



Reporting Period: 1 - 31 July 2021

Yemen Country Office Humanitarian Situation Report



Highlights

- As of 30 July, an estimated 4,146 families were reportedly impacted by heavy rainfall and associated flooding across the country. The largest impact on displaced families was reported in Marib and Taiz. Floods were also reported in other governorates, including in Al Hudaydah, Al Mahwit, Sana'a, Al Maharah, Shabwa, Abyan, Aden, Lahj, Al Dhale'a and the west coast, reportedly causing loss of life and property.
- In response to the flood crisis, UNICEF supported Sana'a, Amran, and Dhamar Local Water and Sanitation Corporations (LWSCs) with emergency maintenance of collapsed sewage pipelines as well as cleaning and dislodging of sewage systems in major cities, benefiting more than 600,000 people. UNICEF also supported Sana'a, Amran, and Dhamar LWSCs with emergency maintenance of collapsed sewage pipelines and cleaning and desludging sewage systems in Amanat al Asimah, benefiting 423,000, 70,000, and 112,640 people, respectively.
- As of 31 July, a total number of 7,131 COVID-19 cases were reported as officially confirmed, with 1,384 associated deaths and a 19.4 per cent case fatality rate (CFR). All of the cases that were reported are from the southern governorates, with no cases reported from the northern governorates other than the first four reported during 2020, as the pandemic is not recognized in the north.

Situation in Numbers



11.3 million
children in need of
humanitarian assistance

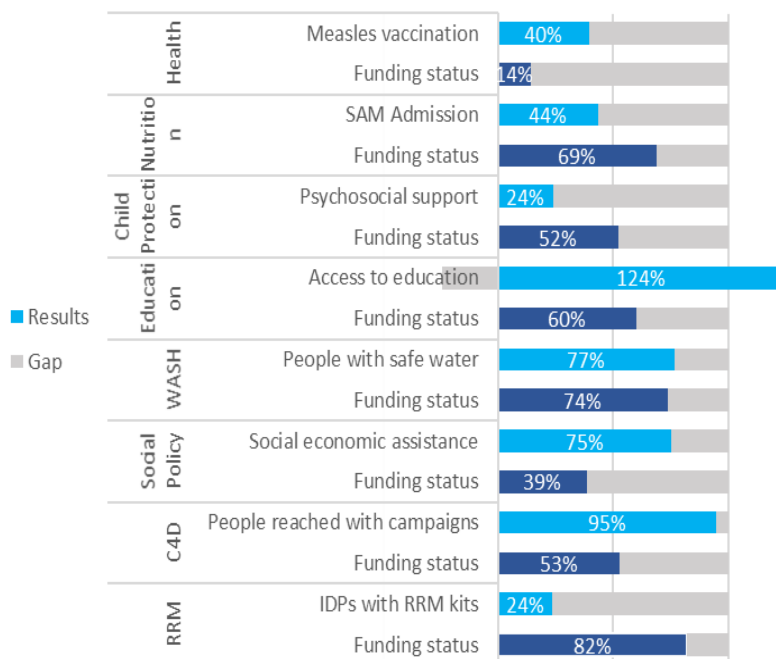


20.7 million
people in need
(OCHA, 2021 Humanitarian Response
Plan)

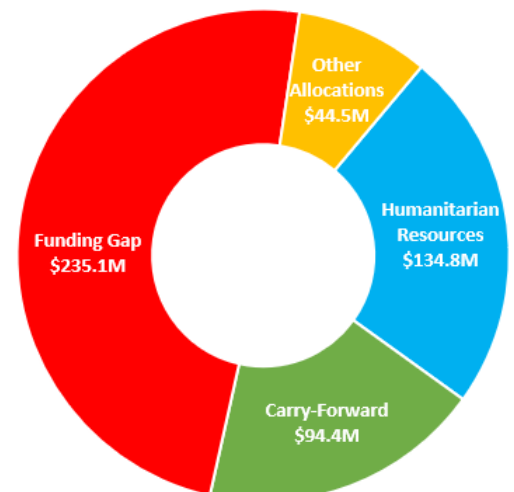


1.58 million
children internally displaced
(IDPs)

UNICEF's Response and Funding Status



Funding Status 2021 Appeal: \$508.8M



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

Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) was revised and approved in May 2021 to align with the 2021 YHRP, and the current appeal is for \$508.8 million. UNICEF's humanitarian programmes are planned for nationwide reach targeting populations in the areas with the most acute needs, and the appeal integrates the COVID-19 response into programmes planned within the HAC. As UNICEF continues to actively fundraise for its 2021 HAC appeal, \$134.8 million has been received as of 30 June 2021. A total of \$94.5 million was carried forward from 2020, with an additional \$44.5 million received from other contributions¹, for a total of \$273.7 million funds against the HAC. This leaves a funding gap of \$235.1 million, or 46 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. In July, generous contributions received from the European Civil Protection and Humanitarian Aid Operations (ECHO), as well as the National Committees of Australia, Indonesia, Ireland, Malaysia, Poland, Sweden, and the United Arab Emirates.

