



Yemen Country Office Humanitarian Situation Report



Highlights

- The conflict in Ma'rib escalated during the reporting period, with around 33,000 additional people displaced. UNICEF and partners provided 4,664 newly displaced households (32,648 people) with RRM kits including essential hygiene items, food, family basic hygiene kits, and female dignity kits.
- In September, four governorates in the south temporarily closed schools due to extreme heat and conflict. UNICEF continues working with the Ministry of Education on preparedness response including distance learning modalities, training on safe school protocols, provision of personal protective equipment, etc.
- The third round of Integrated Outreach was implemented in 12 governorates. A total of 22,902 children under one year of age received their first dose of the Pentavalent vaccine, and 34,994 children received their third dose.
- Despite funding challenges in the WASH sector, UNICEF and partners reached around four million people through sustained access to safe drinking water via the distribution of fuel in both the north and south, water trucking, the distribution of ceramic water filters, and water treatment.
- UNICEF's life-saving work in Yemen faces a 46 per cent funding gap, with the most urgent needs in WASH (\$26.3 million), Health (\$105 million) and Education (\$33.6 million).

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)

11.3 million
children in need of humanitarian assistance

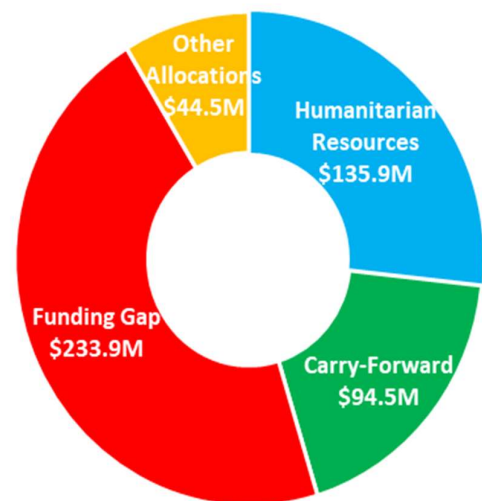
20.7 million
people in need
(OCHA, 2021 Humanitarian Response Plan)

2 million
children internally displaced (IDPs)
(UNICEF, 2021 Yemen Humanitarian Action for Children)

UNICEF's Response and Funding Status*

Nutrition	SAM Admission	67%
	Funding status	70%
Health	Measles vaccination	60%
	Funding status	15%
WASH	People with safe water	108%
	Funding status	74%
Child Protection	Psychosocial support	42%
	Funding status	52%
Education	Access to education	124%
	Funding status	60%
Social Policy	Social economic assistance	103%
	Funding status	39%
C4D	People reached with campaigns	111%
	Funding status	53%
RRM	IDPs with RRM kits	36%
	Funding status	82%

Funding Status 2021 Appeal: \$508.8M



*Response indicators represent only parts of section activities, while funding status represent the sections'

Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) was revised and approved in May 2021 to align with the 2021 Yemen Humanitarian Response Plan (YHRP), and the 2021 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 into programmes planned within the HAC. As UNICEF continues to actively fundraise for its 2021 HAC appeal, as of 30 September 2021, \$135.9 million has been received. A total of \$94.5 million was carried forward from 2020, with an additional \$44.5 million received from other contributions¹, for a total of \$274.9 million funds against the HAC. This leaves a funding gap of \$233.9 million, or 46 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. Generous contributions received during the reporting period included funds from the National Committees of Australia and France, and the UN OCHA Yemen Humanitarian Fund (YHF).

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. In August 2021 significant challenges to UNICEF's life-saving interventions persisted, including heavy rains destroying shelters of internally displaced persons (IDPs) and threatening infrastructure, 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 September 2021, four million people, including two million children, continue to be internally displaced. As of late 2020, Yemen hosted approximately 138,000 migrants and 177,600 refugees and asylum-seekers. Over 90 per cent of migrants are of Ethiopian origin and are mostly in transit to Gulf countries to seek livelihood opportunities².

