

Yemen

Consolidated Emergency Report 2021



*Awadh Saeed, 3 years old, is being screened for malnutrition in a UNICEF-supported campaign in Hadramaut City, Yemen, in July 2021.
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Prepared by:

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Expression of Thanks

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

On behalf of Yemen's children, UNICEF expresses sincere gratitude to all donor governments, UNICEF National Committees, foundations, and private individuals for their generous and sustained support to the humanitarian response in Yemen in 2021. The humanitarian thematic funding helped to fill priority gaps and enabled UNICEF to respond in a timely, agile, and relevant manner to address the critical and evolving needs on the ground.

In 2021, despite the increasingly challenging operational context, UNICEF delivered an integrated response benefiting millions of vulnerable families, especially children and women, affected by COVID-19, conflict, displacement, malnutrition, diseases, and natural disasters across the country. This would not have been possible without the generous and invaluable contributions of our donors.

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ANC	Antenatal Care
AWD	Acute Watery Diarrhoea
C4D	Communication for Development
CCC	Core Commitments for Children
CCEOP	Cold Chain Equipment Optimization Platform
CCPM	Cluster Coordination Performance Monitoring
CFR	Case Fatality Rate
CHNV	Community Health and Nutrition Volunteer
CHAST	Children Hygiene and Sanitation Training
CHW	Community Health Worker
CLTS	Community Led Total Sanitation
CM	Child Marriage
CMAM	Community Management of Acute Malnutrition
CP AoR	Child Protection Area of Responsibility
CRA	Civil Registry Authority
CV	Community Volunteer
cVDPV1	Circulating Vaccines Derived Polio Virus Type 1
cVDPV2	Circulating Vaccines Derived Polio Virus Type 2
CWD	Children with Disabilities
DEO	District Education Office
DTC	Diarrhoea Treatment Centre
DTP	Diphtheria-Tetanus-Pertussis
EiE	Education in Emergency
EMIS	Education Management Information System
EORE	Explosive Ordnance Risk Education
FAO	Food and Agriculture Organization
FSLA	Food Security and Livelihoods Assessment
FGM	Female Genital Mutilation
FMC	Father and Mother Councils

GARWSP	General Authority for Rural Water Supply Project
GARWSP-EU	General Authority for Rural Water Supply Project- Emergency Unit
GAVI	Global Alliance for Vaccine and Immunization
GBV	Gender Based Violence
GEO	Governorate Education Office
GHD	Global Handwashing Day
GHO	Governorate Health Office
GPE	Global Partnership for Education
HAC	Humanitarian Action for Children Appeal
HBS	Household Budget Survey
HCRF	Handicap Care and Rehabilitation Fund
HCT	Humanitarian Cash Transfer
HF	Health Facility
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
ILO	International Labour Organization
IED	Improvised Explosive Device
IMCI	Integrated Management of Childhood Illness
IMO	Information Management Officer
IMR	Infant Mortality Rate
IMSEA	Integrated Model of Social and Economic Assistance and Empowerment
IOR	Integrated Outreach Response
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
IPC	Infection, Prevention and Control
IRG	Internally Recognized Government
IYCF	Infant and Young Child Feeding
LWSC	Local Water and Sanitation Corporation
M2M	Mother to Mother

MAM	Moderate Acute Malnutrition
MCV1	Measles Contained Vaccine
MHPSS	Mental Health and Psychosocial Support
MNCH	Mother, Newborn and Child Health
MoE	Ministry of Education
MoPHP	Ministry of Health and Population
MoPIC	Ministry of Planning and International Cooperation
MOSAL	Ministry of Social Affairs and Labour
MUAC	Mid-Upper Arm Circumference
N4G	Nutrition for Growth
NICU	Newborn Intensive Care Unit
NIS	Nutrition Information System
OCHA	United Nation Office for the Coordination of Humanitarian Affairs
OCV	Oral Cholera Vaccination
OHCHR	Office of the High Commissioner for Human Rights
OTP	Outpatient Treatment Programme
PCA	Programme Cooperation Agreement
PHAST	Participatory Hygiene and Sanitation Transformation
PEP	Post-Exposure Prophylaxis
PLW	Pregnant and Lactating Woman
PPE	Personal Protective Equipment
PRIME	Planning for Research, Impact Monitoring, Evaluation
PSEA	Prevention Against Sexual Exploitation and Abuse
PSS	Psychosocial Support
PV	Programme Visit
PWD	Person with Disability
QIP	Quick Impact Project
RCCE	Risk Communication and Community Engagement
RRM	Rapid Response Mechanism
RRT	Rapid Response Team
RTF	Rural Female Teachers

RUTF	Ready-to-Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SBC	Social and Behaviour Change
SCMCHA	Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation
SFD	Social Fund for Development
SFP	Supplementary Feeding Programme
SitRep	Situation Report
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SPCC	Social Protection Consultative Committee
SWF	Social Welfare Fund
TD	Tetanus and Diphtheria
TEP	Transitional Education Plan
TFC	Therapeutic Feeding Centre
TLC	Temporary Learning Classrooms
TPM	Third Party Monitoring
TOD	Tabassam Organization for Development
UNCTFMR	UN Country Task Force for Monitoring and Reporting
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UPMU	Urban Project management Unit
UXO	Unexploded Ordnance
VPD	Vaccine Preventable Disease
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WWTP	Wastewater treatment plant
YAP	Yemen Action Plan for the prevention of wasting
YEMAN	Yemen Executive Mine Action Centre

YHF	Yemen Humanitarian Fund
YSEU	Yemen Socio-Economic Update

Executive Summary

Seven years into the conflict, Yemen remains one of the largest humanitarian crises in the world. The humanitarian community estimated that in 2021 at least 20.7 million people - 66 per cent of the country's population - needed humanitarian assistance, including 11.3 million children¹. The protracted conflict left 4 million people, including 2 million children, internally displaced². In 2021, significant challenges persisted, including increased fighting in Marib Governorate; heavy rains that destroyed shelters of internally displaced persons (IDPs) and damaged infrastructures; disease outbreaks including the COVID-19 pandemic, and conflict-torn areas forcing families to flee from their homes. The repercussions of the global COVID-19 pandemic created shortages and breaks in the supply chain in Yemen, leading to further loss of household income, rising food prices and general inflation and added pressure to an already fragile health system.

Despite the challenges, UNICEF continued to implement critical life-saving activities throughout the year to address the urgent unmet needs of children and their families. As a first line response to the exacerbation of the fighting, UNICEF, along with the United Nations Population Fund (UNFPA) and the World Food Programme (WFP), reached a total of 495,180 newly displaced people (27 per cent boys, 27 per cent girls, 23 per cent women and 22 per cent men) with first-line response packages through the Rapid Response Mechanism.

In 2021, 2.9 million children received treatment for common illnesses, covering 80 per cent of the national needs. Primary Health Care support was done through high impact, low-cost interventions and through integrated outreach sessions. In addition, UNICEF continued to strengthen the Polio, Cholera and COVID-19 response in Yemen, supporting access to vaccination, increasing vaccine demand and promoting preventive behaviors. Measles and Polio campaigns were conducted to improve the immunity of children under five years for Vaccine Preventable Diseases (VPDs) – 817,475 children were vaccinated for measles while 3.8 million children received vaccination for Polio. In a positive development, in 2021, Yemen witnessed the most significant reduction in cholera cases since the height of epidemic in 2017.

UNICEF continued its efforts to prevent and reduce malnutrition in the country and supported the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme, screening for malnutrition a total of 7,564,830 children (3,799,062 male, 3,765,768 female) under 5 years through various platforms. To improve the nutrition status of women and improve their health and development of children, UNICEF reached a total of 2,152,570 pregnant and lactating women (PLW) with iron folate supplementation.

To address the water sanitation and hygiene (WASH) needs of the population, UNICEF provided over 8.8 million people, including 5.3 million children, with access to safe and sustained drinking water through a wide spectrum of activities, including water trucking, installation of water distribution points and support to the operation, maintenance and rehabilitation of public water systems, including fuel support.

UNICEF continued lifesaving interventions to protect children from exploitation, harm, abuse, and neglect. Through education and awareness activities conducted on the risks posed by mines, unexploded ordnances and explosive remnants of war, UNICEF reached a total of 5,811,600 conflict affected people, including 3,156,982 children. In addition, a total of 12,396 children (4,595 girls, 7,801 boys) were identified by trained case managers and social workers, and 95 per cent out of the identified children (37 per cent girls, 63 per cent boys), were provided with at least one child protection service.

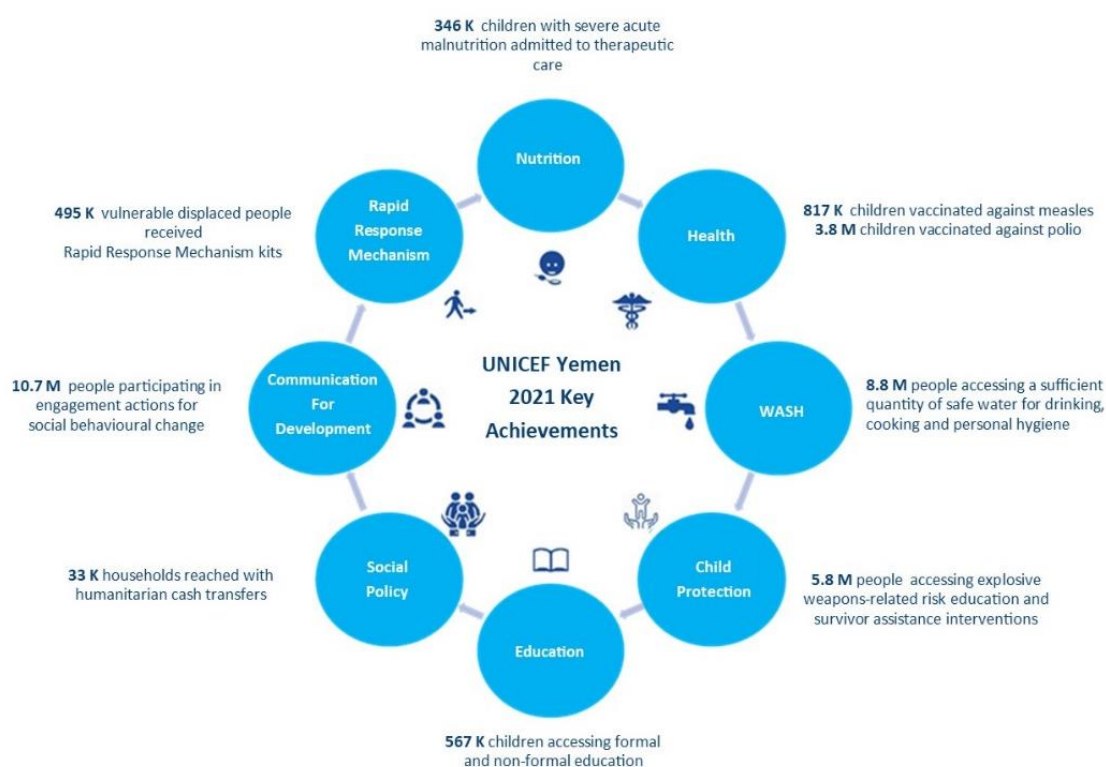
¹ Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan- Humanitarian Programme Cycle 2021', OCHA, March 2021

² Ibid.

These services helped children overcome immediate and long-term consequences of their exposure to violence.

To ensure equitable and inclusive learning education opportunities, financial and technical support was provided to over 567,618 children (47 per cent girls) to access quality learning in schools. As part of the emergency response for internally displaced children, a nationwide Education in Emergencies (EiE) programme was rolled out in the last quarter of 2021 targeting 40,000 out-of-school children (60 per cent girls) with education and child protection services.

UNICEF's response and achievements for 2021 were made possible through un-earmarked funds as well as support from donors providing earmarked contributions. The Yemen Humanitarian Action for Children (HAC) initially aligned to the 2020 Yemen Humanitarian Response Plan (YHRP), appealed for US\$ 576.9 million in 2021. The HAC was revised in May 2021 to align with the 2021 YHRP and appealed for US\$508.8 million, revised down to align to the context. In 2021, UNICEF received US\$ 163 million from public and private sector donors in addition to US\$23.7 million received from other contributions. A total of \$94.4 million was carried forward from 2020. Overall, a total of \$281 million funds were mobilized against the 2021 HAC (55 per cent of the appeal) to implement UNICEF Yemen's humanitarian response in 2021. The funding gap impacted UNICEF's capacity to scale up critical interventions, with Child Protection and Social Protection being the most underfunded sectors.



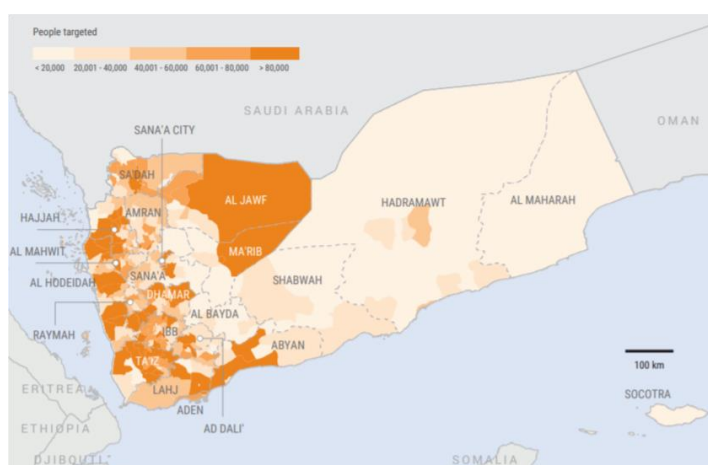
In 2022, UNICEF will continue to work in close partnership with all UN agencies and support coordination and leadership to international and national NGOs in Yemen through the clusters. UNICEF aims to deliver life-saving health, nutrition, WASH, education, child protection, and social protection services to 11.3 million people, including 8 million girls and boys. Reduction and prevention of malnutrition, response to waterborne and vaccine-preventable diseases, protection of children from exploitation, harm and neglect and provision of access to quality basic services remain important in UNICEF's programming for 2022.

1. Humanitarian Context

Seven years into the conflict, Yemen remains one of the largest humanitarian crises in the world. In October 2021, the conflict hit a 'shameful milestone', with more than 10,000 children killed or maimed since the escalation of the conflict in March 2015.

Yemen's economy shrunk by more than half, with over 80 per cent of people living below the poverty line³. According to the results of 2021 Global Multidimensional Poverty Index (MPI), in Yemen, more than half of the total population (51.6 per cent) is living in multidimensional poverty. The latest stimulation supported by UNICEF in 2016 based on the Household Budget Survey (HBS) 2013 indicated that Child Poverty (monetary poverty) was 84.5 per cent. IDPs, Muhamasheen⁴ communities and children with disabilities (CWD) face the greatest vulnerabilities and are at higher risk of experiencing social exclusion and food insecurity.

