



Reporting Period: 1 – 31 January 2021

Yemen Country Office Humanitarian Situation Report



Highlights

- Nearly 2.3 million children under the age of five in Yemen are projected to suffer from acute malnutrition in 2021, according to the recently released analysis findings of the Integrated Food Security Phase Classification (IPC) Acute Malnutrition report. Of these, 400,000 are expected to suffer from severe acute malnutrition and could die if they do not receive urgent treatment. These are among the highest levels of severe acute malnutrition recorded in Yemen since the escalation of conflict in 2015.
- A total number of 2,124 COVID-19 officially confirmed cases with 615 associated deaths and 1,427 recovered cases have been reported in Yemen in January, with a 29 per cent Case Fatality Rate (CFR). UNICEF Yemen is now included in the COVAX initiative.
- The polio campaign in Yemen is continuing, with a total of 3.8 million doses of the vaccine shipped into the country on 6 January for the implementation of the Polio outbreak response campaign in 14 governorates.
- The fuel crisis in Yemen remains critical, threatening access to food, health services, and water supplies (provision of water for drinking, cooking and personal hygiene, supporting water trucking or pumping water from existing water supplies, all of which are highly dependent on fuel to operate). Without fuel, hospitals and water operation would stop, contributing further to virus transmission.
- As of 31 January 2021, UNICEF HAC shows a funding gap of \$469 million, or 81 per cent of the total appeal. Funding is urgently needed to continue UNICEF's lifesaving programmatic work.

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)



11.3 million
children in need of humanitarian assistance



20.7 million
people in need



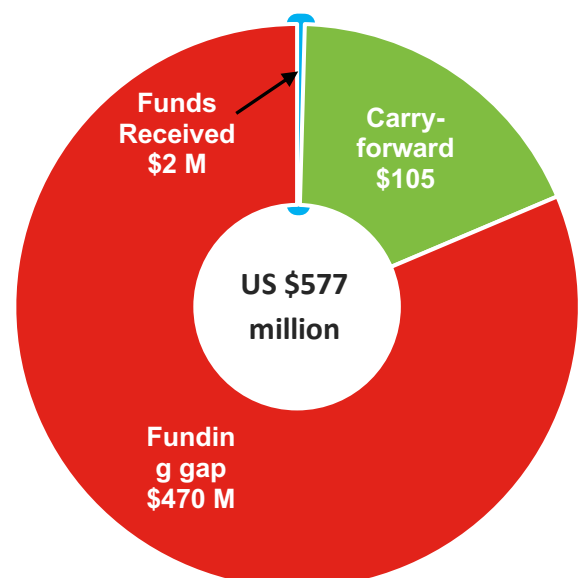
1.58 million
children internally displaced (IDPs)

UNICEF Appeal 2021

US\$ 577 million

Funding Status

RRM	Funding status	20%
	IDPs with RRM kits	4%
C4D	Funding status	52%
	People reached with..	5%
Social Policy	Funding status	29%
	Social economic assistance	7%
Child Protection	Funding status	17%
	Access to education	1%
	Funding status	12%
WASH	Psychosocial support	2%
	Funding status	21%
Health	People with safe water	0%
	Funding status	21%
Nutrition	Measles vaccination	0%
	Funding status	11%
	SAM Admission	0%



Funding Overview and Partnerships

In 2021, the Yemen Humanitarian Action for Children (HAC), which is currently aligned to the 2020 Yemen Humanitarian Response Plan (YHRP), appeals for \$577 million. It is expected that the HAC will be revised with the release of the YHRP 2021 in coming months. A total of \$105 million was carried forward from 2020, and while UNICEF is actively fundraising for its 2021 HAC appeal, only \$2 million was received in January for a total of \$107 million funds available. In 2021, the COVID-19 response is integrated into the programs planned within the HAC.

Situation Overview & Humanitarian Needs¹

Nearly six years into the conflict, Yemen remains the worst humanitarian crisis in the world, with 20.7 million people – 71 per cent of the total population – in need of humanitarian assistance. The conflict has left three million people, including 1.58 million children, internally displaced. In addition, 138,000 people have become migrants and 137,000 people are seeking asylum abroad.

