



Reporting Period: 1– 31 May 2022

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Yemen Country Office Humanitarian Situation Report

May 2022



Highlights

During the reporting period, UNICEF delivered 1.49 million doses of measles-rubella (MR) vaccines in response to the measles outbreak in 74 districts across 10 governorates in the south, targeting a total of 1,355,142 children aged 6 months to 10 years.

UNICEF-supported interventions reached 32,941 conflict-affected people through explosive ordinance risk education (EORE) activities, including 19,213 children (8,325 girls and 10,888 boys) and 13,728 adults (6,019 women and 7,709 men) in Taiz governorate.

Fuel delivery continued to 36 Local Water and Sanitation Corporations (LWSCs) and National Water and Sanitation Authority (NWSA) in 17 governorates to sustain the supply of safe water to 2.48 million people (520,800 women, 471,200 men, 768,800 girls and 719,200 boys).

UNICEF's Response and Funding Status

Health	Measles vaccination	21%
	Funding status	16%
Nutrition	SAM admissions	25%
	Funding status	23%
Child Protection	Psychosocial support	23%
	Funding status	29%
Education	Access to education	31%
	Funding status	53%
WASH	People with safe water	50%
	Funding status	29%
Social Policy	Social economic assistance	9%
	Funding status	8%
Cross Sectoral	People reached with campaigns	68%
	Funding status	7%
RRM	IDPs with RRM kits	35%
	Funding status	45%

Situation in Numbers

(OCHA, 2022 Humanitarian Needs Overview)



11.3 million
children in need of
humanitarian assistance

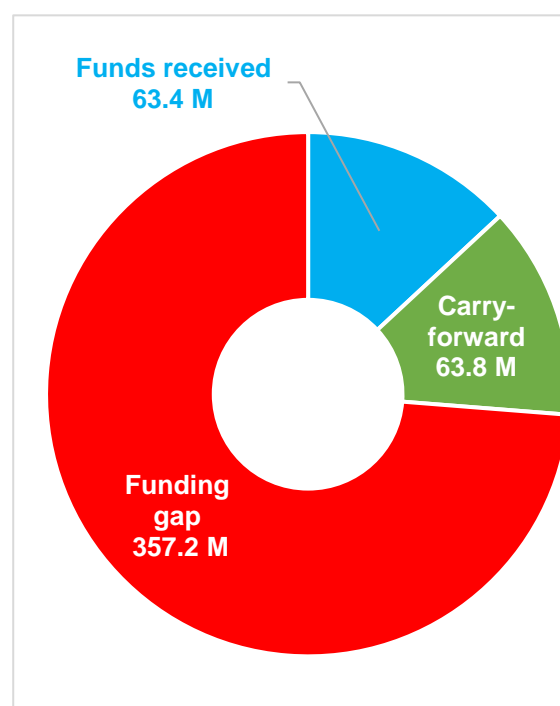


20.7 million
people in need



1.8 million
children internally displaced
(IDPs)

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 aligned to the 2021 Yemen Humanitarian Response Plan (YHRP), appeals for \$ 484.4 million in 2022. The Yemen HAC is currently under mid-year review based on evolving context and the Yemen Humanitarian Needs Overview (HNO) 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 31 May 2022, UNICEF received \$ 63.4 million against the 2022 HAC appeal and \$ 63.8 million was carried forward from 2021, leaving a funding gap of \$ 357.2 million, or 74 per cent of the total amount required to continue UNICEF's lifesaving work in Yemen. During the reporting period, generous contributions were received from the Danish Committee for UNICEF, France, the French Committee for UNICEF, the Luxembourg Committee for UNICEF, Norway, Saudi Arabia and the United States Fund for UNICEF. Despite these generous contributions, critical funding gaps for the response are emerging from quarter two of 2022 putting at risk lifesaving interventions.

Situation Overview & Humanitarian Needs

The UN brokered a two-month truce, which went into effect on 2 April, and continued to hold in May, with no airstrikes recorded. The United Nations Special Envoy for Yemen Hans Grundberg urged the renewal of the truce, which was due to end 2 June, citing important progress made during the truce such as the increased availability of fuel, the resumption of commercial flights from Sana'a airport and the reduction in civilian casualties¹.

