



Reporting Period 1 January – 31 December 2022

Yemen Country Office Humanitarian Situation Report



Highlights

In 2022, UNICEF vaccinated 1,239,129 children between 6 months and 10 years with measles rubella (MR) vaccine.

UNICEF screened 6.9 million children under five for malnutrition. Out of these, 376,588 children with severe acute malnutrition (SAM) were identified and admitted for treatment.

UNICEF reached 6.6 million people, including over 3 million children, across Yemen with life-saving humanitarian assistance including safe drinking water, sanitation services and essential WASH supplies.

A total of 3.4 million children (49 per cent girls) and 2,511,341 caregivers (50 per cent women) received critical child protection services.*

UNICEF, along with UNFPA and WFP, provided Rapid Response Mechanism (RRM) kits a total of 430,479 newly displaced people.

Situation in Numbers

(OCHA, 2022 Humanitarian Needs Overview)



12.9 million
children in need of
humanitarian assistance

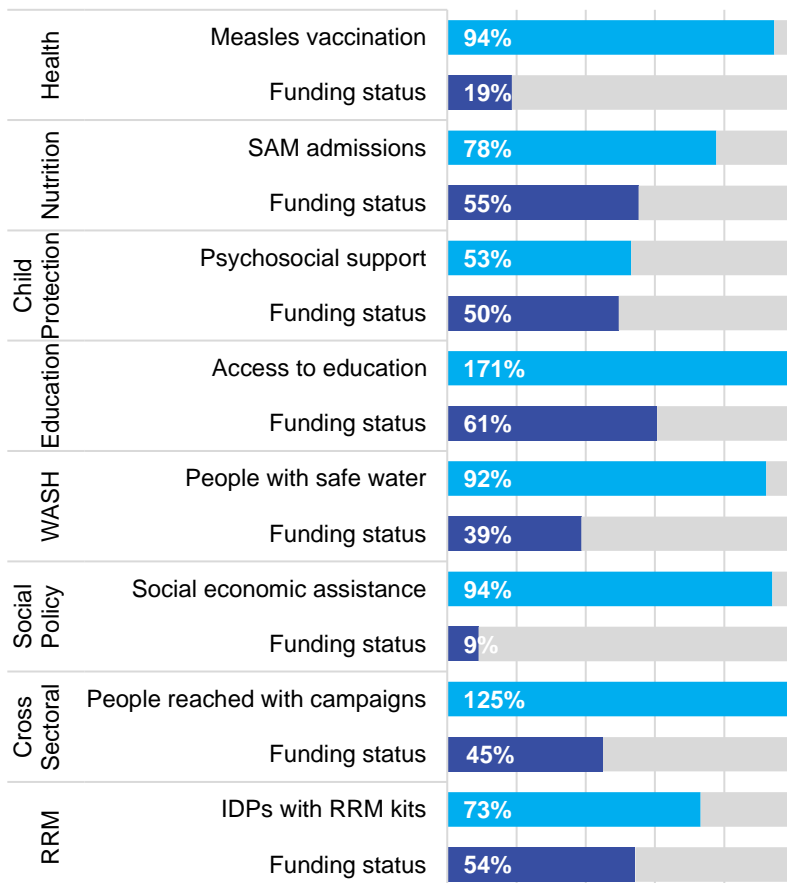


23.4 million
people in need



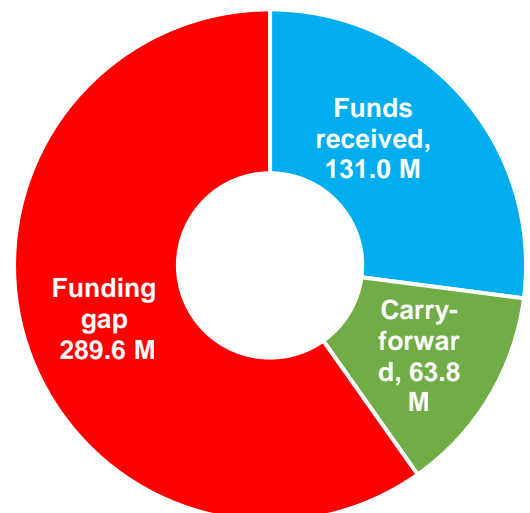
3.2 million
children internally displaced
(IDPs) (UNICEF, 2022 Yemen
Humanitarian Action for Children)

UNICEF's Response and Funding Status**



UNICEF Appeal 2022 US\$ 484.4 Million

Funding Status (in US\$)



Funding Overview and Partnerships

The UNICEF Yemen Humanitarian Action for Children (HAC) was initially aligned to the 2021 inter-agency Yemen Humanitarian Response Plan (YHRP) and appealed for \$484.4 million in 2022. UNICEF revised its HAC when the 2022 YHRP was released in May. While the number of people and children targeted changed, the total funding requirement remained the same (\$484.4 million). Ongoing COVID-19 pandemic impacts, global economic instability, the increased price of oil affecting commodity prices and global logistical costs have all contributed to increased operational costs of delivering assistance in Yemen. Funding requirements for child protection and social protection increased, when compared to 2021, due to rising needs for protection from sexual exploitation and abuse, and scale-up of humanitarian cash transfer activities.

As of 31 December 2022, UNICEF received a total of \$131 million in funding against the 2022 HAC appeal and a total of \$63.8 million was carried forward from 2021. UNICEF wishes to express its deep gratitude to all donors for their generous contributions, which made the 2022 response possible. A funding gap of \$289.6 million (60 per cent of the total amount) remained at the end of the year. This represents an increased gap over the same period in 2021, when the \$508 million HAC was funded at 55 per cent by end of the year.

