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Reporting Period: 1 – 30 April 2021

Yemen Country Office Humanitarian Situation Report




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Highlights

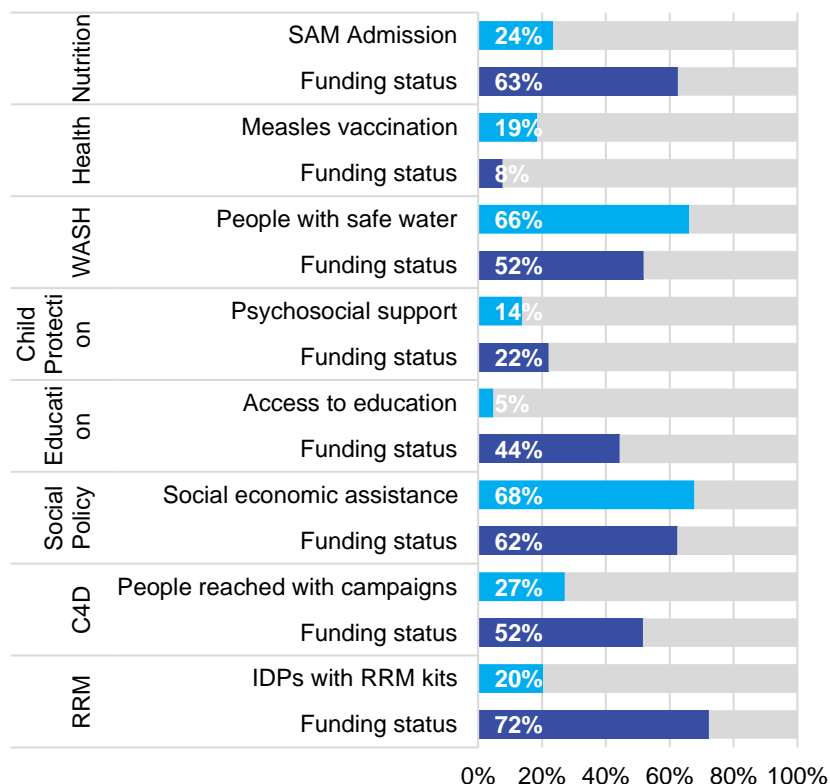
- As of 2 May 2021, a total number of 6,325 COVID-19 officially confirmed cases were reported in Yemen, with 1,229 associated deaths and 2,794 recovered cases. The confirmed fatality rate (CFR) has reached 19.4 per cent.
- The COVID-19 vaccination campaign was launched on 20 April with a focus on vaccinating high-risk individuals and health care workers. A total of 7,482 health care workers, 5,715 adults aged 60 years and above, and 3,620 individuals with chronic diseases and co-morbidities received their first dose of the AstraZeneca vaccine in April.
- Heavy rains during the month of April affected a total of 34,465 people in 265 IDP sites and in host communities that require WASH assistance. Under the coordination of the WASH cluster, UNICEF conducted an assessment and has mobilized partnership arrangements and resources to respond to this need.
- Humanitarian access to some of the most vulnerable communities near to conflict points remains a challenge. As of April, 29,512 IDPs were displaced, with the majority of displacement waves coming from Ma'rib, Hodeidah, Taiz and Al-Jawf, as internal displacement within the governorate towards safer districts increased or towards other governorates.

Situation in Numbers

(OCHA, 2021 Humanitarian Needs Overview)

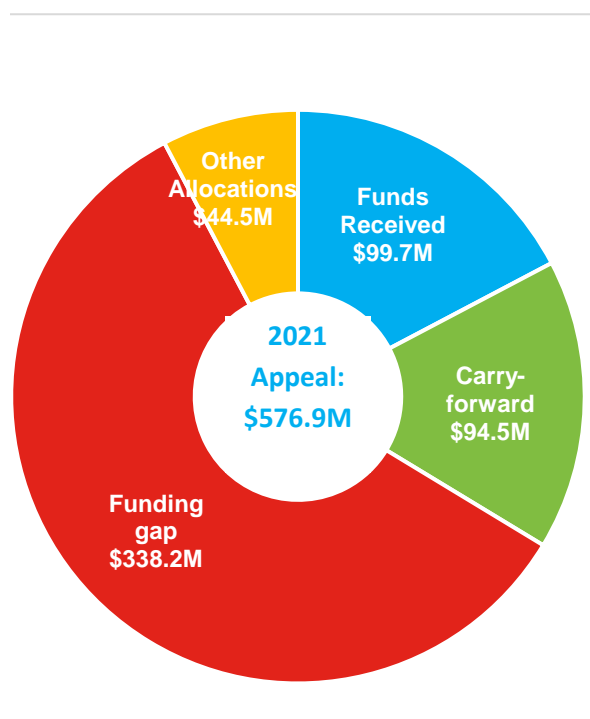
-  **11.3 million** children in need of humanitarian assistance
-  **20.7 million** people in need
-  **1.58 million** children internally displaced (IDPs)