Over the two-month truce period of 1 April - 31 May, more than 7,800 people (1,307 households) were internally displaced at least once according to the International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM).² This represents a 47 per cent decrease compared to the displacement between 2 February and 31 March 2022.

Since January 2022, a total of 27,800 migrants have entered Yemen from the Horn of Africa according to the IOM's DTM. This increase in the last five months is more than the total number of migrants reported in 2021. This is due to the security situation in Ethiopia, reduced COVID-19 border restrictions, and more favourable weather conditions³.

Up to the end of May 2022, more than 8,500 Acute Watery Diarrhoea (AWD) / suspected cholera cases and associated deaths were reported, with a 0.16 per cent case fatality rate (CFR); the highest number of suspected cases were reported from Taiz, Hajjah, Ibb and Hodeidah governorates. Data shows that there is a significant decrease in the number of AWD/suspected cholera cases in 2022 compared with the same period of 2021 (26,981 suspected cases and 17 associated deaths with a 0.06 per cent CFR). The Ministries of Health, UNICEF and WHO continue to closely monitor cholera suspected cases and associated deaths.

As of 31 May, a total of 11,822 cases of COVID-19 have been officially confirmed with 2,149 associated deaths and 18.2 per cent CFR. Most of the COVID-19 cases were reported in the governorates of Hadramout, Aden, Abyan, Lahj, Al Dhalea, Shabwah, Al-Maharah, Taiz, and Mareb. In the northern governorates, four COVID-19 cases were reported in 2020.

During the month of May, the UN Country Task Force on Monitoring and Reporting (CTFMR) documented 11 incidents of grave violations against children, 82 per cent of the incidents have been verified. This includes eight confirmed child casualties, including three children killed (boys) and five boys maimed due to gunshot incidents (45 per cent) by various parties to the conflict. The use of two schools by a party to the conflict was also reported. Most of the incidents documented and verified were in the governorates of Taiz (4) and Sa'ada (3).

Summary Analysis of Programme Response

Health

As part of the continued COVID-19 response, UNICEF provided protective equipment (including gloves, masks, gowns, face shields, goggles, etc) to 14,162 healthcare providers in 3,775 health facilities within 332 districts across 22 governorates of Yemen. UNICEF provided infection prevention and control (IPC) sensitisation sessions to 2,560 healthcare providers (out of the total planned 4,000) including healthcare workers (HWs), case management workers

¹ Press Release: <https://osesgy.unmissions.org/press-release-implementation-and-prospects-renewal-truce-yemen>

² IOM Displacement Tracking Matrix

³ <https://news.un.org/en/story/2022/05/1119372>

(CMWs) and community volunteers (CVs). During IPC sensitisation sessions, healthcare providers were provided information on COVID-19 case definition, transmission pathways, and best practices for IPC at the community and facility levels. Healthcare providers were sensitised on the importance of providing COVID-19 prevention and treatment including the importance of educating beneficiaries and patients who receive routine services. As part of its COVID-19 response, UNICEF supported the rehabilitation of two triage facilities in Al Dhalea and Hadramout governorates (Jahaf hospital and Al-Jadfarah respectively).

The circulating Vaccine Derived Polio Virus (cVDPV) type 2 cases continued to rise with an additional 24 cases reported during the reporting period, bringing the total of the cases of cVDPV2 to 95 in 18 governorates in Yemen since Nov 2021.

UNICEF continued to support vaccination of children under the age of one with oral poliovirus vaccines (OPV) as part of routine vaccinations 10,258 children received the first dose and 8,206 received their third dose.

During the month of May, UNICEF delivered 1.49 million doses of measles-rubella (MR) vaccines in response to the measles outbreak in 74 districts of 10 governorates in the south, targeting a total of 1,355,142 children aged 6 months to 10 years, a total of 1,239,129 children were vaccinated with 90% of the coverage. The campaign which commenced on 31 May is expected to complete in June 2022.

During the month of May, a total of 193 health workers benefitted from Gavi-supported health system strengthening incentives covering June 2021 to March 2022.

