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Yemen Country Office Humanitarian Situation Report



Reporting Period: 1-31 October 2021

Highlights

- Lack of funding continues to impair and delay response initiatives throughout the country. In particular, urgent funds remain needed for life saving WASH, health, and nutrition activities
- The Rapid Response Mechanism (RRM) cluster reported that an additional 12,000 people were displaced in October due to intensified active conflict across several frontlines.
- A total of 4,632,037 conflict-affected children and caregivers were reached through Mine Risk Education (MRE) activities.
- A total number of 11,336 cases were screened for COVID-19 in the UNICEF-supported triage facilities in October (55.2 per cent female; 14.6 per cent children under five), while 286 suspected cases (43.3 per cent female; 13.2 per cent children under five) were referred for treatment to isolation centres. 27 out of the 286 referred cases were admitted in the isolation centres for further management.
- 62,441 children (27,332 girls; 35,109 boys) benefitted from learning materials (school bag kits and school-in-a-box kits) in Ibb, Aden and Lahj. 15,422 students (7,537 girls; 7,885 boys) benefitted from the rehabilitation of WASH facilities in 22 schools.

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)

11.3 million
children in need of humanitarian assistance

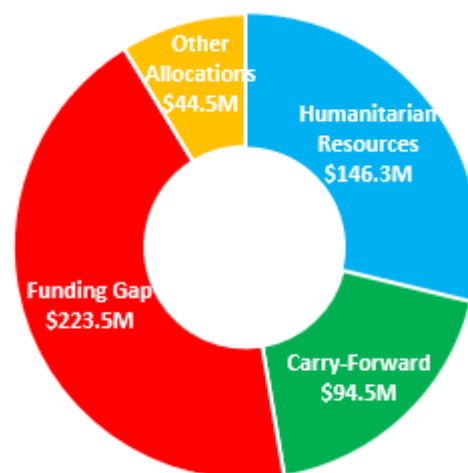
20.7 million
people in need
(OCHA, 2021 Humanitarian Response Plan)

2 million
children internally displaced (IDPs) (UNICEF, 2021 Yemen Humanitarian Action for Children)

UNICEF's Response and Funding Status*

Nutrition	SAM Admission	68%
	Funding status	70%
Health	Measles vaccination	67%
	Funding status	16%
WASH	People with safe water	108%
	Funding status	81%
Child Protection	Psychosocial support	46%
	Funding status	52%
Education	Access to education	114%
	Funding status	60%
Social Policy	Social economic assistance	103%
	Funding status	39%
C4D	People reached with campaigns	111%
	Funding status	55%
RRM	IDPs with RRM kits	36%
	Funding status	82%

Funding Status 2021 Appeal: \$508.8M



*Response indicators represent only parts of section activities, while funding status represent the sections'

Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC) approved in May 2021, is aligned with the 2021 Yemen Humanitarian Response Plan (YHRP) and appeals for \$508.8 million. UNICEF's humanitarian programmes are planned for nationwide reach, targeting populations in areas with the most acute needs. Each sectoral response in the HAC integrates the COVID-19 response. As UNICEF continues to actively fundraise for its 2021 HAC appeal, as of 31 October 2021, \$146.3 million has been received. A total of \$94.5 million was carried forward from 2020, with an additional \$44.5 million received from other contributions¹. This makes a total of \$285.3 million funds mobilized against the 2021 HAC and leaves a funding gap of \$223.57 million, or 44 per cent of the total amount required to continue UNICEF's life-saving work in Yemen. During the reporting period, generous contributions were received from the National Committee of Norway and the United States Agency for International Development (USAID).

Situation Overview & Humanitarian Needs

Seven years into the conflict, Yemen remains one of the world's worst humanitarian crisis with 20.7 million people—71 per cent of the total population—in need of humanitarian assistance. In October 2021, significant challenges to UNICEF's life-saving interventions persisted, including challenges limiting access to the most vulnerable populations, increased fighting in Marib Governorate, heavy rains destroying shelters of internally displaced persons (IDPs) and threatening infrastructure, continued high rates of severe acute malnutrition (SAM) cases, and conflict-torn areas forcing families to flee from their homes. As of the end of October 2021, four million people, including two million children, continue to be internally displaced. In addition, as of late 2020, Yemen hosted approximately 138,000 migrants and 177,600 refugees and asylum-seekers. Over 90 per cent of migrants are of Ethiopian origin and are mostly in transit to Gulf countries to seek livelihood opportunities².

