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for every child

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Yemen five years on:
Children, conflict and COVID-19

"Countless childhoods have been lost in this five-year war and we fear we will lose many more as COVID-19 spreads. In one day, a child in Yemen will face injustice and hardship on a scale that most people will never experience in a lifetime. Up to this point, their suffering has largely been ignored.

Now as the world's attention focuses on the COVID-19 pandemic I fear the children of Yemen will be all but forgotten. Despite our own preoccupations right now, we all have a responsibility to act and help the children of Yemen. They have the same rights of any child, anywhere."

– UNICEF Representative in Yemen, Sara Beysolow Nyanti –

Front cover : Marwa Saeed is 11 years old and was displaced when fighting took over her village in Taiz. She now shelters with her family in a centre for displaced families in Ibb

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Iftikhar holds her premature baby at the Al Sabeen hospital in Sana'a. She gave birth early after fleeing from Hodeidah with her husband

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YEMEN

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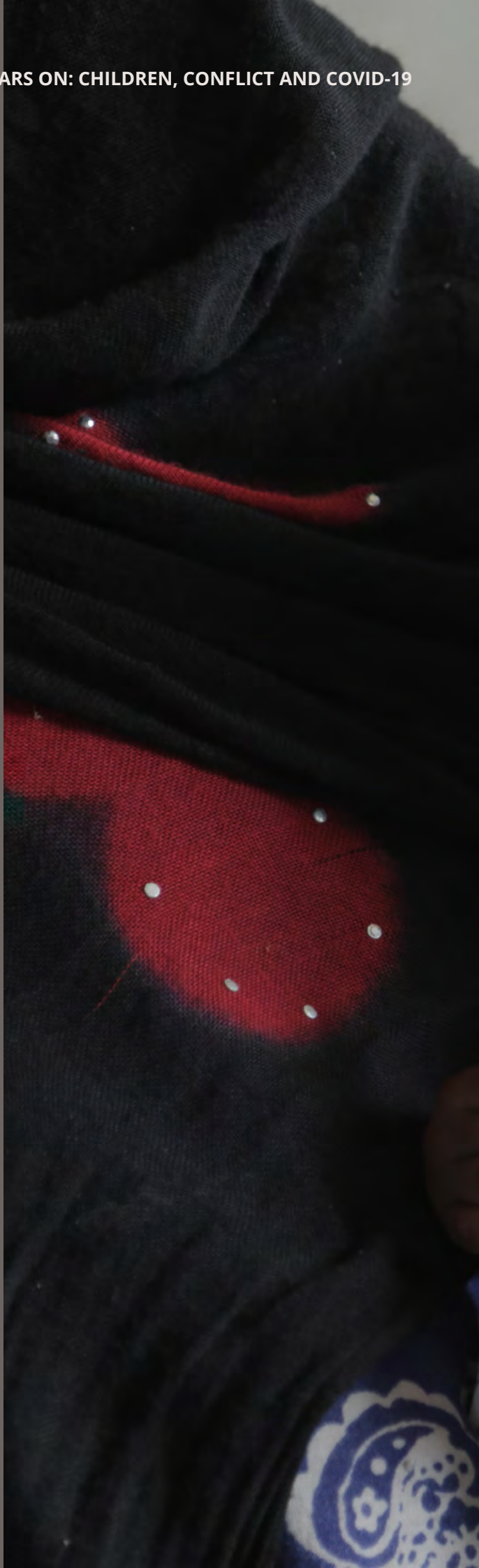
Five years on

Children in Yemen are facing a daily struggle to survive in what is the world's worst humanitarian crisis. After five years of conflict, around four in five children – 12.3 million – are in desperate need of aid. Tens of thousands of children have died, both as a direct result of the fighting, and from indirect causes like disease and malnutrition. More than 1.7 million children have been forced to flee their homes and are living in camps or improvised settings in other parts of Yemen. Devastating food and cholera crises emerged during the conflict; while violence persistently blights lives, with more than 35 frontlines still active across the country. The nation's health services are on the verge of collapse and the economy has been ravaged. The arrival of COVID-19 in the country layers a new emergency on top of an emergency, leading to fears of how far an already dire humanitarian situation could deteriorate.



