



Reporting Period: 01 – 31 March 2022

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Yemen Country Office Humanitarian Situation Report

March 2022



Highlights

- UNICEF Yemen has a funding gap of \$393.8 million required to respond to the humanitarian crisis in Yemen in 2022.
- The number of people requiring humanitarian assistance has increased from 20.7 million in 2021 to 23.4 million in 2022. Of these, 55 per cent are children.
- 17.4 million people need food assistance. This figure is expected to increase to 19 million between June 2022 and the end of the year.
- Since the beginning of the year, a total of 965,058 children under five (479,223 male, 485,835 female) have been screened for malnutrition.
- In March, UNICEF delivered 2,909,000 doses of trivalent oral polio vaccine (tOPV) to 2,357,414 children under the age of 10, reaching 96 per cent of the target within 12 southern governorates.

Situation in Numbers

(OCHA, 2022 Humanitarian Needs Overview)



12.9 million
children in need of
humanitarian assistance



23.4 million
people in need



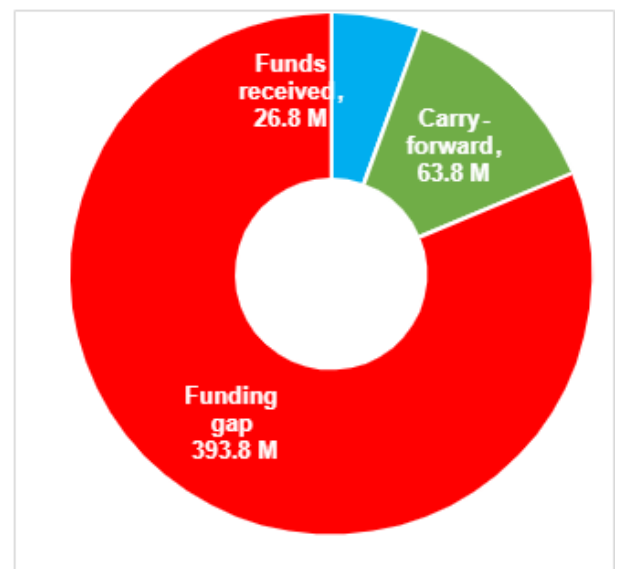
1.8 million
children internally displaced
(IDPs)

UNICEF's Response and Funding Status

Health	Measles vaccination	14%
	Funding status	5%
Nutrition	SAM admissions	14%
	Funding status	18%
Child Protection	Psychosocial support	17%
	Funding status	22%
Education	Access to education	5%
	Funding status	39%
WASH	People with safe water	43%
	Funding status	19%
Social Policy	Social economic assistance	3%
	Funding status	7%
Cross Sectoral	People reached with campaigns	14%
	Funding status	6%
RRM	IDPs with RRM kits	30%
	Funding status	44%

Funding Status

2022 Appeal: \$484.4M



Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) is aligned to the 2021 Yemen Humanitarian Response Plan¹ (YHRP). UNICEF's humanitarian programmes are planned for nationwide reach targeting populations in areas with the most acute needs, and the appeal integrates the COVID-19 response into programmes planned within the HAC. As of 31 March 2022, UNICEF received a total of \$26.8 million against the \$484.4 million 2022 HAC appeal and a total of \$63.8 million was carried forward from 2021, leaving a funding gap of \$393.8 million, or 81 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. During the reporting period, generous contributions were received from the Government of Sweden, the Government of Denmark, the German Committee for UNICEF, the Swiss National Committee for UNICEF, the Australian Committee for UNICEF, the Canadian Committee for UNICEF, the United Kingdom Committee for UNICEF, and the United Arab Emirates Committee for UNICEF. Despite these generous contributions, critical funding gaps for the response are emerging from quarter two of 2022. In March a high-level pledging event (Yemen Conference 2022) was hosted by the UN, Switzerland and Sweden to advocate for funding in severely under-resourced humanitarian operations in Yemen².

Situation Overview & Humanitarian Needs

The continued conflict and economic shocks have increased the number of Yemeni people in need of humanitarian assistance in 2022 to 23.4 million. Of this amount, 55 per cent are children³. The Yemen Humanitarian Needs Overview (HNO) for 2022 has been published and humanitarian partners are currently finalizing the 2022 Humanitarian Response Plan (HRP).

