concentrated across the northwest, west and southwest of Ma'rib city, affecting people in Sirwah district the most. Humanitarian actors, including Rapid Response Mechanism (RRM) teams, flagged the rate of displacement as concerning, as the humanitarian and protection situation deteriorates, and heavy rains are expected in the coming weeks. The types of shelters in some IDP hosting sites (the majority of which are tents) will not likely withstand heavy storms, and partners anticipate a further widening of gaps in shelter and water, sanitation, and hygiene. In May, according to the RRM IDP tracker, around 2,100 households (14,700 IDPs) were displaced, with the majority of them coming from Ma'rib, Hodeidah, Abyan and Al Jawf areas. UNICEF, along with UNFPA and WFP, continues to reach displaced populations at frontlines with first-line response packages. RRM reached an additional 2,381 newly displaced households (16,667 IDPs) in May. RRM kits included essential hygiene items and other supplies including food, family basic hygiene kits, and female dignity kits. RRM kits continue to meet the most critical and immediate needs of displaced families who are uprooted suddenly from their homes.⁴

Supply and Logistics

Shipments from north to south (and vice versa) remained strictly controlled by authorities. In Hodeidah, the Yemen Standardization, Metrology, and Quality Control Organization (YSMO) continued to prohibit imports of supplies with less than 50 per cent of their remaining shelf life and to impose strict processing requirements for supplies shipped from certain countries of origin.

⁴ High funding for RRM is due to the HAC revision in 2021, which brought the required funding level down to USD \$6,878,200.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as written in the <u>situation report for January 2020</u>. The UNICEF COVID-19 preparedness and response plan also remained the same as described in the <u>situation report for April 2020</u>. The Humanitarian Response Plan was finalized in March, and the Humanitarian Needs Overview for 2021 is being finalized. UNICEF's strategy will be updated as needed to align with both.

Human Interest Stories and External Media

Field Update: Yemen's Hidden Emergency: An Education System in Crisis



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UNICEF Yemen takes a multi-pronged strategic approach to strengthen the education system's capacity to support access to quality education opportunities for children in Yemen.

To read more about this intervention, click here.

External Media

<u>Vaccination Campaign in Al</u> Mahwit



Poems for Peace



Integrated Outreach Activity Result in 2020



Next SitRep: 31 July 2021

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Annex A
Summary of Programme Results⁵

		UNICEF and IPs response			Sector response		
Sector	Overall Needs	2021 target	Total results	Change since last report	2021 target	Total results	Change since last report
Health							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	202,828 ⁶	22,729			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,791,511	3,791,511			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	983,117	225,164			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	10,763	08			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	325,000	320,108	88,163	20,001	320,108	88,163	20,001
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,633,443	3,094,834	3,076,705	4,633,443	3,094,834	3,076,70
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	140,149 ⁹	15,678	990,000	152,258	18,920
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	226,582 ¹⁰	179,796			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	46,786	011			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	335,465 ¹²	62,436			

⁵ These figures reflect the updated, approved 2021 HAC appeal.

⁶ Underachievement due to incomplete data during the reporting period, as well as low coverage due to Ramadan.

⁷ Significant achievement during May 2021 was due to the polio campaign which was conducted in 14 governorates.

⁸ No progress has been made as there was excess quantity from 2020 of personal protective equipment. UNICEF is currently reviewing the situation with MoPHP to determine what is needed.

⁹Local NGOs faced permit issues with governmental authorities to implement PSS activities. MoSAL hotline is still under activation which will help to reach people remotely through PSS counselling.

¹⁰ Due to the month of Ramadan, the speed of the implementation of the activities by partners dropped, that resulted in slow progression towards the target.

¹¹ Due to the month of Ramadan and Eid, the speed of the implementation of the activities by partners dropped, that resulted in slow progression towards the target.

¹² Long and additional regulations by YEMAC to any agency working under MRE caused underachievement against the target. Due to the delay of teacher trainings and school closures, progress will be made be in the last quarter of the year. Two National campaigns have been postponed to the end of September that will reach 60 per cent of the target.

Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	40,885	O ¹³	790,750	238,959	100,496		
Number of children receiving individual learning materials		800,000	103,871	3,600	872,000	222,417	5,432		
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229	014	4,600	689	227		
Number of teachers receiving teacher incentives each month		86,000	200	-200 ¹⁵	181,603	9,347	205		
Water, Sanitation & Hygiene									
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,400,000	6,800,000	4,979,672	87,962	8,826,986	7,368,739	3,764,845		
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	1,156,138	164,360	4,529,704	1,239,766	173,908		
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	1,156,138	373,730	5,767,919	1,545,566	569,046		
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,426,281	O ¹⁸					
Social Protection & Cash Transfer									
Number of households reached with humanitarian cash transfers across sectors		40,000	21,042	O ¹⁹					
Number of people benefiting from emergency and longer-term social and economic assistance ²⁰		150,000	101,570	0 ²¹					
C4D, Community Engagement & AAP ²²									
Number of people participating in engagement actions for social and behavioural change		8,000,000	4,766,117	2,595,097					
Rapid Response Mechanism									

¹³ Since schools are in summer school break, there is no progress yet to be reported. However, UNICEF is supporting activities to be implemented just before the beginning of the next academic year which will contribute with this indicator.

¹⁴ Since schools are in summer school break, there is no progress yet to be reported. Training activities on safe schools' protocol will be implemented before the beginning of next academic year which will be reported in the following months.

¹⁵ This indicator will be reported only in the month that the payment is realized. Teachers generally are paid every quarter for the work done during the whole period. In order to prevent double counting, zero progress is reported as the same teachers are paid per this indicator.

¹⁶ The low progress on this indictor is related to delays on the start of RRT's operation in the north, and lack of funds for the engagement of national NGO's for sanitation and hygiene promotion and distribution of WASH supplies.

¹⁷ Under-achievement by 20 is due to delays on the start of RRT's operation in the north and absence of fund for the engagement of National NGO's for sanitation and hygiene promotion

¹⁸ UNICEF wastewater treatment support has been suspended since January, while construction of emergency latrines began in May 2021. Achievements for this indicator will be low for the next 2 months.

¹⁹ In May UNICEF prepared the third cycle, which is still ongoing and therefore no progress was reported. It is expected that the cash distribution will be beginning of July

²⁰ Cash plus includes referrals to services, communication for development and life skills and economic empowerment (adolescent employability) activities.

²¹ Integrated Model for Social and Economic Assistance and Empowerment is planned to be implemented in parallel with ECT Payment cycle. Progress will be reported in June as the ECT payment will take place.

²² Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.

Mechanism kits

Annex B
HAC Funding Status²⁵

			Funding gap			
Sector	Requirements	Humanitarian resources received in 2021 Other Allocations Contributing Towards Results (\$) ²⁶		Resources available from 2020 (Carry-over)	\$	%
Health	123,460,800	3,433,921		10,177,124	109,849,755	89%
Nutrition	119,875,460	61,126,636		16,028,942	42,719,922	36%
Child Protection, GBViE & PSEA	33,287,000	5,705,623	15,465,561	5,587,140	21,241,883	20%
Education	84,760,000	5,477,063	28,278,451	20,203,469	43,613,907	36%
WASH	100,000,000	11,877,030	752,354	27,415,674	32,428,845	60%
Social protection & cash Transfers	21,240,000	5,101,861		1,956,594	14,181,545	67%
C4D, Community Engagement & AAP	12,320,000	40,020		6,327,300	5,952,680	49%
Rapid Response Mechanism	6,878,200	1,903,239		2,802,887	2,172,074	32%
Cluster Coordination	7,000,000	94,736		251,684	6,653,580	95%
Being Allocated	0	11,669,499		3,622,651	- 15,292,150	
Total	508,821,500	106,429,628	44,496,366	94,373,466	263,522,041	52%

²³ 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.

²⁴ Due to late submission of April figures, 39,207 kits were added to this reporting period for a total of 118,559.

²⁵ 'Funds Available' as of 31 May 2021 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.

²⁶ 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 2021HPM results.