



Rawya, 17 years old, is one of the 86,649 students supported by UNICEF to take the Grade 12 National Exam.

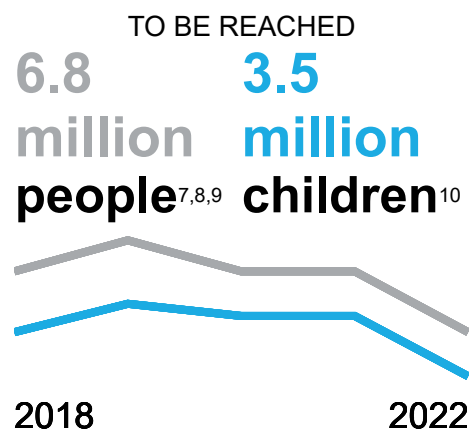
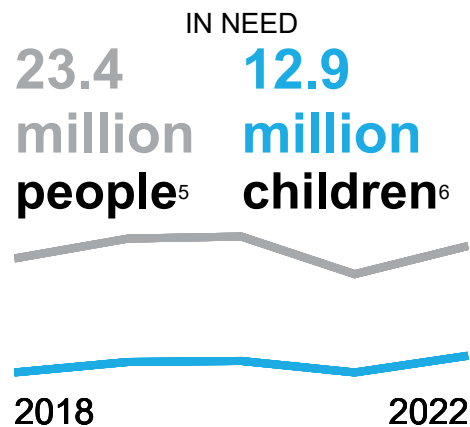


Humanitarian Action for Children

Yemen

HIGHLIGHTS¹

- Now in the eighth year of the conflict, Yemen continues to see its socio-economic national systems on the edge of total collapse, driving major increases in needs across all sectors. The impact of the escalating conflict in 2021 and the first quarter of 2022 resulted in civilian casualties, increased displacement and further disruption of public services, pushing humanitarian needs higher.
- More than 23.4 million² people (including 12.9 million children³), almost three-quarters of the population, need humanitarian assistance and protection in 2022, an increase of 13 per cent from what was already an alarming figure in 2021. With more than 4.3 million internally displaced people since 2015,⁴ Yemen remains one of the largest internal displacement crises globally.
- UNICEF’s humanitarian strategy in Yemen has a dual focus on direct life-saving assistance and system strengthening in order to reinforce the linkages between humanitarian action and development/resilience programming.
- UNICEF requires US\$484.4 million to respond to the humanitarian crisis in Yemen in 2022. Children’s nutrition is increasingly threatened, with life-long consequences. Across the country, wasting is now at serious levels.



KEY PLANNED TARGETS



484,639
children with severe wasting admitted for treatment



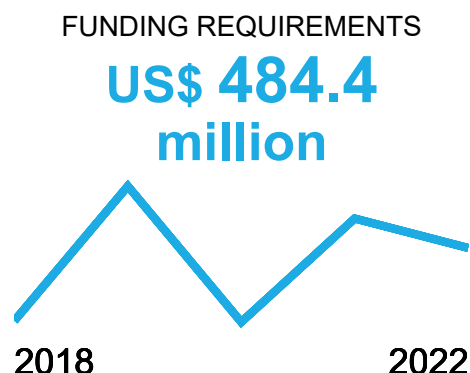
2.5 million
children and women accessing health care



3.6 million
people reached with critical WASH supplies



6 million
women and children accessing gender-based violence mitigation, prevention, response



Figures are aligned with the Yemen 2022 Humanitarian Response Plan published in April 2022.

HUMANITARIAN SITUATION AND NEEDS

Now in the eighth year of conflict, Yemen continues to see its socio-economic national systems on the edge of total collapse, driving major increases in needs across all sectors. More than 23.4 million people¹¹, including 12.9 million children (6.3 million girls, 6.6 million boys)¹², almost three-quarters of the population, need humanitarian assistance and protection in 2022. With more than 4.3 million (1 million women, 1.1 million men, 1.1 million girls, 1.1 million boys) internally displaced people since 2015,¹³ Yemen remains one of the largest internal displacement crises globally.

The truce, which has been held in Yemen since April 2022, offers an additional possibility to provide an enabling environment for humanitarian action to improve the lives of millions of vulnerable Yemenis.

Food insecurity and malnutrition continue to be the main drivers of needs, with pockets of the country experiencing extreme hunger: Over 19 million people¹⁴ (4.5 million women, 4.7 million men, 4.9 million girls, 4.9 million boys) in Yemen are expected to experience high levels of acute food insecurity between June and December 2022. This includes 161,000 people¹⁵ in the state of extreme food insecurity. In addition, 2.2 million children under 5 years of age (1.1 million girls and 1.1 million boys)¹⁶ are acutely malnourished, including more than 500,000 children (250,000 girls, 250,000 boys) who are suffering from severe wasting.¹⁷

The current humanitarian crisis in Yemen has increased the vulnerability of children and women to exploitation, violence and abuse, including child labour, killing and maiming, recruitment and use of children by parties to the conflict as combatants and in various support roles, domestic and gender-based violence, child marriage and psychosocial distress.