Humanitarian needs in Yemen continue to increase in 2022 due to the escalation of conflict, continuing economic shocks and decreasing humanitarian assistance. The number of people in need of food assistance has increased to 17.4 million and is expected to reach 19 million between June and the end of 2022⁴. By June, the number of people facing extreme hunger levels (IPC Phase 5 Catastrophe) is expected to increase over fivefold from 31,000 in March to 161,000. Approximately 2.2 million children under the age of five, including 538,000 severely malnourished and about 1.3 million pregnant and lactating women (PLW) are projected to suffer from acute malnutrition over the course of 2022.⁵

Shortages of affordable fuel are contributing to higher costs for transportation, food and other items, and are threatening the availability of medical services, electricity, and clean water, compounding the already difficult humanitarian situation endured by people in Yemen.⁶

Children continue to suffer from common childhood illnesses including pneumonia and acute watery diarrhoea (AWD), as well as Vaccine Derived Polio (VDP) outbreaks. An estimated five million women and girls of childbearing age, and 1.7 PLW have limited to no access to reproductive health services.⁷

During the month of March, the UN Country Taskforce on Monitoring and Reporting (CTFMR) on grave violations against children documented seven incidents of grave violations, of which six were verified. These include 11 verified child casualties, including seven children killed (2 girls, 5 boys) and four children maimed (2 boys; 2 girls) by various parties to the conflict. There was also an attack on a school and two attacks on a hospital. Most of the incidents documented and verified were in the governorates of Hodeidah and Al Bayda. These are the only figures that the UN has been able to verify to date; the actual number of incidents may be higher than this.

Yemen is one of the few countries in the world reporting cases of Vaccine Derived Polio Viruses Type 1 (cVDPV1) and Type 2 (cVDPV2). As of March 2022, a total of 33 cVDPV2 cases have been reported. The first cVDPV2 case was reported in November 2021.

As of 31 March 2022, 11,812 cases of COVID-19 were officially confirmed since the beginning of the pandemic, with 2,144 associated deaths (18.2 per cent case fatality rate). Almost all cases were reported in Hadramout, Aden, Abyan,

¹ UNICEF 2021 Yemen Humanitarian Response Plan

² <https://reliefweb.int/report/yemen/donors-meet-pledge-support-humanitarian-response-yemen>

³ OCHA Yemen Humanitarian Update_2022 #03

⁴ Integrated Phase Classification (IPC) Analysis 2022

⁵ IPC Yemen: Food Security & Nutrition Snapshot | March 2022

⁶ OCHA Yemen Humanitarian Update_2022 #03

⁷ UNFPA Press release March 2022 <https://www.unfpa.org/press/women-and-girls-continue-pay-heavy-price-yemen-conflict-slips-further-global-view>

Lahij, Al Dhale, Shabwah, Al Mahrah, Taiz, Socotra and Marib governorates. No cases have been reported from the northern governorates. The COVID-19 vaccination campaign continued in the southern governorates. 411,927 people have been fully vaccinated against COVID-19, while 653,534 people were vaccinated with at least one dose of COVID-19 vaccine as of 27 March.

The Ministry of Public Health and Population reported a decline in the number of suspected Cholera/AWD suspected in 2022 when compared with 2020 and 2021. A total 4,158 suspected cases were reported between 1 January and 15 March 2022, compared to 13,038 suspected cases of AWD/Cholera reported in the same period of 2021. Districts reporting the highest cases include Hajjah, al-Salw, Taiz, Al Makhadir, Ibb, Belad Al Roos, Sana'a, Al Kanawes and Hodeidah.

Measles outbreaks have been reported in the south of Yemen, with a total of 1,379 suspected cases reported, out of which 89 have been confirmed with 15 associated deaths affecting 98 districts (71% of the districts in the south).