During the month of October 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 16 incidents of grave violations against children, of which 88 per cent were verified. The majority of verified violations this month pertained to child casualties (8 girls; 17 boys), and 18 children maimed by various parties to the conflict. There were also two incidents of attacks on hospitals/against medical personnel. Most of the incidents documented and verified were in the governorates of Taizz (6) and Marib (3). These are only figures that the UN has been able to verify to date; the actual number of incidents might be higher.

Approximately 400,000 children under the age of five continue to face SAM, out of a total of almost 2.3 million children facing acute malnutrition. More than 15.4 million people urgently need assistance to access water, sanitation and hygiene (WASH) services. The lack of funding for emergency-specific WASH interventions continues to undermine the integrated response. Approximately 20.1 million people need assistance to access health services. Women and children continue to be disproportionately affected with 4.8 million women, 10.2 million children, three million people with disabilities, and 2.1 million men requiring assistance to access health services. If funds for health are not received, support to hospitals will halt, resulting in an interruption of basic life-saving health services for children, mothers and their new-borns, risking their lives and wellbeing. It will also result to a lack of personal protective equipment (PPE) for thousands of health care providers and will affect COVID-19 screenings for hundreds of thousands of Yemenis. Likewise, critical funding needs for nutrition services, if not met, will put millions of Yemeni children at risk of SAM and acute malnutrition. Cold chain interruption will negatively impact on immunization programmes for over ten types of lifesaving vaccines, including those for Polio, Measles, and COVID-19.

Between 1 January and 31 October 2021, a total number of 40,227 AWD/cholera suspected cases and 16 associated deaths were reported, with a 0.04 per cent case fatality rate (CFR). Data remained static since the last reporting period, and the number of cases was significantly lower compared with the same period of 2020 (198,971 suspected cases and 63 associated deaths, with a 0.03 per cent CFR). Despite the declining cholera trends, there are residual risks and UNICEF continues to closely monitor the cholera situation.

As of the 31 October 2021, a total number of 9,791 COVID-19 cases were officially reported as confirmed, with 1,889 associated deaths and a 19.3 per cent CFR. Almost all the cases that were reported were from Hadramout, Aden, Abyan, Lahj, Al-Dhale'a, Shabwah, Al-Maharah, Taizz, and Marib governorates. There continued to be no reporting of cases in the northern governorates other than the first four reported cases during 2020.

¹ "Other allocations" include other regular resources (ORR) against the HAC 2021.

² United Nations Yemen Common Country Analysis (CCA) September 2021

Summary Analysis of Programme Response

Health and Nutrition

By 31 October 2021 and as part of the COVID-19 response, personal protective equipment (PPE) (including gloves, masks, gowns, face shields, goggles, etc.) was provided to 15,863 healthcare providers. This PPE was provided in 3,644 health facilities throughout 330 districts in 22 governorates. A total of 12,723 healthcare providers, including health workers (HWs), community midwives (CMWs) and community volunteers (CVs) (out of the total planned 20,000) were sensitized on infection prevention control (IPC). Each participant was provided with clear information about the infection prevention control (IPC), the case definition of COVID-19, modes of transmission, and best practices for IPC at the community and facility levels.

A total number of 11,336 cases (55.2 per cent female; 14.6 per cent children under five) were screened for COVID-19 UNICEF-supported triage facilities in the South, while 286 suspected cases (43.3 per cent female; 13.2 per cent children under five) were referred for treatment to isolation centres. 27 out of the 286 referred cases were admitted in the isolation centres for further management. During the reporting period, UNICEF also supported the rehabilitation of triage areas and temporary isolation rooms in 38 facilities in seven governorates (Abyan, Lahj, Al-Dhale'a, Shabwah, Hadramout, Al-Maharah, and Socotra).

A total of 53,947 children under one year of age received their third dose of the Penta vaccine, and 17,500 women of childbearing age 15-49 years received the Tetanus and diphtheria (Td) vaccine through the Routine Vaccination programme.

The third round of Integrated Outreach (IOR) was implemented in Sa'ada governorate during the reporting period. The preliminary data shows that a total of 3,938 children under one year of age received their first dose of Penta, and 2,884 children received their third dose. 3,424 children received their first dose of Measles Containing Vaccines (MCV1). In addition, 22,705 of children under 5 years of age benefited from Integrated Management of Childhood Illnesses (IMCI) in Sa'ada.