Situation Overview & Humanitarian Needs

Millions of people in Yemen continue to suffer from the compounded effects of more than eight years of armed conflict, ongoing economic crisis, recurrent natural hazards, COVID-19 pandemic and disrupted public services. More than 80 per cent of the country's population struggle to access sufficient and nutritious food, safe drinking water and adequate health services.¹ In 2022, an estimated 23.4 million people, almost three-quarters of the population, including 12.9 million children, needed humanitarian assistance and protection, with over 4 million people, including 2 million children, displaced.²

During the year, Yemen endured intense rainfall and flash floods that affected more than 517,000 people. Flooding caused widespread damage to infrastructure, including homes, shelters, roads, bridges and irrigation and sewage systems, and proliferated diseases such as cholera, dengue, malaria and diphtheria. In addition, rising temperatures and changing precipitation patterns caused a decrease in the production of basic foods leading to an increased prevalence of malnutrition. The Yemen indicator for food vulnerability caused by climate change was 0.690, which is high when compared to many other Arab countries, such as Jordan (0.393) and Egypt (0.511).³

Children in Yemen are exposed to multiple deprivations, including constrained access to social services, violence, abuse, exploitation, child marriage and risk of recruitment by conflicting parties, with a devastating impact on their physical and psychological well-being. Adolescents (10-19 years), an estimated 6.3 million or about 22 per cent of the total population, are among the most affected by protracted conflict. They face multiple risks, ranging from direct involvement in fighting to being displaced, having limited or no access to social services such as health care, education and vocational training, or generally being exposed to poor living conditions.

The political environment changed in April 2022 after assumption of power by the Presidential Leadership Council (PLC) and announcement of the UN-brokered truce. The subsequent six-month period, up to the truce's expiry on 2 October, resulted in decreased civilian casualties and displacement, a steady flow of fuel imports through the Hodeidah port and commercial flights through Sana'a International Airport. Notwithstanding these benefits, localised clashes continued in some areas and landmines and explosive remnants of war (ERW) posed heightened risks. Despite extensive efforts, an agreement to extend the truce had not been reached by the end of 2022.

In 2022, 11,945 COVID-19 cases were officially confirmed, with 2,159 associated deaths. Most of this caseload was reported from the southern governorates. There is no COVID-19 vaccination and reporting in the northern part of the country.

A cumulative total of 20,686 measles and rubella suspected cases were reported in Yemen, out of which 1,445 cases (1,139 measles and 306 rubella) were confirmed through laboratory testing (52 per cent male and 48 per cent female). Over 50 per cent of suspected cases were amongst children aged one to five.

¹ OCHA, Yemen Humanitarian Needs Overview 2023, December 2022

² OCHA, Yemen Humanitarian Needs Overview 2023, December 2022

³ *Yemen Socio-Economic Update, Issue 74* <https://reliefweb.int/report/yemen/yemen-socio-economic-update-issue-74-july-2022-enar>

In 2022, Vaccine Derived Polio Virus type 2 (cVDPV2) continued to circulate in Yemen. As of December 2022 a total of 153 cVDPV2 cases were confirmed, with 96 per cent of these reported in the northern governorates. This brings the total number of cVDPV2 to 196 confirmed cases since the outbreak began in November 2021.

Between January and September 2022, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented 1,449 incidents of grave violations against children, of which 94 per cent were verified. This includes verified violations of denials of humanitarian access (884), child casualties (427), 127 children killed (16 girls, 111 boys) and 300 children maimed (76 girls, 224 boys) by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Amanat Al-Asima (210), Hodeidah (236), Sa'ada (199) and Taiz (106). There were 77 cases of child recruitment and use by armed forces and armed groups (two girls, 75 boys), three cases of rape and sexual violence (one girl, two boys), and 12 cases of abduction and arbitrary detention (one girls, 11 boys). In total 18 attacks on four schools and 14 hospitals were verified.

Summary Analysis of Programme Response

Health

In 2022 UNICEF delivered over 28 million doses of vaccines to ensure routine immunization services, support measles immunization and respond to the cVDVP1 and cVDVP2 polio outbreaks.⁴ To ensure adequate and high-quality storage and supply chain capacity, UNICEF delivered a total of 753 Solar Direct Drive (SDD) refrigerators. In 2022, UNICEF installed 501 SDD units in health facilities and the remaining units in 127 district cold stores across the country. UNICEF provided 580,430 litres of fuel to ensure functionality of cold chain systems at national and sub-national levels. As part of UNICEF's strategy to reduce dependency of fuel and electricity for vaccine storage, the solarization of nine governorate cold stores was completed.

In response to the cVDPV2 outbreak, UNICEF (in coordination with partners) implemented three outbreak response campaigns in 12 southern governorates of Yemen. From February 2022, UNICEF vaccinated 4,463,389 children under ten years and 1,217,423 children under five with Trivalent Oral Polio Vaccine (tOPV), covering 102 per cent of the total campaign target. Through joint UNICEF and WHO advocacy efforts, a cVDPV2 outbreak response was approved in November 2022 for the northern governorates and will begin in January 2023. UNICEF will focus on vaccine management and social behavioural change campaigns.

UNICEF supported measles outbreak response campaigns in 76 districts of 10 southern governorates. These campaigns aimed to prevent large-scale outbreaks in both affected and adjacent districts, and to avert excess mortality and morbidity among children. In 2022, UNICEF vaccinated 1,239,129 children between 6 months and 10 years (90 per cent of the target) with the measles rubella (MR) vaccine. In response to rising measles cases in the Saada governorate, the first quarter of 2023 will see UNICEF integrating measles vaccinations with the polio outbreak response. Further preventive measles supplemental immunization activities planned in 2023.

Globally, Yemen is one of 20 countries that has not eliminated maternal and neonatal tetanus. As part of UNICEF's Maternal Neonatal Tetanus Elimination (MNTE) campaign, 13,850 women of reproductive age were vaccinated in 47 high-risk districts across six governorates (Abyan, Aden, Mukalla, Lahej, Shabwah, Socotra).