Situation Overview & Humanitarian Needs

Over six years into the conflict, Yemen remains the world's worst humanitarian crisis with 20.7 million people – 71 per cent of the total population – in need of humanitarian assistance. In July 2021 significant challenges to UNICEF's life-saving interventions persisted, including heavy rains destroying shelters of internally displaced populations (IDPs) and threatening infrastructure, severe acute malnutrition (SAM), early school closure due to the COVID-19 pandemic, and conflict-torn areas forcing families to flee from their homes. As of the end of July 2021, three million people, including 1.58 million children, continue to be internally displaced. Over 138,000 additional people have become migrants, and 137,000 people are seeking asylum abroad.

In July 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 19 incidents of grave violations against children, of which 95 per cent of the incidents were verified. Most verified violations this month pertained to child casualties, including four children killed and 18 maimed (17 per cent girls), by various parties to the conflict. There was also one attack on a school that took place in the Marib governorate and one incident of abduction. Most of the incidents documented and verified were in the governorates of Taiz (five), Marib (three) and Al Hudaydah (three) reflecting the continuing intense fighting along frontlines in these areas. These are only figures that the UN has been able to verify to date; however, the actual number of incidents might be higher than this.

Close to 400,000 children under age five continue face SAM, and a total of 2.25 million children are facing acute malnutrition. More than 15.4 million people urgently need assistance to access WASH services which are linked to drivers of malnutrition. The lack of funding for emergency-specific WASH interventions continues to undermine the integrated response. While funds have been secured to ensure the provision of fuel to water pumping stations through November 2021, UNICEF will be forced to scale back its interventions at the end of the year if funding is not urgently mobilized to support this vital activity. This shortfall also heightened the risk of COVID-19 as well as other waterborne diseases, including cholera. Approximately 20.1 million people need health assistance. Women and children continue to be disproportionately affected, with 4.8 million women and 10.2 million children in need of assistance to access health services. If funds are not received, support to hospitals will halt, resulting in an interruption of basic life-saving health services for children, mothers and their new-borns, risking their lives and wellbeing. It will also lead to a lack of personal protective equipment (PPE) for thousands of health care providers and will affect COVID-19 screenings for hundreds of thousands of Yemenis. Cold chain interruption will lead to the expiry of millions of doses of over ten types of lifesaving vaccines, including Polio, Measles, and COVID-19.

In July 2021, the total number of Acute Watery Diarrhoea (AWD)/suspected Cholera cases remained the same as the previous month at 15,863 AWD/cholera suspected cases and three associated deaths reported. This indicated a 0.02 per cent case fatality rate (CFR), which is a significant decrease compared with the same period of 2020 (246,403 suspected cases and 49 associated deaths with a 0.04 per cent CFR). The highest number of cases was reported from Sana'a and Al Hudaydah governorates. Current available data shows that the cholera trends are still stable. UNICEF is closely monitoring cholera suspected cases and associated deaths together with WHO.

During the reporting period, significant challenges to UNICEF's life-saving interventions persisted, including heavy rains destroying shelters of IDPs and threatening infrastructure, SAM, early school closure due to the COVID-19 pandemic, and conflict-torn areas forcing families to flee from their homes. As of the end of July 2021, three million people, including 1.58 million children, continue to be internally displaced. Over 138,000 additional people have become migrants, and 137,000 people are seeking asylum abroad.

¹ "Other allocations" include other regular resources against the HAC 2021.

Summary Analysis of Programme Response

Health and Nutrition

During the reporting period, and as part of the COVID-19 response, PPE items including gloves, masks, gowns, face shields, goggles, was provided to 50,863 healthcare providers from 3,643 health facilities (HFs) throughout 330 districts in 23 governorates. A total of 10,681 out of the total planned 20,000 healthcare providers, including health workers (HWs), community midwives (CMWs), and community volunteers (CVs), were sensitized on infection prevention control (IPC). During the sessions, each participant was provided with clear information about the COVID-19 case definition, means of transmission, and best practices for IPC at the community and facility level, as well as how best to educate their patients and extended families who receive routine services.

A total number of 10,791 cases (57.5 per cent female, 10.4 per cent under five) were referred for treatment at isolation centres. 191 suspected cases² (50 per cent of which were female, 11.9 per cent of which were children under five) were referred for treatment at isolation centres. The triage areas were located in 60 health facilities in 10 governorates in the south (Aden, Abyan, Lahj, Al-Dhale'a, Taiz, Shabwah, Hadramout Sahel, Hadramout Wadi, Al-Maharah, and Socotra).

Phase two of the COVID-19 vaccination campaign was completed in the southern governorates. A total of 311,483 vaccine doses were utilized (7 per cent wastage), and a total of 311,483 people were vaccinated (298,161 individuals received the first dose with 94 per cent coverage and 13,322 individuals received the second dose).

In July, 400 staff working in triage areas in 60 HFs, as well as 10 Governorate Health Offices (GHOs) in 10 governorates in the south (Aden, Abyan, Lahj, Al-Dhale'a, Taiz, Shabwah, Hadramout Sahel, Hadramout Wadi, Al-Maharah, and Socotra) were supported with hazard pay incentives.