In September 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 11 incidents of grave violations against children, of which 73 per cent of the incidents were verified. All verified violations pertained to child casualties, including 21 children maimed (7 girls; 14 boys), by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Al Dhale'e (4) and Hodeidah (2). These are only figures that the UN has been able to verify to date; the actual number of incidents might be higher than this.

Almost 2.3 million children under the age of five face acute malnutrition, of whom about 400,000 face severe acute malnutrition (SAM). More than 15.4 million people urgently need assistance to access water, sanitation and hygiene (WASH) services, and lack of funding for emergency WASH interventions continues to undermine the integrated response. Approximately 20.1 million people need assistance to access health services, including 4.8 million women, 10.2 million children, 3 million people with disabilities and 2.1 million men. If funds for health 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 those for Polio, Measles, and COVID-19.

Between 1 January and 3 October 2021, a total number of 26,891 Acute Watery Diarrhoea (AWD)/cholera suspected cases and 17 associated deaths were reported, with a 0.06 per cent case fatality rate (CFR). This is a significant decrease compared with the same period of 2020 (198,977 suspected cases and 63 associated deaths with a 0.03 per cent CFR). Almost all the governorates reported cases with the exception of Ma'rib and Socotra. The highest number of cases – as well as the majority of deaths – was reported in Taiz, which represented 25 per cent of the total reported cases, followed by Hodeidah (13 per cent) and Sana'a (12.8 per cent). Despite the declining cholera trends, UNICEF is closely monitoring the cholera situation. During the reporting period, the distribution of the AWD kits from governorate health offices' (GHOs) stocks in Sana'a, Amanat Al-Asima, Dhamar, Al-Bayda, Amran, Ma'rib, Taiz, Hodeidah, Abyan, Al-Maharah, Lahj, Al-Dhale'a, Shabwah, Hadramout, and Socotra to the targeted diarrhoea treatment centres (DTCs) and oral rehydration centres (ORCs) was completed.

Since the beginning of the pandemic to the end of September, a total of 9,139 cases of COVID-19 were reported, with 1,734 associated deaths with a 19 per cent CFR. So far, the country experienced three successive waves of cases with the last one starting last August and ending early October. Almost all the cases that were reported were from Hadramout, Aden, Abyan, Lahj, Al-Dhale'a, Shabwah, Al-Maharah, Taiz and Ma'rib governorates. No cases were reported from the northern governorates other than the first four reported cases during 2020, due to a lack of testing and reporting.

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

² United Nations Yemen Common Country Analysis (CCA) September 2021

Summary Analysis of Programme Response

Health and Nutrition

As of 3 October 2021, PPE (including gloves, masks, gowns, face shields, and goggles) was provided to 50,873 healthcare providers from 3,644 health facilities. These facilities were in 330 districts across 22 governorates. 10,721 healthcare providers (out of the planned 20,000) including health workers (HWs), community midwives (CMWs) and community volunteers (CVs) were sensitized on infection prevention control (IPC), the case definition of COVID-19, modes of transmission, and best practices for IPC at the community and facility levels. 400 staff working in the triage facilities in 60 health facilities in ten governorates in the south (Aden, Abyan, Lahj, Al-Dhale'a, Taiz, Shabwah, Hadramout Sahel, Hadramout Wady, Al-Maharah, and Socotra) were supported by hazard pay incentives.

A total number of 14,166 cases were screened for COVID-19 in UNICEF-supported triage facilities (56.5 per cent female; 18.4 per cent children under five), while 293 suspected cases (53.2 per cent female; 4.4 per cent children under five) were referred for treatment to isolation centres. 30,000 copies of COVID-19 guide booklets, as well as medical supplies, including mechanical ventilators, medical beds, and folded screens, and PPE, were transported to ten governorate health offices in nine governorates in the south. The delivery of these supplies to the targeted triage facilities is ongoing.