Violence in Yemen's hotspots continued to intensify during the last three weeks of January, particularly in areas close to the frontlines in Marib and Al Jawf. The first month of 2021 witnessed a similar level of civilian casualties and infrastructure damage as previous months despite the ongoing peace talks and cessation of hostilities amongst conflicted parties in the country. As frontlines continued to shift, thousands fled conflict-affected parts of north-western Al Jawf, and southwestern and north-eastern Marib. The deterioration of security in these areas led to mass displacement and exacerbated the already widespread needs.

More than 395,195 children under 5 years suffered from severe acute malnutrition (SAM), and more than 15.4 million people urgently needed WASH services. Nutrition needs continued to rise and the lack of funding for emergency WASH interventions undermine an integrated response. This shortfall heightened the risk of cholera, malnutrition and other WASH-related diseases, including COVID-19. Approximately 20.1 million people needed health assistance. Women and children were disproportionately affected. In fact, 4.8 million women and 10.2 million children needed assistance to access health services.

As of 6 February 2021, a total number of 2,124 COVID-19 officially confirmed cases with 615 associated deaths and 1,427 recovered cases were reported in Yemen, with a 29 per cent Case Fatality Rate (CFR). It means more than a quarter of Yemenis confirmed to have the disease have died. The high CFR was most likely linked to the fact that only severe cases were tested while the true rate of transmission at the community level remained unknown. No COVID-19 cases have been reported in the north, causing serious concerns over a possible ongoing "silent" transmission.

The outbreak has put added pressure on the already fragile health system – more than half of health facilities are not functioning – and global shortages and breaks in the supply chain could lead to further loss of household income, rising food prices and inflation. Approximately 8.1 million school-age girls and boys need Education in Emergencies (EiE) assistance across Yemen, including 1.65 million internally displaced persons (IDPs). More than 2.2 million children in Yemen are out of school. While schools reopened after many months of closure due to COVID-19, an additional 3.6 million (for a total of 5.8 million children) children have had their educations disrupted. School closures and the worsening economic situation due to COVID-19 restrictions in 2020 increased the vulnerability of children and women to exploitation, violence, abuse, child labour, domestic and gender-based violence and child marriage.

Immunization coverage stagnated at the national level, with 37 per cent of children under 1-year missing routine vaccinations and the figure is expected to increase in 2021. Given that the country has been experiencing regular outbreaks of measles, diphtheria, and other preventable diseases, including the vaccine-derived poliovirus in 2020, concerns continued to remain going into 2021.

During the reporting period, 1,415 acute watery diarrhoea (AWD)/cholera suspected cases and no associated deaths were reported, with a 0 per cent CFR. This is a significant decrease compared with the same period of 2020 when 35,663

¹ The figures below on people in need come from the 2021 Humanitarian Needs Overview (HNO). The 2021 UNICEF Yemen HAC will be revised in March to align to the new Yemen Humanitarian Response Plan and HNO.

suspected cases and 14 associated deaths with a 0.04 per cent CFR were reported. The available data showed that the trends remained stable. UNICEF closely monitored the situation and will continue to do so in coming months.

In January 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 23 incidents of grave violations against children, of which 91 per cent of the incidents were verified. The majority of verified violations pertained to child casualties, including five children killed (all boys), and 36 children maimed (8 girls, 28 boys), by various parties to the conflict. There were no verified cases of recruitment and use of children, abduction or rape, but there was one case of military use of a school. Most of the incidents documented and verified were in the governorates of Taizz and Al Hodeidah, reflecting the ongoing intense fighting along the frontlines. These are only figures that the UN was able to verify to date. The actual number of incidents may be higher.

Summary Analysis of Programme Response

AWD/Cholera Response

While overall, a decrease in cases was witnessed, an increase in the number of cholera cases in the Sana'a hub was observed in January. 19 districts had the highest number of cases, with recent increases reported in January in the Sana'a and Al Bayda governorates. All districts affected by cholera except for two in the hub are currently under IPC 4.

As part of the integrated AWD/cholera response, UNICEF supported 208 out of 321 Oral Rehydration Centres (ORCs), and 35 out of 234 Diarrhoeal Treatment Centres (DTCs) in 68 districts in 11 governorates. The number of reported cases of AWD/suspected cholera cases declined by over 74 per cent from 2020. UNICEF continued to support the management of persisting cases.

