



©UNICEF Yemen/2020

Reporting Period: 1 - 31 July 2020

Yemen Country Office Humanitarian Situation Report



Highlights

- Torrential rains and flooding hit Yemen, damaging infrastructure, destroying homes and shelters and causing deaths and injuries since the last week of July. By the first week of August, 160,216 people were affected by floods in 32 districts of Yemen and needed immediate assistance. In July, UNICEF, with WFP and UNFPA, provided Rapid Mechanism (RRM) kits to 110 affected families by floods in Al Hudaydah and Marib.
- As of 31 July, there were 1,764 COVID-19 officially confirmed cases, and 507 associated deaths and 865 recovered cases in southern Governorates of Yemen. More than a quarter of Yemenis confirmed to have the disease have died. UNICEF continued to provide risk communication and community engagement activities to 524,340 people and provided personal protective equipment to 4,287 national exam centres.
- Between 1 January - 26 July 2020, 166,219 Acute Watery Diarrhoea (AWD)/cholera suspected cases and 48 associated deaths were reported, with 0.02 per cent of case fatality rate. In July, UNICEF treated 3,250 cholera suspected cases in UNICEF-supported Oral Rehydration Centres and Diarrhoea Treatment Centres.
- The fuel shortage caused surges in private water costs, which impacted accessibility to clean water.
- Through the polio campaign, 1,098,074 children under five were vaccinated with Polio vaccine and 828,470 under five received Vitamin A.

Situation in Numbers



12.2 million
children in need of
humanitarian assistance

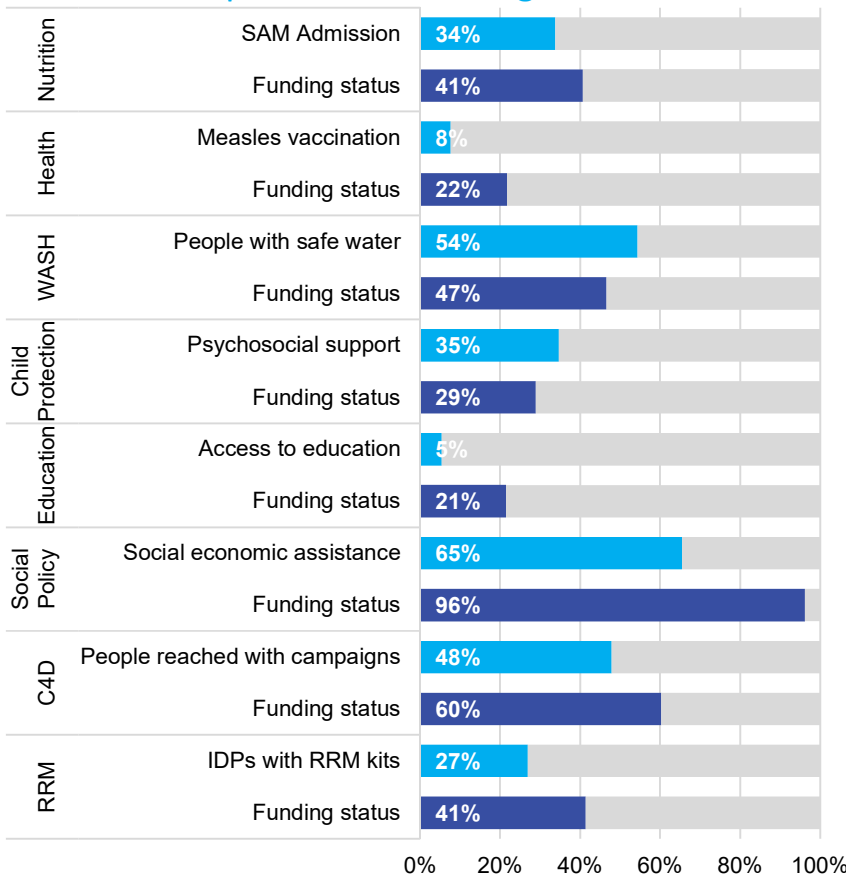


24.3 million
people in need
(OCHA, 2020 Humanitarian Response
Plan)



1.71 million
children internally displaced
(IDPs)

UNICEF's Response and Funding Status



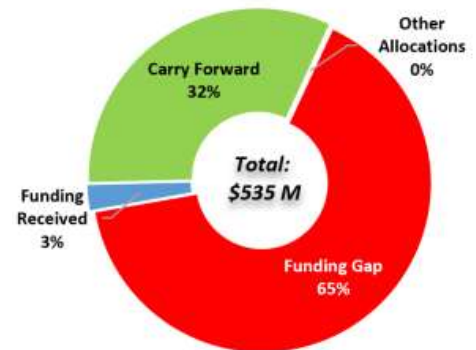
UNICEF Appeal 2020

US\$ 535 million

Funding Available*

\$183 million

Overall 2020 Funding Status



* Fund available includes funding received for the current appeal (emergency and other resources), the carry forward from the previous year and additional funding which is not emergency specific but will partially contribute towards 2020 HPM results.

