



# Yemen Country Office

## Mid – Year Humanitarian Situation Report

June 2022



Reporting Period: January to June 2022

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### Highlights

UNICEF screened 2,280,051 children under five years for malnutrition. Out of these, 121,527 children with severe acute malnutrition (SAM) were identified and admitted in Outpatient Treatment Programmes (OTPs).

UNICEF supported the implementation of measles outbreak response campaign in 76 districts of 10 southern governorates reaching 1,239,129 children.

UNICEF and partners provided psychosocial support to 182,143 children and 38,309 adults across the country.

UNICEF faces a funding gap of 72 per cent in its Humanitarian Action for Children as of June 2022. The lack of funding for emergency Health, Nutrition, WASH and Child Protection interventions continues to pose a challenge for an integrated response.

### UNICEF's Response and Funding Status

Health	Measles vaccination	40%
	Funding status	17%
Nutrition	SAM admissions	45%
	Funding status	27%
Child Protection	Psychosocial support	24%
	Funding status	33%
Education	Access to education	34%
	Funding status	53%
WASH	People with safe water	61%
	Funding status	29%
Social Policy	Social economic assistance	17%
	Funding status	9%
Cross Sectoral	People reached with campaigns	75%
	Funding status	18%
RRM	IDPs with RRM kits	43%
	Funding status	46%

### Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)



**11.3 million**

children in need of humanitarian assistance



**20.7 million**

people in need

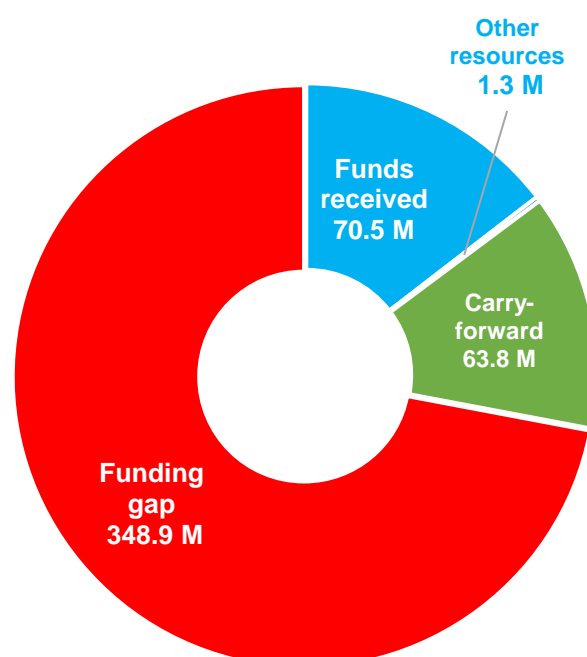


**1.8 million**

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 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 30 June 2022, UNICEF received \$ 70.4 million against the 2022 HAC appeal and \$ 63.8 million was carried forward from 2021, leaving a funding gap of \$ 349 million, or 72 per cent of the total amount required to continue UNICEF's lifesaving work in Yemen. This is a considerable decrease over the same time last year in which the \$ 508.8 million HAC was 51 per cent funded. Generous contributions were received from the Austrian Committee for UNICEF, the Government of Canada, Danish Committee for UNICEF, France, the French Committee for UNICEF, Japan, the Republic of Korea, Luxembourg Committee for UNICEF, Norway, Saudi Arabia, Sweden, Swiss Committee for UNICEF, USAID Bureau for Humanitarian Assistance, and the United States Fund for UNICEF.

Despite these generous contributions, critical funding gaps for the response are emerging from the second quarter of 2022. UNICEF requires additional funding in order to provide two rounds of integrated outreach, including vital vaccinations to protect children from deadly diseases. Additional funding is also required to respond to the increase in severe acute malnutrition projected from June 2022 onwards through activities including early detection and management. Due limited funding, UNICEF is struggling to sustain the provision of water, and funding is not yet secured for August 2022. The lack of funding could also result in the potential discontinuation of fuel support to local water and sanitation corporations (LWSCs). Without funding, LWSCs may not be able to sustain current service levels.

## Situation Overview & Humanitarian Needs

Yemen, now almost eight years into the conflict, remains one of the world's worst humanitarian crises. Humanitarian needs in Yemen continue to increase in 2022 due to conflict, economic shocks and decreasing humanitarian assistance. The number of people requiring humanitarian assistance increased from 20.7 million in 2021 to 23.4 million in 2022. As of the end of June 2022, 3.3 million people, including 1.8 million children, are internally displaced. 17.4 million people needed food assistance; this figure is expected to increase to 19 million between June and the end of 2022<sup>[1]</sup>. The UN-brokered two-month truce went into effect in April 2022, and had been twice extended, until October 2022. 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 casualties.

In the first half of 2022, challenges to UNICEF's life-saving interventions included severe fuel shortages, degradation of public services due to lack of resources and equipment as well as the lack of regular payment of salaries to public employees and conflict in a number of areas forcing families to flee from their homes. The economic crisis in Yemen and the global increase in food and energy prices aggravated by the war in Ukraine risks pushing Yemenis further into food insecurity.<sup>1</sup> Throughout the first half of the year, 7,134 households were displaced at least once towards a safer destination<sup>2</sup>. The highest numbers of displacements were linked to areas near 49 active frontlines across Marib, Hajja, Taiz, Hodeida, Al Jawf, Lahj and buffering areas of Sa'dah governorates. In June 2022, more than 16,800 IDPs were affected by heavy rains and floods resulting in the loss of shelter, food supplies and household items<sup>3</sup>. Seasonal rainfall and flooding are likely to persist in 2022, while other natural hazards and diseases outbreaks, such as cholera, will also remain a threat together with the recent resurgence of COVID-19.