During the reporting period, mobile teams in Marib delivered nutrition interventions including screening, SAM treatment, and the administration of micronutrient powder 5,926 children under five. 2,065 pregnant and lactating women were given Infant and Young Child Feeding Practices (IYCF) consultations, and 1,757 pregnant and lactating women received reproductive health services, including antenatal care, post-natal care and safe birth attendance. A total of 548 children under one were vaccinated with Penta3, while 620 women of childbearing age received Td vaccinations and a total of 5,862 children under five received IMCI services. Overall, as part of the Marib response, 7,502 children under five were screened for malnutrition, 223 children with SAM were referred to OTPs, 1,340 children received micronutrient powder, 1,010 children received deworming tablets, and 2,153 pregnant and lactating women received IYCF consultations. Additionally, a total of 1,676 pregnant women received antenatal care services and 447 women received post-natal care services, and a total of 1,846 women of childbearing age received Tetanus-diphtheria vaccine. 7,420 children under five received IMCI services. 742 children under one were vaccinated with Penta 3 dose in Marib governorate.



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A total of 2.2 million doses of the Measles and Rubella (MR) vaccine, as well as 600,000 doses of Pneumococcal Vaccine (PCV) were delivered in Sana'a on 28 October 2021. These vaccines will be used for outbreak response activities in High Risk Districts as well as for the routine vaccination programme.

The inspection and registration of 100 Solar Direct Drive (SDD) fridges in Sana'a was completed. Distribution and installation in the health facilities is underway. In October, a total of 20 SDD fridges were installed in Al Bayda governorate. Between 1 January and 31 October 2021, a total of 719 SDDs were installed nationwide.

Between 1 January and 31 October 2021, 6,321,179 children under 5 years were screened for malnutrition (3,139,877 girls; 3,181,302 boys). Of these, 242,136 children with severe acute malnutrition (SAM) were identified and admitted to Outpatient Treatment Programmes (OTPs) (138,192 girls; 103,944 boys), reaching 76 per cent of the annual target. Additionally, 26,059 children with SAM and complications were admitted to therapeutic feeding centres (TFCs) (13,538 girls; 12,521 boys).

During the same period, 2,477,221 children received deworming tablets (1,217,224 girls; 1,259,997 boys), reaching 95 per cent of the target. 2,963,719 children received micronutrient sprinkles (1,459,455 girls; 1,504,264 boys), reaching 105 per cent of the annual target. 3,154,084 children received Vitamin A supplementation (1,560,316 girls; 1,593,768 boys) through routine programmes as well as through the Polio and Vitamin A campaign that was implemented in the northern part of the country (reaching 68 per cent of the annual target). In addition, 1,893,446 mothers received Iron Folate supplementation (154 per cent of the annual target), and 2,584,023 mothers received IYCF consultations (150 per cent of annual target).

Mid-Upper Arm Circumference (MUAC) campaigns were conducted in 17 governorates. Three outreach rounds, as well as other scaled up nutrition activities, were implemented in 20 governorates. These rounds reached 447,520 children with screening for malnutrition, and provided over 23,000 children with Vitamin A supplementation, 72,212 children with micronutrient powder supplementation, and 99,758 children with deworming supplementation. 128,047 mothers were reached with IYCF, and 137,609 mothers received Iron Folate supplementation.

The Yemen Action Plan to Address Child Wasting was validated by government authorities in Aden and Sana'a on 31 October. This plan will be incorporated into the Global Action Plan for Child Wasting, and will be shared with donors during the Nutrition for Growth (N4G) Summit in Japan in December 2021.

Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys are ongoing across the country. In the south, two surveys were completed, with three ongoing. In the north, four surveys commenced during the last week of the reporting period. The remaining eleven surveys will be carried out in batches in November and December 2021. All SMART data will be available for the Integrated Food Security Phase Classification (IPC) analysis, now scheduled for mid-January 2022.

Child Protection

During the reporting period, 4,632,037 conflict-affected children and caregivers were reached through mine risk education (MRE) activities, including 2,563,063 children (1,250,954 girls; 1,312,109 boys) and 2,068,974 adults (1,020,376 women; 1,048,598 men) across all governorates. MRE was delivered in schools and child-friendly spaces, via TV and text messages, and through community campaigns with COVID-19 preventative measures. MRE campaigns through TV were inclusive for children and adults with speech and hearing impairments, assisted by scripts and sign languages.

Through a network of fixed and mobile child-friendly spaces, UNICEF provided psychosocial support to 41,117 people across 11 governorates (Abyan, Aden, Al Hodeidah, Al Jawf, Hadramout, Lahj, Hajjah, Raymah, Sa'ada, Sana'a, and Marib), including 36,323 children (17,627 girls; 18,696 boys) and 4,794 adults (3,272 women; 1,522 men).