The first Integrated Outreach Round (IOR) was completed in nine southern governorates in June 2021. Based on this preliminary data, a total of 16,774 children received their third dose of the pentavalent vaccine. 20,973 children received their first dose of measles-containing vaccine (MCV1), and a total of 35,143 childbearing aged women (15-49 years) received tetanus-toxoid-containing vaccines (TTCV) in July.

Separate from the IOR, routine immunization services continued through fixed and outreach service delivery points and a total of 79,570 children under one year received their third dose of the pentavalent vaccine. 94,664 children under one year were vaccinated against MCV1, and 40,282 childbearing age women (15-49 years) received TTCV.

A total of 88 solar direct drive (SDD) fridges were installed in 88 HFs. This has been part of the ongoing effort to expand and strengthen the quality of cold chain storage to keep vaccines at the optimum temperature. Overall, a total of 570 SDDs have been installed in Yemen since January 2021.

UNICEF and partners continue to support the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation in the whole country as well as the deteriorated 209 districts that were classified in the last integrated food security phase classification acute malnutrition (IPC AMN) analysis. Since the beginning of the year and up to the reporting period, the average reporting rate nationwide is 87 per cent of HFs (this excludes the reports received from Community Health and Nutrition Volunteer (CHNV), mobile teams, mid-upper arm circumference (MUAC) campaigns, outreach rounds, infant and young child feeding (IYCF) corners and Vitamin A supplementation through the Polio campaign). A total of 3,814,541 children under five years were screened for malnutrition through all interventions, out of which, 139,587 children with SAM have been admitted for treatment without complication with an 87 per cent of cure rate, while 9,734 children with complications admitted to therapeutic feeding centres (TFCs).

On the prevention side, 1,355,099 children received deworming tablets, 1,423,489 children received micronutrient sprinkles, and 3,120,468 children were reached with Vitamin A supplements. Through UNICEF's routine programme, the Polio and Vitamin A campaign was implemented in the northern part of the country, reaching 3,068,869 children.

² Clinically meeting the case definition but not yet confirmed by test

In addition, a sum of 1,018,824 mothers received Iron Folate supplementation, and 1,385,057 mothers received IYCF consultation.

UNICEF seeks to support partners in adapting a CMAM Continuous Quality Improvement (CQI) approach through a consultative process with the Ministry of Public Health and Population (MoPHP), UN agencies, partners, and donors. A draft CMAM CQI concept note has been drafted with inputs from MoPHP and the CMAM Technical Working Group. The CQI approach will focus on building the capacity of the central MoPHP, GHOs and district health officials (DHOs) in the general application of Supportive Supervision and On-Job-Training (OJT) at service delivery levels through building a resource of lessons learnt via scheduled workshops. Consultative workshops are planned in August and September to review the concept note, OJT approach, and related packages.

UNICEF received funds from the Yemen Humanitarian Fund (YHF) 2021 Standard Allocation to support the supply pipeline for the multi-sectoral response proposed for the four districts prioritized: As Sawadiyah district (Al Bayda), Abs district (Hajjah) Hays and Bayt Al-Faqih (Al Hudaydah). A key objective of this activity is to ensure the availability of essential nutrition supplies to cover 7,500 children under five with SAM in those prioritized districts.

The nutrition cluster received \$4.5 million from the 2021 YHF Standard allocation. A total of 10 nutrition cluster partners have been selected through a technical review process to implement YHF projects in 13 districts. Project priorities are 1) focus on vulnerable minority groups, (e.g., persons with disabilities), 2) the use of integrated approaches to support underserved/hard to reach vulnerable communities, and 3) focus on IDPs and recently displaced people, refugees and migrants.

The need to strengthen advocacy by the nutrition cluster was one of the key issues identified in the 2020 Cluster Coordination Performance Monitoring (CCPM). In July, the cluster developed terms of reference (ToR) for the Advocacy Working Group and has been reviewed by the Strategic Advisory Group. This group is expected to highlight nutrition cluster partners advocacy issues at various high levels.

Child Protection

During the month of July, 13,807 conflict-affected people were reached through Mine Risk Education (MRE) activities, including 7,584 children (40 per cent girls) and 6,223 adults (36 per cent women) in Aden and Ibb governorates. MRE was delivered in schools and child-friendly spaces, as well as through community campaigns with COVID-19 preventative measures in place.

Through a network of fixed and mobile child-friendly spaces, UNICEF provided psychosocial support to 40,545 people across ten governorates (Aden, Al Hudaydah, Al Jawf, Amran, Dhamar, Hadramout, Hajjah, Ibb, Raymah, and Taiz) including 35,162 children (46 per cent girls) and 5,383 adults (70 per cent women).

Through the case management programme, UNICEF continued to support the referral and provision of critical services for the most vulnerable children. 1,220 children (35 per cent girls) were identified by trained case managers, out of which 1,201 children (35 per cent girls) received more than one service.

