



Yemen Country Office Humanitarian Situation Report

Reporting Period: 1 - 31 May 2020

Highlights

- As of 31 May, there are 314 COVID-19 officially confirmed cases and 78 associated deaths. The number of cases remain low but this may be the result of the lack of access to testing and reporting. UNICEF continues to implement preventive response activities alongside its regular programmes. COVID-19 continues to challenge the implementation of some UNICEF programmes due to restrictive measures imposed by local authorities, such as closure of schools and child-friendly spaces.
- The supply movement in country remains challenging due to long pre-approval processes and delays in receiving required clearances and permissions. Nevertheless, in May supplies worth \$2.3 million arrived in Yemen from Djibouti and Oman. Those supplies include PPE, AWD kits, pharmaceuticals, medical supplies, hospital equipment, education materials, and ready-to-use therapeutic food. The delivery was completed with a flight, a vessel, and nine trucks to Sana'a and Al Hudaydah.
- The United Nations Country Task Force on Monitoring and Reporting verified 20 incidents of grave violations against children. Two children were killed and 27 children were maimed by various parties to the conflict.
- 10,086 cases of Acute Watery Diarrhea (AWD)/suspected cholera and six associated deaths were reported in May, with a 0.06% of the case fatality rate. UNICEF treated 3,774 AWD/suspected cholera cases (37 per cent of the caseload) through supporting 75 Oral Rehydration Centres and 55 Diarrhoea Treatment Centres in 17 governorates.

Situation in Numbers



12.2 million

children in need of humanitarian assistance



24.3 million

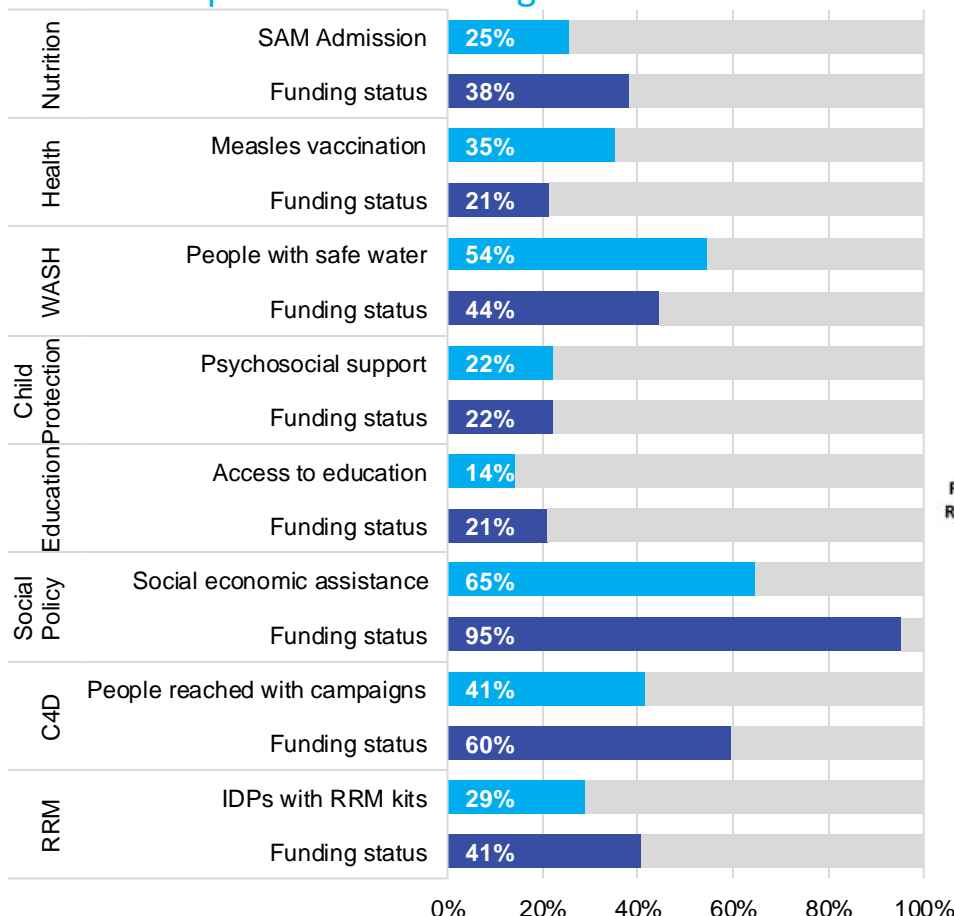
people in need
(OCHA, 2020 Humanitarian Response Plan)



1.71 million

children internally displaced (IDPs)

UNICEF's Response and Funding Status



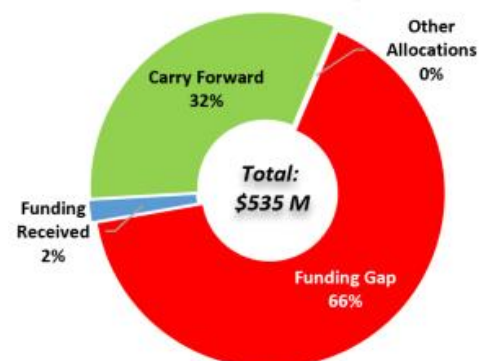
UNICEF Appeal 2020

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. While Social Policy, Communication for Development (C4D), WASH, and the Rapid Response Mechanism (RRM) have more than 40 per cent of its funding requirements to implement Humanitarian Action for Children (HAC) activities, the most of available funding was carry-forwarded from the 2019 HAC funding.

