

Reporting Period: 1-31 October 2022

Yemen **Country Office**

Humanitarian **Situation Report**

October 2022



for every child

Highlights

In October, 180,073 conflict-affected people, including 150,318 children, were reached through explosive ordinance risk education (EORE) activities.

Community health workers screened more 160,000 children under the age of five for malnutrition using mid-upper arm circumference (MUAC) and provided primary health care (PHC) services to a total 341,406 people, including 81,669 children under five and more than 74,632 women of reproductive age.

As part of the back-to-learning campaign, UNICEF distributed school bag kits to 96,823 children.

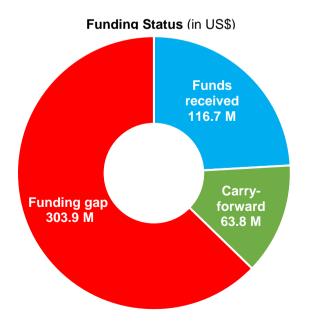
Global Handwashing Day was commemorated with the theme "Unite for Universal Hand Hygiene" reaching an estimated 100,000 people.

Situation in Numbers (OCHA, 2022 Humanitarian Needs Overview) 12.9 million children in need of humanitarian assistance 23.4 million people in need 3.2 million children internally displaced (IDPs) (UNICEF, 2022 Yemen Humanitarian Action for Children)

UNICEF's Response and Funding Status

Measles vaccination	63%
Funding status	16%
SAM admissions	54%
Funding status	53%
Psychosocial support	41%
Funding status	33%
Access to education	49%
Funding status	54%
People with safe water	78%
Funding status	37%
Social economic assistance	52%
Funding status	9%
People reached with campaigns	114%
Funding status	19%
IDPs with RRM kits	70%
Funding status	49%
	Funding status SAM admissions Funding status Psychosocial support Funding status Access to education Funding status People with safe water Funding status Social economic assistance Funding status People reached with campaigns Funding status

UNICEF Appeal 2022 US\$ 484.4 Million



^{*}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), which is currently aligned to the 2022 Yemen Humanitarian Response Plan (YHRP), appeals for \$484.4 million in 2022. UNICEF's humanitarian support is planned for nationwide reach, targeting populations in areas with the most acute needs, and integrates COVID-19 responses into programmes planned within the HAC.

As of 31 October 2022, UNICEF received a total of \$116.7 million in new funding against the 2022 HAC appeal and a total of \$63.8 million was carried forward from 2021. This leaves a funding gap of \$303.8 million (63 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 European Union Humanitarian Aid (ECHO), Malta, Singapore, the Finnish Committee for UNICEF, United Kingdom Committee for UNICEF, Irish National Committee for UNICEF, the United Arab Emirates and the Yemen Humanitarian Fund (YHF). Despite these generous contributions, critical funding gaps for the response across all sectors remain. The new resources mobilized in 2022 is much lower when compared to the situation one year ago (over \$146.3 million as of October 2021), signalling a decrease in funds available for humanitarian response.

Situation Overview & Humanitarian Needs

Discussions are still ongoing to renew and expand the truce which came to an end on 2 October. Civilian movements continued with a slight decrease across the frontlines in Marib, Taiz, Hajjah and Hodeidah governorates. UNICEF and Rapid Response Mechanism Cluster partners registered 1,378 newly displaced households (9,646 people) of which 31 per cent are female headed. An estimated 26 per cent of the newly displaced population registered caseload was due to heavy rains and floods, and 74 per cent due to armed conflict.

During the month of October, 152 suspected cases of acute watery diarrhoea (AWD)/cholera were reported. UNICEF continues to monitor the situation in close coordination with the World Health Organization (WHO), Health and WASH Clusters, with prepositioning of supplies to ensure a quick response in the event of an outbreak.

In October, a total of 64 cases of COVID-19 were officially confirmed, with one associated death, in the southern governorates. There is no COVID-19 vaccination and reporting in the northern part of Yemen.

During the reporting period, a total of 16 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were confirmed, bringing the total to 216 cases in 2022. Out of these, 187 of the cases were reported in the northern governorates and 29 in the southern governorates.

