

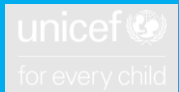


Reporting Period: 1 February – 28 February 2022

© UNICEF/YEMEN/2022/Fahd

Yemen Country Office Humanitarian Situation Report

February 2022

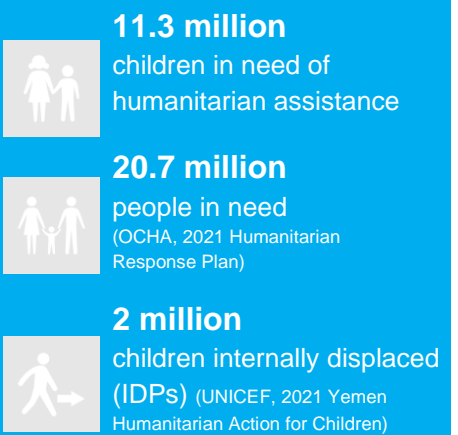


Highlights

- A total of 432,379 children under the age of five have been screened for malnutrition since the beginning of the year. Out of these, 21,598 children with severe acute malnutrition (SAM) were identified and admitted in Outpatient Treatment Programmes (OTPs).
- UNICEF and partners implemented the first round of the polio vaccination campaign in 12 southern governorates from 19 to 24 February, reaching a total of 2,456,114 children under the age of ten, with 90 per cent receiving the trivalent oral polio vaccine (tOPV).
- In February, UNICEF continued supporting the delivery of fuel to 36 Local Water and Sanitation Corporations (LWSCs) across 17 governorates in order to sustain the provision of safe water supply for approximately 2.48 million people.
- UNICEF, in collaboration with UNFPA and WFP, reached 7,376 newly displaced households through the distribution of Rapid Response Mechanism (RRM) kits containing essential hygiene items, food, family basic hygiene kits and female dignity kits.

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)

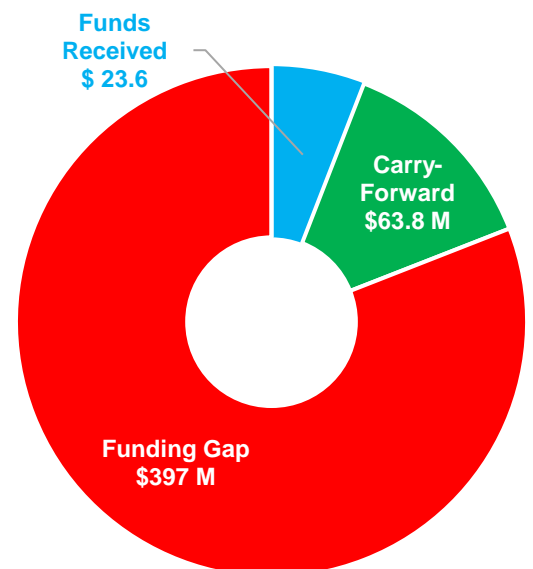


UNICEF's Response and Funding Status

Health	Measles vaccination	2%
	Funding status	5%
Nutrition	SAM Admission	6%
	Funding status	13%
Child Protection	Psychosocial support	12%
	Funding status	20%
Education	Access to education	0%
	Funding status	39%
WASH	People with safe water	43%
	Funding status	18%
Social Policy	Social economic assistance	3%
	Funding status	7%
Cross sectoral	People reached with campaigns	10%
	Funding status	2%
RRM	IDPs with RRM kits	22%
	Funding status	44%

Funding Status

2022 Appeal: \$484.4M



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

Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) which is currently aligned to the 2021 Yemen Humanitarian Response Plan (YHRP), appeals for \$484.4 million in 2022. UNICEF's humanitarian programmes are planned for nationwide reach targeting populations in areas with the most acute needs, and the appeal integrates the COVID-19 response into programmes planned within the HAC. As of 28 February 2022, UNICEF received a total of \$23.6 million against the 2022 HAC appeal and a total of \$63.8 million was carried forward from 2021, leaving a funding gap of \$397 million, or 81 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. During the reporting period, contributions were received from USAID's Bureau of Humanitarian Assistance, the Yemen Humanitarian Fund, the Government of Japan, the United Nations Central Emergency Response Fund, the Swiss National Committee for UNICEF and the Federal Ministry for Economic Cooperation and Development of Germany. Despite these generous contributions, critical funding gaps for the response are emerging from quarter two of 2022.

