



Reporting Period: 1 January – 31 December 2021

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# Yemen Country Office Humanitarian Situation Report

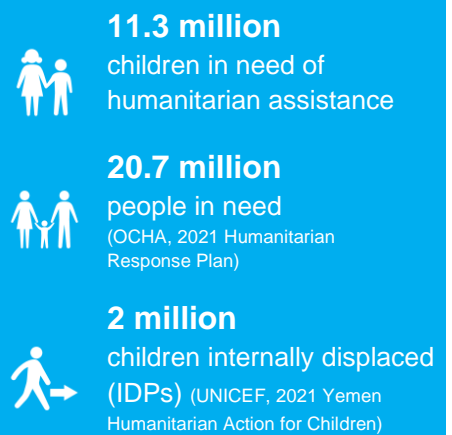


## Highlights

- From January to December 2021, UNICEF reached a total of 7,564,830 (3,799,062 male, 3,765,768 female) children under 5 years through malnutrition screening. Out of these, 346,311 (139,651 male, 183,419 female) children with severe acute malnutrition (SAM) were identified and admitted in Outpatient Treatment Programmes (OTPs).
- UNICEF provided access to safe and sustained drinking water to 8.8 million people (5.3 million children) through a wide spectrum of activities including water trucking, the installation of water distribution points, and the expansion of water supply systems to IDP camps.
- A total of 3,800,313 children under five years were vaccinated against polio, 11,607 children against measles and 4,021,652 children received vitamin A supplements.
- In 2021, gender-based violence (GBV) risk mitigation activities reached 5,321,017 women, girls, and children through different interventions in collaboration with UNICEF's Education, Communication for Development (C4D), Health and Water, Sanitation and Hygiene (WASH) programmes.
- As of 31 December 2021, UNICEF had an overall funding gap of \$227.7 million, that is 45 per cent of the total 2021 appeal. Funding is urgently needed for 2022 action plan to continue UNICEF's lifesaving programmatic work.

## Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)

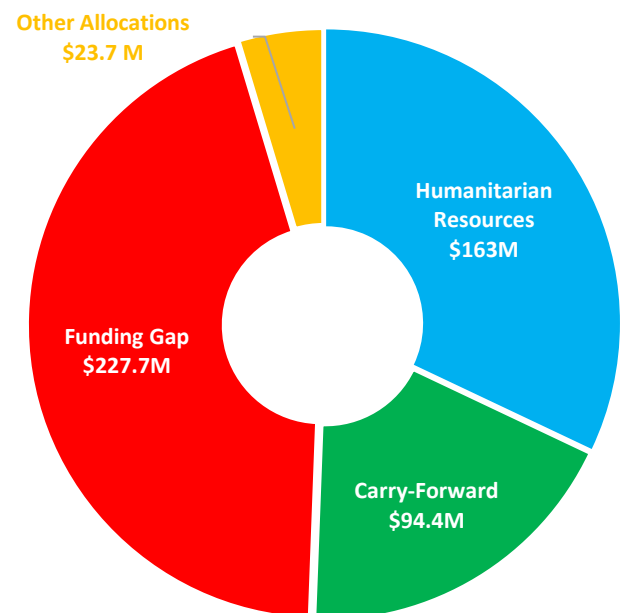


## UNICEF's Response and Funding Status

Health	Measles vaccination	84%
	Funding status	19%
Nutrition	SAM Admission	99%
	Funding status	73%
Child Protection	Psychosocial support	66%
	Funding status	57%
Education	Access to education	114%
	Funding status	65%
WASH	People with safe water	109%
	Funding status	61%
Social Policy	Social economic assistance	115%
	Funding status	41%
C4D	People reached with campaigns	134%
	Funding status	65%
RRM	IDPs with RRM kits	74%
	Funding status	74%

## Funding Status

2021 Appeal: \$508.8M



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

## Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) initially aligned to the 2020 Yemen Humanitarian Response Plan (YHRP) and appealed for \$ 576.9 million in 2021. The HAC was revised and approved in May 2021 and to align with the 2021 YHRP and appealed for \$508.8 million. UNICEF's humanitarian programmes are planned for nationwide reach targeting populations in areas with the most acute needs, and the appeal integrated the COVID-19 response into programmes planned within the HAC. As of 30 December 2021, \$163 million has been received. A total of \$94.4 million was carried forward from 2020, with an additional \$23.7 million received from other contributions<sup>1</sup>. This makes a total of \$281.1 million funds mobilized against the 2021 HAC.

UNICEF wishes to express its deep gratitude to all donors for their generous contributions, which made the 2021 response possible. Nevertheless, a funding gap of \$227.7 million, or 45 per cent of the total amount required to continue UNICEF's life-saving work in Yemen, remained at the end of the year. Without sufficient funding UNICEF and its partners will be unable to effectively continue to address the needs of the most vulnerable children and their families, who are suffering from the devastating impacts of the protracted conflict and health and economic consequences of the COVID-19 pandemic.

## Situation Overview & Humanitarian Needs

Seven years into the conflict, 20.7 million people in Yemen need humanitarian assistance. Over 50 districts across Yemen were directly affected by active frontlines, and escalated hostilities impacted the lives of millions of Yemenis, exacerbating the challenging humanitarian situation. In 2021 the population was vulnerable to diseases outbreaks, natural disasters, and socio-political and economic contexts. Since the beginning of the conflict, over four million people have been internally displaced, including two million children, among which 119,364 individuals (19,894 families) newly displaced in 2021<sup>2</sup>. Due to the escalation of the conflict, Ma'rib governorate, with more than 13,075 families (78,450 people) displaced, had the highest number of IDPs according to the International Organization for Migration (IOM).