The first Integrated Outreach Activity (IOR1) in the south was launched in 12 governorates. During the IOR1, COVID-19 vaccines were delivered alongside the IOR regular Primary Health Care (PHC) service package. During the month of May, 37,363 children under five were vaccinated with different routine doses and 10,1331 people were vaccinated with COVID-19 vaccines – 6,434 received Sinovac and 3,897 received Johnson & Johnson (J&J).

A total of 443 solar direct drive (SDD) refrigerators were delivered into the country during the month of May and will be distributed to the targeted locations (districts and health facilities). During May, 41 SDD refrigerators were installed in 41 Expanded Program on Immunization (EPI) district stores and two walk-in cold rooms were installed in Dhamar and Ibb.

Nutrition

The Integrated Food Security Phase Classification (IPC) analysis released on 14 March 2022 highlights that the acute food insecurity and malnutrition situation in Yemen has deteriorated further in 2022, with 17.4 million people (IPC Phase 3 and above) in need of assistance as of now. Of greatest concern are the 31,000 people facing extreme hunger levels (IPC Phase 5 Catastrophe), In addition, approximately 2.2 million children under the age of five, including 538,000 severely malnourished children, and about 1.3 million pregnant and lactating women (PLW) are projected to suffer from acute malnutrition over the course of 2022. Conflict and economic crisis, poor infant and young child feeding practices remain the main drivers of acute food insecurity and malnutrition

UNICEF in partnership with the MoPHP and implementing partners is providing prevention and scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation in Yemen. Since the beginning of the year, a total of 1,836,309 (916,566 male, 919,743 female) children under 5 years have been screened for malnutrition. Out of these, 91,810 (41,552 male, 50,258 female) children with severe acute malnutrition (SAM) were identified and admitted in 4,584 OTPs Outpatient Treatment Programmes (OTPs).

During the same period, a total of 255,018 (127,511 male, 127,507 female) children received deworming tablets, 379,747 (190,857 male, 188,890 female) children received micronutrient sprinkles and 19,222 (10,234 male, 8,988 female) children received Vitamin A supplementation. In addition, 531,021 mothers received Iron Folate supplementation, and 1,140,257 mothers received Infant and Young Child feeding (IYCF) consultations. This achievement is collected through 4,584 OTPs (reporting rate was at 88 per cent), along with reports received from 21,624 active Community Health Nutrition Volunteers (CHNVs) (57% reporting rate), mobile teams, and 2,457 IYCF corners.

In May the nutrition cluster engaged in the Nutrition Information System (NIS) workshop held in Amman, which included the participation of UN agencies and stakeholders from the north and south. The multi-stakeholder workshop proposed 21 recommendations to improve the nutrition information system in Yemen.

A nutrition strategy workshop was held in Amman on May 30 2022, which included high level government representation from the north and south and nutrition cluster members. Following the workshop, the Yemen nutrition strategy was launched and agreement reached to begin implementation of activities.

Water, Sanitation and Hygiene

UNICEF sustained support for emergency response activities, including water quality monitoring and chlorination, installation of emergency toilets, distribution of hygiene kits and hygiene promotion sessions among the IDPs focusing on cholera suspected cases and malnutrition affected families in collaboration with the General Authority of Rural Water and Sanitation Projects (GARWASP) and National Water Resource Authority (NWRA) in Marib, targeting 6,800,000 people.

In May, fuel delivery continued to 36 Local Water and Sanitation Corporations (LWSCs) and NWSA in 17 Governorates to sustain the supply of safe water supply to 2.48 million people (520,800 women, 471,200 men, 768,800 girls and 719,200 boys).

UNICEF continued the support for Emergency WASH interventions for IDPs in Hajjah, Hodeidah, Marib, Taiz, Ibb, Aden, Amran and Al Dhalea and Al-Jawf governorates. The interventions included the provision of safe water supply through water trucking, water quality monitoring and chlorination of trucked water, rehabilitation and installation of water distribution points, distribution of basic and consumable hygiene kits, construction of emergency latrines, desludging of sewage from full pits, garbage collection and disposal, cleaning campaigns and hygiene promotion in partnership with GARWASP, national NGOs and the private sector. The interventions benefitted more than 2.9 million IDPs including 551,000 men, 609,000 women and 1,740,000 children (841,000 boys, 899,000 girls) in host communities. Additionally, more than 75,000 (14,250 men, 15,750 women) and 45,000 (21,750 boys, 23,250 girls) IDPs in the northern and southern governorates benefitted from the cesspit desludging and constructing emergency portable latrines.