As part of the community engagement and awareness-raising activities, implementing partners reached over 353,797 people with information on AWD/cholera and essential family practices messages. These messages were delivered through 17,538 house-to-house visits and mother-to-mother sessions, 300 mosque events, 75 puppet shows, 900 community meetings/events, 400 sessions in schools, and 200 health facility sessions.

Rapid Response Teams (RRTs) in southern governorates distributed 4,287 consumable hygiene kits (CHKs), consisting of 12,891 chlorine tablets of 1.67g, 5,250 chlorine tablets of 33mg, and 437 jerry cans. The targeted households received hygiene awareness messages on the use of disinfectants and non-food items (NFIs) through the house-to-house visits by RRTs. RRTs have been suspended in the north since April 2020 but are anticipated to resume the activities within the next three weeks in Sana'a.

Health and Nutrition

UNICEF continued its support for the continuity of routine primary health care services, maternal, neonatal and child health (MNCH) lifesaving referral care. Services at hospital level continued in the COVID-19 context. From June 2020 through January 2021, a total number of 7,244 staff (out of the target 20,000) were oriented on infection prevention control (IPC). Personal Protective Equipment (PPE) was provided to 35,876 healthcare providers at 2,811 health facilities in 253 districts within 23 governorates. 64 triage areas were established and supported by UNICEF in 4 governorates in the north (Amanat Al Asimah, Dhamar, Amran, and Marib). However, the work was suspended due to the cessation of operational support in the last 3 months. 2,738 cases were confirmed for COVID -19 (1,567 female; 1,171 male), with 32 cases referred for treatment (21 female; 11 male).

A total of 3.8 million doses of polio vaccine were shipped into the country on 6 January for the implementation of campaigns in 14 governorates in response to the outbreak. UNICEF supported the installation of Remote Temperature Monitoring Devices (RTMD) at the central cold storages in Sana'a and Aden, and plan to undertake the installation in selected governorates.

UNICEF continued to ensure the availability of routine immunization vaccines across the country. A total of 33,785 and 30,612 children were vaccinated for Penta 3 and Measles-containing-vaccine first-dose (MCV1) respectively. In addition, 41,870 childbearing age women received Td vaccines.

Yemen Ministry of Public Health and Population (MOPHP) in the north issued a directive for health facilities to use the SAM admission criteria which was used before the pandemic. UNICEF agreed on the directive with the strict use of PPE implementation of IPC protocols, and training of staff on IPC. MOPHP in the south will continue to use COVID-19 adapted

SAM protocols as 17 confirmed cases of COVID-19 were reported the past week. Operational practices will be reviewed again at the end of March.

In January, the finalization of the IPC analysis report for the whole country took place. A press release as well as the report will be published in February, pending the approval of the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA).

Water, Sanitation and Hygiene

During January, a multisectoral nutrition response task force continued planning, monitoring, and coordinating an operational plan agreed upon by the Health, Nutrition, WASH and C4D sectors. Key actions in the plan include prioritization of districts, mapping of health facilities/outpatient therapeutic programs that support children with acute malnutrition, and development of integrated strategies to implement WASH interventions at facility, household, and community levels. In total, 62 districts were identified for a multisectoral response and 31 districts were prioritized for an integrated WASH response. Due to high needs in the south against the limited budget that WASH cluster partners have, including UNICEF, it will be difficult to cover all the needs across priority districts. For example, 62 districts in the south need WASH interventions to address the current nutritional crises, but UNICEF prioritised only 42 due to the amount of resources available. Prioritization of WASH interventions went to the districts with nutritional crises that correlated to the districts' population and number of children with SAM. Additional resources for the integration of behaviour-change activities, alongside the distribution of non-food items (NFIs) are being planned, in collaboration with C4D.

The WASH programme had a budget shortfall to support the operational cost of water supply systems and wastewater treatment plants (WWTP), which are managed by 33 Water and Sanitation Local Corporations in 14 Governorates. The operational costs cover fuel and electricity required for the operation of the existing water wells and WWTPs, which benefit around 4.5 million people daily. UNICEF had no choice but to suspend this support from 1 January 2021. While this created temporary disruptions with partners from the Ministries of Water & Environment and Electricity, UNICEF continued to engage in discussions with them to identify possible funds to cover fuel costs for the next six months.