In addition to rampant food insecurity and malnutrition, over 17.8 million people,¹⁸ including 9.2 million children (4.6 million girls, 4.6 million boys)¹⁹, lack access to safe water, sanitation and hygiene services. Over 8.8 million children²⁰ need child protection services, and nearly 8.5 million children²¹ require education support. Yemen's health system is extremely fragile, with only 50 per cent of health facilities functional,²² leaving 21.9 million people²³ without adequate access to healthcare. Immunization coverage has stagnated at national level, with 28 per cent of children under 1 year of age missing routine vaccinations.²⁴ As a result, the country continues to suffer regular outbreaks of cholera, measles, diphtheria, and other vaccine-preventable diseases.

SECTOR NEEDS



8.1 million children and women in need of nutrition assistance²⁵



21.9 million people need health assistance²⁶



17.8 million people lack access to safe water²⁷



8.8 million children in need of protection services²⁸



8.5 million children need education support²⁹

STORY FROM THE FIELD



UNICEF supported the rehabilitation of the infant nursery department of Al-Sadaqa Hospital in Aden governorate, southern Yemen, to provide health care for children and mothers. Services include health care during pregnancy and after childbirth, vitamins to support lactation, and periodic check-ups.

Amira came from Dar Saad District to Al-Sadaqa to have her son treated. "After I arrived at the hospital," she remembers, "they performed tests on my child, put him in the incubator, gave him all the medicines he needed, and checked him every day."

This support enables poorer families to access crucial health care, which would otherwise be beyond their reach.

[Read more about this story here](#)

Amira and her son Hussein, 20 days old, in the nursery department of the UNICEF-supported Al-Sadaqa Hospital in Aden governorate.

HUMANITARIAN STRATEGY

UNICEF Yemen's humanitarian strategy is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, and cluster priorities. As a cluster lead for Water, Sanitation and Hygiene (WASH), nutrition, education and the child protection sub-cluster, UNICEF effectively supports sector and inter-sectoral coordination and information management at national and sub-national levels. UNICEF will pursue a balanced approach between providing immediate life-saving interventions and investing in systems strengthening. Addressing the humanitarian, development and peace nexus, including the strengthening of multi-sectoral convergent approaches, will require a nuanced strategy in different parts of the country at different paces, as well as dedicated donor support.

UNICEF will continue to provide life-saving assistance for girls and boys in some of the hardest-to-reach districts via its robust field presence and network of five field offices.

With public services at near collapse, UNICEF will continue to provide life-saving health and nutrition interventions through community-based activities for affected populations, including internally displaced persons, while sustaining and strengthening access to a set of high-impact preventive and curative services at the community and facility level.

Following optimal scale-up of nutrition services, in 2022, UNICEF will focus on strengthening the quality of service delivery and enhancing multi-sectoral response to address malnutrition which includes health, WASH, social protection, and education.

In addition to immediate lifesaving interventions, UNICEF WASH interventions will include providing durable, cost-effective solutions that strengthen the resilience of local institutions and communities. UNICEF will continue to improve access to and enrollment in safe learning environments through the implementation of non-formal education, the rehabilitation of damaged schools and the establishment of temporary safe learning spaces. UNICEF will support interventions that build the resilience of affected children through life-skills education and psychosocial support in community spaces, schools and hospitals while also mitigating the risk of injuries from exposure to landmines and explosive remnants of war through targeted campaigns; and providing services to children with acute protection needs. UNICEF will support vulnerable children and their caregivers through access to specialized services and mental health and psychological support. As co-lead of the Country Task Force on Monitoring and Reporting, UNICEF will engage with parties to the conflict to establish concrete measures to prevent and halt grave violations of child rights.

Vulnerable children and families will receive integrated social protection services, including humanitarian cash transfers. These will target especially the most marginalised, including children with severe wasting complications, pregnant women and lactating women, in order to ease the economic barriers to accessing services and treatment.