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A total of 50,814 children under one year of age received their third dose of the Penta vaccine, and 50,067 women of childbearing age 15-49 years received the Tetanus and diphtheria (Td) vaccine.

The third round of Integrated Outreach (IOR) was implemented in 13 governorates during the reporting period. In September, a total of 26,840 children under one year of age received their first dose of Penta, and 37,878 children received their third dose. 27,830 children received their first dose of Measles Containing Vaccines (MCV1). In addition, 40,642 childbearing age women received Td vaccine, and 112,479 of children under 5 years of age benefited from Integrated Management of Childhood Illnesses (IMCI).

790,000 doses of Oral Cholera Vaccine and 500,000 doses of Td vaccine were delivered in Aden on 23 September for Cholera and Maternal Neonatal Tetanus vaccination campaigns planned in October 2021 in the southern governorates.

100 solar direct drive (SDD) fridges were delivered to Sana'a from the Salah hub in Oman. Their distribution to and installation in health facilities is underway. During September, 34 SDDs were installed in four governorates; since January 2021, a total of 699 SDDs have been installed in Yemen.

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 in 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 to August 2021, there has been a nationwide average health facility reporting rate of 90 per cent, along with reports received from community health and nutrition volunteers (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 5,774,701 (2,862,702 girls; 2,911,999 boys) children under five years were screened for malnutrition through all interventions. Of these, 215,295 children (122,514 girls; 92,781 boys) with severe acute malnutrition (SAM) were identified and admitted for treatment without complications in Outpatient Treatment Programmes reaching 67 per cent of the annual target, with an 88 per cent cure rate. 19,336 children with SAM and complications were admitted to therapeutic feeding centres.

On the prevention side, by the end of September 2021, 2,378,863 children had received deworming tablets reaching 91 per cent of the annual target, 2,845,398 children received micronutrient sprinkles (101 per cent of annual target), and 3,139,077 (68 per cent of annual target) children were reached with Vitamin A through routine programmes as well as the Polio and Vitamin A campaign implemented in the north. In addition, 1,641,090 (134 per cent of annual target) mothers received Iron Folate supplementation, and 2,251,263 (131 per cent of annual target) mothers received IYCF consultations.

Child Protection

In September, 497,233 conflict-affected people were reached through Mine Risk Education (MRE) activities, including 62,351 children (29,622 girls; 32,729 boys) and 434,882 adults (215,662 females; 219,220 males) in nine governorates (Al Bayda, Al Dali, Hodeidah, Al Jawf, Ibb, Ma'rib, Sa'ada, Taiz, and Hajjah). MRE was delivered in schools and child-friendly spaces, through radio messages and through community campaigns alongside COVID-19 preventative measures.

Through a network of fixed and mobile child-friendly spaces, UNICEF provided psychosocial support (PSS) to 113,143 people across 14 governorates (Abyan, Al Dali, Hodeidah, Al Jawf, Amran, Dhamar, Ibb, Ma'rib, Lahj, Hajjah, Raymah, Sa'ada, Sana'a, and Taiz) including 61,840 children (29,378 girls; 32,462 boys) and 51,303 adults (28,730 females; 22,573 males).

Through the case management programme, UNICEF continued to support the referral and provision of critical services for the most vulnerable children. 1,011 children (375 girls; 616 boys) were identified by trained case managers, and out of these, 1,005 children (371 girls; 614 boys) received more than one service.

A total of 115,527 people including 64,151 children (30,687 girls; 33,464 boys) and 51,376 adult primary caregivers were provided with community-based mental health and psychosocial support by Child Protection Area of Responsibility (CP AoR) partners. With the support from the CP AoR, and to ensure the harmonization of work among case management actors, the case management technical group conducted a one-day workshop to review the tools and standard operating procedures (SoPs) with the case management actors. This process is still ongoing and is expected to be finalized in the upcoming months.