Amani and her mother attend a health centre in Abs for treatment for severe acute malnutrition

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A little boy holds a food package in a camp for the internally displaced in Sana'a

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Health and sanitation in a crisis

Yemen's health system is in tatters. Five years since conflict escalated in March 2015, only around half of health facilities are operational and those that are running face severe shortages in medicine, equipment and staff.[1] Until 2019, salaries of health workers had not been paid in almost three years and, even now, many receive nothing or only a very small allowance. 10.2 million children do not have access to basic healthcare.

Tens of thousands of children a year die from preventable causes, like diarrhoea and respiratory tract infections. Over the past five years, vaccine-preventable diseases - such as diphtheria and measles – have resurged in waves. Health supplies are scarce and insecurity can make vaccination programmes a treacherous endeavour.

[1] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), '2019 Humanitarian Needs Overview in Yemen', OCHA, Sana'a, December 2018, p. 37.

Poor nutrition and hunger are widespread. The country has been plagued by one of the world's worst food crises. In 2019 alone, 15.9 million people needed urgent food and livelihood assistance.[2] Two million children under the age of five are malnourished, including roughly 325,000 who suffer from life-threatening severe acute malnutrition. Nearly half (45 per cent) of children under the age of five are stunted, meaning chronic malnourishment has left them too short for their age and has caused irreparable damage to their cognitive development. 1.2 million pregnant or breastfeeding mothers are acutely malnourished, risking their own health and that of their children. Reliable access to food remains a major concern going forward and agricultural production is currently under increased threat from swarms of desert locusts that are invading the country in waves, as well as persistent heavy rains.[3]

Meanwhile, poor availability of clean water and sanitation in Yemen increases the risk of disease. Around 9.58 million children do not have access to safe water, sanitation, or hygiene.[4] Three quarters of households cannot afford soap.[5] The 1.7 million children who have been forced to flee their homes in the fighting and move into temporary camps or accommodation elsewhere in Yemen often live in the most unsanitary conditions, leaving them especially vulnerable to infections and illness. In April 2017 the country suffered the world's worst cholera outbreak, which, by June that year, had more than 50,000 new cases within the space of one week.[6] The disease remains pervasive and, overall, there have been more than 2.39 million suspected cases, with more than 3,795 deaths. A quarter of those affected are children under the age of five. With heavy rains since mid-April that are likely to stretch until July, more than five million children under the age of five are currently facing an increased risk of contracting the potentially deadly condition. So far this year more than 142,000 cases of suspected cholera have been recorded. Another disease linked to poor sanitation, dengue, has also recently re-emerged and was detected in almost half of districts in the country last year.

All of these preconditions are stoking the spread of COVID-19. The fragile nation's health system risks being rapidly overwhelmed, due to a lack of appropriate facilities, staff and equipment. On average, Yemen has fewer than five hospital beds per 10,000 people, far below international standards and the World Health Organization's minimum requirements of ten beds per 10,000 people.[7] Some areas like Hodeida and Rayma in the west of the country have only two beds per 10,000 people.[8] Mobile health teams aiming to reach the most vulnerable communities could grind to a halt as staff are drawn into centralised facilities. Resources could also be diverted from other vital life-saving responses, including to current suspected cholera and dengue outbreaks. Meanwhile prices of medicine and medical supplies are rapidly increasing.

At the same time, measures brought in to tackle COVID-19, like social-distancing and restrictions on movement, as well as public fear of contracting the virus, are fuelling Yemen's existing health crisis. Early response services aimed at reaching mothers and young children play a critical role in identifying problems quickly and reducing death rates. In March and April the number of new mothers and babies receiving healthcare in the community fell by 34.4 per cent compared to the same period in 2019: from 113,724 to 74,631;[9] while the number of children under the age of five accessing special integrated services in health facilities fell by 30.4 per cent: from 495,803 to 345,011.[10]

Current disruptions in global supply chains due to the coronavirus pandemic pose a threat to vital vaccination campaigns, as much-needed vials may never reach the country. Locally, planned immunisations may not be carried out due to restrictions on movement or diversion of health workers. Routine pentavalent immunisation to protect against diphtheria, tetanus, whooping cough, hepatitis B and haemophilus influenzae type b fell by 19 per cent in March and April, compared to the same time period in 2019: from 131,148 children immunised to 106,228.[11] If outreach activities do not resume until August, about a quarter of eligible children may miss be vaccinated.[12] UNICEF has already called for critical polio and measles vaccination campaigns to be restarted in Yemen, after they were suspended due to COVID-19. Without consistent vaccination, polio, which was eradicated in the country in 2009, could re-emerge, while a resurgence in measles cases could escalate.