Summary Analysis of Programme Response

Health

In response to the circulating Vaccine Derived Polio Virus type 1 (cVDPV1) and type 2 (cVDPV2) outbreaks in Yemen, UNICEF continued to support preventive and outbreak response campaigns. During the month of March, 2,357,414 children under the age of 10 were vaccinated with trivalent oral polio vaccines (tOPV), reaching 96 per cent of the target within 12 southern governorates. In addition, 669,467 children over the age of one were reached with Oral Cholera vaccines (OCVs) in 10 selected high-risk districts of three governorates (Taiz, Al Dhale, and Lahij) during the second round of the OCV campaign conducted in March, and a total of 313,850 women of reproductive age (WRA) were vaccinated with tetanus during the Maternal Neonatal Elimination campaign conducted in 47 high-risk districts in six governorates (Abyan, Aden, Al Mukalla, Lahij, Shabwah, Socotra).

During the first quarter of 2022, community health workers provided primary health care services to around 600,000 people living in rural communities, out of which 135,000 were under-five children and 130,000 were women of reproductive age. Between 26 and 31 March, UNICEF supported training sessions for 74 coordinators and data officers from 15 governorates on health information systems, with the aim of activating their roles in data flow mechanism and to enable them to review and conduct quality checks on data submitted by districts before final submission to the national level covering all Primary Healthcare (PHC) programs.

In March, UNICEF delivered 1,000,000 doses of the pneumococcal vaccine (PCV), 750,000 doses of the Penta vaccine and 310,500 doses of the Rota vaccine for routine immunization and 237,600 doses of the J&J COVID-19 vaccine.

In response to the measles outbreak in March, UNICEF coordinated with the Ministry of Public Health and Population (MoPHP) and partners to develop an outbreak response campaign targeting affected districts in May 2022. In addition, together with the MoPHP a nationwide preventive measles campaign is being developed for implementation in early 2023.

UNICEF continued to support the COVID-19 vaccine supply pipeline and build on community engagement for COVID-19 vaccine deployment. By the end of March 2022, a total of 653,534 people were reached with at least one dose of the COVID-19 vaccine, and 411,927 people were fully vaccinated with either one dose of J&J or two doses of AstraZeneca vaccines, accounting for 4 per cent of the campaign's overall target.

UNICEF also supported the rehabilitation of 60 COVID-19 triage facilities in nine governorates: Aden, Taiz, Abyan, Lahij, Al-Dhale, Shabwah, Hadramout, Al Mahrah and Socotra. By the end of March 2022, the rehabilitation of 58 health facilities out of a total 60 was completed.

Nutrition

The Integrated Food Security Phase Classification (IPC) analysis report for Yemen conducted in January and February 2022 was released on 14 March 2022. The report highlights a further deterioration of food insecurity and an increase in malnutrition rates across Yemen in 2022. 17.4 million people are classified as IPC Phase 3 and above, meaning they need food assistance. This figure is expected to increase to 19 million between June and the end of the year. There are 31,000 people facing extreme hunger levels (IPC Phase 5, known as "Catastrophe"), and this figure is projected to rise to 161,000 by June. In addition, approximately 2.2 million children under the age of five are projected to suffer from

acute malnutrition, including 538,000 from severe acute malnutrition. Approximately 1.3 million PLW are also projected to suffer from acute malnutrition over the course of 2022. Conflict, economic crisis, and poor infant and young child feeding practices (IYCF) remain the main drivers of acute food insecurity and malnutrition. Due to the high level of stunting and wasting in Yemen, a multisectoral approach to address all forms of malnutrition is necessary. Furthermore, adequate, predictable, and long-term funding are critical to address these interventions.

UNICEF and partners are scaling-up the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation in Yemen. Since the beginning of the year, a total of 965,058 children (479,223 boys, 485,835 girls) under five were screened for malnutrition. Out of these, 48,341 children (21,745 boys, 26,596 girls) with severe acute malnutrition were identified and admitted in Outpatient Treatment Programmes (OTPs). During the same period, a total of 114,362 children (57,495 boys, 56,867 girls) received deworming tablets, 183,073 children (92,243 boys, 90,830 girls) received micronutrient sprinkles and 10,442 children (5,510 boys, 4,933 girls) received Vitamin A supplements. In addition, 262,766 mothers received Iron Folate supplementation, and 560,538 mothers received IYCF consultations.