Education

In September, four governorates in the south temporarily closed schools due to a heatwave (Aden and Abyan) and conflict (Hadamout and Shabwa). Most of the schools have since re-opened or will re-open soon. UNICEF continues partnering with the Ministry of Education (MoE) on its preparedness response that includes distance learning modalities, training on safe school protocols, provision of PPE, and learning supplies (school bag kits, school in a box, etc.).

An estimated 4,415 exam centres (schools) were provided with 84,250 masks (in the southern governorates), 77,238 bottles of 500 mL hand sanitizers, and 43,360 soap bars during the implementation of the National Examination process.

UNICEF and MoE rolled out a training plan for more than 20,000 teachers, school principals, students, and parents, focusing on active learning, psychosocial support, planning and management, Safe School Protocols, distance learning, and nutrition messages. MoE communicated the results of the national exams conducted in July and August: 526,733 children from 9th and 12th grades sat for the exams (218,020 girls; 308,713 boys) with more than 80 per cent obtaining a passing grade (85 per cent girls; 78 per cent boys). UNICEF continues supporting the education system with the provision of 3,075 desks in Shabwah (9,225 children: 5,314 girls; 3,911 boys) and 17,027 school bag kits (SBKs) in Ad Dhale and Al Mahwit (7,649 girls; 9,378 boys).

Education Teacher Incentives (ETI) and Temporary Teacher Incentives (TTI) projects were completed; however, no funds were available for the 2020/2021 schoolyear. High level advocacy to mobilise funds is ongoing and driven by UNICEF and partners. For Rural Female Teachers (RFTs), payment cycles were completed with the exception of retroactive payments to small number of RFTs. Performance based payments (PBP) for teachers will restart for the 2021-2022 schoolyear under the World Bank REAL and ECHO-funded projects (the earliest payments are expected to be made in November/December 2021).

A comprehensive large-scale capacity development initiative for teachers, school-based staff, father mother councils (FMCs), and Student Councils is scheduled to start in quarter four of 2021. The initiative includes training on the implementation and follow-up on safe school protocols.

The Education Cluster received 35 per cent of its required funding, enabling it to reach 2.5 million school-aged girls and boys with at least one activity or service. Administrative and access challenges continue to hamper the cluster's timely response.

Water, Sanitation and Hygiene (WASH)

Despite funding challenges, WASH continued to make progress on results achieved during the reporting period, reaching around four million people through sustained access to safe drinking water via the distribution of fuel in both the north and south, water trucking, the distribution of ceramic water filters, and water treatment. The increase of number of beneficiaries was achieved with support from the Famine Relief Fund (FRF).

UNICEF supported the Sana'a, Dhamar and Amran Local Water and Sanitation Corporations (LWSCs) with the maintenance of collapsed sewage pipelines, cleaning and dislodging sewage systems, and the prevention of environmental pollution. These interventions benefited a total of 605,640 people connected to sewage systems. Furthermore, UNICEF supported sewage water disposal campaigns in Sa'ada governorate, benefitting 48,960 people through hygiene promotion via Rapid Response Teams' (RRTs) collection and disposal of sludge using sewage trucks, for targeted areas in Damaj and Sa'ada



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In September, UNICEF continued to respond to cholera response cases through 125 rapid response teams (RRTs) which conducted chlorination activities, water quality monitoring, distribution of basic and consumable hygiene kits, and awareness sessions. The activities were concurrently implemented in the same districts where high numbers of cholera cases were reported. A total of 428,975 people benefited from WASH supply distribution and integrated hygiene promotion, through the distribution of supplies including basic hygiene kits (BHKs), consumable hygiene kits (CHKs), Chlorine tablets, etc.