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

Funding Overview and Partnerships

UNICEF appeal is for \$535 million as part of the 2020 Yemen Humanitarian Action for Children (HAC), which is aligned to the 2019 Yemen Humanitarian Response Plan (YHRP)¹. While UNICEF continues vigorous fundraising for its 2020 HAC appeal, it has received less than \$17 million. A total of \$173 million is carried forward from 2019 to meet growing needs, leaving an overall funding gap of \$345 million as of 31 July 2020. UNICEF Yemen will revise down its current HAC appeal to \$453 million in the coming month; the downward revision takes into consideration the constrained implementing environment and the new COVID-19 appeal, which will cover activities that require adjustments or expansion due to the pandemic.

UNICEF is concurrently mobilizing resources for its COVID-19 response in Yemen, appealing for \$103 million as part of the global COVID-19 response. As of 31 July, UNICEF received \$29 million against \$103 million of funding requirements. Despite the funding gaps and operational constraints, UNICEF continues to implement its responses using alternative modalities. The Risk Communication and Community Engagement (RCCE) reached 524,340 million people with COVID-19 messages while keeping physical distancing. As schools and child-friendly spaces have been closed since March 2020, UNICEF is exploring to provide distance learning and remote psychosocial support (PSS) and mine risk education services.

As part of continuing efforts to strengthen risk prevention and management measures, UNICEF continued to implement recommendations from the 2019 Office of Internal Audit and Investigation Internal audit report. As a result, UNICEF is actively implementing a series of risk mitigation measures to effectively deliver for children in a highly challenging and complex environment. UNICEF continued to implement 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. HACT Plus transcends the minimum prescribed assurance activities in HACT, a decision that is determined by the inherent risk exposure and operating environment. As of 31st July, 120 implementing partners were re-assessed to establish their revised risk profiles using the enhanced risk assessment methodology. A further 80 onsite financial reviews are also ongoing, using the revised financial assurance Terms of Reference with an increased focus on fraud detection and prevention. Overall 89% of audit sub-actions have been completed.

Situation Overview & Humanitarian Needs

Since the last week of July, heavy rain and flooding has affected the entire country²; this has resulted in damaged or destroyed infrastructure and houses, loss of livestock, and displaced people. By the first week of August, field reports indicated that 160,216 people have been affected by floods in 32 districts in Yemen and are in need of immediate assistance. Torrential rains have washed away homes, and caused significant damage to health and nutrition centers. Damage to water and sanitation infrastructure has led to water contamination and shortages of clean potable water, which exacerbates the spread of diseases such as cholera, malaria, and dengue fever. Flood-affected families and vulnerable populations are struggling to get help due to suspended humanitarian services, impassable roads, and limited access to communication means and information, making access to healthcare and safe water in Yemen more difficult. An already critical situation has become worse.



©UNICEF Yemen/2020. Heavy floods in Yemen.