[2] UNICEF Yemen, 'COVID-19 2020 Response Plan', UNICEF Yemen, Sana'a, April 2020, p. 1.
[3] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', MoP, Sana'a, August 2019, p.6.
[4] Office for the Coordination of Humanitarian Affairs (OCHA), 2019 Humanitarian Response Plan, OCHA, Sana'a, February 2019, p.21.
[5] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', p. 14.
[6] UK Metereological Office, 'World first as UK aid brings together experts to predict where cholera will strike next', Press Release, MET Office, August 2018 , www.metoffice.gov.uk/about-us/press-office/news/corporate/2018/yemen-2018> , accessed 10 May 2020.
[7] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', p.5.
[8] Ibid.
[9] UNICEF Yemen, 'Analysis of Socio-Economic Impacts of COVID-19 on children in Yemen', UNICEF Yemen, Sana'a, June 2020, p.14.
[10] Ibid., p. 17
[11] Ibid., p. 18
[12] Ibid., p. 15

The number of children accessing potentially life-saving nutrition services are falling. Compared with the same time period last year, the number of children enrolled in a programme that monitors their growth and flags early signs of under-nutrition fell by 83.5 per cent in March and April: from 95,418 to 15,746;[13] while screening of acute malnutrition fell by 30.6 per cent: from 754,747 children checked to 523,525.[14] With schools closed, so too are school feeding programmes, putting more children at risk of hunger. UNICEF is warning that an additional 30,000 children could develop life-threatening severe acute malnutrition over the next six months, with the number of malnourished children rising to up to 2.4 million overall. As more children become malnourished, they will have lower immunity levels and higher susceptibility to death and serious complications from diseases, including COVID-19.[15]

Estimates from the Johns Hopkins Bloomberg School of Public Health, published in the Lancet Global Health journal, suggest more than an additional 6,600 children under the age of five in Yemen could die over the next six months from preventable conditions like diarrhoea, malnutrition and respiratory tract infections under the worst of three scenarios, as COVID-19 weakens health systems and disrupts services.[16] This would represent a 28 per cent increase in expected deaths.

[13] Ibid., p. 22
[14] Ibid., p. 24
[15] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', p.7.
[16] Robertson, Timothy, et al., 'Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study', The Lancet Global Health, May 2020, <https://doi.org/10.1016/ S2214-109X(20)30229-1>, Accessed 26 May 2020.

Young boys practice handwashing with supplies provided by UNICEF in Sana'a

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Mohammed and his two children leave a mobile health clinic in a camp for internally displaced people in Mareb. The area has seen an escalation in fighting in 2020

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Hungry and living on the frontlines

Mohammed Moharram Sa'ad Al-Oshari lives with his family in a camp for displaced people in Ahl Al-Jalal in Mareb. He fled fighting with his family initially to Al Jawf and then, after Al Jawf was attacked, to Mareb. Although he receives a World Food Programme (WFP) food basket for his family, it is not enough and at a recent health visit by a mobile health team it was discovered his two daughters, Arwa, who is 14 months old and Bulqis Al-Oshari, who is two years old, were severely malnourished.

"These five years of war have had severe effects on us," Mohammed says. "We're tired, exhausted, of this situation and living conditions. If there were no war, we could have been in our homes now. I don't know how or when my daughters developed malnutrition, but this is most likely because of these difficult living conditions. We were listed in the WFP, so we receive a monthly food basket, but it's barely enough."

Rayan is three years old, he lost his arm in 2019 and now receives medical support at a prosthesis centre in Aden

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Nowhere is safe

Rayan, now three years old, lost his arm last year when fighting escalated in Aden. He visits the prosthetics centre at a hospital in Aden regularly to receive physiotherapy treatment and have fittings for a new prosthesis. His mother, Amina, and father Abu Ali Sahleh, recount the story:

“In August [2019] there were clashes, we were living in Al Lomoum in Aden,” his father, Abu says. “There was an exchange of shelling and our house was bombed.”.

“A shell came in and cut his arm,” explains Amina, his mother. “He was in the kitchen getting a glass of water.”