During October, the United Nations Country Task Force on Monitoring and Reporting (UN CTFMR) documented 23 incidents of grave violations against children, in which 87 per cent of incidents were verified. This includes 24 confirmed child casualties, including four children killed (two boys, two girls) and 20 children maimed (17 boys, three girls) mainly due to explosive devices including unexploded ordnance (58.3 per cent) by various parties to the conflict.

Summary Analysis of Programme Response

Health

In October, UNICEF continued its support for COVID-19 vaccine deployment in Yemen. The COVID-19 vaccination campaign, which commenced on 24 September in 114 districts of 13 southern governorates, has reached an estimated 262,258 people (59 per cent of the target) above 18 years. In October, 9,766 people received COVID-19 vaccinations which continue to be accessible at fixed sites. As of October, a total of 1,155,603 people (28%) had been vaccinated with at least one dose of COVID-19 vaccine and 734,595 people (17%) have been fully vaccinated since the start of the roll out in April 2022.

UNICEF has provided 20,921 health workers in 3,775 health facilities with personal protective equipment (PPE) across 22 governorates in Yemen so far in 2022. The provision of PPE ensures that health workers responsible for the continuity of essential health services are equipped with the necessary tools to prevent themselves and the people they serve from COVID-19 and other communicable diseases.

UNICEF scaled-up oxygen therapy in 206 primary health care (PHC facilities in nine governorates (Aden, Abyan, Al-Dhalea, Shabwah, Hadramout Sahel, Hadramout Al Wady, Al-Maharah, Socotra & Taiz) to ensure access to quality are

at the PHCs in the context of COVID-19. UNICEF distributed a package of oxygen support supplies including flow meters, pulse oximeters, nasal prongs, oxygen face masks and oxygen tupping.

In October, UNICEF distributed medical supplies including essential lifesaving medicines to 36 hospitals across 13 governorates to ensure the provision of quality maternal new-borns health (MNH) services at the supported hospitals for reducing maternal and neonatal morbidity and mortality.

UNICEF continued to improve immunization supply chain systems to manage and optimize vaccine delivery and storage, and safeguard delivery of potent vaccines to children in Yemen. In October, UNICEF delivered and installed two 40-cubic meter walk-in cold rooms to improve vaccine storage capacity in the central vaccine store in Aden. In addition, 189 solar direct drive (SDD) refrigerators were installed in 15 governorates in Yemen.

UNICEF continued to support the community health workers (CHWs) programme in Yemen. To date in 2022, more than 3,100,000 people (27 per cent men, 73 per cent women) were reached by CHWs with PHC services, including over 700,000 children under five (51 per cent boys, and 49 per cent girls) and more than 700,000 women of reproductive age. In October 2022, CHWs provided PHC services to a total 341,406 people including 81,669 children under five and more than 74,632 women of reproductive age. CHWs screened and monitored more than 160,000 children under the age of five for malnutrition status using mid-upper arm circumference (MUAC) measurement and referred more than 6,500 children to health facilities for further treatments.

Nutrition

UNICEF, in partnership with the Ministry of Public Health and Population (MoPHP) and implementing partners, is deploying both prevention and treatment measures to address the malnutrition crises in Yemen. UNICEF supported the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme in response. Since the beginning of the year, a total of 4,942,996 children under five years (2,463,940 boys, 2,479,056 girls) were screened for malnutrition. Out of these, 260,665 children (115,263 boys, 145,402 girls) with severe acute malnutrition (SAM) were identified and admitted in outpatient treatment programmes (OTPs) reaching 54 per cent of annual target. Furthermore, 35,281 children (16,920 boys, 18,361 girls) with SAM with complications have been admitted to therapeutic feeding centres.

As part of its efforts in preventing different forms of malnutrition, UNICEF has scaled up Infant and Young child feeding (IYCF) services and micro-nutrient supplementations. In 2022, a total of 965,223 children (484,713 boys, 480,511 girls) received deworming tablets; 1,377,243 children (692,094 boys, 685,149 girls) received micronutrient sprinkles and 1,241,713 children (629,258 boys, 612,456 girls) received Vitamin A supplementation, reaching 26 per cent of annual target. In addition, 1,522,230 mothers received iron folate supplementation and 3,062,513 mothers received infant and young child feeding (IYCF) consultations. This achievement is collected from 4,592 OTPs (reporting rate was at 90 per cent), along with reports received from 24,447 active Community Health and Nutrition Volunteers (CHNVs) (64 per cent reporting rate), 275 mobile teams, 2,652 IYCF corners, four integrated outreach rounds (IOR) and the polio campaign (Vitamin A) conducted in southern governorates.

