



Reporting Period: 1 January – 31 December 2020

Yemen Country Office Humanitarian Situation Report



Highlights

- 2020 saw the on-going conflict intensify, with conflict and sporadic clashes across 43 active frontlines that affected millions of Yemenis across the country throughout the year. 4.4 million internally displaced persons (IDPs), including 1.7 million children, were heavily impacted by the ongoing conflict. Overall, the population was vulnerable to disease outbreaks, natural disasters, and socio-political and economic contexts.
- As of 31 December 2020, UNICEF had an overall HAC funding gap of 29 percent, or \$124 million of the total appeal amount. Funding is urgently needed for 2021 to continue UNICEF's lifesaving programmatic work.
- COVID-19 shaped much of 2020, impacting service and programme delivery. 2,101 COVID-19 officially confirmed cases were reported in Yemen, with 610 associated deaths and 1,396 recovered cases, a 29 per cent Case fatality Rate (CFR). Despite low reporting numbers, it means more than a quarter of Yemenis confirmed to have the disease died, five times the global average.
- Nearly 3.6 million children U5 were screened for malnutrition and 231,062 children U5 (88 per cent of annual planned figure) with severe acute malnutrition without complication were treated, and it is expected to reach the annual objective when complete reports are all submitted.
- In 2020, Yemen experienced a circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak. In response, two rounds of polio campaigns were implemented, with a total of 7.2 million children vaccinated.

Situation in Numbers



12.2 million
children in need of humanitarian assistance

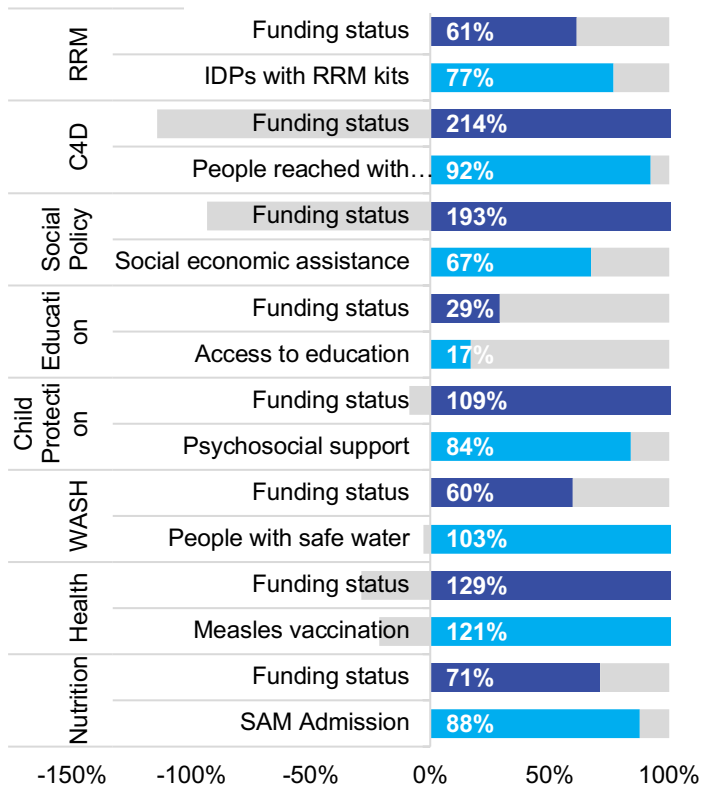


24.3 million
people in need
(OCHA, 2020 Humanitarian Response Plan)



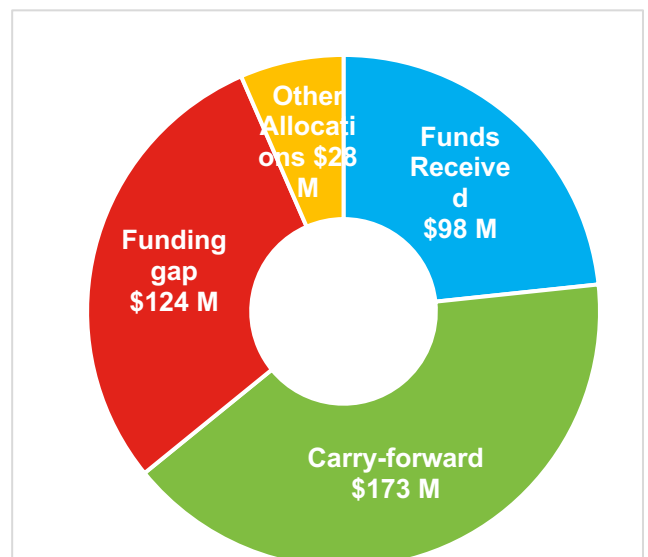
1.71 million
children internally displaced (IDPs)

Funding Status



**UNICEF Revised
Appeal 2020
US\$ 422 million**

**Funding Available
US \$299 million**



Funding Overview and Partnerships

The 2020 Yemen Humanitarian Action for Children (HAC), aligned to the Yemen Humanitarian Response Plan Extension, June - December 2020 (YHRP), was revised down to \$422.9 million - from the original \$535 million - to reflect the COVID-19 appeal. As of 31 December 2020, UNICEF had an overall HAC funding gap of \$124 million, or 29 per cent, of the total appeal amount. \$173 million was carried forward from 2019, in addition to \$28 million in contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and thereby contributed towards 2020 HPM results. And, while UNICEF fundraised for its 2020 HAC appeal, only \$98 million was received for a total of \$298 million funds available. The reduced overall funding trend is reflected in the YHRP which only received a total of US \$1.89 billion, or 55 per cent of the total \$3.38 billion funding requirements for humanitarian and relief assistance in Yemen for 2020.

A separate, dedicated HAC on COVID-19 was also launched in Yemen for 2020, with its own reporting mechanism. As of 31 December, UNICEF received \$124 million, or 120 per cent of the \$103 million appeal¹; the strong resource mobilization against the HAC reflects prioritization of covid-19 responses in particular embedded into the social protection mechanisms.