Children continued to be affected by multiple deprivations, such as constrained access to social services, violence, abuse, exploitation, recruitment by armed forces and child marriage. Over 2.25 million children 0-59 months suffered from acute malnutrition, and in some areas one child in four is acutely malnourished<sup>3</sup>. During the first half of the year, the access of 5.8 million children to learning opportunities was disrupted due to armed conflicts and the nationwide COVID-19 school closure. It is estimated that two million children remain out of school in Yemen. In the last quarter of 2021, an outbreak of Vaccine Derived Polio Viruses type-2 (cVDPV2) was reported in the governorates of Taizz (2), Marib (1), Aden (1) and Sa'ada (2). This added to the already existing outbreak of Vaccine Derived Polio Viruses type-1 (cVDPV1) cases, for which the epicenter of the outbreak was in Sa'ada governorate, where 34 out of 35 cases in the country have been reported since 2019.

From January to September 2021, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented 2,038 incidents of grave violations against children, 92 per cent of which were verified. The majority of verified violations pertained to denials of humanitarian access (1,562) followed by child casualties (386), including 70 children killed (15 girls and 55 boys) and 316 children maimed (71 girls and 245 boys), by various parties to the conflict. The majority of the child casualty incidents occurred in the governorates of Taizz (89), Al Hodeidah (88), Ma'rib (39) and Al Dhale'e (38). There were also 51 cases of child recruitment and use by armed forces and armed groups (1 girl and 50 boys) as well as seven cases of rape and sexual violence (3 girls and 4 boys) and 18 cases of abduction and arbitrary detention (11 girls and 7 boys). A total of 14 attacks on schools (9) and hospitals (5) were also verified<sup>4</sup>.

A total number of 26,981 AWD/cholera suspected cases and 29 associated deaths were reported in 2021, with a 0.03 per cent case fatality rate (CFR). While a significant decrease in the number of cases compared to 2020 was observed (230,540 suspected cases and 84 associated deaths), an increase in the number of cholera cases was recorded in the Sana'a hub in January 2021, with 19 districts presenting the highest number of cases, and in August 2021, Al-Tuhayta district in Al Hodeidah reported an increase in AWD cases, especially in IDP camps.

As of 27 December 2021, a total of 10,125 COVID-19 cases were reported as officially confirmed, with 1,984 associated deaths and a 19.6 per cent case fatality rate (CFR). All cases were reported in southern governorates. There continued

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

<sup>2</sup> IOM-RDT 16 November 2021

<sup>3</sup> Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan- Humanitarian Programme Cycle 2021', OCHA, March 2021

<sup>4</sup> These are only figures that UN has been able to verify to date; the actual number of incidents might be higher than this

to be no reporting of cases in the northern governorates other than the first four reported cases during 2020. A total of 3,497,200 COVID-19 vaccines were shipped into the country through the COVAX initiative and in April 2021 the COVID-19 vaccination started in 133 districts of 13 southern governorates. Vaccination is ongoing, and as of 29 December 2021, a total of 533,006 of the target population (5 per cent coverage of the target in the south) received a first dose and a total of 276,072 individuals were fully vaccinated.

## Summary Analysis of Programme Response

### Health and Nutrition

In 2021, UNICEF implemented four rounds of Integrated Outreach Activities, reaching a total of 633,970 children under one year old. 138,884 children received the third dose of Penta vaccine, 132,242 children received the first dose of Measle Vaccine (MCV1), and a total of 183,833 women aged 15 to 49 received Tetanus Containing Vaccine (TTC). In addition, a total of 572,288 children under 5 years received Integrated Management of Childhood Illness (IMCI) services.

UNICEF continued its response to support the continuity of essential health services amidst the ongoing COVID-19 pandemic. 16,016 workers and volunteers of primary health care facilities (PHC) and Maternal and Newborn Health (MNH) hospitals attended orientations on case definition, management and best practices of infection prevention and control in COVID-19 contexts. Overall, 24 Maternal and Newborn Health (MNH) hospitals (15 in the north and 9 in the south) and 50,873 health care providers in 3,644 health facilities in 330 districts received personal protective equipment (PPE), including gloves, masks, face shields, goggles, aprons and gowns. UNICEF supported 15 COVID-19 isolation centres in the north and 7 centres in the south, providing lifesaving equipment, including ventilators, oxygen concentrators and oxygen cylinders in addition to PPE equipment. The national laboratories in the Ministry of Public Health and Population (MoPHP) were supported with PCR tests, covering 18,000 cases. 60 COVID-19 triage areas were established and supported by hazard pay incentives, and distribution of medical and PPE equipment in 60 health facilities across 9 governorates in the south (Aden, Abyan, Lahj, Al Dhale'e, Taizz, Shabwah, Hadramout, Al-Maharah, and Socotra).

To strengthen immunization in Yemen, UNICEF delivered into the country more than 41 million doses of vaccines to ensure routine immunization services, support the measles immunization, and respond to the cVDVP1 and cVDVP2 polio outbreaks<sup>5</sup>. A total of 3,800,313 children under five years were vaccinated against polio and 11,607 children against measles. In addition, to ensure potent vaccine storage, UNICEF provided 719 solar direct-drive vaccine fridges and 12 walk-in cold rooms at the health facility level. In addition, through the first round of the Oral Cholera Vaccination campaign 691,982 people in 10 high risk districts in Lahj, Al Dhale'e and Taizz receive the oral cholera vaccine.