Through the case management programme, UNICEF continued to support the referral and provision of critical services for the most vulnerable children. 1,295 children (471 girls; 824 boys) were identified by trained case managers, and 1,292 children (471 girls; 821) received more than one service.

A total of 42,495 people including 37,432 children (18,114 girls; 19,318 boys) and 5,063 adult primary caregivers (3,462 women; 1,601 men) were provided with community-based mental health and psychosocial support by child protection Area of Responsibility (CP AoR) partners. In the framework of reinforcing case management system in the south, the AoR organized a workshop from 18-20 October in coordination with Save the Children. The workshop presented a service mapping exercise conducted in Aden that collects information on child protection, nutrition and health services. The objective of this workshop was to collectively define the way forward to establish a comprehensive mapping of basic services and child protection referral pathways. Representatives from NGOs, INGOs and local authorities participated to the workshop and endorsed the services mapping. A technical working group will be established to work on designing the referral pathway in the framework of reinforcing the case management system.

Education

In October 2021, UNICEF continued its multi-pronged strategy to ensure continuity of learning for all children in Yemen. A major highlight was a workshop in Aden on girls' education that UNICEF launched jointly with the Deputy Minister of Education and the Deputy Minister of Planning and International Affairs. Ministry of Education (MoE) staff from different departments and 13 governorates (Girls' Education Departments) participated in this event organized. The main goal was to address the high dropout rates of girls in Yemen, and to propose practical solutions to reduce the enrolment gap between boys and girls.

Other achievements in October included: 62,441 children (27,332 girls; 35,109 boys) benefitted from learning materials (school bag kits and school in a box kits) in Ibb, Aden and Lahj; 15,422 students (7,537 girls; 7,885 boys) benefitted from the rehabilitation of WASH facilities in 22 schools (10 in Hajjah, 16 in Raymah, and 6 in Al-Hodeidah); and 990 school desks were distributed in Lahj, Al Dhale'a and Abyan, benefitting 29,700 children (13,797 girls; 15,903 boys). The distribution of supplies is an important component to secure continuity of learning - especially for displaced children.

The Education Cluster co-coordinators participated in the Aden hub coordination meeting, chaired by the MoE in Aden and conducted via a mini workshop on 27 October, aiming to strengthen the coordination mechanism. The Education cluster strategy for the 2nd standard allocation was drafted. This outlines an integrated response to meet the dire needs of IDP populations in Yemen.

Water, Sanitation and Hygiene (WASH)

Despite challenges in funding, UNICEF continued to achieve steady progress on WASH activities during the reporting period. A total of 4,371,052 people accessed safe drinking water through: the distribution of fuel to water pumping stations in both the north and the south; the rehabilitation of water networks; the installation of water points; the provision of trucked water; and the provision of spare parts.

UNICEF, in coordination with National Water and Sewerage Authority (NWSA)-Marib, started the rehabilitation of the main water pipelines in the Marib City area, reaching 40 per cent of the targeted 1.7 million people. UNICEF also completed the installation of 15 distribution water points in Majzer and Mahilya in Marib, benefitting 3,290 IDPs and responding to 12,612 IDPs with safe water trucking. UNICEF is supporting the Sanitation Technical Needs Assessment in Yemen to understand the existing sanitation situation and define potential strategies. The strategy for the sector is expected to include Community Led Total Sanitation (CLTS), Community Approaches to Total Sanitation (CATS), and Sanitation Marketing, through the ongoing emergency response, rehabilitation, and restoration of WASH services. UNICEF is supporting the construction and rehabilitation of emergency latrines as well as the desludging of full pits and cesspools. This includes hygiene promotion, focusing on the use and management of sanitation facilities to achieve access to basic sanitation and to end open defecation including in camps, in coordination with the Global Camp Management and Camp Coordination (CCCM). In urban and peri-urban areas, UNICEF supported the rehabilitation of existing sewage systems and waste treatment plants, as well as existing household sanitation facilities. In addition, piloting of CLTS in the conflict context is ongoing in Hodeidah. All activities are planned to improve the sanitation situation, and in particular to help end open defecation.

In October 2021, UNICEF continued to respond to AWD/Cholera cases in Yemen. The trend of the cholera prevalence has remained steady in many parts of the south, except in Taizz Governorate, which showed an upward trend. Of the 10 most-affected districts in the South, 6 are from Taizz. 125 Rapid Response Teams (RRTs) responded to the cholera situation through chlorination activities and the water quality management (WQM) programme, which were concurrently implemented in the same districts where high cholera cases were reported. The response included the distribution of consumable hygiene kits (CHKs), chlorine tablets, chlorine powder, and jerry cans. UNICEF decided to expand the role of RRTs to support the malnutrition response. In collaboration with General Authority of Rural Water and Sanitation Projects (GARWASP) Emergency Unit and GARWASP Marib, UNICEF continued chlorination activities in the areas most affected by cholera and malnutrition in Marib, Amanat al Asimah, Amran, and Dhamar, benefitting 201,319 people.