Situation Overview & Humanitarian Needs

Eight years into the conflict, 20.7 million people in Yemen need humanitarian assistance¹. Over 50 districts across Yemen are directly affected by active frontlines, leading to the displacement of over 4.2 million people since the beginning of the conflict, of which 79 per cent have been children and women².

Conflict continued to escalate during the month of February, increasing humanitarian needs across the country. A total of 16.2 million people³ need food assistance and an increasing proportion of the population is coping with emergency levels of hunger. Children with severe acute malnutrition (SAM) are at a higher risk of death without receiving therapeutic feeding assistance. Children continue to suffer from common childhood illnesses including pneumonia and acute watery diarrhoea (AWD) as well as Vaccine Derived Polio (VDP) outbreaks. An estimated five million women and girls of childbearing age, and 1.7 million pregnant and lactating women (PLW) have limited to no access to reproductive health services. Persistent fuel shortages drove up the prices of food and other basic commodities. Fuel shortages are also directly impacting the functionality of critical water and sanitation services, as most of the water and sanitation corporations rely on fuel either for pumping water or pumping sewage and wastewater. Yemen's economy shrank by more than half since 2015, with over 80 per cent of people living below the poverty line. According to the results of the 2021 Global Multidimensional Poverty Index (MPI)⁴, in Yemen, more than half of the total population (51.6 per cent) is living in multidimensional poverty.

A total number of 35 cases of circulating Vaccine Derived Polio Viruses Type 1 (cVDPV1) were reported in Yemen between June 2018 and December 2021. In 2022, no cases have been reported yet. As of 5 March 2022, 11,774 cases of COVID-19 were officially confirmed since the beginning of the pandemic, with 2,135 associated deaths (18.1 per cent case fatality rate). Almost all the cases were reported in Hadramout, Aden, Abyan, Lahj, Al Dhalea, Shabwah, Al Maharah, Taiz, Socotra and Marib governorates. No cases have been reported from the northern governorates. The COVID-19 vaccination campaign continued in the southern governorates. As of 28 February, a total of 397,352 people in the south were fully vaccinated against COVID-19, while 241,516 people were partially vaccinated.

Summary Analysis of Programme Response

Health

UNICEF continued strengthening its immunization activities in Yemen. In response to the circulating Vaccine Derived Polio (VDP) Virus type 1 and 2 outbreak response (cVDPV1&2), UNICEF in coordination with partners implemented the 1st round of the polio vaccination campaign in 12 southern governorates from 19 to 24 February, reaching a total of 2,456,114 children under ten years old. Based on the preliminary data, a total of 2,208,579 (90 per cent) were vaccinated with the trivalent oral polio vaccine (tOPV). The second round of the polio vaccination campaign is planned for 19 to 24 March 2022 in the same southern governorates and a total of 2,909,000 doses of tOPV have been received to be administered during the second round. Despite the growing number of cVDPV2 cases, no agreement has been reached yet to conduct the recommended polio campaigns in the northern governorates. In addition, UNICEF delivered into the country 835,300 doses of measles-rubella (MR) vaccines and 3,149,400 doses of Bivalent oral poliovirus vaccines (bOPV) for routine immunization. 100,800 doses of AstraZeneca vaccine were delivered to the southern governorates

¹ Updated data is expected to be released in March 2022 after the release of the 2022 Yemen Humanitarian Needs Overview (HNO)

² UNHCR Operational Update

³ Integrated Phase Classification (IPC) Analysis 2020. Updated data is expected to be released in March 2022.

⁴ https://ophi.org.uk/wp-content/uploads/UNDP_OPHI_GMPI_2021_Report_Unmasking.pdf

to protect people from COVID-19. UNICEF strengthened the vaccine storage capacity for quality delivery of routine immunization services by installing 37 solar direct-drive (SDD) fridges in 37 health facilities.