Funding Overview and Partnerships

UNICEF appeal for \$535 million as part of the 2020 Yemen Humanitarian Action for Children (HAC) is aligned to the 2019 Yemen Humanitarian Response Plan (YHRP). In May 2020, UNICEF received \$2.2 million in generous contributions towards the HAC from Sida, Norway, and UNICEF National Committees of Iceland, Germany, and Poland.

UNICEF wishes to express its sincere gratitude to all donors for their contributions and pledges, which continue to make the 2020 response possible. UNICEF Yemen faces a critical funding gap of \$352 million in 2020 (66 per cent of the funding requirements). While the UNICEF humanitarian WASH response in Yemen requires nearly \$135 million to reach 6.8 million people with critical WASH services, UNICEF received only \$1.5 million for the WASH response as of 31 May. From 1 July, UNICEF has no longer the funding capacity to support further the WASH emergency response unless additional funding is urgently received. UNICEF will need \$110 million to deliver emergency WASH response between June - December 2020 and urgently for July and August have a critical gap of \$30 million. UNICEF represents more than 50 per cent of the WASH humanitarian responses in Yemen, and the WASH Cluster in Yemen is relying on UNICEF's response as a last resort.

In May, UNICEF undertook an internal programme review to measure COVID-19 impact on the whole of its programmes in order to adjust its beneficiary targets and funding requirements, in line with the 2020 YHRP. UNICEF is currently appealing for \$33.5 million as part of the global COVID-19 HAC, to respond to the additional needs from COVID-19 in Yemen. The global COVID-19 HAC is aligned to the global COVID-19 HRP. As of 31 May 2020, UNICEF Yemen received \$649,800 in generous contributions towards the COVID-19 HAC from the Global Partnership for Education and Education Cannot Wait. Nonetheless, UNICEF Yemen faces a critical funding gap of \$32.8 million (99 per cent of the funding requirements), to prevent the spread of the virus and respond to those that have been affected.

As part of continuing efforts to strengthen risk prevention and management measures, UNICEF continued to implement recommendations from the Office of Internal Audit and Investigations 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 May, 120 implementing partners were re-assessed to establish their revised risk profiles using the enhanced risk assessment methodology. Onsite financial reviews are also ongoing using the revised financial assurance Terms of Reference that are more focusing on fraud detection and prevention. All payments for programme activities are made through direct payment and reimbursement modalities, except for operational and supervision costs, which are paid through direct cash transfers. Procurement is also directly done by UNICEF, including construction and rehabilitation related activities.

Situation Overview & Humanitarian Needs

As of 31 May, 314 COVID-19 officially confirmed cases, 78 associated deaths, and 15 recovered cases in Yemen. A 25 per cent case fatality rate (CFR) was reported¹. The officially confirmed cases were reported in 10 governorates². The high CFR is most likely linked to the fact that only severe cases are being tested, while the true rate 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 were confirmed since the first cases in April³.

Education in Yemen continues to be affected by the COVID-19 suppression measures. Schools are still closed, and no educational services are being provided. The Ministry of Education (MoE) in Aden decreed the end of the school year 2019-2020. Students for levels 1-11 are exempted from the second-semester exams, and the exam results of the first semester are multiplied by two. The decision has not been taken yet on the exams for high school students and is still subjected to the development of the COVID-19 situation. Schooling and exams in areas of control under Sana'a authorities are postponed. As 58 schools are being used as quarantine centers, UNICEF made advocacy efforts to ensure that those schools are returned back to their normal status before schools open. As a mitigation measure, UNICEF, the MoE, and line ministries will jointly develop and activate guidelines on safe school operations and protocols prior to school re-opening.