“We took him straight out of the house and the house was attacked again,” Abu adds.

His parents explain that he suffers every day from pain and a chronic chest infection caused by the rubble in their house. They keep him at home to try and protect him as Aden descends further into chaos. His health status is now more precarious as COVID-19 tears through the city. His parents say all he wants is peace.

Children under attack

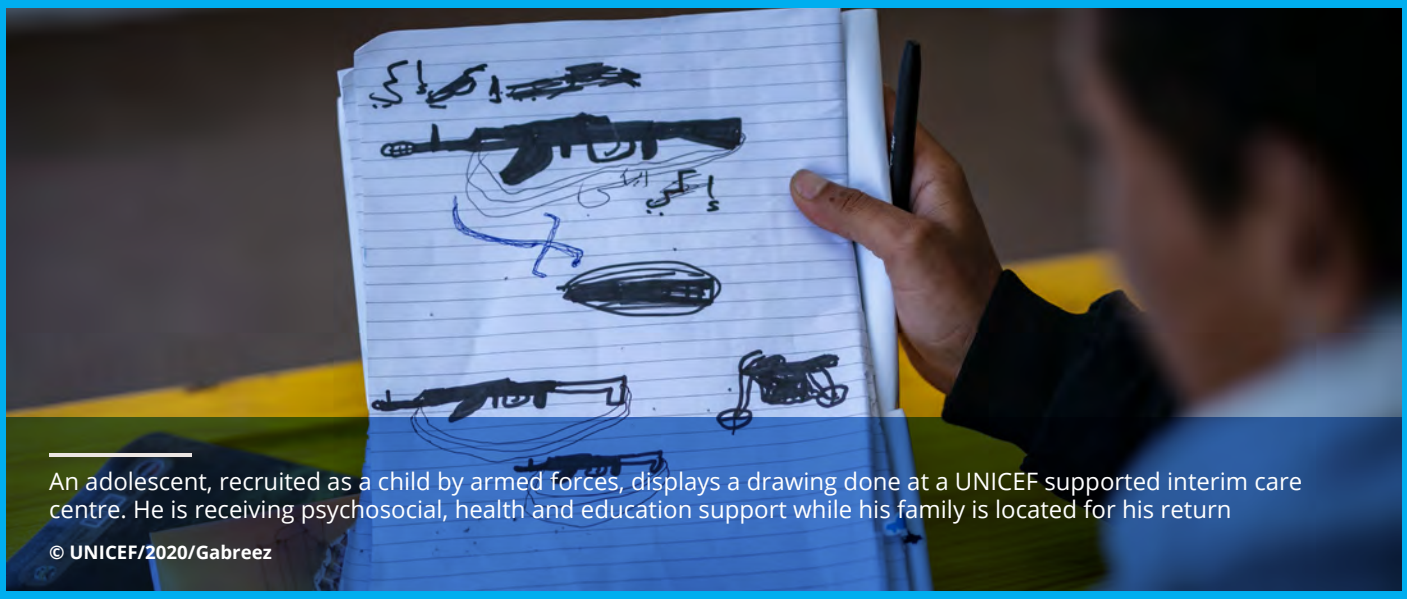
Nowhere is safe for Yemen's children. More than 4.3 million[17] are estimated to be in direct danger due to a wide range of threats – from death and injury in attacks, to being forced to take part in the fighting.

Since March 2015, the United Nations has verified that 3153 children have been killed and 5660 have been injured. That means that as each new month of fighting passes, on average another 50 children die, and more than 90 more are wounded or left with potentially life-long disabilities. Many more are left with lasting psychological damage. The actual numbers of those killed and injured - including cases that the UN is unable to independently verify due to access or other restrictions - are likely to be much higher.

Children are often killed or injured in the places where they should be most protected, including their homes, schools and medical facilities. A total of 219 schools have been attacked over the past five years, as well as 142 hospitals. Furthermore, schools and hospitals are often dragged into the conflict as they are taken for military use. The UN has verified 199 schools taken over for military purposes in the past five years, as well as 23 hospitals. The misuse of these facilities increases the risk that children will be attacked while in their classrooms or while receiving medical treatment[18] and it impedes their access to education and vital health services.[19]

Boys and girls are also the target of sexual violence. The UN has verified 16 cases of rape or sexual violence against children in the past five years, but these figures are only the tip of the iceberg. Risks to children come from combatants in the conflict, but also within homes, schools and the wider community, as social structures like community associations and religious groups that previously may have helped to protect children have crumbled in the crisis.

