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Yemen

Nearly five years after the start of the conflict, Yemen remains the largest emergency globally, with 24 million people out of the population of 30.5 million in need of humanitarian assistance.¹ The conflict has left 3.6 million people, including 2 million children, internally displaced, and at least 500,000 public sector workers have been without salaries for three years.² Humanitarian access to vulnerable populations remains severely constrained. Since August 2019, a new conflict in southern Yemen has led to rising food insecurity, poor sanitation and lack of safe water. The water supply and sanitation systems have been severely affected by the conflict. An estimated 12.6 million people are in acute need of water, sanitation and hygiene (WASH) services and more than 17.8 million people require WASH assistance in general.³ Immunization coverage has stagnated at the national level, resulting in outbreaks of measles, diphtheria and other vaccine-preventable diseases, and leaving the population vulnerable to polio. Thirty-seven per cent of children under 1 year are not fully vaccinated and therefore at higher risk of vaccine-preventable diseases.⁴ More than 687,000 suspected cases of acute watery diarrhoea/cholera and 898 associated deaths were recorded in the first nine months of 2019.⁵ Children are bearing the brunt of the conflict: 2,000 children have been killed and 4,800 have been maimed since the conflict began; 2,700 boys have been recruited into armed forces and groups; and over 368,000 children under 5 years⁶ are suffering from severe acute malnutrition (SAM). The damage and closure of schools and hospitals are threatening children's access to education and health services, rendering them vulnerable to serious protection concerns. At least 2 million children in Yemen are out of school.⁷ While an estimated 46 per cent of girls and 54 per cent of boys are enrolled in school, secondary-level girls are more likely to drop out due to security issues, lack of female teachers and the lack of appropriate WASH facilities.⁸

Humanitarian strategy

UNICEF's humanitarian strategy in Yemen is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan and cluster and programme priorities. UNICEF leads the nutrition and WASH clusters, co-leads the education cluster and the child protection sub-cluster, and provides dedicated full-time support to coordination and information management. Humanitarian operations in Yemen are decentralized through five field offices that manage local responses with partners. In 2020, health efforts will focus on strengthening systems, improving access to primary health care, as well as malnutrition management and disease outbreak response, including maintaining vaccination coverage. Emergency WASH interventions will be delivered alongside durable, cost-effective solutions that strengthen the resilience of local institutions and communities. Acute watery diarrhoea/cholera prevention and response – including oral cholera vaccination – will continue in high-risk areas. Vulnerable women and children will receive survivor assistance, resilience building and mine risk education. UNICEF will rehabilitate damaged schools, establish temporary learning spaces, provide learning kits and support school-based staff incentives. The Task Force on Monitoring and Reporting will engage with parties to the conflict to prevent and halt grave violations of children's rights. UNICEF will pursue gender-sensitive planning and provide partners with training on preventing sexual exploitation and

abuse. Given the widening gender disparities and lack of equal access for women and men to economic and social opportunities – both of which are tied to the security and economic situations – in 2020, UNICEF will use a cross-sectoral approach to leverage its existing programmes to mitigate, prevent and respond to gender-based violence. Poor and marginalized children and families will receive integrated social protection services. Working with partners, UNICEF will deliver life-saving supplies to areas impacted by armed violence through the inter-agency Rapid Response Mechanism.

Results from 2019

As of 31 August 2019, UNICEF had US\$385 million available against the US\$536 million appeal (72 per cent funded).⁹ UNICEF responded to urgent needs in Yemen through multi-sectoral interventions, while working to prevent the collapse of national systems.¹⁰ Results were achieved despite an extremely complex environment characterized by access constraints across the country, non-availability of supplies locally and lack of fuel and local currency, among other challenges. To address these issues, UNICEF employed high-level sustained advocacy with relevant authorities, accessed its global supply chains and established a long-term agreement with the World Food Programme (WFP) for fuel support. Despite the challenges, UNICEF and partners reached some 5.4 million people with safe drinking water, 16 million people in cholera-prone areas benefited from water

Humanitarian Action for Children

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Total people in need

24 million¹³

Total children (<18) in need

12.24 million¹⁴

Total people to be reached

11.3 million¹⁵

Total children to be reached

8 million¹⁶

2020¹⁷ programme targets

Nutrition

- 331,000 children aged 6 to 59 months affected by SAM admitted for treatment⁸
- 4,400,000 children under 5 years given micronutrient interventions, including vitamin A