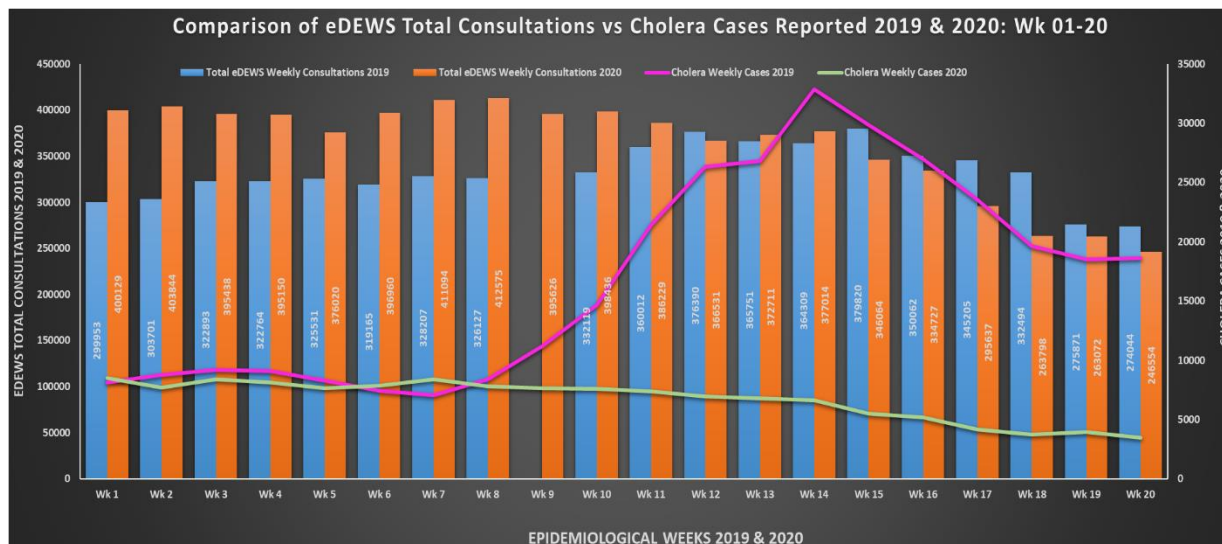
During the first five months of 2020, there were 135,903 Acute Watery Diarrhoea (AWD)/suspected cholera cases and 37 associated deaths, translating to a 0.02 per cent CFR. During the same period of 2019, 365,223 AWD/cholera suspected cases and 638 associated deaths were recorded (0.20 per cent CFR). Despite the recent rains hit across the country, the number of suspected

¹ World Health Organization. COVID-19 Situation Dashboard.

² Amanat Al Asimah, Marib, Hadramaut, Al Maharah, Taizz, Lahj, Aden, Abyan, Al Dhale'e, Shabwah.

³ UNICEF MENARO COVID-19 Situation Report No.5. 15-31 May 2020.

cases were declined for eight weeks, especially in Abyan, Ibb, Al Hudaydah, Taizz, Lahj, and Sana'a. During the last three weeks of May 2020, Marib reported a 32 per cent of increase (113 cases with zero CFR) in the AWD/suspected cholera cases. The electronic diseases early warning surveillance (eDEWS) showed that the total consultations in the last six weeks in 2020 declined 11 per cent, compared to the same period of 2019. The suspected cholera cases during the same period in 2020 declined 81 per cent, compared to 2019.



In May 2020, The United Nations Country Task Force on Monitoring and Reporting (UN-CTFMR) documented 21 incidents of grave violations against children, in which 20 incidents were verified. UN-CTFMR continues to collect information to verify the remaining incident. The verified incidents of grave violations included two children killed (a girl and a boy), and 27 children maimed (8 girls and 19 boys) by various parties to the conflict. There were no verified cases of recruitment and use of children, rape and sexual violence, abduction, or attacks on hospitals and schools. Verified cases of maiming and killing were mostly in Taizz, followed by Al Dhale'e, Marib, and Al Jawf. As these are only figures that the UN has been able to verify to date, the actual number of incidents might be higher than this.

Summary Analysis of Programme Response

AWD/Cholera Response

UNICEF continued to support the operation and maintenance of the Waste Water Treatment Plants (WWTPs) and solid waste management. UNICEF provided fuel, electricity, spare parts, alternative energy options, and emergency maintenance of sewage systems, for 1.4 million people in high-risk AWD/cholera locations in Al Dhale'e, Aden, Dhamar, Lahj, and Amanat Al Asimah.

To prevent the spread of suspected cholera, UNICEF deployed WASH Cholera Rapid Response Teams (RRTs) as soon as a suspected cholera case is reported. RRTs reached over 74,000 people in AWD/cholera outbreak affected areas across the country. RRTs conducted household chlorination campaigns, distributed chlorination tablets, consumable hygiene kits, and provided hygiene awareness sessions at the household level in Aden, Al Hudaydah, Hadramout, and Ibb. UNICEF continued to support providing daily chlorination of private water sources and water tankers in Dhamar, Sana'a, and Amanat Al Asimah. As a result, more than 2 million people in high-risk AWD/cholera locations accessed clean drinking water.

UNICEF continued to support Oral Rehydration Centres (ORCs) and Diarrhoea Treatment Centres (DTCs). In May, 3,774 cases of AWD/suspected cholera (37 per cent of the caseload) were treated at those UNICEF-supported 75 ORCs and 55 DTCs, in 17 governorates⁴.

UNICEF partners continued to support communication and social mobilization interventions to prevent the spread of AWD/cholera suspected cases. With the spread of COVID-19, UNICEF adopted Risk Communication, and Community Engagement (RCCE) approaches to reach households with information on AWD/cholera. The RCCE approaches include applying physical distancing by using megaphones, WhatsApp groups, and branding of commodities with stickers. In the southern governorates, UNICEF supported to disseminate AWD/cholera prevention messages through social media, megaphones, and print communication materials. In the

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

northern governorates, community volunteers reached 457,162 people with AWD/Cholera prevention messages, through 64,429 house-to-house visits.

