

Yemen

Update on the context and situation of children

Overall Situation

Yemen is currently suffering from the impacts of a protracted conflict with human development set back more than 20 years[1]. Seven years into the conflict, 20.7 million people (70 per cent of the total population) need humanitarian assistance.[2] Nearly 4 million people, including 2 million children, are internally displaced, making this the fourth largest internally displaced population globally.[3] The conflict has led to the virtual collapse of basic social services with COVID-19 exacerbating the situation.

Operating Environment - Security & Humanitarian Access

With the dual authorities in Yemen, the context remained extremely challenging in terms of operational access and bureaucratic impediments. Throughout the year, over 50 districts across Yemen were directly affected by active frontlines, up from 45 districts in 2020 and 35 districts at the end of 2019[4]. Escalated hostilities and shifting frontlines in Ma'rib and Al Bayda governorates, along with continued clashes in Hajjah, Al Hodeidah, Ad Dali', Ta'iz City and adjacent areas, contributed to the challenging humanitarian situation.

The humanitarian community continued to engage with the authorities in Yemen and work towards a sustained, safe and principled humanitarian response across the country.

Economic Situation

Since the conflict began in 2015, Yemen's economy has shrunk by more than half, with over 80 per cent of people now living below the poverty line[5]. The collapse is most visible in loss of income, depreciation of the Yemeni Rial (YER), loss of government revenue, rising commodity prices and import restrictions, including for fuel. During the first 10 months of 2021, the YER devalued by 34 per cent in areas controlled by the Internationally Recognized Government, reaching record lows of nearly YER 1,500 per US dollar[6]. The protracted fuel crisis, which started in mid-2020 worsened in 2021 exacerbating the already difficult humanitarian situation. For the first time since the beginning of the conflict, no commercial fuel imports entered Al Hodeidah seaport for 52 days (28 January to 21 March 2021)[7]. As more than half of Yemen's commercial fuel imports came through Al Hodeidah in recent years, this had a significant impact on the availability and price of fuel, raising the cost of transportation, food, and threatening medical services as well as the supply of clean water and electricity.

Impact on Children

In 2021, children in Yemen continued to be impacted upon by the limited basic social services, partially due to the protracted conflict. Children are exposed to multiple deprivations such as constrained access to social services, violence, abuse, exploitation, recruitment into the conflict and child marriage, with devastating impact on their physical and psychological well-being. Between January and September 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 2,350 incidents of grave violations against children, and 92 per cent of the reported incidents were verified. The number of child casualties remained high including 386 children killed and maimed (86 girls, 300 boys) by various parties to the conflict. Since the conflict started, over 10,000 children have been killed or injured. International Humanitarian Law continues to be challenged, with attacks on or use of public service facilities such as schools, hospitals as well as water and sanitation services. During the reporting period, nine attacks on schools and five attacks on hospitals were verified. UNCTFMR also verified six incidents of military use of education or health facilities[8].

Based on the Integrated Food Security Phase Classification (IPC) acute malnutrition analysis released in early 2021, over 2.25 million children 0-59 months were projected to suffer from acute malnutrition in 2021. Of these, nearly 400,000 cases of children aged 0-59 months were estimated to be with Severe Acute Malnutrition (SAM). The high prevalence of chronic and acute malnutrition in Yemen is underpinned by an interconnected set of structural causes associated with widespread poverty, food insecurity and insufficient access to clean water and sanitation, a high prevalence of diarrhea disease, in addition to sub-optimal infant and young child feeding (IYCF) practices[9].

In 2021, Yemen confirmed nearly 10,127 COVID-19 cases, including over 7,015 recoveries and 1,983 deaths[10]. In the last quarter of 2021, there was an outbreak of Vaccine Derived Polio Viruses type-2 (cVDPV2) with six cases reported in the country. This added to the already existing outbreak of polio cVDPV1 cases with Sa'ada governorate being the epicenter – with a total of 34 reported cases in the country since 2019.

Less than 50 percent of the health facilities in Yemen are functioning and those that are operational lack specialists, equipment, and basic medicines. These gaps especially impact services for the most vulnerable women and children.