UNICEF supported Mother Newborn and Child Health (MNCH) services in 23 hospitals providing operational assistance, as well as MNH equipment and supplies. 3.8 million women and children under five were reached with MNCH services through fixed, mobile and outreach platforms. Throughout the year, 525,629 women received antenatal care (ANC) and 182,244 women delivered with the assistance of skilled birth attendants (SBA). A total of 80,526 women received postnatal care (PNC). Quality services were provided at the hospital level to 24,135 newborns and 14,218 children were admitted to newborn intensive care units (NICUs). In addition, 16,377 women who had caesarean deliveries and 30,063 women with complications received free quality care services.

To strengthen the response at the community level, 148 community midwives, 91 of whom graduated last year, attended the three years of pre-service training with UNICEF support. In 2021, the scale up of the Community Health Workers (CHWs) project ensured that 840 CHWs were trained to detect diseases or epidemic threats, cases of malnutrition, pregnancy, and birth complications, focusing on rural hard to reach areas in Yemen. In addition, through the support to



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<sup>5</sup> The total of 23,305,524 doses of routine vaccines, including 2,194,074 doses of Penta, 3,295,500 doses of Measles and Rubella (MR), 2,722,600 doses of Tetanus Diphtheria (Td), 1,534,350 doses of Polio (IPV), 1,821,000 doses of Rota, 2,563,800 doses (BCG), and 5,949,400 doses of Bivalent Oral Polio (bOPV) for Routine Immunization Services. 12.4 million doses of Trivalent Oral Polio Vaccine (tOPV) and 3,520,000 Bivalent Oral Polio Vaccine (bOPV) to respond to the cVDVP1 and cVDVP2 polio outbreaks. 2.2 million doses of MR vaccines were delivered for the measles care response.

4,500 static Outpatient Therapeutic Programme (OTPs) centres, 21,624 active Community Health and Nutrition Volunteers (CHNVs) and 288 mobile teams, those in need of nutrition services were reached and services both for treatment and prevention of malnutrition were scaled up.

In 2021, UNICEF continued to support the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme through the establishment of 342 new OTPs, increasing the geographical coverage to 91 per cent (4,489 OTPs out of 4,956 health facilities). From January to December 2021, a total of 7,564,830 children (3,799,062 male, 3,765,768 female) under 5 years were screened for malnutrition. 346,311 children (149,353 male, 196,958 female) with SAM were identified and admitted in OTPs and 37,950 children (18,299 male, 19,651 female) with SAM and complications were also admitted to therapeutic feeding centers. The cure rate for SAM treatment was 89 per cent, above the acceptable minimum Sphere standards.

UNICEF supported preventive interventions, including Infant and Young Child Feeding (IYCF) counselling and improvement of children's diet. A total of 2,740,482 children (1,390,756 male, 1,349,726 female) received deworming tablets, around 2,663,576 children (1,353,007 male, 1,310,569 female) received micronutrient sprinkles (94 per cent of annual target), and 4,021,652 children (2,032,718 male, 1,988,935 female) were reached with Vitamin A through routine nutrition programmes as well as through the Polio and Vitamin A campaign implemented in the northern part of the country. In addition, 2,152,570 mothers received Iron Folate supplementation, and 3,948,672 received IYCF consultations

## Water, Sanitation and Hygiene

In Yemen, one of the world's most water-scarce country, conflict has severely limited civilian access to water and adequate sanitation services. During 2021, UNICEF continued to prioritize supporting the most vulnerable with safe water, sanitation, and hygiene services, and to respond to disease outbreaks including COVID-19. Over 8.8 million people (5.3 million children) accessed safe and sustained drinking water through water trucking<sup>6</sup>, the installation of water distribution points, the expansion of water supply systems to IDP camps, the rehabilitation of public water systems in urban and rural areas, support to operation, maintenance and rehabilitation of public water systems (including through the provision of fuel). In addition, 4.1 million people, including 2.4 million children, accessed safe means of excreta disposal through wastewater treatment plants, as well as the rehabilitation and construction of emergency latrines. Around 6.2 million people, including 3.7 million children, received gender-responsive standard hygiene kits (basic and consumable) and services and over 3.6 million people were reached with messages on lifesaving hygiene practices<sup>7</sup>.



WASH interventions were integrated within nutrition<sup>8</sup>, education, protection and C4D activities to maximize results for children and provide access to quality services. Around 224,412 women and children in OTP sites and/or health facilities had access to water and sanitation service. The integrated AWD/ cholera and malnutrition response focused on all aspects of preparedness, response, and prevention. UNICEF supported household chlorination campaigns, distribution of chlorination tablets, consumable hygiene kits, basic hygiene kits, and hygiene awareness sessions at the household level. WASH supplies<sup>9</sup> were pre-positioned with partners in all the high-risk areas (with high numbers of



<sup>6</sup> UNICEF implemented the extension of the public water distribution system to IDP camps as part of the exit strategy from water trucking. Even though progress was made to reduce the operation of water trucking there was no major reduction compared to the previous years due to the water trucking interventions required to address the needs of newly established IDP camps.

<sup>7</sup> Through the different WASH interventions, UNICEF covered almost all the 22 governorates in Yemen. The fuel support covered 17 governorates out of 22 in targeted urban and peri-urban areas.

