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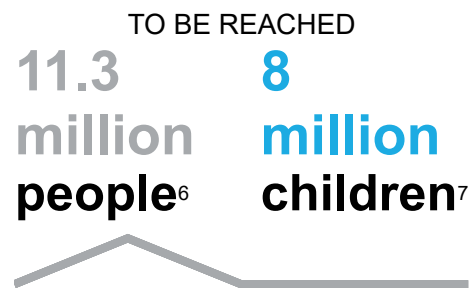
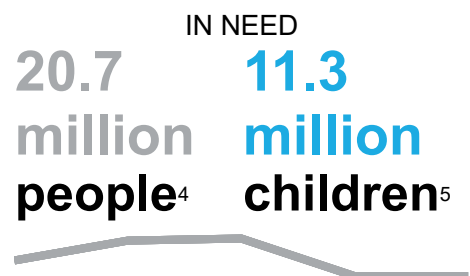
Humanitarian Action for Children

Little Helal with a community health worker measuring his nutrition status. UNICEF strives to provide children in Yemen with the nutritional support they need. Helal Abdo is from Ibb Governorate.

Yemen

HIGHLIGHTS¹

- Yemen remains one of the world’s worst humanitarian crises. Protracted armed conflict, widespread economic collapse, and overstretched national systems and services have left 70 per cent of the total population, including 11.3 million children, in need of humanitarian assistance.² The protracted situation severely impacted the health and nutrition of children, with nearly 400,000 children severely malnourished and 2.3 million children acutely malnourished.³ The COVID-19 pandemic further strained the fragile health system and exacerbated the underlying protection and gender-related vulnerabilities of children, adolescents and women.
- UNICEF’s humanitarian strategy in Yemen has a dual focus on direct life-saving assistance and system strengthening, in order to strengthen the linkages between humanitarian action and development/ resilience programming. The COVID-19 response involves protecting children and their families from infection, minimizing mortality, and supporting the continuity of essential services.
- UNICEF requires US\$484.4 million to respond to the humanitarian crisis in Yemen in 2022. Children’s nutrition is increasingly threatened, with life-long consequences. Across the country, acute malnutrition is now at serious levels.



KEY PLANNED TARGETS



366,358

children admitted for treatment for severe acute malnutrition



2.5 million

children and women accessing health care



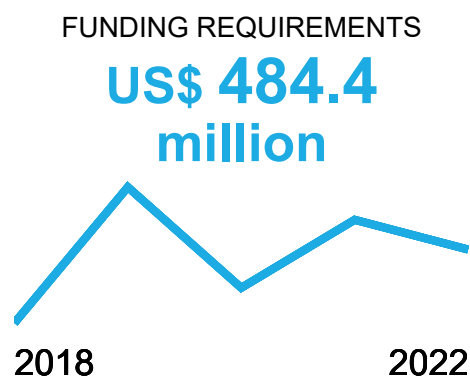
5.9 million

people reached with critical WASH supplies



6 million

women and children accessing gender-based violence mitigation, prevention, response



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Almost seven years since the conflict began, Yemen remains one of the worst humanitarian crises in the world, with 20.7 million people – 70 per cent of the total population – in need of humanitarian assistance.⁸ The conflict has left nearly 4 million people, including 2 million children, internally displaced, in addition to 422,000 migrants and asylum seekers.⁹

The operating environment in Yemen consists of warring parties and separate governance structures and continues to pose significant challenges in delivering critical life-saving services to women, children and their families throughout the country. More than 45 districts remain directly affected by conflict across active frontlines, mainly in the Marib, Hodeida, Al Bayda, Abyan, Al Jawf, Taiz, Ad Dali and Sa'ada governorates. Children are the primary victims of the war. Over 8,526 grave violations against children were recorded between 2019 and 2020, including denial of humanitarian access, killing and maiming, and the recruitment and use of children. More than 3,500 children suffered one or more grave violations.¹⁰

The war's impact on children is staggering. Nearly 400,000 children under 5 years of age suffer from severe acute malnutrition,¹¹ and over 15.4 million people urgently need WASH services.¹² These conditions heighten the risk of cholera, malnutrition, and other WASH-related diseases. Immunization coverage has stagnated at national level, with 37 per cent of children under 1 year of age missing routine vaccinations.¹³ The country is experiencing regular outbreaks of measles, diphtheria, and other vaccine-preventable diseases. Since 2019, Yemen confirmed 35 cases of vaccine-derived poliovirus,¹⁴ 34 of which were in the Sa'ada governorate.¹⁵

By September 2021, Yemen confirmed 9,143 cases of COVID-19, including 5,661 recoveries and 1,735 deaths.¹⁶ The pandemic has put added pressure on the already fragile health system, with more than half of health facilities not functioning. Global shortages and breaks in the supply chain could cause further loss of household income, rising food prices and general inflation.¹⁷ The number of out-of-school children in Yemen has doubled since the conflict began, reaching over 2 million school-aged girls and boys by 2021. More than 400,000 have been pushed out of school directly by the war: 2,575 schools have been damaged, used as shelter by internally displaced people, or occupied by armed groups.¹⁸

The current humanitarian crisis in Yemen has increased the vulnerability of children and women to exploitation, violence and abuse, including child labour, forced recruitment, domestic and gender-based violence, child marriage and psychosocial distress.

