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Reporting Period: 1 January 2021 - 30 June 2021

Yemen Country Office

Humanitarian Situation Report

Mid-year



Highlights

- COVID-19 continued to threaten the lives of children and their families in Yemen in 2021, with the total number of confirmed cases of COVID-19 reaching 6,931 cases. 1,363 deaths were reported, reaching a 19.7 per cent case fatality rate (CFR).
- UNICEF continued its lifesaving multi-sectoral integrated Nutrition programming, to address close to 400,000 children suffering from severe acute malnutrition (SAM) and 2.25 million children at risk of acute malnutrition. A total of 2,378,616 children under 5 years were screened for malnutrition through multiple interventions in 2021. Out of these, 109,700 children with SAM were admitted for treatment without complications in Outpatient Treatment Programmes (OTPs), with an 88 per cent cure rate. Also, 8,488 children with SAM and complications were admitted to therapeutic feeding centres (TFCs).
- The rate of displacement in the first half of 2021 notably worsened, as more than 20,000 families (140,000 individuals) were newly displaced or left their location of displacement towards a safer destination. The highest numbers of displacements were linked to tensions resulting from conflict that were observed in 49 active frontlines across Marib, Hajja, Taiz, Al Hudaydah, Al Jawf, Lahj and Al Dhale'e.
- UNICEF faces a funding gap of 49 per cent. Lack of funding for emergency WASH interventions continues to undermine our integrated response. UNICEF will be forced to reduce its provision of fuel to water pumping stations in September 2021 if funding is not urgently mobilized.

Situation in Numbers



11.3 million
children in need of humanitarian assistance



20.7 million
people in need
(OCHA, 2021 Humanitarian Response Plan)



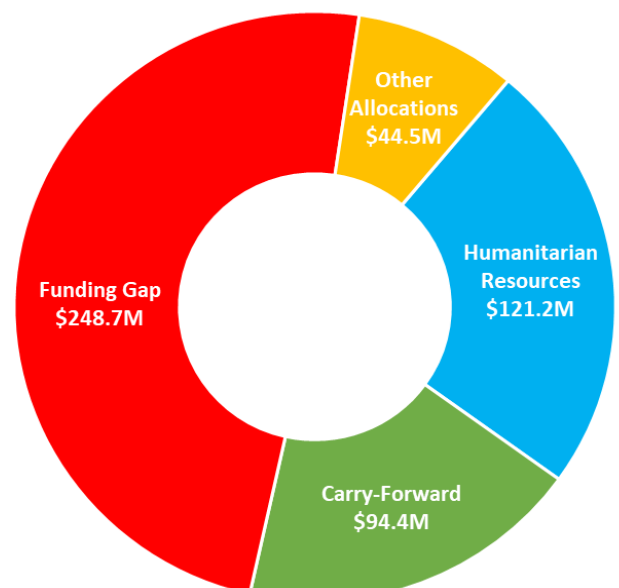
1.58 million
children internally displaced (IDPs)

UNICEF's Response and Funding Status

Health	Measles vaccination	31%
	Funding status	12%
Nutrition	SAM Admission	34%
	Funding status	68%
Child Protection	Psychosocial support	19%
	Funding status	42%
Education	Access to education	3%
	Funding status	49%
WASH	People with safe water	76%
	Funding status	72%
Social Policy	Social economic assistance	74%
	Funding status	33%
C4D	People reached with campaigns	82%
	Funding status	52%
RRM	IDPs with RRM kits	21%
	Funding status	78%

Funding Status

2021 Appeal: \$508.8M



Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC), initially aligned to the 2020 Yemen Humanitarian Response Plan (YHRP), appealed for \$576.9 million in 2021. The HAC was revised and approved in May 2021 to align with the 2021 YHRP. The current appeal is for \$508.8 million. UNICEF's humanitarian programmes are planned for nationwide reach targeting populations in the areas with the most acute needs, and the appeal integrates the COVID-19 response which is integrated into programmes planned within the HAC. As UNICEF continues to actively fundraise for its 2021 HAC appeal, \$121.2 million has been received as of 30 June 2021. A total of \$94.4 million was carried forward from 2020, with an additional \$44.5 million received from other contributions¹, for a total of \$260.1 million funds against the HAC. This leaves a funding gap of \$248.7 million, or 49 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. Generous contributions received during the reporting period include funds from the Famine Relief Fund, the Governments of Australia, Austria, Canada, Denmark, Germany, Japan, Sweden, and the United States of America, as well as numerous National Committees.

Situation Overview & Humanitarian Needs

Over six years into the conflict, Yemen remains the world's worst humanitarian crisis with 20.7 million people – 71 per cent of the total population – in need of humanitarian assistance. The first half of 2021 continued to pose challenges to UNICEF's life-saving interventions, ranging from heavy rains destroying shelters of internally displaced populations (IDPs) and threatening infrastructure to severe acute malnutrition (SAM), early school closure due to the COVID-19 pandemic, and conflict-torn areas forcing families to flee from their homes. As of the end of June 2021, three million people, including 1.58 million children, are now internally displaced. Over 138,000 additional people have become migrants, and 137,000 people are seeking asylum abroad.