Social Protection and Inclusion

In September, UNICEF in partnership with the Social Welfare Fund (SWF) successfully completed the fourth cycle of Cash Plus activities in Amanat Al Asimah (Shuaub district) and Sana'a governorates (Bilad Ar Rus and Arhab districts). A total of 7,503 households (HHs)/ 34,903 individuals (95 per cent of the target) were reached and supported through Cash Plus services³, either via direct support or through referrals to key service providers. Key achievements included: MUAC measurements were taken for 5,213 individuals (152 pregnant women, 265 lactating women, 4,796 children), 76 malnourished individuals were referred to public health centres, 90 children/infants were vaccinated, 4,194 children received birth certificates, and 7,503 HHs/25,330 individuals were reached with key awareness messages on COVID-19 protection and hygiene practices (including the importance of education for children and obtaining birth certificate for children and new babies, etc.).

As part of the Integrated Model of Social and Economic Assistance (IMSEA) project, UNICEF continued to support Muhamasheen children and their families. In September, 2,796 school-aged children were supported and enrolled in school, more than 3,000 children received birth certificates, 261 pregnant and lactating women were referred to health centres, and 222 children were received vaccinations, nutritional medicines/ supplements, and deworming medicines. In addition, 1,203 youth and children received and supported via psychosocial support provided by case managers.

As part of the social investment pillar of the IMSEA Project, 269 adolescents (54 per cent girls) and youth from the poorest and most marginalized communities in Sana'a governorate completed the Life-Skills and employability/entrepreneurship training programme. The programme aims at enhancing the employability of Muhamasheen adolescents and youth. As a result of the training, 244 beneficiaries developed business plans to establish their own businesses (including in photography, livestock breeding, sewing, grocery, etc.).

In addition, 28 Muhamasheen Community Based Organization (CBO) leaders were trained on Management of Volunteers and Peer Education methodology -Young Community Change Agents (YCCA) and 25 adolescents (14 girls; 11 boys) from Sana'a were trained as Young Community Change Agents using the peer education approach.

During the reporting period, community initiatives through the CBOs were conducted to distribute 270 school bag kits (targeting 102 girls; 168 boys) as well as 50 plastic sheets for the 50 households affected by flood in Maeen and Al Thawra districts in addition to the provision of clean water for 700 households in Amanat al Asimah. Moreover, 94 cleaning campaigns were implemented in 55 informal settlements in Amanat Al Asimah and Sana'a.

³ Cash Plus combines cash transfers with complementary support to maximize the positive impacts of the cash transfers. The support provided by the programme is to ensure access to integrated social services including, health, nutrition, birth registration, education, and health awareness.

Communication for Development (C4D)

COVID-19 Risk Communication and Community Engagement (RCCE) activities in September focused on promoting COVID-19 preventive behaviours in all governorates, as well as promoting COVID-19 vaccinations in the south, utilizing various media and community engagement platforms.

During the reporting period, religious leaders scaled up engagement activities at schools to sensitize students on COVID-19 prevention practices and physical distancing guidelines. Religious leaders conducted more frequent awareness sessions in a larger number of schools. They also continued COVID-19 engagement with people in mosques and at community gatherings/events. Overall, 517,059 people were engaged by religious leaders in September, in mosques, schools, community gatherings, and women social events.

Community volunteers conducted house-to-house visits and Mother-to-Mother sessions, reaching 210,639 people with COVID-19 related messages. These included messages on COVID-19 including its risks, symptoms, and transmission methods; how to prevent the spread and ensure that they and their families are protected from COVID-19 and other respiratory diseases; and how to seek care for a household member when showing COVID-19 symptoms. In the southern governorates, community volunteers also sensitized people to the importance of being vaccinated with COVID-19 vaccines and responded to rumours and misconceptions about the vaccine circulated in communities. RCCE interventions to support the integrated multi-sectoral shielding initiative continued in three districts in the south to ensure that high-risk households have the knowledge and skills to adopt COVID-19 prevention behaviours. Specially trained community volunteers were mobilized in the three districts to facilitate community engagement in the target districts, reaching an additional 7,849 people. Through the efforts of the community volunteers, the beneficiaries were sensitized on the principles of shielding as well as disinfection and household-level infection prevention and control. They were also provided with information on COVID-19 prevention and services, including procedures for seeking care when a family member shows symptoms of the disease.