In response to the ongoing COVID-19 pandemic, UNICEF supported the delivery of essential health and nutrition services at primary health care (PHC) facilities and maternal and neonatal health (MNH) hospitals, by providing orientation on COVID-19 case definition, management and best practices for infection, prevention and control (IPC) to 1,200 health workers (HWs) and volunteers (out of a total of 4,000). In addition, over 4,300 healthcare providers in 415 PHC facilities and MNH hospitals in 150 districts nationwide were provided with personal protective equipment (PPE) including gloves, masks and hand sanitizers.

During the reporting period, UNICEF continued supporting the rehabilitation of 60 triage facilities in nine governorates (Aden, Taiz, Abyan, Lahj, Al Dhale, Shabwah, Hadramout, Al Maharah and Socotra), out of which 47 triage facilities have been completed.

UNICEF reached 7,649 health workers and community health workers from 15 governorates with financial assistance to support the continuity of integrated PHC services at the community and facility levels to ensure health facilities could continue providing free of charge services and to ensure the linkage between health facilities and communities.

Nutrition

UNICEF in partnership with the Ministry of Public Health and Population (MoPHP) and implementing partners scaled-up the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation in Yemen. Since the beginning of the year, a total of 432,379 (214,177 boys and 218,202 girls under five years have been screened for malnutrition. Out of these, 21,598 children (9,565 boys and 12,033 girls) with severe acute malnutrition (SAM) were identified and admitted in OTPs.

Since the beginning of 2022, a total of 42,044 children (20,939 girls and 21,105 boys) received deworming tablets, 82,655 children (40,875 girls and 41,780 boys) received micronutrient sprinkles and 7,051 children (3,402 girls and 3,649 boys) received Vitamin A supplementation. In addition, 95,037 pregnant and lactating women (PLW) received Iron Folate supplementation, and 177,081 PLW received Infant and Young Child Feeding (IYCF) consultations⁵.

Water, Sanitation and Hygiene

During the month of February, UNICEF continued to support emergency WASH interventions⁶ in Internally Displaced Person (IDP) sites in Hajjah, Hodeidah, Marib, Taiz, Aden, Al Dhalea and Al Jawf governorates, ensuring that more than 340,000 IDPs and 60,000 members of the host communities have access to safe water supply. The interventions were implemented in partnership with the General Authority for Watery and Sanitation Project-Emergency Unit (GARWASP-EU) and through national NGOs and private sector contractors.

A total of 700,000 people benefitted from the construction of the Al Fao Water Wellfield pumping line in Marib city and 32,000 people benefitted from the rehabilitation of water and sanitation facilities in 12 health facilities in Marib, Alwadi, Harib, Al Abdiah, Bedbedah, Rahabah and Majzar.

UNICEF supported the integrated response to acute watery diarrhoea/suspected cholera and malnutrition cases through the operation of Crisis and Disaster Response Sustainable Committees (CDRSCs) and Rapid Respond Teams (RRTs) in Hodeidah, Hajjah, Mahwit, Raymah Jawf and Sa'ada governorates, reaching around 134,000 people. The interventions included the distribution of WASH supplies⁷, hygiene promotion, chlorination of water storages at household level, and were complemented with water quality monitoring and chlorination of water supply sources. In Marib, 14,770 IDPs received hygiene materials, chlorine tablets and hygiene promotion sessions.

In coordination with the National Water and Sanitation Authority (NWSA) Marib, UNICEF completed the implementation of the water quality monitoring program targeting Marib Alwadi, Aljubah, Sirwah and Marib city. In addition, UNICEF supported the National Water Resource Authority in conducting water quality monitoring in 46 districts across Ibb, Taiz,

⁵ Data collected through 4,528 Outpatient Therapeutic Feeding Programmes (OTPs) (79 per cent reporting rate), along with reports received from 21,624 active Community Health and Nutrition Volunteers (CHNVs) (48 per cent reporting rate), mobile teams, and 2,457 IYCF corners.