Unfortunately, children as young as ten are also being forced into the fighting. Since March 2015, the UN has recorded 3467 children recruited across the country, 98 per cent of them boys. Most of them are in their teens. 61 girls have been recorded during the reporting period. Girls and boys are forced to fight, patrol checkpoints and work as guards. During the five years since the conflict escalated, the UN has verified that 441 children have been abducted, 435 of which were boys. The majority of them were forced into the fighting. Children living in poverty are extremely susceptible to coercion as many are offered cash payments that could be vital for the survival of their families. Children who are out of school are also vulnerable to recruitment as they are missing the social safety net of class, teachers and routine. UNICEF fears that as COVID-19 takes hold in Yemen, and children are out of school and families are facing greater economic hardship, there could be a spike in children being lured or forced into the fighting.[20]



An adolescent, recruited as a child by armed forces, displays a drawing done at a UNICEF supported interim care centre. He is receiving psychosocial, health and education support while his family is located for his return

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Before COVID-19 hit, two million children were out of school. Now schools have been closed around the country, an additional 5.8 million children are out of education. Most public school teachers have not been paid in more than three years. At least 2,000 schools – one out of eight overall - are unfit for use because of the conflict – either destroyed, used for military purposes or taken over as a shelter for displaced people. 55 schools are now being used as centres to isolate potential coronavirus patients. The longer children are away from school, the more risk they face and the less likely they are to return.

[17] UNICEF Yemen, 'Yemen 2019 End of Year Situation Situation Report', UNICEF, Sana'a, December 2019, p. 5.

[18] Office of the Special Representative of the Secretary General for Children in Armed Conflict, 'Protect Schools and Hospitals: Guidance Note on Security Council Resolution 1998', OSRSG, New York, May 2014, p.4.

[19] Ibid.

[20] Child Protection Cluster Yemen, 'Child Protection Covid-19 Guidance – Yemen', Child Protection Cluster, Sana'a, April 2020, p.2.

Children associated with armed groups receive support in an interim care centre in Sana'a

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A childhood stolen

After leaving school at age 11, Ali* spent several years doing whatever odd jobs he could find in the farms nearby his village in Ibb. While chewing khat, he met some men from another village who told him about the frontline. They told him how to sign up and he joined training with other boys from nearby villages.

"I have seven brothers and sisters," Ali* explains. "I am the fifth child. All my brothers and sisters do not know school. Going to the frontline is the only way to earn a living. In the countryside my brothers work in farming, in construction. We do any small manual jobs to earn money. We all live together in a small house. I saw that my family is very poor, they live in terrible conditions so I wanted to go and earn a living."

Ali* spent six months on the frontline and then six months in a prison run by the authorities in Sana'a before being released into a transit centre.

"The people (who told me about the frontline) were from other villages," Ali* recalls. "They told me my mission would be easy. They said I would be in the backlines and I would make money. They didn't tell me how much I would make but that they would share what money they made with me. When I left my family were crying but eventually, they let me go."

While being trained as soldiers, children are routinely warned that if they are captured by the opposite side they will be tortured. When Ali* was captured he was frightened about what would happen to him. Eventually he joined other children in a prison.

"I was frightened," he says. "The prison was not a nice place, but we were not tortured. I spent six months there. In prison I was alone. I didn't want to speak to anyone. While I was in prison, I was hopeful. I thought I would be there one year, two years and then I might be out."

As part of efforts to end recruitment of children, Ali* was released into an interim care centre supported by UNICEF. He is receiving psychological care and has education support with other children.

"When I came out, I didn't expect to come to such a nice place," he reflects. "I can now speak with my family and they ask when I will come home. In Yemen it is really difficult. Other countries have their plans, but the children suffer the burden here. People's forests may burn but we also get burned here inside. I'm still young, I don't understand what is happening here, but when I see the fighting my heart bleeds.

"We left our weapons and now we hold pens. And this will continue."

I want to go, I want to go home and I want to study.