UNICEF's Response and Funding Status



Funding Status

2021 Appeal: \$576.9M



Funding Overview and Partnerships

The Yemen Humanitarian Action for Children (HAC), which is currently aligned to the 2020 Yemen Humanitarian Response Plan (YHRP), appeals for \$576.9 million in 2021; the HAC is being revised to align to the 2021 YHRP. The COVID-19 response is integrated into programmes planned within the HAC. A total of \$94.5 million was carried forward from 2020, with an additional \$44.5 million available from other contributions.¹ As UNICEF continues to actively fundraise for its 2021 HAC appeal, \$99.7 million has been received as of 30 April, for a total of \$238.7 million funds against the HAC. This leaves a funding gap of \$338.2 million, or 59 per cent of the total amount required to continue UNICEF's lifesaving work in Yemen. The generous contributions received during the reporting period came from: the Governments of Denmark, Japan, the Republic of Korea, Monaco, Norway, and Canada and Sweden as well as the Famine Relief Fund. In addition, funds were received from the National Committees for UNICEF from Germany, Austria, Switzerland, the UK, Ireland and Portugal.

Situation Overview & Humanitarian Needs²

Since the conflict in Yemen began more than six years ago, it remains the worst humanitarian crisis in the world, with 20.7 million people – 71 per cent of the total population – in need of humanitarian assistance. The conflict has left three million people, including 1.58 million children, internally displaced. 138,000 additional people have become migrants and 137,000 people are seeking asylum abroad.

While UNICEF continues its lifesaving interventions, severe acute malnutrition (SAM) continues to plague children under five. Nutritional needs continued to rise throughout April, with more than 395,195 children suffering from SAM and 2.25 million children facing acute malnutrition, according to the Integrated Food Security Phase Classification (IPC). The lack of funding for emergency WASH interventions continues to undermine the integrated response. More than 15.4 million people urgently need assistance to access WASH services which are linked to drivers of malnutrition. This shortfall also heightened the risk of COVID-19 as well as other waterborne diseases, including cholera. Approximately 20.1 million people need health assistance. Women and children continue to be disproportionately affected, with 4.8 million women and 10.2 million children needing assistance to access health services during the reporting period.

As of 2 May 2021, a total number of 6,325 COVID-19 officially confirmed cases were reported in Yemen, with 1,229 associated deaths and 2,794 recovered cases. From mid-February, the country has experienced a second wave of COVID-19 cases and deaths. The peak of this second wave was recorded during the reporting period and a continuous decline of new cases and deaths was observed up to May 2nd. In April 2021, about 1,090 COVID-19 cases and 290 deaths were reported leading to a case fatality rate of 26 per cent, which strongly suggests figures are being under-reported. The COVID-19 vaccination campaign was launched in 13 southern governorates on 20 April 2021 through fixed facilities and a temporary outreach strategy.

Health saw gains in immunization coverage during the reporting period, with the first phase of the second round of Integrated Outreach Round (IOR) in Sa'ada governorate reaching a total of 95,369 children. This brought the total number of children throughout the country receiving vaccinations in April to 284,326. UNICEF continued to coordinate closely with the Ministry of Public Health and Population (MoPHP) to ensure implementation of at least the second IOR in the remaining target governorates before June 2021 and 2-3 rounds of IOR in the second half of 2021. Meanwhile, discussions are ongoing with MoPHP to implement measles and diphtheria outbreak response activities based on the availability of funds. Measles outbreaks have been reported in five governorates including Sa'ada (1,181 cases), Sana'a city (414 cases), Amran (259 cases), Hajjah (223 cases) and Sana'a (213 cases).

During the month of April, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 19 incidents of grave violations against children, of which 18 were verified. All the verified violations this month pertained to child casualties, including five children killed (40 per cent girls), and 25 children maimed (25 per cent girls), by various parties to the conflict. Most of the incidents documented and verified were in the governorates of Taiz (five), Hodeidah (four), and Ma'rib (three), reflecting the continued intense fighting along frontlines in these areas. These are only figures that the UN has been able to verify to date; the actual number of incidents might be higher than this.