⁶ Interventions included water trucking, water quality monitoring and chlorination of trucked water, rehabilitation and installation of water distribution points, distribution of basic and consumable kits, construction of emergency latrines, desludging of sewage from full pits, cleaning campaigns and hygiene promotion.

⁷ Supplies included consumable and basic hygiene kits (BHK), water disinfectants (aqua tabs and HTH) and water storage supplies (jerry cans and storage tanks).

Al Dhale'e, Amant Al Asimah, Amran, Dhamar and Sana'a governorates; districts with cholera and malnutrition cases were prioritized. Water samples from private wells, public water distribution systems, water springs, streams and drinking water stations used for domestic purpose by 5.78 million people were collected and tested for physical, chemical, and bacterial contamination.

In February, UNICEF continued supporting the delivery of fuel to 36 Local Water and Sanitation Corporations (LWSCs) in 17 Governorates to sustain the provision of safe water supply for around 2.48 million people.

The WASH Cluster completed the annual Cluster Coordination Performance Monitoring (CCPM) survey and compiled the preliminary report for collective validation from the WASH partners. In addition, the Cluster completed the bi-annual Emergency Preparedness and Response capacity mapping, with support from 14 WASH cluster partners, to determine the availability of contingency funding and availability of WASH non-food items (NFI) per governorate and to prepare responses for acute emergencies including seasonal flash floods.

Child Protection

UNICEF and partners delivered explosive ordinance risk education (EORE) on the risks posed by mines, unexploded ordnances and explosive remnants of war, reaching 127,395 conflict-affected people in Aden, Hodeidah and Abyan governorates, including 105,083 children (50,809 girls and 54,274 boys) and 22,321 adults (11,186 women and 11,126 men). EORE was delivered in schools and child-friendly spaces, and through community campaigns with COVID-19 preventative measures.

UNICEF provided psychosocial support to 62,959 people (4,501 women, 2,404 men, 27,520 girls and 28,534 boys) across ten governorates (Abyan, Aden, Ad Dali, Al Jawf Al Hodeidah, Amran, Hajjah, Hadramout, Raymah, and Taiz). These services helped children overcome the immediate and long-term consequences of their exposure to violence.

Through the case management programme, UNICEF continued to support the referral and provision of critical services and victim assistance for the most vulnerable children. 871 children (339 girls and 532 boys) were identified by trained case managers, out of which 869 children (339 girls and 530 boys) received more than one service.

The Child Protection Area of Responsibility (AoR) reached a total of 64,631 people (4,654 women, 2,506 men, 28,249 girls and 29,222 boys) with community-based mental health and psychosocial support through CP AoR partners.

Education

In February 2022, UNICEF continued to improve access to equitable and inclusive quality learning for girls and boys by supporting school functionality. As part of the teacher training plan 2021-2022 being rolled out across Yemen, UNICEF supported the training of 2,332 teachers, principals and members of Father and Mother Councils in the governorates of Taiz, Lahj, Al Dhale'e and Shabwah; the participants were trained on classroom management and active learning, safe school protocols, planning and school leadership and psychosocial support.

During the reporting period, UNICEF distributed school grants to 1,502 schools in Aden, Abyan, Al Bayda'a, Al Dhale'e, Hodeidah, Hadramout, Hajjah, Ibb, Lahj, Raymah, Sa'ada, Sana'a, Sana'a city, Shabwah, and Taiz governorates, aiming to benefit an estimated 500,000 children (50 per cent girls). Each school received 70 per cent (USD \$1,050) of the total grant allocation per school to fund the implementation of school improvement plans, which will include support for the improvement of the school environment, procurement of recreational material for extracurricular activities and teaching and learning material. The remaining 30 per cent will be paid after monitoring of the implementation of the school improvement plans is completed.

To support a safe return to schools and learning, UNICEF developed and produced back to school and health awareness messages that were broadcasted via radio and TV. UNICEF was able to reach over three million children and parents in 14 northern governorates.