Health and Nutrition

In coordination with the WHO and the Ministry of Public Health and Population (MoPHP), UNICEF continued to lead Pillar 2 (RCCE) and support other Pillars⁵ of the National Preparedness and Response Plan for COVID-19. 3,737 health workers, including 1,236 community health workers, received orientation sessions on COVID-19 triage and infection prevention and control (IPC). UNICEF started the procurement of PPE for primary health care facilities, community health workers, community health volunteers, and other staff who were supported by UNICEF. This is to ensure the continuity of routine services with the safety of health providers by preventing cross-infection among patients. UNICEF is supporting the procurement of additional PPE, test kits, and equipment for responses and the continuity of health services. PPE across the country is being distributed, and PPE through the Salalah hub in Oman started to arrive in Yemen. The PPE worth \$7 million is being shipped to Yemen, through the UNICEF headquarter supply division, and local and regional procurement. The COVID-19 test kits worth \$260,500 is also being shipped to Yemen.

In May 2020, 41,096 children under one were vaccinated with Penta 3⁶, and 38,120 children under one received the first dose of Measles-Containing-Vaccine (MCV1). 23,817 women of childbearing age (15-49 years) were vaccinated against Tetanus and Diphtheria. UNICEF continued to support ensuring the availability of vaccines at service delivery points. UNICEF supported the delivery of vaccines⁷ for the second quarter of 2020 from the national cold store to the governorate cold stores.

Due to the COVID-19 suppression measures imposed by local authorities, and considering the risk of transmission involved, UNICEF discontinued the Maternal Neonatal Tetanus Elimination (MNTE), Diphtheria and Polio campaigns. This has resulted in the potential expiry of oral polio vaccines (OPV) and Td vaccines. 481,180 doses of Td vaccines with a value of \$62,553 and 1,290,940 doses of OPV worth \$225,915 are expiring at the end of August 2020. An additional 1,464,060 doses of Td worth \$204,957 expiring at the end of November 2020. To prevent the waste, UNICEF and WHO developed a concept note and risk mitigation matrix to implement the pending vaccination campaigns in the southern governorates. The concept note was shared with the MoPHP and the follow-up discussion is ongoing to explore the possibility of campaign implementation in selected districts for the children in need to be vaccinated before the expiry. The Diphtheria campaign is scheduled for 4-9 July 2020 in Aden, Al Dhale'e, Lahj, Taizz, and Al Maharah. The Polio campaign is scheduled for 18-20 July 2020 in ten governorates. The vaccines are currently used for routine immunization services. There will be no risk of expiry if the campaigns take place.

UNICEF and its partners continued to support the integrated Community Management of Acute Malnutrition programme. Since the beginning of the year and through 79 per cent of reporting rate, over 1.3 million children under five were screened for malnutrition. Of which 83,883 children with Severe Acute Malnutrition (SAM) were admitted to the outpatient therapeutic feeding programme for treatment. To prevent malnutrition, 186,620 children received deworming tablets, and 336,593 children received micronutrient sprinkles. 425,083 mothers received iron folate supplementation, and 873,371 mothers received infant and young child feeding consultation.

Due to the COVID-19 suppression measures, middle-upper arm circumference screening campaigns have been discontinued in high priority districts. Also, the SMART survey is suspended, in line with the global guidance to reduce the risk of COVID-19 transmission. As the Eid holiday in the southern governorates was extended to 11 June due to the COVID-19 suppression measures, mobile teams were suspended in southern governorates and in two northern governorates by the respective authorities. A standard operating procedure for mobile teams with solid precautionary measures was developed. Mobile teams are envisaged to be re-commenced in southern governorates after the extended Eid holiday. During the past years, the admission of nutrition treatment services was low during April, May, Ramadan, and the Eid holiday, regardless of the COVID-19 outbreak. UNICEF carefully monitors the nutrition service delivery to mitigate non-utilized nutrition services. UNICEF developed messages on the importance of receiving the continued nutrition treatment services in the context of COVID-19, to be shared on social media platforms.

Due to the COVID-19 suppression measures, all integrated outreach activities, which include the Expanded Programme on Immunization, Integrated Management of Childhood Illness, Maternal and Newborn Health, and nutrition activities, were suspended. Through the 2020 YHRP Extension, the Nutrition Cluster identified 7.4 million people who need nutrition interventions. \$189.5 million is required to deliver nutrition responses to 6.2 million people of target beneficiaries between June - December 2020. Due to a challenging operating environment and lack of funding for some partners, a 20-30 per cent reduced number of beneficiaries

⁵ Pillar 1: Country-Level coordination, planning and monitoring; Pillar 2: Risk Communication and Community Engagement (UNICEF Led); Pillar 3: Surveillance, rapid response teams, and case investigation; Pillar 4: Points of entry; Pillar 5: National laboratories; Pillar 6: Infection prevention and control; Pillar 7: Case management; Pillar 8: Operational support and logistics; Pillar 9: Continuity of health and nutrition services, WASH services and other essential social services for the prevention

⁶ Third dose of pentavalent vaccine and Measles vaccine.