As part of its response to internally displaced people (IDP), UNICEF supported water trucking to 6,164 IDPs in the Amran, Al Qafah, Khamir and Houthi districts, and 1,800 IDPs in the Al Salam camps in Mabrar and Dhamar. Provision of safe water supply was secured for 76,125 people from host communities and IDPs through fuel support to operate Sa'ada city water systems. UNICEF continued the provision of emergency safe water to 20,279 people in 89 water points located in five targeted districts, namely Al-Hazm, Al-Maton, Al-Ghayl, Al-Maslub, and Al-Khaleq in the Al-Jawf governorate. In addition, UNICEF supported daily water trucking for 135,000 IDPs in Hajjah and Hodeidah to provide safe water to the IDPs in Aslam, Abs and Kuaydenah districts of Hajjah and Al-Zuhrah of Hodeidah.

Furthermore, 337 IDP families in Hajjah city and Al-Zuhrah district were supported by the city water supply networks which covered the cost of water bills for water they consumed. UNICEF, in partnership with a national NGO, Taybah Foundation for Development (TFD), provided safe drinking water through water trucking for 35,500 IDPs in Hees and Al Khokhar in the Hodeidah governorate, and 2,100 people in the Aden and Lahj governorates. For sustainability and as an exit strategy, TFD provided piped water connections from the existing water network systems to IDP sites in the centre of Hays (Alsuwq, Al-Hadmi, Almahal and Al-Thuluth), which benefited 9,940 IDPs and host community members. Similarly, 10,850 IDPs in Almogails (Hariah and Bani Bahr villages) were provided with sustainable access to safe water through the installation and connection of two 2,000 litre tanks, 48 water points in Hodeidah (Al Khokha and Hees districts), and four in Aden and Lahj. A total of 32,212 IDPs and host community were served through this initiative.

During January, UNICEF supported the desludging of 346 cubic metres of pit latrines, ensuring an estimated 1,500 IDPs in Aden and Lahj had access to safe excretion disposal. A total of 66 temporary latrines were also constructed in Hodeidah (Al Khokhar and Hees districts). In Aden and Lahj, an additional 50 latrines were maintained.

UNICEF continued to respond to COVID-19 in its programmes and through its partnership with the Taybah Foundation for Development (TFD). WASH response included the distribution of basic hygiene kits (BHKs), CHKs and jerry cans to the affected communities and vulnerable groups on the west coast, namely in Hodeidah. In total, 1,112 CHKs were distributed in West Coast Hodeidah (Hays and Al Khawakha district), and 852 CHKs in Aden (Dar Sa'ada district) and Lahj. Also, 5,500 BHKs were distributed in Hadramout (Eitlaf Al Kheer in Al Mukullah district), Sayu'n, Alamahara'a and

Shabwa'a governorates. A total of 52,248 people benefited from the distribution of basic and consumable hygiene kits during the reporting month.

The WASH cluster officially launched the WASH Assessment and Needs Tracking System, establishing a harmonized data collection and needs analysis for WASH across the country. 35 WASH cluster partners attended a technical exchange to expand their knowledge and experiences on "Localization in Humanitarian Response and Partnership Approaches."

Child Protection

In January, 67,780 conflict-affected people, including 59,939 children (49 per cent girls) and 7,841 adults (42 per cent female) in Taizz governorate were reached with Mine Risk Education (MRE). MRE was delivered in schools and at child-friendly spaces, as well as through community campaigns while practising COVID-19 preventative measures.

To support children to overcome the immediate and long-term consequences of their exposure to violence and trauma, UNICEF provided psychosocial support (PSS) services to 20,400 people, including 15,417 children (7,890 girls; 7,527 boys) and 4,983 adults (3,548 women; 1,435 men) through a network of fixed and mobile child-friendly spaces in seven governorates.

Through the case management programme, UNICEF continued to support the referral and provision of critical services to children, including facilitating access to life-saving health services, educational services, legal services and other protection services. In January, 755 children (276 girls; 479 boys) were identified by trained case managers, out of which 690 children (234 girls; 456 boys) received more than one service.