In 2022, as part of the acute water diarrhoea (AWD)/cholera preparedness and response efforts, UNICEF maintained minimum preparedness levels in response to potential surges across the 22 governorates. UNICEF prepositioned 620 AWD/cholera kits and continued to monitor the situation in collaboration with health authorities and WHO.

As part of the COVID-19 response, UNICEF strengthened infection prevention and control (IPC) practices in health facilities and provided personal protective equipment (PPE)⁵ to 22,175 healthcare providers (3,775 health facilities) across all 333 districts in Yemen. UNICEF trained 4,000 healthcare providers on IPC, including COVID-19 case definition, transmission pathways and best practices at community and facility levels. Healthcare providers were trained on the importance of providing COVID-19 prevention and treatment and informing patients who receive routine services.

⁴ UNICEF delivered 3,920,300 doses MR; 3,031,800 doses of Pneumococcal conjugate vaccine (PCV); 1,549,500 doses of Inactivated Polio Vaccine (IPV); 4,278,562 doses of pentavalent vaccine (DTP-HepB-Hib); 1,696,200 doses of Rota and 7,289,400 doses of Bivalent Oral Poliovirus vaccines (bOPV). 2,909,000 doses of Trivalent Oral Poliovirus vaccines (tOPV); 790,000 doses of Oral Cholera Vaccine (OCV); 100,800 doses of AstraZeneca vaccine; 237,600 Johnson & Johnson vaccines for COVID-19 deployment were procured and distributed for Polio, Cholera and Covid-19 vaccination campaigns.

⁵ PPE including gloves, masks, gowns, face shields, goggles

In addition to protecting health care providers and the people they serve from contagious diseases, IPC measures also improved quality of services and strengthened trust within communities.

Throughout 2022, UNICEF continued supporting COVID-19 vaccine deployment in the southern governorates. UNICEF vaccinated a total of 490,619 people for COVID-19 (fully and partially). Since 2021, 1,164,388 people have been vaccinated with at least one dose of COVID-19 vaccine in the southern governorates. A total of 468,156 people were fully vaccinated with either one dose of Janssen or two doses of AstraZeneca or Sinovac between January and December 2022, bringing the total number of people vaccinated since April 2021 to 692,235. COVID-19 vaccine deployment and related vaccination administration has still not been approved in northern governorates.

UNICEF supported the functionality of 2,700 primary health care (PHC) facilities, improving access to quality maternal, neonatal and child health services across 22 governorates in Yemen. UNICEF provided a monthly package including per-diem payments to over 11,000 health workers, operational costs for water, electricity/fuel, stationery, cleaning and maintenance, essential medicines and supplies, as well as integrated support supervision package. In addition, UNICEF trained 336 health workers on waste management, thereby safeguarding nearby populations and the environment from accrued medical waste.

In 2022, UNICEF continued to scale-up its community level response, with a focus on rural and hard to reach areas. UNICEF trained 3,600 community health workers (CHWs) on how to detect diseases or epidemic threats, cases of malnutrition, pregnancy and birth complications. Over the year, trained CHWs then reached an estimated 3.6 million people, including 880,000 children (433,725 girls) under the age of five and more than 810,000 women of reproductive age. CHWs have screened 758,656 children (373,715 girls) and 267,564 women for malnutrition and referred 33,271 children (16,389 girls) and 26,021 women to health facilities for further treatment.

UNICEF supported Mother Newborn and Child Health (MNCH) services and helped ensure quality referral care for mothers and newborn babies referred from PHCs. An estimated 85,440 mothers and children were reached with this support. UNICEF provided packages of MNH supplies including medicines, incubators, monitors, infusion pumps, syringe pumps, laryngoscopy, baby warmers and oxygen concentrators to more than 46 MNH hospitals across 20 governorates nationwide.

Nutrition

Yemen has long grappled with one of the highest malnutrition rates in the world and it remains a major public health concern. In 2022, 59 per cent of Yemeni children under the age of five years, adolescent girls and pregnant and lactating mothers were acutely malnourished (2023 HNO). In partnership with the Ministry of Public Health and Population (MoPHP) and implementing partners, UNICEF provided prevention and scale-up of 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 6,971,868⁶, children (3,482,135 girls, 3,489,733 boys) under five were screened for malnutrition. Out of these, 376,588 children (208,351, 168,237 boys) with severe acute malnutrition (SAM) were identified and admitted into outpatient treatment programmes (OTPs), reaching 69 per cent UNICEF's annual target. Furthermore, 40,707 children with SAM (21,095 girls, 19,612 boys) with complications were admitted to therapeutic feeding centers.

UNICEF supported preventive interventions, including infant and young child feeding (IYCF) counselling and improvement of children's diet. In 2022, a total of 1,487,143 children (739,828 girls, 747,315 boys) received deworming tablets; 2,133,148 children (1,058,130 girls, 1,075,018 boys) received micronutrient sprinkles; and 1,969,673 children (971,946 girls, 997,728 boys) received Vitamin A supplementation. A cumulative total of 1,879,099 mothers received iron folate supplementation and 3,956,419 mothers received IYCF consultations. Achievements are collected through 4,671 OTPs (reporting rate was at 90 per cent), along with reports received from 23,187 active community health and nutrition volunteers (74 per cent reporting rate), 301 mobile teams, 2,674 IYCF corners, four integrated outreach round, and the polio campaign (Vitamin A) conducted in southern governorates.