⁷ Include 186,260 doses of Bacillus Calmette–Guérin, 295,420 doses of Oral Polio Vaccine, 62,915 doses of Inactive Polio Vaccine, 240,000 doses of Penta, 229,428 doses of Pneumococcal Vaccine, 17,790 doses of Measles and Rubella combined vaccine, 148,708 doses of Rota and 104,460 doses of Td.

could be reached between June - December 2020. To address the challenges, the Nutrition Cluster developed a concept note to estimate the impact of COVID-19 on acute malnutrition through factors such as food security, economy, disrupted health, and nutrition services.

Water, Sanitation and Hygiene

As part of the COVID-19 response, UNICEF continued to provide WASH services to establish quarantine and isolation centers across the country. In May, UNICEF provided COVID-19 WASH response, including the provision of water trucking, water tanks, hygiene kits, emergency latrines, and extension of water pipe, for 200,000 people.

UNICEF supported the operation and maintenance of the water supply systems both in major cities and rural areas, to provide safe drinking water; this included provision of fuel, electricity, spare parts, and alternative energy options. In May, 2.5 million people, from host communities and IDPs, accessed safe drinking water in 11 governorates⁸. Also, 3.7 million people gained access to clean water through the UNICEF's support to water quality monitoring, disinfection of bulk water supplies, and water tank chlorination in six governorates⁹.



@UNICEF Yemen/2020. Hygiene kits are distributed at an isolation center.

UNICEF continued to provide emergency water trucking, constructed emergency latrines, distributed hygiene kits, and promoted hygiene practices to 48,000 IDPs in seven governorates¹⁰.

To support WASH Cluster partners on COVID-19 response, the WASH Cluster provided two trainings and webinars "Stop COVID-19," and "What is the COVID-19 Hygiene Hub" and established a bi-weekly COVID-19 bulletin that presents adaptive programming in COVID-19 and technical resources. 15 WASH Cluster partners distributed soap and hygiene kits in 199 IDP sites across the country while respecting physical distancing. Through the 2020 YHRP Extension, the WASH Cluster identified 20.4 million people who need WASH assistance as well as 11.2 million in acutely need of WASH assistance to sustain their lives. The WASH Cluster targets 12.5 million people with WASH responses between June - December 2020, requesting \$198.9 million. The WASH Cluster is facing critical funding gaps in emergency WASH response, requiring a minimum of \$40 million by the end of June to continue to provide water in urban centers, WASH services for IDPs, cholera, and COVID-19 responses for 9 million people. Major advocacy campaigns were launched to fill the urgent funding gaps in May with donors.

Child Protection

As a COVID-19 preventative measure, authorities suspended all awareness-raising activities and closed schools and child-friendly spaces. Public gatherings, training, and meetings were continued to be suspended, which negatively affected Mine Risk Awareness sessions. Despite the challenge, UNICEF and the Yemen Executive Mine Action Center reached 2,507 people¹¹ with MRE messages in Al Jawf, by using megaphones and observing social distancing.

Closure of schools and child-friendly spaces due to the threat of COVID-19 significantly affected the delivery of psychosocial support (PSS) services. During this reporting period, limited PSS activities were implemented in health facilities and in communities by the Ministry of Social Affairs and Labour. PSS was provided to 89,070 people of whom 45,470 children (22,562 girls and 22,908 boys) and 43,600 adults (22,154 women and 21,446 men) in Al Hudaydah, Al Jawf, Hajjah, Marib, Raymah, and Sa'ada, out of 21 provinces covered by this service. PSS activities also incorporated awareness on the prevention of COVID-19.

UNICEF continued to support the referral and provision of critical services to children. The trained case managers identified 638 children (221 girls and 417 boys). 1,462 children (515 girls and 947 boys), who were identified in May and previous months, received child protection services. The provided child protection services included victims' assistance, individual counseling, family tracing, family reunification, economic empowerment and livelihood support, legal support, education services, birth certificate, community- and family-based psychosocial support, focused non-specialized psychosocial support, rehabilitation and reintegration,

⁸ Al Dhale'e, Aden, Al Bayda, Al Hudaydah, Amran, Dhamar, Hadramout, Ibb, Lahj, Amanat Al Asimah, and Taizz.

⁹ Al Hudaydah, Amran, Dhamar, Ibb, Amanat Al Asimah, and Taizz

¹⁰ Al Dhale'e, Aden, Al Hudaydah, Hadramout, Ibb, Lahj, and Taizz.

¹¹ 1,001 children (490 girls and 511 boys) and 1,506 adults (470 women and 1,036 men)

one to one/group therapy, temporary shelter services, and medical services¹². The sharp drop in the number of children benefitted from the case management programme is attributed to the COVID-19 preventative measures imposed by the authorities in Sana'a.