<sup>8</sup> Integrated WASH interventions have been implemented in districts and villages with high SAM rates in the north and south governorates. The interventions included safe water supply through fuel support and water trucking, rehabilitation and construction of emergency latrines in IDP camps, hygiene promotion and WASH supplies distribution which mainly focused on IPC4 areas.

<sup>9</sup> Supplies pre-positioned included consumable and basic hygiene kits (BHK), water disinfectants (aqua tabs and HTH) and water storage supplies (jerry cans and storage tanks).

AWD/suspected cholera and malnutrition cases) to support preparedness activities.

UNICEF contributed to more than 80 per cent of the overall WASH cluster response in-country for the provision of safe water and has played a central role in the WASH cholera/AWD, malnutrition, IDP and COVID-19 response in Yemen. In addition to these first-line emergency interventions on water and sanitation services, UNICEF also strengthened cluster coordination at the national and sub-national levels, improving the WASH results achieved and expanding resources mobilized<sup>10</sup>. The WASH Cluster organized monthly cluster coordination meetings with WASH sector partners to review the strategic pillars<sup>11</sup> in 2022 as an initial consultative process on strategy development.

## Child Protection

Despite ongoing operational challenges, UNICEF and partners delivered lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war, reaching a total of 3,156,982 children (1,618,916 boys; 1,538,066 girls) and 2,654,618 adults (1,356,780 men; 1,297,838 women) across 22 governorates. Mine Risk Education (MRE) was delivered in schools and child friendly spaces as well as through community campaigns following COVID-19 preventative measures. In response to the spread of COVID-19, UNICEF and its partners explored alternatives to face-to-face modalities for MRE such as radio, TV, and SMS messages, reaching over 5.8 million children and caregivers living in areas affected by conflict.

Throughout the year, 589,884 people including 467,721 children (230,405 girls; 237,316 boys) and 122,163 adults (73,714 women; 48,449 men) across 19 governorates received psychosocial support (PSS) through a network of fixed and mobile child-friendly spaces, helping children overcome the immediate and long-term consequences of their exposure to violence.

Through the case management programme, UNICEF supported the referral and provision of critical services for the most vulnerable children. 12,617 children (4,685 girls; 7,932 boys) were identified by trained case managers. 11,940 children (4,408 girls and 7,532 boys) received critical services, which included victims' assistance, individual counselling, temporary shelter service, family tracing, reunification, economic empowerment and livelihood support, legal support, education services, birth certificates, community and family based psychosocial support, focused non-specialized psychosocial support, rehabilitation, and reintegration, one on one/group therapy, and medical services.

In 2021, gender-based violence (GBV) risk mitigation activities reached 5,321,017 women, girls, and children through the provision of PEP kits to health facilities and gender responsive hygiene kits.

UNICEF prioritised addressing harmful traditional practices affecting adolescent girls, including female genital mutilation (FGM) and child marriage. A study on "Drivers of Child Marriage (CM)" was conducted to update and re-shape the social behavioural change interventions on CM in 2022.

The Child Protection Area of Responsibility (CP AoR) reached 616,481 people including 489,653 children (240,943 girls; 248,710 boys) and 126,828 adults (76,494 women; 50,334 men) through primary caregivers with community-based mental health and psychosocial support. In 2021, the CP AoR developed a capacity assessment tool and a capacity building plan for cluster members to support partners' ability to respond in humanitarian settings, with a focus on child protection and data collection and analysis. Based on the results of the capacity building sessions, psychosocial distress, child labour and domestic violence were identified as the most frequent risks for children in the communities. In addition, the CP AoR agreed with the international NGOs iMMAPs and ACAPS to develop joint training sessions for CP AoR members, focused on strengthen the quality of the child protection-related analyses carried out by their organizations.

## Education

In 2021, UNICEF's education activities focused was on supporting children to continue learning and aimed at strengthening the humanitarian-development nexus, equally targeting boys and girls. Overall, 567,618 children (47 per cent girls) were supported to access quality learning in schools. Of these, 526,733 children (218,020 girls) were supported with national examinations (80 per cent pass rate). UNICEF provided 4,516 exam centres with PPE including hand sanitizers, masks, thermometers, and bars of soap, as preventive measures against COVID-19.

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<sup>10</sup> The WASH Cluster with partners reviewed the submitted Yemen Humanitarian Fund (YHF) proposals for the 2<sup>nd</sup> Standard Allocation. According to OCHA, the total funding request from the WASH partners was the largest among all clusters.

<sup>11</sup> The WASH Cluster strategy has four core pillars 1) embed WASH as integral to public health, 2) make inclusive WASH a priority, 3) build predictable, risk-based response and 4) reduce negative environmental impact (Humanitarian Response Plan Yemen 2021)

As part of the emergency response for IDP children, a nationwide Education in Emergencies (EiE) programme was rolled out in the last quarter of 2021 targeting 40,000 out-of-school children (60 per cent girls) with education and child protection services, with a particular focus on children in Ma'rib.