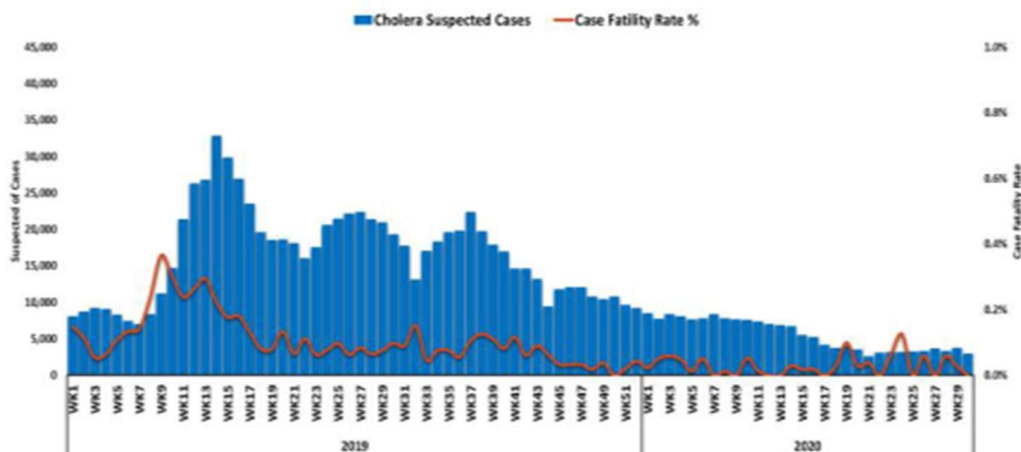
The spread of COVID-19 is most probably underestimated due to a lack of testing capacity. Only critical COVID-19 cases are being tested in Southern governorates, and the situation in Northern governorates remains unclear due to a lack of information. As of 31 July, 1,764 COVID-19 officially confirmed cases, and 507 associated deaths and 865 recovered

¹ In line with the YHRP prioritization review, the HAC is being revised downward.

² Particularly in Hajjah, Al Hudaydah, Amran, Sana'a, Amanat Al Asimah, Marib, Al Bayda, Ibb, Lahj, Abyan, Shabwah, and Hadramaut.

cases were reported in Yemen, with a 28.7 percent case fatality rate (CFR). It means more than a quarter of Yemenis confirmed to have the disease have died. This is five times the global average. The officially confirmed cases were reported in 11 governorates³. The level of transmission at the community level remains unknown. Serious concerns remain over a possible ongoing "silent" transmission, including in northern Yemen, where only four cases have been confirmed since the first cases in April 2020.

Between 1 January - 26 July 2020, 166,219 AWD/cholera suspected cases and 48 associated deaths were reported, with a 0.02 per cent CFR, which is a significant decrease compared with that of the same period in 2019 (536,914 suspected cases and 789 associated deaths with a 0.15 per cent CFR). The available reported data shows that the cholera trends are still stable; however, UNICEF is closely monitoring cholera suspected cases and associated deaths, especially with the ongoing heavy rains and floods.



The data collection on AWD/cholera suspected cases and associated deaths from the Ministry of Public Health and Population (MoPHP) through WHO is being delayed. High-level advocacy is ongoing for continuity of cholera updates and data sharing with MOPHP through the WHO team, supported by UNICEF. UNICEF and WHO technical teams also coordinate on this issue with the cholera committee at the MoPHP.

In July 2020, the United Nations Country Task Force on Monitoring and Reporting (UN CTFMR) has documented 43 incidents of grave violations against children, in which 100 per cent of the documented incidents were verified. There was a high number of verified child casualties, including 13 children killed (6 boys and 7 girls), and 54 children maimed (39 boys and 15 girls) by various parties to the conflict. Most of the incidents documented and verified were in Al Dhale'e, closely followed by Taizz. There were also two airstrikes in Hajjah and Al Jawf, which took place within 4 days of each other and resulted in a high number of civilian casualties, affecting 8 and 12 children, respectively. These are only figures that the UN has been able to verify to date. The actual number of incidents might be higher than this.

All Local Water and Sanitation Cooperation's (LWSC) are facing an acute shortage in fuel stock, where 20 LWSCs have run out of fuel stock. The operation of public water supply systems is severely affected by fuel shortage. Some LWSCs are currently buying fuel from the market to continue producing water. However, this measure cannot continue for a long time. All LWSCs will soon run out of financial resources, which will terminate both water production and employee salaries. Sana'a, Ibb, Hajjah, Taizz, and other main cities are also out of fuel stock, which forces the Sana'a LWSC to continue borrowing fuel from the Sana'a Waste Water Treatment Plant (WWTP) and forces other LWSCs to buy or borrow fuel from the market. With the cholera and COVID-19 outbreaks, which have enormously increased the water demand at household level, the fuel shortage exacerbates the vulnerability of the population.

³ Amanat Al Asimah, Al Bayda, Marib, Hadramaut, Al Maharah, Taizz, Lahj, Aden, Abyan, Al Dhale'e, and Shabwah

Summary Analysis of Programme Response

AWD/Cholera Response

As part of the integrated AWD/cholera response, UNICEF supported 179 Oral Rehydration Centres (ORCs), and 57 Diarrhoea Treatment Centres (DTCs) in 201 districts in 17 governorates⁴. In July, 3,250 cholera suspected cases were treated in those ORCs and DTCs in five governorates⁵. Also, UNICEF supported the distribution and pre-positioning of 407 AWD kits in cholera hot-spot districts in Al Jawf, Al Mahweet, Hadramaut, and Sa'ada, where suspected cholera cases are expected to increase due to the rainy season and floods.