Education

UNICEF led the development of the National COVID-19 Education Response Plan, which was endorsed by the Ministry of Education. The plan is being implemented with differentiated phases: (1) Immediate responses, which include catching up of lost schooling hours, broadcasting of education messages and awareness-raising; (2) Responses on the re-opening of the school year, including distance and alternative learning as part of a larger Back to Learning Package; (3) Responses after six months, with scaling-up and sustaining learning opportunities. UNICEF is exploring the platforms for distance learning, including but not limited to the Learning Passport in Yemen, and planning orientation sessions on the platforms with MoE and partners.

In May, UNICEF and its partners completed the repair of WASH facilities in 22 schools in 2 governorates. Disbursement of cash incentives for teachers and school-based staff in 10 governorates concluded during the first week of May, with 111,500 beneficiaries¹³ collecting their incentives, of which 23,384 collected their incentives through the e-payment modality. The cash incentives covered five months of the 2019/2020 school year (October 2019 through February 2020). In mid-May, disbursements for the retroactive remuneration of rural female teachers took place with 2,086 teachers¹⁴ collecting for the months of January and February 2020. During the verification and payment processes for both cash initiatives to support teachers, protection measures against COVID-19 were implemented, which included maintaining physical distancing while queuing, provision of hand sanitizer at payment sites, and wearing gloves and masks by payment agents and verification officers. Preparations are ongoing to launch the school grant initiative, targeting 7,000 schools with a grant of \$1,500 per school to be used towards addressing the school's operational needs, such as 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.

Through the extended YHRP, the Education Cluster identified 5.5 million children who need education services, out of 7.8 million school-aged children in Yemen. Between June - December 2020, the Education Cluster targets 3.3 million school-aged children with education services, with an increase of 0.5 million target children from 2019. \$90.5 million is required to deliver critical education services to the target 3.3 million children. Furthermore, the cluster contributed to the drafting and consolidation of the National COVID-19 Education Response Plan and offered the coordination platform between the different partners.

Social Inclusion

UNICEF continued the implementation of the Cash Plus second phase in four districts¹⁵ in Amanat Al Asimah and Sana'a. The Cash Plus initiative provides complimentary basic social services and awareness messages on health, nutrition, education, and child protection. As of the end of May, 6,141 households were reached with the Cash Plus initiative. Through door-to-door visits, all households received iodine testing services¹⁶, educational messages on COVID-19 prevention, and general health and nutrition messages. The Cash Plus initiative identified 4,497 children who need birth registration, of which 925 children received their birth certificates through the referral to the Civil Registration Authority. UNICEF continues to support the remaining children to obtain birth certificates while respecting the COVID-19 suppression measures.



©UNICEF Yemen/2020. Through the Cash Plus Initiative, a child is being screened for malnutrition.

A total of 200 children received for vaccinations, and four suspected Cholera cases were referred to health services. Out of 4,841 children and 1,013 pregnant and lactating women (PLW) who were screened for malnutrition, 119 malnourished children and 103 malnourished PLW were referred to health and nutrition centers to receive the appropriate malnutrition treatment.

¹² Services included victims' assistance for 17 children (4 girls and 13 boys), individual counselling for 407 children (149 girls and 258 boys), family tracing for 26 children (7 girls and 19 boys), reunification for 38 children (16 girls and 22 boys), economic empowerment and livelihood support for 42 children (19 girls and 23 boys), legal support for 47 children (6 girls and 41 boys), education services for 32 children (6 girls and 26 boys), birth certificate for 31 children (7 girls and 24 boys), community and family based psychosocial support for 152 children (51 girls and 101 boys), focused non-specialized psychosocial support for 32 children (10 girls and 22 boys), rehabilitation and reintegration services for 23 children (5 girls and 18 boys), one to one/group therapy for 473 children (178 girl and 295 boys), temporary shelter service for 92 children (34 girls and 58 boys) and medical services for 50 children (23 girls; 27 boys).

¹³ Preliminary results pending final data reconciliation.

¹⁴ Preliminary results pending final data reconciliation.

¹⁵ Al-Tahrir and Al-Safia districts in Amanat Al Asimah, and Sanhan and Hamadan districts in Sana'a.

¹⁶ It is a service that informs the households whether their salt has iodine or not, and provide the message on the importance of having iodized salt.

Additionally, 1,793 PLW received iron and folate supplements, 5,001 children received micronutrient supplements, and 4,740 children received deworming pills. Also, 1,865 children were identified as out of school.

In May 2020, UNICEF continued awareness-raising on critical COVID-19 preventive practices for 1,443 households from marginalized communities in Amant Al Asimah and Sana'a. The messages were conveyed either through door-to-door visits or awareness sessions where physical distancing and other precautionary measures were taken into consideration.

Communication for Development / Risk Communication and Community Engagement



©UNICEF Yemen/2020. A community volunteer is conveying messages on the COVID-19 prevention.

