In its eighth year of conflict, Yemen’s deteriorating economy and collapsing basic services continue to be the main drivers of people’s needs in all sectors. Critical water and sanitation conditions put children at a higher risk of malnutrition, cholera and death from common infections. Escalating conflict in 2021 and 2022 resulted in civilian casualties, increased displacement and further disrupted public services. More than 23.4 million people (including 12.9 million children) need humanitarian assistance and protection. With more than 4.3 million internally displaced people since 2015, Yemen remains home to one of the largest internal displacement crises globally. If the United Nations-mediated truce collapses, it is feared that further displacements due to intensified conflict, along with the disruption of fuel imports through the Port of Al Hodeidah, would have significant consequences on food and fuel supply flows, including for humanitarian purposes. The result would be even greater levels of acute humanitarian need.

UNICEF’s humanitarian strategy in Yemen focuses both on providing direct life-saving assistance and on building systems to strengthen the link between humanitarian action and development/resilience programming.

UNICEF requires US$484.4 million to respond to the humanitarian crisis in Yemen in 2023. Lack of predictable funding for urgent interventions challenges the continuity of key services, putting children’s lives and well-being at risk.

**KEY PLANNED TARGETS**

- **2.5 million** children and women accessing primary healthcare
- **484,639** children with severe wasting admitted for treatment
- **6 million** women and children accessing gender-based violence mitigation, prevention, response
- **3.6 million** people reached with critical WASH supplies

**IN NEED**

<table>
<thead>
<tr>
<th>2019</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.4 million people</td>
<td>12.9 million children</td>
</tr>
</tbody>
</table>

**TO BE REACHED**

<table>
<thead>
<tr>
<th>2019</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.8 million people</td>
<td>3.7 million children</td>
</tr>
</tbody>
</table>

**FUNDING REQUIREMENTS**

<table>
<thead>
<tr>
<th>2019</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>US$484.4 million</td>
<td></td>
</tr>
</tbody>
</table>

Figures are based on the 2022 Humanitarian Response Plan for Yemen (April 2022) and are subject to change upon review of the inter-agency planning documents.
HUMANITARIAN SITUATION AND NEEDS

After eight years of conflict, the national socioeconomic systems of Yemen remain on the edge of total collapse, driving major increases in needs across all sectors. More than 23.4 million people, including 12.9 million children, need humanitarian assistance and protection in 2023. This is almost three quarters of the entire population. And, with more than 4.3 million internally displaced people since 2015, Yemen remains one of the largest internal displacement crises globally.

Negotiations continue for the extension of the United Nations-mediated truce that came into effect in April 2022 and ended in October 2022. The Special Envoy of the Secretary-General for Yemen, Hans Grundberg, cited important progress that was made during the truce, such as the increased availability of fuel, the resumption of commercial flights from the Sana’a airport and the reduction in civilian casualties. As a result, the country continues to experience regular outbreaks of cholera, measles, diphtheria and other vaccine-preventable diseases.

Conflict, large-scale displacement and recurring climate shocks are creating an environment conducive to communicable diseases outbreaks. More than 17.8 million people, including 9.2 million children, lack access to safe water, sanitation and hygiene (WASH) services. Yemen’s health system is extremely fragile: only 50 per cent of health facilities are functional, leaving 21.9 million people without adequate access to health care. Immunization coverage has stagnated nationally, with 28 per cent of children under 1 year of age missing routine vaccinations.

Food insecurity and malnutrition continue to be principal challenges, with pockets of the country experiencing extreme hunger. More than 19 million people in Yemen are expected to experience high levels of acute food insecurity between June and December 2022. This includes 161,000 people in a state of extreme food insecurity. In addition, 2.2 million children under 5 years of age are wasted, including more than 500,000 children (50 per cent girls) who are suffering from severe wasting.

The current humanitarian crisis in Yemen has increased the vulnerability of children and women to exploitation, violence and abuse, 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. More than 8.8 million children need child protection services, and nearly 8.5 million children require educational support.