COVID-19 vaccination communication and social mobilization interventions were implemented in 13 governorates in the south, reaching approximately 5 million people. The activities included mass media campaign messaging and community engagement activities. The activities included airing of campaign messages through flashes, public service announcements, and dedicated discussion programmes on 25 radio stations and 6 TV channels.

The fourth round of the COVID-19 Rapid Assessment was conducted this month to measure knowledge, attitudes, risk perceptions, and adoption of prevention practices, as well as COVID-19 vaccine hesitancy rates. The assessment, administered by partners in 21 governorates, utilized quantitative and qualitative methodologies. The findings from the assessment are informing messaging on COVID-19 vaccine demand generation and will further inform RCCE interventions. Top line findings included an increase in awareness of the virus, improved risk perception since the third round, and the need to continue stressing the importance of COVID-19 prevention measures as part of RCCE activities.

To strengthen feedback systems, UNICEF supported hotlines managed by the Ministry of Public Health and Population (MoPHP), where health professionals responded to questions, concerns, and medical consultations on COVID-19. UNICEF also supported a hotline for IDPs to enable them to raise their complaints and concerns about humanitarian services provided to them. During the reporting period, 2,194 calls were responded to through those hotlines. To provide an additional platform for two-way communication, some community volunteers including religious leaders and members of Mother-to-Mother Clubs created WhatsApp groups for engaging with their communities, reaching 101,400 people.

AWD/Cholera Response

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 624,483 people with messages on AWD/Cholera. These as well as essential family practices messaging for child survival were also disbursed, through house-to-house visits, community meetings, events, and awareness sessions in mosques and schools.

Rapid Response Mechanism (RRM)

In September, no changes occurred on the active front lines across the country. However, conflict intensified in Ma'rib, leading to further internal displacements of families within the governorate itself. Frontlines across Shabwah, Taiz and Al Bayda continue to witness sporadic clashes but with no significant change in lines of control.

It was reported by the RRM cluster that around 33,000 people in September were displaced due to active conflict. The highest numbers observed were reported in Ma'rib (6,573 IDPs), Hajja (3,787 IDPs) and Al Jawf.

UNICEF, along with UNFPA and WFP, continued to reach displaced populations at frontlines with first line response packages. The RRM reached an additional 4,664 newly displaced households (32,648 individuals) across 22 districts in September with RRM kits (including as part of the flood response) that include essential hygiene items, food, family

basic hygiene kits, and female dignity kits. RRM kits are designed to meet the most critical and immediate needs of displaced families as they are uprooted suddenly from their homes.

Supply and Logistics

Shipments between the north and south remain controlled by the 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. 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.

The Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) continued to require UN/INGO organisations 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 limited 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

UNICEF's humanitarian strategy in Yemen is aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, and Clusters and programme priorities. UNICEF continues to work in coordination with the Yemen Humanitarian Country Team, leading the WASH, Education and Nutrition Clusters and the Child Protection Area of Responsibility (AoR), and is an active member of the Health Cluster and is collaborating with other UN agencies and INGOs to efficiently deliver basic life-saving supplies and services in areas impacted by increasing armed violence.

In the context of the COVID-19 pandemic, UNICEF developed a COVID-19 preparedness and response plan in April 2020. The response plan also aligns with the UN's and the government's three priorities for Yemen: case management, RCCE, and the continuation of health programmes beyond the COVID-19 response – and UNICEF leads the last two priorities. The plan builds on the WHO-led National Preparedness and Response Plan and considers lessons learned from other affected countries. The first half of 2021 involved close coordination with GAVI, The Vaccine Alliance, and WHO to roll out the COVAX vaccine campaign in Yemen. UNICEF continued its RCCE response with campaigns to address disinformation on the vaccine, as well as to continue digital engagement and rumour monitoring.