To ensure that more children, especially the most vulnerable, had access to quality education, UNICEF distributed learning materials to 222,346 children (43 per cent girls), while 128,261 children (47 per cent girls) benefitted from classroom materials. As part of its support for COVID-19 preventive measures, UNICEF provided 414,056 children with PPE. In addition, learning spaces were expanded by 540 classrooms in 76 schools benefitting 67,043 children (56 per cent girls) and 176 temporary learning spaces (TLS) were installed, benefitting 7,525 children (46 per cent girls). To improve the quality of learning, a nationwide training plan was implemented reaching 6,090 teachers (30 per cent females), school principals, members of student councils and Father and Mother Councils (FMC)

Administrative and access challenges continued to hamper the Education Cluster's timely response. Despite the challenges, during 2021, through the contribution from the Yemen Humanitarian Fund (YHF), the Education Cluster reached 2.5 million school-aged girls and boys with at least one activity or service. The education cluster was successfully included as a part of the integrated projects under the Yemen Humanitarian Fund's Reserve Allocation 4 (YHF-RA4) for the emergency response in Al Baiyda governorate and in the Alabdiya district of Ma'rib governorate.

### Social Inclusion and Cash Assistance

In 2021, UNICEF continued prioritizing integrated social protection agenda through evidence generation and cash assistance. In February 2021, UNICEF published the 'Mapping Assessment of Available Assistance to Children with Disabilities in Yemen', which identified key findings and challenges related to access to basic services and registration for children with disabilities (CWD) in Yemen. The report was reviewed in October 2021 in a workshop with the participation of 50 international and local development and humanitarian actors. Participants agreed to promote and advocate for CWD rights and needs as part of their interventions. Throughout the year, UNICEF supported the production and publication of 12 issues of the Yemen Socio-Economic Update (YSEU) and a special analysis study on "The Socio-economic Impact of COVID-19 in Yemen and Mitigation Policy Options".

The Humanitarian Cash Transfers (HCT) initiative continued throughout 2021 to support vulnerable and marginalized communities and CWD. A total of 33,755 households (HHs)/202,530 people (48,742 men, 50,496 women, boys 50,733 boys and 52,559 girls) benefited from HCT in Amanat Al-Asamah, Sana'a, Aden, Ibb, and Taizz governorates.

The integration of the Integrated Model for Social and Economic Assistance (IMSEA) and Cash Plus initiatives within UNICEF programmes was the first example of integrated social protection in the UNICEF Country Office. The social assistance component of IMSEA was scaled up through a social transfer initiative in response to the socio-economic impact of COVID-19 in the country and the to the malnutrition crisis. As part of this initiative, 38,576 individuals were reached through case management referral. The programme also enabled UNICEF to reach more beneficiaries from marginalized communities, including Muhamasheen children and adolescents, and CWD. The Cash Plus initiative, reached a total of 16,263 HHs/ 117,153 people (48,486 men, 53,780 women, 7,501 boys, and 7,186 girls) during the third and fourth payment cycles, which accompanied the ninth and tenth payment cycles of the Unconditional Cash Transfer (UCT) programme. In addition, the activation of the community engagement and social investment pillars of IMSEA achieved strong results, including capacity building for community-based organizations on essential knowledge on social protection. Several voluntary initiatives were supported benefitting about 20,026 individuals in targeted marginalized areas. And a total of 269 adolescents and youth (54 per cent females) from the poorest and most marginalized communities in Sana'a governorate completed their Life-Skills and employability/entrepreneurship training programme. Community engagement is key to ensure better access and sustainable impact at the targeted communities. Strong engagement and ownership of service providers such as Civil Registration Authority (CRA) has played a key role in achieving good results under cash plus intervention, such as in obtaining birth certificates for vulnerable children.

While UNICEF worked through existing systems to enhance the capacity of its partners, including the Social Welfare Fund (SWF) and the Handicap Care Rehabilitation Fund (HCRF), there is a need to continue investing in partners capacity in the coming years.

## Communication for Development (C4D) and Accountability to Affected Populations (AAP)

UNICEF continued to provide Risk Communication and Community Engagement (RCCE) support to the COVID-19 response in Yemen, promoting preventive behaviours and creating demand for COVID-19 vaccinations in coordination with government and NGO<sup>12</sup> partners. In the governorates under the control of the Internationally Recognized Government (IRG) – where the COVID-19 vaccination is being rolled out - 2.32 million people in 13 governorates were reached through various interpersonal communication activities by Community Volunteers (CVs), members of Mother-to-Mother (M2M) clubs and religious leaders.

Over 5.5 million people were reached with flashes, public service announcements and discussion programmes on the COVID-19 vaccine to strengthen the efficacy of the vaccination campaign. Over 6.8 million people were engaged on COVID-19 preventive and positive practices in over 5,000 mosques by religious leaders as well as in schools, community and social gatherings, and at other events. Additionally, CVs and members of M2M clubs engaged 3.9 million people with lifesaving Family Practices and messages on COVID-19, Cholera and Nutrition through house-to-house visits, women's sessions, school-based activities, and puppet shows.

As part of outbreak response, UNICEF supported Advocacy, Communication and Social Mobilization (ACSM), ensuring the successful implementation of three OCV campaigns, a Polio vaccination campaign conducted in the northern governorates, and a Measles response campaign integrating Polio and Vitamin A supplementation conducted in 38 targeted priority areas.

Evidence generation initiatives have guided and informed the Social and Behaviour Change (SBC) and RCCE interventions and the overall programming<sup>13</sup>. In 2021, 10 behavioural studies were conducted supporting outbreak responses and programming. UNICEF carried out several nationwide and sub-national assessments to reinforce data collection on COVID-19. Moreover, C4D has been tracking social media interactions and conversations related to COVID-19 and COVID-19 vaccines to enrich evidence generation and further inform RCCE. In addition, COVID-19 RCCE messages and interventions have been revised to address gaps, concerns, misconceptions, and information needs. Additionally, a study on chlorine acceptance for cholera prevention and a study on child marriage provided further guidance on integrated planning and delivery of SBC across UNICEF programmes. UNICEF continued to support COVID-19 hotlines managed by the Ministry of Public Health and Population (MoPHP) for accountability and community feedback mechanisms through which health professionals responded to peoples' queries, concerns, and medical consultations on COVID-19.