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

² The figures on people in need come from the 2021 Humanitarian Needs Overview (HNO). The 2021 UNICEF Yemen HAC will be revised during the second quarter to align to the new Yemen Humanitarian Response Plan and HNO.

Summary Analysis of Programme Response

Acute Watery Diarrhea (AWD)/Cholera Response

Between 1 January – 21 April, 2021, 15,417 AWD/cholera suspected cases and two associated deaths were reported, with a 0.01 per cent case fatality rate (CFR). Most cases were reported in Sana'a and Hodeidah Governorates. The figures decreased from the same period of 2020 when 101,366 suspected cases and 26 associated deaths with a 0.03 per cent CFR were recorded. The available data shows that the figures have been stable, and UNICEF continued to closely monitor cholera suspected cases and associated deaths.

Implementing partners continued to support communication and social mobilization interventions for AWD/cholera prevention. Community volunteers, religious leaders, and members of Mother-to-Mother clubs reached 465,232 people with messages and interventions on AWD/cholera and key family practices for child survival through house-to-house visits, community meetings/events, and awareness sessions in mosques.

Health and Nutrition

During the reporting period, 28,709 cases (54 per cent female) were screened for COVID-19 in UNICEF-supported triage centres, and 716 suspected cases (46 per cent female) were referred for treatment at isolation centres in southern governorates. The COVID-19 vaccination campaign was launched on 20 April, focusing on vaccinating high-risk individuals and health care workers. In March 2021, a shipment of 360,000 doses of the COVID-19 vaccine arrived in Aden, of which a total of 7,482 health care workers, 5,715 adults aged 60 years and above, and 3,620 individuals with chronic diseases and co-morbidities received their first dose of the AstraZeneca vaccine in southern Governorates.

To support the ongoing work in COVID-19 Isolation Units/Centres, UNICEF provided 400 oxygen cylinders and 30 oxygen concentrators in four governorates in the south (Aden, Lahaj, Abyan, and Al-Dhale'a), and 21 mechanical ventilators to six isolation centres in five governorates in the north (Amanat Al-Asimah, Sana'a, Dhamar, Sa'ada, and Hodeidah).

To maintain the quality of cold chain supply for storing all vaccines, a total of 63 solar directive-drive (SDD) fridges were installed in April in 12 governorates. A total of 318 SDD fridges have been installed in the country since January 2021. Yemen COVAX cold chain equipment support was approved by the Gavi Independent Review Committee (IRC) to install 86 SDD refrigerators at district levels, as well as two walk-in cold rooms at the central level.

By the end of April 2021, UNICEF oriented a total of 8,629 staff (out of the total planned 20,000) on infection prevention control (IPC) and personal protective equipment (PPE) as part of the COVID-19 response. These staff then provided training to 43,805 healthcare providers from 3,376 health facilities throughout 286 districts in 23 governorates. In addition, 64 triage areas were established and supported by UNICEF in four governorates in the north (Amanat Al Asimah, Dhamar, Amran, & Ma'rib) and 60 triage areas in 10 governorates in the south (Aden, Abyan, Lahaj, Al-Dhale'a, Taiz, Shabwah, Al-Mukalla, Sayu'n, Al-Maharah and Socotra). However, the work was suspended at those centres due to a lack of funds available for operational support as of the end of April.

UNICEF continued to support the immunization programme in Yemen through the delivery of vaccines. During the reporting period, two shipments of vaccines, including 950,000 doses of Pentavalent, 756,200 doses of Measles-Rubella, 610,130 doses of Tetanus-Diphtheria, 267,150 doses of inactivated polio vaccine (IPV), 910,500 doses of Rota, 776,400 doses Bacille Calmette-Guérin (BCG), and 3,149,400 doses of bivalent oral polio vaccine (bOPV), were delivered to the country.

As part of supporting the strengthening of the health system, UNICEF supported four training sessions for 120 data focal points in two governorates (Amran and Raymah). This comes as part of the implementation of the plan to establish and implement the national health information system (DHIS2) with the Ministry of Health. The training focused on key health services: Integrated Management of Childhood Illness (IMCI), Expanded Programme on Immunization (EPI), Reproductive Health (RH), and nutrition.