Despite funding gaps and operational constraints, UNICEF implemented its responses, including the vaccination of over 3.8 million children during the first nationwide round of the polio campaign using COVID-19 adapted modalities.

As part of its efforts to strengthen risk prevention and management measures throughout 2020, UNICEF implemented recommendations from the 2019 Office of Internal Audit and Investigation's internal audit report. UNICEF actively implemented a series of risk mitigation measures to effectively deliver aid for children in a highly challenging and complex environment. UNICEF implemented the enhanced Harmonised Approach to Cash Transfers (HACT Plus). HACT Plus is a risk management framework that goes beyond the regular HACT framework adopted along with other UN agencies. It transcends the minimum prescribed assurance activities in HACT, a decision that is determined by the inherent risk exposure and operating environment. As of 30th December 2020, 140 implementing partners had been re-assessed to establish their revised risk profiles using the enhanced risk assessment methodology. Additionally, 40 onsite financial reviews had been completed while 56 were ongoing. 74 HACT financial audits were also ongoing. These financial reviews are based on the revised financial assurance Terms of Reference with an increased focus on fraud detection and prevention.

Situation Overview & Humanitarian Needs

In 2020, an escalation of the conflict was observed. Conflict and sporadic clashes across 43 active frontlines affected millions of Yemenis across the country throughout the year. 4.4 million internally displaced persons (IDPs), including 1.7 million children, were heavily impacted by the ongoing conflict. Overall, the population was vulnerable to disease outbreaks, natural disasters, and socio-political and economic contexts. During the first half of 2020, more than 100,000 people were newly displaced or left their home for a safer destination. The increasing number of displaced people was linked to the increased level of conflict observed between January - June 2020, particularly in Marib and Al-Dhale'e. The security situation in the southern governorates remains unpredictable and dire, which has impeded humanitarian access even further.

While the 2020 cumulative documented incidents of grave violations against children will not be available until the Special Representative to the Secretary General's report is published, during the month of December 2020, the UN Country Task Force on Monitoring and Reporting (UNCTFMR) documented 34 incidents, 97 per cent of which were verified. The majority of the verified violations pertained to child casualties, including 2 children who were killed (boys), and 30 children who were maimed (24 boys; 6 girls), by various parties to the conflict. There were no verified cases of recruitment and use of children, abduction or rape, but there was one case of an attack against school. Most of the incidents documented and verified were in the governorates of Taizz and Al-Hodeidah, reflecting the continuing intense fighting along frontlines in these areas. These are only figures that UN has been able to verify to date. The actual number of incidents are likely to be higher.

The first COVID-19 case was reported in Yemen on the 10th of April 2020 in Al-Shihr city in Hadramout governorate. The officially confirmed cases have been reported in 11 governorates. As of 4th of January 2021, 2,101 COVID-19

¹While the revised HAC appeal's overall funding gap was 34 per cent at the end of 2020, funding levels across programme areas were not uniform, posing funding challenges to certain programmes and challenges, indicative of resource mobilization challenges and a changing landscape.

officially confirmed cases with 610 associated deaths and 1,396 recovered cases were reported from 11 governorates in Yemen, with a 29 per cent case fatality rate (CFR). The high CFR is most likely linked to the fact that only severe cases were tested while the true rate of transmission at the community level remained unknown. Serious concerns remain over a possible ongoing "silent" transmission, including in northern Yemen, where only four cases have been confirmed since the first case emerged.

The COVID-19 precautionary measures led to significant access and programme challenges. Authorities in Yemen suspended public gatherings and all activities related to awareness-raising, and closed child-friendly spaces and schools from mid-March to October, which resulted in the lower reach of services for children and families in need. Authorities also postponed national examinations across the country. In northern governorates, they were postponed from April to August 2020 when schools were still officially closed. Between January and mid-March 2020, teacher strikes in Aden due to unpaid salaries hampered children's access to schools. While many of the schools have reopened after the third quarter, an estimated 5.8 million students in Yemen remain in need of sustained support to access quality education, as more than 2 million continue to be out of school nationwide.

In March and April 2020, heavy rains, the worst in over ten years, hit across the country. The torrential rains and flooding led to fatalities and injuries, damaged buildings, infrastructure, and services, affecting 13 governorates. By 30 April, 150,000 people were affected by the intemperate weather. The risk of disease, such as cholera and malaria, correspondingly increased, with over 5 million children under five in Yemen facing a heightened threat of acute watery diarrhoea (AWD)/cholera in 2020. Across the year reported AWDs were much lower than 2019, a major reduction of around 70% was reported throughout the year. Though the downward trend in the number of cases was recorded in 2020, recurrent cholera outbreaks, with nearly two million suspected cases, have been seen since the first outbreak in 2017.

Water and sanitation systems and services throughout the country also suffered from damage and underdevelopment. According to Yemen WASH Cluster (YWC), over two-thirds of the population, or 20.5 million people, needed support to meet their WASH needs. Less than half of the population had access to safe and improved water sources, and this lack of access to safe drinking water has led to increased burden of disease due to malnutrition, cholera and other diseases.