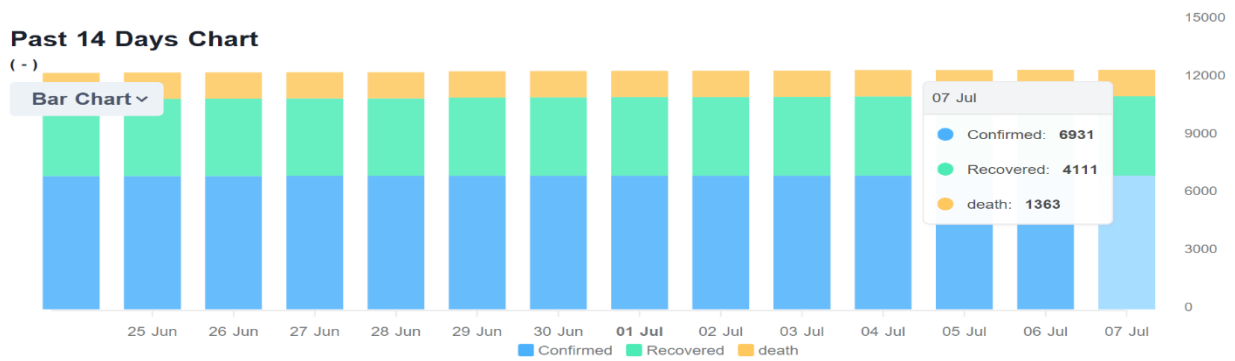
Close to 400,000 children under age five are suffering from SAM. A total of 2.25 million children are facing acute malnutrition according to the Integrated Food Security Phase Classification (IPC). More than 15.4 million people urgently need assistance to access WASH services which are linked to drivers of malnutrition. The lack of funding for emergency-specific WASH interventions continues to undermine the integrated response. UNICEF will be forced to reduce its provision of fuel to water pumping stations in September of this year, or within three months if funding is not urgently mobilized to support this vital activity. 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. If funds are not received, support to hospitals will halt, resulting in an interruption of basic life-saving health services for children, mothers and their newborns, risking their lives and wellbeing. It will also lead to a lack of personal protective equipment (PPE) for thousands of health care providers and will affect COVID-19 screenings for hundreds of thousands of Yemenis. Cold chain interruption will lead to the expiry of millions of doses of over ten types of lifesaving vaccines, including Polio, Measles, and COVID-19.

Between 1 January – 7 July 2021, the total number of cases of Acute Watery Diarrhoea (AWD)/cholera remained static compared to previous months. 15,863 AWD/cholera suspected cases and three associated deaths were reported, with a 0.02 per cent case fatality rate (CFR). This is a significant decrease compared to the same period during 2020 (155,493 suspected cases and 44 associated deaths with a 0.03 per cent CFR). The highest number of cases were reported from Sana'a and Al Hudaydah governorates. There was no data shared from the southern governorates for multiple reasons, ranging from the cessation of incentive payments to health workers across different sectors and a lack of availability of clear reporting mechanisms. The available data shows that the cholera trend is still stable, and UNICEF is closely monitoring cholera suspected cases and associated deaths.

Implementing partners continued to support behaviour-change interventions for AWD/Cholera prevention. Community volunteers, religious leaders, and members of mother-to-mother clubs reached 4.54 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.

The total number of confirmed cases of COVID-19 as of 7 July was 6,931 cases, with 1,363 associated death and a 19.7 per cent case fatality rate (CFR). Almost all the cases are being reported from the southern governorates and none from the northern governorates other than the first four reported cases during 2020. This is in large part due to the denial of the authorities in the north of the existence of the COVID-19 pandemic.

¹ "Other allocations" include other regular resources against the HAC 2021.



Between January and June 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 284 incidents of grave violations against children, of which 97 per cent of the incidents were verified. There continue to be many child casualties, including 82 children killed (17 per cent girls) and 268 children maimed (24 per cent girls), by various parties to the conflict. The UNCTFMR has verified 19 children (all boys) were recruited and/or used by armed forces and armed groups, with the majority placed in combatant roles and others participating as guards or manning checkpoints. Additionally, there have been 16 confirmed cases of boys abducted or detained so far this year, and six children exposed to sexual violence or rape (33 per cent girls). Schools and hospitals continued to come under attack in Yemen, with seven attacks on schools and nine attacks on hospitals. Meanwhile, there were also 10 incidents of military use of education facilities. Most of the incidents documented and verified were in the governorate of Taizz, followed by Al Hudaydah and Marib. These are only figures that the UN has been able to verify to date; the actual number of incidents may be higher than this.

Summary Analysis of Programme Response

Health and Nutrition

In response to the ongoing COVID-19 pandemic, personal protective equipment (PPE), including gloves, masks, gowns, face shields, and goggles, were provided to 50,863 healthcare providers. These providers came from 3,643 health facilities throughout 330 districts in 23 governorates. A total of 8,655 out of 20,000 planned healthcare providers (including health workers, community midwives and community volunteers) were sensitized on infection prevention control (IPC) and maintaining essential health care services, including the sensitization of further 1,500 healthcare providers from nine governorates in the south is ongoing.

60 COVID-19 triage areas were established in 60 health facilities, and 10 governorate health organisations (GHOs) were established across 10 governorates in the south (Aden, Abyan, Lahj, Al-Dhale, Taiz, Shabwah, Hadramout Sahel, Hadramout Wady, Al-Maharah, and Socotra). 400 staff working in the triage areas were oriented on medical waste management, supported by hazard pay incentives and packages of medical supplies including PPE equipment, medical equipment, pharmaceuticals, and consumables, all delivered to the triage facilities.