As part of the flood response, UNICEF supported the most vulnerable communities in affected IDP sites in Maifa'a Broom district, all in Hadramout governorate. This support included the distribution of hygiene kits and chlorine tablets, the installation of prefabricated (prefab) latrines, and awareness sessions for an estimated 1,500 individuals (200 families) in Hadramout governorate.

UNICEF supported the cleaning and desludging of sludge in the Sanitation Treatment Plant (STP) and Public Sanitation System in Amran, benefitting 70,000 people. UNICEF serviced wastewater treatment plants (WWTP) in Hodeidah City, benefitting more than 200,000 individuals from IDPs and host communities.

UNICEF continued its emergency response activities in Marib, in collaboration with GARWASP and the Local Water and Sanitary Corporation (LWSC). This was done through water quality monitoring, chlorination activities, the installation of 672 prefab toilets, distribution of hygiene kits (HKs), and hygiene promotion sessions for IDPs, cholera-suspected cases, and malnutrition-affected families.

The WASH cluster extended coordination support to the Water Resources Management Workshop convened by the Ministry of Water and Environment (MoWE) and the National Water Resources Authority (NWRA). More than 35 participants attended online with the Cluster’s support, while more than 100 participants attended physically. The Strategic Advisory Group (SAG) meeting was organized with participation by the MoWE in Aden and Sana’a for the first time. All SAG members agreed to ensure WASH support to the affected populations in the country. The quarterly donor briefing resumed which shared the draft WASH cluster response strategy and priority areas in 2022 for further consultation and discussion with partners and stakeholders.

Social Protection and Inclusion

As part of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) Project, and in close cooperation with Child Protection Programme and the Civil Registration Authority (CRA), a total of 2,260 children (988 girls; 1,272 boys) from the Muhamasheen community received birth certificates in Amanat Al Asimah and Sana’a governorates.

During the reporting period, 70 trained adolescents (37 female; 33 male) of the Young Community Change Agents (YCCA) in Amanat Al Asimah implemented 7 outreach initiatives in their communities. The initiatives came under the IMSEA community empowerment component and reached around 261 children (135 female; 126 male) with messaging on water safety, hand washing, and the importance of education. Also during the reporting period, UNICEF continued to support the Ministry of Planning in drafting and publishing the Yemen Social Economic update. The edition number 61 titled “Water Crisis in Yemen. A Future Threat to Water Security” indicates that there was a 10 per cent drop in water consumption rate, a 54 per cent coverage rate in improved drinking water, and that 49 per cent of Yemenis are without access to safe and clean drinking water.

Community initiatives sponsored by UNICEF continued through Muhamasheen community-based organizations. The first aimed to address the issue of high rates of school dropouts and child labour by distributing 100 school bag kits to the poorest students in the four targeted slums. The second initiative aimed at protecting people from cold weather distributing 30 plastic sheets in affected households in Shaoub District. The two initiatives benefited around 150 households (HHs), or 1,070 people, with outreach messages. Damaged sanitation sewer in one of slums were also repaired, benefitting 200 HHs directly.

In October, community mobilizers and YCCA – with support from the Social Welfare Fund (SWF) –conducted campaigns in Amanat Al Asimah and Sana’a governorates, as indicated in the table below:

Governorate	Initiative types	Results and No. of beneficiaries
Amanat Al Asimah	Cleaning campaign	57 campaigns conducted. Number of beneficiaries: 12,169.
	Community based learning classes focused on basic reading and math	Opened 29 community learning classes. Number of beneficiaries reached: 448 Muhamasheen students.
Sana’a	Back to school	Returned 25 children (7 girls; 18 boys) to schools in the Dar Salm and Bani Hushaysh districts.
	Handwashing and personal hygiene campaign coinciding with Global Hand washing Day	Reached 150 children (87 females; 63 males) and 2,175 adults (1,012 male and 1073 female)
	Cleaning campaigns	16 cleaning campaigns conducted. Number Of beneficiaries: 1,000 (440 females; 560 male)
	Community based learning classes focused on basic reading and math	113 community learning classes held., Number of beneficiaries reached: 1,130 Muhamasheen students (750 girls; 560 boys)

As part of UNICEF support to children with disabilities (CWDs) and in coordination with the Handicap Care and Rehabilitation Fund (HCRF), a workshop to discuss the findings of the Mapping Available Assistance to CWDs in Yemen was conducted. Around 50 international and local development and humanitarian actors participated. The main purpose

of the workshop was to discuss the situation of CWDs in Yemen, advocate for involving CWDs in participating organizations' programmes/interventions, and to develop a coordination mechanism among the different actors to support persons with disabilities in general and CWDs specifically. 15 specialists also participated in a workshop to review the Disability Classification Manual. The main outcome of the workshop was the finalization of the Disability Classification Manual as a step in enhancing the case management system for HCRF.