In 2021, conflict intensified across 49 frontlines including in Marib, Shabwa, Hajjah and along the western coastal areas. The ongoing conflict triggered widespread displacements to already overcrowded IDP sites in Marib City, Marib Al Wadi, as well as into host communities in Al Hodeidah, Al Dhale, Sana'a, Taizz and other governorates, straining public services, infrastructures, and humanitarian assistance. Due to the escalation of the conflict, more than 10,742 families (64,450 people) were displaced in or to Marib governorate between January to November 2021, many for the fourth or fifth time, according to the International Organization for Migration (IOM). In November 2021, intensified fighting in southern Hodeidah and Taizz displaced over 25,000 people⁵ and increased the number of civilian casualties.



Planned response in Yemen in 2021.

From Yemen Humanitarian Response Plan 2021, OCHA, March 2021.

The protracted fuel crisis worsened in the first half of 2021. No commercial fuel imports entered Al Hodeidah seaport for 52 days in the first quarter of the year, impacting availability and price of fuel, cost of transportation, food, and other items, as well as availability of and access to medical services and supply of water and electricity.

In April, July and October 2021, torrential rains and widespread flooding hit the country. The torrential rains and flooding led to fatalities and injuries, and damaged building, infrastructures, and services, mainly affecting 12 governorates.

The country is continuing to battle with the outbreak of infectious disease. A total of 26,981 Acute Watery

³ Yemen: 2021 Humanitarian Response Plan Periodic Monitoring Report, January- June 2021 (Issued October 2021).

⁴ The Muhamasheen (marginalized) community represents 10 per cent of the total population in Yemen (2021) HNO. They are a minority class of Yemeni society that have been subject to social discrimination, poverty, and exploitation. They are present in all governorates of Yemen but are found to be residing mostly in informal settlements on the outskirts of cities, often without electricity, clean water, or secure shelter. Prior to the current conflict, social discrimination against the Muhamasheen limited their access to education, healthcare, housing, and employment. The escalation of the ongoing conflict has greatly magnified the Muhamasheen community's poverty, displacement, and food insecurity.

⁵ Office for the Coordination of Humanitarian Affairs, 'Yemen: Humanitarian Update', OCHA, November 2021

Diarrhoea (AWD)/cholera cases and 29 associated deaths were reported in 2021, with a 0.03 per cent case fatality rate (CFR). While a significant decrease in the number of cases compared to 2020 was observed (230,540 suspected cases and 84 associated deaths, with a 0.04 per cent CFR), an increase in the number of cholera cases was recorded in the Sana'a hub in January 2021, with 19 districts presenting the highest number of cases; in August 2021, an increase in AWD cases, especially in IDP camps, was reported in Al-Tuhayta district in Al Hodeidah⁶.

Yemen is the only country in the world with an active circulation of both circulating Vaccines Derived Polio Virus type 1 (cVDPV1) and cVDPV2 at the same time. In November 2021, an outbreak of circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) was reported in the country with a total of 16 cases; the outbreak of the circulating Vaccine-Derived Polio Virus type 1 (cVDPV1) continued in 2021. Since June 2021, a total of 35 cases of cVDPV1 were reported in the country with 34 of these cases reported from the Sa'ada governorate⁷.

The continued COVID-19 pandemic exacerbated existing needs, putting pressure on the already fragile health system, increasing protection risks, and restricting access to services. In 2021, a total of 10,125 COVID-19 cases were reported as officially confirmed, with 1,984 associated deaths and a 19.6 per cent CFR. All cases were reported in the southern governorates. No cases were reported in the northern governorates other than the first four reported cases during 2020. Vaccination against COVID-19 started in 133 districts of 13 southern governorates on 20 April 2021. By the end of the year, a total of 3,497,200 COVID-19 vaccines were shipped into the country through the COVAX initiative. Vaccination is ongoing, and as of December 2021, a total of 533,006 of the target population (5 per cent coverage of the target in the south) received the first dose and a total of 276,072 individuals were fully vaccinated.



Ahmed, 12 years old, is inside one of the damaged classes of Al-Hamzi school, Hajjah, 2021. Photo: ©UNICEF/Yemen 2021/Marish

⁶ as per the data shared by the Ministry of Health and Population (MoHPP)

⁷ Ibid.

Escalating humanitarian needs

Since the war started in 2015, the impact of it on children has been severe. Children in Yemen continue to suffer from common childhood illnesses including pneumonia and acute watery diarrhoea as well as VPDs outbreaks. At least one child dies every 10 minutes because of pneumonias, diarrhoea, fevers and VPDs. Only 84 per cent⁸ children under the age of one year have received three doses of Diphtheria-Tetanus-Pertussis (DTP) vaccine which is considered as a proxy for a fully immunized child. Inequities in the coverage of services is still profound and only 76 percent of the children <1yrs have received the 1st dose of Measles Containing Vaccine (MCV1)⁹. Women of childbearing age, particularly PLW and their newborn babies, have limited access to quality lifesaving services. An estimated 5 million women and girls of childbearing age, and 1.7 PLW have limited to no access to reproductive health services¹⁰. Poor coverage, lack of specialized staff, inadequacy of essential medical supplies and a lack of female doctors affect access to maternal services, particularly 75 per cent of Yemeni women in rural areas¹¹.

The impact of COVID-19 pandemic has further compromised the performance of an already fragile health system. Roughly 15 per cent of the functioning health system has been re-purposed for COVID-19 response, which contributed to reducing the overall health coverage by 20 to 30 per cent in 2021. Fewer patients sought healthcare partly due to fear of contracting COVID-19, related stigma, and constrained access. COVID-19 has also negatively impacted the global supply chain systems, leading to higher costs of supplies and transportation in addition to the increased demand of supplies across the world thereby causing significant constraint to the timely and cost-effective availability of supplies.

The nutrition situation in Yemen remains critical with malnutrition rates among women and children continuing to be among the highest in the world. Based on the Integrated Food Security Phase Classification (IPC) Acute Malnutrition Analysis in 2020, over 2.25 million children were projected to suffer from acute malnutrition in the course of 2021, with more than 395,000 children aged 0-59 months suffering from severe acute malnutrition (SAM) and nearly 1,860,000 cases of children of aged 0-59 months from moderate acute malnutrition (MAM). The heightened needs of the population increase risks of food insecurity and malnutrition, putting children at greater risk of death from common infections and increasing the frequency and severities of such infections and delays in recovery.

Yemen is one of the world's most water-scarce countries in the world, and the conflict has severely impacted access to water and sanitation for the most vulnerable communities. In 2021, an estimated 15.4 million people, including 8.4 million children¹², needed humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, and the conditions heightened the risk of cholera, malnutrition and other WASH-related diseases. The protracted fuel crisis disrupted the functionality of services forcing people to rely on unsafe water sources.

In 2021, 2 million children remained out of school, of which an estimated 400,000 because of the conflict¹³. Barriers to education are multiple and include lack of safe learning spaces and families adapting negative coping mechanisms to deal with the adverse impacts of conflict and increased poverty, resulting in children being at risk of child labour, child marriage, and sexual exploitation and abuse. An estimated 2,507 schools were destroyed, damaged and/or utilized for non-educational purposes during the year¹⁴. The gap between the levels of learning that education systems are providing

⁸ Administrative Data, Yemen, 2021

⁹ World Health Organization, 'Immunization Yemen Country Profile 2021', June 2021

¹⁰ Office for the Coordination of Humanitarian Affairs, 'Yemen Humanitarian Update' December 2021

¹¹ Office for the Coordination of Humanitarian Affairs, 'Yemen:2021: Humanitarian Needs Overview' OCHA, February 2021

¹² Office for the Coordination of Humanitarian Affairs, 'Yemen:2021: Humanitarian Response Plan- Humanitarian Programme Cycle 2021', OCHA, March 2021

¹³ Office for the Coordination of Humanitarian Affairs, 'Yemen:2021: Humanitarian Needs Overview' OCHA, February 2021

¹⁴ Ibid.

and what children, communities and economies need is growing. The learning-crisis in Yemen does not allow children and adolescents to gain the necessary skills required for their development and puts them at higher risk of experiencing child rights violations.

Since the beginning of the conflict, boys and girls have been killed, maimed, abducted, exposed to violence, and recruited and used by armed forces and groups. Adolescent boys neglected and without family care in streets and institutions have been particularly vulnerable to multiple forms of violence, including recruitment by parties to the conflict, and have limited support systems. Exposure to one or more forms of violence significantly impacts the children psychosocial well-being and development, having both immediate and long-term consequences for children, families, and communities. Exposure of children to violence and trauma as well as food insecurity and natural disasters can disrupts their growth, and the ability to learn develop critical socio-emotional skills, thereby decreasing their resilience, putting them at a higher risk of resorting to negative coping mechanisms and experiencing neglect, abuse, exploitation, and harm.

There are no reliable data sources for persons with disabilities (PWDs) in Yemen — as suggested by the World Health Organization 's (WHO) global estimates of 15 per cent, 4.6 million people in Yemen have some form of disability; it can be expected due to the conflict, the actual number may be far higher. Children with disabilities (CwD) are caught in a vicious cycle of violence, social exclusion, less access to already deteriorating services, and deepening poverty. They experience stigma, discrimination, and exclusion from key life domains such as health, education, and participation in their communities. As the conflict in Yemen protracts, the number of CWDs is increasing due to conflict related injuries and poor nutrition— a large number of CWDs remain unidentified and are not receiving basic social services, such as education, medical and maternal support.

Operating in a high-risk and complex environment

The fluid changes of the conflict landscape with different parties to the conflict and further political instability continued to challenge the current humanitarian response. To mitigate against the ongoing humanitarian crisis and future conflict or disaster related crises, UNICEF is supporting government and partners to have operational frameworks and capacity building of workforce which support the effective response for children and their communities. UNICEF also invests in informal system strengthening, which contributes to enhancing the resilience of children, families and communities to avoid future shocks and recover quickly from any negative events.

In the current context, humanitarian access to some areas in Yemen remains limited. Many of the villages and districts remained inaccessible due to insecurity and COVID-19 pandemic prevention measures during 2021. UNICEF and humanitarian partners concentrated efforts to ensure functioning of water pumping systems and wastewater treatment through fuel support, distribution of hygiene kits and jerry cans for displaced families, rehabilitation of water systems and support water trucking. Mobile teams have been deployed to provide health and nutrition services to those in hard-to-reach locations, the displaced and host communities. Medical and nutrition supplies are being distributed to Governorate Health Offices to ensure service provision in affected and inaccessible locations.

2. Humanitarian results

UNICEF's humanitarian strategy for 2021 was aligned to the 2021 Humanitarian Needs Overview (HNO) and the 2021 Yemen HRP and was overarchingly guided by the Core Commitments for Children (CCC) in Humanitarian Action. UNICEF's HAC 2021 was also aligned with the strategic objectives and cluster operational response and revised in May 2021, ensuring alignment with the 2021 HRP that was published in March 2021.

In 2021, UNICEF continued to lead the Nutrition and WASH Clusters and co-lead the Education Cluster and Child Protection Sub-Cluster. Through five field offices in Sana'a, Ibb, Aden, Al Hodeidah and Sa'ada, UNICEF monitored programme implementation, where access allowed, and through contracted third-party monitoring firms where access for UNICEF was constrained.

Despite the worsening humanitarian crisis, as a result of the continuing conflict and added complications due to the COVID-19 outbreak, UNICEF achieved significant results for children in 2021. Programmatic intersects between UNICEF's various sections supported children and their caregivers to access quality basic services while reaching and benefiting the more vulnerable children, helping to maximize the results achieved in 2021.

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In collaboration with UNICEF Regional Office, over 60 staff were trained on key Accountability to Affected Populations (AAP) principles as guided by the Core Humanitarian Standards. UNICEF also established an AAP Task Force. UNICEF continued providing capacity development support on AAP commitments to frontline volunteers and partners staff, setting the basis for applying AAP commitments at the community level. In 2021, about 800 volunteers and partner staff received training on AAP commitments and feedback mechanisms.

UNICEF continued putting emphasis on Prevention of Sexual Exploitation and Abuse (PSEA) as an important cross-cutting issue. UNICEF continued capacity building of its own staff, implementing partners as well as beneficiaries. PSEA has been integrated into the various programmes as part of safeguarding components. UNICEF has been leading the inter-agency PSEA network which proactively reinforces its coordination of collective efforts to combat sexual exploitation and abuse and assuring accountability on PSEA. In 2021, a total of 428 UNICEF staff members and staff of implementing partners (IP) received training sessions on PSEA (136 UNICEF staff working in Grievance Redress Mechanism, 48 onboarding UNICEF staff, 147 UNICEF programme staff on IP assessment, 62 staff of implementing partners as well as 5 master trainers from Third Party Monitoring, and 30 PSEA network focal points).

2.1 Health

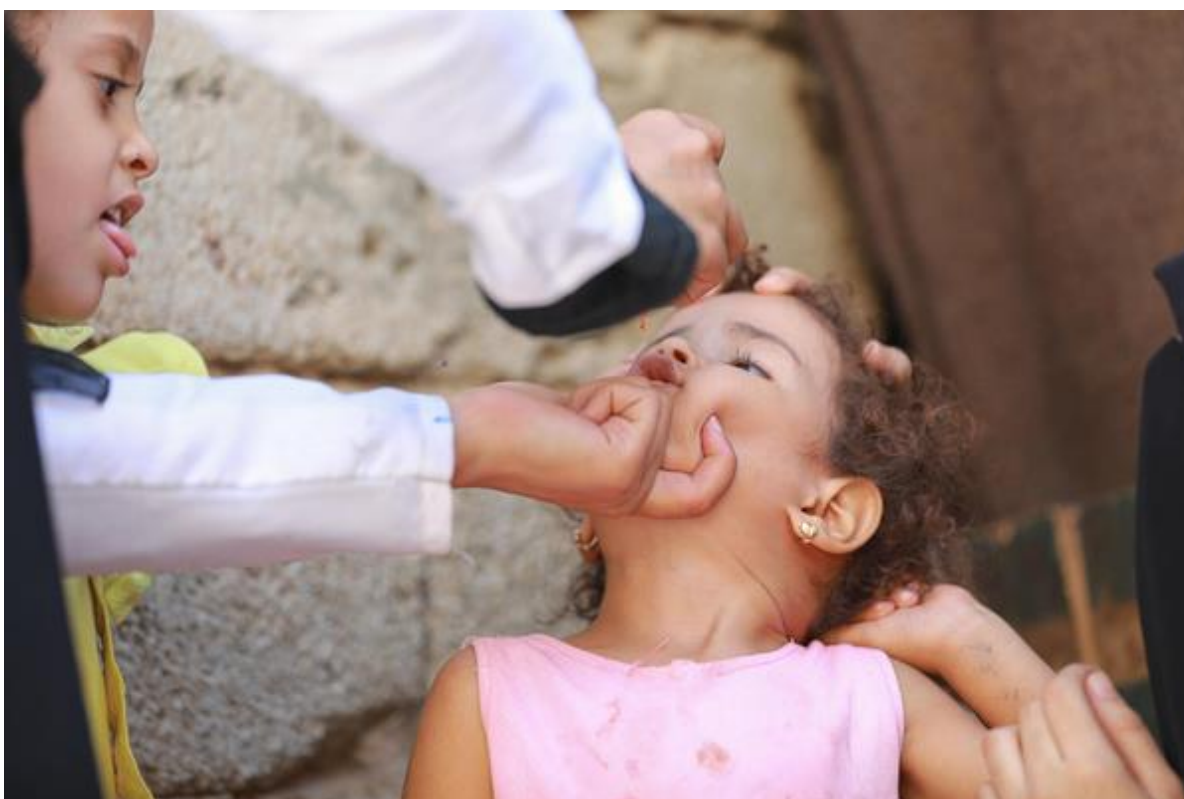
In the context of protracted and concurrent crises that characterized Yemen in 2021, UNICEF continued to focus on providing lifesaving support at Primary Health care level and through community-based health care providers, to improve and sustain access to high-impact preventive and curative services especially for the vulnerable children and women. UNICEF worked across the humanitarian-development nexus to respond to emergencies while investing in health system preservation and strengthening.