Water, Sanitation and Hygiene

UNICEF continued to sustain emergency response activities, including water quality monitoring and chlorination, installation of emergency toilets, distribution of hygiene kits and hygiene promotion among internally displaced persons (IDPs), focusing on suspected Cholera cases and malnutrition-affected families in collaboration with general Authority of Rural Water and Sanitation Projects (GARWASP) and National Water Resources Authority (NWRA) in Marib. During the month of March, fuel delivery continued to 36 Local Water and Sanitation Corporations (LWSCs) in 17 Governorates to sustain the supply of safe water to 2.48 million people, including 694,400 girls and 570,400 women.

UNICEF continued supporting NWRA in conducting water quality monitoring in 46 districts in Ibb, Taiz, Al-Dhale, Amanat Al Asimah, Amran, Dhamar and Sana'a governorates; districts with Cholera and malnutrition cases were prioritized. Water samples were collected and tested (with physical, chemical and bacterial tests) from private wells, public water distribution systems, water springs and streams, and drinking water stations used for domestic purposes by 3.8 million people (1,026,000 girls, 1,064,000 boys, 874,000 men and 874,000 women).

In March, UNICEF completed water quality monitoring in northern governorates (including Sana'a, Ibb, Sa'ada and Hodeidah) as well as in the south (in Aden), benefiting more than 3,800,000 people. Targeted people benefitted from an integrated response focusing on addressing AWD, suspected Cholera cases, and malnutrition cases through the Rapid Respond teams in Hodeidah, Hajjah, Mahwit, Raymah Jawf and Sa'ada governorates. The interventions included the distribution of different WASH supplies (jerry cans, basic hygiene kits, and consumable hygiene kits), hygiene promotion, and the chlorination of water storage at the household level. These interventions were complemented with water quality monitoring and the chlorination of water supply sources.



UNICEF supported the rehabilitation of WASH facilities in 12 healthcare facilities (HCFs) in Amran benefiting 84,686 people, and 12 health institutions in the districts of Marib, Alwadi, Harib, Al Abdiyah, Bedbedah, Rahabah and Majzar in Marib governorate, reaching 32,000 people. The rehabilitation included fixing taps and pipes, replacing pipes, tanks and squat holes, and general maintenance of pumping units, doors and sanitation lines.

UNICEF continued to support Emergency WASH interventions in IDP sites in Hajjah, Hodeidah, Marib, Taiz, Aden, Al-Dhale and Al-Jawf governorates. The interventions included the provision of safe water through water trucking, water quality monitoring, and the chlorination of trucked water, as well as through the rehabilitation and installation of water distribution points, the distribution of basic and consumable hygiene kits, the construction of emergency latrines, the desludging of sewage from full pits, cleaning campaigns and hygiene promotion in partnership with GARWASP, national NGOs and the private sector. The interventions benefitted more than 2.9 million IDPs and host community members. Additionally, more than 75,000 IDPs throughout the country benefitted from cesspit desludging and the construction of emergency portable latrines.

In coordination with NWRA Marib, UNICEF supported 18 informal IDP settlements with sustainable connections to public water supply systems in Marib city and Al-Wadi, benefiting 3,736 displaced families (19,895 people). This project is part of the existing water trucking strategy to provide a more sustainable alternative. A total of 18 IDPs camps were

connected to sustainable water supply systems and are now receiving 17.5 litres of water per capita per day. The installation of 390 prefabs toilets (household shared latrines) in IDP camps was completed, benefiting more than 7,800 IDPs (2,418 girls 1,638 women).

The WASH Cluster organized the Cluster Coordination Performance Monitoring (CCPM) validation workshop and agreed on an action plan for 2022 to further improve coordination performance in Yemen. The action plan identified the need to strengthen monitoring and advocacy to improve the quality and coverage of humanitarian WASH response activities across the country. The Camp Coordination and Camp Management Cluster reported WASH response gaps in IDP sites in Hodeidah and Hajjah governorates, highlighting 3,291 households in need of a safe water supply and 1,516 households in need of latrines. To address these gaps, the WASH Cluster has requested partners to conduct an assessment in these areas.