A total of 43,010 children and primary caregivers were provided with community-based mental health and psychosocial support by Child Protection Area of Responsibility (AoR) partners. In the framework of improving UNICEF's response to those children who are survivors of gender-based violence (GBV), the Child Protection AoR together with the GBV AoR and International Rescue Committee (IRC) launched the Child and Adolescent Survivors Initiative (CASI) in Aden. This initiative aims to improve both referral and services for child survivors. The project is now ongoing in the second stage of the learning programme for 35 participants from the Ministry of Social Affairs and Labour (MoSAL), two UN agencies, four INGOs and four LNGOs to enhance the capacities of actors to jointly respond to the needs of children survivors.

Education

Yemeni children's education has become one of the greatest casualties of Yemen's devastating and ongoing conflict. Just over two million school-age girls and boys are now out of school as poverty, conflict, lack of opportunities for learning and the ongoing COVID-10 pandemic disrupt their education. This is double the number of children who were out of school in 2015 when the conflict started. In July, UNICEF launched a new [report](#), 'Education Disrupted: Impact of

the conflict on children's education in Yemen'. The report looks at the risks and challenges children face when out of school, and the urgent actions needed to protect them.

The school year in Yemen will begin mid-August. The prolonged non-payment of teachers' salaries places learning at risk for close to four million children, especially in 11 governorates of northern Yemen. In response, UNICEF has repeatedly called for urgent action to seek bridging and sustainable solutions for the payment of teachers' salaries. No large-scale funds were received for teacher incentives since the global consultation in June 2021, organized by the Global Partnership for Education (GPE) with the participation of senior representatives of donors, multilateral organisations and Civil Society. Minimal funding has been secured for 12,000 performance-based payments of \$50 per month to teachers for the coming three school years; 1,000 teachers for the current school year; as well as salary allowances of \$50 per month for 2,152 rural female teachers (RFTs) for the coming three school years. However, an estimated \$70 million is required to cover 171,600 teachers (for one school year, or seven months).

Major rehabilitation of two schools was completed in Lahj and Hadramaut governorates, benefiting 365 students, (four per cent girls), and WASH facilities were rehabilitated in one school in Sa'ada governorate, benefiting 92 girls. UNICEF distributed furniture and supplies to schools including 2,140 desks for 6,225 children (40 per cent girls) in Abyan and Al-Dhale'a governorates, and 175 whiteboards for 7,000 children (45 per cent girls) in Abyan governorate. UNICEF also provided support for national Grade 9 and 12 exams, which were successfully and safely concluded, benefitting an estimated 600,000 children. This support is critical as Grades 9 and 12 are critical transition years for learners.

Cluster partners' priority is to support the unpaid teachers with incentives to encourage schools to successfully restart and welcome the new academic year in mid-August 2021.

Water, Sanitation and Hygiene

In response to the flood crisis, UNICEF supported Sana'a, Amran, and Dhamar's Local Water and Sanitation Corporations (LWSCs) with emergency maintenance of collapsed sewage pipelines as well as cleaning and desludging sewage systems in major cities, benefiting more than 600,000 people. UNICEF also supported Sana'a, Amran, and Dhamar LWSCs with emergency maintenance of collapsed sewage pipelines and cleaning and desludging sewage systems in Amanat al Asimah, benefiting 423,000, 70,000 and 112,640 people, respectively.

During the reporting period, UNICEF supported 127 internally displaced families (IDFs) (1,610 households) from the most vulnerable groups, including Al Muhasheen IDFs in affected IDP sites in Sana'a governorate, as well as 56 IDFs in Al Judad site in Dhamar through Crisis and Disaster Response Sustainable Committees (CDRSC). The support included the distribution of hygiene kits, chlorine tabs, and awareness sessions, including hygiene promotion (e.g. handwashing, water disinfection, food safety).

With the support of the World Bank and Famine Relief Fund, and as part of the multisectoral response to the malnutrition crisis, fuel delivery continued at 34 LWSCs in 15 governorates to sustain the operation of the water wells and pumping of water. The support ensured the provision of a safe water supply to approximately 3.6 million people daily and connected 60 outpatient therapeutic programmes (OTP) to the public water networks. Roughly 1,389 cubic metres of water were provided to OTPs, and 10,868 cubic metres of water were distributed to communities, reaching 34,168 beneficiaries in Ar Raydah wa Qussay'ar, Ash Shihr, Al Mukalla City, Dar Sa'd, and Al Burayqah districts. The provision of safe water is crucial to UNICEF's multi-sectoral response to the nutrition crisis.

July saw the reduction of nearly half of all cases of cholera across all governorates in the south with a total of 743 cases compared to 1,295 in June. Taiz governorate continued to present the highest number of cases during July, recording 508 (or 68 per cent) cholera cases followed by Al Dhale'a governorate with 110 cases, Abyan (57), Lahj (62), Hadramout Sahel (four) and Aden (two).

In July, UNICEF supported cholera and malnutrition response, benefitting a total of 378,190 people in different governorates through CDRSC/RRTs activities, including the distribution of hygiene kits, jerry cans, chlorine tablets (33 mg), and hygiene promotion sessions.

As part of its IDP response, UNICEF sustained the provision of safe water supply through water trucking, chlorination of the trucked water, and monitoring of water quality at all water distribution points. This benefited 123,144 people in Abs, Kua'aydenah, Aslam Hajjah, Al-Zuhrah and Al-Qanawis districts in Al Hudaydah governorate.