Health

- 5,500,000 children under 5 years vaccinated against polio
- 1,700,000 children under 5 years receiving primary health care in UNICEF-supported facilities
- 700,000 children under 1 year vaccinated against measles (measles-containing vaccine) through routine immunization

WASH

- 6,800,000 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene⁹
- 5,000,000 people provided with standard hygiene kits

Child protection

- 2,000,000 children and community members reached with life-saving mine risk education messages
- 874,000 children and caregivers accessing mental health and psychosocial support⁹
- 200,000 children and women accessing gender-based violence response interventions

Education

- 1,000,000 children provided with individual learning materials
- 820,000 children accessing formal and non-formal education, including early learning
- 135,000 teachers receiving teacher incentives each month

Social policy

- 85,000 marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)

Communication for development

- 6,000,000 people reached with key life-saving/behaviour change messages through communication for development interpersonal communication interventions

Rapid Response Mechanism

- 1,300,000 vulnerable displaced people who received Rapid Response Mechanism kits
- 135,000 vulnerable persons supported with multipurpose cash assistance

treatment and 6 million people received health information. UNICEF kept over 3,700 health facilities functional, reaching some 730,000 pregnant and lactating women with primary health care services, including the minimum service package. Over 11.8 million children aged 6 months to 15 years received measles and rubella vaccination. By the end of August, nearly 200,000 children had received SAM treatment.¹¹ Through the Monitoring and Reporting Mechanism, UNICEF verified 80 per cent of all protection cases. Nearly 400,000 children received psychosocial support and 1.6 million people were trained in mine risk awareness. Through three cycles of teacher incentives, UNICEF reached over 128,000 school staff during the 2018/19 school year. Several planned targets were not reached due to funding shortages, operational constraints and the changing needs on the ground.¹² The national polio campaign targeting over 5 million children is yet to take place. Planned targets for social policy were not reached due to the delayed pilot implementation and expansion was not feasible for 2019. The Rapid Response Mechanism results are lower than planned due to the limited number of people in Yemen returning to their areas of origin.

	Sector 2019 targets	Sector total results	UNICEF 2019 targets	UNICEF total results
NUTRITION				
Children aged 0 to 59 months with SAM admitted to therapeutic care	321,750	193,638	321,750	193,638
Caregivers of children aged 0 to 23 months with access to infant and young child feeding counselling for appropriate feeding	1,682,336	1,557,511	1,514,102	1,557,511 ⁱ
Children under 5 years given micronutrient interventions (multiple micronutrient powder)	2,860,031	950,363	2,860,031	950,363
Children under 5 years given micronutrient interventions, including vitamin A	4,290,047	64,847	4,290,047	64,847 ⁱⁱ
HEALTH				
Children under 1 year vaccinated against measles (measles-containing vaccine 1) through routine immunization			941,842	328,950 ⁱⁱⁱ
Children aged 6 months to 15 years vaccinated in measles and rubella campaigns			13,032,803	11,837,521
Children under 5 years vaccinated against polio			5,352,000	387,492
Children under 5 years receiving primary health care			1,575,000	1,259,277
Pregnant and lactating women receiving primary health care			841,097	730,115
WATER, SANITATION AND HYGIENE				
People with access to drinking water through support to the operation/maintenance of public water systems	7,288,599	6,043,322	6,000,000	5,478,952
People with access to emergency safe water supply	1,703,359	934,830	1,000,000	631,171 ^{iv}
People with access to adequate sanitation (through emergency latrine construction or rehabilitation)	1,223,908	581,566	800,000	472,442
People provided with the standard hygiene kit (basic)	2,322,981	446,785	800,000	203,952 ^v
People provided with the standard hygiene kit (consumables)	5,332,045	5,103,444	4,000,000	4,977,860 ^{vi}
People living in cholera high-risk areas with access to household level water treatment and disinfection	4,202,324	16,371,652	3,500,000	16,133,834 ^{vii}
CHILD PROTECTION				
Percentage of Monitoring and Reporting incidents verified and documented out of all reported incidents	90%	80%	90%	80%
Children and caregivers in conflict-affected areas receiving psychosocial support	882,268	442,641	794,825	394,956
Children and community members reached with life-saving mine risk education messages	1,684,106	1,645,659	1,365,128	1,634,516 ^{viii}
Children reached with critical child protection services, including case management and victim assistance	12,932	10,520	10,345	10,056
UNICEF staff and implementing partners trained on prevention of sexual exploitation and abuse			500	701 ^{ix}
EDUCATION				
Affected children provided with access to education via improved school environments and alternative learning opportunities	891,352	667,447	816,566	216,464 ^x
Affected children receiving psychosocial support services and peacebuilding education in schools	1,794,689	321,606	170,000	33,524 ^{xi}
Affected children supported with basic learning supplies, including school bag kits	1,500,000	110,041	996,994	15,251 ^{xii}
Teachers/staff in schools (in a total of 10,331 schools) who received incentives each month	135,359	127,157	135,359	127,157 ^{xiii}
SOCIAL POLICY				
Marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)			175,000	89,094 ^{xiv}
RAPID RESPONSE MECHANISM				
Vulnerable displaced people receiving Rapid Response Mechanism kits within 72 hours of the trigger for response			2,000,000	1,072,807