Child Protection

In March, UNICEF continued to provide lifesaving explosive ordnance risk education (EORE), reaching 67,395 conflict-affected people, including 52,128 children (21,220 girls and 30,908 boys) and 15,267 adults (5,908 women and 9,359 men) in Abyan, Al Mahwit, Marib, and Raymah governorates. EORE was delivered in schools and child-friendly spaces, and through community campaigns with COVID-19 preventative measures.

Through a network of fixed, remote, and mobile modalities, UNICEF provided psychosocial support to 39,528 people across ten governorates (Abyan, Ad-Dali, Al-Jawf, Al-Mahrah, Hodeidah, Raymah, Hajjah, Marib, Shabwah and Sa'ada) including 33,476 children (16,149 girls and 17,327 boys) and 6,052 adults (3,926 women and 2,126 men). These services helped children address the immediate and long-term impacts of their exposure to violence.

Through the case management programme, UNICEF continued to support the referral and provision of critical services and victim assistance for the most vulnerable children. 1,895 children (745 girls and 1,150 boys) were identified by trained case managers, and of these, 1,871 children (737 girls and 1,134 boys) received more than one service.

UNICEF provided 176 Post-Exposure Prophylaxis (PEP) kits to 30 hospitals and health facilities in the south of Yemen to enable health care providers trained in the Clinical Management of Rape to provide the necessary medical care for women, men, and child survivors of rape and sexual assault.

Education

Access to education for school-aged girls and boys has been impeded by years of conflict, economic decline and the COVID-19 pandemic. Over two million children in Yemen have found themselves out of school since 2015, and 2,500 schools have been damaged due to conflict⁸. In response to the critical educational needs of Yemeni children, UNICEF continues to improve access to equitable and inclusive quality learning for girls and boys.

In March 2022, UNICEF supported school functionality with the Ministry of Education (MoE) by providing training to 2,740 teachers, principals, and members of Father and Mother and student councils (1,016 male, 1,724 female) on: classroom management, active learning safe school protocol, planning and school leadership, psychosocial support, literacy and numeracy, and hygiene promotion in Aden, Abyan, Hadramout, Shabwah, Amanat Al-Asimah, Sana'a, Amran, Taiz and Ibb. In addition, 304 rural female secondary-school teachers were also trained in Abyan, Al Dhale, Shabwah and Marib.

Eighty education staff (from the central, governorate and district levels) participated in a workshop held by MoE in Sana'a to assess training activities conducted in 2021 for teachers, principals, and members of Father and Mother and student councils. The workshop identified key recommendations for the 2022 teacher training plan, which includes a plan to increase the involvement of governorates and districts during the planning stage and to provide support in updating training manuals.

UNICEF continued to support conducive learning environments for children through the rehabilitation of 33 schools in Aden, Lahij, Abyan, Adl Dale and Shabwah benefiting 14,047 children, of which 39 per cent are girls. In Hajjah, 4,997 schoolbag kits and 80 school-in-a-box items were distributed, benefiting more than 8,000 children (49 per cent girls). In Abyan and Shabwah, 2,700 desks were distributed benefitting a total of 8,100 children, of which 54 per cent are girls.

⁸ uni.cf/3Mw9CyH

In March 2022, the Yemen Local Education Group (LEG) held its first in person annual meeting since the beginning of the COVID-19 pandemic in Cairo, Egypt. The meeting included active participation from donors, implementing partners and the MoE. The purpose of the meeting was to strengthen coordination mechanisms and to discuss the implementation status of the Yemen Transitional Education Plan, which was designed to support the education system in Yemen through the development a national education plan and sector dialogue.

The Education Cluster submitted the draft of the Humanitarian Needs Overview (HNO) 2022, in preparation for the high-level pledging conference for Yemen which took place on 16 March. The education cluster also participated in ongoing consultations and in the drafting of the 2022 Humanitarian Response Plan (HRP), including activity-based costing and targeting of areas with severe needs as informed by the HNO findings. The Education target for 2022 is 5.6 million girls, boys, teachers and caregivers with the highest severity of needs on an activity-based costing of US\$275 million. UNICEF also trained 42 MoE and national NGO staff members on project proposals and project management as part of the cluster capacity development plan.