Communication for Development (C4D)

The Polio, Measles and Rubella (MR), and Vitamin A vaccination campaign targeting 147 IDP camps in five districts in Marib governorate was supported with communication and social mobilization activities. 150 community volunteers were mobilized for door-to-door visits targeting mothers and caregivers to promote the uptake of the services in the IDP camps. The door-to-door visits were supported by roaming vehicles with public address systems which announced service provision points and key messages. About 34,000 families were reached through the communication and social mobilization activities of the campaign.

Communication and social mobilization interventions for the COVID-19 vaccination campaign continued in 13 governorates in the South through multiple approaches including mass media messaging and community engagement activities. Mass media support for the vaccination campaign was provided through 25 radio stations and six TV channels that aired the campaign messages through flashes, public service announcements and dedicated discussion programmes. An estimated five million people were reached through these activities.

To strengthen feedback systems, hotlines managed by MoPHP were supported, with health professionals responding to questions, concerns, and medical consultations on COVID-19. C4D also supported a hotline for IDPs to enable them to raise their complaints and concerns about humanitarian services provided to them. In the reporting period, 3,170 calls were responded to through those hotlines. To provide an additional platform for two-way communication, some community volunteers, including religious leaders and members of Mother-to-Mother Clubs, created WhatsApp groups for engaging with their communities, reaching 85,200 people across the country.

AWD/Cholera Response

During the reporting period UNICEF updated the integrated multisectoral Cholera response plan. All programme sections were involved to ensure that all the related aspects of the intervention for the coming year were covered.

On the communication side, implementing partners continued to support communication and social mobilization interventions for AWD/Cholera prevention. Community volunteers, religious leaders, and members of Mother-to-Mother clubs reached 356,635 people with messages on AWD/Cholera and essential family practices for child survival through house-to-house visits, community meetings, events, and awareness sessions in mosques and schools. Commemorating the Global Handwashing Day, community volunteers organized events in schools and open public spaces to raise awareness on the importance of handwashing with soap for preventing Cholera and COVID-19, while local radios were engaged to celebrate the day and emphasize preventive messaging.

Rapid Response Mechanism (RRM)

In October, conflict intensified across several frontlines in the country, mainly in Marib. Since the escalation of fighting in Marib Governorate in February 2021, displacements have continued, with IDPs arriving mainly from Sirwah, Maliyah, Medghal, Raghwan Maliyah, Medghal, Raghwan, Sirwah, Rahabar, Harib Jabal Murad, and Al Jubbah districts. According to the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), in October only, more than 12,000 people fled violence across the governorate. IDPs who are internally displaced in the governorate itself and arrived to Marib city and surrounding areas are some among the most vulnerable, with some having already been displaced two or three times. Most IDPs are arriving to already overcrowded displacement sites and host communities.

UNICEF, along with the United Nations Population Fund (UNFPA) and the World Food Programme (WFP), continued to reach displaced populations at frontlines with first line response packages. Rapid Response Mechanism (RRM) reached across 20 districts an additional 13,629 newly displaced households (95,403 individuals). The highest reach was in Hajjah and Marib governorates with RRM kits (including the flood response) that included essential hygiene items and other supplies including food, family basic hygiene kits, and female dignity kits. RRM kits have met the most critical and immediate needs of displaced families, as they are uprooted suddenly from their homes.

For the Marib response plan, UNICEF RRM requires USD 1.6 million for four months to procure supplies for an anticipated caseload of 65,000 HHs.

Supply and Logistics

In Hodeidah, the Yemen Standardization, Metrology, and Quality Control Organization (YSMO) continued to prohibit imports of supplies with less than 50 per cent of their remaining shelf life. YSMO continues to require the shipping of Ready-to-Use Therapeutic Food (RUTF) exclusively in refrigerated containers despite recommendations from manufacturers and the Ministry of Public Health and Population (MoPHP) that refrigerated containers are not required. This requirement increases shipping costs up to 200 per cent. However, this requirement is being reviewed as a result of strong advocacy efforts by UNICEF and WFP.

The Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) continued to require UN/INGO organisations to exclusively contract vendors registered with SCMCHA, limiting the sourcing and competitive selection of vendors in northern Yemen. The commercial market in southern Yemen is still limited and highly dependent on vendors based in the north. To ensure the availability of essential supplies, price competitiveness and timeliness of procurement, sub-regional markets are being explored.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy in Yemen is aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, 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 Area of Responsibility (AoR), and is an active member of the Health Cluster and is collaborating with other UN agencies and INGOs to efficiently deliver basic life-saving supplies and services in areas impacted by increasing armed violence.

In the context of the COVID-19 pandemic, UNICEF developed a COVID-19 preparedness and response plan in April 2020. The response plan also aligns with the UN's and the government's three priorities for Yemen: case management, RCCE, and the continuation of health programmes beyond the COVID-19 response – and UNICEF leads the last two priorities. The plan builds on the WHO-led National Preparedness and Response Plan and considers lessons learned from other affected countries. The first half of 2021 involved close coordination with GAVI, The Vaccine Alliance, and WHO to roll out the COVAX vaccine campaign in Yemen. UNICEF continued its RCCE response with campaigns to address disinformation on the vaccine, as well as to continue digital engagement and rumour monitoring.

Human Interest Stories and External Media

Field Update: Malnutrition: a constant threat for children in Yemen

In response to the child malnutrition crisis in Yemen, UNICEF supports primary healthcare centres.

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



External Media

[Therapeutic Feeding Centre in Amanat al Asimah](#)



[Distributing chlorine tablets to the local communities in Taizz](#)



[11th payment cycle of the Emergency Cash Transfer](#)



Next SitRep: 30 November 2021

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Annex A

Summary of Programme Results³

Sector	Overall Needs	UNICEF and IPs response			Sector response		
		2021 target	Total results	Change since the last report	2021 target	Total results	Change since the last report
Health							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	653,676	71,558			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	3,800,313	0 ⁴			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	2,316,889	219,057			
Number of health care facility staff and community health workers provided with personal protective equipment		15,000	15,873	0 ⁵			
Nutrition⁶							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	321,558	320,108	216,126	831	320,108	216,126	831
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	4,633,443	3,139,492	418	4,633,443	3,139,492	418
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	416,428 ⁷	41,117	990,000	439,298 ⁸	42,495
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	4,133,897	910,821 ⁹			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	1,400,000	0 ¹⁰			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	5,537,257 ¹¹	4,632,037			
Education							

³ These figures reflect the updated, approved 2021 HAC appeal.

⁴ There was no progress in September because this indicator is planned to be achieved through National campaigns. The first campaign was held in May and the second is anticipated to be conducted in the last quarter of the year.

⁵ This indicator depends on the available supply and demand raised by MoPH. UNICEF's available supply of the PPE exceeded the target by 6 per cent. Based on a discussion between MoPH and UNICEF, MoPH requested to distribute the available supply of PPE to healthcare facilities' staff.

⁶ Slow progress is due to lack of data from partners; data is expected to be shared and incorporated by the November report.

⁷ Partners experienced challenges in implementing PSS activities. MoSAL hotline is still under activation which will help to reach people remotely through PSS counselling.

⁸ The speed of the implementation of the activities by partners was delayed and resulted in slow progression towards the target.

⁹ GBV data and progress of the previous months have been updated based on the data updated in WASH indicator that contributes to the GBV indicator.

¹⁰ The target of this indicator has been met and the total result was overachievement by 280 per cent as explained in the June update. This indicator depends heavily on the PMU payment cycle which was last quarter.

¹¹ Two National campaigns were postponed to the end of September that were completed in October, reaching 256 per cent of the target.

Number of children accessing formal and non-formal education, including early learning	8,100,000	500,000	567,618 ¹²	0	790,750	703,435	530,699
Number of children receiving individual learning materials		800,000	209,265 ¹³	62,441	872,000	339,797 ¹⁴	84,852
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229 ¹⁵	0	4,600	730 ¹⁶	20
Number of teachers receiving teacher incentives each month		86,000	2,162 ¹⁷	0	181,603	6,175 ¹⁸	46

Water, Sanitation & Hygiene

Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,400,000	6,800,000	7,363,745 ¹⁹	43,977	8,826,986	7,544,626	324,159 ²⁰
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	4,880,495 ²¹	478,526	4,529,704	5,441,806	534,285 ²²
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	4,880,495	478,526	5,767,919	5,937,733	614,611
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	4,137,076 ²³	7,622			

Social Protection & Cash Transfer

Number of households reached with humanitarian cash transfers across sectors		40,000	30,784 ²⁴	0			
Number of people benefiting from emergency and longer-term social and economic assistance		150,000	153,925	0			

C4D, Community Engagement & AAP

¹² National grade 9 + 12 exams were successfully completed in July 2021, allowing estimated 600,000 children to continue with their formal education. The final report is currently under review by the MoE, therefore there was no change during the reporting period.