The Integrated Food Security Phase Classification (IPC) analysis released on 14 March 2022 highlighted that the acute food insecurity and malnutrition situation in Yemen has deteriorated further in 2022, with 17.4 million people in need of assistance (IPC Phase 3 and above). Particularly concerning is the 31,000 people facing extreme hunger levels (IPC Phase 5 Catastrophe). Approximately 2.2 million children under the age of five, including 538,000 severely malnourished, 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, and poor infant and young child feeding practices remain the main drivers of acute food insecurity and malnutrition<sup>4</sup>.

Shortages of affordable fuel are contributing to higher costs for transportation, food and other items, and are threatening the availability of medical services, electricity, and clean water, compounding the already difficult humanitarian situation<sup>5</sup>. An estimated five million women and girls of childbearing age and 1.7 million PLW have limited to no access to health services<sup>6</sup>. Children continue to suffer from common childhood illnesses including pneumonia and acute watery diarrhoea (AWD). Vaccine Derived Polio (VDP) outbreaks continue to occur. Between January – June 2022, 14,021 suspected cases of AWD/cholera were reported with 11 associated deaths from 159 districts in 14 governorates of Yemen with a

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<sup>1</sup> Yemen 2022 IPC Report

<sup>2</sup> IOM, Yemen- Rapid Displacement Tracking Update, July 2022, <https://dtm.iom.int/reports/yemen-E28094-rapid-displacement-tracking-update-10-july-16-july-2022>

<sup>3</sup> UN OCHA, Yemen Humanitarian Update – Issue 6, June 2022

<sup>4</sup> IPC Yemen: Food Security & Nutrition Snapshot | March 2022

<sup>5</sup> OCHA Yemen Humanitarian Update\_2022 #03

<sup>6</sup> UNFPA Press release March 2022 <https://www.unfpa.org/press/women-and-girls-continue-pay-heavy-price-yemen-conflict-slips-further-global-view>

case fatality rate (CFR) of 0.13 per cent. This is significantly lower compared to the same period of 2021 (31,133 suspected cases). The highest proportion of the suspected cases were reported in Taiz, Abyan, Hajah and Hodeida governorates. 23 per cent of the suspected cases are reported among children under 5 years.

Between January to June 2022, 11,832, COVID-19 cases were officially reported, with 2,149 associated deaths. Almost all the cases reported are from the southern governorates other than the first four reported cases during 2020 from the northern governorates. This is in large part due to the lack of reporting of COVID-19 in the northern part of the country.

Vaccine Derived Polio type 2 (VDPV2) cases continued to occur in Yemen with a total of 48 cases in 14 governorates confirmed between January and June 2022, bringing the total to 115 cases in 19 governorates since the outbreak began in November 2021. The number of cases of circulating vaccine-derived poliovirus type (1cVDPV1) has remained at 35 since August 2020. A measles outbreak was reported in the southern part of the country in March 2022 with a total of 1,379 suspected cases, out of which 89 were confirmed cases with 15 associated deaths affecting 98 districts (71 per cent of the districts in the south).

## Summary Analysis of Programme Response

### Health

Over 1.3 million children under five received Integrated Management of Childhood Illnesses (IMCI) services, and 355,173 pregnant women received Maternal Newborn Health (MNH) services including Antenatal Care (ANC), Skilled Birth Attendance (SBA) and Postnatal Care (PNC). UNICEF provided necessary and lifesaving MNH supplies including medicines, incubators, monitors, infusion pumps, syringe pumps, laryngoscopes, warmer for newborns, and oxygen concentrators to over 46 MNH hospitals in 20 governorates benefitting approximately 600,000 people. UNICEF continued to cover the service delivery cost of lifesaving MNH services in 24 hospitals to enhance the access for mothers and their newborns to quality referral care, free of charge ensuring equitable continuity of quality maternal and newborn health services in conflict-affected areas of Yemen. Similarly, IMCI medicines are being delivered nationwide to 22 governorates.

In 2022, together with partners, UNICEF maintained the continuity of essential health and nutrition services and to protect the health workers and the people they serve from COVID-19 and other communicable diseases, through the provision of Personal Protective Equipment (PPE) to 14,162 health workers (HWs) from 3,775 health facilities nationwide. A total of 2,560 healthcare providers including HWs, Community Midwives (CMWs) and Community Health Nutrition Volunteers (CHNVs) were sensitized on appropriate infection prevention and control (IPC). By the end of June, UNICEF completed the rehabilitation of triage sites in 60 health facilities in nine governorates (Aden, Abyan, Lahij, Al Dhale, Shabwah, Hadramout, Al-Maharaj, Socotra, Taiz).