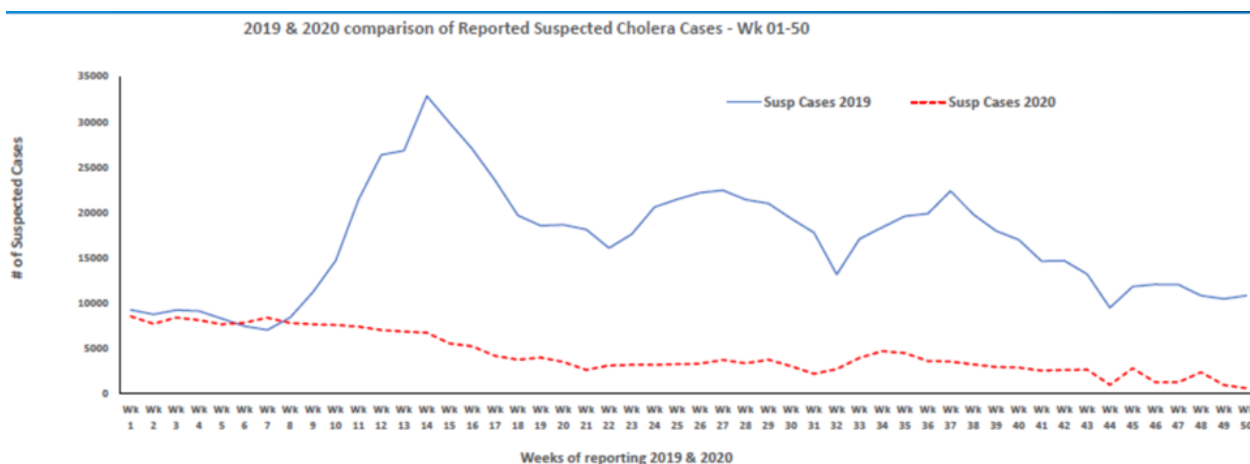
Furthermore, in June 2020, the fuel crisis hit the country again, threatening access to food, health services, and water supplies (provision of water for drinking, cooking and personal hygiene, supporting water trucking or pumping water from existing water supplies, all of which are highly dependent on fuel to operate). Without fuel, hospitals and water operation would stop, contributing further to virus transmission.

Summary Analysis of Programme Response

AWD/Cholera Response

Since the onset of the nationwide wave of AWD/cholera outbreak on 27 April 2017, the total number of suspected cholera cases as of 31 of Dec 2020 reached 2,480,061, with 3,841 associated deaths (0.15 per cent CFR) across the country. By the end of 2020 145,155 AWD/cholera suspected cases and 41 associated deaths had been recorded (0.03 per cent CFR). Children under five represent 56.87 per cent of the total suspected cases in 2020. This high proportion of under 5 children suggests that *Vibrio cholerae* is not the main pathogen responsible of these AWD cases. Still, the number of suspected cases decreased 68 per cent from the same period in 2019, when 452,797 suspected cases and 721 associated deaths were recorded (0.16 per cent CFR). This high reduction may be the result of the enormous efforts of UNICEF and its partners but could be also be linked to the secondary impact of the COVID-19 epidemic. The fear of infection and the reduced access to health facilities due to movement restriction may have resulted in a decrease in the use of primary health services, particularly in the top three governorates, including Al-Hodeidah, Sana'a, and Taizz, where high numbers of cholera suspected cases had been recorded before. By the end of 2020, 224,039 AWD/cholera suspected cases and 82 associated deaths were reported, with a 0.04 per cent CFR. This is a significant decrease compared with the same period of 2019 when 863,529 suspected cases and 1,026 associated deaths with a 0.12 per

cent CFR were reported. The available data shows that the cholera trends are remain stable and UNICEF continues close monitoring for the cholera suspected cases and associated deaths.



As part of the integrated AWD/Cholera response, UNICEF supported 208 (out of 321) Oral Rehydration Centres (ORCs), and 35 (out of 206) Diarrhoea Treatment Centres (DTCs) in 68 districts in 11 governorates. While the reported AWD/suspected cholera cases declined by over 74 per cent from 2019, UNICEF continued its support to case management of the persisting cases at DTCs and ORCs. In 2020, 40,339 cases of cholera were treated at UNICEF supported facilities.

The three governorates of Abyan, Aden, and Al Dhale'e continued to have the highest number cases of AWD/Cholera compared to other rural governorates, including Hadramout, Shabwah, and Al Mahwra. The trend of new infections has remained generally constant. The major risk factor in urban areas is poor state of sanitation, which requires a large quantity of resources for both improvement and maintenance. UNICEF continues to support the rehabilitation and restoration of wastewater treatment systems in urban areas and the construction and rehabilitation of emergency latrines for internally displaced persons. In particular, UNICEF is working with the World Bank and the Qatar Fund for Development to address the sanitation challenges in urban areas, which targets 3.2 million Yemenis.

Communication for development and community engagement partners reached 279,219 people through 60,188 house-to-house visits, 40 puppet shows, 600 community meetings/events, 558 sessions in schools and 420 sessions in health facilities with AWD/cholera messaging. Of the beneficiaries reached, 20,481 people under the Saadah hub were also reached with Polio vaccination messages.

Rapid Response Teams (RRTs) distributed 4,287 Consumable Hygiene Kits (CHKs), consisting of 12,891 chlorine tablets 1.67g, 5,250 chlorine tablets 33mg, and 437 jerry cans. The targeted households (HHs) received hygiene awareness messages on the use of disinfectants and non-food items (NFIs) through the house-to-house visits by RRTs.

Health and Nutrition

As part of UNICEF's response plan to support the continuity of essential health services amidst the COVID-19 pandemic, a total number of 7,244 staff (out of the planned 12,000) were oriented on Infection Prevention Control (IPC). By the end of 2020, personal protective equipment (PPE), including gloves, masks, boots, coverall, and face shields, were provided to 35,062 health care providers in 2,158 health facilities within 23 governorates. 4 triage areas were established in 4 governorates; however, this work was temporarily suspended due to cessation of the operational support in the last 2 months. Preparation for establishment of 60 triage areas in 60 health facilities in 10 governorates in the south is almost finalized and the work will start at the beginning of 2021.

During January-June 2020, due to the COVID-19 pandemic, implementation of planned campaigns including Maternal Neonatal Tetanus Elimination (MNTE), Diphtheria and Polio campaigns in the south were suspended resulting in some Oral Polio vaccine (OPV) and Tetanus- diphtheria (Td) vaccine at risk of expiration. In response, UNICEF and WHO developed a concept note and risk mitigation matrix to resume the vaccination campaign in the context of COVID-19 pandemic, which enabled the implementation of the suspended campaigns. By using effective infection preventive control (IPC) measures, UNICEF prevented the loss of any vaccines.