¹³ Given that schools were closed for summer break, no progress had been made regarding learning materials. Learning materials are expected to be distributed at the beginning of the 2021-2022 schoolyear, which started mid-August 2021.

¹⁴ Given that schools were closed for summer break, no progress had been made regarding learning materials. Learning materials are expected to be distributed at the beginning of the 2021-2022 schoolyear, which started mid-August 2021. A data cleaning exercise was conducted, resulting in the negative number for September.

¹⁵ A comprehensive large-scale capacity development initiative for teachers, school-based staff, FMCs, Student Councils etc. is scheduled to be done 15 August - 15 December 2021. The initiative includes training on the implementation and follow-up on safe school protocols. Reporting against this indicator will be earliest done in Q4 2021.

¹⁶ Since schools were in summer school break until Mid-August, there was no progress yet to be reported.

¹⁷ Education Teacher Incentives (ETI), Temporary Teacher Incentives (TTI) projects were completed; no funds available for the 2020/2021 schoolyear. High level advocacy to mobilise funds is ongoing, driven by UNICEF and partners. For Rural Female Teachers (RFTs), payment cycles were completed in August 2021. Performance-based payments (PBP) for teachers will restart for the 2021-2022 schoolyear under the WB REAL and ECHO projects (earliest payment foreseen to be made around November/December 2021).

¹⁸ It was determined that one of UNICEF's partners had made an error in the previous reporting period, hence the decrease.

¹⁹ WASH section received late data from the partners for both indicators presenting previous months. The Section did data cleaning and updated the progress of the previous months accordingly.

²⁰ WASH section received late data from the partners for both indicators presenting previous months. The Section did data cleaning and updated the progress of the previous months accordingly.

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²² WASH section received late data from the partners for both indicators presenting previous months. The Section did data cleaning and updated the progress of the previous months accordingly.

²³ Overachievement is due to the large number of people reached through UNICEF supported emergency interventions which includes the maintenance of collapsed sewage pipelines, as well as cleaning and dislodging sewage systems in the cities like Sana'a.

²⁴ Underachievement is due to lack of funding.

Number of people participating in engagement actions for social and behavioural change		8,000,000	9,587,772 ²⁵	675,048			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		672,000 ²⁶	334,341 ²⁷	95,403			

Annex B Funding Status

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2021	Other Allocations Contributing Towards Results (\$) ²⁸	Resources available from 2020 (Carry-over)	\$	per cent
Health	123,460,800	8,203,477		11,430,984	103,826,339	84%
Nutrition	119,875,460	68,262,195		16,978,141	34,635,164	29%
Child Protection, GBViE & PSEA	33,287,000	10,547,067	752,354	5,968,984	16,018,595	48%
Education	84,760,000	14,755,316	15,465,561	20,937,582	33,601,540	40%
WASH	100,000,000	25,070,405	28,278,451	27,425,386	19,225,758	19%
Social protection & cash Transfers	21,240,000	6,153,458		2,046,070	13,040,472	61%
C4D, Community Engagement & AAP	12,320,000	308,802		6,424,852	5,586,346	45%
Rapid Response Mechanism	6,878,200	2,737,056		2,923,215	1,217,929	18%
Cluster Coordination	7,000,000	1,040,694		307,112	5,652,194	81%
Being Allocated	-	9,318,265			-9,318,265	
Total	508,821,500	146,396,735	44,496,366	94,442,326	223,486,073	44%

²⁵ The overachievement was due to scaling up COVID RCCE and mobilizing over 6,000 religious leaders who are able to reach large numbers of beneficiaries through group communication in mosques, schools, community gatherings, etc.

²⁶ The target number have increased to reflect the collaborative response in 2021 where UNICEF and partners complement each other's efforts to reach more people who receive the RRM kits.

²⁷ The interventions of this indicator are linked to the patterns of newly displaced population and the verification process held by the cluster partners to respond accordingly. The target that was set by the cluster in the HRP is the cause for seemingly low achievement, as it was set on the basis of previous years (trends of displacement in 2019 and 2020).

²⁸ This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2021 HPM results.