Human Interest Stories and External Media

Field Update: Malnutrition: a constant threat for children in Yemen

In response to the child malnutrition crisis in Yemen, UNICEF supports primary healthcare centres

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



External Media

[International Literacy Day](#)



[COVID-19 Vaccines from Italy](#)



[Child Friendly Spaces](#)



Next SitRep: 30 November 2021

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Who to contact for further information:

Philippe Duamelle

Representative
UNICEF Yemen
Sana'a
Tel: +967712223363
Email:
pduamelle@unicef.org

Mohamed Aboelnaga

Chief of Communications
UNICEF Yemen
Sana'a
Tel : +967712223161
Email:maboelnaga@unicef.org

Anne Lubell

Partnerships Manager
UNICEF Yemen
Amman Outpost,
Jordan
Tel: +962 79 835 0402
Email:
alubell@unicef.org

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	582,118	73,628			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,800,313	0 ⁵			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	2,097,832	212,890			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	15,873	0 ⁶			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	321,558	320,108	215,295	37,700	320,108	215,295	37,700
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,633,443	3,139,074	10,553	4,633,443	3,139,074	10,553
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	375,311 ⁷	113,143	990,000	396,803 ⁸	115,527
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	4,133,897	20,921 ⁹			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	1,400,000	0 ¹⁰			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	905,220 ¹¹	497,233			
Education							

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

⁵ There was no progress in September because this indicator is planned to be achieved through National campaigns. The first campaign was held in May and the second is anticipated to be conducted in the last quarter of the year.

⁶ This indicator depends on the available supply and demand raised by MoHP. UNICEF's available supply of the PPE exceeded the target by 6 per cent. Based on a discussion between MoHP and UNICEF, MoHP requested to distribute the available supply of PPE to healthcare facilities' staff.

⁷ Partners experienced challenges in implementing PSS activities. MoSAL hotline is still under activation which will help to reach people remotely through PSS counselling.

⁸ The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

⁹ GBV data and progress of the previous months have been updated based on the data updated in WASH indicator that contributes to the GBV indicator.

¹⁰ The target of this indicator has been met and the total result was overachievement by 280 per cent as explained in the June update. This indicator depends heavily on the PMU payment cycle which was last quarter.

¹¹ 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 were postponed to the end of September that will reach 60 per cent of the target and will be reflected in the October Sitrep.

Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	620,885 ¹²	0	790,750	172,736	-99,830 ¹³
Number of children receiving individual learning materials		800,000	146,824 ¹⁴	20,627	872,000	254,945 ¹⁵	-9,554 ¹⁶
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229 ¹⁷	0	4,600	703 ¹⁸	0
Number of teachers receiving teacher incentives each month		86,000	2,162 ¹⁹	0	181,603	6,129 ²⁰	0
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	7,319,768 ²¹	479,996	8,826,986	5,902,974	0 ²²
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	4,401,969 ²³	428,975	4,529,704	4,436,453	0 ²⁴
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	4,401,969 ²⁵	428,975	5,767,919	4,809,438	0 ²⁶
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	4,129,454 ²⁷	234,961			
Social Protection & Cash Transfer							
Number of households reached with humanitarian cash transfers across sectors		40,000	28,596 ²⁸	0			

¹² National grade 9 + 12 exams were successfully completed in July 2021, allowing estimated 600,000 children to continue with their formal education. The final report is currently under review by the MoE, therefore there was no change during the reporting period.

¹³ The cluster conducted a data cleaning exercise with Education partners, and according to the review, there was an amendment on the figures of the previous inputs. This led to a large decrease of some months' worth reporting and ultimately to the cumulative figure.

¹⁴ Given that schools were closed for summer break, no progress had been made regarding learning materials. Learning materials are expected to be distributed at the beginning of the 2021-2022 schoolyear, which started mid-August 2021.

¹⁵ Given that schools were closed for summer break, no progress had been made regarding learning materials. Learning materials are expected to be distributed at the beginning of the 2021-2022 schoolyear, which started mid-August 2021. A data cleaning exercise was conducted, resulting in the negative number for September.