A total number of 125,165 people were screened for COVID-19 in the UNICEF supported triage facilities (53 per cent women; 10 per cent children under five). 2,587 suspected cases (48 per cent women; eight per cent children under five) were referred for treatment at isolation centres. Out of these, a total number of 352 referred cases were admitted to isolation units. UNICEF procured and distributed furniture and essential hygienic supplies including waste pedals, detergent, and handwashing soaps, and transported the procured supplies to nine GHOs in the southern governorates. The distribution to the targeted 60 health facilities has been completed. The assessment for the required maintenance works in 54 triage facilities in eight governorates of the south has been completed and preparatory work for rehabilitation initiated.



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GHOs receive essential hygienic supplies in the southern governorates, as well as training on how to utilize them.

A total of 482 solar direct drive (SDDs) fridges were installed in health facilities, and a total of five walk-in cold rooms were installed in five northern governorates, part of the system strengthening of the immunization/cold chain system to ensure that the vaccines are stored at the optimum temperature.

The first round of Integrated Outreach Rounds (IOR) was completed in nine northern governorates in June 2021. The second phase of the first IOR started in Sa'ada in late June 2021. While data is yet to be received from the field, a total of 16,774 children received their third dose of the pentavalent (Penta) vaccine, based on preliminary data. 15,488 children received their first dose of the Measles-containing-vaccine (MCV1), and a total of 22,348 childbearing age women of 15-49 years received Tetanus Containing Vaccine (TTC). In addition, a total of 59,659 children under 5 years received Integrated Management of Childhood Illness (IMCI) services. The first round of IOR for southern governorates is planned to start in July 2021.

The Polio vaccination campaign was implemented in May 2021 in 14 northern governorates. A total of 3,800,313 children under five years were vaccinated (93 per cent coverage), and 3,073,924 children 6-59 months were supplemented with Vitamin A (83 per cent coverage). Measles vaccination was also conducted in 13 high-risk districts of three governorates, with a total of 11,607 children 6-59 months vaccinated against Measles.

In April, two shipments of vaccines including 950,000 doses of Penta, 756,200 doses of measles/rubella, 610,130 doses of tetanus/diphtheria 267,150 doses of polio, 910,500 doses of Rota, 776,400 doses of Bacillus Calmette-Guérin (BCG) vaccine, and 3,149,400 doses of bivalent oral poliovirus vaccine (bOPV) were delivered to the country for the delivery of Routine Immunization Services. Yemen COVAX cold chain equipment (CCE) support was approved by the Gavi Independent Review Committee (IRC) to deliver a total of 86 Solar Direct Drive (SDDs) refrigerators at the district level and two walk-in cold rooms at the central level.

The second round of the Oral Cholera Vaccination (OCV) campaign was implemented in February 2021 in three districts of two southern governorates (Al Dhale'e and Al Zariq in Al Dhale'e, and Haj district in Al Mukalla), and a total of 190,858 population of children under one year old were vaccinated against cholera (94 per cent coverage). Among them, 188,850 were reached with both doses, and 2,008 children of the target were reached with the first dose of OCV. To continue UNICEF's support for strengthening the cold chain system in Yemen, the Health section supported the installation of Remote Temperature Monitoring Devices (RTMD – Beyond wireless) at the central cold stores in Sana'a and Aden in January 2021.

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 in the whole country as well as the deteriorated 209 districts that were classified in the last Integrated Food Security Phase Classification Acute Malnutrition (IPC AMN) analysis released in March 2021. Since the beginning of the year there has been a nationwide average health facility reporting rate of 89 per cent, from reports received from CHNVs, mobile teams, Mid-Upper Arm Circumference (MUAC) campaigns, outreach rounds, infant and young child feeding (IYCF) corners and Vitamin A supplementation through the Polio campaign. A total of 2,378,616 children under 5 years were screened for malnutrition through all

interventions. Out of these, 109,700 children with SAM were admitted for treatment of SAM without complications in Outpatient Treatment Programmes (OTPs), with an 88 per cent cure rate. 8,488 children with SAM and complications were admitted to therapeutic feeding centres (TFCs).

On the prevention side, 575,039 children received deworming tablets, 656,194 children received micronutrient sprinkles, and 3,102,056 children were reached with Vitamin A through routine programmes as well as the Polio and Vitamin A campaign that was implemented in the northern part of the country in this reporting period. In addition, a sum of 826,508 mothers received Iron Folate supplementation, and 1,144,691 mothers received IYCF consultations.

The accelerated multi-sectoral response to the nutrition crisis is ongoing across the 209 priority districts. This has been catalysed by the significant contribution from the Famine Relief Fund (FRF) which enabled the procurement of 2,240 metric tonnes of nutrition and medical supplies valued at greater than \$20 million.

By end of June, 169 mobile teams were functional in 15 governorates, MUAC screening was carried out in 24 districts, and support is ongoing to operationalize 2,703 OTPs – the total number of OTPs in the 209 priority districts, out of which 203 were recently established as part of the acceleration plan - and 19 TFCs. Activities in WASH, community for development, social protection, and child protection, are also ongoing, to ensure closer linkages with nutrition to address the deteriorating nutrition situation in the country.

The Nutrition Information System (NIS) review report was validated by Yemen stakeholders including the Ministry of Public Health and Population (MoPHP). Key findings and recommendations were presented to the Nutrition cluster partners. In addition, the Nutrition Information Technical Working Group (NITWG) initiated the development and strengthening of a draft work plan to support the implementation, roll-out, and oversight of the NIS report recommendations. The final NIS work plan is expected end of July. Key partners in the NIS work plan development process included MoPHP, WFP, UNICEF, WHO, FAO and NGOs partners.