Social Inclusion and Cash assistance

In March 2022, UNICEF provided support to the Social Welfare Fund (SWF) to establish a specialized technical team consisting of 10 members (7 males and 3 females) as part of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) activities in Aden governorate. UNICEF provided the technical team with a Training of Trainers (ToT) training on case management guidelines, standard operating procedures and other related technical fields and programmatic areas. The technical team's responsibilities include providing regular guidance, technical support, and on-the-job coaching, as well as facilitating training activities. The aim is to support the SWF field case management team to effectively implement IMSEA case management interventions in the coming months within Aden governorate.

UNICEF provided capacity building, technical assistance and enhanced case management system support to the Handicap Care Rehabilitation Fund (HCRF). A three-day training workshop for 25 participants from HCRF governorate branches was organized in this regard. Participants strengthened their capacities and improved knowledge on referral pathways, communication, and coordination mechanisms to enhance and better maintain effective collaborations and communication linkages with service providers, thereby facilitating and promoting access to basic services for children with disabilities.

As part of the IMSEA community engagement, two community initiatives (psychosocial support and cleaning campaigns) were implemented by Young Community Agents of Change reaching 185 children (98 girls, 87 boys). Additional community initiatives were implemented by community committees and volunteers, including enhancement classes which reached 160 children (90 girls, 70 boys); the establishment of community saving boxes in targeted slums which reached 112 beneficiaries (66 female, 46 male); and general awareness outreach activities that reached 93 people (50 male, 43 female).

UNICEF provided support to the Ministry of Planning in drafting and publishing the Yemen Social Economic update. As per the edition (issue 66) titled "The Role of Entrepreneurship in Development and Means to Strengthening it", Yemen ranked 187th in the "Doing Business Environment Index" in 2020 out of the 190 listed countries. The report indicates that 34 per cent of small-size enterprises in Yemen are owned by women, and that only six per cent of adults (above 15 years) have bank accounts or mobile financial services accounts compared to 43 per cent in the MENA region and 69 per cent globally.

Social Behaviour Change (SBC) and Accountability to Affected Populations (AAP)

In southern governorates, community volunteers and religious leaders, as well as medical doctors and midwives, mobilized their respective communities for the second round of the polio vaccination campaign through house-to-house visits, community meetings and gatherings as well as through awareness sessions conducted in mosques, reaching an estimated three million people. The interpersonal communication activities were reinforced with 153 roaming vehicles mounted with megaphones to broadcast campaign announcements in the targeted districts. To ensure adequate awareness and visibility of the campaign, materials including 500,000 posters and banners were disseminated and placed in strategic locations. Mass media support was provided through two TV channels and eight local radio stations which aired campaign messages through flashes and public service announcements, as well as through discussion programmes on Polio reaching an estimated 4.5 million.

UNICEF continued to support COVID-19 risk communication and community engagement (RCCE) and vaccine demand generation interventions, engaging 81,751 people in IDP camps (52 per cent female) in Marib governorate. 82,000 washable masks were disseminated to beneficiaries in the camps encouraging the adoption of COVID-19 preventive practices. Communication and social mobilization interventions of the COVID-19 vaccination interventions continued in southern governorates through eight radio stations that aired the campaign messages through flashes, public service announcements and dedicated discussion programmes, reaching an estimated four million people.

UNICEF held development sessions with 985 community engagement volunteers (800 female, 185 male) to increase mobilization in the governorates under Ibb, Aden, and Hodeidah hubs. Community engagement volunteers were trained on the principles of social and behaviour change to undertake effective interpersonal communication and social mobilization interventions. Participants were also oriented on lifesaving practices including key sanitation and hygiene practices, maternal and child health practices, and infant and young child feeding practices.

UNICEF continued to support COVID-19 and Polio vaccine hotlines managed by the Ministry of Public Health and Population (MoPHP), strengthening feedback systems. The hotlines provide important information on disease prevention, and direct access to health professionals on queries, concerns, and medical consultations on COVID-19 and Polio. The hotline also serves as an important platform for IPDs to raise complaints and concerns on humanitarian services provided. During the month of March, hotlines responded to 5100 calls on COVID-19 and Polio as well 100 calls on the IDP hotline.