The Nutrition Cluster, in partnership with the MoPHP and 45 partners, continued providing a coordinated, multi-sectoral approach of strategic planning, situation analysis and response for nutrition in emergencies. SMART Nutrition and Mortality surveys are being undertaken in the northern and southern governorates, and will continue into 2023. Data

⁶ Data covers January to November 2022 as data collection for December is still ongoing.

collection and analysis is ongoing. In 2022 the Nutrition Cluster conducted a severity analysis revealing that 183 districts are in greater need of lifesaving nutrition preventative and curative services, out of which 100 districts need integrated solutions to address both hunger and malnutrition. UNICEF will continue advocating for a multisectoral approach (food security, health, nutrition, WASH and social protection systems) to improve the overall nutrition situation of vulnerable populations.

In 2022, a total of 330,148 cases of uncomplicated SAM were admitted into 4,622 outpatient treatment programs (OTPs). Additionally, 823,576 children with moderate acute malnutrition (MAM) were admitted to targeted supplementary feeding programs (TSFP). Compared to the same period in 2021, there is an increase not only in the cases who received treatment but also cases admitted with complicated SAM in highly vulnerable districts.

Water, Sanitation and Hygiene (WASH)

Globally, Yemen remains one of the world's most water-stressed countries. Conflict has severely limited civilian access to water and adequate sanitation services. The humanitarian situation in Yemen remains critical with economic decline that has exacerbated quality and coverage of WASH services.⁷ Since the beginning of 2022, UNICEF reached 6.6 million people [3,564,000 adults (1,710,720 women, 1,853,280 men) and 3,036,000 million children (1,457,280 girls, 1,578,720 boys)] across Yemen with safe drinking water, sanitation services and essential WASH supplies.

In 2022, UNICEF improved access to sustainable water and sanitation services, reaching an estimated 6.2 million people, including 3,384,020 adults (1,624,330 women, 1,759,690 men) and 2,882,684 children (1,383,688 girls, 1,498,996 boys). UNICEF rehabilitated water networks/sources, extended water networks, installed large scale solar systems for pumping station/wells, improved water production in public systems, upgraded water source production capacity and provided supplies⁸ in 15 local water and sanitation corporations (LWSCs) across 15 urban and peri-urban areas.

UNICEF provided access to safe drinking water through several activities, such as provision of fuel to 34 LWSCs in urban and pre-urban settings in 15 governorates and supporting the operation and maintenance of existing water supply systems. UNICEF provided lifesaving services that included water trucking and water point installations, reaching an estimated 358,117 IDPs [90,375 women, 92,088 men and 175,654 children (87,177 girls, 88,477 boys)] in 435 IDP camps.⁹

UNICEF provided critical sanitation interventions to an estimated 2.29 million people: 1,239,039 adults (594,739 women, 644,300 men) and 1,055,477 children (506,629 girls, 548,848 boys). Sanitation interventions included 1) provision of fuel to support the operation for wastewater treatment plants in urban and pre-urban settings in 15 cities; and 2) rehabilitation/construction of emergency latrines and sewer networks for 63,496 IDPs in 124 camps in conflict affected¹⁰ areas. UNICEF rehabilitated and maintained several wastewater treatment systems and sewer networks, and provided spare parts, generators and desludging.¹¹

WASH interventions were integrated across nutrition, education, child protection and social and behaviour change programmes to maximize results for children and provide access to quality services. In areas affected by cholera with a large influx of IDPs and at high risk of malnutrition outbreaks, UNICEF supported the rehabilitation of WASH facilities in 108 health care facilities and 107 schools, reaching an estimated 21,400 children (10,621 girls, 10,779 boys).

As part of UNICEF's integrated hygiene response, an estimated 2.6 million people [1,438,230 adults (690,350 women, 747,879 men) and 1,225,158 children (588,076 girls 637,082 boys)] received gender-sensitive hygiene supplies (basic and consumable hygiene kits), water disinfectants (aqua tabs, chlorine powder) and water transport/storage containers (jerry cans, storage tanks). In addition to supplies, UNICEF provided hygiene messaging to an estimated 4 million people [2,199,883 adults (1,055,944 women, 1,143,939 men) and 1,873,974 children (899,508 girls, 974,466 boys)].

⁷ OCHA, Yemen Humanitarian Needs Overview 2023, December 2022

⁸ Supplies including pipes, submersible pumps, high capacity-generators, household water connections, water meters, trucks, wheel loaders

⁹ Ma'rib, Aden, Taiz, Hodeida, Hajjah, Al Jawf

¹⁰ Ma'rib, Aden, Taiz, Hodeida, Hajjah, Al Jawf

¹¹ UNICEF distributed suction/desludging trucks and equipment to the LWSCs in urban/peri-urban centres in Sanaa, Saada, Aden, Mukalla and Al Jawf

In 2022, UNICEF continued to build WASH sector capacity and trained 1,259 technical staff (239 women) from local water and sanitation corporation (LWSCs), sanitation corporations and private sector contractors from across Yemen. The comprehensive training package covered several topics on technical, administration, customer service and environmental/social safeguards for the WASH sector. UNICEF also supplied 17 LWSCs in northern and southern governorates with equipment (computers, partners, offices solar panels) that contributed to strengthening daily water supply and sanitation (WSS) utility operations.

UNICEF contributed to more than 70 per cent of the overall WASH Cluster response related to the provision of safe water in Yemen. UNICEF has also played a central role in implementing durable solutions, fuel support to sustain WASH services and providing key support to addressing malnutrition and the IDP response. In addition to these first-line emergency WASH service interventions, UNICEF has strengthened national-level cluster coordination by deploying stand-by partners in coordination with authorities and water resource management, mobilizing resources for WASH partners through country-based pooled funding and conducting several trainings on WASH, inclusion and gender-based violence (GBV). The WASH Cluster organized monthly cluster coordination meetings with sector partners to review needs and prioritize areas for response¹².

Child Protection (CP)

In 2022, UNICEF and partners delivered critical child protection services¹³ to 5,987,967 people, including 3,476,626 children (1,686,349 girls, 1,790,277 boys) and 2,511,341 adults/caregivers (1,248,318 women, 1,263,023 men).