Water, Sanitation and Hygiene (WASH)

Since the start of year, UNICEF has reached 6.2 million people through the provision of a comprehensive WASH response, including improved sanitation and hygiene for an estimated 747,194 people.

In October, Global Handwashing Day was commemorated with the theme "Unite for Universal Hand Hygiene," reaching an estimated 100,000 people. In addition to the interactive WASH activities in schools, such as plays and games for 1,820 children in three schools in IDP sites (Al Sumaya camp in Marib Alwadi district), UNICEF organised activities in open public places, including markets, to raise awareness on the importance of handwashing with soap at critical times to prevent cholera, COVID-19 and other communicable diseases. As part of "Global Handwashing Day," UNICEF distributed bars of soap and disseminated hygiene messages for 2,370 students and IDP and host communities, including 1,194 men, 1,176 women and 1,161 children.

UNICEF continued to provide lifesaving water services to vulnerable communities. 74,400 people (18,363 boys, 19,093 girls, 19,112 men, 17,812 women) in 192 IDP sites in Amran, Marib, Ibb and Taiz received water trucking and 19,71 people benefitted from construction, disinfection, or repair and maintenance of water points in IDP sites¹.



As part of its emergency sanitation response, UNICEF reached an estimated 81,508 people (20,117 boys, 19,822 girls, 20,938 men, 20,631 women) through various interventions, such as rehabilitation of latrines, sewage desludging and cleaning campaigns to improve the environmental sanitation of IDP sites through safe garbage disposal.

WASH interventions were integrated within health and Social and Behaviour Change (SBC) activities to maximize results for children and provide access to quality services. In October UNICEF supplied and installed water tanks in 71 primary health care

facilities in Al Jawf governorate. UNICEF conducted 242 hygiene promotions sessions benefitting 2,060 people (501 boys, 494 girls; 521 men, 486 women) in IDP sites of Aden, Lahj, Taiz and west coast. In addition, 2,030 consumable hygiene kits (CHKs) were distributed to 10,528 people (2,598 boys, 2,560 girls; 2,705 men, 2,521 women) in 15 IDP sites in 13 locations in the Ta'iz governorate.

As part of the strategy to mainstream inclusion and gender in humanitarian WASH programming and strengthen gender-based violence (GBV) mitigation measures, the WASH Cluster organized a training which included the participation of 14 WASH focal persons and four members of the Inclusion Technical Working Group.

Child Protection (CP)

In October, 180,073 conflict-affected people were reached through explosive ordinance risk education (EORE) activities, including 150,318 children (83,642 boys, 66,676 girls) and 29,755 adults (18,049 men, 11,706 women) in eight governorates (Ad Dali', Al Bayda, Hajjah, Ibb, Marib, Sa'dah, Shabwah, and Ta'iz). EORE was delivered in schools and child-friendly spaces through community campaigns integrated with COVID-19 preventative measures.

Through a network of fixed, remote, and mobile modalities, UNICEF provided psychosocial support to 33,226 people across nine governorates (Aden, Al Jawf, Hodeidah, Hajjah, Ibb, Marib, Raymah, Sa'dah, and Ta'iz) including 28,585 children (14,678 boys, 13,907 girls) and 4,641 adults (1,388 men, 3,253 women). These services helped children overcome the immediate and long-term consequences of their exposure to violence.

Through case management, UNICEF continued to support the referral and provision of critical services and victim assistance for the most vulnerable children. 2,548 children (1,641 boys, 907 girls) were identified by trained case managers needing critical services, including 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. Out of them 2,521 children (1,622 boys, 899 girls) received more than one service.