In response to the circulating Vaccine Derived Polio (VDP) Virus type 1 and 2 outbreak response (cVDPV1&2), UNICEF in coordination with partners implemented three outbreak response campaign in 12 southern governorates. The first round from 19 to 24 February, reached a total of 2,208,579 (90 per cent) children under ten years old. During the period of 19 to 24 March 2022, the second round reached a total of 2,254,810 children under the age of 10 accounting for 96 per cent of the planned target. The third round implemented from 27 -30 June 2022 reached a total of 1,217,423 children under five with tOPV, covering 102 per cent of total campaign target. Despite the growing number of cVDPV2 cases in the northern governorates, and joint UNICEF/WHO advocacy, the De Facto Authorities (DFA) in Sana'a have not approved to conduct the recommended polio campaigns during this period.

In response to the measles outbreak in the southern governorates, UNICEF supported the implementation of a measles outbreak response campaign in 76 districts of 10 governorates targeting a total of 1,371,169 children between 6 months to 10 years. A total of 1,239,129 children (90 per cent) were reached with measles rubella (MR) vaccine. UNICEF's outbreak response aimed to prevent a large-scale measles outbreak in the affected and adjacent districts, and to prevent excess mortalities and morbidities among children.

Yemen is one of the 20 countries in the world that has not yet eliminated maternal and neonatal tetanus. As part of maternal and neonatal tetanus elimination efforts, a third round of Maternal Neonatal Tetanus Elimination (MNTE) campaign was conducted in 47 high-risk districts in six governorates (Abyan, Aden, Alumkkala, Lahij, Shabwah, Socotra) vaccinating 13,850 women of reproductive age (WRA) against tetanus.

Between January - June 2022, UNICEF continued to support vaccine availability for routine immunization and campaigns in Yemen. Since the start of 2022, UNICEF delivered over 15 million doses of vaccines for routine immunization, preventive and outbreak response campaigns<sup>7</sup>.

<sup>7</sup> UNICEF vaccines delivered included 3,247,900 doses of measles-rubella (MR); 2,000,000 doses of Pneumococcal conjugate vaccine (PCV); 361,050 doses of Inactivated polio vaccine (IPV); 2,323,226 doses of pentavalent vaccine (DTP-HepB-Hib); 730,200 doses of Rota; 3,149,400 doses of Bivalent oral poliovirus vaccines (bOPV), for routine immunization; 2,909,000 doses of Trivalent oral poliovirus vaccines (tOPV); 790,000 doses of Oral Cholera Vaccine (OCV); 100,800 doses of AstraZeneca vaccine; 237,600 Johnson & Johnson vaccines for COVID-19 deployment

UNICEF continued to support the immunization supply chain system in Yemen. During the first half of 2022, UNICEF supported the delivery of 435,364 litres of fuel to maintain the functionality of cold chain systems at national and sub-national levels. Furthermore, UNICEF strengthened the vaccine storage capacity for quality delivery of routine immunization services by delivering a total of 629 Solar Direct Drive (SDD) refrigerators to the country. Of these, 100 units were installed in 100 health facilities and 86 units installed in 86 districts cold stores across the country. The remaining 443 SDDs will be installed in the second half of the year at district cold stores and health facilities. An estimated 75,000 children under the age of one would benefit from vaccines stored in the SDDs annually.

UNICEF also supported the solarization of four governorate cold stores to ensure sustainable and environment friendly source of energy for vaccine storage. Solarization of six governorates and the central cold stores throughout the country will be completed during the second half of the year. UNICEF additionally supported the construction of dry item warehouse for the storage of immunization devices and supplies at the central store in Sana'a

UNICEF continued to support the COVID-19 vaccine deployment in the southern governorates. During the period of January and June 2022, a total of 179,839 people were vaccinated, bringing the total to 850,298 people vaccinated in the southern governorates with at least one dose of COVID-19 vaccine since the commencement of vaccine deployment. A total of 161,849 people have been fully vaccinated with one dose of Janssen or two doses of AstraZeneca or Sinovac between January and June 2022, bringing the total number of people vaccinated since April 2021 to 442,069. COVID-19 vaccine deployment in northern governorates and related vaccination is still not approved by the DFA in Sana'a.

During the first half of 2022, UNICEF supported the training and deployment of 530 female Community Health Workers (CHWs) from Abyan, Lahj, Taiz and Hadramout governorates, bringing the total of CHWs in Yemen to 3,500. CHWs have reached more than 1,000,000 people living in rural and hard to reach areas with essential health and nutrition lifesaving services, 249,000 of which are children under five and 228,500 of which are women of reproductive age.

In the context of the humanitarian-development-peace nexus, UNICEF has been supporting the Ministry of Public Health and Population (MoPHP) in strengthening the Health Management Information System (HMIS) and the use of the District Health Management System 2 (DHIS-2). During the reporting period, 74 coordinators and data officers from 15 governorates were trained on the use of DHIS-2 enabling them to review and conduct quality checks on the data submitted by districts before final submission to the national level (including data on EPI, IMCI, RH, and nutrition).

## Nutrition

UNICEF, in partnership with MoPHP and other nutrition 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 2022, a total of 2,280,051 (1,133,580 boys, 1,146,471 girls) children under 5 years were screened for malnutrition. Out of these, 121,527 (54,611 boys, 66,916 girls) children with Severe Acute Malnutrition (SAM) were identified and admitted to Outpatient Treatment Programmes (OTPs) reaching 25 per cent of the annual target. Furthermore, 12,205 children (5,847 boys, 6,358 girls) with SAM with complications were also admitted to therapeutic feeding centers.