UNICEF continued supporting the NWRA to conduct water quality monitoring in Marib for contamination. This includes collecting samples from public/private wells in host communities and water tanker/trucking water in 13 IDP sites benefiting around 28,200 IDPs and the host communities.

UNICEF supported the installation of 63 shared family toilets and constructed an additional 12 school toilets in two Temporary Learning Spaces, which were installed in Al Somay IDP sites where an estimated 1,500 IDPs (315 women, 285 men, 465 girls and 435 boys) and 1,200 school children reside. In partnership with NWSA in Marib, UNICEF improved sustainable access to safe water for the IDPs by rehabilitating five water supply networks in five IDP sites benefiting 3,278 people (688 women, 623 men, 1,016 girls and 951 boys). In addition, NWSA continuously conducted water quality monitoring for bacteriological and physiochemical contamination of public and private wells in host communities, including taking samples from water tanker trucking water in 23 IDP sites benefiting a total of 126,000 (26,460 women, 23,940 men, 39,060 girls and 36,540 boys) IDPs and host community members.

As part of the exit strategy from water trucking, UNICEF completed the construction of Zaboona Solar Water Projects in Gial Bin Yamen district in Hadramout governorate, providing about 25 cubic meters of water per day that is benefiting an estimated 700 families (4,200 people). UNICEF supported more than 23 LWSCs and NWSA in 12 governorates (Hodeidah, Taiz, Al Jawf, Marib, Shabwah, Socotra, Al-Maharah, Hadramout, Abyan, Aden, Lahj and Al Dhalea) with the delivery of various water supply and sanitation equipment, tools, spare parts, (submersible pumps and motors, riser pipes, pipe fittings, backhoe/loaders, vehicles, generators, submersible cables and control panels). In addition, UNICEF also provided information and communications technology (ICT) equipment and supported capacity building training for 224 staff from NWSA and LWSC in various areas of knowledge and skills gaps to build capacity for better operations and maintenance of the water and sanitation systems across all the governorates. UNICEF supported the rehabilitation of the Al-Rawdh and A-Sharqi water project reservoir including the supply and installation of a comprehensive solar system for well operation, a control room and a water network which has a length of approximately 3 km. As a result of the rehabilitation 4,860 people in Al-Khalq, Al Jawf governorate now have access to safe water supply.

UNICEF continued to support an integrated emergency response in Aden governorate, including dewatering and desludging of wastewater in Marayma IDP settlement sites in Seyoun district, benefiting 310 families and 1,116 children.

The distribution of WASH Non-food items (NFI) including 2,000 basic hygiene kits (BHK), 9500 consumable hygiene kits (CHK) in 12 IDP sites in four districts in Hadramout benefited 2,000 families. UNICEF also distributed 10,000 NFIs (CHK, jerrycans and Aqua Tabs) to 5,750 households which included 34,500 people (6,555 men, 7,245 women, 10,005 boys and 10,695 girls) who were either IDPs or affected population in Kitaf, Saada, Sahar, and Majz districts, Sa'ada governorate. Hygiene promotion sessions were also held in conjunction with the distribution activities.

In close collaboration with iMMAP, the WASH Cluster organized a training on capacity building for WASH partners. WASH partners were trained on data collection with a specific focus on mobile survey software including the Kobo application. The training was conducted in two batches, and in total 50 participants from 50 organisations attended the trainings. The Kobo training will strengthen partner assessment capacity and ensure more accurate data collection.

The WASH Cluster launched the Accountability and Quality Assurance (AQA) Technical Working Group in order to strengthen accountability to affected populations and to improve the quality of WASH services and facilities to meet diverse needs of the beneficiaries.

Child Protection

UNICEF reached 32,941 conflict-affected people through explosive ordinance risk education (EORE) activities, including 19,213 children (8,325 girls and 10,888 boys) and 13,728 adults (6,019 women and 7,709 men) in Taiz governorate. EORE was delivered in schools, child-friendly spaces, and through the community.