The conflict has taken a toll on children's access to education. An estimated two million children of estimated 10 million school-aged children (5 to 17 years old) are out of school. Approximately 171,600 teachers (estimated 64 per cent of teachers in Yemen) have not received a regular salary since 2016; schools lack adequate supplies of textbooks and other educational supplies. Barriers to education for children are not just physical access, such as inadequate infrastructure with estimated 2,000 schools unfit for purpose (destroyed, damaged, occupied), but also quality, with some schools operating for only one or two hours. Significant gender gap persists in enrolment, with a Gender Parity Index (GPI) of 0.84 as of 2015/16 (0.72 for secondary level). Obstacles to improving access and learning achievements in school includes deeply rooted cultural norms.

[1] World Bank, UNICEF, WHO EHNP Programme

[2] Yemen: 2021 Humanitarian Response Plan, OCHA, March 2021.

[3] United Nations Yemen CCA September 2021.

[4] Situation Update, OCHA, November 2021

[5] Yemen: 2021 Humanitarian Response Plan Monitoring Report, January - June 2021, October 2021

[6] Ibid.

[7] Ibid.

[8] These are only figures that the UN has been able to verify to date; the actual number of incidents might be higher than this.

[9] It is likely that the scale up of nutrition interventions during the second half of 2021 as well as continued provision of emergency food assistance prevented further deterioration of the situation.

[10] World Health Organization, 'Yemen: COVID-19 Epidemiological Update', WHO, <https://bit.ly/2BTyVem>, accessed 2 October 2021.

Major contributions and drivers of results

UNICEF in Yemen

Through a range of partnerships, UNICEF mobilized US\$ 548 million in 2021. The actual expenditure for 2021 was US\$ 561 million. The resources mobilized for the Humanitarian Action for Children appeal was US\$ 211 million – 41 per cent of the appeal target of US\$ 508 million. UNICEF operated five field offices covering 21 governorates, with 386 national and international staff members.

Goal Area 1: Every child survives and thrives

To reduce mortality among children and women, UNICEF focused on provision of life-saving

interventions through community-based activities and on sustaining access to a set of high-impact preventive and curative services at community and facility levels. More than half of UNICEF's health investments remained at the Primary Health Care (PHC) level through the implementation of a Minimum Service Package (MSP)[1] in more than 50 per cent of the PHC facilities.

UNICEF supported the treatment of nearly 2.7 million children for common illnesses, including pneumonia and diarrhea, covering 80 per cent of the needs nationally. Over 520,000 pregnant & lactating women (PLW) and new-borns were served through outreach by community midwives. UNICEF enhanced access to lifesaving Maternal and Newborn Health (MNH) services for 500,000 women by covering the service delivery cost of 23 Comprehensive Emergency Obstetric and New-born Care hospitals. Lifesaving medicines, vaccines, and health supplies worth US\$ 20 million were procured and distributed. Over 50,000 health workers from 3,644 health facilities received Personal Protective Equipment and almost 15,000 health services providers were sensitized on IPC.

Four rounds of Integrated Outreach sessions were completed, reaching over 580,000 children under the age of one and 133,700 PLW with TD vaccine. Polio vaccination campaigns reached over 4 million children.

In 2021, UNICEF supported the roll-out of the District Health Information Software (DHIS-2) trainings for 15 governorates, targeting more than 1,130 data focal points. Out of a total of 4,894 health facilities in Yemen, 2,000 are currently reporting through DHIS-2.

UNICEF and partners continued to support the scale-up of a Community Management of Acute Malnutrition programme. A total of 273,049 children (117,774 males, 155,275 females) with SAM were reached through mobile and fixed Outpatient Therapeutic programmes (OTPs), representing 85 per cent of the annual target and 76 per cent of the total burden the country. Performance indicators for the treatment of SAM programme remained within acceptable SPHERE standards with cure rate of 88.5 per cent and defaulter rate at 9.3 per cent. The national geographical coverage of OTPs reached 91 percent by the end of November 2021 - from 4,147 OTPs to 4,489 (342 established in 2021).

The Nutrition Voucher Scheme initiative launched in 2021 contributed to an increased number of children with SAM being reached by supporting costs associated with transportation and upkeep for caregivers staying in Therapeutic Feeding Centres. In total, 2,500 children were reached with a voucher valued at USD 50.

UNICEF continued to support a network of Community Health and Nutrition Volunteers (CHNVs)[2]. In 2021, UNICEF supported the training of additional 3,959 CHNVs, bringing the total number of qualified CHNVs to 27,544.