UNICEF and partners continued to support the scale-up of the integrated Community Management of Acute Malnutrition (CMAM) programme in response to the malnutrition situation, particularly in the 209 deteriorated districts that were classified in the last Integrated Food Security Phase Classification (IPC) Acute Malnutrition (IPC AMN) analysis. Since the beginning of 2021, a total of 1,193,585 children under five years of age were screened for malnutrition in health facilities and other interventions including through mobile teams, community health and nutrition volunteers,

and integrated outreaches. 68,162 children with severe acute malnutrition (SAM) were admitted for treatment without complications. 88 per cent of the admitted children were cured. On the prevention side, 279,331 children received deworming tablets, and 367,898 children received micronutrient sprinkles. 18,129 children were also reached with Vitamin A. In addition, a sum of 334,148 mothers received iron folate supplementation, and 518,430 mothers received Infant and Young Child Feeding (IYCF) consultation.

Under the acceleration plan to address the nutrition crisis, all required supplies were ordered. 150 mobile teams were established in 15 governorates, and Mid-Upper Arm Circumference (MUAC) screening was carried out in 24 districts. Preparation for the establishment of 230 new outpatient therapeutic programmes (OTPs) and 10 therapeutic feeding centres (TFCs) is in its final stages, in line with the Famine Relief Fund (FRF) plan.

The SMART Survey Steering Committee meeting was held in which the SMART survey plan was adopted and endorsed. Surveys are set to start in June and continue until November, with technical support from Action Contre la Faim (ACF) and Global SMART. The Nutrition Information System Review, supported by the Foreign, Commonwealth and Development Office, is in the final stages, and the preliminary report was shared (final report will be shared early May). Dedicated human resources support from ACF and Global SMART for Nutrition Information will commence in May to augment the support already provided for SMART surveys.

The new nutrition cluster Strategic Advisory Group (SAG), IYCF, and CMAM technical working groups (TWGs) were formed both in Sana'a and Aden by the permanent SAG members (UNICEF/WFP/WHO/MOPHP/Nutrition cluster coordination team), appointing new NGOs to be members in the above groups. The Nutrition Cluster 2021 annual work plan and the Cluster Coordination Performance Monitoring (CCPM) exercise were finalized in Aden. These were built on the initial inputs provided by partners in Sana'a in March. The nutrition cluster led coordination planning workshops for a multi-sectoral response, guided by the IPC-AMN 2020 results completed in Sana'a and Hodeidah hubs. Aden hub completed the workshops in February, while Ibb and Sanaa are expected to be completed in early May.

Water, Sanitation and Hygiene

Heavy rains during the last week of April affected families in host communities and IDP sites in 12 governorates. A total of 34,465 people in 265 IDP sites and host communities have been affected and need WASH assistance. Under the coordination of the WASH cluster, UNICEF conducted an assessment and mobilized partnership arrangements and resources to respond to the needs through the Emergency Unit/General Authority for Rural Water Supply Projects (GARWSP), Benevolence Coalition for Humanitarian Relief (BCHR) and Taybah Foundation in various locations.

During the reporting period, UNICEF supported the emergency response teams (ERTs) which continued to operate in Ma'rib. These five teams are equipped with the supplies, transportation, and technical capacity to respond quickly to any new needs, from cholera to nutrition arising from displacements and movements of people.

April also saw the commencement of the WASH components for the multisectoral nutrition response, targeting nine priority districts in Aden (two), Hadramout (three) and Lahj (four) in 110 urban and rural communities with the highest SAM cases. WASH interventions covered increased water supplies, the distribution of WASH kits, and accelerated hygiene promotion/community mobilization with integrated nutrition messages. During the month, a fuel subsidy of 900,000 litres was delivered to four urban water supply centres in Aden, Lahj, and Mukalla city managed by the Local Water and Sanitation Corporations (LWSCs) which effectively boosted the water supply for 60 urban communities that are connected to the public network.

A total of 1,686 cases of cholera were reported in the south. The governorate of Taiz continued to present the highest number of cases (65 per cent of the caseload, followed by Abyan at 16, Al-Dhale at 11, and Lahj at eight per cent).

As part of its response, UNICEF continued to support water trucking, chlorination of the trucked water, and monitoring of water quality at all water distribution points. This benefited 19,067 people in five targeted districts (Al-Hazm, Al-Maton, Al-Ghayl, Al-Maslub, and Al-Khaleq) in the Al-Jawf governorate. With UNICEF-supported fuel (balance from March distribution), 360,000 people in Amran and Dhamar governorates were provided with a safe water supply. In addition, 8,410 people in Al-Jawf and Socotra governorates were provided with improved water supply sources through the rehabilitation of the existing water supply systems. Two health facilities in Ma'rib were provided with a water supply, benefiting a total of 1,531 patients every day. Three IDP schools in Al Jufainah IDP camp and Al-Wadi camp were connected to water supply, benefiting 5,278 school children (48 per cent girls).