The Child Protection Area of Responsibility (CP AoR) was fully engaged in the humanitarian project cycle (HPC), ensuring that child protection needs were properly reported into the Humanitarian Needs Overview (HNO) document. It is estimated that 8.6 million children need protection assistance and services in Yemen of which 4.5 million are in extreme and acute need, particularly at front line areas. The needs analysis demonstrated that there was an urgent need for physical and mental well-being support at the community level as well as specialized child services. Physical and mental well-being support is urgently needed by boys and girls of all ages to build their resilience and development. Children in IDP sites are at risk of violence, including GBV, forced recruitment, and family separation. They often do not have civil documents, such as birth certificates, which undermines their ability to access education and other basic services. Children heads of household have been identified in 55 per cent of IDP hosting sites. They are exposed to greater risks of exploitation and exclusion from humanitarian aid. The CP AoR will continue to engage in the next step of the HPC for its response strategy for HRP 2021.

Education

In January 2021, UNICEF continued its multi-pronged strategy to ensure continuity of learning for children in Yemen. UNICEF completed the distribution of COVID-19 PPE kits to 126 schools in Taizz. As a result, 63,712 (32,680 boys; 31,032 girls) children benefited from safe learning in those schools. In addition, 918 children received school bag kits in Taizz and Ibb. In Sa'ada, WASH rehabilitation was completed in seven schools. In Amran, 3,720 children benefited from the rehabilitation of three schools while 7,125 children benefited from the distribution of school bags in Al Bayda.

A total of 3,000 school desks were distributed to schools in four southern governorates. Constraints included delays in teacher trainings due to the COVID-19-related school closures in 2020. Additionally, UNICEF standard practice is to hold trainings during the semester and summer breaks, to avoid teachers being pulled away from their students and to follow "Do No Harm" principles. This has caused major delays in the catch up of the delayed 2020 training and planned 2021 trainings, as schools have reopened and so trainings cannot commence.

UNICEF has planned the majority of the trainings during the summer break in 2021. Some exceptions include Field Offices, who have noted that smaller numbers of teachers being trained will not have an adverse effect on student learning or where urgent.

In January, the Humanitarian Needs Overview (HNO) was finalized. It will be published mid-February. The HNO identified 8.1 million People-in-Need of support to access education. The cluster will target those in hard-to-reach areas, IDPs, minority groups and children with disabilities, and contribute to strategic objectives of public health prevention, famine reduction, and protection.

Social Inclusion

As part of UNICEF's commitment to supporting vulnerable groups, 5,571 families with children with disabilities (CWDs) were verified and registered in three governorates: Amanat Al Asimah, Sana'a, and Ibb. The CWDs households will be included in the second payment cycle of the Humanitarian Cash Transfer (HCT) initiative under the Integrated Model of Social Economic Assistance (IMSEA). The HCT second payment is planned to take place at the end of the first quarter of 2021.

As part of the scaling up the IMSEA project, 7,080 registered households received their ID cards in Aden. By receiving these cards, they become official beneficiaries of the project and will benefit from all IMSEA interventions, including the Case Management Referral system.

In the same reporting period, UNICEF supported the drafting and publishing of the 53rd edition of the Yemen Socio-Economic Update (YSEU) titled "Promoting Partnership with the Private Sector". Its focus is on private sector contributions to strengthening socio-economic resilience and partnership prerequisites. The edition reports findings that the average private sector contribution to the real GDP during 2015–2018 was 70 per cent, while direct and indirect losses sustained by the private sector during the first three years of war and conflict was USD \$25-27 billion. 37-39 per cent of Small Medium Enterprises (SMEs) sustained damages due to the war. The distribution of Private Sector Businesses in 2019 was 45.8 per cent for micro and 36.4 per cent for small enterprises, while medium enterprises represented 14.2 per cent, compared to 3.6 per cent for large enterprises.