A multi-sectoral accelerated nutrition response was initiated at the end of 2020. The response targeted 209 of the priority districts identified through the IPC 2 Acute Malnutrition 2021 analysis. The interventions resulted in over 2.6 million children (1,300,429 males, 1,258,025 females) reached with micronutrient supplementation which is a coverage of 90 per cent; and nearly 2.5 million children (1,293,092 males, 1,250,278 males) dewormed – a coverage of 98 per cent. Coverage for micronutrient supplementation and deworming were 46 and 30 per cent respectively in 2020.

Progress was made, notably in agreeing on countrywide coordinated assessments, including SMART surveys in 23 governorates that were initiated and Food Security and Livelihoods Assessments.

Goal Area 2: Every child learns

UNICEF worked to improve access to equitable and inclusive quality education opportunities for girls and boys in targeted communities. This was realized through supporting continued school functionality and improve the quality of learning environments in Yemen. An Education in Emergencies framework

was developed for scale-up, ensuring linkages are being made between humanitarian and development interventions.

UNICEF participated in key sector forums, such as the Local Education Group (LEG), the Development Partners Group (DPG), Education Cluster, and consolidated key partnerships, notably with the World Bank and Global Partnership for Education (GPE) through the Restoring Education and Learning project (REAL) and the Education Sector Program Implementation Grant (ESPIG). Key knowledge products were initiated (Youth and Adolescent Desk Review) and the implementation of the EMIS Strategic Roadmap continued through 2021, enhancing the system's capacity to generate, and use, reliable educational data for system-wide planning.

A total of 526,733 children (47 per cent girls) were supported to complete their national exams. UNICEF provided financial support to the administration of national exams', i.e. financial support to technical exam committees and provision of supplies to ensure exams could take place in a safe environment (hygiene masks, thermometers, hand sanitizers and soap bars). A total of 222,346 children (43 per cent girls) were provided with individual learning materials, and 540 classrooms were constructed or rehabilitated. UNICEF supported 2,162 Rural Female Teachers (RFT) with a monthly cash incentive of USD 145. This is expected to increase enrolment and retention for girls in rural areas. The gender gap among female teachers in Yemen is wide and this serves as deterrent to girl's education as parents do not allow girls to be taught by male teachers. The payment to RFTs helps retain female teachers in conservative rural areas where there is an acute shortage of women teachers.

UNICEF co-led the Education-in-Emergencies Technical Working Group. Under this umbrella, UNICEF, together with selected partners initiated alternative education programmes[3] to 40,000 displaced children.

UNICEF continued to work with schools directly to maintain the functionality of the school system throughout the crisis. Preparation for the school grants programme targeted 7,383 schools (50 percent of schools) with a one-time grant of 1,500 USD to be used for improvement of the school environment was completed. UNICEF also trained 6,090 (30% female) teachers, principals, students, and parents on safe school protocols. WASH facilities were rehabilitated in 188 schools, contributing to an improved learning environment for children.

A new report 'Education Disrupted: Impact of the conflict on children's education in Yemen' was launched by UNICEF in July 2021. The report looks at the risks and challenges children face when out of school, and the urgent actions needed to protect them. Over two million school-age girls and boys are currently out of school as poverty and conflict disrupt their education. This is double the number of out-of-school children in 2015 when the conflict started.

Goal Area 3: Every child is protected from violence and exploitation

The child protection environment remained constrained in Yemen, with bureaucratic impediments and deeply rooted social norms intensified by the conflict. UNICEF adopted the strategy of integrating child protection into other sector responses to mitigate protection risks and reach the most vulnerable children.

A total of 416,428 people, including 325,633 children (154,596 girls, 171,037 boys) and 90,795 adult caregivers (54,897 women, 35,898 men), were reached with Mental Health and Psychosocial Support (MHPSS). MHPSS was provided in health facilities, schools, community centres and in IDP camps through fixed and mobile service modalities. A total of 1,300 people (557 women, 743 men), including community volunteers, health workers, social workers, and teachers, were trained and equipped to provide quality and structured MHPSS services for children and caregivers.

UNICEF reached a total of 5,537,257 conflicted affected people, including 2,921,125 children

(1,416,011 girls, 1,505,114 boys) and 2,616,132 adults (1,278,675 women, 1,337,457 men), with Explosive Ordnance Risk Education (EORE) through schools and community-based sessions. UNICEF and Yemen Executive Mine Action Center (YEMAC) developed audio-visual for mass media platforms including TV, radio, and SMS.

UNICEF supported the referral and provision of critical services to the most vulnerable children through case management system. A total of 9,755 children (3,562 girls, 6,193 boys) were provided with multiple services[4].