UNICEF, in partnership with WHO, MoPHP Health Education Centre (HEC), the Ministry of Endowment, the hygiene Awareness Centre of the Ministry of Water and Environment (MoWE), and NGO partners continued Risk Communication and Community Engagement (RCCE) support for the COVID-19 preparedness and response actions in Yemen. Under the United Nations Lines of Priority for COVID-19 in Yemen, 'SUPPRESS, SUPPLY, SAVE and SAFEGUARD', UNICEF lead in the area of 'SUPPRESS', with 22,000 community mobilizers.

The Ramadan video drama series "Sad Al Ghareeb" addressing critical practices including prevention of COVID-19 and Cholera were aired on two TV channels, reaching an estimated 5 million people. On social media

platforms, such as YouTube and Facebook, 10 million times were viewed where an average of 1,200 comments was received per episode.

Mass media interventions through 18 TV and 44 radio stations, public service announcements, discussion and phone-in programmes with COVID-19 prevention messages reached an estimated 16 million people across the country. Ten million cumulative views were also recorded of COVID-19 posts, cards, and videos published on social media platforms, including WhatsApp, Facebook, and YouTube. MoPHP and MoWE, in partnership with four telecommunication companies operating in Yemen, continued to send COVID-19 SMS and voice messages to their 13.5 million subscribers.

In the northern governorates, UNICEF partners continued interpersonal communication interventions while respecting physical distancing guidelines. 858,893 people received COVID-19 messages through 148,657 house-to-house visits, Mother-to-Mother sessions as well as sessions in quarantine centers. Religious leaders also continued awareness sessions in over 5,000 mosques cumulatively, reaching 3.6 million people since February 2020. 120,600 people also received messages through the WhatsApp groups for people living in the vicinity of their mosques. Female religious leaders (morshydats) initiated the engagement with people with special needs in sign language either directly or through short videos recorded by morshydats on WhatsApp and other social media. For communities with poor access to mass media, 409 vehicles mounted with public address systems continued mobile awareness activities and 8 million people received messages on COVID-19. Some of these mobile activities were also utilized for two-way engagement with 20,600 beneficiaries. To support feedback mechanisms and accountability of affected communities, health experts and volunteers addressed questions and concerns on COVID-19 from 6,024 people, through hotlines and phone-in programmes on local radio stations.

The Ministry of Endowment conducted an assessment of the practice of physical distancing in 951 mosques in Amanat Al Asimah. The results showed that physical distancing was fully practiced in 38 per cent of the mosques, but not practiced in 49 per cent of mosques; while in the rest, physically distancing was observed at the back, with crowding with no distancing in the front rows. Subsequent interviews conducted with 92 people observed not practicing physical distancing to understanding the reasons for not practicing physical distancing. 53 per cent of the interviewees thought there is no need for physical distancing measures "because coronavirus is not that serious." 22 per cent of the interviewees cited laziness as the reason for not practicing physical distancing. 15 per cent of the interviewees thought that God would protect them against COVID-19. 7 per cent of the interviewees also mentioned Fatwas from some religious scholars that prohibit physical distancing during prayers. These findings are helping to strengthen the COVID-19 engagement in mosques.

In May 2020, the World Immunization Week was commemorated on the theme "Vaccines Work for All", to promote the use of vaccines for the prevention of diseases. The activities for the week included dissemination of communication materials, branding of consumer commodities with stickers, as well as broadcasting radio flashes on the importance of immunization. Also, animation shows on immunization and Diphtheria prevention were organized for 730 families in three IDP centers in Aden, while respecting physical distancing.

Rapid Response Mechanism

In May, UNICEF, with UNFPA and WFP, provided Rapid Response Mechanism (RRM) kits to 28,880 IDPs in Al Hudaydah, Sana'a, Aden, Sa'ada and Ibb. RRM kits intend to meet the most critical and immediate needs of displaced families, which include food, family basic hygiene kits, and female dignity kits, as they are uprooted suddenly from their homes without time to take anything with them. UNICEF partners also provided other life-saving interventions for IDPs, to complement the provision of RRM kits. UNICEF partners provided basic hygiene kits to 383 vulnerable IDPs in Al Hudaydah.

In May 2020, the majority of RRM implementing partners continued to face challenges to reach IDPs at the frontlines. The challenges are due to security concerns, the disruption of the verification process on sites, refusal of authorities to grant access to the field delayed the implementation of some of the activities. Also, due to the movement restriction imposed by authorities as COVID-19 suppression measure, some partners were not able to provide complementary WASH and nutrition services to IDPs in all target areas.

Supply and Logistics

In May, supplies worth \$2.3 million with total weight and volume of 337 metric tons, and 1,011 cubic meters respectively arrived in Yemen from Djibouti and Oman. Those supplies include PPE, AWD kits, pharmaceuticals, medical supplies, hospital equipment, education materials, and ready-to-use therapeutic food. The delivery was completed with one chartered flight to Sana'a, one chartered vessel to Al Hudaydah, and nine trucks through Shahin. In May, \$3.3 million worth of supplies was delivered from UNICEF warehouses to end-user beneficiaries.



@UNICEF Yemen/2020. Personal protective equipment and acute watery diarrhea kits are arriving in the Sana'a international airport.