In response to the circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak, two rounds of polio campaigns were implemented except in Sa'ada governorate. These were coupled with strong community engagement, generating community demand and social mobilization activities. The first round was implemented from 18 to 20 July in 10 southern governorates, achieving a total vaccination of 1.2 million children under the age of 5 (96 per cent coverage). The second round was a nationwide campaign implemented from 28 to 30 November in the north, and 5-7 December in the south. As a result, 5 million children under the age of 5 (93 per cent coverage) were vaccinated. While there was resistance from the authorities to implement a polio vaccination campaign in Sa'ada, it was agreed to implement three rounds of Integrated Outreach Activities (IOR). The first round of IOR in Sa'ada was implemented in December 2020. A total of 147,227 children 0-59 months (74% of the target) were reached with polio vaccines, and 366,699 children 6 months – 15 years (71% of the target) were reached with MR vaccine.

During the year, a total of 25,805,425 doses of different vaccines (BCG, OPV, Penta, Rota, IPV, MR, and Td) were procured, delivered into the country and distributed to the governorates and districts to continue the immunization services, and Supplementary Immunization Activities. UNICEF supported the procurement and delivery of 1,080 Solar Direct Drive (SDD) refrigerators to further improve storage capacity, of which 360 units were installed at service delivery during the year. The remainder will be distributed for installation in 2021.

3.4 million women and children under five were reached with Maternal, Neonatal and Child Health (MNCH) services through fixed, mobile and outreach platforms. Of the 2 million children reached, 50 per cent were screened for malnutrition. Throughout the year, 581,996 women received antenatal care (ANC) and 330,565 women delivered with the assistance of skilled birth attendants (SBA). This was lower than in 2019 in which the number of women receiving ANC was 709,840, primarily due to COVID-19 preventing women from seeking care unless they were critically ill. 132,674 also women received postnatal care (PNC) and 11,481 new-borns were admitted to NICU. In addition, 9,961 women had caesarean deliveries, and 42,018 women with complications received free quality care services.

UNICEF supported 17 hospitals with operational assistance for MNCH services, complemented by MNH equipment and supplies. Additionally, 178 emergency obstetric and new-born care (EmONC) staff were supported to complete a one-year diploma training on maternal and new-born health services in EmONC facilities in inter-district hospitals. As a result, quality services were provided at hospital level to 9,325 new-borns and 2,156 children. 485,894 women also received ANC while 86,491 women received PNC. In addition, 229,644 women were supported by SBAs. UNICEF equipped 35 NICUs in 35 major hospitals nationwide.

Challenges faced throughout the year included a shortage of the COVID-19 diagnostic tests in the first half of 2020, which affected the tracking and reflection of the actual numbers of the cases. At the beginning of the pandemic, due to a shortage of supplies and the high cost in the international and national markets, there were significant delays in the procurement of PPE, lifesaving supplies, and diagnostic tests. Suspension of the international and domestic transportation as a preventive measure also affected the smooth delivery of supplies. This in turn affected the delivery of adequate health services due to shortage of essential supplies.

There was an avoidable loss of immunization resources totaling US \$1.1 million due to the rejection of Rota vaccine shipments as a result of change in Vaccine Vial Monitor (VVM), despite the WHO prequalification report. UNICEF Yemen continued to coordinate with UNICEF's Supply Division to ensure vaccine shipment to Yemen are in VVM stage one and with a longer shelf life. UNICEF continued to intensify its coordination with MoPHP to ensure shipments planned for Yemen are communicated and approved by MoPHP before they come into the country. UNICEF continued to encourage the application of First Expiry First Out (FEFO) policy of vaccine management to minimize loss due to expiry.

Lessons learned included that as a first line response to the pandemic in preventing its spread, the importance of informing and empowering health care providers and communities about COVID-19 and how they can cope with it is paramount. This was implemented as an integrated effort through risk communication and community engagement (RCCE) activities at the community level and through IPC orientation sessions for the healthcare providers.

Additionally, it was critical to ensure the availability and provision of PPE and explaining the importance of social distancing during the Expanded Programme on Immunization (EPI) campaigns and routine PHC services. These improved the confidence of health workers, communities, and the Ministry of Public Health and Population (MoPHP) authorities and encouraged the community to engage in its services. This enabled the continuity of health and nutrition services even during the COVID-19 pandemic.

Continued communication between the partners from the other UN agencies, NGOs, and MoPHP during the planning, preparedness and implementation stages of the response will prevent duplication and/or mitigate risks of financial and logistical resource loss.

Following the declaration of COVID-19 in Yemen in March 2020, the aim of the nutrition programme became to ensure continuity of basic nutrition services through adapted modalities and enhanced communication strategies. Together with the MoPHP and the Nutrition Cluster, UNICEF led the development and roll out of adapted nutrition protocols. The protocols included:

Outpatient Treatment for Acute Malnutrition

- Simplified admission criteria using mid-upper arm circumference (MUAC) rather than weight for height
- Less frequent follow-up visits to health facilities during treatment
- Application of social distancing and IPC

Role of Community Health and Nutrition Volunteers

- Limited number of house visits per day
- Visits conducted outside household
- Growth monitoring put on hold

Operational Guidance for Integrated Health and Nutrition Services through Mobile Teams

- Staff health and travel precautions and use of PPE

Infant and Young Child Feeding

- Adapted messages



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Despite the challenges faced in 2020 due to COVID-19, UNICEF supported 4,146 outpatient therapeutic programmes nationwide (84 per cent of total functional health facilities) and 147 mobile teams which provided services in hard-to-reach areas. Data collected from January to November 2020 showed that nearly 3.6 million children under 5 years old were screened for malnutrition and 231,062 (88 per cent of annual planned figure) with severe acute malnutrition without complication were treated. It is expected that UNICEF will reach the annual target when all complete reports are submitted. 22,566 children under 5 years old suffering severe acute malnutrition with complications were admitted to 113 therapeutic feeding centres which are run in conjunction with WHO. Mothers were supported at the 2,197 infant

and young child feeding (IYCF) corners and 472,898 children received deworming tablets. 2.4 million mothers received iron folate supplementation, and 739,235 children received micronutrient powder. Vitamin A supplementation was provided to 1,375,051 children under 5 through routine programme implementation and a polio campaign that was conducted in southern governorates. 24,648 Community Health Volunteers (CHV) reached 8,750 hard to reach villages' (41 per cent of total targeted villages in country) health facilities to provide basic integrated health and nutrition packages.