Through a network of fixed, remote, and mobile modalities, UNICEF provided psychosocial support to 20,900 people across six governorates (Ad Dali, Hodeidah, Hajjah, Marib, Raymah, and Saada) including 15,511 children (7,652 girls and 7,859 boy boys) and 5,389 adults (3,687 women and 1,702 men). 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. 717 children (230 girls and 487 boys) were identified by trained case managers' out of them 708 children (227 girls and 481 boys) received more than one service.

The Child Protection Area of Responsibility (AoR) partners provided community-based mental health and psychosocial support to 25,555 people including 16,233 children (8,013 girls, 8,220 boys) and 9,322 primary caregivers (7,545 women, 1,777 men).

Education

UNICEF provided support to the Ministry of Education (MoE) to conduct national examinations for grades 9 and 12 in May 2022. As a result, more than 500,000 children (estimated 40 per cent girls) in grades 9 and 12 in the northern governorates and 100,000 children (estimated 40 per cent girls) in grade 9 and 12 in the southern governorates sat their national exams. National examinations are an important practise for education in Yemen. Examinations are officially certified, thus providing children with the opportunity to continue learning at higher levels.

As part of UNICEF's Education in Emergencies (EiE) programme which aims to reach more than 50,000 children across Yemen, UNICEF provided non-formal learning opportunities and psychosocial support activities to 4,158 IDP out-of-school children (2,203 boys; 1,955 girls) in Marib city, Marib Al-Wadhi and Harib. As part of this intervention, 50 temporary learning spaces (TLS) were installed in IDP sites benefiting 1,000 children (500 boys, 500 girls).

In May 2022, UNICEF trained 2,203 (1,064 female; 1,139 male) teachers and members of father and mother councils on safe school protocol, community participation, and hygiene promotion in Aden, Marib, and Shabwah governorates.

UNICEF continued to create conducive learning environments for children through the rehabilitation of 53 schools in Sana'a, Dhamar, Amran, Taiz, Ibb, Hodeidah, Abyan, and Sa'dah benefiting 38,471 children (18,297 girls; 20,174 boys). UNICEF also distributed 2,904 school desks benefitting 7,812 children (3,530 girls; 4,282 boys) making the classroom experience more comfortable in Sana'a, Amran, Hodeidah, Ibb and Marib,

The education cluster began training sub-cluster partners on the cluster framework, objectives, indicators, and reporting mechanisms. More than 40 active partners joined two trainings of the Education Cluster conducted in Ibb and Hodeidah. In preparation for the launch of the first allocation of the Yemen Humanitarian Response Plan 2022, the education cluster conducted a round of consultations with partners and drafted a comprehensive implementation strategy.

Social Inclusion and Cash assistance

UNICEF continued to support the Ministry of Planning in drafting and publishing the Yemen Social Economic update. The update which was published in May 2022 is titled *Malnutrition: A Threat to Future of Human Capital in Yemen*. The report highlighted that it is estimated that the economic cost of lifelong loss income due to diseases (heart disease, cancer, diabetes and chronic respiratory diseases) triggered by the malnutrition crises and faced by 530,000 children in Yemen will be US \$7.5 billion between 2021-2030. Focusing on only the economic loss due to stunting, the estimated cumulative impact on the Yemeni economy is US \$ 265 million annually, or US \$500/child⁴.

Under the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) project, UNICEF's implementing partner Social Welfare Fund (SWF) continued to support the most vulnerable Muhamasheen groups to better address children's needs and rights to access basic services through: (1) case management through outreach to households and identification of children's needs and the facilitation of referrals and follow-up with service providers including UNICEF-supported services, and (2) community engagement engaging community committee and Youth Change Agents to raise awareness of communities and families on the importance of addressing children needs in health, education and child protection and addressing social norms barriers. In May 2022, SWF case management field teams reached 6,643 households/cases (1,369 men and 5,274 women), benefiting a total of 23,229 individuals from Muhamasheen communities in the Amanat Al Asimah and Sana'a governorates. These individuals were provided with key awareness messages on the importance of birth certificates, vaccination, and education for their children. UNICEF provided support to 1,048 children (516 boys and 532 girls) via referral pathways to health centers, where children received health services, nutrition supplements, and vaccinations. In addition, a total of 716 pregnant and lactating women (PLW) were also referred to health centers, where they received primary health care and nutrition services.