During the same period, a total of 325,362 children (163,592 boys, 161,770 girls) received deworming tablets, 491,377 children (247,052 boys, 244,325 girls) received micronutrient sprinkles and 422,843 children (214,248 boys, 208,595 girls) received Vitamin A supplementation. In addition, a total of 601,014 mothers received Iron Folate supplementation and 1,452,828 mothers received Infant and Young Child Feeding (IYCF) consultations. This achievement is collected through various nutrition platforms including 4,584 OTPs (for reporting rate at 90 per cent), along with reports received from 24,605 active CHNVs (for a reporting rate of 46 per cent), 275 mobile teams, and 2,652 IYCF consultations.

Following the release of IPC analyses, a nutrition strategy workshop was organized by the Nutrition Cluster in Amman on May 30, 2022, which included high level government representation from the Government of Yemen and DFA in Sana'a and nutrition cluster members. Following the workshop, the Yemen nutrition strategy was launched, and an agreement was reached to begin implementation of activities. The cluster also organized the Nutrition Information System (NIS) workshop held in Amman end of May 2022, which included the participation of UN agencies and other stakeholders from across Yemen to develop recommendations to improve the nutrition information system.

In order to improve data quality and collection, the cluster conducted and organized two workshops in 2022 with government and other partners to facilitate data filling and analysis and improve the accuracy and quality of data submitted and collected.

## Water, Sanitation and Hygiene (WASH)

In the first half of 2022, UNICEF provided fuel support to sustain safe water supply to 4.1 million people (including IDPs) in urban cities and rural/ host communities through the 37 Local Water and Sanitation Corporations (LWSCs) in 17 governorates of Yemen.

UNICEF provided sustainable WASH services as part of the exit strategy from water trucking, through the rehabilitation of five rural water network projects in the Gial Bin Yamen in Hadhramaut and Jahran, Al Hada, and Anss districts in the Dhamar Governorate. As a result of this, water trucking is no longer required in these areas. The focus of the strategy is to explore sustainable water source solutions for communities which include the installation of solar powered submersible pumps; connecting affected households to nearest water sources (wells) and digging wells where needed.

During the reporting period, financial resources for water trucking exit strategies were very limited. UNICEF is working closely with the Ministry of Water and Environment (MoWE) on the exit strategy from fuel support using renewable and energy-efficient projects to overcome the reliance on fuel and reduce carbon emissions in Yemen. As part of these efforts, UNICEF will continue throughout the rest of 2022 to support MoWE in improving the availability of reliable data on the status of the ground water in Yemen.

From January to June 2022, UNICEF addressed the critical WASH needs and gaps in camps and spontaneous settlements by providing WASH services to 29,745 newly displaced and affected people in Marib governorate. UNICEF continued the Rapid Response Team (RRT) mechanism through General Authority for Rural Water and Sanitation Project (GARWASP) across Yemen. The RRTs (Rapid Response Teams) focused on the high-risk districts in close coordination with health sector partners to mitigate the spread of cholera and AWD. The RRTs also targeted locations with a high number of malnutrition cases.

Interventions included providing emergency WASH services in camps, spontaneous settlements, and to affected people across Yemen. UNICEF-supported emergency WASH services included water trucking, latrines construction, desludging of latrines, provision of hygiene kits, and dissemination of key hygiene messages among the IDPs and affected people. UNICEF sensitized 638,517 people in humanitarian settings on appropriate hygiene practices and 1,531,594 people in humanitarian situations on accessing safe means of excreta disposal. Improved WASH contributed to the reduction in suspected cholera cases from 2,000 to less than 200 cases per week from week 1 to week 27<sup>8</sup> in 2022.

In first six months of 2022, the WASH Cluster conducted the annual Cluster Coordination Performance Monitoring survey followed by a validation workshop where key action points were summarized to improve WASH coordination. The Cluster formulated the Accountability and Quality Assurance (AQA) Technical Working Group to strengthen quality monitoring to measure the level of accountability to the affected population as well as quality WASH response activities. In coordination with MoWE in Aden and Sana'a and the National Water Resource Authority (NWRA) in Aden and Sana'a, UNICEF established the Water Resource Management Technical Working Group (TWG). The goal of the TWG is to identify critical needs and gaps in water resource management, which will enable both short and long-term WASH programming.

## Child Protection

UNICEF continued to provide education on the risks posed by mines, unexploded ordnances, and explosive remnants of war, reaching 408,108 people in conflict-affected locations. This includes 302,369 children (163,427 boys, 138,942 girls) and 105,739 adults (44,580 women, 61,159 men). Explosive ordinance risk education (EORE) activities were delivered in schools and in child-friendly spaces, as well as in the communities.

Through a network of fixed, remote, and mobile modalities, UNICEF provided psychosocial support to 220,452 people across Yemen, including 182,143 children (89,020 boys, 93,123 girls) and 38,309 adults (25,799 women, 12,510 men). These services helped children overcome the immediate and long-term consequences of their exposure to violence and distress.

Through the case management programme, UNICEF continued to support the referral to and provision of critical services for the most vulnerable children, including facilitating access to life-saving health, education, legal and psychosocial services for the most vulnerable children. 6,057 children (3,777 boys, 2,280 girls) were identified by trained case managers. Out of these, 5,844 children (3,656 boys, 2,188 girls) were provided with more than one service. Services include victims' assistance, individual counselling, family tracing, reunification, rehabilitation, birth registration economic empowerment and livelihood support, one-to-one/ group therapy, temporary shelter, legal services, education services, and medical services.