In 2021, UNICEF supported the treatment of nearly 2.9 million children for common illnesses, covering 80 per cent of the national needs. Over 788,398 PLW and new-born babies were served through outreach services carried out by community midwives supported by UNICEF.

UNICEF implemented four rounds of Integrated Outreach Response (IOR), which included provision of vaccination, maternal and new-born care, and Integrated Management of Childhood Illness (IMCI). Through the IOR, UNICEF reached over 633,970 children under one year with lifesaving vaccines and 183,833 PLW with Tetanus and Diphtheria (TD) vaccine. In addition, 572,288 children under five years old benefited from the IMCI supplies.

To strengthen immunization in Yemen, UNICEF delivered into the country more than 43 million doses of vaccines to ensure routine immunization services, support the measles immunization campaign, and respond to the cVDVP1 and cVDVP2 polio outbreaks¹⁵. As part of the polio outbreak response plan, UNICEF conducted one round of Polio (OPV) vaccination campaign, reaching 3.8 million children aged 0-59-month in the 14 northern governorates. In addition, UNICEF provided/installed 719 solar direct-drive vaccine fridges and 12 walk-in cold rooms at health facility and governorate levels.

To prevent the recurrence of cholera outbreak, UNICEF supported the first round of the Oral Cholera Vaccination (OCV) campaign in 10 high risk districts in Lahj, Al Dhale'e and Taizz covering 691,982 people. A second OCV campaign targeting the same districts will be conducted in 2022.



Children receive the oral polio vaccine during the UNICEF-supported immunization campaign in the Community College IDP camp in Marib City, Yemen, in November 2021. © UNICEF/Yemen 2021

¹⁵ The total of 22,515,524 doses of routine vaccines, including 2,194,074 doses of Penta, 3,295,500 doses of Measles and Rubella (MR), 2,722,600 doses of Tetanus Diphtheria (Td), 1,534,350 doses of Polio (IPV), 2,434,800 doses of PCV, 1,821,000 doses of Rota, 2,563,800 doses (BCG), and 5,949,400 doses of Bivalent Oral Polio (bOPV) for Routine Immunization Services. 12.4 million doses of Trivalent Oral Polio Vaccine (tOPV) and 3,520,000 Bivalent Oral Polio Vaccine (bOPV) to respond to the cVDVP1 and cVDVP2 polio outbreaks. 2.2 million doses of MR vaccines were delivered for the measles care response. For COVID-19 vaccination, 2,177,600 doses of COVID vaccines were delivered to the country. 790,000 doses of OCV were delivered to respond to cholera outbreak response in high-risk districts.

UNICEF in collaboration with the Global Alliance for Vaccine and Immunization (GAVI), through the Cold Chain Equipment Optimization Platform (CCEOP) project, equipped 100 health facilities with one unit of solar refrigeration per facility. This intervention will be scaled up in 2022, changing the landscape of the vaccine management capacity of Yemen. The old, and sometimes obsolete gas-powdered refrigerators are being replaced by more sustainable and eco-friendly systems; this will in the long term improve cold chain storage capacity across the country.

UNICEF's interventions in 2021 contributed to an increased number of children, adolescents and PLW accessing quality lifesaving health services, including vaccinations necessary to protect children from Polio, cholera/AWD, measles and other transmissible diseases. UNICEF was able to maintain intact the stock of vaccines in all governorates throughout the year.

At the hospital level, UNICEF supported Mother Newborn and Child Health (MNCH) services in 23 hospitals providing operational assistance, as well as MNH equipment and supplies. 3.8 million women and children under five were reached with MNH services through fixed, mobile and outreach platforms. Throughout the year, 525,629 women received antenatal care (ANC) and 182,244 women delivered with the assistance of skilled birth attendants (SBA). 80,526 women received postnatal care (PNC). As a result, quality services were provided at the hospital level to 24,135 newborns and 14,218 children were admitted to newborn intensive care units (NICUs). In addition, 17,574 women who had caesarean deliveries and 30,063 women with complications received free quality care service.



Vaccination campaign in Hajr district/ Hadramaut governorate supported by UNICEF. Photo: ©UNICEF/Yemen 2021/Bahumaid

To strengthen the response at the community level, 148 community midwives, 91 of whom graduated last year, attended three years of pre-service training with UNICEF support. In 2021, UNICEF scaled up service provision at the community level by training and deploying additional 840 Community Health Workers (CHWs) to detect diseases or epidemic threats, cases of malnutrition, pregnancy, and birth complications, focusing on hard-to-reach areas in Yemen. By the end of 2021 the cumulative number of trained CHWs reached was more than 2,950. The CHWs

reached around 1.8 million people, including 632,600 women at reproductive age and 616,900 under five children with integrated services.

During 2021, as part of the continued integrated AWD/cholera response, UNICEF supported the functionality of 278 (out of 321) Oral Rehydration Centers (ORCs), and 26 (out of 234) Diarrhea Treatment Centers (DTCs) in 68 districts across 11 governorates in the north and the south. Cholera supplies were delivered directly to 113 DTCs/ORCs, and 24 Governorate Health Offices (GHOs). A total of 1,799 AWD Periphery Kit Drugs, 164 AWD Periphery Renewable Kits and 88 AWD Periphery Kits were distributed to 22 governorates across the north and the south. By the end of 2021, UNICEF updated the integrated multisectoral Cholera response plan ensuring the delivery of effective and targeted response interventions.

UNICEF continued to support the continuity of essential health services, severely impacted by the COVID-19 pandemic. In collaboration with the Ministry of Health and Population (MoPHP) and other partners, UNICEF adapted service delivery protocols to facilities and community-based services, trained over 16,000 workers and volunteers on case definition, management and best practices of infection prevention and control in the context of COVID-19, and procured and distributed personal protective equipment (PPE) to over 15,000 health service providers and 50,000 health workers in 3,644 health facilities across 330 districts. UNICEF supported 15 COVID-19 isolation centres in the north and 7 centres in the south, providing lifesaving equipment, including ventilators, oxygen concentrators and oxygen cylinders in addition to the PPE equipment. 60 COVID-19 triage areas were established and supported by hazard pay incentives, and distribution of medical and PPE equipment in 60 health facilities across 9 governorates in the south (Aden, Abyan, Lahj, Al Dhale'e, Taizz, Shabwah, Hadramout, Al-Maharah, and Socotra).

In response to the global COVID-19 pandemic, UNICEF also supported 47,000 households in Aden and Taizz through the COVID-19 community shielding initiative, protecting high-risk groups against infection at the community level through the capacity building of 404 community-based workers. In addition, UNICEF supported the deployment of COVID-19 vaccine in Yemen through the COVAX initiative. A total of 144,146 people were fully vaccinated with Johnson and Johnson; 396,241 individuals received the first dose and 138,756 people received both the first and second dose of AstraZeneca.

UNICEF continued establishing and maintaining strategic partnerships for effective and efficient service delivery. Under the leadership of the MoPHP and GHOs, UNICEF worked in close coordination with WHO in the areas of MNCH including technical and financial support planning, implementation, and supervision of the outbreak response activities. UNFPA was another important partner in supporting reproductive health interventions where UNICEF was working at the policy level. UNICEF also partnered with third-party monitoring firms to monitor the OCV and Polio campaigns and cold chain for COVID-19 vaccine deployment.

Challenges and lessons learnt

A key challenge for UNICEF's Cholera response was the unavailability of subnational data compromised the evidence-based planning and resource mobilization efforts. In addition, delays in supplies delivery and in-country distribution posed challenges to ensure timely delivery of supplies to the end user level. To overcome this challenge, UNICEF initiated prepositioning of critical supplies - this was done as soon as the supplies were in-country and helped to minimize the difficulties and overcome challenges faced with regards to timely transportation and delivery. Furthermore, UNICEF continued with prepositioning of PPE and other needed supplies even when the epidemic (Epi) curve for COVID-19 cases was showing some decline. Additionally, Risk Communication and Community Engagement (RCCE) and Social and Behaviour Change (SBC) sessions focusing on education and awareness raising of the health care providers and community for possible Polio and Cholera/AWD outbreaks and the ongoing COVID-19 pandemic, including prevention, control and mitigation measures were organized.

Table 1: Summary of Health Programme Results

Health				
Humanitarian Programme Monitoring Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of children aged 0 to 12 months vaccinated against measles			972,142	817,475 ¹⁶
Number of children aged 6 to 59 months vaccinated against polio			5,535,816	3,800,313 ¹⁷
Number of children and women accessing primary health care in UNICEF-supported facilities			2,500,000	2,932,311 ¹⁸
Number of health care facility staff and community health workers provided with personal protective equipment			15,000	15,873

2.2. Nutrition

In 2021, UNICEF continued to focus on preventing and treating life-threatening forms of malnutrition among children, adolescents, and women in Yemen.

UNICEF was able to support the scale-up of the integrated CMAM programme through the establishment of 342 new Outpatient Treatment Programmed (OTPs), increasing the geographical coverage to 91 per cent (4,489 OTPs out of 4,956 health facilities). 346,311 children (149,353 male, 196,958 female) with SAM were identified and enrolled in the OTPs and 37,950 children (18,299 male, 19,651 female) with SAM and complications were also admitted to therapeutic feeding centres. Overall, a total of 7,564,830 children (3,799,062 male, 3,765,768 female) under five years were screened for malnutrition through various platforms. Mid-Upper Arm Circumference (MUAC) screening campaigns were implemented in 174 priority districts. At the national level, performance indicators for the treatment of SAM programme remained within the acceptable SPHERE standards as observed in previous years with a cure rate of 88.5 per cent and a defaulter rate of 9.3 per cent. The Famine Relief Fund (FRF) was instrumental in accelerating the life-saving and preventive nutrition services across the country with a focus on the priority districts identified by the IPC 2020, through which UNICEF established additional OTPs and Therapeutic Feeding Centres (TFC's) and implemented the Mid Upper Arm Circumference (MUAC) screening campaigns.

Screening for malnutrition, micronutrient powder supplementation and deworming coverage targets were reached for the first time in 2021. A total 2,740,482 children (1,390,756 male, 1,349,726 female) received deworming tablets; around 2,663,576 children (1,353,007 male, 1,310,569 female) received micronutrient sprinkles (94 per cent of annual target), and 4,021,652 children (2,032,718 male, 1,988,935 female) received Vitamin A supplementation through routine nutrition programmes as well as through the Polio and Vitamin A campaign, implemented in the northern part of the country. Through supported preventive interventions, including Infant and Young Child Feeding (IYCF) counselling and improvement of children's diet, 3,948,672 million PLWs were reached.

UNICEF also focused on improving the nutrition status of women and the health and development of

¹⁶ The underachievement is due to outstanding data in some governorates not yet submitted to the MoPHP. The indicator is expected to increase once the data is received.

¹⁷ The underachievement is because the outbreak response campaign was implemented only in 14 governorates in the North. Planned campaign in the South could not be implemented due to operational budget constraints from the respective organization

¹⁸ The overachievement is attributable to the improvement in data collection for the various programmes providing services at PHC level with UNICEF 's support on the introduction of the DHIS2

their children, reaching a total of 2,152,570 PLWs with iron folate supplementation – this is important as maternal malnutrition increases the risk of poor pregnancy outcomes, including obstructed labour, premature or low-birth-weight babies and postpartum haemorrhage, Community Health and Nutrition Volunteers (CHNV) continued to be the largest network of community cadre currently being supported in the country by UNICEF. The CHNV are selected from within the local communities and trained to promote increased access to health and nutrition services, counselling, education and messages that lead to enhanced health-seeking behaviour and referral to health facilities as needed. By the end of 2021, the network included a total of 27,544 CHNVs spread in 292 districts covering 44 per cent of all villages, of which 3,959 CHNVs were newly trained in 2021.

In 2021, UNICEF procured nutrition supplies worth US\$49 million, highlighting the significant contribution UNICEF makes to the entire nutrition sector response in Yemen. UNICEF also ensured supportive supervision across all programme areas, providing transportation of supplies from central to governorate and district warehouses and up to the health facility level (HF).

UNICEF partnered with sister UN agencies (WHO, WFP and FAO), Mapp and Nutrition Cluster partners in developing the Nutrition Information and Analysis System (NIS) plan and the Yemen Action Plan (YAP) for the prevention of wasting and Nutrition for Growth (N4G) commitments. In addition, UNICEF worked closely with WFP and FAO and ensured oversight and coordination for various nutrition assessments conducted during the year such as the Standardised Monitoring and Assessment of Relief and Transitions (SMART) surveys, Food Security and Livelihood Assessment (FSLA) and the forthcoming IPC analysis. Data generated from these will provide important evidence for future programming and targeting.



Imetanan, 7 months, is taking the ready to use therapeutic food (RUTF) in the Al Qutae Stabilization Therapeutic Feeding Centre in AlMarawi'ah district of Hodeidah. Yemen, in April 2021. Photo: © UNICEF/Yemen 2021/Abaidi

Challenges and lessons learnt

Despite the significant scale-up and integration of interventions funding shortfalls have been a key challenge to achieve long-term results. Ensuring a wider geographical targeting and more effective monitoring, distribution and/or replenishment of nutrition supplies is necessary particularly at sub-national and district levels. Mass MUAC screening campaigns initiated in 2021 proved crucial for increasing the uptake of preventive nutrition services, reaching a high coverage of children. A lesson learnt is to include more services such as distribution of Vitamin A and Iron Folate supplementation (targeting both PLWs and adolescent girls) in future vaccination campaigns and ensure integrated outreach for enhanced geographical and beneficiary geographic.



The arm of Bashar, 5 years old, is being measured with a middle-upper arm circumference (MUAC) tape by Maha Saleh, health care worker, in Hadramout City, Yemen, in July 2021. Photo: © UNICEF/Yemen 2021



Nutrition Cluster/Sector Leadership

UNICEF is the Nutrition Cluster lead agency and a key partner contributing to the achievements of cluster objectives and the overall humanitarian response in Yemen. UNICEF has assigned a dedicated international Nutrition Cluster Coordinator to ensure the overall nutrition response is effectively and efficiently coordinated – this is done in close collaboration with the co-chair of the cluster – this role rests with the Nutrition Department of the MoPHP. The cluster is further supported by a dedicated Information Management Officer (IMO) and sub-national cluster coordinators, filled by UNICEF Health and Nutrition Officers.

In 2021, over 9.3 million people were reached across 333 districts in 22 governorates by the 43 active partners of the Cluster with some forms of nutrition assistance. Throughout the year, 346,310 children with SAM and 773,000 children with MAM received treatment for malnutrition. Over 4 million children received Vitamin A supplementation and 2.7 million children were provided with micronutrient powder supplementation. In addition, about 2.8 million PLWs received iron/folate supplementation.