10 community mobilizer trainings were conducted for a total of 122 Muhamasheen community volunteers; 40 participants (15 females; 25 males) from the Social Welfare Fund (SWF) in Sana'a, and 82 participants (42 females; 40 males) from SWF in Al-Amanah. Additionally, workshops were held to develop manuals on Young Social Change Agents under the IMSEA project. Emphasis was placed on community engagement, and the participants were equipped with knowledge and skills that will support their roles in the project.

Registration for the Cash Plus Initiative's third cycle ended on 31 January at emergency cash transfer (ECT) payment sites in Ma'ain, Amanat Al Asimah, Bani Hushaysh, and Jihanah in Sana'a. A total of 10,065 families who are Social Welfare Fund beneficiaries were enrolled in this cycle. Coordination meetings with service providers, the Ministry of Public Health, and the Civil Registration Authority were planned in close collaboration with health, nutrition, and child protection sections to prepare for fieldwork, which is planned to start in February. The goal of this initiative is to maximize the benefit of the ECT and to support families to gain access to social services in health, and nutrition, WASH, and to obtain birth certificates.

As a first step of establishing a case management system in the Handicap Care and Rehabilitation Fund (HCRF), a case management manual was developed. In order to ensure the buy-in from the different stakeholders, a workshop was conducted to review the manual, with the participation of 25 participants from relevant governmental stakeholders (such as MoSAL, MoE, MoPH, MoPIC, SWF, Sana'a University) and nine Disabled Persons Organizations (DPOs). The manual will help create a case management system at HCRF which will enhance the accessibility of Persons with Disabilities (PWDs) including, children, to HCRF and other social services.

Communication for Development

Risk Communication and Community Engagement (RCCE) interventions supported the integrated COVID-19 shielding initiative in Aden Governorate. The shielding approach aimed to ensure that populations and high-risk households had the knowledge and skills to apply COVID-19 prevention behaviours to reduce human-to-human transmission and protect the highest risk individuals from infection.

In the reporting period, 65 community volunteers were trained on interpersonal communication, community engagement, and shielding guidelines in Aden Governorate. The volunteers were then mobilized to lead the engagement with communities in the targeted districts, reaching 16,413 people through 2,600 house-to-house visits. The beneficiaries were provided with information on COVID-19 prevention and services, including the procedures to follow when someone has symptoms of the virus. The beneficiaries also learned the principles of shielding as well as disinfection and household-level infection prevention and control.

In January, capacity strengthening sessions were organized for about 500 community volunteers in Aden Field Office to support the scale-up of interventions to promote the essential family practices and increase demand for critical health and nutrition services.

Rapid Response Mechanism

Humanitarian access to some of the most vulnerable communities near conflict points remained a challenge. In January, according to the Rapid Response Mechanism (RRM) IDPs tracker, around 30,000 people were displaced. The majority of displacement waves took place in Marib, Hodeidah, and Al-Jawf, where more people fled to safer districts within the governorates. UNICEF, along with UNFPA and WFP, continued to reach displaced populations at frontlines with first-line response packages. RRM reached an additional 2,410 newly displaced families (16,870 individuals) in January with RRM kits that included essential hygiene items as well as food, family basic hygiene kits, and female dignity kits. RRM kits are designed to meet the most critical and immediate needs of displaced families, as they are uprooted suddenly from their homes.

Supply and Logistics

The movement of supplies from northern to southern Yemen remained a challenge and was regularly subjected to exceptional approvals through SCMCHA for supplies distributed from UNICEF warehouses.

Offshore/cross border movement of supplies required double customs clearance for crossing between the south and north. Delays in the delivery of supplies and moving supplies to the south from the north remained difficult to organize.

The Yemen Standardization, Metrology and Quality Control Organization (YSMO) at Hodeidah port continued to prohibit the importation of supplies with less than 50 per cent of their remaining half shelf life. The organization also requires UNICEF to provide a list of countries of origin for all components comprising Education and Recreation kits packed at UNICEF Supply Division at Copenhagen and rejects items, such as world maps and globes, and items that mentioned “non-recognized” countries. YSMO also required health certificates, a scientific justification, and stability studies for all therapeutic supplies shelf life endorsed by the country of origin government, which delayed offloading vessels and made it a tedious exercise amid the COVID-19 pandemic.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as in the [situation report for January 2020](#). The UNICEF COVID-19 preparedness and response plan also remained the same as described in the [situation report for April 2020](#). The Humanitarian Response Plan and Humanitarian Needs Overview for 2021 are being finalized, and UNICEF’s strategy will be updated as needed to align with both.