As of 30 June, a total of 240,135 people, including 190,302 children (92,363 boys, 97,939 girls) and 49,833 primary caregivers (12,910 men, 36,923 women) were provided with community-based mental health and psychosocial support by the Child Protection Area of Responsibility (CP AoR) partners.

In the first half of 2022, the CP AoR in Yemen focused on capacity building of CP actors developing a capacity building plan that will address project cycles, data collection, and child safeguarding. The data collection training was conducted in coordination with ACAPS an independent information provider and more training will be conducted by IMMAP aiming to enhance local NGOs capacity in the framework of localization.

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<sup>8</sup> Yemen epidemiological report, Ministry of Public Health and Population (MoPHP)

The cluster team in coordination with key protection actors revised the flood response guidelines and developed a media reporting guideline on children. The revision of the CP AoR strategy is ongoing and will be a multi-year strategy. Membership criteria to be part of the CP AoR were revised to ensure more inclusive criteria and a membership process was launched which will be finalized in July 2022.

## Education

UNICEF continued its multi-pronged approach to provide education support in 2022 in Yemen. As part of the emergency response, UNICEF provided non-formal learning opportunities and psychosocial support activities, in addition to a range of learning materials and supplies, to 6,128 IDP out-of-school children (3,297 boys, 2,831 girls) in Marib city, Marib Al-Wadhi and Harib through a partnership with NRC and the National Foundation for Development and Humanitarian Response (NFDHR).

In order to prevent school dropouts and encourage enrolment, UNICEF continued to create a conducive learning environment for children, through school rehabilitation and provision of individual learning materials. More than 16,000 children were reached with school bag kits<sup>9</sup>, while more than 3,000 were reached with school-in-a-box kits<sup>10</sup>. More than 24,000 children were reached with school desks. In addition, 90 temporary learning spaces were provided reaching 2,600 children (1,300 boys, 1,300 girls). From January to June, UNICEF rehabilitated WASH facilities in 357 schools, ensuring healthy access to hygiene facilities for 136,120 children (69,003 boys, 67,117 girls). A total of 413 hygiene kits were distributed, reaching an estimated 272,969 children (140,125 boys, 132,844 girls).

UNICEF continued teacher support in the form of teacher training, including trainings on psychosocial support, active pedagogy and safe school protocols. In 2022, more than 7,682 teachers were trained to enhance the quality of teaching provided to children nationwide.

Through the Education Cluster, partners reached more than 2.6 million school-age children with at least one activity within the HRP (Humanitarian Response Plan) targeting and educational framework during the first six months of 2022. This was done despite major funding shortages and bureaucratic impediments. The Education Cluster trained more than 200 staff from partner organizations on project management, monitoring and reporting at national and three subnational levels.

## Social Inclusion and Cash assistance

UNICEF continues to prioritize the integrated social protection agenda to ensure reaching the most vulnerable children, adolescents, and their families with an integrated social protection package. This includes the marginalized groups, 'Muhamasheen' and children with disabilities. In this regard, during the period (January-June 2022), a total of 22,851 individuals (4,193 men, 10,333 women, 4,358 boys, 3,967 girls) were reached and supported with Integrated Model of Social Economic Assistance (IMSEA)<sup>11</sup> services through a case management referral modality in the governorates of Amanat Al Asimah and Sana'a.

Additionally, UNICEF supported Muhamasheen community committees, and Youth Community Change Agents (YCCAs) as part of the community engagement and social investment pillars of IMSEA project in Sana'a governorate to deliver community initiatives. These initiatives aimed to activate self-initiated action in communities to sustain good practices and promote a positive change for themselves and their communities. Key achievements included a total of 7,215 beneficiaries (1,554 men, 1,455 women, 2,241 boys, 1,965 girls) who received key social change behaviour messages concerning various topics and issues related to hygiene best practices, natural disasters, violence against children, livelihood saving and financial education skills. These initiatives also supported adolescents aged 14-18 with psychosocial support and recreational activities (sports, drawing, games, etc.).

As part of the first pillar of the IMSEA project, Social Assistance, a new payment cycle (PC5) of the Humanitarian Cash Transfers (HCT) initiative was conducted between 1-15 June 2022, targeting families with children with disabilities (CWDs). This aims at providing CWDs and their families with financial support to enable them to cope with the socio-economic impact of the ongoing multiple crises including the extended impact of COVID-19. A total of 13,066 HHs with a total of 14,249 CWDs (58 per cent boys, 42 per cent girls) were reached during the fifth payment cycle (HCT PC5) in four governorates: Amanat Al Asimah, Sana'a, Aden and Ibb. This represents 98.2 per cent of the target beneficiaries. The Humanitarian Cash Transfer initiative was preceded by outreach and facilitation activities which were conducted by Handicap Care and Rehabilitation Fund (HCRF) social workers/outreach team in the northern and southern governorates of Yemen.

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<sup>9</sup> Each school bag kit includes exercise books, pens, chalks, paint and brush for chalkboard, register, pencils, erasers, rulers, bag and colouring pencils.

<sup>10</sup> The school-in-a-Box Kit is a portable classroom that can be used almost anywhere in the world. Each kit contains school supplies and materials for one teacher and 40 students for up to three months.