In July, partners continued its efforts to prevent the spread of AWD/cholera through integrated communication and social mobilization interventions, which have been complemented with messaging on COVID-19 preventative measures. Community volunteers conveyed AWD/cholera prevention messages to 126,424 people in high-risk districts with AWD/cholera. The messages were conveyed through 18,643 house-to-house visits and 553 community meetings and events. Community volunteers and members of Mother-to-Mother (M2M) clubs also supported distributing hygiene kits to 8,500 families, including 3,500 families living in IDP centers and in the marginalized areas in Aden, Al Maharah, Sa'ada, and Hadramout, to support a clean hygiene and sanitation environment.

In July, due to severe funding shortfalls, UNICEF was unable to implement its WASH cholera response. The funding constraints for the WASH emergency response has impacted the primary WASH cholera response interventions, including rapid response team operations, and the operation and maintenance of Waste Water Treatment Plants.

Health and Nutrition

UNICEF supported the distribution of 499,720 Bacillus Calmette–Guérin, 419,970 measles-rubella, 557,322 Rota, 295,020 interactive polio vaccines, 1,300,469 oral polio vaccines, 822,376 Penta and 835,263 doses of Pneumococcal vaccinees in all 22 governorates, to be used in vaccine campaigns in the third quarter of 2020. In July, UNICEF supported the implementation of the diphtheria campaign in Aden, Lahj, Al Dhale'e, Al Maharah, and Taizz, reaching 1,091,590 children aged 6 weeks - 15 years. Through the UNICEF-supported polio campaign, 1,098,074 children aged 0 - 59 months were vaccinated with polio vaccine and 828,470 children 6-59 months received Vitamin A. The polio campaign was implemented in 11 governorates from 24-27 July⁶. The campaign will be continued in Socotra and Hadramaut in August 2020.



©UNICEF Yemen/2020. A child is receiving polio vaccine during the polio campaign.

39,302 children under the age of one received the third dose of Pentavalent, which will protect them from diphtheria, pertussis, tetanus, and hepatitis B and Haemophilus influenza type B. 34,710 children received the first doses of the measles vaccine. 29,991 women of childbearing age (15 - 49 years) were vaccinated against tetanus and diphtheria. To strengthen the immunization supply chain system, UNICEF supported the installation of 234 Solar Direct Drives (SDDs) in 13 governorates⁷.

As part of the COVID-19 response, UNICEF continued to support Pillar 9 (continuity of services during COVID-19 context) of the COVID-19 preparedness and response plan in Yemen. To ensure the safety of children and vaccinators, UNICEF provided personal protective equipment (PPE) for 29,544 health workers during the diphtheria and polio campaigns. To ensure the continuation of primary health care services, UNICEF conducted COVID-19 orientation sessions for 4,457 health and community health workers and distributed PPE to 18 hospitals. UNICEF established and supported the triage system for COVID-19 in three health facilities in Dhamar, Marib, and Ibb.

⁴ Sa'ada, Al Jawf, Taizz, Ibb, Abyan, Al Bayda, Al Dhale'e, Al Mahweet, Hadramout, Lahj, Shabwa, Aden, Al Mahra, Amran, Dhamar, Amanat Al Asimah, and Sana'a

⁵ Amanat Al Asimah, Taiz, Ibb, Aden, and Al Dhale'e

⁶ Aden, Al Dhale'e, Al Mahrah, Lahj, Hadramaut, Al Hudayada, Marib, Al Bayda, Taizz, Abyan and Shabwah.

⁷ Amanat Al Asimah, Sana'a, Amran, Al Bayda, Al Jawf, Sa'ada, Al Hudaydah, Raymah, Ibb, Al Mahweet, Hajjah, Dhamar, Taizz



©UNICEF Yemen/2020. Health workers receive a comprehensive training on infection prevention and control, and identification and referral of suspected cases to Isolation Centres.