In line with global guidance, SMART surveys were discontinued as a COVID-19 precautionary measure and hence no SMART surveys were conducted in 2020 – these are being planned to restart, in line with Global Guidance and adhering to recommended safe practices

FAO, UNICEF and WFP jointly conducted a Food Security, Livelihoods and MUAC Assessment during the fourth quarter of 2019 and the first quarter of 2020. The findings of this assessment, along with other data, were used to complete the IPC analysis across all 333 districts in Yemen in 2020. The IPC analysis projects a worrying situation with the nutrition situation, where 209 out of the 333 districts are projected to have deteriorated moving from IPC phase 2 (alert) to 3 (serious) of IPC 3 to 4 (critical); and with 20 out of 35 zones (80 per cent) were classified as IPC 3 or above.

UNICEF is using the findings from the IPC analysis to assist with programme prioritization for 2021.

The annual cluster coordination performance monitoring (CCPM) was conducted, with a validation workshop planned for February 2021. Cluster coordination at national and Aden levels was strengthened with the recruitment of two international staff, who are based in Sana'a and Aden. An agreement on co-chairing of the cluster at the hub level was signed with NGOs in five hubs. The Nutrition Information Technical Working Group (NITWG) established in 2020 will become operational in 2021. Based on the nutrition cluster and Humanitarian Needs Overview inputs submitted to OCHA, the cluster estimates a total of 2.3M and 1.2M cases of malnourished children under-five and pregnant and lactating women respectively, who will need treatment for acute malnutrition in 2021. A total of 722,898 cases of children under-five with moderate acute malnutrition were treated between January and December 2020.

Water, Sanitation and Hygiene

In 2020, an estimated 20.1 million Yemenis needed humanitarian assistance to access safe water, adequate sanitation and hygiene provisions. Of those, 10.9 million were in acute need. UNICEF targeted 6.8 million or 62 per cent of the people in acute need of WASH services. Priority groups included people living in districts with high risk of cholera and malnutrition as well as locations with a high number of internally displaced people. UNICEF support focused on life-saving assistance, including safe drinking water and adequate sanitation, along with essential WASH supplies in all governorates.

By June 2020, over 900,000 people were reached through the UNICEF-supported cholera RRTs. The response included household chlorination campaigns, distribution of chlorination tablets, consumable hygiene kits and hygiene awareness sessions at the household level in 16 governorates. UNICEF originally planned to support 750 RRTs. However due to lack of funding, the target number was reduced to 300, which were eventually suspended in July 2020 due to severe funding shortages. This coverage is therefore less than 2019 (4.5 million reached during 2019) due to a lower number of Cholera cases, shortfall in funding, and reviewing/minimizing the RRTs teams according to the context.

UNICEF, in partnership with the General Authority for Rural Water Supply Projects (GARWSP) and different NGOs, reached 4,450,343 people, 2,272,389 of whom were children, with enough water of appropriate quality for drinking, cooking and personal hygiene in 2020. This was achieved through water trucking, support for the regular Operation and Maintenance, which includes provision of fuel, electricity, and disinfectants, of urban water supply, repairing and rehabilitating water systems by installing solar pumping systems, and connecting water points to ensure sustainability of water supplies for both IDPs sites and host communities. UNICEF is working on the development of sustainable water supply sources through new water supply source construction, rehabilitating non-functional sources, and extending pipelines from existing water sources to IDP's locations. 4,898,970 (89 per cent of the annual plan) people were provided with gender responsive basic hygiene kit. UNICEF scaled-up the emergency lifesaving interventions to support both those who were already displaced and newly displaced in Marib, Hajjah, Hodeidah, West Coast, Aden, Al-Jawf, Hodeidah, Dhamar, and Sana'a Governorates.



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UNICEF supported Water Quality Monitoring to assess the water quality of existing water supply system in the urban and rural parts of the country with high AWD/Cholera risk. The assessments covered the testing of the physio-chemical and/or microbiological conditions in relation to reference conditions and human-health effects. In addition, the chlorination process of drinking water in the Sabeel tanks and tankers was monitored through measuring the Free Residual Chlorine.

The COVID-19 pandemic restricted movement and there was a significant decrease of funding for emergency interventions. One major consequence was the low achievement of people living environments free of open defecation with access to appropriate sanitation facilities, complemented by hygiene promotion, desludging of existing latrines, cleaning and solid waste management campaigns. Only 28 per cent (180,377 people) of people in need were provided with these services due to the lack of funding. Other challenges encountered during the programme implementation

period in 2020 and expected in 2021 are access to locations close to frontlines and the quality of epidemiological data from the MoPHP.

77 WASH Cluster partners achieved 91 per cent of the overall WASH Cluster targets, reaching 11,408,471 people with some form of WASH assistance across 304 districts in 21 governorates. WASH partners have improved durable solutions to safe water by repairing and rehabilitating 466 water systems and providing 16,915 water filters to vulnerable households, which reached 6.9 million individuals. In order to reduce diarrheal disease in areas with high AWD and cholera prevalence, 240 sewage systems, which support 3.4 million individuals, were rehabilitated or repaired, and 11,224 latrines, which support 8,900 households, including IDPS, were constructed.

WASH partners have contributed to improving household hygiene practices by distributing 92,000 hygiene items and 22,124 COVID-19 Prevention Kits. Initiatives to build the capacity on WASH needs assessment, accountability to affected populations (AAP) and solar energy in WASH, reached 380 WASH partners and 167 individuals from local water and sanitation authorities. An additional 350 cluster partners attended 10 technical and knowledge exchanges sessions, including those on sanitation in emergencies, gender, WASH, and sustainable water resources.