As of May, the Salalah, Aden, and Al Hudaydah seaports, as well as the Shahim border crossing between Yemen and Oman, are operational while all supplies are required to be quarantined for 14 days. The supply movement within the country is being delayed due to a long pre-approval process by authorities. The supply movement between governorates was being delayed due to the required double custom clearance, as well as delayed approval on the road permit, inspection and cargo cross-loading.

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](#). For COVID-19 specific responses in May, see the Middle East & North Africa Region COVID-19 Situation Report [No. 4](#) and [No. 5](#).

Human Interest Stories and External Media

Water: The essential lifeline



Nearly 18 million people are in need of water support across Yemen. Years of conflict, an economic crisis and water scarcity exacerbated by climate change, have meant too many communities do not have reliable access to the water they need to survive. Now, as the COVID-19 pandemic unfolds across the country, access to clean water is as important as ever for ensuring families can

protect their health. The community of Al-Ghaydah struggled for many years to have a reliable water supply. Their water system relied heavily on fuel to run. With increase fuel prices and unsustainable supplies, their access remained precarious. With an influx of displaced people, the drain on water resources increased.

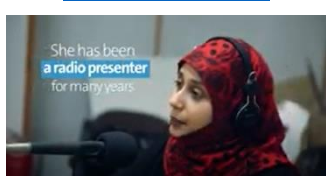
For the full Human Interest Story, click [here](#).

External Media

[Mine Risk Education](#)



[C4D Radio Initiative](#)



[Hygiene Kits](#)



[Disaster Risk Reduction](#)



Next SitRep: 31 July 2020

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Annex A

Summary of Programme Results

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 ▲ ▼
NUTRITION¹							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	325,209	263,430	88,227	18,669 ▲	331,000	83,883 ³	17,704 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,766,718	4,528,383	20,897	3,299 ▲	4,400,000	19,553 ²	3,299 ▲
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					972,142	247,267	38,120 ▲
Number of children under 5 vaccinated against polio					5,500,000	0 ¹	-
Number of children under 5 receiving primary health care in UNICEF-supported facilities					1,700,000	1,129,740	172,636▲ ²
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	5,045,240	275,307▲	6,800,000	3,696,875	178,017▲
Number of people provided with standard hygiene kit	No data available yet	No data available yet	1,156,972	93,448 ▲	5,000,000	965,889 ¹	71,274 ▲
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	No data available yet	195,667	89,070 ▲	517,077	194,500 ²	89,070 ▲
Number of children and community members reached with life-saving mine risk education messages ¹					1,054,008	237,008 ²	2,507 ▲
Number of children and women accessing gender-based violence response interventions ¹					48,030	2,283 ²	218 ▲
EDUCATION							
Number of children provided with individual learning materials	No data available yet	No data available yet	318,168	- ²	1,000,000	246,194 ¹	15,000 ▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	201,354	- ²	820,000	115,693 ¹	11,750 ▲
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet	111,548	111,548▲	135,000	111,548	111,083▲
Social Policy							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					85,000	54,920	13,672 ▲
RRM							
Number of vulnerable displaced people who receive RRM kits					1,300,000	298,346 ¹	28,880 ▲
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					3,000,000	2,484,386	457,162▲
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.							

<p>Nutrition 2: The immunization campaign planned for February was not materialized, representing under-achievement. UNICEF will explore ways to provide Vitamin A through other platforms.</p>
<p>Nutrition 3: The low achievement is attributed to the COVID-19 suppression measures and Ramadan, which led less movement of beneficiaries.</p>
<p>Health 1: Due to the COVID-19 precautionary measures, UNICEF reschedule the Polio vaccination campaign.</p>
<p>Health 2: The data collection for this activity was delayed. The latest figures are 207,385 for January, 256,971 for February, 246,566 for March, and 246,182 for April.</p>
<p>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.</p>
<p>Child Protection 1: This indicator is not tracked by the Child Protection Sub-Cluster, as it is being tracked by the Protection Cluster.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>Education 2: The figures for May will be reported in the next month's situation report.</p>
<p>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.</p>
<p>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.</p>

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	2,155,262	46,162,172	-	48,317,434	77,786,284	62%
Health	91,190,848	1,500,247	17,945,327	-	19,445,574	71,745,274	79%
Water, Sanitation and Hygiene	135,000,000	1,503,662	58,529,036	-	60,032,698	74,967,302	56%
Child Protection	42,800,150	1,260,952	8,209,205	-	9,470,157	33,329,993	78%
Education	110,997,852	796,718	22,572,178	-	23,368,896	87,628,956	79%
Social Policy	3,400,000	23,037	3,212,009	-	3,235,046	164,954	5%
C4D	11,730,000	79,477	6,903,900	-	6,983,377	4,746,623	40%
RRM	13,760,000	93,232	5,522,877	-	5,616,109	8,143,891	59%
Being allocated	-	2,552,671	3,678,613	-	6,231,284	- 6,231,284	-
Total	534,982,568	9,965,258	172,735,317	-	182,700,575	352,281,993	66%

*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 May 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.