UNICEF co-leads the Community Engagement – Accountability to Affected Populations (CEAAP) Working Group, which is chaired by OCHA. The interagency working group reworked its Terms of Reference and re-organized its membership to support agencies and partners in advancing AAP and community engagement in humanitarian efforts in 2022. The CEAAP Working Group will finalize a workplan to support partners' capacity development and conduct functionality assessments of platforms for beneficiary feedback and participation.

AWD/Cholera Response

Overall, there has been a decline in the number of suspected AWD/Cholera cases so far in 2022 as compared to the same time periods in 2020 and 2021. 4,158 suspected AWD/Cholera cases between were reported between January and March 2022, compared to 13,038 suspected cases reported in the same period of 2021. The most affected governorates are Hajjah, Taiz, Ibb, Amran, Hodeidah, Al Mahwit and Sana'a. UNICEF continues to closely monitor the AWD/Cholera situation in close coordination with WHO.

As part of the AWD/Cholera preparedness and response efforts, UNICEF in coordination with Governorates Health Offices (GHOs) has developed an AWD/Cholera tracker. The purpose of the tracker is to improve the tracking of reported cases and the response supply stocks at GHOs. UNICEF and GHOs have begun updating the tracker on a monthly basis starting in May 2022.

Community volunteers and members of Mother-to-Mother clubs continued to support communication and social mobilization interventions for AWD/Cholera prevention. Through multiple interpersonal communication activities including house-to-house visits, social gatherings, and awareness sessions in schools, 275,725 people were reached with messages on key lifesaving practices including how to prevent AWD/Cholera.

Rapid Response Mechanism (RRM)

In March, conflict continued across several frontlines in Marib, Taiz, Al-Dhale and Shabwah, triggering waves of displacements within and between affected districts and governorates. According to the RRM cluster, more than 7,800 households were displaced throughout March, mainly in to hosting districts in Hodeidah, Taiz, and Marib.

UNICEF, along with UNFPA and WFP, continues to reach displaced populations affected either by conflict or climate change with the first line response packages. The RRM reached 30 districts in 19 governorates, and 6,806 newly displaced households (47,642 individuals). RRM kits, which include essential hygiene items, food, family basic hygiene kits, and female dignity kits, were distributed in Hodeidah, Marib, Taiz, Hajjah, Abyan, Amran and Al Bayda governorates.

In preparation for the seasonal flood response, the RRM cluster will ensure that an adequate number of kits are prepositioned in areas likely to be affected by floods. More than 40,000 kits have already been pre-positioned for distribution to the flood affected population.

Supply and Logistics

In March 2022, UNICEF delivered a total value of \$7.8 million in supplies, including vaccines, personal protective equipment (PPE), health kits, medicines, ready-to-use therapeutic food (RUTF), medical equipment, and school supplies and materials.

The fluctuation of the Yemeni Rial against the U.S. dollar continues to be a bottleneck for local vendors in responding to tenders, due to challenges in retaining offer prices. Local vendors struggle to respond to delivery lead times, relying mainly on existing stock and as they are often unable to offer items matching UNICEF specifications due to the global challenges faced in the supply chain.

The Supreme Board of Drugs and Medical Appliances (SBDMA) put in place a new mechanism for all shipments entering Hodeidah and Sana'a, which are first required to be checked at the SBDMA point before arrival at the warehouses. The import of supplies with less than 50 per cent of their remaining shelf life is still prohibited by the Yemen Standardization, Metrology, and Quality Control Organization (YSMO).

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy in Yemen is aligned with the HNO, the HRP, 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.

UNICEF supports the inter-agency Protection against sexual exploitation and abuse (PSEA) network by providing the network coordinator. The PSEA network, under the supervision of the UN Humanitarian Coordinator in Yemen and co-led by UNHCR, includes focal points from each member to ensure active commitments. The network has developed a strategy and action plan for 2021-2022 and the standard operating procedures (SOPs) on handling sexual exploitation and abuse (SEA) allegations. The network also initiated the UN inter-agency harmonized implementing partners capacity assessment and development to avoid duplication of assessments of civil society organizations (CSOs) that are partnering with multiple UN agencies.