In the COVID-19 context, nutrition services continued with adapted protocols in place. Only mid-upper arm circumference (MUAC) was conducted for Severe Acute Malnutrition (SAM) screening, and weekly follow-up visits were replaced to monthly follow up visits. Community health and nutrition volunteer (CHNV) visits were conducted outside the home with a limited number of house visits per day. UNICEF and partners continue to support the scale-up of the integrated Community Management of Acute Malnutrition since the beginning of the year. With 80 per cent reporting rate, 1,842,794 children under five were screened for malnutrition, out of which 111,987 children with SAM were admitted for treatment.

To prevent malnutrition, 264,960 children received deworming tablets and 462,928 children received micronutrients through routine services. A further 1,106,270 children received Vitamin A as part of the polio campaign. To ensure the adoption of proper feeding practices, 1,281,780 mothers received infant and young child feeding messages. To support the nutritional health of mothers and newborns, 814,921 pregnant and lactating mothers received Iron Folate supplementation to prevent anemia.

In an effort to prevent transmission of COVID-19, SMART surveys and MUAC screening campaigns remain suspended in line with global guidance as well as growth monitoring activities. The Food Security and Livelihoods Assessment (FLSA) was last conducted in southern governorates between November 2019 and January 2020. For the MUAC data quality assurance, a further data review was carried out in line with the Center for Disease Control and Prevention criteria in July. After high-level advocacy with government authorities, the MUAC data from 124 out of 134 districts was finally endorsed by the government authorities and will be used for the Integrated Food Security Phase Classification analysis, which will take place in August. The FLSA in northern governorates was conducted between February and April 2020. Once the clearance is received from the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA), UNICEF will carry out the analysis of food security and MUAC data.

The Nutrition Cluster developed and disseminated the standard operating procedure for health and nutrition mobile teams to guide partners to safely deliver health and nutrition services in hard to reach and isolated areas during the COVID-19 pandemic. The shortage of PPEs for health and nutrition workers caused constraints for partners. Nutrition Cluster conducted the cluster coordination performance monitoring orientation and evaluation for nutrition cluster partners operating in Aden, and the online questionnaire was activated and shared with partners. The Nutrition cluster urgently requires funding to enable continuity of life-saving nutrition interventions and prevent increased risk of mortality among malnourished children.

Water, Sanitation and Hygiene

While UNICEF and WFP completed the fuel distribution plan for 37 Local Water and Sanitation Corporation (LWSC) to cover part of the fuel requirements, UNICEF faces funding shortages to continue with its fuel support. UNICEF needs \$4.8 million to provide 50 per cent of fuel needs through to the end of 2020. UNICEF no longer has the funding capacity to support the WASH emergency response interventions unless an additional \$7.2 million is received every month.

Despite the challenges, UNICEF provided the most urgent WASH responses in July, by using flexible emergency funding. UNICEF continued to support the operation and maintenance of the water supply systems, including the provision of fuel and electricity, in



©UNICEF Yemen/2020. An UNICEF partner is providing clean water.

Amanat Al Asimah, Sana'a, Dhamar, and Al Bayda. Through UNICEF support, 1.58 million people, including 806,135 children, received safe drinking water, in July. UNICEF supported the General Authority for Rural Water Supply Projects (GARWSP) to provide clean water to 12,289 IDPs in Al Hudaydah, and Hajjah through water trucking at IDP camps.

To ensure the continuity of water supply provision for 540,000 people, UNICEF supported the construction and rehabilitation of a water supply system in Ibb. If the fuel is provided for the water supply operations, an additional

260,000 people can access clean water. Furthermore, UNICEF improved water sources for 842 people by supporting the rehabilitation of the rainwater harvesting reservoir in Sa'ada. Through the construction of a small sanitation system, 5,700 people, including 2,907 children, also gained access to basic sanitation services in Sa'ada.

UNICEF supported the construction of WASH facilities in 21 COVID-19 quarantine centers in Al Hudaydah, Hajjah, Al Mahweet, and Raymah. Furthermore, UNICEF supported the rehabilitation of WASH facilities at 109 health facilities, which benefited 124,703 people in Al Hudaydah, Al Mahweet, and Marib.

Between 1 -10 July 2020, UNICEF provided clean water to 205,335 people through chlorination of the water sources and water tankers in Ibb⁸. Also, 567,850 people received clean water in Taizz through UNICEF's support on water quality testing and monitoring. Despite UNICEF's support, water quality monitoring and chlorination activities have been suspended since 20 July 2020 due to critical funding gaps.