SECTOR NEEDS



400,000
children under 5 years
have SAM¹⁹



20.1 million
people need health
assistance²⁰



15.4 million
people lack access to
safe water²¹



8.6 million
children in need of
protection services



8.1 million
children need
education support²²

STORY FROM THE FIELD



Four years ago, Yemen experienced the worst cholera outbreak in modern history, spanning 96 per cent of its governorates. The erosion of the country's healthcare, water, sanitation and hygiene systems occurred against the backdrop of a protracted war that has destroyed numerous water infrastructure sites.

The goal of UNICEF's emergency response project for water and environmental sanitation was to provide adequate and safe water and sanitation for vulnerable people, such as Ali's family who are internally displaced in one of nine of Al Jawf's IDP camps.

[Read more about this story here](#)

Ali, 12 years old, and his brother Mohammad, 6 years old, in one of the IDP camps in Al Jawf Governorate, Yemen.

HUMANITARIAN STRATEGY

UNICEF Yemen's humanitarian strategy is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, and cluster priorities. As a cluster lead for WASH, nutrition, education and the child protection sub-cluster, UNICEF effectively supports sector and inter-sectoral coordination and information management at national and sub-national levels. UNICEF will pursue a balanced approach between providing immediate life-saving interventions and investing in systems strengthening. This balancing of humanitarian and development programming will require a nuanced approach in different parts of the country at different paces, as well as dedicated donor support.

UNICEF will continue to provide life-saving assistance for children in some of the hardest-to-reach districts via its robust field presence and network of five field offices.

With public services near collapse, UNICEF will continue to provide life-saving health and nutrition interventions through community-based activities for affected populations, including internally displaced persons, while sustaining and strengthening access to a set of high-impact preventive and curative services at the community and facility level.

UNICEF's COVID-19 strategy involves protecting children and their families from infections including adherence to prevention protocols, risk communication and community engagement (RCCE), and early referral and treatment when infected.

UNICEF will prioritize life-saving treatment and preventive acute malnutrition services. Following optimal scale-up of nutrition services, in 2022, UNICEF will focus on strengthening the quality of service delivery and enhance multi-sectoral response with WASH and education.

UNICEF WASH interventions will include providing durable, cost-effective solutions that strengthen the resilience of local institutions and communities. UNICEF will provide immediate life-saving assistance: sustain existing WASH services to mitigate exposure to disease in high-risk communities and avert further deterioration of humanitarian needs, support public institutions to reduce risks of COVID-19, and support health actors to reduce secondary contamination in health facilities.

UNICEF will support interventions that build the resilience of affected children through life-skills education and psychosocial support in community spaces, schools and hospitals; mitigate the risk of injuries from exposure to landmines and explosive remnants of war through targeted campaigns; and provide services to children with acute protection needs. The Country Task Force on Monitoring and Reporting will engage with parties to the conflict to establish concrete measures to prevent and halt grave violations of child rights.

Vulnerable children and families will receive integrated social protection services, including humanitarian cash transfers. These will target especially the most vulnerable, including children with severe acute malnutrition (SAM) complications, pregnant women and lactating women, in order to ease the economic barriers to accessing services and treatment.

UNICEF will integrate gender-responsive initiatives to ensure protection from sexual exploitation and abuse and strengthen interventions to prevent, respond to, and mitigate gender-based violence.

2022 PROGRAMME TARGETS



Nutrition

- **366,358** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **5,023,627** children aged 6 to 59 months receiving vitamin A supplementation every six months



Health

- **2,500,000** children and women accessing primary health care in UNICEF-supported facilities
- **5,535,816** children aged 0 to 59 months vaccinated against polio
- **972,142** children aged 0 to 11 months vaccinated against measles (MCV1)
- **25,000** health care facility staff and community health workers provided with personal protective equipment



Water, sanitation and hygiene

- **6,800,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **5,910,000** people reached with critical WASH supplies
- **3,400,000** people in humanitarian situations accessing safe means of excreta disposal
- **5,910,000** people in humanitarian situations reached with messages on appropriate hygiene practices



Child protection, GBViE and PSEA²⁴

- **900,000** children and parents/caregivers accessing mental health and psychosocial support
- **6,000,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,900,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **2,010,000** children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions



Education

- **500,000** children accessing formal or non-formal education, including early learning
- **800,000** children receiving individual learning materials
- **15,000** teachers receiving teacher incentives each month



Social protection

- **50,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers



Rapid Response Mechanism

- **588,000** vulnerable displaced people who received Rapid Response Mechanism kits