The NITWG organized a two-day Nutrition Risk Monitoring Framework (RMF) virtual workshop on 30 June and 1 July 2021. The Nutrition Risk Monitoring Framework (RMF) will support the routine monitoring of key risk factors of acute malnutrition as identified in the IPC AMN projection analysis. The workshop drew participation from MoPHP, UN agencies working in nutrition, nutrition cluster partners, WASH and health clusters and donors including US Agency for International Development (USAID) and the European Civil Protection and Humanitarian Aid Operation (ECHO). The workshop was facilitated by the Yemen Nutrition Information Advisory Group established under the Global Nutrition Cluster Nutrition Information Technical Working Group and Yemen NIS Taskforce. Initial indicators for the Nutrition RMF have been agreed upon, and data collection and analysis will begin in July 2021.

Standardized Monitoring and Assessment of Relief and Transitions (SMART) Surveys scheduled for June and July 2021 were delayed in the north due to pending approval from authorities, with some surveys expected to start in August in the south following Eid celebrations. At the national level, UNICEF has engaged the MoPHP and the SMART Steering Committee to ensure security clearances are granted for the northern governorates. Three sets of SMART survey training of Survey Managers were completed in Sana'a and two sets are planned for Aden to be completed by mid-July.

In 2021, the nutrition cluster annual work plan was developed by all partners in Sana'a and Aden. The cluster coordination performance monitoring (CCPM) exercise was conducted, and the final report was prepared and shared with partners and the Global Nutrition Cluster (GNC). Co-chairing of the nutrition cluster by NGOs in four hubs (Sana'a, Ibb, Al Hudaydah, and Sa'ada) was renewed, where two new partners were approved to be co-chairs of the cluster in Al Hudaydah and Sa'ada. The Strategic Advisory Group (SAG), IYCF and CMAM technical working membership were reviewed with new memberships in some of the groups. During the same period, a new Information Management Officer (IMO) was recruited as a consultant to continue to build capacity for the nutrition programme.

Child Protection

Despite ongoing operational challenges, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances, and explosive remnants of war, reaching 361,953 conflict-affected people so far this year. This includes 267,259 children (46 per cent girls) and 94,694 adults (38 per cent women) across 10 governorates out of 19 governorates. Mine Risk Education (MRE) and Mine Risk Awareness (MRA) was delivered in schools and child-friendly spaces, as well as through community campaigns with COVID-19 preventative measures.



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A group of children during psychosocial support (PSS) session and activity organized by the partner in Raymah governorate Ministry of Social Affairs and



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A Child during psychosocial support (PSS) activity organized by the partner in Al Hudaydah governorate Ministry of Social Affairs and Labour

Psychosocial support was provided to 173,347 people, including 147,347 children (47 per cent girls) and 26,000 adults (67 per cent women) in 17 governorates through a network of fixed and mobile child-friendly spaces, to help them overcome the immediate and long-term consequences of their exposure to violence.



Through the case management programme, UNICEF continued to support the referral to and provision of critical services to children, including facilitating access to critical services for the most vulnerable children. 5,542 children (36 per cent girls) were identified by trained case managers. Caseworkers received cases from community networks who informed them of a case or were referred by other government or NGO staff (teachers, health workers, police etc.). Out of these, 4,951 children (36 per cent girls) were provided with services. Those services include victims' assistance, individual counselling, family tracing, reunification, rehabilitation, birth registration, economic empowerment and livelihood support, one-to-one/group therapy, temporary shelter, legal services, education services, and medical services.

Despite the gap of protection against sexual exploitation and abuse (PSEA) Specialist, YCO managed key interventions on PSEA. YCO with the HACT team continued assessment of the organizational capacity of implementing partners to ensure that they have the capacity in prevention, reporting and response to SEA. Through a country-wide cash transfer project, the PSEA message was kept being disseminated towards more than 1.4 million beneficiaries. The method to integrate the PSEA key message will be continued and expanded towards further audiences in the different programmes. Incident reporting and response have been done by PSEA Specialists with related personnel with support from RO according to SOP. Close collaboration between UN agencies as well as humanitarian communities on PSEA will be maintained and strengthened at the PSEA network which UNICEF leads with UNHCR.

During the first six months of 2021, YCO focused on supporting gender-based violence (GBV) risk mitigation activities in WASH, Education, and Child Protection. 1,412,184 hygiene kits and sanitary pads were distributed. Whilst, 43,090 children enrolled in schools had access to safe and gender-segregated latrines in their schools, awareness-raising activities were conducted by child protection and GBV partners on GBV, Child Marriage and FGM. These activities reached 47,675 children and youth, of which 50 per cent were girls. These children and young people attended activities focusing on adolescent life skills trainings and conducted youth-led initiatives. In addition, 1,706 children (45 per cent girls) who are survivors of GBV, and other harmful practices were provided with critical services including case management and psychosocial support.

To date, a total of 188,020 children and primary caregivers were provided with community-based mental health and psychosocial support by the Child Protection Area of Responsibility (CP AoR) partners. During the first half of 2021, the CP AoR continued to coordinate the child protection response, focusing on advocacy for children's rights and the mainstreaming of child protection in other humanitarian sector response strategies. Child protection risks and needs are now regularly discussed at the interagency level, and a guide has been developed to ensure the referral of cases between health and child protection services providers. Disaggregation of data by sex and age was identified as one of the main needs and was included in the Integrated Community Case Management (iCCM) action plan for 2021.