Child Protection

Despite ongoing operational challenges, UNICEF and partners delivered lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war, which reached 394,794 conflict-affected people, including 274,873 children (147,713 boys; 127,160 girls) and 119,921 adults (65,494 males; 54,427 females) across 19 governorates. Mine Risk Education (MRE) was delivered in schools and child friendly spaces, as well as through community campaigns with preventative measures in eight governorates (Aden, Al-Dhale'e, Al-Hodeidah, Al-Jawf, Ibb, Lahj, Shabwah and Taizz). In response to the spread of COVID-19, UNICEF and its partners explored alternatives to face-to-face modalities for MRE.

UNICEF provided psychosocial support (PSS) to 434,136 people, including 283,120 children (140,585 girls; 142,535 boys) and 151,016 adults (85,402 women; 65,614 men) across 11 governorates through a network of fixed and mobile child-friendly spaces. These services helped children overcome the immediate and long-term consequences of their exposure to violence.

Through the case management programme, UNICEF supported the referral and provision of critical services, including facilitating access to life-saving health services, for the most vulnerable children. 11,983 children (4,515 girls; 7,468 boys) were identified by trained case managers. Out of the identified children, 11,714 children (4,419 girls; 7,295 boys) were provided with services. 452,853 children and caregivers were reached with mental health and psychosocial support by child protection actors.

During 2020, Child Protection Area of Responsibility adapted to the operational environment affected by COVID-19 and worked on adjusting the existing tools. It also helped key partners to reprogram the response, focusing on integrated approaches with other sectors and using online tools particularly for capacity building. With the support of partners, CP AoR in the south is conducting an in-depth analysis of services for children, including non-specialized CP services, such as health, that will be used to develop a CP service mapping.

Education

The impact of COVID-19 resulted in nationwide school closures, disrupting 5.8 million enrolled children's learning. In response, UNICEF facilitated the development of a National COVID-19 Response plan. As the Cluster co-lead, UNICEF initiated a COVID-19 needs assessment, which will be finalized in January 2021. In 2020, 2 million children remained out of school while salary payment for 160,000 teachers continued to be suspended. 2,000 schools were unfit for purpose.

UNICEF supported 578,647 children by distributing learning supplies and delivering PPE items to 4,250 exam centres. This allowed for the completion of exams for grades 9 and 12 exams for 427,650 students (45 percent girls; 83 percent pass rate). 1,200 teachers in 247 schools were trained on safe school protocols, and 546,640 community members were sensitized to health –education. The roll-out of alternative learning pathways was also initiated. WASH facilities were rehabilitated in 136 schools, and 117,145 teachers, including rural female teachers, were supported throughout 2020 with monthly incentives or salary allowances.

Strengthened partnerships have led to a US \$153 million “Restoring Education and Learning” project (World Bank, UNICEF, World Food Programme (WFP), and Save the Children International), a joint Back-to-Learning framework (UNICEF, WFP) and advocacy programme for teacher salary reinstatement (UNICEF, GPE, UNESCO, Education Cannot Wait), which will be implemented from 2021.

Social Inclusion

In 2020, the Social Policy Programme continued to invest in generating evidence on the social and economic situation and vulnerabilities in Yemen to inform child-focused decision-making and programming for the poorest and most vulnerable children and their families. Key assessments included the Vulnerability and Needs Assessment (VNA) in Aden, Sana’a, and Amanat Al-Asimah, and a mapping of available assistance to Children with Disabilities (CWDs).

Given the dire humanitarian needs, UNICEF continued to prioritize its integrated social protection agenda in 2020. The Integrated Model for Social and Economic Assistance and Empowerment (IMSEA) became fully functional and approximately 100,000 marginalized people in Amanat Al-Asimah and Sana’a benefitted from the pilot IMSEA through an integrated package of social services (food, WASH, health, nutrition, protection, and communication for development).

In collaboration with UNICEF’s Project Management Unit (PMU), Social Policy implemented the Cash Plus Initiative reaching a total of 6,879 households/47,614 individuals. All households received iodine testing services, educational messages on COVID-19 prevention, and general health and nutrition messages. As part of the first pillar of IMSEA (Social Assistance), the Humanitarian Cash Transfers (HCTs) initiative was launched which provided financial support to marginalized and vulnerable people to cope with the socioeconomic impact of COVID-19. A total of 5,499 households/38,062 individuals were reached during the first payment cycle.

Social Policy continued to provide technical support to the national Social Protection Consultative Committee (SPCC) so that it can sustain its important advisory and coordination role, especially during COVID-19 crisis. The SPCC is the main national platform for coordination and harmonization of policy advice in relation to the national social protection agenda.

IMSEA and Cash Plus faced several challenges as they were the first two integrated social protection projects within the country office. One of these was that implementing partners faced challenges in getting the required permits and approvals from local authorities in some areas, which resulted in delayed implementation of some activities. Moving forward, the limited funding for the social policy programme, particularly for the Humanitarian Cash Transfer and the integrated social protection activities, is likely to pose issues and delays in future programming.

Communication for Development

UNICEF led on the COVID-19 Risk Communication and Community Engagement (RCCE) pillar of the UN response to COVID-19. In partnership with government, authorities, UN and NGO partners, community members were reached through a variety of approaches and a network of community volunteers. Adhering to COVID-19 prevention measures, UNICEF and its partners reached 140,701 people through 25,582 house-to-house visits and Mother-to-Mother sessions. Religious and community leaders continued community engagement interventions on COVID-19 prevention also reaching 63,865 people in 780 community gatherings and 670 women’s social events.

As part of the feedback and accountability mechanism, health experts and workers responded to questions and concerns about COVID-19 from 6,662 people through hotlines and phone-in programmes on local radio stations.

Monitoring of COVID prevention behaviours showed a drop in the initial use of masks as well as in the practice of social distancing especially in urban areas, driven in part by the lack of enforcement of critical public health measures by the authorities. Lack of epidemiological data, particularly in the north, and mixed messaging from authorities that COVID-19 had been stopped in Yemen resulted in people not adhering to COVID prevention practices, despite having high knowledge of COVID appropriate prevention behaviours.