<sup>11</sup> Integrated Model for Social and Economic Assistance and Empowerment

Since the beginning of 2022, UNICEF continued to support fit-for-purpose evidence generation on socio-economic status to inform decision-making on social protection systems and integrated social protection for the poorest and most vulnerable groups in Yemen. During the first six months of 2022, key achievements included supporting the production and publication of four issues of Yemen Socio-Economic Update (YSEU). Additionally, two special analysis studies were prepared on “The Socio-Economic Repercussions of the Russia-Ukraine War on Yemen<sup>12</sup>” and “Food Prices Development in Yemen<sup>13</sup>”. The food prices analysis shows that Yemeni citizens have been experiencing more severe waves of inflation during 2015, 2017, 2020 and 2021, ranging between 34 per cent to 47 per cent or 4 and 10 times higher than in developing countries and globally. As a result, the prices of key commodities have skyrocketed and living standards have deteriorated, especially for low income and poor groups.

Building on the experience in Amanat Al-Asimah and Sana’a governorates, and to scale up the IMSEA in Aden during the second half of 2022, UNICEF provided capacity building trainings of Trainers (TOTs) on case management guidelines, SOPs and other related technical fields and programmatic areas to the technical team established in Aden governorate by the Social Welfare Fund to provide guidance, technical support, on-the-job coaching and training activities for the IMSEA’s field case management team.

In addition, Handicap Care Rehabilitation Fund (HCRF) with support from UNICEF strengthened the capacity and knowledge of their staff at Amanat Al Asimah and Sana'a governorates to enhance and maintain effective collaboration and communication linkages with service providers, to facilitate and promote access to basic services for children with disabilities. Preparation in ongoing for similar activity with HCRF in Aden to take place during the second half of the year.

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

From January to June 2022, UNICEF together with partners continued to support emerging outbreak responses on polio, measles and tetanus within the context of the ongoing COVID-19 response.

With a changing COVID-19 context globally and within Yemen, concerted efforts were required to strengthen the overall COVID-19 vaccine uptake which is still low in Yemen. Though the vaccine refusal rate has decreased from 39 per cent in September 2021 to 28 per cent in April 2022, the proportion willing to accept the COVID-19 vaccine in the southern governorates has not increased recently (approximately 42 per cent), and the proportion of the adult population that was unsure whether it was willing to receive the vaccine increased to 30 per cent.<sup>14</sup>

Communication and social mobilization interventions of the COVID-19 vaccination interventions have been conducted in 13 southern governorates in support of COVID-19 vaccination campaigns in these areas. Activities included mass media messaging, community engagement activities, and messaging through community and religious influencers. In Sana’a, Ibb and Sa’ada, religious leaders (Imams and Morshydats), in partnership with the Ministry of Religious Guidance scaled up engagement in mosques and in community gatherings to sensitize people to the essential COVID-19 prevention measures while integrating hygiene and sanitation practices promotion and vaccination messaging, especially against polio. In total, UNICEF engaged 3.4 million people (800,000 women, 2.6 million men) through these activities.

UNICEF supported the implementation of vaccination campaigns and outreach including three rounds of polio campaigns, as well as three MR, tetanus and Cholera vaccination campaigns, reaching over 90 per cent of targeted coverage. During the campaigns, community volunteers, religious leaders, medical doctors, and midwives engaged their communities on the vaccination campaigns through house-to-house visits, community gatherings and awareness sessions in mosques. The interpersonal communication activities were reinforced with roaming vehicles mounted with megaphones to broadcast the campaigns announcements in the targeted districts.

As a part of UNICEF’s evidence generation activities, the fifth round of the COVID-19 assessment to measure knowledge, attitudes, risk perceptions and adoption of prevention practices as well as COVID-19 vaccine hesitancy was conducted. Triangulated with social listening data and COVID-19 hotlines information, the findings from the assessment guided revision of strategies, messaging and interventions related to COVID-19 vaccine demand generation and COVID-19 RCCE (Risk Communication and Community Engagement).

UNICEF continued interagency collaboration with OCHA through the Community Engagement and Accountability to Affected Populations Working Group (CE/AAP WG), co-chaired by UNICEF and OCHA. In line with the global policy on AAP, the terms of reference for the CE/AAP WG were drafted in January and finalized in May 2022. The CE/AAP WG which includes core members UNICEF, UNHCR, WFP, OCHA has finalized the workplan and has also extended membership to include IOM and FAO. UNICEF established an internal AAP Committee to endorse its AAP workplan and Voice of Change (VoC) roadmap resulting in an implementation plan to embed AAP approaches in all UNICEF’s programming in Yemen.

<sup>12</sup>[https://fscluster.org/sites/default/files/documents/en-analytical\\_paper\\_3\\_the\\_socio-economic\\_repercussions\\_of\\_the\\_russia-ukraine\\_war\\_on\\_yemen.pdf](https://fscluster.org/sites/default/files/documents/en-analytical_paper_3_the_socio-economic_repercussions_of_the_russia-ukraine_war_on_yemen.pdf)

<sup>13</sup> <https://reliefweb.int/report/yemen/food-price-developments-analysis-yemen-and-associated-socio-economic-impact-march-2022>

<sup>14</sup> Based on Rapid Assessment of Knowledge, Attitudes and Practices Related to COVID-19 and COVID Vaccine, UNICEF, 4<sup>th</sup> Round (September 2021), 5<sup>th</sup> Round (April 2022).