Poverty leads to desperate measures

Beyond the bullets and bombs, other consequences of the conflict continue to put children's welfare at great risk. Estimates show that more than 80 per cent of Yemenis are now living below the poverty line,[21] amid an economic crisis marked by major inflation and soaring food prices. 80 - 90 per cent of Yemen's basic foodstuffs come from overseas.[22]

Poverty pulls children out of school and pushes them into the workforce. They may also end up homeless and living on the streets, where they are at greater risk of discrimination, abuse and trafficking. Arrest and imprisonment are additional threats – with at least 600 children known to be in detention in Yemen. Vulnerable groups such as the extreme poor, the country's more than 422,000 refugees and migrants; and Yemen's most marginalised group, the Muhamasheen ('the marginalised'), who have faced centuries of social and racial discrimination and exploitation, are the most at risk.[23]

Evidence also suggests that when families are pushed to the edge, they are more likely to marry off their young daughters at a price, often to much older men.[24] The family then has one less mouth to feed and a little extra income. Since the conflict escalated, child marriage has increased, with two thirds of girls under 18 marrying in 2017 against 52 per cent in 2016.[25] Girls who are out of school, or who have never had an education, are more likely to marry young.[26] In any case, girls are usually removed from school when they get married. They then deal with major health risks as they often give birth before their bodies are ready and are more likely to face malnutrition[27] and a life in poverty in the long term, than women who marry later in life.

As COVID-19 spreads through the country, and further economic pain is felt by families already under considerable strain, more children may be pushed into precarious situations, including forced child marriage,[28] as their families look for any way to cope. Remittances from Yemenis living abroad, mostly in Saudi Arabia or the UAE, which represent more than 12 per cent of the country's Gross Domestic Product (US $3.7 billion),[29] are likely to fall by as much as 70 per cent as the global economy shrinks.[30] A reduction in remittances will affect the welfare of 1.5 million children and their families, who rely on them entirely.[31] Moreover, precautionary measures meant to control the spread of COVID-19, including lockdowns, curfews, school closures, and other movement restrictions, disrupt children's routine and social support, leaving them particularly vulnerable to threats like violence, including sexual exploitation and child labour.[32] Access to child protection services is being reduced as child-friendly spaces are closed due to restrictions amid the COVID-19 pandemic. The number of children UNICEF and partners identified and registered as having critical protection issues - such as being survivors of gender-based violence, separated from their families, or injured by mines or unexploded ordnance - fell by 29.4 per cent in March and April, compared to the same time period last year: from 2670 to 1886.[33] The number of children and caregivers receiving specialist psychological and emotional support fell by 89 per cent in March and April, compared to 2019: from 141,604 to 15,572.[34] Existing pressure on child protection programmes, such as low humanitarian funding, low government budget, varying capacity of social workers, lack of clear referral systems in the country, and lack of humanitarian access to critical areas, are likely to be exacerbated.

Waled looks our over his house in a settlement of marginalised families on the outskirts of Sana'a in May 2020 as COVID-19 begins to spread

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[21] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), '2019 Humanitarian Needs Overview in Yemen', p.35.
[22] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', p. 10.
[23] Al-Warraq, A., 'The Historic and Systematic Marginalization of Yemen's Muhamasheen Community'. Sana'a Center for Strategic Studies, Sana'a, 2019, p.6.
[24] United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office in collaboration with the International Center for Research on Women (ICRW), 'Child Marriage in the Middle East and North Africa – Yemen Country Brief', UNICEF and ICRW, Amman, 2017, p. 8.
[25] Office for the Coordination of Humanitarian Affairs (OCHA), 2018 Yemen Humanitarian Needs Overview (HNO), OCHA, Sana'a, December 2017, p.50.
[26] UNICEF and ICRW, 'Child Marriage in the Middle East and North Africa – Yemen Country Brief', p. 6.
[27] United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office in collaboration with the International Center for Research on Women (ICRW), 'Child Marriage in the Middle East and North Africa', UNICEF and ICRW, Amman, 2017, p. 37.
[28] Child Protection Cluster Yemen, 'Child Protection Covid-19 Guidance – Yemen', p. 2.
[29] UNICEF Yemen, 'Analysis of Socio-Economic Impacts of COVID-19 on children in Yemen', p. 45.
[30] Ministry of Planning, 'Yemen Socio-Economic Update, Issue (47) April, 2020', p. 11.
[31] UNICEF Yemen, 'Analysis of Socio-Economic Impacts of COVID-19 on children in Yemen', p. 47.
[32] Child Protection Cluster Yemen, 'Child Protection Covid-19 Guidance – Yemen', p. 2.
[33] UNICEF Yemen, 'Analysis of Socio-Economic Impacts of COVID-19 on children in Yemen', p. 42.
[34] Ibid.