UNICEF coordinated three GBV core concepts and safe training for 96 Social Welfare Fund (SWF) staff in Aden. The purpose of the training aimed to increase the knowledge of social workers on gender-based violence and equip them with the skills of referring safely survivors and women and girls at risk of GBV. Staff included in the training were predominantly social workers and their supervisors who are assisting the emergency cash transfer programme and targeting vulnerable households.

¹ UNICEF completed construction of two new water points benefitting 2,548 people (629 boys, 620 girls, 655 men, 610 women) in two IDP sites in Hodeidah and the cleaning and disinfection of 27 water points for IDP sites in Aden and Lahj, benefitting an estimated 4,130 people (1,061 men, 989 women;1,019 boys, 1,004 girls). An estimated 13,034 people (3217 boys, 3170 girls; 3,348 men, 3,121 women) benefitted from the repair and maintenance of 72 water points in eight IDP camps of Aden, Lahj and Taiz, Ibb and Al Jawf.

In October 2022, the CP Area of Responsibility (AoR) in partnership with Save the Children International (SCI), conducted capacity building activities on child protection minimum standards (CPMS) for child protection actors to roll out the updated version of CPMS 2019. The training targeted 20 agencies working in Taiz, Turbah and West Coast subhubs, with 23 participants (12 men, 11 women). In partnership with SCI, a child protection mainstreaming training was organized for 55 non-child protection actors across clusters including food security and livelihood, WASH, health, nutrition, CCCM/shelter and education. Each cluster received a tailored one-day training on child protection mainstreaming in their sectors based on the child protection minimum standards related to each cluster.

Education

In October, UNICEF continued to support the Ministry of Education (MoE) in creating a safe and conducive learning environment for children through the establishment of 32 temporary learning spaces (TLSs) benefiting 1,280 children (817 boys, 463 girls) in Taiz and Al Dhalea governorates.

As part of the back-to-learning campaign, UNICEF distributed school bag kits to 96,823 children (50,269 boys 4,6,554 girls) in Al Dhalea, Dhamar, Hadramout, Saada, Sana'a, Shabwah, and Taiz governorates while 14,320 children (6,342 girls, 7,978 boys) were supported through the distribution of school-in-box in the Amant Al Asimah and Sana'a governorates. UNICEF also supported 156 schools with recreational kits to benefit 15,570 children (8,667 boys, 6,903 girls) in Amant Al Asimah and Sana'a governorates.

UNICEF provided capacity building support to 1,451 people (825 men, 626 women), including education office staff, teachers, school management staff and members of Father and Mother Councils (FMCs), on safe school protocol, school management and active learning, mental health and psychosocial support (MHPSS), education in emergencies (EiE), hygiene promotion, community participation and support to children's enrolment and retention in Taiz, Ma'rib and Saada governorates.

As part of UNICEF's education in emergencies response, community sensitization sessions were conducted in Ma'rib governorate, reaching 2,600 people (600 boys, 623 girls; 655 men, 722 women) with information and key messages on the importance of education and availability of services and psychosocial support.

The Education Cluster finalized the analysis for the 2023 Humanitarian Needs Overview based on data received from MoE for Aden and Sana'a, UNOCHA population data and secondary data review of 45 education assessments conducted by partners throughout 2022. The assessments show that more than 8.6 million girls and boys of school-going age are still in need of safe, relevant learning opportunities within and out of the school environment.

Social Inclusion and Cash Assistance

In October, as part of integrated social protection interventions in Aden, UNICEF conducted capacity building training for nine participants from Social Welfare Fund (SWF) staff to equip them with knowledge and skills on case management, referral, project and information management, Monitoring and Evaluation (M&E) and the Grievance Redressal Mechanism (GRM).

In 2022, UNICEF and SWF completed the case management and referral of 30,311 people (6,547 men, 7,390 women) including 16,374 children (8,311 boys, 8,063 girls) for different critical social services in the Amanat Al Asimah and Sana'a governorates. In October, 1,775 children (395 boys, 1,380 girls) have been referred to different service providers (birth certificates, children with disabilities, etc.). These children have better access to complementary services (health, nutrition, and education) coordinated with UNICEF and implementing partners. In addition, UNICEF and SWF conducted awareness raising activities on public and personal hygiene in Amanat Al Asimah, reaching an estimated 11,502 individuals (5,305 boys, 6,197 girls).