UNICEF continued to support Water Quality Monitoring of the existing water supply sources during the reporting period. Distribution points continued in Al-Hazm, Al-Maton, Al-Ghayl, and Al-Khaleq districts in the Al-Jawf governorate, benefiting 13,434 people. In the Ma'rib governorate, 126,282 people (60,000 host communities (HC) and 66,282 IDPs) from Ma'rib city, Sirwah, Al Wadi and Jubbah districts benefited.

In addition, 29,058 consumable hygiene kits (CHKs), 2,500 basic hygiene kits (BHKs), chlorine tablets (139,945 of 33mg chlorine tablets of aqua tabs of 33mg each and 76,011 aqua tabs of 1.67g each) and jerrycans (15,084 10 litre jerrycans and 1,162 20 litre jerrycans) were distributed for improved household drinking water treatment and storage, integrated with hygiene promotion. These supplies were distributed in partnership with the Emergency Unit of the Ministry of Water and Environment (MoWE) in the south, as well as different WASH partners in Taiz and Ibb governorates and Rapid Response Teams (RRTs) in Sa'ada and Al-Jawf. A total of 290,671 people, including 148,242 children, benefited from these UNICEF-supported WASH non-food items (NFI) distribution and hygiene promotion.

As part of the response to the COVID-19 pandemic, UNICEF supported the distribution of 133,652 household disinfectant kits, benefiting 160,720 people in 12 governorates (Aden, Al Dhale'e, Abyan, Lahj, Al Bayda, Shabwah, Hodeidah, Al Mahra, Socotra, Hadramout, Taiz and Ma'rib). UNICEF also supported the isolation centre in Zaid Hospital in Al-Amanah, with 7,000 CHKs distributed to enhance hygiene practice.

Child Protection

Despite the ongoing challenges, 47,075 conflict-affected people were reached through mine risk education (MRE) activities, including 18,271 children (44 per cent girls) and 28,804 adults (41 per cent) in Abyan, Ibb, Ma'rib and Sana'a governorates. MRE was delivered in schools and child-friendly spaces, as well as through community campaigns with COVID 19 preventive measures during the reporting period.

Through a network of fixed and mobile child-friendly spaces, UNICEF provided psychosocial support (PSS) services to 46,114 people, including 36,280 children (48 per cent girls) and 9,834 adults (66 per cent women), across 12 governorates (Abyan, Al Bayda, Al Hodeidah, Al Jawf, Amran, Dhamar, Hadramout, Hajjah, Ibb Raymah, Sa'ada, and Sana'a). A total of 48,088 children and primary caregivers were provided with community-based mental health and psychosocial support.

Through the case management programme, UNICEF continued to support the referral and provision of critical services, including health, education, PSS, family tracing and reunification, alternative care, and other services for children. 1,335 children (42 per cent girls) were identified by trained case managers and received at least more than one of these services.

The Child Protection (CP) Area of Responsibility (AoR) continued to focus on improving the participation of key child protection actors in line with the Inter-Agency Standing Committee (IASC) six core functions. One of the focuses in the reporting period was on supporting the services delivery for child protection. The CP AoR underwent a membership revision process to ensure the effective participation of active actors in the cluster's activities which will be finalized in May. This will also contribute to informing gaps and needs analyses during the response, which will be used to develop an advocacy strategy for CP AoR. The CP AoR will continue to link with other key sectors such as education, nutrition, and health among others to ensure that the response to children's needs will be integrated into other sectors' responses.

Education

UNICEF continued its multi-pronged strategy to ensure continuity of learning for all children in Yemen. While the number of COVID-19 cases continued to rise, UNICEF and the Ministry of Education continued collaborating to ensure schools provided a healthy and safe environment for face to face learning across Yemen. The distribution of cleaning materials to 224 schools in Amanat al Asimah was completed, benefiting 323,538 children (62 per cent girls). WASH facilities in 27 schools were improved, reaching 18,368 children (42 per cent girls) in Ibb, Sa'ada and Hajjah. Additionally, the results in March from 28 schools trained on safe-school protocols including preventative measures, social distancing, and health-education messaging in Ibb were reported in April with 902 teachers (39 per cent women) benefiting from this intervention.