The nationwide polio vaccination campaign was supported with location-specific Advocacy, Communication and Social Mobilization (ACSM) actions through UNICEF and partners. The ACSM interventions started several days before the campaign and included advocacy meetings at governorate level for community and administrative leaders and

community level activities to sensitise eligible households. Community Volunteers (CVs) reached 2,110,635 people through 466,720 house-to-house visits while 6,001,662 people were reached by religious leaders through 29,408 community meetings, 30,820 women gatherings, 30,195 sessions in over 5,000 mosques as well as 3,021 health facility sessions and 1,681 school-based sessions. Of these beneficiaries, 25,444 people were IDPs and 37,495 people were from marginalized communities.

As part of the outreach for immunization, CVs motivated people in 2,483 households who refused or were hesitant to vaccinate their children. The interpersonal communication activities were supported with over 397 roaming vehicles mounted with megaphones., while communication materials including 63,000 posters and 1,200 banners were placed in strategic locations to support the visibility of the campaign. Mass Media support was delivered through 11 TV channels and 16 radio stations which broadcasted the campaign messages through flashes, public service announcements and dedicated discussion programmes on polio, reaching an estimated 13 million people.

Rapid Response Mechanism

Throughout 2020, UNICEF, along with UNFPA and WFP, reached 645,105 newly displaced people with a minimum package that included dignity kits from UNFPA, food rations from WFP, and basic hygiene kits (BHKs) from UNICEF. RRM response serves as the first line response and provides life-saving assistance for people stranded at front lines or displaced due to natural hazards, such as floods and cyclones, till the cluster specific interventions start. The UNICEF RRM consortium, constituting of five INGOs, reached more than 183,772 IDPs with WASH and nutrition services.

Throughout the first quarter of 2020, UNICEF RRM consortium reached 58,751 individuals from over 9,792 vulnerable displaced families with RRM multi-purpose cash assistance (MPCA) in conflict affected areas. MPCA provided the displaced families with the flexibility and dignity to choose how to cover their needs. Throughout the implementation of the MPCA in 2018 and 2019, UNICEF and implementing partners conducted a thorough risk analysis and decided to phase out of the cash component under the RRM in March. UNICEF cash assistance represented 40 percent of the total cash provided by humanitarian actors in the country. In order to ensure 'do no harm' and consistency and continuity of the response, UNICEF consulted other cash providers in Yemen and handed over the caseload to the new cash consortium.

As part of the COVID-19 response plan, between March and early May, UNICEF, with UNFPA and WFP, delivered 3,061 RRM kits to 9,080 people that were kept in 38 quarantine centres in nine governorates, which included Taizz, Sa'ada, Al-Bayda, Al-Hodeidah, Ramyah, Dhamar, Al-Jawf, Sana'a and Amanat Al-Asimah.

To ensure an efficient emergency response, UNICEF partners complemented the response with other life-saving assistance, such as emergency shelter kits, NFI kits, water trucking, emergency adequate and socially accepted sanitary latrines. More than 380 households (2,660 IDPs) received non-food item kits. In addition, more than 4,080 children under the age of 5 and pregnant and lactating women were screened for malnutrition. As part of the scale up of WASH activities to prevent the spread of cholera and dengue fever, UNICEF partners reached more than 10,850 individuals with installation of latrines and basic washing facilities. Simultaneously, more than 179,692 individuals were provided with access to safe drinking water. Hygiene promotion sessions and key messages reached more than 12,200 individuals.

UNICEF is an active member in the RRM cluster. Proper representation in coordination meetings at central and sub-levels will continue to be maintained, whether with the cluster implementing partners or with local authorities.

Supply and Logistics

During the year of 2020, Yemen Country Office (YCO) delivered more than 6,782 metric tonnes of supplies with a total value of USD \$52,786,101 through Salalah and Djibouti hubs. They included vaccines, PPE, health kits, medicines, ready-to-use therapeutic food (RUTFS).

Movement of supplies from northern to southern Yemen remained a challenge and subjected to exceptional approvals through Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA) for supplies distributed from UNICEF warehouses.

Aden seaport was operational as of 31 December, subject to 14 days quarantine for vessels/dhows at anchorage before berthing. Due to military personnel's ongoing strike, entry and exit to the port has been blocked by protesters since

27th September 2020. The blockage of the Aden seaport gates by the protesters resulted in the accumulation of significant demurrage charges. To date, Hodeida seaport remains operational.

Yemen Standardization, Metrology, and Quality Control Organization (YSMO) at Hodeida Port prohibited the importation of supplies with less than 50 per cent of their remaining shelf life and requires the submission of a list of countries of origin for all components comprising education and recreation kits packed at UNICEF Supply Division (SD) at Copenhagen. It rejects items mentioning certain countries. YSMO also required health certificates, scientific justification, and stability studies for all therapeutic supplies' shelf life endorsed by the country-of-origin government, which delayed offloading vessels and made it a tedious exercise in the midst of COVID-19 pandemic.

YCO, together with its Supply Division, prepared a risk management matrix which included challenges and mitigation measures to be applied to 2021:

- UNICEF will continue to advocate with SCMCHA and line ministries to enable the smooth flow of supplies from north to south and vice versa. Advocacy through YCO management only seems to work for lifesaving supplies.
- Aden port strike: strong advocacy with Aden authorities to negotiate a green corridor for humanitarian supplies with protesters; diversion of supplies to Salalah port.
- Airport closure in Sana'a: leverage the delivery of vaccines for 2 weeks and opt to use vessels via Hodeida port and then by road to Sana'a on trucks.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as 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](#).

Human Interest Stories and External Media

Field Update: Health Education Saving Lives



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UNICEF has made significant progress towards providing integrated health and nutrition interventions to almost 1 million children under five years and more than 800,000 pregnant and lactating women across the country.

To read more about these lifesaving interventions, click [here](#).