UNICEF distributed 370 whiteboards in Abyan, Marib and Shabwah governorates aiming to benefit 24,163 children (17,878 girls and 6,285 boys). In addition, 112 schools received hygiene kits in Aden, Lahj, Abyan, and Al Dhale'e governorates.

Social Inclusion and Cash assistance

In February, UNICEF in partnership with the Ministry of Planning and Development published a special in-depth analysis of the Food Prices Development in Yemen from 2015 to 2021. The analysis showed that Yemeni citizens experienced severe waves of inflation during the years of 2015, 2017, 2020 and 2021. Inflation rate ranged between 34 per cent to 47 per cent and was 4 to 10 times higher than the rates seen in other developing countries and globally. As a result, the prices of key commodities skyrocketed and living standard deteriorated, especially for low income and poor groups. The high levels of inflation in Yemen coincided with a sharp contraction in the average per capita income to Gross Domestic Product (GDP) at constant prices, going from about \$1,574 in 2014 to \$585 in 2020. This cumulative decline rate of 62.8 per cent pushed millions of people into extreme poverty.

With technical support from UNICEF, as part of the integrated social protection and inclusion agenda, the Handicap Care Rehabilitation Fund (HCRF) successfully launched a data information management system for case management, which will be used to facilitate and manage the implementation of case management and the referral of children with disabilities in areas under the coverage of the HCRF.

Social Behaviour Change (SBC) and Accountability to Affected Populations (AAP)

UNICEF continued to conduct communication and social mobilization interventions to support the COVID-19 vaccination interventions in the southern governorates. 27 radio stations and four TV channels aired the campaign messages through flashes, public service announcements and dedicated discussion programmes, regularly reaching an estimated five million people.

In the southern governorates, community volunteers and religious leaders mobilized their communities for the polio vaccination campaign through house-to-house visits, community meetings/gatherings and sessions in mosques, reaching an estimated 2.5 million people. Through the communication and social mobilization activities that supported the Polio vaccination campaign, over 6.5 million people in the targeted governorates were reached through the use of one or more communication approaches (interpersonal communication, communication materials, mass media activities, roaming cars). These efforts contributed to achieving 90% coverage for the 1st round of the campaign as indicated under the Health section. The interpersonal communication activities were complemented with 122 roving vehicles mounted with megaphones to broadcast campaign announcements in the targeted districts. Communication materials disseminated included 55,000 banners, 240,000 posters and 400,000 leaflets; these were placed at strategic locations to support the visibility of the campaign. Mass media support was provided through six TV channels and 27 local radio stations which aired the campaign messages through flashes, public service announcements as well as discussion programmes on Polio reaching an estimated five million people.

UNICEF continued to support COVID-19 hotlines managed by the Ministry of Public Health and Population (MoPHP) for accountability and community feedback mechanisms through which health professionals responded to peoples' queries, concerns, and medical consultations on COVID-19. To ensure the inclusion and participation of the most marginalized groups, UNICEF continued supporting a hotline dedicated for IDPs which enabled them to raise complaints and share concerns and feedback about the humanitarian services being provided to them. In February 2022, 3,980 calls were responded to through the hotlines informing and guiding people on COVID-19 RCCE and COVID-19 vaccine demand generation interventions as well as the review and revision of messages and interventions as part of the COVID-19 response.

UNICEF organized capacity development sessions for 1,583 community engagement volunteers in the governorates under Aden, Ibb and Hodeida hubs. 80 per cent of the participants were female. The participants were trained on the principles of social and behaviour change to undertake effective interpersonal communication and social mobilization interventions. The participants were also oriented on the package of lifesaving practices, including key sanitation and hygiene practices, key maternal and child health practices, and infant and young child feeding practices.

AWD/Cholera Response

Between 1 January and 28 February 2022, no confirmed cholera cases were officially reported by the authorities. Nevertheless, UNICEF is closely monitoring suspected cases of cholera and associated deaths. A small number of alerts were raised by some governorates, but verification done through the Rapid Response Teams and WHO confirmed no red flags and numbers are within the expected range.