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 5,269,720 conflict-affected people, including 2,899,242 children (1,392,099 girls, 1,507,143 boys) and 2,370,478 adults (1,156,704 women, 1,213,774 men) across 22 governorates. Mine Risk Education (MRE) was delivered in schools and child friendly spaces, TV and SMS messages, as well as through community campaigns with preventative measures. In response to the spread of COVID-19, UNICEF and its partners explored alternatives to face-to-face modalities for MRE.

UNICEF provided psychosocial support (PSS) to 478,381 people, including 400,952 children (197,111 girls, 203,841 boys) and 77,429 adults (51,611 women, 25,818 men) across 19 governorates through a network of fixed and mobile child-friendly spaces. These services helped 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, including facilitating access to life-saving health services for the most vulnerable children. Over 19,000 children (7,118 girls; 11,921 boys) were identified by trained case managers. Out of these, 92 per cent were provided with services [6,391 (36 per cent) girls; 11,142 (64 per cent) boys].

Through the Unconditional Cash Transfer (UCT) Programme UNICEF delivered key messages on Protection from Sexual Exploitation and Abuse (PSEA) to an estimated 1,426,030 people. PSEA messaging is shared with households to inform them that assistance provided is free and offered a platform whereby people can confidentially report concerns or misbehaviour by humanitarians through the complaint and feedback mechanism (CFM). UNICEF provided PSEA training to 143 staff in the Grievance Redress Mechanism (GRM) call centre: ten UNICEF case managers and 133 staff from the Social Fund for Development (SFD). The PSEA training ensured that all staff are capable and aware of the processes for handling sensitive sexual exploitation and abuse (SEA) complaints, including multiple reporting channels, the option of reporting anonymously and accountability protocol for referral pathways to connect survivors with needed SEA services.

In 2022, the Child Protection Area of Responsibility (CP AoR)¹⁴ through its 28 members responded to various emergencies. An estimated 640,000 people, including 541,000 children (49 per cent girls, 51 per cent boys) and 99,000 adults (69 per cent women, 30 per cent men) were reached through community-based mental health and psychosocial support. Emergency response was extended to cover 21 governorates. The CP AoR piloted the

¹² Severity based on HNO findings, severity scales and needs assessments conducted by partners

¹³ These include 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, and reintegration support in 2022.

¹⁴ 17 local partners, eight international non-governmental organizations (INGOs), three authorities and three UN agencies

localization approach in partnership with the Basmah Foundation and scaled up the Child Adolescent Survival Initiative (CASI)¹⁵ by conducting Caring for Child Survivors (CCS)¹⁶ training and coordination workshops.

The CP AoR organized emergency response capacity building sessions for more than 25 organizations, including CP AoR members. CP AoR members and partners were trained on various topics such as child protection and minimum standards, best interest determination, child safeguarding, the centrality of protection, case management, advocacy and data collection and analysis. The CP AoR contributed to the development of the 2023 Yemen Humanitarian Needs Overview and the Humanitarian Response Plan, to ensure the accurate reflection of child protection.

Education

In 2022, education in Yemen continued to be negatively impacted by the ongoing conflict. Over 2.7 million school-aged girls and boys are out of school and many of the 1.5 million displaced children had their education abruptly cut short due to multiple displacements. The deterioration of the education system is due to damaged educational infrastructure, lack of financial resources for operating schools and over 150,000 unpaid teachers (HNO, 2023).

To ensure that children have access to functional schools and learning, UNICEF advocated for the resumption of teacher salaries and accelerated education in emergency response, aimed at strengthening the humanitarian-development nexus and equally targeting boys and girls. UNICEF ensured 33,412 teachers and school-based staff received monthly cash incentives in 11 northern governorates. UNICEF also provided monthly cash incentives support to 2,163 rural female teachers in 16 governorates¹⁷. Providing support through cash incentives to teachers ensured 184,596 children (93,610 girls, 90,986 boys) continued to receive education in schools. Increasing the number of female teachers is instrumental in role modelling and facilitating access to education, especially for girls in rural areas.

UNICEF provided access to formal or non-formal education to vulnerable groups and those living in IDP camps and settings. In 2022, an estimated 856,667 children (47 per cent girls) were supported to access quality formal or non-formal basic education. UNICEF distributed learning materials to 538,848 children (48 per cent girls), thereby reducing the cost of education for families. UNICEF supported national examinations for the 2021/2022 academic year to encourage the continuation of education for 513,336 children¹⁸. To improve the quality of education for children, UNICEF trained 16,522 (47 per cent female) teachers, principals, members of Father and Mother Councils (FMCs), and community volunteers¹⁹.

UNICEF provided specialised support and learning pathways for out of school children who were unable to access school for various reasons. In the Ma'rib governorate, 6,128 out-of-school children (2,705 girls, 3,423 boys) entered formal schools after completing the non-formal education program through catch-up classes. As of December 2022, 7,999 out-of-school children (48 per cent girls) are enrolled in UNICEF supported education programs, including the Self-Learning Programme (SLP).

In 2022, UNICEF continued efforts to improve school functionality and child-friendly learning environments to ensure the quality of education in Yemen. UNICEF provided school grants to 7,448 schools reaching an estimated 3,724,000 children (47 per cent girls). Through the rehabilitation of schools (including WASH facilities), construction of semi-permanent classrooms and establishment of temporary learning spaces (TLSs), UNICEF also improved access to equality education for 282,760 children (48 per cent girls).

The Yemen Education Cluster (YEC), including 84 partners²⁰ and UNICEF, contributed to reaching an estimated 3.4 million girls, boys and caregivers. The YEC has trained more than 240 cluster partners on education in emergencies (EiE) standards, planning, project management, data collection and reporting at the central and local levels.