Table 2: Summary of Nutrition Programme Results

Nutrition				
Humanitarian Programme Monitoring Indicators	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	320,108	346,311	320,108	346,311
Number of children aged 6 to 59 months receiving vitamin A	4,663,545	4,021,652	4,663,545	4,021,652 ¹⁹

¹⁹ The achievement of this indicator is determined by implementation of EPI vaccination campaigns (Polio NIDs) as Vitamin A supplementation is a joint activity of these campaigns. In 2021 the campaign was implemented only in the northern side of the country (and not the southern part).

supplementation every six months				
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**Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

2.3 Water, Sanitation and Hygiene (WASH)

In 2021, UNICEF continued to pursue a dual pronged approach to improve access to equitable use of safe drinking water, sanitation services, hygiene practices and healthy environment - addressing the WASH needs of the conflict affected people of Yemen as well as responding to disease outbreaks, including COVID-19 and to build a stronger linkages between the humanitarian and development nexus by strengthening the resilience of local systems and building the capacity of local communities to lay down the foundation for durable solutions in a cost-effective manner. UNICEF revived and preserved existing infrastructures in both rural and urban areas in addition to the extension of services to IDP camps. Over 8.8 million people, including 5.3 million children had access to safe and sustained drinking water through a wide spectrum of activities, including water trucking, installation of water distribution points and their operational support, and maintenance and rehabilitation of public water systems, including fuel support. In 2021, UNICEF supported the delivery of 26.9 million litres of fuel, covering 36 Local Water and Sanitation Corporations (LWSC) in 15 governorates benefitting 2.4 million people per day.

UNICEF provided over 4.1 million people (120 per achievement), including 2.4 million children, with access to safe means of excreta disposal through support to fuel for generators for wastewater treatment plants, and rehabilitation and construction of emergency latrines. These interventions were essential to improve the health and environment of the targeted populations and contain the outbreak of life-threatening disease including cholera and acute watery diarrhoea, saving children's lives.



UNICEF's implementing partner distributing basic hygiene kits in Abdulrahman Bin Awf School in Al Wahda IDP Camp in Marib city, Yemen. October 2021. Photo: @UNICEF/Yemen 2021/Gabreez

Integration of UNICEF WASH interventions with nutrition, education, protection and communication for development (C4D)

activities helped maximize results for children and provide access to quality services. Around 224,412 women and children in OTP sites and/or health facilities gained access to water and sanitation service as part of the multisectoral nutrition response. The integrated AWD/cholera and malnutrition response focused on all aspects of preparedness, response, and prevention. UNICEF also supported household chlorination campaigns, distribution of chlorination tablets, consumable hygiene kits, basic hygiene kits, and conducted hygiene awareness sessions at the household level. UNICEF and its partners pre-positioned WASH supplies in all high-risk areas (areas with high numbers of AWD/suspected cholera and malnutrition cases) to support preparedness activities. UNICEF engaged in gender and child-sensitive interventions to promote hygiene behaviours, reaching over 3.6 million people with messages on appropriate hygiene practices and more than 6.2 million people, including 3.7 million children, through distribution of sanitation and hygiene supplies. UNICEF focused on priority groups, including people living in districts with a high risk of cholera and malnutrition, as well as locations hosting high numbers of displaced people.

Throughout the year, UNICEF adopted a diversified approach of partnerships by working with local entities and civil society organizations (CSO). The technical capacities of the professional staff and field operation support provided to local entities such as LWSCs, General Authority for Rural Water Supply Project (GARWSP), GARWSP-Emergency Unit (EU), and Urban Project management unit (UPMU) and



*Rehabilitation of a well in Al-Dhihar district, Ibb, Yemen. February 2021
Photo: © UNICEF/Yemen 2021/Gabreez*

engagement with international and national NGOs through programme cooperation agreements (PCA) contributed to achieving the planned results. Moreover, at the community level, water management committees (WMCs) supported the improvement of WASH services at the community level to build resilience and prepare for disease outbreaks.

Challenges and lessons learnt

While the needs continued to increase on the ground, primarily because of intensified conflict in Marib, Taizz, Shabwa, Al Baidha Al Hodeidah, and Red Sea coast areas, the programme faced funding constraints. To ensure optimal use of the available resources, WASH interventions were carefully targeted, guided by regular updates, and analyses of the dynamic context and information, and implemented strategically to address priority needs. This was complemented by strengthening the information management capacity, analysis of information received, and evidence generation through the conduct of national strategic studies.



WASH Cluster/Sector Leadership

UNICEF, as the lead agency for the WASH Cluster, continued providing its coordination support both at the national and sub-national levels. The WASH Cluster organized monthly cluster coordination meetings and discussed about the 2022 strategic pillars²⁰ with all WASH partners as an initial consultative process for strategy development. In addition, the WASH Cluster conducted the annual Cluster Coordination Performance Monitoring (CCPM) online survey to evaluate the performance of WASH Cluster coordination in 2021²¹. 68 active partners responded and contributed to this annual evaluation exercise, including donors and national stakeholders. 10,199,374 people were reached with some form of WASH assistance across 271 districts in 22 governorates. WASH partners improved durable solutions by repairing and rehabilitating 318 water systems and providing 5,626 water filters and 3,985 rainwater harvesting tanks to vulnerable households. To reduce diarrheal disease in areas with high AWD and cholera prevalence, 71 sewage systems were rehabilitated or repaired, 7,242 latrines were constructed and 5,132 rehabilitated. WASH partners contributed to improving household hygiene practices by distributing 98,260 basic hygiene kits and 181,388 disinfection kits.

²⁰ The WASH Cluster strategy has four core pillars 1) embed WASH as integral to public health, 2) make inclusive WASH a priority, 3) build predictable, risk-based response and 4) reduce negative environmental impact (Humanitarian Response Plan Yemen 2021).

²¹ The results of the survey will be further validated with cluster partners in early 2022

Table 3: Summary of WASH programme results

Humanitarian Programme Monitoring Indicators*	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	8,826,986	10,199,374	6,800,000	8,858,514
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	4,529,704	6,870,052	5,910,000	6,213,080
Number of people in humanitarian situations reached with messages on appropriate hygiene practices	5,767,919	4,890,357	5,910,000	3,635,841
Number of people in humanitarian situations accessing safe means of excreta disposal			3,400,000	4,143,245

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Case study: Hygiene promotion activities in IDP camps in Marib

Top level result: By raising awareness about cholera/AWD and water-borne diseases and adapting appropriate personal hygiene and water disinfection practices, UNICEF aims to reduce the spread of water-borne diseases among displaced children and their families. The use of fun and interactive modalities to reach children are also meant to support their emotional and psychological wellbeing and ensure that the messages delivered are impactful and retained for long.



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Background: Since the escalation of hostilities in February 2021, intensive fighting has continued to take place in the frontline areas in Marib governorate, with huge displacement taking place particularly to Marib city and Marib Al Wadi. Large-scale displacements continue to increase WASH needs, with women and children being the most impacted by unsanitary living conditions and lack of access to basic WASH services. Low levels of sanitation services, use of contaminated water, lack

of awareness about basic hygiene practices, including effective handwashing and food hygiene, are key factors for the spread of cholera/AWD and acute Watery Diarrhoea. The COVID-19 pandemic has aggravated the situation. The adoption of safer hygiene practices is central to prevent the spread of water borne diseases and safeguard the health of children and their families.

Progress and Results: Hygiene promotion activities form part of the soft component of the WASH response in Yemen, complementing the support provided to the communities through access to clean water and sanitation, and have been designed based on identified gaps, observations and discussions held with the communities.

From August to November 2021, UNICEF supported hygiene promotion activities in 21 IDP camps in Marib City and Al Wadi. More than 32,000 IDPs, including 17,408 children, were reached through interactive sessions in collaboration with the NGO Tabassam Organization for Development (TOD). UNICEF used creative and participatory techniques to improve hygiene practice, increase knowledge and pave the way for long-term behavioural change among the communities, with a special focus on children. In October 2021, the celebration of the Global Handwashing Day (GHD) was used to promote the importance of hand washing with soap, and with watchword “the power is in your hands”. IDP communities took part in a range of activities focusing on proper hand washing together with attending awareness sessions on hand washing at critical times. To reach the targeted households, 42 community hygiene promoters were oriented and trained on hygiene messages and community mobilization; they also received hygiene promotion toolkits. The toolkits included culturally acceptable and age-appropriate information, education, and communication (IEC) materials designed based on the Participatory and Children Hygiene and Sanitation Transformation (PHAST) & Children's Hygiene and Sanitation Training (CHAST) approach and included a hygiene promotion manual.

“Clean water and adequate access to hygiene and sanitation are a basic necessity of all human beings. Let’s make sure people who live in IDPs sites have the required knowledge, awareness and information on the importance and use of safe water, hygiene and sanitation practices. We hope that UNICEF will continue to support such activities.

Dr. Fatima, TOD Program Manager.

Cleaning campaigns were run monthly, and community volunteers conducted hygiene promotion awareness sessions daily. In addition, hygiene promotion activities were also conducted in schools twice a week. In total, UNICEF and its partner conducted 630 community hygiene sessions and 21 clean-up campaigns. Hygiene corners were established to provide the communities with an opportunity to access critical messages and information; these were also used to deliver hygiene messages and organize participatory activities for the displaced children. As part of the interactive hygiene activities, school-age children took part in children clubs. Trained member of the clubs prepared sessions for their peers using multimedia. IEC materials and posters were distributed at the IDP camps and used as visual aid to emphasize the messages.

Broad-based community meetings such as focus group discussions were also held to involve local stakeholders throughout the implementation of the various activities. Building on this, further discussions were held with the community members regarding the design of household latrines and implementation modality, where cluster of households would come together with mutually agreed upon operational and maintenance terms regarding the provided latrines in some of the targeted IDPs sites.



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Lesson Learned: Some of the communities targeted by the interventions lacked household sanitation facilities (latrines) and were thus forced to defecate in open areas. This led to communities being resistant to take part in the hygiene promotion activities without the provision of household latrines. To address this challenge, UNICEF organized a training session on how the communities could build their own latrines by using locally available materials. UNICEF will continue to ensure community participation at all stages of implementation for successful implementation of future WASH interventions. Participation will be enhanced through the formation of community committees and community hygiene promoters' network at various levels.

Moving forward: The project positively benefitted displaced children and their families in the targeted IDP camps; the increasing needs on the ground require the scale-up of the response to be able to support all the 152 targeted IDP camps in Marib governorate (only 21 IDPs sites of the overall targeted 152 IDPs sites in Marib could benefit from the interventions). The hygiene promotion activities laid the foundation for UNICEF to apply the holistic 'Community Led to Total Sanitation (CLTS) approach, which will continue to be implemented in future programming. The CLTS process involves all community members throughout the project cycle including during assessment of the community sanitation coverage, identification of families without latrines and handwashing facilities, selection of families for the distribution of sanitation and hygiene kits, monitoring, and reporting on the progress of construction of household latrines and use to achieve open defecation free (ODF) villages. In addition, the community health promoters will be engaged for the planning and implementation of hygiene promotion campaign at household and community levels.

2.4 Child Protection

Grave violations against children remained high during 2021. Children in Yemen continued to be victims of the six grave violations²² and urgent needs persisted for mine risk education for children, case management, and mental health and psychosocial support for children and adolescents. UNICEF continued to provide critical child protection and gender-based violence (GBV) prevention and response services to prevent and mitigate abuse and exploitation, including case management services, psychosocial support (PSS), lifesaving Explosive Ordnance Risk Education and birth registration to ensure that all children, especially the most vulnerable, were better protected from violence, exploitation, abuse and harmful practices. In addition, UNICEF invested on strengthening the weakened child protection system and provided support for children in contact with conflict with the law. UNICEF focused on addressing the immediate humanitarian protection needs of children while ensuring linkages between the emergency programme and longer-term recovery and resilience initiatives.

In 2021, UNICEF reached a total of 5,811,600 conflict affected people, including 3,156,982 children (1,618,916 boys, 1,538,066 girls) and 2,654,618 adults (1,297,838 women, 1,356,780 men), with Explosive Ordnance Risk Education (EORE) through schools and community-based sessions following COVID-19 preventative measures. In addition, UNICEF provided technical and financial support to the Yemen Executive Mine Action Centre (YEMAC) to develop audio-visual for mass media platforms including TV, radio, and SMS.

²² The six grave violations are: Killing and maiming of children; Recruitment and use of children by armed forces and armed groups; Sexual violence against children; Attacks against schools or hospitals; Abduction of children; and denial of humanitarian access for children



A mine risk education session in a UNICEF-supported school in Al Jufaina IDP Camp in Marib governorate, Yemen, in October 2021 Photo: © UNICEF/Yemen 2021/Gabreez

UNICEF strengthened the capacity of 1,300 service providers (557 women, 743 men), including teachers, community volunteers, health workers and social workers reaching a total of 589,884 people, including 467,721 children (49 per cent girls, 51 per cent boys), with Mental Health and Psychosocial Support (MHPSS). MHPSS was provided in health facilities, schools, community centres, and IDP camps through fixed and mobile service modalities helping children overcome the immediate and long-term consequences of their exposure to violence.

UNICEF's robust Monitoring and Reporting Mechanism (MRM) data collection and data verification system supported the evidence-based advocacy and dialogue with various parties to the conflict as well as stakeholders to advance the best interest of children affected by armed conflict. Between January and September 2021, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 2,350 incidents of grave violations against children. 92 per cent of the reported incidents were verified by the partners. There were several child casualties, including 386 children killed and maimed (300 boys, 86 girls) by various parties to the conflict. During the above reporting period, the UNCTFMR verified that 51 children (1 girl, 50 boys) were recruited and/or used by armed forces and armed groups, with the majority placed in combatant roles and others participating as guards or manning checkpoints. Over 20 children were abducted or exposed to sexual violence or rape. Schools and hospitals continued to be under attack in Yemen. Fifteen attacks on schools, hospitals, or incidents of military use of education or health facilities were verified. Parties to the conflict continued to employ different military tactics, including shelling, airstrikes, Improvised Explosive Devices (IED) explosions and targeted killings. The governorates of Mari, Al Hodeida, Tizz, Sarada, Hajjam, Al Dale's and Al Beyda were the most affected with a high number of incidents documented and verified²³.

²³ These are only figures that UN has been able to verify to date; the actual number of incidents might be higher than this

In the area of Children Affected by Armed Conflict (CAAC), UNICEF plays a leading role in evidence building, advocacy and response. UNICEF is a co-chair of Country Task Force for MRM on the grave child rights violation, which includes the office of the Resident Coordinator (RCO), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations High Commissioner for Refugees (UNHCR), International Labour Organization (ILO), WHO, IOM and other UN agencies. UNICEF also closely works with the International Committee of the Red Cross (ICRC) for the response to children associated with armed groups and forces. While UNICEF provides interim care and reintegration support in the places of origin, ICRC traces families for the children released from the frontline and supports transportation and reunification package before the reintegration.