Implementing partners through community volunteers and members of Mother-to-Mother clubs continued to support communication and social mobilization interventions for AWD/Cholera prevention. Through multiple interpersonal communication activities including house-to-house visits, social gatherings, and awareness sessions in schools, 543,220 people were reached with messages on AWD/Cholera and key lifesaving practices.

Rapid Response Mechanism (RRM)

In February, the ongoing clashes along several frontlines (including in Marib, Taiz and western coastal areas) continued triggering waves of internal displacements within the impacted governorates and towards buffering districts in surrounding governorates. According to the RRM cluster, more than 7,000 households were displaced throughout February, mainly towards the hosting districts in Hodeidah, Taiz, Al Dhale and within Marib.

UNICEF, along with UNFPA and WFP, continues to reach displaced population at frontlines with first line response packages. The distribution of the RRM kits is meant to meet the most critical and immediate needs of displaced families as they are uprooted suddenly from their homes. RRM kits, including essential hygiene items, food, family basic hygiene kits and female dignity kits, reached 7,376 newly displaced households (51,632 individuals) across 33 districts in 19 governorates, with the highest reach in Marib, Hodeidah, Taiz and Al Jawf.

In line with the trend of displacement, RRM aims to reach at least 588,000 newly displaced people throughout 2022. Based on the findings of the new HRP anticipated to be released in April 2022, RRM activities will include an education component as part of the first line response, to increase the reach of the Education in Emergency (EiE) response.

Supply and Logistics

In February 2022, UNICEF delivered a total value of \$2.9 million in supplies, including vaccines, personal protective equipment (PPE), health kits, medicines, ready-to-use therapeutic food (RUTF), medical equipment, school supplies and materials.

The fluctuation of the Yemeni Rial remains a bottleneck for local vendors in responding to tenders due to the challenge in retaining offer prices. Local vendors face challenges in responding to delivery lead time, relying mainly on existing stock as they are often unable to offer items matching UNICEF specifications due to the global challenges faced in the supply chain.

The Supreme Board of Drugs and Medical Appliances (SBDMA) established a new mechanism for all shipments entering Hodeidah and Sana'a, which are now required to be checked at the SBDMA before arrival at the warehouses. The Yemen Standardization, Metrology, and Quality Control Organization (YSMO) continues to prohibit the import of supplies with less than 50 per cent of their remaining shelf life.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy in Yemen is aligned with the HNO, the HRP, and Cluster and programme priorities. UNICEF continues to work in coordination with the Yemen Humanitarian Country Team, leading the WASH, Education and Nutrition Clusters and the Child Protection Area of Responsibility (AoR). UNICEF is also an active member of the Health Cluster and is collaborating with other UN agencies and INGOs to efficiently deliver basic life-saving supplies and services in areas impacted by increasing armed violence.

In the context of the COVID-19 pandemic, UNICEF developed a COVID-19 preparedness and response plan in April 2020. The response plan also aligns with the UN's and the government's three priorities for Yemen: case management, RCCE, and the continuation of health programmes beyond the COVID-19 response. UNICEF leads the latter two priorities. The plan builds on the WHO-led National Preparedness and Response Plan and considers lessons learned from other affected countries. UNICEF continued its RCCE response with campaigns to address disinformation on the vaccine, as well as to continue digital engagement and rumour monitoring.

UNICEF supports the inter-agency protection against sexual exploitation and abuse (PSEA) network and hosts the network coordinator. The PSEA network, under supervision of the UN Humanitarian Coordinator in Yemen and co-led by UNHCR, includes focal points from each member organization to ensure active commitments. The network has developed the strategy and action plan for 2021-2022 and the standard operating procedures (SOPs) on handling sexual exploitation and abuse (SEA) allegations. The network also initiated the UN inter-agency harmonized implementing

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

Human Interest Stories and External Media

Field update:

An improved school leads to better educational outcomes

Al Zyadi School in Lahj Governorate is one of the 23 schools in which UNICEF supported major rehabilitation work, benefitting over 22,000 students.