UNICEF will integrate gender-responsive initiatives to ensure protection from sexual exploitation and abuse and strengthen interventions to prevent, respond to, and mitigate gender-based violence.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/yemen/situation-reports>

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2022 PROGRAMME TARGETS



Nutrition

- **484,639** children 6-59 months with severe wasting admitted for treatment³⁰
- **4,730,449** children aged 6 to 59 months receiving vitamin A supplementation every six months³¹



Health

- **2,500,000** children and women accessing primary health care in UNICEF-supported facilities
- **1,250,000** children aged 0 to 59 months vaccinated against polio³²
- **972,142** children aged 0 to 11 months vaccinated against measles (MCV1)
- **15,000** health care facility staff and community health workers provided with personal protective equipment³³



Water, sanitation and hygiene

- **6,800,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **3,600,000** people reached with critical WASH supplies³⁴
- **3,400,000** people in humanitarian situations accessing safe means of excreta disposal
- **3,600,000** people in humanitarian situations reached with messages on appropriate hygiene practices³⁵



Child protection, GBViE and PSEA³⁶

- **900,000** children and parents/caregivers accessing mental health and psychosocial support
- **6,000,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,900,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **2,010,000** children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions



Education

- **500,000** children accessing formal or non-formal education, including early learning
- **800,000** children receiving individual learning materials
- **15,000** teachers receiving teacher incentives each month



Social protection

- **50,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers
- **160,000** people benefiting from emergency and longer-term social and economic assistance³⁷



Rapid Response Mechanism

- **588,000** vulnerable displaced people who received Rapid Response Mechanism kits



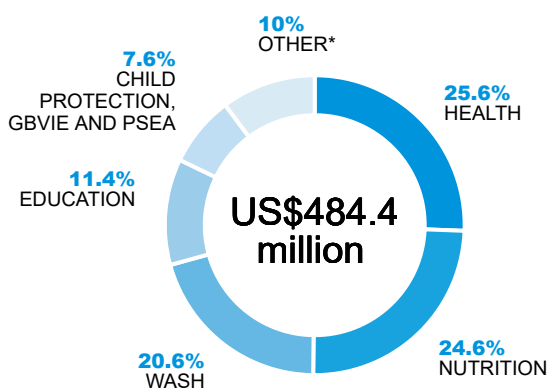
Cross-sectoral (HCT, C4D, RCCE and AAP)³⁸

- **8,500,000** people participating in engagement actions for social and behavioural change

Programme targets are based on Yemen 2022 Humanitarian Response Plan, April 2022, and are subject to change upon review of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2022

UNICEF is appealing for US\$484.4 million to meet the humanitarian needs of children and families and fulfil children's rights in Yemen³⁹. UNICEF's humanitarian programmes are planned for nationwide reach, targeting populations in the areas with the most acute needs. The number of people and children to be reached has been revised downwards including certain programme targets have been revised to align with the finalized 2022 Humanitarian Response Plan (HRP) for Yemen; however the total funding requirement remains the same with pre-revision due to the ongoing aftershocks of the COVID-19 pandemic, global economic instability and the increased price of oil affecting commodity and global logistical costs which have all contributed to the increased operational cost of delivering assistance in Yemen. This funding will allow UNICEF to meet life-saving needs in health, nutrition and WASH and provide timely response to displacement through the Rapid Response Mechanism. The funding requirements for child protection and social protection have increased compared to 2021, due to the increased needs for prevention of sexual exploitation and abuse and the scale-up of humanitarian cash transfer activities. Education remains a priority, with the appeal focusing on support for education in emergencies. The overall appeal decreased from 2021, reflecting change in the education component and reduced funding required for cluster coordination. Without timely funding, UNICEF and its partners will be unable to effectively address the needs of the most vulnerable children and families, who are suffering from this protracted armed conflict and from the crippling health and economic consequences of the COVID-19 pandemic.



*This includes costs from other sectors/interventions : Social protection (4.7%), C4D, community engagement and AAP (2.6%), Rapid response mechanism (1.2%), Cluster & Field Coordination (1.1%), Evaluation (<1%).

Appeal sector	Revised 2022 HAC requirement (US\$)
Nutrition ⁴¹	119,000,000
Health ⁴²	124,000,000
WASH	99,600,000
Child protection, GBVIE and PSEA ⁴³	37,000,000
Education ⁴⁴	55,450,000
Social protection	23,000,000
Rapid response mechanism ⁴⁵	5,950,000
Cluster & Field Coordination	5,500,000
C4D, community engagement and AAP	12,500,000
Evaluation ⁴⁶	2,400,000
Total	484,400,000

Appeal sector	Original 2022 HAC requirement (US\$)	Revised 2022 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	2022 funding gap (%)
Nutrition ⁴¹	120,000,000	119,000,000	27,897,580	91,102,420	76.6%
Health ⁴²	125,000,000	124,000,000	20,591,014	103,408,986	83.4%
WASH	100,000,000	99,600,000	29,065,705	70,534,295	70.8%
Child protection, GBVIE and PSEA ⁴³	37,000,000	37,000,000	11,984,522	25,015,478	67.6%
Education ⁴⁴	55,450,000	55,450,000	29,541,222	25,908,778	46.7%
Social protection	23,000,000	23,000,000	1,940,275	21,059,725	91.6%
Rapid response mechanism ⁴⁵	5,950,000	5,950,000	2,715,744	3,234,256	54.4%
Cluster & Field Coordination	5,500,000	5,500,000	107,111	5,392,889	98.1%
C4D, community engagement and AAP	12,500,000	12,500,000	1,467,653	11,032,347	88.3%
Evaluation ⁴⁶	-	2,400,000	- ⁴⁷	2,400,000	100.0%
Total	484,400,000	484,400,000	125,310,826	359,089,174	74.1%