Child Protection

The closure of schools and suspension of all public gatherings, including child-friendly spaces and awareness-raising activities, as COVID-19 precautionary measures, continue to affect the implementation of the mine risk education (MRE) and psychosocial support (PSS), since March 2020. In July, UNICEF provided PSS to 2,341 people⁹, including 2,160 children, in Amran and Aden, through a network of fixed and mobile child-friendly spaces, to help them overcome the immediate and long-term consequences of their exposure to violence. To ensure the continuity of mine risk awareness activities, UNICEF and Yemen Executive Mine Action Center (YEMAC) agreed on the remote awareness-raising materials to be used through social media and radio stations.

Through the case management programme, UNICEF continued to support the referral and provision of critical child protection services to 274 children (136 girls and 138 boys). They provided child protection services including lifesaving health services, individual and group-based PSS, family tracing and reunification, economic and livelihood support, birth certificate, and legal support.

The Child Protection Sub-Cluster has been raising the awareness among the donors and the Humanitarian Country Team (HCT) of the increased child protection risks during the COVID-19 pandemic and advocating support for child protection needs in Yemen. As the Child Protection Sub-Cluster is facing a challenge to collect information from its members in a timely and accurate manner, the Child Protection Sub-Cluster piloted using a 5W template with a few members. The 5W data collection tool will support cluster coordinators and the HCT to report progress against priority needs stipulated in the Humanitarian Response Plan. The final 5W will soon be ready and used by all Sub-Cluster members.

Education

For the national exams for grades 9 and 12 that will take place in 13 governorates on 15 August, UNICEF supported 4,287 exam centers with 4.2 million masks, 1 million gloves, 4,287 handheld thermometers and 64,305 liters of hand sanitizers (15 liters for each exam centers). By providing PPE, UNICEF seeks to ensure that exams are conducted in a safe and sanitized environment.

UNICEF supported the Ministry of Education to broadcast education messages on school reopenings and distance/alternative learning, as part of a larger Back to Learning Package. UNICEF is also exploring the possibility of using online platforms for distance learning including, but not limited to, the Learning Passport in Yemen.

In July, UNICEF distributed over 8,020 desks for 18,380 students in Ibb, Taizz, Dhamar, Amran, and Al Bayda. The preparations to launch the school grant initiative are ongoing. UNICEF targets 7,000 schools with a grant of \$1,500 per school to address the schools' operational needs, such as the provision of teaching materials, minor repairs, and other essential costs. Targeted schools will be granted the funds upon review and approval of the school's development plan.

The new school year in Aden will start on 6 September, while the date has not yet been communicated in Sana'a. The Education Cluster, with the Child Protection Sub-Cluster, WASH Cluster, UNICEF C4D section, and key partners, formed a task force with key partners to support the national exams and safe school re-opening.

⁸ Al Mashannah, Ad Dhihar, Jiblah, Ibb, Al Makhadir, Dhi Sufal, and Yarim districts

⁹ 83 men, 98 women, 1,093 boys, and 1,067 girls

Social Inclusion

In July, UNICEF supported the Ministry of Planning and International Cooperation in drafting and publishing the 48th edition of the Yemen Socio-Economic Update (YSEU). The edition focused on national social protection programs at the national level on the social safety net programmes¹⁰. The YSEU also focused on the Social Insurance Institutions, including the General Authority for Insurance and Pension, the General Corporation for Social Insurance, Pension Fund for the Military, and the Disabled Care and Rehabilitation Fund.¹¹

As part of the scaled-up Integrated Model of Social Economic Assistance (IMSEA), UNICEF completed verification of IMSEA beneficiaries in Aden. The IMSEA is a multi-sectoral approach aimed at joining up benefits, social services, and other social and economic inputs/interventions to achieve improved outcomes for the poorest and most vulnerable populations. The IMSEA verification phase 1 targeted 7,277 households from the most marginalized slum community in Aden. The verified households will be registered in IMSEA to receive critical social services.

Communications for Development / Risk Communication and Community Engagement

To suppress the spread of COVID-19, UNICEF continued to support interpersonal communication interventions through house-to-house visits and awareness sessions in mosques, while adhering to COVID-19 physical distancing guidelines. 524,340 people received COVID-19 messages through 71,827 house-to-house visits, Mother to Mother (M2M) sessions, and awareness sessions in health facilities across the country. An additional 19,100 people received the messages through megaphones, which involve two-way communication. Imams and Morshydats reached 523,511 people at 13,594 community gatherings and 14,073 women social events to encourage their adoption of the COVID-19 prevention practices and physical distancing guidelines. The awareness sessions were complemented by social media groups created by religious leaders, community volunteers, and members of M2M clubs to engage with their communities. Approximately 3.5 million people received COVID-19 messages through 11,000 WhatsApp groups.