¹⁶ The cluster conducted a data cleaning exercise with Education partners, and according to the review, there was an amendment on the figures of the previous inputs. This led to a large decrease of some months' worth reporting and ultimately to the cumulative figure.

¹⁷ A comprehensive large-scale capacity development initiative for teachers, school-based staff, FMCs, Student Councils etc. is scheduled to be done 15 August - 15 December 2021. The initiative includes training on the implementation and follow-up on safe school protocols. Reporting against this indicator will be earliest done in Q4 2021.

¹⁸ Since schools were in summer school break until Mid-August, there was no progress yet to be reported.

¹⁹ Education Teacher Incentives (ETI), Temporary Teacher Incentives (TTI) projects were completed; no funds available for the 2020/2021 school-year. High level advocacy to mobilise funds is ongoing, driven by UNICEF and partners. For Rural Female Teachers (RFTs), payment cycles were completed in August 2021. Performance-based payments (PBP) for teachers will restart for the 2021-2022 school-year under the WB REAL and ECHO projects (earliest payment foreseen to be made around November/December 2021).

²⁰ It was determined that one of UNICEF's partners had made an error in the previous reporting period, hence the decrease.

²¹ WASH section received late data from the partners for both indicators presenting previous months. The Section did data cleaning and updated the progress of the previous months accordingly.

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²⁵ Low achievement is due to delays on the implementation of WASH supplies distribution and hygiene promotion, which is planned under the World Bank (CERC) fund. A total of 3.6 million people is expected to benefit from the CERC project implementation, which is delayed due to the TPM clearance and the project approval.

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²⁷ Overachievement is due to the large number of people reached through UNICEF supported emergency interventions which includes the maintenance of collapsed sewage pipelines, as well as cleaning and dislodging sewage systems in the cities like Sana'a.

²⁸ Underachievement is due to lack of funding.

Number of people benefiting from emergency and longer-term social and economic assistance		150,000	153,925	7,994			
C4D, Community Engagement & AAP							
Number of people participating in engagement actions for social and behavioural change		8,000,000	8,912,724 ²⁹	842,971			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		672,000 ³⁰	238,938 ³¹	32,648			

Annex B

Funding Status

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other Allocations Contributing Towards Results (\$) ³²	Resources available from 2020 (Carry-over)	\$	per cent
Health	123,460,800	7,014,587		11,430,984	105,015,229	85%
Nutrition	119,875,460	66,370,815		16,978,141	36,526,504	30%
Child Protection, GBViE & PSEA	33,287,000	10,545,578	752,354	5,968,984	16,020,084	48%
Education	84,760,000	14,752,453	15,465,561	20,937,582	33,604,404	40%
WASH	100,000,000	17,957,318	28,278,451	27,425,386	26,338,845	26%
Social protection & cash Transfers	21,240,000	6,153,109		2,046,070	13,040,821	61%
C4D, Community Engagement & AAP	12,320,000	92,421		6,424,852	5,802,727	47%
Rapid Response Mechanism	6,878,200	2,736,855		2,923,215	1,218,130	18%
Cluster Coordination	7,000,000	1,040,478		307,112	5,652,410	81%
Being Allocated	-	9,308,585			- 9,308,585	
Total	508,821,500	135,972,199	44,496,366	94,442,326	233,910,609	46%

²⁹ The overachievement was due to scaling up COVID RCCE and mobilizing over 6,000 religious leaders who are able to reach large numbers of beneficiaries through group communication in mosques, schools, community gatherings, etc.

³⁰ 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.

³¹ The interventions of this indicator are linked to the patterns of newly displaced population and the verification process held by the cluster partners to respond accordingly. The target that was set by the cluster in the HRP is the cause for seemingly low achievement, as it was set on the basis of previous years (trends of displacement in 2019 and 2020).

³² 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 2021 HPM results.