UNICEF continued to support the Handicap Care and Rehabilitation Fund (HCRF) in Sana'a reaching more children with disabilities (CwDs). In October, 2,003 people with disabilities (642 boys, 412 girls; 631 men, 318 women) were provided support through case management and referral in 147 districts. Through referrals, all 2,003 people received assistive devices (hearing devices, wheelchairs, etc.) for health and education. Monitoring and follow up continues to be a key element of the case management system of the HCRF to ensure that cases have received the required services and challenges and/or barriers are addressed as they occur.

UNICEF continued to help strengthen the community engagement component under the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) Project. In October, 129 community committee volunteers (101 men, 28 women) residing in 30 slum areas in 10 districts and 70 Youth Community Change Agents [YCCAs (41 men, 41 women)] from 14 targeted Muhamasheen residing in slums in seven districts (Sana'a governorate), participated in consultative meetings. Participants came together to review, evaluate and plan for future behavioural change initiatives within their communities. Several topics were identified, including financial empowerment, emergency response, safe environment practices, hygiene promotion, incense making and the importance of education. Implementation plans were developed to guide the volunteers' efforts to make a positive change in their communities.

UNICEF supported the Ministry of Planning in publishing the Yemen Social Economic update. In October, edition 73 titled "Development Financing in Yemen" was published. Findings from this edition indicate that between 2002-2013 the total investment in GDP was 22.2 per cent, 6.8 per cent public investment and 15.4 per cent private investment. From 2014-2020 investment in GDP decreased to 14.1 per cent, 3 per cent public investment and 11.2 percent for private investment². The suggested recommendation includes policies such as: optimizing absorption of development financing, promoting sustainable financing solutions and investments at the regional and national level, gearing up institutional and legislative reforms to create a climate of confidence among donors, local and foreign investors, mobilizing domestic resources in partnership with the private sector and civil society organizations to finance development programmes, introducing creative funding mechanisms for sustainable development through efficient tools for natural resource management and green investments.

Social Behaviour Change (SBC)

UNICEF scaled up Risk Communication and Community Engagement (RCCE) activities to increase uptake of services during the fourth IOR, in partnership with the Saada Governorate Health Office. Community volunteers (trained by UNICEF) held group awareness sessions in public places and schools reaching an estimated 65,504 people (41,691 men, 23,813 women). Community volunteers sensitized people to the risks of diseases, such as polio and measles, and the importance of vaccinating children. Community volunteers also promoted utilization of available health services and provided information on the locations of service delivery points and available health services. In addition, awareness sessions the interpersonal activities were supported through the dissemination of print materials including 20,000 leaflets.

UNICEF continued to provide support to the COVID-19 and vaccination hotlines (nine hotlines) managed by the MoPHP. In October health professionals provided consultations and responded to total of 7,950 calls through these hotlines. The calls received include inquiries about vaccination centres and how to register through the vaccination platform as well as questions about side effects of COVID-19 vaccines and other vaccines. The health professionals provided medical consultations and supported the referral of 225 cases.

UNICEF continued communication and social mobilization interventions on essential lifesaving practices, including maternal and child health practices, infant and young child feeding practices, messages on the importance of immunization, sanitation and hygiene practices, such as handwashing with soap or save garbage disposal, and key AWD/cholera prevention measures. In October, religious leaders, community volunteers, and members of mother-to-mother clubs engaged 370,892 people (138,409 men, 232,483 women) including 4,889 IDPs and 4,739 from the marginalized (Muhamasheen) communities. Interpersonal communication activities included awareness raising sessions in mosques, schools, puppet theatres, house-to-house visits, and community gatherings.

Accountability to Affected Populations (AAP)

In October, the Complaints and Feedback Mechanism (CFM) was scaled up to include health and nutrition programmes. The preparatory work to further strengthen the CFM included the documentation on workflows and designing print materials to share with the community. As part of Community Engagement-Accountability to Affected Population (CE-AAP) workplan activities, UNICEF finalized plans for carrying out a series of AAP trainings at the field level for staff and frontline workers from Social Behavior Change and CE-AAP partners. The training will focus on the principles of effective and quality humanitarian responses which places people affected by crisis at the center of humanitarian actions and promotes respect for their fundamental human rights. This includes the integration of human rights to life with dignity, protection and security. Additionally, participants will be trained on the importance of community feedback mechanisms and ensuring that mechanisms are in place at the community level to solicit feedback and complaints from their communities.