Who to contact for further information:

Philippe Duamelle
Representative, Yemen
T +967 1 211400
pduamelle@unicef.org

Manuel Fontaine
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

June Kunugi
Director, Public Partnership Division (PPD)
T +1 212 326 7118
jkunugi@unicef.org

ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022.
3. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022.
4. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022.
5. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022.
6. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022
7. The number of people to be reached reflects the total number of beneficiaries targeted through UNICEF's largest response (WASH), while in the previous HAC appeals it reflected the people targeted as part of the overall humanitarian response in Yemen (same numbers as outlined in previous years' HRP's).
8. It is estimated that the total population under the age of 18 is 52%. Adult population is estimated at 48%. It is also estimated that 49% of the adult population is female and 51% male.
9. People with disabilities accounting for 15 per cent of the total people to be reached as for WHO estimates.
10. The number of children to be reached reflects the total number of beneficiaries targeted through UNICEF response, calculated as 52 % of total people to be reach based on child ratio. In the previous HAC appeals it reflected the children targeted as part of the overall humanitarian response in Yemen
11. Office for the Coordination of Humanitarian Affairs 'Yemen 2022 Humanitarian Response Plan', April 2022
12. Ibid
13. Ibid
14. Ibid
15. Ibid
16. Ibid
17. Ibid
18. Ibid
19. Based on calculation of children accounting for 52 per cent of the population
20. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022
21. Ibid
22. Ibid
23. Ibid
24. WHO and UNICEF estimates of immunization coverage: 2021
25. The number includes 541,964 children under 5 years with SAM, as for the Integrated Food Security Phase Classification, March 2022.
26. Office for the Coordination of Humanitarian Affairs, 'Yemen 2022 Humanitarian Response Plan', April 2022.
27. Ibid.
28. Ibid.
29. Ibid.
30. The target has been revised based on the recently implemented SMART surveys and IPC-acute malnutrition results that was published in March 2022. The target is 90% of the total population in need.
31. The target has been updated based on the revised population figure shared by the cluster. The target is 95% of the total population in need.
32. The campaign has only happened in the southern governorates in the first half of the year and there is potential change in strategy of house to house that has been used in previous years in the country by the MoPHP in the north and may not yield the desired coverage. The target is revised downward from the original target as the authorities in the north decided not to conduct the polio campaign, which reflected the biggest part of the indicator target.
33. The target is revised downward to 15,000 given shortage of funds for the required quantities of PPEs to cover the initial target
34. Revision in target as per the Yemen 2022 HRP (April 2022)
35. Revision in target as per the Yemen 2022 HRP (April 2022).
36. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
37. Cash plus also includes referrals to services, social behavioral change and life skills activities.
38. Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.
39. Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents.
40. The total funds available shown in the tab does not include US\$ 4,974,152 to be allocated. The total funding available as of 30 June 2022 is US\$ 130,284,979
41. Given the constraint funding landscape, the extent of scale-up of some of the planned activities for this year has been revisited to prioritize SAM treatment. Therefore, there is no change to the overall funding requirement.
42. Despite a decrease in target, the funding requirement has not changed due to the ongoing aftershocks of the COVID-19 pandemic, global economic instability and the increased price of oil affecting commodities and global logistical costs which have all contributed to the increased operational cost of delivering assistance in Yemen
43. This includes US\$3 million for gender-based violence interventions; and US\$450,000 for prevention of sexual exploitation and abuse interventions.
44. Compared to 2021, there is a reduction in the funding requirement for Education due to the decreased number of teachers to be reached with teacher incentives. In 2020 and 2021, UNICEF included US\$70 million for teacher incentives. In 2022, in light of the funding landscape and pressing education in emergency needs, UNICEF has not included teacher incentives in the HAC appeal but kept them as a priority in its development programming. UNICEF will continue to advocate for support for teacher incentives.
45. Compared to 2021 there is a reduction in the funding requirement for RRM since the expected target figures are lower – number of people expected to be displaced in 2022. In 2021, only 50 per cent of the total 2021 projected displacements occurred. 2022 target is based on this trend.
46. Evaluations will be conducted for the purposes of demonstrating accountability to affected population and donors, as well as UNICEF and partner learning. Evaluations will be prioritized based on several factors, including the potential to for programme replication and adaptation in other humanitarian settings globally, the size of the programme budget, programmatic and donors' priorities.
47. The funding requirement for evaluation was previously included in the programme sections' requirements. The funding available will be indicated in future Sitreps.