### SECTOR NEEDS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.9 million people in need of health assistance</td>
<td>22</td>
</tr>
<tr>
<td>8.1 million children and women in need of nutrition assistance</td>
<td>23</td>
</tr>
<tr>
<td>8.8 million children in need of protection services</td>
<td>24</td>
</tr>
<tr>
<td>8.5 million children in need of education support</td>
<td>25</td>
</tr>
<tr>
<td>17.8 million people lack access to safe water</td>
<td>26</td>
</tr>
</tbody>
</table>

### STORY FROM THE FIELD

Malnutrition is one of the main causes of child mortality in Yemen. UNICEF partnered with the Red Crescent Society to support Al-Dhafer Health Centre in Hajjah Governorate. Wafa Hussain screens children for moderate and severe wasting and approves emergency cases. “Some children present many complications, including anaemia, pneumonia, severe diarrhoea and very high temperature. Our role is to screen and assess their needs, admit them as necessary and treat them until they recover,” she explains. The clinic receives up to 300 visitors per month, and it is the only centre in the area that provides malnutrition screening.

Read more about this story here
UNICEF humanitarian strategy in Yemen is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan and cluster priorities. As the lead for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility, UNICEF supports sector and intersectoral coordination and information management at national and subnational levels. UNICEF also supports inter-agency coordination for community engagement and accountability to affected populations through the related Working Group and provides technical leadership to Yemen’s efforts to harmonize system-wide complaints and feedback mechanisms.

UNICEF will pursue a balanced approach between providing life-saving interventions in some of the hardest-to-reach areas, via its robust field presence and network of five field offices, and investing in systems strengthening. Addressing the humanitarian, development and peace nexus, including strengthening multisectoral approaches, will require a nuanced strategy and dedicated donor support.

Life-saving health and nutrition interventions for affected populations, including internally displaced people, will be provided through community-based activities. At the same time, UNICEF will sustain and strengthen access to high-impact preventive and curative services at the community and facility levels. Following scale-up of nutrition services in 2022, in 2023 UNICEF will focus on strengthening the quality of service delivery and enhancing the multisectoral response (health, WASH, social protection and education) to address wasting.

The WASH programme will focus on rehabilitating and supporting water and sanitation infrastructure to provide a minimum level of service. Given the negative impacts climate change can have on the sustainability of WASH services and behaviours, UNICEF will promote climate-resilient development through use of expanded solarization and optimization of water systems and other cost-effective solutions. UNICEF will continue to improve access to and enrolment 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 help to build resilience among affected children by supporting 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. UNICEF will provide services to children with acute protection needs and support vulnerable children and their caregivers with specialized services and mental health and psychosocial 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 also continue to receive integrated social protection services and humanitarian cash transfers via UNICEF’s cash transfer programme. The programme will be sustainably handed over to national partners towards the end of 2023. The cash transfers will target the most marginalized people to ease the economic barriers they face 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.

**2023 PROGRAMME TARGETS**

**Health**
- 972,142 children vaccinated against measles
- 1,250,000 children vaccinated against polio
- 2,500,000 children and women accessing primary healthcare in UNICEF-supported facilities
- 15,000 healthcare workers within health facilities and communities provided with personal protective equipment

**Nutrition**
- 484,639 children 6-59 months with severe wasting admitted for treatment
- 4,730,449 children 6-59 months receiving Vitamin A supplementation

**Child protection, GBViE and PSEA**
- 900,000 children, adolescents and caregivers accessing community-based 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 with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 2,010,000 children provided with landmine or other explosive weapons 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

**Water, sanitation and hygiene**
- 6,800,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 3,400,000 people accessing appropriate sanitation services
- 3,600,000 people reached with critical WASH supplies
- 3,600,000 people in humanitarian situations reached with messages on appropriate hygiene practices

**Social protection**
- 50,000 households reached with UNICEF-funded humanitarian cash transfers
- 160,000 people benefiting from emergency and longer-term social and economic assistance