To ensure further inclusion and participation of the most marginalized groups, UNICEF supported a hotline dedicated for IDPs which enabled them to raise complaints, concerns and feedback about the humanitarian services provided to them. In 2021, about 31,000 calls were responded and 43 per cent of the callers were women. Community volunteers and religious leaders created WhatsApp groups as an additional platform for two-way communication, engaging approximately 132,000. Capacity development activities on AAP commitments targeting frontline volunteers and partners staff was implemented, setting the basis for applying AAP commitments at the community level. In 2021, about 1,257 people received trainings on AAP commitments and feedback mechanisms.

### AWD/Cholera Response

During 2021, as part of the integrated Acute Watery Diarrhea (AWD)/Cholera response, UNICEF supported 278 (out of 321) Oral Rehydration Centers (ORCs), and 26 (out of 234) Diarrhea Treatment Centers (DTCs) in 68 districts in 11 governorates. Cholera supplies were delivered directly to 113 DTCs/ORCs, and 24 Governorate Health Offices (GHOs). A total of 1,799 AWD Periphery Kit Drugs, 164 AWD Periphery Renewable Kits and 88 AWD Periphery Kits were distributed to 22 governorates across the north and the south. By November 2021 UNICEF updated the integrated multisectoral Cholera response plan.

Implementing partners continued to support communication and social mobilization interventions for AWD/Cholera Prevention. Community volunteers, religious leaders, and members of M2M clubs reached 7.2 million people with messages on AWD/Cholera and essential family practices for child survival through house-to-house visits, community meetings and events, and awareness sessions in mosques and schools.

<sup>12</sup> In 2021, UNICEF reached around 10,752,472 people through RCCE activities (134 per cent of the target for 2021)

<sup>13</sup> There was a noticeable improvement in most of the aspects assessed in Round 4 of the nationwide COVID-19 assessment (conducted in August-September 2021) compared to the previous rounds, probably due to two COVID-19 waves (in April and September 2021) as well as COVID-19 vaccination campaigns in the south.

## Rapid Response Mechanism (RRM)

In 2021, conflict intensified across several frontlines in the country including in Ma'rib and the along western coastal areas. The ongoing conflict triggered widespread displacements to already overcrowded Internally Displaced Persons (IDP) sites in Ma'rib City, and Ma'rib Al Wadi, as well as into host communities in Al Hodeida, straining public services, infrastructure, and humanitarian assistance.

UNICEF's RRM response served as the first-line response across 231 districts in 22 governorates and provided life-saving assistance for people stranded at frontlines or displaced due to natural hazards such as floods and cyclones. Throughout the year, UNICEF, along with UNFPA and WFP, reached a total of 495,180 newly displaced people (27 per cent boys, 27 per cent girls, 23 per cent women and 22 per cent men) with first-line response packages. The highest numbers of displaced persons reach were in Ma'rib, Hodeidah and Taizz governorates. The RRM kits included essential hygiene items and other supplies, including food, family basic hygiene kits, and female dignity kits.

UNICEF remains an active member of the RRM Cluster through effective participation in coordination mechanisms at the national and sub-national levels with clusters, implementing partners and authorities.

## Supply and Logistics

During the year 2021, UNICEF delivered a total value of \$102.2 million in supplies, including vaccines, PPE, health kits, medicines, ready-to-use therapeutic food (RUTF), medical equipment, consumable and basic hygiene kits (BHK), water disinfectants, water storage supplies (jerry cans and storage tanks) school supplies and material.

Challenges resulting from global production and shipping constraints affected the speed of the delivery of supplies to Yemen. The Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) required the UN and INGOs to exclusively contract vendors registered with SCMCHA, limiting sourcing and competitive selection of vendors in North Yemen. Commercial markets in southern governorates are still very dependent on vendors based in the north.

The Yemen Standardization, Metrology, and Quality Control Organization (YSMO) prohibited the import of supplies with less than 50 per cent of their remaining shelf life. YSMO also required the shipping of Ready-to-Use Therapeutic Food (RUTF) exclusively in refrigerated containers, despite recommendations from manufactures and the Ministry of Public Health and Population (MoPHP) that refrigerated containers are not required. This requirement increased shipping costs by up to 200 per cent.

## 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). UNICEF is also 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 Initiative vaccine campaign in Yemen. UNICEF continued its RCCE response with campaigns to address disinformation on the vaccines, as well as to continue digital engagement and rumour monitoring.

UNICEF leads the inter-agency Protection of Sexual Violence and Assault (PSEA) network by hosting the network coordinator. The PSEA network, under supervision of the UN Humanitarian Coordinator in Yemen and co-led by UNHCR, has refreshed focal points from each member to ensure active commitments. The network has developed the strategy and action plan for 2021-2022 and the standard operational procedures (SOPs) on handling SEA allegations. The network also initiated the UN inter-agency harmonized implementing partners (IP) capacity assessment and development, to avoid duplication of assessments of CSOs that partner with multiple UN agencies.