Furthermore, the CP AoR reinforced its presence in the south with regular child protection AoR meetings and with a better mapping of the humanitarian response, which will allow the AoR to better plan and identify gaps in the response.

Education

During the first half of 2021, the major rehabilitation of 75 schools and the construction of six semi-permanent classrooms was completed. 65 schools benefitted from WASH in Schools rehabilitation across governorates. The estimated number of children expected to benefit from these interventions is 66,214 (52 per cent girls). By establishing safe and conducive learning spaces, the education system is strengthened to provide integrated education and protection services to children with humanitarian needs. In addition, further pressures on education services are decreased (i.e. avoiding overcrowded classrooms). This will contribute to preventing negative impacts on children's learning but also it will reduce tensions with host communities strengthening long-term social cohesion.

UNICEF provided financial support and supplies for national Grade 9 and 12 examinations, which allowed over 100,000 children in southern governorates and almost 480,000 children in northern governorates to sit for the exams in 4,415 exam centres. Preventative measures against the spread of COVID-19 included the provision of masks in the southern governorates, as well as hand sanitisers, thermometers, and soap bars for all.

At a global consultation, education needs in Yemen and the strategic use of partner resources to save the system from collapse were discussed. UNICEF called for action to seek bridging and sustainable solutions for the payment of teacher salaries. An estimated USD 70 million is required to cover the cost of teacher's incentives for 171,600 teachers for one school year. Non-payment of teacher salaries places learning at risk for an estimated 3.6 million children, especially in 11 governorates.

The humanitarian needs and gaps of education laid the foundation for the global consultation on education for Yemen called for by the development partners, achieving another milestone in bridging the Humanitarian-Development divide. A mission to Marib has put the coordination mechanism on track and strengthened its functional role.

Water, Sanitation and Hygiene

In 2021, the WASH programme continued to pursue a dual-pronged approach to provide immediate basic human rights access to water and sanitation as well as response to disease outbreaks (including COVID-19) in the conflict-torn context of Yemen. The priority remained to achieve humanitarian lifesaving results for children, particularly areas experiencing conflict and emergencies including suspected cholera/AWD, IDP influxes, widespread malnutrition, and COVID-19 cases. At the same time, the WASH programme will continue to build a stronger linkage between humanitarian and development programming by strengthening the resilience of local systems and building the capacity of local communities to achieve results with durable solutions in a cost-effective manner. UNICEF continued its support for the operation and maintenance of water supply systems, ensuring the provision of safe drinking water to more than 5.1 million people (including IDPs) in urban cities and rural/ host communities. UNICEF provided fuel support to 34 Local Water and Sanitation Corporations (LWSCs) in 15 governorates; water trucking and its chlorination; monitoring of water quality; rehabilitation and expansion of the existing water supply system; and installation of solar systems as alternative energy options to ensure sustainability. These interventions were implemented in Aden, Al Bayda, Al Hudaydah, Al Mahwit, Amran, Dhamar, Hadramawt, Hajjah, Ibb, Lahj, Marib, Raymah, Sana'a City, Taizz, Al-Jawf, and Sa'ada governorates.



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Rehabilitation and expansion of water supply system

In April, two health facilities in Marib City were provided with a water supply, benefiting a total of 1,531 patients (on a daily basis) and three IDPs school in Aljufainah IDP camps. In the Al-Wadi camp, IDPs were connected to a water supply that benefitted 5,278 school children (48 per cent girls). In June, a total of 208,585 people including children benefitted

through UNICEF-supported water trucking in 20 health facilities in Aden and Lahj (nine OTPs in Aden and 11 OTPs in Lahj). Communities surrounding the OTPs in 16 districts were prioritized under the multisectoral nutrition response in Aden, Hadramout, Taiz, Al Hudaydah, and Lahj governorates.

UNICEF also continued its support for the operation and maintenance of the Wastewater Treatment Plants (WWTP) through the provision of fuel support, emergency maintenance of sewage systems, and rehabilitation and construction of emergency latrines. More than 2.8 million people in high-risk AWD/cholera locations and IDP settlements in Hajjah, Marib, Sanaa City, Al-Jawf and Sa'ada governorates benefited from this support. Despite 83 per cent of the target being achieved, 50 per cent of the achievement was made through the fuel support of Wastewater Treatment Plants (WWTP) in Sana'a city. More IDPs will benefit from the rehabilitation and construction of emergency latrines in the remaining part of the year.

In addition, approximately 1.42 million people (24 per cent of the target) – mostly IDPs and vulnerable populations in high-risk AWD/cholera and malnutrition locations – were supported through the operation of Rapid Response Teams (RRTs) in different governorates in both the north and the south. Currently, 162 RRTs are operational in the north, under a revised standard operating procedure (SoP) and name: Crisis and Disasters Response Sustainable Committees (CDRSC). In the south, 180 RRTs are operational in Aden, Abyan, Lahj, Mukalla, Taiz and Al Dhale'e governorates. UNICEF supported interventions including household chlorination campaigns, distribution of chlorination tablets, consumable hygiene kits, basic hygiene kits, and hygiene awareness sessions at the household level. Low progress (24 per cent) on the achievement is related to the delays on the start of the CDRSC/RRTs operation in the north due to the revision of the terms of reference (ToR) and national and governorates level coordinators changes as a result of the leadership changes in the Ministry of Water and Environment (MoWE).