Human Interest Stories and External Media

Field update:

A Step Towards Empowerment for Displaced Mothers

64 per cent of internally displaced families have no sources of income

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



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External Media

[Flexible Funding for #UNICEF Yemen Humanitarian Action for Children appeal](#)



[24,500+ children got a birth certificate to realize their right to birth #registration](#)



[#YemenCantWait Child protection crises](#)



Next SitRep: 15 June 2022

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Annex A Summary of Programme Results⁹

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2022 target	Total results	Change since the last report	2022 target	Total results	Change since the last report
Health							
Number of children aged 0 to 11 months vaccinated against measles	20,100,000	972,142	133,084	10,078			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	2,254,810	46,231			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	627,736	243,750 ¹⁰			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	11,905	7,605			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	400,000	366,358	48,341	26,743 ¹¹	N/A	48,341	25,971
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718 ¹²	5,023,627	10,442 ¹³	3,391	N/A	10,442	1,872
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	151,895	39,528	1,218,253	156,824	41,418
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,000,000	-	0 ¹⁴			
Number of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers		1,900,000	-	0 ¹⁵			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,010,000	331,325	67,395			
Education							
Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	23,547 ¹⁶	22,147	895,000	65,942	38,583

⁹ These figures reflect the updated, approved 2022 HAC appeal.

¹⁰ Due to late reporting from implementing partner Jan and Feb have now been reported

¹¹ Due to late reporting from implementing partner Jan and Feb have now been reported

¹² The figure will be updated after the finalization of the 2022 Humanitarian Response Plan (HRP).

¹³ Progress is expected to increase in Q2

¹⁴ Implementation saw delays in the planning phase. Achievements will show in future sitreps.

¹⁵ This indicator depends heavily on the unconditional payment cycle, as PSEA messages are disseminated along with awareness raising package. The cash transfer cycle will start in March 2022. At the same time, PSEA awareness-raising planned for Health and Nutrition activities is under preparation.

¹⁶ Progress is expected to increase

Number of children receiving individual learning materials		800,000	13,147 ¹⁷	8,197	1,200,000	40,776	17,694
Number of teachers receiving teacher incentives each month		15,000	2,142	-	100,000	2,894	345
Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	15,400,000	6,800,000	2,940,794	- ¹⁸	N/A	-	_ ¹⁹
Number of people reached with critical WASH supplies		5,910,000	432,457	253,457 ²⁰	N/A	-	_ ²¹
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	367,712	188,712 ²²	N/A	-	_ ²³
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,527,418	108,868			
Social Protection & Cash Transfer							
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	-	0			
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	5,212	1,147			
Cross-sectoral (HCT, C4D, RCCE and AAP)							
Number of people participating in engagement actions for social and behavioural change		8,500,000	1,203,154	357,476			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		588,000	177,569	47,642			

17 Progress is expected to increase

18 Continued to provide service to 2,940,794. No new beneficiaries have been reported in March,

19 Ibid.

20 Additional data has been reported for February-March

21 Ibid.

22 Data has been reported for February-March

23 Ibid.

Annex B Funding Status*

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2022 **	Other resources used in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	125,000,000	1,244,163		5,439,422	118,316,415	95%
Nutrition	120,000,000	13,236,281		8,847,584	97,916,135	82%
Child Protection, GBViE & PSEA	37,000,000	2,030,103		6,280,602	28,689,295	78%
Education	55,450,000	-		21,801,730	33,648,270	61%
Water, Sanitation and Hygiene	100,000,000	6,444,160		12,809,255	80,746,585	82%
Social Protection	23,000,000	-		1,572,051	21,427,949	93%
Cross-sectoral (HCT, C4D, RCCE and AAP)	12,500,000	479,263		285,600	11,735,137	94%
Rapid Response Mechanism	5,950,000	1,334,098		1,282,054	3,333,848	56%
Cluster coordination	5,500,000	-		14,608	5,485,392	100%
Being allocated		2,018,730		5,434,894	-7,453,624	
Total	484,400,000	26,786,797		63,767,800	393,845,402	81%