In 2022, UNICEF continued to strengthen the Complaints and Feedback Mechanism (CFM) designed to strengthen accountability to the affected population. The Complaints and Feedback Mechanism was established for the Unconditional Cash Transfer Project (2017) – a project that delivered social cash grants to over 1.5 million households across the country. Building on the experience and infrastructure of the Unconditional Cash Transfer Project, UNICEF is expanding the CFM to all its programmes, enabling affected communities to raise their voices through this mechanism, allowing timely and appropriate follow-up actions. The dedicated toll-free helpline provides community members the opportunity to voice their concerns and give feedback on UNICEF programmes in Yemen.

In order to scale up the CFM to all programmes, UNICEF has conducted a Community Needs Assessment, to capture information and communication needs and preferences of people in Yemen. The scale-up will be piloted with UNICEF's Health programme, commencing in August 2022 and will be used to gather lessons learned on the use and implementation of CFM to other programmes.

### **AWD/Cholera Response**

UNICEF has updated the Yemen cholera multi-sectoral preparedness, response, and prevention plan twice since the beginning of 2022, in order to adapt the response plan to the evolving needs in Yemen. As part of the AWD/cholera preparedness and response efforts, UNICEF procured over 1,000 AWD kits for prepositioning and possible response to AWD/cholera outbreaks. The AWD kits are expected to cover over 100,000 cases of AWD/cholera. The first 400 kits have been delivered to the country and are being prepositioned to high-risk governorates/districts, The remaining AWD kits are expected to arrive in Yemen in the coming months. The AWD kits stock is continuously monitored to prioritize the prepositioning of incoming kits.

As part of the cholera prevention strategy, the second round of the Oral Cholera Vaccine (OCV) campaign was conducted in 10 selected high-risk districts of three governorates (Taiz, Al Dhale, and Lahj) in March 2022. During the second round OCV campaign, a total of 669,467 people over the age of one were reached with OCV.

As Yemen enters the rainy season in June, UNICEF is monitoring the cholera/AWD situation, in close coordination with key stakeholders, including MoPHP, WHO, health and WASH clusters to prepare and respond in a timely manner to possible outbreaks.

UNICEF continued communication and social mobilization interventions on essential lifesaving practices including the key AWD/cholera prevention practices. In the first six months 2022, community volunteers, religious leaders, and members of Mother-to-Mother clubs engaged 5.5 million people (2.1 million women, 3.4 million men) through multiple interpersonal communication activities including house-to-house visits, community meetings/events and awareness sessions in mosques.

### **Rapid Response Mechanism (RRM)**

Since the start of 2022, the RRM cluster partners have been active in 178 districts across 21 governorates. UNICEF, in coordination with the United Nations Population Fund (UNFPA) and WFP, reached more than 36,514 newly displaced families (255,598 people) with RRM kits that include essential hygiene items and other supplies. RRM kits have met the most critical immediate needs of IDP families, including food, family basic hygiene kits and female dignity kits.

### **Supply and Logistics**

Throughout the first half of 2022, the fluctuation of the Yemeni Rial remained a challenge for local vendors in responding to tenders due to the difficulties 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.

In the first half of the 2022, UNICEF experienced challenges resulting from global production and shipping constraints affecting the speed of the delivery of supplies to Yemen. The suspension of all road permits for shipping affected an estimated \$ 20 million of supplies from the warehouse in Salalah. However, the UN-Brokered two-month truce enabled an easier flow of goods inside Yemen.

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) continue 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 currently aligned with the 2021 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 lifesaving supplies and services throughout Yemen.

In the context of the COVID-19 pandemic, UNICEF together with the World Health Organization (WHO) facilitate and promote COVID-19 vaccination at the community and health facility levels for frontline health care workers, elderly people, and those with chronic underlying conditions, displaced people, migrants and refugees.

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

UNICEF supports the inter-agency Protection against Sexual Exploitation and Abuse (PSEA) network by providing and 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) includes members from the HCT and wider humanitarian community. UNICEF and OCHA continue to co-chair the working group, facilitate the regular convening of the working group, ensuring adequate information sharing with all the constituents of the wider humanitarian community in Yemen.

## Human Interest Stories and External Media

### Field update:

Global hunger crisis pushing one child into severe malnutrition every minute in 15 crisis-hit countries

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



UNICEF/UN0614738/AI-Haj

## External Media

[Training midwives to help children put their best foot forward](#)



[UNICEF's Cash Transfer and Nutrition Programme: Addressing Yemen's Surging Cases of Malnutrition](#)



[National Exams: Paving the Way to The Future](#)



Next SitRep: 30 October 2022

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## Annex A

### Summary of Programme Results<sup>15</sup>

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2022 target	Total results	Change since the last report	2022 target <sup>16</sup>	Total results	Change since the last report
<b>Health</b>							
Number of children aged 0 to 11 months vaccinated against measles	20,100,000	972,142	389,294 <sup>17</sup>	183,193			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	1,193,223 <sup>18</sup>	-1,071,845 <sup>19</sup>			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	1,434,240	465,861			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	14,280	0			
<b>Nutrition</b>							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	400,000	366,358	152,231	60,421	N/A	152,231	60,421
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718 <sup>20</sup>	5,023,627	1,200,807 <sup>21</sup>	1,181,585	N/A	1,200,807	1,181,585 <sup>22</sup>
<b>Child Protection, GBVIE &amp; PSEA</b>							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	220,452 <sup>23</sup>	17,716	1,218,253	187,176	-25,555 <sup>24</sup>
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,000,000	401,073	401,073 <sup>25</sup>			
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	408,108 <sup>26</sup>	22,963			

<sup>15</sup> These figures reflect the updated, approved 2022 HAC appeal.