UNICEF supported the organization of orientations sessions on COVID-19 RCCE for 1,965 school health facilitators from 682 schools in Amanat Al Asimah, Al Bayda, Amran, Dhamar, Marib, and Sana'a. The participant facilitators will conduct awareness sessions to parents and school children in their communities. Through the support feedback systems and accountability mechanism for the affected populations, 3,200 people called the hotline of the MoPHP with questions and concerns about COVID-19. An additional 360 calls were received through radio phone-in programmes where health professionals answered callers' questions and addressed their concerns on COVID-19.

During diphtheria and polio vaccination campaigns that were conducted in 11 governorates¹², UNICEF provided communication and social mobilization support. To promote uptake of the vaccines, UNICEF conducted the mobilization of 1,100 community volunteers and religious leaders as well as the 300 members of M2M clubs during both campaigns. The community engagement interventions were complemented by 80 vehicles mounted with megaphones and 5 mobile cinemas. Commodities were branded with vaccination messages, while posters and banners were placed in strategic locations. Furthermore, 2 TV channels and 6 radio stations aired the programmes to support the campaign. An estimated 6 million were encouraged to receive diphtheria and polio vaccines through the social mobilization campaign interventions.



©UNICEF Yemen/2020. A community mobilizer raising awareness on the polio campaign through interpersonal sessions while applying social distancing.

In response to the heavy rains and floods in July, over 3,000 community volunteers, religious leaders, and school health facilitators provided interpersonal communication activities and messages through WhatsApp groups, to sensitize people on hygiene practices.

¹⁰ Include Social Welfare Fund, Social Fund for Development, Public Works Project, and other Small and Micro Financing Programmes

¹¹ YSEU 48: <https://reliefweb.int/report/yemen/yemen-socio-economic-update-issue-48-may-2020-enar>

¹² Abyan, Al Bayda, Al Hudaydah, Al Dhale'e, Al Maharah, Shabwah, Aden, Lahj, and Marib

Rapid Response Mechanism

In July, UNICEF, with UNFPA and WFP, reached more than 3,500 newly displaced families, including more than 110 families affected by floods in Al Hudaydah and Marib, with Rapid Response Mechanism (RRM) kits. RRM kits have met the most critical immediate needs of displaced families, which are food, family basic hygiene kits, and female dignity kits, as families were uprooted suddenly from their homes without time to take anything with them.



@UNICEF Yemen/2020. Partners distribute hygiene kits to those affected by floods in Hadramaut.

Supply and Logistics

In July, supplies worth \$6 million with total weight and volume of 1,325 tons and 3,449 cubic meters respectively arrived in Yemen from Djibouti and Oman. These supplies included PPE, medicines, AWD kits, cold chain, recreation kits, school-in-a-box kits, and therapeutic food. The delivery was completed with 11 chartered flights to Sana'a and Aden, and 3 chartered vessels to Al Hudaydah and Aden. During the reporting period, \$10.9 million worth of supplies were delivered from UNICEF warehouses to end-user beneficiaries.

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: Responding to malnutrition in Sada'a



The therapeutic feeding centre at the Al-Jamhori Hospital in Sada'a welcomes thousands of families seeking lifesaving care for their malnourished children. The area continues to see the impact of over five years of conflict which has led to mass displacement and a health system on the brink of collapse. Health workers are a lifeline for the acutely malnourished children who come through their doors.

For the full Human Interest Story, click [here](#).

External Media

[Solar Power and Clean Water and Dhamar](#)



[Field Assessment following Rains in Marib](#)



[Polio Campaign](#)



[Doctor in Ibb](#)



Next SitRep: 30 September 2020

UNICEF Yemen Facebook: www.facebook.com/unicefyemen

UNICEF Yemen Twitter: @UNICEF_Yemen

UNICEF Instagram: UNICEF_Yemen

UNICEF HAC 2020: www.unicef.org/appeals/yemen.html

Who to contact for further information:

Bastien Vigneau
Deputy Representative
UNICEF Yemen
Sana'a
Tel: +967 712 223 150
Email: bvigneau@unicef.org