During the reporting period, the WASH Cluster organized the Cluster Coordination Performance Monitoring (CCPM) validation workshop and agreed on key action points to improve cluster performance against core functions. Additionally, it appointed the Qatar Charity as WASH Cluster Co-Coordinator to strengthen NGO partners' engagement and cluster coordination capacity. The Yemen WASH Cluster (YWC) started to update the Emergency Preparedness and Response Capacity mapping for the WASH response as part of the contingency planning exercise, aiming to improve the timeliness, quality, effectiveness, efficiency of the WASH response.

Led by the UN Office for the Coordination of Humanitarian Affairs (OCHA), the WASH cluster actively contributed with other clusters during the reporting period to develop the Marib operational plan and to address projected displacement scenarios. The plan outlines the key humanitarian response activities required to meet the needs of the evolving situation and provides projections for the IDPs situation if the conflict will escalate, allowing the cluster to map out our partners, available supplies, and act accordingly to identify any gaps.

Social Protection and Inclusion

The Social Policy Programme focused on two main areas during the first half of 2021: Evidence Generation on Socio-Economic status to inform decision-making on social protection systems, and Integrated Social Protection for the poorest and most vulnerable groups.

UNICEF continued investing in evidence generation on the social protection system, disparities and vulnerabilities of Yemeni children and their families. In this regard, support was provided to the Ministry of Planning and Development in publishing Yemen Socio-Economic Update (YSEU) as a key national source of social and economic information. Six monthly editions were published covering various indicators of the social and economic statuses of Yemenis. In parallel, two internal bi-monthly socio-economic updates were prepared and shared with Yemen Country Office (YCO) senior management and programme sections about the key socio-economic development issues in the country, along with advice on programmes corrective actions, if and when needed.

The Mapping of Available Assistance to Children with Disabilities in Yemen report was also launched during the reporting period. It has been shared with all relevant partners and groups. As a result of discussion in these groups, a workshop will be held with key social stakeholders including relevant Ministries and UN organizations to agree on a roadmap to address children with disabilities (CWDs) challenges and gaps in services guided by the report findings. UNICEF also accelerated its support to CWDs and their families through The Handicap Care and Rehabilitation Fund (HCRF), which was supported to establish a case management system including the development of the manual and training of trainers.

As part of the system strengthening agenda, UNICEF continued to provide technical support to the Social Protection Consultative Committee (SPCC). The committee has conducted three meetings during the first half of 2021. The SPCC is the main national platform for coordination, harmonizing and policy advice concerning the national social protection agenda. In the meetings, key agenda items discussed included the development of a strategic social protection framework and the need to have a national consultant to help the SPCC enhance its coordination role. The recruitment of national coordination and technical assistance consultant is ongoing.

As part of the Social Assistance pillar of Integrated Model for Social and Economic Assistance and Empowerment (IMSEA)², Social Policy continued the Humanitarian Cash Transfers (HCT) initiative so that marginalized and vulnerable people can have financial support to enable them to cope with the COVID-19 impact. A total of 21,041 households (HHs) (117,637 individuals, 33 per cent of whom are families with children with disabilities) were reached during the second payment cycle in April 2021. The HCT targets IMSEA beneficiaries who were already verified and registered for the project in addition to 13,101 families with children with disabilities (CWDs). 78,606 individuals have been verified and registered in four governorates (Amanat Al Asimah, Sana'a, Ibb, and Aden Governorates) to benefit from the second and third payment cycles. In addition, preparation for the third payment cycle is ongoing. This cycle started mid-July and will cover an additional 8,959 HHs that have been registered to be included in this cycle, making the total targeted HHs in the third payment cycle cumulatively be 30,000 HHs (163,985 individuals).

UNICEF prioritized its integrated social protection agenda in 2021. To this end, the IMSEA continued to serve beneficiaries from Muhamasheen communities living in slums. During the reporting period, 34 water tanks were established in nine slums, clean drinking water was provided in Amanat Al Asimah, and 7,373 consumable hygiene kits were distributed in response to COVID-19. The social policy team also supported voluntary initiatives in targeted slums in Amanat Al Asimah and Sana'a governorates, resulting in 202 cleaning campaigns, where 7,373 households benefited. 19,153 people (52 per cent women) reached out with outreach initiatives (financial education, personal and environmental hygiene). A total of 6,000 households received information and knowledge on fiscal responsibility, and around 50 community initiatives established savings funds. As a result, 102 savings funds were created in the majority of the targeted slums in Sana'a and Amanat Al Asimah. A total of 130 males and 128 females benefited from this initiative which encouraged the participants in saving funds to make small income-generating projects to be self-sufficient.

UNICEF also continued implementing the Cash Plus initiative. As part of this initiative, the Emergency Cash Transfer (ECT) Project is complemented by the provision of and referral to complementary services supported by UNICEF. A total of 8,774 HHs/62,994 individuals have been reached during the third cycle of the Cash Plus initiative in the three target districts (Ma'ain in Amanat Al Asimah, and Bani Hushaysh and Jihanah in Sana'a governorate). In June 2021, the Cash Plus fourth cycle began in the Shu'aub district of Amanat Al Asimah, and Bilad Ar Rus and Arhab districts in the Sana'a governorate. To date, a total of 9,326 have enrolled - representing 62 per cent of the cycle's target - and will be visited at their homes to assess their needs and referred to services accordingly.