Human Interest Stories and External Media

Field Update: Health Education Saving Lives

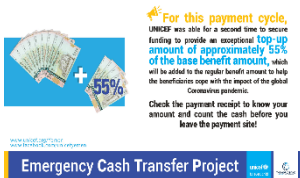


UNICEF has made significant progress towards providing integrated health and nutrition support to almost 1 million children under five years and more than 800,000 pregnant and lactating women across the country.

To read more about these lifesaving interventions, click [here](#).

External Media

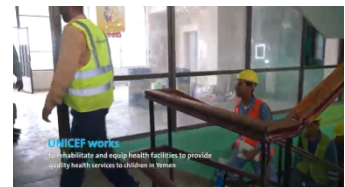
[Emergency Cash Transfer Project](#)



[Outreach Activities for Women and Children](#)



[Rehabilitation of neonatal ward in Al Sadaga hospital](#)



Next SitRep: 31 March 2021

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Annex A

Summary of Programme Results²

2020 Programme Targets and Results	Overall Needs	Cluster Response			UNICEF and IPs		
		2020 Target	Total Results	Change since last report ▲▼	2020 Target	Total Results	Change since last report ▲▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	325,000	289,402	-	-	289,402	-	-
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	1,800,000	-	-	1,800,000	-	197,524▲
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					972,142	-	-
Number of children under 5 vaccinated against polio					5,535,816	-	-
Number of children under 5 receiving primary health care in UNICEF-supported facilities					2,500,000	-	-
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	No data available yet	10,700,000	-	-	6,800,000	-	-
Number of people provided with standard hygiene kit	No data available yet	9,600,000	-	-	5,910,000	-	-
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	990,000	20,684	20,684▲	900,000	20,400	20,400▲
Number of children and community members reached with life-saving mine risk education messages					2,160,000	67,780	67,780▲
Number of children and women accessing gender-based violence response interventions					500,000	-	-
EDUCATION							
Number of children provided with individual learning materials	No data available yet	3,403,552	25,580	25,580▲	850,000	25,580	25,580▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	-	-	850,000	5,797	5,797▲
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet	-	-	160,000	-	-
Social Policy							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					150,000	10,018	10,018▲
RRM							
Number of vulnerable displaced people who receive RRM kits					500,000	16,870	16,870▲
Number of vulnerable persons supported with multi-purpose cash transfer					TBD	-	-
C4D							

² These figures reflect the 2021 HAC

Number of people reached with key lifesaving/behaviour change messages through communication for development interpersonal communication interventions		8,000,000	370,210	370,210 ▲
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Footnotes

Annex B

HAC Funding Status*

Funding Requirements (as defined in the revised Humanitarian Appeal of 2020 for a period of 12 months)							
Appeal Sector	2021 Requirements (\$)	Funding Received Against 2021 Appeal (\$)	Carry Forward From 2020 (\$) ***	Other Allocations Contributing Towards Results (\$)*	2021 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	119,875,460		13,682,469		13,682,469	106,192,991	89%
Health	158,351,425		32,657,881		32,657,881	125,693,544	79%
Water, Sanitation and Hygiene	120,571,656		25,284,102		25,284,102	95,287,554	79%
Child Protection, GBVIE and PSEA	48,223,500		5,863,945		5,863,945	42,359,555	88%
Education	92,712,000		16,179,313		16,179,313	76,532,687	83%
Social protection and cash Transfers	11,300,000	1,216,431	2,054,337		3,270,768	8,029,232	71%
C4D, community engagement and AAP	12,320,000	-	6,436,040		6,436,040	5,883,960	48%
Rapid Response Mechanism	6,500,000	-	2,751,479		2,751,479	3,748,521	58%
Cluster Coordination	7,000,000						
<i>Being allocated</i>	-	1,300,616			1,300,616	-1,300,616	
Total	576,854,041	2,517,046	104,909,567		107,426,613	469,427,428	81%

*This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2020 HPM results.

**'Funds Available' as of 31 January 2021 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer Programme which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.