Amina* was married as a child but eventually managed to get divorced and return to her parents. She now makes a living as a tailor in a settlement in Aden

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A collapsing economy leaves families with no choice

*Amina, * was forced to marry as a child, and is now divorced.*

Forced to leave school when she was 11, Amina* was living with her family in a settlement on the outskirts of Aden. Amina's father, who works as a driver supporting their family of eight, married off his daughter at the age of 16 to a man in his thirties for a small amount of money.

"A man came and asked my father to marry me, and he agreed immediately. I did not have any choice as my father is the rules the house. I was thrown into a life that I was completely clueless about," says Amina.

Her mother remembers how Amina reacted to married life. "She suffered from psychological problems, she isolated herself from everyone and was bedridden for nearly three months. I feel a deep remorse for the pain we caused her."

After suffering terrible violence at the hands of her husband, Amina returned home and her family eventually managed to negotiate a divorce. A lifeline came to Amina when she was connected with a case worker who provided some psychological support following her experience. Eventually she joined a programme where she received training and support to start a small business. She earns a small salary, is able to support her family and has decided she will not marry again. She now works as an advocate against child marriage in her community.

COVID-19 stalks the most vulnerable

Saliha Aish is 11 years old. Five years ago, she fled with her family to Sana'a after their home was destroyed in Sada'a near Yemen's border with Saudi Arabia. Since then, her family, who lost everything, have sheltered in an old settlement on the outskirts of the city. Their home is a destroyed building, it is not protected from the weather and is dark and poorly ventilated. The family do not have access to adequate supplies of safe water.

They are now also accommodating her uncle and his family after they fled an escalation in fighting a month ago. Her uncle and cousin suffer from asthma, placing them at greater risk of COVID-19 as it spreads through Sana'a.

Saliha's family are some of the thousands of Muhamasheen or 'marginalised' Yemen's most vulnerable population group. As the conflict continues unabated, they are unable to return home and struggle every day to make a small living to survive. They are gripped with fear after hearing about COVID-19 but cannot follow the public health advice of isolation, social distancing and hand hygiene.

Saliha was displaced with her family when fighting broke out in Sada'a. She now lives in a settlement on the outskirts of Sana'a

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Ali collects bottles to earn a small income for his family after his house was destroyed in an attack and he was displaced

© UNICEF/2020/Dotnotion

"I heard about the pandemic and there are many cases. God help us," says Saliha's father, Ali. "I think a thousand times about how to protect my family. I can't help but get out to provide a living for them. If I stayed home, we would starve to death."

Ali goes out every day to collect plastic bottles to sell for a meagre income.

"Before the war, we didn't didn't expect to end up in this situation. We live in hope that we will go back to our homes and property, only then our situation will get better," Ali adds.

With a current funding crisis for UNICEF's WASH programmes, the water supply could be cut off for millions of children like Saliha. This will be catastrophic for any efforts to provide vulnerable families with access to the supplies they need to protect themselves from COVID-19.

UNICEF's response

UNICEF receives a charter flight of vital humanitarian supplies to Aden in June 2020

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UNICEF is working around the clock to get vital aid to children and their families as the crisis in Yemen enters its sixth year and COVID-19 takes hold. UNICEF's response includes working with the World Health Organization and the authorities across Yemen to suppress COVID-19 transmission at community level; procure, transport and distribute vital supplies; save lives; and maintain general health services and programmes, so children can retain access to life-saving programmes during the pandemic.