¹⁵ Seeks to improve the quality of and access to services for child and adolescent survivors of sexual abuse in emergencies.

¹⁶ Focus on implementing the main aspects of the Caring for Child Survivors (CCS) Program Model. and how to coordinate among CP/GBV staff responding to children who have experienced sexual abuse. we went through case management and supervision tools for monitoring and evaluating social workers responding to such issues, such as: knowledge and skills competency assessments and case management monitoring and evaluation tools

¹⁷ Abyan, Lahej, Taiz, Hadramout – Al Sahel (Mukalla), Hadramout Al Wadi (Seyoun), Ibb, Amran, Sana'a, Hodeidah and Hajjah

¹⁸ Pass rates; grade nine 86 per cent; grade 12 89 per cent

¹⁹ Training includes active learning, distance learning, child-centered pedagogy, classroom management and mental health and psychosocial support.

²⁰ Ten additional partners joined the YEC in 2022

Social Inclusion and Cash Assistance

In 2022, UNICEF prioritized address child multidimensional poverty and strengthen national social protection systems. UNICEF provided technical assistance and capacity building for the Social Welfare Fund (SWF) and Handicap Care and Rehabilitation Fund (HCRF) to implement an integrated model, linking social assistance to social services (Cash Plus) with a focus on vulnerable children.

In partnership with SWF, UNICEF provided an integrated social protection package to 60,657 “Muhamasheen” individuals and children with disabilities, adolescents and their families. The integrated social protection interventions included case management, awareness raising and community engagement.

In 2022, multiple crises resulted in further worsening of the already challenging situation for vulnerable groups, including Muhamasheen and Children with Disabilities (CwDs), highlighting the need for integrated social protection response to the multidimensional poverty and vulnerabilities. UNICEF prioritized the Cash Plus programme, which, while successful, requires solid coordination and harmonization among different partners and sectors.

Together with SWF, UNICEF used a 'Cash Plus' approach to improve access to social services. The Unconditional Cash Transfer (UCT) programme ensured a more effective response to multidimensional nature of poverty and deprivations faced by children and their families. UNICEF carried out two Cash Plus cycles in 2022, providing support to 13,236 households, including 81,188 individuals²¹ and 33,127 children. Beneficiaries, via case management and referral pathways, were able to access services (health, nutrition, WASH, child protection, education) supported by UNICEF in close coordination with authorities, implementing partners and services providers. In 2022, 2,459 children were referred to obtain birth certificates, 3,484 children and pregnant and lactating women (PLW) received health and nutrition services, and 7,709 children were referred to education services²². Furthermore, UNICEF supported Muhamasheen community committees, and Youth Community Change Agents (YCCAs) to deliver community behavioral change messages concerning various topics related to hygiene best practices, natural disasters, violence against children, livelihood saving and financial education skills in Sana'a governorate. This benefited 7,215 individuals (women 1,455, men 1,554, girls 1,965 and boys 2,241).

UNICEF continued to prioritize Children with Disabilities. In partnership with HCRF, UNICEF established a case management system and referral was provided to 9,682 persons with disabilities (1,672 women, 3,058 men, 1,969 girls, 2,983 boys). One Humanitarian Cash Transfer (HCT) payment cycle provided support to a total of 13,066 households/families with CwDs, including 14,270 CwDs (42per cent girls). Cash assistance helped CwDs and their families to better cope with the socio-economic impacts of ongoing crises and the impacts of COVID-19. A total of 100 Cerebral Palsy Chairs were provided to three rehabilitation and education centres managed by HCRF. The aim is to provide a comfort, safety, and good study environment for CwDs in these centres. UNICEF conducted an open day for more than 2,000 CwDs as part of its contribution to Persons with Disabilities International Day.

Throughout 2022 UNICEF focused on evidence generation through support to the Ministry of Planning and the production and publication of 12 issues of the Yemen Socio-Economic Update (YSEU) which provides a key national source of social and economic information with a focus on children²³. Four special in-depth analysis on emerging issues and its social and economic repercussions on Yemen were also produced during the year. The aim of analysis is to track child poverty and how it is impacted by the ever-changing socio-economic situation. The published analysis covers topics such as “Food Prices Development”, “The Socio-Economic Repercussions of the Russia-Ukraine War on Yemen”, “Social Investment and Human Development”, and “The Global Energy Crisis and its Repercussions on Yemen”.

Social and Behaviour Change (SBC)

In 2022, UNICEF reached an estimated 10.6 million people with Risk Communication and Community Engagement (RCCE) support for the COVID-19 response in Yemen. RCCE support focused on promoting preventive behaviours and creating demand for COVID-19 vaccinations in coordination with government and non-governmental organization (NGO) partners. UNICEF led the RCCE Working Group and revised the COVID-19 vaccine demand generation and RCCE strategy. Communication and social mobilization interventions were scaled up to increase demand for COVID-

²¹ 26,594 women, 21,467 men, 16,308 girls, 16,819 boys in Amant Al-Asimah, Sana'a and Aden

²² Beneficiaries received a direct support via social behavior change and awareness messages on; hygiene practices, cholera prevention measures, adequate infant and child feeding practices, the importance of vaccination, education for children and obtaining birth certificates.

²³ The focus of evidence generation included social- economic issues that affect children and vulnerable people such including malnutrition, livelihood support, internal displacement, entrepreneurship, economic recovery and reconstruction priorities, development financing, climate changes and its impact on food security, multidimensional poverty, and economic fragility in Yemen

19 vaccines in the southern governorates. An estimated 6 million people were reached through mass media and social media activities, reinforced through trained community volunteers (CVs), religious leaders, medical doctors, midwives and community influencers.