Through the rehabilitation of 42 schools in Abyan, Ad Dali, Aden, Al Bayda, Al Jawf, Amran, Hadramawt, Lahj, Sana'a and Shabwah governorates, UNICEF reached 39,990 children (49 per cent girls). The distribution of 400 whiteboards in 197 schools in the Hajjah governorate has benefitted 74,068 children (40 per cent girls) by providing spaces conducive to learning.

The Education cluster facilitated two meetings with cluster partners and the Ministry of Education in Aden and Sana'a during the reporting period to call for their support with the official national exams. In addition, several coordination meetings took place to strengthen the established coordination function in response to the escalated conflict and increased displacement in Ma'rib.

Social Protection and Inclusion

In April 2021, UNICEF successfully completed the second payment cycle of the Humanitarian Cash Transfers (HCTs) initiative within the Integrated Model of Social and Economic Assistance and Empowerment (IMSEA). The cash disbursement took place between 19-27 April and targeted 21,548 households from the Muhamasheen community living in slums and that included families with children with disabilities (CwD). The geographical areas covered by the initiative included the governorates of Sana'a, Amanat Al Asimah, Aden (only Muhamasheen) and Ibb (only families with CwD). Only the households registered in the project upon successful verification of identity were considered for payment. Most families were entitled to collect 30,000 YER³ per beneficiary case per quarter, with the exception of families with more than one child with a disability, who are entitled to collect 45,000 YER⁴ per beneficiary case per quarter. A total of 21,042 household beneficiaries collected their cash (preliminary results, pending final reconciliation), or 97.7 per cent of the target. These strong results were achieved through close coordination and collaboration with the Social Welfare Fund (SWF), Handicaps Care and Rehabilitation Fund (HCRF) and payment agencies. During the cash disbursement, regular supervisory calls were held with payment agencies to ensure timely delivery.

UNICEF will be working with SWF and HCRF to reach out to the remaining 2.3 per cent of beneficiaries to understand reasons and/or bottlenecks that prevented them from collecting their cash. Eligible cases from these beneficiaries will be able to collect their cash during the next payment cycle planned for July 2021, along with their next payment. In the same month, the case management of the IMSEA project was resumed. During the first quarter of 2021, the case management component was put on hold to enable a review of the 2020 experience, to determine lessons learned, and to give the Social Welfare Fund (SWF) time to obtain the required renewal of clearances from local authorities. Case managers were able to reach 38,576 Muhamasheen family members living in slums who are targeted by the IMSEA project. Case managers focused on delivering key messages to family members on COVID-19 preventive measures and nutrition-related messages. In addition, they ensured capturing and reporting any update in beneficiaries' information (including births, deaths, etc.) in order to be reflected in the IMSEA beneficiaries database. Finally, case managers played a key role in the outreach and facilitation of the HCT activity which was implemented during the month of April targeting the IMSEA beneficiaries.

Communication for Development (C4D)

In the reporting period Community volunteers and religious leaders continued engagement with communities reaching 1,051,533 people with COVID-19 messages through various interpersonal communication activities, including house-to-house visits, Mother-to-Mother (M2M) sessions, community gatherings, women's social events (engaging 95,664 people) and awareness sessions in mosques, particularly during Jumma prayers (reaching 995,869 people). Additionally, about 88,000 people were reached through WhatsApp groups created by religious leaders, community volunteers and members of M2M clubs.

Risk Communication and Community Engagement (RCCE) interventions to support the integrated shielding initiative continued in three districts in the Aden Hub and ensured that populations and 40,000 high-risk households have the knowledge and skills to adopt COVID-19 prevention behaviours to reduce human to human transmission and protect the highest risk individuals from infection. At least 8,262 beneficiaries were sensitized on the principles of shielding as well as disinfection and household-level infection prevention and control. They were also provided with information on COVID-19 prevention and services, including procedures for seeking care when someone has symptoms of the disease. Culturally appropriate communication materials on COVID-19 were disseminated to strengthen interpersonal communication.

³ Equivalent to about \$50

⁴ Equivalent to about \$75

Mass media interventions included developing a variety of TV and radio flashes aired through six TV channels and 40 radio stations, along with public service announcements as well as discussion and phone-in programmes.