Water Quality Monitoring (WQM) activities in Aden hub started in six governorates (Aden, Lahj, Al Dhale'a, Abyan, Taiz and Hadramaut coast), targeting water sources including private drinking water wells, mosques, private water tanks, private water service providers, government/public water wells, and Sabil water tanks. The WQM team in the targeted areas are carrying out the establishment of a water resources inventory and database, performing physical, chemical, and biological analyses of water samples in the affected districts where more and repeated cholera cases are reported. 809 water sources are being targeted in 63 districts using the number of cholera cases as one selection criteria. The WQM is targeting 8 districts in Aden, 15 in Lahj, 11 in Hadramaut, 12 in Taiz, 6 in Al Dhale'a and 11 in Abyan. The General Authority for Rural Water Supply Projects (GARWAP) Emergency Unit, supported by UNICEF, continued monitoring water quality at 622 water distribution points, covering 115 IDP settlements in Hajjah and Al Hudaydah, benefiting 17,634 IDP families.

Chlorination activity is being currently implemented in the same districts where high cholera cases were reported. Chlorination is targeting the sources in eight districts in Aden, 15 in Lahj, 11 in Hadramaut, 12 in Taiz, six in Al Dhale'a and 11 in Abyan. The chlorination project team has disinfected 25 million litres so far in the targeted areas which have benefited 417,301 people who are taking water from the chlorinated sources.

Qatar Charity was appointed as the new NGO Cluster Co-Coordinator in July 2021 for the duration of two years. According to the flash flood [update](#) by OCHA, WASH response needs were reported in Al Jawf, Ma'rib, Hadramat, Taiz, Al Hudaydah, Hajjah, and Lahj due to heavy rain and flash floods. Sub-national clusters were requested to closely coordinate with Regional Coordination Teams (RCTs) to arrange rapid assessments in the affected areas.

Social Protection and Inclusion

As part of the first pillar of the Model of Social and Economic Assistance and Empowerment (IMSEA; social assistance), UNICEF continued the implementation of the Humanitarian Cash Transfers (HCT) initiative in July so that Muhamasheen and families with children with disabilities (CWD) will have financial support to enable them to cope with the impact of multiple crises including COVID-19 and the malnutrition crisis. A total of 28,567 households (HHs) (43 per cent of whom are families with CWD) were reached during the third payment cycle in Aden, Amanat Al Asimah, and Ibb. This includes 16,216 Muhamasheen households and 12,351 families with children with disabilities. The Humanitarian Cash Transfer initiative was preceded by outreach and facilitation activities which were conducted by Social Welfare Fund (SWF) case management team and Handicap Care and Rehabilitation Fund (HCRF) outreach team.

During the reporting period, monthly coordination meetings were conducted for 84 community committees (19 per cent female) to evaluate the community initiatives of July and formulate new community initiatives for flash flood response, as well as coordination meetings with community volunteers to prepare them to educate Muhamasheen communities on flash flood risks in Sana'a governorate as the rainy season continues. In addition, 18 community initiatives have established savings funds in Amanat Al Asimah, and continued to raise awareness among Muhamasheen communities in Sana'a governorate to make strategic use of their savings. As a result, 180 Muhamasheen women started small businesses producing and selling incense, perfumes, and accessories. Forty-six men bought livestock, five men received 35 coffee seedlings from the agricultural office and planted them to improve their standard of living, and two men opened two small grocery shops in their communities. In addition, 47 cleaning campaigns were implemented during July in slums in Amanat Al Asimah and Sana'a.

In coordination with the UNICEF Emergency team, two rapid assessments were conducted on flash floods in the slums. In response, clean water continues to be provided for slums in Amanat Al Asimah for 700 households, 70 consumable hygiene kits (CHKs) were distributed for Muhamasheen families in Arhab which were greatly affected by the rains. Three community initiatives were conducted, and plastic sheets were purchased for the affected families in Bani Hashish; flash floods channels/ streams were dug away from their homes; water was pumped out of the slum, and sewages were fixed wherever possible.

Finally, as part of the IMSEA Economic Empowerment component, a workshop to review the business training curriculum was conducted with 20 participants from the Ministry of Technical Education and Vocational Training (MoTEVT), SWF, and UNICEF. The main outcome of the workshop was the review and endorsement of the Business Training Curriculum by MoTEVT. This curriculum was developed as a special training tool for the poorest and most marginalized groups, building on the employability market assessment conducted in the slums and based on their

special training needs. The training is aimed at enhancing the Muhamasheen adolescents and young youth employability.

Communication for Development (C4D)

On COVID-19 Risk Communication and Community Engagement (RCCE), religious leaders continued engaging with people in mosques and in community gatherings and events on COVID-19 prevention practices and physical distancing guidelines. Overall, 797,666 people were reached in community gatherings, women's social events, and mosque sessions, especially during Jumma (Friday) prayers. In addition, community volunteers engaged 263,693 people on COVID-19 prevention messages through house-to-house visits and Mother-to-Mother sessions. Community volunteers also engaged individuals and households for COVID-19 RCCE in 24 IDP centres in Aden, Hadramout and Abyan. To provide an additional platform for dialogue, some community volunteers, including religious leaders and members of Mother-to-Mother Clubs, created WhatsApp groups for engaging with their communities, reaching 92,000 people.