UNICEF continued to support the referral and provision of critical services to the most vulnerable children affected by conflict through the case management system. A total of 12,396 children (4,595 girls, 7,801 boys) were identified by trained case managers and social workers, and 95 per cent out of the identified children (37 per cent girls, 63 per cent boys) were provided with at least one child protection service. Those services included victims' assistance, individual counseling, 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.

A total of 6,314 children (1,558 girls, 4,756 boys) at risk and in contact and conflict with the law received multiple services, including legal support, cash assistance, reintegration of services and direct assistance through the Inter-Ministerial Technical Committee for Justice for Children.

UNICEF prioritized addressing harmful traditional practices affecting adolescent girls, including female genital mutilation (FGM) and child marriage. A study on "Drivers of Child Marriage (CM)" was conducted to update and re-shape the social behavioural change interventions on CM in 2022.

GBV was mainstreamed across UNICEF's humanitarian response. Each sectoral response identified activities which could mitigate or prevent GBV risks and reported against the achievement each month. In 2021, GBV risk mitigation activities reached 6,721,017 women and girls through the provision of Post-Exposure Prophylaxis (PEP) kits to health facilities and gender responsive hygiene kits.

UNICEF continued to build strong working relationships with the Ministry of Social Affairs and Labour, Ministry of Justice, Civil Registration Authority under Ministry of Interior, Yemen Executive Mine Action Centre, Ministry of Human Rights, Ministry of Foreign Affairs, and High Council of Motherhood and Childhood for providing life-saving protection assistance to the most vulnerable children at risk of abuse, exploitation, violence, and neglect. UNICEF built a collaborative working relationship with sister UN agencies; UNICEF, UNDP and UNWOMEN implemented the joint UN programme for strengthening the justice system in Yemen, building resilient system through capacity building justice workforce and service provision for the children and women in contact with the law. UNFPA and UNICEF are in close partnership to implement joint global programs to end Child Marriage and to eliminate FGM, bringing together technical expertise in programme design to address the rights of the girls through social norm change.

Challenges and lessons learnt

Access challenges were faced throughout the year. Villages and districts remained inaccessible due to insecurity and COVID-19 pandemic prevention measures. UNICEF and partners continued to adopt remote alternative modality to deliver core child protection services and deployed different strategies, including continuing to build a strong working relationship with counterpart ministries, peer UN agencies, and community-based networks in providing life-saving assistance for the most vulnerable children at risk of abuse, exploitation, violence, and neglect. Key service providers had limited technical capacity

to provide child protection services, including specialized case management support for children affected by the conflict. UNICEF invested in strengthening the capacity of the social service workforce of the government, and other key stakeholders to ensure the quality of case management services. Child protection prevention activities broadened the reach by integration, and child protection response focused more on adolescent girls and boys who are more vulnerable to significant risks such as child marriage, child labour, recruitment, and use in the armed groups or forces.



Child Protection Sub-Cluster Leadership

The Child Protection Area of Responsibility (CP AoR), led by UNICEF and co-coordinated by Save the Children, functioned effectively throughout 2021 at the national and sub-national levels. The Child Protection AoR coordinated the efforts of child protection partners in addressing life-saving protection needs, in coordination with the Protection Cluster, GBV AoR and Mine Action AoR.

In 2021, Child Protection AoR reached 616,481 people including 489,653 children (240,943 girls; 248,710 boys) and 126,828 adults (76,494 women; 50,334 men) with community-based mental health and psychosocial support through primary caregivers. The CP AoR developed a capacity assessment tool and a capacity building plan for cluster members to support partners' ability to respond in humanitarian settings, with a focus on child protection and data collection and analysis. Based on the results of the capacity building sessions, psychosocial distress, child labour and domestic violence were identified as the most common risks for children in the communities. In addition, the CP AoR agreed with the international NGOs iMMAP and ACAPS to develop joint training sessions for CP AoR members, focusing on strengthening the quality of the child protection-related analyses carried out by their organizations.

Table 4: Summary of Child Protection Programme Results

Child Protection, GBVIE & PSEA				
Humanitarian Programme Monitoring Indicators*	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of children and caregivers accessing mental health and psychosocial support	990,000	616,481	900,000	589,884 ²⁴
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention, or response interventions			6,100,000	5,345,015 ²⁵
Number of people with access to safe channels to report sexual exploitation and abuse			500,000	1,400,000 ²⁶
Number of children accessing explosive weapons-related			2,160,000	5,811,600 ²⁷

²⁴ The underachievement was due the remote modality, which reduced the number of beneficiaries reached from what was expected in the planning phase. It was also due to the decision not to host any activities in the schools during the breaktime, to avoid any confusion with "summer camps" hosted by the authorities.

²⁵ The pace of implementation of activities by partners was delayed and resulted in slow progression towards achieving the target.

²⁶ The target of this indicator has been met and the total result was overachievement by 280 per cent. This indicator depends heavily on the UNICEF Emergency Cash Transfer (ECT) payment cycle

²⁷ The two National campaigns reached 272 per cent of the target. People were reached via remote MRE messages using different platforms. Even though TV flashes and SMS have national coverage, only the percentage of people in need was taken into consideration to avoid duplication. The below description shows how the beneficiaries were calculated under each platform:

- SMS were disseminated via 3 telecommunication companies (Saba Phone, Yemen Mobile, and MTN). Only the beneficiaries reached through one company were calculated to avoid duplications. One of the companies sent SMS to 5,113,929 people.

2.5 Education

In 2021, UNICEF improved access to equitable and inclusive quality learning for girls and boys supporting continued school functionality and scaling up its education in emergencies (EiE) programme, while strengthening linkages between humanitarian and development interventions.

UNICEF provided financial and technical support to over 567,618 children (47 per cent girls) to access quality learning in schools, and over 526,733 children (218,020 girls) from grades 9 and 12 were supported to sit for the national exams, while 222,346 children (43 per cent girls) received individual learning materials.

UNICEF provided more durable and child-friendly and gender equitable learning spaces necessary for creating a supporting learning environment for children to feel safe and progress in their studies. UNICEF expanded learning spaces by 540 classrooms in 76 schools benefitting 67,043 children (56 per cent girls) and installed 176 temporary learning spaces (TLS) benefitting 7,525 children (46 per cent girls). In addition, WASH facilities were rehabilitated in 188 schools. UNICEF continued strengthening the COVID-19 preventive measures to safeguard the health of students at school and provided 414,056 children with PPE.

As part of the emergency response for IDP children, a nationwide EiE programme was rolled out in the last quarter of 2021 targeting 40,000 out-of-school children (60 per cent girls) with education and child



A student at Raydan Girls School in Al-Mualla, Aden City. UNICEF provided new tables and school supplies. Photo: © UNICEF/Yemen 2021/Fuad

- For TV flashes, the number of people living in rural areas and the availability of electricity were taken into consideration; 459,829 people were reached (20 per cent of the targeted population). For Radio flashes, 9 governorates were covered reaching 15 per cent of the targeted population under these governorates.

protection services. The services targeted areas with increased educational need, such as Marib, where 15,000 children received EiE services.

To improve the quality of learning, a nationwide training plan was implemented reaching 15,000²⁸ teachers (30 per cent females), school principals, members of student councils and Father and Mother Councils (FMC) in (i) classroom management and active learning; (ii) safe school protocol training; (iii) planning and school leadership; (iv) psychosocial support; and (v) hygiene and nutrition messages.

UNICEF developed sustainable partnerships and ensured Interagency collaboration for the implementation of its overall programme. UNICEF's main implementing partners are the Ministry of Education (MoE) and Education authorities. At decentralized levels, UNICEF worked with the Governorate Education Offices (GEOs) and District Education Offices (DEOs). In 2021, UNICEF established partnerships with I/NGOs to scale-up its EiE programme. To ensure a coordinated EiE response between implementing partners across the country, by Education Cluster members identified UNICEF as the lead agency for the EiE Technical Working Group (co-led by the Norwegian Refugee Council/NRC). Partnerships with humanitarian actors, including the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission allowed UNICEF to accelerate EiE interventions in selected governorates. The establishment of an UN-to-UN agreement between UNICEF, UNESCO and WFP continued to be an important milestone for the implementation of the first phase of a three-year roadmap to re-establish the Education Management Information System in Yemen. UNICEF continued to advocate for the reinstatement of teacher salaries including at a global consultation organized by the Global Partnership for Education (GPE) on education needs in Yemen, and the publication of an advocacy report by UNICEF, titled "Education Disrupted".

Challenges and lessons learnt

Due to the changing context, specifically in the areas that saw an escalation of the conflict in 2021, such as Marib, Al Jawf, Al Hodeidah Taizz and the west coastal areas, accessibility still remains a challenge to deliver education services to children and education needs are increasing. The complex operational environment and the negotiations with two different sets of administrative authorities from the two education ministries cause delay in implementation and global supply chain challenges, due to COVID-19, limited the provision of essential education supplies. In addition, limited capacity of partners to implement education programmes put restrictions to scale up EiE programme.



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Funding is required to cover the monthly incentives of more than 170,000 teachers without whom the education services are at a risk of being discontinued. - this is needed to continue supporting the capacity development needs of teachers, principals, and school communities for improving the quality of education. Despite of the challenges, UNICEF will continue to focus its efforts for increased investment

²⁸ The total number of teachers reached until January 2022

and engagement with youth and adolescents, applying the “Accelerator” approach and emphasizing the importance of the young population as change agents. Strengthening girls’ and boys’ life skills will allow for their increased involvement in society and contribute to peace and economic growth.



Education Cluster/Sector Leadership

UNICEF and Save the Children co-lead the Education Cluster, following the global co-lead arrangement. The Education Cluster works closely with the MoE to track the impact of the conflict on education and ensure the implementation of measures to minimize the negative consequences on children’s right to education.

Administrative and access challenges continued to hamper the Education Cluster’s timely response. Despite the challenges, during 2021, through the contribution from the OCHA managed Yemen Humanitarian Fund (YHF), the Education Cluster reached 2.5 million school-aged girls and boys with at least one education activity or service. 479,097 children benefited from the establishment of temporary learning classrooms and rehabilitation of schools. The Education Cluster provided educational supplies to 382,000 children in the form of school bags, teacher kits and textbooks. The education cluster was successfully included as a part of the integrated projects supported under the Yemen Humanitarian Fund’s Reserve Allocation 4 (YHF-RA4) for the emergency response in Al Bayda governorate and in the Al Abdiyah district of Marib governorate, and also secured funding from Education Cannot Wait (ECW).

Table 5: Summary of Education Programme Results

Education				
Humanitarian Programme Monitoring Indicators*	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of children accessing formal and non-formal education, including early learning	790,750	719,572	500,000	567,618 ²⁹
Number of children receiving individual learning materials	872,000	382,798	800,000	222,346 ³⁰
Number of schools implementing safe school protocols (infection prevention and control)	4,600	1,122	1,000	546 ³¹
Number of teachers receiving teacher incentives each month	181,603	7,062	86,000	2,162 ³²

**Results are achieved through contributions against appeals, as well as resources from UNICEF’s regular programmes where necessary.*

2.6 Social Protection

In 2021, UNICEF focused on reducing multi-dimensional poverty among the most vulnerable and disadvantaged children and their families, ensuring equitable access to adequate social protection and social services. UNICEF continued with its dual-pronged approach of prioritizing integrated social protection and evidence generation for informed decision-making.

²⁹ National grade 9 + 12 exams were successfully completed in July 2021, allowing more than 520,00 children nationwide to continue with their formal education. Due to this strategic intervention, target was moderately overachieved.

³⁰ Due to global supply chain issues, individual learning sales orders are on backorder waiting for distribution in 2022.

³¹ Same as above

³² The reduced achievement is due to sufficient funds not mobilized for continuing incentive payments on a national scale. Whilst UNICEF has some funds available for teacher incentives, these are very localized and will cover 12,000 teachers only of the estimated 171,000 teachers not in receipt of a regular salary since 2016 (of which UNICEF targets 86,000).

UNICEF activated the community engagement and social investment pillars of the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA)³³. Community engagement is key to ensuring better access and sustainable impact at the targeted communities' level, and UNICEF reached community-based organizations through capacity building on essential knowledge on community engagement and social protection. UNICEF reached 38,576 individuals from vulnerable communities, including Muhamasheen, people living in informal settlements and CWD (9,864 men, 10,144 women, 9,559 boys, 9,009 girls) in both Amanat Al Asimah and Sana'a through case management referral.

As part of its response to the multiple crisis faced by vulnerable children and their families, UNICEF continued implementation of the Humanitarian Cash Transfers (HCT) programme to support vulnerable and marginalized communities and CWD. The HCT was launched in late 2020 to provide unconditional cash transfers to beneficiaries under the IMSEA and help them cope with the socioeconomic crisis and the impact of COVID-19. In 2021, UNICEF provided HCT to a total of 33,755 households, or 202,530 people (48,742 men, 50,496 women, 50,733 boys and 52,559 girls) in Amanat Al-Asimah, Sana'a, Aden, Ibb, and Taizz governorates.

UNICEF supported several voluntary initiatives benefiting about 20,026 individuals in targeted marginalized areas. In addition, a total of 269 adolescents and youth (54 per cent females) from the poorest and most marginalized communities in Sana'a governorate completed their life-skills and employability/entrepreneurship training programme.

Building on IMSEA experience, UNICEF continued implementing the Cash Plus initiative, which combines cash transfers with complementary support, such as community sensitisation, economic or social skills training, nutrition education, to maximize the positive impacts of the cash transfers, reaching a total of 16,263 households/ 117,153 individuals (48,486 men, 53,780 women, 7,701 boys, 7,186 girls)

Throughout the year, UNICEF supported the production and publication of 12 issues of the Yemen Socio-Economic Update (YSEU) and a special analysis study on "The Socio-economic Impact of COVID-19 in Yemen and Mitigation Policy Options". In February 2021, UNICEF published the 'Mapping Assessment of Available Assistance to Children with Disabilities in Yemen', which identified key findings and challenges related to access to basic services and registration for CWD in Yemen. The report was reviewed during a workshop organized in October 2021 and included 50 international and local development and humanitarian actors. Participants agreed to promote and advocate for CWD rights and needs as part of their interventions.

UNICEF maintained effective partnerships with the Ministry of Planning and International Cooperation (MoPIC), Ministry of Social Affairs and Labour (MOSAL), Social Welfare Fund (SWF), Social Protection Consultative Committee (SPCC), Handicap Care and Rehabilitation Fund (HCRF), Civil Registry Authority (CRA), and Social Fund for Development (SFD) in order to advance the Social protection agenda and benefit the most vulnerable and marginalized children and their families. Partnerships were continued with local NGOs, including the Children and Youth Protection Organization (CYPO), Reyadah Foundation, as well as with other UN agencies including UNDP, ILO and WFP.

Challenges and lessons learnt

Funding shortfall continues to be a major challenge, limiting the number of vulnerable children reached and putting at risk the continuity of key activities such as HCT. Challenges associated with obtaining accurate and up-to-date data on socio-economic status and social protection continued during the

³³ The Integrated Model of Social and Economic Assistance and Empowerment (IMSEA) is a multi-sectoral approach aimed at joining up benefits, social services, and other social and economic inputs/interventions to achieve improved outcomes for the poorest and most vulnerable, strengthen their resilience to shocks and stresses, and enhance greater collocation, collaboration, and cooperation within and between [different] sectors.

implementation of the social protection activities. UNICEF worked and coordinated closely with its partners, such the Ministry of Planning and CSOs to have better access to information. Capacity building support to government partners was also provided to ensure quality data management and analysis. UNICEF is planning to hold a coordination workshop between service providers in 2022 to further systemize the referral management and coordination to ensure improved access of the most vulnerable children and their families to basic services.