As part of the support for the integrated multi-sectoral response to malnutrition in Yemen, community volunteers and members of Mother-to-Mother clubs continued engagement with communities to promote positive nutrition practices and increase demand for health and nutrition services. Mass media support was continued for the malnutrition response through 23 community radios stations which aired nutrition messages through flashes, public service announcements and discussion programmes, reaching an estimated 4 million people during the reporting period.

Rapid Response Mechanism

The humanitarian situation in Ma'rib continues to be of concern. The escalation of violence continued during April, with no significant change on lines of control. Displacement of civilians continued across districts. People's lives continue to be impacted every day by the fighting and thousands are being displaced from their homes and internally displaced persons (IDPs) sites. Conflict continued as well as in the hotspots in Hodeidah, Taiz and Al Jawf.

Humanitarian access to some of the most vulnerable communities close to the conflict points remains a challenge. As of April, 29,512 IDPs were displaced, with most displacement waves coming from Ma'rib, Hodeidah, Taiz and Al-Jawf, as internal displacement within the governorate towards safer districts increased or towards other governorates. UNICEF, along with UNFPA and WFP, continued to reach displaced populations at frontlines with first-line response packages. The Rapid Response Mechanism (RRM) reached an additional 5,601 newly displaced (39,207 individuals) with RRM kits that include essential hygiene items and other supplies including food, family basic hygiene kits, and female dignity kits. RRM kits are designed to meet the most critical and immediate needs of displaced families who are uprooted suddenly from their homes.

Supply and Logistics

The movement of supplies distributed from UNICEF warehouses in northern Yemen to the south remained a challenge during the reporting period as these supplies were regularly subjected to exceptional clearance measures by the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA).

Offshore/cross-border movement of supplies continued to require double customs clearance for crossing between the north and south, causing notable delays in the delivery of supplies.

The Yemen Metrology and Standards Organization (YSMO) required all nutritional supply shipments arriving at Hodeidah port and destined for northern Yemen to be shipped using reefer containers. This increases the cost of operations as reefers, eventually leading to delays in shipping nutrition supplies from Salalah to Hodeidah. UNICEF is working closely with MoPHP to come to agree on a way forward with YSMO.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as written in the [situation report for January 2020](#). The UNICEF COVID-19 preparedness and response plan also remained the same as described in the [situation report for April 2020](#). The Humanitarian Response Plan was finalized in March, and the Humanitarian Needs Overview for 2021 is being finalized. UNICEF's strategy will be updated as needed to align with both.

Human Interest Stories and External Media

Reaching Yemenis in Need: Essential Healthcare Services for Rural Communities



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The Yemen Emergency Health and Nutrition Project (EHNP) project aims to strengthen the deteriorated health system in Yemen to provide vulnerable children and their families with essential primary health services.

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

External Media

[Receiving and unloading the COVAX shipment](#)



[COVID-19 Vaccine distribution](#)



[Integrated Outreach Activity Result in 2020](#)



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Annex A

Summary of Programme Results⁵

		UNICEF and IPs response			Sector response		
Sector	Overall Needs	2021 target	Total results	Change since last report	2021 target	Total results	Change since last report
Nutrition							
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	325,000	289,402	68,162	23,479▲	320,108	68,162	23,479▲
Number of children aged 6 to 59 months receiving vitamin A supplementation every six months	4,766,718	1,800,000	18,129 ⁶	7,630▲	4,633,443	18,129	7,630▲
Health							
Number of children aged 0 to 12 months vaccinated against measles	20,100,000	972,142	180,099	72,435▲			
Number of children aged 6 to 59 months vaccinated against polio		5,535,816	- ⁷	-			
Number of children and women accessing primary health care in UNICEF-supported facilities		2,500,000	757,953	338,309▲			
Number of health care facility staff and community health workers provided with personal protective equipment		25,000	10,763	- ⁸			
Water, Sanitation & Hygiene ⁹							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,400,000	6,800,000	4,891,710	394,286	8,826,986	3,603,894	1,181,253▲
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		5,910,000	991,778	451,391	4,529,704	1,065,858	526,472▲
Number of people in humanitarian situations reached with messages on appropriate hygiene practices		5,910,000	782,408	290,671	5,767,919	976,520 ¹⁰	391,184▲
Number of people in humanitarian situations accessing safe means of excreta disposal		3,400,000	1,426,281	- ¹¹			
Child Protection, GBVIE & PSEA							
Number of children and caregivers accessing mental health and psychosocial support	8,600,000	900,000	124,471	46,114▲	990,000	133,338	48,088▲
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions		6,100,000	46,786 ¹²	46,786▲			
Number of people with access to safe channels to report sexual exploitation and abuse		500,000	46,786 ¹³	46,786▲			
Number of children accessing explosive weapons-related risk education and survivor assistance interventions		2,160,000	273,029	47,075▲			
Education							

⁵ These figures reflect the current 2021 HAC.