As part of IMSEA community engagement interventions, UNICEF supported Muhamasheen community committees, and Youth Community Change Agents (YCCAs) in Sana'a governorate to deliver community initiatives aimed at activating self-initiated action in communities to sustain good practices, promoting a positive change for themselves and their communities. As a result, a total of 2,523 beneficiaries including 458 women and 542 men, 646 girls and 877 boys) received social change behaviour messages with information on social behaviours and negative practices including violence against children, hygiene best practices, natural disasters, and livelihood saving skills. Through the YCCAs initiatives, UNICEF provided support to adolescents between the ages of 14 to 18 with psychosocial support and recreational activities (sports, drawing, and games, etc.).

In May, UNICEF supported the Ministry of Social Affairs and Labour (MoSAL) in conducting the monthly meeting with the Social Protection Consultative Committee (SPCC)⁵ in Sana'a and Aden. The purpose of the meeting was to discuss the importance of developing a national social protection framework as well as the role of the SPCC within the framework. Supporting the development of a national social protection framework is a key priority for UNICEF's response in 2022 and 2023 and is part of system strengthening approach to preserve and sustain social protection systems in Yemen.

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

In southern governorates, 5,200 (80 per cent women) community volunteers and religious leaders, as well as medical doctors and midwives, mobilized their communities for the measles and rubella vaccination campaign through house-to-house visits, community meetings and gatherings as well as awareness sessions in mosques reaching an estimated 1.5 million people. The interpersonal communication activities were reinforced with 148 roaming vehicles mounted with megaphones to broadcast the campaign announcements in the targeted districts. To support visibility of the campaign, communication materials including 300,000 posters and banners were disseminated and placed at strategic locations. Mass media support was provided through 4 TV channels and 12 local Radio stations which aired campaign messages through flashes, public service announcements, and discussion programmes reaching an estimated 2.5 million people.

In order to increase uptake of the second stage of the integrated outreach (IOR) in Saada governorate, trained community volunteers, in partnership with the Saada Governorate Health Office, scaled up Risk Communication and Community Engagement activities. Through 1,115 group awareness sessions 26,831 people (8,525 females, 18,306 males) were sensitized to the risks of Polio and Measles and the importance of vaccinating their children against these diseases. The volunteers also promoted the utilization of the available health services and provided information on the locations of the service delivery points and the health services provided. The interpersonal activities were supported

⁴ <https://reliefweb.int/report/yemen/yemen-socio-economic-update-issue-69-february-2022-enar>

⁵ SPCC is a platform/forum that was established in 2018 with support from UNICEF to facilitate and coordinate social protection policy and programming and maintain strategic dialogue on SP. It is chaired by MoSAL and deputy-chaired by the Ministry of Planning and International Cooperation (MoPIC); different social and economic ministries, NGOs, the UN agencies, and the private sectors are members of the Committee

with awareness flashes aired on Saada local radio while banners and brochures were placed and disseminated in the targeted locations.

In partnership with the Ministry of Religious Guidance, and religious leaders (Imams and Morshydats), UNICEF continued engagement in mosques and through community gatherings during the month of May. UNICEF reached 1.88 million people (0.53 million females, 1.35 million males) in Sana'a, Ibb and Saada governorates, sensitizing them to essential COVID-19 prevention measures, key hygiene and sanitation practices, as well as the importance of vaccinating children, especially against Polio. 12 Radio stations aired COVID-19 vaccine messages through flashes, public service announcements and dedicated discussion programmes.

UNICEF continued to support hotlines managed by MoPHP to further strengthen feedback systems. These hotlines provide access to health professionals who respond to peoples' queries, concerns, and medical consultations on COVID-19, COVID-19 vaccines, Polio, and Measles vaccines. In addition, UNICEF provided support to the hotline for IDPs providing a platform for them to register complaints and concerns about humanitarian services provided to them. During the month of May, 6,344 calls were responded to through all these hotlines.