Table 6: Summary of Social Protection Programme Results

Social Protection & Cash Transfer				
Humanitarian Programme Monitoring Indicators*	Cluster/sector 2021 Target	Cluster/sector total results	UNICEF 2021 Target	UNICEF Total results
Number of households reached with humanitarian cash transfers across sectors			40,000	33,755 ³⁴
Number of people benefiting from emergency and longer-term social and economic assistance			150,000	171,751

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

2.7 Social and Behaviour Change (SBC)

In 2021, UNICEF continued focusing on SBC and RCCE interventions designed and implemented to address the needs of vulnerable communities a part of the response to preventable diseases outbreaks, including COVID-19, Cholera/AWD, Measles and Polio.

About 10.7 million people (134 per cent of the target for 2021) were engaged on key lifesaving practices to facilitate social and behaviour change, increase the demand for basic health and nutrition services, promoting empowerment and community led accountability across the different programmatic areas.



Poster to promote the COVID-19 Vaccine used by UNICEF as part of the SBC activities

UNICEF continued to strengthen the COVID-19 response in Yemen, increasing the demand for COVID-19 vaccinations and promoting preventive behaviors. In the governorates under the control of the Internationally Recognized Government (IRG)—where the COVID-19 vaccination is being rolled out—2.32 million people in 13 governorates were reached through various interpersonal communication activities by Community Volunteers (CVs), members of Mother-to-Mother (M2M) clubs and religious leaders. Through 25 radio stations and 6 television channels, over 5.5 million people were reached with flashes, public service announcements and discussion programmes organized on COVID-19 vaccine to strengthen the efficacy of the vaccination campaign. Religious leaders scaled up COVID-19 RCCE in over 5,000 mosques, especially during Jumma (Friday) prayers, as well as in schools, communities and social gatherings, and events engaging around 6.8 million people throughout the year. Additionally, CVs and members of M2M clubs engaged 3.9 million people with lifesaving Family Practices and messages on COVID-19, Cholera and Nutrition through house-to-house visits, women's sessions, school-based activities, and puppet shows.

³⁴ Underachievement is due to lack of funding.

As part of the Polio outbreak response, UNICEF supported Advocacy, Communication and Social Mobilization (ACSM), ensuring the successful implementation of three OCV campaigns, a Polio vaccination campaign conducted in the northern governorates, and a Measles response campaign integrating Polio and Vitamin A supplementation conducted in 38 targeted priority areas.

In 2021, 10 behavioural studies were conducted supporting outbreak responses and programming. UNICEF carried out several nationwide and sub-national assessments to reinforce data collection on COVID-19. There was a noticeable improvement in most of the aspects assessed in Round 4 of the nationwide COVID-19 assessment (conducted in August-September 2021) compared to the previous rounds, likely due to two COVID-19 waves (in April and September 2021) as well as COVID-19 vaccination campaigns in the south. Moreover, C4D continues to track social media interactions and conversations related to COVID-19 including vaccines to enrich evidence generation and further inform RCCE. In addition, COVID-19 RCCE messages and interventions were revised to address gaps, concerns, misconceptions, and information needs. Additionally, a study on chlorine acceptance for cholera prevention and a study on child marriage provided further guidance on integrated planning and delivery of SBC across UNICEF programmes.



Salim works as a community mobilizer in Shabwa governorate, Merkhah As Sufra. During the activity supported by UNICEF, he is raising children's awareness on COVID-19 prevention practices and the importance of vaccines.

Photo: © UNICEF/Yemen 2021/Alsharabi

On accountability and feedback mechanisms, UNICEF supported COVID-19 hotlines managed by the MoPHP whereby health professionals responded to peoples' queries, concerns, and provided medical consultations on COVID-19. To ensure further inclusion and participation of the most marginalized groups, C4D supported a hotline in the south, dedicated for IDPs, which enabled them to raise concerns and provide feedback with regards to the humanitarian assistance being received. In 2021, about

31,000 calls were responded (43 per cent of the callers were women).

Community volunteers and religious leaders trained and supported through UNICEF created WhatsApp groups as an additional platform for two-way communication, engaging approximately 132,000 people.

Capacity development activities on AAP commitments targeting frontline volunteers and partners staff were implemented, setting the basis for applying AAP commitments at the community level. In 2021, about 1,257 people received trainings on AAP commitments and feedback mechanisms.

Challenges and lessons learnt

The restrictions on SBC-RCCE imposed by authorities, particularly in the north, including impounding supplies (community volunteers toolkits/ job aids, reusable face masks), as well as reluctance from the authorities in the north to explicitly mention COVID-19 in RCCE interventions remained a major challenge. This challenge required scale-up and continuous advocacy with the authorities to provide an enabling environment. Establishment of new Mother-to-Mother clubs was impeded in some districts due to difficulties in obtaining permission from the local authorities. In those areas, C4D interventions focused on other approaches for engagement including scaling up interpersonal communication through CVs and RLs. The additional challenge of lack of epidemiological data on COVID-19 spread in the north hindered a more focused response. This challenge was mitigated by sustaining periodic evidence generation initiatives including Social Listening.

Table 7: Summary of C4D Programme Results

C4D, Community Engagement & AAP		
Humanitarian Programme Monitoring Indicators*	UNICEF 2021 Target	UNICEF Total results
Number of people participating in engagement actions for social and behavioural change	8,000,000	10,752,472 ³⁵

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

2.7 Rapid Response Mechanism

The Rapid Response Mechanism (RRM) is an operational, programmatic, and partnership model designed to enhance the capacity of the sectors to respond in a timely, coordinated and standardized manner to the needs of populations made vulnerable by displacement. The RRM is implemented by UNFPA, UNICEF and WFP.

In 2021, UNICEF's RRM response served as the first-line response across 231 districts in 22 governorates and provided life-saving assistance for people stranded at frontlines or displaced due to natural hazards such as floods and cyclones.

In October 2021, UNICEF rapidly mount a response to the escalating conflict situation in Marib governorate which resulted in the initial displacement of more than 12,000 people (6,120 males, 5,880 females). UNICEF's quick action allowed for prepositioned supplies, personnel, resources, and partners to be rapidly mobilized to meet the urgent needs of the newly displaced.

³⁵ The overachievement was due to the scale-up of COVID RCCE interventions and mobilizing over 6,000 religious leaders who were able to reach many beneficiaries through group communication in mosques, schools, community gatherings, etc.

Overall, throughout the year UNICEF, along with UNFPA and WFP, reached a total of 495,180 newly displaced people (27 per cent boys, 27 per cent girls, 23 per cent women and 22 per cent men) with first-line response packages. The highest numbers of displaced persons reached were in Marib, Hodeidah and Taizz governorates. The RRM kits included essential hygiene items and other supplies, including food, family basic hygiene kits, and female dignity kits.

UNICEF is an active member of the RRM cluster. Proper representation in coordination meetings at central and sub-levels were maintained, with both the cluster implementing partners and local authorities.

Table 7: Summary of RRM Programme Results

Rapid Response Mechanism		
Humanitarian Programme Monitoring Indicators*	UNICEF 2021 Target	UNICEF Total results
Number of vulnerable displaced people who received Rapid Response Mechanism kits	672,000 ³⁶	495,180 ³⁷

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.



Children in Mafrq Harib IDP Camp in Marib governorate, Yemen, in October 2021. Photo: © UNICEF/Yemen 2021/Gabreez

³⁶ The target was set by the Inter Agency members based on previous annual displacements trends, however in 2021, displacements were lower than 2020 and 2019. Only in Quarter 4, 2021, due to the escalation across several frontlines, the number of newly displaced responded to by the RRM increased resulting in RRM achieving a 20 per cent increase towards the target in just two months.

³⁷ The target was set by the Inter Agency members based on previous annual displacements trends, however in 2021, displacements were lower than 2020 and 2019. Only in Quarter 4, 2021, due to the escalation across several frontlines, the number of newly displaced responded to by the RRM increased resulting in RRM achieving a 20 per cent increase towards the target in just two months.

3.Results Achieved from Humanitarian Thematic Funding

In 2021, UNICEF received over US\$ 32 million in thematic contributions against the HAC appeal. With the support of this flexible funds, UNICEF was able to promptly address the immediate humanitarian needs and support effective preparedness and timely response for a range of lifesaving interventions, including health, nutrition, WASH, education, child protection, social protection and C4D services.

Flexible thematic resources greatly contributed to filling the urgent response gaps. The Child Protection sector, which was critically underfunded, used the funds to protect children from violence, abuse, exploitation, and neglect by providing mental health and psychosocial support, mine risk awareness and education and supporting the Monitoring and Reporting Mechanism.

Thematic contributions supported the WASH response through fuel support to LWSC, ensuring that 2.4 million people had access to drinking water during December 2021. In addition, thematic funding was used to fill gaps in the critical nutrition support UNICEF provided to 23 hospitals, which overall ensured that 24,135 new-borns and 14,218 children were admitted to new-born intensive care units (NICUs). The contributions supported SBC interventions, such as the establishment of 332 new mother-to-mother clubs, to increase the demand for basic health and nutrition services, and promote empowerment as well as community led accountability across programmatic areas.

Thematic resources were also used to support essential operational costs, which enabled UNICEF to maintain its programmes with agility, flexibility and to adapt its operations and footprint to the ongoing crisis.



A mine risk education session in a UNICEF-supported school in Al Jufaina IDP Camp in Marib governorate, Yemen, in October 2021. ©UNICEF/Yemen 2021/Gabreez

Thematic Case Study

Top Level Results: In 2021, Humanitarian Thematic funds contributed to establishing 332 new mother-to-mother club in Yemen. Mother-to-Mother clubs actively engaged 3.9 million people across Yemen, promoting lifesaving family practices, COVID-19 prevention and vaccine uptake messages, promoting positive nutrition and feeding practices, and providing follow up with families of children with severe acute malnutrition and cholera cases.

Issue/Background: The mother-to-mothers club model facilitates the discourse for behaviour change among mothers and caregivers and consequently the whole family and community and serves as a platform for community engagement on critical issues, such as COVID-19, malnutrition, and preventable diseases like cholera. Mother-to-mother clubs are made up of 15 mothers, who meet monthly with the club supervisor to discuss issues. They receive updates, training, guidance, and messages to address key issues in their communities and networks. Each club member has 5 households within their network, who she visits twice per month.

Resources Required/Allocated: The mother-to-mothers programme is annually budgeted at US \$1.2 million, to support and establish new clubs. In 2021, out of the US\$ 1,054,540 allocated from the thematic contribution to SBC, US\$ 240,292.13 contributed to supporting existing clubs and establishing an additional 332 new mother-to-mother clubs.

Progress and Results: UNICEF strengthened the network of mother-to-mother clubs, supporting the establishment of 332 new clubs in 2021. In the governorates under the control of Internationally Recognized Government where COVID-19 vaccination is being rolled out, community volunteers, members of Mother-to-Mother clubs and Religious Leaders were mobilized to support COVID-19 vaccination interventions in 13 governorates, reaching 2.3 million people through various interpersonal communication activities. In 2021, community volunteers and mother-to-mother clubs engaged 3.9 million people with lifesaving Family Practices and messages on COVID-19, Nutrition, and Cholera through house-to-house visits, women's sessions, school-based activities, and puppet shows.

With the developing nutrition crisis in Yemen, the mother-to mother clubs were pivotal in the integrated multi-sectoral response to malnutrition in the country. Along with community volunteers and religious leaders, members of Mother-to-Mother clubs actively engaged 1.1 million people, promoting positive nutrition practices, and referring suspected malnutrition cases for screening and services. The mother-to-mothers provided important follow-up with families of children with severe acute malnutrition, making house visits to ensure follow up appointments were attended, and that children have medicines and therapeutic foods available.



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Criticality and value addition: The mother-to-mothers Club Model is a Social Network, peer to peer behaviour change communication approach based on the principle that behavior change is more than an individual decision. Evidence shows that just giving messages about health and hygiene and other

practices does not automatically lead to changes in behavior and practices. People tend to respond and learn best by 'doing' and through interaction with a variety of participatory learning methods (including stories, discussion groups, role plays, songs, drama, visits, etc.). People also tend to adopt behaviours based on community dynamics and social influence.

Challenges and Lesson Learned: The establishment of new Mother-to-Mother clubs was impeded in some districts due to difficulties in obtaining permission from local authorities. In those areas, UNICEF focused on other approaches for engagement including scaling up interpersonal communication through community volunteers and religious leaders.

Moving Forward: UNICEF will continue to establish mother-to-mother clubs where allowed across Yemen in 2022. This has proven to be an incredibly effective modality for spreading awareness and lifesaving messages within communities. Apart from promoting lifesaving family practices and COVID-19 prevention and vaccine uptake messages, positive parental family practices discussions will be integrated in issues under Mother-to-Mother clubs.



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4. Assessment, Monitoring and Evaluation

UNICEF planning and monitoring activities are key functions embedded into UNICEF's overall response to ensure effectiveness and efficiency in the implementation of its programmes. In 2021, UNICEF continued focusing on improving the design, monitoring, and reporting of its programmes, with a focus on learning, accountability, and value for money.

UNICEF continued the strategic and operational programme planning, grounded in Results-Based Management (RBM) principles. A total of 170 staff were equipped with knowledge on Rights & Result Based Management principles (RRBM) through training facilitated by UNICEF RRBM External Master Trainers.

In close consultation with its implementing partners across the various sectors, UNICEF finalized the 2021/22 Rolling Work Plans (RWPs) in close consultations with implementing partners.

Since the beginning of the conflict and given the increasing access challenges, UNICEF implements programmatic monitoring through a two-pronged approach. While regular follow up and technical visits to projects' site were carried out by UNICEF staff, Third-Party Monitoring (TPM) plays a pivotal role in monitoring sites where access is restricted. Despite the travel restrictions due to the COVID-19 pandemic, in 2021 95 per cent of the required programme monitoring visits (PMV) were conducted by UNICEF staff and consultants to verify funds utilization, assess quality of implementation and review results achieved by implementing partners. Third Party Monitoring (TPM) activities also increased significantly, with about 44 TPM contracts managed to complement or fill the gaps in staff monitoring activities. In 2021, the TPM companies contracted by UNICEF were trained in conducting quality implementation monitoring as well as understanding their role as third parties, data security, and code of conduct. To further enhance the quality of information generated, information management staff, as well as monitoring officers, were trained in data Quality assessments. Additionally, in 2021, UNICEF initiated an assessment of TPM companies after a contract was completed and continued to disseminate analytical products with the aim of enhancing the utility of monitoring information for programme course correction. The existing Long-Term Agreements with Third-Party Monitors quickened the engagement of TPMs to conduct monitoring, enhanced value for money and benefited the smooth conduct of programmatic visits by TPM.