Vulnerable persons supported with multipurpose cash transfers			350,000	112,283 ^{xv}
COMMUNICATION FOR DEVELOPMENT				
Affected people reached through communication for development integrated efforts in outbreak response and campaigns			6,000,000	6,056,832 ^{xvi}
Community mobilizers/volunteers with skills to engage communities to adopt positive social and behaviour change practices			5,000	3,720

* Results are as of 31 August 2019 unless otherwise noted.

- ⁱ Overachievement is attributed to the scale up of infant and young child feeding interventions at health facilities and at the community level. There is a slight possibility of double counting between different delivery platforms where mothers are receiving this service in two locations. UNICEF is improving the reporting tools to minimize double counting for this and the screening indicator.
- ⁱⁱ Vitamin A supplementation will be implemented jointly with national polio campaigns; the first polio campaign is yet to take place.
- ⁱⁱⁱ The communication of results was delayed; the cumulative result is expected to be higher by the end of the year.
- ^{iv} In 2019, WASH focused more on providing safe water through connection of public networks and less on emergency water supply.
- ^v This result is low due to lower than anticipated internally displaced person needs.
- ^{vi} In 2019, there were a higher number of suspected cholera cases in the first half of the year than in previous years. Rapid response teams scaled up their response to deliver consumable hygiene kits to stem transmissions, which led to overachievement.
- ^{vii} This result was overachieved due to an increasing number of suspected cholera cases reported throughout the country. The cost was covered through savings from other interventions, particularly sanitation. These results are part of a service package delivered by rapid response teams for reaching each suspected cholera case in real time.
- ^{viii} UNICEF reached more students and community members with mine risk education messages than targeted, at a lower cost. Furthermore, due to the conflict in Al Hudaydah and Hajjah, as well as displacement in Abyan and Al Dhale'e, UNICEF scaled up the mine risk education intervention.
- ^{ix} This result was overachieved because more staff members and partners engaged in the training than initially planned.
- ^x This result was underachieved because the process of identification and technical assessment of affected schools has taken longer than expected. In addition, some targeted schools are part of a suspended grant, which is pending donor approval for reprogramming.
- ^{xi} Low achievement is due to restrictions on implementation to areas controlled by the internationally-recognized government, as authorities in the areas controlled by de facto authorities have not approved the programme. Alternatively, UNICEF will resume psychosocial support interventions in child-friendly spaces in areas controlled by de facto authorities.
- ^{xii} Learning supplies are procured through an offshore supplier and are currently in the pipeline for the 2019/20 academic year.
- ^{xiii} This is the number of teachers and staff in schools who received incentives in August 2019.
- ^{xiv} As the expansion of the programme was not feasible in 2019, the programme was postponed to 2020. While the target was going to be decreased from 175,000 to 85,000 for 2019, no further 2019 appeal revision was conducted, so the results appear low.
- ^{xv} Low achievement is due to delayed coordination with authorities.
- ^{xvi} In response to the rapid increase of acute watery diarrhoea/cholera cases since March 2019, the communication for development contingency plan was scaled up in partnership with the Government and other partners, focusing on the 38 highest priority districts, which generate 60 per cent of cholera cases.