Communications for Development (C4D)

On COVID-19 Risk Communication and Community Engagement (RCCE), implementing partners (Ministry of Public Health and Population, GHOs, etc.) led interpersonal communication interventions. Religious leaders continued engagement with people in mosques as well as in community gatherings and events to sensitize them to COVID-19 prevention practices and physical distancing guidelines. Overall, 4.59 million 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 1.95 million people with COVID-19 messages through house-to-house visits and mother-to-mother sessions from January to June 2021.

In the governorates under the control of the Internationally Recognized Government (IRG), community volunteers, members of mother-to-mother clubs and religious leaders were mobilized to support COVID-19 vaccination interventions in 13 governorates, reaching 732,200 people through various interpersonal communication activities.

² IMSEA model is based on community and household-level case management approach and integrates three main components: (i) Social Assistance Pillar, (ii) Social Services Pillar; and (iii) Social Investments Pillar. The model aims at addressing immediate needs of the poorest and most marginalized (slum dwellers) and providing them with socio-economic opportunities to enhance their livelihoods and strengthen resilience against shocks and stressors

Communication materials were placed in high traffic locations such as crossroads, malls, markets, etc., while consumer commodities were branded with vaccination messages. Mass media support for the vaccination campaign was also provided through 25 radio stations and four TV channels which aired the campaign messages through flashes, public service announcements, and dedicated discussion programmes on the COVID vaccine. An estimated 12-16 million people were reached.



Communication poster on COVID-19 in a local shop in the south
©UNICEF Yemen/2021



Public Service Announcement in a southern market on COVID-19
©UNICEF Yemen/2021

As part of the integrated multi-sectoral response to malnutrition in Yemen, members of mother-to-mother clubs and community volunteers, including religious leaders, were mobilized to engage with communities to promote positive nutrition practices, support with referring malnutrition cases and increasing demand for health and nutrition services. Mass media support was provided for this intervention through 25 radio stations.

3,295 members of the Mother-to-Mother clubs were mobilized for the nutrition interventions, while 778,088 caregivers were engaged with nutrition messages including exclusive breastfeeding for the first six months, initiating breastfeeding within an hour of childbirth, appropriate complementary feeding from the six months, recognition of SAM and accessing OTP sites, as well as the use of ready to use therapeutic food (RUTF).

The Advocacy, Communication and Social Mobilization (ASCM) initiative supported the second round of the oral cholera Vaccination Campaign, conducted in February in three districts in Al Dhale'e and Al Mukalla as well as for the Polio Vaccination campaign conducted in the northern governorates in April. Multiple approaches were and will continue to be used to support the campaigns including interpersonal communication, roaming vehicles, mass media and communication materials. These ASCM interventions started several days before the campaign, including advocacy meetings at the governorate level. In addition, Community Volunteers reached 2,032,998 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, 10,195 awareness sessions in mosques as well as 4,794 health facility sessions. Of the beneficiaries, 56,577 were IDPs and 80,777 were from marginalized communities.

AWD/Cholera Response

As part of the integrated Acute Watery Diarrhoea (AWD)/Cholera response UNICEF supported 278 (out of 321) Oral Rehydration Centres (ORCs), and 26 (out of 234) Diarrhoea Treatment Centres (DTCs) in 68 districts in 11 governorates. UNICEF provided support for operational costs, staff incentives and medical supplies. Cholera supplies were delivered directly to 113 DTCs/ORCs, and DTCs/ORCs were supported indirectly through 23 governmental health organisations GHOs. These supplies including AWD kits and oral rehydration salts. A total of 1,799 AWD Periphery Kit Drugs, 164 AWD Periphery Kits Renewable & 88 AWD Periphery Kits (Logistics) were distributed to 23 governorates across the north and the south. Despite the reported stability of AWD/Cholera cases, UNICEF continues to support and monitor the situation.

Rapid Response Mechanism (RRM)

Throughout the first half of 2021, more than 20,000 families (140,000 individuals) were newly displaced or left their location of displacement towards a safer destination (multiple displacements). The highest numbers of displacements were linked to tensions resulting from the conflict that were observed in 49 active frontlines across Marib, Hajjah, Taizz,

Al Hudaydah, Al Jawf, Lahj and Al Dhale'e. The conflict was not the sole reason for displacement; in some areas, natural disasters such as floods from heavy rains as well as economic crises have triggered waves of multiple displacements³.

Rapid Response Mechanism (RRM) cluster partners are active in 147 districts across 20 governorates. UNICEF, along with UNFPA and WFP, reached more than 19,864 newly displaced families (139,048 people) with RRM kits that include essential hygiene items and other supplies. RRM kits have met the most critical immediate needs of IDP families, which are food, family basic hygiene kits and female dignity kits, as they are uprooted suddenly from their homes without time to take anything with them. The escalation of violence across the country and the limited access due to constraints from authorities in the north limited the capacity of RRM partners to around 140 districts out of 333 districts so far.

Supply and Logistics

Shipments from north to south (and vice versa) remained strictly controlled by authorities. In Al Hudaydah, 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. YSMO continues to require the shipping of Ready-to-Use Therapeutic Food (RUTF) exclusively in refrigerated containers despite recommendations from manufacturers and the Ministry of Public Health and Population (MoPHP) that refrigerated containers are not required. This requirement increases shipping costs up to 200 per cent. However, this requirement is being reviewed as a result of strong advocacy efforts by UNICEF and WFP.