Through community-based human resources and structures, and mass communication partnerships, UNICEF continued to support an integrated approach for achieving programme results. This approach supported hygiene promotion, flood response, referrals, screening and promotion of IYCF practices, nutrition messaging and mine risk education campaigns in high-risk areas. Additionally, advocacy, communication and social mobilization support provided by UNICEF contributed to the successful implementation of several rounds of vaccination campaigns and integrated outreach on polio, measles and rubella, cholera (OCV) and tetanus, reaching over 90 per cent of the total target.

In 2022, over 5 million people (1.26 million women, 3.74 million men) were reached by RCCE activities conducted by religious leaders. UNICEF worked with religious leaders as a community engagement platform, to provide sensitisations on key hygiene and sanitation practices and the importance of vaccination, especially against polio, which was conducted in mosques and social gatherings.

UNICEF supported the MoPHP COVID-19 and vaccination hotlines. These hotlines enabled access to health professionals who responded to peoples' queries, concerns and medical consultations on COVID-19, COVID-19 vaccines as well as polio, measles and other vaccines. In 2022, 73,060 calls were responded to through these hotlines.

Accountability to Affected Populations (AAP)

UNICEF continued to scale-up the complaints and feedback mechanism (CFM) for all UNICEF programmes. In April 2022, the Community Needs Assessment was conducted and, based on these consultations, UNICEF successfully piloted CFM into UNICEF's health and nutrition programmes (with the plan to include all programmes in 2023). UNICEF developed the Management Information Systems (MIS) platform and built capacity of call centre agents and complaint redressal focal points. UNICEF also created an email account (feedback.yemen@unicef.org) as a formal communication channel in addition to an established hotline. UNICEF conducted community outreach, using banners and social mobilization sessions through community volunteers, to inform communities about the CFM. In 2022, UNICEF received a cumulative total of 529,766 inquiries, 21 feedback submissions and 82,539 complaints related to health, nutrition, cash intervention programmes and payments to the health workers, teachers, and vulnerable communities in Yemen.

In 2022, UNICEF continued supporting the call centre dedicated to IDPs in partnership with the Executive Unit in the Aden governorate. The call centre provides a platform for IDPs to raise complaints, concerns and feedback about the humanitarian services received. Based on feedback, one success was improvement to the overall living conditions of IDPs. Other feedback included cases related to violence and preventing sexual abuse and exploitation against children, issuance of birth certificates, providing medicines, hygiene kits and mosquito nets, and mental illnesses.

UNICEF co-led the Community Engagement and Accountability to Affected Populations Working Group (CEAAP WG), providing system-wide coordination and technical support. UNICEF conducted the Community Perceptions Survey for the CE-AAP WG, facilitating community participation and feedback on the quality of humanitarian assistance in Yemen and monitoring communities' perceptions of UNICEF's humanitarian response. 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. UNICEF trained cluster partners on AAP, developing a collective feedback mechanism based on existing feedback mechanisms of humanitarian agencies and conducting a stakeholder mapping to identify key public figures to promote the role of the humanitarian agencies.

Rapid Response Mechanism (RRM)

The six month long UN-mediated truce that came into effect in April 2022 saw a reduction in fighting and an 18 per cent decrease in displacement in 2022. However, natural disasters, such as severe seasonal flooding and drought, disrupted livelihoods and the provision of lifesaving services, uprooting families from their homes and exacerbating existing vulnerabilities, leading to 34 per cent increase in displacement as a result.²⁴

UNICEF's RRM response served as the first-line response across 232 districts (in 21 governorates) and provided life-saving assistance for people stranded at frontlines or displaced due to natural hazards. Among those newly displaced,

²⁴ RRM Cluster Data

62 per cent (277,202 individuals) were displaced due to conflict, while 38 per cent (169,898 individuals) were displaced due to torrential rains and flooding.

Throughout the year, UNICEF, along with UNFPA and WFP, reached a total of 430,479 newly displaced people²⁵ (22 per cent women, 19 per cent men, 29 per cent girls, 30 per cent boys,) with first-line response packages. The highest numbers of displaced people reached were in Ma'rib, Hodeidah and Al Jawf governorates. The RRM kits included essential hygiene items and other supplies, including food, family basic hygiene kits, and female dignity kits.

Since February 2022, the RRM cluster gathered information relevant to WASH, protection, and education sectors. In the coming year, the RRM cluster aims to improve its referral processes by improving data security and ensuring increased accuracy in tracking of case referrals.

Supply and Logistics

In 2022, UNICEF delivered a total value worth \$82.6 million in supplies including vaccines, PPE, health kits, AWD 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.

Humanitarian Leadership, Coordination and Strategy

UNICEF Yemen's HAC is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan and cluster priorities. As the cluster lead for 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, required 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 continues to provide life-saving health and nutrition interventions through community-based activities for affected populations, including those who are internally displaced, while sustaining and strengthening access to a set of high-impact preventive and curative services at the community and facility levels.

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 agency 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 harmonised implementing partners capacity assessment and development to avoid duplication of assessments of civil society organizations (CSOs) that are partnering with multiple UN agencies.

²⁵ Achieving 73 per cent targets for 2022

Human Interest Stories and External Media

Vaccines Protect Children from Deadly Diseases and Safeguard Future Generations.

In response to the latest outbreak of polio and measles, UNICEF and partners target children ages 0-10 for polio vaccination and 6-month to 10- year-olds with measles vaccines.