## Human Interest Stories and External Media

Field update:  
Protecting Children, Protecting the Future Generation.

Selma has received the vaccines against measles and polio during the UNICEF-supported immunization campaign in the Community College IDP camp in Ma'rib City.

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



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## External Media

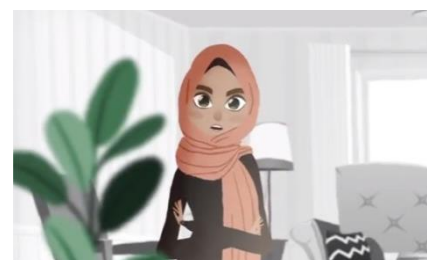
[Rural female teachers promoting girls education](#)



[Nutrition interventions #foreverychild health](#)



[COVID-19 awareness campaign](#)



Next SitRep: 31 January 2022

UNICEF Yemen Facebook: [www.facebook.com/unicefyemen](http://www.facebook.com/unicefyemen)

UNICEF Yemen Twitter: @UNICEF\_Yemen

UNICEF Instagram: UNICEF\_Yemen

UNICEF HAC 2020: [www.unicef.org/appeals/yemen.html](http://www.unicef.org/appeals/yemen.html)

**Who to contact for further information:**

**Philippe Duamelle**  
Representative  
UNICEF Yemen  
Sana'a  
Tel: 967712223363  
Email:  
[pduamelle@unicef.org](mailto:pduamelle@unicef.org)

**Mohamed Aboelnaga**  
Chief of Communications  
UNICEF Yemen  
Sana'a  
Tel : +967 712 223 161  
Email:  
[maboelnaga@unicef.org](mailto:maboelnaga@unicef.org)

**Anne Lubell**  
Partnerships Manager  
UNICEF Yemen  
Amman Outpost, Jordan  
Tel: +962 79 835 0402  
Email:  
[alubell@unicef.org](mailto:alubell@unicef.org)

## Annex A

### Summary of Programme Results

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
<b>Health</b>							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	817,475 <sup>14</sup> <sub>15</sub>	31,793			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,800,313 <sub>16</sub>	0			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	2,932,311 <sub>17 18</sub>	113,113			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	15,873 <sup>19</sup>	0			
<b>Nutrition</b>							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	321,558	320,108	346,311 <sub>20</sub>	1,192	320,108	346,311 <sup>21</sup>	1,192
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,663,454	4,021,652 <sub>22 23</sub>	2,309	4,633,443	4,021,652 <sub>24 25</sub>	2,309
<b>Child Protection, GBVIE &amp; PSEA</b>							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	589,884 <sup>26</sup>	126,955	990,000	616,481 <sup>27</sup>	129,725

<sup>14</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>15</sup> The underachievement is due to outstanding data in some governorates not yet submitted to the MoPHP. The indicator is expected to increase when the data will be received.

<sup>16</sup> The underachievement is due to the fact that the outbreak response campaign was implemented only in 14 governorates in the North. Planned campaign in the South couldn't be implemented due to operational budget restrains from the responsible organization.

<sup>17</sup> The overachievement is attributable to the improvement in data collection for the various program providing services at PHC level with UNICEF support on the introduction of the DHIS2.

<sup>18</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>19</sup> 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.

<sup>20</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>21</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>22</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>23</sup> The achievement of this indicator is determined by implementation of EPI vaccination campaigns (Polio NIDs). Vitamin A supplementation is a joint activity of that campaigns. In 2021 the campaign implemented only the northern side of the country but not the southern part. Therefore, the achievement is around two thirds, while the remaining third is for south.

<sup>24</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>25</sup> See footnote 13

<sup>26</sup> The underachievement was due the remote modality, which reduced the number of beneficiaries reached from what it was expected in the planning phase. Also, it was due from the decision not to host any activities in the schools during the breaktime, in order to avoid any confusion with "summer camps" hosted by the authorities.

<sup>27</sup> The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	5,345,015 <sup>28</sup>	23,998			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	1,400,000 <sup>29</sup>	0			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	5,811,600 <sup>30</sup>	127,664			
<b>Education</b>							
Number of children accessing formal and non-formal education, including early learning		500,000	567,618 <sup>31</sup>	0	790,750	719,572	8,867
Number of children receiving individual learning materials	8,100,000	800,000	222,346 <sup>32</sup>	0	872,000	382,798 <sup>33</sup>	17,145
Number of schools implementing safe school protocols (infection prevention and control)		1,000	546 <sup>34</sup>	9	4,600	1,122 <sup>35</sup>	66
Number of teachers receiving teacher incentives each month		86,000	2,162 <sup>36</sup>	0	181,603	7,062 <sup>37</sup>	627
<b>Water, Sanitation &amp; Hygiene</b>							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,400,000	6,800,000	8,858,514 <sup>38</sup>	1,474,257	8,826,986	9,936,371 <sup>39</sup>	2,166,035
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	6,213,080 <sup>40</sup>	1,068,874	4,529,704	6,870,052 <sup>41</sup>	1,134,058

<sup>28</sup> The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

<sup>29</sup> 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.

<sup>30</sup> The two National campaigns reached 272 per cent of the target. People were reached via remote MRE messages using different platforms. Despite the fact that TV flashes and SMS have national coverage, only the percentage of people in need was taken into consideration to avoid duplication. The below description shows how the beneficiaries were calculated under each platform:

- SMS were disseminated via 3 telecommunication companies (Saba Phone, Yemen Mobile, and MTN). Only the beneficiaries reached through one company was calculated to avoid duplications. One of the companies sent SMS to 5,113,929 people.
- For TV flashes, it was taken into consideration the number of people living in rural areas and the availability of electricity, and 459,829 people were reached (20 per cent of the targeted population).
- For Radio flashes, 9 governorates were covered reaching 15 per cent of the targeted population under these governorates.