² https://reliefweb.int/report/yemen/yemen-socio-economic-update-issue-73-june-2022-enar

In partnership with the Executive Unit for IDPs, UNICEF supported operations of the IDPs call centre hotline. UNICEF provided training sessions on the principles of AAP and community feedback mechanisms for 200 IDP coordinators and facilitators in IDP centres as well as data-entry assistants and call analysers at the call centre.

Rapid Response Mechanism (RRM)

UNICEF, United Nations Population Fund (UNFPA) and the World Food Programme (WFP) through 12 cluster implementing partners, continued to reach displaced population affected either by conflict or climate change with first line response packages. RRM reached across 68 districts in 17 governorates, including an additional 1,307 displaced households (9,149 individuals) of which 60 per cent are children, 25 per cent are women and 15 per cent are men. The highest reach was attained in Marib, Hodeidah, Al Bayda, Taiz, Amran and Dhamar governorates. RRM kits that include essential hygiene items and other supplies including food, family basic hygiene kits and female dignity kits.

Supply and Logistics

In October, UNICEF delivered supplies worth \$6,992,142.08, including primary health kits, vaccines, medicine, AWD kits, PPE, Formula 100 and Formula 75, RUTF, school bag kits, recreation kits, school-in-a-box, tents, fuel, water tanks and hygiene kits to implementing partners.

Humanitarian Leadership, Coordination and Strategy

UNICEF Yemen's humanitarian strategy is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, and Cluster priorities. As a Cluster lead for water, sanitation and hygiene (WASH), nutrition, education and the child protection sub-cluster, UNICEF effectively supports sector and inter-sectoral coordination and information management at national and sub-national levels. UNICEF pursues a balanced approach between providing immediate life-saving interventions and investing in systems strengthening. Addressing the humanitarian, development and peace nexus, including the strengthening of multisectoral convergent approaches, requires a nuanced strategy in different parts of the country at different paces, as well as dedicated donor support.

UNICEF continues to provide life-saving assistance for girls and boys in some of the hardest-to-reach districts via its robust field presence and network of five field offices. With public services at near collapse, UNICEF will continue to provide life-saving health and nutrition interventions through community-based activities for affected populations, including internally displaced persons, while sustaining and strengthening access to a set of high-impact preventive and curative services at the community and facility level.

Following optimal scale-up of nutrition services in 2022, UNICEF will focus on strengthening the quality of service delivery and enhancing multi-sectoral response to address malnutrition which includes health, WASH, social protection, and education.

UNICEF supports the inter-agency protection against sexual exploitation and abuse (PSEA) network by providing and hosting the network coordinator. The PSEA network, under 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 the strategy and action plan for 2021-2022 and the standard operating procedures (SOPs) for 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

Catch-up Learning Programme Brings Out-of-School Children Back to Schools

UNICEF implemented a Catch-up Learning Programme for 6,128 displaced children

To read more about this intervention, click here.



UNICEF/UN0717996

External Media

Students go Back to School in Al-Jufaina IDP Camp in Marib



Support to Combat Hunger and Disease



UNICEF continues training community health workers of Yemen



Next SitRep: 31 January 2023

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UNICEF HAC 2020: www.unicef.org/appeals/yemen.html

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Annex A

Summary of Programme Results³

		UNICEF and IPs response			Sector response			
Sector	Overall Needs	2022 target	Total results	Change since the last report	2022 target	Total results	Change since the last report	
Health Control of the								
Number of children aged 0 to 11 months vaccinated against measles (MCV1)	21,900,000	972,142	614,679 ⁴	14,460				
Number of children aged 6 to 59 months vaccinated against polio		1,250,000	1,193,2235	0 _e				
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	2,285,750	294,397				
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	20,921 ⁷	1,258				
Nutrition								
Number of children aged 6 to 59 months with severe wasting admitted for treatment	8,100,000	484,639	260,665 ⁸	65,414	366,358	260,665	65,414	
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months		4,730,449	1,241,560 ⁹	13,447	5,023,627	1,241,560 ¹⁰	13,447	
Child Protection, GBVIE & PSEA								
Number of children and caregivers accessing mental health and psychosocial support		900,000	367,832 ¹¹	33,226	1,218,253	447,157	55,769	
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	8,800,000	6,000,000	1,731,087 ¹²	239,743				
Number of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers		1,900,000	1,426,030	O ¹³				
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,010,000	683,665 ¹⁴	180,073				
Education								