The fourth round of the COVID-19 Rapid Assessment to measure knowledge, attitudes, risk perceptions, and adoption of prevention practices as well as COVID vaccine hesitancy started in late August. The assessment, administered by partners in 22 governorates, utilized quantitative and qualitative methodologies. The results of the assessment are expected in late September.

To strengthen feedback systems and accountability, C4D supported the establishment of hotlines that serve as mechanisms for IDPs to raise concerns and complaints; the hotlines target more than 36,000 people in 35 IDP centres across 13 governorates. C4D also supported phone-in programmes through local radios where health experts respond to queries and concerns about COVID-19 from callers. The feedback and complaints received from beneficiaries are mostly about the accessibility, quality, quantity, etc. of humanitarian services provided by humanitarian agencies. These complaints are referred to the intended agency/section for redressal and corrective actions.

As part of the integrated multi-sectoral response to malnutrition in Yemen, members of Mother-to-Mother clubs and community volunteers, including religious leaders, were mobilized to engage the communities to promote positive nutrition practices, support with referring malnutrition cases and the increase in demand for health and nutrition services, reaching 146,120 caregivers. Mass media support was provided for this intervention through 25 radios stations that aired nutrition messages on a daily basis through flashes, public service announcements, and discussion programmes, reaching an estimated 5 million people.

AWD/Cholera Response

As part of the integrated AWD/Cholera response, UNICEF continued to support 278 Oral Rehydration Centres (ORCs) and 26 Diarrhoea Treatment Centres (DTCs) with Cholera supplies in 68 districts in 11 governorates. UNICEF also indirectly supported the DTCs/ORCs by supporting 23 governmental health organisations (GHOs) with oral rehydration solutions (ORS) & Cholera supplies. Despite the reported stability of AWD/Cholera cases, UNICEF continues to support and monitor the situation.

Rapid Response Mechanism (RRM)

Throughout July, conflict continued across several frontlines in Yemen. Conflict trends in Ma'rib have remained relatively the same; however, the conflict intensified around the Al Hudaydah, Shabwah, and Al Bayda frontlines.

On 25 July, the National Center of Meteorology (NCM) issued a warning that rains were expected over most areas of the country. Accordingly, several governorates including Marib and Al Jawf witnessed rains of varying intensity accompanied by thunderstorms. UNICEF across its five hubs has a cross-sectoral preparedness plan to respond to ongoing floods. Sufficient supplies were prepositioned with implementing partners, and further scale-up in the areas of WASH and Health were put in place to prevent further outbreaks of AWD/Cholera. The Executive Unit in Al Jawf Governorate reported flooding in Khab wa Sha'af district, affecting 346 IDP households (HHs) (1,282 individuals) in Al-Rayyan and Al-Gran IDP sites. In Marib city, only one IDP site (Al Saylah) was affected, impacting 10 HHs. The rains are expected to continue and may cause a further impact on civilians. As of 30 July, an estimated 4,146 families³ were reportedly impacted by heavy rainfall and associated flooding across the country. The largest impact on displaced

³ Verification process is ongoing under the leadership of the integrated community case management (ICCM).

families was reported in Marib and Taiz. Floods were also reported in other governorates, including in Al Hudaydah, Al Mahwit, Sana'a, Al Maharah, Shabwa, Abyan, Aden, Lahj, Al Dhale'a and the west coast, reportedly causing loss of life and property.

In Ibb, the main and secondary paved roads have deteriorated by recent rain, mostly due to overdue maintenance; some key roads including Ibb-Sana'a Road is highly susceptible to further deterioration during this monsoon season, which in turn affects the civilians and humanitarian's movements, including longer travel time and logistical implications. UNICEF, along with the United Nations Population Fund (UNFPA) and World Food Programme (WFP), continues to reach displaced populations at frontlines with first-line response packages. Rapid Response Mechanism (RRM) reached an additional 2,760 newly displaced HHs (19,320 individuals) in July with RRM kits, including the flood response, that include essential hygiene items and other supplies including food, family basic hygiene kits, and female dignity kits. RRM kits have met the most critical and immediate needs of displaced families, as they are uprooted suddenly from their homes.

Supply and Logistics

Shipments from/to north and south remained strictly controlled by the authorities. In Al Hudaydah, the Yemen Standardization, Metrology, and Quality Control Organization (YSMO) continued to prohibit imports of supplies with less than 50 per cent of their remaining shelf life and to impose strict processing requirements for supplies shipped from certain countries of origin. YSMO continues to require the shipping of Ready-to-Use Therapeutic Food (RUTF) exclusively in refrigerated containers despite recommendations from manufacturers and the Ministry of Public Health and Population (MoPHP) that refrigerated containers are not required. This requirement increases shipping costs up to 200 per cent. However, this requirement is being reviewed as a result of strong advocacy efforts by UNICEF and WFP.