Suppressing community transmission of COVID-19

UNICEF's response includes:

- **Reaching 16 million people through TV and radio adverts, public service announcements and discussion and phone-in programmes**
- **10 million views of COVID-19 posts and videos on social media platforms, including WhatsApp, Facebook, YouTube and Twitter**
- **Establishing community shielding for high risk people with partner organisations**

Vital supplies

UNICEF's response includes:

- **Ensuring seven trucks of supplies arrived in Aden, and eleven planes (of 20 planned) full of supplies arrived in Sana'a**
- **Importing 18,000 COVID test kits**
- **Procuring 80 tents for health ministries to support quarantine centres in Marib-Shabwa-Lahj-Aden and Taiz**

Saving lives

UNICEF's response includes:

- **Training 30,000 health workers including 10,000 facility staff, 8000 health and nutrition volunteers and 200 community health workers in infection prevention and control.**
- **Procuring personal protective equipment, including 33,000 N95 respirators, 33,000 face shields, and 18,000 gowns, to support 400 frontline health workers for three months.**
- **Scaling up infection prevention and control in sites for displaced people**
- **Delivering 3772 basic hygiene kits and thousands of water tanks, reaching 60,935 people**

Maintaining services

UNICEF's response includes:

- **Supporting distance learning and safer schools programmes.**
- **Supporting the Ministry of Education to facilitate the development of a national COVID-19 Education Response Strategy**
- **Continuing basic health and nutrition services, ensuring life-saving care is available in at least 2,500 primary health care facilities across the country, as well as sustaining community services, with the necessary infection prevention precautions in place.**

A global call to action

Over five years of conflict in Yemen have turned millions of childhoods into a nightmare. Death, injury, malnutrition, diseases like cholera, and abuses like forced recruitment into the fighting or forced marriage are daily risks for children. Now the arrival of COVID-19 is tipping Yemen further into devastation. The longer the fighting continues, the further down the generations the consequences will echo. According to analysis by the UN Development Programme, if the conflict lasts until 2022, it will set back Yemen's development, as measured by the Human Development Index, by 26 years. If it continues until 2030, the country will be set back 40 years.[35] This would be devastating for a country that is already the poorest in the Middle East and North Africa and one of the poorest and least developed in the world.

The most urgent solution needed for Yemen's children as the conflict enters its sixth year is **a sustainable peace agreement.** All warring parties must put an end to violence and protect civilians, wherever they are in the country. **It is time for the guns to go silent. There is no winner in this conflict and those who suffer the most are the children of Yemen.**

UNICEF and partner agencies need unhindered **humanitarian access** to get life-saving aid to children and their families in need, as quickly as possible. This is especially relevant as movement restrictions are in place due to the COVID-19 pandemic.

The conflict in Yemen is a protection crisis for children. All parties to the conflict must end grave violations against children. This includes an **end to the recruitment and use of children in the fighting** through an adherence to agreed Action Plans and handover protocols. The humanitarian community should continue to prioritise efforts **to end child marriage and gender-based violence.** We must all work together to provide children with the psychosocial and case management support they need to recover from their experiences during this conflict.

As COVID-19 spreads, the authorities must use this opportunity to **release all children in detention** in Yemen so they can safely isolate with their families and caregivers.

UNICEF's work to respond to the deepening humanitarian crisis in Yemen and prevent the suffering of millions of children is grossly under-funded. In 2020 UNICEF is **appealing for nearly US $461 million.** For the COVID-19 response alone, UNICEF is calling for an additional **US$53 million.** So far the appeal is only ten per cent funded.

By the end of June 2020, US$30 million is needed for water and sanitation programmes or services will be suspended for three million vulnerable children and their families. If no funding is secured by the end of August, services will be suspended in four governorates, leaving 300,000 internally-displaced people at extreme risk of cholera and malnutrition. By the end of October services across the country will be stopped, depriving five million people in 15 major cities in Yemen of their right to clean water, putting them at risk of diseases, including cholera.

By the end of August 2020, US $25 million is urgently needed for nutrition or 23,500 children with severe acute malnutrition will be at immediate risk of death. With the reduction in WASH and nutrition services, more than two million exceptionally vulnerable malnourished children will be at risk of disastrous decline in their nutrition status.

By the end of August 2020, US $29.5 million is urgently needed for health services. Otherwise, 19 million people will lose access to healthcare, including pregnant and breastfeeding mothers and their children. Five million children will not be immunised against killer diseases.

[35] United Nations Development Programme, 'Assessing the Impact of War on Development in Yemen', UNDP, Sana'a, 2019, p.6.

Young girls play at a camp for internally displaced families in Aden

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UNICEF **: YEMEN FIVE YEARS ON:**
CHILDREN, CONFLICT AND COVID-19

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