External Media

[Improved Water Supply Systems](#)



[Health Facilities in Taizz](#)



[Human Rights Day](#)



Next SitRep: 28 February 2021

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Annex A

Summary of Programme Results²

2020 Programme Targets and Results	Overall Needs ¹	Cluster Response			UNICEF and IPs		
		2020 Target ¹	Total Results	Change since last report ▲ ▼	2020 Target	Total Results	Change since last report ▲ ▼
NUTRITION							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	325,209	263,430	246,931	13,148 ▲	263,430	231,062	3,582 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,528,383	1,243,576	64,705 ▲	1,800,000	1,375,051	197,524 ▲
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					972,142	606,247	49,461 ▲
Number of children under 5 vaccinated against polio					5,500,000	5,018,283	4,221 ▲
Number of children under 5 receiving primary health care in UNICEF-supported facilities					1,700,000	4,725,122	2,380,667 ¹ ▲
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	No data available yet	10,700,000	8,557,884	2,543,164 ▲	6,800,000	6,993,507	2,543,164 ¹ ▲
Number of people provided with standard hygiene kit	No data available yet	5,500,000	2,555,393 ²	466,466 ▲	5,000,000	2,172,786 ³	452,720 ▲
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	No data available yet	528,305	44,717 ▲	517,077	434,136	43,619 ▲
Number of children and community members reached with life-saving mine risk education messages		1,684,106			1,054,008	394,794 ¹	128,962 ▲
Number of children and women accessing gender-based violence response interventions					55,000	29,543 ²	369 ▲
EDUCATION							
Number of children provided with individual learning materials	No data available yet	No data available yet	692,084	177,063	1,000,000	578,647 ¹	164,325 ▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	347,774	50,669 ²	350,000	59,089 ²	14,317 ▲
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet	231,656	- ▲	120,000	117,554 ³	- ▲
Social Policy							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					150,000	100,918	7,670 ▲
RRM							
Number of vulnerable displaced people who receive RRM kits					945,000	645,105 ¹	52,990 ▲
Number of vulnerable persons supported with multi-purpose cash transfer					TBD	58,751 ²	- ▲
C4D							

² These figures were updated to reflect the revised 2020 HAC

Number of people reached with key lifesaving/behaviour change messages through communication for development interpersonal communication interventions		4,500,000	4,149,739	123,388 ▲
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Footnotes

Overall Needs 1: In 2020, no HNO was conducted.

Target 1: Figures for 2020 Cluster Target will be provided once the Yemen HRP for 2020 is published.

Nutrition 1: Due to COVID-19 suppression measures which restricted vaccination campaigns – the main delivery platform for vitamin A supplementation in Yemen – progress remained low. Additionally, emergency shipments to the north were procured but not distributed, due to governmental restrictions. UNICEF continues to work with MoPHP to resume campaigns in 2021.

Health 1: Significant over-achievement was due to readjustment/decrease in targets due to expected decline in utilization in COVID context. Secondly, in Yemen, especially in north where official numbers reported were very low, the decline in services was not as severe as expected.

WASH 1: The high increase of the number of people provided with access to safe water supply was due to the increase in the emergency response interventions after June 2020, as result of increased resource allocation from different donors.

WASH 2: Low achievements for standard hygiene kits was linked to the suspension of RRTs operation for more than 4 months and reduced number of RRTs

WASH 3: Due to a potential risk on increasing suspected cholera cases following the rainy season during summer, hygiene kits were distributed during the second half of 2020. Lower achievement was due to lack of funding and COVID-19 suspension measures.

Child Protection 1: This indicator is not tracked by the Child Protection Sub-Cluster, as it is being tracked by the Protection Cluster.

Child Protection 2: The under-achievement for the child protection activities is due to the COVID-19 suppression measures, including the closure of schools and child-friendly spaces, restricted movement between governorates and a ban on meetings and public gathering. This affected mobility of partners and implementation of mine risk education awareness raising campaigns in communities and schools. Both fixed and mobile psychosocial support activities were equally affected as child-friendly spaces should had to be closed, and public gatherings were prohibited.

Education 1: The under-achievement against these indicators is due to teachers' strike in Aden, which prevented children to continue with the education programme, as well as early closure of schools across the country as of 16 March as the COVID-19 suppression measures. An education authority requested to resume the distribution of supplies from the school year 2020/2021.

Education 2 The under-achievement against these indicators is due to teachers' strike in Aden, which prevented children to continue with the education programme, as well as early closure of schools across the country as of 16 March as the COVID-19 suppression measures. An education authority requested to resume the distribution of supplies from the school year 2020/2021.

Education 3: Please note this is not an accumulative target. This reflects teacher incentives that occur periodically.

RRM 1: The under-achievement of this indicator is attributed to the fluctuating security situation at frontlines and denied sub-agreements and approval for implementing partners to implement the activity.

RRM 2: To ensure the 'do no harm' principle, consistency and continuity of the response, UNICEF consulted with other cash providers in Yemen and handed over the caseload to the new cash consortium.

Annex B

Revised HAC Funding Status*

Funding Requirements (as defined in the revised Humanitarian Appeal of 2020 for a period of 12 months)							
Appeal Sector	2020 Requirements (\$)	Funding Received Against 2020 Appeal (\$)	Carry Forward From 2019 (\$) ***	Other Allocations Contributing Towards Results (\$)*	2020 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	105,018,000	21,094,239	46,535,761	6,966,519	74,596,519	30,421,481	29%
Health	37,682,933	13,150,208	18,079,959	17,341,097	48,571,265	-10,888,332	-29%
Water, Sanitation and Hygiene	162,420,298	35,540,963	59,008,959	2,242,957	96,792,879	65,627,419	40%
Child Protection	15,337,294	6,021,453	10,455,243	216,588	16,693,284	-1,355,990	-9%
Education	82,185,184	9,917,450	22,741,710	-	32,659,161	79,526,023	71%
Social Policy	2,527,471	1,654,251	3,235,903	-	4,890,153	-2,362,682	-93%
C4D	3,895,000	507,961	6,961,935	878,068	8,347,964	-4,452,964	-114%
RRM	13,760,000	2,875,651	5,565,699	-	8,441,351	5,318,649	39%
Being allocated	-	7,853,015			7,853,015	-7,853,015	
Total	422,826,180	98,615,193	172,585,169	27,645,229	298,845,591	123,980,589	29%

*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 2020 HPM results.

**'Funds Available' as of 31 December 2020 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.