A total of 11,338 (6,695 female, 4,643 male) adolescents in schools and youth clubs were empowered with life skill modules. Additionally, 17,629 adolescents (8,845 girls, 8,784 boys) were engaged in peer-to-peer initiatives within their communities on child/adolescent issues.

To improve the number of children registered at birth, UNICEF supplied one million birth certificate forms to the Civil Registration Authority (CRA). During 2021, CRA reported issuing 312,594 birth certificates to children (143,848 girls, 168,746 boys) through routine registration.

A total of 6,277 children (1,558 girls, 4,719 boys) at risk and in contact and conflict with the law received multiple services including legal support, cash assistance, reintegration services and direct assistance through the Inter-ministerial Technical Committee for Justice for Children.

Each sectoral response identified activities which can mitigate or prevent Gender Based Violence (GBV) risks. A total of 5,321,017 persons including girls, boys, men and women were reached through GBV mitigation/ prevention/ response services.

Goal Area 4: Every child lives in a safe and clean environment

UNICEF continued to pursue dual pronged approach to provide immediate access to water and sanitation in the conflict context of Yemen as well as respond to disease outbreaks, including COVID-19. The programme continued to build linkage between humanitarian and development programming through strengthening the resilience of local systems and capacity building of local communities to achieve results with durable solutions in a cost-effective manner.

UNICEF supported the continuity of WASH services through reviving and preserving existing public infrastructure, in rural and urban areas, and the extension of services to IDP's camps. UNICEF reached over 8.8 million people (5.3 million children) with safe and sustained access to drinking water through a wide spectrum of activities, including support to operation and maintenance (including fuel) and rehabilitation of public water systems and water trucking to internally displaced people. Over 4 million people, including 2.4 million children, accessed safe means of excreta disposal in humanitarian situations. Furthermore, 6.2 million people were reached with critical sanitation and hygiene supplies, including hygiene items with gender-responsive standard hygiene kits.

UNICEF reached over 3.6 million people with messages on appropriate hygiene practices. An estimated 1.6 million people benefitted from improved access to sustainable drinking water sources through installation of solar energy stations, rehabilitation, extension and upgrading of water supplies networks. For basic sanitation services, a total of 808,060 vulnerable people, benefitted from rehabilitation of wastewater treatment systems/plants, rehabilitation of sewer networks, and dislodging of overflow sewers. In addition, WASH facilities at 96 health care facilities were rehabilitated in locations at high risk of cholera outbreaks.

UNICEF trained 611 technicians from government WASH institutions and the private sector on solid waste management, latrine construction, environmental and social safeguards, and WASH infrastructure rehabilitation.

UNICEF continued to lead WASH sector coordination, including coordinating the Yemen WASH

Donor's Group. The WASH Development and Resilience Partners Coordination Group which has been suspended since 2014 was reactivated. This contributed to strengthening coordination/ collaboration at national and subnational level across Yemen.

In 2021, UNICEF initiated five strategic studies at national level, which will enable WASH Sector partners to prioritize evidence-based WASH interventions.

Goal Area 5: Every child has an equitable chance in life

UNICEF continued to prioritize evidence generation on the socio-economic situation and its impact on the lives of children and their families. In 2021, special focus was given to evidence on issues related to children with disabilities. This included mapping of available services and assistance to children with disabilities in Yemen and the development of a roadmap to guide coordinated and harmonized programming for persons with disabilities in general, and children with disabilities specifically. Linked to this, UNICEF provided humanitarian cash assistance as well as capacity assistance to the Disability Care and Rehabilitation Fund (DCRF) to enable it to reach more persons with disabilities with different social services.

UNICEF continued to strengthen its convening role in leading the social protection agenda at national level. The focus was on enhancing coordination, national systems capacities, and supporting the transitioning of the key social protection programme, the Unconditional Cash Transfer , to a national institution.

Under the Unconditional Cash Transfer Project, three cash payment cycles (disbursing US\$ 184.6 million) were successfully implemented in 2021, reaching 1.45 million poor and vulnerable families in all governorates and districts of Yemen. The payments reached about 98 per cent of the targeted population, or approximately 9 million people nationwide. About 45 per cent of those who collected the payment were female. Findings from post-distribution monitoring activities across the three cycles showed that cash is mostly used by the families to meet immediate pressing needs, such as food, medical care, transportation, and debt repayment. UNICEF also processed cash payments of allowances, incentives, per diem, vouchers to 36,612 health and nutrition workers and volunteers, teachers as well as children with SAM to support the continuation of and access to basic services for children. The total amount disbursed was US\$ 20 million.