New requirements were introduced for the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) for UN/INGO organisations to exclusively contract vendors registered with SCMCHA, limiting the sourcing and competitive selection of vendors in northern Yemen. The commercial market in southern Yemen is still limited and highly dependent on vendors based in the north. To ensure the availability of essential supplies, price competitiveness and timeliness of procurement sub-regional markets are being explored.

Humanitarian Leadership, Coordination and Strategy

In the context of the COVID-19 pandemic, UNICEF developed a COVID-19 preparedness and response plan in April 2020. The UNICEF strategy, in support of the National Plan, aims to: a) strengthen RCCE, including digital engagement and rumour monitoring, b) provide critical medical, prevention, and WASH supplies along with improved WASH services, c) support the provision of continued access to essential WASH and health care services for women, children, and vulnerable communities, including case management and d) provide access to continuous education, social protection, child protection, and gender-based violence (GBV) services. The response plan also aligns with the UN's and the government's three priorities for Yemen: case management, RCCE, and protection of non-COVID-19 response – and UNICEF leads the last two priorities. The plan builds on the WHO-led National Preparedness and Response Plan and considers lessons learned from other affected countries. The first half of 2021 involved close coordination with GAVI, The Vaccine Alliance, and WHO to roll out the COVAX vaccine campaign in Yemen. In March 2021, 360,000 COVID-19 vaccines were delivered in Yemen through the COVAX facility to support the prevention of the life-threatening virus. UNICEF continued its RCCE response with campaigns to attack disinformation on the vaccine, as well as to continue digital engagement and rumour monitoring.

Human Interest Stories and External Media

Field Update: Emergency latrines: restoring the health and dignity of Yemen's most vulnerable populations



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By improving access to safe and adequate water supplies, building basic sanitation infrastructure for households, UNICEF and SIDA have helped entire communities to adopt positive health and hygiene practices.

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

External Media

[Press Release on Education in Yemen](#)



[EHNP Support in Hadramaut](#)



[Supporting Health Facilities with Medicine](#)



Next SitRep: 30 September 2021

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Annex A Summary of Programme Results⁴

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2021 target	Total results	Change since the last report	2021 target	Total results	Change since the last report
Health							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	386,973 ⁵	86,487			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,800,313 ₆	-14,002			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	1,415,022	243,359			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	10,763	-. ⁷			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	325,000	320,108	139,587 ⁸	29,887	320,108	140,052 ⁹	30,352
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,633,443	3,107,610 ₁₀	5,554	4,633,443	3,109,638 ₁₁	7,852
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	213,892 ¹²	40,545	990,000	231,030 ¹³	43,010
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	1,904,274	1,677,692 ₁₄			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	1,400,000	1,353,214			

⁴ These figures reflect the updated, approved 2021 HAC appeal.

⁵ As data of this indicator is collected from thousands of Health Facilities and hundreds of Mobile teams scattered over the whole country, UNICEF with Health partners conducted data cleaning for the data provided from Feb till June. Accordingly, progress achieved has been adjusted. There has not been much change in the total results of the indicator.

⁶ As data of this indicator is collected from thousands of Health Facilities and hundreds of Mobile teams scattered over the whole country, UNICEF with Health partners conducted data cleaning for the data provided from Feb till June. Accordingly, progress achieved has been adjusted. There has not been much change in the total results of the indicator.

⁷ No progress has been made as there was excess quantity from 2020 of personal protective equipment. UNICEF is currently reviewing the situation with MoPHP to determine what is needed.

⁸ As data of this indicator is collected from thousands of Health Facilities and hundreds of Mobile teams scattered over the whole country, UNICEF with Nutrition partners conducted data cleaning for the data provided from Feb till June. Accordingly, progress achieved has been adjusted to reflect the accurate figures.

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¹⁰ As data of this indicator is collected from thousands of Health Facilities and hundreds of Mobile teams scattered over the whole country, UNICEF with Nutrition partners conducted data cleaning for the data provided from Feb till June. Accordingly, progress achieved has been adjusted to reflect the accurate figures.

¹¹ As data of this indicator is collected from thousands of Health Facilities and hundreds of Mobile teams scattered over the whole country, UNICEF with Nutrition partners conducted data cleaning for the data provided from Feb till June. Accordingly, progress achieved has been adjusted to reflect the accurate figures.

¹² Local NGOs faced permit issues with governmental authorities to implement PSS activities. MoSAL hotline is still under activation which will help to reach people remotely through PSS counselling.

¹³ The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

¹⁴ Data cleaning exercise conducted in July determined that the figure as of 30 June was 1,514,188, and the progress achieved has been adjusted to reflect the accurate figures.

Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	375,760	13,807 ¹⁵			
Education							
Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	620,885	580,000 ¹⁶	790,750	266,347	4,374
Number of children receiving individual learning materials		800,000	105,431	-. ¹⁷	872,000	229,449 ¹⁸	56
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229	-. ¹⁹	4,600	703 ²⁰	1
Number of teachers receiving teacher incentives each month		86,000	200	-. ²¹	181,603	9,627	171
Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,400,000	6,800,000	5,226,422	34,168	8,826,986	4,255,456	0 ²²
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	1,603,355 ²³	191,171	4,529,704	1,768,892 ²⁴	455,526
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	1,790,374 ²⁵	378,190	5,767,919	2,382,899 ²⁶	714,529
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	3,008,281 ²⁷	183,671			
Social Protection & Cash Transfer							
Number of households reached with humanitarian cash transfers across sectors		40,000	28,567	7,525 ²⁸			

¹⁵ Long and additional regulations by YEMAC to any agency working under MRE caused underachievement against the target. Due to the delay of teacher trainings and school closures, progress will be made in the last quarter of the year. Two National campaigns have been postponed to the end of September that will reach 60 per cent of the target.