<sup>16</sup> Cluster targets are in the assessment process and not yet available.

<sup>17</sup> Due to late partner reporting

<sup>18</sup> Delayed due to approval process

<sup>19</sup> Decrease due to data cleaning

<sup>20</sup> The figure will be updated after the finalization of the 2022 Humanitarian Response Plan (HRP).

<sup>21</sup> Due to late partner reporting

<sup>22</sup> Implementing partner delayed reporting

<sup>23</sup> Partially achieved due to bureaucratic approval process, conflict-related security risks, and logistical impediments.

<sup>24</sup> Decrease due to data cleaning

<sup>25</sup> Implementation saw delays in the planning phase

<sup>26</sup> Progress is slow due to bureaucratic approval process, conflict-related security risks, and logistical impediments

Education							
Number of children accessing formal and non-formal education, including early learning		500,000	169,688 <sup>27</sup>	13,844	895,000	619,573 <sup>28</sup>	37,682
Number of children receiving individual learning materials	8,100,000	800,000	19,275 <sup>29</sup>	6,128 <sup>30</sup>	1,200,000	53,443	50
Number of teachers receiving teacher incentives each month		15,000	2,142 <sup>31</sup>	-1,629 <sup>32</sup>	100,000	6,130	183
Water, Sanitation & Hygiene							
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs		6,800,000	4,141,625	749,509 <sup>33</sup>	7,484,406 <sub>34</sub>	6,639,369 <sub>35</sub>	1,833,261
Number of people reached with critical WASH supplies		5,910,000 <sub>36</sub>	829,703 <sup>37</sup>	119,313	3,814,995 <sub>38</sub>	1,170,476	76,213 <sup>39</sup>
Number of people in humanitarian situations reached with messages on appropriate hygiene practices	15,400,000	5,910,000 <sub>40</sub>	638,517 <sup>41</sup>	270,805	4,750,511 <sub>42</sub>	1,334,455	384,658 <sub>43</sub>
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,531,594	-87,970 <sup>44</sup>			
Social Protection & Cash Transfer							
Number of households reached with UNICEF funded multi-purpose humanitarian cash transfers		50,000	13,066 <sup>45</sup>	13,066			
Number of people benefiting from emergency and longer-term social and economic assistance		160,000	26,861 <sup>46</sup>	11,939			

<sup>27</sup> Jan progress has been updated now due to partner late reporting

<sup>28</sup> Jan progress added due to partner late reporting

<sup>29</sup> No distribution of individual learning materials took place during the school break. Back to School campaigns including distribution of school materials are currently ongoing

<sup>30</sup> School year 2021-2022 is now complete

<sup>31</sup> School year 2021-2022 complete, new school year started in July

<sup>32</sup> Data cleaning conducted in June

<sup>33</sup> In addition to the reached every month of 2,940,794 new beneficiaries have been added

<sup>34</sup> Cluster targets are added from 2022 HRP, now reporting progress

<sup>35</sup> Cluster targets are added from 2022 HRP, now reporting progress

<sup>36</sup> 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

<sup>37</sup> Due to limited available resources as WASH only received 29per cent of the required funds

<sup>38</sup> 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

<sup>39</sup> Cluster targets and progress updated as of 2022 HRP

<sup>40</sup> 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.

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<sup>42</sup> 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.

<sup>43</sup> Cluster targets and progress updated as of 2022 HRP

<sup>44</sup> Data cleaning in June has resulted in the change of reports over the last 6 months

<sup>45</sup> Due to delays in obtaining clearances, the payment cycle was conducted in June 2022

<sup>46</sup> The total results have been updated to include updated data for the January progress, previously not included due to partner late reporting

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

Number of people participating in engagement actions for social and behavioural change

8,500,000

6,410,845

621,978

**Rapid Response Mechanism**

Number of vulnerable displaced people who received Rapid Response Mechanism kits

588,000

255,598

48,891

## 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	12,987,121	1,267,412	6,613,944	104,131,52347	83%
Nutrition	120,000,000	22,560,749		9,975,125	87,464,126	73%
Child Protection, GBVIE & PSEA	37,000,000	5,438,391		6,628,261	24,933,348	67%
Education	55,450,000	7,300,863		22,322,748	25,826,389	47%
Water, Sanitation and Hygiene	100,000,000	14,755,417		14,632,258	70,612,325	71%
Social Protection	23,000,000	202,448		1,788,163	21,009,389	91%
C4D, Community Engagement & AAP	12,500,000	1,825,667		403,052	10,271,281	82%
Rapid Response Mechanism	5,950,000	1,390,990		1,337,962	3,221,048	54%
Cluster coordination	5,500,000	47,426		66,287	5,386,287	98%
Being allocated		3,950,342			-3,950,342	
<b>Total</b>	<b>484,400,000</b>	<b>70,459,414</b>	<b>1,267,412</b>	<b>63,767,800</b>	<b>348,905,374</b>	<b>72%</b>

<sup>47</sup> Amount for health has changed due to data cleaning