To enhance the monitoring capacity of its staff, partners and TPM, UNICEF developed a capacity-building plan with the aim of producing positive, long-term results for monitoring of programmes in terms of quality as well as frequency. During the year, greater push and focus were directed at capacity building of staff and partners with over 120 persons trained in various components of monitoring including eTool modules, monitoring framework orientation and supportive missions on Annual Performance Monitoring plan and Reflective Note. In addition, an assessment of UNICEF implementing partners' capacity on monitoring was conducted among 152 partners (68 per cent of total UNICEF partners).

Throughout the year, UNICEF completed 166 spot checks out of 166 of the annual minimum requirements and 81 audits out of the 86 planned. This result was a significant improvement compared to December 2020, where only 3 audits and 24 spot checks were completed.

Gender

UNICEF continued to mainstream a gender-sensitive response across all its programmes. In June 2020, the office completed a Gender Programmatic Review (GPR). The GPR was used to inform adjustments of programme priorities and the new programme Results Framework for 2021/2022.

Accordingly, Gender Programme Strategy Note (PSN) (2021-2022) was developed as a roadmap for the office programme focus and strategic approach to promote Gender Equality. The GPR detailed recommendations by sector, which UNICEF is taking forward to improve alignment with, and contribution to the global Gender Action Plan (GAP). UNICEF's accountability and commitment to gender was assessed against its gender spending and reported at 43 per cent, compared to UNICEF's global threshold of 15 per cent. UNICEF Yemen established the Gender and Gender Based Violence (GBV) taskforce, including 29 Gender Focal Points. UNICEF staff were provided with guidance, tools, and resources to effectively integrate a gender approach into planning and monitoring.

Evaluation

In 2021, UNICEF completed two evaluations, one on its own documentation systems and practices, and another on the Community Management of Acute Malnutrition. UNICEF also commissioned five other key evaluation activities: evaluations of the Infant and Young Child Feeding Program; the WASH Cholera Rapid Response Teams; and the Rapid Response Mechanism; an evaluability assessment of the Cash Plus program; and an evaluation stakeholder mapping exercise for Yemen. These five activities are planned for completion in the first half of 2022. UNICEF's work in Yemen also served as a case study for the MENARO regional gender evaluation and another regional evaluation of RCCE during COVID-19, both of which will continue into 2022. Finally, UNICEF Yemen also participated in several third-party evaluations commissioned by Kreditanstalt für Wiederaufbau (KfW), the European Union, and the Dutch Ministry of Foreign Affairs for initiatives funded by these donors. In August 2021, UNICEF also hired an Evaluation Officer to support office's work on evaluation. Evaluations are an important part of UNICEF's programming cycle and are used to adjust implementation, inform future programming, and demonstrate accountability to affected populations and donors.

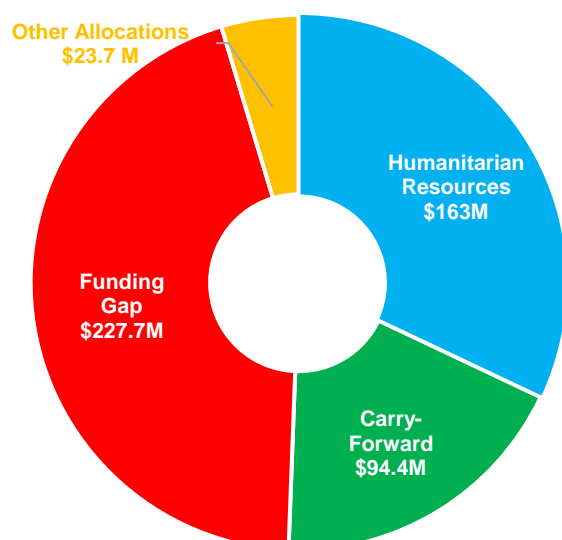
5. Financial Analysis

The Yemen Humanitarian Action for Children (HAC) initially aligned to the 2020 Yemen Humanitarian Response Plan (HRP), appealed for US\$ 576.9 million in 2021. The HAC was later revised in May 2021 to align with the 2021 YHRP and appealed for US\$508.8 million.

UNICEF's humanitarian programmes were planned for nationwide reach targeting populations in areas with the most acute needs, and the appeal integrated the COVID-19 response into the programmes planned within the HAC. Overall, in 2021 UNICEF received US\$ 281 million, of which US\$ 163 million were received against the 2021 appeal, US\$ 94.4 were carried-forward from the previous year and US\$ 23.7 were received from other contributions.

Nutrition, WASH and Education sectors received the largest share of resources. Key interventions in Social Policy and Child Protection remained underfunded. Despite a funding gap of US\$227.7 million, or 45 per cent of the total amount required to continue UNICEF's life-saving work in Yemen, UNICEF made significant achievements in many of its HAC targets. Un-earmarked funds as well as the flexibility of donors providing earmarked support proved very helpful and made these achievements possible.

Overall, 2021 Funding Status



**Funds available includes funding received for the current appeal (emergency and other resources), the carry-forward from the previous year and additional funding which is not emergency specific but will partly contribute towards 2021 HPM results*

Pooled funded were also key to respond to the most pressing needs in a timely manner. During the year, Central Emergency Response Funds and Humanitarian Pool Fund contributions were used to reinforce UNICEF's multisector response to the humanitarian crisis in Marib and to address the most urgent needs of Yemeni people including supporting the provision of nutrition supplies, fuel support for WASH services and the rapid response mechanism.

With no end in sight to the conflict in Yemen and ongoing operational challenges to crucial programme activities, UNICEF continues to fundraise for its Yemen response for 2022 and beyond. To maintain continuity of its programmes and activities, UNICEF welcomes flexible and multi-year funding.

Table 1: 2021 Funding Status against the Appeal by Sector

Funding Requirements (as defined in the revised Humanitarian Appeal of 2021 for a period of 12 months)							
Sector	2021 Requirements (\$)	Funds Received Against 2021 Appeal (\$)	Carry Over From 2020 (\$) ***	Other Allocations Contributing Towards Results (\$) *	2021 Funds Available (\$) **	Funding Gap	
						\$	%
Health	123,460,800	12,616,280	11,430,984	-	24,047,264	99,413,536	81%
Nutrition	119,875,500	70,478,650	16,978,141	-	87,456,791	32,418,709	27%
Child Protection, GBViE & PSEA	33,287,000	12,251,122	5,968,984	752,354	18,972,460	14,341,540	43%
Education	84,760,000	18,517,277	20,937,582	15,465,561	54,920,421	29,839,579	35%
Water, Sanitation and Hygiene	100,000,000	26,549,930	27,425,386	7,475,029	61,450,345	38,549,655	39%
Social Policy	21,240,000	6,601,107	2,046,070	-	8,647,177	12,592,823	59%
C4D, Community Engagement & AAP	12,320,000	1,532,022	6,424,852	-	7,956,874	4,363,124	35%
Rapid Response Mechanism	6,878,200	2,170,399	2,923,215	-	5,093,614	1,784,586	26%
Cluster coordination	7,000,000	1,040,685	307,112	-	1,347,797	5,652,203	81%
Being allocated	-	11,249,714	-	-	11,249,714	11,249,714	
Total	508,821,500	163,007,187	94,442,326	23,692,943	281,142,456	227,679,044	45%

* This includes additional contributions from multi-lateral organizations and other donors that are focused on system- strengthening but have emergency components and will thereby contribute towards 2020 HPM results.

** 'Funds Available' as of 31 December 2021 and include total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs, which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications, and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH, and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.

*** The amount of carry forward was adjusted to reflect the actual values.

Table 2: Funding Received and Available by 31 December 2021 (including carry over) by Donor and Funding Type

Donor Name/ Type of Funding	Grant Number	Amount (\$)
I. Humanitarian fund received in 2021		201,217,083
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910 SM209910 SM219910	32,564,864
b) Non-thematic Humanitarian Funds		
Australia	SM210269	3,877,782
Austrian Committee for UNICEF	SM210940	112,613
Canada	SM210187	3,560,127
	SM210196	791,139
	SM210814	982,704
European Commission / ECHO	SM210497	15,694,812
	SM150339	152
GAVI The Vaccine Alliance	SM210562	814,050
	SM210563	1,296,000
	SM210821	1,043,077
German Committee for UNICEF	SM210848	932,401
Government of Austria	SM210017	1,216,545
Japan	SM160069	7,437
	SM210037	3,982,808
	SM210082	3,000,000
	SM210112	5,000,000
Norway	SM210177	934,252
Republic of Korea	SM210146	500,000
Saudi Arabia	SM180256	148,915
SIDA - Sweden	SM210137	7,631,571
Slovenia	SM210032	48,544
Swiss Committee for UNICEF	SM210142	999,873
	SM210160	1,060,445
The United Kingdom	SM210626	21,320,495
United Kingdom Committee for UNICEF	SM210512	137,063
	SM210794	26,882
UNOCHA	SM160402	448
	SM160420	2,715
	SM210042	534,979
	SM210285	9,233,268
	SM210570	3,861,941
	SM210578	597,328
USA USAID	SM210758	1,400,000
USAID/Food for Peace	KM200160	3,846,688
	KM200162	150,000
	SM200896	267,840

Yemen (World Bank - Washington D.C.)	SM150627	1,024
Total Non-Thematic Humanitarian Funds		95,015,916

c) Pooled Funding		
Donor Pooled Fund (mixed donors)- Famine Relief Fund ³⁸	SM210172	73,636,303
Total Pooled Funding		73,636,303
d) Other Types of Humanitarian Funds		
Total Other Types of Humanitarian Funds		
Total of Humanitarian Funds received in 2021 (a+b+c+d)		
II. Carry-over of Humanitarian Funds Available in 2021		70,349,020
Andorra	SM190075	1,110
Australia	SM170487	291,040
	SM180184	180,183
	SM190298	250,728
Belgian Committee for UNICEF	SM170214	81,080
Belgium	SM170359	92,617
	SM180499	233,529
British Government (DFID)	SM200329	2,943,409
Bulgaria	SM180136	5,245
Bureau for Humanitarian Assistance	KM170028	1
	SM160057	1,110,444
	SM170220	1,888,644
	SM180385	8,660
	SM180589	1,508,016
	SM200674	1,777,778
Canada	SM150164	58,557
	SM150527	140,505
	SM170142	83,058
	SM180159	86,407
	SM190154	139,900
	SM200181	87,024
Croatia	SM190460	3,704
Denmark	SM140662	116,972
Donor Pooled Fund (mixed donors)	SM190239	3,333,333
	SM190268	958,876
	SM190295	983,684
Estonia	SM130331	5,170
European Commission / ECHO	SM150339	724,204
	SM170319	598,864
	SM180394	175,992
	SM180434	653,329
	SM200441	347,195
	SM200516	313,026

³⁸ Fund contributed from Saudi Arabia and UAE through the Famine Relief Fund.

FAO - Italy	SM160019	37,407
France	SM170659	34,475
French Committee for UNICEF	SM160454	36,398
	SM170323	16,590
Germany	SM150553	518,541
	SM150601	2,009,797
	SM160592	751,174
	SM170004	934,375
	SM170641	1,721,682
Global - Thematic Humanitarian Response	SM129906	51,432
	SM149910	824,672
	SM189910	3,958,221
	SM209910	45,244
Government of Austria	SM190485	82,305
Italy	SM170497	85,703
Japan	SM150059	480,995
	SM160069	718,352
	SM170052	736
	SM170465	78,422
	SM180078	111,135
	SM190068	126,638
	SM200051	168,350
	SM200332	347,208
Kuwait	SM170680	16,733
	SM180141	95,238
	SM180343	2,780,660
	SM190413	955,395
Luxembourg Committee for UNICEF	SM190341	65,645
	SM200564	37,879
Mexico	SM180218	10,714
Netherlands	SM160513	80,181
	SM160565	76,463
Netherlands Committee for UNICEF	SM170159	117,074
	SM170161	119,220
Norway	SM170242	33,202
	SM200307	35,774
Republic of Korea	SM170272	42,392
	SM180544	55,595
	SM200625	37,037
Saudi Arabia	SM150412	2,126,361
	SM170302	2,381
	SM180256	1,914,088
	SM200670	4,215,457
SIDA - Sweden	SM140229	247,594
	SM150199	118,670
	SM150530	112,681

	SM160108	276,976
	SM160346	78,524
	SM170097	142,525
	SM170276	256,523
	SM170670	204,081
	SM180177	274,561
	SM190102	159,816
	SM190103	161,699
	SM200255	290,484
	SM200751	168,199
Slovenia	SM160212	2,520
	SM170232	3,217
	SM180099	2,785
	SM190021	3,382
	SM200012	3,353
Swedish Committee for UNICEF	SM180345	23,792
Switzerland	SM150142	30,698
	SM160139	37,601
	SM200651	136,528
The United Kingdom	SM110185	44,332
	SM110186	51,943
	SM110193	240
	SM130487	48,000
	SM160268	147,284
Turkey	SM170504	47,782
UNICEF-United Arab Emirates	SM180487	47,619
United Kingdom Committee for UNICEF	KM200070	2
United States Fund for UNICEF	SM180249	36,298
	SM200089	71,842
UNOCHA	SM140429	26,168
	SM140551	15,672
	SM150024	19,565
	SM150341	316,104
	SM150342	97,650
	SM150509	58,871
	SM150513	64,094
	SM150572	64,989
	SM160043	51,314
	SM160050	47,103
	SM160401	32,758
	SM160402	57,119
	SM160420	286,262
	SM160494	82,375
	SM170098	31,009
	SM170149	525,334
	SM170246	387,711

	SM170325	32,628
	SM170390	143,097
	SM180028	178,552
	SM180029	397,926
	SM180254	7,241,528
	SM180320	327,004
	SM180321	75,289
	SM190221	98,025
	SM190242	565,880
	SM190470	2,598,430
	SM190493	3,426,777
	SM200644	1,046,699
	SM200772	1,046,725
USA USAID	SM160467	1,435,129
	SM160596	148,148
	SM170496	422,264
USAID/Food for Peace	KM150057	13,924
	KM170010	105,515
	KM180037	20,000
	KM190027	24,000
	SM150540	3,001
	SM170218	19,612
	SM180388	9,050
	SM190297	28,000
WFP - Italy	SM160018	29,176
Yemen (World Bank Washington DC)	SM150627	377,370
Total Carry-over of Humanitarian Funds		70,349,020

Table 3: Thematic Humanitarian Contributions Received in 2021

Donor	Grant Number	Total Contribution Amount (USD \$)
Australian Committee for UNICEF	SM1899100472	315,715
	SM1899100905	115,195
Austrian Committee for UNICEF	SM1899100576	70,061
Belgian Committee for UNICEF	SM1899100368	87,197
Canadian UNICEF Committee	SM1899100131	592,779
	SM1899101039	17,370
Czech Committee for UNICEF	SM1899101004	245,447
Danish Committee for UNICEF	SM1899100835	276,723
Denmark	SM1899100939	6,740,045
Finnish Committee for UNICEF	SM1899100197	133,208
France	SM1899101055	353,774
French Committee for UNICEF	SM1899100219	118,906
German Committee for UNICEF	SM1899100006	6,148,370
Global - Thematic Humanitarian Response Thematic Fund	SM189910	1,055,002
	SM209910	624,785
	SM219910	6,881,961
Iceland National Comm for UNICEF	SM1899100499	233,313
International On-line Donations	SM1899100850	122,996
Japan Committee for UNICEF	SM1899100463	104,316
Luxembourg Committee for UNICEF	SM1899100327	364,246
Monaco	SM1899100982	58,617
Netherlands Committee for UNICEF	SM1899100343	172,970
New Zealand Committee for UNICEF	SM1899100147	95,840
Norwegian Committee for UNICEF	SM1899100091	244,704
Portuguese Committee for UNICEF	SM1899100229	72,326
Spanish Committee for UNICEF	SM1899100138	60,272
Swedish Committee for UNICEF	SM1899100340	118,078
Swiss Committee for UNICEF	SM1899100220	95,440
	SM2099100166	45,817
Turkish National Comm for UNICEF	SM1899100534	15,266
	SM1899100990	15,266
UNICEF Hungarian Foundation	SM1899101007	8,390

UNICEF Ireland	SM1899100390	202,711
	SM1899100717	202,711
	SM1899101035	687,968
UNICEF-Croatia	SM1899100409	15,518
UNICEF-Indonesia	SM1899101001	30,505
UNICEF-Malaysia	SM1899101002	26,048
UNICEF-United Arab Emirates	SM1899100722	23,553
United Kingdom Committee for UNICEF	SM1899100033	3,882,007
	SM1899100137	100,000
United States Fund for UNICEF	SM1899100012	159,775
	SM1899100042	163,305
	SM1899100591	1,486,514

6. Future Work plans

In 2022, UNICEF's humanitarian strategy will continue to be guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF HAC 2022 is aligned with the strategic objectives and cluster operational response plans. Life-saving health, nutrition, WASH, education, child protection, and social protection services will be delivered to 11.3 million people, including 8 million girls and boys.