AWD/Cholera Response

As part of UNICEF's AWD/Cholera preparedness and response efforts, an assessment of AWD/Cholera therapy stock was conducted in May. Information on available AWD/Cholera therapy stock was provided by 14 governorates out of the 22 governorates; information is being gathered from the remaining governorates.

UNICEF together with implementing partners continued communication and social mobilization interventions on essential lifesaving practices including the key AWD/Cholera prevention practices. During the month of May community volunteers, religious leaders, and members of Mother-to-Mother clubs reached 2.08 million people including 650,000 females and 1.43 million males through multiple interpersonal communication activities including house-to-house visits, community meetings/events and awareness sessions in mosques.

Rapid Response Mechanism (RRM)

In May, conflict continued to scale down across the main frontlines in Yemen as a result of the two-month UN-led truce. Despite the relative calm, civilian displacements continued mainly within the districts in Marib, Al-Dhale, Al Jawf, Taiz and Hodeidah. According to the RRM cluster, more than 2,464 households (17,248 individuals) were registered as newly displaced people throughout May and displacement occurred in the main host districts of Hodeidah, Aldhale, and Marib.

UNICEF, along with UNFPA and WFP, continues to reach displaced populations affected either by conflict or climate change with first line response packages. RRM across 102 districts in 20 governorates reached an additional newly 2,243 displaced households (15,701 individuals). UNICEF's greatest reach was attained in Hodeidah, Marib, Taiz, Al Dhale and Al Jawf governorates through the provision of RRM kits which include essential hygiene items and other supplies including food, as well as 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

The fluctuation of the Yemeni Rial continues to be 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. They are often unable to offer items matching UNICEF specifications due to the global challenges faced in the supply chain. Once an alternative product is offered, the process of reconfirming compatibility often further delays the procurement process.

As of May 2022, the UN-brokered two month truce remained in place. An extension of the truce will enable easier flow of good inside Yemen.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy in Yemen is currently aligned with the 2022 Humanitarian Needs Overview (HNO), the HRP, and Clusters 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 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 and the WHO collaborate to facilitate and promote COVID-19 vaccination at the community and health facility levels for the frontline health care workers, elderly people, and those with chronic underlying conditions, displaced people, migrants and refugees.

UNICEF leads the inter-agency Protection against Sexual Exploitation and Abuse (PSEA) network by hosting the network coordinator. The PSEA network, under the supervision of the UN Humanitarian Coordinator in Yemen and co- led by UNHCR, includes focal points from each member to ensure active commitments. The network has developed the strategy and action plan for 2021-2022 and the standard operating procedures (SOPs) for handling sexual exploitation and abuse (SEA) allegations. The network also initiated the UN inter-agency harmonized implementing partners' capacity assessment and development to avoid duplication of assessments of civil society organizations (CSOs) that are partnering with multiple UN agencies.

The Community Engagement and Accountability to Affected Populations Working Group (CE-AAP WG) will be reactivated in the second quarter of 2022, for an all-inclusive membership from the HCT and wider humanitarian community. UNICEF and OCHA will continue to co-chair the working group, facilitate the regular convening of the working group and ensure adequate information sharing with all the constituents of the wider humanitarian community in Yemen.

Human Interest Stories and External Media

Field update:

Infection Prevention and Control Training: Learning to Detect Malnutrition in Yemen

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



External Media

[Life Skills training provides hope for vulnerable Youth in Yemen](#)



[Raising Awareness for Safe Motherhood](#)



[VIDEO: Vaccines are essential in protecting children from preventable diseases](#)



Next SitRep: 30 August 2022

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Annex A

Summary of Programme Results⁶

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2022 target	Total results	Change since the last report	2022 target ⁷	Total results	Change since the last report
Health							
Number of children aged 0 to 11 months vaccinated against measles	20,100,000	972,142	206,101 ⁸	33,566			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	2,265,068	10,258 ⁹			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	968,379	174,879			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	14,162	257			
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	400,000	366,358	91,810	41,836	N/A	91,810	41,836
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718 ¹⁰	5,023,627	19,222	8,371	N/A	19,222	8,371 ¹¹
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	202,736 ¹²	20,900	1,218,253	212,731	25,555
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,000,000	-	0 ¹³			
Number of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers		1,900,000	1,426,030	0			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,010,000	385,145 ¹⁴	32,941			
Education							

⁶ These figures reflect the updated, approved 2022 HAC appeal.