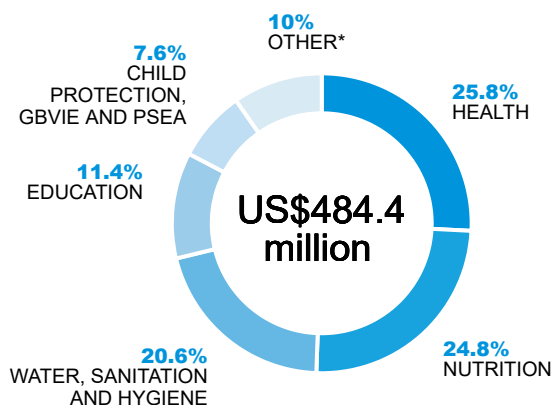


Cross-sectoral (HCT, C4D, RCCE and AAP)²⁵

- **8,500,000** people participating in engagement actions for social and behavioural change²⁶

FUNDING REQUIREMENTS IN 2022

UNICEF is appealing for US\$484.4 million to meet the humanitarian needs of children and families and fulfil children's rights in Yemen.²⁷ UNICEF's humanitarian programmes are planned for nationwide reach, targeting populations in the areas with the most acute needs. The appeal reflects UNICEF's requirements for the ongoing humanitarian response and the COVID-19 response. This funding will allow UNICEF to meet life-saving needs in health, nutrition and WASH and provide timely response to displacement through the Rapid Response Mechanism. The funding requirements for child protection and social protection have increased compared to 2021, due to the increased needs for prevention of sexual exploitation and abuse and the scale-up of humanitarian cash transfer activities. Education remains a priority, with the appeal focusing on support for education in emergencies. The overall appeal decreased from 2021, reflecting change in the education component and reduced funding required for cluster coordination. Without timely funding, UNICEF and its partners will be unable to effectively address the needs of the most vulnerable children and families, who are suffering from this protracted and continuing armed conflict and its devastating impacts and from the crippling health and economic consequences of the COVID-19 pandemic.



Sector	2022 requirements (US\$)
Nutrition	120,000,000
Health	125,000,000
Water, sanitation and hygiene	100,000,000
Child protection, GBVIE and PSEA	37,000,000 ²⁸
Education	55,450,000 ²⁹
Social protection	23,000,000
Rapid Response Mechanism	5,950,000 ³⁰
C4D, community engagement and AAP	12,500,000
Cluster & Field Coordination	5,500,000
Total	484,400,000

*This includes costs from other sectors/interventions : Social protection (4.7%), C4D, community engagement and AAP (2.6%), Rapid Response Mechanism (1.2%), Cluster & Field Coordination (1.1%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
3. Acute Malnutrition Analysis January 2020 – March 2021 | Issued February 2021
4. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
5. Ibid.
6. This was calculated using the highest coverage programme targets of 5.5 million children under 5 years to be reached with polio vaccination and 2.5 million children aged 5 to 17 years and 3,332,000 adults to be reached with safe water. An estimated 57 per cent are women/girls. According to 2021 HRP, around 2.4 million of the 20.1 million people in need are with disability. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. This was calculated using the highest coverage programme targets of 5.5 million children under 5 years to be reached with polio vaccination and 2.5 million children aged 5 to 17 years to be reached with safe water. An estimated 50 per cent are girls. Of the 11.3 million children, an estimated 15 per cent are with a disability. This figure is based on the World Health Organization (WHO) global estimate of 15 per cent disability prevalence in all countries; the actual number of people with disabilities in Yemen is widely expected to be much higher.
8. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
9. United Nations Yemen CCA September 2021.
10. The Office of Special Representative of the Secretary-General for Children and Armed Conflict Report on the Situation of Children and Armed conflict in Yemen, September 2021.
11. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
12. Ibid.
13. Yemen Ministry of Health administrative data, January to August 2019.
14. Last cVDPV case was 27 March 2021.
15. Yemen Ministry of Health Administrative data, May 2021.
16. World Health Organization, 'Yemen: COVID-19 Epidemiological Update', WHO, <<https://bit.ly/2BTyVem>>, accessed 2 October 2021.
17. 'Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
18. Education Disrupted: Impact of the conflict on children's education in Yemen, UNICEF, July 2021.
19. Acute Malnutrition Analysis January 2020 – March 2021 | Issued February 2021.
20. Office for the Coordination of Humanitarian Affairs, 'Yemen: 2021 Humanitarian Response Plan – Humanitarian Programme Cycle 2021, OCHA, March 2021.
21. Ibid.
22. Ibid.
23. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
24. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
25. Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.
26. Through the establishment of feedback mechanisms where people can share their concerns and ask questions/clarifications to address their needs.
27. Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents.
28. This includes US\$3 million for gender-based violence interventions; and US\$450,000 for prevention of sexual exploitation and abuse interventions.
29. Compared to 2021, there is a reduction in the funding requirement for Education due to the decreased number of teachers to be reached with teacher incentives. In 2020 and 2021, UNICEF included US\$70 million for teacher incentives. In 2022, in light of the funding landscape and pressing education in emergency needs, UNICEF has not included teacher incentives in the HAC appeal but kept them as a priority in its development programming. UNICEF will continue to advocate for support for teacher incentives.
30. Compared to 2021 there is a reduction in the funding requirement for RRM since the expected target figures are lower – number of people expected to be displaced in 2022. In 2021, only 50 per cent of the total 2021 projected displacements occurred. 2022 target is based on this trend.