**Cross-sectoral (HCT, SBC, RCCE and AAP)**
- 8,500,000 people who participate in engagement actions
- 560,296 people sharing their concerns and asking questions through established feedback mechanisms

**Rapid response mechanism**
- 588,000 vulnerable displaced people who received rapid response mechanism kits
UNICEF is appealing for US$484.4 million to meet the humanitarian needs of children and families and fulfil children's rights in Yemen. Humanitarian programmes will reach nationwide, targeting populations in the areas with the most acute needs. Funding will allow UNICEF to meet critical needs in health, nutrition, WASH, child protection, education and social protection and provide timely response to displacement through the Rapid Response Mechanism. Without timely funding, more than 1 million children under age 1 will miss out on routine vaccinations, and more than 4 million children will not have access to essential nutrition services. Up to 6.8 million people, including 3.7 million children, will not have regular access to safe drinking water and 500,000 children will not be able to access formal or non-formal education. This will deepen the country’s learning crisis and existing inequalities in educational participation, and potentially expose children to such negative coping mechanisms as child marriage and child labour.

This includes costs from other sectors/interventions: Social protection (4.7%), Cross-sectoral (HCT, SBC, RCCE and AAP) (2.6%), Rapid response mechanism (1.2%), Cluster and field coordination (1.1%), Evaluation (<1%).
ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF’s Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.

2. UNICEF activated its Corporate Emergency Level 3 Scale-up Procedure for Yemen for the following period: 6 July 2015 to 31 December 2022. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.


4. Ibid.

5. Ibid.

6. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

7. Ibid.

8. The number of people to be reached reflects the total number of beneficiaries targeted through UNICEF’s largest response (WASH) to avoid double counting. It is estimated that the total population under age 18 is 55 per cent (with 28 per cent of the total population boys and 27 per cent girls). The adult population is estimated at 45 per cent (with 23 per cent of the total population men and 22 per cent women). People with disabilities account for 15 per cent of the total people to be reached, based on the estimates of the World Health Organization. The remaining population in need will be reached by other partners.

9. The number of children to be reached is based on the Yemen 2022 Humanitarian Needs Overview estimates, with children making up 55 per cent of the total people to be reached. Girls make up 49 per cent of the children to be reached; 15 per cent of children to be reached are children with disabilities.


12. This figure includes 1 million women; 1.1 million men; 1.1 million girls and 1.1 million boys. OCHA, Yemen: 2022 Humanitarian Response Plan.


15. 4.6 million girls and 4.6 million boys, based on children accounting for 55 per cent of the population.


18. 4.5 million women, 4.7 million men, 4.9 million girls, 4.9 million boys, based on OCHA, Yemen: 2022 Humanitarian Response Plan.


20. Ibid.

21. Ibid.

22. Ibid.


25. Ibid.

26. Ibid.

27. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.

28. 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.

29. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

30. The target is children aged 0-11 months.

31. The target is children aged 0-59 months. The target has been revised downward because in 2022 the authorities in the northern part of the country decided not to conduct the polio campaign, which reflected the biggest part of the indicator target.

32. The target is 90 per cent of the total population in need.

33. The target is 95 per cent of the total population in need.

34. Due to space constraints, the following acronyms appear here: GBVIIE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); and AAP (accountability to affected populations).

35. 'Cash plus' also includes referrals to services, social and behavioural change and life skills activities.

36. Social and behavioural change and accountability to affected populations are integrated into sectoral responses and interventions.

37. The estimate is based on the complaints and feedback mechanism 2022 baseline of unconditional cash transfers and other complaints and inquiries (i.e., 460,296), with an assumption that 100,000 complaints and inquiries will be received for other programmes.

38. This includes US$3 million for gender-based violence interventions; and US$450,000 for prevention of sexual exploitation and abuse interventions.

39. Evaluations will be conducted to demonstrate accountability to affected populations and donors, and for UNICEF and partner learning. Evaluations will be prioritized based on several factors, including potential for programme replication and adaptation in other humanitarian settings globally, the size of the programme budget and programmatic and donor priorities.