<sup>31</sup> National grade 9 + 12 exams were successfully completed in July 2021, allowing more than 520,00 children nationwide to continue with their formal education. Due to this strategic intervention, target was moderately overachieved.

<sup>32</sup> Due to global supply chain issues, individual learning sales orders are on backorder waiting for distribution in 2022.

<sup>33</sup> Same as above

<sup>34</sup> 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, with final figures to be reported after data cleaning by Q1 January 2022. The activity was delayed due to agreement process with MOE but will be completed by December 23, 2021. In addition to the above, it is worthwhile to mention the following, as partial contribution to safe school operations: Estimated 4,415 exam centers (schools) were provided with 84,250 masks (southern governorates), 77,238 bottles of 500 ml hand sanitizers and 43,360 soaps bars during the implementation of the National Examination process. These numbers are being reported only in the narrative sitrep and not as part of the HPM indicators.

<sup>35</sup> Same as above

<sup>36</sup> The reduced achievement is due to sufficient funds not being mobilized for continuing incentive payments on a national scale. Whilst UNICEF has some funds for teacher incentives (under the REAL Project) these are very localized and will cover 12,000 teachers only of the estimated 171,000 teachers not in receipt of a regular salary since 2016 (of which UNICEF's RWP targets 86,000).

<sup>37</sup> It was determined that one of UNICEF's partners had made an error in the previous reporting period, hence the decrease.

<sup>38</sup> The overachievement was due to fuel distribution to the water wells, enabling UNICEF to reach a higher target than initially planned.

<sup>39</sup> The total amount has been revised from the previous report due to data cleaning

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	3,635,841 <sup>42</sup>	0	5,767,919	4,89,357 <sup>43</sup>	136,801
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	4,143,245 <sup>44</sup>	0			
<b>Social Protection &amp; Cash Transfer</b>							
Number of households reached with humanitarian cash transfers across sectors		40,000	33,755 <sup>45 46</sup>	0			
Number of people benefiting from emergency and longer-term social and economic assistance		150,000	171,751 <sup>47</sup>	0			
<b>C4D, Community Engagement &amp; AAP</b>							
Number of people participating in engagement actions for social and behavioural change		8,000,000	10,752,472 <sup>48</sup>	524,883			
<b>Rapid Response Mechanism</b>							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		672,000 <sup>49</sup>	495,180 <sup>50</sup>	77,714			

<sup>42</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>43</sup> The total amount has been revised from the previous report due to data cleaning

<sup>44</sup> 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.

<sup>45</sup> Underachievement is due to lack of funding.

<sup>46</sup> The Section did data cleaning and updated the progress of the previous months accordingly.

<sup>47</sup> The target set was based on the number of beneficiaries reached through previous cycles of cash plus and IMSEA case management. Due to a higher interest from the community to benefit from the initiative which led to a higher number of registrations, UNICEF succeeded to reach a higher number of beneficiaries than initially planned.

<sup>48</sup> 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.

<sup>49</sup> 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.

<sup>50</sup> The target was set by the Inter Agency members based on previous annual displacements trends, however in 2021, displacements were lower than 2020 and 2019. Only in Quarter 4, 2021, due to the escalation across several frontlines, the number of newly displaced responded to by the RRM increased resulting in RRM achieving a 20 per cent increase towards the target in just two months.

## Annex B Funding Status\*

Sector	2021 Requirements (\$)	Funding Received Against 20201 Appeal (\$)	Carry Forward From 2020 (\$) **	Other Allocations Contributing Towards Results (\$)***	Funding Gap	
					\$	%
Health	123,460,800	12,616,280	11,430,984	-	99,413,536	81%
Nutrition	119,875,500	70,478,650	16,978,141	-	32,418,709	27%
Child Protection, GBViE & PSEA	33,287,000	12,251,122	5,968,984	752,354	14,341,540	43%
Education	84,760,000	18,517,277	20,937,582	15,465,561	29,839,579	35%
Water, Sanitation and Hygiene	100,000,000	26,549,930	27,425,386	7,475,029	38,549,655	39%
Social Policy	21,240,000	6,601,107	2,046,070	-	12,592,823	59%
C4D, Community Engagement & AAP	12,320,000	1,532,022	6,424,852	-	4,363,124	35%
Rapid Response Mechanism	6,878,200	2,170,399	2,923,215	-	1,784,586	26%
Cluster coordination	7,000,000	1,040,685	307,112	-	5,652,203	81%
Being allocated	-	11,249,714	-	-	11,249,714	
<b>Total</b>	<b>508,821,500</b>	<b>163,007,187</b>	<b>94,442,326</b>	<b>23,692,943</b>	<b>227,679,044</b>	<b>45%</b>

\* Due to financial data cleaning, the funding table has been revised to reflect the end of the year

\*\*carry forward does not include funds received in 2020 for COVID-19 activities not included in the 2021 HAC (such as health workers hazard payments and ECT top up) of about \$ 39.5 M.

\*\*\* other allocations has been revised down due to reprogramming of funds

\*\*\*\*'Funds Available' as of 30 December 2021 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.