¹⁶ National grade 9 + 12 exams were successfully completed in July 2021, allowing estimated 600,000 children to continue with their formal education. The final report is currently under review by the MoE, figures provided are indicative and may change in the next reporting period.

¹⁷ Given that schools were closed for summer break, no progress had been made regarding learning materials. Learning materials are expected to be distributed at the beginning of the 2021-2022 schoolyear, which starts mid-August 2021.

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¹⁹ A comprehensive large-scale capacity development initiative for teachers, school-based staff, FMCs, Student Councils etc. is scheduled to be done 15 August - 15 December 2021. The initiative includes training on the implementation and follow-up on safe school protocols. Reporting against this indicator will be done earliest done in Q4 2021.

²⁰ Since schools were in summer school break, there is no progress yet to be reported.

²¹ Education Teacher Incentives (ETI), Temporary Teacher Incentives (TTI) projects were completed; no funds were available for the 2020/2021 school year. High level advocacy to mobilise funds is ongoing and driven by UNICEF and partners. For Rural Female Teachers (RFTs), payment cycles were completed with exception of retroactive payments to small number of RFTs (foreseen to be done in August 2021); performance based payments (PBP) for teachers will restart for the 2021-2022 school-year under the World Bank REAL and ECHO projects (earliest payment foreseen to be made around November/December 2021).

²² A data cleaning exercise was conducted, and determined that the cumulative figure up to 30 June was 5,226,422. This is an increase of 34,168 for the reporting period.

²³ The low achievement is still due to the delayed start of RRT's operation. However, RRT's interventions on distribution of WASH supplies and Hygiene promotion have resumed largely in the South and relatively in the north. Higher progress is expected to be achieved in the next two months.

²⁴ A data cleaning exercise was conducted, and determined that the figure up to 30 June was 1,569,412. Progress achieved has been amended to reflect the accurate figures.

²⁵ The low achievement is still due to the delayed start of RRT's operation. However, RRT's interventions on distribution of WASH supplies and Hygiene promotion have resumed largely in the south and relatively in the north. Higher progress is expected to be achieved in the next two months.

²⁶ A data cleaning exercise was conducted, and determined that the cumulative figure up to 30 June was 1,924,416. Progress achieved has been amended to reflect the accurate figures.

²⁷ A data cleaning exercise was conducted, and determined that the cumulative figure up to 30 June was 2,826,281. Progress achieved has been amended to reflect the accurate figures.

²⁸ The formula of this indicator is a payment cycle of cash transfer and is not a cumulative figure, so the maximum is 28,567 households, which was reached in July.

Number of people benefiting from emergency and longer-term social and economic assistance ²⁹		150,000	113,108	2,212			
C4D, Community Engagement & AAP³⁰							
Number of people participating in engagement actions for social and behavioural change		8,000,000	7,598,407	1,061,359			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		672,000 ³¹	158,368 ³²	19,320			

Annex B Funding Status*

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other Allocations Contributing Towards Results (\$) ³³	Resources available from 2020 (Carry-over)	\$	per cent
Health	123,460,800	5,974,570		11,430,984	106,055,246	86%
Nutrition	119,875,460	65,725,798		16,978,141	37,171,561	31%
Child Protection, GBViE & PSEA	33,287,000	10,636,654	752,354	5,968,984	15,929,008	48%
Education	84,760,000	14,712,036	15,465,561	20,937,582	33,644,820	40%
WASH	100,000,000	17,906,369	28,278,451	27,425,386	26,389,794	26%
Social protection & cash Transfers	21,240,000	6,147,284		2,046,070	13,046,646	61%
C4D, Community Engagement & AAP	12,320,000	88,101		6,424,852	5,807,047	47%
Rapid Response Mechanism	6,878,200	2,729,871		2,923,215	1,225,114	18%
Cluster Coordination	7,000,000	1,024,816		307,112	5,668,073	81%
Being Allocated	-	9,840,928			- 9,840,928	
Total	508,821,500	134,786,428	44,496,366	94,442,326	235,096,380	46%

²⁹ Cash plus includes referrals to services, communication for development and life skills and economic empowerment (adolescent employability) activities.

³⁰ Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.

³¹ The target number have increased to reflect the collaborative response in 2021 where UNICEF and partners complement each other's efforts to reach more people who receive the RRM kits.

³² The interventions of this indicator are linked to the patterns of newly displaced population and the verification process held by the cluster partners to respond accordingly. The target that was set by the cluster in the HRP is the cause for seemingly low achievement, as it was set on the basis of previous years (trends of displacement in 2019 and 2020).

³³ 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 2021 HPM results.