Funding requirements

UNICEF is requesting US\$535 million to meet the humanitarian needs of children and families and fulfil children's rights in Yemen in 2020. UNICEF humanitarian programmes are planned for nationwide reach, targeting populations in the areas with the most acute needs. Without timely funding, UNICEF and its partners will be unable to effectively address the needs of the most affected children and families. The consequences of the conflict will continue have a devastating effect on families and there is a major risk of the total collapse of public services.

Sector	2020 requirements (US\$) ²¹
Nutrition	126,103,718
Health	91,190,848
Water, sanitation and hygiene	135,000,000
Child protection	42,800,150
Education	110,997,852
Social policy	3,400,000
Communication for development	11,730,000
Rapid Response Mechanism	13,760,000
Total	534,982,568

¹ This figure is provisional and subject to change upon finalization of the inter-agency needs and planning documents. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2020 Humanitarian Needs Overview' (draft), OCHA, October 2019.

² International Organization for Migration Displacement Tracking Matrix, 'Rapid Displacement Tracking (RDT): DTM Yemen', IOM DTM, 13 October 2019; and 'Yemen: 2020 Humanitarian Needs Overview' (draft).

³ Ibid.

⁴ Government of Yemen Ministry of Health administrative data for January–August 2019.

⁵ Emergency Operation Centre, 'Yemen: Cholera Outbreak 2017/2019– Interactive Dashboard', EOC, 30 September 2019, <<http://yemeneoc.org/bi/>>, accessed 22 October 2019.

⁶ United Nations Country Task Force on Monitoring and Reporting, September 2019; and United Nations Children's Fund (UNICEF) estimates as of October 2019.

⁷ United Nations Children's Fund, 'If Not in School: The paths children cross in Yemen', UNICEF, March 2018.

⁸ Government of Yemen Ministry of Education, Educational National Statistical Survey 2015–2016, 2017.

⁹ Available funds include US\$173.3 million received against the 2019 appeal and US\$134.4 million carried forward from the previous year. Another US\$77.8 was received from multilateral organizations and other donors that are focused on system strengthening but have emergency components and will thereby contribute towards 2019 humanitarian programme monitoring results.

¹⁰ As part of efforts to strengthen the linkages between humanitarian action and development programming, integrated systems support activities in the health and WASH sectors were implemented (e.g., rehabilitating sanitation systems and supporting the health sector workforce and the functionality of health centres).

¹¹ UNICEF increased the minimum target for SAM management from 70 per cent in 2018 to 90 per cent in 2019.

¹² The national polio campaign targeting over 5 million children is yet to take place. Planned targets for social policy were not reached due to funding shortages, and the underperformance of the Rapid Response Mechanism was due to the limited number of people in Yemen returning to their areas of origin.

¹³ This figure is provisional and subject to change upon finalization of the inter-agency needs and planning documents. 'Yemen: 2020 Humanitarian Needs Overview' (draft).

¹⁴ Ibid.

¹⁵ This includes 5.5 million children under 5 years targeted for polio vaccination; 2.5 million children aged 5 to 17 years targeted for safe water; and 3.3 million adults targeted for safe water. This includes 5.75 million women/girls and 5.55 million men/boys and an estimated 246,600 people with disabilities.

¹⁶ This includes 5.5 million children under 5 years targeted for polio vaccination and 2.5 million children aged 5 to 17 years targeted for safe water. This includes 4.1 million girls and 3.9 million boys and an estimated 176,000 children with disabilities.

¹⁷ Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

¹⁸ UNICEF is targeting 90 per cent of the total caseload, which is well above the Sphere standard. For planning, implementation and procurement, UNICEF will support the entire caseload.

¹⁹ This includes 6 million people accessing drinking water through support to the operation, maintenance and rehabilitation of public water systems and 800,000 people accessing emergency safe water supply.

²⁰ This includes 794,000 children and 80,000 caregivers.

²¹ Figures are provisional estimates. Financial requirements are subject to change upon finalization of the inter-agency appeals/planning documents. While the overall number of people to be reached is slightly lower than in 2019 (13.6 million people compared with 11.3 million people), the funding requirement is in the same range due to increasing operational costs, including fuel.

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