⁶ Vitamin A is distributed through Polio vaccination campaigns, which had not yet occurred as of April 2021.

⁷ No progress has been made as the planned Polio campaign in the northern governorates was delayed by MoPHP. UNICEF and WHO are following up with MoPHP on implementation.

⁸ No progress has been made as there was excess quantity from 2020 of personal protective equipment. UNICEF is currently reviewing the situation with MoPHP to determine what is needed.

⁹ Cluster figures have been amended to reflect only the aggregated numbers from the various clusters, not including UNICEF cumulative figures. These will therefore appear lower initially but avoid double counting.

¹⁰ Hygiene promotion is conducted by RRTs which have recently resumed. Additionally, approvals are being sought from authorities to conduct activities in some governorates.

¹¹ UNICEF wastewater treatment support has been suspended since January, while construction of emergency latrines will begin in May 2021. Achievements for this indicator will be low for the next 3 months.

¹² Due to the month of Ramadan, the speed of the implementation of the activities by partners dropped, that resulted in slow progression towards the target.

¹³ Due to the month of Ramadan, the speed of the implementation of the activities by partners dropped, that resulted in slow progression towards the target.

Number of children accessing formal and non-formal education, including early learning	8,100,000	850,000	40,885 ¹⁴	16,413▲	790,750	138,463	24,759▲
Number of children receiving individual learning materials		850,000	100,271	52▲ ¹⁵	872,000	216,985	56,503▲
Number of schools implementing safe school protocols (infection prevention and control)		1,000	229	- ¹⁶	4,600	462	6▲
Number of teachers receiving teacher incentives each month		160,000	400 ¹⁷	400▲	181,603	9,142	365▲
Social Protection & Cash Transfer							
Number of households reached with humanitarian cash transfers across sectors		30,000	21,042	21,042▲			
Number of people benefiting from emergency and longer-term social and economic assistance		150,000	101,570	38,576▲			
C4D, Community Engagement & AAP							
Number of people participating in engagement actions for social and behavioural change		8,000,000	2,171,020	1,051,533▲			
Rapid Response Mechanism							
Number of vulnerable displaced people who received Rapid Response Mechanism kits		500,000	101,892	39,207▲			

¹⁴ Low progress can be attributed to the disruption of the school year due to COVID-19.

¹⁵ The distribution of learning materials for children was finalized for this academic year. During the summer school break, UNICEF will prepare the distribution of learning materials for the next academic year.

¹⁶ Due to closure of schools in April, no progress against this indicator in April

¹⁷ This number represents results only from a project implemented in the south of the country. The larger programmes on teacher incentives, which include performance-based payments and Rural Female Teachers, have not taken place yet. They will start being implemented in June.

Annex B

HAC Funding Status¹⁸

Appeal Sector	2021 Requirements (\$)	Funding Received Against 2021 Appeal (\$)	Carry Forward From 2020 (\$) ¹⁹	Other Allocations Contributing Towards Results (\$) ²⁰	Funding Gap	
					\$	%
Nutrition	119,875,460	58,994,919	15,996,212		44,884,329	37%
Health	158,351,425	1,966,731	10,133,889		146,250,805	92%
Water, Sanitation and Hygiene	120,571,656	11,806,249	26,437,754	28,278,451	54,049,202	45%
Child Protection	48,223,500	4,298,702	5,573,974	752,354	37,598,471	78%
Education	92,712,000	5,422,637	20,178,156	15,465,561	51,645,646	56%
Social Policy	11,300,000	5,095,228	1,953,509		4,251,263	38%
C4D	12,320,000	32,788	6,323,936		5,963,276	48%
RRM	6,500,000	1,899,423	2,801,112		1,799,465	28%
Cluster Coordination	7,000,000	49,990	249,773		6,700,237	96%
<i>Being allocated</i>		10,151,701	4,725,151		14,876,852	
Total	576,854,041	99,718,368	94,373,466	44,496,365	338,265,842	59%

¹⁸ Funds Available' as of 30 April 2021 and includes 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.

¹⁹ Carry forward does not include funds received in 2020 for COVID-19 activities not included in the 2021 HAC (such as health worker hazard payments and ECT top up

²⁰ This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2021 HPM results.