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



Jumu'ah Fadhel getting her vaccines in Aden Governorate
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External Media

[From a small health center to a multifunctional hospital](#)



[Knowledge is power – Community leaders mobilized for a Yemen free of COVID-19](#)



[Al Zzour Nasrine Water Project, Sa'ada - EHNP WASH](#)



Next SitRep: 30 May 2023

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UNICEF HAC 2023: <https://www.unicef.org/appeals/yemen>

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Annex A

Summary of Programme Results²⁶

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 (MCV1)	21,900,000	972,142	918,367 ²⁷	122,184			
Number of children aged 6 to 59 months vaccinated against polio		1,250,000	1,193,223 ²⁸	0			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	2,794,190 ²⁹	273,739			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	22,175 ³⁰	0			
Nutrition							
Number of children aged 6 to 59 months with severe wasting admitted for treatment	8,100,000	484,639	376,588 ³¹	78,275	366,358	376,588 ³²	74,822
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months		4,730,449	1,969,673 ³³	706,246	5,023,627	1,969,673 ³⁴	690,716
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,800,000	900,000	478,381 ³⁵	59,211	1,218,253	607,172 ³⁶	89,785
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,000,000	1,956,253 ³⁷	29,773			
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 ³⁸	0 ³⁹			

²⁶ These figures reflect the updated approved 2022 HAC appeal.

²⁷ Due to late partner reporting the number of children reached by October 2022 was revised to 719,421

²⁸ Due to bureaucratic approval process

²⁹ UNICEF scaled up support to PHC facilities with additional number of facilities supported with minimum service package including the provision of medicines/ supplies leading to the overachievement of this indicator

³⁰ Overachievement due to the revision of HAC targets

³¹ Data is still being collected for December 2022

³² Data is still being collected for December 2022

³³ Ibid

³⁴ Ibid

³⁵ Underachievement due to lengthy bureaucratic approval processes and funding gap

³⁶ Ibid

³⁷ Ibid

³⁸ Due to bureaucratic approval process prevented implementation in the northern governorates

³⁹ Late partner reporting

Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,010,000	5,269,720 ⁴⁰	4,523,399			
Education							
Number of children accessing formal and non-formal education, including early learning		500,000	856,667 ⁴¹	80,353	895,000	1,455,131 ⁴²	107,894
Number of children receiving individual learning materials	8,500,000	800,000	538,848 ⁴³	132,119	1,200,000	719,626 ⁴⁴	165,650
Number of teachers receiving teacher incentives each month		15,000	33,412 ⁴⁵	0	100,000	43,764 ⁴⁶	1,748
Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs		6,800,000	6,266,704	201,097 ⁴⁷	7,484,406 ⁴⁸	10,112,490 ⁴⁹	337,473
Number of people reached with critical WASH supplies	17,800,000	3,600,000 ⁵⁰	2,663,388 ⁵¹	320,612	3,814,995	3,246,653	169,318
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		3,600,000 ⁵²	4,073,857 ⁵³	0	4,750,511 ⁵⁴	5,557,355 ⁵⁵	258,347
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	2,294,516	21,308			
Social Protection & Cash Transfer							
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	14,270 ⁵⁶	1,204			
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	150,161 ⁵⁷	61,007			
Cross-sectoral (HCT, SBC, RCCE and AAP)							

⁴⁰ The high achievement is due to the MRA via remote modality where a total of 4,487,555 people reached via TV flashes and SMS awareness messages.

⁴¹ The increase is due to late reporting from the MoE on the results achieved during the exam support. In addition, the acceleration of the construction activities and supply distribution contributed to increase.

⁴² Overachievement due to the support provided to official exams

⁴³ Due to the availability of funds the target could not be achieved

⁴⁴ Underachievement due to the availability of funds

⁴⁵ Due to the change in context and agreement with the MoE, UNICEF overachieved the planned target by covering additional teachers' payment in the three governorates of Hodeidah, Ibb and Sa'ada.

⁴⁶ Due to the availability of funds the target could not be achieved

⁴⁷ In addition to the reached every month of 2,940,794 new beneficiaries have been added

⁴⁸ Cluster targets are added from 2022 HRP, now reporting progress

⁴⁹ Overachievement due to cumulative partner achievements

⁵⁰ 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

⁵¹ Underachievement due to suspension of northern authorities for activities of Hygiene promotions and any direct engagement with the community

⁵² 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.

⁵³ The overachievement is due to acceleration of the IDPs Response with joint with hygiene promotions in IDPs and host communities

⁵⁴ 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.

⁵⁵ Overachievement due to cumulative partner achievements

⁵⁶ Due to delays in obtaining clearances for the last payment cycle in addition to lack of funding

⁵⁷ The total results have been updated due to late partner reporting

Number of people participating in engagement actions for social and behavioural change		8,500,000	10,643,494 ⁵⁸	360,941			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		588,000	430,479 ⁵⁹	11,760			

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	124,000,000	16,513,566		6,613,944	100,872,490	81%
Nutrition	119,000,000	55,733,606		9,975,125	53,291,269	45%
Child Protection, GBVIE & PSEA	37,000,000	11,700,402		6,628,261	18,671,337	50%
Education	55,450,000	11,297,822		22,322,748	21,829,430	39%
Water, Sanitation and Hygiene	99,600,000	23,939,118		14,632,258	61,028,624	61%
Social Protection	23,000,000	282,386		1,788,163	20,929,451	91%
SBC, Community Engagement & AAP	12,500,000	5,217,195		403,052	6,879,753	55%
Rapid Response Mechanism	5,950,000	1,891,841		1,337,962	2,720,197	46%
Cluster coordination	5,500,000	2,749,990		66,287	2,683,723	49%
Evaluation	2,400,000				2,400,000	100%
Being allocated		1,714,328			-1,714,327	
Total	484,400,000	131,040,254		63,767,800	289,591,946	60%

*Requirements updated based on the Yemen 2022 revised HAC

⁵⁸ Achievement is attributed to intensified group activities by religious leaders in mosques and other venues supporting COVID-19 RCCE and other outbreak responses

⁵⁹ RRM the targeted PIN as per the YHRP is based on estimation of patterns of displacement so under achieving is not related to lack of funds rather than reaching majority of registered newly displaced population by RRM partners.