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



© UNICEF/YEMEN/2022/Gabreez

External Media

[UNICEF's support to displaced people in Marib](#)

[The launch of the polio vaccination campaign](#)

[#HumanMoney Project to improve children's health](#)



Next SitRep: 31 March 2022

UNICEF Yemen Facebook: www.facebook.com/unicefyemen

UNICEF Yemen Twitter: @UNICEF_Yemen

UNICEF Instagram: UNICEF_Yemen

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

Who to contact for further information:

Philippe Duamelle

Representative
UNICEF Yemen
Sana'a
Tel: 967712223363
Email:

pduamelle@unicef.org

Mohamed Aboelnaga

Chief of Communications
UNICEF Yemen
Sana'a
Tel : +967 712 223 161
Email:

maboelnaga@unicef.org

Anne Lubell

Partnerships Manager
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 79 835 0402
Email:

alubell@unicef.org

Annex A

Summary of Programme Results⁸

⁸ These figures reflect the updated, approved 2022 HAC appeal.

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2022 target	Total results	Change	2022 target ⁹	Total results	Change
Health							
Number of children aged 0 to 11 months vaccinated against measles	20,100,000	972,142	23,006	7,586			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	2,208,579	2,208,579			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	383,986	136,951			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	4,300	4,300			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	400,000	366,358	21,598	18,606	N/A	22,370	19,378
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718 ¹⁰	5,023,627	7,051	7,051	N/A	8,570	8,570
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	112,367	62,959	1,218,253	115,406	64,631
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,000,000	-	0 ¹¹			
Number of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers		1,900,000	-	0 ¹²			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,010,000	263,930	127,395			
Education							
Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	1,400	0	895,000	27,359	6,635
Number of children receiving individual learning materials		800,000	4,950	0	1,200,000	23,082	1,851
Number of teachers receiving teacher incentives each month		15,000	2,142	2,142	100,000	2,549	2,549

⁹ Cluster targets are in the assessment process and not yet available.

¹⁰ The figure will be updated after the finalization of the 2022 Humanitarian Response Plan (HRP).

¹¹ Implementation saw delays in the planning phase. Achievements will show in future sitreps.

¹² This indicator depends heavily on the unconditional payment cycle, as PSEA messages are disseminated along with awareness raising package. The cash transfer cycle will start in March 2022. At the same time, PSEA awareness raising planned for Health and Nutrition activities is still under preparation.

Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	15,400,000	6,800,000	2,940,794	- ¹³	N/A	-	- ¹⁴
Number of people reached with critical WASH supplies		5,910,000	179,000	- ¹⁵	N/A	-	- ¹⁶
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	179,000	- ¹⁷	N/A	-	- ¹⁸
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,418,550	- ¹⁹			
Social Protection & Cash Transfer							
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	-	0			
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	4,065	3,478			
Cross-Sectoral (HCT, C4D, RCCE and AAP)							
Number of people participating in engagement actions for social and behavioural change		8,500,000	845,678	543,220			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		588,000	129,927	51,632			

¹³ Data not available yet

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

Annex B Funding Status*

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2022**	Other resources used in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	125,000,000	1,244,163		5,139,422	118,616,415	95%
Nutrition	120,000,000	7,522,077		8,847,584	103,630,339	86%
Child Protection, GBVIE & PSEA	37,000,000	1,136,384		6,280,602	29,583,014	80%
Education	55,450,000	-		21,501,730	33,948,270	61%
Water, Sanitation and Hygiene	100,000,000	6,444,160		11,444,435	82,111,405	82%
Social Protection	23,000,000	-		1,572,051	21,427,949	93%
C4D, Community Engagement & AAP	12,500,000	-		285,600	12,214,400	98%
Rapid Response Mechanism	5,950,000	1,334,098		1,282,054	3,333,848	56%
Cluster coordination	5,500,000	-		14,608	5,485,392	100%
Being allocated		5,889,136		7,399,714		
Total	484,400,000	23,570,017		63,767,801	397,062,182	82%

*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 2022 HPM results.

**'Funds Available' as of 28 February 2022 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.