³ These figures reflect the updated approved 2022 HAC appeal.
⁴ Due to late partner reporting
⁵ Due to bureaucratic approval process
⁶ Due to bureaucratic approval process
⁷ HAC target was reduced therefore overachievement
⁸ Due to late partner reporting applications will be revised.

⁸ Due to late partner reporting achievements will be revised

⁹ Ibid

¹⁰ Due to late partner reporting achievements will be revised

Due to late parties reporting assistant and planning phase 13 Late partner reporting ¹⁴ Progress is slow due to bureaucratic approval process, conflict-related security risks, and logistical impediments

Number of children accessing formal and non-formal education, including early learning	8,500,000	500,000	244,629 ¹⁵	1,280	895,000	785,847	12,943	
Number of children receiving individual learning materials		800,000	301,688 ¹⁶	111,143	1,200,000	420,705	156,657	
Number of teachers receiving teacher incentives each month		15,000	2,676 ¹⁷	0	100,000	9,031	91	
Water, Sanitation & Hygiene								
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	17,800,000	6,800,000	5,270,153	91,666 ¹⁸	7,484,406 ¹⁹	8,824,762	353,044	
Number of people reached with critical WASH supplies		3,600,000 ²⁰	1,759,182 ²¹	5,073	3,814,995	2,481,339	47,237	
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		3,600,000 ²²	3,706,100	504,294	4,750,511 ²³	4,833,022	625,759	
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,791,465 ²⁴	-				
Social Protection & Cash Transfer								
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	13,066 ²⁵	-				
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	82,764 ²⁶	2,003				
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Number of people participating in engagement actions for social and behavioural change		8,500,000	9,653,638	684,923				
Rapid Response Mechanism								
Number of vulnerable displaced people who received Rapid Response Mechanism kits		588,000	408,961	9,149				

¹⁵ Due to late reporting updates will be available in November

¹⁶ School year 2022-2023 began in August

¹⁷ School year 2022-2023 began in August

¹⁸ In addition to the reached every month of 2,940,794 new beneficiaries have been added

¹⁹ Cluster targets are added from 2022 HRP, now reporting progress

²⁰ UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review ²¹ Achievements are low due funds received against 2022 HAC

²² UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review.

²³ UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding

and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review.

²⁴ Achievements are low due funds received against 2022 HAC

²⁵ Due to delays in obtaining clearances, the last payment cycle was conducted in June 2022

²⁶ The total results have been updated to include updated data for the January progress, previously not included due to partner late reporting

Annex B Funding Status*

Sector			Funding gap			
	Requirements	Humanitarian resources received in 2022 **	Other resources used in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	124,000,000	13,291,791		6,613,944	104,094,264	84%
Nutrition	119,000,000	53,575,777		9,975,125	55,449,098	47%
Child Protection, GBViE & PSEA	37,000,000	5,537,382		6,628,261	24,834,358	67%
Education	55,450,000	7,509,690		22,322,748	25,617,562	46%
Water, Sanitation and Hygiene	99,600,000	21,826,108		14,632,258	63,141,634	63%
Social Protection	23,000,000	282,371		1,788,163	20,929,466	91%
SBC, Community Engagement & AAP	12,500,000	1,981,480		403,052	10,115,468	81%
Rapid Response Mechanism	5,950,000	1,568,744		1,337,962	3,043,294	51%
Cluster coordination	5,500,000	594,932		66,287	4,838,781	88%
Evaluation	2,400,000				2,400,000	100%
Being allocated		10,571,015			-10,571,015	
Total	484,400,000	116,739,290		63,767,800	303,892,910	63%

^{*}Requirements updated based on the Yemen 2022 revised HAC