⁷ Cluster targets are in the assessment process and not yet available.

⁸ Due to late partner reporting

⁹ Due to late reporting progress will be seen in May

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

¹¹ Implementing partner delayed reporting

¹² Progress is slow due to bureaucratic approval process, conflict-related security risks, and logistical impediments

¹³ Implementation saw delays in the planning phase. Achievements will show in future sitreps.

¹⁴ Progress is slow due to bureaucratic approval process, conflict-related security risks, and logistical impediments

Number of children accessing formal and non-formal education, including early learning		500,000	155,844	51,441 ¹⁵	895,000	581,891 ¹⁶	422,590
Number of children receiving individual learning materials	8,100,000	800,000	13,147 ¹⁷	0 ¹⁸	1,200,000	42,101	50
Number of teachers receiving teacher incentives each month		15,000	3,771 ¹⁹	0	100,000	5,366	183
Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs		6,800,000	3,392,116	383,333 ²⁰	7,484,406	4,806,108 ²¹	4,806,108
Number of people reached with critical WASH supplies		3,600,000 ²²	710,390 ²³	274,611	3,814,995 ²⁴	1,094,263	1,094,263 ²⁵
Number of people in humanitarian situations reached with messages on appropriate hygiene practices	15,400,000	3,600,000 ²⁶	367,712 ²⁷	-	4,750,511 ²⁸	949,797	949,797 ²⁹
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,619,564	92,146			
Social Protection & Cash Transfer							
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	- ³⁰	-			
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	14,922 ³¹	6,643			
Cross-sectoral (HCT, C4D, RCCE and AAP)							
Number of people participating in engagement actions for social and behavioural change		8,500,000	5,788,867	2,669,046			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		588,000	206,707	15,701			

¹⁵ Jan progress has been updated now due to partner late reporting

¹⁶ Jan progress added due to partner late reporting

¹⁷ No distribution of individual learning materials took place during the school break. Back to School campaigns including distribution of school materials are currently ongoing

¹⁸ School year 2021-2022 is now complete

¹⁹ School year 2021-2022 complete, new school year started in July

²⁰ In addition to the reached every month of 2,940,794 new beneficiaries have been added

²¹ Cluster targets are added from 2022 HRP, now reporting progress

²² UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review

²³ Due to limited available resources as WASH only received 29% of the required funds

²⁴ UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review

²⁵ Cluster targets and progress updated as of 2022 HRP

²⁶ UNICEF/HAC targets were finalized at the beginning of the year while cluster targets/HRP published in March/April. Due to decrease in funding and targeting in the Yemen 2022 HRP (April 2022) the target has been reduced downward in the mid-term review.

²⁷ Due to limited available resources as WASH only received 29% of the required funds

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²⁹ Cluster targets and progress updated as of 2022 HRP

³⁰ Due to delays in obtaining clearances, the payment cycle will be conducted in June 2022/ Hence the indicator will be updated as part of June HPM.

³¹ The total results have been updated to include updated data for the January progress, previously not included due to partner late reporting

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	13,161,575		6,613,944	105,224,481	84%
Nutrition	120,000,000	17,164,639		9,975,125	92,860,236	77%
Child Protection, GBViE & PSEA	37,000,000	4,121,815		6,628,261	26,249,924	71%
Education	55,450,000	6,860,000		22,322,748	26,788,270	47%
Water, Sanitation and Hygiene	100,000,000	13,894,160		14,632,258	71,473,582	71%
Social Protection	23,000,000	-		1,788,163	21,211,837	92%
C4D, Community Engagement & AAP	12,500,000	479,263		403,052	11,617,685	93%
Rapid Response Mechanism	5,950,000	1,334,098		1,337,962	3,277,940	55%
Cluster coordination	5,500,000	-		66,287	5,433,713	99%
Being allocated		6,387,945			-6,387,945	
Total	484,400,000	63,403,494		63,767,800	357,228,705	74%