The COVID-19 pandemic has further strained the fragile health system and exacerbated the underlying protection and gender-related vulnerabilities of children, adolescents, and women. UNICEF's COVID-19 preparedness and response plan, developed in April 2020, 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. UNICEF will continue implementing the preparedness and response plan to protect children and their families from exposure to the virus, minimizing mortality and supporting the continuity of services.

Health

UNICEF will focus on increased access to life-saving minimum health service packages, adhering to the continuum of care for mothers, new-borns and children in need. The interventions will mainly include the provision of operational costs to health facilities to ensure their effective functioning, and incentives, where appropriate, to the health service providers, will contribute to ensuring service continuity. In the context and another possible wave of COVID-19, support to the health care providers through provision of PPE will continue coupled with sensitization of staff on IPC best practices. Support to health care workers in the triage areas that were established with in-kind support, such as medicines, medicinal supplies, equipment both medical and non-medical (such as computers and furniture) and training equipment will also be ensured.

UNICEF will primarily support the implementation of activities through the GHOs and implementing partners in different Governorates across the country, mainly at primary health care facilities, with some selected hospitals for special new-born care services by establishing and operationalizing 24 Intensive New-born Care Units of secondary level. In 2022, UNICEF aims to reach over 5.5 million children with polio vaccines and 972,142 children under one with measles containing vaccines through routine immunization. In addition, UNICEF will support 2.5million children under five and women of childbearing age to access primary health care.

Nutrition

In 2022, UNICEF aims to contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutritional status of vulnerable groups (children aged 0-59 months, pregnant and lactating women, refugees, IDPs and host populations), through treatment and prevention of acute malnutrition and micronutrient deficiencies. The response in 2022 will include an integrated scaled up response to the nutrition crisis as outlined in the draft IPC findings. In 2022, UNICEF plans to admit 366,358 children aged 6 to 59 months with SAM for treatment. To achieve this, UNICEF is continuing with the expansion of treatment of children with SAM to all the 333 districts of Yemen. Additionally, UNICEF will aim to reach over 5 million children under five with micronutrient interventions for appropriate feeding. UNICEF will also continue to lead the Nutrition Cluster in 2022.

Child Protection

In 2022, UNICEF aims to reach 6 million children and women with gender-based violence risk mitigation, prevention, or response interventions and 1.9 million people with access to safe and accessible

channels to report sexual exploitation and abuse. UNICEF will continue focusing on supporting and strengthening the existing child protection system for sustainability, ensuring timely emergency services provision, and to strengthen investments in community-based structures to prevent violence, abuse, and exploitation. As grave violations against children continue, there will be a more strategic focus on scaling-up the Monitoring and Reporting Mechanism as part of the primary focus to protect children from grave child rights violations committed by parties to the conflict.

UNICEF will continue to scale-up the assistance of critical child protection preventive and response service provision in the areas identified in priority issues, exploring the coordinated efforts among relevant authorities and CSOs. Furthermore, UNICEF will make intentional efforts to seek better entry points to reach out to adolescent girls and boys while seeking to build their capacity to be an agent of change among their peers, families and communities.

UNICEF will continue its focus on the most vulnerable children, through the provision of life-saving and critical child protection support services in the most affected areas. Interventions will include targeted messages on mine risk education for 2 million children in schools, child-friendly spaces, and at the community level in areas affected by landmines and other explosive weapons.

UNICEF will also continue to provide psychosocial support to 900,000 children and caregivers to mitigate the impact of distress and build the resilience to cope with continued stressors. To avert an exacerbation of protection risks and respond to the impact of disrupted services, UNICEF will identify and respond to the most vulnerable, most in need, and most at-risk boys and girls with a package of critical child protection services. Interventions will include victim's assistance, family tracing and reunification, and prevention and response to gender-based violence and child recruitment.

WASH

UNICEF WASH interventions will focus on providing durable, cost-effective solutions that will help strengthen the resilience of local institutions and communities. UNICEF will provide immediate life-saving assistance including sustaining existing WASH services to mitigate exposure to disease in high-risk communities and avert further deterioration of humanitarian needs; support public institutions to reduce risks of COVID-19, and support health actors to reduce secondary contamination in health facilities. The programme will focus on securing uninterrupted access to safe water through the rehabilitation of the water supply networks, supporting alternative sources as a contingency supply in the face of frequent and long-lasting power cuts, provision of water disinfectants to counter disease outbreaks as well as emergency interventions in IDP shelters and host communities following population displacement. In 2022, UNICEF will target 6.8 million people to have access to sufficient quantity of safe water for drinking and domestic needs.

On the sanitation and hygiene front, UNICEF will support the rehabilitation of the damaged facilities as well emergency latrines, specifically in IDP settlements and areas at a higher risk of cholera outbreak; UNICEF provide safe means of excreta disposal for 3.4 million people in humanitarian situations. In 2022, UNICEF will continue to promote hygiene awareness in cholera high-risk areas, providing essential WASH non-food items (NFIs) including CHKs, basic hygiene kits, jerrycans, aqua tabs, together with key messages to 5.910,000 people.

Education

UNICEF's education programme plans to ensure sustained access to learning opportunities for conflict-affected children through a multi-pronged strategy focused on the following strategic interventions: (1) strengthening of the national education system of Yemen to provide and promote improved access to basic quality education services by strengthening national strategies to address inequalities and by strengthening the Education Management Information System (EMIS) to provide timely and quality

information; (2) provision of formal, non-formal and alternative learning opportunities, including early learning, for the most vulnerable boys and girls aiming to reach 500,000 with learning opportunities and 800,000 children with learning materials; and (3) improving school functionality and child-friendly learning environment by paying teacher incentives monthly for 15,000 teachers and through provision of WASH assistance in 250 schools.

As the Education Cluster co-lead, UNICEF will also pursue its efforts to build the national capacity (both Government and civil society) for improved emergency preparation and response, as well as increased resilience.

Social and Behaviour Change (SBC)

In 2022, UNICEF aims to reach 8,500,000 people through SBC engagement actions with a focus on hygiene promotion, diseases outbreaks response and vaccination campaigns, malnutrition response, GBV, back to learning and school-based engagement, and inclusion of Muhamasheen communities in engagement activities. UNICEF plans to streamline integrated programming within its response to ensure efficient and harmonized integration of SBC and community engagement interventions.

UNICEF will continue delivering a package of essential family practices through community-based resources to achieve positive behavioral outcomes that will bring about the desired health and nutrition impact. COVID-19 RCCE as well as vaccine demand creation in the south will be continued to tackle the transmission of COVID-19 at the community level and increase COVID-19 vaccine uptake.

UNICEF will continue implementing activities for evidence generation. including regular assessments, studies, and social listening to further inform and guide programming.

Social Protection

UNICEF aims at reaching 50,000 households with humanitarian cash transfers and enhance the access of about 200,000 vulnerable people from the poor, Muhamasheen and CWDs to integrated social protection and social services.

Rapid Response Mechanism (RRM)

UNICEF's RRM plans to ensure that the newly displaced families meet their immediate needs during the displacement period and until they reach a temporary settlement. Under the UNFPA-led RRM, UNICEF will coordinate with RRM partners to provide critical quick impact, lifesaving, multi-sectoral responses to highly vulnerable displaced families as a first line response. UNICEF will aim to provide RRM kits to 588,000 vulnerable IDPs in addition to basic learning kits to 33 per cent of the targeted population in the school age and life-saving WASH and nutrition services to 100,000 IDPs to meet their immediate needs while ensuring the safety and dignity of the beneficiaries in its response.

2022 Funding needs

In 2022, UNICEF is appealing for US\$ 484.4 million to meet the urgent humanitarian needs of the most vulnerable children and their families in Yemen. The appeal reflects UNICEF's requirements for the ongoing humanitarian and COVID-19 response. The overall appeal decreased from 2021, reflecting a change in the education component and reduced funding required for cluster coordination. Without timely funding, UNICEF and its partners will be unable to effectively address the needs of the most vulnerable children and families, who are suffering from the protracted and continuing armed conflict and its devastating impacts and from the crippling health and socio-economic consequences of the COVID-19 pandemic.

Annexes to the CER

Two-pager Reports and Donor Statements

A two-pager narrative report is provided for non-thematic emergency contributions from the following partners with a contribution amount of more than US\$ 100,000.

Donor	Grant Number
USAID/Bureau for Humanitarian Assistance (previous FFP)	KM200160
USAID/ Bureau for Humanitarian Assistance (previous FFP)	KM200162
USAID/ Bureau for Humanitarian Assistance (previous FFP)	SM200896
Sida/Sweden	SM210137
Austrian Committee for UNICEF	SM210940
USAID/ Bureau for Humanitarian Assistance (previous OFDA)	SM180589
USAID/ Bureau for Humanitarian Assistance (previous OFDA)	SM200674
Norway	SM200307
Norway	SM210177
German Committee for UNICEF	SM210848
United Kingdom Committee for UNICEF	SM210512
Swiss Committee for UNICEF	SM210142
Swiss Committee for UNICEF	SM210160
Republic of Korea	SM200625
Republic of Korea	SM210146
Canada	SM210187
Canada	SM210196
Canada	SM210814
Government of Austria	SM210017
Australia	SM210269

Aseel's story: a successful yet fragile recovery from malnutrition

09 February 2022



In June 2021, Aseel, 2 years old, was brought to Al-Sabeen hospital, in Sana'a, Yemen, because his parents were concerned that he looked very weak and would not eat. Aseel has been suffering from severe acute malnutrition since he was two months old. The health staff screened him by measuring his arm circumference. He stayed in the hospital for four days to receive treatment.

With contributions from donors such as Japan, UNICEF

supports 34 Therapeutic Feeding Centers like the one where Aseel was treated, providing inpatient care for children with severe acute malnutrition with medical complications. In 2021, with UNICEF support, close to 140,000 children aged 6 to 59 months suffering from severe acute malnutrition were admitted to therapeutic care and 3.1 million children received micronutrients including vitamin A. When he was admitted to the TFC, Aseel weighed only 4 kg. At the end of the treatment, he had managed to gain more than 2 kg.



Four months later, Aseel came back to the TFC for a follow-up. He was doing much better and had gained more weight. The doctors however warned that his recovery was a long-term process and he had not yet defeated severe acute malnutrition. Health staff were happy to see his cheeks were looking much more like a healthy two-year-old's.

The staff at Al-Sabeen even managed to get a smile out of him while he was being weighed and examined!



Support to Therapeutic Feeding Centers is crucial to enable UNICEF to maintain its response to the malnutrition crisis children in Yemen are currently facing. UNICEF also procures and delivers essential nutrition supplies to TFCs, supports the functionality of 180 Mobile Teams to reach the most hard-to-reach children and mothers, internally displaced people in the areas with highest needs in Yemen. Over 2.3 million children in Yemen are threatened by acute malnutrition and over 400,000 are at risk of severe acute malnutrition. Their lives are at stake.

Rebuilding life from a box

05 August 2021

Fractured by 49 front lines that span Marib, Al Jawf, Al Hoidedah, and Taizz governorates, Yemen's six-year war has displaced over 4 million citizens – and, in many cases, multiple times. Airstrikes on homes, schools, and marketplaces, and the indiscriminate shelling of neighborhoods have left women and children particularly vulnerable to sudden upheavals. Often, they have to leave the only life they have ever known behind them, and with nothing more than the clothes on their backs.



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When they finally arrive at their new “home”, they find themselves in dangerously overcrowded camps, with substandard healthcare and inadequate access to clean water, sanitation, and essential services. Approximately 40 percent of the most vulnerable displaced families have no income, and one in four displaced families is headed by a woman or a girl.

A street in Shaab 2 Camp in Aden. This camp was prioritized for the distribution of rapid response kits through UNICEF, WFP, and UNFPA.

Recently, 49-year-old Salem Jaber Omar Jaber was forced to flee Al Hodeidah governorate with his wife and eight children. Three weeks ago, the family arrived at the Shaab 2 Camp to begin their new life.

“We had to leave our home suddenly, carrying nothing with us except the clothes we were wearing. Soon after we arrived at our camp, we were given three boxes from UNICEF’s emergency response project”, he explains.



Salem Jaber, 49, who has been displaced from Al Hodeidah governorate, washes his hands in front of the tent that now serves as his home

“Although it may seem like a simple thing, these kits have made a major difference, because, on top of being displaced, I am unemployed”

The boxes, distributed under UNICEF's Rapid Response Mechanism (RRM) together with partners, contained food items, hygiene items such as soap and sanitary napkins composing a “dignity kit”, and a family hygiene kit with detergent, towels and other items for the family.



A mother in Shaab 2 Camp in Aden, Yemen, has just picked up a family hygiene kit provided by UNICEF which will help her family meet some of her basic needs in the camp.

Camp coordinator Samih Ahmed Saleh Hassan distributes bags to people who have been displaced for less than two months and who need to start over with limited supplies and resources at the Shaab 2 Camp.

One of the difficulties the coordinators have to navigate is that “some displaced people end up having to move from one area to another, so it is difficult for us to reach and deliver kits to them on a regular basis,” Samih explains.

Since May of 2021, more than 118,600 displaced people have received a rapid response kit that has met their basic needs and enabled them to live with dignity during a time of great upheaval.

A rapid response mechanism is an emergency response modality for delivering humanitarian aid to vulnerable people, including children, displaced by ongoing insecurity in Yemen. UNICEF works with a consortium of NGOs to help get lifesaving supplies to people when they are most vulnerable.

Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the form in the below link for the above-mentioned report. Thank you.

[UNICEF Donor Feedback Form](#)