Bismarck Swangin
Chief of Communications
UNICEF Yemen
Sana'a
Tel : +967 712 223 161
Email: bswangin@unicef.org

Anne Lubell
Partnerships Specialist
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 79 835 0402
Email: alubell@unicef.org

Annex A

Summary of Programme Results

2020 Programme Targets and Results	Cluster Response				UNICEF and IPs		
	Overall Needs ¹	2020 Target ¹	Total Results	Change since last report ▲▼	2020 Target	Total Results	Change since last report ▲▼
NUTRITION¹							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	325,209	263,430	117,033	16,619 ▲	331,000	111,987	15,917 ▲ ²
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,528,383	1,107,614	990,400 ▲	4,400,000	1,106,270	990,400 ▲ ³
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					700,000	341,295	40,896 ▲
Number of children under 5 vaccinated against polio					5,500,000	1,121,208 ¹	1,121,208
Number of children under 5 receiving primary health care in UNICEF-supported facilities					1,700,000	1,429,553	147,259 ▲
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	No data available yet	No data available yet	5,504,895	140,652 ▲	6,800,000	4,040,946	112,460 ▲
Number of people provided with standard hygiene kit	No data available yet	No data available yet	1,290,746	35,139 ▲	5,000,000	1,014,961 ¹	15,578 ▲
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	No data available yet	303,827	2,341 ▲ ³	874,000	302,660 ²	2,341 ▲
Number of children and community members reached with life-saving mine risk education messages ¹					2,000,000	240,258 ²	-
Number of children and women accessing gender-based violence response interventions ¹					48,030	2,840 ²	28 ▲
EDUCATION							
Number of children provided with individual learning materials	No data available yet	No data available yet	379,677	5,479 ▲	1,000,000	379,232 ¹	5,479 ▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	234,336	-	820,000	44,322 ²	-
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet		-	135,000	114,615 ³	-
Social Policy							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					85,000	55,667	-
RRM							
Number of vulnerable displaced people who receive RRM kits					1,300,000	349,621 ¹	24,500 ▲
Number of vulnerable persons supported with multi-purpose cash transfer					135,000	58,751 ²	-
C4D							
Number of people reached with key life-saving/behaviour change messages through communication for development interpersonal communication interventions					6,000,000	2,871,419	126,424 ▲
Footnotes							
Overall Needs 1: Figures for needs will be provided once the 2020 Humanitarian Needs Overview for Yemen is published.							
Target 1: Figures for 2020 Cluster Target will be provided once the Yemen HRP for 2020 is published.							

Nutrition 1: The data collection of nutrition figures is being delayed for a month.
Nutrition 2: The low achievement is attributed to COVID-19 suppression measures and Ramadan, which led to less movement of beneficiaries.
Nutrition 3: Data collection for this activity is delayed by one month, and achievement this month is as of end June 2020.
Health 1: The polio campaign took place only in southern governorates, due to the COVID-19 precautionary measures.
WASH 1: Due to a potential risk on increasing suspected cholera cases following the rainy season during summer, hygiene kits will be distributed during the second half of 2020.
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.
Child Protection 3: The reached numbers are 89,070 for May, and 105,819 for June.
Education 1: The under-achievement against these indicator 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. Please note that April and May achievement against this indicator has been revised after data quality assurance activities.
Education 2: The under-achievement against these indicator 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. Please note the June achievements have been revised as some achievements were attributed to Education indicator 1.
Education 3: Please note that the achievement for April has been revised, and the achievement reported is up to date.
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

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	126,103,718	4,698,194	46,570,295	-	51,268,489	74,835,229	59%
Health	91,190,848	1,685,708	18,103,983	-	19,789,691	71,401,157	78%
Water, Sanitation and Hygiene	135,000,000	3,887,702	59,046,496	-	62,934,198	72,065,802	53%
Child Protection	42,800,150	1,905,672	10,465,753	-	12,371,425	30,428,725	71%
Education	110,997,852	1,022,461	22,771,740	-	23,794,201	87,203,651	79%
Social Policy	3,400,000	29,952	3,240,407	-	3,270,359	129,641	4%
C4D	11,730,000	103,333	6,964,938	-	7,068,271	4,661,729	40%
RRM	13,760,000	121,216	5,571,705	-	5,692,921	8,067,079	59%
Being allocated	-	3,233,668	-	-	3,233,668	- 3,233,668	
Total	534,982,568	16,687,906	172,735,317	-	189,423,222	345,559,346	65%

*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 July 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.