In 2021, UNICEF and partners reached over 400,000 newly displaced people near frontlines and those affected by floods with a first line response package which included essential hygiene items in over 300 districts.

Social and Behaviour Change (SBC) as well as Risk Communication and Community Engagement (RCCE) interventions were designed and implemented addressing needs of vulnerable communities during preventable disease outbreaks, including COVID-19, Cholera, Measles and Polio. About 10.2 million people were engaged on key lifesaving practices to facilitate social and behaviour change, increase demand for basic health and nutrition services, and promote empowerment as well as community led accountability across programmatic areas.

In collaboration with UNICEF Regional Office, over 60 staff were trained on key Accountability to Affected Populations (AAP) principles as guided by the Core Humanitarian Standards. The office also established an AAP Task Force. Capacity development activities on AAP commitments targeting frontline volunteers and partner staff continued, setting the basis for applying AAP commitments at the community level. In 2021, 800 people received trainings on AAP commitments and feedback mechanisms

UNICEF supported COVID-19 hotlines managed by the Ministry of Health whereby health professionals responded to peoples' queries, concerns, and provided medical consultations on COVID.

To ensure further inclusion and participation of the most marginalized groups, UNICEF supported a hotline in the south dedicated for IDPs which enabled them to raise concerns and feedback about the humanitarian services provided to them. In 2021, about 12,500 calls were responded to through those hotlines. Community volunteers and religious leaders trained and supported by UNICEF created WhatsApp groups as an additional platform for two-way communication, engaging approximately 132,000 people.

[1] MSP is a package of agreed on services at each level of health care with UNICEF providing operational costs, health workers per diems and in some cases incentives, medicines, supplies, equipment and training and supervision.

[2] CHNVs play a key role in promoting optimal health and nutrition and WASH practices, including infant and young child feeding and WASH through community mobilization.

[3] Alternative education programmes innovative and flexible models, such as one-classroom schools and remedial support programmes mainly targeting out-of-school children.

[4] Services include victims' assistance, individual counselling, family tracing, reunification, rehabilitation, birth registration, economic empowerment and livelihood support, one-to-one/ group therapy, temporary shelter, legal services, education services, and medical services.

UN Collaboration and Other Partnerships

In 2021, UNICEF worked closely with the United Nations Country Team (UNCT) in the development of the new 2022-2025 UN Sustainable Development Cooperation Framework (UNSDCF).

UNICEF continued to strengthen partnerships with UN agencies in both humanitarian and development programming to promote UN coherence and effective coordination. Strategic partnerships with government, UN, and INGO/NGO partners both at the central and field office levels was maintained around COVID-19 RCCE, COVID-19 vaccine demand generation and for responding to other outbreaks. Strong collaboration with partners, including WHO, through the RCCE working group and other coordination mechanisms to strengthen access to timely lifesaving and health services of vulnerable and underserved children, women, and men across Yemen could be reached with timely lifesaving information and could access appropriate health services.

UNICEF continued to work closely with WHO, WFP, and UNFPA to ensure the continuity of essential health services, based on their respective comparative advantages. Coverage of MNH services at both primary care and hospital levels was coordinated closely between UNICEF and UNFPA. In addition, partnerships with UNOPS and UNDP for electricity supply in PHC facilities, including solarization of health facilities and the cold chain, were explored.

In 2021, a Joint UN project (Joint Actions for Food Security and Nutrition in Yemen – PROACT) was initiated in 53 districts in 10 prioritized governorates.

UNDP, UN-Women and UNICEF launched a joint programme on strengthening the justice system in Yemen. The programme started implementing capacity building initiatives for targeting the justice workforce as well as direct service support to children and women in contact with the law.

As the co-chair of the Country Task Force for MRM on the grave child rights violations, UNICEF continued to work closely with all members of the taskforce.

UNICEF closely works with ICRC for the response to children associated with armed groups and forces. While UNICEF provides interim care and reintegration support in the places of origin, ICRC traces families for the children released from the frontline and supports transportation and reunification package before the reintegration.

In 2021, the Yemen Emergency Human Capital Project[1] was developed and approved under the

World Bank, UNICEF, WHO and UNOPS partnership.