New requirements for the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) were introduced for UN/INGO to exclusively contract vendors registered with SCMCHA, limiting the sourcing and competitive selection of vendors in northern Yemen. The commercial market in southern Yemen is still underdeveloped and highly dependent on vendors based in the north. To ensure the availability of essential supplies, price competitiveness and timeliness of procurement sub-regional markets are being explored.

Humanitarian Leadership, Coordination and Strategy

There have been no changes to the humanitarian strategy set up in the [situation report for January 2020](#). The three priorities for Yemen include case management, RCCE, and protection of non-COVID-19 response – given that UNICEF leads the last two sectors. The first half of 2021 included close coordination with GAVI, the Vaccine Alliance, to roll out the COVAX vaccine campaign in Yemen. In March 2021, 360,000 COVID-19 vaccines were delivered to support the prevention of the life-threatening virus. UNICEF continued its RCCE response with campaigns to attack disinformation on the vaccine, as well as to continue digital engagement and rumour monitoring.

Human Interest Stories and External Media

Field Update: Yemen's Water Supply: The Difference between Life and Death for the Nation's Vulnerable Population



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³ RRM cluster partners

UNICEF supplied and installed water pumps for wells in some of the country's most under-resourced areas

To read more about this intervention, click [here](#).

External Media

[#COVID19 campaign](#)



[Access to Clean Water](#)



[Integrated Child Protection Programme in Schools](#)



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Annex A
Summary of Programme Results⁴

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2021 target	Total results	Change since the last report	2021 target	Total results	Change since the last report
Health							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	300,486 ⁵	97,658			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,814,315	23,804 ⁶			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	1,171,663	188,546			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	10,763	- ⁷			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	325,000	320,108	109,700	21,537	320,108	109,700	21,537
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,633,443	3,102,056	7,222	4,633,443	3,102,056	7,222
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	173,347 ⁸	33,198	990,000	188,020 ⁹	35,762
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	226,582	- ¹⁰			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	46,786	- ¹¹			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	361,953	26,488 ¹²			
Education							

⁴ These figures reflect the updated, approved 2021 HAC appeal.

⁵ Underachievement due to incomplete data during the reporting period.

⁶ 23,804 children reached in Sa'ada governorate through Integrated Outreach Rounds.

⁷ 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.

⁸ Local 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.

⁹ The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

¹⁰ Ibid

¹¹ Ibid

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 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	-. ¹³	790,750	261,973	23,014
Number of children receiving individual learning materials		800,000	105,431	1,560 ¹⁴	872,000	229,393 ¹⁵	6,976
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229	-. ¹⁶	4,600	702 ¹⁷	13
Number of teachers receiving teacher incentives each month		86,000	200	-. ¹⁸	181,603	9,456	109

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	5,192,254 ¹⁹	212,582 ²⁰	8,826,986	4,255,456	371,591 ²¹
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	1,412,184 ²²	256,046	4,529,704	1,313,366	73,600
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	1,412,184	256,046	5,767,919	1,668,370	122,804
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	2,824,610	1,398,329			

Social Protection & Cash Transfer

Number of households reached with humanitarian cash transfers across sectors		40,000	21,042	-. ²³			
Number of people benefiting from emergency and longer-term social and economic assistance ²⁴		150,000	110,896	9,326			

C4D, Community Engagement & AAP²⁵

Number of people participating in engagement actions for social and behavioural change		8,000,000	6,537,048	1,770,931			
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Rapid Response Mechanism

Number of vulnerable displaced people who received Rapid Response Mechanism kits		672,000 ²⁶	139,048	20,489			
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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.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ 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.

¹⁹ Approximately 3.6 million people including children were provided with safe water supply on a monthly basis with UNICEF fuel support since April 2021. However, this number is not included in the above table in order to avoid double counting from the previous report.

²⁰ Approximately 123,144 people were reached with water trucking in in Al Hudaydah governorate. However, this number is not included in the above table in order to avoid double counting from the previous report.

²¹ This figure has been corrected to reflect the accurate WASH Cluster data, which was cleaned for the reporting period.

²² Approximately 546,282 people were reached with Water Quality Monitoring and Chlorination in Sana'a Hub. However, this number is not included in the above in order to avoid double counting from the previous report.

²³ There was no progress in June as the verification activities for the third payment cycle in May -June (as well as the actual payment) will take place in July.

²⁴ Cash plus includes referrals to services, communication for development and life skills and economic empowerment (adolescent employability) activities.

²⁵ Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.

²⁶ 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.

Annex B Funding Status*

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other Allocations Contributing Towards Results (\$) ²⁷	Resources available from 2020 (Carry-over)	\$	per cent
Health	123,460,800	5,178,253		10,177,124	108,105,423	88%
Nutrition	119,875,460	65,253,927		16,028,942	38,592,631	32%
Child Protection, GBViE & PSEA	33,287,000	7,577,046	752,354	5,587,140	19,370,460	58%
Education	84,760,000	5,477,063	15,465,561	20,203,469	43,613,907	51%
WASH	100,000,000	16,457,644	28,278,451	27,415,674	27,848,231	28%
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	48%
Rapid Response Mechanism	6,878,200	2,579,740		2,802,887	1,495,574	22%
Cluster Coordination	7,000,000	698,782		251,684	6,049,533	86%
Being Allocated	-	12,824,851		3,622,651	-16,447,502	
Total	508,821,500	121,189,188	44,496,366	94,373,466	248,762,481	49%

²⁷ 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.