A World Bank, UNICEF, WFP and Save the Children International (SCI) partnership - the Restoring Education and Learning (REAL) project (2021-2024) was developed and approved. This partnership is also supported by the Global Partnership for Education (GPE) programme.

[1] This is the successor of Yemen Emergency Health and Nutrition Project that ends in June 2022.

Lessons Learned and Innovations

To achieve better results and to holistically address the needs of children in Yemen, substantial efforts were made to integrate sectors to improve impact and service coverage. Under Emergency Health and Nutrition Project (EHNP), WASH services were integrated both at facility and community level. Integrated nutrition response, funded primarily by the Famine Relief Fund, brought together, health, WASH and cash assistance. Programmatic intersects between child protection/education and health included integrated approaches to provide psychosocial support to children and their caregivers accessing health facilities and in schools. Vulnerable children were identified through experienced social workers visiting health facilities regularly and were referred and provided with critical child protection services.

The integrated approaches helped to maximize results for children, providing quality services while accessing more vulnerable children. However, putting in place such integrated programmes requires an extended period of coordination and harmonization across multiple sections. This is challenging to implement with short-term funding and certain conditionalities of available funding. Other challenges to implement this approach is the uneven availability of partners geographically and limited capacity of some key partners.

In 2021, UNICEF reviewed the effectiveness of the Rapid Response Team (RRTs) response with the support of an external Epidemiologist. A detailed analysis of the RRTs system was undertaken and based on the findings, corrective measures were put in place, aiming at perfecting the response while dis-associating Acute Water Diarrhoea (AWD) cases from suspected cholera cases. The RRT' roles and responsibilities were also revised to enable the expansion of the Crisis and Disasters Response Sustainable Committees' (CDRSCs) engagement at local level. The revision resulted in a reduction of the deployment of the RRTs by 50 per cent compared to previous years.

The continuous collaboration between clusters and UNICEF programme sections at central and field office level continued to be an important asset for emergency planning and preparedness. The collaboration ensures coherent inputs which enable UNICEF to have timely and effective emergency responses. Under the UNICEF cluster leadership and as an approach to prioritizing inter-cluster coordination, a new approach to the Yemen Humanitarian Fund planning was introduced which focuses on an integrated response to meet needs rather than a siloed sectoral approach. The expected outcome is to better serve needs of affected population and better manage the limited funding available for Yemen.

Despite its five-month duration, the Famine Relief Fund was instrumental in accelerating lifesaving and preventive nutrition services across the country with focus on the priority districts identified by the IPC 2020. The main challenge will be to sustain the gains beyond the grant expiry period

External communication is central to UNICEF's advocacy. UNICEF provided interviews and content to local and international media outlets. The engagement of young people in the development of the office's advocacy products was critical to provide a venue for their participation and engagement. This was reflected during the development of the World Children's Day song "The Dream of Reem" which was based on a focus group discussion with a number of young people and reached more than 500K on social media.

Restrictions on SBC-RCCE, particularly in the northern governorates, remained a major challenge. Restrictions included impounding supplies (community volunteers toolkits/ job aids, reusable face masks), obstructing some community engagement activities such as Mother-to-Mother clubs in some locations, as well as reluctance of MoPHP in the north to explicitly mention COVID in RCCE interventions. One of the lessons learned was the need to further strengthen the role of religious and community leaders in RCCE to address misconceptions derived from distorted religious beliefs that affect adoption of promoted practices or vaccination acceptance. For example, COVID-19 assessments showed that many respondents cited trust in God when they were asked about practicing COVID-19 prevention measures or willingness to take COVID-19 vaccines. The efforts of religious leaders were further reinforced with a brief guide prepared with support from the Ministry of Religious Guidance to refute COVID and COVID vaccine misconceptions from distorted religious beliefs. The guide will be disseminated for community volunteers to help them address such misconceptions when engaging with the community.

During 2021, UNICEF Yemen completed two out of four planned evaluations, being the first evaluations commissioned and completed in the last five years. Three additional evaluations are ongoing and will be completed in 2022. All the large evaluations commissioned in 2021 made use of evaluation reference groups that included 42 staff members from external partner and donor organizations.

In relation to evaluation, a key lesson learned is that, due to complexity of the operating context, including the intensification of the conflict and difficulties of access, the timelines were longer and evaluations more costly than anticipated. In 2022, the guidance on standard cost of an evaluation has been increased from US\$ 100,000 to US \$200,000, and timelines will be lengthened from a 2021 standard of five months to a 2022 standard of between eight and eleven months to account for these challenges.